# MENTAL HEALTH AMONG MALE AND FEMALE ADULTS

Dr. Raypure S. E.

Head, Department of Psychology, Ankushrao Tope College, Jalna.

Mr. Shaikh Abdul Samad

Research scholar, Dr. Babasaheb Ambedkar Marathwada University, Aurangabad.

#### **ABSTRACT**

The present study to examine the status of mental health among Hindu and Muslim adults. Mental health is dependent variable and gender and adults are independent variable. For this study a 2x2 factorial design is used. The Participants was drawn from the population of adults taking from Aurangabad city. Total participants consist of 200 (100 Hindu and 100 Muslim) included that each group equal number of male and female adults. The random sampling technique is used to select an unbiased representative sample of 200 adults. After the 2x2 ANOVA treatment concluded that the there is significant difference between male and female adults on mental health. There is no significant difference between Hindu and Muslim adults on mental health. There is no significant interaction effect of gender and adults on mental health.

#### **Introduction:**

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 is created in our interactions with the world around us, and is determined by our sense of control in dealing with our circumstances and by the support we have to help us cope. An individual who has good mental health is able to realize his or her own abilities, cope with the stress of everyday life, work productively, and contribute to the community

Mental health is an also important as physical health. A positive mental health would be achieved by sharpening of perception of information arriving to the brain through all our special senses, better analytical faculty (IO), sharper memory and on the overall improvement in personality characteristics. Mental health is a term used to describe either a level of cognitive or emotional wellbeing or an absence of a mental disorder. From perspectives of the discipline of positive psychology or holism mental health may include an individual's ability to enjoy life and procure a balance between life activities and efforts to achieve psychological resilience. Mental health is defined as person's ability to make positive self-evaluation, to perceive the reality, to integrations the personality, autonomy, group oriented attitudes and environmental mastery.

The WHO states that there is no one "official" definition of mental health. Cultural differences, subjective assessments, and competing professional theories all affect how "mental health" is defined. Mental health is the adjustment of human beings to the world and to each other with a maximum of effectiveness and happiness. Mentally healthy person is an adjusted person. This statement means that he is duly

ISSN No. 2456-1665

distressed by the conflicts he faces. He attacks his problems in a realistic manner, he accepts the inevitable, and he understands and accepts his own shortcomings. Jahoda proposes six characteristics of mentally healthy individual, environmental mastery, undistorted perception of reality, Integration, Autonomy, Growth, and development and attitude towards self. Mental health as defined by Kornhausar (1965) co notates those behaviors, perceptions and feelings that determine a person's overall level of personal effectiveness, success, happiness and excellence of functioning as a person. It depends on the development and retention of goals that are neither to high nor to low to permit realistic successful maintenance of belief in one's self as a worthy, effective human-being. These definitions of mental health highlight emotional well-being, the capacity to live a full and creative life, and the flexibility to deal with life's inevitable challenges. Many therapeutic systems and self-help books offer methods and philosophies espousing strategies and techniques vaunted as effective for further improving the mental wellness of otherwise healthy people. More recently many have recognized that mental health is more than the absence of mental illness. Even though many of us don't suffer from a diagnosable mental disorder, it is clear that some of us are mentally healthier than others.

# **Objectives:**

The major objectives of the study are:

- 1. To study the gender difference of mental health.
- 2. To study the difference of Muslim and Hindu adults on mental health.

# **Hypotheses:**

- 1. There will be significant difference between male and female adults on mental
- 2. There will be significant difference between Hindu and Muslim adults on mental health.
- 3. There will be significant interaction effect of gender and adults on mental health.

## **Methodology:**

### Sample:

The sample is drawn from the population of adults taking from Aurangabad city. Total participants consist of 200 (100 Hindu and 100 Muslim adults). It was chosen randomly from the adults belonging to male and female. The distribution of total sample is depicted as follows-

Sample Distribution					
		Gender		T 1	
V	'ariables	Male	Female	Total	
Adults	Hindu	50	50	100	
	Muslim	50	50	100	
	Total	100	100	200	

#### Variables:

The variables in this study are as follows:

# > Independent Variables

- Gender (Male and female)
- Adults (Hindu and Muslim)

### > Dependent Variables

Mental Health

## Research Design:

2 X 2 Factorial design was employed which depicted as follow:

## 2 x 2 Factorial Design

		Gender (A)		
Var	riables	Male (A1) Female (A2)		
Adults (B)	Hindu (B1)	A1B1	A2B1	
	Muslim (B2)	A1B2	A2B2	

#### Tool:

### • Mental Health Inventory:

This inventory developed by Dr. Jadish 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. It was fond to be .54. It is not worthy here that high score on the general health questionnaire indicates poor mental health besides the inventory was validated against 'personal adjustment scale. The two inventory scores yield positive correlation of .57 revelling moderate validity. In the present scale four alternative responses have been given to each statement i.e. always, often, rarely and never. 4 score to always, 3 score to often, 2 score to rarely and 1 score to never mark responses as to be assigned for true keyed (positive) statements were as 1,2,3 and 4 scores for always, often, rarely and never respectively in case of false keyed (negative) statements.

### Results and analysis:

Looking to the objectives of the present investigation, analysis of the data collected was done by employing two way ANOVA in order to study the effect of independent variable namely gender and adults on dependent variables mental health.

Table No. 1
Summary table of ANOVA on mental health

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Gender	5314.80	1	5314.80	7.96	0.01
Adults	695.64	1	695.64	1.04	NS
Gender * Adults	26.64	1	26.64	0.04	NS
Error	130770.26	196	667.19		
Corrected Total	136807.35	199			

Table No. 2
Mean and SD for Mental health

Variable		Mean	SD	N
Gender	Male	114.46	24.72	100
	Female	124.77	26.77	100
Adults	Hindu	121.48	28.06	100
	Muslim	117.75	24.22	100

In this study gender and adults are the independent variables. Table 1 and table no 2 present the Mean, Standard deviation and F values for the mental health of male and female adults. The male subjects mean score (M=114.46 & SD= 24.72) is low than the female subjects mean score (M= 124.77 & SD=26.77). It can be observed from the scores of those male adults had low score on mental health than the female adults. The F ratio found with respect of gender on dependent variable mental health F = 7.96 (df = 1 and 196 > 0.01) which is significant. Hence the gender significantly influence on mental health. Female adults level of mental health is high than the male adults.

Hence, **Hypothesis No. 1,** "There will be significant difference between male and female adults on mental health" is accepted. Second independent variable in this study is a adults. Table 1 and table no 2 present the Mean, Standard deviation and F values for the mental health of Hindu and Muslim adults. The hindu mean score (M=121.48 & SD=28.06) is large than the Muslim adults mean score (M=117.75 & SD=24.22). It can be observed from the scores of those Hindu adults had more score on mental health than the Muslim adults. The F ratio found with respect of adults on dependent variable mental health F = 1.04 (df = 1 and 196 < 0.05) which is no significant at both level. Hence the adults are not significantly influence on mental health. Hence, **Hypothesis No. 2,** "There will be significant difference between Hindu and Muslim adults respect to mental health" is rejected.

The result of the interaction effect of independent variable gender and adults status on mental health F value is found (F = 0.04 df = 1 and 196, P < 0.05). Thus an f value is no significant at the 0.05 level of the confidence. Gender and adults has no separate influence on mental health of male and female adults. The result revelled that there is



no significant interaction effect of independent variables gender and adults on mental health. Hence Hypothesis No. 3, "There will be significant interaction effect of gender and adults on mental health" is rejected.

#### **Conclusion:**

In the present study results are concluded that the there is significant difference between male and female adults on mental health. There is no significant difference between Hindu and Muslim adults on mental health. There is no significant interaction effect of gender and adults on mental health.

#### References

- Amir Shmueli (2006). Health and religiosity among Israeli Jews. The Hebrew University School of Public Health, Jerusalem, Israel., email: ashmueli@md2.huji.ac.il
- Bergin AE, Master KS, Richards PS. (1987). Religiousness and mental health reconsidered: A study of an intrinsically religious sample. J Counsel Psychol; 34: 197-204.
- Broota K. D. (2002), Experimental Design in Behavioural Research, New Delhi; New Age International (P) Lit. Publisher.
- Dimatteo Robin M. & Martin Leslie R. (2010). Health Psychology, Dorling Kindersley (India) Pvt. Ltd.
- Ellison. et. al. (2001). Religious Involvement, Stress, and Mental Health: Findings from the 1995 Detroit Area Study, The University of North Carolina Press Social Forces, 80(1):215-249.
- Garrett, H.E. and Woodsworth, R.S. (1985). Statistics in Psychology and Education. Mumbai: Vikas and Sons Ltd.
- Hisham Abu-Raiya (2013). On the Links between Religion, Mental Health and Inter-religious Conflict: A Brief Summary of Empirical Research, Isr J Psychiatry Relat Sci - Vol. 50 - No 2.