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IMPACT OF INTERVENTION PROGRAMME ON MENTAL HEALTH OF RURAL ADOLESCENT GIRLS

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Abstract:

The present study was taken up to find out certain personal social attributes prior to providing intervention for rural girls. The sample consisted of 100 girls from 5 villages from Shankerpally Mandal. The study used standardized test to measure Mental health of the sample. The results indicated low mental health scores. Time series intervention programme was taken up to enhance the mental health of the sample. Significant differences were found between pre and post test scores on all dimensions of mental health reflecting the effectiveness of the Intervention programme.

KEYWORDS:

Intervention Programme , Mental Health , Adolescent Girls , standardized.

INTRODUCTION

The Concept of mental Health

'Mental health' certainly can not be defined as "the absence of mental disease or disability". Jahoda (1982) summarized the general characteristics of mental health which were regarded as important, by various authors. They are listed under the following headings: Self acceptance, integration of personality, ability to withstand stress, autonomy, perception of reality and environmental mastery. Each of these characteristics contain terms that cannot be defined objectively except by making assumptions.

According to the constitution of the WHO, health is a state of complete physical, mental and social wellbeing, and is not merely the absence of disease. It is worth observing that health is conceived in very wide sense which comprised the total wellbeing and happiness. It is not only equated with the possession of health and absence of ailments, but cultivation of certain psychological qualities, personality characteristics and intellectual and moral values like memory, intelligence, freedom from inner conflicts, devotion to knowledge, control of impulses, envy and conceit.

In traditional Indian conceptualization, the state of well being, mental health appears to be regarded as an essential aspect of health. In any case, the concept of mental health is nearer to that of psychological well being. The former is often defined in terms of adaptation to the environment and internal equilibrium.

The other concepts which are associated with mental health is adaptation and homeostasis. Adaptation is any beneficial modification in the organism or the system that is necessary to meet the environmental demands. The emphasis is on the capacity to modify oneself to cope with changed circumstances, which is an integral aspect of well being. Homeostasis is another relevant concept. In its original form, it connotes internal form of self regulation for maintaining an internal bodily balance or adjustment. From the internal self regulatory mechanism, the connotation of homeostasis has been expanded to include the process of psychological adjustment.

The present study intends to find out the mental health of the rural girls.

Major Objective: The major goal is to empower (in personality aspects) the rural girl child for quality life.

SPECIFIC OBJECTIVES:

To obtain the general information pertaining to the Rural girl child through base line survey
To assess the mental health levels of the adolescent girls

METHODOLOGY

Location of the study: Five villages namely Ervaguda, Fatepur, Banglagadda, Dhobipet and Laxma reddyguda of Shankarpalli mandal of Hyderabad District formed the location of the present study (The study was carried out from August 2005 – December 2006).

Sample: A total of 100 Girls (20 from each village) who dropped out of school were selected from all the five villages. Initially a total sample of 125 was selected keeping in view of their migration to other places due to various reasons. However a sample of 100 was maintained through out the study.

Measurement tools:

1. Interview Schedule was used to collect the base line information about the Selected sample
2. Socio Economic Status (SES) scale developed by the Nine SAUs (State Agricultural University) of AICRP-CD (All India Coordinated research Project – Child Development Component) was used to find out the Socio- Economic Status of the Sample
3. Mental health inventory developed by Jagdish & Srivastava (1986) was used to study the mental health status of the sample

Scale description: This inventory was developed by Jagdish and Srivastava (1986), Department of Psychology, Agra. This inventory has been designed to measure the mental health (positive) of normal individuals.

Operational definition of mental health used for the present inventory is one's ability to make positive evaluation, to perceive the reality, to integrate the personality, autonomy, group oriented attitudes and environmental mastery.

The detail of Mental Health Inventory is as follows:

1)Positive self evaluation (PSE): It includes self confidence, self acceptance, self identity, feeling of worthiness, realization of one's potentialities etc.

2)Perception of Reality (PR): It is related to perception free from need distortion, absence of excessive fantasy and a broad outlook on the world.

3)Integration of Personality (IP): It indicates balance of psychic forces in the individual and includes the ability to understand and to share other people's emotions, the ability to concentrate at work and interest in several activities.

4)Autonomy: It includes stable set of internal standards for one's action, dependence for own development upon own potentialities rather than dependence on other people.

5)Group oriented attitudes (GOA): It is associated with the ability to get along with others, work with others and ability to find recreation.

6)Environmental Mastery (EM): It includes efficiency in meeting situational requirements, the ability to work and play, the ability to take responsibilities and capacity for adjustment.

The over all reliability coefficient of the inventory is 0.73. Construct validity of the inventory was determined by finding coefficient of correlation between scores on MHI and general health questionnaire (Gold berg, 1978), which was found to be 0.54. The inventory was also validated against personal adjustment scale (Pestonjee, 1973), which was found to have 0.57 positive correlation. The scale consists of 6 dimensions. The scoring is presented in 4 point scale of always (4), often (3), \rarely (2) and never (1).

Higher the score better is the mental health.

TECHNICAL PLAN OF WORK:

Phase-1: Pre assessment

The baseline survey was conducted over a period of three months from August to November 2005 in the adopted villages (five) of Shankerpally mandal, Hyderabad. Individual house visits and focused group interviews were conducted to obtain base line information and specific information about the mental health of the selected sample using Mental health inventory developed by Jagadish & Srivastava (1986).

Phase-II: Intervention programme

Based on the Pre assessment results, Intervention programme was carried out in two phases using time series design. First phase was carried out by pre testing (from December 2005 to March 2006), followed by post testing (April & May, 2006) to study the impact of Intervention programme. Second phase of Intervention programme was carried out from June to September 2006, followed by post testing (October & November, 2006).

Phase-III: Statistical analysis and report writing (December, 2006)

The data was tabulated and appropriate statistical analysis was carried out. The qualitative data on intervention programme was supported by descriptive information, photographs and impact findings were supported by graphs to highlight the results.

RESULTS & DISCUSSION:

Phase-1: Pre assessment

Demographic profile of the selected sample

62% of the sample belonged to the age group of 15-18 years
67% of the sample passed X class
38% were first born
35% belonged to SC and 33% BC
61% had income between 2500-4000
81% belonged to nuclear family
80% had middle size family
39% of the samples fathers were illiterates
72% of the samples mothers completed primary education
79% of the samples fathers had occupation as agricultural laborer
86% of the samples mothers had occupation as agricultural laborer
75% of the sample belonged to low income group

Mental health status:

48% obtained low scores in Positive self evaluation
49% obtained low scores in perception of reality
43% obtained average scores in integration of personality
43% obtained average scores in autonomy
48% obtained average scores in group oriented attitude
49% obtained average scores in environmental mastery
Over all 100% obtained average scores in mental health scores.

Phase-11: Intervention programme (carried out in 2 phases)

Based on the pre-testing results, intervention programme was planned in mental health. Initial group meeting was held with the focus group [rural adolescent girls] to make them understand the purpose of executing intervention programme. They were also briefed about their active participation and

cooperation for the successful implementation of the intervention programme.

The intervention on mental health mainly focused on six areas: positive self- evaluation, perception of reality, integration of personality, autonomy, group oriented attitude and environmental mastery. Effective methodologies such as role plays, real life events & situations and group exercises were provided for the adolescent girls.

Positive Self- Evaluation: The exercises focused on enhancing self-Confidence, self-acceptance, self-identity, feeling of self worthiness, and realization of one's potentialities, etc.

Perception of Reality: The exercises focused on perceptions free from distortion, absence of excessive fantasy and a broad out look on Life.

Integration of Personality: The exercises focused on balance of psychic forces in the individual, ability to understand & share and interest in several activities.

Autonomy: The exercises focused on internal standards for one's action, dependence upon own potentialities for own development.

Group Oriented Attitude: The exercises were associated with the ability to get along with others, work with others and ability to take responsibilities.

Environmental Mastery (EM): The exercises were associated with efficiency in meeting situational requirements, the ability to take responsibilities and capacity for adjustment.

Phase –III Impact of intervention programme (through pre-post test time series) on Mental health of the sample:

Sample (48%) who obtained low scores during pre test phase, obtained average scores (68%) during post test-I and obtained average scores (54%) & high scores (46%) respectively during post test-II in positive self evaluation, after the intervention.

Sample (49%) who obtained low scores during pre test phase, obtained average scores (68%) during post test-I and obtained high scores (51%) & average scores (49%) respectively during post test-II in perception of reality, after the intervention.

Sample (43%) who obtained low scores during pre test phase, obtained average scores (60%) during post test-I and obtained average scores (62%) & high scores (38%) respectively during post test-II in integration of personality, after the intervention.

Sample (43%) who obtained low scores during pre test phase, obtained average scores (69%) during post test-I and obtained high scores (82%) respectively during post test-II in autonomy after the intervention.

Sample (48%) who obtained low scores during pre test phase, obtained average scores (66%) during post test-I and obtained high scores (60%) respectively during post test-II in group oriented attitude, after the intervention.

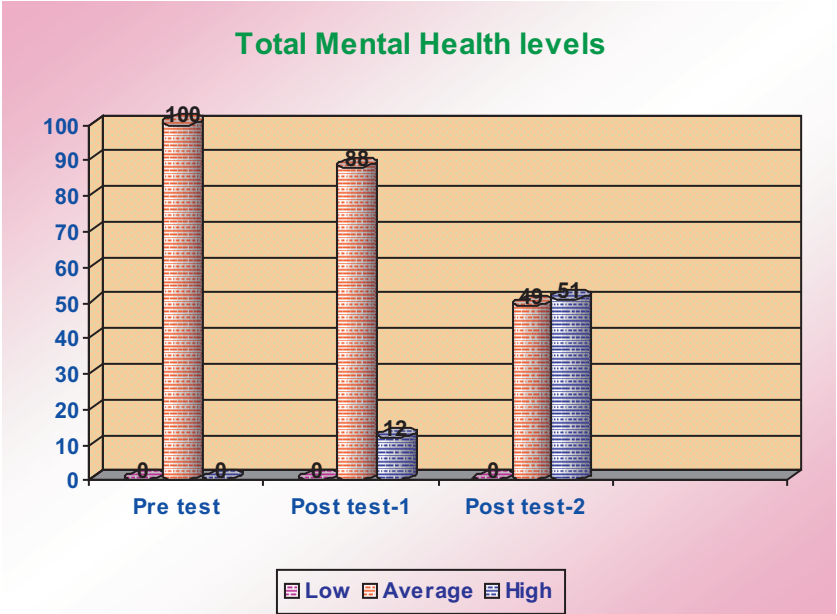
Sample (49%) who obtained low scores during pre test phase, obtained average scores (74%) during post test-I and obtained high scores (58%) respectively during post test-II in environmental mastery, after the intervention.

Over all 100% obtained low scores initially during pre test phase, later after the intervention the Sample obtained average scores (88%) during post test-I and obtained high scores (51%) & average scores (49%) respectively during post test-II in Mental health. The quantitative impact of the intervention programme is presented in the following tables (1 & 2)

IMPACT OF INTERVENTION PROGRAMME ON MENTAL HEALTH OF RURAL ADOLESCENT GIRLS

Table:1 Mental health levels of Rural adolescents (Pre test Scores) N= 100

Areas in Mental health	Scores	EG No & %	FP No & %	BG No & %	DP No & %	LRG No & %	Total
Positive self evaluation	L (<1 3)	10 (50)	12 (60)	9 (45)	10 (50)	7 (35)	48%
	A (14-26)	7 (35)	4 (20)	8 (40)	7 (35)	10 (50)	36%
	H (> 26-40)	3 (15)	4 (20)	3 (15)	3 (15)	3 (15)	16%
Perception of reality	L (< 10)	9 (45)	10 (50)	9 (45)	11 (55)	10 (50)	49%
	A (11-20)	7 (35)	6 (30)	9 (45)	7 (35)	7 (35)	36%
	H (> 20-32)	4 (20)	4 (20)	2 (10)	2 (10)	3 (15)	15%
Integration of personality	L (< 16)	8 (40)	8 (40)	7 (35)	9 (45)	8 (40)	43%
	A (17-32)	9 (45)	8 (40)	10 (50)	7 (35)	9 (45)	40%
	H (> 32-48)	3 (15)	4 (20)	3 (15)	4 (20)	3 (15)	17%
Autonomy	L (< 8)	7 (35)	7 (35)	7 (35)	10 (50)	9 (45)	43%
	A (9-16)	10 (50)	10 (50)	9 (45)	6 (30)	8 (40)	40%
	H (> 16-24)	3 (15)	3 (15)	4 (20)	4 (20)	3 (15)	17%
Group oriented attitude	L (< 13)	6 (30)	5 (25)	8 (40)	8 (40)	5 (25)	48%
	A (14-26)	11 (55)	10 (50)	8 (40)	7 (35)	12 (60)	32%
	H (> 26-40)	3 (15)	5 (25)	4 (20)	5 (25)	3 (15)	20%
Environmental mastery	L (< 13)	5 (25)	9 (45)	7 (35)	8 (40)	6 (30)	49%
	A (14-26)	12 (60)	9 (45)	9 (45)	8 (40)	11 (55)	35%
	H (> 26-40)	3 (15)	2 (10)	4 (20)	4 (20)	3 (15)	16%
Total	L (< 75)	-----	-----	-----	-----	-----	-----
	A (76-150)	20	20	20	20	20	100
	H (>150-224)	-----	-----	-----	-----	-----	-----



Mental health (Area wise) wise)

Area	MEAN DIFFERENCES			T VALUES		
	A-B	B-C	A-C	A-B	B-C	B-C
M1	3.97	4.32	8.29	3.5**	5.4**	9.1**
M2	3.83	4.89	8.72	1.0	7.5**	8.6**
M3	4.35	2.1	8.72	1.0	3.1**	5.2**
M4	3.84	4.38	8.22	3.7**	7.9**	9.0**
M5	3.89	2.1	7.87	2.4**	1.0	6.9**
M6	3.54	4.75	8.29	1.0	5.1**	8.6**
Total	19.47	31.03	50.5	1.0	1.1	7.1**

The above table presents the raw scores, means, SD and t values of mental health scores of the sample, Area wise at different phases ie pre test and post test I & II. Statistically significant differences were found between the mean values of pre test and post test scores (I & II) revealing the effectiveness of the intervention programme.

Note: M1-Positive self evaluation M2- Perception of reality M3- Integration of personality
M4- Autonomy M5- Group oriented attitude M6- Environmental mastery

The above table presents the raw scores, means, SD and t values of mental health scores of the sample, village wise at different phases i.e. pre test and post test I & II. Statistically significant differences were found at all phases (pre test and post test I & II), revealing the effectiveness of the intervention programme.

Note: EG- Ervaguda FP- Fatepur BG- Banglagadda DP- Dhobipet LRG- Laxma reddyguda

SUMMARY & CONCLUSION:

The adolescence stage of growth and development, which represent industry Vs role confusion stage of the psychosocial theory of development, occurs from 12 to 20 years of age. Adolescence is a transitional stage between childhood and adult life and is characterized by rapid physical growth and psychological, mental and social maturity (Hoare. Peter, 1993).

This stage of development officially begins at puberty and ends with person achieving a level of maturity enough to deal with and manage realities of life and be able to bear responsibility for his/her actions. The dimensions of Mental health focused and operationalized are: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life and self-acceptance. All of these factors can be considered as key components that make up the definition of psychological well-being.

Therefore, adolescents who exhibit strength in these areas will be in a state of good psychological well-being, while adolescents who struggle in these areas will be in a state of low psychological well-being. There are various factors that affect adolescents' level of psychological well-being (Siddique, C, 1984).

In the present study statistically significant difference were found between the mean values of pre test I and post test scores I & II, both area wise & village wise, revealing the effectiveness of the intervention programme. The present study has proved that with effective intervention psychological well-being (mental health) can be improved among adolescents, holistically.

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