



ISSN Print: 2394-7500
ISSN Online: 2394-5869
Impact Factor: 5.2
IJAR 2019; 5(3): 324-327
www.allresearchjournal.com
Received: 15-01-2019
Accepted: 28-02-2019

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A study of gender on mental health of Mithilanchal people

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Abstract

The present research was undertaken to study the effect of gender on mental health of Mithilanchal people. For this 200 respondents of both gender (Males = 100 & Females=100) were selected through incidental random sampling technique. The age of the respondents ranged from 25-65 years. Kumar and Thakur (1983) Hindi Adaptation of Mithila Mental Health Status Inventory was administered for measuring mental health of the respondents. The data obtained on sex variable in relation to mental health were analyzed adopting t-test of significance. Result reveals that gender was a significant factor in mental health, Males and females did differ significantly on egocentrism, alienation and social nonconformity and males and females had similar level of mental health in emotional instability and expression.

Keywords: Gender, mental health

Introduction

Mental Health is important at every stage of life from childhood and adolescence, through adulthood; it affects our feeling and behavior directly or indirectly. That's why; Health has been the major and serious area of concern of human beings. Health and illness are perhaps two important points of the same continuum. Health concerns are relates to two areas physical and mental. Physical Health is concerned to physician and mental health is mainly taken care of by psychiatrists and clinical psychologists. A few years ago, mental health care was mainly prominent in the western world. Now a day in developing countries people became interested in mental health care. Today, the whole world is conscious and aware of the problem of mental Health. In short, it may be pointed out that mental health has positive connotation. The opposite of it may be true for mental illness. The difference between the two is of a degree not of kind. Mental health in the psychological literature has been used interchangeably with the word 'psychological health'. Maslow and Mittleman (1951) have rightly suggested some criteria for psychological health. This included adequate feeling of security. Adequate self-evaluation, adequate spontaneity and emotionality, efficient contact with reality, adequate bodily desires and the ability to gratify them, adequate self knowledge integration and consistency of personality, adequate life goal, ability to learn from experience, ability to satisfy the requirements of the groups, and adequate emancipation from the group or culture. The general notion that proper mental health indicates absence of mental disease does not hold well in the present context.

Brown and Orthoner (1990) ^[1] conducted a study to ascertain the association between geographical relocations and personal wellbeing. It indicates of wellbeing who had self-esteem alienation, depression and life satisfaction. Relocation Recency (RR) and moving rate (MR) in a life time were measured. Neither RR nor a higher MR was significantly related with wellbeing among males. Among females, life satisfaction was negatively affected by RR and a higher MR. A higher MR also resulted in significantly higher level of depression among females.

Zepport and Weinstein (1985) ^[2] conducted a study on a sample of 73 women and 50 men successful business administrators. 56 completed questionnaires assessing their demographic and work environment characteristics as well how they perceived the pressures. One investigates reported gender differences in the impact of work on the physical and psychological health

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Ray & Lonejoy (1984)^[3] conducted a study to ascertain the relationship between gender roles and mental health and found that femininity correlated strongly with neuroticism, lack of assertiveness and lack of self-esteem. Masculine orientation also went with low self-esteem and low assertiveness.

Begat et.al. (1983) conducted a study to compare the mental health of a two groups of subjects of Romania and found that women were at greater risk of becoming mentally ill and showed more signs of mental illness than men.

Carot et.al. (2007)^[6] conducted a study on minor psychiatric morbidity among women and men. For this purpose a general Health Questionnaire (12 items) was administered on white collar organizations in Britain on a sample of bank employees (N=2176), University employees (N=1641) and civil service employee (N=6171) and found that in all 3 organizations women had higher level of minor psychiatric morbidity than men.

R. H. Dambrun (2007)^[5] conducted a study to assess the mental status of women and men and found that women's mental health was inferior to men due to perceived personal and group discrimination.

Shira Maguen et.al. (2010)^[7] examined gender differences in socio-demographic military service and mental health and found that females' veterans were more depressive symptoms than men. Resenfeld & Smith (2010) conducted a study on gender and mental health and found that there are no significant differences in their overall rates of psychopathology but men and women had different type of psychopathology experienced. Women suffer from higher rates of depression and anxiety and men have higher rates of substance abuse and antisocial disorders.

Keng (2017)^[9] conducted a study to ascertain the association between gender non-conformity and psychological health on a sample of 206 adults of both gender and found that gender non-conformity, positively and significantly associated with depressive symptoms and negatively related to secretive wellbeing.

Sacred (2013)^[10] conducted a study to assess the relationship between mental health and emotional expression and found significant positive relationship between emotional expression and mental health.

Afifi (2007) examined the role of gender in mental health and found that women's status and life opportunities remain low worldwide and low status is a patient mental health risk.

Aims of the present study

The aim of the present study is to ascertain the impact of gender on mental Health.

Hypothesis

Males and Females would differ significantly as a whole on mental Health. More specifically

1. Males and females would differ significantly on egocentric.
2. Males and females would differ significantly on alienation aspect of mental health.
3. Males and females would differ significantly on expression.
4. Males and females would differ significantly on Emotional instability.
5. Males and females would differ significantly on social non-conformity aspects of mental health.

Methods

Sample

The study was conducted on 200 hundred persons of both gender (Male = 100 & Female = 100) of Mithilanchal Area. The age of the participants varied from 25–65 years. These respondents were selected on the incidental random basis.

Measure

The mental status of the respondents was assessed with the help of Hindi adaptation of Mithila Mental Health status inventory developed by Kumar and Thakur (1983). The inventory was developed to measure the mental status of people of Hindi speaking Area. The inventory had items which were most suitable to Indian conditions for the mental Health screening purpose.

Results and Discussion

Table 1: Mean comparison of Males and Females on egocentrism.

Groups	N	Mean	SD	t	df	ρ
Male	100	20.40	4.01	6.813	198	>.01
Females	100	19.10	6.11			

It is clear from the table 01 that there is a significant difference between males and females on egocentric scores of mental health. The males group has higher mean scores (M=20.40) than the mean scores (M=19.10) of the females and the difference between the two mean scores is significant at .01 level of confidence with 198 DF.

The findings can be interpreted in the context of local Mithila culture. In females the value of altruism is developed right from the early age as the girls have to adjust in another family after marriage. The sample belongs to Mithilanchal area which is rich for its cultural heritage and submissiveness. Due to submissiveness the females have better adjustment in family resulting in better mental health but males in the same culture do not so. This type of behavior perhaps is mainly responsible for higher degree of egocentrism. Hence hypothesis found in this context is accepted.

Table 2: Mean comparison of Males and Females on alienation

Groups	N	Mean	SD	t	df	ρ
Male	100	25.70	5.10	5.891	198	>.01
Females	100	20.40	4.20			

It is fabulous from the table: 2 that there is a significant difference between males and females on alienation scores of mental health. The males group has higher mean score (M=25.70) than the mean score of (M=20.40) of females and the difference between the two mean score is significant at .01 level of confidence with 198 DF.

Hence it is clear that the females have better mental health concerning alienation as compare to the males, because the females are less anxious and with less perceived savory distortions. This is again the outcome of the cultural training imparted on females in the Mithilanchal area. They are trained to be manes satisfied from the beginning. This is the reason, perhaps that females are less alienated as compare to males of the area. Less alienation is the vindication of superior mental health. Hence the hypothesis framed in these contexts is confirmed.

Table 3: Mean comparison of Males and Females on emotional instability

Groups	N	Mean	SD	t	df	p
Male	100	25.10	4.91	5.921	198	>.01
Females	100	25.12	5.71			

It is clear from the table 03, that there is a significant difference between males and females on emotional instability aspects of mental health. The male group has a bit higher in scores (M=25.10) than the mean scores (M=25.12) of the females group and the difference between the two is not significant even at .01 level of confidence with 198 df. The difference observed in two mean is due to chance factor and not due to the real gender difference in emotional unstable behavior. Both the groups have almost similar level of emotional stability because both groups have been living in the same social condition. Hence the hypothesis framed in this case is NOT accepted.

Table 4: Mean comparison of Males and Females on expression of mental health

Groups	N	Mean	SD	t	df	p
Male	100	27.11	3.60	4.910	198	>.01
Females	100	28.00	4.50			

It is evident from the table that there is no significant difference between males and females on expression aspect of mental health. The females group has higher mean scores (M=28.00) than the mean scores (M=27.11) of the males group and the difference between the two mean scores is NOT significant event .01 level of confidence with 198 df. The difference between the two means is due to chance factor not due to the real gender difference. Hence it can be concluded that the mental health concerning expression of males and females are almost at same level.

Table 5: Mean comparison of Males and Females on Social nonconformity

Groups	N	Mean	SD	t	Df	p
Male	100	27.20	5.10	6.312	198	<.01
Females	100	23.40	3.20			

It is clear from the table 05 that the males and the females differ significantly on mean seen on social nonconformity aspect of mental health. The males group has higher mean scores (M = 27.20) than the mean scores (M=23.40) of the females group and the difference between the two mean scores is significant beyond .01 level of confidence. The differences between the mean scores of both the groups are seen due to the real difference in their social non-conformity. Hence it can be concluded that the male has less social conformity as compare to the females. Hence the hypothesis framed either case is ascertained.

Table 6: Mean comparison of Males and Females on as a whole on the mental health.

Groups	N	Mean	SD	t	df	p
Male	100	132.11	12.21	3.059	198	>.01
Females	100	126.40	14.22			

It is obvious from the table 06 that the males and the females differ significantly on total scores of mental health inventory. The males group has higher man scores (M = 132.11) than the mean scores (M = 126.40) of the females group and the difference between the two means scores is significant beyond .01 level of confidence with 198 df. The difference between the two mean scores is seen due to the real difference of the mental health level of both genders.

Hence it can be concluded that the females have superior mental health as compare to the males. Lower mean scores reveal superior mental health which is indicated in case of the females.

Females have comparatively less problems as compare to the males and the social culture processing is also different. These are perhaps, the reasons that the females have superior mental health as compare to the males. Figure 1 and 2 presented a glance on relationship between Gender and mental health.

Mean Scores of Males and females in Fig-1 and Fig-2

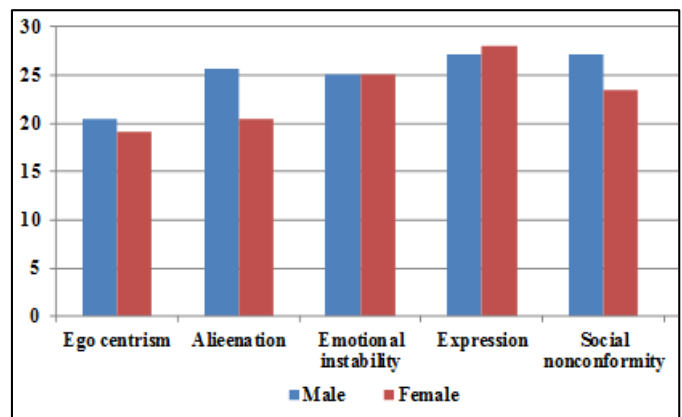


Fig 1: Gender & Mental Health

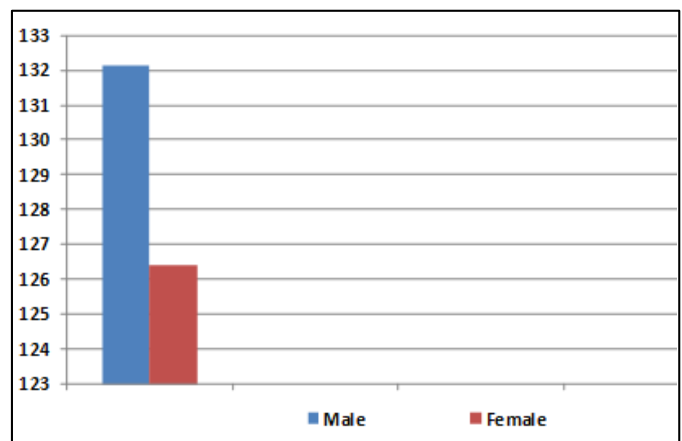


Fig 2: Gender & Total Mental Health

Conclusion

On the basis of the findings of the study the following conclusions might be drawn

1. Gender is a significant factor in mental Health, female having superior mental health.
2. Males and females differ significantly on egocentrism, alienation and social nonconformity.
3. Males and females have approximately similar level of mental health as indicates through emotional instability and expression.

Acknowledgement

I am highly indebted to Prof. Indra Kumar Roy, (HOD), Department of Psychology, L.N. Mithila University, Darbhanga & Dr. Abha Rani Sinha, Associate Professor, University Department of Psychology, who has been instrumental in the accomplishment of the present research paper.

References

1. Brown AC, Orthur DK. Relocation and personal well being among early adolescents. Special issue: Parent work and early adolescent development. Journal of early adolescents 1990.
2. Zepport LT, Weinstein HM. Sex differences in the impact on physical and psychological health. American Journal of psychiatry 1955;142(10):1174–1178.
3. Raj JJ, Love Joy FH. The great androgynymith, sex roles and mental Health in the community at large. Journal of social psychology 1984;24(2):237-246.
4. Begat AT, Ratezeanu A. Assessment of mental level in a group of students. Neurology psychiatric Neurochirurgie 1984.
5. RH Dambrun. Gender differences in mental Health: The mediatory role of perceived personal discrimination. Journal of Applied social Psychology 2007;35(5):1118-1129. Wiley outline library.
6. Carol Emslie, stephen stanfeld (2007): Gender differences in mental Health: Evidence from 3 organizations, sociology, science and medicine 2007;4(4):621-624.
7. Shira Magren, Li Ren MS, Karen H Seal. gender differences in mental Health Diagnoses Among Iran and Afghanistan Veterans Enrolled in Veterans Affairs Health care: American Journal of public Health 2010;100(12):2450-2456. Vol. 10-2105/A.
8. Sarah Rosenfeld, Dena T Smith. Gender and mental Health: Do men & women have different Amounts or types of problems?; A handbook for the study of mental Health: Social contexts, Theories and systems 2010, 256-267.
9. Keng, *et al.* Trait mindfulness and self-compassion as moderators of the association between gender nonconformity and psychological health, Journal of mindfulness 2017;8(3):625-626.
10. Saced J. the relationship between mental health and emotional expression, Journal of Psychology 2013;5(2):916-921.
11. Afifi M. Gender differences in mental health, Journal of Singapore 2009;48(5):381-391.