

Research Paper :

## Mental Health : A study of rural adolescents

TEJPREET KANG AND ASHA CHAWLA

Accepted : July, 2009

See end of the article for authors' affiliations

Correspondence to:

**ASHA CHAWLA**  
Department of Human  
Development, College of  
Home Science, Punjab  
Agricultural University,  
LUDHIANA (PUNJAB)  
INDIA

### ABSTRACT

Present investigation is an attempt to study the mental health of rural adolescent boys and girls. The sample for study consisted of 100 rural adolescents equally distributed over both the sexes (50 boys and 50 girls). Their age range was from 18 to 20 years, belonging to middle socio-economic status families and were studying in senior secondary classes. Socio-Economic Status Scale was used to assess the socio-economic status of the respondents. Results showed a non-significant gender difference across mental health status but a significant difference was in somatic health status of adolescent boys and girls. Boys were found to be having better somatic health status as compared to girls

**Key words :** Mental health, Rural adolescent, Somatic health

The concept of mental health is as old as human beings. Mental health commutates those behaviours, perceptions and feelings that determine a person's overall level of personal effectiveness, success, happiness and excellence of functioning as a person. Bhatia (1982) describes it as the ability to balance desires, feelings, ambitions and ideals in one's daily living. It may also be understood as the behavioural characteristics of a person. According to Kumar (1992), mental health is an index which shows the extent to which the person has been able to meet his environmental demands – social, emotional or physical. A mentally healthy person shows homogenous organization of desirable attributes, healthy values and righteous self-concept and a scientific perception of the world as a whole. Mental health presents a humanistic approach towards self and others. It is an important factor that influences individual's various activates, behaviour, happiness and performance. However, when he finds himself trapped in a situation, he does not have matching coping strategies to deal with it effectively, he gets himself mentally strained. This mental strain is generally reflected in symptoms like anxiety, tension, restlessness or hopelessness among others. If it is felt for too long and too extensively by the person, these symptoms may take a definite form (or get 'syndromized') representing a given illness. Mental health, therefore, should not be confused with mental illness, it is a study of pre-illness mental condition of the person.

Mental health, as such, represents a psychic condition, which is characterized by mental peace, harmony and content. It is identified by the absence of disabling and

debilitating symptoms, both mental and somatic in the person (Schneiders, 1964). Age and mental health have a very close relationship. As it deals with adjustment problems at every stage of life, it helps a person to adjust his ways of thinking, feeling, behaving and attitudes in accordance with his make up, the environment and the newer developments.

Adolescence is considered as the most important transition period of life. Adolescents face an intense turmoil because of the cognitive, biological and social changes taking place in this period. Further more, adolescence is a period of heightened risk with high rates of depression, conduct disorders, suicides, drug and alcohol addiction and antisocial behaviour. Adolescent could navigate this transitional period with much success, happiness and confidence without much uncertainty and distress, but it could be possible only in one condition *i.e.* with sound mental health.

Numerous developmental studies have examined the effect of age and gender as well as their interaction on the epidemiology of mental health and have consistently revealed that problems are less common in early adolescence than in late adolescence (Fleming and Offard, 1990) and females experience higher rates of such problems than males (Sprock and Yoder, 1997). Keeping these views in mind, the present study was framed to study the mental health of rural adolescent (boys and girls).

### METHODOLOGY

#### Sample :

The sample for the present study consisted of 100

rural adolescents equally distributed over both the sexes (50 boys and 50 girls). The age range of selected adolescents was from 18 to 20 years. They belonged to middle socio-economic status families and were studying in senior secondary classes.

#### Test :

Socio-Economic Status Scale by Bhardwaj (2001) was used to judge the socio-economic status of the respondents.

Mental Health Check – List by Kumar (1992) was used to study the mental health of the adolescents. The check-list consisted of 11 items, six mental and five somatic. Scoring was done according to the instructions given in the manual of the check-list.

### FINDINGS AND DISCUSSION

Table 1 illustrates difference across mental health status of rural adolescent boys and girls. It is very much clear from the table that non-significant difference existed between mental health status of adolescent boys and girls. Choudhary (2006) also found non-significant gender differences in mental health of adolescent boys and girls. But critical look at the table shows that more number of girls (46%) were having good mental health status as compared to boys (40%). Sanwal *et al.* (2006) also inferred that girls were mentally healthier than boys as they have more patience, tolerance and were better adjusted than boys.

**Table 1: Gender differences across mental item**

Subject	N	Somatic health status		
		High/Good	Low	X <sub>2</sub> value
Boys	50	20 (40%)	30 (60%)	0.358 NS
Girls	50	23 (46%)	27 (54%)	

NS = Non-significant

Table 2 depicts gender differences across somatic health status of rural adolescent boys and girls. Results revealed a significant difference in somatic health status of adolescent boys and girls as the calculated X<sub>2</sub> value was found to be 8.2, which was probability at 1% level of probability. Table also highlights that more number of

**Table 2 : Gender differences across somatic items**

Subject	N	Mental health status		
		High/Good	Low	X <sub>2</sub> value
Boys	50	42 (84%)	8 (16%)	8.2 S
Girls	50	23 (46%)	21 (42%)	

\* indicates significance of value at P = 0.05

girls (42%) were having poor somatic health status as compared to the boys (16%), indicating that they suffered more from problems like headache, fatigue, sleeplessness, indigestion and acidity as compared to boys.

Above results revealed that non-significant differences existed in mental health status of rural adolescents boys and girls but girls were found to be on the better side of mental health as compared to boys who were found to be more restless, lonely, angry and uneasy. Whereas significant differences were found in somatic health status where boys were found to have better somatic health as compared to their counterparts indicating that they suffer less from somatic problems like headache, fatigue, acidity, sleeplessness etc. as compared to the girls.

Authors' affiliations:

**TEJPREET KANG**, Department of Human Development, College of Home Science, Punjab Agricultural University, LUDHIANA (PUNJAB) INDIA

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