

Mental Health of Pregnant Women in Relation to Area and Involvement in Tapovan Research Center of Children's University

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ABSTRACT

The intention of this research is to investigate some of the factors affecting on mental hygiene of the pregnant women. Null Hypothesis was framed regarding the pregnant women from the involved and not involved point of view of Tapovan research center and from Area point of view regarding urban and rural. A random sample method was used to select 120 pregnant women's from Tapovan research center of children's university of Gujarat. Collection of data was carried out with the help of mental hygiene inventory for pregnant women. The research tool for mental hygiene inventory was measured Dr. D.J Bhatt and Geeta R. Gida (1992). For analysis of data 't' test was used. Results revealed that significant difference was found whenever pregnant women involved in Tapovan research center.

Keywords: *Pregnant Women, Involvement, Area And Mental Health*

Clifford Beers started the movement of mental hygiene in the first decade of the 20th century with the publication of *A Mind That Found Itself* (1908). His book revolutionized the concept of mental health. Beers, a graduate of Yale University, had become so much mentally disturbed on account of unnecessary stress and strain, that he attempted to commit suicide. He, however, was saved and treated of his mental illness. Artery recovery, he described his experiences and treatment he received, in his book which created awareness in the general public for mental hygiene as a movement.

The Dictionary of Education by Carter W Good defined mental hygiene as "*Establishment of environmental conditions, emotional attitudes and habits of thinking that will resist an onset of personality maladjustments. It is the study of principles and Practices in the promotion of mental health and prevention of mental disorders.*"

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The WHO defines mental health as “*a state of well being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community*”. It was previously stated that there was no one “official” definition of mental health. Cultural differences, subjective assessments, and competing professional theories all affect how “*mental health*” is defined. Kaplan and Sadock (1993) define mental health as: —a condition of well-being and the feeling in person when can come to terms with society and personal situation and social features

Several psychologists regard mental health as the ability to maintain a balance between positive and negative emotions, such as elation and sadness. In this view, a person who displays emotional extremes in either direction is fewer well- adjusted. Other psychologists emphasize the role of one’s environment in influencing well-being. This perspective sees mental hygiene reflected in a person’s overall pleasure with a range of domains of life, such as social relationships, work, and group of people.

Even if in the mid fifties health had been defined in holistic term, which incorporated physical, mental, social and spiritual aspect of health, in 1999, the Surgeon General’s statement focused for the first time on mental rather than physical health. In that report, mental hygiene was defined as “a state of successful performance of mental function, resulting in productive activities , fulfilling associations with people, and the ability to adapt to change and to cope with adversity” (U.S. Public Health Service,1999,p.4.)

Aminbhavi (1996) reported that yoga training led to positive attitude towards yoga and enhancement of the status of mental health. Ahmed (1994) observed that the institutionalized female delinquents benefited from playing volleyball in the context of personality development muscular steadiness. The concept of mental hygiene and adjustment are closely related. A person who possesses sound mental hygiene may be said to be an adjusted person. Mental hygiene is a branch of science which deals with the mental health of the individuals. Clifford Beers started the movement of mental hygiene in the first decade of the 20th century with the publication of *A Mind That found itself* (1908). His book revolutionized the concept of mental health. Reen (1989) observed that non-employed married women had greater than neuroticism than employed married women.

Preservation of the mental health of the individual and of the group This means:

- Developing total potentialities of an individual.
- Attaining emotional maturity and stability.
- Achieving personal and social security as well as adequacy.
- Developing healthy human relationships and group-interaction.
- Helping an individual in acquiring sound body and normal mental Health

Cure of mental health-This is related to:

- Suggesting various forms of therapy for treatment and curing specific mental illness and Disorders.
- Suggesting means for the rehabilitation and readjustment of the mentally ill persons.

Characteristics of Mental Health (Johada, 1958)

Dissimilar theoreticians have recommended a multitude of criteria for defining mental health. A swift overview of related literature makes to say Johoda (1958) as most broad among them. She summarizes a set of criteria in current use are given below:

1. Attitude towards the self
2. Self-actualization
3. Integration
4. Autonomy
5. Perception of reality, and
6. Environmental mastery

Tapovan Research Center

Pre-natal education is a part of cultural way of life in Indian tradition. It is necessary that the education of a child's excellence begins from its conception and continues all through the life. During pregnancy the child is affected by the physical, psychological and spiritual well-being of the mother. We need to authenticate this Knowledge through a series of researches. Children's University has taken initiative with the help of a two dimensional concept of TAPOVAN RESEARCH CENTAR. These two dimensions are: (1) Researches in the eugenics and (2) Guidance and education of pregnant mothers for giving birth to the best of the children.

Objective of this Study

The main objectives of study were as under.

1. To study the mental health of pregnant women with respect to her involvement in activities carried out by Tapovan research center.
2. To study the mental health of pregnant women with respect to their Area

Hypothesis of This Study

1. There is no significant difference between score of mental health of involved and not involved pregnant woman in Tapovan research center
2. There is no significant difference between score of mental health of urban and Rural area pregnant woman in Tapovan research center
3. There is no significant difference between score of mental health of urban and rural area pregnant woman with respect to their involvement in Tapovan research center.
4. There is no significant difference between score of mental health of urban and rural area pregnant woman who were not involved in Tapovan research center.

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5. There is no significant difference between score of mental health of involved and not involved pregnant woman with respect to their urban area in Tapovan research center.
6. There is no significant difference between score of mental health of involved and not involved pregnant woman with respect to their rural area in Tapovan research center.

Variables

The following variables were treated as independent and dependent variable.

Independent Variables:

- (1) Involvement of Tapovan Research center
(I) Involvement (II) Not Involvement
- (2) Area
(I) Urban (II) rural

Dependent Variables:

Score achieved on Mental Hygiene Inventory.

Research design

2*2 Factorial design:

		A		
B	A1	A2		Total
B1	A1B1(30)	A2B1(30)		60
B2	A1B2(30)	A2B2(30)		60
Total	60	60		120

Research Population and sample

According to the scheme of present study all the pregnant women of Children’s University of Gujarat were constituted as population for the present study. Total 120 pregnant women were randomly selected as sample from Tapovan Research Centre of Children’s University of Gujarat. Out of these 120 pregnant women 60 pregnant women were randomly selected who were participating in Tapovan Research Center and 60 who were not participating in Tapovan Research Center. Out of these 60 pregnant women in both category randomly 30 pregnant women who were Urban areas and 30 were Rural Areas selected as a sample.

Tools

Following standardized tools will be used for collecting the data.

1. Personal Data Sheet:

A personal data sheet developed by investigator was used to collect information about types of family, education, Area, income per month and participating in Tapovan research center.

2. Mental Hygiene Inventory:

The mental hygiene inventory was made by Dr. D. J. Bhatt and Ms. Geeta R. Geeda. This scale contains 40 statements pertaining to five domains aim of mental health, these five dimensions include perception of reality, integration of personality, positive self evaluation,

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group oriented attitudes and environmental mastery to be rated 3-point scale. Which statements are positive and for agree, disagree, neutral 3, 2, 1 score is used and which are negative statements for agree, disagree, neutral 2, 3, 1 score is used. Reliability of present study is checked by three methods in which 0.81 by logical similarity 0.94 by half-divided method, and test, re-test has 0.87 and validity is 0.63 established by the author.

Procedure:

In this research test were administrated to 120 pregnant women to study the various hypotheses. Before attempting the questionnaire the subjects were requested to read the instruction carefully and follow them in true spirits. After collecting data 't' test was used to check the significant difference.

RESULT AND DISCUSSION:

Ho.1 There is no significant difference between score of mental health of involved and not involved pregnant woman in Tapovan research center.

Table: 1 Result of Mean Scores of regarding involvement of pregnant women in Tapovan Research center

Variable	N	M	SD	't'	Significant
Involved	60	101.15	3.6	5.36	0.01
Not Involved	60	86.97	9.05		

It is observed that the mean scores in Table No.01 revealed that pregnant women who were involved in the Tapovan research centers acquire more score (M=101.15) than the not involved (M=86.97) on mental health inventory. The value of the t ratio between mean score of mental health of pregnant women who are involved in Tapovan research center and not involved in Tapovan research center is 5.36, which is significant at 0.01 level of significances. It means that hypothesis no. 1 is rejected. From the mean score it has been seen that the mental health of the pregnant women who are involved in the Tapovan research center is significantly higher than the women who are not involved.

Ho.2 There is no significant difference between score of mental health of urban and Rural area pregnant woman in Tapovan research center

Table: 2 Result of Mean Scores of regarding Area of pregnant women in Tapovan Research center

Variable	N	M	SD	't'	Level of Significant
Urban Area	60	95.23	10.25	0.19	NS
Rural Area	60	92.78	10.18		

It could be seen the mean scores in table no. 02 that urban area exhibit more mental health (M=95.23) than rural area (M=92.78) for testing the significance of difference, t test has been calculated. The t value is 0.19 which is not significant. It reveal that null hypothesis no.2 is not Rejected.

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Ho. 3 There is no significant difference between score of mental health of urban and rural area pregnant woman with respect to their involvement in Tapovan research center.

Table: 3 Mean Scores on Mental Health with regard to Area and their involvement in Tapovan research center

Variable	N	M	SD	't' value	Level of significant
Urban Area	30	101.9	3.35	0.06	NS
Rural Area	30	100.4	2.58		

It is observed that the mean scores in Table No.03 that the urban area exhibit more mental health (M= 101.9) than rural area (M=100.4). For testing hypothesis t test has been calculated. The t value is 0.06 which is not significant. It proves that null hypothesis no. 3 is not rejected.

H0.4 There is no significant difference between score of mental health of urban and rural area pregnant woman who were not involved in Tapovan research center.

Table: 4 Mean Scores on Mental Health with regard to Area and their not involvement in Tapovan research center

Variables	N	M	SD	't'	Level of Significant
Urban Area	30	88.67	8.56	0.15	NS
Rural Area	30	85.27	9.34		

It could be seen the mean scores in table no. 04 that the urban area exhibit more mental health (M= 88.67) than rural area (M=85.27). For testing hypothesis t test has been calculated. The t value is 0.15 which is not significant. It proves that null hypothesis no.4 is not rejected.

Ho.5 There is no significant difference between score of mental health of involved and Not involved pregnant woman with respect to their urban area in Tapovan Research center

Table: 5 Mean Scores on Mental Health with regard to urban area and involvement and not involvement in Tapovan research center.

Variables	N	Mean	SD	't'	Level of Significant
Involved	30	101.9	3.35	9.60	0.01
Not. Involved	30	88.67	8.56		

It is observed that the mean scores in Table No. 05 that the mean score of mental health of urban area pregnant women who are involved in Tapovan research center is more (M=101.9) than not involvement (M=88.67). Table No.05 reveals that the difference between mean scores of two groups is significant at 0.01 level (t=9.60) therefore null hypothesis No.5 is rejected.

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Ho.6. There is no significant difference between score of mental health of involved and Not involved pregnant woman with respect to their rural area in Tapovan Research center

Table: 6 mean scores on Mental Health with regard to rural area and their involvement and not involvement in Tapovan research center

Variable	N	M	SD	't'	Significant
Involved	30	100.3	2.49	8.36	0.01
Not Involved	30	85.27	9.34		

It is observed that the mean scores in Table No. 06 that the mean score of mental health of rural area pregnant women who are involved in Tapovan research center is more (M=100.3) than not involvement (M=85.27). Table No.06 reveals that the difference between mean scores of two groups is significant at 0.01 level (t=8.36) therefore null hypothesis No.6 is rejected.

CONCLUSION

1. Pregnant women who were involved in activities which were carried out by Tapovan research center whose mental health was better than pregnant women who were not involved in it. It means that the activities are carried out by Tapovan research center was effective for mental health.
2. Significant difference was not found between urban and rural area pregnant women's mental health. So that it was concluded that area qualification has no impact on mental health.
3. Significant difference was not found between urban and rural area pregnant women's who involved in which were carried out by Tapovan research center.
4. There was no significant difference between urban and rural area pregnant women's who were not involved in which were carried out by Tapovan research center.
5. Significant difference was found between involved and not involved pregnant women are those who were urban area and participating in Tapovan research center were higher in mental health.
6. Significant difference was found between involved and not involved pregnant women are those who were rural area and participating in Tapovan research center were higher in mental health.

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Conflict of Interests: The author declared no conflict of interests.

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