

Mental Health and Gender: A Comparative Study on Early Adolescence

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ABSTRACT

Mental health problems are among the most important contributors to the global burden of disease and disability. This study aims to discuss whether gender matters in mental health of adolescents. There are evidences that say Gender is correlated with the prevalence of certain mental disorders, including depression, anxiety and somatic complaints. The present study is consisted of 400 adolescence from Kerala. From reviewing the literature it's found that there is no much studies on this in the area where the researcher collected the sample. The t' test revealed that there is a significant difference in mental health on the basis of gender

KEY WORDS: Mental health, Adolescence, Gender

I. MENTAL HEALTH

Mental health is a positive concept related to the social and emotional wellbeing of individuals and communities. The concept culturally defined and generally relates to the enjoyment of life, ability to cope with the stresses and sadness, the fulfillment of goals and potential and a sense of connection to others.

Mental health is a desirable quality in its own right and is more than the absence of mental ill-health. It is relevant to all people, regardless of whether they are currently experiencing or recovering from, a mental illness.

Mental health is a state of well-being in which an individual realizes his or her own abilities, and cope with the normal stresses of life, can work productivity and is able to make a contribution to his or her community (WHO).

Mental health has two important aspects: Individual and social. The individual is internally adjusted. He should be self confident, his own conflicts and tensions or inconsistencies. He must be skillful enough to be able to adapt to new situations and achieve internal adjustment in a social set up. Society has certain value systems and customs and traditions by which it governs itself and promotes the general welfare of its members. It is within the social frame work that the internal adjustment has to be made. Only then, the individual becomes a person who is acceptable as a member of his society.

Mental health is the normal state of well-being though mental is a positive and relative quality of life, the degree of mental health that an individual enjoys at a time is subject to continuous change. Mental is a condition which characteristics of an average person who meets the demands of life, according to his capacities and limitations. Mental health is not a mere absence of mental illness. On the other hand, it is a positive, active quality of the individual's daily living. This quality of living is manifest in the behavior of an individual whose body and mind are working together in harmony. His thoughts, feeling and actions functions jointly-towards the commandment the successful accomplishment of his duty. Such a person can balance his feeling, desires ambitions and ideals in his daily life, capable of facing accepting the realities of life. His habits of work and attitudes towards people and things bring maximum satisfaction and happiness to the individual.

Mental ill-health

The term mental ill-health is used when referring to a spectrum of problems that interfere with an individual's cognitive, social and emotional abilities. This term encompasses both 'mental health problems' and 'mental illnesses' as further described below.

Mental illness or mental disorder is clinically diagnosable illness that significantly interferes with an individual's cognitive, emotional or social abilities. The diagnosis of mental illness is generally made according to the classification system of the diagnostic and statistical Manual of Mental Disorders (DSM) or the International Classification of Diseases (ICD). There are different types of mental illnesses and each of these can occur with a varying degree of severity. Mental illness includes mood disorders (such as depression, anxiety and bipolar disorder), psychotic disorders (such as schizophrenia), eating disorders and personality disorders.

A mental health problem also interferes with a person's cognitive and emotional or social abilities, but may not meet the criteria for a diagnosed mental illness. Mental health problems often occur as a result of life stressors, and are usually less severe and of shorter durations than mental illnesses. These will often resolve with

time or when the life stressor changes. However, the mental health problems persist or increase in severity they may develop into a mental illness. Examples of mental health problems would be the sadness and despair associated with grief and loss, symptoms associated with stress and reactive distress.

ADOLESCENCE

Adolescence is a developmental period during which a growing person makes a transition from childhood to adulthood. It is a time of striking changes and considered a unique period. The change is psychological, physiological and sociological. Adolescents are required to make serious efforts to assume vocational and civic responsibilities. At the same time he is treated like a fully grownup. Expectations and experiences differ producing conflict in the individual.

Early adolescence can be as a period of life, typically occurring between the ages of 10 and 15 years, in which youth undergo rapid physical, cognitive and social transformation since the turn of the century and probably before that early adolescence has been viewed as a period of tremendous upheaval or “storm and stress” for children and virtually all who come into contact with them. The stereotypical image of young teens being trapped pervasive among psychologist parents and educators for decades.

Mental Health for Adolescence

Mental health includes how we handle stress, relate to others, and make decisions. Like our physical health mental is important in every stage of life. To young person, mental health can impact the daily life, as well as the future, in aspects such as school work, relationship and physical health:

Adolescence generally begin at the age of 13 or 14 years though it may be start at different periods in different individuals and hence no definite age limit can be fixed. It continues upto 18 years or even more in some cases. Physically the child grows rapidly at this age. In a 1995 joint statement, the WHO, the United Nations Children’s Fund and United Nations population Fund agreed that adolescent refers to people between the age of 10 and 19.

The Causes of Mental Problems in the Adolescence

1. **Seeking Individual Status:** The adolescent resents parental authority and the close supervision of his activities by parents and other adults. This is due to his seeking an individual status. He also seeks status and recognition from his age mates. The generation gap can also cause inter-generation conflicts. The root cause is lack of proper communication and incorrect perception and understanding between individuals.
2. Another aspect which may cause problem due to **heterosexual interest** in adolescents. The physiological changes produce a new set of interest including in one’s personal appearance.
3. **Financial problem:** The problems of adolescents have multiplied with the socio-economic development of the country and the technological changes. There are many activities of the adolescents which need money and the needs of the individual have increased due to the impact of the multimedia and consumer advertisements.
4. **Role-identity and self- concept:** The adolescent becomes increasingly aware of himself and strives to test the conception of himself against reality. Consequently he learns to fit into personal and social roles which suits his self-concept as well as his concept of others. Erik Erikson refers to adolescence to be a crucial period for identity formation and it requires good judgement and the right decision. If there is role confusion or negative identify, those individuals require counselling.
5. **The development of appropriate value system:** Acquiring a set of values as a guide to behaviour is an important task for the adolescents. They are expected to achieve socially responsible behaviour. The main problem is that our Indian Adolescents, lack of proper role-models among the popular public figures. In our adolescents develop proper personal values for ego integrity. But a conflicts between immature idealism and reality has to be guarded against.

II. RESEARCH METHOD

Research methodology is the description, explanation and justification of various methods of conducting research. The method of a research work is the totality of the procedures followed by the investigator to make it scientific and valid to the extent possible. etc. The sample of the study consisted of 400 adolescence from Kerala. There are 14 districts in Kerala, out of which 4 districts have been selected at random. The purposive sampling method has been adopted in this study.

III. OBJECTIVES

1. To assess the mental health of the early adolescent children
2. To find out the gender difference in mental health among early adolescent children

3Hypotheses

1. There is a significant difference in mental health of early adolescent children on the basis of gender.

Tools Used

Mental health Status scale

Description

Mental health Status scale is a 72 items scale developed Gireesan,P & Sam Sanandaraj, H., (1988). It was used to assess the mental health status of people in different category.

Table 3.1 shows the dimension and item details of mental health status scale

SL.No.	Sub skills	Item number	Total items
1	Autonomy	Section A (1-12)	12
2	Integration	Section B (1-12)	12
3	Self actualization	Section C (1-12)	12
4	Attitude towards self	Section D (1-12)	12
5	Perception of self	Section E (1-12)	12
6	Environmental mastery	Section F (1-12)	12

Reliability and Validity

The scale is reliable with good co-efficient. The split half reliability of each sub scale vary between 0.73 to 0.89 and the test re-test reliability is also found to be significant and varied between 0.63 to 0.73. Validity of the scale has been established by validating against scale measuring the same variable. The validity Co-efficient of each sub scale is greater than 0.7, and hence the scale has fairly good validity

IV. ANALYSIS AND DISCUSSION

The analysis of data is the key process in research process. The data collected has to be processed and analyzed as outlined in the research plan. Statistical analysis helps the researcher to test the spelt out hypothesis from which conclusions can be drawn. It breaks all complex parts into simpler one for the purpose of interpretation. The detailed analysis of data with the testing of hypothesis is presented in this chapter.

Hypothesis: - *There is a significant difference in mental health of early adolescent children on the basis of gender.*

Table 4.1 shows the mental health of early adolescent children on the basis of gender

SI.No	Variable	Groups	N	Mean	S.D	M.D	S.E.D	't' Value
1	Autonomy	Girls	50	36.78	8.75	5.68	1.70	3.32**
		Boys	50	42.46	8.29			
2	Integration	Girls	50	35.82	9.01	6.56	1.63	4.00**
		Boys	50	42.38	7.25			
3	Self-Actualization	Girls	50	31.28	7.16	10.62	1.43	7.40***
		Boys	50	41.90	7.17			
4	Attitude towards self	Girls	50	36.48	8.23	6.54	1.49	4.38**
		Boys	50	43.02	6.58			
5	Perception of reality	Girls	50	32.60	8.36	11.08	1.46	7.55***
		Boys	50	43.68	6.13			
6	Environmental mastery	Girls	50	31.40	7.10	12.60	1.25	10.12***
		Boys	50	44.00	5.36			
7	Mental Health	Girls	50	204.36	17.18	53.08	3.67	14.44***
		Boys	50	257.44	19.49			

**Significant at 0.01 level

*** Significant at 0.01 level

The obtained Mean scores for the mental health is 204.36 (Girls) 257 (Boys) and the calculated t' value 14.44 which is highly significant at 0.001 level, which indicates that there is a significant difference in mental health between early adolescent Boys and Girls. Further the table shows that the dimensions of mental health also having a significant difference between early adolescent Boys and Girls. The t' values of the various dimensions of mental health are Autonomy (t= 3.32), integration (t=4.00), self actualization (t= 7.40), attitude

towards self ($t=4.38$), perception of reality ($t= 7.55$), and environmental mastery ($t= 10.12$). The calculated t' value for all dimensions is highly significant. Hence, the hypothesis is accepted. From the Mean score it is very clear that the early adolescent boys have significantly high mental health than early adolescent girls.

There are a number of changes in the structure and functions of mind in early adolescent boys and girls. There are studies which supports the findings of the present study, that there are significant differences in mental health among adolescent children on the basis of gender. Pajares and Miller, 1994 found that there difference in self esteem and self efficacy in early adolescence and persist thereafter. Further the study suggests that differences in the ways in which teachers and others interact with boys and girls are partly to blame for this difference. A study conducted by Priya and Raina (2016) also found that there is a significant differences in mental health on the basis of gender. Nelson and Natalia (2016) found that there are significant differences between adolescent males and females with high psychopathic traits. This difference happened because various social factors put early adolescent girls at greater risk of poor mental health than men. In the Indian condition early adolescent girls find it hard to talk about difficult feelings and 'internalize' them, which can lead to a poor mental health

V. CONCLUSION

It has been found that the mental health of early adolescent boys and girls are significantly different and early adolescent boy's shows better mental health than their counterparts. Hence the research proved that in Kerala scenario the girls are showing poor mental health than the boys.

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