

Review Paper

Mental Health: A Comparative Study of Male and Female College Students

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Abstract

Mental health is a state of cognitive, emotional and behavioural well-being. It reflects in the way we think, feel and behave. Mental health represents a psychic condition characterized by mental peace and harmony. It is also identified by the absence of disabling and debilitating symptoms, both mental and somatic in the person (Schneiders, 1964). The World health Organization defines it as a state of well-being in which the individual realizes his or her abilities, can cope with the normal stresses of life, can work productively, and is able to make contribution to his or her community. Thus, our Mental Health determines what choices we make, what goals we set for our growth, what strategies we adopt, how we cope with problems and hindrances, and what new knowledge or skills we are able to develop for better functioning of the society. Keeping in view the differential status of men and women in society, the present paper compares the mental health of 75 male and 125 female respondents selected randomly from various departments of Govt. P. G. College, Rudrapur. The data were collected by using the Mental Health Checklist developed by Kumar (1992). The Checklist consists of 6 mental symptoms i.e., anxiety, uneasiness, nervousness, loneliness, hopelessness and anger; and 5 somatic symptoms i.e., headache, tiredness, sleeplessness, indigestion and acidity. The results were analysed by calculating Mean, SD and t-value.

Keywords: Mental health, well-being, psychological, emotional, behavioural, somatic.

Introduction

Mental Health, in simple terms, is a healthy state of mind. It is characterised by the realization of one's abilities, successful coping with stressful life situations, working productively and making positive contributions in society. In theoretical terms, Mental health is difficult to define, because it embraces several contradictory criteria, i.e. social, individual and functional. Mental health and mental illness are run on extreme range of scale of composite behaviour. The positive extreme of the scale represents a perfect mental health status, while the negative extreme represents the state of mental illness. Mental conditions are ever changing and complex resulting from dynamic interaction between the individual, his/her social context, and shifting environmental conditions. Disciplines like Psychiatry, Psychology, Sociology and Anthropology offer different meanings of normal mental health. But they all agree with the view that the individual who is functioning at an adequate intellectual level is normal and psychologically healthy.

In present times, several challenges related to mental health are emerging before society. Increasing material growth and availability of multiple options is putting excessive pressure on the new generations to move at an equal pace with time. Increasing population, over-exploitation of natural resources, competition to avail the limited resources and services, desire to make quick money, ambition for fulfilling goals without considering the fairness of means, and deteriorating moral values are giving rise to a number of mental health problems. Mental health is not related to any specific area of life, but it is a holistic concept. It is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make contribution to his or her community (The World Health Report, 2001). Atkinson et al. (1996) define mental health as a state of good adjustment with a subjective state of well-being, zest for living, and the feeling that one is exercising his/her talents and abilities.

The definitions of mental health indicate at the positive attributes associated with one's personality. These are the awareness of one's abilities, meaningful and goal-oriented behaviour, ability to cope with stress, concern for the welfare of society, good adjustment between internal needs and external conditions, flexibility and openness to new experiences, realization of one's potential and positive outlook as basic characteristics of mental health.

There are various other indicators which reflect a sound mental health of an individual, e.g. acceptability of oneself and others; self-concept, self-esteem and self-actualization; good problem solving; creative; decisive; sense of humour; competence (Bhargava & Bhargava, 2002); self-evaluation; self-confidence; selection of aim in life; sexual maturity; emotional stability;

accurate socialization and extraversion; lack of mental conflicts and frustration; and high ego strength (Tripathi & Tripathi, 2014). Persons with sound mental health interact with others in a way that is generally mutually satisfying. A healthy person has ability to deal constructively with reality to adopt change to be relatively free from symptoms that are produced by anxiety and tension. They can find more satisfaction in giving than in receiving to relate to others, and can direct their hostile energy into creative and constructive work.

Taking a wider perspective, the American Psychiatric Association views mental health as consisting of measures to reduce the incidence of mental illness through prevention and early treatment and promote mental health. It indicates at three dimensions of mental health, namely preventive, curative and preservative (ibid. P.453). The preventive dimension aims at creating biological, psychological and social conditions that help individuals live a normal life and prevent the development of symptoms of illness. The Curative dimension focuses on the cure of symptoms that have already developed. The preservative dimension has a futuristic goal of preserving and maintaining an ideal mental health.

Mental health represents the holistic wellbeing of an individual. The construct of mental health indicates at the psychological, as well as, somatic or physical wellbeing; in addition to the subjective, as well as, the objective wellbeing. The subjective wellbeing has been the most frequently examined variable in mental health literature (Vazquez et al. 2009; Mehrotra & Tripathi, 2011). It is conceptualized as consisting of two main components: an affective component (presence of positive affect and low negative affect) and a cognitive-evaluative component (sense of satisfaction in life) (Diener, 1984; Diener, et al.1999).

Bhatnagar et al. (2007) conducted a study on the mental health of 120 adolescents with specific reference to perception of reality in Rajasthan, India. The findings revealed significant gender differences in mental health. The boys had more realistic approach to things in life than girls. The boys were not lost in an imaginary world and understood the realities of the situation, whereas the girls failed to do so.

Vaishnav & Patel (2009) studied mental health among 120 male and female handicapped persons in Bhavnager, India and found a significant difference in their mental health.

Mehrotra et al. (2013) expended the horizon of mental health research by focusing on the positive mental health functioning as well as feelings of subjective well being. They have developed a mental health promotion programme for youth and have named it as "Feeling Good & Doing Well". The pre-test results have demonstrated that the themes pertaining to goal pursuit, application of one's strengths, and emotional regulation are perceived as very relevant as well as inter-linked by the youth. In an overview of studies on mental illness in Indian communities, Davar (1995) found that all the studies invariably showed psycho-neuroses or common mental disorders (e.g., unipolar depression, anxiety, and somatization disorders) being significantly more common among women. They are found to be at least twice as frequently ill as men in case of these disorders. Daver attributes the high prevalence of neuroses to the high psycho-social stress created by alcoholic husband, wife beating, and extra-marital relations of men. Family discord, violence and harassment were also the strongest reasons to force married women to commit suicide.

Davar (1999) also addressed a feminist question by drawing attention to the politics of the classification of mental disorders and gender bias in mental health services in her book 'Mental Health of Indian Women: A Feminist Agenda'. The cause of the prevalence of neurotic disorders in women, in her view, is the stressful conditions created by a patriarchal society. The more abject part of the scenario is men deciding about women's health - when they have a mental problem, do they need to seek any mental health intervention or should they be permitted to avail it or not. The whole mental health system is charged for having remedies only for severe mental problems, such as psychotic disorders, and for relying on medicinal prescriptions ignoring the social causes of the neuroses. The college going students, who are the target of the present study, are faced with multiple challenges of life. They suddenly find themselves free from the controlled disciplinary practices of school. They are considered more responsible and accountable for their actions, and competent to make decisions. On the one hand, they have to develop an independent identity for themselves; and on the other hand, they have to fulfil social expectation. Their mental health and wellbeing is affected by the subjects they opt to study, the extracurricular activities they choose to attend, their friends and peer group, their classroom interaction, their life goals, gender role expectations from them, their professional interests and preparations for goal achievement. These situations make them susceptible for mental stress and maladjustment. In this backdrop, the present study has been conducted.

Objectives:

1. To investigate and compare the frequency of mental symptoms among male and female college students.
2. To investigate and compare the frequency of somatic symptoms among male and female college students
3. To compare the total mental health of male and female college students.

Hypotheses:

1. There will be no difference in the frequency of mental symptoms among male and female college students.
2. There will be no difference in the frequency of somatic symptoms among male and female college students.
3. There will be no difference in the total mental health scores of male and female college students.

Methodology

Sample

Two hundred college students, 75 male and 125 female, ranging from 17 to 25 years in age (Mean age=21 years) were selected randomly from various departments of S.B.S.Govt. P.G. College, Rudrapur, (U.S.N.) Uttarakhand. Out of the total sample, 150 students were from undergraduate classes and 50 from postgraduate classes. Department wise distribution of the Sample is: 30 from B.Ed. professional course, 85 from Humanities, and 85 from Sciences. Five female students were married in the total sample.

Tool

A Mental health check-list (MHC) developed by Dr. Pramod Kumar (1992) was used for data collection. It provides a handy tool for identifying persons with poor mental health and in need of Psycho diagnostic help. It consists of 11 items 6 mental and 5 somatic, presented in a 4 point rating format. The mental symptoms are: anxiety, uneasiness, nervousness, loneliness, hopelessness, and anger; whereas the somatic symptoms are headache, tiredness, sleeplessness, indigestion and acidity. These symptoms are to be rated along four response categories, such as 'Rarely', 'At times', 'Often' and 'Always' and scored by assigning a numerical value of 1, 2, 3, and 4 respectively. The total score varies from 11 to 44, showing the highest to the lowest (poorest) mental health status of the person. Thus, a lower score indicates at a better mental health status, while the higher score reflects a worsening condition.

Procedure

The first step was to conduct a pilot study on a small sample. Then, the Mental Health Checklist was administered on the actual sample of the present study. The sample is uneven at course level, because there are fewer students enrolled in Postgraduate level courses than at the Undergraduate level courses. Similarly, there are fewer boys than girls enrolled in regular courses. The Mental Health Checklists were then scored and the frequency of experiencing a particular symptom was analysed by deriving their Percentages for both male and female participants. The data were analysed further by calculating Means, Standard Deviations and 't' values.

Results and discussion

Frequency of Experiencing Mental Health Symptoms

The results (Table-1) show that the highest percentage of mental symptoms experienced by male participants was Anxiety (54.66%) and Anger (54.66%) followed by Hopelessness (46%), Nervousness (44.33%), and Uneasiness (43%) and Loneliness (43%) respectively.

Table 1: Frequency of Experiencing Symptoms of Mental Health

Symptoms	GENDER		Highest Possible Score (4xN)	Obtained Score	Percentage
	Males (N=75)	Females (N=125)			
Mental Symptoms	Anxiety	M	300	164	54.66%
		F	500	291	58.20%
	Uneasiness	M	300	129	43%
		F	500	217	43.40%
	Nervousness	M	300	133	44.33%
		F	500	271	54.20%
	Loneliness	M	300	129	43%
		F	500	207	41.40%
	Hopelessness	M	300	138	46%
		F	500	252	50.40%
	Anger	M	300	164	54.66%
		F	500	298	59.6%
Somatic Symptoms	Headache	M	300	139	46.33%
		F	500	276	55.20%
	Tiredness	M	300	129	43%
		F	500	261	52.20%
	Sleeplessness	M	300	140	46.66%
		F	500	210	42%
	Indigestion	M	300	103	34.33%
		F	500	177	35.40%
	Acidity	M	300	95	31.66%
		F	500	183	36.60%

For female participants, it was highest for Anger (59.6%), followed by Anxiety (58.20%), nervousness (54.20%), Hopelessness (50.40%), Uneasiness (43.40%) and Loneliness (41.40%) respectively. Comparison between both the gender groups shows that the female students experience higher frequency of all the symptoms, except Loneliness. The symptom wise differences have been illustrated in figures -1.

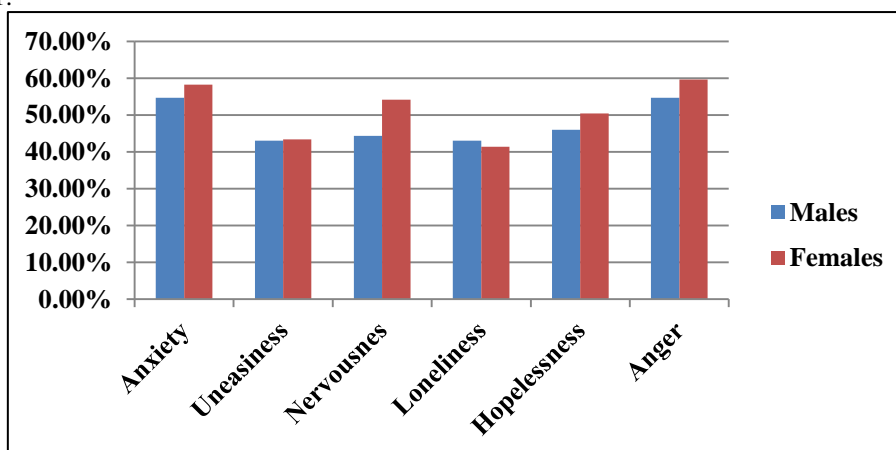


Fig.1: Percentage of Mental Symptoms among Male and Female Participants

Looking at the somatic symptoms, the frequency among male students is Sleeplessness (46.66%), headache (46.33%), Tiredness (43%), Indigestion (34.33%) and Acidity (31.66%). For female students, it is highest for Headache (55.20%), followed by Tiredness (52.20%), Sleeplessness (42%), Acidity (36.60%), and Indigestion (35.40%).

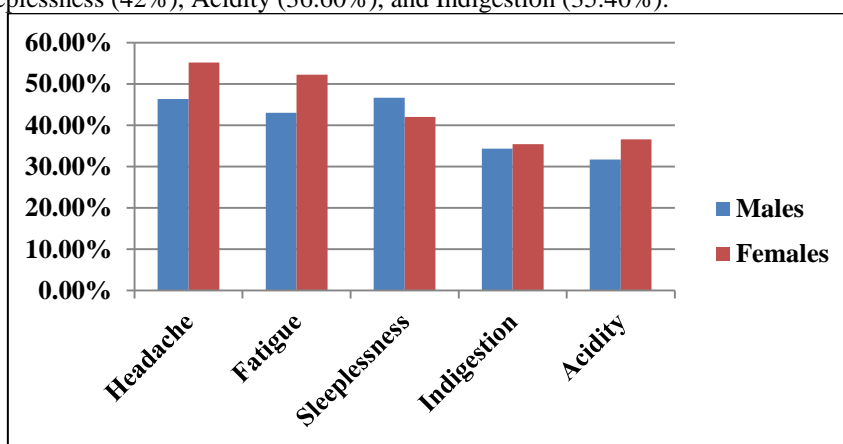


Fig.2: Percentage of Somatic Symptoms among Male and Female Participants

Comparison between genders shows higher frequency of all symptoms except Sleeplessness for female students (Fig.-2).

Significance of Difference in Mental Health Scores between Male and Female Participants

Significance of Difference in Mental Symptoms:

The male participants' Mean score for mental symptoms is 11.43, with an SD value of 6.26; whereas the same for female students is 12.29 and 2.72 respectively. The t-value is 1.14 which is not significant (Table-2). Thus, our hypothesis that there will be no difference in the frequency of mental symptoms among male and female college students has been proved.

Table 2: Mental Symptoms of Mental Health (Range of Scores-6 to24)

Gender	Sample Size (N)	Score of Mental Symptoms	M	SD	't'
Male	75	857.00	11.43	6.26	1.14 (Not significant)
Female	125	1536.00	12.29	2.72	

Significance of Difference in Somatic Symptoms:

The male participants' Mean score for somatic symptoms is 7.89, with an SD value of 2.66; whereas the same for female students is 8.85 and 1.90 respectively. The t-value is 2.82 which is significant (Table3). Our hypothesis that there will be no difference in the frequency of somatic symptoms among male and female college students has been disproved.

Table 3: Somatic Symptoms of Mental Health (Range of Scores-5 to 20)

Gender	Sample Size (N)	Score of Somatic Symptoms	M	SD	't'
Male	75	592.00	7.89	2.66	2.82 (Significant at 0.01 level)
Female	125	1107.00	8.85	1.90	

Significance of Difference in total Mental Health Scores:

The male participants' Mean score for total mental health is 19.32, with an SD value of 5.27; and for female students, it is 21.14 and 3.88 respectively. The t-value is 2.60 which is significant (Table-4). The hypothesis that there will be no difference in the total mental health scores of male and female college students has been disproved.

Table 4: Total Mental Health (Range of Scores-11 to 44)

Gender	Sample Size (N)	Total Mental Health Score	M	SD	't'
Male	75	1449.00	19.32	5.27	2.60 (Significant at 0.01 level)
Female	125	2643.00	21.14	3.88	

Conclusion

The present study has investigated the frequency of the symptoms of mental health amongst college students. At the same time, it investigated the impact of gender in the occurrence of various symptoms of mental health by comparing two groups of participants-male and female. The results have shown the female participants experiencing all symptoms, except 'Loneliness' & 'Sleeplessness' more frequently than male participants. It corroborates the findings of Daver (1995). The cause of the prevalence of neurotic disorders in women, in her view, is the stressful conditions created by a patriarchal society (Daver, 1999). It is an alarming condition for the society because the sample is representing girl students, mostly unmarried. Similarly, the higher frequency of 'Loneliness' & 'Sleeplessness' symptoms among male participants, as compared to female participants, is also a matter of concern. It requires some systemic changes in gender related ideologies and gender roles, as well as, the initiation of some more positive interventions like the mental health promotion programmes (Mehrotra et al., 2013) discussed earlier.

References

- Atkinson, J.; Berne, E. and Woodworth, R.S.(1996). *The Dictionary of Psychology*, Goyal Pub. Delhi.
- Bhargava & Bhargava, R. (2002). Indicators of sound mental health. In: Bhargava,M and Raina, R. (Eds.) (2006) *Prospects of Mental Health*, H.P.Bhargava Book House, Agra.
- Bhatnagar, B.; Sanwal,S. & Dube, S.(2007). Mental Health of Adolescents with Specific Reference to Perception of Reality. *Indian Journal of Community Psychology*, Vol.3 (2), 146-151.
- Davar, Bhargavi V. (1995). Mental illness among Indian women. *Economic and Political Weekly*, November 11.
- Daver, Bhargavi V. (1999). *Mental Health of Indian Women: A Feminist Agenda*. Sage: New Delhi, Thousand Oakes, London.
- Diener, E. (1984). Subjective Well Being. *Psychological Bulletin*, Vol. 95 (3), 542-575).
- Diener, E.; Suh, E.M.; Lucas, R.E. & Smith, H.L.(1999). Subjective Well Being: Three Decades of Progress. *Psychological Bulletin*, Vol. 125 (2), 276-302.
- Kumar, P. (1992). Mental Health Checklist. Department of Psychology, Sardar Patel University, Vallabh Vidyanagar.
- Mehrotra,S. & Tripathi,R. (2011).Positive Psychology Research in India: A review and Critique. *The Journal of the Indian Academy of Applied Psychology*, Vol.37 (1), 9-26.
- Mehrotra,S.; Elias, J.K.; Chowdhury, D. & Gupta, A.(2013). Feeling Good & Doing Well: Development of a Mental Health Promotion Programme for Youth. *Psychological Studies*, Vol.58 (1), 54-57.
- Schneiders, A.A. (1964). *Personal Development and Mental Health*. New York: Holt.
- Tripathi, J.G. & Tripathi, V. (2014). *Abnormal Psychology*, H.P.Bhargava Book House, Agra.
- Vaishnav, S.M. & Patel, R. (2009). Mental Health among Handicapped. *Indian Journal of Community Psychology*, Vol.5 (1), 81-87.
- Vazquez, C.; Hervas, G., Rahona, J. J.& Gomez, D. (2009). Psychological Well Being and Health: Contributions of Positive Psychology. *Annuary of Clinical and Health Psychology*, 5,15-27.