

Youth Helping Attitudes and Happiness: A Cross-Sectional Study in High Schools in Bagalkot

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ABSTRACT

Background: There is a saying that "it's better to give than receive" because giving or helping others releases us from the isolation of ourselves. The happiness level of people who donate money to charities or volunteer their time positively affects mental health. Adolescence is a critical period for attitude development. During adolescence, there is a growing shift of influence from the family to peers.

Methods: The helping attitude was measured using a helping attitude scale, and happiness was measured using a subjective happiness scale from a convenient sample of 140 adolescents studying in selected high schools in Bagalkot in a cross-sectional design. The data were analyzed using descriptive and inferential statistics.

Results: Findings indicate that levels of helping attitude among adolescents reveal that most adolescents (52.14%) had a high helping attitude, the remaining 47.85% had a moderate helping attitude, and no adolescent had a low helping attitude. Results depict that the total mean percentage of helping attitudes among adolescents was 79.57%, with a mean and SD of 79.5714±8.46. A chi-square test was calculated to assess the association of the level of helping attitude with their selected socio-demographic variables, and a significant association was found between the helping attitude and sex of adolescents ($\chi^2=0.0101$).

Conclusion: The study's findings concluded that most adolescents had a high and moderate level of helping attitude, and most adolescents had a moderate and high level of happiness.

Key-words: Adolescence, Assess, Happiness, Helping attitude, Socio-demographic variable

INTRODUCTION

"When you help other people, you help yourself. It's impossible not to feel great when you do good for other people." Disaster relief is very necessary for the individual; it helps maintain relationships but also helps eliminate or prevent many problems, such as providing

money, food, shelter and other medical services (blood donation, organ donation agency, etc). Helping people experiencing poverty ^[1]. Helping behaviour in daily life shows interest and concern for the wellbeing of others. Being generous with the cause of others is about helping others. This could be money, recycling, some gift, or selfless assistance. Simply put, it means caring about the health of others and working to help them. Bad behaviour may arise from personal egoism or a "pure" desire to benefit others, regardless of their inner feelings. With a positive attitude, such as a helping attitude, a person enjoys "helping" others and can reduce many negative emotions in his daily life ^[2].

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Good skills can only be acquired in a good environment. If schools provide such an environment, cooperation, cooperation (instead of self-centred behaviour), hope, self-sufficiency (for the health of society), and thinking (which is also important if people see the world as a place), then the student will be able to learn in the future. It will bring out the best that will help you face challenges easily and well. A good school culture encourages good student behaviour^[3].

A positive attitude helps one improve one's health and foster positive thinking. These benefits are reflected in many negative behaviours, such as volunteering, donating blood, donating money, spending money on others, and doing small actions such as offering coffee, making friends a good friend, or making someone smile. Research examines the relationship between altruism and happiness across many demographic groups^[4]. The development of video games has become the focus of many people's thoughts today. The rapid growth of game consoles and online games worldwide has become the main source of entertainment and has allowed them to update technology.

Most current research on video games focuses on their negative behavioural and psychological effects on people. However, despite growing evidence regarding the threat posed by video games, existing research often needs to pay more attention to the positive effects of video games on motivation, personality, style, and behaviour^[5].

Research conducted in the last few years has shown that positive thoughts and behaviours such as hope, help, love and optimism significantly impact health. Still, the history of philosophy and philosophical science is short in general: schizophrenia, depression, depression, anxiety disorders, alcoholism, etc. Research on the negative aspects of diseases will gain importance^[6]. Being kind and gentle has a positive impact on our health and happiness. Maybe we will stay even longer. Being kind also helps reduce stress and improve our mood^[7].

Subjective well-being (SWB), which specifically measures happiness and life satisfaction, is increasingly recognized as an important goal of international policy. In recent years, researchers in many disciplines beyond psychology have been investigating what makes people happy^[8]. Personal and social situations gain importance in all activities. The behaviour is an acquired behaviour that is

developed by young people, mostly in school and society^[9].

A good attitude doesn't mean always having a smile on your face; more than that^[10]. "When you have compassion and kindness, they put their prejudices aside," Post said. "One of the best ways to overcome stress is to do something to help others"^[11]. Our bodies and minds benefit in many ways when we help others. Some studies focus on "auxiliary repression." Research shows that volunteering, donating money, or just the thought of donating can release chemicals in the brain and increase brain support through nutrition and sex^[12].

MATERIALS AND METHODS

This study was conducted in January 2023. A convenience sample of 140 eighth, ninth and tenth-class students from various high schools in Bagalkot was selected for this study. Youth in eighth, ninth, and tenth grades participated in the study voluntarily, and data were collected from the helping attitude scale and subjective happiness scale, which measure helping behaviour and health, respectively. The collected data were analyzed using descriptive and inferential statistics.

Research Approach- This study aims to collect information about youth programs and happiness levels. Therefore, a non-experimental qualitative approach was considered appropriate for the research.

Research Design- The term research design refers to the research plan. Research design is a type of statistical analysis that helps researchers select subjects, identify variables, control and control variables, make observations, and interpret data. A descriptive social research design was adopted for this research.

Variables to Examine- A variable is something that can be measured and can change something. Change is the quality, characteristic, or characteristic of a person, thing, or situation that changes or changes. This study identified three types of changes. They are as follows.

Research Variable 1: Helping Behavior of Young People

Research Variable 2: Happiness of Young People

Socio-demographic variables- Socio-demographic variables included in this research include age, gender, religion, father's education, mother's education, father's

profession, mother's profession, family income, family type and place of residence.

Setting of the study- The setting is where the population or the portion of it is located and where the study is carried out. The present study was conducted at Basaveshwara Higher Secondary School, Bagalkot, India.

Population- A population is a collection of people or subjects who share a characteristic of interest to the researcher. The target population is the people the researcher needs to study. The research results were specific to them.

The accessible population is the group where the researcher's research can be easily found. The target audience of this study includes young people studying in various high schools in Bagalkot district. The target audience of this study is young people studying at Basaveshwara High School in Bagalkot, India.

Sample and Sample Size- This sample consists of subjects in the units that constitute the population of this study. The current sample consists of 140 youth aged between 13 and 17 years studying at Basaveshwara High School, Bagalkot, India.

Sampling Technique- The sampling technique is selecting a portion of the population to obtain information about a problem. A stratified proportional random sampling technique was used in this study.

Sampling Criteria- The sampling criteria developed by the researcher included the following criteria:

Inclusion Criteria

- Youth in 8th, 9th or 10th grade
- Information for this article is available at the time of writing.
- Willingness to participate in this study

Exclusion criteria

- illness at the time of information collection.
- Refusal to participate in the research

Data collection tools- Data collection tools are methods or tools used by researchers to observe or measure important variables in a research problem. The Behavioral and Health Services Program was used in this study.

Content validity- Some measures of content validity in nursing were given to five experts, 4 of whom were selected through a simple random selection process. The researcher explained the purpose of the study to the participants, and their consent was obtained. Data were collected from youth, who underwent the inclusion criteria.

Data collection process- Preliminary permission was obtained from the relevant organizations before starting the data collection process. The students were in high school at the time of the study. Data were collected from all youth who met the inclusion criteria. Consent can only be obtained at older ages. Before the evaluation, the purpose of the study was explained to the participants.

Statistical Analysis- Descriptive statistics and inferential statistics were used in the analysis of the data obtained in accordance with the purpose of the research. Key documents were prepared based on the participants' responses. Use frequency and percentage analysis functions to select and filter different groups in text and images.

Ethical Clearance- Ethical clearance was obtained from the Institutional Ethics Committee of BVVS Institute of Nursing Sciences, Bagalkot.

RESULTS

Samples characteristics- The percentage of young people by age group shows that most (68%) are 13-17 years old and above. The majority of adolescents (55.71%) were males. Most adolescents (85.71%) belonged to the Hindu religion; most adolescents (42.85%) were studying in the 10th grade. Most of an adolescent's father's educational status (42.84%) is secondary education. Most adolescent mothers' educational status (49.28%) is primary education. Most of the adolescents' fathers (32.85%) were business people. Most of the adolescents' mothers are housewives (73.57%). Most (51.42%) of the adolescents' families' monthly income was less than \$10,000. The majority of adolescents (68.57%) belonged to the nuclear family. Most adolescents (77.14%) were staying in urban areas.

Assessment of the level of helping attitude among adolescents- Assessment of levels of helping attitude among adolescents reveals that most adolescents

(52.14%) had a high helping attitude, the remaining 47.85% had a moderate helping attitude, and no adolescent had a low helping attitude (Table 1).

Table 1: Levels of helping attitude among adolescents

Levels of helping attitude	No of respondents	Percentage (%)
Low helping attitude	0	0
Moderate helping attitude	67	47.85
High helping attitude	73	52.14

Association between level of helping attitude and socio-demographic variables of adolescence- The mean, SD, and mean percentage of helping attitude scores of

adolescents reveal that the total mean percentage of helping attitude scores of adolescents was 79.57%, with a mean and SD of 79.5714±8.46 (Table 2).

Table 2: Area-wise mean, SD and mean percentage of helping attitude score

Area	Max score	Min score	Mean	S. D	Mean (%)
Helping attitude	100	20	79.57	8.46	79.57

Table 3 presents the distribution of happiness levels among adolescents based on the responses obtained. Among the respondents, no individuals reported having a low level of happiness, constituting 0% of the total. The majority of adolescents, comprising 55.71% of the sample, reported a moderate level of happiness.

In contrast, a substantial portion, accounting for 44.28% of the respondents, expressed a high level of happiness. Overall, the data suggests that a considerable proportion of adolescents in the study exhibit either a moderate or high level of happiness, with none reporting a low level.

Table 3: Level of happiness among adolescent

Level of happiness	No of respondents	Percentage (%)
Low	0	0
Moderate	78	55.71
High	62	44.28

Assessment of happiness among adolescents reveals that the majority (55.71%) had moderate happiness, 44.28% had high happiness, and none had low happiness. The mean, standard deviation and median percentage of young people's happiness scores show that overall happiness is 72.09%, and the mean and standard deviation are 20.185±3.83 (Fig. 1).

The data presented in Table 4 examines the relationship between the levels of happiness among adolescents and several socio-demographic variables, utilizing the chi-square test to determine the significance of these associations. Firstly, the analysis of age indicated no statistically significant association with happiness levels ($\chi^2=1.6$, $df=4$, $p=0.80$, NS).

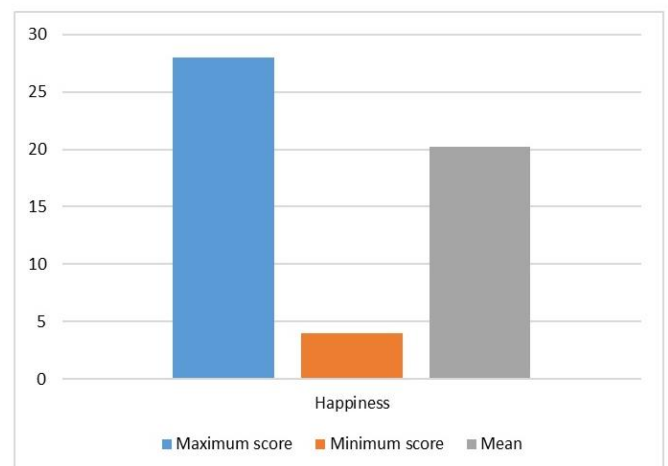


Fig. 1: Happiness scoring among adolescents in this study

However, a notable finding emerged regarding the variable of sex, revealing a significant association with happiness levels ($\chi^2=13.26$, $df=4$, $p=0.01$, S), suggesting that levels of happiness differ between genders. Conversely, no significant associations were found in the case of religion ($\chi^2=3.5$, $df=6$, $p=0.744$, NS), year of study ($\chi^2=0.45$, $df=4$, $p=0.97$, NS), father's educational status

($\chi^2=0.5$, $df=6$, $p=0.99$, NS), mother's educational status ($\chi^2=6.36$, $df=6$, $p=0.38$, NS), father's occupation ($\chi^2=8.53$, $df=8$, $p=0.38$, NS), mother's occupation ($\chi^2=6.72$, $df=8$, $p=0.5671$, NS), monthly income of the family ($\chi^2=0.41$, $df=4$, $p=0.98$, NS), area of residence ($\chi^2=0.02$, $df=2$, $p=0.99$, NS), and type of family ($\chi^2=1.2$, $df=4$, $p=0.87$, NS).

Table 4: Association of the levels of happiness of adolescents with their selected socio-demographic variables

Socio-demographic variables	Df	Chi-square value	Table Value	p-value
Age	4	1.6	0.80	$p>0.05^*$
Sex	4	13.26	0.01	$p<0.05^{**}$
Religion	6	3.5	0.74	$p>0.05^*$
Year of Study	4	0.45	0.97	$p>0.05^*$
Father's educational status	6	0.5	0.99	$p>0.05^*$
Mother's educational status	6	6.36	0.38	$p>0.05^*$
Father's occupation	8	8.53	0.38	$p>0.05^*$
Mother's occupation	8	6.72	0.56	$p>0.05^*$
Monthly income of family	4	0.41	0.98	$p>0.05^*$
Area of Residence	2	0.02	0.99	$p>0.05^*$
Type of family	4	1.2	0.87	$p>0.05^*$

Df=degrees of freedom; *All the values are statistically non-significant; **All the values are statistically significant

DISCUSSION

Considering the gender distribution of the sample, the majority of young people (55.71%) are men and 44.28% are women. The results of this study are similar to those conducted by Ajmal Mohammed, Rajan Dilsha, and Haridas Anjana, who volunteered to measure the helping behaviour of NSS volunteers and non-volunteer youth in Kerala. The results showed a positive relationship between helping behaviour and gender^[13].

Research results on the relationship between young people's helping behaviour and their choices among different people in society show a relationship between their helping behaviour and gender ($\chi^2=0.01$; $p<0.05$). This study is based on a study conducted by Jan Hafsah at Ganderbal Degree College to determine the relationship between helping behaviour and happiness among young people in professional and non-professional universities. They found that professional or non-professional women had better help behaviour, significantly impacting young people's helping behaviour^[14].

No significant relationship was found between youth health and other variables.

This study's results are inconsistent with Siamian *et al.*^[15]. Assessing the health of Vietnamese youth. The results showed a significant relationship between happiness and cultural factors such as years of education, parents' intentions, family income and religious background. When young people's happiness is evaluated, it is seen that most young people (55.71%) are somewhat happy, 44.28% are somewhat happy, and no one is very happy. The results of this study are based on research conducted by Parmar Kamalesh and Vyas Rudresh to measure the happiness of young people in the Narmada district of Gujarat. The results showed that most girls were very happy^[16].

In the sample distribution according to the mother's occupation, it is seen that 73.57% of the mothers are homemakers, 4.28% are cooperative workers, 2.85% are farmers, 6.42% are entrepreneurs, and 7.85% are entrepreneurs. Work. These are private sector employees, and 5 per cent are government employees. The findings of this study are consistent with those of Anjitha and Malagi Varsha on the helping behaviour of nurses in Trivandrum, Calicut and public and private hospitals in the India-Kasaragod district of Kerala.

The results showed that 10% of auxiliary nurses in public hospitals had a low helping attitude, 3% had a bad attitude, and 87% had a high helping attitude. The support level of nurses in private hospitals: 3% had a negative attitude towards helping, 0% had a bad attitude towards helping, and 97% had a highly characteristic helpful attitude ^[17]. Assessment of levels of helping attitude competence among adolescents reveals that most adolescents (52.14%) had good helping attitude competence, the remaining 47.85% had average helping attitude competence, and no adolescent had poor helping attitude competence.

The present study's findings are consistent with the study conducted by Lambakashish, Dr Nitika Kumar, to assess the helping attitude among young and middle-aged adults. The results showed that most older people reported a higher happiness score than young adults, with a better attitude and competence ^[18-20].

CONCLUSIONS

In conclusion, the study's main findings indicated that a substantial proportion of adolescents in the surveyed high schools demonstrated high and moderate levels of helping attitudes. Additionally, the majority of adolescents reported moderate to high levels of happiness. This study shows that the youngest people have a positive attitude and make themselves happy by helping others. Participation in good behaviour is the participation of the person being helped and the person helping others.

This study shows that engaging in behaviour can improve health and life satisfaction. It is important to educate students on developing beneficial behaviours.

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