Socio-Demographic Domain of Mental Health: An Empirical Study of Adolescent Population.

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ABSTRACT :   There is abundance of data demonstrating the importance of mental health and well being to overall health, productivity and quality of life. Mental well-being, like physical health is a resource we need to promote and protect but there is growing concern that mental health of adolescent is declining. Among teenagers, rates of depression and anxiety have increased by 70% in the past 25 years, particularly since the mid 1980's. The changes are not the result of an increasing tendency to rate teenagers as problematic, but the result of real changes in behavior and experiences.

Due to this there is a pressing need for robust studies of specific interventions. In this paper an attempt has been made to identify mental health of teenage population and to relate it with demographic correlates, as presumed to play a significant role.

Method of Study

Design: Stepwise multiple regression analysis is computed for determining the contributory role of different demographic correlates.

Variables: Two sets of variables employed in this study are as follows:
1. Mental Health
2. Demographic Variables

Sample: The sample size of this study consists of 200 adolescents.
Tools: The following two tools were used in this study
1. Mental Health Inventory
2. Questionnaire for Demographic Information
Results and Conclusion: Out of six demographic predictors employed in this study, Family Income, CasteGender and Schooling were found to be significantly contributing to many dimensions of mental health.

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1 Introduction

Mental health is more than the absence of mental illness and can be defined as The emotional and spiritual resilience which allows us to enjoy life and to survive pain, disappointment and sadness; It is a positive sense of well being and underlying belief in our own and others' dignity and worth. The 1999 surgeon general's report on mental health defined mental health as "successful performance of mental function resulting in productive

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activities, fulfilling relationship with other people and the ability to change and to cope with adversity". Since then late 1950, several conceptual frame works have addressed positive mental health. These frame works include a range of emphasis, such as cultural   definitions of mental health, subjective sense of well being and capacity for coping and resiliency in the face of stresses.

Mental health issues are a serious concern among adolescents. Most mental health problems diagnosed in adulthood begin in adolescence. Half of life time diagnosable mental health disorders start by age 14: this number increases to three fourths by age 24. Parents, practitioners and policy makers are recognizing the importance of young people's mental health. Youths with better mental health are physically healthier demonstrate more socially positive behaviors and engage in fewer risky behaviors. Conversely youth with mental health problems, such as depression are more likely to engage in health risk behaviors. Furthermore youths mental health problems pose a significant financial and social burden on families and society in terms of distress, cost of treatment and disability.

Here in this paper researchers intention is to relate adolescent mental health issues with demographic domain of human life. Regardless of a person's nationality, his/her mental condition is determined by multiple factors, including biological (e.g. genetics, sex) individual (e.g. Personal experiences), familial and social (e.g. Social support), economic and environmental (e.g. Social statues and living arrangements) conditions (**lehtinen** et al. 1999). The major pertinent mental health variables are gender, age, marital status economic solution and employment. In general, poorer mental health is typically found among women (**lehtinen etal** 2005b; **Alonso et al**. 2004c).

Some studies which related demographic variables like employment status and educational level in relation to reported mental disorders and suicide attempts are done by **pirkis et al, 2000, Andrews at al, 2001, Weich & lewis. 1998 Kohn et al, 1998**. Significant socio-economic status trends have been found in conditions such as schizophrenia, anxiety disorders and anti social personality disorders, studies using individual socio-economic measures have shown similar relationships of higher suicide attempts with lower income (**Goodman 1999), unemployment (Ostamo etal 2001)** and educational level **Beautrais etal 1998).**

A number of studies cited above gave due importance to demographic predictors of mental health, but none of them encompassed the problems faced by Indian Youths. There is

dearth of literature which reveals importance of demography in relation to adolescent mental health issues in india. In the present study the prime objective   is to exposé risk factors in form of socio-demographic indicators of mental health in adolescent population.

2 METHOD OF STUDY

DESIGN :- Stepwise multiple regression analysis is computed for determining the contributory role of different demographic correlates in determination of Mental Health,

VARIALBLES :- Two sets of variables employed in this study are as follows.

I – MENTAL HEALTH :- Mental Health indicates individuals intra-psychic balance, the adjustment of his psychic structure with the external environment and social functioning. In general usage mental health often means both psychological well being and mental illness.

In the present study six area of mental health are studied-

A. Positive Self Evaluation
B. Perception of reality
C. Integration of Personality
D. Autonomy
E. Group Oriented Attitude
F. Environmental Mastery

II – DEMOGRAPHIC VARIABLES :- Following set of demographic indices were used in this study-

A – LEVEL OF EDUCATION : Six categories of Level of Education are as follows :

Table 2.1

LEVELS	EDUCATIONAL CATEGORIES
LE 1	Below High School
LE 2	High School
LE 3	Intermediate
LE 4	Graduation

B– MONTHLY FAMILY INCOME :

Table 2.2

LEVELS	INCOME RANGE (IN THOUSANDS)
FI 1	Above Rs. 40000
FI 2	Rs. 20000 – 40000
FI 3	Below Rs. 20000

C –Caste : Caste as one of the demographic correlate consists of three categories

Table 2.3

LEVELS	CASTE
C 1	General
C 2	OBC
C 3	SC / ST

D– :Type of Schooling : This Criterion has two categories

Table 2.4

LEVELS	TYPE OF SCHOOLING
T 1	Hindi Medium (Public school Govt.)
T 2	English Medium (Convent /Private School

E– Occupational Position:Two categories of Occupational Position are :-

Table 2.5

LEVELS	OCCUPATIONAL POSITION
OP 1	Only Father Working
OP 2	Both Parent working

F– Place of Residence : Two categories were included in this Variable :-

Table 2.6

LEVELS	PLACE OF RESIDENCE
PR 1	Urban Area
PR 2	Semi Urban Area

G– Gender : Two categories :-

Table 2.7

Levels	Gender
G 1	Male
G 2	Female

3 Sample : The sample size of this study consists of 200 adolescents residing in Lucknow and nearby areas .

4 Tools : The following two tools were used in this study :-

1. **MENTAL HEALTH INVENTORY :** This inventory was developed and standardized by Jagdish and Srivastava (1983). It consists of 56 statements which covers 6 areas of mental health mentioned earlier.

2. **QUESTIONNAIRE FOR DEMOGRAPHIC INFORMATION :** Another questionnaire was prepared by the researcher to tap information regarding subjects demographic characteristics.

5 RESULTS AND DISCUSSION

Since there are six components of Mental Health and each of these components have been examined in relation to five predictor variables by applying regression analysis and F – values were also obtained. For further analysis of the data pair wise Multiple comparison test was applied.

MENTAL HEALTH : Firstly the mean scores and standard deviations for six dimensions of mental health are computed and presented in table 5.1

Table – 5.1 Mean scores and standard Deviation for six Dimensions of Mental health and its total score Along with its graphical Presentation **(Fig 1)**

MENTAL HEALTH	MEAN	STANDARD DEVIATION
A. Positive Self – Evaluation	10.50	2.50
B. Perception of Reality	10.84	2.65
C. Integration of Personality	11.08	2.76
D. Autonomy	10.40	2.65
E. Group Oriented Attitude	11.72	2.92
F. Environmental Mastery	10.39	2.35

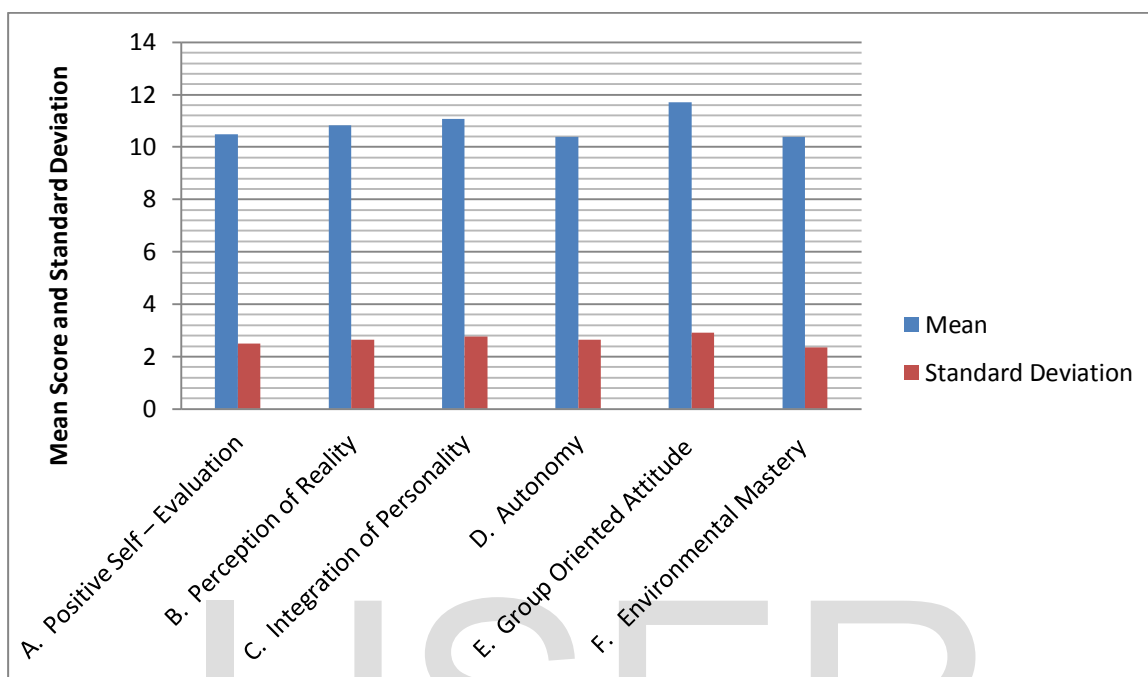| Total Mental Health	73.20	9.72

N = 200

Fig 1

Table 5.1 and **Fig. 1** depicts mean scores and standard deviations for six factors and total mental health score the mean scores are consistent in nature and the variation level as demonstrated by standard deviation is very small.

TABLE 5.2

Regression Analysis with mental health – (component 'A' Positive – self Evaluation

Variables in the equation	B-value	SE B	Beta (Standardized B- Value)	Multiple R	Multiple R^2	Change in R^2	F Value	df
Cast	0.481	0.22	0.112	0.12	0.014	0.014	5.26	1,198
Income	0.339	0.20	0.085	0.15	0.02	0.009	4.330	2,197
Schooling	0.423	0.27	0.08	0.17	0.030	0.007	3.700	3,196
Gender	0.341	0.162	0.106	0.14	0.061	0.005	4.35	4,195

Significant at .05 level

For mental health component A (Positive Self Evaluation) four Demographic predictors namely caste, Income, Schooling and Gender came out to be significant. The mean scores (M) for the three caste group indicate decreasing trends (Mc_1 =11.30, Mc_2 =11.19, Mc_3=10.50) A similar pattern of score is seen for other variables also. For all the other variables also positive self evaluation is more perceived by the subjects belonging to their higher dimensions ie (high caste, high income group, convent school:). For the gender group, males attained mean score of m=11.48 which is more than females M=10.50. This is very true in Indian setting as Indian males are given more importance than females. This male domination in India can be accessed from literacy census report (2011) which demonstrator that literacy for female stands at 65.46% as compared to 82.14% for males.

TABLE 5.3
Regression Analysis with mental health – (component 'B'- Perception of Reality

Variables in the equation	B-value	SE B	Beta (Standardized B- Value)	Multiple R	Multiple R^2	Change in R^2	F Value	df
School	0.341	0.162	0.110	0.118	0.014	0.014	5.013	1,198
Caste	0.597	0.248	0.120	0.165	0.027	0.014	5.025	2,197
Gender	0.656	0.472	0.073	0.233	0.040	0.013	4.971	3,196

Significant at .05 level

From the table 5.3 it is evident that for this mental health dimension (Perception of Reality) School, Caste and Gender are playing a significant role. Students going to convent schools have attained mean score of 11.50 which is more than of Public School students ie 10.30 Gender wise classification depicts that girls (M=10.83) are more aware of this component than boys (M=9.53). For caste also lower categories seem to be more aware of reality component of life.

TABLE 5.4
Regression Analysis with Mental Health – C - Integration of personality

Variables in the equation	B-value	SE B	Beta (Standardized B- Value)	Multiple R	Multiple R^2	Change in R^2	F Value	df
Income	0.480	0.224	0.113	0.121	0.015	0.015	5.262	1,198
Education	0.432	0.278	0.081	0.173	0.029	0.007	3.700	2,197
Occupational status	0.512	0.219	0.126	01.112	0.013	4.843	3.964	3,196
Caste	0.330	0.206	0.086	0.155	0.025	0.009	4.331	4,195

Significant at .05 level

A quick glance at table 5.4 reveals that Income, Education, Occupational status and Income have emerged to be contributing towards mental health component 'C'. Adolescents belonging to higher income group (M=11.98) and caste (M=11.65) demonstrate more Integration of personality. An important finding in this research is that student whose mother is not working (M=12.96) possess more integrated approach of life than whose both parents are working (M=10.40).

TABLE 5.5
Regression Analysis with Mental Health – D - Autonomy

Variables in the equation	B-value	SE B	Beta (Standardized B- Value)	Multiple R	Multiple R^2	Change in R^2	F Value	df
Occupational status	0.431	0.251	0.079	0.163	0.026	0.008	3.601	1,198
Income	0.523	0.220	0.142	0.121	0.013	4.84	3.84	2,197
Place of Residence	0331	0.205	0.076	0.141	0.022	0.008	4.55	3,196

Significant at .05 level

Occupational status, Income and Place of Residence emerged to be contributing factor towards autonomy. The adolescents belonging to higher levels of these predictors are found to have more Autonomy in their personality as compared to their counter parts at lower level. Youths whose mothers (M=11.30) are employed demonstrate lesser Autonomy than whose mothers are not employed (M=12.96). Subjects residing in urban areas (M=11.89) possess more autonomy than semi urban areas (M=10.98).

TABLE 5.6

Regression Analysis with Mental Health – E – Group Oriented l Attitude

Variables in the equation	B-value	SE B	Beta (Standardized B- Value)	Multiple R	Multiple R^2	Change in R^2	F Value	df
Gender	0.309	0.156	0.107	0.220	0.049	0.008	4.482	1,198
Caste	0.307	0.162	0.113	0.222	0.015	0.012	4.533	2,197
Occupational status	0.654	0.470	0.071	0.232	0.054	0.056	4.022	3,196
Income	0.512	0.389	0.126	0.110	0.015	0.0064	4.012	4,195

Significant at .05 level

From table 5.6 it is evident that Gender, caste, occupational status and Income are contributing a lot to group oriented attitude An interesting finding is that girls (M=12.60) are demonstrating more of this attitude than boys (M=11.52) Mean score of adolescents whose mother is not working (M=12.45) is more than whose mother in working (M=11.30). For the caste and Income dimension Youths who belong to lower categories demonstrate more of group oriented attitude than higher ones.

TABLE 5.7
Regression Analysis with Mental Health – F – Environmental Mastery

Variables in the equation	B-value	SE B	Beta (Standardized B- Value)	Multiple R	Multiple R^2	Change in R^2	F Value	df
Caste	0.596	0.244	0.123	0.205	0.041	0.013	4.533	1,198
Income	0.512	0.156	0.107	0.222	0.047	0.008	4.482	2,197
Schooling	0.654	0.47.0.470	0.071	0.232	0.054	0.0056	4.022	3,196

Significant at .05 level.

A perusal of Table 5.7 reveals that caste Income and Schooling are contributing significantly for attaining mastery over Environment amongst youth. For this trait mean score acquires a decreasing trend for predictor variable caste i.e. General Category M=12.80, OBC M=12.25, SC/ST M=11.25. Mean score for Income also denotes a similar trend. Adolescents going to convent schools (M=12.50) possess more of this trait than their public school (M=12.10) counterparts.

6 INTERPRETATION AND CONCUSSION

The results of this study indicate that the variables which are dominating the findings are income, caste, schooling, mother's occupational status and gender. Regarding income and caste i.e. socio Economic status affects human functioning in many ways, including development across the life span. Psychological health and physical health (Duncan and Magnuson, 2005) Lower SES has been linked to domestic crowding a condition which has negative consequences for adults and children , including higher psychological stress and poor health outcomes (Melki et al, 2004).

Psychiatric epidemiologists were among the first to use the tern social epidemiology and the social environment in the etiology and course of major mental disorders continues to be investigated. A number of reviews published in the late 1990 documented the association between socio economic position (SEP) and Mental health.

Kohn et al 1998 have reported inverse relationship of Socio Economic Status and psycho pathology. Hawton etal 2001, Goodman 1999 Ostama et al, 2007, Beautrais et al 1998 from their studies have concluded that level of Education, Occupational Status and Low Socio Economic Status have direct impact on individuals mental health. Regarding caste as an

influential predictor variable, there is no Indian or Western evidence to support or defer the obtained outcome. In a recent study Archana Singh – Manoux, Paul Clarks and Michael Marmot (2202) found that education has indirect effect on psychosocial health and its indirect effect is due to the effect of education on proximal measures of social position, Occupation and income.

An important finding of this study shows that mothers presence at home ie when she is not working is contributing a lot to many dimensions of mental health. To quote the maternal deprivation Hypothesis, psychologists like Spitz (1965) and Bowlby (1973) believed that infants will not develop in a psychologically healthy manner unless they receive the warm, loving attention of one constant mother figure to whom they can become attached.

On the whole if a conclusion is be drawn from this study it can be said that apart from caste and gender, a slight change in other predictors can cause great improvement in metal health status of adolescents in India. Convent education and mother's presence if provided to the youth from early childhood can indelibly affect metal health status of today's adolescent. Health outcomes for adolescents and young adults are grounded in their social environments and are frequently mediated by their behaviors.

From the above study it can be summarized that mental health outcomes are linked to multiple environmental factors:-

- Adolescents who perceive that they have good communication and are bonded with an adult are less likely to engage in risky behaviors.
- Parental involvement and supervision of adolescent activities.
- The children of families living in poverty are more likely to have poor mental health and less access to and utilization of health care.
- Academic success and achievement are strong predictors.
- The school social environment affects students' mental health.
- A safe and healthy school environment promotes students engagement and protects against risky behavior.

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