CHAPTER – I

Introduction & Conceptual Framework
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INTRODUCTION AND CONCEPTUAL FRAMEWORK

1.01 INTRODUCTION

Education is an integral part of every human being. It moulds him to a good citizen who really be an asset of a country. Through the process of education the individual acquires new habits, sentiments and attitudes, new knowledge, potentialities, abilities, purposes and ideals, and those help him to solve the problems of life more successfully to achieve superior adjustment onto his environments and to manipulate and exploit better the forces of nature. Education is a mirror held against the face of a people. Positive mental health is a necessary condition for better development of an individual. Keeping up mental health is one of the major problems of the world today. Because of rapid industrialization and sophistication of the modern social system, an individual often fails to maintain a balance between himself and his social environment. Mental health has emerged as a crucial concept in different walks of life; mental health in education has become the imperative need of the day. The mental health of adolescents is one of the major issues in modern world. Adolescence is a period of storm and stress. The number of adolescents who seeks counseling and other psychological help is on an increase in the modern technologically driven societies. According to Ross, “The aim of education is the development of valuable personality and spiritual individuality.”

World Health Organization (1998) has incorporated spiritual dimension in its latest definition of health. WHO defines health as dynamic state of complete physical, mental, spiritual, and social well being and not merely the absence or infirmity. Adolescence may be an especially important juncture in Spiritual / Religious development. Self-esteem means the evaluation which the individual makes and customarily maintain with regard to himself. Self-esteem is generally applied to feeling of worthiness. Temperament is a set of inborn traits that organizes the child’s approach to the world. These traits also determine how the individual goes about learning the world around him. The home and School carry great responsibilities with respect to the development of good mental health of the learner. Therefore the home and the school should be conducive to his mental health.
1.02 CONCEPTUAL FRAME WORK

EDUCATION

The word “Education” has been derived from the Latin word “educare” which means “to bring up” or “to nourish”. It has its origin in another word “educere” which means, “to lead forth”. The world book Encyclopedia (1989) describes education as a process by which people acquire knowledge, skill, habits, values and attitudes. Education helps people to adjust to changes. Education emphasizes general, important and refinement in behaviour, development of a personality, development of a person who has interest in wider aspect of his environment. Education emphasizes development of knowledge, understanding values and behaviour which are required in all walks of life. According to Gandhiji (Aggarwal J.C., 1999, P.6) “Education is an all round drawing out of the best in child and man, body, mind and spirit”.

Education is the fundamental right to all members of the society. It is the ultimate aim of life. Modern education aims at the harmonious development of the personality of an individual. Every individual is an active participant in the process of education. Continuous efforts have been made to extend education to all children. Education is the most important input for the development of an individual, society and nation in wider perspective, it provides the basic right type of values, adequate knowledge and essential skills. Education is the process by which the individual is helped to develop his innate potentialities so that he is well equipped for a gracious and harmonious life in the world. Education has to contribute the development, enhance mutual understanding between the people and communities and prepare citizens to understand and face the realities of globalization. ‘Education is the transmission of civilization,” says Will Durant. All kinds of activities which aims at developing the knowledge, moral values and understandings required in the work of life constitute what we mean to be education. Dr.Daulat.S. Kothari (1964-66) says “The destiny of India is now being shaped in the classroom”. (Dr.V.Dayakara Reddy and Dr.Digumarti Bhaskara Rao,2006). Education is often regarded as synonymous with learning. It proceeds from birth to death and the school is not the only agency that imparts education. School exerts greater influence in educating
the child and other social agencies like home, religion, press, radio, library, cinema, television, computer, Internet etc., supplement its work.

EDUCATION AND MENTAL HEALTH

In the mid-19th century, William Sweetzer was the first to clearly define the term “Mental hygiene”, which can be seen as the precursor to contemporary approaches to work on promoting positive mental health. Isaac Ray, one of thirteen founders of the American Psychiatric Association, further defined mental hygiene as an art to preserve the mind against incidents and influences which would inhibit or destroy its energy, quality or development. At the beginning of the 20th century, Clifford Beers founded the National Committee for Mental Hygiene. Jahoda (1958) has said that aspects of attitude towards self, growth and development, self actualization, integration of personality and mastery of the environment must be considered in judging whether a person is mentally healthy or not.

The WHO define mental health as the concept as: a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community. (WHO, 2007, p. 1). Individually, mental health affects our expressive, cognitive, perspective, relational, and coping abilities, undergirding our general health and wellbeing and capacity to integrate into and become productive members of society (Dwivedi & Harper, 2004). On a social level, mental health is perceived as a positive source contributing to asset development individually, socially, and economically (WHO, 2004). According to the WHO, child’s mental or behavioural disorders will rise to become one of the five most common causes of morbidity, mortality and disability among children by the year 2020 (WHO, 2001). As part of one’s overall health, mental and emotional health or well being is a necessary condition to enable one to manage one’s life successfully. Mental health is the emotional and spiritual resilience that allows one to enjoy life and to survive pain, suffering and disappointment. It is a positive sense of well being and an underlying belief in one’s own and others’ dignity and worth. Mental health is about how one feels inside. Balancing one’s emotions and having control on his, Self-esteem and confidence by being comfortable with whom they are coping with
one’s feelings and building up resilience on one’s “bounce-back ability”. Mental health is important as it affects everything one does – how one sleeps, what one eats, the risk one will take and the types of things one does to relax and enjoy one.

Some of the criteria for good mental health are Adequate feeling of security, Adequate self-evaluation, Adequate spontaneity and emotionality, Efficient contact with reality, Adequate bodily desires and the ability to gratify them, Adequate self-knowledge, Integration and consistency of personality, Adequate life goals, Ability to learn from experience, Ability to satisfy the requirements of the group and adequate emancipation from the group or culture. The National Association for Mental Health describes some of the characteristics of people with good mental health: comfortable feelings about one’s self, feeling ‘right’ about other people and being able to meet the demands of life. To attain these, one should get well or adjust to the environment. Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity. Mental health is indispensable to personal well-being, family and interpersonal relationships, and contribution to community or society. It is easy to overlook the value of mental health until problems surface. Yet from early childhood until death, mental health is the spring board of thinking and communication skills, learning, emotional growth, resilience, and self-esteem. These are the ingredients of each individual’s successful contribution to community and society.

Educators look for happiness and welfare of the students, they should take mental hygiene approach to curriculum, to methods of teaching and classroom practices, to school administrations and to discipline.

MENTAL HEALTH OF ADOLESCENCE

Adolescence is a distinct developmental period characterized by significant changes in hormones, brain and physical development, emotions, cognition, behavior, and interpersonal relationships. It has been defined as beginning with the onset of sexual maturation (puberty) and ending with the achievement of adult roles and responsibilities (Dahl, 2004). Mentally healthy children and adolescents enjoy a positive quality of life; function well at home, in school, and in their communities; and are free of disabling
symptoms of psychopathology (Hoagwood., 1996). Adolescents account for about 1/5th of India’s population. In recent times, newspapers reported many cases of suicides and attempts which mainly circumvented school life. This is particularly true of the class X and intermediate or pre university (PUC) students, who get frustrated because of the pressure imposed by the teachers and parents and factors like competition, high ambitions. These are more prone to vulnerability which may leads to ill health, negative feeling or suicides. Adolescents in disadvantaged communities are at elevated risk for exposure to multiple stressors, indicating high rates of crime and victimization, family poverty, family conflict, increased prevalence of deviant peers and school with inadequate resources (Gonzales., 2001). Certain developmental tasks to be achieved during adolescence are ; Achieving more mature relations with age mates, Learning to perform a masculine or feminine social role, accepting one’s physique and using the body effectively, achieving emotional independence of parents and other adults, preparing for economic independence, preparing for marriage and family life, achieving socially responsible behaviour and acquiring a set of values as a guide to behaviour, attainment of these developmental tasks helps adolescents to lay foundation for a successful adjustment in adulthood. Better mental health outcomes in adolescents are characterized by greater adaptation in family, school, and social environment, improved quality of life, and reduced symptoms of psychological disorders (Hoagwood, 1996). Positive mental health is also link to better physical health, increased pro-social behaviors, and participation in less adverse behaviors in adolescence (Resnick, 2000). Poor mental health and well-being (i.e. depression, low self-esteem) during the adolescent years can lead to adolescent health risk behaviors, school failure, physical ill-health, suicide, involvement in juvenile and criminal justice systems, negative life choices, and mental disorders in adulthood (Lewinsohn., 1993; Canals, 2002; Trzesniewski, 2006; Hjemdal.,2007).

RELEVANCE OF SPIRITUALITY ON MENTAL HEALTH

The word spirituality comes from the Latin word “Spiritus” which means breath of life is a way of being and experiencing that comes about through awareness of a transcendental dimension and that is characterized by certain identifiable
values in regard to self, others, nature, life and whatever one considers to be ultimate (Elkins 1998).

Spirituality means believing in a higher power and action on a value system beyond self interest. It is a guiding force, which provides a sense of purpose and support in everyday life and during difficult times (Thames & Thomson, 2000). They pointed out that spirituality provides hope, support and sense of purpose to life. Spirituality provides tools and models for building good relationships in the family. It is the key element in establishing strong caring families. It provides a way to deal with successes and failures especially in relationship with family.

Most people judge an adolescent as spiritual by his practices, rather than by his faith. As Thames and Thomson (2000) put it, the adolescent years can be filled with many changes and transitions that cause pain and confusion. A strong spiritual base can make, these life events easier and give adolescents a sense of control over their destiny. It can open up positive ways of dealing with situations that challenge who they are and where they are going in life. Adolescents can be very sensitive and emotional stage, but with a strong sense of spirituality, it can be a time of positive growth.

Research finds that contemporary parents have a strong and direct influence on their religious beliefs (Martin, White & Perlman, 2003) According to Philip and Greeydanus (2003), early adolescents experience a search for membership, an internal questioning about the groups or communities of which they are most naturally a part. Family, society, and organization they belong to all influence them profoundly. They began to construct their faith interpersonally. They recompose their image of God, developing a personal relationship with God, God becomes a personal God, who knows, accepts and confirms them deeply.

Dai, Nolan, and Zeng (2002) opined that religious involvement appears to have the largest impact on how early adolescents evaluate themselves. Rhule and Soriano (2005) also supported their views with the point that religion plays a powerful role in teens every day lives.

Reinhold (1998) is of the opinion that adolescents have customary ways of integrating various dimensions of religious experiences into their spiritual life in a manner, which is consistent with typical adolescents’ psychological development.
There is some evidence that spiritual intelligence development and spiritual experiences are helpful for health. At the same time, there is a significant relationship between awareness of spiritual experiences and health (Hay & Morisy, 1990; Ioannis & Ioannis, 2005). As a whole, it seems spiritual functions can be used as an instrument in relation with individual mental health.

**FAMILY ENVIRONMENT AND MENTAL HEALTH**

The term family has its root in the Latin word 'familia' that denotes a household establishment, akin to 'famulus', which denoted a servant who came from that household establishment. In the ancient Roman law, the word denoted the group of producers, slaves and other servants as well as members connected by common descent or marriage. Family as we understand today has been defined in the Oxford dictionary as (i) The body of persons who live in one house or under one head, including parents, children, servants, (ii) The group consisting of parents and their children, whether living together or not; in wider sense, all those who are nearly connected by blood or affinity. (iii) A person's children reared collectively. (iv) Those descended, or claiming descent from a common ancestor. From the point of view of psychiatry, family denotes a group of individuals who live together during important phases of their life time and are bound to each other by biological, social and psychological relationship. It is a group defined by a sexual relationship sufficiently precise and enduring to provide for the procreation and upbringing of children.

When we look at the family as a unit, the following features are common across the globe: it is universal, permanent, nucleus of all social relationships, has an emotional basis, has a formative influence over its members, teaches its members as to what is their social responsibility and the necessity for co-operation and follows a social regulation. The family environment of the child plays a vital role in developing sound mental health. In the words of Chauhan (1996), parents should keep the following consideration: provide proper affection and love to the child, provide conducive environment in home, do not criticize the child, do not compare the child with other children, do not anxious about the future of the child; Try to be democratic in your dealings.
According to Baumrind (1971) authoritative parenting is a democratic style of parenting that encourages children to be independent while placing realistic limits, demands and controls on their behavior. A number of researchers have investigated the relationship between family variables and mental health outcomes (Hetherington & Martin, 1979; Patterson, 1982; Petit & Bates, 1989).

**SELF-ESTEEM AND MENTAL HEALTH**

The term self-esteem is one of the oldest concepts in psychology has been first coined by the American psychologist and philosopher William James in 1890. It is one’s mental perception of his qualities, not physical features. Generally self-esteem refers to how we feel about ourselves i.e., it is a subjective feeling of self-worth build from the respect and sense of worth reflected back on the persons from significant others. Rosenberg (1965) describes self esteem as a favorable or unfavorable attitude towards self.

Self-esteem, is the value we place on ourselves. It is the feeling we have about all the things we see ourselves to be. It is the knowledge that we are lovable, capable, and unique. Good self-esteem means: having a healthy view of oneself, having a quiet sense of self-worth, having a positive outlook, feeling satisfied with oneself most of the time, setting realistic goals.

Low self-esteem has been implicated in depression, suicide, anorexia nervosa, delinquency, and other adjustment problems (Damon & Hart, 1988; Fenzel, 1994; Harter 7 Marold, 1992; Markus & Nurriss, 1986; Pfeff, 1996). The seriousness of the problem depends not only on the nature of the adolescents’ low-esteem but on the other factors as well (Santrok, 1996). When low self-esteem is compounded by difficult school transition or family life, or other stressful events, the adolescents’ problems can intensify (Rutter & Garmezy, 1983; Simmons & Blyth, 1987).

SCHOOL ENVIRONMENT AND MENTAL HEALTH

The term environment derived from a French word “Environ” to form a ring. French suffix- ‘ment’ which expresses the results or products of the verb means conditions or influences, under which any person lives or develops. Such environment includes the type of equipments and facilities, the school offers, the training, the specialization, and the experiences of its staff, the average per pupil expenditure and the average size group of the pupils.

School means institution for educating children or giving instruction of more elementary. Environment means surrounding objects and religious or conditions of the school, which affects the life of a person. School is a place where students get together, share instructions and social infrastructures, which is fundamental to shape their interests attitudes and habits. Many activities in the classroom have an influence on the pupils and are like hidden curriculum. These are instrumental for personality development. School environment is the most significant and which can be easily removed. It refers to the type of teaching facilities or curriculum that the school offers or it refers to non-academic advantages reflected in the manners and the social standing of the child friendship groups. School does not only afford opportunities in a variety of extra curricular activities, but also music, dramatics’ and bewildering array of club and small group activities serving individual interests and talents. Hence the atmosphere of the school and of the classroom needs careful attention. If the school provides opportunities for the expression of the drives of the child, the child improve his mental health (N.L. Dosajh (1982)).

Awareness of the importance of educational environment has increased. Moreover, in recent years, efforts have been directed at creating healthy environments in general, including promoting health at schools (Weare, 2000). Schools are complex social systems. A clear academic emphasis, teachers’ consistent management style, praise of pupils for work well done, greater responsibilities given to children, encouragement of pupils and co-operation between teachers characterise schools with a good climate (Rutter, 1979; Ouston ,1980). A favourable school climate is beneficial in several ways, as it not only predicts good academic achievement, but also good student behaviour and positive self-esteem (Rutter., 1979; Ouston., 1980; Hoge ,1990).
TEMPERAMENT AND MENTAL HEALTH

Modern study of temperament was begun by Thomas, Chess, and Birch (1968), who led the New York Longitudinal Study which examined biologically based temperament traits in children. Temperament is usually conceptualized as biologically based, emotional responses to environmental stimuli (Thomas & Chess, 1977). Nigg (2006) defines temperament as the psychobiology of “individual differences in basic behavioural response styles or dispositional traits” (Nigg, 2006, p. 395). Most contemporary researchers, however, maintain that both hereditary and environmental influences shape temperament (Rothbart & Derryberry, 2002).

Temperament is the characteristic phenomena of an individual’s nature including his susceptibility to emotional situations, his customary strength, and all the peculiarity of fluctuation and of mood. These phenomena are regarded as dependents on constitutional making and therefore largely hereditary in origin. The temperamental factors exist from an early age and remain reasonably constant over the years. Temperament has been shown to play a role in the etiology and maintenance of externalizing behaviors in both children and adults Lahey, (2004). Temperament refers to a person’s style, how he or she reacts and responds – for example, whether intensely or mildly. Temperament is thought to be biologically based, and is visible from early in life. It refers to how a child acts, not what a child does.

The psychobiological personality model of Cloninger (2010) distinguishes four heritable temperament traits harm avoidance, novelty seeking, reward dependence and persistence and three character traits self-directedness, cooperativeness and self-transcendence which develop during lifetime. Certain temperament traits are often considered “difficult”. For example, children who show their likes and dislikes very negatively and intensely, or who are inflexible and non-adaptable, tend to be more difficult to live with than those who are easy-going and can regulate their behaviour to accommodate the demands and constraints of their social world.
1.3. SIGNIFICANCE OF THE STUDY

Mental Health approach in education has emerged as strong movement that has spread to all enlightened educational systems of the world. It is for the reason that it has become a popular theme for research among psychologist and educationist. The mental health practices must be woven into the fabric of the school day. While we must have education in mental health and we must also have mental health in education. It is very widely accepted that good mental health would definitely enhance the efficiency of learning and will therefore, lead to more satisfying school accomplishments. Despite the crucial nature of spirituality, psycho-social factors like self-esteem, family environment, school environment and temperament under study, researchers relating to this area have been quite unsatisfactory. The researches relating to mental health of adolescents in higher secondary school needs to be strengthened. Adolescents who do not reach their full potential, who are destined to make fewer contributions to society than social needs, and who do not take their place as productive adults, diminish that society’s future. School curriculums in many countries have been adapted to teach new topics: AIDS, adolescent suicide, drug and alcohol abuse. Messages of media are powerful and contradictory. They pour out a bizarre version of reality into the imagination of adults. A considerable number of adolescents are in high-risk category of drug and alcohol abuse, depression and sexually transmitted diseases Dryfoos, (1990). The main goal of any type of education is development of sound mental health. In fact mental health is an inseparable part of education.

The role of Parents in molding the personality of the child is very important. Many researches stress the role of parents in developing mentally healthy individuals. Parents determining the behaviour of their children both direct and indirect influence. But due to changing family patterns parents seldom get the opportunity to mould them onto healthy adults.

The school too has its influence on the child’s personality developments and the teacher next to the parent, has the greatest responsibility and the opportunity to foster mental health. Since the child spends a major part of his working hours in the school, the responsibility to the school cannot be limited solely to intellectual training. Self-esteem builds conviction, optimism, relationship, and sensitivity, open to the challenges, ability
and responsibility. Temperament refers to individual differences in behavioural characteristics which appear early in childhood and are stable to a certain extent. Even though there is a genetic basis for temperamental dispositions of an individual, these are modified by environmental facts. The present study is primarily an attempt to find the relationship between mental health and spirituality and identifying some basic psycho-social variables which determine mental health status of higher secondary students.

The result of the study will be of helpful in the following ways: Developing new educational strategies that will help in improving Psycho-Social variables and there by mental health, forming new theories of mental health in terms of spirituality and Psycho-Social variables used in the study, to suggest mental health programmes in schools, restoration of mental health and protection against hazards to mental health. The study will be the eye opener for administrative personals of the school to provide conducive environment to develop mental health. Because of the above mentioned facts, the investigator strongly convinced that a study on mental health of adolescents in relation to the spirituality and certain factors like self-esteem, family environment, school environment and temperament is meaningful. By all means, the test results will serve a valuable aid in guidance and counseling.

1.4. STATEMENT OF THE PROBLEM

“MENTAL HEALTH OF ADOLESCENTS IN RELATION TO SPIRITUALITY AND CERTAIN PSYCHO-SOCIAL FACTORS”

1.5. DEFINITIONS OF KEY TERMS

a. Mental Health:

Wholesomeness of mind, analogous to the wholesomeness of body implicit in physical health, extended in modern usage to include all aspects of adequacy of individual integration.

b. Adolescent:
The period of human life distinguished by maturation of organs and functions of reproduction, extending from the onset of puberty to adulthood. An individual who is in this period of life is referred to as an adolescent.

c. Spirituality:

Spirituality means believing in a higher power and action on a value system beyond self interest. It is a guiding force which provides a sense of purpose and support in every day life and during difficult times.

d. Psycho-Social factors:

The Psycho-Social factors selected in the present study are;

Family Environment: Family environment refers to the physical, psychological and social status of household and the members within it, characterized by adequate communication, support, connectedness and control.

Self-Esteem: Self esteem is the value each one places on their own characteristics, abilities and behavior. Self esteem indicates that the extent to which one believes oneself to be significant capable and worthy.

Temperament: Temperament is the innate aspect of an individual’s personality, such as introversion or extroversion. Temperament is defined as that part of the personality which is genetically based.

School Environment: School environment refers to the atmosphere of the school characterized by democratic and conducive to the proper mental growth of the learners. It should provide opportunities for satisfaction of their needs of freedom.

1.6. OBJECTIVES

PART – I  PERCENTAGE ANALYSIS

1. To find out the level of Mental Health and its dimension such as attitude towards self, perceptions of reality, social competence, regularity of habits, emotional stability, autonomy and mental health total of Higher Secondary Students with respect to the background variables such as gender, age, religion, community,
class, type of management, location of school, number of siblings, and type of family.

2. To find out the level of perception of Family Environment of Higher Secondary Students with reference to background variables such as gender, age, religion, community, class, type of management, location of school, number of siblings, and type of family.

3. To find out the level of Spirituality of Higher Secondary Students with reference to background variables such as gender, age, religion, community, class, type of management, location of school, number of siblings, and type of family.

4. To find out the level of Self-Esteem of Higher Secondary Students with reference to background variables such as gender, age, religion, community, class, type of management, location of school, number of siblings, and type of family.

5. To find out the level of perception of School Environment of Higher Secondary Students with reference to background variables such as gender, age, religion, community, class, type of management, location of school, number of siblings, and type of family.

6. To find out the level of Temperament and its dimensions such as mal-adjustment, gregariousness and thoughtfulness of Higher Secondary Students with reference to background variables such as gender, age, religion, community, class, type of management, location of school, number of siblings, and type of family.

**PART – II DIFFERENTIAL ANALYSIS**

1. To find out significant difference between Higher Secondary Students in Mental Health and its dimensions such as attitude towards self, perceptions of reality, social competence, regularity of habits, emotional stability, autonomy and mental health total with respect to gender, age, religion, community, class, type of management, location of school, number of siblings, type of family and subject stream.

2. To find out significant difference between Higher Secondary Students in their perception of Family Environment with respect to all background variables such
as gender, age, religion, community, class, type of management, location of school, number of siblings, type of family and subject stream.

3. To find out significant difference between Higher Secondary Students in Spirituality with respect to all background variables such as gender, age, religion, community, class, type of management, location of school, number of siblings, type of family and subject stream.

4. To find out significant difference between Higher Secondary Students in Self-Esteem with respect to all background variables such as gender, age, religion, community, class, type of management, location of school, number of siblings, type of family and subject stream.

5. To find out significant difference between Higher Secondary Students in their perception of School Environment with respect to all background variables such as gender, age, religion, community, class, type of management, location of school, number of siblings, type of family and subject stream.

6. To find out significant difference between Higher Secondary Students in Temperament and its dimensions such as mal-adjustment, gregariousness and thoughtfulness with respect to gender, age, religion, community, class, type of management, location of school, number of siblings, type of family and subject stream.

**PART – III ASSOCIATIONAL ANALYSIS**

1. To find out significant association between Parents’ Education and Mental Health and its dimensions of Higher Secondary Students.

2. To find out significant association between Parents’ Employment and Mental Health and its dimensions of Higher Secondary Students.

3. To find out significant association between Parents’ Income and Mental Health and its dimensions of Higher Secondary Students.

4. To find out significant association between perception of Family Environment of Higher Secondary Students and background variables such as Parents’ Education, Parent’s Employment and Parent’s Income.
5. To find out significant association between Spirituality of Higher Secondary Students and background variables such as Parents’ Education, Parents’ Employment and Parents’ Income.

6. To find out significant association between Self-Esteem of Higher Secondary Students and background variables such as Parents’ Education, Parents’, Employment and Parents’ Income.

7. To find out significant association between the perception of School Environment of Higher Secondary Students and background variables such as Parents’ Education, Parents’ Employment and Parents’ Income.

8. To find out significant association between Parents’ Education and Temperament and its dimensions of Higher Secondary Students.


10. To find out significant association between Parents’ Income and Temperament and its dimensions of Higher Secondary Students.

PART – IV CORRELATIONAL ANALYSIS

1. To find out significant correlation between Mental Health and its dimensions and perception of Family Environment.

2. To find out significant correlation between Mental Health and its dimensions and Spirituality.

3. To find out significant correlation between Mental Health and its dimensions and Self-Esteem.

4. To find out significant correlation between Mental Health and its dimensions and perception of School Environment.

5. To find out significant correlation between Mental Health and its dimensions and Maladjustment.

6. To find out significant correlation between Mental Health and its dimensions and Gregariousness.
7. To find out significant correlation between Mental Health and its dimensions and Thoughtfulness.
8. To find out significant correlation between Mental Health and its dimensions and Temperament

PART – V  FACTOR ANALYSIS
To find out the factors involved in the various dimensions of temperament.

1.7. HYPOTHESES

PART – I  PERCENTAGE ANALYSIS
1. The level of Mental Health and its dimensions of Higher Secondary Students is low with reference to gender, age, religion, community, class, type of management, location of school, number of siblings, and type of family.
2. The level of perception of Family Environment of Higher Secondary Students is low with reference to background variables.
3. The level of Spirituality of Higher Secondary Students is low with reference to background variables.
4. The level of Self-Esteem of Higher Secondary Students is low with reference to background variables.
5. The level of perception of School Environment of Higher Secondary Students is low with reference to background variables.
6. The level of Temperament and its dimensions of Higher Secondary students is low with reference to gender, age, religion, community, class, type of management, location of school, number of siblings, and type of family.

PART – II  DIFFERENTIAL ANALYSIS
1. There is no significant difference between Higher Secondary Students in Mental Health and its dimensions such as attitude towards self, perceptions of reality, social competence, regularity of habits, emotional stability, autonomy and mental health total with respect to gender, age, class, location of school and type of family. There is no significant difference among Higher Secondary Students in
Mental Health and its dimensions with respect to religion, community, type of management, number of siblings and subject stream.

2. There is no significant difference between Higher Secondary Students in their perception of Family Environment with respect to background variables such as gender, age, class, location of school and type of family. There is no significant difference among Higher Secondary Students in their perception of Family Environment with respect to background variables such as religion, community, type of management, number of siblings and subject stream.

3. There is no significant difference between Higher Secondary Students in Spirituality with respect to background variables such as gender, age, class, location of school and type of family. There is no significant difference among Higher Secondary Students in Spirituality with respect to background variables such as religion, community, type of management, number of siblings and subject stream.

4. There is no significant difference between Higher Secondary Students in Self-Esteem with respect to background variables such as gender, age, class, location of school and type of family. There is no significant difference among Higher Secondary Students in Self-Esteem with respect to background variables such as religion, community, type of management, number of siblings and subject stream.

5. There is no significant difference between Higher Secondary Students in their perception of School Environment with respect to background variables such as gender, age, class, location of school and type of family. There is no significant difference among Higher Secondary Students in their perception of School Environment with respect to background variables such as religion, community, type of management, number of siblings and subject stream.

6. There is no significant difference between Higher Secondary Students in Temperament and its dimensions with respect to gender, age, class, location of school and type of family. There is no significant difference among Higher Secondary Students in Temperament and its dimensions with respect to religion, community, type of management, number of siblings and subject stream.
PART – III ASSOCIATIONAL ANALYSIS

1. There is no significant association between Parents’ Education and Mental Health and its dimensions.
2. There is no significant association between Parents’ Employment and Mental Health and its dimensions.
3. There is no significant association between Parents’ Income and Mental Health and its dimensions.
4. There is no significant association between Family Environment and background variables such as Parents’ Education, Parents’ Employment and Parent’s Income.
5. There is no significant association between Spirituality and background variables such as Parents’ Education, Parents’ Employment and Parents’ Income.
6. There is no significant association between Self-Esteem and background variables such as Parents’ Education, Parents’ Employment and Parents’ Income.
7. There is no significant association between School Environment and background variables such as Parents’ Education, Parents’ Employment and Parents’ Income.
8. There is no significant association between Parents’ Education and Temperament and its dimensions.
9. There is no significant association between Parents’ Employment and Temperament and its dimensions.
10. There is no significant association between Parents’ Income and Temperament and its dimensions.

PART – IV CORRELATIONAL ANALYSIS

1. There is no significant correlation between Mental Health and its dimensions and Family Environment.
2. There is no significant correlation between Mental Health and its dimensions and Spirituality.
3. There is no significant correlation between Mental Health and its dimensions and Self Esteem.
4. There is no significant correlation between Mental Health and its dimensions and School Environment.
5. There is no significant correlation between Mental Health and its dimensions and Maladjustment.
6. There is no significant correlation between Mental Health and its dimensions and Gregariousness.
7. There is no significant correlation between Mental Health and its dimensions and Thoughtfulness.
8. There is no significant correlation between Mental Health and its dimensions and Temperament

**PART – V FACTOR ANALYSIS**

There is no significant positive loading of various dimensions of temperament.

1.08. DELIMITATIONS OF THE STUDY

1. The geographical area selected for the present study is Thiruvananthapuram District. The Higher Secondary students in Thiruvananthapuram district is the population and a sample of 800 higher secondary students were selected for the present study.

2. The present study covers only six dimensions of Mental Health (attitude towards self, perceptions of reality, social competence, regularity of habits emotional stability, autonomy and Mental Health) and three dimensions of Temperament (Maladjustment, Gregariousness, Thoughtfulness)

1.9. LIMITATIONS

As the tools provide socially acceptable answers there is possibility for misconception.

1.10. CONCLUSION
The Mental Health status of Adolescents in Higher Secondary level can be evaluated in 6 dimensions. They are attitude towards self, perceptions of reality, social competence, regularity of habits, emotional stability, autonomy and Mental Health.

The investigator raises the following questions to be answered in the present study.

1. What is the level of Mental Health of adolescents in Higher Secondary level?
2. Is there any correlation between Mental Health & Spirituality, Family environment, School Environment, Self Esteem & Temperament?