

MENTAL HEALTH AND PSYCHOLOGICAL WELL-BEING AMONG ADOLESCENTS OF JOINT AND NUCLEAR FAMILY

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Abstract: Present research was undertaken to study mental health and psychological well-being among adolescent of joint and nuclear family. 30 adolescent from joint family and 30 adolescent from nuclear family were randomly selected Naroda area of Ahmedabad city. Mental health inventory by Jagdish and A.K. Shrivastava and Psychological well-being scale by S.K Verma and Anita Verma were used for data collection. To test the null hypotheses t test was used. Results reveals that significant difference was existed between adolescent of joint and nuclear family on mental health dimension such positive self-evaluation, perception of reality, integration of personality, autonomy, group-oriented attitudes and environmental mastery. Significant difference was also found on overall mental health. Significant difference was found on psychological well-being also.

I. INTRODUCTION

“Looking after one’s mind is as important as looking after one’s body”. 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 a person thinks, feels, and acts when faced with life’s situations. 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, relating to other people, and making decisions.

According to (Hoagwood et al., 1996): 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.

Psychological well-being (SWB) refers to how people experience the quality of their lives and includes both emotional reactions and cognitive judgments. Psychologists have defined happiness as a combination of life satisfaction and the relative frequency of positive and negative affect. SWB therefore encompasses moods and emotions as well as evaluations of one’s satisfaction with general and specific areas of one’s life. Concepts encompassed by SWB include positive and negative affect, happiness, and life satisfaction. Positive psychology is

particularly concerned with the study of SWB. SWB tends to be stable over time and is strongly related to personality traits. There is evidence that health and SWB may mutually influence each other, as good health tends to be associated with greater happiness, and a number of studies have found that positive emotions and optimism can have a beneficial influence on health.

Bhupinder Singh and Rakhi Udainiya (2009) found that significant effect of type of family and gender on self-efficacy. The interaction between type of family and gender was also found to be significant; however neither family type nor gender had significant effect on the measure of well-being.

Ahmed Abdel-Khalek (2013) found that Kuwaiti students obtained a significantly higher mean score on religiosity than did their American counterparts, whereas American students had higher mean scores on the ASMH, and the self-rating scales of both mental health and physical health. Significant correlations were found between the ASMH, self-esteem, optimism and religiosity (positive), whereas the correlations between these scales and pessimism and hopelessness were negative. Two factors were retained in both countries: “Mental health versus hopelessness” and “Self-ratings of religiosity and health”. Predictors of ASMH were optimism, self-esteem and the self-rating of mental health in both countries and, in addition, hopelessness (negative) and religiosity in the American sample.

Dr. P. Viswanath (2014) found that adolescent from nuclear family have better mental health than adolescent from joint family, female adolescent have better mental health than the male adolescent, urban adolescent have better mental health than the rural adolescent.

Elvira Cicognani, Cinzia Albanesi and Bruna Zani (2008) found that the significant impact of the residential context on youngsters’ perceived residential quality, Stress and Psychological well-being outcomes; such effect partly differs according to participants’ gender and age. Adolescents are less satisfied of their living context and enjoy lower well-being than young adults. Social resources (Friend and Family Support) significantly buffer the effect of a deprived residential context of youngsters’ well-being, whereas personal resources (Self-Efficacy) directly increase well-being levels.

Malin Bergström and et.al (2013) found that children who

spent equal time living with both parents after a separation reported better wellbeing than children in predominantly single parent care. This was particularly true for the 15-year-olds, while the reported wellbeing of 12-years-olds was less satisfactory. There is a need for further studies that can account for the pre and post separation context of individual families and the wellbeing of younger age groups in joint physical custody.

Shruti Raina and Dr. Kiran Sumbali Bhan (2013) that girls showed more insecure feelings than the boys; adolescents of nuclear families were more insecure than those of joint families; the first born adolescents showed more insecurity in comparison to last born; the middle born adolescents showed more insecurity than the last born.

Alexander M. Danzer and Natalia Danzer (2011) found that higher depression and trauma rates as well as poorer psychological life expectancy among those stronger affected by Chernobyl. Expressed in monetary terms, the estimated amount of income required to compensate for the experienced utility loss amounts to an annual cost of seven percent of Ukraine's GDP.

II. STATEMENT OF PROBLEM

In the present research main aim is to study and compare mental health and psychological well-being of the adolescent of joint and nuclear family. The exact problem of the present research is as under: "Mental health and psychological well-being among adolescent of joint and nuclear family".

A. Objectives

The main objective of the present research is as under:

- To assess mental health like positive self-evaluation, perception of reality, integration of personality, autonomy, group-oriented attitudes and environmental mastery between adolescent of joint and nuclear family.
- To assess psychological well-being between adolescent of joint and nuclear family.

B. Hypotheses

The main hypothesis of the present research is as under:

- 1) There will be no significant difference between adolescent of joint and nuclear family with regards to their mental health like positive self-evaluation, perception of reality, integration of personality, autonomy, group-oriented attitudes and environmental mastery.
- 2) There will be no significant difference between adolescent of joint and nuclear family with regards to their psychological well-being.

C. Sample

In the present research 30 adolescent of joint family and 30 adolescent of nuclear family were randomly selected from Ahmedabad City.

D. Variables

In the present research work types of family were considered as independent variables and scores of mental health and psychological well-being of adolescent of joint and nuclear family were considered as dependent variables.

E. Tools

The following tools were used in present study for the data collection as under:

- 1) Mental Health Inventory by Dr. Jagdish and Dr. A.K. Srivastav.
- 2) Psychological Well-Being Measurement by S.K Varma and Anita Varma.

E.1 MENTAL HEALTH INVENTORY

1) Reliability

The reliability of the inventory was determined by split-half method 'using odd-even procedure. The Table gives the reliability coefficients of different dimensions mental health and overall.

No.	Dimensions of Mental health	Reliability index
1.	Positive self-evaluation	.75
2.	Perception of reality	.71
3.	Integration of personality	.72
4.	Autonomy	.72
5.	Group oriented attitude	.74
6.	Environmental competence	.71
	Over all	.73

Table.1. Showing reliability coefficients

2) Validity

Construct validity of the inventory is determined by finding coefficient of correlation between scores on mental health inventory and general health questionnaire (Gold berg, 1978). It was found to be .54. It is noteworthy here that high score on the general health questionnaire indicates poor mental health.

E.2 Psychological Well-Being Measurement Reliability

It was measured by K.R. 20 formula and was found to be 0.98 ($p < .01$) (Verma, Dube and Gupta, 1983), while test-retest reliability was 0.91 ($p < .01$) (Moudgil et. al. 1986) for

the English Version and 0.96 ($p < .01$) for the Hindi Version (Moudgil et.al. 1986).

1) Validity

The test was correlated with a number of tests in different studies. High validity was found.

2) Procedure

After establishing the rapport each subject was given mental health inventory and psychological well-being measurement. All the instructions were strictly followed, which were given by the authors of the tests ended with an expression of thanks to the subjects for their co-operation. After completion of data collection scoring of each test will be done by the scoring key of each test.

3) Statistical analysis

To find out the significance mean difference between adolescent of joint and nuclear family with regards to the scores of mental health and psychological well-being 't' test was used.

III. RESULTS AND DISCUSSION

In above Table-1 an attempt is made to find out the significant difference between adolescent of joint and nuclear family on mental health inventory.

Mean scores of adolescents of joint family on positive self-evaluation is 29.37 and SD is 2.50 and mean scores of adolescents of nuclear family on positive self-evaluation is 24.3 and SD is 2.04. The 't' value is 3.85 Which is significant at .01 level. It means adolescents of joint family differ significantly as compare to adolescents of nuclear family on positive self-evaluation.

Mean scores of adolescents of joint family on perception of reality is 24.13 and SD is 2.28 and mean scores of adolescents of nuclear family on perception of reality is 20.27 and SD is 1.7. The 't' value is 7.42 Which is significant at .01 level. It means adolescents of joint family differ significantly as compare to adolescents of nuclear family on perception of reality.

Mean scores of adolescents of joint family on integration of personality is 34.00 and SD is 2.22 and mean scores of adolescents of nuclear family on integration of personality is 31.00 and SD is 1.97. The 't' value is 5.50 Which is significant at .01 level. It means adolescents of joint family differ significantly as compare to adolescents of nuclear family on integration of personality.

Mean scores of adolescents of joint family on autonomy is 20.6 and SD is 2.30 and mean scores of adolescents of nuclear family on autonomy is 15.00 and SD is 1.69. The 't' value is 6.29 Which is significant at .01 level. It means adolescents of joint family differ significantly as compare to adolescents of nuclear family on autonomy.

Mean, SD and t value of adolescents of joint and nuclear

family on mental health inventory as under:

Mean scores of adolescents of joint family on group-oriented attitudes 33.5 and SD is 2.23 and mean scores of adolescents of nuclear family on group-oriented attitudes is 24.37 and SD is 3.40. The 't' value is 12.34 Which is significant at .01 level. It means adolescents of joint family differ significantly as compare to adolescents of nuclear family on group-oriented attitudes.

No	Dimension of Mental health	Adolescent Group	N	Mean	SD	t	Level of Significant
1.	Positive self-evaluation	Joint family	30	29.37	2.50	3.85	.01
		Nuclear family	30	24.3	2.04		
2.	Perception of reality	Joint family	30	24.13	2.28	7.42	.01
		Nuclear family	30	20.27	1.7		
3.	Integration of personality	Joint family	30	34.00	2.22	5.50	.01
		Nuclear family	30	31.00	1.97		
4.	Autonomy	Joint family	30	20.6	2.30	6.29	.01
		Nuclear family	30	15.00	1.69		
5.	Group-oriented attitudes	Joint family	30	33.5	2.23	12.34	.01
		Nuclear family	30	24.37	3.40		
6.	Environmental mastery	Joint family	30	32.7	2.11	2.56	.05
		Nuclear family	30	32.4	1.85		
7.	Overall	Joint family	30	170.4	10.73	5.53	.01
		Nuclear family	30	157.63	6.67		

Table.2. Significant difference between adolescent of joint and nuclear family on mental health inventory

Mean scores of adolescents of joint family on Environmental mastery is 32.7 and SD is 2.11 and mean scores of adolescents of nuclear family on Environmental mastery is 32.4 and SD is 1.85. The 't' value is 2.56 Which is significant at .05 level. It means adolescents of joint family differ significantly as compare to adolescents of nuclear family on Environmental mastery.

Mean scores of adolescents of joint family on Overall is 170.4 and SD is 10.73 and mean scores of adolescents of nuclear family Overall is 157.63 and SD is 6.67. The 't' value is 5.53 Which is significant at .01 level. It means adolescents of joint family differ significantly as compare to

adolescents of nuclear family on Overall.

Mean, SD and t value of adolescents of joint and nuclear family on psychological well-being measurement as under:

No		Adolescent Group	N	Mean	SD	t	Level of Significant
1.	Psychological well-being	Joint family	30	16.00	1.79	4.69	.01
		Nuclear family	30	14.00	1.46		

Table.3. Significant difference between adolescent of joint and nuclear family on psychological well-being.

In above Table-2 an attempt is made to find out the significant difference between adolescent of joint and nuclear family on psychological well-being.

Mean scores of adolescents of joint family on psychological well-being is 16.00 and SD is 1.79 and mean scores of adolescents of nuclear family psychological well-being is 14.00 and SD is 1.46. The 't' value is 4.69 which is significant at .01 level. It means adolescents of joint family differ significantly as compare to adolescents of nuclear family on psychological well-being.

IV. CONCLUSION

- 1) Significant difference was existed between adolescent of joint and nuclear family on mental health dimension such positive self-evaluation, perception of reality, integration of personality, autonomy, group-oriented attitudes and environmental mastery and also overall mental health.
- 2) Significant difference was existed between adolescent of joint and nuclear family on psychological well-being.

REFERENCES

[1] Bhupinder Singh and Rakhi Udainiya (2009) "Self-Efficacy and Well-Being of Adolescents"; Journal of the Indian Academy of Applied Psychology, Vol. 35, No. 2, 227-232.

[2] Hoagwood, K., Jensen, P. S., Petti, T. and Burns, B. J., 1996, Outcomes of mental health care for children and adolescents: I. A comprehensive conceptual model. J. Am. Aca. Chd. Adol. Psych., 35: 1055-1063.

[3] Ahmed Abdel-Khalek & David Lester (2013) mental health, psychological well-being, and religiosity: Significant associations in Kuwait and USA; journal of Muslim mental health; Volume 7, Issue 2.

[4] Dr. P. Viswanath (2014) Impact gender, locality and type of family on mental health among adolescents; Global journal for research analysis; volume: 3 Issue: 1 ISSN: 2277-8160. romo Adolescents' Mental Health.

[5] Elvira Cicognani, Cinzia Albanesi, & Bruna Zani (2008) The impact of residential context on adolescents' Psychological Well-being; Journal of Community & Applied Social Psychology; Volume 18, Issue 6, pages 558-575.

[6] Malin Bergström, Bitte Modin, Emma Fransson, Luis Rajmil, Marie Berlin, Per A Gustafsson and Anders Hjern (2013) Living in two homes-a Swedish national survey of wellbeing in 12 and 15 year olds with joint physical custody; Bergström et al. BMC Public Health, 13:868; <http://www.biomedcentral.com/1471-2458/13/868>.

[7] Shruti Raina and Dr. Kiran Sumbali Bhan (2013) A Study of Security-Insecurity Feelings among Adolescents in Relation to Sex, Family System and Ordinal Position; International Journal of Educational Planning & Administration. ISSN 2249-3093 Volume 3, Number 1, pp. 51-60.

[8] Alexander M. Danzer and Natalia Danzer (2011) "The Long-Term Effects of the Chernobyl Catastrophe on Psychological Well-Being and Mental Health"; IZA Discussion Paper No. 5906.