CHAPTER - III
REVIEW OF LITERATURE

As has been explained, health is multiplex in nature and promotion of health status, particularly mental health status is affected by several factors. Hence, an attempt is made in this section to review earlier studies with respect to independent variables which are believed to influence mental health status of the individuals.

There are so many studies in India in relation with self and its correlates viz., self esteem, self confidence, personally perceived self, socially perceived self, level of aspiration, attribution, and adjustment, social intelligence etc., in this connection some studies are reviewed.

Maya Deb (1985) administered test to measure personality variables and adjustment to 45 females (aged 18-20 years) attending 1st year degree classes at a college in Calcutta, India. Results indicate that emotional maturity, introversion. Self awareness, self confidence, social ability and achievement motivation are significantly associated with different dimensions of adjustment.
Sudhakara Reddy M. (1983) studies self confidence in relation with achievement and found that self confident was positively correlated with academic motivation and academic achievement.

Basavanna (1971) studied self confidence in relation with self and ideal self and found that self confidence people particularly who were capable, successful and adjusted, had significantly higher self ideal self congruence than those who were low in their level of self confidence.

Around (1975) in her study tested the relationship between self confidence and social intelligence and found positive correlation between these two.

The purpose of the study was to compare the study was to socio-economic status and selected physical fitness components between University Basket Ball players and hand ball players. A study of relevant literature that the scholar has gone through from the libraries of Y.M.C.A. College of physical education, Madras and Alagappa College of Physical Education, Karaikudi and Annamalai University, Department of Physical Education are presented in this chapter.
Majority of the authors have focused on the promotion of emotional well being on improving environments (social, physical, economic) that affect emotional well being and enhancing the coping capacity of communities as well as individuals (Wood and Wise, 1997). What improvements in the environment are required and how does one enhance coping in order to promote emotional well being. What is the rate of those working in community child health in promoting mental health and emotion well being. Most of the research on the determinants of the health and well being of populations have focused on physical health problems, particularly mortality and life expectancy (Marmot and Wilkinson, 1999). The authors discuss topics such as the role of community child health in influencing the mid stream determinants of mental emotional well being.

Bandhana et al. (2010) Home environment, mental health and academic achievement among Hr. secondary school students, results revealed that mean value of mental health of girls is 74.76 and boys is 70.76. Therefore, this was revealed after analyses that the mean value of mental health of girls is more in comparison to boys.

Masse, Raymond et al., (1998) studies the structure of mental health: higher order confirmatory factor analyses of psychological
distress and well being measures. The study addressed the question of whether psychological distress and subjective well being are the opposite poles of the same axis of mental health or independent constructs that should be measured on two independent axes. Two scales were used: a psychological distress manifestation scale based on 23 items and four factors (anxiety/depression, irritability, self depreciation, and social disengagement) and a psychological well being manifestation scale with 25 items and six factors (self esteem, social involvement, mental balance, control of self and events, sociability and happiness). Structural equation modeling analyses confirmed that these 10 factors can be viewed as components of two correlated dimensions (psychological distress and well being) of a two correlated dimensions (psychological distress and well being) of a two dimensional latent construct which reflects a higher order concept of mental health. The authors concluded that assessment of mental health in general populations should use concomitant measures of psychological distress and well being.

Balaji Arumugam et al. (2013) Mental health problems among adolescents and Its psychosocial correlates. The mental health problem in this study was associated with female sex, less age, higher socio economic status, unhealthy home environment (parents fighting,
parental abuse), sibling rivalry, unhealthy school environment (fight with friends) and the type of family, single parent were not associated with the mental problems.

Nicolas, Mario – George (2003), in the study A cross cultural examination of individual values, worry and mental health status investigated the validity of micro worry C (i.e., worry about personal concerns) and macro worry (i.e., worry about boarder societal issues) constructs and their relationship to clinical conceptualizations of worry. It was expected that micro worry would be correlated with negative indicators of mental health and personal well being while macro worry would be correlated with positive indicators of these variables. Correlations in the predicted direction were obtained between micro worries and self report measures of positive and negative affect, general mental health status and life satisfaction.

Garima Gupta and Sushil Kumar (2010) Mental Health in Relation to Emotional Intelligence and Self Efficacy among College Students, the results indicate that emotional intelligence and self-efficacy are positively correlated with mental health. It also revealed that male students were better than female students in terms of mental health, emotional intelligence and self-efficacy which underline the
importance of training in emotional intelligence, self efficacy and mental health for female college students.

Bostic, Terence John (2003) study utilized structural equation modeling to analyze the utility of a new, theory driven integrated model of physical and mental well being the model sought to explain the nature of the relations among constructive thinking, subjective well being, psychological adjustment, physical vitality, and physical symptoms findings from this investigation are somewhat difficult to interpret, given many aspects of the data. Results from part of the data suggest that constructive thinking may be useful in discretely predicting individual reports of physical health, psychological adjustment and levels of subjective vitality. The results suggest that these are direct, not mediated effects from constructive thinking.

Satdev Verma and Pushkrit Gupta (2011) To study of emotional intelligence in relation to mental health and adjustment of secondary school students. The result of research revealed that correlation between emotional intelligence and mental health is significant and another correlation between emotional intelligence and adjustment also proved significant. The t-ratio regarding emotional intelligence between male and female is significant but after considering adjustment the result
Wilkinson, - Ross – B and et al. (1998) in the study measurement of adolescents psychological health examined psychological health in adult populations has been conceptualized as comprising 2 distinct, though related, dimensions well being and distress. Research into adolescents psychological health, has been dominated by a single factor approach with well being and distress depending opposite ends of this continuum. Measures of psychological health were administered to 345 late adolescents. A series of confirmatory factor analyses supported an oblique two factor model of psychological health with measures of anxiety and negative affect defining a distress construct and measured of positive affect, satisfaction with life and happiness defining a well being construct. A measures of depression loaded on both well being and distress. It is concluded that although these two dimensions are highly correlated, they are distinguishable in adolescents samples.

Yung – Ho-Ko (1976) studies about the mental health status of junior and senior high school boys. The findings are: (1) The mental health status of senior high school group was the worst (2) The mental health of junior high school group was significantly different from that of the university group (3) the mental health of their year server high
school students was significantly poor compared to that of the first and second year senior high school students.

Pillai Aravind et al. (2008) Non-traditional lifestyles and prevalence of mental disorders in adolescents in Goa, India. The current prevalence of any DSM-IV diagnosis was 1.81%; 95% CI 1.27–2.48. The most common diagnoses were anxiety disorders (1.0%), depressive disorder (0.5%), behavioural disorder (0.4%) and attention-deficit hyperactivity disorder (0.2%). Adolescents from urban areas and girls who faced gender discrimination had higher prevalence. The final multivariate model found an independent association of mental disorders with an outgoing ‘non-traditional’ lifestyle (frequent partying, going to the cinema, shopping for fun and having a boyfriend or girlfriend), difficulties with studies, and lack of safety in the neighborhood, a history of physical or verbal abuse and tobacco use. Having one’s family as the primary source of social support was associated with lower prevalence of mental disorders.

Keyes, Corey-L-M; Waterman, - Mary – Beth (2003) Evidence is reviewed that indicates the beneficial social and economic outcomes that are associated with higher levels of subjective well being and identifies multiple determinants of subjective well being for adults.
Areas discussed include positive feelings and emotional well being, positive functioning and psychological well being, and positive functioning and social well being. Determinants of well being or happiness and mental health include age, sex, race, education, income, employment, social relationships, marriage, friendships, leisure, volunteering, social roles, religion, genetic predisposition, personality traits, self esteem, personal control and optimism, and goals. It is concluded that the research suggests that well being in adulthood is best viewed as a means rather than an end in life, because it supports productivity, life satisfaction, socially desirable behaviors, and positive physical and mental health.

Brinda B. Sharma (2013) Family relationship pattern and mental health in adolescents, results indicate that adolescents whose parents were viewed as accepting, especially the mother, had a better mental health status. Above average to average level of parental acceptance was found for adolescents belonging to high socio-economic status whereas average to below-average level of parental acceptance accounted for those belonging to low socio-economic status. Parental acceptance also differed significantly for boys and girls. High to above-average level of parental avoidance was seen among adolescents from high-socio economic background. Variance in paternal avoidance was
indicated for boys and girls. The level of parental concentration was average for both groups. However, there is a difference in Mothers’ concentration towards boys and girls.

Fazil and Cochrane (2003) found high level of depression among Pakistani women and showed factors such as low intimacy with spouse, social isolation, living with the extended family, unhappy marriage and generational conflicts with offspring, to be associated with depression.

Women are twice as likely to suffer from depression as males, and are also more susceptible to milder mood disorder. However, this gender difference is not present among younger children. Depression in preadolescent children is equally common in boys and girls with a prevalence of about 2.6% for boys and girls age 6 to 11 years (Speier Sherak, Hirsch and Cantwell, 1995). Boys may even show a decrease in their depressive symptoms between the ages of 8 to 11 years (Angold, Erkanli, Loeber and Casfella, 1998). Gender differences in depression being between the age of 13 and 15, when the rate rises for girls (Nolen-Hoeksema and Girgus, 1994).

Rates of anxiety are higher for girls with depression than they are for boys, the higher reported incidence of depression in clinically
referred girls may be related to the presence of comorbid anxiety disorders (Silverstein, Caceres, Perdue and Cincarolli, 1995; Simonoff et al., 1995).

Veereshwar (1979) made a study of mental health and adjustment problems of college going girls. A sample of 406 girls in the age group of 18-20 years was drawn from the undergraduate students of Meerut University by the sequential list method. The sample was further divided into national service scheme (NSS) and Non-NSS groups. The national service scheme group had 182 students and the Non-national service scheme group standardized adjustment inventory for college students (A.K. Singh, 1974), and a youth problem inventory (M. Verma, 2008). Major findings of the study were: 1. the difference in adjustment of urban and rural girls was not significant in the area of health both groups showed quite satisfactory health adjustment, 2. The national service scheme and non-national service scheme groups did not differ significantly in home adjustment, educational area and health.

Tinkling, T., Riddell, S., Wilson, A. (2005). A massive expansion in student numbers in higher education, coupled with an overall reduction in funding, has led to higher staff student ratios and a reduction in the amount of staff time available to support students.
This has been linked to rising demands being placed on student support services. This articles draws on case studies of five students experiencing mental health difficulties, to provide insight into these issues from the student perspective. The students confirmed that aspects of the higher education environment had exacerbated their difficulties. An innovative model of support is described. Traditionally interventions for students with mental health difficulties have focused at the individual level. It is argued that attention also needs to be paid to changing aspects of the environment and that this would improve the learning experience for all students.

Nastasi, Bonnie, K. (2004). The 2002 future of social psychology conference called for reform of current models of professional’s school psychology, including a paradigm shift toward a public health model of practice. This article explores the role of school psychologists in efforts to achieve an integrated public health and public education model for delivering comprehensive school based mental health services. Building on expertise as psychological and educational consultants, school psychologists can play a unique role in facilitating the necessary systemic reform and capacity building for comprehensive mental health service delivery. This revised role requires redefining school based consultation to include consultation for capacity building, and
rethinking professional preparation to ensure expertise in public health models, inter agency and inter disciplinary collaboration, participatory action research, and comprehensive service delivery.

Sarita Sanwal, Shubha Dube and Bharti Bhatnagar (2006) studied the mental health of adolescents with specific reference to integration of personality. The sample selected for the present study comprised of 120, adolescents. The sample was selected from Sadhu Vaswani public school, Jaipur city Rajasthan). Mental health inventory (M.H.I.) by Jagadish and Srivastava, A.K. a standardized tool was used for data collection. Major findings of the study were: 1. the percentage on integration of personality (IP) which means balance of psychic force in the individual and includes the ability to understand and to share other people’s emotions, the ability to concentrate at work and have interest in several activities, 2. Girls were leading in this category than boys as the girls have more patience, tolerance, emotional stability and more well adjustable than boys.

Singh, Chaudhary and Asthana (2007) studied the mental health status of high and low emotionally intelligent adolescent and observed a significant difference in mental health status indicating better mental health of highly emotionally intelligent adolescent.
Singh (2008) studied the effect of socio-economic status and residence on mental health of college students and found that low socio-economic status had a negative impact upon sound development of mental health behavior. However, rural urban region was not found to be a significant determines of mental health behavior.

Tejpreet Kang, Asha Chawla (2009) studied the mental health: A study of rural adolescents. The sample consisted of rural adolescent boys and girls. The tools used were socio economic status scale. Mental health check list. Major findings of the study were: A non-significant gender difference across mental health status but a significant difference in somatic health status of adolescent boys and 59 girls. Boys were found to be having better somatic health status as compared to girls.

Bala, Agarwal and Sarna (2009) studied the gender differences as associated with mental health of the college going students of various faculties. The sample consisted of 210 students selected from the three different faculties namely arts, science and commerce. Tools are used mental health battery (Singh and Sen Gupta, 2000). Major findings of the study were: 1. Gender difference exists with reference to various aspects of mental health. Boys had greater emotional stability, adjustment and
intelligence than girls in students of art faculty and self-concept in the students of science faculty. 2. Mental health differs significantly while subject belonged to different gender and discipline of the study. Girls had greater security-insecurity feeling than boys in the students of arts faculty; greater emotional stability, adjustment and security-insecurity in the students of science faculty and emotional stability, autonomy and security-insecurity in the students of commerce faculty.

Jarraniya (1996) found a significant difference between the ratings of mental health among the boys and girls students.

Gasima Gupta and Sushil Kumar (2010) studied the mental health in relation to emotional intelligence and self efficacy among college students. The paper studies the relationship of mental health with emotional intelligence and self-efficacy among college students. 200 participants (Male=100 and female=100) were drawn from science and arts streams of Kurukshetra University, Kurukshetra. Data analysis involved the use of product movement method of correlation and t-test. The results indicate that emotional intelligence and self efficacy are positively correlated with mental health. It also revealed that male students were better than female students in terms of mental health, emotional intelligence, self efficacy and mental health for female college students.