ORIGINAL RESEARCH PAPER
Volume-9 | Issue-2 | February-2020 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

MENTAL HEALTH OF MALE AND FEMALE TEACHERS – A COMPARATIVE ANALYSIS

Education

Dibakar Ghosh Research Scholar, Department of Education, Sidho-Kanho-Birsha University, Purulia, West Bengal, India

Samirranjan Adhikari Professor, Department of Education, Sidho-Kanho-Birsha University, Purulia, West Bengal, India

Sushanto Mahato Assistant Professor, Gour Mohan Sachin Mandal Mahavidyalaya, South 24 Parganas, West Bengal, India

ABSTRACT

Teachers with sound mental health are the prime requirement of the country. To understand the mental health status a comparative study was undertaken through descriptive survey method. To collect the data a twenty eight item **"*General Health Questionnaire-28 (GHQ-28)*"** was administered on a stratified random sample comprising of 363 male and 234 female teachers selected from 30 schools of West Bengal, India. From the result it was observed that in all facets of general mental health the means of the female teachers were higher than their male counterparts. This fact reflected that the male teachers might have better mental health than their female counter parts.

KEYWORDS

Severe Depression, Somatic Symptoms, Anxiety/Insomnia, Social Dysfunction

1. Theoretical Perspective of the Study

In true sense mental health is not just the absence of mental illness. One's feeling about himself/herself, the world and life are all parts of mental health. In reality, no one experiences perfect mental health or well-being all of the time. An individual do not wait until s/he is sick before begin to care about physical health. In the same way, it doesn't make sense to wait until one is suffering from mental health problems before begins to value mental health.

Thoughts include the ideas, images and urges that are constantly going through the mind. Changes in negative and positive thoughts often go along with changes in our mental health.

Some examples of positive thoughts are I know I can get through these rough times; I feel pumped up about life!; I know I have friends who really care about me; I feel good about the way my life is going these days; I have some really cool talents and interests; I want to do something that makes a positive difference; I'm a good person even though I have some flaws; and Good things are going to happen to me.

Some examples of negative thoughts are I feel like I'm losing my mind; Life sucks!; I'm never going to get through this; I'm ugly and stupid; They think I'm a loser; It feels like something really bad is going to happen; My flaws are too big to overcome; and Nothing good ever seems to happen to me.

Emotions refer to how one feels and can be pleasant or unpleasant. Changes in emotions often go along with changes in mental health.

Some examples of pleasant emotions are happiness or sense of joy, contentment, sense of calm, excitement, feeling love or affection, and feeling cheerful.

Some examples of unpleasant emotions are irritability or anger, frustration, anxiety or fear, sadness or feeling down, feeling empty or numb, hopelessness.

Behaviours include all of the helpful or harmful things one does. Other people can usually see one's behaviours. Changes in behaviour often go along with changes in mental health.

Some examples of behaviours are working on a solution to a problem one step at a time; reaching out to a friend or family member for support and understanding; isolating ourselves and pulling away from friends and family; crying or tearfulness easily triggered; using alcohol or drugs to make the bad feelings go away; praying or other forms of meaningful spiritual practice; doing something relaxing like taking a bath, or doing yoga or meditation; avoiding the things that upset us; doing things that distract us from thinking about our problems (e.g., watching TV, working); exercise or active recreational activities; engaging in hobbies or leisure activities; overeating, not eating enough, or purging food (e.g., vomiting, over exercising); lashing out at other people (verbally or physically); and excessive dependency or clinging to loved ones.

Body reactions refer to changes in body functions such as heart rate, breathing, digestion, brain chemicals, hormones and more. Changes in body reactions often go along with changes in mental health.

Some examples of body reactions are muscle tension, muscle aches or headaches; upset stomach, nausea or urge to vomit; upset bowel or diarrhoea; lack of appetite or increased appetite; urge to urinate or frequent urination; sweating, hot flushes or cold chills; chest pain, shortness of breath or difficulty breathing; rapid heart-beat or heart palpitations; feeling dizzy or light-headed; sense of unreality or being detached; aggravation of an existing health problem (e.g., acne, digestive disorders, migraines, chronic pain, etc.); and difficulties with sexual arousal or fulfilment.

Goldberg and Hillier (1979) have pointed out that the General Health Questionnaire (GHQ) is designed to identify two main classes of problem – (a) inability to carry out one's normal 'healthy' functions, and (b) the appearance of new phenomena of a distressing nature. This instrument focuses on breaks in normal functioning rather than on life-long traits; therefore it only covers personality disorders or patterns of adjustment where these are associated with distress. The GHQ is not intended to detect severe illness such as schizophrenia or psychotic depression, although subsequent experience with the scale suggests that these conditions are also detected **(Goldberg, 1978).**

The GHQ has been designed to cover four elements of distress – (a) depression, (b) anxiety, (c) social impairment, and (d) hypochondriasis (chiefly indicated by organic symptoms) **(Goldberg, 1972)**. In accordance with **Goldberg (1978)** an individual falling into any of these states might be said to be disturbed, emotionally stirred up, and altered in this respect from his normal self. Such individuals will be prone to minor somatic symptoms and may show outwardly observable changes in social behaviours.

1.1 Review of Allied Literature

In their study, **Bera and Adhikari (2018)** have found that on an average the mental health status of the university level students was good. The university level students reside in the higher stratum of the intellectual society; they possess much potentiality to perform excellence in academic activities. Their sound mental health may indicate the quality and efficacy of the higher education.

In a study conducted by **Ghosh, Adhikari and Das (2019)** it was explored that on an average the teachers of our country did not experience much stress – but their stress was above the "mild strength

rating"; so it was noticeable.

In another study **Ghosh, Adhikari and Bhattacharya (2019)** have found that on an average the teachers were somewhat open, they might tend to be daydreamer and might not be down to earth; again they were somewhat conscientious, they might tend to follow rules and prefer clean homes, and might not be messy and cheat to others; the teachers were not so introvert or extrovert, they might tend neither to be very social not might prefer to work on their own projects alone; they were somewhat agreeable, they might tend to typically polite and like people, and might not tend to "tell it like it is"; and they were emotionally much stable and might have good mental health. **Ghosh and Adhikari (2018)** in a multiple regression analysis have observed that neuroticism and openness are detrimental to good mental health; whereas extraversion, agreeableness and consciousness are the catalyst to good mental health.

1.2 Significance of the Study

The education system of a country in general and the school education system in particular are the tools to develop the human capital as economic assets for wealth generation of the country as well as also as social assets for improving the quality of living of the members of the society. Teachers are the key personalities in education. Teachers with strong mental health are the prime need of the society. The researcher of this study has made an attempt to explore the mental health status of the school teachers of West Bengal, India. After knowing the status of mental health in the school level teachers through the investigation a counselling programme may also be framed to take a preventive measure against poor mental health.

1.3 Objective of the Study

The main objective of the study was to compare general mental health of the male and female school teachers of our country.

2. Methods

The present study was carried out through descriptive survey method. The details regarding the sample, research instruments, procedure of data collection and statistical technique are reported herewith.

2.1 Sample

A stratified random sample comprising of 363 male and 234 female teachers selected from 30 Government / Government aided Secondary / Higher Secondary Schools of West Bengal, India, were participated in the study.

2.2 Tool of Research

The following research tools were used in the present study for data collection. The tools were selected by applying yardsticks of relevance, appropriateness, reliability, validity and suitability. Brief descriptions of the tools are given hereunder.

2.2.1 General Health Questionnaire-28 (GHQ-28) (Nagyova, et al., 2000)

In the GHQ-28 the respondent is asked to compare his recent psychological state with his usual state. For each item four answer possibilities are available (1-not at all, 2-no more than usual, 3-rather more than usual, 4-much more than usual). In the study the Likert scoring procedure (1, 2, 3 and 4) is applied and the total scale score ranges from 28 to 112. The higher the score the poorer is the psychological well-being of the person.

2.3 Procedure for Data Collection

The heads of the institutions were contracted for his/her permission to allow collecting the data. The relevant data on different constructs were collected by administering the above-mentioned tools on the subjects under study in accordance with the directions provided in the manual of the tool.

2.4 Analysis of the Collected Data

The result of the study was extracted by statistical analysis done with the help of SPSS 20.0 software.

3. Result

The results of the comparative analysis of general mental health score of male and female teachers are presented herewith.

Table-3.1: Group Statistics of General Mental Health Scores of Male and Female Teachers

General Mental Health	Gender	N	Mean	Std. Deviation
Somatic Symptoms	Female	234	14.37	3.35
	Male	363	12.98	3.10
Anxiety/Insomnia	Female	234	14.47	4.34
	Male	363	12.53	3.55
Social Dysfunction	Female	234	15.76	3.35
	Male	363	15.27	3.10
Severe Depression	Female	234	12.01	4.34
	Male	363	10.84	3.55
General Mental Health	Female	234	56.62	11.50
	Male	363	51.62	9.89

Table-3.1 shows statistics of general mental health scores of female and male teachers. In case of somatic symptoms the mean of female and male teachers were 14.37 and 12.98 respectively; again the standard deviations were 3.35 and 3.10 respectively. Next, in case of anxiety/insomnia the mean of female and male teachers were 14.47 and 12.53 respectively; again the standard deviations were 4.34 and 3.55 respectively. Then in question of social dysfunction the mean of female and male teachers were 15.76 and 15.27 respectively; again the standard deviations were 3.35 and 3.10 respectively. Then in severe depression facet the mean of female and male teachers were 12.01 and 10.84 respectively; again the standard deviations were 4.34 and 3.55 respectively. Finally, in general mental health the mean of female and male teachers were 56.62 and 51.62 respectively; again the standard deviations were 11.50 and 9.89 respectively.

Figure-3.1 shows the bar diagram of general mental health scores of female and male teachers.

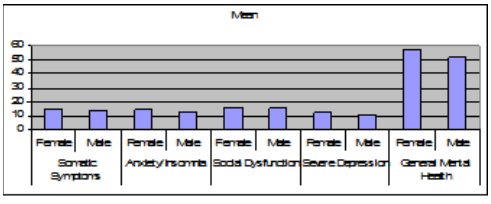

Figure-3.1: Bar Diagram of Means of General Mental Health Scores of Female and Male Teachers

From table-3.2 it is transparent that the two groups (female and male) differed (statistically) significantly in all facets of general mental health (i.e. somatic symptoms, anxiety/insomnia, social dysfunction and severe depression) and also in composite scores of general mental health. In all facets of general mental health the means of the female teachers were higher than their male counterparts.

Table-3.2: Results of Independent Samples Test of Gender Wise Comparison of Means of General Mental Health Scores of Teachers

General Mental Health		Levene's Test for Equality of Variances		t-test for Equality of Means		
		F	Sig.	t	Df	Sig. (2-tailed)
Somatic Symptoms	Equal variances assumed	0.10	0.75	5.20	595	0.00
	Equal variances not assumed			5.12	469.60	0.00
Anxiety/ Insomnia	Equal variances assumed	1.18	0.28	5.99	595	0.00
	Equal variances not assumed			5.73	425.95	0.00
Social Dysfunction	Equal variances assumed	2.35	0.13	2.02	595	0.04
	Equal variances not assumed			2.07	530.27	0.04
Severe Depression	Equal variances assumed	0.73	0.39	4.31	595	0.00
	Equal variances not assumed			4.22	462.49	0.00
General Mental Health	Equal variances assumed	0.43	0.51	5.65	595	0.00
	Equal variances not assumed			5.47	442.97	0.00

4. DISCUSSION

From the result of the table-3.1 the statistics of "General Mental Health Questionnaire" scores of female and male teachers can be conceptualized. In somatic symptoms the mean of female and male teachers were 14.37 and 12.98 respectively; in case of anxiety/insomnia the mean of female and male teachers were 14.47 and 12.53 respectively; in question of social dysfunction the mean of female and male teachers were 15.76 and 15.27 respectively; in severe depression facet the mean of female and male teachers were 12.01 and 10.84 respectively; finally, in general mental health the mean of female and male teachers were 56.62 and 51.62 respectively. In all facets of this test (i.e. somatic symptoms, anxiety/insomnia, social dysfunction, and severe depression) the means of both female and male were less than 17.5 (the midpoint); in totality of the test the means of both female and male were less than 70 (the midpoint). This might signify that our teachers both female and male exhibited their good mental health.

From table-3.2 it is transparent that the two groups (female and male) differed (statistically) significantly in all facets of general mental health (i.e. somatic symptoms, anxiety/insomnia, social dysfunction and severe depression) and also in composite scores of general mental health. In all facets of general mental health the means of the female teachers were higher than their male counterparts. The male teachers might have better mental health than their female counter parts.

5. Conclusion

In all facets of general mental health the means of the female teachers were higher than their male counterparts. The male teachers might have better mental health than their female counter parts.

REFERENCES

1. Bera, A. N. and Adhikari, S. (2018). A descriptive survey of mental health status of the university level students. PARIPEX - Indian journal of research, 7(7): 131-133
2. Ghosh, D. and Adhikari, S. (2018). A probe into the effect of personality Factors on maintaining general mental health of the university students. PARIPEX - Indian journal of research, 7(7): 542-544
3. Ghosh, D., Adhikari, S. and Bhattacharya, S. (2019). To Explore the Personality Factors of School Teachers. RESEARCH REVIEW International Journal of Multidisciplinary, 4(12): 101-103
4. Ghosh, D., Adhikari, S. and Das, R. (2019). To Explore Occupational Stress of School Teachers. International Education and Research Journal, 5(9): 9-10
5. Goldberg D. (1978). Manual of the General Health Questionnaire. Windsor, UK: NFER Publishing.
6. Goldberg, D.P. (1972). The detection of psychiatric illness by questionnaire. London: Oxford University Press (Maudsley Monograph No. 21).
7. Goldberg, D.P. and Hillier V.F.(1979). A scaled version of the General Health Questionnaire. Psychol Med;9:139–145.
8. Nagyova, I., Krol, Szilasiova, A., Roy, E., Jitse P. van Dijk and Wim J.A. van den Heuvel (2000). General Health Questionnaire-28: psychometric evaluation of the Slovak version. Studia Psychologica, 42,4:351-61.