HOPE AND MENTAL HEALTH AMONG KASHMIRI COLLEGE STUDENTS

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Abstract

The current research is an attempt made to assess the relationship between hope and mental health among college students of Kashmir. The sample comprised of 480 college students. The purposive sampling was used and the students between the age group of 18 years to 24 years were selected for the current study. The tools employed for data collection were (Adult Hope scale 1991) and (Mental health inventory 1996) and personal information schedule designed by researcher to relevant demographic information was also used. For statistical analysis Mean, Standard deviation, t-test and Pearson's product moment correlation were employed using SPSS 21.0.The result depicts that significant difference was found between male and female mean scores of college students on hope however no significance difference was found with respect to age on hope. Simultaneously no significance was found on gender in mental health and also there was also no significance difference found on the basis of age in mental health. Furthermore results also revealed that there is a significant positive correlation between hope and mental health found among Kashmiri college students.

Key words: Hope, mental health, college students and Kashmir

INTRODUCTION

Kashmir the paradise on earth and integral part of India surrounded by mountains. As history bears witness of conflicts and clashes between states, cultures, religions, kingdoms and so on. As a result, people worldwide are exposed to a diversity of traumatic events and mental distress because of mass violence. The division of the Indian subcontinent into two independent dominions of India and Pakistan has heralded an era of the dispute over Kashmir which dates back to 1947 (Bose, 2003; Ganguly, 1999). This dispute remains a bone of contention between divided nations (Bose, 2003). All human beings desire to experience a happy and healthy life. This is highly required for an effective and efficient outcome for a person in his life. The frequent shutdown , hartals, violence ,broken homes ,loss of loved ones clashes so on has negative consequences on the overall mental health of people especially students.

The WHO emphasizes the need to promote positive mental well-being by defining a good mental health as "a state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life,

can work productively and fruitfully, and is able to make a contribution to her or his community." WHO (2013). Life style of an individual can affect mental health and mental health mediates between life style and health condition (Yanuar, Ibrahim, & Jemain, 2010). Although people of all age groups are affected by it, but the mental health of younger individuals is an important concern because of higher prevalence rates of mental disorders among them. Globally, mental disorders represent a huge extent of burden of disease among young people. The onset of most of the mental disorders starts between the ages of 12–24 years(Dar, 2021).

Hope is the construct developed by positive psychologist Rick Snyder (2000) and is defined by Snyder, Irving, and Anderson (1991) as a positive motivational state that is based on an interactively derived sense of successful (1) "agency" (goal directed energy) and (2) "pathways" (planning to meet goals). Hope is a strong and significant predictor of mental health. High levels of hope appears to activate a positive upward spiral of functioning that better prepares people with competence and resources needed to overcome challenges and obtain a state of flourishing (Venning et al., 2011). Hence focusing on positive strength, such as hope is considered as crucial module in the advancement of mental health of young adults globally. Moreover the factors such as social support and feelings of hope will be imperative in promoting mental health by mitigating the negative impact of risk factors like adversities during childhood and exposure to conflict.

PROBLEM OF THE STUDY

Assess the level and relationship between hope and mental health among college students of Kashmir.

OBJECTIVES OF THE STUDY

1. To find out the level of hope and mental health among college students on the basis of demographic variables.
2. To determine the relationship between hope and mental health of college students

HYPOTHESES

1. There will be significant differences on hope with respect to gender.

2. There will be significant differences on hope with respect to age.

3. There will be significant differences on mental health with respect to gender.

4. There will be significant differences on mental health with respect to age.

5. There will be significant relationship between hope and mental health among college students of Kashmir.

METHODOLOGY

Variables

Hope and mental health were study variables in present study while as gender and age were demographic variables.

Sample

A purposive sampling approach was used for the recruitment of the study participants. The participants of the present study were undergraduate college students of various districts of Kashmir, comprising of both male and female in the age group of 18 to 24 years. The total sample of 480 college students both male and female participated in the current study.

Instruments

Mental health inventory (Jagdish and Srivastava, 1996): This inventory was developed and standardized by Dr. Jagdish, Department of Psychology, R.B.S. College, Agra and Dr. A. K. Srivastava, Department of Psychology,

Banaras Hindu University, Varanasi. The questionnaire has 56 items which are distributed in six dimensions. In the present scale, four alternative responses have been given to each statement i.e. Always, Often, Rarely and Never. 4 scores to 'Always', 3 scores to 'Often', 2 scores to 'Rarely' and 1 scores to 'Never' marked responses as to be assigned for true keyed (positive) statements whereas 1,2,3, and 4 scores for 'Always', 'Often', 'Rarely' and 'Never' respectively in case of false keyed (negative) statements. * Marked items are negative while remaining items are positive. The reliability of the inventory was determined by "split-half-method" using odd-even procedure. The reliability coefficients of of overall mental health (OMH) were 0.73 and the validity of the inventory was found 0.54.

Adult Trait Hope Scale (Snyder et al., 1991): The AHS is a 12-item self-reporting measurement to assess an individual's dispositional hope level (Snyder et al., 1991). The instrument consists of two subscales: pathways and agency. The pathways and agency subscales are composed of four items, with four additional items serving as distracters or fillers that are not included in the scoring of the subscales. The item numbers 1, 4, 6 and 8 are pathways subscale and 2, 9, 10 and 12 are agency sub scale and remaining four items 3, 5, 7 and 11 are fillers which are not include in scoring. Based on Snyder's hope theory, pathways thinking refer to the perceived capability to come up with effective routes/paths in order to reach goals, and agency thinking reflects an individual's personal motivation to sustain efforts to achieve defined goals (Snyder et al., 1991). The AHS was developed to assess an individual's trait of hope, or dispositional hope, rather than his or her current state of hope. Previous research shows that the Adult Hope Scale positively correlates with some similar psychological constructs such as optimism and self-esteem, and negatively correlates with opposite constructs, such as depression, which supports the concurrent validity of the scale (Snyder et al., 1991). Participants are expected to indicate their agreement with each item on an 8-point Likert-type scale. While 1 indicates (definitely false), 8 refers (definitely true). An overall score is calculated by adding together the scores of the two subscales (pathways and agency). The scores of 40-48 are hopeful; 48-56 are moderately hopeful and 56 and above as high hope. The original study revealed a Cronbach's alpha score for the scale in a range between .74 and .84 (Snyder et al., 1991). In this present study obtained a coefficient alpha of .85 on the total scale. While the alpha coefficient of the agency subscale was .79, the alpha coefficient of the pathways subscale was .77.

Procedure

Before the start of data collection, an approval to carry out this study was obtained from respective college principals. Once a permission to carry out the study was granted, the participants were approached in their classrooms. The information sheet, consent form and a questionnaire set were given to participants by the researcher. No monetarily compensation, such as gifts, money or food was provided for their participation. The participants were asked to return the completed set of questionnaires to the researcher. After data collection the data analyses was done using SPSS 21.0

RESULTS

Table-1 Showing mean, SD, t- value and level of significance of participants with respect to hope on the basis of gender.

Variable	Gender	N	Mean	S.D	t-Value	Level of significance
Hope	Male	265	43.82	10.72	3.741**	Significant
	Female	215	39.86	12.41		

*Note: *p<0.05 and **p<0.01*

Hy- 1. There will be significant differences on hope with respect to gender.

Table-1depicts the mean, standard deviation and obtained t-value and level of significance of hope with respect to gender. The mean, SD of males *(M= 43.82, SD= 10.72)* and females mean, SD *(M= 39.86, SD= 12.41)*. The obtained t-value was *(t=3.741**, p< 0.01)* which is significant. The males scored better on hope as compared to their counterparts. Therefore the formulated hypothesis is retained.

Table-2 Showing mean, SD, t- value and level of significance of participants with respect to hope on the basis of age.

Variable	Age	N	Mean	S.D	t-Value	Level of significance
Hope	18-21 years	320	41.97	11.74	-.204	Not Significant
	22-24 years	160	42.20	11.54		

*Note: *p<0.05 and **p<0.01*

Hy- 2. There will be significant differences on hope with respect to age.

Table-2 showed that there was no significant difference found on hope with respect to age. The mean, SD of 18-21 years of age group *(M= 41.97, SD= 11.74)* and 22 -24 years *(M= 42.20, SD= 11.54)*. The t-value was *(t= -.204)* which is not significant. Hence the proposed alternative hypothesis is not accepted.

Table-3 depicts mean, SD, t- value and level of significance of respondents with respect to mental health on the basis of gender

Variable	Gender	N	Mean	S.D	t-Value	Level of significance
Mental Health	Male	265	146.40	11.36	.709	Not Significant
	Female	215	145.96	14.23		

*Note: *p<0.05 and **p<0.01*

Hy- 3. There will be significant differences on mental health with respect to gender.

The mean, SD, t-value of mental health with respect gender are shown in table-3. The result depicts that there was no significant difference found on gender. Mean and SD of males *(M= 146.40, SD= 11.36)* and females mean, SD *(M= 145.96, SD= 14.23)*. The obtained t-value was *(t=.709)*. Hence the hypothesis was not accepted.

Table-4 showing mean, SD, t- value and level of significance of respondents with respect to mental health on the basis of age

Variable	Age	N	Mean	S.D	t-Value	Level of significance
Mental Health	18-21 years	320	146.40	12.72	.477	Not Significant
	22-24 years	160	145.81	12.73		

*Note: *p<0.05 and **p<0.01*

Hy- 4. There will be significant differences on mental health with respect to age.

Table-4 showed that there was no significant difference found on mental health with respect to age. The mean, SD of 18-21 years of age group *(M= 146.40, SD= 12.72* and 22 -24 years *(M= 145.81, SD= 12.73)*. The t-value was *(t= .477)* which is not significant. Hence the proposed alternative hypothesis is not accepted.

Table-5 showing the correlation between hope and mental health

Variable	Mental Health
Hope	.293**

Note: *p<0.05 and **p<0.01

Hy-5. There will be significant relationship between hope and mental health among college students of Kashmir.

The table-5 depicts the correlation of hope with mental health. The result revealed that there is significantly positive correlation of hope with mental health. Similar findings were supported by (Jahanara, 2017).Therefore our proposed alternative hypothesis is retained.

CONCLUSION

On the basis of findings the current study concludes that male college students have slightly better hope and high mental health than their counterparts. The findings also illustrated that 22 -24 years age group had high hope as compared to 18 to 21 years age group however 18-21 years of age group have better mental health as compared to 22-24 years. Furthermore the result indicates that there was significant positive correlation between hope and mental health. In the modern times life is more stressful hence in this scenario students need hope and better mental health in order to meet stressful life events and tackle problems, develop coping skills and maintain their overall mental health.

SUGGESTIONS

The current study asserted the relationship of hope and mental health, gender and age difference among college students. There is a need to carry out another study covering other districts of Kashmir with more number of participants. Moreover additional researches are needed to study moderating factors of hope among other population, professions, and age groups. Cross cultural study could be done to find out the relationship between hope and mental health.

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DISCLOSURE STATEMENT

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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