

ANALYTICAL STUDY OF MENTAL HEALTH OF RURAL, URBAN AND SLUM CHILDREN

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ABSTRACT

The purpose of the study was to find out the difference of mental health of rural, urban and slum children. The samples were selected randomly from district Patiala, Punjab. Total three hundred (n=300) subjects were selected, 100 from rural area, 100 from urban area and 100 from slum area. The age of subjects ranged between 12 to 17 years. The study aimed at studying mental health of children.

Key words: Mental health, rural, urban, slum.

INTRODUCTION:

The role of mental health in human life is very important. It plays its role not only in the lives of individuals but also in the life of society. There is no area in human life which is beyond the range of mental health. The term mental health does not refer to any one aspect of mental life or to any one dimension of human personality. Like physical health, mental health is also an aspect of total personality. If a person is well adjusted, he has good physical health, desirable social and moral nature, and have harmonious personality. Mental health has been defined in various ways by scholars from different cultures. It is difficult to define mental health comprehensively, however, it is agreed that good mental health is more than simply a lack of mental disorder. The dual factor theory of mental health the negative and positive aspects of mental health. The concept of positive mental health is a state of balance between the individual and surrounding world, a state of harmony between oneself and others, a co existence between realities of the self and that of other people, and that of the environment. Good mental health is not mere absence of mental illness but it is the ability to respond to the many varied experience of life with flexibility

and a sense of purpose. The positive mental health could be manifested as general well being, self confidence, self worth and quality of life (Verma& S.K. 1988). Schore (2001) stated that mental health defined as the earliest expression of flexible strategies for coping with the novelty and stress that is inherent in human interactions.

Sharma (1984) conducted a study on the topic, “the effects of social disadvantages on mental health and mental health of adolescents” and reported significant differences in the IQs of advantaged and disadvantaged adolescents with regard to psychiatric morbidity. Perlmutter and Nyquist (1990) studied the relationship between self-reported physical and mental health and intelligence performance across adulthood. The results indicate that both self-reported physical and mental health accounted for significant variance in intelligence performance, particularly in older adults. Weinreb et al. (2002) examined the independent contribution of child hunger on children’s physical and mental health and academic functioning, when controlling for a range of environmental and maternal factor. After controlling for housing status, mother’s distress, and stressful life events, severe child hunger was also associated with higher reported anxiety/depression among school-aged children.

OBJECTIVE:

The objective of the study is to compare the mental health of rural, urban and slum children.

HYPOTHESIS:

There will be no significant difference of mental health of rural, urban and slum children.

METHODOLOGY:

The purpose of the present study aimed at studying mental health of rural, urban and slum children. For this purpose, total three hundred (N=300) rural, urban and slum children between age group of 12-17 years from Patiala District were selected as subjects. Fifty urban girls and fifty rural girls were taken as subjects from Government Girls Senior Secondary School, Rajpura town. Fifty rural boys and fifty urban boys were taken as subjects from Government School, near

durga mandir, Rajpura. Fifty slum boys and fifty slum girls were taken from SAS nagar Patiala, DMW Patiala, different slum areas of Rajpura.

Mental health scale

A mental health scale was used to measure mental health of rural, urban and slum children. It was constructed by Dr. V. Ramaprabou who was assistant professor in department of psychology of Tagore Arts College, Puduchery.

ADMINISTRATION OF TEST:

There are 60 statements in the mental health scale. Every statement has three alternative responses-“Yes”, “Indefinite”, “No”, the subject has to chose only one alternative response. The scheme of scoring it as below on positive statements 2 marks for “Yes”, 1 mark for “Indefinite” and 0 mark for “No” and for negative statements adopt just reverse marking 2 marks for “No”, 1 mark for “Indefinite” and 0 mark for “Yes”.

STATEMENTS		
POSITIVE	1 2 6 10 11 14 15 17 19 21 23 26 28 29 30 32 35 38 39 42 43 44 46 48 50 53 55 58 59 60	= 30
NEGATIVE	3 4 5 7 8 9 12 13 16 18 20 22 24 25 27 31 33 34 36 37 40 41 45 47 49 51 52 54 56 57	= 30

RESULTS:

Means and standard deviations were found out for all the components of health related fitness. In order to find out significant differences between the means scores of all the variations of different groups of children, ANOVA was applied. Wherever ANOVA shows the significant difference among the sample means, LSD Post-hoc Test (Multiple ranges) was applied to see the differences in difference pairs.

Table:- 1 Means & SDs of mental health of children of rural, urban and slum Areas

Subjects	Group	N	Mean	Std. deviation
Boys	Rural	50	76.88	10.2233
	Urban	50	82.34	13.8041
	Slum	50	72.02	11.4240
Girls	Rural	50	77.60	8.9334
	Urban	50	72.60	8.9374
	Slum	50	63.52	10.7061

Figure No. 1 Comparison of Mental health Fitness among Rural, Urban and Slum boys

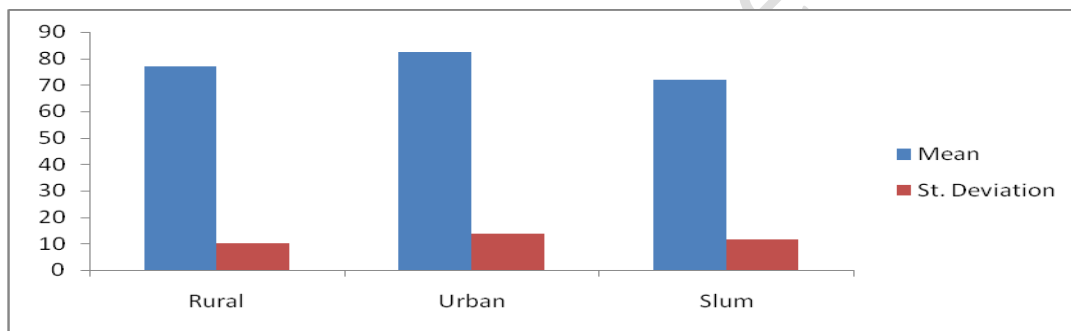
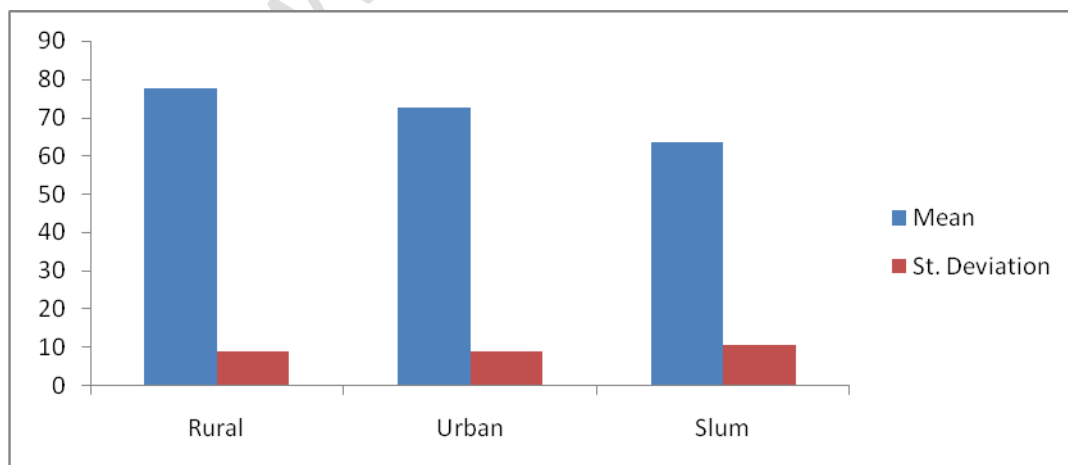


Figure No. 2 Comparison of Mental health Fitness among Rural, Urban and Slum girls



ANOVA was applied to find out the intra- group differences where 'F' values found significant, least significant differences (LSD) Post- hoc test was applied to find out the direction and degree of difference.

Table:-2 Analysis of variance (ANOVA) results of mental health among rural, urban and slum boys

Source of Variation	Sum of Squares	Degree of Freedom	Mean Square	F-value	P-value (Sig.)
Between Groups	2665.560	2	1332.780	9.395	.000
Within Groups	20853.480	147	141.860		
Total	23519.040	149			

*Significant at 0.05

It can be seen from table-2 that significant differences were found with regard to the mental health among rural, urban and slum boys as the p-value (sig.) .000 was found lower than 0.05 level of significance ($p < 0.05$).

Table No. 2.1 Multiple Comparisons of mental health of rural, urban and slum boys

(I) area	(J) area	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Urban	Slum	10.32000*	2.38210	.000	5.6124	15.0276
	Rural	5.46000*	2.38210	.023	.7524	10.1676
Slum	Urban	-10.32000*	2.38210	.000	-15.0276	-5.6124
	Rural	-4.86000*	2.38210	.043	-9.5676	-.1524
Rural	Urban	-5.46000*	2.38210	.023	-10.1676	-.7524
	Slum	4.86000*	2.38210	.043	.1524	9.5676

*The mean difference is significant at the 0.05 level.

It was observed from the table 2.1 that slum boys had the lowest level of mental health followed by urban and rural girls. The post hoc test analysis revealed that the slum girls had significant difference from urban and rural boys but urban and rural boys had no significant difference with each other.

Table:-3 Analysis of variance (ANOVA) results of mental health among rural, urban and slum girls

Source of Variation	Sum of Squares	Degree of Freedom	Mean Square	F-value	P-value (Sig.)
Between Groups	5158.813	2	2579.407	28.210	.000
Within Groups	13440.980	147	91.435		
Total	18599.793	149			

*Significant at 0.05

It can be seen from table-3 that significant differences were found with regard to the mental health among rural, urban and slum girls as the p-value (sig.) .000 was found lower than 0.05 level of significance ($p < 0.05$). So there is a need of Post-Hoc test.

Table :-3.1 Multiple Comparisons of mental health of rural, urban and slum girls

(I) area	(J) area	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Urban	Slum	-.37400*	.14467	.011	-.6599	-.0881
	Rural	.01260	.14467	.931	-.2733	.2985
Slum	Urban	-.37400*	.14467	.011	.0881	.6599
	Rural	.38660*	.14467	.008	.1007	.6725
Rural	Urban	-.01260	.14467	.931	-.2985	.2733

Slum	-.38660*	.14467	.008	-.6725	-.1007
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It was observed from the table 3.1 that slum girls had the lowest level of mental health followed by urban and rural girls. The post hoc test analysis revealed that the slum girls had significant difference from urban and rural girls but urban and rural girls had no significant difference with each other.

DISCUSSION AND FINDINGS:

The present study was designed to analysis the mental health of the rural, urban and slum children. The result of the study revealed that there is a significance difference of mental health of rural, urban and slum boys and girls. The result of the study confirmed with the findings of Nanda (2001) who reported that urban students had better mental health than scheduled tribe children. So there is observed significant difference of mental health of rural, urban and slum children. On the basis of the results of the study, the hypothesis that there will be no significance difference of mental health of rural, urban and slum children is rejected.

CONCLUSION:

It was observed from the study that slum boys had the lowest level of mental health followed by urban and rural boys. The post hoc test analysis revealed that the slum boys had significant difference from urban and rural boys but urban and rural boys had no significant difference with each other. On the other hand, slum girls also had the lowest level of mental health followed by urban and rural girls. The slum girls had significant difference from urban and rural girls but urban and rural girls had no significant difference with each other.

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