

# “A Comparative Study on Level of Mental Health among Hindu and Muslim College Students of Ranchi University”

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## Abstract

The objective of this paper is to find out the level of Mental Health with respect to different sub groups, Gender and Religious. Subjects were selected by Stratified Random Sample technique. The data was collected in a small group class room situation they of 40 students with the help PDQ and Mental Health Battery. In this study we found that different sub groups different in level of Mental Health, Muslim students were more mentally healthy as compared to Hindu students and Girls were more mentally healthy as compared to Boys.

Keywords: - *Mental Health, Hindu, Muslim, Boys, Girls.*

## Introduction

Mental health is a level of psychological well-being or an absence of mental illness. It is the "psychological state of someone who is functioning at a satisfactory level of emotional and behavioral adjustment". From the perspective of positive psychology or holism, mental health may include an individual's ability to enjoy life, and create a balance between life activities and efforts to achieve psychological resilience. According to the World Health Organization (WHO, 2014), mental health includes "subjective well-being, perceived self-efficacy, autonomy, competence, inter-generational dependence, and self-actualization of one's intellectual and emotional potential, among others."(WHO,2014).The WHO further states that the well-being of an individual is encompassed in the

realization of their abilities, coping with normal stresses of life, productive work and contribution to their community. Cultural differences, subjective assessments, and competing professional theories all affect how "mental health" is defined.(WHO, 2014) A widely accepted definition of health by mental health specialists is psychoanalyst Sigmund Freud's definition: the capacity "to work and to love"(Freud, 1930).

Mental disorders are now widely recognized as a major contributor to the global burden of disease. In 2000, suicide ranked as the thirteenth leading cause of death, accounting for 815 000 deaths or 1.5% of all deaths worldwide. Just over a quarter of these deaths occurred in young adult males (i.e. those aged 15-44 years) (WHO, 2002). In terms of ill-health and disability, the impact of poor mental health is even greater: according to recent WHO estimates, nearly one-third of all years lived with disability (YLDs) worldwide can be attributed to neuropsychiatric conditions (i.e. mental disorders and neurological disorders combined) (WHO, 2001b). Overall, there is very little difference in the prevalence of mental disorders between men and women. To make such a sweeping generalization, however is to grossly oversimplify the situation. There are in fact marked male female differences in the prevalence of certain mental disorders. In light of the universal acknowledgement of gender as a core issue for health and development (see Box 1, page 6), this paper explores to what extent sex (i.e. biological factors) and gender (i.e. socially-constructed factors) influence not just the prevalence of mental health disorders, but also how such factors interact to shape help-seeking behaviour, care, outcome and impact of mental illness. For example, gender-based factors such as unemployment, marital arrangements and the lethality of suicide methods, have all been identified as significant in terms of their influence on the rates of suicide and attempted suicide. Gender factors have also been invoked to explain why women are more likely than men to suffer from depression, whereas men are more likely to abuse alcohol. Paradoxically, it appears that socially constructed factors act to produce a greater impact of mental illness on women, but may also contribute-in specific instances-to a more favorable outcome. This document is divided into four main sections. A brief overview of the global burden of mental disorders, which is aimed specifically at those readers who do not have a specialist background in mental health, follows this introduction (see section two). Section three outlines the main differences between men and women in the prevalence of various mental health disorders, including their

risk for suicide, summarizing what is currently known about the role of gender as a determinant of poor mental health. Section four considers gender issues in the context of the treatment and care of the mentally ill, and in so doing, highlights the enormous gap between the need for mental health service provision and the resources available in most countries. Section five identifies the gaps in our current knowledge base and suggests ways of making mental health research more gender-sensitive.

## **Review of Literature**

Hammen and Padesky (1977) measured the depression in 972 male and 1,300 female unmarried college students by the Beck Depression Inventory. No sex differences were found in the degree of depression, and yet, discriminate function analysis of the responses of the most depressed scorers yielded a significant and interpretable sex difference in the patterns of symptom expression. Depressed males were more likely to report an inability to cry, loss of social interest, a sense of failure, and somatic complaints. Females were characterized by indecisiveness and self-dislike.

Sharma (1979) studied the self-concept, level of aspiration and mental health as factors in academic achievement. A sample of 1060 students selected randomly from X, XI and XII grades of schools of Uttar Pradesh. The results reported that boys and girls had better mental health during early adolescence (13years), while boys in late adolescence showed better mental health than girls.

Srivastava et al. (1987) studied the mental health of post graduate students. The results indicated that there was no significant difference between male and female students on mental health. Manjuvani (1995) conducted a study on, "Sex, type of school, standard and mental health status of high school students. Her findings were that girls had better mental health status as compared to boys and mental health status of 10th standard students was low as compared to the 9th standard students.

Cauffman et al. (2007) studied the mental health symptoms on directly comparable groups of delinquent and community youths. The result indicates that the relative magnitude of gender differences

was greater in detained youths than in community youths, with detained girls exhibiting greater levels of symptomatology than would be predicted on the basis of gender.

Showalter (1987) stated that with limiting studies on disorder like gender difference on depression narrow the scope of their investigations to a search for biological causes of depression that by preordained prejudice could only be found to exist in women. Notions of women's greater biologically based vulnerability or proneness to disorder have proven rather resistant to change and are embedded in the long history of hysteria and the attendant belief that women have an innate tendency to mental disorder.

Hollander et al. (2011) studied to assess that there is a difference in mental ill health problems between male and female refugee and non-refugee immigrants from six low-income countries. The female refugees from low-income countries seem to be a risk group among immigrant women from low-income countries, whereas male refugees had the same risk patterns as non-refugee immigrants from low-income countries.

Nanda (2010) studied the mental health of high school students. The sample consisted of 1579 students from 86 schools covering Cuttack district, Orissa. The results revealed that female students were found to have better mental health than male students. While comparing male and female students in urban, rural and ashram schools separately it was found that male and female students in urban and ashram schools had similar mental health, Whereas female students had better mental health than male students in rural schools.

### **Objectives:**

- To assess the level of Mental Health of different sub groups.
- To find out the level of Mental Health of Hindu and Muslim college students.
- To find out the gender difference on the level of Mental Health.

**Hypotheses:**

- Different sub groups different in level of Mental Health.
- Level of Mental Health will be higher in Muslim students.
- There will be no gender difference between girls and boys in the level of Mental Health.

**Methods:****Subject**

The subject consisted of 40 Collage students. They were selected by Stratified Random Sample technique. The Stratification was based on Religious (Hindu and Muslim) and gender (Boy and Girl). Thus the sample design based on 2X2=4 factorial design. In each of four strata 10 cases were selected randomly making a total of 40 cases.

**Sample Design:**

	RELIGION	
	HINDU	MUSLIM
GENDER		
BOYS	10	10
GIRLS	10	10
G. TOTAL	40	

## Apparatus

### Personal Data Questionnaire

This Questionnaire were elicit information on the respondents' name, age, gender, religion, education (class), school, place of residence, family income and occupation etc.

### Mental Health Battery made by Dr. ARUN KUMAR SINGH & ALPANA SEN GUPTA.

This battery consisted the following six dimensions:

1. Emotional Stability	:	15
2. Over all adjustment	:	40
3. Autonomy	:	15
4. Security-Insecurity	:	15
5. Self-Concept	:	15
6. Intelligence	:	30
Total		130

Brief descriptions of each of these indices were as follow:

- 1) **Emotional stability**- It refers to experiencing subjective stable felling which have positive or negative for the individual.
- 2) **Adjustment**- It refers to individual achieving on Overall harmonious balance between the demands of various aspects of environment such as home, health, social, emotional and school on the one hand cognition on the other.
- 3) **Autonomy**- It refers to the stage of independence and Self-determination in thinking.
- 4) **Security-Insecurity**- It refers to a high or low sense of safety, confidence and freedom from fear, apprehensions or anxiety particularly with respect to feeling the persons present or future needs.



- 5) **Self-concept**- It refers to the sum total of the person attitude and knowledge towards himself and evaluation of achievements.
- 6) **Intelligence**- It refers to general mental ability which helps the person in thinking rationally and behaving purposefully in his.

### Procedure:

The data was collected in small groups in classroom situation. During the testing session respondent were instructed in brief about the purpose of study. They were instructed to read the items carefully and tick ( $\surd$ ) one of the options. Never tick the both options. There was no time limit but they were asked not to take unnecessary time. They were asked to fill their personal details properly and then start the procedure. If any Confusion they could had asked to the investigator.

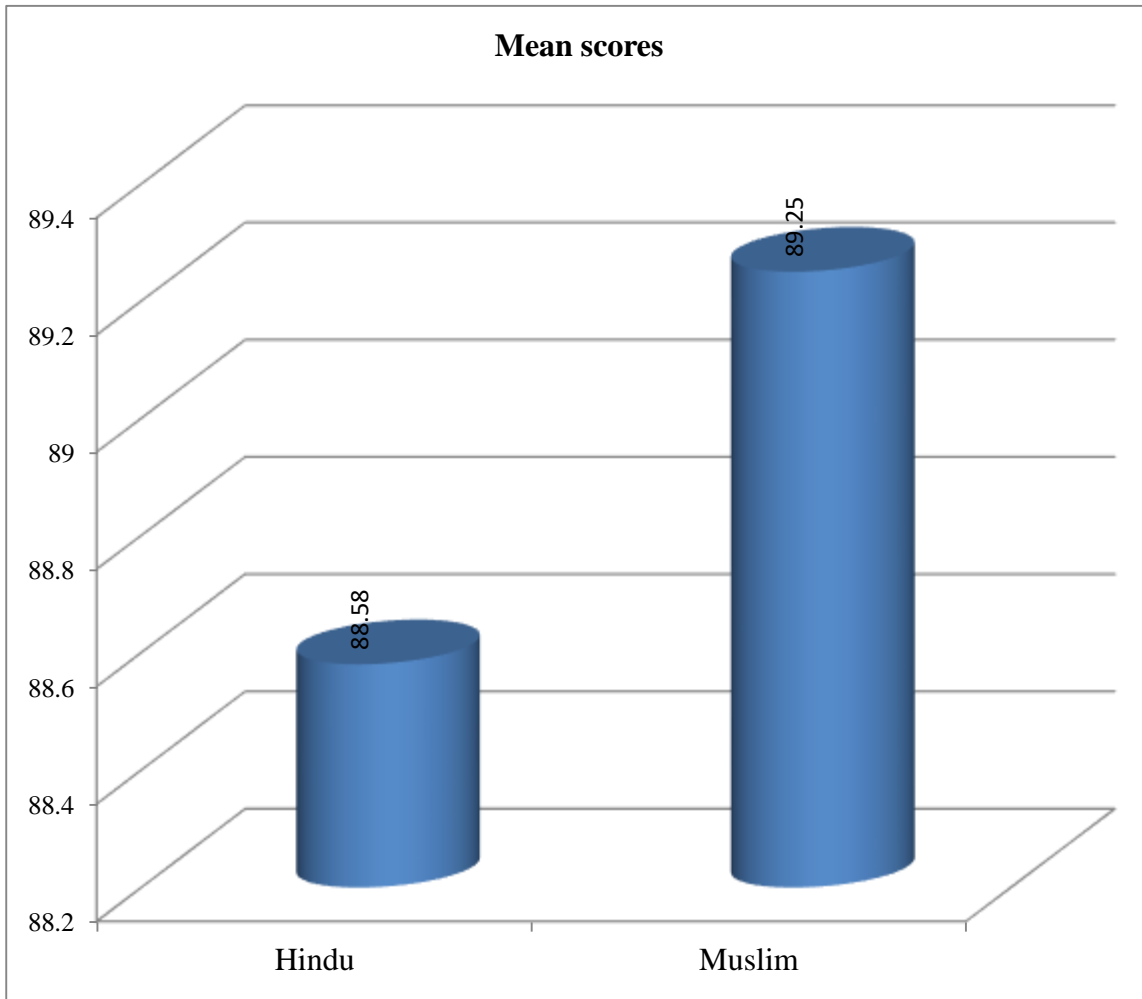
### Results:

Showing Mean, SD, and t-ratio between both Reglious.

Reglious	No. of Student	Total	Mean	D	T	P
Hindu	20	40	8.85	.97	.75	NS
Muslim	20		9.25	.75		

Shows that the Mean score (89.25) of Muslim students was higher as compared to Hindu students.

But t-ratio was not significant.

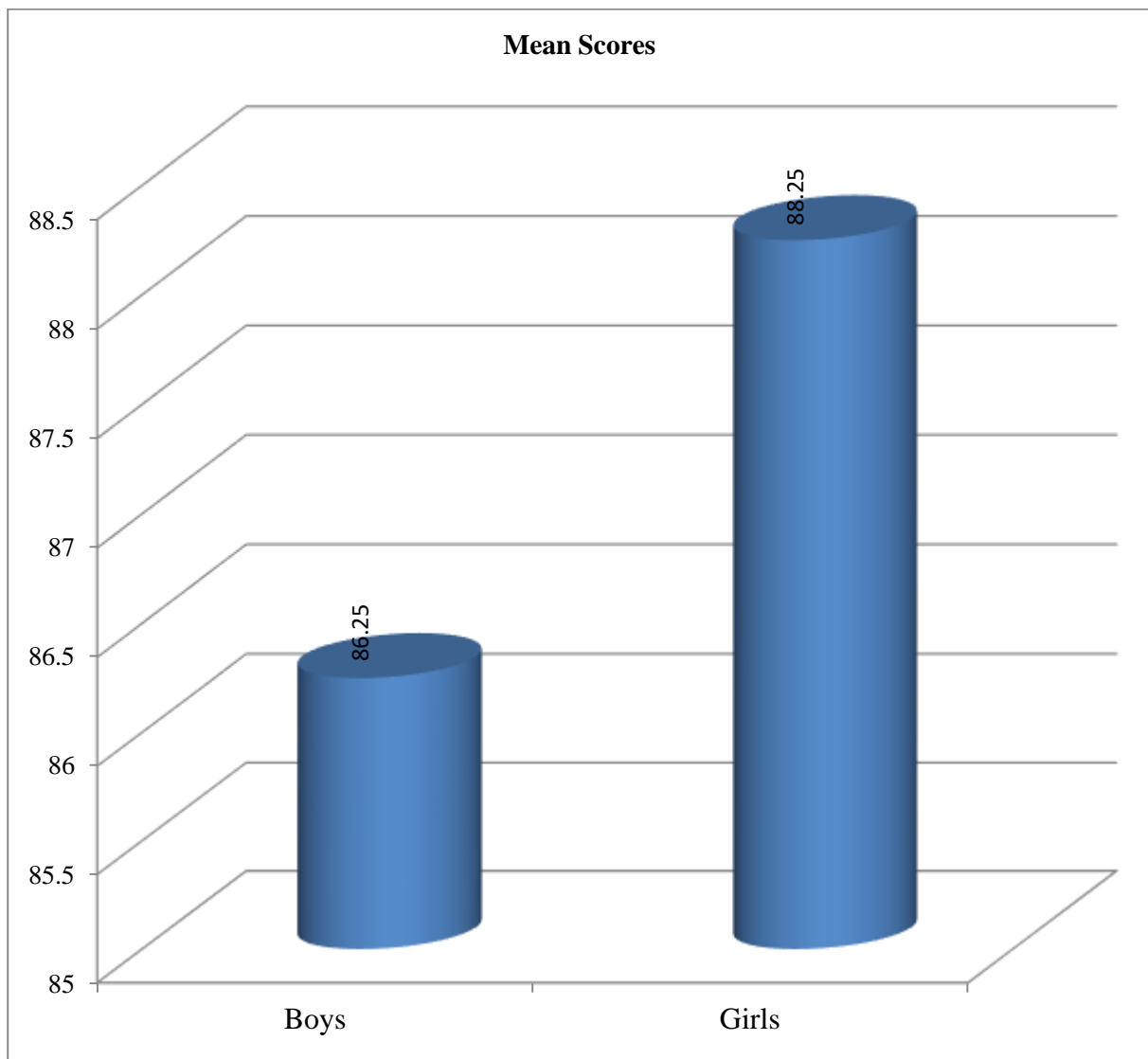


Showing Mean, SD, t-ratio of both Gender

Gender	No of Student	Total	Mean	D	T	P
Boys	20	40	6.25	.99	1.33	S
Girls	20		8.25	.97		

hows the Mean score of girls was higher (88.25) as compared to boys (86.25). The t-ratio was not significant. Thus the hypothesis was not proved.





## Discussion

In pursuance of the aims and hypothesis of the study, we had analyzed the obtained data. It may be recalled that the first aim of the research was “To assess the level of Mental Health of different sub groups”. We also recalled that my hypothesis was “Different sub groups different in level of Mental Health”. But after statistical analysis of entire sample, we found that different sub groups different in level of mental health. So we have to accept our first hypothesis.

The second aim was “To find out the level of Mental Health of Hindu and Muslim college students”. We recalled the hypothesis is that “Level of Mental Health will be higher in Muslim students”. After statistical analysis of both samples, this hypothesis was proved. But t-ratio showing not significant difference between both means.

The third aim of the study was “To find out the gender difference on the level of Mental Health”. The hypothesis was “There will be no gender difference between girls and boys in the level of Mental Health”. But after Statistical analysis of these groups, we found that girls are mentally healthy as compared to boys. Calculated t-ratio is not significant at any level. Thus the third hypothesis was rejected.

### Conclusion:

- Different sub groups different in level of Mental Health.
- Muslim Students were mentally healthy as compared to Hindu students.
- Girls were mentally healthy as compared to Boys students.

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