Chapter-I

Introduction
INTRODUCTION

It would be most necessary to conclude that parental variables are always the antecedent condition in the parent-child relationship. Parents are themselves influenced by the developing behavior characteristics of their children. The mothers who respond warmly and affectionately toward her dependent infant may, or may not, have the same acceptant attitudes toward her offspring during the assertive preschool years. Methods of positive control may produce child hostility and aggression, which may in turn eventuate in sterner attempts at control and for an ever widening circle of mutual frustration. The mother or father who attempts to curb independence in the pre-school child may be disappointed with the dependent attributes of the same child in preadolescence. Parent influence their children, children influence their parents, and these influences may change substantially with the passage of time.

It has been proposed that the state of being a single parent family should be regarded as time transition since most single parents or member of divorced couples marry fairly rapidly (Ross and Sawhill 1975), one out of every five adults remarries with in the first year after divorce and remarriage is about five to six years. Thus the experience of living in a single parent family is one that parents and children’s pass in and out of, sometimes at several occasions during the course of development. Most transitions are stressful such as divorce, which involve losing family
members restructuring the family and finding new patterns of family functioning, are frequently distressing to both parents and children. In spite of the fact the divorce may be a positive to destructive conflictual family functioning and be eventual outcome may be constructive one for many family members. The transition period following separation and divorce is stressful. In fact, there is some evidence that feeling of distress and unhappiness in parents, poor parent-child relations and the social and emotional adjustment of children actually get worse during the first year following divorced. However for many parents there is a dramatic increase in the sense of personal well being, interpersonal functioning and family relation in the second year following divorce when families are adopting to their new single parents status. In the long run, children in single parent families are better adjusted that children in conflict-ridden nuclear families. In the short run, in the first year following divorce, the children in single-parent families are more disturbed (Hetherington, Cox and Cox 1978).

i) The selection of research problem

Parents in single-parent families suffer from task overload. The single parent in dealing with family tasks and needs that are regarded as a full time job for two adults in nuclear families (Hetherington Cox and Cox 1978)
Singled parent mother-headed families often experience financial duress and crises. Female-headed families with children under 18 in female-headed families were in families with income below the poverty level (Bane, 1976).

Parents in single parent families are often socially isolated and lacking in social and emotional support. It might be thought that the presence of children would attenuate. This sense of loneliness, however, studies (Hetherington Cox and Cox 1978) suggest that the presence of children may actually make mothers feel more unhappy, frustrated, helpless, anxious and incompetent.

This was particularly true of divorced mothers with non-compliant acting out young sons. These parents after complained of being prisoners of being trapped or of being locked in a child’s world. In a single parent family only one parental figure serves as the agent of socialization through discipline of direct tuition or by acting as a model. Thus the remaining parent is likely to become more salient in development of the child. There is not a spouse to serve as a buffer between parent and child in a single parent family. In nuclear family a loving competent or well-adjusted parent can help counteract the effect of a rejecting. In competent emotionally unstable parent. In a single parent headed family, adjustment of the parent (mother of father) and the quality of the parent-child relationship are more directly reflected in the adjustment of the child than they are in nuclear families. Thus the researcher selected the following
research problem- “A study of mental health, self-concept and social motives among children having single parents”

(ii) Description of variables involved.

(A) Mental Health:

HEALTH, as defined in the WHO's constitution, is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. It is unfortunate that people, when they talk of health, usually refer to it in physical terms only. I sometimes ask people to make a list of priorities in their life or a list of what they want to achieve. Nobody mentions "Mental Health" in his or her list of priorities. If one has lost one's mental health, the capacity to work, to love, to enjoy, to think clearly and all the material things one has acquired are worth nothing and will bring no happiness. It is surprising that in spite of such obvious importance of mental health, how little thought we normally give to it in our day-to-day lives. Worse still is our attitude towards those who suffer from mental ill health. If someone has a physical illness like heart disease or the fracture of a bone, we rush to express our sympathy but if one has a mental illness like depression or anxiety, we tend to avoid one's company. So that it is the time when we should re-examine our attitudes towards mental health and illness. in short,

"Mental health is the full and harmonious function of the whole personality."
Mental health has been mentioned as the ability of a person to balance one's desires and aspiration, to cope from life stresses and to make psycho-social adjustment. Laddell has reported mental health as the ability to make adequate adjustments to the environment, on the plane of reality.

_Menninger (1945)_ writes, "Let us define mental health as adjustment of human beings to the world and to each other with a maximum of effectiveness and happiness.... It is the ability to maintain an even temper, an alert intelligence, socially considerate behaviour and a happy disposition."

Mental health as the ability to balance feelings, desires, ambitions and ideals in one's daily living. It means the ability to face and accept the realities of life.

"Mental health includes a number of dimensions such as self-esteem, realization of one's potential, the ability to maintain meaningful relationship and psychological well-being"

In short mental health is how people look at themselves, their lives, and the other people in their lives; evaluate their challenges and problems; and explore choices. This includes handling stress related to other people, and making decisions,

**Criteria of Positive/ Good Mental Health:**

Several psychologists and psychiatrists have presented different criteria of positive/ good mental health.
Maslow and Mittelmann (1951) have suggested the following criteria for normal psychological health:

1. Adequate feeling of security.
3. Adequate spontaneity and emotionality.
4. Efficient contact with reality.
5. Adequate bodily desires and the ability to gratify them.
7. Integration and consistency of personality.
8. Adequate life goals.
9. Ability to learn from experiences.
10. Ability to satisfy the requirements of the group.
11. Adequate emancipation from the group of culture.

Johada (1951) has noted following six aspects of positive mental health:

1. Attitudes of an individual toward his own self: the accessibility of the self to consciousness, the correctness of the self concept, and its relation to the sense of identity and the acceptance by the individual of his own self.
2. Growth, development, or self-actualization.
3. Integration.
4. Autonomy
5. Perception of reality.
Schultz (1977) has presented following seven criteria of the healthy personality:

1. Extension of the sense of self.
2. Warm relation of self to others.
3. Emotional security.
4. Realistic Perception.
5. Skills and assignments.
7. Unifying Philosophy of life.
Components/ Dimensions of Sound Mental Health:

**PERSONAL FACTORS**
1. Physical constitution
2. Satisfaction of needs
3. Level of achievement
4. Ego-strength
5. Cognitive Style
6. Intelligence

**SITUATIONAL FACTORS**
1. Home Environment
2. Parent-Child relationship
3. Child-caring practices
4. Nature of discipline
5. Trauma and Frustration
6. Socialization
7. Conditioning and Social Learning

**COMPONENTS OF SOUND MENTAL HEALTH**
1. Positive self-evaluation
2. Perception of reality
3. Integration of personality
4. Autonomy
5. Group-oriented attitudes
6. Environmental mastery

**AFFECTS PERSON'S MENTAL HEALTH**
Mental health is defined as person's ability to make positive self-evaluation, to perceive the reality, to integrate the personality, autonomy, group oriented attitudes and environmental mastery. The detail of dimensions of mental health are as follows:

1. **Positive Self-Evaluation (PSE)**: It includes self-confidence, self-acceptance, self-identify, feeling of worth-whileness, realization of one's potentialities etc.

2. **Perception of Reality (PR)**: It is related to perception free from need distortion, absence of excessive fantasy and a broad out look on the world.

3. **Integration of Personality (IP)**: It indicates balance of psychic forces in the individual and includes the ability to understand and to share other people's emotions, the ability to concentrate at work and interest in several activities.

4. **Autonomy (AUTNY)**: It includes stable set of internal standards for one's action, dependence for own development upon own potentialities rather than dependence on other people.

5. **Group Oriented Attitudes (GOA)**: It is associated with the ability to get along with others, work with others and ability to find recreation.
6. Environmental Mastery (EM): It includes efficiency in meeting situational requirements, the ability to work and play, the ability to take responsibilities and capacity for adjustment.

**Mental Health of children/Adolescents:** In a developing country like ours the emphasis on the material progress is causing certain changes in our social systems. With the rise in the nuclear family system the financial need of the family has led to a phenomenal rise in the proportion of working women. Due to this the inevitable result is that parents spend less time with their children and thus the children face a famine of parental time.

A significant number of children and adolescents, who live in poverty are unable to get adequate nutrition which is their basic need, and the basic health care are hardly met with and in turn reflects upon their intellect and personality development.

The pressure of education on the child starts at a very early age (right from the time a child is enrolled into nursery school) and it increases in terms of competition in the senior schools. The consequences of the increasing pressures on the adolescents show in the form of steady rise in school drop outs, under-performance, teenage violence, suicide, alcoholism, drug abuse, disaffection, demoralization, disillusionment and depression.
In the urban adolescents there is yet another culture that has set in 'The Cable Culture'. It has become mandatory for the adolescents to know what is being shown on the late night movie and the MTV. All these have an important bearing on an immature mind and have serious repercussion. Recently our country has been going through a lot of turmoil in the face of communal violence and terrorism. Unfortunately the children/adolescents coming from these situations have been exposed to very extreme disturbances, which lead mental health problems.

**Magnitude of Child/Adolescent Mental Health Problems:** Children under the age of 15 constitute approximately one third of world's population and 5-15 percent of them are affected by persistent mental disorders that makes them socially handicapped. A recent study of child and adolescent psychiatric that the overall prevalence of mental and behavioural disorders in children is at 12.5%

In an earlier study by *Mehta et al. (1990)*, 13% rural school children in Ballabghar (near Delhi) were found to be suffering from emotional disorders. *Malhotra et. (1990)*, also reported prevalence of 12-13% emotional disorders in school children. These figures when compared to earlier studies, 8-9% (*sethi et al., 1967*) 8.2% (*Verghese et al., 1973*), 2.5% (*Nandi et al., 1975*) are much higher. According to *World Health Report (2001)* 15% Children/adolescents have serious emotional disturbance.
MAGNITUDE OF CHILD/ADOLESCENT MENTAL HEALTH PROBLEMS

Prevalence

13% 12-13% 12-5%


Age

Rural 0-16 12.4% 0-3 14.36% 4-16 11.9%

Slum 10.8% 11.5% 10.6%

Urban 13.9% 15.2% 13.5%

Comparison of Mental Health problems:

Besides the increase in number of children/adolescents seeking help for emotional problems, over the years the type of problems has also undergone a tremendous change, Mehta et al., have made an attempt to compare the diagnostic categories of patients seen in their clinic from 1st January - 31st December, 1993 and 1st January -31st December, 2003. The following table indicates towards changing scenario:

TABLE: COMPARISONS OF MENTAL HEALTH PROBLEMS

<table>
<thead>
<tr>
<th>DIAGNOSIS</th>
<th>1993</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attention Deficit Disorder</td>
<td>3%</td>
<td>8.6%</td>
</tr>
<tr>
<td>Oppositional Defiant Disorder</td>
<td>4%</td>
<td>6.7%</td>
</tr>
<tr>
<td>Anxiety Disorder</td>
<td>10.22%</td>
<td>12.4%</td>
</tr>
<tr>
<td>Somatoform Disorder</td>
<td>18.5%</td>
<td>18.7%</td>
</tr>
</tbody>
</table>
Depression & Specific Learning Disability are the most common mental health problems among adolescents. So we will now discuss this issue.

**Depression:**

There was a time, when depression was considered uncommon in adolescents was often ignored. During past decades, we have learnt a great deal about depression in adolescents. Now, depression is considered to be a serious psychiatric disorder in adolescents that offers us many challenges in recognition, assessment and management. The challenges arise from the fact that the signs and symptoms in adolescent depression are very much different from those in adults depression. In a study conducted by Das, et al. (2003) on 33 adolescents (M-25, F-8). Following presenting complaints were reported.

**PRESENTING COMPLAINTS-DEPRESSION**

<table>
<thead>
<tr>
<th>Complaint</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Refusal</td>
<td>30%</td>
</tr>
<tr>
<td>Aggression, Irritability, Definat Behaviour</td>
<td>17%</td>
</tr>
<tr>
<td>Headache, Bodyache</td>
<td>16%</td>
</tr>
<tr>
<td>Decreased Interest in Playing and</td>
<td>16%</td>
</tr>
</tbody>
</table>
Pleasurable Activities

Low Intake of Food 14%
Crying Spells 12%
Sleep Disturbances 11%
Sadness of Mood 10%
Lethargy, Weakness 8%

**Stress:** Children/adolescents are also exposed to stressful situations that require coping and adoption. In a study conducted by Mehta, on 2000 students from Govt. & Public Schools in the age range 8 to 14 years female - 1107 (55.35%) Males- 893 (44.65%) the prevalence of stress was observed as following.

<table>
<thead>
<tr>
<th>Stress</th>
<th>School N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Public 1000</td>
</tr>
<tr>
<td>Mild</td>
<td>27%</td>
</tr>
<tr>
<td>Moderate to Severe</td>
<td>10.2%</td>
</tr>
</tbody>
</table>
GENDER DIFFERENCES IN MENTAL HEALTH:

Women report more symptoms of psychological distress than men. The differences varies with the disorder, women report depression twice as often as men, but on the other hand men are more likely to become alcoholic or criminals.

PRESENT TYPICAL SEX RATIOS FOR MENTAL ILLNESS

<table>
<thead>
<tr>
<th>Mental Illness</th>
<th>Male : Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>1:2</td>
</tr>
<tr>
<td>Neurosis, Anxiety etc.</td>
<td>1:1.5</td>
</tr>
<tr>
<td>Mental Disorder, all kinds</td>
<td>1:1.7</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>1:1</td>
</tr>
<tr>
<td>Alcoholism</td>
<td>3:1</td>
</tr>
<tr>
<td>Crime</td>
<td>8:5.1</td>
</tr>
</tbody>
</table>

Source: Argyle, 1987

However, I do not agree with the above explanation. It is partly due to cultural differences, as is shown by the fact that these differences between the sexes are becoming less all the time. Studies of American students of the American culture have found no difference at all. Women seem to be exposed to additional stresses whether they are at work or at home. Brown and Harris (1978) found that depression was very high for women without social support at home, Without jobs and with small
children. **Kessler and Mcleod (1984)** found that women were as much upset by loss of income or marital disruption as they were by the death of a loved one, and other such crisis in social network.

So we can say some particular kinds of circumstances like lack of social support, double work pressure, identity crises and emotional deprivation lead to mental health problems in women. But when they get social support at home and receive greater emotional involvement in social relationships, then they have sound mental health in comparison to men. Evidences support this fact, *Studies have concluded that men have relatively more mental distress than women. (Padmasri, 1992; Reddy & Nagarathnamma, 1993; Mohamed, Iruda Yorajan, Saidu Mohamed, 2002).*

The above studies reveal that the mental disorders are increasing day by day, So, there is a need of mental health education and mental health professionals for prevention and treatment of mental disorders.

**Mental Health Education and Planning for Mental Health Promotion:**

Mental health education is intended to serve two broad purposes:

1. To educate the public and its leaders about the nature of mental disorders and methods of treatment, to convey the magnitude of the problem, and to mobilize action toward improving the care and
treatment of the mentally disturbed. The plea is for understanding and compassion rather than stigmatization and rejection.

2. To improve the mental health of the community by encouraging preventive activities. Involvement of the community in mental health care and extension of mental health care services to be different sections of society has been emphasized since long (Bhore Committee Report 1946) and subsequent developments in the arena of the National Mental Health Programme (NMHP) show some positive changes. The NMHP was accepted for India in 1982. The objectives are:

1. To ensure availability and accessibility of minimum mental health care for all in the foreseeable future, particularly to the major population.

2. To encourage application of mental health knowledge in general health care and in social development.

3. To provide community participation in the mental health service development and stimulate efforts towards self-help in the community.

In organizing the materials, we found it useful to think of mental health education as a set of programs based on the following assumptions about human behaviour and development:

1. Mental health

a) We assume that in the general population of adults there is a state, or set of closely related states, which can be called "Mental Health".
b) We assume that there is quantitative variation in mental health: some people are well adjusted, some people are poorly adjusted and at the extreme, some people are mentally ill.

2. Principles of Mental Health

a) We assume that specific principles can be stated regarding cause-and-effect relationship in mental health, particularly regarding:

(1) Techniques of emotional adjustment for adults.
(2) Principles of emotional development in children/adolescents.

b) We assume that the acceptance of these principles leads to improved mental health:

(i) Directly through improved adjustment.
(ii) Indirectly through improved emotional development in children/adolescents.

3. Non-Intellectual Factors:

a) We assume that mental health in adults is affected by current environmental situations (Stresses).

b) At the same time, we assume that past experiences, particularly childhood development, have a permanent effect on mental health and susceptibility to mental illness.
We can also express these ideas in the accompanying diagram:

If correct, these ideas provide a powerful argument for mental health education, particularly since the circularity of the process (indicated by the arrow from "Children's emotional development" back to "Past experiences") means that changes introduced into the system have cumulative effects. We assume that attempting to improve mental health in adults by teaching them mental health principles or by manipulating their environment will have positive effects, not only on the target population but on future generations.

Evidences show that level of aspiration is related with mental health. According to Edward and Burack (1989) that lower level of aspiration in mentally retorted person result in their poor mental health. Castro and Super (2000) indicate that the higher scores on psychological health is related from the higher level of current and personal goal achievement.
B) Self-concept

Self-concept is used as an umbrella term as an evaluative indicator of self. Self-concept is referred to as ones assessment of competence, attributes and characteristics that are viewed in comparisons with others (Gallahue & Ozmun, 2002). Hierarchical models of self-concept have assisted in the understanding of self-concept as a multidimensional construct rather than the formally believed one-dimensional construct. Shavelson, Hubner, & Stanton (1976) as quoted by Gill (2000) present a multidimensional model of self-concept beginning with general or global self-concept at the top of a hierarchy. Academic self-concept, social self-concept, emotional self concept and physical self-concept are at the next level. Each component encompasses subscales based on the judgement of the ones performance. For the purpose of the present study the components; physical self-concept (physical ability and physical appearance). social self-concept (peer relationships and parental relationships). and the general self-concept subscales were examined.

Self-concept is established through the connection with others (Gallahue & Ozmun, 2002). Teachers, parents and peers are significant others that play an important role in the development of self-concept. The development of positive self-concept in the physical domain is a primary goal for children's participation in physical activity. Gallahue and Ozmun
(2002) stress the importance of self-concept development in the physical domain as children place much importance on their ability and are an important factor in children's general self-concept. It is important to create positive self-concepts in children early as once self-concept is firmly established it is difficult to change.

**Physical Ability and Physical Appearance**

Self-concepts of physical ability and physical appearance are important determinants in the promotion of the increasing levels of physical activity. Sonstroem (1981) is quoted by Biddle and Mutrie, (2002) as identifying two approaches to physical activity and self-esteem. Firstly the motivation approach, in which he proposes that self-esteem, is a motivational factor of physical activity. Individuals high in self-esteem within the physical activity domain are more likely to participate in physical activity. Secondly the personal development approach proposes that self-esteem can be varied through positive or negative outcomes from the skill development and refers to self-esteem as being the result in physical activity participation.

According to Watkinson, Dwyer, and Nielsen (2005) achievement motivation proposes that a child's desire to participate and succeed at an activity greatly depends on their perceptions and beliefs on how successful they will be in a particular pursuit. Weiss and Horn (1990)
suggest that children who have high perceptions of physical ability enjoy higher levels of motivation and participation than those who are lower in their perceptions of physical ability. A child who perceives his/herself as low in physical self-competence at a young age may never improve in skill level thus decline in their physical actively participation. It is essential, therefore, for the assessment of perceptions at young ages to ensure continued involvement in physical activity. Some researchers have shown that physical ability is closely linked to motor ability and physical fitness. There are limitation when attempting to assess young children's self-competence. According to Rudisill, Mahar, and Meancy (1993) young children who are unaware of their actual competence may over or underestimate their perception of competence. Children's answers to the questions are often misconstrued. According to Harter (1999) children of this age often do not have the understanding of good or bad, with no middle ground. They believe that abilities may change at a later time. What they may be good at now they may be bad at. at a later date. This being the case it is important to note that the children may have been in an unpredictable moment and perception of a particular variable may be representative of the child's current or past performance.

According to Stein (1988) children between the ages of 5 and 8 years are also developing the formation of self concept and body image.
This stage provides research an ideal opportunity to tap into the children's awareness and examine their self-concept and feelings towards physical activity. Harter (1999) sees a strong link between physical appearance and general self-concept. She refers to perceptions of physical appearance as the portable self. Unlike other physical domains, physical appearance is carried with the person and is difficult to discount. Even at the age of 4-7, Harter (1999) found that findings among young children revealed relationships between physical appearance and global self-worth. This being the case it is important to examine relationships between these variables in order to understand how young children feel and interact with their environment. Conversely, Marsh, Ellis, and Craven (2002) found with Australian children that the physical appearance factor may be more related to the social acceptance than being physically competent. There has been much research on how adolescent children judge their physical appearance and its importance but little is known about self-concept in the physical appearance domain in young children. Interestingly, a study carried out by the British Heart Foundation (2004) found that if children perceive their physical ability and appearance to be unsuitable to an activity they will believe that they are not good enough to participate in the particular activity or sport.

Peer Relationships and Parents Relationships
Peers are considered important due to their significance in a child's development of cognitive, social, behavioural, and emotional skills (Cleary, Ray, LoBello & Zachar, 2002; Weiss & Smith). According to a study by McNamara-Barry and Wentzel (2006) children are more likely to make observations and comparisons of their close personal friends rather than their non-friends behaviour. Through play, games, and sport children make interpretation and comparisons not only about themselves but also regarding their peers (Salmivalli & Isaacs, 2005). With very young children, Harler and Pike (1984) found that the understanding of peer relationships takes time to develop and that at a such a young age children have not gained the knowledge to be able to make peer comparisons.

Peer relationships are also a major determinant contributing to why children drop out or avoid being involved in sport or physical activity. Motivational theory predicts that a child's desire to partake or pursue an activity depends upon factors such as perceptions, desires, positive feelings, and attitudes over a period of time. Weiss and Smith (2002) state that children who have positive peer relationships will demonstrate positive experiences in the physical domain. There is seen to be a strong correlation between peer acceptance and physical activity. According to Chase and Dummer (1992) findings among American children between the ages of 8
and 13 years revealed that to achieve positive peer relationships they must be physical attractive or be good at sports.

In Self-Determination Theory (Deci & Ryan, 1985), it is proposed that intrinsic motivation is driven by variables that deal with ones environment. It is therefore important to understand how these variables motivate children into being involved in physical activity. It is also noted that findings by Mulvihill, Rivers, and Aggleton (2000) indicated that peers and friendships among English children to be the major influence in sport participation outside of the school environment.

According the Harter and Pike (1984), young children who are new to a school showed lower peer acceptance to those children who were not new comers to the school. Not only are peer relationships seem to be important but peer social contacts also play a role in children's social development. According to Weiss and Smith (2002) the quality of peer acceptance in the physical activity domain relates to important motivational factors in children's physical activity. Studies with older European American children have shown that the quality of peers and or social acceptance is associated with the enjoyment and continuance of engaging in activities (Patrick, Ryan, & Alfreld-Liro, 1999).

Social support of parents and significant other such as coaches and teachers, is vital in the motivation and adherence in physical activity.
It has been recognised that parents have a strong influence over their child's activity experiences whether it is simple play or organised sporting activities. Withdrawal from sport has often been linked with the lack of support from significant others (Biddle & Mutrie, 1991). Parents play an central role in the promotion of certain behaviours in their everyday life. According to Weiss (2004) parents have an obligation to set an example by providing opportunities and encouragement to be physical active. This view is reinforced by Aarnio (2003) and Sallis et al., (1992) who emphasise the importance of parents on a children's activity pattern. In young children parental support and feedback is very influential to the involvement in physical activity. As children get older they become more reliant on peer support and comparisons (Weiss & Duncan, 1991; Patrick, Ryan & Alfreld-Liro, 1999). It is in the early years that gender socialisation patterns also may have an influence on a child's perceptions of physical ability, attraction to physical activity and level of physical activity (Biddle & Armstrong, 1992).

According to Gagne (2003) significant others such as teachers and coaches also play a principle role in establishing psychologically healthy opportunities for children to participate in physical activity. It is crucial that quality of social support or interaction with significant others
is appropriate as this can affect the degree to which a child will feel about their competence within a certain activity.

**Differences between boys and girls in physical and social self-concepts**

Research by Klomsten, Marsh, and Shaalvik (2005) have found older Norwegian boys and girls aged 14 years to exhibit varying opinions on being stereotyped into physical activity involvement. They also demonstrate traditional gender appropriateness in their perceptions about physical ability. It was indicated that girls prefer sports such as dancing, gymnastics and acrobics, while boys lend to perceive soccer, boxing and motor cross to be more suited to them. Fredman-Doan et al. (2000) assessed age and sex differences of American children in academic and non-academic domains. They found that boys and girls had differences in the sport domain which showed a significant difference between boys and girls in team competitive sports and individual sports. Overall both boys and girls were seen to participate in a similar number of sports. The main differences were in their perceptions ability particularly types of physical activity in which they felt highly competent. Studies on gender differences in the physical and social self-concepts have been generally consistent with older children. However, it is not known if these are evident in younger age groups.
One reason for this is that research with the younger age group is difficult to pursue. It is time consuming and adaptation of questionnaires would need to be re-designed to suit the significant problems linked with reading. Biddle and Armstrong (1992) recommend this be addressed but few advances have been made.

Significant differences between boys and girls have also been found with regards to their physical appearance. According to Piek, Baynam, and Barrett (2006) perceptions of physical appearance make a significant input on self-concept. Young girls rate physical appearance according to being pretty and having a nice looking body while young boys rate physical appearance high if they are being athletic, sporty, and handsome. Therefore for girls athletic ability has less to do with athletic competence. Findings by Klomsten, Marsh, and Shaalvik (2005) with girls aged 14 years indicate that appearance, good looks, slimness, and femininity as are more important physical appearance factors than boys for where strength is more important. Both boys and girls however agreed that girls should maintain a sexy, slender body, while boys should exhibit well defined arms and a strong body.

Perceptions of peer relationships also differ between boys and girls. Findings by Cleary, Ray, LoBello, and Zachar (2002) found that with their American sample girls identify friendships more positively than the
boys. Girls convey more intimacy and support in the relationships with peers than the boys. Biddle and Armstrong demonstrated that girls' motivational orientation to participate in physical activity relied heavily on a peer support network. Planinsec and Fosnaric (2005) found no gender differences in general self worth with Slovenian children aged 6 years. This contrasts with Harter (1999) who reported gender difference in global self-worth that widens with development and is consistently is lower in females. Although the gap between what is traditionally a male or female actively decreasing there is still evidence that sex differences and perceptions still exists. Klomsten, Marsh, and Shaalvik (2005) have found that although girls show an increase in the participation of "male dominated" sports boys tend to stay with the preferred stereotypical behaviour and participated in gender role orientated activities.

**Measurement of Self-concept**

The widely held view of self-concept as a multi-dimensional construct has necessitated appropriate measures in the assessment of self that reflect this structure. It is now considered that assessment of self-concept be administered through the implementation of a multidimensional tools. Rudisill, Mahar, and Meancy (1997) stress the importance of measuring perceived competence in children at such a young age as this is such a vital factor in achievement motivation. Confirmation for the use of
the multidimensional structure and self-concept judgments come from the administration of measures that draw on a number of separate domains of self-concept. Leading experts in the measurement of the self construct such as Harter (1999) and Marsh (1991) have led the way in this respect.

Harter (1999) provides instruments for use with young children through to adulthood. The Pictorial Scale of Perceived Competence and Social acceptance for Young Children (Harter & Pike, 1984) evaluates judgments in five domains of self-concept. These scales measure perceptions of cognitive competence, physical competence, physical appearance, social appearance, and behavioural conduct. In addition there is a measure of general self-worth.

The physical Self-Perception Profile (PSPP) (Fox, 1997) incorporates five domains including sport competence, physical strength, physical conditioning, body attractiveness and physical self-worth which present a multidimensional model to the physical self. The PSPP has been proven to be a useful tool in the measurement of physical self-perception among older children and adults but is limited in its delivery to young children.

Attraction to physical Activity

The development of physically active life-styles and the enhancement of positive attitudes to physical activity have been considered
to be the major determinant of preventive medicine that should start in early childhood. Macdonald, Rodger, Abbott, Zivinani, and Jones (2005) and O’Brien Cousins (1997) support the view and state that attitudes towards physical activity are behaviours that are tracked from childhood right through to adulthood. Reasons for engagement in physical activity are a primary focus on physical activity participation. Researchers are concerned with what motivates or attracts people to be physically active. Many adult and older and older children studies have been conducted to understand and evaluate participation motives. However, little is known about young children and their attraction to physical activity. According to Brustad (1991) attitudes towards physical activity can be somewhat highly developed at a young age. The parents on information how to promote active life-style and motivation young children through making play, games and sports attractive. According to Hagger, Cale and Almond (1997) understanding the relationship between physical activity behaviour and attitude to physical activity may be important in maintaining children's positive motivation in physical activity. Children who exhibit positive attitudes for intrinsic enjoyment or for the "love" of being physically active may be more active than those who do not (Hagger, Cale. & Almond, 1997). Research by Watkinson, Dwyer, and Nielsen (2005) on Canadian children from grades 1-4 found that enjoyment was the highest placed value that
children put on physical activity. This was found to be the most important reason for playground participation.

**Differences between boy's and girls' attraction to physical activity.**

Studies showed that boys place higher emphasis on achievement and status whereas girls, age 10-12 years rated fitness and friendships more important for participation (Gill, Gross, & Huddleston. 1983: Gould, Feltz, & Weiss, 1985). Morris, Clayton, Power, and Jin Song (1996) found boys to be motivated by ego-orientated goals such as the competition and status while girls were motivated by task-orientated goals, for example learning skills and cooperation. Hagger, Cale, and Almond (1997) found that young children between the ages of 9-11 years show similar attitudes towards physical activity. Girls tend to be more extrinsically motivated to be physically active than boys relying on adults or peers for their motivation. Girls reported preference for less challenging tasks but enjoyed previously mastered skills. Boys on the other hand reported a need to satisfy curiosity and attempt challenging and new skills for their own sake (Biddle & Armstrong. 1992; Rose, Larkin, & Berger, 1998). In a study with 13 year old Greek children Zahariadis, Tsorbatzoudis, and Grouiou (2005) found that boys are much more intrinsically motivated to participate in physical activity than girls.
These differences indicate the need to explore possible difference in motivational orientations between boys and girls and to provide appropriate interventions for the increase in physical activity for both.

**Measurement of attraction to physical activity**

The Children's Attitudes Towards Physical Activity (CATPA) (Simon & Smoll, 1974) was designed to evaluate differences among children's interests in physical activity. However, problems evolved from this measure and it was recommended that this scale not be used for the assessment of children's physical activity attitudes (Duda, 1998). Brustad (1993) recognised the importance to develop a measure that not only would be multidimensional but also would identify different aspects of the attraction to physical activity. In developing the new scale he expressed the need for incorporating cognitive and affective dimensions to the scale. The Children's attraction to physical Activity (CAPA) scale was designed to assess children's interest and attitude towards physical activity that tapped into 5 domains. These were; peer acceptance in games and sports.

**Lewis (1990)** suggests that development of a concept of self has two aspects: -

1. **The Existential Self**
This is the most basic part of the self-scheme or self-concept; the sense of being separate and distinct from others and awareness of the constancy of the self" (Bee 1992).

The child realises that they exist as a separate entity from others and that they continue to exist over time and space. According to Lewis awareness of the existential self begins as young as two to three months old and arises in part due to the relation the child has with the world. For example, the child smiles and someone smiles back, or the child touches a mobile and sees it move.

(2) The Categorical Self

Having realised that he or she exists as a separate experiencing being, the child next becomes aware that he or she is also an object in the world. Just as other objects including people have properties that can be experienced (big, small, red, smooth and so on) so the child is becoming aware of him or her self as an object which can be experienced and which has properties. This self too can be put into categories such as age, gender, size or skill. Two of the first categories to be applied are age ("I am 3") and gender ("I am a girl").

In early childhood the categories children apply to themselves are very concrete (e.g. hair colour, height and favourite things). Latter,
self-description also begins to include reference to internal psychological
traits, comparative evaluations and to how others see them.

Carl Rogers (1959) believes that the self concept has three
different components:

a. The view you have of yourself (Self image)
b. How much value you place on yourself (Self esteem or self-worth)
c. What you wish you were really like (Ideal self)

(a) Self Image

This does not necessarily have to reflect reality. Indeed a person with
anorexia who is thin may have a self image in which the person believes
they are fat. A person 's self image is affected by many factors, such as
parental influences, friends, the media etc.

Kuhn (1960) investigated the self-image by using The Twenty
Statements Test.

He asked people to answer the question 'who am I ?' in 20
different ways. He found that the responses could be divided into two major
groups. These were social roles (external or objective aspects of oneself
such as son, teacher, friend) and personality traits (internal or affective
aspects of oneself such as gregarious, impatient, humorous).
The list of answers to the question "Who Am I ?" probably include examples
of each of the following four types of responses:
1) **Physical Description**: I'm tall, have blue eyes......etc.

2) **Social Roles**: We are all social beings whose behavior is shaped to some extent by the roles we play. Such roles as student, housewife, or member of the football team not only help others to recognize us but also help us to know what is expected of us in various situations.

3) **Personal Traits**: These are a third dimension of our self-descriptions. "I'm impulsive.... I'm generous... I tend to worry a lot"....etc.

4) **Existential Statements** (abstract ones): These can range from "I'm a child of the universe" to "I'm a human being" to "I'm a spiritual being"....etc.

   Typically young people describe themselves more in terms of such personal traits, whereas older people feel defined to a greater extent by their social roles.

(b) **Self Esteem and Self Worth**

   Self esteem refers to the extent to which we like accept or approve of ourselves or how much we value ourselves. Self esteem always involves a degree of evaluation and we may have either a positive or a negative view of ourselves.

   **HIGH SELF ESTEEM** i.e. we have a positive view of ourselves. This tends to lead to

   - Confidence in our own abilities
- Self acceptance
- Not worrying about what others think
- Optimism

**LOW SELF ESTEEM** i.e. we have a positive view of ourselves. This tends to lead to
- Lack of confidence
- Want to be/look like someone else
- Always worrying what others might think
- Pessimism

There are several ways of measuring self-esteem. For example, Harrill Self Esteem Inventory is a questionnaire comprising 15 statements about a range of interest.

**Morse and Gergen** (1970) showed that in uncertain or anxiety arousing situations our self-esteem may change rapidly. Participants were waiting for a job interview in a waiting room. They were sat with another candidate (a confederate of the experimenter) in one of two conditions:

**A) Mr. Clean**- dressed in smart suit, carrying a briefcase opened to reveal a slide rule and books.

**B) Mr. Dirty**- dressed in an old T-shirt and jeans, slouched over a cheap sex novel.
Self-esteem of participants with Mr. Dirty increased whilst those with Mr. Clean decreased! No mention made of how this affected subjects' performance in interview. Level of self-esteem affects performance at numerous tasks though (Coopersmith, 1967) so could expect Mr. Dirty subjects to perform better than Mr. Clean. Even though self-esteem might fluctuate, there are times when we continue to believe good things about ourselves even when evidence to the contrary exists. This is known as the perseverance effect. Miller and Ross (1975) showed that people who believed they had socially desirable characteristics continued in this belief even when the experimenters tried to get them to believe the opposite. Does the same thing happen with bad things if we have low self-esteem? Maybe not, perhaps with very low self-esteem all we believe about ourselves might be bad.

**Argyle believes there are 4 major factors that influence self esteem.**

1) **The Reaction of others.** If people admire us, flatter us, seek out our company, listen attentively and agree with us we tend to develop a positive self-image. If they avoid us, neglect us, tell us thing about ourselves that we don't want to hear we develop a negative self-image.

2) **Comparison with others.** If the people we compare ourselves with (our reference group) appear to be more successful, happier, richer,
better looking than ourselves we tend to develop a negative self image
BUT if they are less successful than us our image will be positive.

3) **Social Roles.** Some social roles carry prestige e.g. doctor, airline
pilot, TV. presenter, premiership footballer and this promotes self-
esteeem. Other roles carry stigma. E.g. prisoner, mental hospital
patient, refuse collector or unemployed person.

4) **Identification.** Roles aren' t just "out there. " they also become part
of our personality i.e. we identity with the positions we occupy, the
roles we play and the groups we belong to.

(c) **Ideal Self-**

**what you' d like to be**

If there is a mismatch between how you see yourself (e.g. your
self image) and what you' d like to be (e.g. your ideal self) then this is
likely to affect how much you value yourself. Therefore, there is an
Humanistic psychologists study this using the Q- Sort Method.

A person' s ideal self may not be consistent with what actually
happens in life and experiences of the person. Hence, a difference may exist
between a person's ideal self and actual experience. This is called
Incongruence.
Where a person's ideal self and actual experience are consistent or very similar, a state of congruence exists. Rarely, if ever does a total state of congruence exist; all people experience a certain amount of incongruence. The development of congruence is dependent on unconditional positive regard. Roger's believed that for a person to achieve self-actualisation they must be in a state of congruence.

**Michael Argyle (2008) says there are four major factors which influence its development:**

- The ways in which others (particularly significant others) react to us.
- How we think we compare to others
- Our social roles
- The extent to which we identify with other people

(C) SOCIAL MOTIVES

1-ACHIEVEMENT MOTIVATION

Ever since McClelland (1953) turned from the laboratory to the analysis of economic development and the role of achievement motivation in stimulating societal growth. The achievement motive has aroused widespread interest among psychologists leading to a plethora of studies all over the world. A number of psychologists have come to the conclusion that in Indian society especially in its rural segment achievement motive is low. Naturally it is assumed that the socio-cultural-ethos of the rural society
must not be congenial for healthy growth of achievement motive. The present study aims at empirically discovering those experiential variables that facilitate or retard the origin and healthy growth of achievement motive.

Achievement motive: A conceptual analysis in historical perspective

It is an established fact that human behaviour reflects variability, purpose, and order. The concept of motivation has been propounded by psychologists to explain the dynamics of these behavioural properties. The current conception of human motivation derives its origin from the classic work of Murray (1938). He advanced the view that personality is a configuration of some basic psychogenic needs or motives. A need, according to Murray, is basically a lack of something vital to the organism, such as water, nourishment, and oxygen. The socio-psychological needs are extensions of this basic idea. Murray has also developed a projective measure of these needs widely known as TAT (Thematic Apperception Test). McClelland opened a new vista in motivational psychology through his experimental studies aimed at discovering whether or not, and, if so, how motivation was expressed in the content of imaginary stories. The earlier studies conducted by McClelland and Atkinson (1948) and by Atkinson and McClelland (1948) revealed that TAT was undoubtedly sensitive to motivational influences. Realizing the
significance of this finding McClelland and his associates (1949) initiated a research programme to study achievement motive, a particular aspect of human motivation, in great detail.

Achievement motive has been conceptualized as individual’s orientation to endeavour for conduction of activities in those situations where the performance has to be evaluated. As a motive force it functions in the form of a relative stable characteristic of personality, after the period of early socialization during which it develops (Atkinson, 1958).

In any society we find individuals who set high standards for themselves, work very hard to achieve them, and respond with considerable feeling to their success or failure in meeting those standards. At the order extreme there are individuals who set very low standards, make little effort, have little concern about their accomplishments, and remain indifferent. Obviously, these two type of individuals have different degrees of achievement motive, which, in turn, has different behavioural consequences. On the basis of a considerable amount of empirical evidence Atkinson formulated a theory of achievement motivation in 1957. According to him, the theory of achievement motivation attempts to account for the determinants of the direction, magnitude, and persistence of behaviour in a limited but very important domain of human activities. It applies only to those situations where the individual knows that his
performance will be evaluated (by himself or by others) in terms of some standard of excellence, and that the consequence of his action will be either a favourable evaluation (success or an unfavourable evaluation failure). It is, in other words, a theory of achievement oriented performance (Atkinson, 1957).

**Theory of achievement motivation**

The theory of achievement motive has undergone extensive modifications and elaborations in the last two decades. Atkinson (1966) has added some corrections. Raynor (1969), Raynor and Atkinson (1974) have proposed major revisions. However, the original theoretical formulation of n-ACH has drawn inspiration from earlier work of Lewin et al. (1944), Tolman (1955), Rotter (1954) and Edwards (1954, 1955). The theory is basically woven around three types of variables i.e., (a) motives of achieve success (Ms) and to avoid failure (Maf), (b) Subjective probability of success (Ps) and of failure (Pf), and (c) incentive values of success (Is) and of failure (If). All types of achievement oriented behaviours are interpreted as multiplicative and summative functions of these variables. Following Revelle and Michaels (1976) the theory of n Ach can be stated with the help of the following postulates:

**Postulate 1:** The tendency to engage in an achievement oriented activity (Ts) is a multiplicative function of the motive to approach success
(Ms) of the incentive value of success in that activity (Is), and of the subjective probability of successfully completing that activity (Ps): Ts = Ms × Is × Ps.

**Postulate 2:** The incentive value of an achievement task is equal to the complement of the probability of success. Thus, the incentive value of an achievement task is equal to the probability of failure on that task: Is = Pf = 1 - PS.

**Postulate 3:** The tendency to avoid engaging in a task that might result in failure (Taf) is a multiplicative function of the strength of the motive to avoid failure (Maf), of the (negative) incentive value of failure (If), and of the probability of failure (Pf): Taf = Maf × If × Pf.

**Postulate 4:** The incentive value of failure is equal to the negative of the probability of success: If = -Ps.

**Postulate 5:** The resultant tendency (Tr) to engage in an achievement task is the algebraic sum of the tendency to engage in an achievement task, of the tendency to avoid engaging in a task that might result in failure, and of other extrinsic motivational tendencies (Text): Tr = Ts + Taf + Text.

There are two important implications of this postulate:

(a) The tendency to engage in an achievement-oriented activity should be a curvilinear function of the difficulty of the task, and, (b) this function
should be an inverted U for (approach-motivated) individuals with Ms, Maf and should be U-shaped for (avoidance motivated) individuals with Ms, Maf. In consonance with these implications earlier studies supported the prediction of maximum achievement motivation. However, contradictory results have been found by Heckhausan (1968) and by Hamilton (1974). They have reported a peak between .3 and .4, can be accounted for it postulate 2 is modified to the form is=.7-Ps. or if there is a nonlinear, concave relationship between Ps and Is. As a result Raynor (1969) has proposed some revision which is reported in Postulate 6.

**Postulate 6:** The motivation induced by an ultimate goal (Trn) is the sum of the motivations induced by each separate subgoal.

Atkinson and Cartwright (1964) and Weiner (1965) tentatively proposed a modifications of the theory with regard to inertial tendency postulate:

**Postulate 7:** An action tendency, once aroused, will persist, until expressed in behaviour.

Atkinson and Birch (1970) have stated that change in an action tendency produces some consummator effect and it varies as a function of the instigating forces as well as of the consummator effect of the previously aroused level of the action tendency. Revelle and Michaels (1976) have further explored the implications of inertial tendencies. They have shown
that the inertial tendency postulate implies an asymmetric curvilinear relationship between task difficulty and effort, and the consummatory value of failure.

Researches in the area of achievement motivation have amply demonstrated that this motive plays a crucial role in individual and group behaviours in a wide variety of situations. It will not be out of place to describe some of the major findings in this area. McClelland (1965) has found that n-Ach predisposes people to seek entrepreneurial jobs. In a subsequent study, Andrews (1967) found evidence which confirms this finding. Similar results have been reported by Wainer and Rubin (1967). Rogers and Neil (1966) found that agricultural innovation is positively related to achievement motive. It has also been found that high n-Ach leads to moderate risk-taking and level or aspiration. It has been shown that upward social mobility (Crockett, 1962; Veroff, 1965; Litwin, 1966, Stacey, 1969) and high degree of future time perspective (Agarwal, 1975) are positively correlated to achievement motivation.

It has been repeatedly found that persons scoring low in n-Ach, lack confidence in themselves and are more anxious about failure than they are interested about success. Weiner and Kukla (1970) have suggested that high n-Ach persons are attracted to medium risk, because they want to know regarding their abilities. On the other hand, persons scoring high in n-Ach
prefer tasks which provide information regarding their environment. Mahon (1960) has found that realising in vocational aspiration is positively related to strength of n-Ach. In Indian setting Sharma (1975) has also reported similar results.

In fact, n-Ach relates to accomplishment, mastering, manipulating, and organizing the physical and social environment; Overcoming obstacles and maintaining high standards of work; competing through striving to excel one’s previous performance, as well as reveling and surpassing others; and the like (Lindgren, 1973; p. 105). Individuals high in n-Ach are more likely to approach achievement related activities than those low in this motivational disposition, because they tend to ascribe success to themselves and hence experience greater reward for goal attainment. It has also been observed that persons high in n-Ach persist longer, given failure, than those, low in this motivational tendency because they are more likely to ascribe the failure to lack of efforts, and less likely to attribute failure to a deficiency in ability. Also individuals high in n-Ach choose tasks of intermediate difficulty with greater frequency than individuals low in n-Ach because performance at those tasks is more likely to yield information about one’s capabilities than selection of tasks which are very easy or extremely difficult. Thus, it can be easily discerned that n-Ach assumes a decisive status in organization of human behaviour.
Need for Achievement (n-ach):

Achievement motive is the drive to excel, to achieve in relation to a set of standards and to strive to succeed (McClelland, 1963). According to McClelland and Atkinson, the goal of achievement oriented activity is to succeed to perform well in relation to a standard of excellence or in comparison with others who are competitors; achievement also suggests a high level of intellectual curiosity. Such persons take positions characterized by risk, decision making and chance for great success. They prefer challenging jobs, do not like success by chance and may also cheat others (Robbins, 1998).

Achievement motivation refers to the desire of a person to meet standards of excellence. The need to achieve, also known as n-Ach energises, directs behaviour, and influences perception of situations. It is not biological but has a tremendous effect on human behaviour. People differ in the degree to which they experience this need. A test called Thematic Apperception Test (TAT) is used for its measurement. In this test ambiguous pictures are presented to the participants who are asked to write a story based on their perception of the picture. That foster it. The individual differences in the degree of achievement motivation are correlated with high scholastic performance and success in business. Such
people opt for moderately difficult tasks. They are future oriented and persist more on the task. Also, they are upwardly mobile. McClelland found that in general Protestant countries, where independence and achievement are valued, were economically more advanced. The parents train children to be self-supportive and develop greater autonomy. Some researchers have found that females experience a fear of success, since striving for success may reduce femininity in the eyes of others.

Achievement motivation is acquired by children during the formative stages of social development. They learn it from their parents, other role models and sociocultural influences. They acquire the values that they should attain a good position, social standing, and distinguished status in the society.

(II) POWER MOTIVATION

Need for power is the desire to make others behave in way that they would not have behaved otherwise. This motive is responsible for the desire to control other people and organization. It directs behaviour toward satisfaction contingent upon the control of the means of influencing another person (Veroff, 1957). Persons scoring higher on power scale do not properly encourage proposal and discussions by other members of the group. Individuals high in n-pow enjoy being in charge, strive for influence over others, prefer to be placed into competitive and status oriented
situations and tend to be more concernment with prestige and gaining influences over others than with effective performance. (Robbins, 1998).

III) AFFILIATION MOTIVATION

Need for affiliation is the desire for friendly and close interpersonal relationship (Robbins, 1998). The need for affiliation prompts us to make friends, join groups and to prefer to do things with others rather than go it alone. It can be viewed as a desire to be liked and accepted by others (Dale Carnegie type of need). Individuals with high (n-aff) strive for friendship, prefer cooperative situations rather than competitive ones and desire relationship involving a high degree of mutual understanding. It is said to be a universal need.

IV) APPROVAL MOTIVATION

Need for approval is the desire to seek social appreciation to avoid reproof by performing socially desirable activities (Crowne and Marlow, 1960). It fuses with other social needs like prestige and conformity. Individuals feel approval by doing and behaving in accordance with the social prescriptions, otherwise not. That is why; they become the subject of evaluation by others. So on the basis of it, this need is also called evaluative dependence. Individual with high n-app are easily conditioned, exhibit greater social conformity and can change their behaviour and decisions in the direction of group expectations and pressures. They avoid
perception of undesirable objects and stimulus (McGinnies, 1949). It has also been reported that emotional deprivation influences approval behavior differentially (Asthana, 2002) and the sex and locale also exert differential effects on approval motive (Singh, 2009).

(D) SINGLE PARENTS:

The single mother may confront specific problems of authority in discipline. Children view fathers as more powerful and threatening than mothers. In nuclear families children exhibit less non-complaint and deviant behavior forward there father that their mother and when undesirable behaviors occurs, the father can terminate it more readily than the mother can (Hetherington, Cox and Cox, 1978)

This leads to the final way in which single parent families differ from nuclear families. The single parent offers the child a more restricted array of positive, characteristics to model. A mother and father are likely to exhibit, wider ranging interest, skills and attributes that a single parent.

Divorce is a sign of failure and divorced persons often that they have failed in one of the life’s most important takes. Following a divorce, many peoples experience a sense of personal inadequacy, disillusionment, and depression. Divorced person, show a consistently higher rate of drinking problems and other signs of maladjustment. A divorced person is likely to face difficult adjustments brought about by the changes in his life
situation: he may have to cope with loss of security, guilt and self-recrimination, or disruption of sexual satisfaction and financial problems. Feeling of alienation and loneliness may add to the stress and where the divorce and readjustment may bring more severe problems that those from which he was trying to escape.

The strangest argument against divorce have usually emphasized the undesirable effects of divorce on children, and a number of studies have found children of divorced parents to be more emotionally disturbed mentally disturbed delinquent and maladjusted than children of intact marriages. As a consequence many unhappy parents remain together “for the sake of the children”.

Health is broader concept including physical, social and mental health. Mental health has been reported as an important factor influencing individuals various behaviours, activities, happiness and performance. Mental health has been mentioned as the ability of person to balance one’s desire and to make psychosocial adjustment (Mental health is the ability to maintain an even temper, an alert intelligence, socially considerate behaviour and happy dispositions. Adequate emotionally influence the mental health ignorance fear superstition are all the threats to emotional stability and mental equilibrium, it is well-known, however that ignorance can be dispelled by knowledge and intelligence, fear can be and has been
replaced by confidence acquired through the development of skills and superstitions can be banished by adequate information and experience.

To state the conditions for positive mental health is an ambitious task but not an impossible one. The enterprise must be approached with humility because of our personality are developed.

Generalization may be more serviceable than none of all. It is difficult to state the conditions of good mental health; it is admittedly even harder to apply these concepts to your self. Principles of positive mental hygiene however contain with in themselves the germs of their own accomplishment. Following some of the easier once makes it possible to achieve the others (Good physical health, accepting your self, self acceptance, accepting other people. A confidential relationship, An active attitude, Social participation, satisfying work, creative experience.

(III) OBJECTIVES OF THE PRESENT STUDY

1. To study the significant difference of self-concept between male and female students.

2. To study the significant difference of self-concept between the students of single and double parent.

3. To study the significant difference of mental health between male and female students.
4. To study the significant difference of mental health between the students of single and double parents.

5. To study the significant difference of social motives between male and female students.

6. To study the significant difference of social motives between the students of single and double parents.

7. To study the significant effect of gender (male and female) and types of parents (single and double) on different areas of self-concept.
   7.01 To study the significant effect of gender (male and female) and types of parents (single and double) on intellectual self-concept.
   7.02 To study the significant effect of gender (male and female) and types of parents (single and double) on emotional self-concept.
   7.03 To study the significant effect of gender (male and female) and types of parents (single and double) on character self-concept.
   7.04 To study the significant effect of gender (male and female) and types of parents (single and double) on social self-concept.
   7.05 To study the significant effect of gender (male and female) and types of parents (single and double) on aesthetic self-concept.

8. To study the significant effect of gender (male and female) and types of parents (single and double) on Mental health.
8.01. To study the significant effect of gender (male and female) and
types of parents (single and double) on Mental health as
egocentrism.

8.02. To study the significant effect of gender (male and female) and
types of parents (single and double) on Mental health as
alienation.

8.03. To study the significant effect of gender (male and female) and
types of parents (single and double) on Mental health as
expression.

8.04. To study the significant effect of gender (male and female) and
types of parents (single and double) on Mental health as
emotional stability.

8.05. To study the significant effect of gender (male and female) and
types of parents (single and double) on Mental health as social
conformity.

9. To study the significant effect of gender (male and female) and types
of parents (single and double) on social motives.

9.01. To study the signification effect of gender (male and female)
and types of parents (single and double) on achievement
motivation.
9.02. To study the signification effect of gender (male and female) and types of parents (single and double) on power motivation.

9.03. To study the signification effect of gender (male and female) and types of parents (single and double) on affiliation motivation.

9.04. To study the signification effect of gender (male and female) and types of parents (single and double) on approval motivation.

(IV) HYPOTHESES OF THE PRESENT STUDY

1. There is no significant difference of self-concept between male and female students.

2. There is no significant difference of self-concept between the students of single and double parent.

3. There is no significant difference of mental health between male and female students.

4. There is no significant difference of mental health between the students of single and double parents.

5. There is no significant difference of social motives between male and female students.

6. There is no significant difference of social motives between the students of single and double parents.
7. There is no significant effect of gender (male and female) and types of parents (single and double) on different areas of self-concept.

7.01 There is no significant effect of gender (male and female) and types of parents (single and double) on intellectual self-concept.

7.02 There is no significant effect of gender (male and female) and types of parents (single and double) on emotional self-concept.

7.03 There is no significant effect of gender (male and female) and types of parents (single and double) on emotional self-concept.

7.04 There is no significant effect of gender (male and female) and types of parents (single and double) on character self-concept.

7.05 There is no significant effect of gender (male and female) and types of parents (single and double) on aesthetic self-concept.

8. There is no significant effect of gender (male and female) and types of parents (single and double) on Mental health.

8.01 There is no significant effect of gender (male and female) and types of parents (single and double) on Mental health as egocentrism.

8.02 There is no significant effect of gender (male and female) and types of parents (single and double) on Mental health as alienation.
8.03. There is no significant effect of gender (male and female) and types of parents (single and double) on Mental health as expression.

8.04. There is no significant effect of gender (male and female) and types of parents (single and double) on Mental health as emotional stability.

8.05. There is no significant effect of gender (male and female) and types of parents (single and double) on Mental health as social conformity.

9. There is no significant effect of gender (male and female) and types of parents (single and double) on social motives.

9.01. There is no signification effect of gender (male and female) and types of parents (single and double) on achievement motivation.

9.02. There is no signification effect of gender (male and female) and types of parents (single and double) on power motivation.

9.03. There is no signification effect of gender (male and female) and types of parents (single and double) on affiliation motivation.

9.04. There is no signification effect of gender (male and female) and types of parents (single and double) on approval motivation.

(V) IMPORTANCE OF THE PRESENT STUDY-
Single parent families can be defined as families where a parent lives with dependent children, either alone in a larger household, without a spouse or partner. There was a rapid and drastic increase in the number of single-parent families in the latter half of the twentieth century, this change has been used by some to argue that we are witnessing the breakdown of the family (defined as a married couple residing with their dependent offspring) with negative effects for children, families, and society (Popenoe 1996). Others suggest that single-parent families have been present in all societies over time and should not be viewed as deviant or problematic, rather as an alternative family from (Coontz 1997). Regardless of how families diversity is viewed, the increase in and prevalence of families headed by one parent has a major influence on the social, economic, and political context of family life. Parenthood is challenging under the best of conditions. with one parents, the challenges are multiplied. Coping with childrearing for single parents becomes more difficult because of responsibility overload, when one parent makes all the decisions and provides for all of the family needs; task over-load, when the demands for work, housework, and parenting can be overwhelming for one person; and emotional overload, when the single parent must always be available.
to meet both their children’s emotional needs. Alone or in combination these result in problems for the single parent, including loneliness, anxiety, and depression support from friends and relatives can offset the effects of overload, with friends offering a buffer against loneliness and relatives giving more practical help (Gladow and Ray 1986). One difficulty is asking for help in a society that defines the family as an autonomous unit responsible for its own circumstance and well-being, however, few single parents can successfully raise children alone, despite the social expectation that noncustodial parents (usually the father) should only be responsible for supplemental financial support, while the custodial parent (usually the mother) takes on both parenting and economic roles (Goldscheider and Waite 1991). Some suggest that the ideal of an independent family head represents a Eurocentric view which is challenged by an African-American model of motherhood (Hill Collins 1994). In this model the importance of caring for and supporting children in the context of community development and social activism is emphasized. Children are cared for and raised by their own mothers (bloodmothers), other women in the community (other mothers), and relatives. African American children are more likely to live with a grandmother than are white and Hispanic children.

In mother-only families, children tend to experience short- and long-term economic and psychological disadvantage, higher absentee rates
at school, lower levels of education, and higher dropout rates (with boys more negatively affected than girls); and more delinquent activity, including alcohol and drug addiction. Adolescents, on the other hand, are more negatively affected by parental discord prior to divorce than by living in single-parent families and actually gain in responsibility as a result of altered family routines (Demo and Acock 1991). Children in single-mother homes are also more likely to experience health-related problems as a result of the decline in their living standard, including the lack of health insurance (Mauldin 1990) later, as children from single-parent families become adults, they are more likely to marry early, and divorce. Girls are at greater risk of becoming single-mothers as a result of nonmarital childbearing or divorce (McLanahan and Booth 1989). Although the research findings are mixed on long-term effects, the majority of children adjust and recover and do not experience severe problems over time (Coontz 1997).

A common explanation for the problems found among the children of single parents has been the absence of a male adult in the family (Gongla 1982). The relationship between children and non-custodial fathers can be difficult and strained. Fathers often become disinterested and detached from their children; in one study more than 60 percent of father either did not visit their children or had no contact with them for over a
year. The loss of a father in the family can have implications beyond childhood (Wallerstein and Blackslee 1989). However, the lack of a male presence may not be as critical as the lack of a male income to the family. The economic deprivation of single-parent family life, in combination with other sources of strain and stress, is a major source of the problems experienced by both parents and children. Thus the present study of mental health, self concept and social motives among children having single parents is very important in itself.