



“To Assess The Emotional Well-Being Of Adolescents By Evaluating Their Levels Of Positive And Negative Affect Using The Positive And Negative Affect Schedule (Panas) Among Adolescents In Selected Inter Colleges At Puttur, A.P.”

Prof.(Dr)U. Jhansi Rani^{1, 2} Dr. A. Chandrakala

¹Principal, ²Lecturer

¹Obestrics and Gynecology,

¹ KKC College of Nursing, Puttur, India

Abstract:

Emotional well-being during adolescence plays a crucial role in mental health, academic performance, and social development. Assessing both positive and negative emotions helps in identifying adolescents at risk for emotional difficulties.

Aim:

To assess the emotional well-being of adolescents by evaluating their levels of positive and negative affect using the Positive and Negative Affect Schedule (PANAS) and to explore the association between affective states and selected socio-demographic variables.

Methods:

A descriptive study was conducted among 60 adolescents from Himaja Degree College, Puttur, using a non-probability purposive sampling technique. Data were collected using the standardized PANAS tool and analyzed using descriptive and inferential statistics.

Results:

The majority of students demonstrated moderate levels of positive affect and low levels of negative affect, suggesting a balanced emotional state. Significant associations were found between emotional affect and variables such as food habits and personal routines, indicating that lifestyle factors influence adolescent emotional well-being.

Conclusion:

Most adolescents in the study showed stable emotional health. However, certain personal habits and dietary patterns were found to influence their emotional states. Regular emotional screening using tools like PANAS and the promotion of healthy lifestyle practices are recommended to support adolescent mental well-being.

I. Introduction

Adolescence is a transitional period marked by profound emotional, psychological, and social development. During this stage, individuals experience increased vulnerability to mental health challenges, including disturbances in emotional regulation and well-being. Globally, approximately one in seven adolescents aged 10–19 years is affected by a mental disorder, with emotional symptoms such as anxiety and depression among the leading contributors to illness and disability in this age group.¹

Emotional well-being encompasses both the presence of positive emotions and the absence or low intensity of negative emotions. The Positive and Negative Affect Schedule (PANAS) is a validated self-report instrument used to assess these two core dimensions of affect: positive affect, which reflects the extent to which a person feels enthusiastic and active; and negative affect, which reflects distress and unpleasurable engagement.² PANAS has been widely used in adolescent populations due to its simplicity, reliability, and relevance to daily emotional experiences.³

Understanding the emotional profiles of adolescents is critical for early identification of those at risk for emotional distress. Various socio-demographic and lifestyle factors—such as gender, family environment, dietary patterns, and personal habits—have been associated with variations in emotional affect.⁵

Unhealthy food consumption, limited parental interaction, and substance use have been linked with lower positive affect and higher negative affect in youth populations.⁶

II. Need for the Study: Adolescence is a critical developmental phase during which individuals face numerous emotional and psychological challenges. Globally, mental health disorders, including mood disturbances such as anxiety and depression, are among the leading causes of illness and disability in adolescents. Despite this, emotional well-being remains under-assessed in many educational and healthcare settings, particularly in low- and middle-income countries like India¹.

Positive and negative emotional experiences significantly influence adolescents' academic performance, interpersonal relationships, and overall quality of life². Elevated negative affect and diminished positive affect have been associated with increased risk for mental health disorders, poor coping strategies, and behavioral issues. Early identification of emotional distress through validated screening tools like the Positive and Negative Affect Schedule (PANAS) is essential to facilitate timely psychological support and intervention.³

Comorbidity with other psychiatric conditions is common. Anxiety disorders frequently coexist with substance use disorders, post-traumatic stress disorders (PTSD), and, most notably, depressive disorders. This overlap further complicates diagnosis and treatment and highlights the need for early and effective screening.⁶

Routine anxiety screening similar to depression screening can be performed quickly and efficiently in primary care and school health settings. The primary goal of such screening is to identify adolescents who require comprehensive assessment for the full spectrum of anxiety disorders and any associated psychiatric comorbidities. Early identification enables timely intervention, targeted treatment, and improved functional and psychosocial outcomes.⁷

3.METHODS

3.1 Research Design and Approach

A quantitative descriptive research design was adopted to evaluate the prevalence and severity of anxiety symptoms and their association with emotional well-being among adolescents.

3.2 Study Setting

The study was conducted at Himaja Junior College, located in Puttur, Andhra Pradesh.

3.3 Study Population

The target population comprised Intermediate first and second-year students (Grades 11 and 12), aged between 18 to 20 years.

3.4 Sample Size and Sampling Technique

A total of 54 students were selected using a non-probability purposive sampling technique. The sample included both male and female students who met the study's inclusion criteria.

3.5 Inclusion Criteria

Participants were included in the study based on the following criteria:

- Adolescents aged between 18 to 20 years.
- Students who were enrolled at Himaja Junior College at Puttur.
- Students with the ability to read and understand English.

3.6 Data Collection Tools

Two standardized instruments were used for data collection:

- The Positive and Negative Affect Schedule (PANAS) to evaluate emotional well-being, measuring both positive and negative affect.
- Both tools were self-administered questionnaires. The participants completed the surveys under supervision during college hours.

3.7. Development and Description of the Tool

Section I: Socio-Demographic Data: This section gathered information on: Age, Gender, Religion, Type of family, Food pattern, occupation of mother and father, are you sharing domestic work with your Parents, are you doing any job in part time, income, marital status, area of living, personal habits.

Section II: Positive and negative affect schedule scale (PANAS): It consists of 20 questions, scoring of Positive Affect Score: Add the scores on items 1, 3, 5, 9, 10, 12, 14, 16, 17, and 19. Scores can range from 10 – 50, with higher scores representing higher levels of positive affect. Negative Affect Score: Add the scores on items 2, 4, 6, 7, 8, 11, 13, 15, 18, and 20. Scores can range from 10 – 50, with lower scores representing lower levels of negative affect.

4. DATA ANALYSIS AND INTERPRETATION

The data were tabulated, analyzed, and interpreted using both descriptive and inferential statistics.

SECTION -I

Table 1: Frequency Percentage Distribution of Socio-Demographic Variable among adolescent Students.

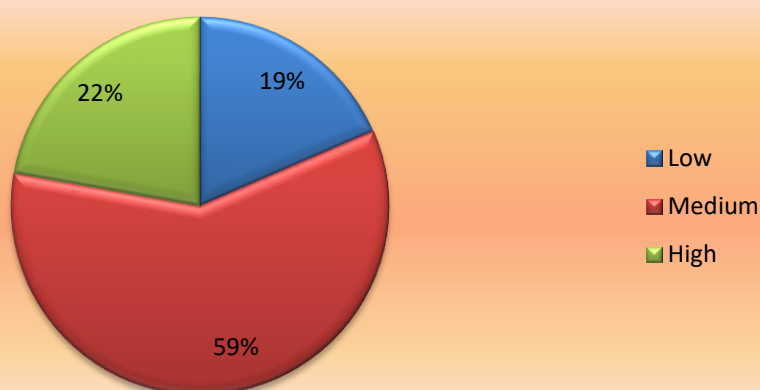
(N=54)

S. No	Demographic variables	Frequency (f)	Percentage (%)
1	Age in years		
	18-20 years	48	88.90%
	21-22years	3	5.60%
	22 years and above	3	5.60%
2	Gender		
	Male	8	14.80%
	Female	43	79.60%
	Transgender	3	5.60 %
3	Religion		
	Hindu	37	68.50%
	Christian	15	27.80%
	Muslim	1	1.90%
	Others	1	1.90%
4	Type of family		
	Nuclear family	24	44.40%
	Joint family	26	48.10%
	Extended family	4	7.40%
5	Food pattern		
	Vegetarian	10	18.50%
	Non –vegetarian	12	22.20%
	Both	32	59.30%
6	Occupation of the mother		
	Home maker	42	77.80%
	Daily labor	9	16.70%
	Government employee	3	5.60%
7	Occupation of the father		
	Cultivation	11	20.40%
	Business and self employ	7	13.00%
	Daily labor	32	59.30%
	Government employee	4	7.40%
8	Are you sharing domestic work with your parents		
	Yes	30	55.60%
	No	24	44.40%
9	Are you sharing parent's occupation or job		
	Yes	29	53.70%
	No	25	46.30%

10	Are you doing any part time job		
	Yes	13	24.10%
	No	41	75.90%
11	Family income per month		
	RS <10000	28	51.90%
	RS10001-15000	12	22.2%
	RS 15001-20000	6	11.10%
	RS> 20001And above	8	14.80%
12	Marital status		
	Unmarried	50	92.60%
	Married	4	7.40%
13	Area of living		
	Urban	38	70.40%
	Rural	13	24.10%
	Semi urban	3	5.60%
14	Personal habits		
	Reading books	8	14.80%
	Watching TV and computer	29	53.70%
	Playing games	8	14.80%
	Meditation or yoga or exercise	9	16.70%

SECTION II: The Level of Positive /Negative Affects Schedule Scores among Adolescents.

Fig No. 2: Percentage distribution of the respondents according to their Level of PANAS



Distribution of Emotional Well-Being Based on PANAS Scores

Analysis of the Positive and Negative Affect Schedule (PANAS) revealed the following distribution among the 54 adolescent respondents:

- **Medium emotional affect:** 32 students (59.3%)
- **High emotional affect:** 12 students (22.2%)
- **Low emotional affect:** 10 students (18.5%)

These findings suggest that the majority of adolescents (59.3%) reported a moderate level of emotional well-being, (22.2%) were high emotional affect and (18.5%) were low emotional affect.

SECTION III: Descriptive Statistics of Psychological Measures

The mean and standard deviation (SD) scores of the psychological tools used:

Measure	Mean	Standard Deviation (SD)
Positive Affect (PANAS)	31.8	5.2
Negative Affect (PANAS)	18.6	4.7

Regarding emotional well-being, the Positive Affect (PANAS) mean score was 31.8 (SD = 5.2), suggesting an overall moderate level of positive emotions among the respondents. In contrast, the Negative Affect mean score was 18.6 with an SD of 4.7, reflecting a relatively low level of negative emotional states.

These findings suggest that while most adolescents maintained a balanced emotional profile, a significant subset experienced elevated anxiety symptoms, warranting further attention and intervention.

SECTION IV: Association Between Socio-Demographic Variables and Emotional Well-Being (PANAS)

Chi-square tests were also performed to examine associations between socio-demographic characteristics and emotional well-being as assessed by the Positive and Negative Affect Schedule (PANAS). The following variables were found to have a statistically significant association at the 0.05 level of significance:

- **Food pattern** ($\chi^2 = 14.418$)
- **Personal habits** ($\chi^2 = 15.449$)

5. Discussion

- The present study evaluated emotional well-being among adolescents using the Positive and Negative Affect Schedule (PANAS), focusing on levels of positive and negative affect and their associations with selected socio-demographic variables. The findings revealed that the majority of participants demonstrated moderate levels of positive affect, while a smaller proportion exhibited lower levels of negative affect. These results suggest a generally balanced emotional profile among the adolescents surveyed, with relatively low emotional distress in the sample.
- Emotional well-being during adolescence plays a crucial role in shaping cognitive performance, social functioning, and mental health outcomes. The mean positive affect score in this study (31.8) is High levels of positive affect are associated with enhanced coping mechanisms, better academic engagement, and greater resilience.
- Conversely, the mean negative affect score (18.6) was relatively low, indicating a reduced prevalence of distressing emotional states such as fear, guilt, or irritability. This finding may reflect a supportive academic and social environment or the presence of protective factors such as family support and stable peer relationships .
- The study also identified significant associations between emotional affect and socio-demographic variables such as food pattern and personal habits, reinforcing existing evidence that lifestyle behaviors can influence mood regulation in adolescents . Poor dietary practices, substance use, and sedentary lifestyles have been previously linked to increased negative affect and emotional instability.

6. Conclusion

The study found that most adolescents had moderate levels of positive emotions and low levels of negative emotions, showing a generally good level of emotional well-being. The results also showed that factors like food habits and personal lifestyle were related to their emotional state. This highlights the importance of regular emotional screening and promoting healthy habits among adolescents to support their mental and emotional health.

REFERENCES

- [1]. World Health Organization. Adolescent mental health [Internet]. Geneva: WHO; 2021 [cited 2025 Jun 30]. Available from: <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>
- [2]. Watson D, Clark LA, Tellegen A. Development and validation of brief measures of positive and negative affect: The PANAS scales. *J Pers Soc Psychol.* 1988;54(6):1063–70.
- [3]. Antaramian SP, Huebner ES, Hills KJ, Valois RF. A dual-factor model of mental health: Toward a more comprehensive understanding of youth functioning. *Am J Orthopsychiatry.* 2010;80(4):462–72.
- [4]. Kelly Y, Zilanawala A, Booker C, Sacker A. Social media use and adolescent mental health: Findings from the UK Millennium Cohort Study. *EClinicalMedicine.* 2019;6:59–68.
- [5]. Jacka FN, Mykletun A, Berk M, Bjelland I, Tell GS. The association between habitual diet quality and the common mental disorders in community-dwelling adults: the Hordaland Health Study. *Psychosom Med.* 2011;73(6):483–90.
- [6]. Watson D, Clark LA. Negative affectivity: The disposition to experience aversive emotional states. *Psychol Bull.* 1984;96(3):465–90.
- [7]. Crawford JR, Henry JD. The Positive and Negative Affect Schedule (PANAS): Construct validity, measurement properties and normative data in a large non-clinical sample. *Br J Clin Psychol.* 2004;43(3):245–65.