

Mental Health of Teenagers With Relation to Their Gender

Dr. Tarlika L Zalawadia^{1*}

ABSTRACT

The purpose of the present investigation was to study the relationship between Mental Health among teenagers. The sample consisted of 120 boys and girls students at various schools in Rajkot city. Dr. H.D. Badami and Dr. C.H Badami's "Mental Health Analysis" were selected. The MHAQ is divided into two sections – Positive and Negative – and each section into five sub categories. Each sub-category consists of ten items. Thus MHAQ consists of one hundred items.

Keywords: *Mental Health, Teenagers, Gender, MHAQ*

The American Psychological Association has many divisions or sub- fields; the Division of health Psychology was introduced in 1978. In 1948 the World Health Organization defined health as "a complete state of physical, mental and social well-being and not merely the absence of disease or infirmity." Rather than defining health as the absence of illness, health is recognized to be an achievement involving balance among physical, mental and social well-being. Many use the term "wellness" to refer to this optimum state of health. Health Psychology is concerned with all aspects of health and illness across the life span while word health is multidimensional process. Health Psychologists focus on health promotion and maintains which includes such issue as how to get children to develop good health habits, how to promote regular exercise, and how to design a media campaign to get people to improve their diets.

In 1950, and 1960, The American Congress passed its first mental health bill – "The National Mental Health Act." which laid the basis for the Federal Government's programmes. The World Health Organization has always been keenly aware of the close interrelationships between physical, psychological and socio cultural factors. The 1990s have already witnessed an amazing openness and a diminishing of previously impassable borders. Along with this increased interchange of ideas and co-operation we expect to see a broader interchange of mental health collaboration. Reductions in international tension and a greater international co-operation in the science and health planning will likely promote more sharing of information and views on mental health.

¹ Associate Professor, Smt. R. R. Patel Mahila Arts & Commerce College, Rajkot, Gujarat, India

**Responding Author*

Received: February 1, 2017; Revision Received: March 29, 2017; Accepted: March 30, 2017

Mental Health of Teenagers With Relation to Their Gender

Joseph M. Rey, Michael G. Sawyer, Beverley Raphael, George C. Patton, Michael Lynskey (2002), disclose that One-quarter of the adolescents in the sample had used cannabis. There were no gender differences. Use increased rapidly with age, was more common in adolescents living with a sole parent and was associated with increased depression, conduct problems and health risk behaviours (smoking, drinking) but not with higher use of services. Cannabis use is very prevalent. The association with depression, conduct problems, excessive drinking and use of other drugs shows a malignant pattern of comorbidity that may lead to negative outcomes.

Howard Meltzer, Rebecca Gatward, Robert Goodman, Tamsin Ford (2002) evince that 10% of children aged 5 -15 years had a mental disorder: 5% had clinically significant conduct disorders; 4% were assessed as having emotional disorders - anxiety and depression - and 1% were rated as hyperactive. As their name suggests, the less common disorders (autistic disorders, tics and eating disorders) were attributed to half a percent of the sampled population. Among 5-10 year olds, 10% of boys and 6% of girls had a mental disorder. In the older age group, the 11-15 year olds, the proportions of children with any mental disorder were 13% for boys and 10% for girls.

Stuart L. Lustig M.D., M.P.H. Maryam Kia-Keating ED. M. Wanda Grant Knight PH.D. Paul Geltman M.D., M.P. H. Heidi Ellis PH.D. J David Kinzie M.D. Terence Keane PH.D. Glenn N. Saxe M.D. (2003) found that Child and adolescent refugees suffer from significant conflict-related exposures. Reactions to stress may be mediated by coping strategies, belief systems, and social relations.

Objective of study

- The present research was conducted to study the mental health of teenagers, boys and girls.

Hypothesis

1. There is no significant difference on positive aspect of MHAQ among teenaged boys and girls.
2. There is no significant difference on negative aspect of MHAQ among teenaged boys and girls.

METHOD

First of all the head of the institutions/school were contacted and after taking permission for data collection, respondents were contacted at their comfort zone of time. Then the 'Mental Health Analysis' questionnaires were distributed and collected after 45 minutes. Thereafter scoring was done with the help of manual and interpretation was done. Thereafter t-test was applied for the comparison of various schools' teenagers in the context of various dimensions of mental health.

Mental Health of Teenagers With Relation to Their Gender

Tool:

Dr. H.D. Badami and Dr. C.H Badami's "Mental Health Analysis" were selected. The MHAQ is divided into two sections – Positive and Negative – and each section into five sub categories. And that is...

Positive Aspects:

1. Close relationship
2. Inter Personal relationship
3. Participation in community
4. Satisfying work and recreation.
5. Adequate outlook and goals.

Negative Aspects:

1. Immature behaviour
2. Instable behaviour
3. Feelings of inadequacy
4. Physical defects
5. Nervous symptoms.

Research Design

Data were collected from 120 teenagers from Public, Private and Deemed schools. For testing the differences on present mental health between boys and girls, the distribution of sample is as follows: boys= 60 and girls = 60.

Sample

The sample consisted of a total number of 60 boys and 60 girls teenagers from various schools of Rajkot City, Gujarat.

RESULTS AND DISCUSSION

H1: There is no significant difference on positive aspect of MHAQ among teenaged boys and girls.

Table No 1 show that Positive Aspects

Group	N	Mean	SD	' t '	level of significance
Girls	60	18.35	3.12	0.83	N.S
Boys	60	17.95	2.97		

H2: There is no significant difference on negative aspect of MHAQ among teenaged boys and girls.

Table No 1 show that Negative Aspects

Group	N	Mean	SD	' t '	level of significance
Girls	60	18.13	3.22	0.10	N.S
Boys	60	18.18	2.88		

CONCLUSION

Table no.1 shows that the mean score of girls on positive aspects is 18.35 and of boys is 17.95 respectively. The difference is 0.4. SD for girls group on the same aspects is 3.12 and 2.97 for boys respectively. 't' value has been found 0.83 is no significant at 0.05 level. The effect of gender has been not found significant on mental health. There for it can be said that there is no difference between boys group and girls group in mental health on Positive aspects. As the hypothesis No. 1 is accepted.

As well as Table no. 2 shows that the mean score of girls on negative aspects is 18.13 and of boys are 18.18 respectively. The difference is 0.5. SD for girls group on the same aspects is 3.22 and 2.88 for boys respectively. 't' value has been found 0.10. is no significant at 0.05 level. The effect of gender has been not found significant on mental health. There for it can be said that there is no difference between boys group and girls group in mental health on negative aspects. As the hypothesis No. 2 is accepted.

FINDINGS

The girls' mental health better on positive aspects in comparison of boys' mental health and boys' mental health better on negative aspects in comparison of girls' mental health as per Mean score of above tables.

Acknowledgments

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interests

The author declared no conflict of interests.

REFERENCES

- Carson Butcher & Mineka – *Abnormal Psychology and Modern Life – 11th edition.*
Health Psychology – Bio Psychological Interactions 3rd Edition. Edward P. Sarafino pp. 14, 15, 277, & 465.
Health Psychology – Shelly E Taylor 4th Edition. pp. 3
Howard Meltzer, Rebecca Gatward, Robert Goodman, Tamsin Ford (2002) *The mental health of children and adolescents in Great Britain.* National Statistics, National Assembly for Wales. pg.12-15
Joseph M. Rey, Michael G. Sawyer, Beverley Raphael, George C. Patton, Michael Lynskey, Mental health of teenagers who use cannabis . *The British Journal of Psychiatry* Mar 2002, 180 (3) 216-221; DOI: 10.1192/bjp.180.3.216
Stuart L. Lustig, Maryam Kia-Keating, Wanda Grant Knight, Paul Geltman, Heidi Ellis, J David Kinzie, Terence Keane, Glenn N. Saxe, Review of Child and Adolescent Refugee *Mental*

Mental Health of Teenagers With Relation to Their Gender

Health, In Journal of the American Academy of Child & Adolescent Psychiatry, Volume 43, Issue 1, 2004, Pages 24-36, ISSN 0890-8567, <https://doi.org/10.1097/00004583-200401000-00012>.

How to cite this article: Tarlika L Zalawadia (2017), Mental Health of Teenagers With Relation to Their Gender, *International Journal of Indian Psychology*, Volume 4, Issue 2, No. 96, ISSN:2348-5396 (e), ISSN:2349-3429 (p), DIP:18.01.200/20170402, ISBN:978-1-365-84232-0