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## RESEARCH ARTICLE

# ADOLESCENT MENTAL HEALTH: A STUDY AMONG SCHOOL CHILDREN'S IN COIMBATORE

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**ABSTRACT**

Study on mental health has become the need of the hour as percent of youngster affected by it is increasing due to unnoticed and inappropriate treatments. Thus this study was carried out to known the level of mental health of the adolescent and the factors influence it. The findings reveals that moderate to high level of mental health was found among the adolescents and emotional stability was found to be the significant and foremost influencing factor of mental health.



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## INTRODUCTION

India is characterized by a hug population of young people between the age group 10-24 years. The growth and development of the nation is in the hands of these young generations who are rich in potential and talents. But this stage of vulnerability, which is often influenced by the external and internal factors which affects their health. More than 25 percent of the youngsters in India suffer from any of the health impacting behaviours which is needed to be addressed immediately. The use of tobacco, substance use, alcohol use, risky sexual activities, etc seriously affects this population in a very large manner. Multiple behaviours of the later influence the health of the youngsters and lead them to devastating poor health. Due to the fast globalization and urbanization along with the disintegration of joint family system and lack of traditional social support systems there is an increase in the psychological problems among the adolescence mostly the behavioural problems. In India the psychiatric disorders prevalence rate among children aged 0-16 years is 12.5 percent and 12 percent among the 4-16 years children (Srinata *et al*., 2005). Similarly, suicide death rates in India are amongst the highest in the world (Patel *et al*., 2012). World Health Organization in 2001 reports that, the problem of mental health have increased among the children and adolescence in the recent years and are predicted to continue increasing in the later years. Mental health disorders in children and adolescence are often unnoticed and untreated which leads to greater impact on health. It is heartening to note that only 1 in 5 adolescence who are with mental problems are treated properly with appropriate treatments. Since for the past few years mental disorders among the children and adolescence are increasing, it had received a significant attention among the academicians and researchers. But, there are very few studies which have focused on the mental health in particular and the factors which influence it. Thus the present study focused on the mental health of the adolescence and the factors which influence the mental health are been studied.

### Review of Literature

According to U.S. Congress, office of technology assessment (1990), it states that the data which exist on mental health of adolescence reveals that Indian adolescents are having serious mental health problems with respect developmental disabilities, depression, anxiety, substance abuse, alcohol, etc. The causes for the mental health largely depend on the stressors like alcoholism, family destruction, sexual abuse, school environment, etc. LineNielsen, (2017) have conducted a survey among 5067 students in Australia and Denmark. The findings shows that no statistically significant difference in emotional symptoms, conduct and school connectedness based on their age was found among the Australian students. With respect to Denmark students, emotional symptoms, conduct and school connected was found to be low with increasing in age. According to WHO (2014), children and adolescents mental health is affected by family, peer, community, societal

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and cultural influences. Sharon A.S. Neufeld, Peter B. Jones, Ian M. Goodyer, (2017) Their research study have suggested that school based counselling is emphasised as an important and significant measure to combat with the mental health issues among schools children. Ranjit and Hemalatha (2013). It is concluded that a moderate level of parental investment was found among the respondents. It is also concluded that demographic variables namely gender and years of marriage do influence the level of parental investment of the respondents. (Unknown) the article reveals that young people with mental health problems who have contact with mental health services are significantly less likely to suffer from depression than those who are with mental health and do not have any contact with mental health servicers. Kunal Kishor Jha, *et al*. (2017). Their study shows that of the 1412 respondents surveyed, 49.2 percent of them were suffering from moderate depression and 7.7 percent of them were suffering from severe depression. The study also found that there is a significant difference in depression with regard to girls and boys. It shows that girls had higher prevalence of mental health problems compared to boys. YogaPreetha.P and Ranjit.L (January, 2014). The study concludes that a moderate level of parent child relationship was found among the respondents. The parent child relationship is influenced by the factors like education, occupation, hours spent with children and number of children.

## Objectives

1. To study the personal profile of the respondents.
2. To assess the mental health of the respondents.
3. To study the influence of personal variables on the level of mental health of respondents.

## Methodology

The study is descriptive in nature. The universe of the study is adolescence students aged between 15-19 years studying in private higher secondary schools in Coimbatore. Out of the total number of private higher secondary schools, 4 schools were randomly selected for the present study. A sample of 200 was selected using simple random sampling from each school. The final sample was confined to 734 based on the quality of the response. Questionnaire method was adopted to collect data from the students. The questionnaire consists of two sections namely 1. Demographic profile, 2. Mental health scale. Standardized scales were used to measure the mental health which was subjected to reliability and validity. The statistical tools namely mean, standard deviation, chi-square, correlation, ANOVA, t-test, Regression, principle component analysis and Friedman's test were used to analyze the data.

## Analysis and Interpretation

The Table 1 depicts that 60.4 percent of the respondents belong to the age 16 years, 33.8 percent of the respondents belong to the age 17 years and 5.9 percent of the respondents belong to the age between 15 years. The table reveals that 51.8 percent of them are female and 51.8 percent of them are male. More than 38 percent of the respondents were studying in 11 std, 21.7 percent of them were studying in 12th std and 29 percent of the were studying in 10th std. Majority of the respondents belong to nuclear family and 24.1 percent of them belong to joint family. Majority, 62.8 percent of them are residing in home and they are day's scholar and 37.2 percent of them are hostellers. Majority of the respondent's parents (93.1 percent) live together, 5.7 percent of the respondents parents are single and 1.2 percent of the respondent's parents are divorced and separated. The table shows that 44.6 percent of the respondents wake up at 5 am, 40.7 percent of them wakeup in 6 am, 7.9 percent of them wake up at 4 am and 6.8 percent of them wake up at 7 am in the morning. The table reveals that 48.9 percent of the respondent's bed time was 10 pm, 38.1 percent of the respondent's bed time was 9 pm, 11.3 percent of the respondent's bed time was 11 pm and 1.6 percent of the respondent's bed time was 8 pm.

**Table 1. Personal Profile of the Respondents**

| Variables | Particulars | Frequency | Percentage |
|---|---|---|---|
| **Age** | 15 | 43 | 5.9 |
| | 16 | 443 | 60.4 |
| | 17 | 248 | 33.8 |
| **Gender** | Male | 354 | 48.2 |
| | Female | 380 | 51.8 |
| **Class** | 10 | 213 | 29.0 |
| | 11 | 281 | 38.3 |
| | 12 | 240 | 32.7 |
| **Type of Family** | Joint Family | 177 | 24.1 |
| | Nuclear Family | 557 | 75.9 |
| **Mode of stay** | Hosteller | 273 | 37.2 |
| | Days Scholar | 461 | 62.8 |
| **Nature of Parents** | Single | 42 | 5.7 |
| | Together | 683 | 93.1 |
| | Divorced | 4 | .5 |
| | Separated | 5 | .7 |
| **Wake up time** | 4 am | 58 | 7.9 |
| | 5 am | 327 | 44.6 |
| | 6 am | 299 | 40.7 |
| | 7 am | 50 | 6.8 |
| **Bed Time** | 8 pm | 12 | 1.6 |
| | 9 pm | 280 | 38.1 |
| | 10 pm | 359 | 48.9 |
| | 11 pm | 83 | 11.3 |

**Table 2. Determining the Factors of Mental Health using Principle Component Analysis KMO and Bartlett's Test**

| | | |
|---|---|---|
| **Kaiser-Meyer-Olkin Measure of Sampling Adequacy.** | | **.819** |
| **Bartlett's Test of Sphericity** | Approx. Chi-Square | 4272.409 |
| | df | 435 |
| | Sig. | .000 |

From the table 2, it is clear that the KMO value is above the threshold limit of 0.5 (81.9 % of sample adequacy) and Bartlett's test was also significant thus it can be further considered for factorization using principle component analysis. The principle component communalities (Extraction, as the initial are always 1.00) range from 0.26 to 0.81, thus most of the variance of these variables was accounted for by this five dimensional factor solution. The table 2 A reveals the total variance explained showing the importance of the thirty five principle components. Only the first five have Eigen values over 1.00 and together these variables explain over 39.1 percent of the total variability in the data. This leads us to the conclusion that a five factor solution will be probably be adequate for further analysis. The principle component analysis has found the five factors which are named as emotional stability, adjustment, autonomy, security and self concept.

The table 3 depicts that 45 percent of the respondents had high emotional stability, 24.9 percent of them had moderate level of emotional stability, 14.7 percent of them had a very high level of emotional stability, 7.6 percent of them had low level of emotional stability and 7.8 percent of them had very low emotional stability.

**Table 2A: Total Variance Explained**

| Component | Initial Eigenvalues | | | Extraction Sums of Squared Loadings | | | Rotation Sums of Squared Loadings | | |
|---|---|---|---|---|---|---|---|---|---|
| | Total | % of Variance | Cumulative % | Total | % of Variance | Cumulative % | Total | % of Variance | Cumulative % |
| **1** | 4.429 | 14.764 | 14.764 | 4.429 | 14.764 | 14.764 | 4.263 | 14.211 | 14.211 |
| **2** | 3.021 | 10.070 | 24.834 | 3.021 | 10.070 | 24.834 | 2.286 | 7.620 | 21.831 |
| **3** | 1.568 | 5.225 | 30.059 | 1.568 | 5.225 | 30.059 | 2.100 | 6.999 | 28.830 |
| **4** | 1.505 | 5.015 | 35.074 | 1.505 | 5.015 | 35.074 | 1.600 | 5.333 | 34.163 |
| **5** | 1.198 | 3.992 | 39.067 | 1.198 | 3.992 | 39.067 | 1.471 | 4.903 | 39.067 |

**Table 3. Factors of Mental Health**

| Variables | Particulars | Frequency | Percentage |
|---|---|---|---|
| **Emotional stability** | Very High (35-40) | 108 | 14.7 |
| | High (30-34) | 330 | 45.0 |
| | Moderate (24-29) | 183 | 24.9 |
| | Low (17-23) | 56 | 7.6 |
| | Very Low (8-16) | 57 | 7.8 |
| **Adjustment** | Very High (22-25) | 128 | 17.4 |
| | High (19-21) | 177 | 24.1 |
| | Moderate (14-18) | 313 | 42.6 |
| | Low (11-13) | 67 | 9.1 |
| | Very Low (5-10) | 49 | 6.7 |
| **Autonomy** | Very High (14-20) | 143 | 19.5 |
| | High (12-13) | 256 | 34.9 |
| | Moderate (10-11) | 216 | 29.4 |
| | Low (8-9) | 105 | 14.3 |
| | Very Low (4-7) | 14 | 1.9 |
| **Security** | Very High (13-15) | 200 | 27.2 |
| | High (11-12) | 260 | 35.4 |
| | Moderate (9-10) | 194 | 26.4 |
| | Low (7-8) | 65 | 8.9 |
| | Very Low (3-6) | 15 | 2.0 |
| **Self concept** | Very High (11-15) | 169 | 23.0 |
| | High (9-10) | 235 | 32.0 |
| | Moderate (7-8) | 243 | 33.1 |
| | Low (5-6) | 79 | 10.8 |
| | Very Low (3-4) | 8 | 1.1 |
| **Overall Mental Health** | Very High | 118 | 16.1 |
| | High | 235 | 32.0 |
| | Moderate | 237 | 32.3 |
| | Low | 144 | 19.6 |

**Table 4. Influence of demographic variables on the Overall Mental Health**

| Variables | Test | Value | Mean | Result |
|---|---|---|---|---|
| **Age** | Correlation | r = 0.103 (p=0.005) | - | Significant |
| **Gender** | t-test | t = 3.370 (p=0.001) | Male =99.56 | Significant |
| **Class studying** | ANOVA | F = 2.339 (p=0.097) | 11th Std = 99.07 | Not Significant |
| **Fathers Education** | ANOVA | F= 0.377 (p=0.770) | PG = 98.93 | Not Significant |
| **Fathers occupation** | ANOVA | F= 1.353 (p=0.249) | Business = 98.82 | Not Significant |
| **Fathers income** | Correlation | r = 0.006 (p=0.881) | - | Not Significant |
| **Mothers Education** | ANOVA | F= 0.102 (p=0.959) | Graduate = 98.39 | Not Significant |
| **Mothers occupation** | ANOVA | F= 4.582 (p=0.001) | Business = 97.87 | Significant |
| **Mothers income** | Correlation | r = - 0.095 (p=0.041) | - | Significant |
| **Family type** | t-test | t = 0.025 (p=0.980) | Joint = 98.31 | Not Significant |
| **Mode of education** | t-test | t = .566 (p=0.572) | Hosteller = 98.59 | Not Significant |
| **Nature of Parents** | ANOVA | F= 0.600 (p=0.615) | Single = 99.85 | Not Significant |

**Table 5. Determining the Factor influencing Mental Health using Friedman's Test**

| Factors | Mean Rank | Result |
|---|---|---|
| **Emotional stability** | 4.88 | |
| **Adjustment** | 3.86 | N = 734 |
| **Autonomy** | 2.52 | Chi-Square = 2235.77 |
| **Security** | 2.30 | Df = 4 |
| **Self concept** | 1.44 | Asymp. Sig.=000 |

It shows that 42.6 percent of the respondents had moderate level of adjustment, 24.1 percent of them had high level of adjustment, 17.4 percent of them had very high level of adjustment, 9.1 percent of them had low level of adjustment and 6.7 percent of them had very low level of adjustment. The table reveals that 34.9 percent of them had high level of autonomy, 29.4 percent of them had moderate level of autonomy, 19.5 percent of them had very high level of autonomy, 14.3 percent of them had low level of autonomy and 1.9 percent of them very low level of autonomy. The table also reveals that 35.4 percent of the respondents had high level of security, 27.2 percent of them had very high level of

autonomy, 26.4 percent of them had moderate level of autonomy and 8.9 percent of them had low level of autonomy and 2 percent of them had very low level of autonomy. It shows that 33.1 percent of the respondents had moderate level of self concept, 32 percent of them had high level of self concept, 23 percent of them had very high level of self concept, 10.8 percent of them had very low level of self concept and 1.1 percent of them had very low level of self concept.

The Table 3 depicts that of the total respondents, 32.3 percent of them had moderate level of mental health, 32 percent of them had high level of mental health, 19.6 percent of them had low level of mental health and 16.1 percent of them had very high level of mental health. The table 4 reveals the influence of demographic variables on the overall mental health of the respondents. The coefficient of correlation value ($r=0.103$, $p<0.05$) shows that there is a significant relationship between age and level of mental health of the respondents at 0.05 level of significance. It is inferred that as the age increases the level of mental health also increases and vice versa. The t-test value ($t=3.370$, $p<0.01$) shows that there is a significant difference in the mental health score between male and female respondents at 0.01 level of significance. The mean value (99.56) shows that male respondents had better mental health compared to their counterparts. The ANOVA value ($F=2.339$, $p>0.05$) shows that there is no significant different in mental health based on class studying at 0.05 level of significance. The ANOVA value ($F=0.377$, $p>0.05$) shows that there is no significant different in mental health based on fathers education at 0.05 level of significance. The ANOVA value ($F=1.353$, $p>0.05$) shows that there is no significant different in mental health based on fathers occupation at 0.05 level of significance. The coefficient of correlation value ($r=0.006$, $p>0.05$) shows that there is a significant relationship between fathers income and level of mental health of the respondents at 0.05 level of significance. The ANOVA value ($F=0.102$, $p>0.05$) shows that there is no significant different in mental health based on mothers education at 0.05 level of significance. The ANOVA value ($F=4.582$, $p<0.01$) shows that there is a significant different in mental health based on mothers occupation at 0.01 level of significance. The mean value (97.87) shows that those respondents' mothers who were doing business had better mental health compared to others. The coefficient of correlation value ($r= - 0.095$, $p<0.05$) shows that there is a significant relationship between mothers income and level of mental health of the respondents at 0.05 level of significance. The t-test value ($t=0.025$, $p>0.05$) shows that there is no significant difference in the mental health score between nuclear and joint family respondents at 0.05 level of significance. The t-test value ($t=0.566$, $p>0.05$) shows that there is no significant difference in the mental health score between days scholar and hosteller respondents at 0.05 level of significance. The ANOVA value ($F=0.600$, $p>0.05$) shows that there is no significant different in mental health based on nature of parents at 0.05 level of significance.

Table 5 depicts the results of the Friedman's test which reveals that, out of the five factors of mental health, emotional stability is the foremost factors which influence mental health which is ranked first, followed by adjustment which is ranked second, autonomy which is ranked third, security which is ranked fourth and self concept which is ranked in fifth.

**Conclusion**

The present study concludes that majority of the respondents had moderate to high level of mental health. It also concludes that mental health of the adolescent is foremost influenced by the emotional stability. The demographic variables namely age, gender, mother's occupation and mother's income had a significant influence over the mental health of the adolescents.

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