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A study to assess the effect of gender on mental health of adolescents

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Abstract

The main objective of the present study was to find the effect of Gender on mental health of adolescents. The study was conducted in Guntur town of Andhra Pradesh. Multistage random sampling was used to select 570 students studying 8th, 9th and 10th standards of selected schools out of which 285 are boys and remaining 285 are girls. Mental health of the subjects was assessed by using Mental Health Inventory (MHI) an adopted version of mental health analysis (Thorpe and Clark, 1959). Results revealed that boys and girls did not differ significantly on overall mental health but significant variation was observed on components of mental health assets and liabilities in which girls exhibited low levels of social participation and high levels of feelings of inadequacy than the boys. Findings of the study suggest that awareness programmes are to be strengthened regarding gender equity mainly insisting on universal access to education, sexual and reproductive health care and equal political and economic participation thus the mental health of the girl child can be enhanced.

Keywords: Gender, mental health, adolescents

Introduction

Puberty brings profound shifts in identity and sense of self. The external manifestations of sexual maturity propel a young adolescent into a different set of roles and expectations. Puberty also triggers a different engagement with peers and the external world leading to the adoption of values and aspirations a young person takes forward into adult life. Central to those values are gender norms and the sense of what it is to be a woman or man in a given culture.

Gender inequality is defined as the oppression of girls and women in all stages and spheres of their lives. While it is common among the lower strata of society, it is also seen in upper middle class. Gender inequality is so deeply entrenched in Indian culture that it has become normalized. Gender norms are the often-unspoken rules that determine attributes and behaviors that are valued and accepted for men, women, and gender minorities^[1]. In too many places, inequitable gender norms mean that a girl may not have a choice in life altering decisions such as schooling, marriage and parenthood. For boys, norms likewise determine school and work decisions and how they transition into their adult sexual roles, with lasting effects on their health and well-being.

In India, girls belonging to families in the top 20% get nine years of education on average, while girls from families in the bottom 20% get none at all. Even those who make it to school are often pulled out when money is tight, said the report. In addition, more than 23 million girls drop out of school annually because of a lack of toilets in school and proper menstrual hygiene management facilities². Adolescence is a time of particular vulnerability for many mental disorders that occur much more in girls, including eating disorders, depression, and anxiety.

Significance of the study

Sex of an individual is related to certain endocrinal hormones giving rise to the characteristics of muscularity and femininity which are socially nurtured and often treated as key elements of one's personality. In almost all societies interaction of boys and girls including the way of treatment differ considerably.

Gender inequality has been a social issue in India for centuries. Social inequalities relating to gender may impact the individuals throughout the life course in ways that affect their mental health: for example, socio-economically disadvantaged children and young people are up to three times more likely to have a mental health problem than their better-off peers (Reiss 2013) [3]. Patriarchal norms have marked women as inferior to men. Even today the girl child is discriminated in every aspect. Be it education, health, protection or participation, the girl child is always treated unequally. Onset of adolescence can bring significant barriers to girls' well-being. Gender norms and discrimination heighten their risk of unwanted pregnancy, HIV and AIDS and malnutrition.

Buffarini et al., (2020) cohort study illustrates how the effects of inequitable gender norms are greatest on the most disadvantaged. Girls from low-income families fared the worst on outcomes of smoking, weight, violence, happiness, and mental health⁴. Petroni et al., (2018) recently noted the links with suicide and self-harm, now, astoundingly, the major global cause of death in adolescent girls⁵. Kapungu et al., (2018) took the analysis further and made recommendations about the value of a gender lens in adolescent mental health research, prevention and service delivery, and mental health policy [6].

Gender norms adopted in adolescence reflect and reinforce inequitable hierarchies, whose consequences ripple forward across the life course, with health effects later in life for those young people as well as for the children of the next generation. For these reasons, adolescents should be at the forefront of research and policy action for more equitable gender norms.

Therefore, this study aimed to assess the effect of Gender on Mental Health of Adolescents so that the measures can be taken to remove discrimination between male and female in treating and caring. Ultimately girls can reach high as equal as boys in all aspects of life.

Statement of problem

A study to Assess the Effect of Gender on Mental Health of Adolescents

Objectives of the study

The main objectives of the present study are:

- To find out the effect of gender on mental health of adolescents.
- To find out the association between the gender and components of mental health of adolescents.

Hypothesis

The hypothesis formulated for the study was:

- Boys and girls do not differ significantly on mental health.

Delimitation

- The study was limited to boys and girls studying 8th, 9th and 10th class only.
- Study was delimited to only government, minority and private schools in Guntur.

Methodology

Research Approach and Design

The research approach was quantitative approach with descriptive design.

Variables

Dependent variable: Mental Health of Adolescents

Independent variable: Gender of Adolescent

Research setting

The study was conducted at selected Government, Private and minority Schools in Guntur city.

Population

The population chosen for the study was adolescent boys and girls studying 8th, 9th and 10th classes in selected Government, Private and minority Schools in Guntur city.

Sample

A total of 570 adolescents were selected for the study out of which 285 were boys and 285 were girls.

Sampling technique

Multistage Random sampling Technique was adopted to select the samples.

Development and description of the tool

Mental health inventory an adapted version of mental health analysis developed by Thorpe and Clark (1959), was used to assess mental health. The mental health inventory has two categories namely assets and liabilities. Mental health assets are attitudes, beliefs, aspirations, skills and achievements which contribute to a sense of well-being and which support progress towards realizing one's fullest potentialities. These are to be sought or amplified in promoting mental health. The five components of assets are 1. Close personal relationships, 2. Interpersonal skills, 3. Social participation, 4. Satisfying work and recreation and 5. Adequate outlook and goals.

Mental health liabilities are threats to emotional security which impede the attainment of needed satisfactions and objectives. These threats are to be minimized or corrected in promoting mental health. The five components of liabilities are: 1. Behavioral immaturity, 2. Emotional instability, 3. Feelings of inadequacy, 4. Physical defects and 5. Nervous manifestations.

High score on the components of assets signify the presence of these qualities to a higher degree while high score on components of liabilities imply an absence or freedom from liabilities. Thus, both categories are scaled in the same direction.

Results and discussion

The collected data was analyzed by using frequency, Chi-Square and 't' test. It was presented in two sections.

Section A: Association between the gender and mental health of adolescents.

Section B: Effect of gender on components of mental health of adolescents.

Section A: Association between the gender and mental health of adolescents

An attempt was made to find the association between gender and mental health components of adolescents by using Chi-Square test. The subjects were distributed into three groups as low, moderate and high as per frequency and percentage distribution of their scores on assets, liabilities and total mental health. The data and results are presented in table 1.

Table 1: Distribution of Boys and Girls as per their Levels of Mental Health and Chi-Square Value

Mental Health Categories	Gender	N	Level of Mental Health			Chi-Square value
			Low	Moderate	High	
Assets	Boys	285	69 (24.2%)	128 (44.9%)	88 (30.9%)	2.570@
	Girls	285	86 (30.2%)	117 (41.1%)	82 (28.8%)	
Liabilities	Boys	285	74 (26.0%)	137 (48.1%)	74 (26.0%)	1.197@
	Girls	285	81 (28.4%)	124 (43.5%)	80 (28.1%)	
Mental Health	Boys	285	71 (24.9%)	126 (44.2%)	88 (30.9%)	3.251@
	Girls	285	71 (24.9%)	144 (50.5%)	70 (24.6%)	

As per the results of table 1 it was evident that the boys scored high (30.9%) on high level of mental health than the girls (24.6%). But there is no association between gender and over all mental health of adolescents. Similar findings were observed by Taak in his study conducted in 1999. He examined the factors influencing mental health of adolescents on 300 students and found no significant difference in mental health of boys and girls [7].

Section B: Effect of gender on components of mental health of adolescents.

The effect of gender was further examined on components of mental health by using 't' test. The results were presented in table 2.

Table 2: Means, SDs and 't' Values of Boys and Girls on Mental Health Components

Mental Health Component	Boys (N=285)		Girls (N=285)		t-value
	Mean	SD	Mean	SD	
Assets					
Close Personal Relationships	8.26	1.553	8.49	1.481	1.794 @
Inter-Personal Skills	7.40	1.564	7.35	1.668	0.414 @
Social Participation	8.49	1.479	7.98	1.528	4.011***
Satisfying Work and Recreation	8.86	1.321	9.01	1.088	1.488 @
Adequate Outlook and Goals	7.76	1.250	7.65	1.283	1.091 @
Assets	40.78	4.999	40.48	4.643	0.738@
Liabilities					
Behavioral Immaturity	6.55	1.628	6.75	1.669	1.448 @
Emotional Instability	6.19	1.944	6.31	2.230	0.681 @
Feelings of Inadequacy	4.49	1.637	4.19	1.718	2.122*
Physical Defects	7.74	2.130	7.90	2.101	0.871 @
Nervous Manifestations	7.14	1.901	7.13	2.011	0.043 @
Liabilities	32.11	6.342	32.28	6.812	0.306 @
Mental Health	72.88	8.867	72.75	8.174	0.182 @

It can be observed from the table 2 that boys and girls did not differ significantly on four components of assets i.e. close personal relationships, inter-personal skills, satisfying work and recreation, adequate outlook and goals. Whereas a significant gender difference at 0.001 level was observed on social participation. Boys showed higher social participation compared to their female counterparts.

Research showed that adolescent boys and girls have widely varying interest. Boys wanted sports, games and outdoor activities significantly more than girls. In Indian culture girls are not permitted to go out of home. They are expected to stay in the home and help their mothers in house hold activities, whereas boys on the other hand are encouraged to be active and inquisitive.

In an earlier study Sheila and Rob (1991) found that boys saw themselves as good at sports, competent, popular having lots of hobbies and attractive. While more girls saw themselves as reliable, kind and affectionate. These differences in the socialization of boys and girls may be the reason in observing gender difference in favor of boys in social participation [8].

Liabilities are threat to emotional security. It was observed from table 2 that out of five components of liabilities there was no significant difference between boys and girls on four

components of liabilities viz., behavioral immaturity, emotional instability, physical defects and nervous manifestations. However, a significant gender difference at 0.05 level was observed on feelings of inadequacy. Girls had higher score on this component when compared to boys. Similarly, the study of Robbins et al., (2002) identified that though boys and girls are similar in having same levels of self-esteem during child hood a gender gap emerges by adolescence, in that adolescent boys have high self-esteem than adolescent girls⁹. Pettit et al., (2003) found that feelings of worthlessness are more among adolescent girls than the adolescent boys [10].

Rudolph (2002) observed presence of fearfulness, feelings of inadequacy and negative self evaluation are significantly high among adolescent girls than the adolescent boys. These specific symptoms forecast depression in later life¹¹. The person who thinks well of himself and has the reason to do so possess internal resources that are lacking among people who have feeling of inferiority or undervalue themselves. There are many events in the life that can contribute to feelings of inadequacy. Most often feelings of inadequacy are rooted in childhood experiences like not having opportunities to engage in positive, challenging experiences.

Conclusion

- Girls scored low on social participation component of mental health assets than the boys. Hence there is a need to conduct awareness-raising campaigns and gender training targeted at law enforcement to eliminate traditional and customary practices and to promote non-discriminatory treatment of girls and boys in the family as well as in the society.
- Girls had higher score on the component of feelings of inadequacy than the boys. Feelings of personal insecurity and tendency to under rate oneself makes the person to become incompetent. By breaking myths and stereotypes around gender and also by strengthening education that helps create attitudinal shifts that emphasize the rights of a girl child may help adolescent girls to act and contribute competently in the society.
- Though there is no association between gender and categories of mental health, gender sensitive programmes are to be institutionalized and measures are to be adopted to ensure equal access by girls and boys to food, education and health. Gender discrimination at all levels can be prevented by ensuring State accountability to implement various schemes, policies, laws, constitutional guarantees and international commitments.

Recommendations

The following recommendations were made based on the results of the study.

- A similar study can be conducted in rural setting to determine the effect of gender difference on mental health of children.
- An exploratory study can be conducted to assess the mental health problems and its influencing factors among boys and girls.
- A similar study can be conducted on children studying intermediate and degree in order to assess the effect of gender difference on mental health of children.

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