A Study of the Mental Health of the Adolescents; Learning in K.B. P. Junior College

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Abstract

Present paper is based on the study on the mental health of adolescent boys and girls. Socio-Economic Status Scale was used to assess the socio-economic status of the respondents. Mental health Checklist assessed both mental and somatic health status of the respondents. Results showed a non-significant gender difference across mental health status but a significant difference in somatic health status of adolescent boys and girls. Boys are found to be having better somatic health status as compared to girls.

KEYWORDS: Mental Health, adolescents, learning, socio-economic status, gender difference, somatic health status

INTRODUCTION

According to Dictionary of Education, mental health means “Establishment of environment conditions, emotional attitudes and habits of thinking that will resist an outset of personality maladjustments. It is the study of principles and practices of mental health and the preservation of mental disorders.”

According to E.G. Boring, “It is science that deals with human welfare and pervades all fields of human relationship.”

In the words of Wallace Wallin, “Mental health is the application of a body of hygienic information and techniques culled form sciences of psychology, child study, education, sociology, psychiatry, medicine and biology for the purpose of observation and improvement of mental health of the individual and the community.”

Mental Health means sound condition of the mind or psychologically being and freedom from mental diseases and mental disorders.

Hadfield says, “In general terms we may say that mental health is the full harmonious functioning of the whole personality.” Hadfield also suggests three basic requirements of mental health.

Mental Health as Philosophy of Life:-

Mental health is like a philosophy of life which is not acquired by taking a course in philosophy. Its scope cannot be compressed within the confines of a series of lesson plans or formal school projects. No amount of mental hygiene maxims can furnish the pupil with the requisite knowledge. Nowhere is the value of examples more important than in mental health education. The important thing is to provide the child with suitable opportunities to grow and develop morally. Mental hygiene has no rule of thumb for living but it offers some broad working principles. It suggests to us the enormous importance of selecting worthwhile goals from the beginning. Mental hygiene aims to develop the child by providing opportunity for normal group activity under school conditions. It seeks to provide the child with suitable opportunities to grow and develop normally. It develops normal habits of work. It aims at developing our discriminating ability as well as the strength. It aims at developing our discriminating ability as well as the strength that goes with self-control.
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 organisation 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 an individual’s various activities, behaviour, happiness and performance. However, when s/he finds himself/herself trapped in a situation s/he does not have matching coping strategies to deal with it effectively, s/he gets himself/herself 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 ‘syndromised’) 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 characterised by mental peace, harmony and content. It is identified by the absence of disabling and debilitating symptoms, both mental and somatic in the person (Schneider’s, 1964). Age and mental health has a very close relationship. As it deals with adjustment problems at every stage of life, it helps a person to adjust his/her ways of thinking, feeling, behaving and attitudes in accordance with his/her 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. Furthermore, adolescence is a period of heightened risk with high rates of depression, conduct disorders, suicide, drug and alcohol addiction and antisocial behaviour. Adolescence could navigate this transitional period with much success, happiness and confidence without much uncertainty and distress, but it could be possible, in only 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 Oxford, 1990) and females experience higher rates of such problems than males (Sprock and Yoder, 1977).

**OBJECTIVE:-**

1) 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) learning in KarmaveerBhauraoPatilMahavidyalaya, Pandharpur, Dist.: Solapur. The age range of selected adolescents was 18 to 20 years. They belonged to middle socio-economic status families and were studying in senior secondary classes.

**TOOLS:-**

Socio-Economic Status Scale by Bharadwaj (2001) was used to judge the socio-economic status of the respondents. Mental Health Check list by Pramod Kumar (1992) was used to study the mental health of the adolescents. The check-list consisted of 11 items, six mental and five somatic.
PROCEDURE:-
Scoring was done according to the instructions given in the manual of the checklist.

Results and Discussions:-

Gender Difference across Mental Items:-
Non-significant differences existed between mental health status of adolescent boys and girls. 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 adjustment than boys.

Gender Difference across Somatic Items :-
Results revealed a significant difference in somatic health status of adolescent boys and girls as calculated X2 value was found to be 8.2 which was significance. More number of girls (42%) were having poor somatic health status as compared to the boys (16%) indicating that they suffered from more problems like headache, fatigue, sleeplessness, indigestion and acidity as compared to boys.

Conclusion:-
Above results revealed that non-significant differences existed in mental health status of rural adolescent boys and girls. 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 be 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.

REFERENCES