Abstract

The adolescent population of Meghalaya in their mixed (matrilineal and patrilineal) socio-cultural structure face lot of challenges in their psycho-social development due to various problems like insurgency, violence, communal riots, on and off curfew exhibiting loss of faith in the societal system, government policies, involving in unauthentic criminal behaviour like bullying, drinking alcohol, addicting to drug, lynching, kidnapping, murder, extortion breaking the societal or religious norms presenting their image as not only as terrorist and law breakers, criminals, murders but also as devil worshiper ultimately considering themselves either as progressive societal members or as worthless people tending or intending to end their life attempting suicide or homicide listing Meghalaya in third rank in suicide cases among the small states of North-east India. This manifestation of diverted behaviour and state's political instability impacting the adolescents made the investigators probe to study the mental health of 1274 higher secondary school students (HSSS) of West Garo Hills district of Meghalaya. The objectives are (i) to study the mental health of HSSS (ii) to study the mental health of HSSS across sex and (iii) to compare the means of mental health of HSSS across sex. The study used Mental Health Battery (MHB) to get the result. The study indicated that students have average mental health and there is no significant difference of mental health between male and female students.
1. Introduction
Among all the stages of human development, adolescence distinctly considered as the most significant stage and subsequently gets attention from all directions. This is because adolescents are positive resource for every community as they have enthusiastic energy to do experiments and explore with their own idealism. In this connection India can be considered as the most resourceful country with the largest population of adolescents of 243 million (UN, 2012). But the stereotype attitude of parents, teachers and society being judgemental always have been playing undesirable role in distracting or interfering in their goal of life by expecting from them to behave like adult and fulfilling their own desire ultimately developing chaos in their mental representation. More so the lack of proper allied education suitable to their age without mental health care, suitable teaching methods and experimental learning make them helpless at their already conflicting transitional stage with confusion and indecisiveness fear of future career, societal acceptance and so on. The adolescent population of Meghalaya in their mixed (matrilineal and patrilineal) socio-cultural structure face lot of challenges in their psycho-social development due to various problems like insurgency, violence, communal riots, on and off curfew exhibiting loss of faith in the societal system, government policies, involving in unauthentic criminal behaviour like bullying, drinking alcohol, addicting to drug, lynching, kidnapping, murder, extortion breaking the societal or religious norms presenting their image as not only as terrorists and law breakers, criminal, murderers but also as devil worshiper (www.theshillongtimes, April, 2014). This manifestation of diverted behaviour and state’s political instability impacting the adolescents made the investigators probe to study the mental health of higher secondary adolescent students (HSSS). Thus the literature review as follows-

2. Review of Related Literature
   SEU (2004) revealed that the impact of the mental health problems on the individual leads to loss of motivation and confidence. Douglass and Islam (2007) revealed that mental health problems and negative experiences for female students were strong predictors of academic difficulties. Low income countries show that people who lose their livelihood are more likely to develop mental health problems or commit suicide (WHO, 2012). Stewart (2011) observed that Social support was a significant predictor of all mental health outcomes, particularly life satisfaction. Srividhya (2007) studied on mental health and adjustment problems of students of Navodhaya, central and state and revealed that only 52% had sound mental health. Gupta and Kumar (2010) reported male students were better than female whereas Chawla (2012) reported that females were better in terms of their mental health. Manisha (2012) showed that the birth order of higher secondary students is positively related to their mental health. Bangale and Patnam (2013) found no significant difference of mental health status between male and female. The study also explored that only 2-8 % students were found to have good mental health status, 41-46 % had poor mental health status, 31-35 % fair level of mental health status and 14-20 % found to have good mental health status.. Bartwal (2014) explored that there was a positive relationship between mental health and social intelligence. Lakhan (2015) revealed that age is an important predictor of mental illness in the population irrespective of where people live, rural or urban. Therefore, in the light of the above reflections the present study was designed with the following objective and hypothesis.
3. Objective Of The Study

The objectives of the present study are stated as follows:

I. To study the mental health of HSSS
II. To study the mental health of HSSS across sex and
III. To compare the means of mental health of HSSS across sex

4. Hypothesis

H₀.₁ There is no significant mean difference in mental health between the male and female HSSS.

5. Research Methodology

A representative class XII student of 44 higher secondary schools was sampled through random sampling technique. 30% i.e. 1,274 of students (M=713, F=561) were selected from the higher secondary schools found in the eight (8) blocks of erstwhile West Garo Hills District, Meghalaya shown in the following table 1.0. Mental Health Battery (MHB) (Singh and Gupta, 2008) was administered to study the mental health of HSSS. Data collected by taking prior permission from the heads of the institutions were analysed by employing simple statistical techniques like, mean, standard deviation and t-test.

6. Result

I. Mental health of Higher Secondary School Students (HSSS)

Table 1 represent a clear picture of the classification of HSSS in number and percentages falling under five categories of mental health status. It shows that 28.73%, the highest percentages of HSSS were recorded to have very poor mental health status which was followed by 22.06% having good mental health. The next 19.47% found to be poor and 17.89% were found to have average mental health. Alarmingly, only 11.85% of HSSS were found to have excellent mental health. These findings are with the line of the result reported by Bangale and Patnam (2013). The total score of HSSS was found to be 73 which can be interpreted that the mental health of the overall students is average as shown in table 1

II. Mental health of the higher secondary School Students across sex

The mental health of male as well female HSSS was found to be average as their scores are 73 and 72 respectively as shown in table 2.

III. Comparison of mean score of mental health of HSSS across sex

Table 1.3 shows no significant difference (t=0.002, P>0.05) in mental health of higher secondary school students across sex. Therefore the null hypothesis is accepted.

<table>
<thead>
<tr>
<th>Total No. of Hr. Secondary Schools students</th>
<th>30% of Higher secondary school students</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>44</td>
<td>713</td>
<td>561</td>
</tr>
</tbody>
</table>
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Table 2: Number Percentages HSSS with different Mental Health Status

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Percentile</th>
<th>Mental Health</th>
<th>Mean ±SD</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>P90 &amp; above</td>
<td>Excellent</td>
<td>86.43 ±3.43</td>
<td>151</td>
<td>11.85%</td>
</tr>
<tr>
<td>2</td>
<td>P70 to P89</td>
<td>Good</td>
<td>79.4 ±1.73</td>
<td>281</td>
<td>22.06%</td>
</tr>
<tr>
<td>3</td>
<td>P50 to P69</td>
<td>Average</td>
<td>74.61 ±1.09</td>
<td>228</td>
<td>17.89%</td>
</tr>
<tr>
<td>4</td>
<td>P30 to P49</td>
<td>Poor</td>
<td>70.5 ±1.15</td>
<td>248</td>
<td>19.47%</td>
</tr>
<tr>
<td>5</td>
<td>Below P29</td>
<td>Very Poor</td>
<td>62.34 ±5.51</td>
<td>366</td>
<td>28.73%</td>
</tr>
</tbody>
</table>

Figure 1: Graphical representation of Percentages HSSS with different MH status

Table 3: Mental Health (MH) of HSSS

<table>
<thead>
<tr>
<th>N</th>
<th>Total Score</th>
<th>Percentile</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1274</td>
<td>73</td>
<td>P56</td>
<td>Average MH</td>
</tr>
</tbody>
</table>

Table 4: Mental Health (MH) of HSSS across sex

<table>
<thead>
<tr>
<th>Sex</th>
<th>N</th>
<th>Total Score</th>
<th>Percentile Rank</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>713</td>
<td>73</td>
<td>P56</td>
<td>Average</td>
</tr>
<tr>
<td>Female</td>
<td>561</td>
<td>72</td>
<td>P55</td>
<td>Average</td>
</tr>
</tbody>
</table>
Table 5: Gender difference in Mental Health of HSSS across sex

<table>
<thead>
<tr>
<th>Mental Health of HSSS</th>
<th>Sex</th>
<th>Male (715)</th>
<th>Female (561)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td></td>
<td>73</td>
<td>72</td>
</tr>
<tr>
<td>SD</td>
<td></td>
<td>8.99</td>
<td>8.27</td>
</tr>
<tr>
<td>df</td>
<td></td>
<td>1272</td>
<td></td>
</tr>
<tr>
<td>t-value</td>
<td></td>
<td>0.002</td>
<td></td>
</tr>
<tr>
<td>Remarks</td>
<td></td>
<td>Not significant</td>
<td></td>
</tr>
</tbody>
</table>

7. Discussion

Result revealed that there is no significant difference in mental health condition between male and female students. However, it is revealed that highest percentage of students were found to have very poor mental health which is a quite analogous finding where in India, in the year 2011 alone, more than six children per day committed suicide because of failure in examinations (NCRB, GOI, 2000). Mental health problem always has been correlated with multiple crime related activities like militancy, suicide (WHO, 2012), delinquent behaviour (Shivane, 2011), murder (LaRue, 2008) and stress (Mathew, 2006). The exposure of very poor mental health among the maximum students of Garo Hills district of Meghalaya can be concomitant with the multifaceted problems being observed in the region like militancy, violence, rape, human trafficking, extortion etc ranking the state third in militancy among the North-eastern states with 128 (90 males and 38 females) cases of suicide in 2012.

8. Educational Implications

The findings of the study have following practical implications for policy makers, educators, stakeholder, teachers, researchers and educational planners as well as for counsellors:

- In the light of the statement, “Children are our future. Through well-conceived policy and planning, governments can promote the mental health of children, for the benefit of the child, the family, the community and society.” (WHO, 2005), effective policies, plans and specific interventions can be designed in a way that reduces risk factors and enhances protective factors for the students whose mental health status were studied, found to be poor.

- To improve the mental health conditions of these students, youth focused mental health policies must be implemented in the schools for preventive programming, such as training in social-emotional learning and positive behaviour supports, and promotion of integration of the full continuum of prevention programs and mental-health services (UN, 2014).

- Yoga (GOI, 2014) and cognitive behaviour therapy has been found effective to relief students from stress and significant improvement in the mental wellbeing (V. Sharma, 2010). Therefore this kind of physical and cognitive therapy can be incorporated in the daily activities or in physical training (P. T.) classes and curriculum of the schools to enhance the overall wellbeing of school children.

- Special training of the teachers in the higher secondary section is of excessive importance with regard to teaching methodologies, sex education, psychological counselling which is lacking in the area.
9. Suggestions For Further Research

The present study comprises of students from different areas (rural and urban) and different types of schools like government, semi-government and private. Therefore, an analytical in-depth investigation can be carried out comparing the societal system in terms matrilineal and patrilineal to understand and compare their needs and associated factors.

References


Correlating Of Mental Health Amongst The Higher Secondary School Students With On-Going Social Disturbances In Meghalaya


Biographies

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