



Mental health of Higher Secondary School students with respect to their gender

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Abstract

The ability to think, feel, and act in ways that support general well-being, efficient functioning, and the capacity to overcome obstacles in life is referred to as one's mental health. It also includes one's emotional, psychological, and social well-being. Comparing higher secondary school students' mental health according to gender is the goal of the current study. Eight hundred students from four districts in Mizoram made up the study's sample, higher secondary school pupils. The gender of the pupils in higher secondary schools did not significantly differ in terms of their mental health, according to the study.

Keywords: Mental health, Higher secondary school students, gender

Introduction

Two words make up the term 'mental health'; the word 'mental' typically denotes something beyond a person's solely cerebral functioning. It comprises a person's emotional and cognitive states. In the World Health Organization (WHO) Report - 2001, a number of factors are included as part of mental health, including intergenerational dependency, autonomy, competence, subjective well-being, and self-actualization of one's intellectual and emotional potential. Mental health encompasses not just our emotional state and cognitive functioning, but also our thoughts, feelings, and actions.

Adolescence is a crucial period in human development marked by mental and physical transformations. During this specific phase, young people must navigate a challenging trip, and their mental health becomes a major area of concern. This study delves into the area of adolescent mental health, with a particular focus on understanding the interplay of mental well-being and gender. It is crucial to look into the mental health of adolescents since they experience particular difficulties due to peer dynamics, societal expectations, scholastic stress, and familiar influences. It is imperative to acknowledge that individuals frequently encounter these obstacles in disparate ways regardless of their gender. The study aims to investigate mental health with reference to gender. In the context of the Indian Society, we have traditional gender norms, social expectations and cultural influences which exert an influence in the mental health trajectories of the young individuals. By examining the relationship of mental health with gender, interventions and support systems can be tailored to foster a more effective approach in promoting mental well-being for the younger generation.

Rationale of the Study

The study aims to investigate the mental health of adolescents, keeping in view the importance of this developmental stage and its potential impact on their overall well-being. As adolescence is a period laden with innumerable challenges, where one moves from childhood to adulthood. At this important stage, there is transformation physically as well as mentally. At this crucial future in an

individual's life the burden of academic expectations, peer pressure and concerns about the future often takes a toll on mental health.

Mental health is determined by an array of psychological, socioeconomic, biological and environmental factors. The study intends to find out whether there are differences in the mental health of adolescents based on gender. Through the findings, valuable insights can be contribute so that targeted interventions can be brought about to promote better mental health in adolescents.

Mental health is an important component of health and well-being. 50 percent of mental health problems are established by age 14 and 75 percent by age 24 (Kessler et. al 2005) [4]. The study aims to investigate the mental health of adolescents, keeping in view the importance of this developmental stage and its potential impact on their overall well-being. A significant issue in the Indian context is equity in healthcare and this extends to mental health services. Access to mental health services is often biased on the lines of wealth, caste, location and gender. The study intends to contribute valuable insights that can bring targeted interventions and support system to promote mental health in adolescents. Adolescence is a period laden with innumerable challenges. It is a transitional period whereby one moves from childhood to adulthood and there is transformation physically as well as mentally.

Review of Related Literature

Singh and Udainiya (2009) [6] had conducted a study on the effects of the type of family and gender on self-efficacy and well-being of adolescents. Family is the source of support of any individual and one of the most important motivating factors for human beings to grow and achieve. Sample consisted of adolescents from joint and nuclear families. Results revealed a significant effect of type of family and gender on self-efficacy. Interaction between type of family and gender was found to be significant, however neither family type nor gender was found to be significant; however neither family type nor gender had significant effect on the measure of well-being.

Arumugam and Mahendraprabu (2014) [1] conducted an investigation on mental health of higher secondary students.

The study found no significant difference in mental health between male and female higher secondary school students and different parental education of higher secondary students. However the study also found a significant difference between rural and urban higher secondary students and between arts and science group of higher secondary students in respect off their level of mental health.

Deb et.al (2015) [3] conducted a study to examine the relationship of home Environment, parent's personality and mental health of adolescents with focus on adjustment, anxiety, self-concept and self-confidence. Sample of 370 students were interviewed using a semi structured questionnaire and three psychological tests. The result of the study indicated that parental care was associated with high self-confidence while parental pressure was associated with high anxiety. Fathers' "friendliness" was associated with low emotional adjustment and high self-concept and mothers' short temper associated with high anxiety. The study found that disturbed families contributed to adolescent anxiety, inability to share personal problems, parental interference in personal affairs and academic pressure. Parental traits were found to negativity influence mental health - anxiety, adjustment, self concept and self confidence.

Subramani and Kadiravan (2017) [7] conducted a study on academic stress and mental health among high school students in Tamil Nadu. The study found that students from private schools experienced higher academic stress than that of government schools. It further found that students from private schools had a higher mental health status than their counterparts in government schools. A significant relationship was found between academic stress and mental health of the high school students.

Wani (2017) [9] conducted a study to explore the level of mental health among adolescents. The study found that boys had a higher level of mental health than girls. There was a significant difference in the mental health scores between boys and girls. A significant difference was found between the mental health scores of 13-15 years respondents and 16-19 years respondents. The study found that gender and age are influential factors in mental health.

Senad (2018) conducted a study on "Mental health among high school students in terms of gender and mental health sub-factor.

The result of the study found that-

1. Boys had higher emotional stability than girls.
2. Girls had higher overall adjustment and autonomy than boys
3. There is no significant difference between boys and girls on the mental health dimension on security - insecurity
4. There is no significant difference between boys and girls on mental health.

Objectives of the Study

1. To find out the state of mental health of higher secondary school students in Mizoram.
2. To compare the state of mental health of higher secondary school students in Mizoram with reference to their gender.

Hypothesis

1. There is a significant difference between higher secondary school students in Mizoram in mental health with respect to their gender.

Methodology

The present study followed the descriptive survey method.

Population and Sample

The population of the study comprised of all higher secondary school students from Mizoram. For the present study, stratified random sampling technique was employed. The sample consisted of 800 students studying in higher secondary schools in four selected districts of Mizoram.

Tool

To assess the state of mental health of higher secondary school students in the study, Mental Health Inventory (MHI)-(1983) developed by Jagdish and A.K. Srinastava was used.

Data Collection and Analysis

The objective of the present study included finding out the state of mental health of higher secondary school students in Mizoram and to compare the state of mental health of higher secondary school students with reference to their gender. The data relating to the state of mental health were collected by administering the Mental Health Inventory (MHI). Responses obtained from the subjects were scored following the standard scoring procedures. The scores were classified, tabulated and analyzed. The analysis of the data were carried out with the help of standard statistical techniques like mean, standard deviation, t-test, keeping in view the objectives of the study and the findings were meaningfully interpreted.

Data interpretation and discussion

Objective No. 1: State of Mental Health of Higher Secondary School Students in Mizoram.

In order to find out the mental health of the higher secondary school students the investigators used Mental Health Inventory Scale (1983) standardized by Dr. Jagdish and Dr. A. K. Srivastava. The scores of each individual student were calculated and interpretation was made as per the z-score norms given below.

Table 1: Z- Score Norms for Interpretation of the level of Mental Health

Range of Z score	Level of Mental Health
+2.01 and above	Extremely high
+1.26 to 2.00	High
+0.51 to + 1.25	Above Average
-0.50 to +0.50	Average
-1.25 to -0.51	Below Average
-2.00 to -1.26	Low
-2.01 and below	Extremely Low

Objective 1: Level of Mental Health

The research findings of the overall mean, standard deviation, detailed classification into different categories of the higher secondary school students are reflected in Table 2, Table 3 and Figure 1.

Table 2: Overall Mean of the Mental Health of Higher Secondary School Student in Mizoram

Variable	N	Mean	Standard Deviation
Mental Health	800	141.39	6.87

It is perceptible from Table 2 that the mean score and standard deviation of higher secondary school students is 141.39 and 6.87 respectively. Therefore, it may be inferred that higher secondary school students in Mizoram had average level of mental health.

Table 3: Percentage of All Higher Secondary School Students Falling Under Different Levels of Mental Health

Range of z-Score	Range of actual score	Level of Metal Health	f
+2.01 and above	155 and above	Extremely High	17 (2.13%)
+1.26 to 2.00	150 – 154	High	65 (8.12%)
+0.51 to + 1.25	145 – 149	Above Average	126 (15.75%)
-0.50 to +0.50	138 - 144	Average	353 (44.13%)
-1.25 to -0.51	132 - 137	Below Average	171 (21.37%)
-2.00 to -1.26	127 – 131	Low	41 (5.13%)
-2.01 and below	126 and below	Extremely Low	27 (3.37%)

As shown in Table no. 3 and Figure 1, out of 800 higher secondary school students in Mizoram, 17 (2.13%) had extremely high level of mental health, 65(8.12%) had high level of mental health, 126 (15.75%) had above average level of mental health, 353 (44.13%) had average level of

mental health, 171 (21.37%) had below average mental health. Out of 800 respondents 41(5.13%) had low level of mental health and only 27(3.37%) had extremely low level of mental health.

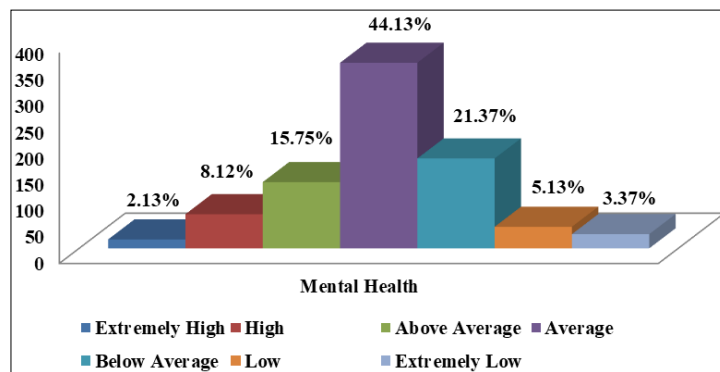


Fig 1: Percentage of All Higher Secondary School Students Falling Under Different Levels of Mental Health

Objective No. 2: Comparison of Mental Health Status of Higher Secondary School Students of Mizoram with respect to their gender.

To examine the state of mental health between male and female higher secondary school students in Mizoram the collected data were analysed by employing descriptive statistics such as mean, standard deviation and t-test and the results are shown in Table 4, Figure 2, Table 5, Figure 3 and Table 6.

Table 4: Mental Health of Higher Secondary School Students in Mizoram – Gender wise

Gender	N	Mean	Std. Deviation	SEM
Male	391	141.39	6.72	0.34
Female	409	140.16	6.95	0.34

From Table 4 and Figure 2, it is clearly seen that the mean score and standard deviation of male secondary school students were found to be 141.39 and 6.72 respectively. Therefore, it can be concluded that male secondary school students had above average level of mental health. The mean score and standard deviation of female secondary

school students were found to be 140.16 and 6.95 respectively. Therefore, it can be concluded that female secondary school students had average level of mental health. A comparison of their mean scores revealed that male respondents had a slightly higher mean score as compared to female respondents.

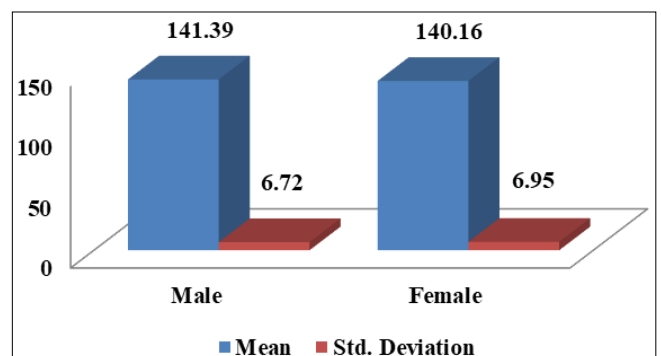


Fig 2: Mental Health of Higher Secondary School Students in Mizoram – Gender wise

Table 5: Overall levels of Mental Health of Higher Secondary School Students in Mizoram – gender wise

Gender	N	Extremely high	High	Above Average	Average	Below Average	Low	Extremely low
Male	391	9 (2.30%)	34 (8.69%)	73 (18.67%)	179 (45.78%)	64 (16.37%)	21 (5.37%)	11 (2.81%)
Female	409	8 (1.96%)	31 (7.58%)	53 (12.96%)	174 (42.54%)	107 (26.16%)	20 (4.89%)	16 (3.91%)

Table no. 5 and Figure 3 shows that out of 391 male students, 179 (45.78%) students had average level of mental health, 73 (18.67%) had average level mental health, 64 (16.37%) had below average level of mental health, 34 (8.69%) had high level of mental health, 21 (5.37%) had low mental health, 11 (2.8%) students had extremely low mental health and 9 (2.30%) students had extremely high level of mental health. Out of 409 female students, 174

(42.54%) students had average level of mental health, 107 (26.16%) had below average mental health, 53 (12.96%) had above average mental health, 31 (7.58%) students had high level of mental health, 20 (4.89%) students had low mental health, 16 (3.91%) students had extremely low level of mental health whereas 8 (1.96%) students had extremely high mental health level.

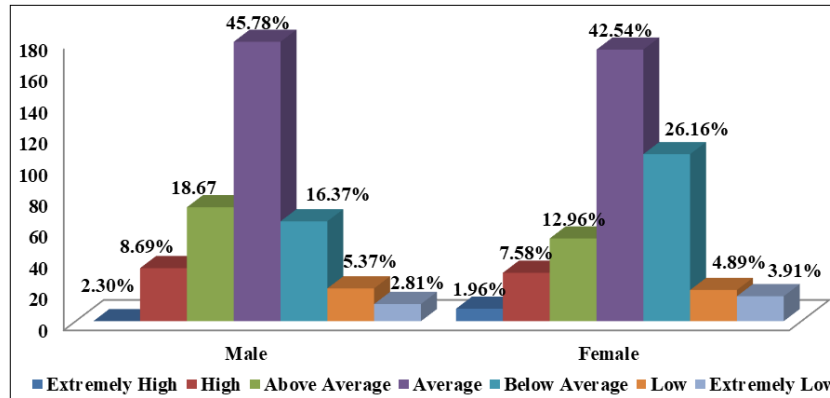


Fig 3: Overall levels of Mental Health of Higher Secondary School Students in Mizoram – gender wise

Difference in the levels of mental health between male and female higher secondary school students in Mizoram

To find out the significant differences between male and female higher secondary school students on their level of mental health, hypothesis was formulated, and the significance of the mean differences was tested using the t-test.

Hypothesis No. 1, states that “There is a significant difference in the level of mental health of male and female higher secondary school students in Mizoram.”

Table 6: Comparison of the levels of mental health between male and female higher secondary school students in Mizoram

Variable	Gender	N	Mean	SD	MD	SEM	t-value	Significant t level
Mental Health	Male	391	141.39	6.72	1.23	0.34	0.01	NS
	Female	409	140.16	6.95	1.23			

*NS = Not Significant

As shown in Table 6, the t-value for the significance of difference between male and female higher secondary school students is 0.01. Therefore, the hypothesis which was framed, “There is a significant difference in the level of mental health between male and female higher secondary school students in Mizoram” was rejected. A comparison of their mean scores revealed that male respondents had higher mean score as compared to female respondents but not statistically significant. It may be concluded that the obtained difference may be attributed to chance factor.

Discussion and Finding

The present study found that the majority of the higher secondary school students had average level of mental health. Similar findings were investigated by Manikandan and Nirmaladevi (2019) in Madurai found that adolescent students in Madurai had moderate or average level of mental health. Sing et.al (2015) found that the majority of students from Delhi were having moderately mental health.

The present study found that there was no significant difference in mental health between male and female higher secondary school students. The finding of the present study conducted in Mizoram can be further assimilated with the findings conducted by some studies which showed no significant differences between male and female students in their level of mental health (Najafi & Foadjang 2007, Roul & Bihari 2015 and Jagad 2020)

Conclusion

In the present circumstances, adolescents are facing a wide array of difficulties in life. These difficulties may give rise to a large number of psycho-somatic problems such as anxiety, tension, frustration, mental illness and emotional disturbances in our daily life. More often than not, many of these mental health problems begin during adolescence. These mental health issues have an adverse affect on the adolescents’ psychosocial functioning and well being. Schools provide an opportunity for many of the young people to improve their lives. Not only that, the role of the school in providing mental health services is an important one.

Apart from the family and societal support, the role of the school in providing mental health programmes is a pivotal one. Children spend a major portion of their time within the premises of the school. This study was an attempt to find out the mental health status of the students at the higher secondary level in Mizoram.

References

1. Arumugam G, Mahendraprabu M. A study of mental health of higher secondary students. Journal of Contemporary Educational Research and Innovations,2014;4(6):43-46.
2. Bandhana, Sharma DP. Home environment, mental health and academic achievement among higher secondary school students. International Journal of Scientific and Research Publications, 2012, 2(5). https://www.ijsrp.org/research-paper_may2012/ijsrp-may-2012-32.pdf.

3. Deb S, McGirr K, Bhattacharya B, Sun J. Role of home environment, parental care, parents' personality and their relationship to adolescent mental health. *Journal of Psychology and Psychotherap*, 2015, 5(6). <https://www.london.org/open-access/roleofhomeenvironment>.
4. Kessler RC, Berglund P, Demler O, Jin R, Merikangas K.R, Watters EE. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey. *Replication Archives of General Psychiatry*,2005;62(6):593-602.
5. Senard RR. A study of mental health among high school students. *International Journal of Indian Psychology*, 2018, 6(5). <https://Doi:10.25215/0605.228>
6. Singh B, Udainiya R. Self-efficacy and well-being of adolescents. *Journal of Indian Academy of Applied Psychology*,2009;3(2):227-232.
7. Subramani C, Kadiravan S. Academic Stress and Mental Health among high school students. *Indian Journal of Applied Research*, 2017, 7(5).
8. The World Health Report 200 Mental health: New understanding, New hope. <https://www.who.int/2001/en/pdf>.
9. Wani MA. Mental health among adolescents. *The International Journal of Indian Psychology*,2017;4(3):15-21.