

A STUDY ON MENTAL HEALTH STATUS OF RURAL GIRLS IN SOUTHERN RAJASTHAN

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Abstract: Gender biasness is also prevalent in Indian society. It may affect psychological development especially mental health of girls. Therefore, it is important to study the mental health of girls and boys. The aim of this study was to study the effect of gender (boys and girls) on mental health. One hundred samples (Age range: 11-19 years and class: 8-12 standard) was selected by purposive random method. The sample was collected from rural government senior secondary schools of Udaipur district. T-value was used for further statistical work. Singh and Sengupta's (2000) Mental Health Battery was used for data collection. Results showed that gender had no significant effect on mental health of children. In other words, boys and girls were found to be equal in mental health.

Keywords: Biasness, Gender, Boys, Girls, Mental Health.

Introduction: Mental health is a level of psychological well-being, or an absence of mental illness. It is the "psychological state of someone who is functioning at a satisfactory level of emotional and behavioural adjustment (Mental health, Wikipedia's website). From the perspective of positive psychology or holism, mental health may include an individual's ability to enjoy life, and create a balance between life activities and efforts to achieve psychological resilience. According to the World Health Organization (WHO), mental health includes "subjective well-being, perceived self-efficacy, autonomy, competence, inter-generational dependence, and self-actualization of one's intellectual and emotional potential, among others (Jump Up, 2014a). The WHO further states that the well-being of an individual is encompassed in the realization of their abilities, coping with normal stresses of life, productive work and contribution to their community (Jump Up, 2014b). Cultural differences, subjective assessments, and competing professional theories all affect how "mental health" is defined (Jump Up, 2014a).

Mental health refers to a state of mind, which is characterized by emotional well being, relative freedom from anxiety and disability symptoms, and a capacity to establish constructive relationship and cope with the ordinary demands and stresses of life (Singh, 2004). Random Dictionary (1990) also defined that, mental health as an indicator of psychological well-being and satisfactory adjustment to society and to the ordinary demands of life.

Mental health is a very important factor in a person's everyday life. Social skills, behavioral skills, and someone's way of thinking are just some of the things that the human brain develops at an early age. Learning how to interact with others and how to focus on certain subjects are essential lessons to learn from the time we can talk all the way to when we are so old that we can barely walk. However, there are some people out there who have difficulty with these kind of skills and behaving like an average person. This is a most likely the cause of having a mental illness. A mental illness is a wide range of conditions that affect a person's mood, thinking, and behavior. However, not much is said about children with mental illnesses even though there are many that will develop one, even as early as age three (Mental health, Wikipedia's website).

In today's busy life, parents have no time for their children. A due to economic constraints as well as choice for personal independence both are engaged in service. Mostly every family likes the nuclear family and they have attitude for one or two babies. So in these circumstances, in joint family, other

family member doesn't like co-operation, sharing and thought for theirs and their children. So child-rearing practices are also affected in this situation. Kapur (1995) reported in his study that improper child-rearing practice is a major cause of adolescent's behavioural problems, which is related to family, school and community. In spite of the personal problems, study pressure and lack of recreational programs are also created the adolescent's mental illness. These resulted in scholastic backwardness, hyper kinetic syndrome, externalizing disorder, internalizing disorder, developmental (childhood) disorder/childhood psychopathology, *etc.* in adolescence. Therefore, this matter is thinking all over world that mental illness is rapidly increasing in the adolescent's life. For this, Lot of policies has been made for improving the mental health and decreasing the mental illnesses which are launched as a National Policy for Children (1974), National Health Policy (1983), Mental Health Program for India (1982), *etc.* And for this WHO, NIPCCD, UNESCO, UNICEF, *etc.* organizations are working for this. In spite of this, 10-15 percent children are suffering in India from different mental illnesses like the learning disabilities, specific desire, hyper-kinetic syndrome, externalizing and internalizing syndrome, developmental problems, specific development delayed, childhood psychosis, *etc.* (Kapur, 1995). Kumar and Nathawat (2004) studied on young research students and found that 28 percentages of students were either emotionally disturbed or mentally unhealthy. Khokhar and Rohitash (2004) also supported that mostly adolescents are suffering from psychological problems. They emphasized that male adolescents are having the problems related to psychopathic deviations (anti-social behaviour) and female adolescents are having the problems of suicidal ideation, neurotic, stress, anxiety, depression, *etc.* Therefore, the protection for mental illness is essential for adolescents. So this study is certainly a need of the hour.

Today's children are the future of our nation. Sound and well-being of the children are primary need of any nation. According to Health Information of India (1999) mentioned that several health related problems like the Infant mortality, cholera, acute diarrhea include gastro-enteritis, malaria, kala-azar, Japanese encephalitis, dengue, enteric fever, measles, poliomyelitis, viral hepatitis, diphtheria, acute respiratory infection, meningococcal meningitis, pneumonia, rabies, tetanus neonatal, tetanus, tuberculosis, whooping cough, genococcal infection, syphilis, mental disorder are increasing in Indian population. Tribal population are not exceptional and these communities also affected by this problems. Sangolo (2004) also stated that 45 percent persons are suffering from different health problems in all over world. He also said that 1.8-10.2 percent in rural and 2.5-14 percent persons are suffering from any particular diseases. UNICEF (2005) identified that 30 percent children are suffering from low weight and 47 percentage children (below five year) are malnourished in India.

Gender discrimination (Straight Talk, 2004) and biasness (Davar, 1999) is prevalent in Indian society. In our societies, generally dependency of female is very common in all social and cultural activities. She cannot take any decision without interference of male for themselves and any other matter (Henwood and Phoeni, 1998). She got the discrimination in family from sibling brother. Their family members provide them inferior quality of food. These, results in malnourishment and ill effect they got the lower intelligence and poor motivation (Straight Talk, 2004). Therefore, it may affect psychological development especially mental health of females.

Therefore, it is important to study the mental health of boys and girls. The aim of this study was to study the effect of gender (boys and girls) on mental health of children.

Method:

Sample: The sample consisted of 100 boys and girls (age range from 11-19 years) belonging to different communities of Southern Rajasthan. The sample was collected from rural government senior secondary schools of Udaipur district belonging to the students of 8th-10th standard class. Purposive sampling method was used for selection the sample.

Tools: Following tools were used

1. **Personal Data Sheet:** A personal data sheet was used to collect the necessary information about the subjects about their age, gender, *etc.*

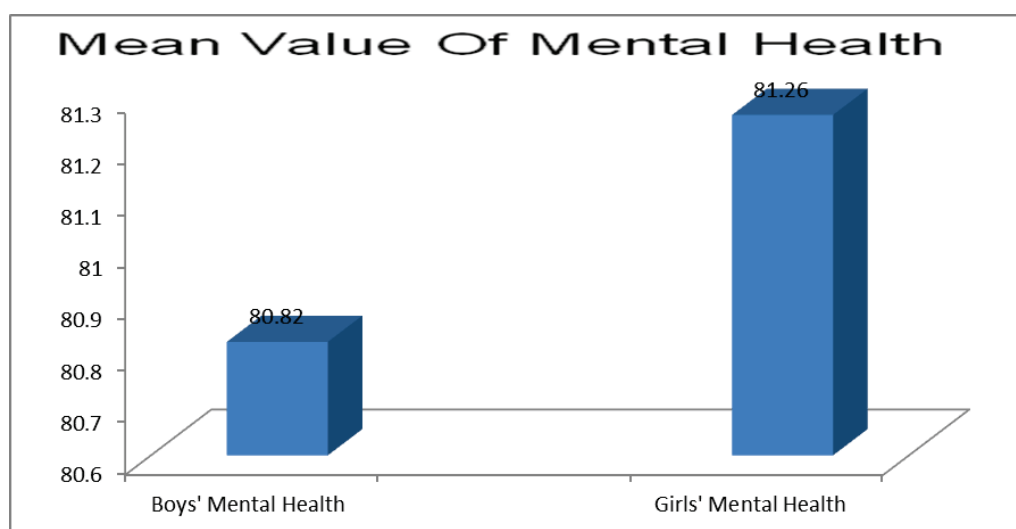
2. **Mental Health Battery:** This Scale was developed by Singh and Sen Gupta (2000). It includes six dimensions of mental health namely, Emotional Stability, Over All Adjustment, Autonomy, Security-Insecurity, Self Concepts and Intelligence. In other words, aggregate of all the dimensions are indicator of sound mental health. One hundred thirty items are given in this battery and possible score ranges from 0-130. Subjects were asked only one mark ($\sqrt{}$) in every response in every item. In other words, one mark is awarded for correct answer. This scale is already standardized for studying the adolescent population.. In other words, this scale is relabeled and valid for this study.

Procedure of data collection and Analysis of Data: Data was collected from students in the school campus by the help of school teachers. Personal data sheet was given to them for screening the samples. After that, data was collected individually by using mental health battery. All the subjects were found suitable on the basis of their age, class, gender, caste, *etc.* The subjects were informed properly regarding the importance of present study. Good rapport establishment were also made with each subject. About 1.5 hours times were taken for this work (data collection) for each subject. Gender (male and female) was independent variables and mental health is dependent variables. SD, mean, t-value *etc.* was also calculated for drawing the result.

Results and Discussion:

Variables	Group	N	Mean	Standard Deviation (SD)	t-value (df=98)
Gender	Boys	50	80.82	11.11	0.163*
	Girls	50	81.26	15.29	

* $p > .05$ (non-significant)



In above table no.-1, result indicated that t-ratio for gender was found to be 0.163 on mental health. Result was found to be non-significant at 0.05 levels. Table no.1 shows that boys and girls have about equal mental health. So it may be said boys and girls are equal in mental health. But female (Mean=81.26, SD=15.29) is slightly better in mental health than boys (Mean=80.82, SD=11.11). In other words, gender has no significant effect on the mental health. Therefore, mental health is not affected by gender. In changing scenario, there is lot of changes seen in the girls. Long time back, women's (includes girls) status was very poor in self-concept, education and career. Apart from this, during that time, our society did not provide the facilities for improving their quality of life and well-being. So these factors may be responsible for lack of empowerment in females (includes girls). Now there is vast change occurs in females' (includes girls) status. Sinha (2009) said that literacy rate is increased in females and she is getting better opportunities for job. Especially in rural and remote areas, government provides lot of schemes for improving the girls's education. Apart from this, girl's school/college, appointments of female staff, reservation for education, service, political participation, *etc.* are the main

indicators for females' (includes girls) empowerment. So girls are getting good education and job. Therefore, concept of family member and society is also changed towards females (includes girls). In another study, there are found that female have better self-efficacy (Kumar and Lal, 2006) than male. And, above all these factors are related to female's (includes girls) mental health. The present study revealed that the status of female (includes girls) is increasing day by day life and certainly if the progress continues in the same direction with zeal will be definitely a great help in bringing the female ahead of the male especially in term of mental health. Opportunities for education, job and changing attitude towards female may be related to their changing dilemma of mental health. Gupta *et. al.* (2009) and Borase *et. al.* (2004) also supported this finding that gender has not significantly effect on the mental health. Sinha (2009) also indirectly supported that women are not only fighting for their life struggles but also aware to their empowerment. Arora *et. al.* (1996) also found that male has poor mental health than female. But, findings of the following studies are contradictory. For Example, Swathi and Rangan (2000) proved that gender significantly affects the mental health. Siddiqui and Pandey (2006), Hasan and Halode (2004), Davar (1999) and Kapur (1995) also reported that female's status is poorer than male in relation to mental health. It may be possible to different findings of different authors due to differentiation of area of study, selection of samples' method, differentiation used of scale, differentiation of environmental/climate structure, etc.

Conclusion: On the basis of above results, it may be concluded that

(1). Gender had no significant effect on mental health of adolescent. Girls and boys were found to be equal in mental health.

References:

1. Arora, M., Sinha, P. and Khanna, P. (1996). A Study of Relationship Between Livings in Crowded Residence of a Group of Adolescents and Their Mental Health Conditions. *Indian Journal of Psychological Issues*, 4(1), 25-31.
2. Borase, A. S., Minrot, B. H. and Marathe, S. R. (2004). *Aggression And Mental Health with Gender Differences* Paper presented in 8th International Conference of the I.A.A.P. on July 15-17 at Rohtak : M.D.U.(Department of Psychology).
3. Davar, B.V.(1999). *Health of Indian Women: A Feminist Agenda*. New Delhi: Sage Pubs.
4. Gupta, G. Bakhshi, A., Dogrra, P. and Kumar, K. (2009). Effect of Gender And Creativity on Mental Health of Adolescents. *Journal of Well Being*, 3(2), 26-32.
5. Hasan, B. and Halode, R. D. (2004). *A Study of Sex Differences in Mental Health And Perfectionism*. Paper Presented in 8th International Conference of the I.A.A.P. on July 15-17 at Rohtak : M.D.U.(Department of Psychology).
6. Henwood, K. G. C. and Phoeni, (1998). *Standpoints And Differences: Essays in the Practice of Feminist Psychology*. London : Sage Publications.
7. Jump Up (2014a). *Mental Health* World Net Search Princeton University. Retrieved 4 May 2014.
8. Jump Up (2014b). *The World Health Report 2001 : Mental Health: New Understanding, New Hope*". WHO. Retrieved 4 May 2014.
9. Kapur, M. (1995). *Mental Health of Indian Children*. New Delhi: Sage Publication.
10. Khokhar, C.P. and Rohitash, (2004). Sex Difference on Personality, Suicide Ideation And Psychopathology Among Adolescents. *Journal of Personality and Clinical Studies*, 20(1-2), 165-169.
11. Kumar, P. and Nathawat, S. S. (2004). Emotional Health of Women Research Students. *Personality and Clinical Studies*, 20 (1-2), 95-100.
12. Kumar, R. and Lal, R. (2006). The Role of Self-Efficacy And Gender-Difference Among Adolescents. *Journal of the Indian Academy of Applied Psychology*, 32(3), 345-350.
13. Random Dictionary (1990). *Random House Webster's College Dictionary*. New York: Random House.
14. Rao, N.B. (1996). Demographic Correlates of Poverty in Tribal Households. *The Indian Journal of Social Work*, 57(2), 337-355.
15. Sangolo, S. (2004). Mansik Swasthya Rachnatmak Drishtikon Rakhen (In Hindi). *Rozgar Samachar*, 29 (28), pp-1&3.

16. Siddiqui, R. and Pandey, J. (2006). Gender Differences And Coping with Economic Stress And Health Consequences. *Psychological Studies*, 51(2-3), 152-160.
17. Singh, A. K. and Sen Gupta, A. (2000). Manual For Mental Health Battery. Lucknow :Ankur Psychological Agency.
18. Singh, J. (2004). *Dictionary Of Psychology*. New Delhi: Vishwabhari Publications.
19. Sinha, M. (2009). Stree Janm, Purush Se Behtar (In Hindi).*Rajasthan Patrika (Udaipur)*.Oct.4, Ravivar Visheshank-18.
20. Straight Talk, (2004). Hunger And Malnutrition. *NCSTC Communications*, 16 (1), 27.
21. Swathi, P. and Rangan, V. (2000). Influence of Positive Attitude On the Mental Health And Interpersonal Relationship of Scientists. *Osmania Journal of Psychology*,25,31-34.
22. UNICEF Report (2005).
23. https://en.wikipedia.org/wiki/Mental_health.
