

Review Of Research

STUDY OF MENTAL HEALTH OF INDIAN AND KENYAN COLLEGE GOING STUDENTS

Abstract:-

The aim of the study was to find out whether the Mental health of college going students was related to their parents education ; the area where they stay and years they spend in India. The sample consisted of 160 college going students from various colleges of kolhapur and poona city. Subject will be selected rural and urban area male and female students from High Social Economic Status and Low Social Economic Status. The tool used Mental Health Battery developed and constructed by Arun Singh, Alpana Gupta. It was found that there was Significant difference in Indian and Kenyan students Mental Health. There was not found Significant difference is kenyan male and female students. There was Significant difference in graduate and post graduate parents students. There was no Significant difference in level of mental health among rural and urban students. There is no Significant difference in students



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coming from high Social Economic Status and the students coming from Low Social Economic Status. There is Significant difference in Kenyan students who spend above two years in India than who spend less than two years in India.

Keywords:

Mental Health , High Social Economic Status , social, biological and psychological challenges

INTRODUCTION

Being expatriate is stressful cause of language, life style, food etc. Studing in some level may be stressful because the system puts much pressure on students to perform well and independently.

Typical challenges those faced by college students include home – sickness, time management and stress management. There is usually a failure on the part of most students to adjust their environment. This is due to interactive force of social, biological and psychological challenges.

For all individuals, mental health, physical and social health are vital standards of life that are closely interwoven and deeply interdependent. As understanding this relationship grows, it becomes even more apparent that mental health is important to the overall well being of individuals, societies and countries. Unfortunately, in most part of the world, mental, health and mental disorders are not regarded with anything like the same importance as physical health. Instead, they have been largely ignored or neglected. Partly as a result, the world is suffering from increasing burden of mental disorders and a widening treatment gap.

MENTAL HEALTH

The world health organization defines health in terms of physical, mental and social well being. Because most develop countries operate with scarce resources, they have concentrated on physical health. Mental health refers to satisfactory functionally is cognitive, emotional and social domain mental health certainly can not be defined.

The term mental health can be expressed in dictionary of psychology, “A state of good adjustment with a subjective state of wellbeing, rest for living and the feeling that one exercising his talents and abilities.”

Behaviours, perception and feeling that determine a persons overall level of personal effectiveness, success, happiness and excellence of functioning as a person (Kornhouse 1965).

A mentally healthy person shows a homogeneous organization of desirable attitudes, healthy values and righteous self concept and a scientific perception of the world as a whole (Erickson and Rogers).

Mental health includes a number of dimensions : self esteem, realization of ones potential, the ability to maintain fulfilling meaningful relationship and psychological well being. (Horwitz and Schrid)

Mental health is an adjustment of human beings to the world and to each other with a maximum effectiveness and happiness. It is the ability to maintain an even temper on alert intelligence, socially considerate behaviour and a happy disposition. Karl Menniger – The Human mind (1945)

Mental health is the adjustment of human being to the world and to each other with maximum effectiveness and happiness. Today millions of people are adversely effected by mental problem. According to world Health organization report 20 – 25% of the world population is effected by mental health problems. Mental health is very important for college students. Because college life is very important for college students. College life is very important to their future. So present study focused on Indians and Kenyan college going students mental health.

MENTAL HEALTH REVIEW

Bruce Tonge, Avril Brereton, Melissa Kiomall, Andrew Mackinnon, Neville King and Nicole Rinehart (2006) studied Effect on Parental Mental health an education and skills Training program for parents of young children with Autism. A randomized controlled trial. The sample was 70 and General Health Questionnaire was used pre and post intervention and at 6 months followup. A 20 week parent education and skills training program for parents of young children newly diagnosed with autism provides Significant improvements in parental mental health and adjustment, justifying its additions to early intervention programs at least for parents with mental health problems.

Quadri and Akokar (2011) studied a study of Mental health among college going students. The study sample was 200 students from various colleges from Jalana district. Mental Health check list by Pramod Karner has used ANOVA was used to analysis the data. There was Significant difference between male and Female college going students. There was not found Significant difference between rural and urban college going students. There was no interaction effect of area of residence and gender on mental health in college going students.

Felix (2009) studied the degree of mental health problems among adolescence with immigrant in Portugal and the factors that may predict Mental Health Problems. 755 immigrant adolescence from different ethocultural groups and 320 native Portuguese adolescence were reported / included in this study. Study revealed that adolescence from immigrant families reported fewer Mental Health Problems than their native Portuguese. Study also reported girls were more Mental Health Problems than the boys socio demographic intercultural contact and psychosocial adjustment are found to be potent factor for Mental Health.

JHavas (2009) studied the Mental Health Problems of Dutch adolescents ; the association with adolescents and their parents educational level. The adolescent age was 13 / 14 years and N = 186/. The self administered Dutch version of the strengths and difficulties questionnaire was used to identify adolescents M. Health problems. Multiple logistic regression analyses were used to examine the associations and linear regression models to check the robustness of the findings. Study revealed that low educational level of adolescents was strongly related to their Mental Health Problems regardless of their parents education.

M. Taytun Turan and Besirli (2008) studied Impact of urbanization process on Mental Health study revealed that urbanization and urban life have a series of negative impacts on individuals Mental Health such as social, economic and psychological characteristics of people and group living in cities.

Roy – Byrne et al (2009) studied Low socioeconomic status and Mental Health care use among respondents with anxiety and depression in the NCSR. The study sample was 1772 participants in the national comorbidity survey replication (SCS – R) Bivariate and multivariate logistic regression analyses were used. Socioeconomic status does not appear to play a role in determining aspects of treatment for depression and anxiety disorders.

Reupert and Maybery (2010) studied “knowledge is power”, educating children about their parents mental illness. Fifteen children from Australia were included in this study. Result – says that education about mental health was important because they believed that knowledge equates to power and can be cathartic. Education chiefly consisted of signs, symptoms and treatments of various mental illnesses.

Miech et al (1999) studied Low socioeconomic status and Mental disorders. A longitudinal study of selection and causation during young adulthood. Study revealed that each disorder has a unique relationship with Social Economic Status.

Videay et al (2010) studied why patients of low socioeconomic status with mental health problems have shorter consultations with general practitioners. 144 general practitioners and 713 patients were included and multivariate model was used. The shortness of the consultation length is due to a supply-side constraint for patients with mental health problems. This may not be the patients. Findings are in favour of a specific intervention aimed at giving General practitioners time.

OBJECTIVES

- 1) To compare the Mental Health of Kenyan male students and Female students.
- 2) To compare the Mental Health of Indian and Kenyan students.
- 3) To know the Mental Health of students having graduate parents and post graduate parents.
- 4) To study the Mental Health of Rural and Urban students.
- 5) To know the Kenyan who have spent above 2 years and less than two years in India.
- 6) To know the impact of Social Economic Status on Mental Health among students.
- 7) To compare the Mental Health of Kenyan Male students and

Female students.

Hypothesis

- 1) There is no significant difference between the mental health of Kenyan male students and female students
- 2) Indian students have good mental health than Kenyan students.
- 3) There is a significant difference in the mental health of student due to the parents' educational background
- 4) There is a difference in level of mental health among rural and urban students.
- 5) Students coming from High Social Economic Status have good Mental Health than the students coming from Low Social Economic Status.
- 6) Kenyan students who spend above 2 years in India have better

Mental Health than who spend less than 2 years in India.

Sample

Majority of the respondents were in the age group of 18 to 25 years. Sample consists of 120 college going students from Kolhapur and Pune city.

The Measuring Tool

Mental Health Battery by Singh and Gupta (English and Hindi Version)

Procedure of Data Collection

After that Mental health battery along with instructions was administered on subject. Subject were asked to fill the mental health battery without omitting a single item. Data was collected and the items were scored. Data was analyzed using Mean, Standard Deviation and 't' Value.

Result

Table No. – 1

Kenyan male and female students Mental Healths Mean, Standard Deviation and 't' Value

Group	N	Mean	SD	df	't'	Significant
Male	30	76.20	7.09	58	0.49	Not sign at 0005 level
Female	30	77.85	8.98			

Discussion

Kenyan Male students mean is 76.20 and SD is 7.09. Kenyan female students mean 77.85 and SD is 8.98 and is 0.49. The means of the difference is not Significant at 0.05 level. Hence there is no is Kenyan male and females students mental health.

Table No. – 2

Indian and Kenyan Students Mental Healths Mean, Standard Deviation and 't' Value

Group	N	Mean	SD	df	't'	Significant
Kenyan	60	77.15	8.63	58	8.06	Significant at 0.01 level
Indian	60	91.75	11.08			

Discussion

Kenyan students mental healths mean is 77.15 an standard deviation is 8.63. Indian students mental healths mean 91.75 and SD is 11.08 and the means of the difference is 8.06 which is Significant at 0.01 level. Indian students have good mental health than kenyan students.

Table No. – 3

Mean, Standard Deviation and 't' scores of mental health of the students having pg and ug qualification parents

Group	N	Mean	SD	df	't'	Significant
P. G. Parents	53	88.27	10.70	119	11.17	Significant at 0.01 level
Graduate Parents	67	77.10	10.27			

Discussion :

Post Graduate parents students Mental health mean is 88.27 and SD is 10.70. Graduate parents students mental health mean is 77.10 and SD is 10.27 and the means of the difference is 11.17 which is Significant at 0.01 level. Students having graduate parents have better Mental Health than the students having Post Graduate Parents.

Table No. – 4

Rural & Urban Students Mental Healths Mean, Standard Deviation and 't' Value

Group	N	Mean	SD	df	't'	Significant
Rural	60	84.30	11.49	58	0.51	Not sign. At 0.05 level
Urban	60	85.50	14.17			

Discussion :

Rural area students Mental healths mean is 84.30 and SD is 11.49 and urban area students Mental Health mean is 85.50 and SD is 14.17. The means of the difference is 0.51 which is not Significant at 0.05 level. There is no difference in level of mental health among rural and urban students.

Table No. – 5
High Social Economic Status and Low Social Economic Status students Mental Healths, Mean Standard Deviation and ‘t’ Value

Group	N	Mean	SD	df	‘t’	Significant
High SES	57	83.80	12.40	119	0.48	Not sign. At 0.05 level
LOW SES	63	84.90	12.78			

Discussion

High Social Economic Status students Mental Healths mean is 83.80 and SD is 12.40 Low Social Economic Status students mean is 84.90 and SD is 12.78 and the means at the difference is 0.48 which is not Significant at 0.05 level. Social Economic Status level is not affecting on students mental health.

Table No. – 6
Year spend in India Mental Healths Mean Standard Deviation and ‘t’ Value

Group	N	Mean	SD	df	‘t’	Significant
Less than two years	30	80	6.53	58	3.20	Significant difference at 0.01 level
Above two years	30	73.66	8.71			

Discussion

Kenyan students who spent less than two years in India their mental healths mean is 80 and SD is 6.53 Kenyan students who spent more than two years in India their Mental Health Healths mean is 73.66 and SD is 8.71. The means of the difference is 3.20 which is Significant at 0.01 level. Kenyan students who spent above 2 years in India have better Mental Health.

CONCLUSION

- 1) There no difference in male and female Kenyan students mental health.
- 2) Indian students have good mental health than Kenyan students.
- 3) Students having graduate parents have better mental health than students having Post Graduate Parents.
- 4) There is no difference in level of mental health among rural and urban students.
- 5) There is no difference in students coming from high Social Economic Status and Low Social Economic Status.
- 6) Kenyan students who spend above 2 years in India have better Mental Health than who spend less than 2 years in India.

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