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PSYCHOLOGICAL WELL-BEING OF ADOLESCENT BOYS: ADAPTATION OF BRIEF SCALE OF PSYCHOLOGICAL WELLBEING (BSPWB-A)

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Abstract
Psychological well-being is an essential marker of the positive mental health of children and adolescents. In order to measure this phenomenon appropriately across diverse cultures, native language measures are needed. Therefore, this study aimed to validate an Urdu version (BSPWB-U) of the Brief Psychological Well-being Scale for Adolescents (BSPWB-A; Viejo et al., 2018) on a sample of 561 adolescent boys aged 14 to 18 years (M=15.00, SD=0.93) in Lahore, Pakistan. The BSPWB-A was administered in Urdu after forward and backward translation of the 20-item English version. The Self-Esteem Scale for Children (SESC; Saleem & Mahmood, 2011) was also administered to determine the adapted scale's convergent and discriminant validity. Confirmatory factor analyses confirmed the original four-factor structure for the BSPWB-U, and the scale showed satisfactory reliability along with convergent and discriminant validity with SESC. The BSPWB-U is a comprehensive yet brief measure to assess the psychological well-being of Urdu-speaking adolescent boys in Pakistan and diasporic communities in multicultural societies worldwide. However, a validation of the measure with girls or with gender-balanced samples is needed to assess its appropriateness with Urdu-speaking girls.

Keywords. adolescent, psychological well-being, adaptation

Introduction

The six facets of Ryff's model of well-being (Ryff, 1989) have been extensively studied among adolescents and adults. For adolescents, these facets are explained as self-acceptance, or a positive self-image that enhances mental health (Orth et al., 2011); positive relationships with peers and family members, critical for adolescents' emotional health and life satisfaction (Laursen & Collins, 2009); developing a sense of autonomy, where adolescents control their decisions and actions (Lamborn et al., 1991); effectively managing their environment and adapting to challenges (Ryff & Keyes, 1995); having a sense of purpose, linked to increased life satisfaction and resilience among adolescents (Steger, 2016); and personal growth, perceiving oneself as continuously developing and growing (Robitschek et al., 2012).

In an article, Fabian-Weber (2023, April 27) illuminated that social stigma inhibits boys from expressing themselves and asking for psychological help. Contrary to girls, boys are expected to be rugged and masculine rather than show sensitivity or hesitation about themselves. As a consequence of these social stigmas, teenage boys are often unaware of their psychological well-being and cannot identify and deliberate their problems in words (Fabian-Weber, 2023). Therefore, boys have often been under-served (Szumilas et al., 2010) in terms of seeking mental health services (Rice et al., 2018) because they are expected to hide their emotions, e.g., their internalized feelings of sadness, anxiety, fears, etc. More recently, researchers have turned to studying adolescents' positive characteristics, such as

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well-being, as essential markers of positive development. (e.g., Gámez-Guadix et al., 2020; Tomyn & Cummins, 2011; Vallejo-Slocker et al., 2020). Studies have revealed that psychological well-being is related to more positive relationships with parents and siblings (Shek, 2016), closer friendships, better social support, more positive peer interaction (Rubin et al., 2005); as well as a more positive school climate, including supportive teachers, engaging educational experiences, and a sense of belonging (Wang & Eccles, 2012). For example, Gómez-López et al. (2022) examined the longitudinal link between psychological well-being and social competence. They took 662 adolescents aged between 14 and 16 years (Time 1 Mean age = 14.63; SD = 0.64; 49% boys). They found bidirectional links between the two constructs, suggesting that the more a person is functioning healthy, the more he would be able to interact socially while having strong interpersonal skills and bonds. Moreover, several factors help to augment an individual's well-being. Additionally, adolescents with greater psychological well-being tend to report higher self-esteem, academic achievement, social acceptance, and even better physical appearance (Orth et al., 2011).

Psychological well-being is so widely studied because of its relation to mental health outcomes. Among adolescents, experiencing higher well-being is related to fewer symptoms of depression, anxiety, or other mental health problems (Keyes, 2006). Over the long term, adolescents who experience higher psychological well-being in adolescence tend to be at lower risk for developing mental health issues in adulthood (Kern et al., 2016). Several longitudinal studies have further demonstrated that psychological well-being during adolescence is predictive of positive outcomes such as better academic achievement, healthier relationships, and overall life satisfaction (e.g., Diener et al., 2003; Suldo et al., 2014).

Several scales have been developed to assess well-being among adolescents, for example, the World Health Organization Well-Being Index (WHO, 1998) and the Personal Well-being Index-School Children (Tomyn & Cummins, 2011). One adolescent-focused well-being scale, the spotlight of the present study, is the Brief Scale of Psychological Well-being for Adolescents (BSPWB-A)**,** which combines two adaptations by Díaz et al. (2006) and Loera-Malvaez et al. (2008) of the original psychological well-being scale developed by Ryff (1989, 2014). In the validation of the 20-item BSPWB-A, Viejo et al. (2018) found the psychometric properties to be favorable, with acceptable internal consistency and a factorial modification extracting four factors, i.e., self-acceptance, positive relationships, autonomy, and personal growth, confirming the proposed model of Ryff (2014).

With Ryff's scale being one of the most famous and worldwide instruments of psychological well-being, it has been adapted and validated in several languages and with both adolescents and adults, including, e.g., in Portuguese (Sirigatti et al., 2013), Romanian (Carmen et al., 2018; Iliescu et al., 2016), Korean (Choi & Choi, 2016), Chinese (Gao & McLellan, 2018), Serbian (Nišević & Cigić, 2013) Spanish (Freire et al., 2017). Validation in additional languages is needed to use the BSPWB-A with other linguistically diverse populations effectively.

The present study and its cultural context

Thus, in the present work, we validated a translated version of the BSPWB-A for a prominent language group in one South Asian country, Pakistan, where the official and national language is Urdu. According to Berlitz (2023), Urdu is one of the world's top 10 most spoken languages. More than 70.2 million people speak it as a first language and more than 231.3 million as a second language worldwide. Adapting a psychological well-being scale in Urdu for the adolescent population was a primary objective of this study to reach more people of this age group while removing the language barrier. Moreover, the education curriculum in Pakistan adopts a dual language approach, with teaching in both Urdu and English. However, a large population tends to speak and understand Urdu better than English.

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In Pakistan, boys take on primary familial responsibilities as soon as they enter their teens. Accordingly, much is expected of them regarding obligations and stressors related to these responsibilities, affecting their well-being. Moreover, multiple stressors place adolescent boys in heightened vulnerable positions, as they take on the financial burden as breadwinners for the family due to gender role expectations.

Given the strong links between well-being and self-esteem among adolescents found in other literature, we investigated the convergent and discriminant validity of the BSPWB-A Urdu (BSPWB-U) with the Self-Esteem Scale for Children (SESC, Saleem & Mahmood, 2011) that has three positive and one negative factors. We hypothesized a positive relationship between the BSPWB-U factor scores and the four SESC positive subscales and negative with its one negative subscale.

Method

Participants

Five hundred sixty-one adolescent boys aged 14 to 18 (M = 15.00; α = 0.93) were recruited through mixed method sampling from different public and private schools in Lahore city, Pakistan (Table 1). The data collection occurred from February to April 2022 in schools with teenage boys in grades 8 to 10.

Table 1

Sociodemographic Characteristics (N=561)

Variable	*n*	*%*	*M*	*SD*
Age			15	0.93
14	190	33.9		
15	229	40.8		
16	103	18.4		
17	31	5.5		
18	8	1.4		
Grade			9.04	.81
8	174	31		
9	192	34.2		
10	195	34.8		
School Sectors				
Public	401	71.5		
Private	160	28.5		
Family System				
Extended	312	55.6		
Nuclear	249	44.4		
Academic Performance			1.91	1.6
Below average (45% or less marks)	205	36.5		
Average (45-55% marks)	93	16.6		
Above Average (56-80% marks)	141	25.1		
High achiever (80%-100% marks)	122	21.7		

The above table shows each demographic variable's frequencies, percentages, means, and standard deviations. It is evident that 15-year-old boys had been the largest age group (% = 40.8) among the 14-18 years five age groups. It was mentioned earlier that the ages are not distributed equally in the grades in Pakistani schools. Therefore, participants of the study

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were recruited among the three grades 8-10, regardless of the selected age ranges (M = 9.04, α = .81), distributed in two sectors of the public (71.5%) and private (28.5%). 55.6% of boys live in an extended family system (more than one family living together in one house), and 44.4% of boys live in a nuclear family system, where they only live with their biological parents and siblings. These participants were asked to rate their academic performance according to their latest annual assessment into four categories: below average, average, above average, and high achievement, where most of them belong to the below average to above average categories (M = 1.91, α = 1.6).

Procedures

Developing the BSPWB-U

Before any procedure, formal permission was sought from the author of BSPWB-A through email. The BSPWB-A was translated and then back-translated in Urdu and English by six content or language experts, including three faculty members from the psychology department and three from the English department at [institution masked for review]. All experts were bilingually fluent in Urdu and English. A team of 3 experts first translated the English items into Urdu. A separate team of 3 experts back-translated the Urdu translations into English, completely blinding the process between teams. The team aimed to preserve meaning, simplicity of construct, and unambiguousness of items. Once translations were complete, the six experts met to resolve disagreements or errors in the Urdu-translated items.

Data collection

The principals and headmasters of several boys' schools in Lahore, Pakistan, were approached to obtain formal permission after briefly introducing the study and its objectives. A total of 7 schools gave formal permission. Data collection from two schools in each district was decided based on distance and traveling feasibility. Four male research assistants (undergraduate psychology students) were trained to collect data and answer questions from students. Upon entering the classroom, students were introduced to the research study, anonymity, and confidentiality. Voluntary and written consent was collected from each student. Students then completed the questionnaires in a group setting during school hours. Ethical approval for this study's procedure was obtained from [masked for review].

Measures

Demographic Sheet

The demographic sheet asked for information on age, grade, number of siblings, birth order, family system, school sector, and academic performance based on the overall percentage of grades achieved.

The Brief Scale of Psychological Well-being for Adolescents – Urdu version (BSPWB-U)

The original BSPWB-A from which the BSPWB-U was adapted includes 20 items assessed on a six-point Likert scale (ranging from 1-completely disagree to 6-completely agree). The psychometric properties of the original BSPWB-A were good, with acceptable internal consistency, and provided four factors, i.e., self-acceptance (SA), positive interpersonal relationships (PIR), autonomy (At), and life development (LD) (Viejo et al., 2020). In the present sample, the reliability of each subscale, as determined by Cronbach's alpha, ranged between .79 to .95.

The Self-Esteem Scale for Children (Saleem & Mahmood, 2011)

The SESC is an Urdu-language self-report measure consisting of 44 items with a 5-point Likert scale (0 = Not at all, 1 = Rarely, 2 = To some extent, 3 = Very much, 4 = Always). SESC has three positive subscales named: academic self-esteem (example item "*taking interest in studies*"), self-confidence (example item "*being center of attention*"),

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social self-esteem (example item "*being helpful*"), and one negative subscale named low self-esteem (example item "*feeling inferiority complex*"). The psychometric properties of the SESC were satisfactory with Cronbach alpha of .72 to .86 on all factors; test-retest reliability (r = .79, p<0.001); and split-half reliability (r = .81, p<0.001). SESC has established concurrent validity with Rifai"s Self-esteem Scale, which is r = .60 (p<0.001). Formal permission was taken from the author of SESC to use the scale in the study.

Analytic Plan

Descriptive analyses were run for the socio-demographic characteristics of the sample. Confirmatory factor analysis was administered to validate the construct and its psychometric properties. Following the recommendations of Hu and Bentler (1999), good relative model fit was determined by a χ^2/df ratio between 0 and 3, RMSEA and SRMR values of .06 or less, and CFI and GFI values of .95 or higher. Hair et al. (2010) suggested that the chi-square test can be influenced by the sample size and number of parameters and thus was not used to assess model fit. Composite reliability coefficients were deemed suitable if they exceeded 0.7 (Hair et al., 2015; Henseler et al. (2016). According to Hair et al. (2010), standardized factor loadings of .70 or greater are considered acceptable, accounting for at least 50% of the variance in the corresponding factor. Correlations were conducted with subscales of the BSPWB-U and the SESC to assess convergent and discriminant validity.

Two different methods were used to test the discriminant validity, as Henseler et al. (2016) and Voorhees et al. (2016) suggested. The first method involved comparing the square root of average variance extracted (AVE) values for each scale with their respective correlation with all other factors, as per Fornell and Larcker (1981) (Table 3). The second method required the average variance of a factor to be greater than the variance shared with all other factors, which means that the AVE should be greater than the maximum shared variance (MSV), according to Hair et al. (2010).

Results

Confirmatory Factor Analysis

CFA was conducted in *IBM SPSS AMOS* version 25.0 to validate the factor structure of the BSPWB-U. The model fit indices of the tested model are presented in Table 2. The results of the first-order confirmatory factor analysis showed good to excellent fit based on the values of Chi-square χ^2 = 422.26, *df* = 164, RMSEA = .05, SRMR = .04, GFI = .93, and CFI =.95 (Figure 1).

Figure 1

First Order Confirmatory Factor Analysis Brief Scale of Psychological Well-being for Adolescents (N =561)

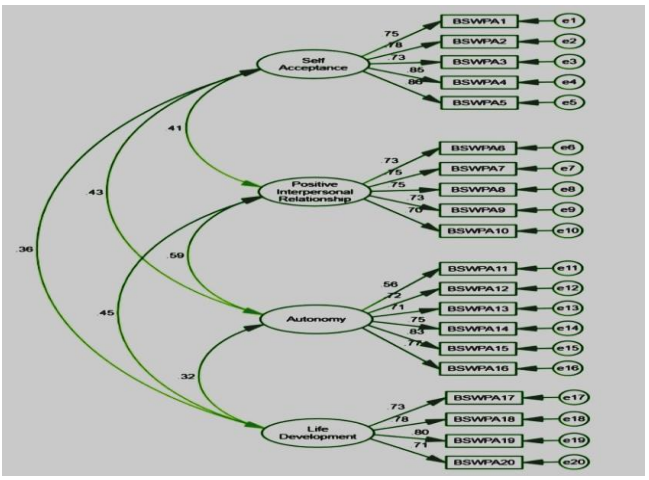

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Table 2

Psychometric Properties of First Order Confirmatory Factor Analysis of the BSPWB-U (N=561)

Factors	*k*	*SA*	*Aut*	*PIR*	*LD*	Ω	*AVE*	*MSV*	λ *Ranges*
Self-Acceptance	5	0.796				0.90	0.63	0.18	0.73-0.86
Pos.Int.Relationship	5	0.426	0.728			0.85	0.54	0.35	0.73-0.75
Autonomy	6	0.415	0.589	0.734		0.87	0.53	0.35	0.56-0.83
Life-Development	4	0.358	0.324	0.446	0.756	0.84	0.57	0.20	0.71-0.80

Note. k = number of items, Ω = Omega/McDonald reliability, AVE = Average variance extracted, MSV = maximum shared variance λ (lambda) = standardized factor loading

Confirmatory Factor Analysis (CFA) also determines the scale's reliability, convergent validity, and discriminant validity. As depicted in Table 3, the four factors explained 63%, 54%, 53%, and 57% of the variance, respectively, while the Omega reliability coefficients ranged from .84 to .90, indicating excellent reliabilities. Discriminant validity was also excellent for each factor, with the AVE greater than the MSV for all factors.

Convergent and Discriminant Validity

For the convergent reliability, it was hypothesized that:

H1: Psychological well-being (self-acceptance, personal and interpersonal relationships, autonomy, and life development) is inversely correlated with self-esteem (achievement, self-confidence, social).

For discriminant validity, it was hypothesized that:

H2: Psychological well-being (self-acceptance, personal, interpersonal relationship, autonomy, and life development) conversely correlated with low self-esteem.

Table 3

Descriptive Statistics and Correlations for Study Variables

Factors	M	SD	Ω	1	2	3	4	5	6	7	8	9
1. SA_PW	13.76	5.89	.92	1								
2. PIR_PW	18.83	4.61	.92	.36**	1							
3. At_PW	22.18	5.59	.89	.48**	.45**	1						
4. LD_PW	15.09	3.88	.93	.34**	.38**	.36**	1					
5. TOT_PW	69.85	14.87	.90	.78**	.72**	.79**	.65**	1				
6. Ac_SE	26.24	5.55	.71	.08	.17**	.14*	.07	.15*	1			
7. SC_SE	28.01	5.49	.71	.04	.04	.08	.04	.07	.56**	1		
8. Sl_SE	23.63	5.25	.78	.06	.06	.13*	-.03	.08	.41**	.45**	1	
9. Low_SE	23.50	4.42	.74	.02	.01	.07	-.08	.01	.54**	.49**	.39**	1

Note. M = Mean, SD = Standard Deviation, Ω = Omega/McDonald reliability; SA = Self-Acceptance; PIR = Personal Interpersonal Relationship; At = Autonomy; LD = Life Development; PW = Psychological well-being; Ac_SE = Academic Self-esteem; SC = Self Confidence; Sl = Social; Low_SE = Low Self-esteem.

*$p < .05$. **$p < .01$

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Table 4 illustrates Pearson's correlations among the BSPWB-U and the SESC subscales. Academic self-esteem was significantly and positively correlated with personal interpersonal relationships, autonomy, and overall well-being, and not significantly correlated with self-acceptance and life development. Social self-esteem had a positive significant correlation with only autonomy while having no significant positive link with SA, PIR, and total well-being and a negative connection with LD. Self-confidence and low self-esteem had no significant link with any of the BSPWB-U subscales. All the sub-factors of both scales are showing excellent omega reliability where they are all beyond the cut-off r = >.70.

Discussion

This study aimed to validate an Urdu version of the BSPWB-A for Urdu-speaking adolescent boys. Findings confirmed the BSPWB-U as a valid and reliable instrument in the Urdu language context and among adolescent boys, with strong internal consistency indices and a four-factor structure in line with the original BSPWB-A. The BSPWB-U adds another available language to the existing validations of the BSPWB-A across several languages, including Spanish and Romanian.

Convergent and divergent validity analyses showed that the BSPWB-U and self-esteem as measured by SESC did not show the expected trends. Earlier studies (Malinauskas & Dumciene, 2017; Neff, 2011) show a considerable link between the two factors (individual and communal) of self-esteem with psychological well-being. The interplay between individual and communal self-esteem and factors such as academic achievement, self-confidence, social interactions, and low self-esteem is dynamic and multifaceted. Cultural differences play a significant role in shaping these relationships, and the influence of individual or communal values should be considered when examining self-esteem and related outcomes (Butt & Khalid, 2015). It may be anticipated that these unexpected findings may be due to the unique collectivistic culture of Pakistan. Based on past literature, individual self-esteem is connected to life satisfaction in individualistic but not communal cultures (Du et al., 2017). Those in individualistic cultures concentrate more on their unique characteristics; meanwhile, those in communal cultures focus more on interpersonal relations and social networking (Paradise & Kernis, 2002). In Pakistan, there is a blend of communal and individualistic cultures where academic achievements are directly linked to parental and family expectations (Butt & Khalid, 2015). These academic performances and achievements are because of the competitive environment developed or already practiced within the families and even social circles (Adhikri et al., 2015). Therefore, after the final results of different high school exams, Pakistani newspapers always highlight the suicidal attempts, particularly boys' (e.g., The Nation, 2022, June 11), where they could not come up to the expectations of their families or pressure of competition. Therefore, the positive significance of academic self-esteem with personal interpersonal relations, autonomy, and overall well-being can be contextualized within Pakistani communal culture. Moreover, the two family systems of nuclear and extended types in the socio-demographics, can be well correlated in the above mentioned context of cultural blend.

A positive association is found between self-confidence and all the factors of psychological well-being, but this link is not significant. On the other hand, social self-esteem has a significant positive association with only one factor of psychological well-being: autonomy. In Pakistani culture, adolescent boys are gradually taking on or are given the responsibility of being independent and making important life decisions. Most of the time, the family dynamics urge them to get independent, and sometimes, the economic crisis coerces them to bear their daily expenses much earlier. However, their lives depend on their parents even after marriage, and society's interference constantly affects their well-being

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(Hamdani et al., 2021). Here, individualistic self-esteem may be linked with self-confidence and independence as unique traits i.e. the more a person would be confident, the more he would be independent and autonomous as an individual.

In contrast, communal self-esteem may be linked to confidence in performing social roles and maintaining positive relationships with others (Sedikides et al., 2005). Moreover, the perception of social acceptance can significantly impact self-esteem in communal societies (Oyserman et al., 2002). Therefore, it all depends on the family of the adolescent boys as to what extent they can make their boys independent. There may be many things where he needs permission from his elders. The results of the current study support the cultural and familial norms of the Pakistani population, where teenage boys have multiple roles and responsibilities according to their family demands. Factors contributing to low self-esteem may again vary across cultural contexts. In individualistic cultures, failure to meet personal goals or societal standards may lead to low self-esteem (Heine & Hamamura, 2007). In collectivistic cultures, interpersonal conflicts or failure to perform social roles and expected responsibilities may be more strongly linked to low self-esteem (Kitayama et al., 2006). Societal standards and expectations for specific gender social roles, both are found in Pakistani society, where social acceptance is almost always taken and taught to be most important, whether one likes or dislikes things. Social pressures become family norms and that cause major threat to the psychological well-being since childhood, although, more evident in teenage (Jamali & Tanzil, 2016).

Limitations

This study was not without limitations. The sample consisted only of boys. Validation of this new language-appropriate measure is needed with a sample of Pakistani, Urdu-speaking adolescent girls. A longitudinal method would be helpful to gauge variation in well-being among Urdu-speaking adolescents across different pubertal stages because several factors in the environment play their roles as challenging and protective factors that need to be gauged, too.

Another limitation is the long statements in the scale that may cause confusion and eventually it takes more time to fill the questionnaire. Although, the psychological well-being scale is short with 20 items, but the statement of a scale should be short and crisp in order to get quick and more valid response. Especially, test administration in a group setting may distract the participants more and affect the validity of the responses and that might have happened in this study too.

Recommendations

The BSPWB-U should be administered on the teenage girl population as well, in order to find the difference between the two genders concerning psychological well-being as well as self-esteem. Because puberty brings different challenges to both genders, and several studies have already shown gender differences.

Based on the experience of conducting this study, we recommend that future usage of the BSPWB-U should include both English and Urdu. Because Pakistan has bilingual education in English and Urdu, some words were better comprehended when asked in English or both languages. Presenting the items in both languages would allow the youth to provide their best responses based on fully understanding the item's wording. This approach may provide better inferences from the data and be useful in many other bilingual societies. The experience in collecting data for this study also taught that due to the double standard and mode of dual language teaching strategies in the Pakistani school system, the dual language scales would save time, and more extensive data can be collected to get more precise and more significant results.

Conclusion and Implications

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In light of the overall results, it may be concluded that BSPWB-U is an effective measure to be used to assess well-being in adolescents, at least adolescent boys, in Urdu-speaking communities in Pakistan and diasporic communities worldwide while focusing on assessing their psychological well-being in different cultural settings.

The cultural adaptation of psychological scales always help to explore the importance of cultural sensitivity in psychological research and suggest ways to ensure that psychological scales are culturally appropriate. The Urdu adaptation of the scale of psychological well-being would help to investigate several other positive and negative correlates in the adolescent population that are involved in personality building. These investigative studies guide the professional clinicians to educate, develop, and implement different therapeutic plans in order to manage and facilitate general public. There is a dire need to raise the importance of men's psychological well-being as they are important pillar of society, consequently linked to overall well-being of a society.

Among the 17 Sustainable Development Goals (SDGs) presented by the United Nation (UN; 2015), this study may also aligned with the third goal "Good Health and Well-being for All", where the psychological well-being of all ages and all genders is an essential goal till the year 2030. Moreover, the new APA Guidelines for Psychological Practice with Boys and Men (2018) provide vital evidence-based knowledge and solutions to psychologists investigating, educating, and counselling boys and men to prevent gendered development impacted by patriarchal norms, which can lead to disconnection difficulties (Gilligan & Snider, 2019).

Therefore, collaboration with local psychologists, educators, parents, and community leaders may be initiated to gain insights into adolescent boys' specific needs and concerns. Involving key stakeholders can enhance the relevance and acceptance of the scale. Sharing the results of the psychological well-being assessments with relevant stakeholders, including educators, parents, and policymakers, can contribute to a better understanding of the needs for the psychological well-being of adolescent boys and inform targeted interventions.

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