

## Mental Health among Secondary School Students of Ranchi: A Socio-Psychological Study

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### ABSTRACT

Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It has intrinsic and instrumental value and is integral to our well-being. The objective of this research was to know the level of Mental Health of Region and Gender. Subjects were selected by Stratified Random Sample technique. The data was collected different area of Ranchi, they of 40 students with the help PDQ and Mental Health Battery. In this study we found that Rural students were more mentally healthy as compared to Urban students and Girls were more mentally healthy as compared to Boys.

**Keywords:** *Mental Health, Urban, Rural, Boys, Girls, Students*

**M**ental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It has intrinsic and instrumental value and is integral to our well-being. At any one time, a diverse set of individual, family, community and structural factors may combine to protect or undermine mental health. Although most people are resilient, people who are exposed to adverse circumstances – including poverty, violence, disability and inequality – are at higher risk of developing a mental health condition.

Many mental health conditions can be effectively treated at relatively low cost, yet health systems remain significantly under-resourced and treatment gaps are wide all over the world. Mental health care is often poor in quality when delivered. People with mental health conditions often also experience stigma, discrimination and human rights violations.

Mental health is a level of psychological well-being or an absence of mental illness. It is the "psychological state of someone who is functioning at a satisfactory level of emotional and behavioral adjustment". From the perspective of positive psychology or holism, mental health may include an individual's ability to enjoy life, and create a balance between life activities and efforts to achieve psychological resilience. According to the World Health Organization (WHO, 2014), 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." (WHO, 2014). The WHO further states that the well-being of an individual is encompassed in the realization of their abilities, coping with

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normal stresses of life, productive work and contribution to their community. Cultural differences, subjective assessments, and competing professional theories all affect how "mental health" is defined. (WHO, 2014) A widely accepted definition of health by mental health specialists is psychoanalyst Sigmund Freud's definition: the capacity "to work and to love"(Freud, 1930).

Mental disorders are now widely recognized as a major contributor to the global burden of disease. In 2000, suicide ranked as the thirteenth leading cause of death, accounting for 815 000 deaths or 1.5% of all deaths worldwide. Just over a quarter of these deaths occurred in young adult males (i.e. those aged 15-44 years) (WHO, 2002). In terms of ill-health and disability, the impact of poor mental health is even greater: according to recent WHO estimates, nearly one-third of all years lived with disability (YLDs) worldwide can be attributed to neuropsychiatric conditions (i.e. mental disorders and neurological disorders combined) (WHO, 2001b). Overall, there is very little difference in the prevalence of mental disorders between men and women. To make such a sweeping generalization, however is to grossly oversimplify the situation. There are in fact marked male female differences in the prevalence of certain mental disorders. In light of the universal acknowledgement of gender as a core issue for health and development (see Box 1, page 6), this paper explores to what extent sex (i.e. biological factors) and gender (i.e. socially-constructed factors) influence not just the prevalence of mental health disorders, but also how such factors interact to shape help-seeking behaviour, care, outcome and impact of mental illness. For example, gender-based factors such as unemployment, marital arrangements and the lethality of suicide methods, have all been identified as significant in terms of their influence on the rates of suicide and attempted suicide. Gender factors have also been invoked to explain why women are more likely than men to suffer from depression, whereas men are more likely to abuse alcohol. Paradoxically, it appears that socially constructed factors act to produce a greater impact of mental illness on women, but may also contribute-in specific instances-to a more favorable outcome. This document is divided into four main sections. A brief overview of the global burden of mental disorders, which is aimed specifically at those readers who do not have a specialist background in mental health, follows this introduction (see section two). Section three outlines the main differences between men and women in the prevalence of various mental health disorders, including their risk for suicide, summarizing what is currently known about the role of gender as a determinant of poor mental health. Section four considers gender issues in the context of the treatment and care of the mentally ill, and in so doing, highlights the enormous gap between the need for mental health service provision and the resources available in most countries. Section five identifies the gaps in our current knowledge base and suggests ways of making mental health research more gender-sensitive.

### **REVIEW OF LITERATURE**

Showalter (1987) stated that with limiting studies on disorder like gender difference on depression narrow the scope of their investigations to a search for biological causes of depression that by preordained prejudice could only be found to exist in women. Notions of women's greater biologically based vulnerability or proneness to disorder have proven rater resistant to change and are embedded in the long history of hysteria and the attendant belief that women have an innate tendency to mental disorder.

Nanda (2010) studied the mental health of high school students. The sample consisted of 1579 students from 86 schools covering Cuttack district, Orissa. The results revealed that female students were found to have better mental health than male students. While comparing male

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and female students in urban, rural and ashram schools separately it was found that male and female students in urban and ashram schools had similar mental health, whereas female students had better mental health than male students in rural schools.

Sharma (1979) studied the self-concept, level of aspiration and mental health as factors in academic achievement. A sample of 1060 students selected randomly from X, XI and XII grades of schools of Uttar Pradesh. The results reported that boys and girls had better mental health during early adolescence (13years), while boys in late adolescence showed better mental health than girls.

Srivastava et al. (1987) studied the mental health of post graduate students. The results indicated that there was no significant difference between male and female students on mental health. Manjuvani (1995) conducted a study on, "Sex, type of school, standard and mental health status of high school students. Her findings were that girls had better mental health status as compared to boys and mental health status of 10th standard students was low as compared to the 9th standard students.

Hammen and Padesky (1977) measured the depression in 972 male and 1,300 female unmarried Secondary School Students by the Beck Depression Inventory. No sex differences were found in the degree of depression, and yet, discriminate function analysis of the responses of the most depressed scorers yielded a significant and interpretable sex difference in the patterns of symptom expression. Depressed males were more likely to report an inability to cry, loss of social interest, a sense of failure, and somatic complaints. Females were characterized by indecisiveness and self-dislike.

Cauffman et al. (2007) studied the mental health symptoms on directly comparable groups of delinquent and community youths. The result indicates that the relative magnitude of gender differences was greater in detained youths than in community youths, with detained girls exhibiting greater levels of symptomatology than would be predicted on the basis of gender.

Hollander et al. (2011) studied to assess that there is a difference in mental ill health problems between male and female refugee and non-refugee immigrants from six low-income countries. The female refugees from low-income countries seem to be a risk group among immigrant women from low-income countries, whereas male refugees had the same risk patterns as non-refugee immigrants from low-income countries.

### **METHODOLOGY**

#### ***Objectives:***

- To Know the Levels of Mental Health of Urban and Rural Secondary School Students of Ranchi.
- To Know the Levels of Mental Health of Boys and Girls Secondary School Students of Ranchi.

#### ***Hypotheses:***

- The Levels of Mental Health will be higher in Rural Secondary School Students of Ranchi.
- The Levels of Mental Health will be higher in Boys Secondary School Students of Ranchi.

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### *Sample:*

The sample consisted of 40 Secondary school students. They were selected by Stratified Random Sample technique. The Stratification was based on Region (Urban and Rural) and gender (Boy and Girl). Thus, the sample design based on  $2 \times 2 = 4$  factorial design. In each of four strata 10 cases were selected randomly making a total of 40 cases.

### *Sample Design:*

<b>RELIGION</b>	<b>URBAN</b>	<b>RURAL</b>
<b>GENDER</b>		
<b>BOYS</b>	10	10
<b>GIRLS</b>	10	10
<b>G. TOTAL</b>	40	

### *Apparatus Used*

#### **Personal Data Questionnaire**

This Questionnaire were elicit information on the respondents' name, age, gender, religion, education (class), school, place of residence, family income and occupation etc.

#### **Mental Health Battery made by Dr. ARUN KUMAR SINGH & ALPANA SEN GUPTA.**

This battery consisted the following six dimensions:

- |                        |      |
|------------------------|------|
| 1. Emotional Stability | : 15 |
| 2. Over all adjustment | : 40 |
| 3. Autonomy            | : 15 |
| 4. Security-Insecurity | : 15 |
| 5. Self-Concept        | : 15 |
| 6. Intelligence        | : 30 |
| Total                  | 130  |

*Brief descriptions of each of these indices were as follow:*

- 1. Emotional stability-** It refers to experiencing subjective stable felling which have positive or negative for the individual.
- 2. Adjustment-** It refers to individual achieving on Overall harmonious balance between the demands of various aspects of environment such as home, health, social, emotional and school on the one hand cognition on the other.
- 3. Autonomy-** It refers to the stage of independence and Self-determination in thinking.
- 4. Security-Insecurity-** It refers to a high or low sense of safety, confidence and freedom from fear, apprehensions or anxiety particularly with respect to feeling the persons present or future needs.
- 5. Self-concept-** It refers to the sum total of the person attitude and knowledge towards himself and evaluation of achievements.
- 6. Intelligence-** It refers to general mental ability which helps the person in thinking rationally and behaving purposefully in his.

### *Procedure:*

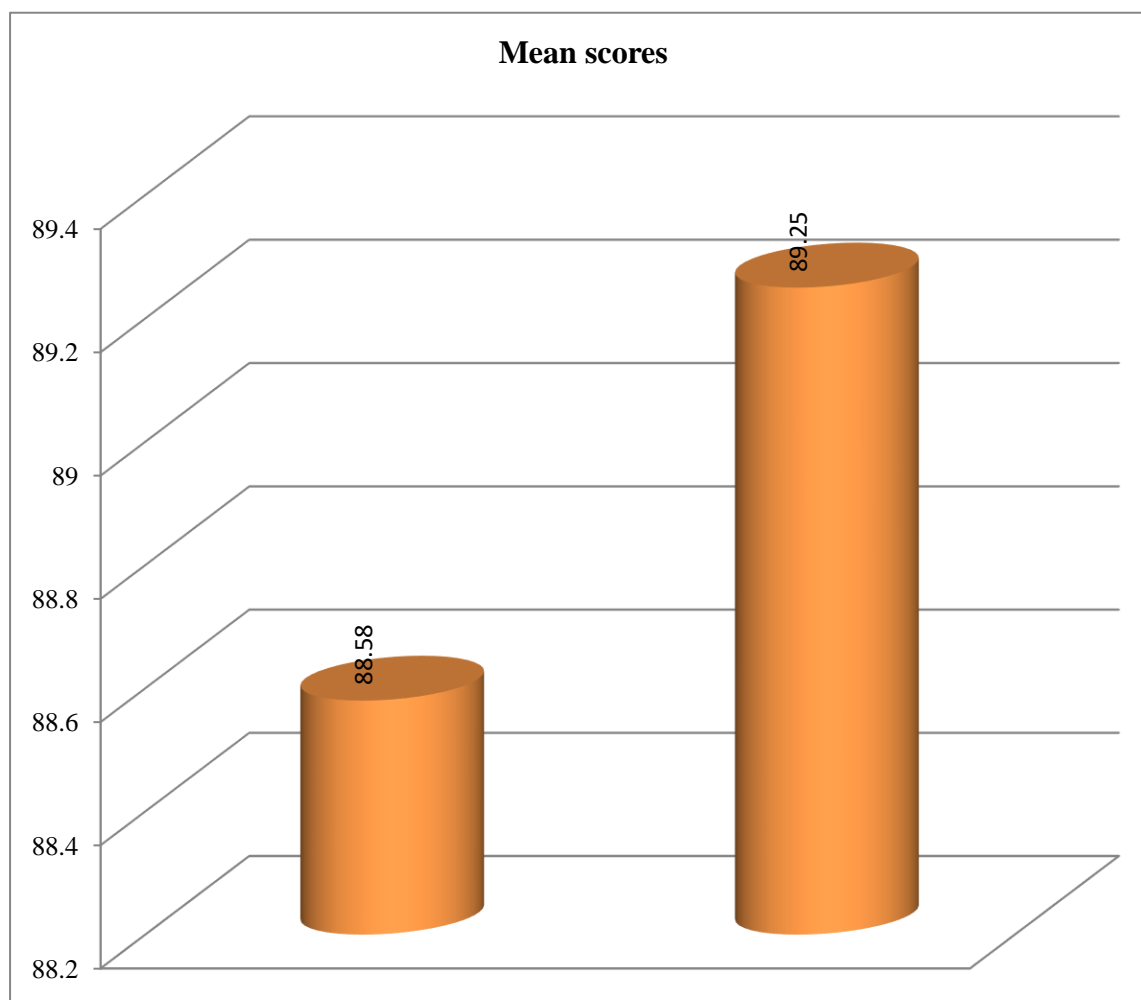
The data was collected from different area of Ranchi. During the testing session respondent were instructed in brief about the purpose of study. They were instructed to read the items carefully and tick (✓) one of the options. Never tick the both options. There was no time limit but they were asked not to take unnecessary time. They were asked to fill their personal details properly and then start the procedure. If any Confusion they could had asked to the investigator.

## RESULTS

*Showing Mean, SD, and t-ratio between both Region.*

Reglious	No. of Student	Total	Mean	SD	T	P
Urban	20	40	7.75	6.77	.85	NS
Rural	20		7.25	4.75		

Shows that the Mean score (7.25) of Rural students was higher as compared to Urban students. But t-ratio was not significant.

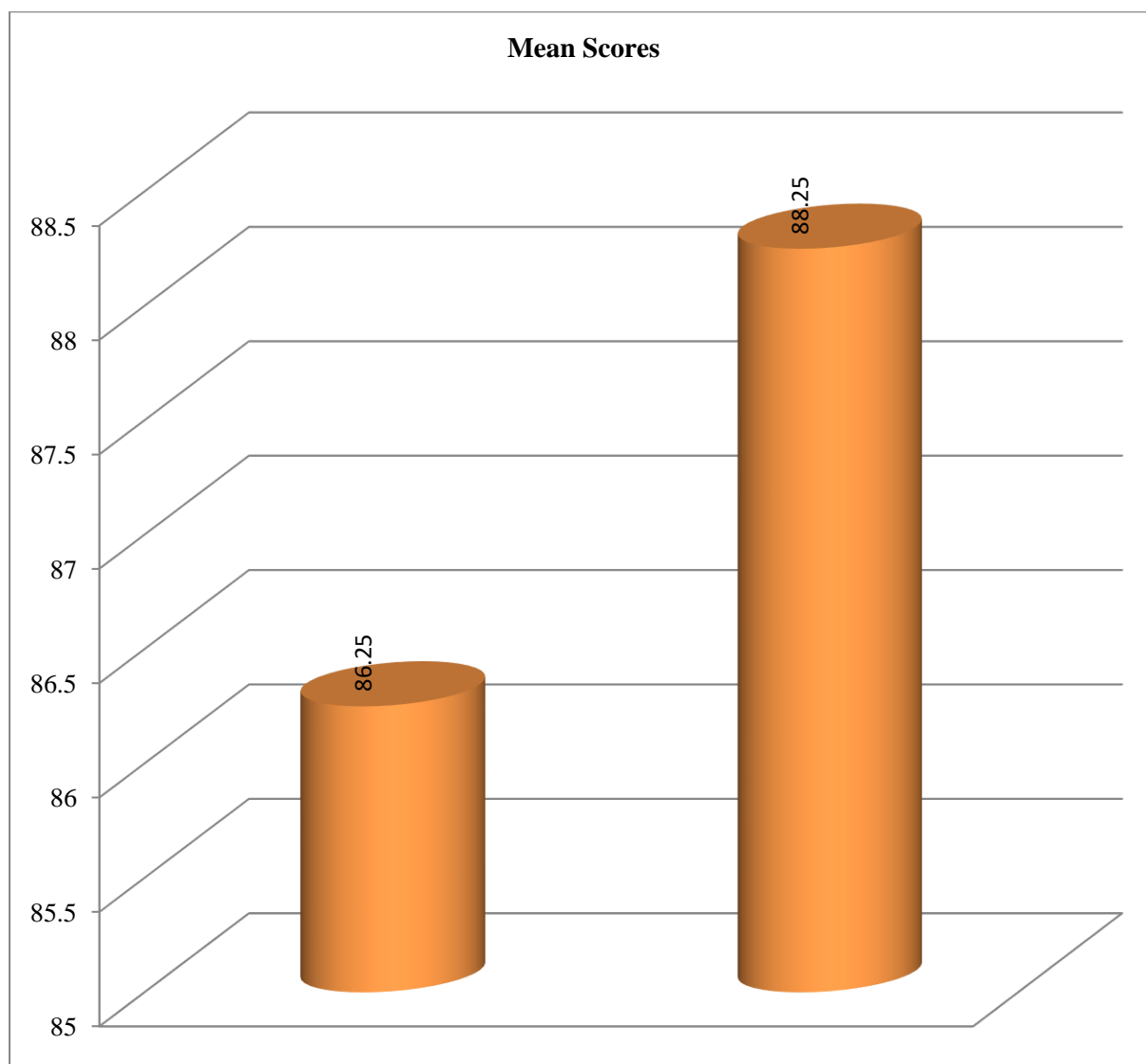


*Showing Mean, SD, t-ratio of both Gender*

Gender	No of Student	Total	Mean	D	T	P
Boys	20	40	5.25	.89	1.33	S
Girls	20		9.25	.77		

Shows the Mean score of girls was higher (9.25) as compared to boys (5.25). The t-ratio was not significant. Thus, the hypothesis was not proved.

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### DISCUSSION

In pursuance of the objectives and hypothesis of the study, we had analyzed the obtained data. It may be recalled that the first objective of the research was “To Know the Levels of Mental Health of Urban and Rural Secondary School Students of Ranchi.”. We recalled the hypothesis was that “The Levels of Mental Health will be higher in Rural Secondary School Students of Ranchi”. After statistical analysis of both samples, this hypothesis was proved. But t-ratio showing not significant difference between both means.

The second objective of the study was “To Know the Levels of Mental Health of Boys and Girls Secondary School Students of Ranchi”. The hypothesis was “The Levels of Mental Health will be higher in Boys Secondary School Students of Ranchi”. But after Statistical analysis of these groups, we found that girls are mentally healthy as compared to boys. Calculated t-ratio is not significant at any level. Thus, the second hypothesis was rejected.

### CONCLUSION

- ❖ Rural Students were mentally healthy as compared to Urban students.
- ❖ Girls were mentally healthy as compared to Boys students.

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### Conflict of Interest

The author declared no conflict of interest.

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