

Understanding Mental Health of Adolescence: Need of Strong Nation

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ABSTRACT

The present investigation is to find out the Mental health of deprived and Non-deprived adolescents in relation to their gender boys (Male) and girls (Females). The sample consisted of 200 Adolescents with Age between 16-18 years. Out of which 100 deprived adolescents (50 Male and 50 Females) and 100 Non deprived (50 Male and 50 Female) adolescents. For this purpose of investigation prolonged Deprivation scale by Dr.Girishwar Mishra, Dr.L.B. Tripathi and Mental Health Battery by Arunkumar Singh and Alpanasen Gupta was used. The obtained data were analyzed through 'f' test to know the Mean difference between deprived and Non-deprived adolescents in relation to their gender. The result show that there is significant difference in Mental health of deprived and Non deprived adolescents. It means that the Non deprived adolescents are better on Mental health than deprived adolescents. Gender role is important in this investigation. The adolescent boys are significantly better on mental health than the adolescent girls.

Keywords: *Mental Health, Deprived, Non deprived adolescents.*

The term adolescence comes from the Greek word 'Adolescence' which means **to grow maturity**. Adolescence has been defined by World Health organization as the period of life spanning between 10-19 years and the youth as between 15-24 years.

According to Dr.Jone (1965), 'Adolescence is the recollection of infancy'.

According to Rowe (1993), "Adolescence is the period of transition from dependence upon adult direction and protection to self dependence and self determination."

All the definitions sum up that adolescence means a state of mind, an attitude, a style of existence that begins with puberty, and ends when one is relatively independent of parental control. Along with biological maturity, social, emotional and intellectual maturation take place during this period. An adolescent who has matured biologically and psychologically, has a smooth transition to adulthood.

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Mental Health :

Mental health is not just the absence of mental disorder. It is defined as a state of well being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to her or his community.

The strength of a nation rests upon the health of its people. Healthy people constitute a healthy nation. Health is defined as "freedom from diseases, sound body and mind etc. Mental health is an integral component of health through which a person realizes his or her affective and relational abilities with a balanced mental disposition."

Definition of Mental Health :

World health organization (WHO, 1962), "Mental Health is the balanced development of the total personality which enables one to interact creatively, harmoniously with society". According to Menninger (1945), Mental health is the ability of the individual to make personal, and social adjustment, to face problems and make choices, to find satisfaction, success and happiness in the accomplishment of everyday task, to work effectively and to live affectively with others to demonstrate socially considerate behavior and to contribute to the betterment of society.

The fore-most concern of education today is to produce mentally healthy person who are the real assets of the society for the 21st century. The aim of education and mental hygiene are theoretically same. Each has its principal objective, which is the development of well rounded individuals capable of living fully and richly in their culture (Carroll, 1956).

Characteristics of Mentally Healthy :

A mentally healthy person is expected to be a well adjusted one, living in harmony internally as well as externally. He is expected to be quite happy and at ease with everyone in all spheres of life. (In his home, school, college, works and society). As a member of the society he is expected to be productive and constructive, happy contented, satisfied with a sense of subjective well being, enjoying every bit of his life drinking the cup of life, as it is said.

The family is the basic agency which lays the foundation for subsequent development of children. The way the parents interact, provide experience to the child etc play a significant role in promoting mental health.

Dr. Neeta Gupta etc (2004) Found that the perception of adolescent regarding their relationship with their mothers and fathers have great implication for their psychological, physical and total health. **Dr. Vijay Laxmi Yadav etc (2004)** conducted study titled, "A comparative study of joint and nuclear family in terms of mental health of males and females." The obtained result shows that the mental health of nuclear family members is better than the member of joint families. **Lehor, S. Ding, etc. (2006)** observed that poor physical and mental health will have impact on academic performance. Over the past few

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decade a number of studies have shown that gender, locality, or residence and type of educational institute of the students adversely affects mental health status adolescents. (Vishwanath Reddy and Sonitha 2007; Lalitha, 2007, and Sasathi 2011).

Malhotra, Kohli, Kapoor and Pradhan (2009) Cite WHO report (2000, 2001) according to which 20% of children and adolescents suffer from a disabling mental illness worldwide, and suicide is the third leading cause of death among adolescents. The issue of childhood psychiatric morbidity is more serious in middle and low-incomes countries which have a much large population of child and adolescent population, much lower levels of health indices, and poorer infrastructure and resources to deal with these problems. Based on a 2001 world health organization report, **Shastri (2008)** put around 66 million children in the country as suffering from mental and behavioural disorders.

It has been found that the most commonly reported childhood psychiatric disorder in India is anxiety disorder (5%) followed by mood disorder (3%) hyperactivity (1-2%) and autism and schizophrenia (1%) (**Srinath et al 2005**). At the National Institute of Mental Health and Neurosciences (NIMHANS) 9-10% of the children brought in are diagnosed with depression. A survey found that 26 out of 100 children aged between 8 and 10 years showed signs of depression (**Kumare, 2001; Kapur 2005**).

The third world is the world of competitions. Every adolescent is expected to be socially and emotionally integrated. Increasing urbanization has been responsible for most stressful changes in recent years. These changes have contributed to a measure increase in stress. A stable family is essential for mental health. One basic problem of the adolescent is a lack of purpose and the absence of goals in life. Emotional problems of the adolescences heavily fall on the health of community. Hence it is our responsibility to analyze the factors which leads to these problems and try to minimize them. Therefore, an attempt is made in this research paper to study the mental health of adolescents selected from Aurangabad City.

Statement of Problem :

- To study the mental health of deprived and non-deprived (male and female) adolescents.

Objectives :

- To assess the mental health among derived and non-deprived (male+female) adolescents.

Hypotheses

1. The Non-deprived adolescents are better on mental health than deprived adolescents.
2. The boys adolescents differ significantly on mental health than the girls adolescents.

METHODOLOGY

Sample

The sample was drawn from the population of students taking collegiate education in the urban area of Aurangabad City. The sample size was 200. It was chosen from the students belonging to XI and XII classes. (Age between 16-18 years).

An index of the status wise (deprived and non-deprived) and gender wise (male & female) breakup of the subjects is given the following table No.1.

Table No.1 Distribution of subjects

Status →	Deprived	Non deprived
Gender ↓		
Male	50	50
Female	50	50
Total	100	100
Total	200	

Operational definitions of sample and terms :

A) Deprived adolescents

On the basis of prolonged Deprivation scale (PDS) an individual with a high score, namely above 50th percentile (score 256 and above) was considered a deprived person.

B) Non deprived adolescents

On the basis of Prolonged Deprivation Scale (PDS) an individual with a low score below the 50th percentile (score below 256) were indicate people who are non-deprived.

C) Mental health

Mental health defined as the adjustment of the individuals to themselves and the world, at larger with a maximum of effectiveness, satisfactions, cheerfulness and socially considerate behavior. It is the ability to adjust satisfactory to the various strains we meet in life. (Sirohi, 2002)

Variables :

- 1) Independent variable (I.V.)
 - i. Status- deprived and Non deprived.
 - ii. Gender – (Male and Female)
- 2) Dependent variable (D.V.)
 - i. Mental health

Research Design :

2x2 (2 level of status (deprived and non deprived) adolescent and 2 level of sex (Male and Female) adolescent between subject factorial design.

Tool :

Following psychological tools were used for data collection.

1. Prolonged Deprivation Scale (PDS) :

Prolonged Deprivation Scale is developed by Dr.Girishwar Misra, Dr.L.B.Tripathi in 1971. The present scale can be used to measure the degree of deprivation in the experiential make up of an individual. The scale consist of 96 five point scale items found to be significant in indicating the degree of prolonged deprivation. The items cover a wide Spectrum of the sources of deprivation and apparently specify its major important aspects. The reliability of this scale is determined by using split half method and found to be 0.91.

2. Mental Health Battery (MHB)

Mental health battery developed by Arunkumar Singh and Alpana Sen Gupta in 1983. This battery consist of 130 items related to six popular indices are emotional stability. Over all adjustment, Autonomy, Security, Insecurity, Self concept and intelligence. The test-retest method was applied to obtain the reliability coefficient of the scale and found to be sufficient high and the validity coefficient of MHB found to be sufficient high. Higher the score on the present battery, Better level of the mental health.

Procedure of data collection :

The data was collected from the adolescent students on the various colleges. According a schedule was fixed in each college and then student were approached. The primary information was gathered by giving personal information from to each student. The students were provided the prolonged deprivation scale (PDS) and Mental health battery (MHB). This procedure was followed for getting questionnaires filled by the students.

RESULTS AND DISCUSSION

Table No.2 showing means and f ratios of mental health according to status (Deprived and Non deprived) and Sex (Male and Female)

Variable IV	Status		
	Deprived (Mean)	Non-deprived (Mean)	F
Mental Health	78.62	81.98	7.258**
Mental Health	Gender		F
	Male (Mean)	Female (Mean)	
	81.74	78.86	5.335*

Result :

From the above table, it can be seen than the main effect, i.e. status (deprived and non-deprived), $f=7.258$, $p<0.01$, is significant. Thus it is observed that Non deprived adolescents ($M=81.98$) are having better mental health than deprived adolescent ($M=78.62$). (Here the high score indicates better mental health).

The second factor i.e. Sex (Male and Female), $f=5.335$, $p<0.05$ is significant. The Mean score of male ($M=81.74$) on mental health is comparatively larger than the mean score of female

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(M=78.86). On the basis of those values, mental health in male had significantly better than female.

DISCUSSION

The health of a nation largely depends on the health of its people especially youth. Today's adolescents are the adults of tomorrow. The nation has to foster their health and welfare and ensure a congenial atmosphere to grow and progress only then they can carry the burden of taking their nation forward to greater glory. Keeping in the mind this view, in the present study Adolescents mental health was measured. The Hypothesis related to the factor of Mental health of status also got strong support. The non-deprived adolescent proved themselves significantly better (**M=81.98**) than deprived adolescent (M=78.62) in mental health. This hypothesis can be supported by the studies made by (J.K. Murlidhar and Tulika Sharkma (2004). Who stated that the majority of deprived children have emotional imbalance and lower mental health.

Over the past few decades a number of studies have shown that gender, locality or residence and type of educational institute of the students adversely affect mental health status of adolescents. **E. Manjuwani (2000)** stated that mental health status also depends upon the material available, the opportunity given to the child to explore and how well the child utilize them. The economic status of an adolescent family is important to be understood because it is an aspect of his or her culture. Socioeconomic status can have a strong influence on adolescents perception of mental health, health behavior, use of health care, and their ability to comply with a treatment plan. Socio-economic factors may also influence adolescents health by determining the type of social and physical environment, illiteracy of parents, hardship faced by the family on account of poverty, lower status in the social setup, all these factors were responsible for lower mental health of deprived adolescents. The Non-deprived adolescents grow in proper educational, social and emotional environment. They got parental, peer, friends, social and teacher support. Because of their socio-economic status they are given proper medical, treatment due to these they can face emotional, health problems easily. Hence they can achieve better mental health for the bright future.

Health and prosperity are meant for everyone, but it is said that this has always been neglected in the case of Indian women. Women have continued to occupy a subservient and passive role in the patriarchal structure of the Indian society. In present study it was observed that Mental health is significantly better among boys (**M=81.74**) than girls (M=78.86). This hypothesis can be supported by the studies made by (All good, Merten et al (1990), Nolen, Hokeema and Girgu's (1994), Malikarjun (2013)] found males possess better mental health. This observation gets very strong support. The probable reason might be that women often suppress their need of autonomy and neglect their health. The causes of most of the mental health problems lie in the family and society which put heavy demands on women that are sometimes incongruent with their own beliefs and attitudes. Women whether employed and unemployed continue to shoulder maximum responsibility of household work, child care assumes additional importance when mothers are engaged in work outside the home.

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It is common observation that in Marathwada region (Aurangabad City) girls have to face the strong responsibility of family than boys. The parents attitude i.e. to teach the girl, to make them independent is very weak. They think that their responsibility is only to marry the girls. Therefore girls have to face early marriages, responsibility of family and child. Obviously her health is neglected. So girls perceived lower mental health than boys. Comparatively boys were free from family responsibility and get teaching facilities from home parents support, social support friends and peer support. Needless to say that all these factors are provide better mental health to boys.

CONCLUSION

The non-deprived adolescents are better on mental health than deprived adolescents. The adolescent boys are significantly better on mental health than the adolescent girls.

LIMITATIONS

The sample was chosen from Aurangabad City only. In the present study we have used self-reported techniques only. In the present study data are not classified on the basis of caste, rural and urban areas. It is classified on the basis of deprivation scale: deprived & non deprived.

SUGGESTIONS

Keeping in the mind the diversity and disparity of children and adolescents in the country due to their family background, the mental health services are to be provided accordingly. For school going children and college going adolescents the provision of quality mental health services, preventive and promotive, may be more effectively arranged through schools and colleges. To literate the parents to change their attitude about the girls.

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