



Study of Depression and Mental Health Among Male and Female Adults

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ABSTRACT

The purpose of this study is to find out the mean difference between male and female adults in depression and mental health. According to the purpose of present study 100 male and female adults has been selected. There were 50 male and 50 female adults were taken as a sample from Aurangabad district. In this study included only Muslim religion samples are included. All sample selected by random sampling method. The research tool for mental health inventory was measured by Dr. Gaddish and Srivastva and for depression were used which made by Beck. For statistical analysis used 't' test to check the significance level of depression in male and female college students method is used. There is significant difference of depression among male and female adults. Male adults level of depression is high than the female adults. There is significant difference of mental health among male and female adults. Male adults level of mental health is low than the female adults

Introduction:

Mental health is an integral part of our well-being, yet mental health issues have been woefully neglected in our country. Even worse is the fact that serious mental illnesses are not treated early and the treatment gap even for such disorders is very large. It is well known that people in disadvantaged situations have high levels of mental morbidity and poor access to treatment. Prisons and other custodial institutions are locations which see high levels of mental distress and morbidity. As a state of complete physical, mental and social well-being, health is influenced by many interconnecting factors. Mental health is an essential component of health and is a resource to help us deal with the stresses and challenges of everyday life. Good mental health contributes to the quality of our lives as individuals, as communities, and as a society in general.



Mental health refers to satisfactory functionality in cognitive, emotional and social domain mental health certainly cannot be defined. Mental health as defined those behavior, perception and feeling that determine a person's overall level of personal effectiveness, success, happiness and excellence of functioning as a person. It also depends on the development and retention of goals that is neither too high nor too low to permit realistic successful maintenance of belief in one's self as a worthy, effective human being. While individuals and communities have the capacity for good mental health, they require support in order to achieve and maintain it. The process of enhancing protective factors that contribute to good mental health is called mental health promotion. The following is a review of recent mental health promotion literature that synthesizes current general concepts, evidence of effective interventions, and practice in this growing field.

The term depression is extremely broad, variably defining an affect, mood states, disorders, or syndromes-as well as disease states. A depressed affect usually occurs in response to a specific situation and is defined as a transient and non-substantive state of feeling depressed sad. Everyone occasionally feels blue or sad, but these feelings are usually fleeting and pass within a couple of days. When a woman has a depressive disorder, it interferes with daily life and normal functioning, and causes pain for both the woman with the disorder and those who care about her. Depression is a common but serious illness, and most that have it need treatment to get better. Depression affects both men and women, but more women than men are likely to be diagnosed with depression in any given year.

Efforts to explain this difference are ongoing, as researchers explore certain factors (biological, social, etc.) that are unique to women. Many women with a depressive illness never seek treatment. But the vast majority, even those with the most severe depression, can get better with treatment. The report on Global Burden of Disease estimates the point prevalence of unipolar depressive episodes to be 1.9% for men and 3.2% for women, and the one-year prevalence has been estimated to be 5.8% for men and 9.5% for women. It is estimated that by the year 2020 if current trends for demographic and epidemiological transition continue, the burden of depression will increase to 5.7% of the total burden of disease and it would be the second leading cause



of disability-adjusted life years (DALYs), second only to ischemic heart disease. In view of the morbidity, disability and global burden, depression has always been a focus of attention of researchers throughout the world. Various studies were done to assess the prevalence, psychosocial factors, cultural factors, co-morbidity, and treatment and prevention aspects of depression among various age groups.

Objective of the Study:

1. To study the mental health between male and female adults.
2. To study the depression between male and female adults.

Hypothesis of the Study

1. There is no significant difference in mental health among male and female adults.
2. There is no significant difference in depression among male and female adults.

Method:

Sample:

According to the purpose of present study 100 male and female adults has been selected. There were 50 male and 50 female adults were taken as a sample from Aurangabad district. In this study included only Muslim religion samples are included. All sample selected by random sampling method.

Tools:

Present study following psychological test were used.

Mental Health Inventory:

This inventory developed by Dr. Jagdish and Dr. A.K. Srivastava. The preliminary format of the MHI was tried out administered on a sample of 200 subjects belonging to various socio culture, age, and sex and education groups. On the basis of significance out of 72 items, 56 items including 32 ‘false-keyed and 24 ‘true keyed have been selected to constituted the final format of the inventory. The reliability of the inventory was determined by spilt half method using add even procedure the reliability coefficients was 73 found. Construct validity of the inventory is determined by finding coefficients of correlation between scores on mental health inventory and general health questionnaire.

Beck Depression Inventory (BDI)

The Beck Depression Inventory- Second Edition (BDI-II) is a 21 item self-report instrument for measuring the severity of depression in adults and adolescents aged 13 years and older. This version of the inventory (BDI-II) was developed for the assessment of symptoms-corresponding to criteria for diagnosing depressive disorders listed in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders and Statistical Manual of Mental Disorders fourth edition-DSM IV-1994. During the last 35 years the BDI has become one of the most widely accepted instrument for assessing the severity of depression in diagnosed patients and for detecting possible depression in normal populations.

The two comprehensive reviews concerning the BDI's applications and psychometric properties across a broad spectrum of both clinical and non-clinical populations have reported its high reliability, regardless of clinical population. The average coefficient alpha of the BDI for psychiatric patients falls in the high 0.80s. Similarly, the concurrent and construct validity of the BDI with respect to a variety of psychological measures has been established. The BDI moreover differentiated patients with clinical depression from non-depressed psychiatric patients. A sample of 50 (male-24, Female 26) of the age group 17-20 was used for this purpose. The odd-even-reliability applying Karl Pearson's Correlation Coefficient was found to be 0.64. This value shows that adapted version is fairly reliable for the particular study. It had both content and predictive validity. It is scored by summing the ratings for the 21 items. Each item is rated on a 4-point scale ranging from 0 to 3. If an examinee has made multiple endorsements for an item, the alternative with the highest rating is used. The maximum total score is 63. The cut score guidelines below are suggested for total scores of patients diagnosed with major depression.

Statistical interpretation:

All data collection done and all test scoring according to manual master chart are prepared. Purpose of data analysis SPSS 17 version is used. First step descriptive statistics mean and standard deviation are calculated. Then compare the two groups of means t test is used.

Table No. 1
Mean SD and t value for depression on gender

Variable		N	Mean	S.D.	t
Gender	Male	50	29.72	9.44	2.49*
	Female	50	25.30	8.99	

Table No. 1 shows that the mean differences of depression on independent variable gender. In this study gender is independent variable. In Gender included Male and female adults. Gender is a first independent variable in this study. Male and female adults mean score on depression is respectively (M = 29.72) and (M = 25.30). Score of standard deviation of male and female adults is respectively (SD = 9.44) and (SD = 8.99). Male and female adults significant difference of mean score t value is a $t = 2.49$ for $df = 98$. This t value is significant on the confidence level at 0.01. That's mean according to significant mean difference male and female adults differed from each other on depression. Male adults level of depression is high than the female adults. According to results hypothesis no. 1, "There will be significant difference of depression among male and female adults" is accepted.

Table No. 2
Mean SD and t value for mental health on gender

Variable		N	Mean	S.D.	t
Gender	Male	50	103.18	22.83	3.42*
	Female	50	120.26	26.89	

Table No. 2 shows that the mean differences of mental health on independent variable gender. Male and female adults mean score on mental health is respectively (M = 103.18) and (M = 120.26). Score of standard deviation of male and female adults is respectively (SD = 22.83) and (SD = 26.89). Male and female adults significant difference of mean score t value is a $t = 3.42$ for $df = 98$. This t value is significant on the confidence level at 0.01. That's mean according to significant mean difference male and female adults differed from each other on mental health. Male adults level of mental health is low than the female adults. According to results hypothesis no. 2, "There will be significant difference of mental health among male and female adults" is accepted.



Concussion:

There is significant difference of depression among male and female adults. Male adults level of depression is high than the female adults. There is significant difference of mental health among male and female adults. Male adults level of mental health is low than the female adults.

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