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THE IMPACT OF TYPE OF SCHOOL,GENDER AND SELF – CONCEPT ON MENTAL HEALTH AMONG ADOLESCENTS

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Abstract: *The present study intended to analyze the effect of type of school , gender and self - concept on mental health . A 2x 2 x 2 factorial design with two group of school (Private and Government) x gender x self - concept (high self - concept and low self -concept) was used in present study . A total of 100 adolescents (13-17 yrs) were randomly selected from urban area of Almora city .The self -concept inventory was applied to identify the level of self- concept in adolescents. Mental health inventory were exercised to assess the mental health of adolescents. Result revealed the significant effect of gender and type of school on mental health .Similarly, type of school x gender interaction effect were found significant. Further, type of school x gender x self concept interaction effect was also found significant.*

Keywords : *Adolescents, Mental health, Self-concept.*

1. INTRODUCTION :

The World Health Organization (WHO) defines health as *a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity* (WHO, 2001). Mental health is clearly an integral part of this definition. Mental health and illness are determined by multiple and interacting social, psychological, and biological factors, just as health and illness in general. The clearest evidence relates to the risks of mental illnesses, which in the developed and developing world are associated with indicators of poverty, including low levels of education. The association between poverty and mental disorders appears to be universal, occurring in all societies irrespective of their levels of development. Factors such as insecurity and hopelessness, rapid social change, and the risks of violence and physical ill-health may explain the greater vulnerability of poor people in any country to mental illnesses (Patel & Kleinman, 2003).

Mental health for each person is affected by individual factors and experiences, social interaction, societal structures and resources, and cultural values. It is influenced by experiences in everyday life, in families and schools, on streets, and at work (Lehtinen, Riikonen & Lahtinen 1997; Lahtinen et al. 1999).

Self-concept is the image that we have of ourselves. This image is formed in a number of ways, but is particularly influenced by our interactions with important people in our lives. Self-concept is defined as the sum of an individual's beliefs and knowledge about his/her personal attributes and qualities. It is classed as a cognitive schema that organizes abstract and concrete views about the self, and controls the processing of self-relevant information (Markus, 1977; Kihlstrom & Cantor, 1983). Other concepts, such as self-image and self-perception, are equivalents to self-concept.

According to Pastorino & Doyle-Portillo (2013),Self-concept is our perception or image of our abilities and our uniqueness. At first one's self-concept is very general and changeable. As we grow older, these self-perceptions become much more organized, detailed, and specific.

Weiten, Dunn, & Hammer (2012) defined as self-concept is a collection of beliefs about one's own nature, unique qualities, and typical behavior. Your self-concept is your mental picture of yourself. It is a collection of self-perceptions. For example, a self-concept might include such beliefs as 'I am easygoing' or 'I am pretty' or 'I am hardworking.

Bracken (1992) suggested that there are six specific domains related to self concept:

- Social - the ability to interact with others
- Competence - ability to meet basic needs
- Affect - awareness of emotional states
- Physical - feelings about looks, health, physical condition, and overall appearance
- Academic - success or failure in school
- Family - how well one functions within the family unit

Engler (1999) indicates that this understanding of self may not be a true reflection of the environment, as it is more an interpretation of others' values within that environment. A person's understanding of his/her relation to the environment combined with the current situation develops into self-concept. The role one perceives they have within that association helps to develop an understanding for the concept of self. Much of the understanding of the self has been elicited by outside sources, mainly by the family's perspective on society and culture during youth (Thompson & Goodvin, 2005).

Bong and Skaalvik (2003) described how one's self-concept evolves through the comparison of peers. A person's self-concept will include views of him/herself as a whole depending on how one functions comparatively to others in his/her environment. Bong and Skaalvik (2003) found that this general perception of the self influences many areas in a person's life including mental health. Landa et.al (2009) indicated that some certain characteristics, personality and also dimensions of emotional intelligence have a key role on formation and making of self-concept. Najarpoor (2008) found that individuals who have favorable family emotional environment, they have positive self-concept, high self-respect and high economical and social base and from identity formation point of view are better than others. The World Health Organization (2021) defines the health as a status of welfare and comfort that individual can recognize his abilities and capabilities can work profitably and fruitfully and has ability to cooperate with its society. A wide and diverse literature suggests that high self-esteem promotes goals, expectancies, coping mechanisms, and behaviors that facilitate productive achievement and work experiences and impede mental and physical health problems, substance abuse, and antisocial behavior (Bandura, 1982; Brown, 1998; Covington, 1992; Donnellan, Trzesniewski, Robins, Moffitt, & Caspi, 2005; DuBois & Tevendale, 1999; Flory, Lynam, Milich, Leukefeld, & Clayton, 2004; Harter, 1998; McGee & Williams, 2000). Their study indicates that exploring self- concept for adolescents with mental health or illness.

2. Objective :

The objective of the present study was to exploring self-concept for adolescents with mental health.

2.1 Hypothesis

On the basis of above objective, following hypotheses were formulated. It was hypothesized that;

1. The type of school (private & government) would show difference on mental health.
2. The gender (Boys & Girls) would show difference on mental health.
3. The self -concept level (high and low self-concept) would show differences on mental health.

3. Method :

Design:-

The present study was based on a 2x2x2 factorial design with two group of school (private and government) x Gender (boys & girls) and two level of self-concept (high & low self-concept).

Sample:-

The total of 100 adolescents (13to17yrs.) were randomly selected from urban area of Almora city. On the basis of obtained median (mdn= 62) on self concept inventory, teenagers were divided into high self concept and low self concept groups.

Measures:-

(1) **Self-concept Scale (SCS):** The self - concept scale (Ahluwalia, 2002) in Hindi has been used in the current study. It contains 80 items, all with yes and no responses. The six subscales which are included in the self-concept scale are:- Behaviour, Intellectual & school status, Physical appearance & attributes, Anxiety, Popularity, Happiness & Satisfaction. It takes around 15-20 min. to complete. The scale items are scored in positive and negative direction to reflect the evaluation of dimension. A high score on scale is presumed to indicate a favourable self concept. The total self concept scale can be obtained by adding score of all the six areas, which can be used as total self concept score. Test-retest and split half reliability method was used as an index of reliability. The coefficient of correlation

is significant at 0.01 level of confidence. The validity of self concept scale was determined by Back translation method. The face and content validity of this scale is of higher order. This scale also has concurrent validity, range from 0.397 to 0.621.

(2) **Mental Health Inventory:**

This inventory developed by **Jagdish and Srivastava (1996)** was used to measure mental health. The inventory consisted of 56 items, including 32 'false-keyed (negative) and 24 trued (positive) statements. The reliability of the inventory was determined by split-half method using odd-even procedure. The reliability coefficient of overall inventory was .73.

Procedure:-

The present study was conducted in two phases. In the Ist phase, participants (adolescents) were contacted in school setting and requested to cooperate. After getting consent, they were briefed about aim of the study. The self-concept inventory was used to identify the high self-concept and low self-concept group of adolescents. Afterwards In the 2nd phase of the study, the participants were given Mental Health Inventory (MHI). After completing their responses, they were thanked for cooperation .Data were collected and scored according to defined rules.

4. Results and Discussion :

In this section includes the responses obtained on various measures were scored and treated in term of Mean, SD and ANOVA. Results displayed in Table 1 clearly indicate that mental health varied significantly as a function of self concept. ANOVA results for mental health have been reported and interpreted in the preceding section.

Table 1: Mean and SDs of Mental health as a function of type of school , Gender and self-concept

	Government				**Private**			
	Boys		**Girls**		**Boys**		**Girls**	
	High self-concept	Low self-concept	High self-concept	Low self-concept	High self-concept	Low self-concept	High self-concept	Low self-concept
Mean	158.79	151.09	145.0	151.50	177.81	174.89	163.35	145.20
SD	9.82	7.69	12.53	9.63	17.6	15.39	12.97	12.09

Table 2: Summary of ANOVA for the scores of mental health as a function of gender and abuse level

Source of Variance	Sum of Squares	d.f.	Mean of square	F -ratio
Type of school (A)	3121.308	1	3121.308	19.849**
Gender (B)	3430.441	1	3430.441	21.815**
Level of Self-concept (C)	514.008	1	514.008	3.269
AXB	981.704	1	981.704	6.243**
AXC	409.611	1	409.611	2.605
BXC	1.103	1	1.103	.007
AXBXC	897.247	1	897.247	5.707*
Within group	14467.443	92	14467.443	

****P<.01, *P<.05**

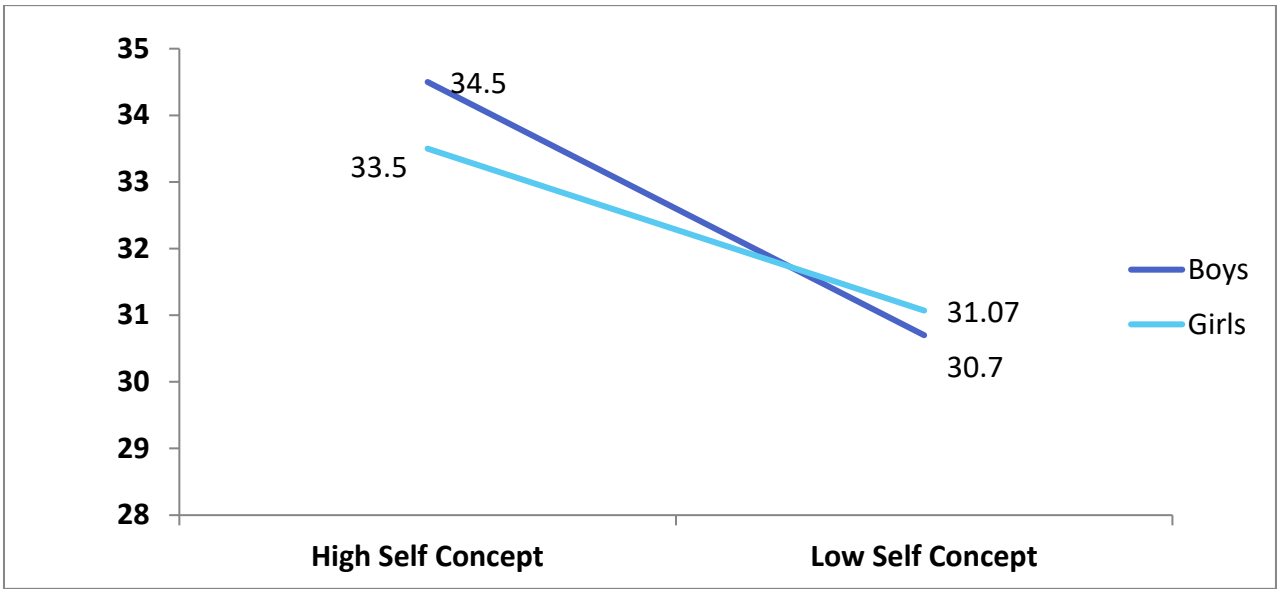

Figure 1.1 Mental health as a function of interaction of gender and level of self-concept

It is apparent from the results (Table1) mental health differs across the type of school. Main effect of type of school [F (1,92) = 19.849, P<.01] was significant, which revealed that private school adolescents (M=165.31) show better mental health compared to government school group (M=151.59).

Main effect of gender [F (1,92) = 21.815, P<.01] was significant, which denote that girls (M=151.26) were found inferior on mental health as compared to boys (M= 165.64). Type of school x gender interaction effect was also found to be significant [F(1,92) = 6.243,P<.01] interaction graph show that in private group boys adolescents perform superior on mental health as compared to girls. Similarly a consistent pattern of increment was observed in case of government group adolescents. Further, type of school x gender x self concept interaction effect was also found significant.

Present finding have ample empirical supports. Chiang (1995) proposed that school is one of the main sources of stress among adolescents. Such stress comes from too much home - work unsatisfactory academic performance, Preparation for tests, lack of interest in a particular subject etc. These causes lead to mental health problems. Moreover, results revealed that differences between boys and girls on mental health were found significant. As finding indicate that girls were found inferior on mental health as compared to boys .Agrwal,at al(2010)found that male adolescents have better mental health then female adolescents . There is a sizeable number of literatures on the relationship between types of school and a variety of negative health and mental health consequences. These include biological, psychological, and social deficits **(Crittenden, 1998; Kendall-Tackett, 2001; 2003)**

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