

Gender Differences in Adjustment across Home, Health, Social, and Emotional Domains among Adolescents in Guwahati

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Abstract

This study investigates the gender-based variations in adjustment levels among school-going adolescents in Guwahati, Assam. Focusing on four critical domains—home, health, social, and emotional adjustment—the research utilised Bell's Adjustment Inventory (adapted by R. K. Ojha) to assess a sample of 200 students (100 boys and 100 girls). The findings reveal significant gender differences in home, health, and emotional adjustment, with boys generally demonstrating higher levels of adjustment than girls. However, no significant difference was observed in social adjustment. These results underscore the need for gender-sensitive psychological interventions to support adolescent development in urban Indian contexts.

Introduction

Adjustment is a dynamic and continuous process through which individuals navigate their environment to meet internal needs and external demands. It involves the harmonious integration of one's behaviour with the surrounding social and physical conditions. As James Drever noted, adjustment entails modifications intended to compensate for or meet specific conditions, making it an essential mechanism for human survival and psychological well-being. Individuals who successfully adapt to changing circumstances tend to lead more fulfilling lives, whereas those struggling with adjustment may experience heightened anxiety, depression, or personality disorders.

Adolescence represents a pivotal transitional phase between childhood and adulthood, characterised by rapid physical,

psychological, and cognitive shifts. The World Health Organization (WHO) defines this stage as occurring typically between the ages of 10 and 19. During this period, teenagers often grapple with biological changes and the evolving expectations of their social environment. Erikson's developmental stages further highlight the identity-seeking nature of this period, usually spanning ages 13 to 19. Given the intensity of these changes, the ability to adjust becomes a primary determinant of an adolescent's future mental health and social integration.

Rationale of the Study

The transition from childhood to adulthood is arguably the most volatile period of human development outside of infancy. Adolescents find themselves in a "liminal" space—no longer children, yet

not quite adults. The rapid bodily changes associated with puberty are inextricably linked to shifts in cognitive processing, emotional regulation, and social interactions. Consequently, maintaining equilibrium between personal needs and environmental expectations becomes a significant challenge.

Maladaptive behaviour established during adolescence often persists into adulthood, manifesting as chronic personality or behavioural disorders. While extensive research has explored adolescent adjustment, findings vary significantly based on geographical, cultural, and socio-economic contexts. Guwahati, the gateway to Northeast India, presents a unique demographic landscape. As a major urban hub with a diverse population of nearly one million, it offers a rich field for investigating how local upbringing and parenting styles influence adjustment. Despite its importance, there is a lack of localized research focusing specifically on gender differences in adjustment within this metropolitan area. This study aims to fill that gap by examining how adolescent boys and girls in Guwahati navigate their home, health, social, and emotional lives.

Methodology

Research Question

Is there a significant difference in the adjustment levels of adolescent boys and girls across various domains?

Objectives

1. To assess and compare the home adjustment levels of adolescent boys

and girls.

2. To evaluate and compare the health adjustment levels of both genders.
3. To examine and compare the social adjustment patterns between boys and girls.
4. To analyse and compare the emotional adjustment levels of adolescent students.

Hypotheses

- **H₁:** There is no significant difference between adolescent boys and girls in terms of home adjustment.
- **H₂:** There is no significant difference between adolescent boys and girls in terms of health adjustment.
- **H₃:** There is no significant difference between adolescent boys and girls in terms of social adjustment.
- **H₄:** There is no significant difference between adolescent boys and girls in terms of emotional adjustment.

Operational Definitions

- **Adjustment:** The capacity to adapt to physical and psychosocial changes during adolescence.
- **Home Adjustment:** The ability to maintain harmonious relationships within the family environment.
- **Health Adjustment:** Awareness of and adaptation to one's changing physical condition.
- **Social Adjustment:** The effectiveness of an individual's interactions within their broader social environment.
- **Emotional Adjustment:** The ability

to regulate internal emotional states in response to external stressors.

Participants and Sampling

The study involved 200 school-going adolescents (13–18 years) from Guwahati. A multi-stage sampling approach was used: schools were selected via purposive sampling, while individual participants were recruited through simple random sampling. The sample evenly split between boys (n=100) and girls (n=100) from various government and private institutions.

Data Collection Procedure

The researchers obtained formal permission from school authorities and provided a detailed orientation to the participants. The questionnaire was administered in a controlled setting, with assurances of anonymity and confidentiality. Participation was entirely

voluntary, and researchers were present to clarify any ambiguities during the process.

Research Instrumentation

- **Personal Information Sheet:** To collect demographic data (age, gender, school type).
- **Bell's Adjustment Inventory (R. K. Ojha):** A standardised tool consisting of four sub-scales (Home, Health, Social, and Emotional), each containing 35 "Yes/No" items. The inventory is recognised for its high reliability (split-half and test-retest) and established validity.

Results and Discussion

Domain-Specific Adjustment Levels

The descriptive analysis of the adjustment levels reveals striking differences between the genders across the four studied domains.

Table 1
Levels of Home Adjustment (%)

Level	Home	
	Gender	
	Boys	Girls
Excellent	2.5	0
Good	1	0
Average	22	23.5
Unsatisfactory	12.5	10
Very Unsatisfactory	12	16.5

As shown in Table 1, a small percentage of boys achieved "Excellent" or "Good" home adjustment, whereas no girls fell into these categories. While both groups showed a significant presence

in the "Average" category, a higher percentage of girls (16.5%) reported "Very Unsatisfactory" home adjustment compared to boys (12%).

Table 2
Levels of Health Adjustment (%)

Health		
Level	Gender	
	Boys	Girls
Excellent	0.5	0
Good	5.5	1.5
Average	22.5	9.5
Unsatisfactory	9.5	10.5
Very Unsatisfactory	12	28.5

In the health domain (Table 2), the disparity is even more pronounced. Over a quarter of the female participants (28.5%) reported “Very Unsatisfactory” health adjustment, more than double the rate of their male counterparts (12%). Boys were also significantly more likely to report “Average” or “Good” health adjustment.

Table 3
Levels of Social Adjustment (%)

Social		
Level	Gender	
	Boys	Girls
Excellent	0	0
Good	0	0
Average	4.5	0
Unsatisfactory	8.5	9.0
Very Unsatisfactory	37.0	41.0

Social adjustment (Table 3) and girls (41%) falling into the “Very Unsatisfactory” category. Neither gender appears to be a significant challenge for both genders in this sample, with the vast majority of both boys (37%) social adjustment.

Table 4
Levels of Emotional Adjustment (%)

Emotional		
Level	Gender	
	Boys	Girls
Excellent	0	0
Good	1.0	0
Average	9.0	1.0

Unsatisfactory	1.5	2.0
Very Unsatisfactory	38.5	47.0

Emotional adjustment (Table 4) followed a similar trend, with girls (47%) being more likely than boys (38.5%) to experience “Very Unsatisfactory” levels. Boys showed slightly better “Average” and “Good” adjustment levels than girls.

Hypothesis Testing and Comparative Analysis

The study utilised t-tests to determine the significance of the observed differences between genders.

Table 5
Levels of Emotional Adjustment (%)

Domain	Gender	Mean	S.D.	t-value	P-value	Result
Home	Boys	14.37	4.327	-2.080	0.039	Significant
	Girls	15.66	4.443			
Health	Boys	9.16	3.905	-5.596	0.000	Highly Significant
	Girls	12.41	4.300			
Social	Boys	18.23	4.904	-1.565	0.119	Not Significant
	Girls	19.34	5.114			
Emotional	Boys	18.76	6.733	-4.975	0.000	Highly Significant
	Girls	23.24	5.978			

Home Adjustment

The analysis revealed a significant difference in home adjustment ($p = 0.039$), leading to the rejection of H1. Boys demonstrated better home adjustment than girls. This finding aligns with research by Vishal and Kaji (2014), who also noted that adolescent boys often navigate domestic environments with fewer perceived constraints than girls in certain cultural contexts.

Health Adjustment

A highly significant difference was found in health adjustment ($p < 0.001$),

rejecting H2. Boys reported significantly better adjustment to their physical health than girls. This supports the findings of Sahu and Dewangan (2021), suggesting that adolescent girls may experience more distress or difficulty in adapting to the physiological changes of puberty compared to boys.

Social Adjustment

The study found no statistically significant difference in social adjustment between boys and girls ($p = 0.119$), failing to reject H3. Both genders struggled

similarly with social integration, indicating that the challenges of navigating social hierarchies and peer relationships in an urban environment like Guwahati affect adolescents regardless of gender.

Emotional Adjustment

The most pronounced difference was observed in emotional adjustment ($p < 0.001$), rejecting H4. Girls scored significantly higher on the inventory (indicating poorer adjustment) than boys. While some studies, such as Bhagat (2016), have found girls to be more emotionally adjusted, our findings suggest that in the specific context of Guwahati, adolescent girls may face higher emotional stressors or have fewer effective coping mechanisms than their male peers.

Conclusion

This study highlights that gender plays a crucial role in how adolescents in Guwahati adjust to the changes in their lives. Boys generally exhibited better adjustment in the home, health, and emotional domains. Social adjustment remains a universal challenge for both genders in this urban setting. These findings suggest a critical need for school-based counselling programmes that are tailored to the specific emotional and physical health needs of adolescent girls. Furthermore, the high rates of unsatisfactory social adjustment across the board indicate a broader need for social skills training and peer support systems within the educational framework of Guwahati.

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