International Journal of Academic Research

ISSN: 2348-7666; Vol.3, Issue-9(4), September, 2016 Impact Factor: 3.656; Email: drtvramana@yahoo.co.in



Mental Health of rural Adolescents

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Abstract

Mental health is about how a person thinks, feels, and acts when faced with life's situations. Mental health is how people look at themselves, their lives, and the other people in their lives, evaluate their challenges and problems and explore choices. This includes handling stress, relating to other people, and making decisions. Mentally healthy children and adolescents enjoy a positive quality of life; function well at home, in school, and in their communities; and are free of disabling symptoms of psychopathology. The present study was taken up with objective of studying the mental health of rural adolescents. A sample of 127 adolescents in age range of 13-17 years were administered mental health inventory which was an adapted version of Mental health analysis developed by Thorpe and Clark. The findings of the study indicate that adolescents have close personal relationships and social participation, but have poor inter personal relationships, work satisfaction and adequacy perception of adolescents was very low. In liabilities dimension the study indicated that adolescents have high behaviour immaturity, inadequacy and nervous manifestations. It could be also noted that they have low emotional instability. Gender differences were found in inter personal relationships, inadequacies and nervous manifestations. The study concludes that there is a need to improve the mental health of rural adolescence through school intervention programmes.

Key words:

Introduction: Adolescence represents the human crucial stage of development. Several theorists, (e.g. Freud, 1950, Hall, 1912, Mead, 1940) have contributed different viewpoints and explanations to behavioral changes and patterns specific to this age group. Adolescence begins with the onset of puberty. The term adolescence is derived from Latin word 'Adolescere' means "to grow" or "to maturity". The changes in adolescence have health consequence not only in adolescence but also over the lifecourse. Adolescence is a period of life with specific health and developmental needs and rights. It is also a time to develop knowledge and skills, learn to manage emotions and relationships, and

acquire attributes and abilities that will be important for enjoying the adolescent years and assuming adult roles. The inability to cope with the changes has a direct impact on adolescents' psychosocial health and development on interpersonal relationships. Adolescent mental health is a very important but rather neglected topic globally.

Objective: To study the mental health of adolescence from rural villages.

Materials and methods:

The study was conducted in East Godavari district of Andhra Pradesh. The sample comprised of 127 adolescents with 61 boys and 66 girls in age range of 13-17yrs.Mental health was assessed using

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mental health inventory version of Mental health analysis (Manjuvani,2000) which was an adapted developed by Thorpe and Clark(1959).

Results and discussion:

Table 1: Mental health of adolescents from normal village

S.n	Mental Health Dimensions										
0											
1.	Assets	Close		social	satisfying						
		personal	Interpersonal	participation	work	Adequate					
	High	85 (66.9%)	15 (11.8%)	113 (88.9%)	9 (7.08%)	4(3.1%)					
	Low	42	112 (88.1%)	14 (11%)	118(92.9%)	123(96.8%)					
		(33.07%)									
2.	Liabilities	Behaviour	Emotional		Physical	Nervous					
		immaturity	instability	Inadequacy	defects	manifestation					
	Low	29 (22.8%)	106 (83.4%)	40 (31.4%)	62 (48.8%)	43(33.8%)					
	High	98(77.1%)	21 (16.5%)	87 (68.5%)	65 (51.1%)	84 (66.1%)					

Adolescents Mental health dimensions of assets and liabilities was presented in the table above. The results of the study indicated that Adolescents have close personal relationships and social participation. But the study clearly points out that inter personal relationships, work satisfaction and adequacy perception of adolescents was very low.

In liabilities dimension the study indicated that adolescents have high behaviour immaturity, inadequacy and nervous manifestations. It could be also noted that they have low emotional instability.

Table 2 : Gender differences in mental health dimensions of adolescents from normal village

S.no	Mental health dimensions	Boys		Girls		tvalue	pvalue		
1.	Assets	Mean	SD	Mean SD					
	close personal	5.91	1.25	6.18	1.49	1.101	0.27		
	Interpersonal		1.69	3.65	1.56	1.954	0.058*		
	social participation	7.14	1.53	7.01	1.29	0.51	0.604		
	satisfying work	3.37	1.36	3.24	1.48	0.514	0.608		
	Adequate	7.83	0.97	7.75	1.45	0.453	0.651		
2.	Liabilities								
	Behaviour immaturity	3.52	1.19	3.63	1.48	0.45	0.64		
	Emotional instability	6.77	1.55	7.22	1.44	1.6961	0.09		
	Inadequacy		1.56	4.3	1.64	2.95	0.003**		
	Physical defects	5.57	1.57	5.5	1.3	0.7842	0.274		
	Nervous manifestation	5.18	1.63	4.5	1.9	2.15	0.03*		

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International Journal of Academic Research

ISSN: 2348-7666; Vol.3, Issue-9(4), September, 2016





gender The table above presents differences in mental health of rural adolescents. The statistical analysis shows that there is no significant gender difference in assets of mental health except in interpersonal dimension. Boys scored more on interpersonal dimensions than the girls. In liabilities a significant difference was found in inadequacy and nervous manifestation, girls had low inadequacy and nervous manifestations than the boys. This indicates that boys exhibiting behavior which is symptomatic of underlying emotional stresses. They also scored high on inadequacies than girls which means they are not able to cope adequately with everyday problems, tendencies to underrate oneself because of imagined weakness or inferiorities, feelings that insufficient recognition has been won, lack of courage and felt needs to excuse short comings.

Conclusion

The present study was taken up with objective of studying the mental health of rural adolescents. A sample of 127 adolescents in age range of 13-17 years administered health was mental inventory which was an adapted version of mental health analysis developed by Thorpe and Clark. The findings of the study indicate that adolescents have close relationships personal and social participation, but have poor inter personal relationships; work satisfaction and adequacy perception of adolescents was very low. In liabilities dimension the study indicated that adolescents have high behaviour immaturity, inadequacy and nervous manifestations. It could be also noted that they have low emotional instability. Gender differences were found in inter personal relationships,

inadequacies and nervous manifestations. The study concludes that there is a need to improve the mental health of rural adolescence through school intervention programmes.

References

"Mental health". WorldNet Search. Princeton University. Retrieved 4 May 2014.

"The world health report 2001 - Mental Health: New Understanding, New Hope"(PDF). WHO. Retrieved 4 May 2014.

Mental health: strengthening response". World Health Organization. August 2014. Retrieved 4 May 2014

Freud, Sigmund (1930). Das Unbehagen Kultur. International in der Psychoanalytischer Verlag Wien. p. 101.

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