

Mental health of adolescents of working and non-working mothers

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ABSTRACT

The present era is an era of many problems. At present, most people have suffered many problems as economic, social, mental and physical, etc. Mental health is an important aspect of a person's life because not only is a healthy mind inhibited by a healthy body, but a healthy mind also creates a healthy body. This paper examines the mental health of adolescents of working and non-working mothers with the age mean of 15.38. A further aim of this study to explore both mental symptoms and somatic symptoms of on mental health of adolescents. A sample of 70 students (35 students of working mothers and 35 students of non-working mothers) is selected from different schools at Aligarh district. The mental health check-list constructed by Pramod Kumar (1992) is used for data collection. In this study for data analysis mean, standard deviation (SD) and t-test are used. The result shows that there is a significant difference between adolescents of working and non-working mothers on mental health. Further results indicate the significant difference between adolescents of working and non-working mothers on mental symptoms but not somatic symptoms.

Keywords: *Adolescents, Mental Health, Working Mother, Non-working Mother*

Psychologists have described many stages of human development like as infancy, babyhood, childhood, adolescents, adulthood, etc. by the way, all the stages are important in the development of a person, but adolescence is an important period of development. The term 'Adolescence' comes from the Latin word *adolescere*, which means 'to grow or to grow to maturity' (Lerner & Steinberg, 2009, p.1).

Adolescence is one of the most rapid phases of human development. In 1950 German-born American psychologist *Eric H. Erickson* described adolescence in modern western societies as a 'moratorium' a period of freedom from responsibilities that allows young people to experiment with several options before setting on a lifelong career such a moratorium may be appropriate in a culture marked by rapid changes in vocational opportunities for too long. However, they may never properly learn how to manage their own lives or care for those who depend on them.

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Mental health is an aliquant and essential component of health. It is the level of psychological well-being or an absence of mental illness (**According to WHO**). Mental health is a state of well-being in which an individual realized his/ her own abilities, can cope with the normal stress of life, can work productively and is able to make a contribution to his or her community. Mental health is fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living, and enjoy life. Multiple social, psychological, and biological factors determine the level of mental health of a person at any period of time.

Adolescence is a unique and formative time. It is a crucial period for developing and maintaining social and emotional habits important for mental well-being. Multiple factors determine the mental health of adolescents at any one time. The more risk factors adolescents are exposed to, the greater the potential impact on their mental health factors which can contribute to stress during adolescents include a desire for greater autonomy, the pressure to conform with peers, exploration of sexual identity, and increased access to and use of technology.

Some adolescents are at greater risk of mental health conditions due to their living conditions, stigma, discrimination, or exclusion or lack of access to quality support and services.

Mental disorders commonly emerge during adolescence. In addition to depression or anxiety. Adolescents with emotional disorders can also experience excessive irritability, frustration, or anger. Adolescents may additionally develop emotion-related physical symptoms such as stomach ache, headache, or nausea.

REVIEW OF LITERATURE

Aghdam, et al. (2015), investigated the effect of maternal employment on the elementary and junior high school students' mental health in Maku. For this study, the descriptive and cross-sectional method was used and the sample was selected of fifth, sixth, and seventh-grade students (N=583), who are studying in the academic year. A general health questionnaire was used for data collection and the SPSS software was used for data analyzing the data. The result of this study showed that there was a significant difference between adolescents of working and non-working mothers on mental health problems, somatic problems, social functioning, anxiety, and depression and concluded that children of working mothers showed better mental health than non-working mothers children.

Kizuki, et al. (2018), examined the association between parental time of returning home from work and child mental health. For measuring the child's mental health, the Japanese language version of the strength and difficulties questionnaire (SDQ) was used for data collection. The SDQ consisted of 25 child behavior attributes that were divided into five sub-scale, namely emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, and prosaically behavior. The result indicated that the children whose parents return home late, or at the irregular time had higher scores on total attributes compared to children whose parents both returned home earlier.

Mukherjee (2010), analyzed the effect of a mother's employment on the cognitive outcomes of her children. Findings of this research that mothers who spend more time at home with their children, their children's have fewer emotional problems. They have obtained a lower score on the behavior problem index; they are also less likely to be

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frequently unhappy or depressed. In addition, children with mothers spending more time at home were likely to hurt someone, steal something, or skip school.

Nair (2017), studied the mental health of adolescent school children of Gujarat. A cross-sectional method was used in this study. A sample of 693 school students (both boys and girls) was drawn from the six senior secondary schools of Gujarat. Strengths and difficulties questionnaire (SDQ) was used to assess the mental health status of the students. The result showed that the 15 present students had a high score on SDQ. Girls had more emotional problems, while the rest of the mental health problems were more prevalent in boys. Rural children were found to have more mental health issues. At least one in eight adolescents in this study was at risk of mental health problems.

Seenivasan & Kumar (2014), studied comparison of the mental health of urban adolescents of working and non-working mothers in India. A convenience sample of 500 school students with a mean age of 14.6 years. The self-report version of the strength and difficulties questionnaire (SDQ) was used to assess the mental health status of students. The result indicated that conduct problems were highest with 22.6 percent, followed by peer problems with 12.8 percent and an emotional problem with 12.2 percent. 117 students felt that these problems interfered with home life, friendships, classroom life leisure activities and difficulties upset or disturbed them there are 236 students whose mothers were not working and 264 students whose parents were employed. Mental health problems were significantly higher among those children whose parents were employed.

Statement of the problem

A comparative study of mental health of adolescents of working and non-working mothers.

Hypotheses

1. There will be no significant difference between adolescents of working and non-working mothers concerning mental health.
2. There will be no significant difference between the adolescents of working and non-working mothers concerning mental symptoms.
3. There will be no significant difference between the adolescents of working and non-working mothers concerning somatic symptoms.

Variable

The variable of the present research are given in the following table-

No.	Name of variable	Nature of variable	Number of level	Name of level
1	Adolescents	Independent variable	2	Adolescents of working mothers Adolescents of non-working mothers
2	Mental health	Dependent variable	2	Mental symptoms Somatic symptoms

Design

Survey design was adopted for data collection.

Sample

A sample of 70 students (35 students of working mothers and 35 students of non-working mothers) are selected from different schools at Aligarh district. Ninth and tenth grade students are included in this research with the mean of age range 15.38.

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Tools

In the present research mental health check-list (MHC) constructed by *Pramod Kumar (1992)* is used for data collection. Mental health check-list (MHC) contains 11 items related to two type's symptoms. The two type's symptoms are mental and somatic with six and five items. The MHC is a four-point rating scale. The total score varies from 11 to 44, showing the highest to the lowest (poorest) mental health status of the person.

Statistical analysis

In this present study, Mean and SD (standard deviation) were applied for statistical analysis of data. Further, the t-test was applied to check the significant difference between groups (*Singh A. and Kumari S., 2019*).

RESULTS AND DISCUSSIONS

Table 1: This table shows the Mean, SD, and t-value on mental health of Adolescents of working and non-working mothers.

Subject	N	Mean	SD	t-value	Significant level
Adolescents of working mothers	35	22.8	3.92	2.77	0.01
Adolescents of non-working mothers	35	20.31	3.34		

Table 1 indicating the difference between adolescents of working and non-working mothers on the mental health of Adolescents of working and non-working mothers. The mean score of Adolescents of working mothers is 22.8 with SD =3.92 and the mean score of Adolescents of non-working mothers is 20.31 with SD =8.30. The Adolescents of working mothers have a higher mean score on mental health than a non-working mother. The t-value of Adolescents of working and non-working mothers is 2.77, which is higher than t-value at 0.01 level of significance. So, hypothesis 1 is rejected and we can say that there is a significant difference among Adolescents of working and non-working mothers on mental health due to mothers employment.

Table 2: This table shows the Mean, Standard deviation (SD), and t-value on mental symptoms of Adolescents of working and non-working mothers.

Subject	N	Mean	SD	t-value	Significant level
Adolescents of working mothers	35	14.14	3.02	4.29	0.01
Adolescents of non-working mothers	35	11.31	2.23		

Table 2 shows the difference between mean, SD & t-value on mental symptoms of Adolescents of working and non-working mothers. The mean score of Adolescents of working mothers is 14.14 with SD= 3.02 and the mean score of Adolescents of non-working mothers is 11.31 with SD= 2.23. The mean score is high among adolescence of working mothers then non-working mothers. The t-value of Adolescents of working and non-working mothers on mental symptoms is much higher than t-value at 0.01 level of significance, which is 4.29. So the hypothesis 2 is rejected and we can say that there is a significant difference among Adolescents of working and non-working mothers on mental symptoms because of working mothers give less time to their children.

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Table 3: This table shows the Mean, Standard deviation (SD), and t-value on somatic symptoms of Adolescents of working and non-working mothers.

Subject	N	Mean	SD	t-value	Significant level
Adolescents of working mothers	35	8.66	1.62	0.79	NS
Adolescents of non-working mothers	35	9.00	1.82		

Table 3 present the mean, SD & t- value on somatic symptoms of Adolescents of working and non-working mothers. The mean score of Adolescents of working mothers is 8.66 with SD= 1.62 and the mean score of Adolescents of non-working mothers is 9.00 with SD= 1.82. There are no more differences between the mean score of the adolescence of working and non-working mothers. The t-value on somatic symptoms of Adolescents of working and non-working mothers is 0.79, which is not significant at a low level of confidence (means, below 0.22) and we can say that there will be no significant difference among Adolescents of working and non-working mothers on somatic symptoms because the working mother provide good facilities and non-working mother take more attention to their children.

CONCLUSIONS

The result shows that there is a significant difference between adolescents of working and non-working mothers on mental health. The further result indicates the significant difference between adolescents of working and non-working mothers on mental symptoms but not somatic symptoms. Working mothers have spent less time with their children. Due to less time, their children's mental health is affected by poor communication, lack of attention, inability to understand the emotions and fulfill all needs. So, we suggest that foundations, society, and company organizers with mental health institutes should be thought about the mental and physical health of children of working mothers.

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Conflict of Interest

The author declared no conflict of interest.

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