

The Effect of Gender and Socioeconomic Status on Mental Health

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Abstract:

The principal aim of the present study has to study the effect of gender and socioeconomic status on mental health status of students. Socio Economic conditions have been known to influence health. Health is determined primarily by the individual socioeconomic development. The sample consists of 360 students studying in PU, UG AND PG level. In this study Mental Health Inventory (Jagdish and Srivastava 1988) and Socioeconomic Status Seale (Bhardwaj et.al 1984) were used. The results were subjected to statistical analysis. Results indicates that 1) There is a significant difference between male and female students in their mental health. 2) There is a significant difference in mental health of students belonging to high and low socioeconomic status. 3) SES and gender significantly influenced the mental health.

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I. INTRODUCTION

The word health means different things to different individuals. To many individuals it merely means freedom from any obvious disease, and to someone it is freedom from poor health. To a Psychologists, health is the normal functioning of the mind, to a physician, it is primarily the normal functioning of the body. People's attitude to health, their ideas about the causes of illness, and the relationship between attitudes and behaviour portrays different meanings of health in their mind (Cartwright et al 1973). Health is a state of being that is subject to wide individual social and cultural interpretations and social influences. Recent studies of beliefs about health suggest that people's perception of their own state of health influences how they define health (Cox et al, 1987). Older people are more likely to view health in terms of function and coping; young people frequently define it in terms of fitness energy, vitality and strength, emphasizing positive attainment and a healthy lifestyle. A person's age is only one of the many factors that may influence their definition of health. The health and lifestyle survey (Cox et al. 1987) documented differences in responses between men and women. Younger women tend to link energy and vitality to undertaking household tasks Whereas younger men linked energy and fitness to participating in sports. According to WHO (1974). "Health is not merely the absence of disease, but a state of complete physical, mental spiritual and social well-being. This definition seems to equate health with all-round well-being It highlights health as a positive goal rather than just a neutral state of no disease" and indicates that this is to be achieved by personal and social change as well as by medical advance. The world health organization (WHO) constitution defines health a state of complete physical. mental and social well-being not merely the absence of disease or infirmity. However, WHO, in the first thirty years (1948-1978) focused largely on specific illnesses not so much on health (William. 1988). The Alma

Ata Conference in 1978 (WHO, 1971) is a landmark in the development of the concept of health . The conference viewed health as an individual's responsibility rather than a service to be delivered to individuals (William. 1988).

Mental health covers an elusive and diffuse field and the term itself encompasses a multiplicity of meaning. Freeman (1975) regards it. as a valuable rubric to head a chapter and described on area of research than as a concept." Schultz (1977) remarks the concept is difficult, challenging, and complex, full of unknowns and half-truth and no doubt some fad and funny as well. Thus, mental health is the balanced development of the individual personality and emotional attitudes that enables him to live harmoniously with his fellow men. Mental health is not exclusively a matter of the relation between persons, it is also a matter of the relation of the individual towards the community he lives in, towards the society of which the community is a part, and towards the social institutions which for a large part guides his life, determines his way of living, working and the way he earns and spends his money the way he sees happiness, stability and security. Therefore, mental health covers an elusive and diffuse field and thus encompasses a multiplicity of meaning. As Schultz (1977) remarks the concept of mental health is difficult, challenging and complex Mental health has attracted comprehensive operation research and theoretical exposition.

II. METHOD

Problem: To study the effect gender and SES mental health of adolescent

Sample Design: The sample of the present study consists of adolescents studying in various colleges. The sample was selected for adolescents studying in different levels of education

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III. OBJECTIVES

1. To study the impact of gender on mental health status of students
2. To assess the influence of gender and SES on mental health status of adolescents
3. To assess the effect of gender and SES on mental health status of respondents

IV. HYPOTHESES

1. There is a significant gender difference in mental health status of respondents
2. There is a significant influence of SES on mental health status of students
3. There is a significant effect of SES on mental health status of sample group
4. There is significant effect of gender on mental health status of students

V. TOOLS

Mental Health Inventory:

This inventory is developed by Jagdish and Srivastava (1988) which is consisting of 56 items distributed along 6 dimensions of mental health, they are positive self-evaluation, perception of reality, Integration of personality, autonomy, group-oriented attitudes, environmental mastery. There are 24 positive and 32 negative items and the scoring is of Likert type. The reliability of the inventory has been found to be 0.73 and the validity is quite satisfactory (0.54)

Socioeconomic status (SES) scale:

The SES scale developed by Bhardwaj et al., (1984) was used in the present study

to measure the Socio-educational, professional and economic perspective of the participants

VI. RESULTS AND DISCUSSION

Table 1: Mean, SD and value of Mental Health of Male and Female Students (N=360)

Gender		PS	PR	IP	AU	GOA	EM	Total MH
Male (180)	M	31.59	21.36	31.45	16.70	27.94	27.93	156.96
	SD	5.13	3.68	5.98	3.23	3.92	4.03	17.05
Female (180)	M	30.88	21.28	30.43	16.20	27.01	27.23	153.04
	SD	4.24	3.03	5.77	2.86	3.62	4.12	15.17
t-value		1.42	0.219	1.64	1.53	2.34*	1.62	2.30*

*Significant at 0.05 level.

Table-1 shows mean, SD and t-value of mental health of male and female students. In overall mental health the mean score of male students is higher (156.96) than the female students (153.04). This reveals that mental health of male students is better than the female students. There is a significant difference ($t=2.30$) between male and female in overall mental health. This might be because of the socialization process. Oriented towards passivity, submissive and self-denial. It is no wonder that studies of Indian women see them as harbouring traits connected with low self-esteem, namely depressive moodiness, over touchiness and morbid

sensitivity (Kakar, 1968) The t-value is significant (2.30) at 0.05 level indicate that there is a significant difference between male and female students in their mental health status.

In the dimension of positive self-evaluation, the mean score of male students is higher (31.59) than the female students (30.88). Male students evaluate oneself more positively than the female students. The discrimination based on sex begins in childhood itself and continues throughout life. This results in a self-image of being unwanted, inferior, burden to one's family and deprived. This made them to have negative self-evaluation. However, there are no significant gender differences as t-value is insignificant

In the dimension of perception of reality, the mean score of male students is 21.36 and female students is 21.28. The male students have more perception of reality than the female students. Similarly, in the dimension of integration of personality the mean of the male students is higher (31.45) than the female students (30.43). The male student's integration of personality is better than the female students.

In the dimension of autonomy, the mean score of males is 16.70 and of female is 16.20. These scores indicate that male students have more autonomy than the female students. In the socialization process the male child is socialized in such a way that they become more independent and autonomous than the female child. Females are protected all the time and they have to act in accordance with the advice of the elders. This makes them to develop dependency. The t-value is not significant.

In the dimension of group-oriented attitude, the male students mean score is 27.94 and female student is 27.23. These scores indicate that male students have more group-oriented attitude than the female students. The value is significant (2.34) which reveals significant difference between male and female in group-oriented attitude. Male students are more exposed to external environment and they work with the group in order to fulfil their interest. On the contrary female students have limited friend circles and their areas of interests are less in comparison with male students.

In the dimension of environmental mastery, the mean score of males is 27.93 and female is 27.23 which indicates that male students have good mastery over the environment than the female students. Greater exposure to the education, modernization, westernization. Industrialization, urbanization would have diluted the negative consequences of gender which would have created differences between Males and Females. Therefore, in the present study, it is observed that there are no any significant gender differences on the dimensions of mental health

Table 2: Mean, SD and t-value of Mental Health of Male and Female Students (N=360)

Gender		PS	PR	IP	AU	GOA	EM	TMH
Low (180)	M	30.12	21.30	30.63	16.67	27.44	26.27	154.49
	SD	3.69	3.18	4.30	2.97	3.83	3.85	15.16
High (180)	M	32.26	21.34	32.25	16.22	27.51	27.91	155.51
	SD	4.03	3.55	5.19	3.14	3.77	4.30	17.28
t-value		2.78*	3.24**	0.104	1.380	0.179	3.90**	2.23*

*Significant at 0.05 level

**Significant at 0.01 level

Table 2 shows mean, SD and t-value of mental health status of students belonging to high and low socio-economic status (SES). In total mental health the mean score of high SES group is higher (157.51) than the low SES group (154.49). The mental Health of the students who have high socio-economic status is better than the students who have low socioeconomic status. The t-value (2.23) is significant at 0.05 level which Indicates that there is a significant difference between high and low SES group in their overall mental health status. This may because students with high SES are provided with all the facilities and care for the development of personality. They are given all the psychological support in the fulfilment of their goals. On the contrary students with low SES are deprived of all the facilities for the fulfilment of their desire because of low economic condition.

In the dimension of positive self-evaluation, the mean score of high SES student is 31.26 and the low SES is 31.21 and the value is (2.78) significant at 0.05 level indicates significant difference between high and low SES students in evaluating oneself positively. High SES provides an opportunity to have a better standard of education and greater exposure. This made the individuals to evaluate positively.

In the dimension of perception of reality, the mean score of high SES is higher (21.34) than the low SES (21.30) the t-value (3.24) is significant at 0.01 level. High SES students have more perception of reality than the Low SES students. The high SES that consist of higher education, more income level, occupation provides better opportunities to the individual to have a right perception of reality.

In the dimension of integration of personality, the mean value of high SES is 31.25 and low SES students is 30.63. The high SES students have better integration of personality than the low SES students. High SES helps the respondents to make a balance in the operation of psychic forces by providing the necessary things. This maintains the equilibrium in the individual. On the other, low SES disturbs the equilibrium, and becomes a hindrance in the fulfilment of wants and desires.

In the dimension of autonomy, the mean score of low SES students is more (16.67) than the high SES (16.22) student. Student of low SES develops more autonomy than the high SES group, because low SES makes the individual to be self-dependent in the fulfilment of needs because their condition does not help them in their need fulfilment.

In the dimension of group-oriented attitude, the mean score of high SES students is high (27.51) than the low SES (27.44) students. The students with high SES are more group orient than the low SES students.

In the dimension of environmental mastery, the mean score of students with high SES is higher (27.91) than the students who have low SES (27.27) There is a significant ($t=3.90$ which is significant 0.01 level) difference between high and low SES students in mastering the environment. The students of high SES are able to master the environment than the students of low SES. High SES of the individual rides him with the opportunity for mastering the environment effectively and efficiently.

Thus, socio-economic status, no doubt, has got its own impact on the psychological aspects of an individual. In the present study, it is analysed that individuals belonging to high

SES compared to the low SES are having significantly more positive self-attitude, self-confident feelings, high integration of personality, and also have become capable to master the environment.

Table- 3: Influence of Gender and SES on Mental Health: F-Ratio (ANOVA) (N360)

Source	PS	PR	IP	AU	GOA	EM	THM
Gender	4.100*	4.001*	6.123**	4.296*	4.343*	4.343*	4.100*
SES	3.945*	4.112**	5.250*	4.622*	4.352*	4.402*	3.902*

*Significant at 0.05 level

**Significant at 0.01 level

Table no 3 presents the influence of gender and socioeconomic status on mental health of the sample group. The F- ratio for gender in the area of positive self-evaluation is 4.100 which is significant at 0.05 level indicates the influence of gender on evaluating oneself positively. The F-ratio in the area of perception of reality is 4.001 which is significant at 0.05 level reveals the influence of gender in perception of reality. In the area of integration of personality the F-ratio is 6.123 is significant 0.01 level indicating the Influence of gender on this dimension of mental health. The ratio for gender in the area of autonomy is 4.296 which is significant at 0.05 level indicating the influence of autonomy in developing good mental health. The F-ratio for group-oriented attitude is 4.143 which is significant at 0.05 level indicates the influence of gender group-oriented attitude. Generally, males are more affiliated to group than females. The F-ratio for environmental master is 4.343 which a significant at 0.05 level indicates the influence of gender on mastering one's environment. The F-ratio for total mental health is 4.100 which is significant at 0.05 level indicates the influence of gender on the mental health status. Mental health consists of positive self-evaluation, perception and integration of reality, autonomy, goal-oriented attitude and environmental mastery etc. The presence of these factors speaks of positive mental health of the individual. These are present in both gender but the level or degree of their presence make the difference in the mental health status of the individual.

The development of positive mental health starts from the socialization process. Socialization of male and female child has always remained distinctly different the result of this is self-image of being unwanted, lack of self confidence in her own ability, low self-esteem, negative self-image etc. All these factors may be the hindrance in the development of positive mental health. On the contrary the socialization of male child is different. They are provided with the all the necessities needed and are motivated to accomplish the goal. They are socialized in such a fashion that they should become independent and self-reliant in their life.

The F-ratio for socioeconomic status in the area of positive self-evaluation is 3.945 which is significant at 0.05 level signifies the influence of SES on positive self-evaluation. Individuals with high SES evaluate oneself more positively than low SES. The F-ratio in the area of perception of reality is 4.112 and 5.250 in the area of integration of personality which are Significant at 0.05 level indicates the influence of

SES perceiving the reality and integration of personality. In the area of autonomy, the F-ratio is 4.622 and in group-oriented attitude is 4.352 which are significant at 0.05 level signifies the influence of SES on developing autonomy and mastering one's environment.

The F-ratio for SES on total mental health status is 3.902 which is significant at 0.05 level indicates the influence of SES on mental health of the respondents. Students of high SES have more scientific understanding and outlook about the various aspect of health. On the other low SES students have Lesser scientific knowledge about the physical and mental health practices High SES is said to be a factor promoting a good mental health of the individual

VII. CONCLUSIONS

1. There is a significant gender differences in the overall mental health status and also in the dimension of group-oriented attitudes
2. Males have significantly high mental health status than females
3. The mental health status of high SES respondents is higher than those of low SES group
4. The SES and Gender significantly influenced the mental health status.

VIII. REFERENCES

1. Bhardwaj et al., (1984). Socioeconomic status scale Agra psychological research cell. Agra
2. Cartwright et al. (1973) Life before death. London, Routledge and Kegan Paul
3. Cox et al. (1987). The Health and Lifestyle survey, Preliminary report. London, the Health Promotion Research Trust
4. Freeman (1975). Social psychology of mental health in: Lindsey and Aronson (Eds.) Handbook of Social Psychology, Amerind.
5. Jagdish and Srivastava (1988). Mental health Inventory. Manovaigyanik Parikshan Sansthan, Varanasi
6. Schultz (1977). Growth psychology models of healthy personality. Van Nostrand, Reinhold WHO (1974). Alma Ata Declaration, WHO.
7. Soddy (1965). Mental Health in A changing World, London,
8. Sinha D(1990) concept of Psychosocial wellbeing: western and Indian Perspective. NIMHANS Journal 8
9. World Health Organization WHO (1978) Primary Health Care, Geneva
10. Yung Ho Ko (1976). The mental health of junior and senior and senior High School Boys Psychological Abstracts.