

To Study the Mental Health AND Emotional Stability of the GENDER Male and Female Students

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Abstract: *The present study was undertaken to know the to study the mental health of the male and female students. This study is carried on 300 student's sample, residing at Pune, District of Maharashtra state. Both the equal number of male and female students will be included in the study. For the assessment of mental health of the male and female students. The researcher is also believe that the understanding the nature of mental health of children will help in great deal while dealing with them. The results will even provide guideline for the state and national program aimed at developing child mental health. Mental Health Battery - By Singh and Gupta (1983); This test is consists of 130 items designed to measures six component of mental health. Emotional stability, Over-all adjustment, Autonomy, Security-Insecurity, Self-concept, & Intelligence.*

Keywords: Mental Health, Gender & Male and Female students

I. INTRODUCTION

The world health origination (WHO) had described the health in more comprehensive term that includes physical health, psychological health, social and emotional well-being. The professions working in the health related areas are aware that most of the physical illness (e.g. cardiac disorders, cancer, hyper tension, etc.) also have the psychological components associate with it. But it is generally seen that, they had fail to give the attention to psychological factors. The lay person is the one who is completely unaware of their psychological health. While visiting the schools of male and female students the researcher observed the significant difference in a way these students approach to the new person and situation. Where the male students were shy and withdrawn, urban student were very much open and warm. During the discussion session the parents and the teachers were reported the problems social anxiety, withdrawn behavior and aggression in tribal student, whereas the problem of attention and concentration, anxiety, depression, delinquent behavior were reported in the female students. But they failed to take treatment because either they were unaware of the fact that these are the problems which can be cured by the professional help or because the invisibility of such facilities nearby.

These and some other incidences were given an insight to the researcher about fact that psychological or mental health of child is severely neglected particularly in Indian societies. Intelligence is the capacity to meet the demands, needs or challenges in one's life. It is a cognitive activity. This differs from one individual to another. Psychologists have worked to know the growth, development and assessment of intelligence. Intelligence to some extent is innate and can also be defined as one's ability to respond to the situations effectively. There are three different types of tests to know about one's I.Q. They are verbal, non-verbal and performance tests

Concept used in the study

Mental Health

In the mid-19th century, William Sweetzer was the first to clearly define the term "mental hygiene", which can be seen as the precursor to contemporary approaches to work on promoting positive mental health. Ray, one of thirteen founders of the American Psychiatric Association, further defined mental hygiene as an art to preserve the mind against incidents and influences which would inhibit or destroy its energy, quality or development. At the beginning of the 20th

century, Clifford Beers founded the National committee for mental hygiene and opened the first outpatient mental health clinic in the United States.

According to the WHO mental health depends upon biological and social factors, its transient and not the static in nature. Mental health is a complete of physical, mental and social well-being and not merely absence of the disease or infirmity. It involves a) an ability to relate to the other and society in a healthy way. b) An ability to change the external environment. c) An ability to handle one's own emotions in such a way that doesn't have any adverse effect on the others, but it does give satisfaction to oneself.

Mental health can be seen as a continuum, where an individual's mental health may have many different possible values. Mental wellness is generally viewed as a positive attribute, such that a person can reach enhanced levels of mental health, even if they do not have any diagnosable mental health condition. This definition of mental health highlights emotional well-being, the capacity to live a full and creative life, and the flexibility to deal with life's inevitable challenges. Many therapeutic systems and self-help books offer methods and philosophies espousing strategies and techniques vaunted as effective for further improving the mental wellness of otherwise healthy people. Positive psychology is increasingly prominent in mental health. A holistic model of mental health generally includes concepts based upon anthropological, educational, psychological, religious and sociological perspectives, as well as theoretical perspectives from personality, social, clinical, health and developmental psychology.

A wellness model includes one developed by Myers, Sweeney and Witmer (2004). It includes five life tasks -essence or spirituality, work and leisure, friendship, love and self-direction-and twelve sub tasks-sense of worth, sense of control, realistic beliefs, emotional awareness and coping, problem solving and creativity, sense of humor, nutrition, exercise, self-care, stress management, gender identity, and cultural identity-are identified as characteristics of healthy functioning and a major component of wellness. The components provide a means of responding to the circumstances of life in a manner that promotes healthy functioning. Most of the US Population is not educated on Mental Health. Lack of a mental disorder See also mental disorder. Mental health can also be defined as an absence of a major mental health condition (for example, one of the diagnoses in the Diagnostic and Statistical Manual of Mental Disorders) though recent evidence stemming from positive psychology (see above) suggests mental health is more than the mere absence of a mental disorder or illness. Therefore the impact of social, cultural, physical and education can all affect someone's mental health. Cultural and religious considerations. Mental health can be socially constructed and socially defined; that is, different professions, communities, societies and cultures have very different ways of conceptualizing its nature and causes, determining what is mentally healthy, and deciding what interventions are appropriate. Thus, different professionals will have different cultural and religious backgrounds and experiences, which may impact the methodology applied during treatment.

Research has shown that there is stigma attached to mental illness. In the United Kingdom, the Royal College of Psychiatrists organized the campaign Changing Minds (2003) to help reduce stigma. Many mental health professionals are beginning to, or already understand, the importance of competency in religious diversity and spirituality. The American Psychological Association explicitly states that religion must be respected. Education in spiritual and religious matters is also required by the Association. World Health Organization (2005) Promoting Mental health concepts, emerging evidence, practice. A report of the World Health Organization, Department of Mental Health and Substance Abuse in collaboration with the Victorian Health Promotion Foundation and the University of Melbourne. The Mental Health (Care and Treatment) (Scotland) Act 2003 came into effect on 5 October 2005. This law says how people with mental illnesses, learning disability or other mental disorders can be given care and treatment. The successful performance of mental function, resulting in productive activities, fulfilling relationships with other people and the ability to adapt to change and cope with adversity; from early childhood until late life, mental health is the springboard of thinking and communications skills

According to the UNO Rules on Equalization of Opportunities for People with Disabilities, mental illness is "a disorder, illness or disease that affects thought processes, perception of reality, emotions or judgments, or that result in disturbed behavior". Complete only when the mental health problem is the cause for consultation. Mark all that the legislation for those suffering from mental illness is concerned with custody and care, and also with responsibility for any crimes committed. A relatively enduring state of being in which an individual is reasonably satisfying to self, as reflected in his/her test for living and feeling of self-realization. Since the founding of the United Nations the concepts

of mental health and hygiene have achieved international acceptance. As defined in the 1946 constitution of the WHO, "Health is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.

Mental health problems cover a wide spectrum, from distress to depression and loss of touch with reality, and may interfere with the ability to cope on a day to day basis.

A state of emotional and social well-being in which the individual can cope with the normal stresses of life and achieve his or her potential. It includes being able to work productively and contribute to community life.

For the research purpose the researcher believes that mental health is absence of personality disorder, absence of behavior and emotional problems and absence of schizophrenia and other disabilities such as mental retardation, learning disability etc.

Gender

The researchers looked at five different sex related hormones and whether or not they increased the chances of an individual being a transsexual. They examined male to female (MTF) and female to male (FTM) transsexuals, using control males and females for comparison. Their research did not find a significant difference in the distribution of the examined genes. The results currently cannot provide evidence that the different genetic variants of sex hormone genes influence an individual to MTF or FTM transsexuals. Biological differentiation is fundamental in determining differences in males and females. Males have two different sex chromosomes, an X and a Y. Females have two X chromosomes. The Y chromosome is what determines sexual differentiation. If the Y chromosome is present, growth is along male lines. The SRY is a specific part of the Y chromosome which is the sex-determining gene region of the chromosome. This is what is responsible for the differentiation between male and females. Testosterone helps differentiate gender by increasing the likelihood of male patterns of behavior. It has effects on the central nervous system that trigger these behaviors. Parts of the SRY and specific parts of the Y chromosome could also possibly influence different gender behaviors. The biological approach states that the distinction between men and women are due to inherent and hormonal differences. Some critique this approach because it leaves little room for sexual expression and gender because it claims both are dependent on biological makeup. Biological explanations of gender and sexual differences have been correlated to the work done by Charles Darwin regarding evolution. He suggested that just as wild animals and plants had physiological differences between sexes, humans did as well. Biological perspectives on psychological differentiation often place parallels to the physical nature of sexual differentiation. These parallels include genetic and hormonal factors that create different individuals, with the main difference being the reproductive function. The brain controls behavior by individuals, but it is influenced by genes, hormones and evolution. Evidence has shown that the ways boys and girls become men and women is different, and that there are variations between the individuals of each sex. There have been studies conducted to try and associate hormones with the gender identity of males and females. Okayama University in Japan did a study investigating the biological nature of gender identity disorder. Researchers strive to generate valid instruments with low measurement errors. Despite this, a traditional use of binary gender measurements prevails in most fields of social science (Westbrook & Saperstein, Citation2015), even though gender is not a binary category (Ansara & Hegarty, Citation2014; Hyde, Bigler, Joel, Tate, & van Anders, Citation2019; Richards et al., Citation2016). In comparison, few researchers would argue that age is best measured with the two response categories 'young' and 'old', but gender is still most often measured as a dichotomous variable. The problem with the binary gender system is two-fold. First, treating gender as a categorical variable, without operationalization, risks measurement errors (Frohard-Dourlent, Dobson, Clark, Doull, & Saewyc, Citation2017). For example, diversity in gender identities are not captured with binary response options, which means that standard measures fail to recognise findings related to other identities than the traditional genders of woman/man.

Gender refers to the socially constructed roles, behaviours, expressions and identities of girls, women, boys, men, and gender diverse people. It influences how people perceive themselves and each other, how they act and interact, and the distribution of power and resources in society. Gender identity is not confined to a binary (girl/woman, boy/man) nor is it static; it exists along a continuum and can change over time. There is considerable diversity in how individuals and

groups understand, experience and express gender through the roles they take on, the expectations placed on them, relations with others and the complex ways that gender is institutionalized in society

Statement of the problem

To study the mental health and emotional stability of the gender male and female students.

Significance of the present study

The researcher decided to undertake this subject for the study because of lack of significant research on this topic, particularly in India and the inconstant finding of the some of the research done previously on the related subjects in other countries. While most of the research on mental health was done on adults only and children were always neglected. Either their symptoms were attributed to physical illness rather than the psychological. Family environment, personality disturbances, presence of the other disabilities such as mental retardation, learning disability are closely related to the mental health of the children. Whereas the presence of good emotional intelligence also indicates good psychological or mental health. So the study of these factors will help to highlight the importance of the mental health even in the children. Because the disturbed mental health affects do the academic performance, environment of their family, their relations with the other and their overall well-being.

The researcher is also believe that the understanding the nature of mental health of children will help in great deal while dealing with them. The results will even provide guideline for the state and national program aimed at developing child mental health.

Objectives of the study:

- To study the difference if any in mental health component of gender male students and female students.
- To study the difference if any in Emotional stability component of gender male students and female students.

II. REVIEW OF LITERATURE

Studies on mental health: History of mental disorders:- In the mid-19th century, William Sweetzer (1998) was the first to clearly define the term “Mental hygiene”, which can be seen as the precursor to contemporary approaches to work on promoting positive mental health. Isaac Ray, one of thirteen founders of the American Psychiatric Association, further defined mental hygiene as an art to preserve the mind against incidents and influences which would inhibit or destroy its energy, quality or development. At the beginning of the 20th century, *Clifford Beers* founded the National Committee for Mental Hygiene and opened the first outpatient mental health clinic in the United States. Perspectives.

Mental well-being:-Mental health can be seen as a continuum, where an individual's mental health may have many different possible values Mental wellness is generally viewed as a positive attribute, such that a person can reach enhanced levels of mental health, even if they do not have any diagnosable mental health condition. This definition of mental health highlights emotional well-being, the capacity to live a full and creative life, and the flexibility to deal with life's inevitable challenges. Many therapeutic systems and self-help books offer methods and philosophies espousing strategies and techniques vaunted as effective for further improving the mental wellness of otherwise healthy people. Example of a wellness model includes one developed by Myers, Sweeney and Witmer (2003). It includes five life tasks -essence or spirituality, work and leisure, friendship, love and self-direction-and twelve sub tasks-sense of worth, sense of control, realistic beliefs, emotional awareness and coping, problem solving and creativity, sense of humor, nutrition, exercise, self-care, stress management, gender identity, and cultural identity-are identified as characteristics of healthy functioning and a major component of wellness. The components provide a means of responding to the circumstances of life in a manner that promotes healthy functioning. Most of the US Population is not educated on Mental Health. Lack of a mental disorder See also,

Mental disorder:- Mental health can also be defined as an absence of a major mental health condition (for example, one of the diagnoses in the *(Diagnostic and Statistical Manual of Mental Disorders)* though recent evidence stemming from positive psychology (see above) suggests mental health is more than the mere absence of a mental disorder or illness. Therefore the impact of social, cultural, physical and education can all affect someone's mental health. Cultural and religious considerations Mental health can be socially constructed and socially defined that is, different professions, communities, societies and cultures have very different ways of conceptualizing its nature and causes,

determining what is mentally healthy, and deciding what interventions are appropriate. Thus, different professionals will have different cultural and religious backgrounds and experiences, which may impact the methodology applied during treatment. Research has shown that there is stigma attached to mental illness. In the United Kingdom, the Royal College of Psychiatrists organized the campaign Changing Minds (1998-2003) to help reduce stigma. Many mental health professionals are beginning to, or already understand, the importance of competency in religious diversity and spirituality. The American Psychological Association explicitly states that religion must be respected. Education in spiritual and religious matters is also required by the Association. Keyes, Corey (2002). "The mental health continuum: from languishing to flourishing in life". Witmer, Sweeny (2000). "A holistic model for wellness and prevention over the lifespan". Myers, Sweeney, (2004). "A factor structure of wellness: Theory, assessment, analysis and practice." "The wheel of wellness counseling for wellness: A holistic model for treatment planning". According to the UNO Rules on Equalizations of Opportunities for People with Disabilities, mental illness is "A disorder, illness or disease that affects thought processes, perception of reality, emotions or judgment, or that result in disturbed behavior".

III. RESEARCH METHODOLOGY

Hypotheses: On the basis of theoretical background and logical supposition, in the present study the following hypotheses are framed.

There exists no significant difference between gender male students and female students in terms of mental health.
There exists no significant difference between gender male students and female students in terms of mental health.

Scope and limitation: The present study will be a conducted on randomly selected 300 children. For the present study both male and female student with age between 11 to 18 years will be considered. Out of 300 children, 150 will be male students and 150 will be female student, studying in 7 to 12 standard. This study is carried on 300 student’s sample, residing at Pune, District of Maharashtra state. Both the equal number of male and female students will be included in the study.

Variables and Tools:

Mental Health Battery - By Singh and Gupta (1983); This test is consists of 130 items designed to measures six component of mental health. Emotional stability Over-all adjustment, Autonomy, Security-Insecurity, Self-concept, Intelligence.

The Reliability and validity of Mental Health Battery; For the study of mental health researcher used Mental Health Battery (MHB) by Arun Kumar Singh Ph.D. and Alpna Sen. Gupta, Ph.D; MHB intend to assess the status of mental health of person in the age of 18 to 45 and it also measures the subject’s high and low socio-economic status The reliability of the Mental Health Battery (MHB) was computed using split-half method of reliability. Spearman-Brown prophecy formula was used for split half reliability. .694. The overall reliability of questionnaire was. .717, Test- Retest reliability for the Mental Health Battery (MHB) was .884.**Reliability:** The overall reliability coefficient of the MHB was found to be .67. The split-half reliability coefficient of the sub-scales of MHB was calculated using Spearman-Brown formula, ranges from .60 to .82.A five point qualitative criterions has been developed for classifying sample with respect to their mental health. **Validity:** Both face and content validity was scale measured by giving the scale to eighteen experts to evaluate the test items. Only those items with at least 75 per cent agreement among the judges were selected in the scale. For content validity the dimensions This test is consists of 130 items designed to measures six component of mental health such as emotional stability, over-all adjustment, autonomy, security-insecurity, self-concept, and intelligence.MHB was validated against the different tests developed earlier. Validity Coefficients of mental health 0.681 part I to VI.

Part of MHB	N	Reliability	validity
1 Emotional stability	102	.721*	.673*
2 Overall adjustment	102	.685	.704*
3 Autonomy	102	.636	.821*
4 Security-Insecurity	102	.732*	.823*
5 Self concept	102	.703*	.681*

6 Intelligence	102	.718	.601*
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Marathi Translation:

The items in the scale will be translated in Marathi using backward translation method and will be rearranged according to the original order in booklet. Then this Marathi translation will be administered to the parents.

Operational definitions of variables used in the study:

A] Mental Health:-

“Mental health is an ability of a person to adjust effectively to the demands of environment and to feel secure, it also includes an ability of a person to see the positive aspect of him-self and express his emotions in controlled way.”
 “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”
 “List us define Mental Health as the adjustment of human being to the world and each other with maximum of effectiveness and happiness. It is ability maintain even temper an alert intelligence socially consider behavior and happy disputation”.

B] Gender:-

Gender includes the social, psychological, cultural and behavioral aspects of being a man, woman, or other gender identity. Depending on the context, this may include sex-based social constructs (i.e. gender roles) as well as gender expression. Most cultures use a gender binary, in which gender is divided into two categories, and people are considered part of one or the other (girls/women and boys/men); those who are outside these groups may fall under the umbrella term non-binary. A number of societies have specific genders besides ‘man’ and ‘woman,’ such as the hijras of South Asia; these are often referred to as third genders (and fourth genders, etc.). Most scholars agree that gender is a central characteristic for social organization.

Procedure of data collection:

After the rapport is established, the tests will be administered individually, under normal conditions, without having any external disturbances. The parents and the children will be assured about the confidentiality of the information sought by the researcher. They will be appraised that information only used for the research purpose. During their attempt to complete the tests, they will be allowed to ask any doubt that comes to their mind, which will be then clarify. General instructions will be given before the testing. Specific instructions printed at the beginning of the scale will be read out to the participants and it will ensure that they will follow them. Tests will be administered individually, under normal conditions, without having any external disturbances in the following sequence to the students – (a) mental health battery. The parents and the children will be assured about the confidentiality of the information sought by the researcher. They will be appraised that information only used for the research purpose.

Statistical analysis;

Normality of ratio of the variables is tested. Most of the variables show normality in the data. To investigate the significant difference if any, between tribal and urban students level in terms of emotional intelligence variables, family environment variables and mental health’s test was used. The descriptive statistics such as Mean and SD were computed for three dependent variables and their levels as per different age groups. These values are used for interpreting the results.

Table No. 1 Mean and SD for Mental Health Variables among male students and female students

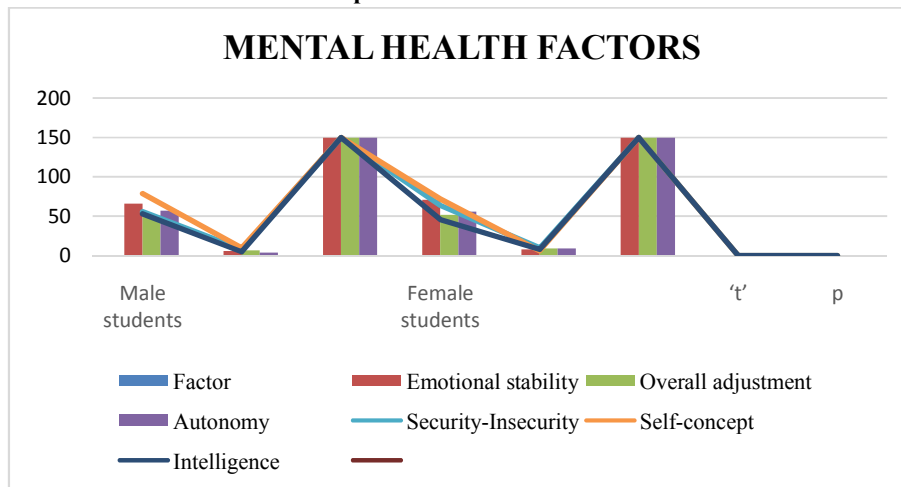
Factor	Male students			Female students			‘t’	p
	M	SD	N	M	SD	N		
Emotional stability	66	6	150	71	8	150	2.03**	0.01
Overall adjustment	49	7	150	52	9	150	1.61**	0.01
Autonomy	57	4	150	56	9	150	1.97**	0.01
Security-Insecurity	56	8	150	64	10	150	2.28**	0.01

Self-concept	79	10	150	72	6	150	2.72**	0.01
Intelligence	53	5	150	46	8	150	1.78**	0.01

*** P<0.001 ** P<0.01 *P<0.05

The significant difference (t (299)=2.03 p<0.01) between female students and male students group was found on **emotional stability** in which the mean score of the students with female students was 71.00 and mean score of the male students was 66.00. The significant difference (t (299)=1.61 p<0.01) between female students and male students group was found on **Overall adjustment** in which the mean score of the students with female students was 52.00 and mean score of the male students was 49.00. The significant difference (t (299)=1.97 p<0.01) between urban students and male students group was found on **Autonomy** in which the mean score of the students with female students was 56.00 and mean score of the male students was 57.00. The significant difference (t (299)=3.28 p<0.01) between female students and male students group was found on **Security-Insecurity** in which the mean score of the students with female students was 64.00 and mean score of the male students was 56.00. The significant difference (t (299)=2.72 p<0.01) between female students and male students group was found on **Self-concept** in which the mean score of the students with female students was 72.00 and mean score of the male students was 79.00. The significant difference (t (299)=1.78 p<0.01) between female students and male students group was found on **Intelligence** in which the mean score of the students with female students was 46.00 and mean score of the male students was 53.00.

Graph No.1: Mental Health.



IV. DISCUSSION AND INTERPRETATION

Comparison between the male and female student’s mental health variables, such as emotional stability, over-all adjustment, autonomy, security-insecurity, self-concept and intelligence for the whole sample

The hypothesis three states that, “There exists no significant difference between gender male students and female students in terms of mental health.” The results showed that there was rejected

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female students was 72.00 and mean score of the tribal students was 79.00. The significant difference ($t(299)=1.78$, $p<0.01$) between female students and male students group was found on **Intelligence** in which the mean score of the students with female students was 46.00 and mean score of the male students was 53.00

The hypothesis two states that, **“There exists no significant difference between gender male students and female students in terms of emotional stability”**. The results showed that there was rejected. The significant difference ($t(299)=2.03$, $p<0.01$) between gender female students and male students group was found on **emotional stability** in which the mean score of the students with female students was 71.00 and mean score of the male students was 66.00.

V. CONCLUSION

Hypothesis **“There exists no significant difference between gender male students and female students in terms of mental health.”** was accepted. The significant difference was noted in terms mental health variable intelligence of emotional stability, over-all adjustment, autonomy, security-insecurity, self-concept, intelligence.” **“There exists no significant difference between gender male students and female students in terms of emotional stability”**. The results showed that there was rejected. The decisive factor in how to assess gender must emanate from the research question. Researchers in the social sciences are rarely interested in the physiological/bodily aspects (i.e. genitalia, chromosomes, bodily attributes) or legal gender, but are more often interested in how individuals identify or express themselves from a social perspective. Asking about participants’ gender is a complex task, even when relevant facts are identified. In this paper, we have addressed this complexity, and discussed how questions about gender could be more specific depending on which aspects of gender they aim to capture.

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