INTRODUCTION

The science of positive psychology operates on three different levels: the subjective level (that includes, emotional well-being, psychological well-being and social well-being), individual level and the group level. The subjective level includes the study of positive experiences such as joy, well-being, satisfaction, contentment, happiness, optimism, and flow. This level is about feeling good rather than doing good or being a good person. At the next level, the aim is to identify the constitutions of the ‘good life’ and the personal qualities that are necessary for being a ‘good person’, through studying human strengths and virtues, future-mindedness, capacity for love, courage, perseverance, forgiveness, originality, wisdom, interpersonal skills and giftedness.

Mental health is the level of psychological well-being or an absence of mental illness. It is the state of someone who is “functioning at a satisfactory level of emotional and behavioural adjustment”. 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.”

Over the past decade, the demographics of the student population have undergone many changes that are of relevance to the provision of mental healthcare. The numbers of young people in higher education have expanded and they have become more socially and culturally diverse. There have been increasing numbers of students drawn from backgrounds with historically low rates of participation in higher education and growing numbers of international students. Social changes such as the withdrawal of financial support, higher rates of family breakdown and, more recently, economic recession are all having an impact on the well-being of students and other young people.

Research shows that socially constructed differences between women and men in roles and responsibilities, status and power, interact with biological differences between the sexes to contribute to differences in the nature of mental health problems suffered, health seeking behaviour of those affected and responses of the health sector and society as a whole. However, it is important to remember, when reviewing available evidence in this regard, that there are major gaps. More is known about differences between males and females in some mental health problems such as depression and schizophrenia than others; about adult men and women than about adolescents and children; and about the situation in industrialized countries than in the developing world.

Finally, the term gender is often used to classify the person as either male or female. In social science, however, the concept of gender means much more than biological sex. Gender determines the differential power and control men and women have in their lives. Gender depending on their sexual classification refers to socially constructed expectation regarding the ways in which one is expected to think and behave. These stereotypical expectation regarding are commonly referred to as gender roles, which could make them susceptible, exposed and lead to specific mental health risks.

OBJECTIVES

a) To find out whether educational courses has a significant impact on mental health.

b) To find out whether gender has a significant impact on mental health.

c) To find out whether there is a significant interaction effect of educational courses and gender on mental health of college students.

METHOD

Sample of the present study consisted of 150 males and 150 females semester I Management Students (MBA) from different Management institute recognized as West Bengal Institute and Technology / All India Council for Technical Education/Maulana Abul Kalam Azad University approved colleges (Future Institute of Engineering and Management and UEM (University of Engineering and Management) and 150 males and 150 females semester I General stream Masters’ level students from Calcutta University studying in different campuses of Kolkata was considered as participant.
in the present study. The age of the participants vary from 21-25 years.

TOOLS
A CUSTOM –BUILT GENERAL INFORMATION SCHEDULE:

on some specific questions of social demographic status of the subjects including name, gender, age, address, contact information, family type, parents occupation, family income, number of offspring , name of the institution.

The Mental Health Continuum (Long Form): From Languishing to Flourishing in Life (Corey L.M.Keyes, 2008)- The Mental Health Continuum-Short Form (Keyes, 2008) is a brief version of its long counterpart, and it is based on the components of Mental Health that can be found in the definition of the concept through the World Health Organization (2005), emotional, social, and psychological wellbeing (Salama-Younes, 2011)The items described above had to be scored on a 6-point likert scale, indicating the frequency of those feelings or situations during the last month. The Likert-scale ranges from never (= 0) to every day (= 5), with once or twice (=1), about once a week (=2), about 2-3 times a week (=3), and almost every day (=4) in the middle (Westerhof, 2011).

PROCEDURE
PHASE I:
The data collection was done by approaching the co-ordinator of the colleges and the Head of the Department to get the permission from the Dean or Principal for data collection. The study was explained briefly.

PHASE II:
A sampling frame of 150 male and 150 female management students and 150 male and 150 female general stream masters’ level students were developed by scanning relevant attendance registers. The sampling units were selected with the help of a random number table. Data were collected by administering the questionnaires in a compact booklet form and the help of a random number table. Data were collected by administering the questionnaires in a compact booklet form and the help of a random number table. Data were collected by administering the questionnaires in a compact booklet form.

PHASE III:
Data were collected and properly scrutinized. Scoring was done with the help of scoring key. Tabulation was done for each group separately. A factorial analysis of variance of educational courses and gender based on mental health of post graduate students was used.

RESULTS AND DISCUSSION
Following three hypotheses were developed to test the impact of educational courses and gender on Mental Health of post graduate students studying in Kolkata

HYPOTHESIS I A:
Mental health varies according to the different educational course of the students.

HYPOTHESIS I B:
Mental health varies according to the gender of the students

HYPOTHESIS I C:
There is an impact of interaction between different educational courses and gender on mental health of the students.

www.worldwidejournals.com
than those undergoing general stream masters’ level courses.

Further, the research results might ensure that the F-ratio in respect of Factor B is (19.16) (p-value -0.00) indicates that gender differ significantly in respect of their mental health condition. Therefore, the present researcher could accept the research hypothesis i.e. Hypothesis 1b with strong confidence, inferring that ‘Mental health varies according to the gender of the students’. To put it simply, male and female students would differ significantly in terms of their subjective well-being or positive functioning in life. Previous literature had offered some results in this regards. For example, a significant number of studies had suggested that women were more prone to mental health problems as they might not develop a proper functioning with most parts of themselves, might not have warm and trusting relationships, might not see themselves developing into better people, or do not have a direction in life and are unable to shape their environments to satisfy their needs as because they might experiences aggression towards the self, which stemmed from developmental issues (Rosenfield, Sarah, 1999).

Lastly, Table 1.2 also pointed out that, the combined effect of educational courses and gender created a significant impact on Mental Health(43.56) (p-value-0.00). Thus Hypothesis 1c was accepted and it might be said that ‘There is an impact of interaction between different educational courses and gender on mental health of the students’. On further inspection of the mean scores (vide Table 1.1) it was found that female management students (168.19) fared better than male management students(161.55) upon their mental health. This might ascertain that female management students might have a positive feeling and positive functioning in life and might focus on mental health promotion. Female students might know how to manage them in order to reach their maximum potential in all aspects of life. Good emotional health might leads to better physical health, prevents diseases, and makes it possible to enjoy life and be happier. The emotional well-being for females might describe that the individuals were in good spirit, they were not hopeless and perceive satisfaction in life. Also, for female management students they might enhances psychological well-being by achieving a state of balance affected by both challenging and rewarding life events. Psychological well-being consists of positive relationships with others, personal mastery, autonomy, a feeling of purpose and meaning in life, and personal growth and development (Keyes and Ryffs,1999).

CONCLUSION:
The findings provide us a better understanding of educational course (i.e management students and general stream masters’ level students and gender (male and female) that have the some significant differences upon the mental health. The traditional attitude and beliefs that gender and educational course does not showed any significant differences upon mental health, but considering the social scenario mental health have an important role in connection with the educational course and gender of the student group.

REFERENCES