SELF-CONCEPT AND MENTAL HEALTH OF THE HIGHER SECONDARY STUDENTS IN ALIPURDUAR DISTRICT

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Abstract

The focus of this study is to examine the correlation between Self-concept and Mental Health of the higher secondary level students in Alipurduar district. In this paper, two standardized test were adopted namely, Self-concept Scale developed by Singh and Singh (1988) and Mental Health Inventory (MHI) developed by Jagdish and Srivastav (1995) to collect the data from four higher secondary schools among which two are rural and two are urban schools. Significant correlation between self-concept and mental health has been found among total students, male and urban students. It also shows that no significant correlation between self-concept and mental health of female and rural students of higher secondary level.

Keywords: Self-concept, Mental Health, Higher Secondary Students, Correlation.

INTRODUCTION

Self-concept is one of the ignored and neglected areas in psychology as well educational education for long and also has been recognised to play a vital role in personality development. It has been established by contemporary researches that the way an individual perceives himself goes to shape his behaviour patterns. On the basis of Combs, Snygg (1949) and Rogers' (1951) view, people behave in a manner which is consistent with the way they view themselves. Festinger (1962) says the ways we react to people,tasks … etc. are those which seem to us most consistent with our self-image.

Self-concept is the individual's cognition and evaluation of the self and social environment which are formed during the process of socialization, which is the sum of theindividual's self-cognition (Fan & Fu, 2001; Byrne, 1986). The formation and development of self-concept is a dynamic and changing process. College day is the period

that self-concept goes throughfastest development and has the most problems. College students' understanding and evaluation of self will not only affect their own behaviour, but also affect their mental health. It was found that there was a significant positive correlation between self-concept and mental health, which has a strong predictive effect on mental health(Li, 2005; Nie, et. al, 2008).Self-concept can prevent the social dysfunction, but also can prevent mental health problems (Ybrandt, 2008; Gilman & Huebner, 2006).Hence, it may be said thathigher secondary level students with good self-concept can make a more objective evaluation with each other, and actively accept the self, thus regulating and maintaining their own mental health. Mental health is also plays a significant role to develop the self-concept. Overall, self-concept and mental health are closely interrelated (Zhu et. al, 2016).Therefore, this study takes the higher secondary students to examine the correlation between self-concept and mental health according to total numbers of students, their gender and locality of their school.

SELF-CONCEPT AND MENTAL HEALTH

The term self-concept generally used to refer to how someone thinks about, evaluates or perceives themselves. To be aware of oneself is to have a concept of oneself. Baumeister (1999) stated the self-concept as the individual's belief about himself or herself, including the person's attributes and who and what the self is. Self-Concept is an important term for both social psychology and humanism. Lewis (1990) suggests that development of a concept of self has two aspects: i) The Existential Self - the most basic part of the self-scheme or self-concept; the sense of being separate and distinct from others and the awareness of the constancy of the self (Bee, 1992). & ii) The Categorical Self - having realized that he or she exists as a separate experiencing being, the child next becomes aware that he or she is also an object in the world. Carl Roger (1959) believes that the self concept has three different components: i) the view you have of yourself (self image), ii) how much value you place on yourself (self esteem or self-worth) & iii) what you wish you were really like (ideal self).

Mental health describes either a level of cognitive or emotional will-being-it is all about how we think, feel and behave 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 an expression of emotions and signifies a successful adaptation to

a range of demands. Mental health is a state of emotional and psychological well-being in which an individual is able to use his or her cognitive and emotional capabilities, function in society, and meet the ordinary demands of everyday life. According to Cutts and Mosaley (1978) mental health is an "ability to adjust satisfactorily to the various strains of the environment; we meet in life and mental hygiene as the means we take to assure this adjustment".The WHO (2001) defined it as "a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community". In this positive sense, mental health is the foundation for individual well-being and the effective functioning of a community. Good mental health and wellbeing makes a vital contribution to the overall self-concept of individuals.

Various studies have been conducted to reveal the relation between self-concept and mental health. Zhu, et al (2016) shows that self-concept and mental health were significantly correlated with each other and self-concept can directly affect mental health of college students. Li, Zhang, and Feng (2010); Li (2005); Nie, et al (2008); and Xi and Wang (2005) found significant positive correlation between self-concept and mental health and self-concept has a strong predictive effect on mental health. Besides, Gilman and Huebner (2006) explored that self-concept can prevent mental health problems. Therefore, the present researchers conducted this study to explore the relation between self-concept and mental health in terms of the gender of the students of class XI in Alipurduar District of West Bengal.

OBJECTIVES

The specific objectives of the study were –

1. to measure the self-concept and mental health of higher secondary students
2. to explore the correlation between self-concept and mental health of higher secondary students according to their total sample and sub-samples

NULL HYPOTHESIS (H_0)

To fulfil the selected objectives, the researcher constructed the following Null Hypotheses:

$H_{0.1}$: There would be no significant correlation between students' self-concept and mental health.

H$_{0.2}$: There would be no significant correlation between male students' self-concept and mental health.

H$_{0.3}$: There would be no significant correlation between female students' self-concept and mental health.

H$_{0.4}$: There would be no significant correlation between urban students' self-concept and mental health.

H$_{0.5}$: There would be no significant correlation between rural students' self-concept and mental health.

METHOD OF THE STUDY

In conducting the present study normative survey method of descriptive research was used to collect the data from the students of class XI, to find out the relation between Self-concept and mental health in terms of the gender of the students.

POPULATION AND SAMPLES

The students studying at class XI in higher secondary level in all the higher secondary schools affiliated to West Bengal Council of Higher Secondary Education are treated as population.The total sample of the study was consisted of 246 students of arts stream from four higher secondary schools among which two were from urban area and the rest were from rural area in Alipurduar District of West Bengal.

TOOLS

The researcherscollected the data through adopting two standardized test. First one wasSelf Concept Scale developed by Singh and Singh (1988) and second one was the Mental Health Inventory (MHI) developed by Jagdish and Srivastav (1995).

VARIABLES

In this study, self-concept and mental healthof students was considered as the research variables and the gender of the students and the locality (rural and urban) of the schools were treated as the background variables in the study.

ANALYSIS AND INTERPRETATION OF DATA

Table 1: Descriptive statistics of Self-Concept and Mental Health.

Descriptives

	Self Concept					Mental Health				
	Locality		Gender		Total	Locality		Gender		Total
	Rural	Urban	Boys	Girls		Rural	Urban	Boys	Girls	
Mean SEM	81.36	80.45	81.43	80.45	80.96	172.91	178.80	177.14	173.79	175.52
	.885	.928	.881	.936	.641	1.06	.95	1.01	1.09	.747
Median	82.00	81.00	81.00	81.00	81.00	174.00	180.00	179.00	175.00	178.50
Variance	107.38	93.90	98.66	104.28	101.20	153.96	97.76	129.50	140.61	137.14
SD	10.36	9.69	9.933	10.21	10.06	12.41	9.89	11.38	11.86	11.71
Skewness SES	-.115	.130	-.128	.115	-.010	-.136	-.679	-.574	-.265	-.418
	.207	.231	.215	.222	.155	.207	.231	.215	.222	.155
Kurtosis SEK	-.679	-.596	-.612	-.661	-.667	-.895	.064	-.271	-.867	-.640
	.411	.459	.427	.440	.309	.411	.459	.427	.440	.309

Table 1 shows the descriptive statistics of self-concept (M = 80.96, SD = 10.06) and mental health (M = 175.52, SD = 11.71) of total sample (N = 246) where boys (M = 81.43, SD = 9.933) scored more in self-concept than girl (M = 80.45, SD = 10.212) students. Again, the boy students (M = 177.14, SD = 11.38) scored more in mental health scale than their girls counterpart (M = 173.14, SD = 11.858) and rural students (M = 81.36, SD = 10.362) scored more in self-concept than urban students (M = 80.45, SD = 9.69) and the urban students (M = 172.91, SD = 12.408) scored more in mental health scale than their rural counterpart (M = 178.8, SD = 9.887).

Analysis pertaining to Null Hypothesis 1:

$H_{0.1}$: There would be no significant correlation between student's self-concept and their mental health.

Table 2: Presentation of the Correlation of the total students' self-concept and mental health

Correlations

		Mental Health
Self-Concept	Pearson Correlation	.171[**]
	Sig. (2-tailed)	.007
	N	246

**. Correlation is significant at the 0.01 level (2-tailed).

Table 2 shows a significant correlation ($r= 0.171$, $N = 246$, $p<0.01$)between self-concept and mental health in their total scores which indicates that the null hypothesis ($H_{0.1}$) will be rejected. Hence, it may be interpreted that self-concept and mental health of the students of higher secondary level have a significant and positive relation.

Analysis pertaining to Null Hypothesis 2:

H$_{0.2}$: There would be no significant correlation between male students' self-concept and mental health.

Table 3: Presentation of the Correlation of the malestudents' self-concept and mental health

Correlations

		Mental Health
Self-Concept	Pearson Correlation	$.301^{**}$
	Sig. (2-tailed)	.001
	N	127

**. Correlation is significant at the 0.01 level (2-tailed).

Table 3 shows a significant correlation ($r= 0.301$, $N = 127$, $p<0.01$) between self-concept and mental health of male students in their scores which indicate that the Null Hypothesis ($H_{0.2}$) will be rejected. Hence, it may be interpreted that self-concept and mental health of male students of higher secondary level have a significant and positive relation.

Analysis pertaining to Null Hypothesis 3:

H$_{0.3}$: There would be no significant correlation between female students' self-concept and mental health.

Table 4: Presentation of the Correlation of the female students'self-concept and mental health.

Correlations

		Mental Health
Self-Concept	Pearson Correlation	$.032^{ns}$
	Sig. (2-tailed)	.729
	N	119

ns. Correlation is not significant at the 0.05 level (2-tailed).

Table 4 shows a non-significant correlation($r= 0.032$, $N = 119$, $p>0.05$) between self-concept and mental health of female students which indicates that the null hypothesis ($H_{0.3}$) will be accepted. Hence, it may be interpreted that self-concept and mental health scores of female students of higher secondary level have no any significantrelation.

Analysis pertaining to Null Hypothesis 4:

$H_{0.4}$: There would be no significant correlation between urban student's self-concept and mental health.

Table 5 Presentation of the Correlation of the urbanstudents' self-concept and mental health.

Correlations

		Mental Health
Self-Concept	Pearson Correlation	$.287^{**}$
	Sig. (2-tailed)	.002
	N	109

$**$. Correlation is significant at the 0.01 level (2-tailed).

Table 5 shows a significant correlation ($r= 0.287$, $N = 109$, $p<0.01$)between self-concept and mental health of urban students in their scores which indicates that the null hypothesis ($H_{0.4}$)will be rejected. Hence, it may be interpreted that self-concept and mental health of urban students of higher secondary level have a significant and positive relation.

Analysis pertaining to Null Hypothesis 5:

$H_{0.5}$:There would be no significant correlation between rural students' self-concept and mental health.

Table 6 Presentation of the Correlation of the ruralstudents' self-concept and mental health.

Correlations

		Mental Health
Self-Concept	Pearson Correlation	$.132^{ns}$
	Sig. (2-tailed)	.125
	N	137

ns. Correlation is not significant at the 0.05 level (2-tailed).

Table 6 shows a non-significant correlation ($r= 0.132$, $N = 137$, $p>0.05$) between self-concept and mental health of rural students in their scores which indicates that the null hypothesis ($H_{0.5}$)will be accepted. Hence, it may be interpreted that self-concept and mental health of rural students of higher secondary level have no any significant relation.

FINDINGS

1. It is found that self-concept and mental health of the students of higher secondary level have a significant (0.01 level) and positive relation.

2. It is found that self-concept and mental health of male students of higher secondary level have a significant(0.01 level) and positive relation.

3. It is found that self-concept and mental health scores of female students of higher secondary level have noany significant relation.

4. It is found that self-concept and mental health of urban students of higher secondary level have a significant(0.01 level) and positive relation.

5. It is found that self-concept and mental health of rural students of higher secondary level have statistically no significantrelation.

DISCUSSION

The study revealed that the significant correlation between self-concept and mental health has been found among total students, male and urban students. It also revealed thatno significant correlation between self-concept and mental health has found among female and rural students of higher secondary level.The results of the present study imply that better mental health of students will help them have higher levels of self-concept.Hence, it may be said that self-concept and mental health are the influential factor for each other and the development of both of them is the utmost need which to be taken care by the teachers, parents and guardians among their children.

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