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Study of Mental Health and Self-Concept among School Going Players

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Abstract

The purpose of study was to find out and compare the self-concept and mental health level between Male and female school going players. For the purpose of the study a sample of 100 girls (50rural school going players and 50 Urban school going players) and 100 boys school going players (50rural school going players and 50 Urban school going players) was randomly selected from Parbhani district. The age group of the selected samples was between 10 to 15 years. The Self-concept was measured through questionnaire of Dr. Mukta Rani Rastogi. Mental health was measured through questionnaire of Dr. Jagdish and Shriwastav. In the present study there were four variables included. Namely mental health and Self- concept these are the dependent variables. The independent variables are area of residence and Gender. 2×2 factorial design is used for research. Results concluded that the there is significant difference between male and female school going players with respect of Mental Health. There is significant difference between urban and rural school going players with respect of Self-concept.

Kew Word : Mental health, self-concept, school players.

Introduction:

Mental health and Self-concept are a dynamic construct influenced by diverse biological, psychological, and social factors. A good deal of research has been conducted on Mental health and Self-concept and it was found to be appearing as an important factor in the prediction of personal, academic and career success. Studies on Mental health and Self-concept with respect to

various psychosocial correlates have been found in a variety of fields. Empirical studies investigating the relationship of Mental health, Emotional intelligence and Self-concept with numerous psychological and psychosocial factors were reported by several researchers and simultaneously revealing the significance of emotional intelligence and its beneficial aspects with remarkable contribution in the field of interpersonal relationships, success in work and personal life, school life, players life, health psychology, managing academic field, improving personality, enhancing performance and many more positive behavior pattern. These reasons choose this topic for research for analysis school going player's healthy and balanced school and sports life.

Mental health describes either a level of cognitive or emotional well-being or an absence 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. The World Health Organization defines mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community".

Self-concept is more a collection of selves rather than a static thing. It includes hundreds of self-perceptions in varying degrees of clarity and intensity that we have acquired in our experience, mostly with others. Because these self-perceptions exhibit a certain consistency of organizing pattern as a whole, we refer them collectively as self-concept. It is somewhat arbitrary how many different selves we care to distinguish. "If I wanted Bto make an exhaustive list of myself." I might start off by naming my sensual self, my loving self, my impish self and so forth. At a more general level some of the more common distinctions include, the self I see myself to be (subjective self); the awareness of my body (body image); the self I would like to be (ideal self), and the way I feel others see me (social self). Essentially, the self-concept functions as a filter through which everything we see or hear passes. In this way, the self-concept exerts a selective influence on our experience, so that we tend to perceive, judge and even act in ways that will be consistent with our existing self-concept. Consequently, the self-concept exercises a circular, self-perpetuating influence on us, supporting the existing beliefs we have about ourselves.

In the present study aim to find out the status of two dependant variables, that is Mental Health and self-concept among Urban and Rural School going Players. According to variables level and investigate interaction between each other of the variables put out from sophisticated research design and sophisticated methodology was used. And also used the suitable statistical techniques were used. The statistical techniques carried out through the SPSS software.

Objective of the study

To find out the effect of area of residence and gender on mental health of school going players.

To find out the effect of area of residence and gender on self-concept of school going players.

Hypotheses

1. There will be significant difference between urban and rural school going players with respect of Mental Health.
2. There will be significant difference between male and female school going players with respect of Mental Health.
3. There will be significant difference between urban and rural school going players with respect of Self-concept.
4. There will be significant difference between male and female school going players with respect of Self-concept.

Operational Definitions:-

Mental Health

Mental Health is defined as person's ability to make positive self evaluation, to perceive the reality, to integrate the personality, autonomy group oriented attitudes and environmental mastery.

Self-concept:

Self-concept begins when an individual is 'aware of being a separate entity' aware of being an actor, doer, or agent. At this time the individual can differentiate those events which are not self related. The self thus, becomes the object of one's knowing just as other environmental events can be objects of one's knowing.

School going players:

School going players included who school students participated in different sports game in district level and state level school sports competition.

Variable:-

In the present study there were four variables included. Namely mental health and Self-concept these are the dependent variables. The independent variables are area of residence and Gender. These independent variables have each two levels. First independent variable is area of residence have two levels i.e. Urban and rural. In the second independent variable gender has two level. e. male and female.

Independent variable:

(A) Area of Residence → **Urban**, **Rural**

(B) Gender → **Male**, **Female**

Dependent Variables:

1) Mental Health

2) Self-concept.

Sample:-

The random sampling method were adopting in selecting the sample of the study. The study was carried out on a sample of 200 school going players. 100 urban school going players, 100 Rural school going players male and female respectively. The subject selected in the sample wear in the age group of 10 to 15 who are living in urban and rural areas since minimum 5 years.

Tools use for data collections:-

In the present study there were three psychological tests were used for data collection.

Mental Health Inventory

This inventory developed by Dr. Jadish and Dr. A.K. Srivastava. The preliminary format of the MHI was tried out administered on a sample of 200 subjects belonging to various socio culture, age, and sex and education groups. On the basis of significance out of 72 items, 56 items including 32 'false-keyed and 24 'true keyed have been selected to constituted the final format of the inventory. Mental health is defined as person's ability to make positive self-evaluation, to perceive the reality, to integrations the personality, autonomy, group oriented attitudes and environmental mastery. **Reliability:** The reliability of the inventory was determined by spilt half method using add even procedure the reliability coefficients was .73 found. **Validity:** Construct validity of the inventory is determined by finding coefficients of correlation between scores on mental health inventory and general health questionnaire. It was fond to be .54. it is not worthy here that high score on the general health questionnaire indicates poor mental health besides the inventory was validated against 'personal adjustment scale. The two inventory scores yield positive correlation of .57 revelling moderate validity.

In the present scale four alternative responses have been given to each statement i.e. always, often, rarely and never. 4 score to always, 3 score to often, 2 score to rarely and 1 score to never

mark responses as to be assigned for true keyed (positive) statements were as 1,2,3 and 4 scores for always, often, rarely and never respectively in case of false keyed (negative) statements.

Self-concept Inventory:

This scale developed by Dr. Mukta Rani Rastogi. There were 51 items in this test. The items were given to 50 experts (14 psychologists, 6 social workers, 5 clinical psychologists and University teachers, teaching education and psychology) to rate them in terms of their degree favourableness and un-favourableness on a nine-point rating scale following. On the basis of rating by experts, Q and scale values were determined for item and thus sixty items with low Q-values and having different scale values are selected so that the scale values of the items (in psychological continuum) are equally spaced. The reliability of the scale by spilt-half method following spearman drown prophecy formula was found to be .87 content validity of the scale by nine-point rating scale following Thurston's method of equal appearing intervals.

The respondent is provided with fie response alternatives to given his response and therefore a score from one to five may be obtained for each item. Positive items are scored five to one for responses (strongly agree, agree, undecided, disagree and strongly disagree) and negative items are scored one to five for the same response alternatives.

Design:

2×2 factorial design is used for research.

Gender (B)	Area of residence (A)	
	Rural (A1)	Urban (A2)
Male (B1)	A1B1	A2B1
Female (B2)	A1B2	A2B2

Statistical analysis:

After visiting the subject maintain the rapport and give the directions printed in the tests booklet be read loudly and properly explained verbally. If anyone has any queries, doubts or questions, these be properly clarified and explained. The instruction give to the subjects that there is no time limit but they expected to work fast and given their honest, frank and first responses to each item. Every item each is to be answered by every subject. After the subject finish marking their responses, the test booklet be collected along with the answer sheets.

After the completion of scoring appropriate list and tables were prepared for recording row scores and their totals. Data sheets for 'Self-concept scale and Mental Health Inventory were is prepared for statistical analysis.

The total data sets obtained for Mental Health and 'Self-concept scale prepared scoring. For the each subjects initially data of age group were separately tabulated by employing frequency distribution and descriptive statistics. Find out the area of residence and gender wise differences using a 2×2factorial analysis of variance technique and calculations were carried out with the help of calculated and SPSS software was used.

Table No. 1

Summary of ANOVA for Mental Health on Area of residence and Gender

Source	**Type III Sum of Squares**	**Df**	**Mean Square**	**F**	**Sig.**
Area of residence	1326.12	1	1326.12	3.12	NS
Gender	2880.40	1	2880.40	6.78	0.01
Area of residence * Gender	489.84	1	489.84	1.15	NS
Error	83162.22	196	424.29		
Total	2336967.00	200			

The table 1 shows that subjects from urban and rural areas did not differ significantly among themselves on the dependent variable mental health. A summary of two way ANOVA shows that main effect area of residence is not significant (F= 3.12, df 1 and 196, p< .01). Hence there is no influence of area of residence on mental health. According to these result hypotheses no.1 there will be significant difference between urban and rural school going players with respect of Mental Health is rejected.

The second independent variable in the study i.e. Gender. The table no 1 show that the Summary of Two Way ANOVA shows the significant difference of F ratio was found F = 6.78, df = 1 and 196 p< 0.01 which is significant on 0.01 level. Hence the level of mental health significantly differs with respect of gender. The hypothesis no 2 that is there will be significant difference between male and female school going players with respect of Mental Health" is accepted.

Table No. 2

F values for self-concept on Area of residence and Gender

Source	**Type III Sum of Squares**	**Df**	**Mean Square**	**F**	**Sig.**
Area of residence	2312.00	1	2312.00	5.26	0.05
Gender	1076.48	1	1076.48	2.44	NS
Area of residence * Gender	292.82	1	292.82	0.66	NS
Error	86153.88	196	439.56		

The table 2 shows that the subjects from urban and rural areas school going players differ significantly among themselves on the dependent variable self-concept. A summary of two way

ANOVA shows that main effect area of residence is not significant (F= 5.26, df 1 and 196, p< .05). Hence there is influence of area of residence on mental health. According to these result hypotheses no.3 there will be significant difference between urban and rural school going players with respect of self-concept is accepted.

The second independent variable in the study i.e. Gender. The table no 2show that the Summary of Two Way ANOVA shows the significant difference of F ratio was found F = 2.44, df = 1 and 196 p< 0.01 which is not significant both the level. The hypothesis no 4 that is there will be significant difference between male and female school going players with respect of self-concept" is rejected.

Conclusion:

There is no significant difference between urban and rural school going players with respect of Mental Health. There is significant difference between male and female school going players with respect of Mental Health. There is significant difference between urban and rural school going players with respect of Self-concept. There is no significant difference between male and female school going players with respect of Self-concept.

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