Influence of Mental Health on Academic Achievement of Secondary School Students

Dr. Sheeraz Ahmad Rather[1]

Abstract:

This study was conducted on 544 secondary school students to find out the influence of Mental Health (MH) on Academic Achievement. The investigator hypothesized that there is no significant mean difference between different categories of Mental Health (Excellent, Good, Average, Poor and Very poor) in respect of Academic Achievement. In fact, the investigator found that there is a significant mean difference between different categories of Mental Health. It was found that there was much difference in academic achievement and achievement increases with the increase in Mental Health.

Keywords: *Academic Achievement, Mental Health, Secondary school students*

I. INTRODUCTION

Widespread study and research in the field of educational psychology has substantiated the significant relationship between mental health and academic achievement of students. Mental health facilitates the attainment of academic goals (Pragyan Mohanty, 1998). Learning can be mastered only if one is in proper mental health. As has been suggested, the child with unwholesome fears and worries can't be expected to give his full attention to the subject matter. Instead he will be trying to escape from the obnoxious circumstances. Students with different levels of mental health differ in their academic achievement (Gurubasappa, 2005) and mental health problems can affect the school performance and academic achievement (Puskar and Bernardo, 2007).

Quality mental health is silent for all students so that student focuses on achieving worthwhile learning rather than distracted by ineffective class or school environment (Ediger, 2008). Researchers show that quality of mental health depends on the locality of residence and the level of education (Kirankumar and Reddy, 2010). Mental health which today is recognized as an important aspect of individuals total health status is a basic factor that contributes to the maintenance of physical health as well as social effectiveness. It is a normal state of well being and is a positive but relative quality of life. It is a condition which is characteristic of the average person who meets the demands of life on the basis of his own capacities and limitations. By the word relative we imply that the degree of mental health which an individual enjoys at a time is continuously changing.

It is a positive, active quality of individual's daily living. Mental health has two aspects – individual and social. The individual aspect connotes that the individual is internally adjusted, self confident and free from internal conflicts and tensions or inconsistencies. And he is able to adapt to the new situations. But this can be achieved only in the social set up. Society has value systems, customs and traditions by which it governs itself and promotes the general welfare of its members. It is within this social framework that the internal adjustment has to be built up. Only then an individual becomes the responsible and acceptable member of the society.

II. REVIEW OF LITERATURE

Gurubasappa (2005) studied the relationship between the mental ability and the academic achievement on the secondary school students of Tumkur District of Karnataka. It was found that students with different levels of mental abilities differ in academic achievement. Also it was found that there is a positive correlation between mental ability and academic achievement.

Spernak, Schottenbauer, Ramey and Ramey (2006) studied the child health and academic achievement among former head short children. Findings of the study showed that children in poor general health had significantly lower achievement scores than children in good health. Results also revealed that general and mental health were significantly and independently associated with academic achievement scores.

Puskar and Bernardo (2007) stated that the mental health problems can affect the school performance and academic achievement. When mental health problems are not recognized, students may be unable to reach their academic potential. School nurses are in a key position to provide interventions to address mental health and academic achievement.

Murray, Low, Hollis, Cross and Davis (2007) studied the coordinated school health programmes and academic achievement and indicated that school health programmes aligned with the coordinated school health programme model improve academic success. A multidisciplinary panel of health researchers searched the literature related to academic achievement and elements of the coordinated school health programme to identify scientifically rigorous studies of interventions. Results of the study showed positive effect on some academic outcomes from school health programme. Strong evidence also exists for a lack of negative effects of physical education programs on academic outcomes.

[1]M.Sc., M.Ed., Ph.D., Teacher, Department of Education, J & K Govt.

Limited evidence from scientifically rigorous evaluations support the effect of nutrition services, health services and mental health programmes, but no such evidence is found in the literature to support the effect of stall health promotions programme or school environment interventions on academic outcomes.

McLeod, Uemura and Rohrman (2012) studied adolescent mental health, behavior problems and academic achievement. Results of the study showed that the social consequences of mental health problems are not the inevitable result of diminished functional ability but rather, reflect negative social responses. The results also encourage a broader perspective on mental health by demonstrating that behavior problems increase the negative consequences of more traditional forms of distress.

Bostani, Nadri and Nasab (2014) studied the relationship between mental health and academic performance of students of the Islamic Azad University Ahvaz branch. Study was confined to athletic and non athletic students of Islamic Azad University, Iran. 200 students including 100 athletes and 100 non athletes were selected for the study randomly. Results showed that general health and some of its components such as depression and anxiety had a significant relationship with academic performance.

Kaur and Arora (2014) studied academic achievement in relation to mental health of adolescents. 300 adolescents (150 rural and 150 urban) belonging to Ludhiana and Moga were selected for the sample. Results of the study showed positive and significant relation between academic achievement and certain dimensions of mental health.

Objective of the study

To study the academic achievement of secondary school students in relation to their Mental Health

Hypothesis

There is no significant mean difference between Mental Health categories with respect to Academic Achievement.

Methodology

The study was conducted by descriptive survey method. The survey method was conducted in the Anantnag District of Jammu and Kashmir state.

III. POPULATION

The secondary schools of District Anantnag formed the population of the study and the students of these secondary schools formed the target population. The number of secondary schools in District Anantnag is 232 at present, out of which 140 are government schools and 92 are private schools. Government schools form 60% and private schools form 40% of the population respectively. There are 7 urban government secondary schools and 21 urban private secondary schools which forms 25% and 75% of urban government and urban private secondary schools respectively. There are also 133 rural government secondary schools and 71 rural private secondary schools which comprise 65% and 35% of rural government and rural private secondary schools respectively. In total there are 28 urban government and private secondary schools and 204 rural

government and private secondary schools in District Anantnag comprising 12% and 88% proportion respectively.

IV. SAMPLE

Stratified random sampling technique was used to select the sample of the population. 10% of the secondary schools were selected randomly, which was 23 secondary schools out of 232 secondary schools in District Anantnag. Out of the 23 secondary schools, 12% were selected randomly from urban secondary schools which were 3 secondary schools and 88% were selected randomly from rural secondary schools, which were 20 secondary schools. From the 3 urban secondary schools, 1 was government secondary school and 2 were private secondary schools. While from the 20 rural secondary schools, 13 were selected from the government secondary schools and 7 were selected from the rural private secondary schools. Random table technique was used for selection of the sample. From the 23 secondary schools, all the students were taken whoever was present on that day. The total sample of the study was 544 students.

V. TOOL

Mental Health Battery

Mental Health Battery by Gupta, A.S. and Singh, A.K. (2000) was used to collect the data. There are 130 items in the battery divided into six segments namely emotional stability, overall adjustment, autonomy, security-insecurity, self concept and intelligence. There is no time limit in the first five parts however; a person with normal mental health takes only 25 minutes to complete the test. Part six is speed test and has to be finished within 10 minutes. Scoring key is given to score the response of the items. Answers which tally with the answers in the scoring key should be given a score of +1 where as if they don't tally then should be given a score of (0) zero. Reliability and validity of the tool is given in table 4 and 5 respectively.

Qualitative Interpretation

Five point qualitative criterions have been developed for classifying sample with respect to their mental health.

P90 and above	=	Excellent
P70 to P89	=	Good
P50 to P69	=	Average
P30 to P49	=	Poor
Below P29	=	Very Poor

Academic achievement:

Academic achievement is the performance of the pupil's accomplishment in a subject of study. Academic achievement is important to assess the progress made by the individual in whole educational programme. In light of the above operational definition, the achievement scores were taken from the annual examination of the 10th class students which is being conducted uniformly by the board of school education at the end of the year. As the exam is uniform for all the students in a particular class, the grades obtained by the students were considered their achievement.

Data collection:

For collecting data for the study the investigator first retested the Mental Health Battery by using Cronbach's Alpha and the reliability of the tool is given in table 6. Then the data was collected from the 10th class students. The investigator personally visited the schools and administered the tool. Clear instructions were given to the students. Academic achievement scores were taken from the Jammu and Kashmir Board of School Education Gazette and its website www.jkbose.nic.in.

Results and Discussions:

Table No. 1: Frequency of sample in Mental Health (MH)

Mental health categories	Frequency	Percentage
Excellent	62	11.4
Good	300	55.1
Average	168	30.9
Poor	11	2.0
Very poor	3	0.6
Total	544	100

From the table 1, it is clear that the maximum share has been taken by Good category of the students which are 300 in number comprising of 55.1 percent of the total. Among the mental health categories Average falls on the second in the list consisting of 168 students comprising of 30.9 percent. Excellent is at number three having 62 students comprising 11.4 percent and then poor and very poor having 11 and 3 students respectively comprising 2.0 percent and 0.6 percent respectively.

Table 2: Significance of 'F' between categories of mental health with respect to academic achievement

Source of variation	Sum of squares	Mean squares	df	F
Between Groups	447.177	111.794	4	17.096**
Within Groups	3524.568	6.539	539	
Total	3971.745		543	

**Significant at 0.01 level

From the table 2 'F' value is found to be significant and hence the hypothesis is rejected. This shows that there is a significant difference between categories of mental health with respect to academic achievement. Secondary school students who belong to different categories of mental health, viz. excellent, good, average, poor and very poor do differ among themselves in respect of their academic achievement. This shows that mental health does influence academic achievement of secondary school students. Gurubasappa (2005) found that students with different mental abilities differ in academic achievement and also there is a positive correlation between mental ability and academic achievement. Pushkar, Marie, and Bernardo (2007) stated that mental health problems can affect school performance and academic achievement. 'F' value is found to be significant hence Tukey Post Hoc test is done to know the exact categories that do influence academic achievement, mean difference between all the categories of mental health in respect of their academic achievement is presented in the table 3 below.

Table 3: Significance of mean difference between different categories of mental health with respect to academic achievement

Dependent variable	Category–I	Category–II	Mean difference
Academic achievement	Excellent (AM=5.9161)	Good (AM=5.8767)	.03946
		Average (AM=4.2667)	1.64946*
		Poor (AM=2.2545)	3.66158*
		Very poor (AM=1.5333)	4.38280*
	Good	Average	1.61000*
		Poor	3.62212*
		Very poor	4.34333*
	Average	Poor	2.01212
		Very poor	2.73333
	Poor	Very poor	.72121

*Significant at 0.05 level

From the table 3 mean difference values are found to be significant at 0.05 levels for some categories like excellent, average; excellent, poor; excellent, very poor; good, average; good, poor and good, very poor. It is inferred that there is a significant mean difference in academic achievement among these categories of students. Mean difference is found to be not significant among categories like excellent and good; average and poor; average and very poor and, poor and very poor. It is concluded that there is no significant mean difference in academic achievement among these categories of secondary school students. Also mean values shows that academic achievement increases with the increase in mental health of the students.

VI. CONCLUSION

Mental hygiene is not just to prevent and treat mental disorders or illnesses but it is somewhat more to preserve and promote mental health of the individual. So aim and purpose of mental hygiene is prevention, preservation and cure. So the first aim of mental hygiene is to give details of various causes of maladjustment; to give knowledge of drives, needs, motives, conflicts and tensions; suggest ways and means to attain emotional and social adjustment and to suggest solution for inner conflicts.

Second aim is to develop potentialities of an individual, attain personal and social security and developing relations. The third aim deals with the providing knowledge about the type of mental illness and its therapeutic treatment and rehabilitation. A good foundation paves the way for sound development. Children should be given a proper mental health care so as to build their personality with sound mental health. When we speak of developing proper mental health in children, it should start from home. Parents should be mentally healthy so as to keep their children in good mental health condition. Parents should make children imbibe proper health habits. They should take care of their daily physical activities and help them to channelize their frustrations and anger by playing games. Proper medical care should be given whenever there is a need. They should be trained to have proper emotional development. Parents should remember that their ward should not get rejection either by them or by classmates or others in a social group and for that proper adjustment training should be provided. Teachers can also play a role in their adjustment in school setting.

Parents, teachers and society should not demand for perfection. This creates a lot of tension among the children. Children, in fact should be helped not to struggle for difficult

goal and set interests, aspirations and instincts according to their potentialities. They should not force them towards unhealthy competitions to outperform others. By doing so children get jealousy, envy, dishonesty and lie habit. They should be helped to develop proper tolerance in the situations of failures in life.

Proper homework should be assigned which should not be too difficult to do. They should be given freedom so that they will get self discipline. Provision for sex education should be there so that they will not deviate from the right path. Proper religious and moral education should be given which will help students to live their life in harmony with the society set up. Last but not the least, methods of teaching should be proper to teach the children and there should be school and community guidance services available to benefit the children in disseminating their day-to-day life in a healthy and proper way.

VII. REFERENCES

1. Best, J.W. (1986). *Research in Education*. New Delhi: Printice Hall of India.

2. Best, J.W., & Khan, J.V. (1986). *Research in Education*. New Delhi: Printice Hall of India Pvt. Ltd.

3. Bostani, M., Nadri, A., & Nasab, A.R. (2014). A study of the relation between Mental health and academic performance of students of the Islamic Azad University Ahvaz. *Procedia-Social and Behavorial Sciences, 116*, 163-165. Retrieved on 12th of March from www.sciencedirect.com/science/article/pii/S1877042814001876.

4. Ediger, M. (2008). Mental Health and the curriculum. *Edutracks, 7*(7), 13-15.

5. Gupta, A.S., & Singh, A.K. (2000). *Mental Health Battery*. Lucknow: Ankur Psychological Agency.

6. Gurubasappa, H. (2005). Adjustment and Mental ability as correlates of academic achievement of secondary school students. *Edutracks, 4*(7), 35-36.

7. Kaur, J., & Arora, B. (2014). Study of academic achievement in relation to mental health of adolescents. *International Journal of Humanities, Arts, Medicine and Sciences, 2*(4), 9-14. Retrieved on 24th of June 2014 from www.academic.edu/7211455.

8. Kirankumar, A., & Reddy, S.V. (2010). Effect of Gender, locality of Residence and level of Educationon Mental health status among high school and college going students. *Journal of Community Guidance and Research, 27*(2),211-215.

9. McLeod, J.D., Uemura, R., & Rohrman, S. (2012). Adolescent mental health, behavior problems and academic achievement. *Journal of Health and Social Behavior, 53*(4), 482-497. Retrieved on 25th of June 2014 from www.jhsb.sagepub.com/doi/10.1177/0022146512462888.

10. Mohanty, P. (1998). *Comparative role of self concept, achievement motivation and test anxiety as predictors to academic achievement.* Doctoral Dissertation, Utkal University.

11. Murray, N.G., Low, B.J., Hollis, C., Cross, A.W., & Davis, S.M. (2007). Academic achievement: A Synthetic Review of the Literature. *Journal of School Health, 77*(9), 589-600.

12. Puskar, K.R., & Bernardo, L.M. (2007). Mental health and Academic achievement. *Journal of Specialists in Pediatric Nursing, 12*(4), 215-223.

13. Spernak, S.M., Schottenbauer, M.A., Ramey, S.L., & Ramey, C.T. (2006). Child Health and Academic achievement Among Former Head Start *Children. Children and Youth Services Review, 28*(10), 1251-1261. Retrieved on 17th of April 2014 from www.sciencedirect.com/science/article/pii/S0190740906000296.