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Impact of Gender, Locality and Type of Family on Mental Health Among Adolescents

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ABSTRACT

An attempt is made in the present investigation to study the mental health among adolescents. The sample consisted of 240 male and female adolescents from urban and rural localities hailing from joint and nuclear family constituted the sample of the study. Type of family, gender and locality are the independent variables and mental health is dependent variable. Mental health of the sample was assessed by using Jagadish and Srivastava (1983). Since there are three independent variables and each varied into two ways, a 2x2x2 factorial design was employed. The obtained data are quantitatively analyzed using Analysis of Variance (ANOVA). The results reveal that adolescents from nuclear family have better mental health than adolescents from joint family, female adolescents have better mental health than the male adolescents, urban adolescents have better mental health than rural adolescents.

KEYWORDS :

Introduction

Young people go through a transition in teenage years and one of the biggest issues they will face affecting mental health and social identity. They experience all sorts of pressures, difficulties and circumstances such as peer pressure, moving to a new school, breaking relationships with friends, arguments with parents, struggle for autonomy, exams, not feeling good enough, changing or chaotic home environment, exam pressure and failures and above all pubertal changes, school exclusion or truancy. Cairns and Lloyd (2005) extracted data from the young life and times survey in Northern Ireland and reported that school work and exams was the most cited cause of stress for young people of 16 years old. Anonymous (2004) has examined trends between 1983 and 2003 in young people's emotional health and well being, as reported through their young people and health survey and has found that young people are increasingly more likely to worry quite a lot about school and career problems.

Mental health is about how a person thinks, feels, and acts when faced with life's situations. Mental health is how people look at themselves, their lives, and the other people in their lives; evaluate their challenges and problems; and explore choices. This includes handling stress, relating to other people, and making decisions. Mentally healthy children and adolescents enjoy a positive quality of life; function well at home, in school, and in their communities; and are free of disabling symptoms of psychopathology (Hoagwood *et al*., 1996).

Definitions of Mental Health

Menninger (1945) defined mental health as the adjustment of human beings to the world and to each other with a maximum of effectiveness and happiness. It is the ability to maintain an even temper, an alert intelligence, socially considerate behavior and a happy disposition.

Mental health can be described as absence of symptoms of maladjustment, be they mild or severe. Mentally healthy person is free from all types of maladjustment (Klein, 1956).

Alma Ata, USSR (1979) had defined mental health as the capacity of an individual to form harmonious adjustments to his social & physical environments. The word 'mental' usually implies something more than the purely cerebral functioning of a person. It also stands for one's emotional affective states, the relationships one establishes with others & a quiet general quality that might be called equilibrium in one's socio-cultural context.

Factors Influencing Mental Health

Mental problems are caused mostly by both biology and environment in adolescents. The biological causes are genetics, chemical imbalances in the body, or damage to the central nervous system. The environmental factors are exposure to toxins, violence, disasters, stress at chronic poverty, discrimination, or other serious hardships, broken relationships, unfavorable family environment, poor sibling relationship etc.

Review of Literature

Sharma (1979) focused on self-concept, level of aspiration and mental health as factors in academic achievement. A sample of 1060 students selected randomly from X, XI and XII grades of schools of Uttar Pradesh was studied. The results reported that boys and girls had better mental health during early adolescence (13years), while boys in late adolescence showed better mental health than girls.

Anand (1999) conducted a study on mental health of 370 students of IX, X, XI and XII grades. For the purpose of the study RCEB Mental Health Scale developed by the author was used to measure the mental health. He reported no significant impact of gender and class on the mental health. The results revealed that female students were found to have better mental health than male students. While comparing male and female students in urban, rural and ashram schools separately it was found that male and female students in urban and ashram schools had similar mental health, Whereas female students had better mental health than male students in rural schools.

Jha (2005) examined the impact of the social residential areas with gender on mental health problem on 110 secondary school children of age (11 –17 years). Langner's (1962) mental health scale was used to identify the mental health problem. The study revealed that rural children faced more problems than urban children, specially girls. This is in congruency with Nanda (2001) who reported that urban students had better mental health than the rural students.

Aghara (1995) has showed that socio-economic status affects the mental health of students, but no significant effect of sex difference is found on the mental health of the students.

Jarraniya (1996) found a significant difference between the ratings of mental health among the boys and girls students.

Tejpreet Kang and Asha Chawla (2009) studied the mental health: A study of rural adolescents. The sample consisted of rural adolescent boys and girls. The tools used were socio economic status scale. Mental health check list. Major findings of the study were: A non-significant gender difference across mental health status but a significant difference in somatic health status of adolescent boys and girls. Boys were found to be having better somatic health status as compared to girls.

Objectives

1. To assess the impact of Type of Family on Mental Health of Adolescents.
2. To assess the impact of Gender on Mental Health of Adolescents.
3. To assess the impact of Locality on Mental Health of Adolescents.

Hypotheses

1. There would be significant impact of Type of the family on Mental Health among adolescents.
2. There would be significant impact of Gender on Mental Health

among adolescents.
3. There would be significant impact of Locality on Mental Health among adolescents.
4. Three would be significant interaction between type of family, gender and locality with regard to mental health of adolescents.

Sample
The sample of the present study comprises of 240 male and female adolescents drawn randomly from in and around of Tirupati, Chittoor District, Andhra Pradesh. The distribution of the sample presented in Table-1.

Table-1: Distribution of the Sample

Type of Family	Male		Female		Total
	Urban	Rural	Urban	Rural	
Joint	30	30	30	30	120
Nuclear	30	30	30	30	120
Total	60	60	60	60	240

Tool
Mental Health Inventory developed and standardised by Jagadish and Srivastava (1983) was used for measuring the mental health status of the students. The scale assess the mental health in six dimensions (1) positive self-evaluation, (2) perception of reality, (3) integration of personality, (4) autonomy, (5) group oriented attitudes, (6) environmental mastery. The scale consists of 54 statements with 4 alternative responses for each statement as always, most of times, sometimes and never anchored from 1 to 4. For true - keyed statements the scoring of 1, 2, 3, 4 was given to never, sometimes, most of times, always and reverse for false – keyed statements. Out of 54 statements 31 statements are rated negatively while 23 statements positively. Total score and score in each dimension is calculated and categorised as very good, good, average, poor and very poor. High score indicates better mental health.

Procedure
The investigator met the sample in small groups of 10 explained to them the significance of the study. They were distributed the questionnaire Mental Health Inventory and explained the instruction. The personal information about the sample such as name, gender, locality was obtained. After sufficient time the questionnaire were collected from them and their responses are scored accordingly. This constituted the quantitative data of the study.

Statistical Analysis
The obtained data are subjected to statistical analysis such as Mean, Standard Deviation and Analysis of Variance (ANOVA).

Results and Discussion
Table-2: Mean and SDs on Mental Health Scores of Adolescents

Type of Family		Male		Female	
		Urban	Rural	Urban	Rural
Joint	Mean	153.78	145.12	159.35	151.21
	SD	14.73	12.71	15.84	16.61
Nuclear	Mean	159.25	151.70	162.62	159.02
	SD	14.54	15.06	15.05	15.05

Grand Means

Joint = 152.37	Male = 148.41	Urban = 158.75
Nuclear = 158.15	Female = 158.05	Rural = 151.76

An observation of table-2 clearly shows that female urban adolescents belongs to nuclear family have obtained a high mean of (162.62) indicting their higher mental health when compare to male rural adolescents belongs to joint family, whose mean score is (145.12) indicating their poor mental health status. As there are difference between the groups with regard to the Mental health of adolescents, the data were further subjected to Analysis of Variance to test whether the differences between the groups are significant or not and the results are presented in Table-3.

Table-3: Summary of ANOVA for Mental Health Scores of Adolescents

Source	Type III Sum of Squares	df	Mean Square	F – value
Type of Family (A)	9907.350	1	9907.350	14.858 **
Gender (B)	35770.417	1	35770.417	53.645 **
Locality (C)	50750.417	1	50750.417	76.110 **
A x B	1382.400	1	1382.400	2.073 @
A x C	3872.067	1	3872.067	5.807 *
B x C	836.267	1	836.267	1.254 @
A x B x C	1717.350	1	1717.350	2.576 @
Error	154697.467	232	666.799	-
Corrected Total	258933.733	239	-	-

@- Not Significant
** - Significant at 0.01 level
*- Significant at 0.05 level

In order to test whether there is any significant difference between adolescents from joint and nuclear family with regard to their mental health, the data was further subjected to Analysis of Variance and results are presented in Table-3. The "F" value of 14.858 for the variable type of family is significant at 0.01 level, indicating that there is significant influence of type of family on adolescents mental health. Adolescents from nuclear family have better mental health (M=158.15) compared to adolescents from joint family (M=152.37). The finding of the present study corroborated with earlier finding of Rahi *et al.*(2005) stated more number of psychopathological cases in joint families as overcrowding may leads to psychosomatic and mental disorders in children.

The "F" value of 53.645 for the variable gender is significant at 0.01 level, indicating that there is significant impact of gender on mental health of adolescents. Adolescent females have better mental health (M=158.05) when compared to adolescent males (M=148.41), indicating that female adolescents have better mental health than the male adolescents. The finding of the present study consisted with Anand (1999) conducted a study on mental health of 370 students of IX, X, XI and XII grades and results revealed that female students were found to have better mental health than male students.

The "F" value of 76.110 for the variable locality is significant at 0.01 level, indicating that locality of the adolescents would significantly influence the mental health of adolescents. Urban adolescents have obtained a high mean of (158.75) when compared to rural adolescents (151.76), indicating that urban adolescents have better mental health than the rural adolescents. This may be because the place one has been brought up may have an impact on the make up of the person. The personality differs for a person from rural background with a person with urban background in same environment.

The finding of the present corroborated with earlier findings of Jha (2005) examined the impact of the social residential areas with gender on mental health problem on 110 secondary school children of age (11 –17 years). The study revealed that rural children faced more problems than urban children, especially girls. This is in congruency with Nanda (2001) who reported that urban students had better mental health than the rural students.

Interaction Effect
When we look into the interaction effect between type of family, gender and locality with regard to mental health of adolescents. We find significant interaction between type of family and locality, which indicates there is significant interaction effect between type of family and locality on mental health of adolescents. All other interaction effects are not significant.

Findings of the Present Study
1. Type of family significantly influences the mental health of adolescents. Adolescents from nuclear family have better mental health than the adolescents from joint family.
2. There is significant difference between male and female adolescents with regard to their mental health. Female adolescents have better mental health than the male adolescents.
3. There is significant difference between rural and urban adoles-

cents with regard to their mental health. Urban adolescents have better mental health than the rural adolescents.

4. There is significant interaction effect between type of family and locality with regard to mental health of adolescents.

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