Family Environment and Mental Health of Adolescents Studying in Minority Schools and Public Schools

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Abstract: The adolescent need a careful attention from their parents, teachers and other members of the society for their proper development and welfare. They need to be understood well in terms of the patterns of their growth and development, their age-linked specific interests, attitude, self-concept, needs etc. Parents in all cultures and societies struggle to make the right decisions in bringing up their children. They want to raise human beings who enjoy life, think well of themselves, and develop capacities to fulfill their goals and get along successfully when they grow up. They also want their children to learn to live harmoniously with other people and to form and maintain close, constructive relationships. To accomplish these ends, parents and even schools have to use discipline in various forms. The effectiveness of any form of discipline may depend on how a child interprets and responds to it in the context of the overall, ongoing relationship with a parent or in school environment. This study highlights the effect of family and school environment on mental health of adolescent boys and girls using family environment scale and mental health battery on 400 adolescents. Logistic regression analysis proved few dimensions of family environment, type of school and gender as significant variable in affecting mental health of adolescents.

Keywords: Adolescents, Mental health, Family environment, type of school.

Introduction: We are thinking that we are happy, we have no problem, but actually there are so many problems and actually we are not happy. And even if we are happy, how long we are happy? In an effort to outdo everyone else (or even to simply keep pace with them so as not to be left out), we frequently have to undergo a lot of stress. More often than not, we crumble under the burden of such pressure and are clueless about how to effectively cope with it. The secret of coping with the strains of daily life is to effectively manage our own selves first. Only when we learn to manage our internal environment effectively, we can hope to deal with our external environment. There are many things which do not come within the jurisdiction of our sense of logic. According to the Vedic system, knowledge which is achieved from the greatest authority is to be considered perfect. According to the Vedas, there are three kinds of proof: *pratyaksa, anumana and sabda (*A.C. Bhaktivedanta Swami Prabhupada, 2014). One is by direct visual perceptioni.e.,*pratyaksa.* If a person is sitting in front of me, I can see him sitting there, and my knowledge of his sitting there is received

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through my eyes. The second method, *anumana,* is auricular: we may hear children playing outside, and by hearing we can conjecture that they are there. And the third method is the method of taking truths from a higher authority (*sabda*). Out of the three methods of acquiring knowledge, the Vedas say that the third method, that of receiving knowledge from higher authorities, is the most perfect. So, what are we to accept? Are we to accept the scientific proclamation, the proclamation of authorities, or our own experience? We're not experiencing all worldly events directly, and we don't know that such events are actually taking place, but we accept the authority of the print media and electronic media. We have no choice but to believe authorities in order to get knowledge. And when the authority is perfect, our knowledge is perfect. So, when it comes to the children and adolescents, their immediate authority is either their family or school on whom they have to rely for inheriting life skill potentials and to develop stable emotional status and to adjust adequately to numerous stimuli situations that can have either devastating or accelerating effects upon these adolescents. In the present study the authors considered the validity of the concept of mental health of adolescents with reference to their family environment and type of school they are studying in.Adolescents age boundaries are not exact and may change across culture. In Western society adolescence begins at around age 13 and ends at about 22, during which a young person is no longer physically a child but is not yet an independent, self-supporting adult. In Eastern culture adolescence has traditionally been viewed as beginning with the onset of puberty, a rapid spurt in physical growth accompanied by sexual maturation, and as ending when individuals assume the responsibilities associated with life issues such as marriage, entry into workforce, social relationships and so on. Adolescents move from the security of elementary school and to a junior high school or middle school and a world of many varied courses such as Conversational English, Introduction to the Computer, Business Laws, Journalism, Medical, Engineering and Management etc.

Friedenberg (1959) describes adolescence "Adolescence is the period during which a young person learns who he is, and what he really feels. It is a time in which he differentiates himself from the culture; though on culture's terms. It is the age at which, by becoming a person in his own right, he becomes capable of deeply felt relationships to other individuals, perceived clearly as such." Peterson (1988), described adolescence as a phase of life beginning in biology and ending in society. Hall (1904) constructed a psychological theory of adolescences development, and he characterized this age by "storm and stress". Contemplating on these characteristics of adolescents it becomes necessary to initiate efforts

to maintain balance between the demands of the outer world and the desire of maturing adolescents by looking into their mental health. Mental health is an index which shows the extent to which the person has been able to meet his environmental demands, i.e., social, emotional or physical; and the extent to which he gets himself mentally strained. Cutts and Mosely (1941) defined mental health as the ability to adjust satisfactorily to the various strains we meet in the life and mental hygiene as the means we take to assure this adjustment. Freud (1933) defined mental health in his pragmatic statement, ─Where it was there shall ego be.WHO (2005) defined mental health as a "state of well-being in which the individual realizes his/her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is all able to contribute to his/her community"? Lal, Kumar and Singh (2017), elaborated mental health as a dynamic process in which a person's physical, cognitive, affective, behavioural and social dimensions interact functionally with one another and with the environment. And the immediate environment for adolescents is his/her family and school.Family is important, as it is the cradle of every society. The values inculcated in the adolescents are the results of rearing practices and the process of socialization approve by the culture of the society. Among psychological factors in the life of an adolescent, family environment is the most crucial, as family is the smallest unit, representing the cultural differences. Therefore, for determining adolescent depression and mental health the role of family environment cannot be ignored. Poor family relationships are psychological hazards at any age, but especially during adolescence because at this time boys and girls are undergoing physical changes and it depends on their families to provide them the feeling of security. Even more important, they need guidance and help in mastering the developmental task of adolescence. When family relationships are marked by friction, feeling of insecurity, adolescents will be deprived of the opportunity to develop poise and more mature pattern of behaviour (Hurlock, 1981).Further during the growing up years, child's social environment extends beyond the family environment to neighbourhood school. School as a social setting exposes children to complicated interactions including struggle for personal control, conflict involving ambiguous provocation, rights infractions and more serious incidents of peer harassment. Schools have a devastating short term and long-term impact on the emotional health of child growing up as an adolescent. The school shares with the home the responsibility of helping a young person achieve those behaviour characteristics that can ensure for him the making of satisfactory adjustments to the demands on him of the various areas of his present and future life activities. In light of the above literature the present study focuses on following objectives.

Objectives:

The main objectives of the study are:

1. To find out the effect of family environment, type of school and gender on mental health of adolescents.
2. To find out the effect of family environment and type of school on mental health of adolescent boys.
3. To find out the effect of family environment and type of school on mental health of adolescent girls.

Hypotheses:

On the basis of available literature and established fact the following hypotheses were set for the study.

1. There is no effect of family environment, type of school and gender on mental health of adolescents.
2. There is no effect of family environment and type of school on mental health of adolescent boys.
3. There is no effect of family environment and type of school on mental health of adolescent girls.

Methodology:

The present study is an Ex-post facto research. "Ex-post facto" research proceeds from effect to cause and not from cause to effect.Normative survey method and causal comparative methods will be used to achieve the objectives of the present study.Population of the present study comprised of all the students of Senior Secondaryclasses of Public Schools and Minority Schools located in National Capital Region of Delhi (NCR).

The NCR is a *rural-urban* region, with an area of 55,083 Km² andpopulation of over 46 Millionas per Census 2011 (NCRPB, 2018)[3]. The National Capital Region (NCR) of Delhi, is the outcome of an effort of interstate regional planning for a region with NCT-Delhi as its core and incorporates districts from the contiguous states, which have developed at different pace. A total of 25 districts in three bordering states of National Capital Territory of Delhi viz. Haryana, Rajasthan and Uttar Pradesh along with whole of the National Capital

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[3] National Capital Region Planning Board (2018). *Annual Report 2017-18,* Ministry of Housing and Urban Affairs, Government of India. Retrieved from http://ncrpb.nic.in/pdf_files/annualreport2017-18.pdf

Territory constitute the National Capital Region (NCR) of India. The area includes parts of Haryana (Bhiwani, Charkhi Dadri, Gurugram, Fariadabad, Jind, Jhajjar, Karnal, Mahendragarh,Mewat, Panipat,Palwal, Rohtak, Rewari and Sonipat), Uttar Pradesh (Baghpat,Bulandshahr, Hapur, Ghaziabad, Gautam Budh Nagar, Meerut, Muzarffarnagar and Shamli), Rajastahn (Alwar and Bharatpur) and NCT (National Capital Territory) of Delhi itself.

Figure 1. Area of the study
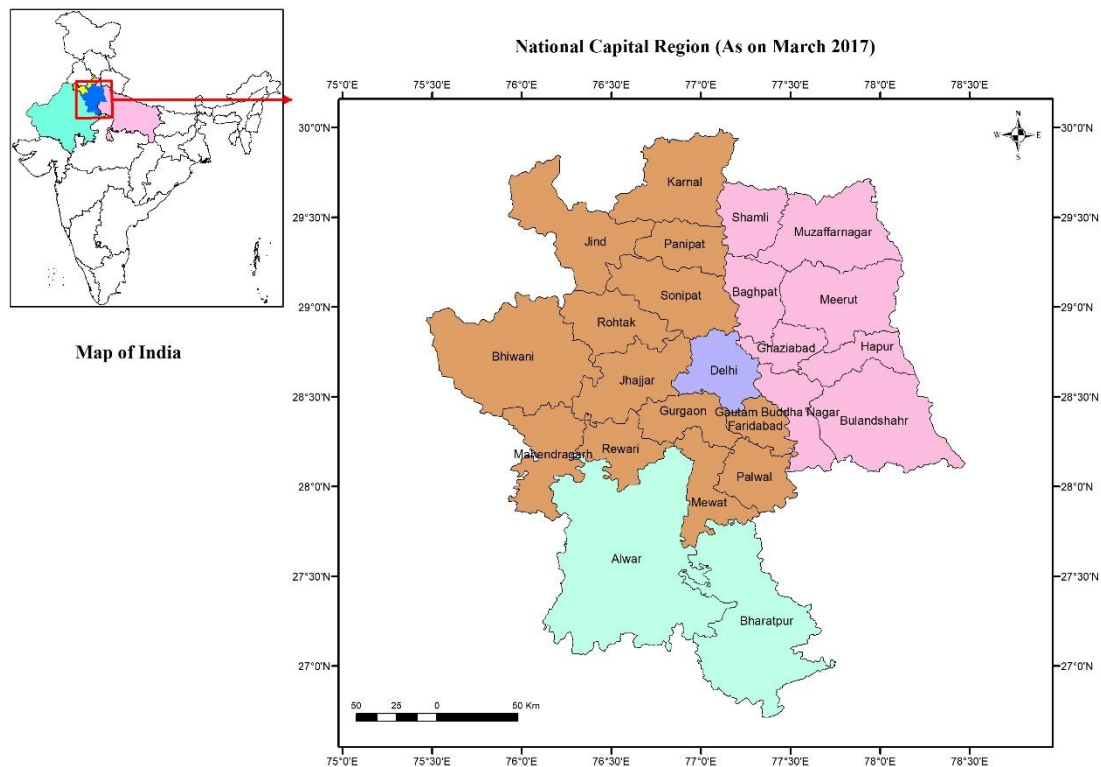
The sample included 200 adolescent boys, out of which 100 studying in minority schools and 100 in public schools. Further sample included 200 adolescent girls, 100 studying in minority schools and 100 in public schools.The public school means co-educational CSBE and ICSE board school whereas, minority school means school having conferred minority status by the respective State Government with single status (i,e., boys or girls school).

Tools of the study:

1. **Family Environment Scale (Form R,) Rudolf H. Moos and Bernice S.Moos (1994):**The scale is a 90-item inventory that has 10 subscales measuring interpersonal Relationship dimension,the PersonalGrowth, and the System

Maintenance. These 10 subscales and three dimensions measure the actual, preferred, and expected social environment of families.

2. **Mental Health Battery (Hindi version) by Arun Kumar Singh and Alpana Sen Gupta**: Mental Health Battery (MHB) intends to assess the status of Mental Health of persons in the age range of 13 to 22 years categorising overall mental health on six dimensions.

For statistical analysis binary logistic regression was applied to predict categorical variable (mental health)from a set of predictor variables (family environment, type of schools and gender).

Table 1. Summary of Logistic regression analysis for prediction of mental health among adolescents in context of gender, family environment and type of school.

Variables	Ref. category	B	S.E.	Wald	Sig.	Exp(B)
Gender	Boys	-1.911	0.269	50.585	0.000	0.148**
School	Minority	1.513	0.262	33.375	0.000	4.539**
Cohesion	Good Perception	0.617	0.267	5.330	0.210	1.853
Expressiveness	Good Perception	0.301	0.263	1.311	0.252	1.352
Conflict	Good Perception	-0.054	0.257	0.044	0.834	0.948
Independence	Good Perception	0.181	0.244	0.550	0.458	1.198
Achievement Orientation	Good Perception	-0.587	0.271	4.705	0.030	0.556**
Intellectual Cultural Orient.	Good Perception	-0.180	0.256	0.496	0.481	0.835
Active Recreational Orient.	Good Perception	0.023	0.277	0.007	0.935	1.023
Moral religious Emphasis	Good Perception	-0.007	0.243	0.001	0.979	0.993
Organisation	Good Perception	0.006	0.242	0.001	0.981	1.006
Control	Good Perception	0.306	0.281	1.185	0.276	1.358
Constant		-0.236	0.544	0.188	0.664	0.790
-2 Log likelihood				427.625		
Cox & Snell R Square				0.272		
Nagelkerke R Square				0.362		
Number				400		

** Significant at 0.01 level.

Table 2 Summary of Logistic regression analysis for prediction of mental health among adolescent boys from family environment and type of school.

Variable	Reference Category	B	S.E.	Wald	Sig.	Exp(B)
Cohesion	High Score	-0.19	0.76	0.06	0.81	0.83
Expressiveness	High Score	0.13	0.64	0.04	0.84	1.14
Conflict	High Score	0.37	0.67	0.31	0.58	1.45
Independence	High Score	0.32	0.66	0.24	0.62	1.38
AO1	High Score	-1.10	0.85	1.70	0.19	0.33
ICO	High Score	1.25	0.71	3.07	0.08	3.48
ARO	High Score	-0.73	0.70	1.09	0.30	0.48
MRE	High Score	-0.85	0.74	1.31	0.25	0.43
Organisation	High Score	-0.83	0.72	1.35	0.25	0.44
Control	High Score	-0.52	0.89	0.34	0.56	0.59
School	Minority School	2.41	0.73	10.91	0.00	11.18**
Constant		-0.14	1.25	0.01	0.91	0.87
-2 Log likelihood				73.012		

Cox & Snell R Square	0.297
Nagelkerke R Square	0.397
N	71

    ** Significant at 0.01 level.

Table 3 Summary of Logistic regression analysis for prediction of mental health among adolescent girls from family environment and type of school.

Variable	Reference Category	B	S.E.	Wald	Sig.	Exp(B)
Cohesion	High Score	-0.09	0.98	0.01	0.93	0.91
Expressiveness	High Score	0.54	1.05	0.27	0.61	1.72
Conflict	High Score	-1.52	1.11	1.87	0.17	0.22
Independence	High Score	-0.67	0.97	0.48	0.49	0.51
AO1	High Score	-1.22	0.94	1.69	0.19	0.30
ICO	High Score	-0.98	1.07	0.85	0.36	0.38
ARO	High Score	1.00	1.10	0.82	0.37	2.71
MRE	High Score	-0.16	1.00	0.02	0.88	0.86
Organisation	High Score	-1.21	0.97	1.55	0.21	0.30
Control	High Score	-0.96	1.12	0.73	0.39	0.39
School	Minority School	4.83	1.09	19.61	0.00	125.20**
Constant		0.14	1.92	0.01	0.94	1.14
-2 Log likelihood				41.544		
Cox & Snell R Square				0.568		
Nagelkerke R Square				0.757		
N				76		

    ** Significant at 0.01 level.

Table 1predicts the effect of family environment, gender and type of school on the mental health of adolescents. The LR analysis and Wald test indicates that the adolescent girls have approx. 85% less chances to have good mental health than adolescent boys. As per the effect of school type on mental health of adolescents it is clearly seen that the adolescents studying in public schools have 4.5 times more chances to have good mental health than their counter parts studying in minority schools. Among the family environment dimensions only achievement orientation turned out to be significant in predicting mental health of adolescents. Adolescents having poor perception towards achievement orientation among their family members have approx. 45% less chances to have good mental health than adolescents having good perception.

The other two Tables 2 and 3 illustrate the logistic regression analysis to predict mental health among adolescent boys and girls respectively in reference to family environment and type of school. A test of full model against constant only model shows significant improvement for prediction of mental health of both boys and girls. When all the ten parameters of family environment and type of school are taken together as predictor variable no aspect of family environment turned out significant in predicting the development of poor

mental health, only type of school emerged as significant in affecting mental health of boys and girls. In case of boys those who are studying in public school have 11 times more chances to have good mental health than the boys studying in minority school when all the family environment variables were controlled. In case of girls this relation is again more prominent as girls studying in public school showed 125 times more likelihood to have better mental health than the adolescent girls studying in minority schools when other variables of family environment were kept constant. This is a serious issue and it needs to be verified across the region and religion in detailed study.

Discussion and Suggestions:

The study tried to assess causal factors responsible for mental health of adolescents. A test of full model against constant only model shows significant improvement for prediction of mental health of both boys and girls. When all the ten parameters of family environment, type of school and gender are taken together as predictor variable only Achievement Orientation aspect of family environment turned out significant in development of poor mental health and type of school and gender also emerged as significant in affecting mental health of adolescents. The reason behind this finding may be the small sample size because when we distinguished between boys and girls there were lesser observations against big number of variables.

Families highly oriented towards achievement may pressure children to excel but do not provide the support, structure, and freedom they need to succeed. In case of boys those who are studying in public school showed 11 times more chances to have good mental health than the boys studying in minority school when all the family environment variables were controlled. In case of girls this relation is again more prominent as girls studying in public school showed 125 times more likelihood to have better mental health than the adolescent girls studying in minority schools when other variables of family environment were kept constant. Due to small sample size the study could not predict more factors responsible for the mental health of adolescents. Perhaps, further elaborative research with larger sample could forecast several other factors responsible for mental health of adolescents and suggesting measures for improving mental health. It can be concluded that family environment is the first school of child and the growing acceptance and caring among the members of the family builds healthy personality of children and the amount of independence given to children for taking their decisions makes them confident individuals. Giving

freedom to express them and providing recreational opportunities, children develop strong character which is not affected by negative experiences outside home (Gotlib et al., 2014). Kaur, S. et al., (2016) correlated scores on depression and different dimensions of family environment of adolescents, revealed that depression is negatively related with cohesion, independence, active recreational orientation and organization suggesting that the family environment plays an important role in moderating depression. On the other hand conflict in the family came out to be positively correlated with depression. The more cohesive families develop better bonds among family members and cause less depression whereas adolescent families with high conflict tend to have high depression. What the adolescent needs is not the adults or ambience to tell him what he must believe, but sympathetic, understanding adults who will provide the opportunities and materials for him to work out a satisfying religion for himself. Perhaps these adults and ambience are the missing link that is making the difference for the adolescents, by their presence or absence in the school they are studying in. Adolescents need to know the limits, reasonable restrictions, and requirements. But they also like to feel that these rules and regulations are things about which they themselves have had some say. For further and elaborative understanding of the interaction between the variables it is suggested to carry out such study on larger sample with demographic and environmental differences.

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