

Mental Health: An Empirical Study Among Adolescent School Girls

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Abstract

Mental health is an inseparable part of health, and developing positive mental health is very much needed, especially for adolescents because young people form precious human resources of every country. The empowerment of children and adolescents is very essential in today's context in India as there is rapid globalization and urbanization with the transition of joint families and the breakdown of traditional social support systems. The researcher has attempted to study the prospective association between the socio-economic factors and mental health of adolescent school girls studying at St. Mary's Girls Higher Secondary School, South Gate, Madurai District. A descriptive research design has been adopted. The universe of the present study consists of 297 adolescent girl students studying at St. Mary's Girls Higher Secondary School, South Gate, Madurai District and randomly 60 samples was collected. A semi-structured questionnaire was used to collect the socio-demographic data and a standardized tool on Mental Health developed by Paul G. Ritvo et. al (1997) was used. The major findings of the study showed that more than half (54 %) of the respondents had a low level of anxiety, little more than half (52%) had a high level of depression and more than half of the respondents (56%) had low of behavior control and more than half of the respondents (54.6%) have low level of mental health. Promoting mental health in schools must be given utmost importance because mental health problem can affect anyone at any point of time. So it is essential to understand mental health in a right way and help our students to an extent that they will be able to cope with it easily and effectively.

Key Words: School Students, Anxiety, Depression, Mental Health, Adolescents Girls.

Introduction

Adolescence is a crucial period of development and multiple factors affect the mental health of adolescents. There is ambiguity in the definition of young people, and terms like young, adolescents, adults and young adults are often used interchangeably. World Health Organization

(WHO, 2013) defines 'adolescence' as the age spanning 10 to 19 year, "youth" as those in the 15- 24 year age group, and these two overlapping age groups as "young people" is covering the age group of 10-24 year. Adolescence is further divided into early adolescence (11-14 yr), middle adolescence (15-17 yr), and late adolescence (18-21 yr). Individuals in the age group of 20 - 24 yr are also referred to as young adults. The National Youth Policy of India (2003) defines the youth population as those in the age group of 15-35 yr. It is estimated that around 20.0 percent of the world's adolescents have a mental health or behavioral problem. Up to 50.0 percent of mental, behavioral, and psychological problems have their onset during adolescence period. The stress faced by children and adolescents in the current situation is enormous. Factors that can contribute to stress, depression and anxiety during the adolescent stage includes living conditions at their homes and their relationship with peers and family members, inadequate coping skills, identity crisis, poor interpersonal skills, exposure to adversity, influence of media, gender disparity and suicidal attitude. Socio economic problems are the main contributing factors of mental health.

Various studies show that adolescent mental health is influenced by both individual characteristics and the environmental factors where adolescents grow and educational institutions are the foremost important development setting for children (Keyes et al, 2019, Twenge,2020). There is growing evidence of increased psychological problems in children and adolescents, especially behavior problems and suicides. The prevalence rate of psychiatric disorders in India is 12.5% among children aged 0-16 years and 12% among 4-16 year's children. Suicide death rates in India are among the highest in the world.

School Mental Health

The emotional and behavioural disturbances were less identified and no clinical assistance was sought but the situation has changed now and people are trying to understand mental health and its importance for a healthy living, but have been effectively put into practice only in urban areas and not in rural settings. All spectrums of diagnostic categories are now referred and treated at various counselling centres, psychiatry departments, paediatric departments, various colleges of socialwork, and a large number run by NGOs. The last three decades have shown highly specialized

clinics rendering specialized services to children with a learning disability, autism, cerebral palsy, and mental retardation mostly in urban areas and the role of school counsellors and social workers have played a vital role in identification and referral services. All these centres are attended by psychiatrists providing highly specialized services to the needy. School Mental Health programmes are a major progress made in the field of mental health that covers a large population of children and adolescents. Adolescent Girls are over three times more likely than boys to experience depressive symptoms. The extent and complexity of mental illness among youth in India continues to be understudied and addressing the mental health of adolescent girls requires a thoughtful, multi-pronged strategy (Sankar, 2019). Many of the mental, behavioral and psychological problems, among children and adolescents can be prevented if it is intervened at an early stage. School-based interventions possess great potential in reducing the risk factors and increasing the protective factors to promote the mental health and well-being of children and adolescents. Mental health experts are concerned that prolonged social media usage and the COVID-19 pandemic put this generation of adolescent school girls at increased risk of mental illness. A comprehensive programme in the schools using teachers as facilitators will help in building competencies on children and adolescents resulting in yielding high long-term returns on investment towards sound mental health.

Review of Literature

Silva et al, (2020) have estimated the prevalence of Common Mental Disorder (CMD) in adolescents from the General Health Questionnaire (GHQ-12). Meta-analysis was employed to summarize the prevalence of CMDs and estimate heterogeneity across studies. A total of 43 studies were included. Among studies that adopted the cut-off point of 3, the prevalence of CMDs was 31.0 percent and was more prevalent among girls. Agtap, (2020) studied the determinants of mental health of 125 adolescent girls in Pune city of Maharashtra state. The researcher found to have a statistically significant difference in the Socio-Economic conditions of the respondents. There was no statistically significant difference in SES, personality dimensions, achievement motivation and academic achievement across a level of mental health. Moksnes and Reidunsdatter, (2019) conducted a cohort study on mental health among 351 school students in Mid-Norway. The researcher found that school-going girls reported significantly higher depression/anxiety than boys and self-esteem significantly predicted depression/anxiety and mental well-being. Mental well-being and depression/anxiety also significantly predicted self-

esteem.

Nair et al, (2017) conducted a cross-sectional study among six hundred and ninety-three school students in five Gujarati medium higher secondary school in Anand, Gujarat. Girls had more emotional problems. Rural school-going adolescents girls were found to have more mental health issues. Failure in examinations, difficulties in studying at home and difficulties in relationships were associated with high SDQ scores. Keeping physically fit and having friends were associated with normal SDQ scores. Riya, (2017) has done a study on mental health of school going adolescents studying at a private higher secondary school in Tiruchirappalli District. Sample size of the study is 100 and was selected randomly from the universe. From the study it was found that less than half of the adolescents (47%) have a moderate level of mental health, more than one-fourth (28%) of school-going adolescents have a high level of mental health, and one-fourth (25%) of the school going adolescent have a low level of mental health. Thirukkovela and Dhanalakota, (2015) have studied about mental health among eleven selected schools in the Karimnagar district of Andhra Pradesh. The researcher has found that students coming from disadvantaged sections of society suffered from psychosomatic disorders, inability to cope up with situations and impulsiveness in behavior and also found that the type of school management has a significant influence on the mental health status of school adolescents because of the rigidity in time and lackof recreation. From the various studies, it is understood that mental health issues are common among the adolescents and especially girls suffer more than their counter parts and so this is one of the study that throws light on the mental health issue of adolescent school girls studying in Madurai District and the findings will help us to have better understanding about school girls mental health.

METHODS AND MATERIALS

The present study was carried out among adolescent girl students aged between 14 and 17 years studying at St. Mary's Girls Higher Secondary School, South Gate, Madurai District. The objectives of the study were to describe the socioeconomic characteristics and their mental health status. A descriptive research design has been adopted. The universe of the study comprised of girl students studying 10th to 12th standard and they were 297 of them. By using a simple random sampling method, a sample of 60 adolescent girl students was selected and it comprised 20% from the universe. Data were collected by questionnaire method and the questionnaire consisted of semi- structured questions on

socio-demographic details and a standardized tool on mental health developed by Paul G. Ritvo et. al (1997). Before data collection, formal consent was obtained from the institution head and the respondents. All the respondents were assured that the information collected would be confidential and at the end of the data collection, the girls were educated about the importance of mental health and its coping strategies. Subsequently, all their queries were answered satisfactorily. The raw data collected for the study were subjected to appropriate statistical analysis using Statistical Package for Social Science (SPSS) and both descriptive and inferential statistics were applied to interpret meaningfully.

Findings of the Study:

Socio-Economic Conditions

The respondents were asked to mark their response by choosing the options in the questionnaire and it was evident from the study that a sizeable percent of the respondents (36.0 %) were 16 years, 26 per cent of them were aged 14 years, whereas 20 per cent were 17 years old and 18 per cent of the respondents were aged 15 years. All the respondents were in middle adolescence stage. The results showed that high proportion of the respondents (40%) were second child following that 34 per cent of them were first born and 26 per cent of them were third child in their families.

Regarding siblings and family type, nearly majority of the respondents (56.0 %) are having one sibling, whereas 32 per cent of them had two siblings, 10 per cent of them had three siblings and only 2 per cent of them were single child in their families and as the respondents are girl child they had more responsibility in their families. The respondents have said that they do house hold chores, take care of younger siblings and they are sincere in academic related works. Great majority of the respondents (82 %) are from the nuclear family and 18 per cent of them lived in joint families. Some of the reasons may be due to disintegration of joint family system, cost of living, both parents working; yielding more number of children creates dependency in the present scenario. Majority of the respondents (68%) are from Hindu religion, whereas 22 of them follow Christianity and the remaining practice Islamic religion.

It is known from the study that, great majority of the respondents (86%) have said that both the parents are alive, whereas 12 per cent are semi orphans which means that they have only father or mother alive and very few per cent (2%) are orphan and are living in institutions. It is evident from the study that, great majority of the respondents (84 %) have said that their family monthly income is below Rs. 15,000/-, few per cent of them (12%) have said that their family monthly income is between RS.15,001

to Rs.30,000 and very few respondents family (4%) earn between Rs.30,000 to 50,000/-. Most of the parents work in private sectors, few with government and unorganized sectors.

Regarding domicile of the respondents, it is seen that majority of the respondents (80%) are from urban areas and 20 per cent of them are living in rural areas. As the school is situated in urban area, majority of the respondents are coming from in and around South gate of Madurai district. Majority of them (80%) go to school from their homes and 20 per cent of the respondents are staying in hostel not only for the purpose of education but also due to their parental status and nearly majority of the respondents (58 %) have said that they are studying higher secondary and 42 per cent of them are from high school.

Findings on Mental Health

Mental health of the adolescent school girls was evaluated through mental health inventory. The scale consists of four major dimensions such as anxiety, depression, behaviour control and positive efforts with 18 items. It is evident from the study that the more than half of the respondents (54.0%) have experienced low levels of anxiety whereas 46 per cent of them have high level of anxiety and it may be due poor academic achievements, examinations, home work, health. Little more than half of them (52 %) have high level of depression and 48% of them have low level of depression. Regarding Behaviour control, more than half of them (56%) have low level of behaviour control whereas 44 per cent have high level of behaviour control and it may be due to the bodily changes, influence of social media and adolescent stage also provokes this condition among the girls and undesirable behavior can be redirected through psychological manipulation at this age. High level (52.0 %) of positive efforts and 48 per cent of them have low level of positive efforts and it can be seen among the adolescent girls that the adolescents' concept of self and others greatly increases during this time and they begin to have abstract thoughts and question the status quo. Various studies have also confirmed that adolescent girls have depression related to their studies, relationships with parents, leisure activities, and academic performance.

It is observed from the study that there is no significant difference among the age, monthly family income of the respondents with regard to various dimensions of mental health such as anxiety, depression, behaviour control, and positive efforts. The findings of inter- correlation matrix also revealed that there is no significant relationship between the major sub-dimensions namely anxiety, depression, behavior control and positive efforts, and mental health. It is also seen in the study that

there is no significant difference between the type of family of the respondents with regard to various dimensions of mental health. From the study it is understood that more than half of the respondents (54%) have low level of mental health and 46 per cent have high level of mental health.

Suggestions

- ☐ Parents play a critical role in providing a supportive climate around mental health of adolescent girls.
- ☐ Social Workers can educate the adolescents to have understanding, empathy, and awareness of mental health-related issues.
- ☐ Parents should develop the capacity to identify potential issues in their children and recognize when it would be appropriate to seek help.
- ☐ Self-efficacy, a girl's belief in her ability and a sense of well-being promotes good mental health.(Tahmassian,2011).Critical thinking, Creativity, Communication, Coping Skills, Collaboration and Confidence – give girls essential tools for emotional, psychological and social well-being(US Dept mental health, 2020).
- ☐ Development of a comprehensive mental health model has to be promoted for the Promotion of Mental Health and Psychological Well-Being of Adolescents in Schools.
- ☐ Using teachers as trainers to implement mental health programmes in the schools after an intensified training of trainers.
- ☐ Implementation of structured programmes and activities with a participatory experiential approach.
- ☐ Promoting Mental Health and Well-Being of adolescents through enhancing psychosocial skills and resiliency as outcomes.
- ☐ School counsellors must be appointed in every schools to identify the problems of students and help them to over the distress.

Conclusion

The present study was concluded with valuable suggestions that school-based interventions programme has been increasingly recognized as effective means of promoting the mental health of students and preventing the development of unhealthy behavior. Coping strategies must be taught to the adolescents to face any crisis situation with confidence. Mental health Programme should focus on competence enhancement of children and adolescents produced long-lasting positive effects on mental, social, and behavioral domains. The findings from the study suggest that trained teachers, counsellors, professional social workers can

effectively deliver mental health promotion intervention in schools. Parents, teachers, and community health workers should work as a team to deal with the problem in a more effective way. Nowadays adolescents do not involve much insports and their full concentration is on studies, usage of mobile phones and social media has increased to greater extent, good physical activity, sports, friends and healthy diet always playvital role in improving the mental health of adolescents.

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