



Mental Health Of Adolescent Girls And Boys – A Comparative Study

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Abstract:

This study focuses attention on the mental health among adolescent girls and boys. Mental health affects academic, personal and social functioning of adolescents. To guide the adolescent girls and boys properly to have better mental health, the knowledge of their mental health is most important to educators. This study aims to find out difference among adolescent girls and boys in relation to the mental health. The present study was conducted on 50 adolescents. Among 50 adolescents, 25 are girls and 25 are boys. The mental health was measured by using The MACI-II (Millon Adolescent Clinical Inventory-II) was developed by Dr. Theodore Millon specifically for teens and adolescents to assess mental health. It is concluded that adolescent girls possess better mental health than adolescent boys, on the basis of analysis and interpretation of the data.

Key words: Mental health, Adolescent girls, Adolescent boys

Introduction:

Proper mental health is very important for the proper development of the personality of a person. Physical, emotional and social changes, including exposure to poverty, abuse, or violence, can make adolescents vulnerable to mental health problems. Protecting adolescents from adversity, promoting socio-emotional learning and psychological well-being, and ensuring access to mental health care are critical for their health and well-being during adolescence and adulthood. Physical, emotional and social changes, including exposure to poverty, abuse, or violence, can make adolescents vulnerable to mental health problems. Protecting

adolescents from adversity, promoting socio-emotional learning and psychological well-being, and ensuring access to mental health care are critical for their health and well-being during adolescence and adulthood.

Mental health

Adolescence is a crucial period for developing social and emotional habits important for mental well-being. These include adopting healthy sleep patterns; exercising regularly; developing coping, problem-solving, and interpersonal skills; and learning to manage emotions. Protective and supportive environments in the family, at school and in the wider community are important.

Multiple factors affect mental health. The more risk factors adolescents are exposed to, the greater the potential impact on their mental health. Factors that can contribute to stress during adolescence include exposure to adversity, pressure to conform with peers and exploration of identity. Media influence and gender norms can exacerbate the disparity between an adolescent's lived reality and their perceptions or aspirations for the future. Other important determinants include the quality of their home life and relationships with peers. Violence (especially sexual violence and bullying), harsh parenting and severe and socioeconomic problems are recognized risks to mental health.

Some adolescents are at greater risk of mental health conditions due to their living conditions, stigma, discrimination or exclusion, or lack of access to quality support and services. These include adolescents living in humanitarian and fragile settings; adolescents with chronic illness, autism spectrum disorder, an intellectual disability or other neurological condition; pregnant adolescents, adolescent parents, or those in early or forced marriages; orphans; and adolescents from minority ethnic or sexual backgrounds or other discriminated groups.

Emotional disorders are common among adolescents. Anxiety disorders (which may involve panic or excessive worry) are the most prevalent in this age group and are more common among older than among younger adolescents. It is estimated that 3.6% of 10–14-year-olds and 4.6% of 15–19-year-olds experience an anxiety disorder. Depression is estimated to occur among 1.1% of adolescents aged 10–14 years, and 2.8% of 15–19-year-olds. Depression and anxiety share some of the same symptoms, including rapid and unexpected changes in mood. Anxiety and depressive disorders can profoundly affect school attendance and schoolwork. Social withdrawal can exacerbate isolation and loneliness. Depression can lead to suicide.

Behavioral disorders are more common among younger adolescents than older adolescents. Attention deficit hyperactivity disorder (ADHD), characterized by difficulty paying attention, excessive activity and acting without regard to consequences, occurs among 3.1% of 10–14-year-olds and 2.4% of 15–19-year-olds. Conduct disorder (involving symptoms of destructive or challenging behavior) occurs among 3.6% of 10–14-year-olds and 2.4% of 15–19-year-olds. Behavioral disorders can affect adolescents' education and conduct disorder may result in criminal behavior.

Suicide is the fourth leading cause of death in older adolescents (15–19 years). Risk factors for suicide are multifaceted, and include harmful use of alcohol, abuse in childhood, stigma against help-seeking, barriers to accessing care and access to means of suicide. Digital media, like any other media, can play a significant role in either enhancing or weakening suicide prevention efforts.

Promotion and prevention

Mental health promotion and prevention interventions aim to strengthen an individual's capacity to regulate emotions, enhance alternatives to risk-taking behaviours, build resilience for managing difficult situations and adversity, and promote supportive social environments and social networks.

Operational definitions:

Mental Health: Mental health is defined as the adjustment of human beings to the world and to each other with maximum of effectiveness and happiness. It is the ability to maintain an even temper, an alert intelligence, socially considerable behaviour and a happy life.

Adolescent girls: Girls who are in the adolescent stage (13 to 19 years) of growth and development.

Adolescent boys: Boys who are in the adolescent stage (13 to 19 years) of growth and development.

Hypothesis of the study:

There is no significant difference between adolescent girls and adolescent boys in relation to their mental health.

Research Design:

The objective the study is to find out the difference between adolescent girls and adolescent boys in relation to the mental health.

Population of the study:

Adolescent girls and adolescent boys studying in secondary schools located in Chickballapur district of Karnataka State are considered as population for the present study.

Sample and Sampling technique:

A sample of 25 adolescent girls and 25 adolescent boys studying in secondary schools of Chickballapur District are considered as sample. Simple random Sampling technique is used for the selection of the sample.

Tool used in the study:

The MACI-II (Millon adolescent clinical inventory-II) was developed by American Psychologist Dr. Theodore Millon specifically for teens and adolescents to assess mental health and behavior concerns often unique to their age group, and assist in making reliable diagnostic and treatment decisions. This tool was developed for the age group 13 to 18 years. This tool includes 160 test items and all the items are true or false items. Time to complete the test will be 20 to 25 minutes.

Statistical Techniques used in the study:

Mean, Standard Deviation and t-test are used as statistical techniques.

Result and Discussion:

Table: 1: Comparisons of mean scores of emotional control of adolescent girls and boys

Students	N	Mean Scores of Emotional Control	Standard Deviation	t-test	Significance level
Adolescent Girls	25	66.35	6.50	5.98	**
Adolescent Boys	25	55.05	4.22		

The above table shows that the mean scores of mental health of adolescent girls (M=66.35) is higher than the adolescent boys (M=55.05). The calculated t-value is 5098 is significant at 0.01 level of significance.

Educational Implications:

1. The study clearly shows that mental health of adolescent boys is poor compared to that of girls. Teachers and parents should take special care of adolescent boys and train them to improve the mental health in proper way.
2. As mental health depends on physical development, teacher should take every care for the proper physical development of the child. There should be proper provisions for sports, physical exercises, yoga and medical checkups.
3. Home atmosphere will have good amount of influence on the mental health of the child. Therefore, teachers should seek active cooperation of the parents in making the atmosphere of the homes suitable for proper mental health.
4. There should be an adequate provision for various co-curricular activities for the full expression of emotional energies of the children.

5. Children should get desired love and sympathy from the teachers. Their individuality should be respected and individual differences recognised. Teacher should fulfil the emotional needs of children.
6. Through emotional control and emotional training, teachers should remove the emotional tension and make them to utilise their emotional energy for constructive activities.
7. Teacher should help for the proper social development of the child as it influences a lot on the mental health. Proper care should be taken for the balanced social development of the children. Each child should get due recognition in the group and they should not feel isolated or rejected by his friends.
8. Emotions are caught, they are not taught. Therefore, teachers should avoid any act or behaviour which can bring undesirable influence on the emotional development of the children.
9. Teachers need to understand when behaviour is normal and abnormal. The causes of mental illness should be sought and if necessary, guidance should be obtained by skilled persons.
10. Mental health of teacher influence on the mental health of children. In order to develop proper mental health, teacher should possess good mental health.

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