

MENTAL HEALTH AMONG ADOLESCENT SCHOOL LEARNERS AND ITS IMPACT ON THEIR SOCIAL ADJUSTMENT

**A THESIS SUBMITTED TO JADAVPUR UNIVERSITY
FOR AWARD OF THE DEGREE OF
DOCTOR OF PHILOSOPHY IN ARTS**

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2022

**This thesis is dedicated to my Parents
and my elder sister**

CERTIFICATE

Certified that the thesis entitled, “*MENTAL HEALTH AMONG ADOLESCENT SCHOOL LEARNERS AND ITS IMPACT ON THEIR SOCIAL ADJUSTMENT*” submitted by me for the award of the Degree of **Doctor of Philosophy** in Arts at Jadavpur University is based upon my work carried out under the supervision of **Prof. Bishnupada Nanda**, Professor, Department of Education, Jadavpur University, Kolkata 700032, West Bengal.

And that neither this thesis nor any part of it has been submitted before for any degree or diploma anywhere / elsewhere.

(Chattu Mondal)

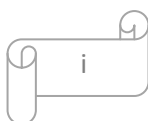
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ACKNOWLEDGEMENT

Special thanks to my research supervisor Prof. Bishnupada Nanda, for sharing his innovative knowledge and all times guide to me with constant inspiration for the study. He gave me a chance to assume responsibility of such a great challenging and innovative work.

I would like to express my gratitude thanks Dr. Mukti Pada Sinha (Prof. & HOD), Dr. Lalit Lalitav Mahakud and Dr. Samir Chattopadhyay because without their assistance and mentally support it was impossible for me to stand in research programme, their contribution in my life is glorious.

I would like to thanks all teachers in the Department of Education, Jadavpur University, who always encourage me to complete my study.

I am grateful to non-teaching staffs for their official guidance, encouragement, understanding, and insightful support during the study.

I would like to thank my parents and my elder sisters, for their love and support while I worked on doctor of philosophy programme at Jadavpur University, Kolkata.

I would like to thank my student-friends Souvik Naskar, Soumitra Halder, Ardhendu Sunpui, Bappa Sarder, Dipankar Naskar, Subhankar Haldar and Sagar Mondal for their physically support to collect the essential data from samples during covid-19 situation and to help me item wise analysis for this study.

I would like to thank my friends Bijoy, Sharif, and Chayan for their physically support during the data tabulation and analysis for this study. I would also like to thank my all friends in the Department of Education, Jadavpur University for their friendly support.

I would also like to intimate thank Liton Mallick (dada) for his mentally and manually support to me all times from masters to Ph.D. programme.

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PREFACE

This thesis is submitted for the degree of Doctor of Philosophy at the Jadavpur University. I feel immensely delighted to present this research work. In this study I have tried to give all the important and appropriate things about the study.

In this project, I have endeavored to make this project attractive and easy to understand. Each and every topic of the project is well-explained in detail which will enhance the depth of the learning experience. I have also included diagrams related to the topic.

This study conducted under the supervision of Prof. Bishnupada Nanda (Dept. of Education), who gave me moral support and guided me to complete this study on time. He also suggested me how to deal with the topic regarding this work. While doing this study I came to know many new and interesting things.

It is sincerely hoped that this study is immensely helpful to me. I have given all the information in this research work by consulting books and useful resources.

Chattu Mondal
(Research scholar)

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ABBREVIATIONS AND ACRONYMS

WHO	World Health Organization
ICMR	Indian Council of Medical Research
NCMH	National Commission on Macroeconomics And Health
ADHD	Attention Deficit Hyperactivity Disorder
ANOVA	Analysis of Variance
MHI	Mental Health Inventory
SAI	Social Adjustment Inventory
GHQ -12	General Health Questionnaire
S.D	Standard Deviation
PGI	Post Graduate Institute
SEC	Social Economic Classification
MHS-SF	Mental Health Continuum Scale – Short Form
PHN	Public Health Nurse
SESS	Socio-Economic Status Scale
AICS	Adjustment Inventory for College Students
TCHAD	Twin Study of Child and Adolescent Development
et. al	Two or More Authors
SPSS	Statistical Package for Social Science
WBBSE	West Bengal Board of Secondary Education
WBBHSE	West Bengal Board of Higher Secondary Education
SC	Scheduled Caste
OBC	Other Backward Class
FEQ	Father Educational Qualification
MEQ	Mother Educational Qualification
MO	Mother Occupation
FMI	Family Monthly Income
TSMH	Total Score of Mental Health
TSSA	Total Score of Social Adjustment
ILTE	Illiterate
SE	Standard Error

ABSTRACT

Introduction:

Mental health and social adaptability are vital aspects of human life. Individual development on all levels is only feasible if one's mental health is in good shape. Society is a place where every human being is fostered and meets their various needs through connection with one another. The nature of our contact and socialization process is influenced by our mental health to some extent. Mental health refers to a condition of well-being in which a person recognises his or her own potential, is able to cope with everyday stressors, is able to work efficiently and fruitfully, and therefore, is able to contribute to his or her community (WHO, 2001).

Every person in the community tries their hardest to adjust to any environment they find themselves in, social adjustment is described as the ability to develop positive relationships with others as well as differentiate from different others. Social adjustment has been identified as a fundamental psychological aspect in characterizing persons. Bhagia (1966) researched school adjustment concerns and discovered that girls much surpassed boys in terms of adjusting to the school's general environment and organizational components. In terms of adjusting to instructors, classmates, and oneself, students in rural schools outperformed those in urban institutions. Rural children scored better in the emotional, health, and school adjustment categories, whereas urban kids scored higher in the aesthetic adjustment category (Pandey, 1979).

Objectives of the study:

To investigate the level of mental health and social adjustment among adolescent school learners on the basis of their gender, caste, educational status, parent's educational qualification, parent's occupation, family type, birth order, family monthly income and habitat. To find out correlation between mental health and social adjustment.

Hypotheses:

There is no significant mean difference in the level of mental health and social adjustment among adolescent school learners on the basis of their gender, caste, educational status, parent's educational qualification, parent's occupation, family type, birth order, family monthly income and habitat. There is no significant correlation between adolescent school learners' mental health and their social adjustment.

Method and procedure:

Descriptive survey method is used in social science and education. Survey method is favourable to a wide diversity of purpose. For present study the population comprised of all the adolescent school learners (IX – XII) studying in West Bengal Board of Secondary and Higher Secondary Education (WBBSE & WBBHSE) in West Bengal. For present study the investigator collects the data from 620 adolescent students. The „Mental Health Inventory“ (Jagadish and Srivastava, 1986) and „Social Adjustment Inventory“ (Roma Pal, 1985) were used to collect needful data. The investigator utilised following descriptive and inferential statistical measures based on the study's aims and hypotheses – mean, SD, t-test, F-test and Pearson correlation.

Major findings:

The investigator found that there is significant mean difference in the level of mental health among adolescent school learners on the basis of their gender, caste, educational status, father's occupation, mother's educational qualification, mother's occupation, types of family and family monthly income. In the level of social adjustment there is significant mean difference found among the learners on the basis of caste and mother's occupation. A significant correlation exists between mental health and social adjustment among adolescent school learners.

Conclusion:

Without the parental support a child's social development will be hampered. Therefore, studying mental health and social adjustment capacity is needed from educational point of view. The teachers should be aware about these issues as well as their importance for development of learners' academic excellence and socialization skill.

CHAPTER I

INTRODUCTION

1.1. Introduction

1.2. Rationale of the study

1.3. Statement of the problem

1.4. Objectives of the study

1.5. Hypotheses

1.6. Definition of the technical terms used

1.7. Delimitations of the study

References

CHAPTER - I

INTRODUCTION

1.1 Introduction:

Mental health is defined as "the emotional and spiritual strength that allows us to enjoy life while enduring sorrow, misery, and disappointment" (Roul & Bihari, 2015). It is a sense of well-being as well as the belief in one's own worth and dignity. It is influenced by both our genetic heritage and our prior experiences" (WHO). Mental health and social adaptability are vital aspects of human life. Individual development on all levels is only feasible if one's mental health is in good shape. Society is a place where every human being is fostered and meets their various needs through connection with one another. The nature of our contact and socialization process is influenced by our mental health to some extent.

Mental health refers to a condition of well-being in which a person recognises his or her own potential, is able to cope with everyday stressors, is able to work efficiently and fruitfully, and therefore, is able to contribute to his or her community (WHO, 2001). A positive sensation of well-being is defined as mental wellness. When confronted with various types of challenging life situations, an individual's mental health refers to how they think, feel, and act. A mentally healthy person can deal with stress and despair easily and make decisions (Panchal, 2013).

A mentally healthy person can more quickly adjust to his physical and social environment, as well as meet emotional and personal needs. According to Bhatia (1984), people who are mentally healthy can easily adhere to society standards as well as face and accept life's facts, such as the capacity to balance feelings, aspirations, desires, and ideas. Mudasir (2013) defines mental health as "a condition and level of function that is socially acceptable and personally satisfying." Individual difficulties with mental health manifest as symptoms such as worry, tension, depression, restlessness, and helplessness, among others (Pooja, 2012). Each year 20% of young people around the world are considered to have mental health problems. Adolescents are especially prone to mental health issues throughout their transitional years, which are the years between childhood and maturity (Kessler et. al., 2005). Mental health is a healthy state of mind that allows a person to function well in society. Adolescents with good mental health are well adjusted to society, can relate to others, and

can maintain their role in society. According to the WHO (Adolescent Mental Health, 18 Sep 2018), Half of all mental health issues begin before the age of fourteen, but they go untreated and unpredicted in the vast majority of instances. As a result, mental health promotion and prevention are critical to assisting teenagers in flourishing.

Adolescence is a vital developmental stage in which personal identity is created and the framework for subsequent mental health is formed. Adolescence, as a transition from childhood to maturity, is a more difficult stage of life, according to psychoanalytic theory. During adolescence, the learner is unable to adjust to his or her biological and psychosocial changes, which occur at a rapid pace. During this time, some people may be able to solve their difficulties, while others may fail (Eskin, 2000) and, as a result, confront challenges relating to mental health concerns such as anxiety and sadness (Forman- Hoffman et.al., 2016; Gulliver, Griffiths & Christensen, 2010). During adolescence, a number of psychological experiences can have an influence on an individual's mental health, leading to a variety of maladaptive behaviours. When it comes to mental health illnesses, adolescents appear to be a high-risk demographic (Neslihan, Bademll, and Canboz, 2017). Ozfirat et. al. (2009) observed a similar finding. Ozturk (2001) discovered that mental health disorders are more prevalent in adolescence than in other stages of life.

According to Lau (2002), adolescents might be subjected to a variety of pressures ranging from mild to severe. According to Finkaelstein, Kubzansky, Capatman, and Goodman (2007), mental stress is closely connected with a number of high-risk behaviours such as smoking, drug misuse, depression, suicidal tendency, behavioural issues, and participation in high-risk sexual behaviours. When an adolescent is subjected to stressful situations for an extended period of time, he or she may develop a variety of chronic psychological and physical illnesses, including fear of feeling and psycho-somatic diseases. Adolescents, on the other hand, can deal with a variety of stressful conditions. Social difficulties can be a substantial stressor for adolescents, and they can have an impact on identity formation. Adolescents with mental health issues were found to be more likely to choose negative social problems such as alcohol misuse, isolation, and running away from home.

Symptoms of depression, self-consciousness, stressful recent events, feminine features, self-esteem, and an unfavourable body image are all stronger in girls than the boys (Roberts, Roberts & Chan, 2009). Adolescent girls are more depressed, have poorer self-esteem, and are less satisfied with their body images (Lok, Lok & Conbaz, 2017).

Sharma (1979) found a considerable difference in mental health based on gender. In his research, he discovered that boys had greater mental health problems than girls in grades X, XI, and XII. Weaver (1986) investigated the impact of caste, sex, and religion culture on mental health was investigated, but no meaningful correlation between caste, gender, and religious culture and mental health was identified. According to the findings of a study on mental health among postgraduate students, male and female students had similar mental health condition (Srivastava et. al, 1987). In a study on mental health of school children Anand (1989) noticed that girls possess better mental health than the boys. According to Rai and Yadav (1993), girls had better mental health than boys based on their socioeconomic background. According to the findings of this study, rural and urban pupils had the same degree of mental health regardless of their socio-economic status.

Female students had better mental health than male students, according to a study of high school students' mental health (Manjuvni, 1995). The mental health of tenth grade pupils was better than that of ninth grade students. Girls' mental health is better than boys', according to Nanda's (2001) research, and the mental health of urban girls is worse than that of rural girls. Srividhya (2007) observed that among Navadaya school students, girls' mental health was superior to boys' mental health. In a study of upper secondary school students' mental health, Bandhana and Sharma (2012) revealed that there is a considerable gender discrepancy in mental health between boys and girls. Female students' mental health is superior to that of male pupils. Another study (Kumari, 2012) revealed that there is no substantial difference in the mental health of boys and girls. According to Babu (2013), there is a considerable difference between boys and girls in terms of mental health, in the Chittoor region among the IXth grade students.

School-aged girls, according to Choudhary (2013), possess better mental health than boys. In a research on mental health among higher secondary students conducted by Dheventhiran and Babu (2013), it was observed that there was no significant difference in the extent of mental health between boys and girls. There is no substantial difference in mental health between male and female students, rural and urban students, according to a research by Kumar and Growal (2014). According to Thilagavathy's (2014) research, there is a significant difference in mental health between boys and girls. The girls possess better mental health than the boys.

1.1.1 Mental health of adolescents:

Mental health is an unavoidable aspect of human existence. The topic of mental health has recently become a necessary field of inquiry for the entire world. Previous researches revealed that the current nature of teenage behavioural and emotional disorders is worsening. Mental health is a term used to describe a person's psycho-social well-being. The key to living a healthy life is to improve one's mental health. It is interconnected with-

- ❖ Taking enjoyment in life and feeling positive about oneself;
- ❖ Relationships with family, friends, instructors, elderly, neighbours, and peers or partners in the same field that are positive and healthy;
- ❖ Active involvement, participation in social activities, and physical activity that is healthy;
- ❖ The capacity to unwind and obtain a restful night's sleep;
- ❖ Better engagement with community members and a positive mentality, as well as a sense of belonging;

Educators are becoming increasingly concerned about the rise of mental health issues. According to WHO (2012), depression among adolescents is on the rise, negatively impacting persons' mental health. "They could be supported in knowing their own strengths, potentialities, aptitudes, and interests so that they can work softly and adjust socially," writes Bala (2018).

1.1.2 Social Adjustment:

Plato claims that "Human beings are social culture," thus everyone must adapt to society. Social adjustment is the ability to develop favourable relationships in order to avoid being exploited by others. Every person in the community tries their hardest to adjust to any environment they find themselves in, social adjustment is described as the ability to develop positive relationships with others as well as differentiate from different others. Social adjustment has been identified as a fundamental psychological aspect in characterizing persons. Students must have the capacity to adapt, which will enable them to evolve as responsible citizens. As a result, all of these are equally appropriate to adolescent secondary school students. They cannot endure the stress and storm at this period because they are overly sensitive to interpersonal relationships. They simply struggle and endure challenges in their lives. They may isolate themselves from others and indulge in negative

thoughts and behaviour at times. They lack a fundamental route in adjustment throughout this stage due to a lack of fine-tuning. As a result, social adjustment is critical in today's environment.

The techniques to adjust as a process are defined and explained, as a procedure by which a person adjusts to himself and his surroundings, regardless of the quality of the adaptation or its success or failure. It is a pattern of behaviour that is observed in everyday situations such as at home, school, job, growing up, and ageing. It aids in controlling fundamental urges, trusting in one's own abilities, and accomplishing desired outcomes. As a result, adjustment encourages self-directed intellectual, emotional, social, physical, and occupational development and progress. The psychological process by which people manage or deal with the demands and obstacles of daily life is known as adjustment. It signifies conformity and is concerned with how a person adjusts to his surroundings and life's demands (Ogoemeka, 2012).

The ability to adjust to the school environment is a key component in predicting educational success. Many studies, such as Abdullah et. al. (2009), Bryant, (2000), Enochs, (2006) and Winter (2000), shown that adjustment concerns are more likely during the first academic year. By polling students on diverse social activities, researchers aimed to identify and quantify distinct social objectives (Wentzel, 2000). Family has a significant influence on child adjustment, family values, and a variety of other factors. A family is a social organization in which individuals are bound together by honest attitudes, values, affection, and well-being, as well as the members' adaptations and successes (Tomar, 2014).

When compared to other psychological qualities, adjustment was shown to be insignificant in connection to academic achievement in a study of South African students (Bodovski, 2010). Girls have average health and social adjustment and poor emotional adjustment, according to research done in Jammu and Kashmir, but boys' social adjustment was average, but their emotional adjustment were poor. There was no statistically significant difference between males and females in general. Between urban and rural students, there is a huge divide (Bhat, 2014). Students from nuclear families adjusted better than students from joint families at the secondary level, indicating that academic achievement was influenced by the family environment and adjustment (Hussain et. al., 2008). Singh (2006) investigated the effects of social, emotional, and socio-emotional climates, as well as sex, on student adjustment and their interactions. In terms of health adjustment at all levels of the school's socio-emotional

climate, boys performed better than girls. In his research, Parmar (2012) revealed that gender and socio-economic class had a significant effect on secondary school students' adjustment. In research on the 'pattern of adjustment among early and late adolescent school pupils,' Roy and Mitra (2012) discovered that adolescents in their early and late stages differed considerably in the home and social adjustment areas.

Bhagia (1966) researched school adjustment concerns and discovered that girls much surpassed boys in terms of adjusting to the school's general environment and organizational components. In terms of adjusting to instructors, classmates, and oneself, students in rural schools outperformed those in urban institutions. Rural children scored better in the emotional, health, and school adjustment categories, whereas urban kids scored higher in the aesthetic adjustment category (Pandey, 1979). There were no significant variations in social maturity, emotional adjustment or social adjustment between male and female college students (Suther, 2015).

As a result, all of these are equally appropriate to adolescent secondary school students. They cannot endure the stress and storm at this period because they are overly sensitive to interpersonal relationships. They simply struggle and endure challenges in their lives. They may isolate themselves from others and indulge in negative thoughts and behaviour at times. They lack a fundamental route in adjustment throughout this stage due to a lack of fine-tuning. As a result, social adjustment is critical in today's environment. Adjustment to family, peers, and neighbours, as well as academic performance, is what social adjustment entails (Aggarwal & Bhalla, 2012). Archana (2011) discovered a link between teenage mental health and ethical adjustment. Veereshwar (1979) discovered a substantial difference in family adjustment between urban and rural girls in her study. According to Mohanraj and Latha (2005), home environment influences social adjustment as well as academic performance during the adolescent period. Abraham (1985) studied the association between pre-university students' psycho-social adjustment and their mental health state, and found that adjustment and other psycho-social characteristics were connected to the students' mental health status. Acculturation and cultural adjustment issues, according to Yeh (2003), have a significant predictive influence on mental health symptoms. Mental health and social adjustment are significantly linked, according to Bharadwaz and Helode (2006)'s research.

Suman Lata and Sharma (2014) discovered a positive relationship between adolescent mental health and educational environment. Shokeen (2017) discovered a favourable significant

association between teenage mental health and social adjustment in their study. Kannan (2005) discovered that female students have stronger social skills than male pupils. She also discovered that pupils from nuclear families have stronger social skills than students from joint families.

1.2. Rationale of the study:

Adolescence is a period of change in one's development as well as a critical moment in one's life, characterized by storm and stress. Various sorts of mental health disorders emerge during this most susceptible phase. According to WHO (2004), by the age of fourteen, half of all mental illnesses begin, and by the mid-twenties, three quarters of all mental illnesses have developed. It has been shown that mental health issues have a bad prognosis in adulthood and later life. It is now the most serious health concern confronting the entire world's population. It is a basic requirement for general health. In most developing nations, children and adolescents with mental health disorders have poor educational and career outcomes later in life (WHO, 2008).

According to Nanda (1999), mental health is one of the most crucial indicators of students' overall growth and development. Poor mental health can have an impact on an individual's education, development, productivity, working power, income, and other outcomes (Kaur, 2018). Individuals' emotional equilibrium and overall well-being are dependent on their mental health. Nowadays, educationists, sociologists, psychologists, counsellors, biologists, and medical professionals are conducting extensive study on the mental health approach in education. Mental health is a serious problem among adolescents, according to a large body of research (Granrud, 2019; Nandi, 2016; Cour, 2018; Boe, 2013; Pintos, 2017; Irfan, 2016; Gaur, 2015; Hannesdottir, 2001). However, there is still more to explain, as teenagers with mental health issues frequently struggle in school and in later life. Nowadays, the mental health approach in education has arisen as a significant trend in the world's educational systems, where we require help from teachers and others. Although there have been few studies in West Bengal on mental health issues, more study is still needed.

Secondary school pupils' mental health is linked to their social adjustment (Bala, 2018). Mental health and adjustment issues among college girls, according to Veereshwar (1979), are closely connected. Archana (2011) discovered a substantial positive association between mental health and moral adjustment in her study. Sharma and Suman Lata (2014) discovered

a link between teenagers' mental health and their school environment. Shokeen (2017) discovered a substantial positive link between moral health and social adjustment. In his research, Pathak (2014) observed in Rajkot, Gujarat, there is a strong correlation between mental health and social adjustment among college students. Patel (2021) discovered there is a strong association between male students' mental health and their social adjustment. Every body life is influenced by adolescent mental health and social adjustment. Adolescents with good mental health perform better in school and adjust better in society. As a result, research on mental health and its impact on social adjustment issue are critical particularly in rural areas.

The present investigator studied in depth to seek whether any research on mental health and its impact on social adjustment of adolescent students held in West Bengal particularly in rural areas. But even after a long review the present investigator did not found such study. Therefore, there is a knowledge gap in this particular area in West Bengal. Hence the present investigator formulated his present research title as “***Mental Health among Adolescent School Learners and its impact on their Social Adjustment***”.

1.3. Statement of the Problem:

On the basis of above research evidences, the problem stated as “***Mental Health among Adolescent School learners and its impact on their Social Adjustment***”

1.4. Objectives of the study:

1. To investigate the level of mental health among adolescent school learners on the basis of gender.
2. To investigate the level of mental health among adolescent school learners according to their caste.
3. To investigate the level of mental health among adolescent school learners depending on the present education status.
4. To investigate the level of mental health among adolescent school students based on their father's academic qualifications.
5. To investigate the level of mental health among adolescent school students based on their father's occupation.
6. To investigate the level of mental health among adolescent school students based on their mother's academic qualifications.

7. To investigate the level of mental health among adolescent school learners based on their mother's occupation.
8. To investigate the level of mental health among adolescent school learners based on their family types.
9. To study the level of mental health among adolescent school students according to their birth order.
10. To determine the level of mental health among adolescent school students based on their family's monthly income.
11. To investigate the level of mental health among adolescent school learners in relation to their habitat.
12. To determine the level of social adjustment among adolescent school learners in terms of their gender.
13. To determine the level of social adjustment among adolescent school learners based on caste.
14. To measure the level of social adjustment among adolescent school learners according to present education status.
15. To determine the level of social adjustment among adolescent school learners in relation to their father's academic qualifications.
16. To determine the level of social adjustment among adolescent school learners based on their father's occupation.
17. To determine the level of social adjustment among adolescent school learners based on their mother's educational qualifications.
18. To determine the level of social adjustment among adolescent school learners based on their mother's occupation.
19. To determine the level of social adjustment among adolescent school learners based on their family types.
20. To determine the level of social adjustment among adolescent school learners based on their birth order.
21. To measure the level of social adjustment among adolescent school learners according to their monthly familial income.
22. To measure the level of social adjustment among adolescent school learners with regard to their habitat.
23. To find out the relationship between mental health and social adjustment among adolescent school learners.

1.5. Hypotheses:

H₀₁: There is no significant mean difference in the level of mental health among adolescent school learners on the basis of their gender.

H₀₂: There is no significant mean difference in the level of mental health condition among adolescent school learners on the basis of their caste.

H₀₃: There is no significant mean difference in the level of mental health among adolescent school learners on the basis of the present educational status.

H₀₄: There is no significant mean difference among adolescent school students' mental health based on their father's educational qualification.

H₀₅: There is no significant mean difference among adolescent school learners' mental health based on their father's occupation.

H₀₆: There is no significant mean difference in the level of mental health among adolescent school learners on the basis of their mother's educational qualification.

H₀₇: There is no significant mean difference among adolescent school learners' mental health based on their mother's occupation.

H₀₈: There is no significant mean difference in the level of mental health among adolescent school learners on the basis of their family type.

H₀₉: There is no significant mean difference in the level of mental health among adolescent school learners on the basis of their birth order.

H₀₁₀: There is no significant mean difference in the level of mental health status among adolescent school learners on the basis of their family monthly income.

H₀₁₁: There is no significant mean difference in the level of mental health status among adolescent school learners on the basis of habitat.

H₀₁₂: There is no significant mean difference in the level of social adjustment among adolescent school learners on the basis of their gender.

H₀₁₃: There is no significant mean difference in the level of social adjustment among adolescent school students on the basis of their caste.

H₀14: There is no significant mean difference in the level of social adjustment among adolescent school learners on the basis of their present educational status.

H₀15: There is no significant mean difference in level of social adjustment among adolescent school learners on the basis of their father's educational qualification.

H₀16: There is no significant mean difference in the level of social adjustment among adolescent school learners on the basis of their father's occupation.

H₀17: There is no significant mean difference in the level of social adjustment among adolescent school learners on the basis of their mother's educational qualification.

H₀18: There is no significant mean difference in the level of social adjustment among adolescent school students on the basis of their mother's occupation.

H₀19: There is no significant mean difference in the level of social adjustment among adolescent school learners on the basis of their family type.

H₀20: There is no significant mean difference in the level of social adjustment among adolescent school students on the basis of their birth order.

H₀21: There is no significant mean difference in the level of social adjustment among adolescent school learners on the basis of their family monthly income.

H₀22: There is no significant mean difference in the level of social adjustment among adolescent school learners on the basis of their habitat.

H₀23: There is no significant correlation between adolescent school learners' mental health and their social adjustment.

1.6. Operational definitions of technical terms:

Mental health: The phrases mental and health are combined to form the phrase mental health. Mental refers to the human mind's cognitive or intellectual power. The word health signifies different things to different people, depending on the context and other words used. The simple definition of mental health is "healthy or proper functioning of the mind."

In this context, 'mental health' refers to physical and emotional well-being as well as the absence of mental disorders. This notion relates to the ability of living an active, perfect, and

flexible existence in the face of life's challenges and difficulties. Good mental health is a measure of psychological well-being that is desired by all people, especially students.

Social adjustment: The term "adjustment" is frequently used interchangeably with "accommodation" and "adaptation." In a strict sense, the phrase refers to the equilibrium outcomes that can be influenced by one or both of these processes (Monroe, 1990). It's a phrase that emphasizes a person's struggle to make ends meet or survive in their social and physical environment.

In this context, social adjustment refers to a peaceful relationship across peer groups, a thorough understanding of social expectations, and compliance with school, home, and societal social norms. In order to be socially adjusted, people must develop social activities and qualities. It also necessitates being socially capable of functioning with somebody's fellow human groups and to have a sense of duty and commitment to one's fellow people, society, and nation.

1.7. Delimitations of the study:

The present study was delimited to the following:

1. The investigator collects the data only from the adolescent school learners.
2. The data were collected both from rural and urban areas of Kolkata (Baruipur), South 24 Parganas and North 24 Parganas District.
3. The data were collected by using two self-rated standardized questionnaires.
4. The investigator has collected data only from 500 samples.
5. The study was confined to the Bengali medium government school students only.
6. The variables of the study were delimited to demographic variables like gender, age, caste, present class, parent's education, parent's occupation, family type, birth order, family monthly income and habitat of the subject.

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CHAPTER II

REVIEW OF RELATED LITERATURE

2.1. Concept of review of related literature in research

2.2. Need of related literature

2.3. Review of Indian research on mental health

2.4. Review of foreign research on mental health

2.5. Review of Indian research on social adjustment

2.6. Review of foreign research on social adjustment

2.7. Review of related literature of mental health and social adjustment

2.8. Review matrix

References

CHAPTER-II

REVIEW OF RELATED LITERATURE

2.1. Concept of review of related literature:

A survey of related literature is required in educational research in order to perform a study. These seek to situate the current study in both a temporal and theoretical framework. The intellectual support for the investigator is provided through a review of related literature. While reviewing all of the big studies from the past, the researcher is looking for any studies that may be linked to the current investigation. It is ideal to review any material that is directly or indirectly linked to the current subject.

2.2 Need of reviewing related literature:

The review of linked literature includes reviewing relevant research reports and papers, published research journals, and so on. The current researcher has to know what has been said and done in a certain area. The current investigator gathers numerous useful ideas regarding study designs, methods, research subjects, acceptable measuring tools and techniques, research procedure, and the outline for future research from prior studies. It gives the current investigator with researchable ideas, establishing and understanding the topic, valuable explanatory skills, objectives, hypotheses, and report writing technique. It prepares investigators by informing them about previously ignored options. It also recommends an acceptable process for interpreting the results. The goal of the review of related literature is to analyse logical reasoning and give empirical data regarding the current inquiry.

For reference literature, Sukia and Mehrotra (1996) state that "like in any other discipline, here in education, the researcher must select an area of research topic about which he has thought or formed something, and also collect knowledge about it." As a result, in any research topic, reference literature serves as a cornerstone around which all future work is built. According to Desi and Desi (1997), "examination of linked literature helps us to identify whether evidence currently accessible to answer problem properly without further inquiry and therefore may save duplication." It can enhance the investigator's overall scholastic abilities by supplying ideas, theories, and explanations, aid in issue formulation, and even suggest an approximate technique of inquiry.

2.3. Review of Indian Researches on Mental Health:

The review of previous research done in India on mental health are follows:

- ❖ Mental health research in India, according to a report by the Indian Council of Medical Research (ICMR, 2005), has revealed that post-independence in India. There was little data on mental health issues or psychiatric disorders, so in 1961, the ICMR performed the first large-scale mental health investigation in Agra. ICMR again conducted a multi centric collaborative study in four city- Bangalore, Baroda, Kolkata, and Patiala from 1976-1983. Indian council of medical research formed five task force and two working group with the main objective to initiate task oriented operational research programme on areas, which are directly related to the mental health problems specific in India, where additional knowledge would help in alleviation of morbidity from these diseases.
- ❖ According to the National Commission on Macroeconomics and Health (NCMH), "mental disorders comprise a vast spectrum ranging from minor anxiety state to very severe kinds of behavioural and thought abnormalities." The commission examined classical Indian psychiatric epidemiology studies spanning the previous four decades and concluded that these studies show a vast range in prevalence rates ranging from 10370/1000 population in different sections of the nation. The report selected a median cautious estimate of 65/1000 population of all ages and disorders from two distinct meta-analysis rates of 58/1000 population and 73/1000 population (Reddy and Chandrashekar, 1998; Ganguly, 2000). Furthermore, the NCMH documented 55 epidemiological investigations, both community-based and school-based, done between 1964 and 2002, and discovered a wide range of differences in the prevalence rate of mental health issues. During the period 1978-2002, the commission discovered that conduct disorder and ADHD were the most common mental health problems and noticed that school-aged children were more psychologically troublesome; rural children were more favourable than urban children, and girls were better than boys.

- ❖ **Srivastava et. al. (1999)** studied on '*A study of Mental Health of Hindi and English medium students*'.

Objective: To investigate the mental health of 80 students in the 11th and 12th grades from Haridwar's English and Hindi medium schools.

Results: The results found that young learners who spoke Hindi had better mental health than those who spoke English. English-medium students showed greater degrees of egocentrism and emotional instability than Hindi-medium students, according to the study.

- ❖ **Arulkumar & William (2017)** conducted research on '*A study of high school students' mental health in Thiruvavarur District*'.

Objective: To determine the extent of high school students' mental health in Tamilnadu's Thiruvavarur District, as well as if there are any significant disparities in mental health amongst comparable subgroups of students in terms of gender, domicile, and school type.

Method: Students in the IX standard from ten different high schools in the Thiruvavarur educational district made up the study's sample. A random sample of 300 students was recruited for this study using the random selection technique. The investigator used Jagadish and Srivastava's Mental Health Inventory (Revised 1996).

Result: After analysing the data, it was determined that the level of mental health among high school students is not consistent. Around ten percent of pupils have poor mental health, whereas one-third of students have normal mental health. There was no significant difference in the mean mental health score across the subgroups of pupils based on gender, location, or kind of school. According to the findings, appropriate counselling programmes should be developed to improve students' mental health.

- ❖ **Roul and Bihari (2015)** investigated '*Mental health of school-aged boys and girls in Delhi's secondary schools*'.

Objective: To investigate at the relevance of mean scores both boys and girls in secondary school on all components of mental health, as well as the significant differences in mean scores for boys and girls in secondary schools on all parameters of mental health.

Method: The purpose of the study was to assess the mental health of secondary school students in East Delhi. The researchers employed a descriptive survey method that includes a

quantitative approach to data gathering. Two schools were chosen as a sample, and only the 9th grade students from each school were purposely picked (100 samples). The researcher employed the standardised Mental Health Inventory established by Jagdish and Srivastava (1986) to assess the mental health of school-going adolescents.

Result: On the different dimensions of mental health, there was no significant difference found in mean scores between boys and girls adolescents.

❖ **Bartwal** (2014) conducted a study on, *‘To Study the Mental Health of Senior Secondary Students in Relation to their Social Intelligence’*.

Objectives: 1. Male and female senior secondary pupils from rural and urban areas were to compare in terms of mental health. 2. To look at the link between mental health and social intelligence in senior secondary students from both rural and urban areas.

Method: The investigator was employed the descriptive survey method. Using Random sampling technique 200 samples were chosen from urban and rural area. For this study ‘Mental Health Battery’ (Sing & Gupta) and ‘Social Intelligence Scale’ (Chaddha& Ganesan) were used by the investigator.

Result: The researcher discovered that there was no substantial variation in mental health based on their habitat and gender.

❖ **Lal, Sharma & Kumar (2013)** studied on *‘A study of Mental health and Socio-economic status among youth’*.

The current study aims to investigate the mental health and socioeconomic situation of young people. The study's goal was explained to the participants, and they were also guaranteed of their privacy. The study was quantified using 'The Mental Health Inventory' (Jagdish and Srivastava, 1983), and their socioeconomic position was determined using family income. The statistically examined finding confirms that people from high-income families had better mental health than those from low-income families.

❖ **Sankar, Wani & Indumathi (2017)** studied on '*Mental Health among Adolescents*'.

Objective: 1. To assess the mental health of teenage boys and girls, 2. To assess the mental health of 13–15-year-old adolescents, and 3. To assess the mental health of 16–19-year-old adolescents.

Method: There were a total of 40 study subjects, categorized into two parts of 20 each (Boys and Girls). These two groups are further split up into two age groups (13-15 years and 16-19 years), each of which has 10 respondents. The 'Mental Health Inventory,' which was used to measure mental health, was created and developed by Dr. Jagadish and Dr. Srivastava. For statistical analysis and hypothesis testing, the mean and t-test were implemented.

Findings: The results indicate significant mean difference in boys' and girls' mental health scores, with boys having a greater level of mental health than girls, but no substantial improvement between 13–15-year age groups and 16–19-year young adults' mental health scores. We may deduce from the findings of this study that gender and age are crucial determinants in mental health.

❖ **Raj (2017)** studied on '*Impact of Gender, Locality and Type of family on Mental Health among Adolescents*'.

Objectives: To find out how gender, place, and family type affect adolescent mental health, as well as the interplay between gender, location, and family type.

Method: A total of 200 teenagers were chosen at random from the sample. The data were gathered from joint and nuclear families in both urban and rural areas. To assess the mental health the investigator used the 'Mental Health Inventory' (Jagadish & Srivastava, 1985). The investigator employed the mean, standard deviation, and ANOVA for statistical analysis.

Result: According to the findings of the study, adolescents from nuclear families had better mental health than adolescents from joint families. Female adolescent mental health was superior to male adolescent mental health. There was a significant interaction impact between locality and family type, with adolescents in urban regions having better mental health than those in rural areas.

- ❖ **Singh (2018)** conducted on a study, '*Mental Health of Secondary School Students in Relation to Gender and Locale*'.

Objectives: The purpose of this study was to compare the mental health of rural and urban secondary school students, as well as boys and girls in secondary school.

Method: The researcher employed a descriptive survey technique to achieve the study's objectives. The sample was chosen using a purposive sampling approach, and the students' mental health was assessed using the 'Mental Health Scale' (S. P. Anand). The investigator used descriptive and inferential statistics to analyse the data in the research.

Result: The study discovered a significant disparity in mental health between males and girls in high school. However, there was no discernible difference in the mental health of urban and rural secondary school pupils.

- ❖ **Singh & Devi (2018)** studied on, '*Mental Health of Secondary School Students in Relation to Family Climate*'.

Objectives: To investigate secondary school students' mental health and family climate, as well as the link between mental health and home climate among government-sponsored secondary school pupils.

Method & Procedure: The investigator used purposive sampling technique for collects the data through 'Mental Health Battery' (Singh & Gupta) and family climate scale (beena shah), 600 students were taken as a sample.

Results: There was a substantial strong correlation amongst mental health and family climate in secondary school students, as well as a significant positive relationship involving mental health and family climate among students who attended a government-aided school, as per the results.

- ❖ **Fink , Patalay , Sharpe , Holley , Deighton & Wolpert (2015)** studied on '*Mentalhealth Difficulties in Early Adolescence: A Comparison of Two Cross-Sectional Studies in England from 2009 to 2014*'.

Objective: The goal of this study was to look at how mental health problems in early adolescence changed in England from 2009 to 2014.

Methods: The analysis was based on data from two cross-sectional studies of adolescents (aged 11-13 years) conducted in secondary schools throughout England five years apart in 2009 and 2014. Propensity score was used to match the samples, resulting in a total pooled sample of 3,366 teenagers. Participants filled out the Strengths and Difficulties Questionnaire to report mental health issues. The present study includes matching health outcomes including gender, age, ethnicity, socioeconomic status etc.

Results: In 2009 and 2014, adolescent mental health issues were at comparable levels. Outliers in 2014 included a significant increase in emotional issues in girls and a decrease in total difficulties in boys as compared to 2009.

Conclusions: The increased prevalence of emotional problems among females is consistent with previous research, and the findings are examined in light of recent economic and sociological developments. Even though the minor decrease in overall challenges in boys is promising, more study is needed.

❖ **Senad (2018)** conducted research on *‘A Study of Mental Health among High School Students’*.

Objectives: To examine the emotional stability among school going boys and girls, to investigate the overall extent of adaptability among pupils in school, and to examine the mental health among school going students.

Method: For this study the researcher was selected 100 high school students as a sample using by random sampling method. For data collection, the investigator employed ‘Mental Health Battery’ which was developed A.K. Singh & A. S. Gupta. The data were analysed with needful statistics.

Result: According to the outcomes of the study, boys had stronger emotional stability than girls’ students, girls had vastly better adjustment than boys’ students, and there was no significant difference in mental health between school-aged boys and girls.

❖ **Lok, Bademil & Canbaz (2017)** investigated on ‘**Factor Affecting Adolescents Mental Health**’.

Objective: The goal of this study was to determine the mental health status of secondary school pupils.

Method & procedure: This was a cross-sectional research investigation. There were 176 senior high school pupils from a secondary school as samples. Goldberg's 'General Health Questionnaire' (GHQ-12) was utilized to collect data. The information was incorporated into the research. The researchers used a face-to-face interview approach as well as a classroom setting to gather socio-demographic data from and the 'General Health Quest. The relationship between socio-demographic characteristics and GHQ-12 were evaluated using the chi -square test.

Result: The average age of the teenagers in the study is 16.34 1.34, with 45.9% of the respondents being female, 52.1 percent not working mothers, 48.7% working fathers, 47.9% mothers, and 38.3 percent in high school or above. It was determined that 39.8% of the students belonged to the core family. The General Health Questionnaire revealed that 41.47 percent of adolescents scored below 2.58, while 52 percent scored 2 or higher, indicating that the group was at risk for mental health.

❖ **Kaur, Niwas & Rai (2015)** studied on, ‘**A Study of Mental Health of High School Students in Relation to Sex and Habitation**’.

Objectives: To know if there is a mental health difference in high school between boys and girls, if there is a mental health difference between rural and urban high school students, and if there is a mental health interaction impact between sex and residence of high school students.

Method & procedure: For the study, the investigator was collected the data from six districts of Punjab, a sample of 600 high school students. The researcher used the ‘Mental Health Scale’ (Vijay Kumar Roy) to measure the mental health. To test hypotheses, descriptive statistics and ANOVA were utilised.

Result: Though the investigator revealed no major differences in mental health between male and female pupils, there was a substantial difference between rural and urban students. The

researchers also discovered that there was no significant interaction impact between sex and residence on the mental health of high school pupils.

❖ **Malliga & Jayachandran** (2018) studied on '*Mental Health among Higher Secondary School Students*'.

Objectives: To determine the mental health of upper secondary school pupils based on gender, number of siblings, family type, birth order, and location.

Method & Procedure: In this study, the data were collected using a survey approach in which 93 samples were drawn from special schools in Chennai using a stratified random sampling strategy. The scientists employed the 'Mental Health Scale,' which was designed by the investigators, to measure mental health.

Results: The findings revealed that mental health differed significantly depending on gender, number of siblings, family type, birth order, and location. Girls were reported to have higher stress levels than boys. When compared to joint families, nuclear families are observed to have a higher level of anxiety. Higher secondary school pupils from metropolitan areas were shown to have a higher level of anxiety and stress than those from rural areas.

❖ **Niak** (2017) studied on '*To Study the Mental Health among School Students*'.

Objective: The goal of this study was to investigate the mental health of students in school.

Method & Procedure: Investigator 100 students were selected as the samples from two school of Dharmपुरi. The samples were selected purposively using by 'PGI Health Questionnaire' (Verma & Pershad). According to the nature of the data, statistical analysis was performed utilising statistical software.

Results: According to the findings of the study, over half of the students (57%) had poor mental health according to the PGI health questionnaire.

❖ **Kumar & Grewal** (2014) studied on, '*Mental Health of School Going Adolescents: A Comparative Study*'.

Objectives: To compare the mental health of male and female upper secondary pupils, to compare the mental health of humanities and science upper secondary pupils and to compare the mental health of rural and urban upper secondary school pupils.

Method: The participants in this study were 200 senior high school pupils. The sample was selected randomly and data collected using by 'Mental Health Inventory' (Jagadish & Srivatava), the investigator different types of statistical techniques were used to test the hypotheses on the basis of research objectives.

Result: According to the outcome of the study, there was no significant difference in the mental health of male and female youth school pupils, no large difference between scientific and humanities groups, and no huge disparity in the mental health of rural and urban adolescent school pupils.

❖ **Nanda** (2001) conducted a study on '*Mental Health of High School Students: A Comparative Study*'.

Objective: To find out the mental health status of high school pupils.

Method: A total of 1579 pupils from 86 high schools in the Cuttack district of Orissa were included in the study. The investigator developed a mental health scale, which was used in conjunction with interview schedules for parents, teachers, and the headmaster. The study employed arithmetic mean, standard deviation, t-test, and quartile deviation for data analysis.

Result: According to the research, female students had better mental health than male students. When male and female students in urban, rural, and ashram schools were compared, it was observed that male and female students in urban and ashram schools had similar mental health, whereas female students in rural schools had better mental health than male students. In addition, the study discovered that general category students had better mental health than scheduled caste, scheduled tribes, and first-generation learners, and that scheduled caste students had better mental health than scheduled tribes' students.

- ❖ **Ahmed et al. (2007)** conducted a study on, '*Behavioural and Emotional Problems of Adolescents Relationship with Academic Achievement*'.

Objective: To study the emotional behavioural problems among adolescent students, to find out the relationship between emotional and behavioural problems among students.

Methods: A random sample strategy was used to acquire data using the survey method. The survey included 410 pupils from Aligarh's urban and rural regions, ranging in age from 10 to 19.

Result: The study found no significant differences in emotional behavioural difficulties between urban and rural male pupils. It was also shown that there was a substantial relationship between emotion and problem behavior of male adolescents.

- ❖ **Rao & Parthasarathy (1993)** studied on '*Mental Health Risk among the Socially Disadvantaged High School Students: Initial observations*'.

Objective: To study the mental health risks among scheduled caste and scheduled tribes students.

Method: The investigators developed an interview schedule and employed Goldberg's (1972) standardised General Health Questionnaire, as well as Kuppuswamy's Socio-economic Scales, to collect data. A total of 120 high school students from Bangalore were included in the sample. The subjects were chosen using a random selection procedure.

Result: Pupils from scheduled castes and scheduled tribes were more vulnerable to mental health hazards than pupils from lower and lower middle economic levels, according to the findings. Non-scheduled caste and scheduled tribes pupils in middle and upper middle school faced larger mental health risks than scheduled caste and scheduled tribes students.

- ❖ **Magotra, H. P. (1982)** studied on '*Mental health as a correlated of intelligence, education, academic achievement and socio-economic status*'.

Objectives: 1. Determine the degree of link between the specified characteristics (independent variables) and the students' mental health (dependent variable); 2. Investigate the impact of gender, educational levels, and socioeconomic position on mental health.

Method: For collection of data the investigator used general intelligence test, socio-economic status questionnaire and mental health inventory.

Result: Girls prevalent to possess better mental health than boys. Intelligence and physical health are very influenced to the boys and girls in their mental health. On the other hand, the girls were found to be suffering from a sense of insecurity and anxiety.

❖ **Anand** (1989) studied on '*Mental Health of High School Students*'.

Objective: To study the mental health of high school students.

Method: A sample of 262 high school students of 10th standard was selected in the age group 14 – 15 years (169 boys and 93 girls). For collects the data the investigator used self-developed a Likert Type Mental Health Scale. Correlation and chi-square were used for data analysis.

Result: The mental health of adolescents positively related with their academic achievement, educational and occupational status of parents.

❖ **Shastri** (2010) conducted a study '*A study of mental health of secondary school students of Ahmedabad City*'.

Objective: To investigate the students' mental health scores, as well as their gender, standard, and educational accomplishment impact on their mental health.

Method: The sample consisted of 623 students were selected by using random sampling technique. To assess the mental health the investigator used mental health battery (Dr. shastri). For statistical analysis used the mean, S.D, etc.

Result: Out of total sample 8.43% have medium, 25.68% have lower level and 15.89% have higher level of mental health. There is no effect of gender, standard on mental health of the students of Ahmadabad city. The mental health of the students with higher educational achievement is better than the students with lower educational achievement.

❖ **Patel** (2016) conducted a study on '*A study of mental health of higher secondary students of Gujarat state*'.

Objective: To determine the mental health status of higher secondary students and to investigate the effects of gender, standard, location, and stream on mental health.

Method: The investigator used stratified random sampling technique foe selection the samples. As the sample 4777 students has been selected to collects the data in various Gujarat

medium school in XI and XII standards. The investigator used the Descriptive survey method and collects the data through Mental Health Scale (self- developed and standardized).

Result: There was no significant difference mean score of mental health among boys and girls of higher secondary school. There was no significant difference between mean score of mental health among the students according to standard, resident area, different streams.

❖ **Sarker, A. K. (1979)** conducted a study on *‘Relationship between Mental Health and Some Family Characteristics of Middle Class School Going Adolescents’*.

Objectives: To investigate the relationships between children's mental health and family factors such as family structure and tension.

Method: The investigator collects the data through self- development and constructed Mental Health Inventory, Children’s Interviewed Scheduled and a Bio-Data Sheet. The researcher used the t-test for statistically analyzed the data.

Result: Mentally poor children had higher tension than the children with better mentality. The children from attached families had better mental health than unattached families’ children. There was no correlation between mental health and family structure among children’s mental health.

❖ **Manjuvani, E. (1990)** studied on *‘Influence of Home and School Environment on the Mental Health Status of Children’*.

Objective: To establish home and school environment influences on mental health status.

Method: The data were collected from students studying 8th to 10th standard from Tirupati high school, Andhra Pradesh. Sample of 514 students was selected by using random sampling technique for the study. The investigator used three tools- Home Environment, School Environment and Mental Health Inventory. Multiple regression analysis was used to analyses the data.

Result: The researcher found that there was significant correlation exists between home environment, school environment and mental health.

❖ **Purohit, Y. B. (2010)** conducted a study on '*An Investigation into the Mental Health of Higher Secondary School Students in Relation to Certain Variables*'.

Objectives: To study the mental health of higher secondary students in relation to their gender, area, standard, stream and caste, to study mental health of higher secondary students in relation to their SES, emotional intelligence, security- insecurity and anxiety.

Method: Descriptive survey method was used. The data were collected from 5240 students of XI and XII standard through Mental Health Scale (self-constructed and standarzed), SES scale (Pallaviben and Patel) and Emotional Intelligence Scale (Pallaviben and Patel). S.D, t-test, correlation used for analyses the data.

Result: The result found that the gender, emotional intelligence and anxiety effect on mental health of higher secondary school students. Area, stream, caste, socio-economic condition does not affect on mental health of higher secondary school students.

2.4. Foreign Researches on Mental Health:

❖ **Irfan (2016)** studied on '*Mental Health and Factors Related to Mental Health among Pakistani University Students*'.

Objective: This study intends to investigate and better understand the mental health and general well-being of university students in Karachi, Pakistan, as well as the variables that contribute to mental health issues.

Method: The data was acquired using a quantitative research approach, with participants filling out five distinct standardised surveys. 314 undergraduate students (18-24 years old) from various departments at Karachi University were used as examples. The major data collection instruments were the 'Mental Health Continuum – Short Form (MHS-SF),' Rosenberg Self-Esteem Scale (Rses), and interview schedule. The data was analysed using the Chi square test, correlation, ANOVA, and regression.

Result: This study's findings revealed a favourable relationship between mental health and self-esteem, extraversion and mental health, and a large gender gap. Male students have a better mental health record than female pupils. The findings of this study also offer an overview of the factors influencing the mental health of a cohort of undergraduate students from diverse disciplines and levels in Karachi.

- ❖ **Syed et al. (2009)** conducted a study on, '*Prevalence of Emotional and Behavioural Problems among Primary School Children in Karachi*'.

Objective: Determine the prevalence of emotional and behavioural problems among Pakistani schoolchildren.

Method: The investigator conducted a cross sectional study among 675 school going children in Karachi of Pakistan. The data was collected through '*Strength Difficulties Questionnaire (SDQ)*'. For this study investigator has taken 'Pakistan – multi informant survey method.

Result: The finding suggested that prevalence of child mental health problems was higher than research report from other state. There was significant difference in prevalence mental health problem between male and female children, boys were more possessed in behavioural problems and girls were more possessed in emotional problems.

- ❖ **Taylor et. al. (1996)** carried out a review research on, '*Mental Health in School*'.

The researcher's opinion that the role of school, home and community life should be plays a vital role in students to overcome stressful life by mental health activities. If educational institutions were help to fulfil student's educational mission, the social, emotional physical health problems and other barriers of learning must be control. In this context, the assumption that school-based and school-linked mental health treatments enhance access to underprivileged and difficult-to-reach teenagers has resurfaced.

Belfer et. al. (2005) conducted a study, '*Child and Adolescent Mental Health in Latin America and the Caribbean: Problems, Progress and Policy Research*'.

Objective: To find out the Latin American child and adolescent mental health

Method & Result: The researcher conducted this study among 1251 Brazilian school going children aged 7-14 years. The findings highlighted an urgent need for child mental health specialists to collaborate with schools in order to educate teachers on how to diagnose and address the most common child psychiatric issues.

❖ **Hannesdottir** (2001) conducted research on, '*Studies on Child and Adolescent Mental Health in Iceland*'.

Objective: To study on emotional and behavioural difficulties in Icelandic children and adolescents, as well as to detect disparities in demographic background characteristics between the general population and children and adolescents who have received psychiatric treatment,

Method: The stratified random sampling technique was drawn to collect the sample of 2040 children and adolescents from urban and rural area in Iceland. For assess the mental health of child and adolescents, the investigator was used the 'Child Behaviour Checklist (4-18)' & 'Youth Self Report (11-18)'. These questionnaires were translated into Icelandic in order to check on the accuracy of the translation. Chi square test, t-test, ANOVA was used in this study for analyses the data.

Result: Aggressive behaviour syndrome scores were reported more frequently in young boys than young girls. Delinquent behaviour syndrome scores were higher among boys between age 4-11 and for girls aged 11-16 years. Anxiety/ depressive syndrome scores were more common among both gender but boys were more possessed in depressive syndrome between 12-16 years than among girls in same aged. Girls were more possessed in attention problems and social adjustment problems than boys in adolescent periods.

❖ **Granrud** (2019) studied on '*Mental Health Problems among Adolescents*'.

Objective: To explain and compare gender differences in teenage depression symptoms, as well as their relationship to family conflict and economy, and to describe how adolescent boys with mental health issues interact with the Public Health Nurse (PHN).

Method: This study included 8052 youths, and quantitative and qualitative approaches were employed to obtain data from the sample utilising the 'Interviewed Scheduled' method. Multiple regression and descriptive statistics were used to analyse the data.

Result: When it came to reporting mental health difficulties, there was a gender difference between boys and girls. Boys were better than girls. The boys had a hard time talking about their mental health issues and going to the PHNs. The PHN plays a vital role in supporting adolescent mental health.

❖ **Wirback** (2018) conducted research on, '*Depression among Adolescents and Young Adults – Social and Gender Difference*'.

Objective: The goal of this research was to learn more about the social and gender differences in depression among adolescents and young adults.

Method: Longitudinal survey data from the BROMS cohort was used to measure the depressive symptoms by different social features, the Stockholm youth cohort was used to assess the risk of diagnosed depression in various social groups. Qualitative interviewed was used to explore how young men experienced depression and help seeking in relation to their conception of masculinity.

Result: The results from this study showed that low social position in childhood increased the risk of depression in adolescents, the social differences were more evident in self-reported depressive symptoms compared to diagnosed depression and in a more among adolescents. Gender differences a good factor in relation to social position in diagnosed depression among childhood and adults, low social adjustment skill was related with depressive symptoms with in male and female adolescents.

❖ **Boe** (2013) conducted a study on, '*Socioeconomic Status and Mental Health in Children and Adolescents*'.

Objective: To study the relationship between socioeconomic status (SES) and Family economy, parental education levels, and other mental health areas are all indications of mental health disorders.

Method: This study was cross-sectional studies, which also contains a longitudinal sample. It comprised four waves of data collection. The participants (131223) were 16-18 aged adolescents. Mental health problems were defined on the 'Strength and Difficulties Questionnaire (R. Goodman)' by the researcher. Determine the relationship between SES and diagnostic probability scores, logistic regression analyses were used, and also used multiple regressions by the researcher.

Result: The findings suggested that mental health problems are distributed according to family socioeconomic status, with more problems for those who are socioeconomically disadvantaged. Parental emotional well-being, educational levels and parenting practices were associated between family socioeconomic status and childhood mental health problems.

- ❖ **Suhail, K. (2005)** studied on '*A Study Investigating Mental Health Literacy in Pakistan*',

Objective: To assess public mental health beliefs in Pakistan.

Method: The sample consisted of 1750 people were selected from three cities of Punjab. Survey participations were requested to provide diagnosis, causes, prognosis and possible treatment for the mental health problems.

Result: The findings showed that the type of mental health problem, education status, and area of residence contributed significantly to one's ability to diagnose. Those recognizing mental health problems were more likely to identify the underlying causes, prognosis and appropriate of the problems.

2.5. Review of Related literature on Social Adjustment in India:

- ❖ **Suthar (2015)** studied on '*Social Adjustment of College Students in Relation to Gender*'.

Objective: 1. To assess male and female college students' social maturity; 2. to assess male and female college students' emotional adjustment; and 3. to assess male and female college students' social adjustment.

Method: For data collecting, the survey approach was employed. R.C. Deva (1990) created the Social Adjustment Inventory, which was given to college students from Mehsana's numerous colleges. There was a total of 100 statements to answer. A high score indicated good Social Adjustment, whereas a low score indicated poor Social Adjustment. All of the directions in the inventory handbook were followed to the letter.

Result: There was no statistically significant difference between male and female college students in terms of social maturity, emotional adjustment, or social adjustment.

❖ **Ghatak (2018)** studied on '*A Study on Social Adjustment of Adolescents*'.

Objectives: 1. To ordain whether there is a substantial gender difference in adolescent social adjustment, 2. To ordain whether there is a substantial difference in adolescent social adjustment based on their geographic location.

Method: To gather data for the current inquiry, a survey method was used. The study comprised a total of 100 students from higher secondary school. The schools were chosen using a purposive sampling technique, whereas the pupils were chosen using a random sample technique. Dr. Ashutosh Kumar's The data for the study was acquired using a social adjustment scale, and the data was analysed using descriptive and inferential statistical techniques.

Results: There is a substantial difference in Adolescent Social Adjustment based on Gender, however adolescent Social Adjustment does not differ significantly depending on where they live (Urban and Rural).

❖ **Anbalagan (2017)** conducted a study on, '*Social Adjustment of Higher Secondary Students*'.

Objective: To determine if there was a significant difference in social adjustment between XI and XII standard pupils in terms of class, gender, medium of instruction, and school type.

Method: The researcher picked the survey method of research and selected students from higher secondary schools using a simple random sampling technique. A total of 300 secondary pupils were used in the study. The social adjustment assessment was used to collect the data (Dr. Roma Pal).

Result: When comparing mean scores, XII standard students performed better in social adjustment than XI standard students. Between boys and girls, there was a large difference in social adjustment, with female students performing better than male students. There was a significant mean difference in social adjustment between government and non-government higher secondary school students based on medium of instruction, but no significant difference in social adjustment between government and non-government students.

❖ **Thanikaivel & Priya (2016)** studied on '*Adjustment Problems among School going Adolescent Students*'.

Objectives: 1. To investigate the socioeconomic status of school-aged adolescents in the study area; 2. To determine the degree of adjustment of male and female adolescent students in the areas of home, health, social, emotional, and educational adjustment.

Method: To gather information on family background, income, trade, and understanding of businesses, a systematic interview schedule and questionnaire were devised. Secondary data for the study was primarily gathered from various government of India publications, Bulletins, articles, and magazines and periodicals. This research included 200 adolescent pupils (100 males and 100 females). The subjects in classes XI and XII were between the ages of 16 and 19.

Results: Male students were shown to have a better overall adjustment than female pupils. In both groups, social adjustment was average. The findings also demonstrated unsatisfactory female adolescent adjustment in the various locations under investigation. Many of the study's findings were assumed to be responsible for adolescent adjustment problems.

❖ **Das & Deb (2013)** studied on '*A Comparative Study on Social Adjustment Among Tribal and Non-Tribal Students*'.

Objectives: 1. To learn more about tribal male and female students' social adjustment, 2. to learn more about non-tribal male and female students' social adjustment. 3. To learn more about tribal and non-tribal female students' social adjustment, 4. To learn more about tribal males and male students' social adjustment.

Method: The study's effective sample consists of 120 participants divided into 60 tribals (30 male and 30 female) and 60 non-tribals (30 male and 30 female) who were chosen at random using the purposive sampling technique from Agartala, Tripura, in the age range of 18-21 years. Dr. Roma Pal created the Manual for Social Adjustment Inventory, which was used to collect data. There are 60 things in the inventory.

Result: In terms of social adjustment patterns, tribal male and female pupils are very different. The social adjustment of tribal female students is far greater than that of tribal male students. Male and female non-tribal pupils distinct from each other. Non-tribal female students show a higher level of social adjustment than non-tribal male pupils. Female tribal

pupils adjust better than non-tribal female students. Two distinct groups differ greatly from one another. In comparison to tribal male pupils, non-tribal male students show better social adjustment.

❖ **Srivastava (2018)** studied on '*Social Adjustment Problems of School Going Academic Achievers*'.

Objectives: The purpose of this research was to study the academic accomplishment of school-aged adolescents as well as their social adjustment issues.

Method: The study looked at 'Social adjustment issues of school-going academic achievers' in terms of gender, location, medium of instruction, and academic success in a group of 280 students. The 'Adjustment Inventory' for School Students was used to collect the data (Sinha and Singh, 1971) and the descriptive survey method, as well as the statistical technique 't' test. A study was conducted to see if there were differences in social adjustment among school-aged children based on academic success, gender, locality, and medium of teaching are all factors to consider.

Result: It was found, the differences in social adjustment issues between high and low academic achievers, both men and women, achievers in Bengali and English medium schools were substantial, however the differences between urban and rural academic achievers were non-significant. The current study, on the other hand, had the potential to raise awareness among school-aged children and instructors on how to solve societal problems.

❖ **Valentine & Gulati (2014)** studied on, '*Social Adjustment Profile of Adolescents of Ludhiana City*'.

Objective: To investigate the social adjustment profile of adolescents of Ludhiana city.

Method: This study was carried out four govt. senior secondary schools of Ludhiana city. Total sample consisted of 200 adolescents' students. The researcher used 'Social Adjustment Inventory' (R. C. Deva) to measure adolescents' adjustment. The data was analysed using the mean, standard deviation, t-test, and chi square test.

Result: From the study the researcher find out that there was no significance gender difference in social adjustment of adolescents.

❖ **Jaikumar & Muthumanickam (2010)** studied on '*Social Adjustment of Higher Secondary School Students*'.

Objectives: 1. Determine the level of social adjustment of the pupils at the following upper secondary schools.

a. Total number of students in higher secondary school b. Male students c. Female students d. Students from a joint family e. Students from a nuclear family f. Students in the first and second birth order g. Students in the third and above birth order

2. To determine whether there is a significant difference in social adjustment between the following categories of higher secondary school students.

a. Gender (male/female); b. Family type (joint/nuclear); c. Birth order (first and second birth order/third and or above birth order).

Method: Higher secondary school students' social adjustment was explored in the current study; hence the normative survey approach was adopted. The data was collected using Roma Pal's (1985) standardised 'the Social adjustment inventory.' The sample consisted of 600 higher secondary school students from the Salem region of Tamilnadu, India, and was drawn using a random sampling procedure. The best hypotheses were chosen and the data were interpreted using descriptive and differential analysis in this study.

Result: It was discovered that there was a considerable disparity in social adjustment between male and female pupils. The social adjustment of students from joint families and those from nuclear households was not significantly different. It was also discovered that the type of social adjustment was nearly identical among students, regardless of their birth order.

❖ **Raju & Rahamtulla (2007)** studied on '*Adjustment problems among School students*'.

Objective: To examine the differences in adjustment issues among schoolchildren from various schools, as well as the influence of demographic factors on schoolchildren's adjustment problems.

Method: A total of 461 pupils from Visakhapatnam's urban and rural schools were included in the study. The data was collected using a 'adjustment scale' (Jain, 1972), and the data was examined to see how individual factors affected adjustment variables.

Result: The study's major findings indicated that school features such as the class in which they are enrolled, the medium of instruction utilized in the school, and the school's management style impacted school children's adjustment the most. Adjustment was also impacted by parental education and the occupation of the schoolchildren.

❖ **Pachaiyappan & Arumugam (2017)** conducted a study on, '*Adjustment Behaviour among Higher Secondary School Students*'.

Objectives: To determine the degree of adjustment behaviour among higher secondary students, as well as the adjustment behaviour of higher secondary students by gender, location, family type, and management type.

Method: The investigator adapted the survey method to collect the data from govt. and private schools. The samples were randomly selected in and around the Chennai. 'Adjustment Inventory' (Bhattacharya) used for collect the data. The data was analysed using statistical techniques such as mean, standard deviation, t-test, and F-test.

Results: The majority of higher secondary school students, according to the data, have moderate adjustment behaviour. There was no significant difference in adjustment behaviour between boys and girls, urban students have higher adjustment behaviour than rural students, and students from joint families are more adjusted than students from nuclear families, according to the findings.

❖ **Sangeeta & Chirag (2012)** studied on '*A Study of Adjustment Problems of College Student in Relation to Gender, Socio-Economic Status & Academic Achievement*'.

Objectives: To discover college students' adjustment issues, to determine the differences in adjustment issues between college students with a high socioeconomic position and those with a low socioeconomic status, to find out if There is a distinction in adjustment issues between male and female college pupils, to determine the differences in adjustment issues between college students with high academic achievement and those with poor academic accomplishment, to see whether there is a connection between academic success and adjustment.

Method: The researchers performed a study on adjustment issues among college students in this setting. The descriptive survey technique of research was utilised for this objective. A total of 120 B.A. first-year students (60 from high SES and 60 from low SES) were chosen at random from 160 students from six institutions in Rohtak. A. K. P. Sinha and R. P. Singh's 'Adjustment Inventory for College Students' (AICS) and Kalia and Sahu's 'Socio Economic Status Scale (SESS)' were employed by the researcher. The Pearson product moment correlation technique and the 't' test were employed in the methodology.

Result: The findings showed that college students have a decent degree of adjustment and there was a substantial association within academic success and college student adjustment. Significant disparities in college adjustment were discovered in connection to gender and socioeconomic background, according to the study.

❖ **Mahesh, D., Makwana, & kaji** (2014) studied on, '*Adjustment of Secondary School Students in Relation to their Gender*'.

Objectives: The purpose of this study is to examine how secondary school students adjust at home, at school, and in social and emotional situations depending on their gender.

Method: For the study the investigator 120 (60 were boys & 60 were girl) school students from Ahmadabad district, were randomly selected. 'Adjustment Inventory' (R. S. Patel) was use for collect the data. The data were analysed using the mean, standard deviation, and t-test.

Result: The findings revealed, there was no significant mean difference in secondary school students' home adjustment, school adjustment, and emotional adjustment, there was a considerable difference in social adjustment between male and female secondary school pupils.

❖ **Jayachandran** (2017) conducted a study on, '*Social Adjustment of Higher Secondary Students – An Analysis*'.

Objective: To determine the quantity to which residential school students have adjusted to their new environment and the relationship between social adjustment dimensions.

Method: The data was collected via a survey approach using a random sample procedure. The study included 132 pupils at the higher secondary level. Investigator developed the "Social Adjustment Inventory" study instrument. The data was analysed using descriptive and inferential statistics.

Result: Residential school pupils had a high level of social adjustment, according to the study, and students whose fathers work in business had a higher level of social adjustment. Those whose father has a professional background and whose family is urban and nuclear have a higher level of social adjustment.

❖ **Chatterjee (2018)** studied on '*Adjustment of Adolescents Residing in Urban, Sub-Urban and Rural areas- A Comparative Study*'.

Objectives: To compare the three groups of adolescent subjects residing at urban, sub urban and rural areas of West Bengal.

Method: A total sample of 191 adolescent boys and girls has been selected as the subject from urban, sub urban and rural areas. The data were collected using 'General Information Schedule' (Developed by The Investigator) & 'Life Environment Integration Inventory' (Dasgupta & Bose). The mean, standard deviation, and t-test were also used to analyse the data.

Result: Rural inhabitants exhibiting better adjustment capacities in all the areas of adjustment as compared to the adolescents from urban and sub urban areas.

❖ **Mathil (2016)** studied on '*Social Adjustment of Adolescents in Relation to their Family Structure*'.

Objectives: 1) Determine the social adjustment status of teenagers from both nuclear and joint households, 2) Examine the social adjustment of adolescent boys and girls from nuclear homes, and 3) to compare the social adjustment of adolescents' boys and girls belonging to joint family.

Method: Survey method was adapted, for sample selection. The investigator employed random sampling technique and selected 100 adolescents as the sample of the study. The sample (50 student urban and 50 students rural) was collected from senior secondary schools. 'Social Adjustment Inventory' (Sinha & Singh) was used for data collection.

Result: In this study, the researchers discovered that while there was no statistically significant difference in adolescent social adjustment, students from nuclear families performed better than students from joint families. Girls adolescent students from both nuclear and joint families were more adjusted within society compared to boys

❖ **Basu (2012)** studied on '*Adjustment of Secondary School students*'.

Objective: The purpose of this study was to examine secondary school pupils' ability to adjust.

Result: According to the findings of this study, there were extremely significant disparities in secondary school students' adjustment when they are compared by gender, home structure, and school medium of instruction.

❖ **Chauhan (2013)** studied on '*A study on Adjustment of higher Secondary school students of Durg District*'.

Objective: To investigate the entire adjustment of higher secondary students, their educational adjustment, their emotional adjustment, and their social adjustment.

Method: To ensure their adjustment, this research was done on 111 higher secondary pupils from the Drug District. For data collection, the A.K.P. Sinha and R.P. Singh adjustment scale was utilised. The investigator applied the necessary statistics to examine the hypothesis.

Result: The findings revealed that there was a substantial difference in adjustment within male and female pupils in post – secondary school, with female pupils having a greater degree of adjustment than male students.

❖ **Jain (2017)** studied on '*A Study of Correlation Between Adjustment and Academic Achievement*'.

Objective: To determine a student's degree of adjustment as well as the relationship between adjustment and academic accomplishment.

Method & Procedure: The ability to adjust at home, in class, at school with friends, and with teachers is put to the test. The data was collected using a self-made questionnaire. A total of 200 pupils from the class were chosen to participate in the research. The data was analysed using inferential statistics.

Result: Adjustment and academic success were found to have a positive relationship. Students with greater adjustment with home, emotional, health and social.

❖ **Babasaheb** (2019) studied on, '*A Study of Adjustment among Male and Female College Going Students*'.

Objectives: To investigate college students, both male and female home adjustment, social adjustment, emotional adjustment, and health adjustment.

Method: For this study, sample consisted 100 college going students using by purposive sampling technique, 'Bell adjustment inventory' was used for data collection. Factorial design was selected of statistical analysis.

Result: The investigation result showed that female pupils better home adjustment, social adjustment, and emotional adjustment also health adjustment compare to male students.

❖ **Das** (2016) investigated on, '*Self Concept of Adolescents and its Relationship with their Social and Emotional Adjustment*'

Objective: To explore the association between self-concept and social and emotional adjustment difficulties in adolescents, as well as the high, average, and low self - concepts of adolescents in relation to their social and emotional adjustment problems.

Method: This study was descriptive correlation study. The sample for the investigation comprised of 100 adolescent students through random sampling method. To assess self - concept, 'Children Self Concept Scale' (S. P. Ahluwalia) & for social adjustment, 'Adjustment Inventory' (Sinha & Singh) were used by the investigator.

Result: The findings revealed that there were considerable differences in student social adjustment accruing to gender and school type. Significant negative relationship was observed between social and emotional adjustment and self- concept of the adolescent students. A significant relationship showed that high average and low social and emotional adjustment differentiated with high, average and low self -concept significantly.

❖ **Dutta et. al.** (1998) did research on '*Social Adjustment of Adolescents*'.

Objectives: To study the level of social adjustment of adolescents

Method: The data was collected from 200 teenagers at the Assam Agricultural University and the Jorhat district's Kendriya Vidyalaya (Assam). A group of 50 males and 50 girls between the ages of 16 and 18 and 19 and 21 were recruited, including 50 girls and 50 boys.

The researchers employed Sinha and Singh's adjustment inventory (1980) for college students to collect data.

Result: According to the outcomes of the study, there was no substantial difference between boys and girls in terms of social adjustment.

❖ Pathak (1970) studied on '*Sex Difference among School Children in the areas of Adjustment*'.

Objectives: To study the social and emotional adjustment among school children on the basis of sex, health.

Method: Between the ages of 14 and 16 year, the researcher collects data from 400 IX class pupils (200 guys and 200 girls).The investigator picked the subject using a random sample technique from six high schools in Jabalpur, Madhya Pradesh. To measure the adjustment the investigator used Saxena's Vyaktiyaparaks- Prashnavali (MA-62).

Result: From the study the researcher shows that in the health, social adjustment and emotional adjustment girls were facing not more favorable than the boys students. They also compared home and school adjustment because there was no substantial difference. It was also found that there was positive correlation between the areas of adjustment.

2.6. Foreign Research on social adjustment:

❖ Narusyte (2009) studied on, '*Adolescent Adjustment Problems: The Role of Heritability and Family Environment*'.

Objective: Going to study aggression as a possible mediator of genetic environment effects influencing the association between parental criticism and adolescent antisocial behaviour from late childhood to early adulthood, and studying aggression as a possible mediator of genetic environment effects influencing the association between parental criticism and adolescent antisocial behaviour.

Method: This was a 1480 twin pair longitudinal population-based research on health and behaviour in children and adolescents. The 'Twin Study of Child and Adolescent Development (TCHAD)' approach was used to obtain the data. The data was analysed using both traditional and newly developed twin techniques.

Result: This study found that family circumstances affected antisocial behaviour in both males and females from late childhood through early adulthood. The genetic contributions to the connection between parental criticism and antisocial behaviour in adolescents can be explained by heritable early adolescent aggression.

❖ **Atherton (2009)** studied on, '*Adolescent Adjustment in Rural Appalachian Youth*'.

Objective: To investigate the relationship between sixth-grade adjustment and social integration, feeling of belonging, and emotional risk-related dynamics that operate within the relational framework of the middle school community.

Method: The data for this study comes from a larger group of people who took part in a longitudinal study that followed young people from fifth to seventh grade. The study included 448 students. The factors for this study were students' interpersonal experiences in sixth grade, as well as their social, behavioural, and academic adjustment at the end of sixth grade.

Result: Sixth-grade adjustment was connected to social integration, sense of belonging, and emotional risk perceptions in middle school, according to the data. It was also discovered that adjustment on the basis of gender had a substantial effect. The findings suggested that adjustment was influenced by a sense of belonging and group centrality.

2.7. Review of Related Literature of Mental Health and Social Adjustment:

❖ **Shokeen (2017)** studied on '*A study of mental health and social adjustment of Senior Secondary students*'.

Objectives: 1. Examine the mental health of male and female senior secondary students, 2. compare the social adjustment of male and female senior secondary students, and 3. study the link between mental health and social adjustment of male and female senior secondary students.

Method: The approach used was a descriptive survey. The data were collected from 200 students who were chosen at random. To measure mental health and social adjustment, researchers employed the Mental Health Battery (Arun Kumar Singh & Alpana Sen Gupta) and the Social Adjustment Inventory (R.C. Deva).

Result: In this study, the researcher found no significant variations in the mental health and social adjustment of secondary students. It was shown that there was a significant favourable association between mental health and social adjustment among teenagers.

❖ **Bala (2018)** Studied on '*Mental Health of Secondary School Students in Relation to Social Adjustment*'.

Objectives: 1) To compare male and female senior secondary pupils from rural and urban areas in terms of mental health, 2) To compare male and female senior secondary pupils from rural and urban areas in terms of social adjustment, 3) To look at the link between mental health and social adjustment in rural and urban senior secondary students.

Method: In the present study 200 students studying in XII class has been selected by the researcher. To test the mental health of students, 'Mental Health Inventory' (by A.K. Singh) and to measure the social adjustment, 'Social Adjustment Inventory' (by R.C. Deva) used for data collection. Descriptive survey method was used. Mean, Standard deviation, t-test and coefficient of correlation was used for analyzing the data.

Results: The investigator found no significant difference between mental health and social adjustment of male and female senior secondary students of rural and urban areas. A positive and significant relationship between mental health and social adjustment of senior secondary students of rural and urban areas was found.

❖ **Pathak (2014)** studied on '*Mental Health and Social Adjustment among College Students*'.

Objectives: 1) To measure the mental health and social adjustment among college students, 2) find out the correlation between mental health and social adjustment.

Method: The investigator collected the data from 90 samples of college students used by stratified random sampling method. The research instruments were 'Mental Health Inventory' (by D.J. Bhatt) & 'Social Adjustment Inventory' (by R. C. Deva). The investigator used needful statistical technique for analysis the data.

Results: The researcher concluded that there is no significant difference between boys and girls on the basis of mental health and social adjustment. The investigator also finds out that there exists significant correlation between mental health and social adjustment.

❖ **Patel** (2021) studied on '*An Analysis on Mental Health and Social Adjustment issue among School Students: A Comparative Study*',

Objective: To investigate the mental health and social adjustment of Delhi's senior optional students, and to explore the link between mental health and adolescent social adjustment.

Method: In the study the researcher purposively has chosen a sample of 200 students of senior optional schools in Delhi. Survey method was utilized for investigation. To know the mental health and social adjustment of students, the researcher used 'The Mental Health Battery' (A.K. Singh & A. S. Gupta) and 'Social Adjustment Stock' (R. C. Deva). Mean, standard deviation, t- test, correlation was set for analysed the data.

Results: In this study the researcher find out that, male students are mentally healthier than the female students. There is no highly contrast, a higher correlation exists between male and female students in respect of mental health and the social adjustment.

❖ **Abraham** (1985) studied on the '*A Study of Certain Psycho-Social Correlates of Mental Health Status of University Entrants of Kerala*'.

Objective: to study the correlation between mental health and adjustment of university students on the basis of different psycho-social factors.

Method: the investigator adapted stratified sampling technique for the study. The sample comprised of 880 students (454 males and 426 females) selected from university of kerala. For collects the data psychological needs inventory, mental health scale, students' adjustment inventory developed by the investigator was used for assessment. Mean, standard deviation, t test and correlation were applied to analyze the data.

Result: the result showed that from the study adjustment and psycho-social factors were related to the mental health status of the students.

2.8. Review Matrix

Title	Name of Researcher/ Researchers	Major objectives and methodology	Findings	Journal and publication
<i>“A study of Mental Health of Hindi and English medium students”</i>	Srivastava et. al. (1999)	To investigate at the mental health of 80 students in Haridwar's English and Hindi language schools in the 11th and 12th grades.	Compared to English medium pupils, Hindi medium students had superior mental health.	Journal of Educational Research and Extension, 36(3), 1999.
<i>“A study of Mental health of high school students in Thiruvurur District”</i>	Arulkumar& William	To find out how mental health affects high school students in Tamilnadu'sThiruvurur District, as well as if there were any significant disparities in mental health across comparable subgroups of students. For this purpose, a random sampling procedure was used to choose a sample of 300 pupils. Jagadish and Srivastava's „Mental Health Inventory” (Revised 1996) was employed by the investigator.	The mean mental health score among the subgroup of pupils did not differ significantly based on their gender, geography, or kind of school they attended.	International Journal of Informative Research, 4(10), 2017
<i>“Mental health of school going boys and girls adolescents in secondary school of Delhi”</i>	Roul, S.K.,& Bihari, S.	The purpose of this study was to see if there was a difference in mean scores between boys and teenage girls in secondary schools on several aspects of mental health and across all dimensions of mental health. Method: The researchers employed a descriptive survey approach to conduct their research. The study relied on the Jagdish & Srivastava standardized „Mental Health Inventory (1986)“.	There was no significant difference in the mean scores of boys and girls adolescents on the dimensions of mental health.	Indian Journal of Research, 4(6), 2015.
<i>“To Study the Mental Health of Senior Secondary Students in Relation to Their Social Intelligence”</i>	Bartwal, R. S	To compare and contrast the mental health of male and female senior secondary students, as well as to investigate the link between mental health and social intelligence in rural and urban upper secondary students. Method: The investigator employed the descriptive survey approach and random sampling technique to gather data and in	The researcher discovered that there was no substantial variation in mental health based on their habitat and gender.	IOSR Journal of Humanities Studies, 19(2), 2014

		order to collect data, the investigator utilized the 'Mental Health Battery' (Sing & Gupta) and the 'Social Intelligence Scale' (Chaddha& Ganesan).		
"A study of mental health and socio-economic status among youth"	Lal, R., Sharma, S., &Kumar,R	To look at the mental health and socioeconomic status of young people. The study was quantified using the „Mental Health Inventory (Jagdish and Srivastava, 1983)“, and their socioeconomic position was determined using family income.	In comparison to the low-income participants, the statistically examined results showed that people from high-income families have better mental health.	The International Research Journal of Social Science & Management , 3(06), 2013
"Mental health among adolescents"	Sankar, R., Wani, ., &Indumathi, R.	To determine the mental health status of adolescent boys and girls. Method: The research included a total of 40 individuals, split into two groups of 20 each (Boys and Girls). Dr. Jagadish and Dr. Srivastava devised and standardized the 'Mental Health Inventory,' which was used to measure mental health.	The findings revealed a significant mean difference in mental health scores between boys and girls, with boys having a greater level of mental health than girls.	The International Journal of Indian Psychology, 4(3), 2017.
" <i>Impact of Gender, Locality and Type of family on Mental Health Among Adolescents</i> ",	Raj, A.A.	To assess the impact of gender, locality & type of family on mental health of adolescents & to study the interaction between gender, locality and type family with regard to mental health. The data collected by using random sampling technique. To assess the mental health the investigator used the „Mental Health Inventory“ (Jagadish & Srivastava, 1985).	According to the findings of the study, adolescents from nuclear families had better mental health than adolescents from joint families. Female adolescents" mental health was superior to male adolescents" mental health. Adolescents in urban areas had better mental health than those in rural areas, and there was a substantial interaction effect between locality and family type.	New Horizon Journal of Teacher Education, 2(1), 2017
" <i>Mental Health of Secondary School Students in Relation to gender and local</i> "	Singh, K	To compare the mental health of rural and urban secondary school students, as well as to compare the mental health of boys and girls in secondary school. Method: the descriptive survey method employed and Purposive sampling technique used for select the sample and assessed the mental health of student, „Mental Health Scale“ (S. P. Anand) has taken by the investigator.	There was a substantial mean difference in mental health between boys and girls in secondary school, but no significant difference in mental health between urban and rural pupils.	Journal of Emerging Technologies And Innovative Research, 5(1), 2018

<i>“Mental health of secondary school students in relation to family climate”</i>	Singh, A., & Devi, S.	To investigate secondary school students' mental health and family climate, as well as the link between mental health and family climate among government-aided school students. Data was collected using a purposeful sampling strategy through „Mental Health Battery” (Singh & Gupta).	Mental health and the family climate of secondary school children have a substantial favourable association.	International Journal of Research In Social Science
<i>“Mental health difficulties in early adolescents: a comparison of two cross sectional studies in England from 2009-2014”</i>	Fink, E., Patalay, Et Al.	The goal of this study was to assess at how mental health problems in early adolescence changed in England from 2009 to 2014. Method: The research was conducted in a cross-sectional manner. Participants filled out the „Strengths and Difficulties Questionnaire” to describe their mental health issues. Gender, age, ethnicity, socioeconomic status, and other factors all have a role in the current study's health results.	In general, adolescent mental health problems were comparable in 2009 and 2014. In 2014, compared to 2009, there was a considerable increase in emotional issues in females and a decrease in total difficulties in boys.	Journal Of Adolescents Health, 56, 2015.
<i>“A study of mental health among high school students”</i>	Senad, R. R	To examine emotional stability, over all level of adjustment and the mental health among school going adolescents. Random sampling technique was used to collect the data and the investigator employed „Mental Health Battery” (Singh & Gupta).	Boys showed stronger emotional stability than female pupils, and girls had better overall adjustment, and there was no significant difference in mental health between school-aged boys and girls, according to the research findings.	The International Journal of Indian Psychology, 6(2), 2018.
<i>„Factor Affecting Adolescents Mental Health”</i>	Lok, N., Bademli, K., & Canbaz, M.	The goal of this research was to evaluate the mental health of secondary school students. Data was collected using Goldberg's 1972 'General Health Questionnaire' (GHQ-12). The data were gathered by the researchers utilising a face-to-face interview procedure in a classroom setting.	The core family accounted for 39.8% of the students. According to the results of the Adolescent General Health Questionnaire, 41.47 percent of the adolescents scored below 2.58, while 52 percent scored 2 or higher, indicating that the group was at risk for mental health.	Journal of Depressive Anxiety, 6(4), 2017.
<i>“A Study of Mental Health of High School</i>	Kaur, S., Niwas, R., & Rai, V. K.	To see whether there is a difference between boys and girls, rural and urban high school pupils, and to see if there was	Male and female students had similar mental health, there was a significant difference between	Scholarly Research Journal for

<i>Students in Relation to Sex and Habitation”</i>		an interaction effect between sex and location on mental health. The investigator was collects the data from six districts of Punjab. The researcher used the „Mental Health Scale” (Vijay Kumar Roy) to measure the mental health.	rural and urban students, and there was no significant interaction impact between sex and habitation on school students' mental health, according to the researcher.	Humanity Science &English Language, 2(12), 2015.
<i>“Mental Health among Higher Secondary School Students”,</i>	Malliga, T., & Jayachandran, P.	Gender, number of siblings, family type, birth order, and location were used to assess the mental health of higher secondary school students. In this study, 93 samples were selected from special schools in Chennai using a stratified random selection strategy. The investigators employed the 'Mental Health Scale,' which was created by the investigators, to measure mental health.	The findings revealed that mental health differed significantly depending on gender, number of siblings, family type, birth order, and geographic location. Stress levels in girls are shown to be higher than in boys. When compared to joint families, nuclear families are observed to have greater levels of anxiety. Urban residents were shown to have greater anxiety and stress levels than those who lived in rural areas.	International Journal of Educational Research Studies, III (XIV), 2018.
<i>“To Study The Mental Health among School Students”</i>	Niak, D.	The study's main purpose was to look at the mental health of pupils in school. The investigator 100 students were selected as the samples from two school of Dharmपुरi. The samples were selected purposively using by „PGI Health Questionnaire” (Verma & Pershad). According to the nature of the data, statistical analysis was performed utilising statistical software.	Results: According to the findings of the study, almost half of the students (57%) had poor mental health according to the PGI health questionnaire.	Indian Journal of Positive Psychology, 8(1), 2017.
<i>“Mental Health of School Going Adolescents: A Comparative Study”</i>	Kumar, N., & Grewal, K. K.	To compare male and female senior secondary students in the arts and sciences, as well as students from rural and urban regions, in terms of mental health. A total of 200 senior secondary school students were included in this research. The sample was selected randomly and data collected using by „Mental Health Inventory” (Jagadish & Srivatava), the investigator different types of statistical	In terms of mental health, the study showed no significant differences between teenage boys and girls, scientific and humanities group students, and rural and urban adolescent school students.	Scholarly Research Journal for Interdisciplinary Studies, II (XV), 2014.

		techniques were used to test the hypotheses on the basis of research objectives.		
“Mental Health of High School Students: A Comparative Study”	Nanda, A. K.	A mental health measure devised by the investigator, as well as interview schedules for parents, teachers, and the headmaster, were used to investigate the mental health of high school pupils. For data analysis, the study used arithmetic mean, standard deviation, t-test, and quartile deviation.	Female students were shown to have higher mental health than male pupils, according to the study. Mental health was equal in urban and ashram schools, although female students in rural schools had greater mental health than male pupils. The researcher also discovered that Students in the general category had better mental health than students in the scheduled caste, scheduled tribes, and first generation learners, but pupils in the scheduled caste had better mental health than scheduled tribes students.	Indian Journal of Review, 56(1), 2001.
“Behavioural and Emotional Problems of Adolescents Relationship with Academic Achievement”	Ahmad, A., Khaliq, N., & Khan, Z.	To examine at emotional and behavioural difficulties in pupils and to see whether there is a relationship between the two. The data was collected via a survey approach using a random sample procedure. The survey included 410 pupils in Aligarh's urban and rural regions, ranging in age from 10 to 19.	In the whole study, there was no significant difference between urban and rural male students in terms of emotional behavioural issues. It was also shown that there was a significant relationship between male adolescent emotion and their problematic conduct.	Indian Journal of Community Health, 18 (2), 2007.
“Mental Health Risk among the Socially Disadvantaged High School Students: Initial observations”	Rao, V. N., & Parthasarathy, R.	To study the mental health risks among scheduled caste and scheduled tribes students. Method: The researchers devised an interview schedule and employed Goldberg's (1972) „Standardised General Health Questionnaire“, as well as Kuppaswamy's socioeconomic scales, to collect data. A total of 120 high school students from Bangalore were included in the sample. The subjects were chosen using a random selection procedure.	Result: The findings revealed that pupils from scheduled castes and scheduled tribes were more vulnerable to mental health problems than students from lower and lower middle economic strata. Non-scheduled caste and scheduled tribes pupils in middle and students in upper middle school faced more mental health risks than students from scheduled castes and tribes.	Indian Journal Of Psychiatry Reviews, 40, 1993.

“Mental health as a correlate of intelligence, education, academic achievement and socio-economic status”	Magotra, H. P.	To determine the degree of relationship between the criteria chosen and the students' mental health, as well as to analyse the effects of gender, educational levels, and socioeconomic position on mental health. For collects the data the investigator used „General Intelligence Test”, „Mental Health Inventory” And „Socio Economic Questionnaire”.	Girls possess better mental health than boys, intelligence and physical health are very influence in the students” mental health.	Ph. D thesis, Third Survey In Education, New Delhi: NCERT, 1982.
“Mental health of high school students”	Anand, S. P.	The purpose of this study is to know about high school students' mental health. For collects the data the researcher used likert type mental health scale.	Adolescent mental health positively correlated with educational improvement and parents” occupational status.	Indian Educational Review, 24(2), 1989.
“A study of mental health of secondary school students of Ahmedabad City”	Shastri, M. C.	Objective: To investigate the students' mental health scores, as well as the effects of their gender, standard, and educational achievement on their mental health. To assess the mental health the investigator used „Mental Health Battery”(Dr. Shastri). For statistical analysis used the mean, S.D, etc.	Result: Out of total sample 8.43% have medium, 25.68% have lower level and 15.89% have higher level of mental health. The pupils' mental health was unaffected by their gender, standard. The mental health of the students with higher educational achievement was better than the students with lower educational achievement.	International journal of education for human services, 2010.
“A study of mental health of higher secondary students of Gujarat state”	Patal, A. R.	To determine the degree of mental health among secondary students and to investigate the effects of their gender, standard, and area stream on mental health. The investigator used the descriptive survey method and collects the data through „Mental Health Scale” (self developed).	There was no significant mean difference among the pupils based on gender, standard, stream, or resident location.	Ph. D thesis, Kadi Sarva Viswa Vidhyalaya, Gujarat.
“Relationship between mental health and some family characteristics of middle class school going adolescent”	Sarkar, A. K.	The purpose of this research is to examine at the relationship between children's mental health and their family's traits. The investigator collects the data through self developed questionnaire „Mental Health Inventory”, „Children”s Interview Scheduled and Bio-Data Sheet”.	The mental health of children from a joint family is better than that of children from a nuclear or detached family, and there is no correlation between family structure and the mental health of students.	Ph. D thesis, Third Survey in Education, New Delhi, NCERT, 1979.

<i>“An investigation into the mental health of higher secondary school students in relation to certain variables”</i>	Purohit, Y. B.	The purpose of this research is to investigate at the mental health of higher secondary students in connection to their gender, location, standard, and caste. Descriptive survey method was used, the investigator collects the data from XI and XII standard students through „Mental Health Scale“, SES scale and Emotional intelligence scale.	The result found that area, stream, caste, socio- economic status does not effect on students mental health and gender ,emotional intelligence significantly influence on their mental health.	Ph. D thesis, sardar patal university, Gujarat, 2010.t
<i>“Influence of home and social environment on the mental health status of children”</i>	Manjuvani, E.	To measure the effects of the home and school environment on mental health. The data were collected from students studying 8 th to 10 th standard from Andhra Pradesh. The investigator used „Home Environment“, „School Environment“ and „Mental Health Inventory“.	The investigator found that there significant correlation exists among home environment, school environment and mental health.	Ph. D thesis, Fifth Survey In Education, New Delhi, NCERT, 1990.
<i>“Mental Health and Factors Related to Mental Health among Pakistani University Students”</i>	Irfan, U.	The goal of this study is to explore more about university students' mental health and general well-being in Karachi, Pakistan, as well as the variables that contribute to their mental health problems. Method: Data was obtained using a quantitative research approach, with participants filling out five distinct standardised surveys.	Result: The outcomes of this study demonstrated a favourable association between mental health and self-esteem, an association between extraversion and mental health, and a large gender disparity. Male students fared better than female students in terms of mental health.	Ph. D Thesis, University of Canterbury, New Zealand, 2016.
<i>“Prevalence of Emotional and Behavioural Problems among Primary School Children in Karachi”</i>	Syed, E. U., & Hussein, S. A., & Haidry	To identify whether or not school-going children in Pakistan have emotional and behavioural problems. Method: The investigator conducted a cross sectional. The data was collected through „Strength Difficulties Questionnaire (SDQ)“. For this study investigator has taken „Pakistan – multi informant survey method.	Result: The prevalence of child mental health problems was higher than in other state study reports, according to the findings. Between male and female children, there was a significant difference in the prevalence of mental health problems.	Indian Journal of Paediatrics, 76(6), 2009.
<i>“Mental Health in School”</i>	Taylor, L., & Adelman, H. S.	The goal of this research is to examine the mental health of students in school.	The researcher’s opinion that the role of school, home and community life should be plays a vital role in students to overcome stressful life by mental health activities. If educational institutions were help to fulfil student’s	Adolescent Medicine, 7(2), 1996.

			educational mission, Control must be exercised over social, emotional, and physical health issues, as well as other learning barriers.	
<i>“Child and Adolescent Mental Health in Latin America and the Caribbean: Problems, Progress and Policy Research”</i>	Belfer, M. L., & Rohde, L. A.	The purpose of this study is to know more about the mental health of Latin American children and adolescents. Method: The researcher conducted this study among 1251 Brazilian school going children aged 7-14 years.	Result: The findings highlighted a pressing need for child mental health specialists to collaborate with schools in order to educate teachers so that they can recognise and manage the most common child psychiatric issues.	Review of Panamsalud Publication, Pan American Journal of Public Health, 18(4/5), 2005.
<i>“Studies on Child and Adolescent Mental Health in Iceland”</i>	Hannesdottir, H.	To investigate emotional and behavioural issues in Icelandic children and adolescents, as well as variations in demographic background factors between the general population and children and adolescents who have received psychiatric treatment. Method: The sample was taken using a stratified random sampling procedure. The investigator employed the 'Child Behaviour Checklist (4-18)' and 'Youth Self Report (11-18)' to examine the mental health of children and adolescents.	Result: Young boys were shown to have higher levels of aggressive behaviour syndrome than young girls. Boys between the ages of 4 and 11 had higher delinquent behaviour syndrome scores than females between the ages of 11 and 16. Anxiety/depressive syndrome scores were more common among both gender. Girls were more possessed in attention problems and social adjustment problems than boys in adolescent periods.	Turn YliopistonJul kaisuja Annals University, Turkuensis, Doctorial Thesis, Turku, 2001.
<i>“Mental Health Problems among Adolescents”</i>	Granrud, M. D.	To analyze and compare gender differences in adolescent depression symptoms, as well as the relationship between family conflict and economy, and to explain the interactions between teenage boys with mental health difficulties and the Public Health Nurse (PHN). Method: Data was collected from a sample utilising the 'Interviewed Scheduled' approach, which combined quantitative and qualitative methodologies. Descriptive statistics and multiple regression were used to analyse the data.	Result: When it came to reporting mental health difficulties, there was a gender difference between boys and girls. Boys were superior than females. The boys had a difficult time expressing their mental health issues and seeing PHNs. The PHN is essential in promoting adolescent mental health.	Faculty of Health, Science And Technology, Doctoral Thesis, Karlstad University Studies, 2019.

<i>“Depression among Adolescents and Young Adults – Social and Gender Difference”</i>	Wirback, T.	The goal of this study was to learn more about the social and gender disparities in depression among young adults and adolescents. Method: The Stockholm youth cohort was used to assess the probability of clinical depression in different social groups, while longitudinal survey data from the BROMS cohort was utilised to quantify depressive symptoms based on various social determinants.	Low childhood social status increased the risk of depression in teenagers; social differences were more noticeable in self-reported depressive symptoms than clinical depression, and in a greater number of adolescents. Gender differences are a significant determinant in the development of diagnosed depression in children and adults.	Department of Public Health Science, Doctorial Thesis, Karolinska Institute, Sweden, 2018.
<i>“Socioeconomic Status and Mental Health in Children and Adolescents”</i>	Boe, T.	To investigate the relation between socioeconomic status (SES) and mental health problems using a variety of SES variables, including family economics, parental education levels, and mental health domains. Method: This study was cross-sectional studies, which also contains a longitudinal sample. Mental health problems were defined on the „Strength and Difficulties Questionnaire (R. Goodman)” by the researcher. Logistic regression analyses and multiple regressions were used.	Mental health problems are distributed according to family socioeconomic status, with more problems for those who are socioeconomically disadvantaged. Parental emotional well being, educational levels and parenting practices were associated between family socioeconomic status and childhood mental health problems.	Ph. D Thesis, University of Bergen, 2013.
<i>“Social Adjustment of College Students in Relation to Gender”</i>	Suthar, S. A.	To measure social maturity, emotional adjustment and social adjustment of male and female colleges students. Method: For data collecting, the survey approach was employed. R.C. Deva (1990) developed the „Social Adjustment Inventory”, which was given to college students from Mehsana's numerous colleges.	Result: In terms of Social Maturity, Emotional Adjustment, and Social Adjustment, Male and female college students showed no significant differences.	The International Journal of Indian Psychology, 2(3), 2015
<i>“A Study on Social Adjustment of Adolescents”</i>	Ghatak, R.	To identify if there is a substantial variation in adolescent social adjustment by gender and location. Method: To collect data for this inquiry, a survey approach was used. The schools were chosen using purposeful selection, while the pupils were chosen using random sampling. Dr. Ashutosh Kumar's	Results: There is a substantial difference in Adolescent Social Adjustment based on Gender, however there is no significant difference in Adolescent Social Adjustment based on Location (Urban and Rural).	International Journal of Scientific Development And Research, 3(8), 2018.

		„Social Adjustment Measure was used to gather data.		
<i>“Social Adjustment of Higher Secondary Students”</i>	Anbalagan, S	To see if there was a substantial difference in social adjustment between XI and XII standard children in terms of class, gender, learning medium, and school type. Method: The researcher employed a survey method of research and selected students from higher secondary schools using a simple random sampling technique. The „Social Adjustment Inventory” was used to collect the data (Dr. Roma Pal).	A considerable difference existed between boys and girls in terms of social adjustment. There was a substantial mean difference in social adjustment between government and non-government higher secondary school pupils based on medium of instruction.	An International Multidisciplinary Journal, 1(4), 2017.
<i>“Adjustment Problems among School going Adolescent Students”</i>	Thanikaivel, M., & Priya, K.	1. Determine the degree of adjustment of male and female teenage students in the areas of home, health, social, emotional, and educational adjustment; 2. Determine the socioeconomic status of school-aged children in the research. Method: To gather information about family background, income, trade, and understanding of enterprises, a systematic interview schedule and questionnaire were developed.	Results: Male students were shown to have a better overall adjustment than female pupils. In both groups, social adjustment was average. Many of the study's findings were considered to be responsible for adolescent problems.	International Journal of Multidisciplinary Research, 2(8), 2016.
<i>“A Comparative Study on Social Adjustment Among Tribal and Non Tribal Students”</i>	Das, J., & Deb, A. K.	To determine the social adjustment of tribal male and female students, non-tribal male and female students, tribal and non-tribal female students, tribal male and female students, and tribal male and female students. Method: The study's effective sample is made up of 120 respondents, 60 tribal and 60 non-tribal, who were chosen at random using a purposive sampling approach and are between the ages of 18 and 21. For data collection, Dr. Roma Pal's Manual for „Social Adjustment Inventory” was employed.	Tribal female students performed considerably better than tribal male students in terms of social adjustment. Male and female non-tribal pupils differed from one another. Non-tribal female students did better in terms of social adjustment than non-tribal male pupils. Female tribal pupils adjusted better than non-tribal female students. In comparison to tribal male pupils, non-tribal male students exhibited better social adjustment.	IOSR Journal Of Humanities And Social Science, 12(3), 2013.
<i>“Social Adjustment Problems of</i>	Srivastava, P. S.	The goal of this study is to investigate at school-aged teenagers' academic achievements as well as their social	There was a substantial difference in social adjustment concerns between high and low	International Journal of Academic

<i>School Going Academic Achievers”</i>		adjustment issues. Method: The data was gathered using 'Adjustment Inventory' for School Students” (Sinha and Singh, 1971) in a format of the descriptive survey design.	academic achievers, male and female, Bengali and English medium academic achievers, but not between urban and rural academic achievers.	Research And Development , 3(1), 2018.
<i>“Social Adjustment Profile of Adolescents of Ludhiana City”</i>	Valentine, L., & Gulati, J. K.	To investigate the social adjustment profile of adolescents of Ludhiana city. Method: This study was carried out four govt. senior secondary schools of Ludhiana city. The researcher used „Social Adjustment Inventory” (R. C. Deva) to measure adolescents adjustment. The data was analysed using the mean, standard deviation, t-test, and chi square test.	Result: From the study the researcher find out that there was no significance gender difference in social adjustment of adolescents.	International Journal of Sustainable Development , 2014.
<i>“Social Adjustment of Higher Secondary School Students”</i>	Jaikumar, S., & Muthumanickam, R.	1. Determine the level of social adjustment of male and female students, students from joint families, students from nuclear families, students in the first and second birth order, and students in the third and higher birth order. 2. To see whether there is a difference in gender (male/female), family type (joint/nuclear), and birth order (first and second birth order/third and above birth order). Method and Procedure: The study employed the normative survey approach. The data were collected using Roma Pal's (1985) standardised 'the Social adjustment inventory.' The technique of random sampling was applied.	Result: It was revealed that male and female students differed significantly in their social adjustment. There was no significant difference in social adjustment between students from joint families and students from nuclear families. It was also discovered that the type of social adjustment was nearly identical across students based on their birth order.	International Journal of Resent Scientific Research, 2010.
<i>“Adjustment problems among School students”</i>	Raju, M. R., & Rahamtulla, K.	To examine the school childrens' adjustment problems and the effects of demographic factors on the adjustment challenges of school pupils from various schools. Method: The data were collected using a 'Adjustment Scale' (Jain, 1972), and the data was evaluated to see how individual factors affected adjustment variables.	Result: The study's major findings indicated that school attributes such as the class in which they are enrolled, the school's medium of instruction, and the school's management style had the greatest effect on school children's adjustment. Adjustment was also impacted by parental education and the occupation of the schoolchildren.	Journal of The Indian Academy Of Applied Psychology, 33 (1), 2007.

<i>“Adjustment Behaviour among Higher Secondary School Students”</i>	Pachaiyappan, P., & Arumugam, B.	To determine the degree of adjustment behaviour among higher secondary pupils, taking into account gender, location, family type, and management style. Method: The investigator adapted the survey method to collect the data from govt. and privet schools. The samples were randomly selected in and around the Chennai. „Adjustment Inventory” (Bhattacharya) used for collect the data.	The majority of students in higher secondary school showed a moderate level of adjustment behaviour. It was discovered that There was no significant difference in adjustment behaviour between boys and girls, urban students adjust better than rural students, and students from nuclear households adjust better than students from non-nuclear families.	Global Journal For Research Analysis, 6(6), 2017.
<i>“A Study of Adjustment Problems of College Student in Relation to Gender, Socio-Economic Status & Academic Achievement”</i>	Sengeeta and Chirag	To identify the adjustment problems of college students respected with economic status, gender, academic achievement, to study the relation between academic achievement and social adjustment. Method: The descriptive survey technique of research was utilised for this objective. A. K. P. Sinha and R. P. Singh's 'Adjustment Inventory for College Students' (AICS) and Kalia and Sahu's 'Socio Economic Status Scale (SESS)' were employed by the researcher.	The findings showed that college students had a decent degree of adjustment and that there is a significant relationship between academic achievement and college student adjustment. Significant disparities in college adjustment were discovered in connection to gender and socioeconomic background, according to the study.	International Journal of Behavioural Social And Sciences, 1(2), 2012.
<i>“Adjustment of Secondary School Students in Relation to their Gender”</i>	Mahesh, D., Makwana, & Kaji, S. M.	The purpose of this study is to examine how secondary school pupils adjust at home, at school, and in social and emotional situations depending on their gender. Method: The sample was chosen at random. The data were collected using R. S. Patel's 'Adjustment Inventory.' The mean, standard deviation, and t-test were used to analyse the data.	There was no significant mean difference in home adjustment, school adjustment, or emotional adjustment between male and female secondary school students, however there was a significant mean difference in social adjustment.	The International Journal of Indian Psychology, 2(1), 2014
<i>“Social Adjustment of Higher Secondary Students – An Analysis”</i>	Jayachandran, P.	Determine the amount of social adjustment and the relationships between social adjustment parameters among residential school pupils. Method: The data was collected via a survey approach using a random sample procedure. Investigator developed the "Social Adjustment Inventory" study	The result showed that residential school pupils have high social adjustment and it was shows that father’s occupation and social adjustment are positive correlated.	Scholarly Research Journal For Humanity Science& English Language,4(19), 2017.

		instrument to collect data from the sample.		
<i>“Adjustment of Adolescents Residing in Urban, Sub-Urban and Rural areas- A Comparative Study”</i>	Chatterjee, M.	To compare the three groups of adolescent subjects residing at urban, sub urban and rural areas of West Bengal. Method: The data were collected using „General Information Schedule“ (Developed by The Investigator) & „Life Environment Integration Inventory“ (Dasgupta & Bose).	Rural inhabitants exhibiting better adjustment capacities in all the areas of adjustment as compared to the adolescents from urban and sub urban areas.	The International Journal of Emerging Technologies And Innovative Research, 5(7), 2018.
<i>“Social Adjustment of Adolescents in Relation to their Family Structure”</i>	Mathil, D.	To investigate the social adjustment of adolescents from nuclear and joint families, as well as to compare the social adjustment of boys and girls from nuclear and joint families. Method: Using survey method, the researcher conducted the whole study. The investigator utilised the 'Social Adjustment Inventory' (Sinha & Singh) to collect data from the samples who were chosen randomly.	there was no highly significant difference in social adjustment of adolescent student, but the students of nuclear family have better adjustment than joint family. Girls were better adjusted within society than boys“ adolescent student from both the nuclear and joint family.	IJARIE, 2(6), 2016.
<i>“Adjustment of Secondary School students”</i>	Basu, S.	The aim of this investigation was to examine secondary school pupils' ability to adjust.	The researcher discovered that there were extremely significant variances in secondary school pupils' adjustment as a result of this investigation.	Scholarly Research Journal For Interdisciplinary Studies, 1(3), 2012.
<i>“A study on Adjustment of higher Secondary school students of Durg District”</i>	Chauhan, S. V.	The intention of this study is to explore how higher secondary students adjust to their schooling, emotional adjustment, and social adjustment. Method: A.K.P. Sinha and R.P. Singh constructed an adjustment scale that was used to collect data.	The findings revealed that there was a substantial difference in adjustment between male and female pupils in higher secondary school, with female pupils having a greater degree of adjustment than male students.	IOSR Journal of Research & Method In Education, 1(1), 2013.
<i>“A Study of Correlation Between Adjustment and Academic Achievement”</i>	Jain, P.	To determine a student's degree of adjustment as well as the relationship between adjustment and academic accomplishment. Method: The information was gathered using a self-made questionnaire. A total of 200 pupils from the class were chosen to participate in the research.	Adjustment and academic success have been found to have a beneficial association. Students with better adjustment with home, emotional, health and social.	International Journal of Social Relevance & Concern, 5(6), 2017.

<i>“A Study of Adjustment among Male and Female College Going Students”</i>	Babasaheb, R .R.	The purpose of this study was to examine at the home, social, emotional, and health adjustment of male and female college students. Method: Purposive sampling was used to acquire samples for this investigation. For data gathering, the „Bell Adjustment Inventory” was employed.	According to the data, female students did better than male students in terms of home adjustment, social adjustment, emotional adjustment, and health adjustment.	The International Journal of Indian Psychology, 7(4), 2019.
<i>“Self Concept of Adolescents and its Relationship with their Social and Emotional Adjustment”</i>	Das, P.	Determine the level of social and emotional adjustment of teenagers by gender and management variation, to determine the relationship between self concept and social and emotional adjustment problems in adolescents, to investigate the high, average, and low self concepts of adolescents in relation to their social and emotional adjustment problems. Method: The research was carried out using a descriptive correlation method. The investigator employed the 'Children Self Concept Scale' (S. P. Ahluwalia) to measure self concept, and the 'Adjustment Inventory' (Sinha & Singh) to examine social adjustment.	There are considerable differences in pupils' social adjustment based on their gender and school type. The adolescent pupils' social and emotional adjustment, as well as their self-concept, were found to have a significant negative relationship. There was a link between having a high, average and having poor social and emotional adjustment.	Scholarly Research Journal For Interdisciplinary Studies, 3(24), 2016.
<i>“Social Adjustment of Adolescents”</i>	Dutta, M., Baratha, G., & Goswami, U.	To study the social adjustment level of adolescents. Method: The researchers employed Sinha and Singh's „Adjustment Inventory For College Students” to collect data (1980).	Result: In the social adjustment, there was no significant difference between boys and girls, according to the findings.	Indian Journal of Psychiatry Reviews, 50(2), 1998.
<i>“Sex Difference among School Children in the areas of Adjustment”</i>	Pathak, R. D.	To study the social and emotional adjustment among school children on the basis of sex, health. Method: The subject was selected random sampling technique by the investigator from six high school of Jabalpur in Madhya Pradesh. To measure the adjustment the investigator used Saxena’s Vyaktiya Paraks- Prashnavali (MA-62).	The researcher shows that in the health, social adjustment and emotional adjustment girls were facing not more favorable than the boys students. It was also found that there was positive correlation between the areas of adjustment.	Psychiatry Studies, 15, 1970.

<i>“Adolescent Adjustment Problems: The Role of Heritability and Family Environment”</i>	Narusyte, J.	From late childhood through early adulthood, researchers are looking into aggression as a possible mediator of genetic environment impacts on the link between parental criticism and adolescent antisocial behaviour. Method: This was a population-based research with a longitudinal design. The data was gathered using the TCHAD (Twin Study of Child and Adolescent Development).	The findings of this study demonstrated that familial circumstances affected antisocial behaviour that lasted from late childhood to early adulthood in both males and females. The genetic contributions to the link between parental criticism and antisocial behaviour in adolescents can be explained by heritable early adolescent aggression.	Department of Medical Epidemiology And Biostatistics Karolinska Institute, 2009.
<i>“Adolescent Adjustment in Rural Appalachian Youth”</i>	Atherton, R. G.	Determine the association between sixth-grade adjustment and social integration, feeling of belonging, and emotional risk-related dynamics in the middle school community's relational context. Method: The data for this study came from a larger group of participants in a longitudinal study that followed young adolescents from fifth to seventh grade.	The findings demonstrated that sixth-grade adjustment is linked to social integration, a sense of belonging, and emotional risk perceptions in middle school. It was also discovered that modification on the basis of gender had a significant effect.	Doctorial Thesis, University of North Carolina, 2009.
<i>“A study of Mental health and Social adjustment of Senior Secondary students”</i>	Shokeen, A.	To compare male and female senior secondary students' mental health and social adjustment, and to investigate the link between mental health and social adjustment in senior secondary pupils, both male and female Method:A descriptive survey design was utilised in this investigation. To measure mental health and social adjustment, researchers employed the „Mental Health Battery“ (Arun Kumar Singh &Alpana Sen Gupta) and „Social Adjustment Inventory (R.C. Deva)“.	The researcher discovered no major differences in the mental health and social adjustment of secondary pupils in this investigation. It was shown that among adolescents, there is a positive substantial association between mental health and social adjustment.	An International Journal of Education And Applied Science, 8(1), 2017.
<i>“Mental Health of Secondary School Students in Relation to Social Adjustment”</i>	Bala, R.	To evaluate the association between mental health and social adjustment of rural and urban senior secondary students, as well as to compare the mental health and social adjustment of male and female senior secondary students from rural and urban settings. Method: A.K. Singh's 'Mental Health Inventory' was used to assess students'	According to the researcher, there was no significant difference in mental health and social adjustment between male and female senior secondary students from rural and urban areas. Senior secondary students' mental health and social adjustment in rural and	Scholarly Research Journal For Interdisciplin ary Studies, 6(8), 2018.

		mental health, while R.C. Deva's 'Social Adjustment Inventory' was utilised to assess social adjustment. A descriptive survey was utilised as the method.	urban contexts were shown to have a favourable and substantial association.	
<i>“Mental Health and Social Adjustment among College Students”</i>	Pathak, Y. V.	To measure the mental health and social adjustment among college learners, 2) find out the correlation between mental health and social adjustment. Method: The investigator collected the data from students used by stratified random sampling method. The research instruments were „Mental Health Inventory“ (by D.J. Bhatt) & „Social Adjustment Inventory“ (by R. C. Deva).	Results: On the basis of mental health and social adjustment, the researcher identified that there was no substantial difference between boys and girls. The researcher also discovered that there is a significant correlation between mental health and social adaptability.	International Journal of Public Mental Health and Neurosciences, 1(1), 2014.
<i>“An Analysis on Mental Health and Social Adjustment issue among School Students: A Comparative Study”</i>	Patel, N. B.	The purpose of this study is to examine the mental health and social adjustment of Delhi's senior optional students, as well as the connection between mental health and social adjustment in teenagers. The researcher purposefully selected a sample for the study. For the inquiry, a survey approach was used. The 'Mental Health Battery' (A.K. Singh & A. S. Gupta) was used by the researcher and 'Social Adjustment Stock' (R. C. Deva) to determine the mental health and social adjustment of pupils.	In this study the researcher find out that, male students are mentally more healthy than the female students. There is no highly contrast, a higher correlation exists between male and female students in respect of mental health and the social adjustment.	In Journal of Advances and Scholarly Research In Allied Education, 2021.
<i>“A Study of Certain Psycho-Social Correlates of Mental Health Status of University Entrants of Kerala”</i>	Abraham, M.	To investigate the relationship between mental health and adjustment of university students on the basis of several psycho-social parameters. Method: The researcher used a stratified sampling strategy for the investigation. For data collection, the investigator designed a psychological needs checklist, a mental health scale, and a students adjustment inventory.	The study's findings revealed that adjustment and psycho-social variables were related to the students' mental health.	Ph. D Dissertation, University of Kerala, 1985.

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CHAPTER III

RESEARCH METHODOLOGY

3.1. Introduction

3.2. Method of the study

3.3. Population

3.4. Sampling and Sample

3.5. Variables

3.6. Tools of data collection

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CHAPTER III

RESEARCH METHODOLOGY

3.1. Introduction:

Methodology is the plan and procedure of any research. It is also known in research ground as design of the study. It is the framework and technique of inquiry that is envisioned in order to achieve appropriate answers to research questions and to manage dissimilarity. In any quantitative investigation, study design and procedure play an ideal role to select the proper way of investigation according to the purpose of the study. Research methodology enables the investigator to provide appropriate answers of research questions in validity, objectivity, reliability as far as possible and accurately. It is a pre-plan or blueprint of status for collection, nature of analysis of data. Different types of study design are obtainable to conduct research but the choice of accurate direction in particular research depends on the nature of problems, variables, sample, measuring tools and the restraints on the manipulation of variable involved.

This chapter deals with method, population, sample and sampling technique, sample size, tools or instruments, data collection, tabulation and scoring of data, statistical analysis used etc.

3.2. Method of the study:

Method of research is a basic plan for research. After selecting a research problem, the investigator finds out the proper scientific way before the situation areas in which the decisions are to be carried out about the study. It is a procedure of well-planned presenting guided towards bringing expected situation under control. It helps the researcher to construct the logical pillar about the process of study accurately and economically. A proper research method is very essential to complete the research work, it depends on the nature of study. The present study uses a descriptive survey research approach as well as correlation survey research. Best (1977) defines descriptive research as the description, recording, analysis, and interpretation of current situations. It involves some sort of comparison or contrast, and it may be used to focus on finding relationships between non-manipulatable variables.

Descriptive survey method is used in social science and education. Survey method is favourable to a wide diversity of purpose. All crucial steps and qualities that have been specified as needed for the descriptive method of research have been gathered in the current investigation.

3.3. Population:

A population is as the set of all of the subject of interest of the investigator. The population might be made up of all people of a certain kind or a more specified subset of that group. For present study the population comprised of all the adolescent school learners (IX – XII) studying in West Bengal Board of Secondary and Higher Secondary Education (WBBSE & WBBHSE) in West Bengal.

3.4. Sampling and sample:

In a research, sampling technique is a process of selection for representative sample from population of the study. This process is useful for generating valid inferences or generalisations based on thorough observation of variables in a small sample of the population. All time it is not possible to conduct study on whole population by the investigator, in this situation investigator select some important parts of population, which represent all needful character of whole population. In other words, a sample is a subset of the population, and sampling is the process of obtaining a representative sample. Purposive sampling was used to choose the sample for this investigation.

For present study the investigator collects the data from 620 adolescent students and for accuracy of data the investigator selects finally 500 students (250 boys and 250 girls) after completion of all the inclusion and exclusion criteria according to the research authenticity. The samples were collected from IX-XII standard adolescent students, using non-probability (convenient) sampling technique from different schools of south 24 Parganas district and Kolkata metropolitan city of West Bengal. A detail of samples was shown in the following table –

Showing the detail description of Samples on the basis of variables

Variables	Group	Total No	Percentage
Gender	Boys	250	50%
	Girls	250	50%

Caste	GEN	99	19.8%
	SC	291	58.2%
	OBC	110	22%
Present educational status	IX-X	227	45.4%
	XI-XII	273	54.6%
Father's educational qualification	Illiterate	124	24.8%
	Up to primary standard	216	43.2%
	Secondary and higher secondary standard	107	21.4%
	Under Graduate	43	8.6%
	PG and above	10	2%
Father's occupation	Farmer or laborer	293	58.6%
	Driver	37	7.4%
	Government service	33	6.6%
	Private service	49	9.8%
	Self-employed or business	70	14%
	Unemployed	18	3.6%
Mother's educational qualification	Illiterate	185	37%
	Up to primary standard	201	40.2%
	Secondary and higher secondary standard	94	18.8%
	Under graduate	18	3.6%
	PG and above	2	0.4%
Mother's occupation	House wife	400	80%
	Women Employee / labour	73	14.6%
	Job /service	27	5.4%
Family type	Joint family	155	31%
	Nuclear family	332	66.4%
	Separated /Broken family	13	2.6%
Birth order	1 st	225	45%
	2 nd	163	32.6%
	3 rd and above	112	22.4
Family monthly income	Within Rs5000	255	51%
	Within Rs10000	165	32.4%
	Within Rs15000	47	9.4%

	Above Rs. 15000	36	7.2%
Habitat	Rural	372	74.4%
	Urban	128	25.6%

Table: 1

3.5. Variables:

The variables of this study are-

1. Dependent variable – Mental health, Social adjustment
2. Demographic variables – age, caste, gender, educational status, habitat, birth order, family structure, parental educational qualification and family income.

3.6. Tools of data collection:

In a study, the tools or instruments are important elements to any quantitative study. The improvement of an investigation great boundary depends upon the choice of good and appropriate tools. So, better instruments are most important for better findings in research. The investigator chooses the tools or instruments based on a variety of factors, including the objectives, time frame, test availability, personal work skills, investigator's experience, kind of score and data analysis, outcomes, and discussion. Reliability, validity, sensitivity, appropriateness, impartiality, feasibility, and ethical norms are just a few of the qualities that tools must exhibit (Fox, 1969). With this regard in opinion, for collection of data the investigator used two standardized tools and one demographic data sheet, the following two tools are:

1. General information schedule or demographic data sheet.
2. Mental health inventory by Dr. Jagdish, & A.K. Srivastava, published from Manovaigyanik Parikshan Sansthan, Varanasi (1986).
3. Social adjustment inventory by Dr. Roma Pal, published from Agra psychological Research Cell, Agra (1985).

3.6.1. General Information Schedule:

General information schedule or demographic data sheet composed of information about the students regarding their gender, age, caste, present educational status, father's educational

background, mother's educational background, father's and mother's occupations, and family type, birth order, and monthly income of family, habitat.

3.6.2 Mental health inventory:

It is a survey that is descriptive in nature. The information was gathered from the sample using a tool/instrument called the Mental Health Inventory (MHI), which was created and developed by Jagadish and Srivastava (1986). There were 56 items in the inventory. Positive Self-Evaluation (PSE), Perception of Reality (PR), Integration of Personality (IP), Autonomy (A), Group Oriented Attitude (GOA), and Environmental Mastery (EM) are the six dimensions of the inventory. The detail of the dimensions of mental health is as follows:

Positive Self-Evaluation (PSE): It encompasses self-confidence, self- acceptance, self-identity, a feeling of worth-whiteness, and the realization of one's potentialities, etc.

Perception of Reality (PR):It has to do with perception that is devoid of need distortion, absence of excessive fantasy, and a wide outlook on the world.

Integration of Personality (IP):It denotes the individual's psychic powers being in balance, which includes the capacity to comprehend and share other people's emotions, the ability to concentrate on work, and a variety of interests.

Autonomy (AUTNY): It entails developing a steady set of internal standards for one's actions, as well as relying on one's own development rather than relying on others.

Group Oriented Attitude (GOA):It is linked to the capacity to get along with others, collaborate with others, and engage in recreational activities.

Environmental mastery (EM):It involves the ability to fulfil situational demands efficiently, the ability to work and play, the ability to take on obligations, and the ability to adjust.

The scale's split-half reliability was found to be .73, and the scale's construct validity was estimated to be .54. Present investigator also test the reliability to this scale (Cronbach's Alpha .76) and split-half reliability coefficient was .84, content validity was established by three expert professors.

Dimensions of mental health scale with nature (Positive or Negative).

Sl. No	Dimensions	Items	Positive	Negative	Total
1	Positive Self-Evaluation (PSE)	1,7,13,19,23,27,32,38,45,51	19,27,32,38,45,51 = 06	1,7,13,23 = 04	10
2	Perception of Reality (PR)	6,8,14,24,35,41,46,52	6,8,41,52 = 04	14,24,35,46 = 04	08
3	Integration of Personality (IP)	2,9,15,18,20,25,28,33,36,40,47,53	20, = 01	2,9,15,18,25,28,33,36,40,47,53 = 11	12
4	Autonomy (AUTNY)	3,10,29,42,48,54	29,54 = 02	3,10,42,48 = 04	06
5	Group Oriented Attitude (GOA)	4,11,16,21,26,30,39,43,49,55	4,30,39,43 = 04	11,16,21,26,49,55 = 06	10
6	Environmental mastery (EM)	5,12,17,22,31,34,37,44,50,56	12,31,34,37,44,50,56 = 07	5,17,22 = 03	10
Total items			24	32	56

Table: 2

Scoring:

The mental health scale's scoring is straightforward. According on the nature of the items, each item is calculated. The inventory consisted of 56 items, each of which was graded on a four-point scale ranging from always to never, with four being assigned to true keyed (positive) statements and one, two, three, and four being assigned to false keyed (negative) claims. Subjects who score well have strong mental health, whereas those scores poorly have poor mental health.

Norms for Mental Health (Level / State) of Students

Category		Mental Health Score	
		Boys	Girls
Level or state	Very good	195.89 & above	196.02 & above
	Good	176.45 – 195.89	175.14 – 196.02
	Average	157.01 – 176.45	154.26 – 175.14
	Poor	137.57 – 157.01	133.38 – 154.26
	Very poor	Below 137.57	Below 133.38

Table: 3

3.6.3. Social Adjustment Inventory:

Another research tool employed in this study is the Social Adjustment Inventory, which was standardised by Roma Pal (1985). The dependability coefficient of the inventory is 0.82, and the correlation coefficient is 0.87. The validity of the inventory was 0.77 and 0.80, respectively. There are 60 items on the scale. Although there is no time restriction on the inventory, it normally takes a subject 40-45 minutes to complete. The inventory can be used on an individual or group basis, with 60 items followed by 'Yes' or 'No' responses. If agree with the statement then tick (right mark) mark within the box of „Yes“ and do not agree then tick (right mark) mark within the box of „No“. Respond to all the statements are needed. The investigator test the reliability and content validity before applied in the study.

Present investigator also test the reliability to this scale (Cronbach's Alpha .68) and split-half reliability coefficient was .75, content validity was established by three expert professors.

Scoring:

The scoring procedure for the inventory is straightforward. Each item has two responses: yes or no, as previously stated. If the individual says "yes," a score of „2“ will be given, and if they say "no," a score of „1“ will be given.

Norms for Social Adjustment Level of Students

Category		Social adjustment score
Level or state	Good level	101 and above
	Average level	81 to 100
	Poor level	60 to 80

Table: 4

Norms: It is advised to prepare local norms for this inventory.

3.7. Data collection process:

The current research was carried out in the West Bengal districts of South 24 Pargana and Kolkata (Metropolitan City). The total samples were selected within age 14 to 18 years, from class IX to XII standard. During the free period after receiving the permission from the authority and class teacher, the investigator meets each individual personally and divided the subjects within 15-20 small group to collect the data from them after creating the helpful relation, in the opening before the administration of both the test, the subjects were informed of the study's goal. They also were advised to give truthful responses and that their personal information data sheet will be kept private. The data will be used solely for research purposes only. Each sampled student was given a questionnaire and instructed to complete it only after the researcher had conducted an adequate inquiry. The respondents were given a certain amount of time to complete the surveys, after which the researcher collected the questionnaires directly from the participants. The students were given a proper and clear instruction about the tests how to response to each question. After completion the socio-demographic and family details data sheet, both questionnaires were administered. The investigator collects the data sheet from 620 adolescent school learners through purposive sampling technique by using two measuring instruments – Mental Health Inventory and Social Adjustment Inventory.

3.8. Statistical analysis of data:

In this section, several statistical approaches are employed to analyse data. The investigator cleaned and quantified each data sheet after collecting it, then tabulated it on an excel sheet as systematically as possible. The data was examined using the Statistical Package for the Social Sciences (SPSS) tool. The investigator utilised following descriptive and inferential statistical measures based on the study's aims and hypotheses -

1. Mean, Standard Deviation and Percentage was applied to find out the central tendency & distribution of the score.
2. The significant mean difference between two groups was determined using t-test with independent samples
3. ANOVA was employed to see the significant mean difference between three or more groups.

4. The correlation between mental health and social adjustment was determined using Pearson's product moment coefficient of correlation.

3.9. Normality of data:

Sample distribution approaches normality for sample sizes greater than 30, according to the central limit theorem, and the current investigation employed a larger sample size. The skewness and kurtosis of variables were also evaluated for normality intention; for students' mental health, the skewness and kurtosis were .035 and -.396 respectively, while for social adjustment, they were -.284 and -.541. According to Curran et. al. (1996) (sk 2, k 7) and Kline (2005) (sk 3, k 10) the skewness and kurtosis values were within an acceptable range, ranging from -1.5 to 1.5 for skewness and kurtosis (Tabachnick and Fidell, 2013). Many investigators have found (-2 to + 2) to be a normal range of skewness and kurtosis (Field, 2009; George & Mallery, 2010; Gravetter & Wallnau, 2012; Trochim & Donnelly, 2006), the study of Banerjee and Halder (2021) also supported to the present study to test the normality of data.

Search for information of the skewness and kurtosis indicated that the assumption of normality for the dependent variables (mental health and social adjustment of adolescent students) was not violated.

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CHAPTER – IV

STATISTICAL ANALYSIS AND INTERPRETATION OF DATA

4.1. Statistical analysis and interpretation of data

4.2. Items wise analysis (mental health)

4.3. Items wise analysis (social adjustment)

4.4. Descriptive analysis part of the data

4.4.1. Descriptive analysis of mental health

4.4.2. Descriptive analysis of social adjustment

4.5. Inferential statistics of the data

4.5.1. Inferential statistical analysis of mental health

4.5.1. Inferential statistical analysis of social adjustment

4.6. Summary of the hypotheses and remarks

CHAPTER – IV

STATISTICAL ANALYSIS AND INTERPRETATION OF DATA

4.1. Statistical analysis and interpretation of data

The present chapter deals objective wise outcome of data analysis in a systematic and empirical method using proper statistical technique. The researcher has divided to the present chapter into two parts. The first part presents descriptive statistical analysis with interpretation and represented mean, standard deviation, graphical representation. Second part serves inferential analysis of data with independent sample t- test and ANOVA. At the conclusion of the statistical analysis, the researcher employed the Pearson correlation technique to assess the association between mental health and social adjustment.

Table: respondent data sheet of all samples

S.L No	Age	Gender	Caste	Educational Status	FEQ	Fathers' Occupation	MEQ	Mothers' occupation	Family Type	Birth Order	Family Monthly Income	Habitat	TSMH	TSSA
1	18	M	GEN	XII	VIII	Teacher	V	House Wife	Nuclear	1 ST	25000	Rural	131	93
2	18	M	SC	XI	IV	Farmer	ILTE	House Wife	Joint	2 ND	4000	Rural	159	100
3	17	M	SC	XI	XII	Company Job	X	House Wife	Joint	1 ST	6000	Rural	141	101
4	17	M	SC	XI	XII	Teacher	ILTE	House Wife	Nuclear	2 ND	15000	Rural	133	96
5	16	M	OBC	XI	ILTE	Farmer	IX	House Wife	Nuclear	2 ND	5000	Rural	147	100
6	16	M	GEN	XI	B.A	Business	VIII	House Wife	Joint	1 ST	10000	Urban	143	104
7	17	M	GEN	XI	ILTE	Driver	IX	House Wife	Joint	2 ND	15000	Rural	140	96
8	17	M	SC	XI	B.A	Farmer	VIII	House Wife	Nuclear	2 ND	3000	Rural	130	97
9	18	F	OBC	XII	VI	Farmer	ILTE	House Wife	Nuclear	3 RD	3000	Rural	130	107
10	17	F	OBC	XII	VIII	Mason	V	House Wife	Nuclear	6 TH	4000	Rural	148	105
11	16	F	GEN	XII	X	Labour	VIII	House Wife	Nuclear	1 ST	5000	Rural	149	103
12	18	F	SC	XII	VIII	Driver	ILTE	House Wife	Nuclear	2 ND	3000	Rural	153	94
13	18	F	OBC	XII	IX	Furniture	VIII	House Wife	Nuclear	1 ST	4000	Rural	137	93
14	17	F	SC	XII	VIII	Farmer	V	House Wife	Nuclear	1 ST	5000	Rural	135	104
15	18	F	SC	XII	ILTE	Furniture	ILTE	Employed	Nuclear	1 ST	6000	Rural	110	90
16	18	F	SC	XII	IV	Driver	ILTE	Employed	Nuclear	1 ST	7000	Rural	122	95
17	16	F	OBC	XII	ILTE	Farmer	VIII	House Wife	Joint	2 ND	5000	Rural	159	101
18	17	F	OBC	XII	ILTE	Service	X	House Wife	Nuclear	1 ST	6000	Rural	141	93
19	16	F	SC	XI	ILTE	Farmer	ILTE	House Wife	Nuclear	1 ST	6000	Rural	125	106
20	17	F	GEN	XI	V	Business	ILTE	House Wife	Joint	3 RD	10000	Rural	153	103
21	17	F	SC	XI	ILTE	Artist	IV	House Wife	Joint	1 ST	15000	Rural	149	102
22	16	F	SC	XI	ILTE	Farmer	ILTE	House Wife	Joint	2 ND	7000	Rural	151	100
23	17	F	GEN	XI	ILTE	Farmer	ILTE	Employed	Nuclear	6 TH	8000	Rural	119	75
24	17	F	SC	XI	B.A	Farmer	B.A	Employed	Nuclear	1 ST	7000	Rural	121	88
25	15	F	SC	X	VIII	Farmer	ILTE	House Wife	Nuclear	3 RD	3600	Rural	133	98

26	17	F	SC	XII	ILTE	Farmer	V	House Wife	Nuclear	2 ND	4000	Rural	145	96
27	18	F	SC	XII	VIII	Farmer	IV	House Wife	Nuclear	4 TH	3600	Rural	142	88
28	16	F	SC	XI	VIII	Farmer	VII	House Wife	Nuclear	1 ST	3000	Rural	139	98
29	17	F	SC	XI	IV	Farmer	ILTE	House Wife	Joint	1 ST	7000	Rural	152	92
30	18	F	SC	XI	ILTE	Farmer	ILTE	House Wife	Nuclear	1 ST	4500	Rural	141	100
31	18	M	GEN	XII	IV	Labour	V	House Wife	Joint	2 ND	6000	Rural	156	87
32	16	M	SC	X	B.A	Farmer	H.S	House Wife	Broken	3 RD	6300	Rural	135	101
33	17	M	SC	XI	X	Business	XII	House Wife	Nuclear	1 ST	7000	Rural	133	92
34	16	M	SC	XII	V	Farmer	ILTE	House Wife	Joint	2 ND	4000	Rural	138	97
35	16	M	SC	XI	VII	Farmer	ILTE	House Wife	Joint	2 ND	8000	Rural	136	91
36	17	M	SC	XI	X	Company Job	ILTE	House Wife	Nuclear	1 ST	7000	Rural	137	98
37	18	M	SC	XI	ILTE	Business	ILTE	House Wife	Nuclear	1 ST	9000	Rural	131	102
38	17	M	SC	XI	V	Business	ILTE	House Wife	Nuclear	2 ND	12000	Rural	133	94
39	19	M	SC	XII	ILTE	Farmer	ILTE	Employed	Nuclear	2 ND	10000	Rural	121	91
40	18	M	SC	XII	ILTE	Farmer	X	House Wife	Nuclear	1 ST	6000	Rural	127	92
41	17	M	SC	XII	ILTE	Driving	IX	Employed	Nuclear	1 ST	13000	Rural	120	81
42	18	M	OBC	XII	IV	Mason	II	House Wife	Nuclear	6 TH	5000	Rural	129	100
43	18	M	OBC	XII	IV	Farmer	II	House Wife	Nuclear	3 RD	4000	Rural	144	89
44	16	M	SC	XII	VIII	Farmer	V	House Wife	Nuclear	1 ST	3500	Rural	135	86
45	18	M	SC	XII	IV	Mason	III	House Wife	Nuclear	4 TH	4000	Rural	144	101
46	16	M	SC	XI	X	Business	IX	House Wife	Joint	2 ND	5000	Rural	134	80
47	16	M	SC	XI	ILTE	Business	ILTE	Employed	Joint	2 ND	15000	Urban	119	70
48	16	M	SC	XI	VIII	Farmer	IV	House Wife	Nuclear	1 ST	10000	Urban	139	106
49	17	M	SC	XI	VII	Farmer	V	House Wife	Nuclear	1 ST	3000	Rural	112	100
50	15	M	SC	XI	VII	Stone Mason	V	House Wife	Nuclear	2 ND	8000	Rural	119	98
51	17	M	SC	XI	X	Mason	ILTE	House Wife	Joint	1 ST	5000	Rural	153	97
52	19	M	OBC	XII	VIII	Unemploye d	X	Employed	Nuclear	3 RD	9000	Urban	143	107
53	18	M	SC	XIII	X	Farmer	ILTE	House Wife	Nuclear	1 ST	3600	Rural	151	101
54	17	M	SC	XII	V	Farmer	X	House Wife	Nuclear	2 ND	6000	Rural	133	101
55	18	M	GEN	XII	VI	Company	XII	Employed	Nuclear	1 ST	9000	Rural	131	87
56	18	M	SC	XII	ILTE	Farmer	VIII	House Wife	Nuclear	1 ST	4800	Rural	153	99
57	16	M	SC	XI	IX	Driver	ILTE	House Wife	Nuclear	3 RD	12000	Rural	120	85
58	17	M	SC	XI	X	Business	VIII	Employed	Nuclear	2 ND	13000	Urban	115	78
59	16	M	SC	XI	VIII	Mason	VII	House Wife	Nuclear	1 ST	10000	Urban	119	98
60	16	F	SC	XI	X	Farmer	VIII	House Wife	Nuclear	3 RD	5000	Rural	137	96
61	16	F	SC	XI	VIII	Labour	ILTE	House Wife	Nuclear	2 ND	3600	Rural	148	99
62	17	F	SC	XI	X	Business	ILTE	Employed	Joint	1 ST	13000	Urban	131	80
63	16	F	GEN	XI	M.A	Business	X	House Wife	Joint	1 ST	8000	Rural	154	92
64	16	M	SC	XI	IX	Farmer	VIII	House Wife	Nuclear	1 ST	4000	Rural	132	84
65	17	M	OBC	XI	VII	Farmer	II	House Wife	Nuclear	2 ND	9000	Rural	135	89
66	16	F	OBC	XI	ILTE	Tailor	ILTE	House Wife	Joint	2 ND	4000	Urban	138	82
67	15	F	OBC	X	ILTE	Farmer	ILTE	House Wife	Nuclear	4 TH	3600	Rural	142	95
68	17	M	SC	III	III	Shop Man	ILTE	House Wife	Nuclear	2 ND	7000	Rural	145	96
69	16	M	SC	X	ILTE	Farmer	ILTE	House Wife	Nuclear	1 ST	5000	Rural	128	95
70	16	M	GEN	X	ILTE	Business	ILTE	House Wife	Joint	1 ST	10000	Urban	162	95
71	15	F	SC	X	ILTE	Farmer	X	House Wife	Nuclear	3 RD	3600	Rural	139	88
72	15	M	GEN	X	ILTE	Farmer	ILTE	House Wife	Joint	1 ST	5000	Rural	120	82

73	16	F	GEN	XI	B.A	Farmer	X	House Wife	Nuclear	1 ST	8000	Rural	140	92
74	17	F	SC	XI	VIII	Farmer	ILTE	House Wife	Joint	5 TH	3600	Rural	142	95
75	16	F	SC	XI	IX	Farmer	VI	House Wife	Nuclear	2 ND	3000	Rural	141	94
76	15	F	SC	XI	IV	Business	X	House Wife	Joint	3 RD	6000	Rural	116	91
77	17	M	SC	X	X	Farmer	X	House Wife	Joint	1 ST	3600	Rural	127	87
78	16	M	SC	X	IX	Farmer	ILTE	House Wife	Nuclear	2 ND	4000	Rural	155	96
79	16	F	OBC	X	ILTE	Labour	ILTE	Employed	Broken	3 RD	3600	Rural	127	86
80	15	M	GEN	X	ILTE	Former	X	House Wife	Nuclear	2 ND	3600	Rural	123	87
81	16	M	OBC	X	ILTE	Farmer	ILTE	House Wife	Nuclear	1 ST	3600	Rural	129	97
82	15	M	SC	X	VIII	Farmer	ILTE	House Wife	Nuclear	2 ND	3000	Rural	146	87
83	16	M	SC	XI	IX	Farmer	X	House Wife	Nuclear	2 ND	3000	Rural	134	97
84	17	M	OBC	XI	VIII	Mason	IV	House Wife	Nuclear	2 ND	8000	Urban	155	102
85	17	M	SC	XI	IX	Labour	IV	House Wife	Nuclear	1 ST	3000	Urban	118	99
86	17	M	GEN	XI	X	Farmer	XI	Employed	Joint	2 ND	10000	Rural	130	102
87	17	M	GEN	XI	X	Farmer	XI	House Wife	Joint	2 ND	8000	Rural	150	100
88	16	M	SC	XI	ILTE	Farmer	X	House Wife	Nuclear	3 RD	5000	Rural	127	91
89	16	M	SC	XI	X	Farmer	IX	House Wife	Nuclear	1 ST	5600	Rural	133	102
90	15	F	SC	XI	VIII	Labour	VIII	House Wife	Nuclear	1 ST	3000	Rural	140	94
91	17	F	SC	XI	VIII	Government Job	ILTE	House Wife	Nuclear	1 ST	13000	Urban	137	90
92	17	M	SC	XI	H.S	Farmer	IV	House Wife	Nuclear	3 RD	3000	Rural	157	107
93	16	M	SC	XI	VIII	Driver	IV	House Wife	Nuclear	2 ND	3000	Rural	160	109
94	16	M	SC	XI	VI	Business	ILTE	House Wife	Joint	1 ST	4000	Rural	135	106
95	18	M	SC	H.S	VII	Self-Employed	VIII	House Wife	Nuclear	1 ST	7000	Urban	139	99
96	18	M	OBC	XII	B.A	Clark	X	Employed	Nuclear	1 ST	15000	Urban	134	90
97	16	F	SC	X	VIII	Farmer	viii	Assa Madam	Nuclear	2 nd	8000	Urban	128	89
98	17	F	GEN	XI	IV	Sales Man	VIII	House Wife	Nuclear	1 ST	5000	Rural	134	88
99	17	F	GEN	XI	ILTE	Labour	ILTE	House Wife	Nuclear	2 ND	3000	Rural	140	86
100	17	F	GEN	XI	VIII	Driver	V	House Wife	Nuclear	2 ND	5000	Urban	148	90
101	17	M	OBC	XI	X	Farmer	B.A	House Wife	Joint	1 ST	3000	Rural	146	87
102	17	M	OBC	XI	XII	Shop Man	XII	House Wife	Nuclear	1 ST	10000	Urban	132	92
103	16	F	SC	XI	X	Farmer	ILTE	House Wife	Nuclear	1 ST	3000	Rural	140	91
104	17	M	SC	XI	ILTE	Farmer	ILTE	House Wife	Nuclear	3 RD	6000	Rural	167	107
105	16	F	GEN	XI	M.A	Business	XII	House Wife	Nuclear	1 ST	3000	Rural	129	87
106	19	M	OBC	XII	IV	Farmer	ILTE	Employed	Nuclear	5 th	5000	Rural	157	96
107	18	F	OBC	XII	V	Labour	VIII	House Wife	Joint	1 ST	7000	Urban	129	96
108	18	F	OBC	XII	XII	Business	VIII	House Wife	Nuclear	4 TH	5000	Rural	160	96
109	18	F	OBC	XII	VIII	Company Job	VIII	House Wife	Joint	2 ND	5000	Urban	163	96
110	17	M	OBC	XII	ILTE	Driver	ILTE	House Wife	Nuclear	3 RD	4000	Urban	133	89
111	17	F	SC	XII	VIII	Farmer	X	House Wife	Joint	1 ST	4000	Rural	125	98
112	17	F	GEN	XI	X	Business	X	House Wife	Nuclear	1 ST	3000	Urban	145	89
113	16	F	SC	XII	IV	Mason	VIII	House Wife	Nuclear	1 ST	6000	Rural	145	98
114	18	F	GEN	XII	VII	Farmer	VIII	House Wife	Joint	5 TH	18000	Urban	164	95
115	17	F	OBC	XII	X	Shop Man	X	Employed	Broken	1 ST	8000	Urban	129	92
116	17	F	GEN	XII	B.C OM	Teacher	IX	House Wife	Joint	1 ST	30000	Urban	159	96
117	18	M	SC	XII	IX	Job	VII	House Wife	Joint	2 ND	9000	Urban	143	76
118	18	M	OBC	XII	VIII	Business	X	House Wife	Joint	1 ST	48000	Urban	159	96
119	15	M	SC	X	VIII	Driver	VIII	House Wife	Nuclear	2 ND	7000	Urban	116	100

120	16	F	SC	XII	IX	Unemploye d	X	Employed	Nuclear	1 ST	4000	Urban	127	88
121	18	F	GEN	XII	B.A	Hospital In Charge	XII	House Wife	Joint	1 ST	45000	Urban	154	94
122	16	M	SC	XI	ILTE	Mason	IV	House Wife	Nuclear	2 ND	10000	Urban	162	109
123	15	F	SC	X	B.A	Service	V	House Wife	Nuclear	1 ST	6000	Rural	167	101
124	16	F	OBC	X	V	Farmer	II	House Wife	Nuclear	2 ND	3000	Rural	153	96
125	15	F	OBC	X	V	Farmer	VIII	House Wife	Joint	2 ND	3000	Rural	141	95
126	17	M	SC	XI	X	Business	VIII	House Wife	Nuclear	2 ND	10000	Rural	138	105
127	15	F	OBC	XI	IV	Mason	V	House Wife	Nuclear	1 ST	4000	Rural	132	90
128	16	F	SC	XI	ILTE	Farmer	ILTE	House Wife	Nuclear	3 RD	3000	Rural	127	91
129	17	M	SC	XI	IV	Farmer	IV	House Wife	Nuclear	1 ST	3000	Rural	119	97
130	17	M	SC	XII	B.A	Hole Sailor	B.A	House Wife	Nuclear	2 ND	30000	Urban	115	76
131	17	F	GEN	XII	XII	Artist	ILTE	House Wife	Joint	1 ST	3000	Rural	151	102
132	16	F	SC	X	V	Farmer	ILTE	House Wife	Joint	3 RD	3000	Rural	149	101
133	15	F	SC	X	VIII	Furniture	VI	House Wife	Nuclear	2 ND	5000	Urban	134	92
134	15	F	OBC	X	V	Farmer	ILTE	House Wife	Nuclear	1 ST	3000	Rural	140	96
135	15	F	SC	X	ILTE	Business	VII	Employed	Joint	3 RD	19000	Urban	152	91
136	15	F	SC	X	VIII	Driver	VIII	House Wife	Nuclear	1 ST	6000	Rural	127	92
137	16	M	SC	X	ILTE	Driver	ILTE	House Wife	Joint	2 ND	4000	Rural	140	95
138	17	F	OBC	X	X	Doctors** Assistant	ILTE	House Wife	Nuclear	1 ST	15000	Urban	142	97
139	15	M	SC	X	III	Mason	VIII	House Wife	Nuclear	1 ST	10000	Rural	147	89
140	15	M	GEN	X	M. TEC H	Engineer	XII	Employed	Joint	2 ND	60000	Urban	139	96
141	17	F	SC	XII	VIII	Driver	V	House Wife	Joint	1 ST	5000	Urban	127	96
142	16	F	SC	X	ILTE	Farmer	ILTE	House Wife	Nuclear	3 RD	3000	Rural	122	92
143	16	F	SC	XI	IV	Iron Work Labour	ILTE	House Wife	Nuclear	1 ST	3000	Rural	129	97
144	18	M	GEN	XI	B.A	Job	X	Employed	Nuclear	2 ND	17000	Urban	138	88
145	16	F	GEN	XI	B.A	Job	X	Employed	Nuclear	3 RD	17000	Urban	140	78
146	17	F	SC	XII	ILTE	Farmer	ILTE	House Wife	Nuclear	2 ND	5000	Rural	146	93
147	18	F	OBC	XII	VIII	Labour	IV	House Wife	Joint	4 TH	6000	Urban	139	76
148	16	F	SC	XI	VIII	Farmer	VII	House Wife	Nuclear	1 ST	3000	Rural	139	80
149	18	F	SC	XI	IV	Farmer	ILTE	House Wife	Joint	1 ST	7000	Rural	142	94
150	18	F	SC	XI	ILTE	Farmer	ILTE	House Wife	Nuclear	1 ST	4500	Rural	141	100
151	18	M	GEN	XII	IV	Labour	V	House Wife	Joint	2 ND	6000	Urban	156	102
152	16	M	SC	X	B.A	Farmer	H.S	House Wife	Broken	3 RD	6300	Rural	135	102
153	17	M	SC	XI	X	Business	XII	House Wife	Nuclear	1 ST	7000	Urban	133	80
154	16	M	SC	XII	V	Farmer	ILTE	House Wife	Joint	2 ND	4000	Rural	138	85
155	16	M	SC	XI	VII	Farmer	ILTE	House Wife	Joint	2 ND	8000	Rural	136	78
156	17	M	SC	XI	X	Company Job	ILTE	House Wife	Nuclear	1 ST	7000	Rural	137	87
157	18	M	SC	XI	ILTE	Business	ILTE	House Wife	Nuclear	1 ST	9000	Rural	131	79
158	17	M	SC	XI	V	Business	ILTE	House Wife	Nuclear	2 ND	12000	Rural	133	87
159	19	M	SC	XII	ILTE	Farmer	ILTE	Employed	Nuclear	2 ND	10000	Rural	121	90
160	18	M	SC	XII	ILTE	Farmer	X	House Wife	Nuclear	1 ST	6000	Rural	127	98
161	17	M	SC	XII	ILTE	Driving	IX	Employed	Nuclear	1 ST	13000	Rural	122	90
162	18	M	OBC	XII	IV	Mason	II	House Wife	Nuclear	6 TH	5000	Rural	129	89
163	18	M	OBC	XII	IV	Farmer	II	House Wife	Nuclear	3 RD	4000	Rural	144	97
164	16	M	SC	XII	VIII	Farmer	V	House Wife	Nuclear	1 ST	3500	Rural	135	94
165	18	M	SC	XII	IV	Mason	III	House Wife	Nuclear	4 TH	4000	Rural	144	79

166	16	M	SC	XI	X	Business	IX	House Wife	Joint	2 ND	5000	Rural	134	88
167	16	M	SC	XI	ILTE	Business	ILTE	Employed	Joint	2 ND	15000	Urban	149	80
168	16	M	SC	XI	VIII	Farmer	IV	House Wife	Nuclear	1 ST	10000	Urban	139	78
169	17	M	SC	XI	VII	Farmer	V	House Wife	Nuclear	1 ST	3000	Rural	112	70
170	15	M	SC	XI	VII	Stone Mason	V	House Wife	Nuclear	2 ND	8000	Urban	119	78
171	17	M	SC	XI	X	Mason	ILTE	House Wife	Joint	1 ST	5000	Rural	153	99
172	19	M	OBC	XII	VIII	Farmer	X	Employed	Nuclear	3 RD	9000	Rural	143	100
173	18	M	SC	XIII	X	Farmer	ILTE	House Wife	Nuclear	1 ST	3600	Rural	151	103
174	17	M	SC	XII	V	Farmer	X	House Wife	Nuclear	2 ND	6000	Rural	133	90
175	18	M	GEN	XII	VI	Company	XII	Employed	Nuclear	1 ST	9000	Urban	131	85
176	18	M	SC	XII	ILTE	Farmer	VIII	House Wife	Nuclear	1 ST	4800	Rural	153	80
177	16	M	SC	XI	IX	Driver	ILTE	House Wife	Nuclear	3 RD	12000	Urban	120	95
178	17	M	SC	XI	X	Business	VIII	Employed	Nuclear	2 ND	13000	Urban	144	93
179	16	M	SC	XI	VIII	Mason	VII	House Wife	Nuclear	1 ST	10000	Urban	119	82
180	16	F	SC	XI	X	Farmer	VIII	House Wife	Nuclear	3 RD	5000	Rural	137	81
181	16	F	SC	XI	VIII	Labour	ILTE	House Wife	Nuclear	2 ND	3600	Rural	138	75
182	17	F	SC	XI	X	Business	ILTE	Employed	Joint	1 ST	13000	Rural	131	90
183	16	F	GEN	XI	M.A	Business	X	House Wife	Joint	1 ST	8000	Rural	154	80
184	16	M	SC	XI	IX	Farmer	VIII	House Wife	Nuclear	1 ST	4000	Rural	132	79
185	17	M	OBC	XI	VII	Farmer	II	House Wife	Nuclear	2 ND	9000	Rural	135	96
186	16	F	OBC	XI	ILTE	Trailer	ILTE	House Wife	Joint	2 ND	4000	Rural	148	85
187	15	F	OBC	X	ILTE	Farmer	ILTE	House Wife	Nuclear	4 TH	3600	Rural	152	80
188	17	M	SC	III	III	Shop Man	ILTE	House Wife	Nuclear	2 ND	17000	Urban	145	100
189	16	M	SC	X	ILTE	Farmer	ILTE	House Wife	Nuclear	1 ST	5000	Rural	128	100
190	16	M	GEN	X	ILTE	Business	ILTE	House Wife	Joint	1 ST	10000	Urban	162	90
191	15	F	SC	X	ILTE	Farmer	X	House Wife	Nuclear	3 RD	3600	Rural	139	88
192	15	M	GEN	X	ILTE	Farmer	ILTE	House Wife	Joint	1 ST	5000	Rural	159	98
193	16	F	GEN	XI	B.A	Farmer	X	House Wife	Nuclear	1 ST	8000	Rural	130	83
194	17	F	SC	XI	VIII	Farmer	ILTE	House Wife	Joint	5 TH	3600	Rural	134	91
195	16	F	SC	XI	IX	Farmer	VI	House Wife	Nuclear	2 ND	3000	Rural	141	92
196	15	F	SC	XI	IV	Business	X	House Wife	Joint	3 RD	6000	Rural	126	80
197	17	M	SC	X	X	Farmer	X	House Wife	Joint	1 ST	3600	Rural	127	73
198	16	M	SC	X	IX	Farmer	ILTE	House Wife	Nuclear	2 ND	4000	Rural	155	85
199	16	F	OBC	X	ILTE	Labour	ILTE	Employed	Broken	3 RD	3600	Rural	137	70
200	15	F	GEN	X	ILTE	Former	X	House Wife	Nuclear	2 ND	3600	Rural	123	99
201	16	F	OBC	X	ILTE	Farmer	ILTE	House Wife	Nuclear	1 ST	3600	Rural	149	99
202	15	F	SC	X	VIII	Farmer	ILTE	House Wife	Nuclear	2 ND	3000	Rural	146	100
203	16	F	SC	XI	IX	Farmer	X	House Wife	Nuclear	2 ND	3000	Rural	134	97
204	17	F	OBC	XI	VIII	Mason	IV	House Wife	Nuclear	2 ND	8000	Rural	155	83
205	17	F	SC	XI	IX	Labour	IV	House Wife	Nuclear	1 ST	3000	Rural	148	80
206	17	F	GEN	XI	X	Farmer	XI	Employed	Joint	2 ND	10000	Rural	150	99
207	17	F	GEN	XI	X	Farmer	XI	House Wife	Joint	2 ND	8000	Rural	155	81
208	16	F	SC	XI	ILTE	Farmer	X	House Wife	Nuclear	3 RD	5000	Rural	137	92
209	16	F	SC	XI	X	Farmer	IX	House Wife	Nuclear	1 ST	5600	Rural	163	70
210	15	F	SC	XI	VIII	Labour	VIII	House Wife	Nuclear	1 ST	3000	Rural	140	78
211	17	F	SC	XI	VIII	Farmer	ILTE	House Wife	Nuclear	1 ST	3000	Rural	137	80
212	17	M	SC	XI	H.S	Farmer	IV	House Wife	Nuclear	3 RD	3000	Rural	157	75
213	16	M	SC	XI	VIII	Driver	IV	House Wife	Nuclear	2 ND	3000	Rural	160	76

214	16	M	SC	XI	VI	Business	ILTE	House Wife	Joint	1 ST	4000	Urban	135	91
215	18	M	SC	H.S	VII	Farmer	VIII	House Wife	Nuclear	1 ST	7000	Rural	139	99
216	18	M	OBC	XII	B.A	Clark	X	Employed	Nuclear	1 ST	15000	Urban	134	90
217	16	M	GEN	XI	M.A	Teacher	B.A	Employed	Joint	3 RD	35000	Urban	140	76
218	17	F	GEN	XI	IV	Sales Man	VIII	House Wife	Nuclear	1 ST	5000	Rural	144	86
219	17	F	GEN	XI	ILTE	Labour	ILTE	House Wife	Nuclear	2 ND	3000	Rural	130	95
220	18	F	GEN	XI	VIII	Driver	V	House Wife	Joint	2 ND	5000	Urban	148	90
221	17	M	OBC	XI	X	Farmer	B.A	House Wife	Joint	1 ST	3000	Rural	126	99
222	17	M	OBC	XI	XII	Shop Man	XII	House Wife	Nuclear	1 ST	10000	Rural	132	88
223	16	F	SC	XI	X	Farmer	ILTE	House Wife	Nuclear	1 ST	3000	Rural	140	79
224	17	M	SC	XI	ILTE	Farmer	ILTE	House Wife	Nuclear	3 RD	6000	Rural	167	100
225	16	F	GEN	XI	M.A	Business	XII	House Wife	Nuclear	1 ST	3000	Rural	139	83
226	18	F	OBC	XII	V	Labour	VIII	House Wife	Joint	1 ST	7000	Urban	149	80
227	18	F	OBC	XII	XII	Business	VIII	House Wife	Nuclear	4 TH	5000	Rural	160	96
228	18	F	OBC	XII	VIII	Farmer	VIII	House Wife	Joint	2 ND	5000	Rural	163	95
229	18	M	OBC	XII	ILTE	Driver	ILTE	House Wife	Nuclear	3 RD	4000	Urban	133	99
230	17	F	SC	XII	VIII	Farmer	IX	House Wife	Joint	2 ND	7000	Rural	135	80
231	17	F	GEN	XI	X	Business	X	House Wife	Nuclear	1 ST	3000	Urban	135	88
232	16	F	SC	XII	IV	Mason	VIII	House Wife	Nuclear	1 ST	6000	Rural	145	79
233	18	F	GEN	XII	VII	Farmer	VIII	House Wife	Joint	5 TH	18000	Urban	164	82
234	17	F	OBC	XII	X	Shop Man	X	Employed	Broken	1 ST	8000	Urban	129	78
235	17	F	GEN	XII	B.C OM	Teacher	IX	House Wife	Joint	1 ST	30000	Urban	149	88
236	18	M	OBC	XII	IX	Job	VII	House Wife	Joint	2 ND	9000	Urban	133	82
237	18	M	OBC	XII	VIII	Business	X	House Wife	Joint	1 ST	48000	Urban	159	94
238	15	M	SC	X	VIII	Driver	VIII	House Wife	Nuclear	2 ND	7000	Rural	116	79
239	16	F	SC	XII	IX	Labour	X	Employed	Nuclear	1 ST	4000	Urban	137	90
240	18	F	GEN	XII	B.A	Hospital In Charge	XII	House Wife	Joint	1 ST	45000	Urban	154	99
241	16	M	SC	XI	ILTE	Mason	IV	House Wife	Joint	2 ND	10000	Rural	162	69
242	16	F	SC	X	B.A	Service	V	House Wife	Nuclear	1 ST	6000	Rural	165	82
243	16	F	OBC	X	V	Farmer	II	House Wife	Nuclear	2 ND	3000	Rural	153	92
244	15	F	OBC	X	V	Farmer	VIII	House Wife	Joint	2 ND	3000	Rural	141	90
245	17	M	SC	XI	X	Business	VIII	House Wife	Nuclear	2 ND	10000	Rural	138	102
246	15	F	OBC	XI	IV	Mason	V	House Wife	Nuclear	3 RD	7000	Rural	132	70
247	16	F	SC	XI	ILTE	Farmer	ILTE	House Wife	Nuclear	3 RD	3000	Rural	127	89
248	17	M	SC	XI	IV	Farmer	IV	House Wife	Nuclear	1 ST	3000	Rural	119	89
249	17	M	SC	XII	B.A	Whole Sailor	B.A	House Wife	Nuclear	2 ND	30000	Rural	115	72
250	16	F	GEN	XII	XII	Artist	X	House Wife	Joint	1 ST	8000	Rural	141	79
251	16	F	SC	X	V	Farmer	ILTE	House Wife	Joint	3 RD	3000	Rural	149	90
252	15	M	SC	X	VIII	Furniture	VIII	Employed	Nuclear	2 ND	15000	Rural	124	99
253	15	F	OBC	X	V	Farmer	ILTE	House Wife	Nuclear	1 ST	3000	Rural	130	72
254	15	F	GEN	X	X	Business	VII	Employed	Joint	3 RD	18000	Urban	148	89
255	15	F	SC	X	VIII	Driver	VIII	House Wife	Nuclear	1 ST	6000	Rural	127	90
256	16	M	SC	X	ILTE	Driver	ILTE	House Wife	Joint	2 ND	4000	Rural	140	98
257	16	F	OBC	X	X	Doctor Assistant	ILTE	House Wife	Nuclear	1 ST	5000	Urban	132	101
258	15	M	SC	X	III	Mason	VIII	House Wife	Nuclear	1 ST	10000	Rural	147	81
259	15	M	GEN	X	M. TEC H	Engineer	XII	Employed	Joint	2 ND	60000	Urban	138	84

260	17	F	SC	XII	VIII	Driver	V	House Wife	Joint	1 ST	5000	Urban	127	88
261	16	F	OBC	X	ILTE	Farmer	IV	House Wife	Nuclear	3 RD	4000	Rural	122	90
262	16	M	SC	XI	IV	Helper	ILTE	House Wife	Nuclear	1 ST	5000	Rural	139	84
263	18	F	SC	XI	V	Farmer	ILTE	House Wife	Nuclear	1 ST	3000	Rural	137	80
264	17	F	OBC	XI	V	Shop Man	VIII	House Wife	Joint	2 ND	10000	Rural	133	73
265	16	F	SC	XI	X	Farmer	ILTE	House Wife	Joint	1 ST	3000	Rural	158	96
266	16	F	SC	XI	VIII	Farmer	VI	House Wife	Nuclear	1 ST	3000	Rural	134	97
267	15	M	GEN	X	ILTE	No Work	VII	Employed	Nuclear	3 RD	5000	Urban	130	91
268	16	F	SC	X	V	Farmer	VI	House Wife	Nuclear	1 ST	4000	Rural	154	105
269	17	M	SC	XI	IV	Farmer	ILTE	House Wife	Joint	2 ND	4000	Rural	120	81
270	16	M	SC	XI	X	Farmer	ILTE	House Wife	Joint	1 ST	3000	Rural	122	91
271	17	M	SC	XI	ILTE	Farmer	ILTE	House Wife	Nuclear	1 ST	10000	Rural	124	87
272	17	M	SC	XI	ILTE	Farmer	ILTE	House Wife	Nuclear	3 RD	8000	Rural	145	88
273	16	F	SC	XI	B.A	Teacher (Guest)	VIII	House Wife	Nuclear	2 ND	5000	Rural	133	97
274	17	M	SC	XI	ILTE	Farmer	ILTE	House Wife	Nuclear	4 TH	10000	Rural	121	91
275	16	F	SC	XI	VIII	Labour	ILTE	House Wife	Nuclear	3 RD	5000	Rural	155	105
276	17	M	GEN	XI	VII	Farmer	IV	House Wife	Nuclear	1 ST	4000	Rural	149	96
277	17	M	SC	XI	ILTE	Labour	IV	House Wife	Broken	1 ST	3200	Rural	127	95
278	16	F	SC	XI	X	Farmer	V	House Wife	Nuclear	1 ST	3000	Rural	141	93
279	16	F	SC	XI	III	Farmer	V	House Wife	Nuclear	1 ST	4000	Rural	135	93
280	17	M	SC	XI	ILTE	Farmer	ILTE	House Wife	Joint	1 ST	5000	Rural	158	98
281	15	F	SC	XI	IV	Farmer	VIII	House Wife	Joint	2 ND	4000	Rural	128	95
282	16	M	SC	XI	IV	Farmer	ILTE	House Wife	Nuclear	3 RD	4000	Rural	161	98
283	15	M	SC	X	IV	Farmer	ILTE	House Wife	Nuclear	3 RD	5000	Rural	148	92
284	16	F	SC	XI	XI	Mason	X	Employed	Nuclear	2 ND	12000	Rural	132	90
285	17	F	OBC	XI	B.A	Business	VIII	House Wife	Nuclear	3 RD	5000	Rural	147	96
286	17	F	SC	XI	VI	Unemploye d	VIII	House Wife	Broken	3 RD	3000	Rural	125	90
287	16	F	GEN	XI	VIII	Labour	VIII	House Wife	Nuclear	2 ND	3000	Rural	154	92
288	16	M	SC	XI	X	Farmer	V	House Wife	Joint	1 ST	5000	Rural	139	92
289	16	M	SC	XI	XII	Farmer	X	House Wife	Joint	1 ST	5000	Rural	149	97
290	17	M	SC	XI	ILTE	Farmer	ILTE	House Wife	Nuclear	3 RD	3000	Rural	165	104
291	16	F	GEN	XI	IV	Business	VIII	Employed	Nuclear	2 ND	17000	Rural	144	98
292	16	F	SC	XI	V	Mason	VIII	House Wife	Joint	1 ST	3000	Rural	133	100
293	16	F	OBC	XI	VIII	Farmer	V	House Wife	Joint	2 ND	5000	Rural	154	84
294	17	F	OBC	XI	B.A	Job	XII	Employed	Joint	1 ST	15000	Urban	143	87
295	18	M	GEN	XII	X	Job	XII	House Wife	Nuclear	1 ST	7000	Urban	136	90
296	18	M	GEN	XII	M.A	Service	B.A	Service	Joint	2 ND	40000	Urban	130	89
297	17	M	GEN	XI	M.A	Business	X	Iclds	Joint	3 RD	25000	Urban	135	83
298	16	M	SC	X	IX	Shop Man	ILTE	House Wife	Nuclear	1 ST	6000	Urban	148	88
299	17	F	SC	X	B.A	Driver	V	House Wife	Joint	1 ST	8000	Urban	143	106
300	17	F	GEN	XII	XI	Home Delivery	VIII	House Wife	Nuclear	2 ND	10000	Urban	146	93
301	18	F	OBC	XII	XI	Business	V	Servant	Nuclear	2 ND	7000	Urban	155	75
302	17	F	OBC	XII	X	Online Server	B.A	Job	Nuclear	1 ST	20000	Urban	130	80
303	15	F	GEN	X	B.A	Job	B.A	Job	Nuclear	2 ND	18000	Urban	142	90
304	16	M	SC	X	XII	Business	X	Shop Man	Nuclear	3 RD	20000	Urban	111	100
305	16	M	GEN	X	ILTE	Driver	ILTE	House Wife	Nuclear	3 RD	15000	Urban	134	80
306	17	F	GEN	XI	V	Driver	VIII	House Wife	Joint	1 ST	7000	Urban	155	105

307	17	F	OBC	X	XI	Flower Garden	B.A	Flower Shop	Nuclear	3 RD	10000	Urban	142	79
308	18	M	OBC	XI	B.A	Supplier	XII	House Wife	Joint	1 ST	12000	Urban	135	89
309	16	M	SC	X	ILTE	Business	ILTE	Employed	Nuclear	3 RD	8000	Urban	132	84
310	16	M	SC	X	IV	Shop Man	V	House Wife	Joint	1 ST	6000	Urban	154	108
311	17	F	SC	X	VIII	Driver	B.A	House Wife	Nuclear	2 ND	9000	Urban	133	99
312	16	M	OBC	XI	B.A	Job	XII	House Wife	Nuclear	2 ND	12000	Urban	120	97
313	17	F	OBC	XII	XII	Business	X	House Wife	Nuclear	3 RD	10000	Urban	141	92
314	15	F	OBC	IX	B.A	Shop Man	IX	House Wife	Joint	1 ST	8000	Urban	143	88
315	18	F	SC	XII	X	Farmer	ILTE	House Wife	Joint	4 TH	6000	Rural	145	89
316	17	M	SC	XII	ILTE	Shop Man	IV	House Wife	Nuclear	1 ST	5000	Urban	155	97
317	15	F	GEN	IX	X	Company Job	VIII	House Wife	Nuclear	2 nd	7000	Urban	143	75
318	15	F	GEN	IX	ILTE	No	X	Servant	Nuclear	1 st	6000	Urban	144	90
319	17	M	SC	XI	M.A	Tutor	B.A	Tutor	Nuclear	2 nd	10000	Urban	129	95
320	17	F	OBC	XI	ILTE	Unemploye d	ILTE	Servant	Nuclear	4 th	5000	Rural	140	78
321	16	M	OBC	XI	XI	Carpenter	ILTE	House Wife	Joint	3 rd	12000	Urban	144	106
322	17	M	OBC	X	X	Shop Man	V	House Wife	Joint	4 th	7000	Urban	133	102
323	17	M	OBC	XI	XII	Business	X	House Wife	Nuclear	3 rd	10000	Urban	144	73
324	19	M	OBC	XII	X	Business	VIII	Icds	Nuclear	2 nd	14000	Urban	133	82
325	15	F	GEN	X	B.A	Tutor	V	House Wife	Nuclear	1 st	6000	Urban	148	79
326	15	F	SC	X	XII	Job	VII	House Wife	Joint	2 nd	9000	Urban	144	80
327	16	F	SC	XI	ILTE	Unemploye d	ILTE	Servant	Joint	3 rd	4000	Urban	128	98
328	17	F	SC	XII	VI	Driver	ILTE	Servant	Nuclear	4 th	7000	Urban	141	99
329	16	M	GEN	XII	VII	Gardener	V	House Wife	Nuclear	3 rd	8000	Urban	134	94
330	17	F	GEN	XII	ILTE	Tea Business	IX	Tea Business	Nuclear	1 st	7000	Urban	145	104
331	18	F	OBC	XI	V	Farmer	ILTE	House Wife	Nuclear	2 nd	4000	Rural	146	100
332	15	M	OBC	XII	VI	Farmer	V	House Wife	Joint	3 rd	4000	Rural	134	90
333	16	M	OBC	XI	VII	Gardener	VI	Made Servant	Nuclear	4 th	5000	Rural	144	80
334	15	F	OBC	X	VIII	Unemploye d	ILTE	Made Servant	Nuclear	3 rd	4000	Rural	148	90
335	17	M	GEN	XII	M.A	Job	XII	Tutor	Joint	2 nd	12000	Urban	132	98
336	19	M	SC	XII	ILTE	Farmer	V	House Wife	Nuclear	1 st	4000	Rural	135	85
337	15	F	SC	X	ILTE	Farmer	ILTE	House Wife	Nuclear	2 nd	3000	Rural	148	80
338	17	M	OBC	XI	ILTE	Unemploye d	V	Servant	Nuclear	1 st	4000	Rural	130	98
339	15	M	SC	XI	V	Shop Man	ILTE	House Wife	Nuclear	2 nd	5000	Rural	152	108
340	16	M	SC	XI	ILTE	Farmer	ILTE	House Wife	Joint	2 nd	4000	Rural	130	93
341	16	F	OBC	XI	V	Farmer	II	House Wife	Nuclear	3 rd	4000	Rural	145	80
342	15	F	OBC	XI	VII	Contractor	IV	House Wife	Nuclear	3 rd	15000	Rural	119	80
343	16	F	OBC	XI	ILTE	Farmer	ILTE	House Wife	Joint	1 st	5000	Rural	135	78
344	17	M	SC	XI	V	Labour	ILTE	House Wife	Nuclear	2 nd	5000	Rural	133	94
345	17	M	OBC	XI	ILTE	Farmer	ILTE	House Wife	Nuclear	2 nd	4000	Rural	144	87
346	16	M	OBC	XI	V	Labour	III	House Wife	Nuclear	2 nd	5000	Rural	132	79
347	15	M	OBC	XI	ILTE	Labour	II	Servant	Joint	5 th	4000	Rural	119	80
348	16	M	GEN	XI	B.A	Primary Teacher	XII	House Wife	Joint	2 nd	25000	Rural	152	108
349	16	M	GEN	XI	VIII	Business	B.A	Tutor	Nuclear	1 st	6000	Rural	128	94
350	19	F	GEN	XII	VIII	Tailor	IX	House Wife	Joint	1 st	4000	Urban	156	108
351	15	F	GEN	X	ILTE	Farmer	VI	House Wife	Nuclear	1 st	3000	Rural	149	94

352	17	M	SC	XI	IV	Farmer	ILTE	House Wife	Nuclear	1 st	3000	Rural	155	104
353	16	F	SC	XI	ILTE	Unemploye d	ILTE	Made Servant	Broken	1 st	3000	Rural	141	93
354	17	M	SC	XI	ILTE	Farmer	ILTE	House Wife	Joint	1 st	4000	Rural	141	96
355	16	M	SC	XI	IV	Farmer	ILTE	House Wife	Nuclear	1 st	4000	Rural	143	97
356	14	M	SC	IX	IV	Farmer	ILTE	House Wife	Nuclear	1 st	3000	Rural	140	96
357	15	M	GEN	X	VI	Business	IV	House Wife	Nuclear	1 st	5000	Rural	117	97
358	14	F	GEN	IX	X	Farmer	X	House Wife	Nuclear	1 st	4000	Rural	147	94
359	15	F	SC	X	XII	Farmer	ILTE	House Wife	Nuclear	2 nd	3000	Rural	147	103
360	16	F	SC	X	VIII	Farmer	ILTE	House Wife	Joint	2 nd	3000	Rural	134	101
361	14	F	GEN	IX	ILTE	Unemploye d	ILTE	Shop Holder	Nuclear	2 nd	6000	Rural	133	82
362	15	M	SC	IX	ILTE	Farmer	VI	House Wife	Nuclear	1 st	12000	Rural	134	87
363	15	M	SC	IX	ILTE	Farmer	ILTE	House Wife	Nuclear	2 nd	10000	Rural	141	98
364	14	M	SC	IX	IV	Business	V	House Wife	Nuclear	1 st	15000	Rural	129	84
365	15	F	SC	X	VIII	Farmer	ILTE	House Wife	Nuclear	2 nd	3000	Rural	139	99
366	15	M	OBC	X	ILTE	Farmer	ILTE	House Wife	Broken	1 st	5000	Rural	132	92
367	16	M	SC	X	ILTE	Farmer	ILTE	House Wife	Nuclear	3 rd	10000	Rural	146	93
368	14	F	SC	IX	IX	Unemploye d	ILTE	House Wife	Nuclear	1 st	3000	Rural	153	92
369	14	F	SC	IX	VII	Farmer	IV	House Wife	Nuclear	1 st	3000	Rural	164	87
370	15	F	SC	X	IX	Product Distributor	VIII	House Wife	Joint	1 st	3000	Rural	144	94
371	14	F	GEN	IX	V	Farmer	IV	Employed	Nuclear	2 nd	7000	Rural	140	76
372	15	M	SC	IX	B.A	Service	VIII	House Wife	Nuclear	1 st	45000	Rural	133	98
373	15	F	GEN	IX	IX	Farmer	VII	House Wife	Nuclear	3 rd	3000	Rural	157	90
374	15	M	OBC	IX	VIII	Home Guard	ILTE	House Wife	Nuclear	3 rd	7000	Urban	123	88
375	15	F	SC	X	XII	Service	VIII	House Wife	Joint	1 st	13000	Urban	138	100
376	16	F	SC	X	X	Farmer	VIII	House Wife	Joint	2 nd	3000	Rural	147	98
377	18	F	SC	XII	VIII	Farmer	ILTE	House Wife	Joint	4 th	3000	Rural	136	99
378	15	F	SC	X	ILTE	Helper	ILTE	House Wife	Nuclear	1 st	4000	Rural	139	95
379	16	M	GEN	XI	VIII	Labour	VIII	Employed	Joint	2 nd	8000	Urban	140	97
380	18	M	SC	XII	VII	Farmer	III	House Wife	Joint	4 th	5000	Rural	160	100
381	15	F	SC	X	X	Farmer	VIII	House Wife	Nuclear	1 st	4000	Rural	134	91
382	15	F	SC	X	IV	Farmer	ILTE	House Wife	Nuclear	3 rd	9000	Rural	136	82
383	16	M	SC	X	IV	Farmer	ILTE	House Wife	Nuclear	1 st	12000	Rural	157	94
384	16	M	SC	X	III	Unemploye d	III	House Wife	Nuclear	2 nd	4000	Rural	154	95
385	18	M	SC	XII	III	Soil Work	III	Soil Work	Nuclear	1 st	4000	Rural	132	97
386	16	M	SC	X	VII	Business	V	Business	Nuclear	1 st	6000	Rural	163	98
387	15	M	SC	IX	XII	Business	ILTE	House Wife	Joint	2 nd	6000	Rural	122	100
388	15	F	GEN	IX	ILTE	Farmer	ILTE	House Wife	Nuclear	3 rd	5000	Rural	116	82
389	15	M	SC	IX	VIII	Labour	VIII	House Wife	Joint	2 nd	17000	Rural	122	100
390	15	F	GEN	X	ILTE	Contractor	ILTE	House Wife	Nuclear	1 st	20000	Urban	160	79
391	16	M	OBC	X	ILTE	Driver	ILTE	House Wife	Nuclear	2 nd	5000	Urban	145	80
392	15	M	SC	X	B.A	Business	XII	House Wife	Nuclear	1 st	5000	Urban	142	86
393	17	M	SC	XI	IV	Farmer	ILTE	House Wife	Nuclear	1 st	7000	Rural	113	80
394	15	M	GEN	X	V	Soil Work	VIII	House Wife	Nuclear	2 nd	5000	Rural	144	80
395	16	M	GEN	X	XII	Soil Work	ILTE	Soil Work	Nuclear	2 nd	6000	Rural	133	99
396	16	F	OBC	X	ILTE	Soil Work	IV	Soil Work	Joint	1 st	5000	Rural	123	97
397	17	M	GEN	XII	ILTE	Soil Work	V	Soil Work	Joint	2 nd	4000	Rural	152	89

398	14	F	OBC	IX	VII	Soil Work	ILTE	Made Servant	Nuclear	1 st	7000	Rural	121	91
399	15	F	OBC	IX	ILTE	Soil Work	IV	Soil Work	Joint	4 th	5000	Rural	145	83
400	18	M	GEN	XII	ILTE	Soil Work	ILTE	Soil Work	Joint	2 nd	5000	Rural	137	80
401	14	M	SC	IX	IV	Farmer	ILTE	House Wife	Nuclear	1 st	3000	Rural	140	80
402	15	M	GEN	X	VI	Unemploye d	IV	Servant	Nuclear	2 nd	5000	Rural	117	79
403	14	F	GEN	IX	X	Farmer	X	House Wife	Nuclear	1 st	4000	Rural	147	92
404	15	F	SC	IX	XII	Unemploye d	ILTE	Servant	Nuclear	2 nd	3000	Rural	167	98
405	16	M	OBC	X	VIII	Farmer	ILTE	House Wife	Joint	2 nd	6000	Rural	154	100
406	14	F	GEN	IX	ILTE	Farmer	ILTE	House Wife	Nuclear	2 nd	6000	Rural	133	90
407	15	M	SC	IX	ILTE	Farmer	VI	House Wife	Nuclear	1 st	12000	Rural	154	102
408	15	M	SC	IX	ILTE	Farmer	ILTE	Business	Nuclear	2 nd	10000	Rural	124	79
409	14	M	SC	IX	IV	Business	V	House Wife	Nuclear	1 st	15000	Rural	129	90
410	15	F	SC	X	VIII	Farmer	ILTE	House Wife	Nuclear	2 nd	3000	Rural	139	88
411	15	M	OBC	X	ILTE	Farmer	ILTE	House Wife	Broken	1 st	5000	Rural	132	99
412	16	M	SC	X	ILTE	Farmer	ILTE	House Wife	Nuclear	3 rd	10000	Rural	146	83
413	14	F	SC	IX	IX	Farmer	ILTE	House Wife	Nuclear	1 st	3000	Rural	153	94
414	14	F	SC	IX	VII	Farmer	IV	House Wife	Nuclear	1 st	3000	Rural	164	90
415	15	F	SC	X	IX	Product Distributer	VIII	House Wife	Joint	1 st	3000	Urban	144	81
416	14	F	GEN	IX	V	Farmer	IV	Employed	Nuclear	2 nd	7000	Rural	143	92
417	15	M	SC	IX	B.A	Service	VIII	House Wife	Nuclear	1 st	45000	Rural	133	78
418	15	F	GEN	IX	IX	Farmer	VII	House Wife	Nuclear	3 rd	3000	Rural	157	79
419	15	M	OBC	IX	VIII	Farmer	ILTE	House Wife	Nuclear	3 rd	4000	Rural	133	88
420	15	M	SC	IX	XII	Service	VIII	House Wife	Joint	1 st	13000	Rural	138	80
421	16	M	SC	IX	X	Farmer	VIII	House Wife	Joint	2 nd	3000	Rural	147	104
422	18	F	SC	XII	VIII	Farmer	ILTE	House Wife	Joint	4 th	3000	Rural	136	80
423	15	F	SC	X	ILTE	Helper	ILTE	House Wife	Nuclear	1 st	4000	Rural	149	94
424	16	M	GEN	XI	VIII	Labour	VIII	Employed	Joint	2 nd	8000	Rural	148	86
425	18	M	SC	XII	VII	Farmer	III	House Wife	Joint	4 th	5000	Rural	160	105
426	15	F	OBC	X	X	Farmer	VIII	House Wife	Nuclear	1 st	4000	Rural	134	84
427	15	F	OBC	X	IV	Farmer	ILTE	Servant	Nuclear	3 rd	9000	Rural	166	89
428	16	M	OBC	X	IV	Farmer	ILTE	House Wife	Nuclear	1 st	12000	Rural	157	92
429	15	F	OBC	X	B.A	Service	V	House Wife	Nuclear	1 ST	6000	Rural	167	95
430	16	F	OBC	X	V	Farmer	II	House Wife	Nuclear	2 ND	3000	Rural	153	96
431	15	F	OBC	X	V	Farmer	VIII	House Wife	Joint	2 ND	3000	Rural	141	95
432	17	M	SC	XI	X	Business	VIII	House Wife	Nuclear	2 ND	10000	Urban	138	95
433	15	F	OBC	XI	IV	Mason	V	House Wife	Nuclear	1 ST	4000	Urban	132	88
434	16	F	SC	XI	ILTE	Farmer	ILTE	House Wife	Nuclear	3 RD	3000	Rural	137	82
435	17	M	SC	XI	IV	Farmer	IV	House Wife	Nuclear	1 ST	3000	Rural	119	92
436	17	M	SC	XII	B.A	Hole Sailor	B.A	House Wife	Nuclear	2 ND	30000	Rural	115	95
437	17	F	GEN	XII	XII	Artist	ILTE	House Wife	Joint	1 ST	3000	Rural	141	94
438	16	F	SC	X	V	Farmer	ILTE	House Wife	Joint	3 RD	3000	Rural	149	91
439	15	M	SC	XS	VIII	Furniture	VI	House Wife	Nuclear	2 ND	5000	Rural	124	87
440	15	F	OBC	X	V	Farmer	ILTE	House Wife	Nuclear	1 ST	3000	Rural	150	96
441	15	F	SC	IX	ILTE	Business	VII	Employed	Joint	3 RD	19000	Urban	121	86
442	15	M	GEN	IX	VIII	Driver	VIII	Servant	Nuclear	1 ST	10000	Rural	157	97
443	16	M	SC	IX	ILTE	Driver	ILTE	House Wife	Joint	2 ND	4000	Rural	140	97
444	16	F	OBC	X	X	Doctor Assistant	ILTE	House Wife	Nuclear	1 ST	5000	Rural	142	87

445	15	M	SC	X	III	Mason	VIII	House Wife	Nuclear	1 ST	10000	Rural	147	97
446	15	M	OBC	X	ILTE	Labour	XII	Employed	Joint	2 ND	6000	Rural	147	102
447	15	F	SC	IX	VIII	Driver	V	No	Joint	1 ST	5000	Urban	127	99
448	16	F	SC	X	ILTE	Farmer	ILTE	House Wife	Nuclear	3 RD	3000	Rural	142	102
449	16	F	SC	XI	IV	Iron Work Labour	ILTE	House Wife	Nuclear	1 ST	3000	Rural	149	100
450	18	M	GEN	XI	B.A	Job	X	Employed	Nuclear	2 ND	17000	Urban	131	82
451	16	F	GEN	XI	B.A	Job	X	Employed	Nuclear	3 RD	17000	Urban	144	102
452	17	F	SC	XII	ILTE	Farmer	ILTE	House Wife	Nuclear	2 ND	5000	Rural	146	94
453	18	M	OBC	XII	VIII	Labour	IV	House Wife	Joint	4 TH	6000	Urban	129	90
454	16	M	SC	XI	VIII	Farmer	VII	House Wife	Nuclear	1 ST	3000	Rural	139	107
455	18	F	SC	XI	IV	Job	ILTE	House Wife	Joint	1 ST	7000	Urban	142	109
456	18	F	SC	XI	ILTE	Farmer	ILTE	House Wife	Nuclear	1 ST	4500	Rural	131	106
457	18	M	GEN	XII	IV	Labour	V	House Wife	Joint	2 ND	6000	Urban	156	109
458	16	M	SC	X	B.A	Teacher	H.S	House Wife	Broken	3 RD	26300	Urban	135	90
459	17	M	SC	XI	X	Business	XII	House Wife	Nuclear	1 ST	7000	Rural	133	89
460	16	M	SC	XII	V	Unemploye d	ILTE	Servant	Joint	2 ND	4000	Rural	138	88
461	16	M	SC	XI	VII	Unemploye d	ILTE	Servant	Joint	2 ND	8000	Rural	136	86
462	18	F	GEN	XII	VIII	Teacher	V	Job	Nuclear	1 ST	25000	Urban	158	90
463	18	F	SC	XI	IV	Farmer	ILTE	House Wife	Joint	2 ND	4000	Rural	139	87
464	17	M	SC	XI	XII	Company Job	X	House Wife	Joint	1 ST	6000	Rural	141	92
465	17	M	SC	XI	XII	Teacher	ILTE	House Wife	Nuclear	2 ND	15000	Urban	133	91
466	16	F	OBC	XI	ILTE	Farmer	IX	House Wife	Nuclear	2 ND	5000	Rural	147	107
467	16	F	GEN	XI	B.A	Business	VIII	House Wife	Joint	1 ST	10000	Rural	153	87
468	17	F	GEN	XI	ILTE	Driver	IX	House Wife	Joint	2 ND	15000	Rural	140	96
469	17	F	SC	XI	B.A	Farmer	VIII	House Wife	Nuclear	2 ND	3000	Rural	140	96
470	18	F	OBC	XII	VI	Farmer	ILTE	Servant	Nuclear	3 RD	9000	Rural	139	96
471	15	F	OBC	IX	VIII	Mason	V	No	Nuclear	6 TH	4000	Rural	148	89
472	16	F	GEN	IX	X	Labour	VIII	House Wife	Nuclear	1 ST	5000	Rural	139	98
473	15	F	OBC	IX	VIII	Driver	ILTE	House Wife	Nuclear	2 ND	3000	Rural	153	89
474	18	M	OBC	XII	IX	Furniture	VIII	House Wife	Nuclear	1 ST	4000	Rural	127	98
475	16	F	SC	X	VIII	Farmer	V	ICDS Job	Nuclear	1 ST	15000	Rural	135	95
476	18	F	SC	XII	ILTE	Furniture	ILTE	Employed	Nuclear	1 ST	6000	Rural	149	103
477	18	F	SC	XII	IV	Driver	ILTE	Employed	Nuclear	1 ST	7000	Rural	145	96
478	16	F	OBC	XII	ILTE	Farmer	VIII	House Wife	Joint	2 ND	5000	Rural	139	76
479	17	F	OBC	XII	ILTE	Service	X	House Wife	Nuclear	1 ST	6000	Rural	151	96
480	16	F	SC	XI	ILTE	Farmer	ILTE	House Wife	Nuclear	1 ST	6000	Rural	125	100
481	17	F	GEN	XI	V	Business	ILTE	House Wife	Joint	3 RD	10000	Rural	139	88
482	16	F	SC	XI	ILTE	Company Job	IV	House Wife	Joint	1 ST	15000	Rural	119	94
483	16	F	SC	XI	ILTE	Farmer	ILTE	House Wife	Joint	2 ND	7000	Rural	151	109
484	15	F	GEN	X	ILTE	Farmer	ILTE	Employed	Nuclear	6 TH	8000	Rural	154	101
485	17	F	SC	XI	B.A	Farmer	B.A	Employed	Nuclear	1 ST	7000	Rural	149	96
486	15	F	SC	X	VIII	Farmer	ILTE	House Wife	Nuclear	3 RD	3600	Rural	133	95
487	16	F	SC	XI	M.A	Business	VII	House Wife	Nuclear	2 ND	14000	Rural	141	105
488	18	M	SC	XII	VIII	Farmer	IV	House Wife	Nuclear	4 TH	3600	Rural	122	90
489	16	F	SC	XI	VIII	Farmer	VII	House Wife	Nuclear	1 ST	3000	Rural	139	91
490	17	F	SC	XI	IV	Farmer	ILTE	House Wife	Joint	1 ST	7000	Rural	142	97
491	18	F	SC	XI	ILTE	Farmer	ILTE	House Wife	Nuclear	1 ST	4500	Rural	141	76

492	18	M	GEN	XII	IV	Labour	V	House Wife	Joint	2 ND	6000	Rural	156	102
493	16	M	SC	X	B.A	Farmer	H.S	House Wife	Broken	3 RD	6300	Rural	135	101
494	17	M	SC	XI	X	Business	XII	House Wife	Nuclear	1 ST	7000	Rural	133	92
495	16	M	SC	XII	V	Farmer	ILTE	Business	Joint	2 ND	14000	Rural	138	96
496	16	M	SC	XI	VII	Home Service	ILTE	House Wife	Joint	2 ND	8000	Urban	136	91
497	17	M	SC	XI	X	Company Job	ILTE	House Wife	Nuclear	1 ST	7000	Urban	137	92
498	18	M	SC	XI	ILTE	Business	ILTE	House Wife	Nuclear	1 ST	9000	Urban	131	95
499	17	M	SC	XI	V	Business	ILTE	House Wife	Nuclear	2 ND	12000	Rural	133	97
500	19	M	SC	XII	ILTE	Farmer	ILTE	Employed	Nuclear	2 ND	10000	Rural	121	89

Table: 5

4.2. showing Item wise analysis according to the response of adolescents" mental health

Items no.	Always	Often	Rarely	Never	Total no. of sample
1	56	79	285	80	500
2	100	107	190	103	500
3	71	113	150	166	500
4	102	90	164	144	500
5	286	82	60	72	500
6	239	138	68	55	500
7	63	70	153	214	500
8	117	88	115	180	500
9	138	105	150	107	500
10	82	88	170	160	500
11	63	74	140	223	500
12	230	96	122	52	500
13	54	81	176	189	500
14	73	97	146	184	500
15	52	90	182	176	500
16	60	73	136	231	500
17	186	93	110	111	500
18	74	96	201	129	500
19	150	116	158	76	500
20	160	143	143	54	500
21	59	47	166	228	500
22	88	44	109	259	500
23	54	70	180	196	500
24	76	70	92	262	500
25	87	99	106	208	500
26	233	120	85	62	500
27	202	167	86	45	500
28	104	110	156	130	500
29	109	123	178	90	500

30	74	99	139	188	500
31	172	109	64	155	500
32	224	132	98	46	500
33	100	108	138	154	500
34	178	126	96	100	500
35	54	64	130	252	500
36	68	92	160	180	500
37	72	60	164	204	500
38	166	156	130	48	500
39	197	112	159	32	500
40	56	98	198	148	500
41	126	142	142	90	500
42	98	89	154	159	500
43	128	109	112	151	500
44	170	103	132	95	500
45	134	98	129	139	500
46	110	57	129	204	500
47	106	107	148	139	500
48	114	72	140	174	500
49	68	84	155	193	500
50	189	87	76	148	500
51	230	125	97	48	500
52	119	88	157	136	500
53	140	88	142	130	500
54	192	134	110	64	500
55	136	159	108	97	500
56	228	94	120	58	500

Table: 6

Item no. 1. In response to this item, it was found that 56 respondents answered in always, 79 respondents answered in often, 285 respondents answered in rarely and 80 respondents has given their response in never.

Item no. 2. In response to this item, it was found that 100 respondents answered in always, 107 respondents answered in often, 190 respondents answered in rarely and 103 respondents has given their response in never.

Item no. 3. In response to this item, it was found that 71 respondents answered in always, 113 respondents answered in often, 150 respondents answered in rarely and 166 respondents has given their response in never out of 500 respondents (adolescent students).

Item no. 4. In response to this item, it was found that 102 respondents answered in always, 90 respondents answered in often, 164 respondents answered in rarely and 144 respondents has given their response in never.

Item no. 5. In response to this item, it was found that 286 respondents answered in always, 82 respondents answered in often, 60 respondents answered in rarely and 72 respondents has given their response in never.

Item no. 6. In response to this item, it was found that 239 respondents answered in always, 138 respondents answered in often, 68 respondents answered in rarely and 55 respondents has given their response in never.

Item no. 7. In response to this item, it was found that 63 respondents answered in always, 70 respondents answered in often, 153 respondents answered in rarely and 214 respondents has given their response in never.

Item no. 8. In response to this item, it was found that 117 respondents answered in always, 88 respondents answered in often, 115 respondents answered in rarely and 180 respondents has given their response in never.

Item no. 9. In response to this item, it was found that 138 respondents answered in always, 105 respondents answered in often, 150 respondents answered in rarely and 107 respondents has given their response in never.

Item no. 10. In response to this item, it was found that 82 respondents answered in always, 88 respondents answered in often, 170 respondents answered in rarely and 160 respondents has given their response in never.

Item no. 11. In response to this item, it was found that 63 respondents answered in always, 74 respondents answered in often, 140 respondents answered in rarely and 223 respondents has given their response in never.

Item no. 12. In response to this item, it was found that 230 respondents answered in always, 96 respondents answered in often, 122 respondents answered in rarely and 52 respondents has given their response in never.

Item no. 13. In response to this item, it was found that 54 respondents answered in always, 81 respondents answered in often, 176 respondents answered in rarely and 189 respondents has given their response in never.

Item no. 14. In response to this item, it was found that 73 respondents answered in always, 97 respondents answered in often, 146 respondents answered in rarely and 184 respondents has given their response in never.

Item no. 15. In response to this item, it was found that 52 respondents answered in always, 90 respondents answered in often, 182 respondents answered in rarely and 176 respondents has given their response in never.

Item no. 16. In response to this item, it was found that 60 respondents answered in always, 73 respondents answered in often, 136 respondents answered in rarely and 231 respondents has given their response in never.

Item no. 17. In response to this item, it was found that 186 respondents answered in always, 93 respondents answered in often, 110 respondents answered in rarely and 111 respondents has given their response in never.

Item no. 18. In response to this item, it was found that 74 respondents answered in always, 96 respondents answered in often, 201 respondents answered in rarely and 129 respondents has given their response in never.

Item no. 19. In response to this item, it was found that 150 respondents answered in always, 116 respondents answered in often, 158 respondents answered in rarely and 76 respondents has given their response in never.

Item no. 20. In response to this item, it was found that 160 respondents answered in always, 143 respondents answered in often, 143 respondents answered in rarely and 54 respondents has given their response in never.

Item no. 21. In response to this item, it was found that 59 respondents answered in always, 47 respondents answered in often, 166 respondents answered in rarely and 228 respondents has given their response in never.

Item no. 22. In response to this item, it was found that 88 respondents answered in always, 44 respondents answered in often, 109 respondents answered in rarely and 259 respondents has given their response in never.

Item no. 23. In response to this item, it was found that 54 respondents answered in always, 70 respondents answered in often, 180 respondents answered in rarely and 196 respondents has given their response in never.

Item no. 24. In response to this item, it was found that 76 respondents answered in always, 70 respondents answered in often, 92 respondents answered in rarely and 262 respondents has given their response in never.

Item no. 25. In response to this item, it was found that 87 respondents answered in always, 99 respondents answered in often, 106 respondents answered in rarely and 208 respondents has given their response in never.

Item no. 26. In response to this item, it was found that 233 respondents answered in always, 120 respondents answered in often, 85 respondents answered in rarely and 62 respondents has given their response in never.

Item no. 27. In response to this item, it was found that 202 respondents answered in always, 167 respondents answered in often, 86 respondents answered in rarely and 45 respondents has given their response in never.

Item no. 28. In response to this item, it was found that 104 respondents answered in always, 110 respondents answered in often, 156 respondents answered in rarely and 130 respondents has given their response in never.

Item no. 29. In response to this item, it was found that 109 respondents answered in always, 123 respondents answered in often, 178 respondents answered in rarely and 90 respondents has given their response in never.

Item no. 30. In response to this item, it was found that 74 respondents answered in always, 99 respondents answered in often, 139 respondents answered in rarely and 188 respondents has given their response in never.

Item no. 31. In response to this item, it was found that 172 respondents answered in always, 109 respondents answered in often, 64 respondents answered in rarely and 155 respondents has given their response in never.

Item no. 32. In response to this item, it was found that 224 respondents answered in always, 132 respondents answered in often, 98 respondents answered in rarely and 46 respondents has given their response in never.

Item no. 33. In response to this item, it was found that 100 respondents answered in always, 108 respondents answered in often, 138 respondents answered in rarely and 154 respondents has given their response in never.

Item no. 34. In response to this item, it was found that 178 respondents answered in always, 126 respondents answered in often, 96 respondents answered in rarely and 100 respondents has given their response in never.

Item no. 35. In response to this item, it was found that 54 respondents answered in always, 64 respondents answered in often, 130 respondents answered in rarely and 252 respondents has given their response in never.

Item no. 36. In response to this item, it was found that 68 respondents answered in always, 92 respondents answered in often, 160 respondents answered in rarely and 180 respondents has given their response in never.

Item no. 37. In response to this item, it was found that 72 respondents answered in always, 60 respondents answered in often, 164 respondents answered in rarely and 204 respondents has given their response in never.

Item no. 38. In response to this item, it was found that 166 respondents answered in always, 156 respondents answered in often, 130 respondents answered in rarely and 48 respondents has given their response in never.

Item no. 39. In response to this item, it was found that 197 respondents answered in always, 112 respondents answered in often, 159 respondents answered in rarely and 32 respondents has given their response in never.

Item no. 40. In response to this item, it was found that 56 respondents answered in always, 98 respondents answered in often, 198 respondents answered in rarely and 148 respondents has given their response in never.

Item no. 41. In response to this item, it was found that 126 respondents answered in always, 142 respondents answered in often, 142 respondents answered in rarely and 90 respondents has given their response in never.

Item no. 42. In response to this item, it was found that 98 respondents answered in always, 89 respondents answered in often, 154 respondents answered in rarely and 159 respondents have given their response in never.

Item no. 43. In response to this item, it was found that 128 respondents answered in always, 109 respondents answered in often, 112 respondents answered in rarely and 151 respondents have given their response in never.

Item no. 44. In response to this item, it was found that 170 respondents answered in always, 103 respondents answered in often, 132 respondents answered in rarely and 95 respondents have given their response in never.

Item no. 45. In response to this item, it was found that 134 respondents answered in always, 98 respondents answered in often, 129 respondents answered in rarely and 139 respondents have given their response in never.

Item no. 46. In response to this item, it was found that 110 respondents answered in always, 57 respondents answered in often, 129 respondents answered in rarely and 204 respondents have given their response in never.

Item no. 47. In response to this item, it was found that 106 respondents answered in always, 107 respondents answered in often, 148 respondents answered in rarely and 139 respondents have given their response in never.

Item no. 48. In response to this item, it was found that 114 respondents answered in always, 72 respondents answered in often, 140 respondents answered in rarely and 174 respondents have given their response in never.

Item no. 49. In response to this item, it was found that 68 respondents answered in always, 84 respondents answered in often, 155 respondents answered in rarely and 193 respondents have given their response in never.

Item no. 50. In response to this item, it was found that 189 respondents answered in always, 87 respondents answered in often, 76 respondents answered in rarely and 148 respondents have given their response in never.

Item no. 51. In response to this item, it was found that 230 respondents answered in always, 125 respondents answered in often, 97 respondents answered in rarely and 48 respondents have given their response in never.

Item no. 52. In response to this item, it was found that 119 respondents answered in always, 88 respondents answered in often, 157 respondents answered in rarely and 136 respondents have given their response in never.

Item no. 53. In response to this item, it was found that 140 respondents answered in always, 88 respondents answered in often, 142 respondents answered in rarely and 130 respondents have given their response in never out.

Item no. 54. In response to this item, it was found that 192 respondents answered in always, 134 respondents answered in often, 110 respondents answered in rarely and 64 respondents has given their response in never.

Item no. 55. In response to this item, it was found that 136 respondents answered in always, 159 respondents answered in often, 108 respondents answered in rarely and 97 respondents has given their response in never.

Item no. 56. In response to this item, it was found that 228 respondents answered in always, 94 respondents answered in often, 120 respondents answered in rarely and 58 respondents has given their response in never.

4.3. Showing Item wise analysis according to the response of adolescents"social adjustment

Items No.	Yes	No	Total no. of sample
1	360	140	500
2	372	128	500
3	206	294	500
4	258	242	500
5	426	74	500
6	288	212	500
7	412	88	500
8	282	218	500
9	228	272	500
10	256	244	500
11	434	66	500
12	304	196	500
13	300	200	500
14	390	110	500
15	334	166	500
16	226	274	500
17	198	302	500
18	138	362	500
19	376	124	500
20	225	275	500
21	316	184	500
22	328	172	500
23	146	354	500
24	256	244	500
25	148	352	500
26	380	120	500
27	372	128	500
28	259	241	500
29	398	102	500
30	417	83	500
31	315	185	500

32	406	94	500
33	173	327	500
34	350	150	500
35	240	260	500
36	204	296	500
37	296	204	500
38	246	254	500
39	242	258	500
40	340	160	500
41	250	250	500
42	256	244	500
43	325	175	500
44	390	110	500
45	214	286	500
46	418	82	500
47	230	270	500
48	288	212	500
49	198	302	500
50	234	266	500
51	306	194	500
52	322	178	500
53	212	288	500
54	362	138	500
55	114	386	500
56	356	144	500
57	202	298	500
58	328	172	500
59	294	206	500
60	282	218	500

Table: 7

Item no. 1. In response to this item, it was found that 360 respondents answered in ‘yes’ while 140 respondents has given their response in ‘no’.

Item no. 2. In response to this item, it was found that 372 respondents re answered in ‘yes’ while 128 respondents has given their response in ‘no’.

Item no. 3. In response to this item, it was found that 206 respondents answered in ‘yes’ while 294 respondents has given their response in ‘no.’

Item no. 4. In response to this item, it was found that 258 respondents answered in ‘yes’ while 242 respondents has given their response in ‘no’.

Item no. 5. In response to this item, it was found that 426 respondents answered in ‘yes’ while 74 respondents has given their response in ‘no’.

Item no. 6. In response to this item, it was found that 288 respondents answered in ‘yes’ while 212 respondents has given their response in ‘no’.

- Item no. 7.** In response to this item, it was found that 412 respondents answered in 'yes' while 88 respondents has given their response in 'no'.
- Item no. 8.** In response to this item, it was found that 282 respondents answered in 'yes' while 218 respondents has given their response in 'no'.
- Item no. 9.** In response to this item, it was found that 228 respondents are answered in 'yes' while 272 respondents has given their response in 'no'.
- Item no. 10.** In response to this item, it was found that 256 respondents answered in 'yes' while 244 respondents has given their response in 'no'.
- Item no. 11.** In response to this item, it was found that 434 respondents answered in 'yes' while 66 respondents has given their response in 'no'.
- Item no. 12.** In response to this item, it was found that 304 respondents answered in 'yes' while 196 respondents has given their response in 'no'.
- Item no. 13.** In response to this item, it was found that 300 respondents answered in 'yes' while 200 respondents has given their response in 'no'.
- Item no. 14.** In response to this item, it was found that 390 respondents answered in 'yes' while 110 respondents has given their response in 'no'.
- Item no. 15.** In response to this item, it was found that 334 respondents answered in 'yes' while 166 respondents has given their response in 'no'.
- Item no. 16.** In response to this item, it was found that 226 respondents answered in 'yes' while 274 respondents has given their response in 'no'.
- Item no. 17.** In response to this item, it was found that 198 respondents answered in 'yes' while 302 respondents has given their response in 'no'.
- Item no. 18.** In response to this item, it was found that 138 respondents answered in 'yes' while 362 respondents has given their response in 'no'.
- Item no. 19.** In response to this item, it was found that 376 respondents answered in 'yes' while 124 respondents has given their response in 'no'.
- Item no. 20.** In response to this item, it was found that 225 respondents answered in 'yes' while 275 respondents has given their response in 'no'.
- Item no. 21.** In response to this item, it was found that 316 respondents answered in 'yes' while 184 respondents has given their response in 'no'.
- Item no. 22.** In response to this item, it was found that 328 respondents answered in 'yes' while 172 respondents has given their response in 'no'.
- Item no. 23.** In response to this item, it was found that 146 respondents answered in 'yes' while 354 respondents has given their response in 'no'.

- Item no. 24.** In response to this item, it was found that 256 respondents answered in ‘yes’ while 244 respondents has given their response in ‘no’.
- Item no. 25.** In response to this item, it was found that 148 respondents answered in ‘yes’ while 352 respondents has given their response in ‘no’.
- Item no. 26.** In response to this item, it was found that 380 respondents answered in ‘yes’ while 120 respondents has given their response in ‘no’.
- Item no. 27.** In response to this item, it was found that 372 respondents answered in ‘yes’ while 128 respondents has given their response in ‘no’.
- Item no. 28.** In response to this item, it was found that 259 respondents answered in ‘yes’ while 241 respondents has given their response in ‘no’.
- Item no. 29.** In response to this item, it was found that 398 respondents answered in ‘yes’ while 102 respondents has given their response in ‘no’.
- Item no. 30.** In response to this item, it was found that 417 respondents answered in ‘yes’ while 83 respondents has given their response in ‘no’.
- Item no. 31.** In response to this item, it was found that 315 respondents answered in ‘yes’ while 185 respondents has given their response in ‘no’.
- Item no. 32.** In response to this item, it was found that 406 respondents answered in ‘yes’ while 94 respondents has given their response in ‘no’.
- Item no. 33.** In response to this item, it was found that 173 respondents answered in ‘yes’ while 327 respondents has given their response in ‘no’.
- Item no. 34.** In response to this item, it was found that 350 respondents answered in ‘yes’ while 150 respondents has given their response in ‘no’.
- Item no. 35.** In response to this item, it was found that 240 respondents answered in ‘yes’ while 260 respondents has given their response in ‘no’.
- Item no. 36.** In response to this item, it was found that 204 respondents answered in ‘yes’ while 296 respondents has given their response in ‘no’.
- Item no. 37.** In response to this item, it was found that 296 respondents answered in ‘yes’ while 204 respondents has given their response in ‘no’.
- Item no. 38.** In response to this item, it was found that 246 respondents answered in ‘yes’ while 254 respondents has given their response in ‘no’.
- Item no. 39.** In response to this item, it was found that 242 respondents answered in ‘yes’ while 258 respondents has given their response in ‘no’.
- Item no. 40.** In response to this item, it was found that 340 respondents answered in ‘yes’ while 160 respondents has given their response in ‘no’.

- Item no. 41.** In response to this item, it was found that 250 respondents answered in 'yes' while 250 respondents has given their response in 'no'.
- Item no. 42.** In response to this item, it was found that 256 respondents answered in 'yes' while 244 respondents has given their response in 'no'.
- Item no. 43.** In response to this item, it was found that 325 respondents answered in 'yes' while 175 respondents has given their response in 'no'.
- Item no. 44.** In response to this item, it was found that 390 respondents answered in 'yes' while 110 respondents has given their response in 'no'.
- Item no. 45.** In response to this item, it was found that 214 respondents answered in 'yes' while 286 respondents has given their response in 'no'.
- Item no. 46.** In response to this item, it was found that 418 respondents answered in 'yes' while 82 respondents has given their response in 'no'.
- Item no. 47.** In response to this item, it was found that 230 respondents answered in 'yes' while 270 respondents has given their response in 'no'.
- Item no. 48.** In response to this item, it was found that 288 respondents answered in 'yes' while 212 respondents has given their response in 'no'.
- Item no. 49.** In response to this item, it was found that 198 respondents answered in 'yes' while 302 respondents has given their response in 'no'.
- Item no. 50.** In response to this item, it was found that 234 respondents answered in 'yes' while 266 respondents has given their response in 'no'.
- Item no. 51.** In response to this item, it was found that 306 respondents answered in 'yes' while 194 respondents has given their response in 'no'.
- Item no. 52.** In response to this item, it was found that 322 respondents answered in 'yes' while 178 respondents has given their response in 'no'.
- Item no. 53.** In response to this item, it was found that 212 respondents answered in 'yes' while 288 respondents has given their response in 'no'.
- Item no. 54.** In response to this item, it was found that 362 respondents answered in 'yes' while 138 respondents has given their response in 'no'.
- Item no. 55.** In response to this item, it was found that 114 respondents answered in 'yes' while 386 respondents has given their response in 'no'.
- Item no. 56.** In response to this item, it was found that 356 respondents answered in 'yes' while 144 respondents has given their response in 'no'.
- Item no. 57.** In response to this item, it was found that 202 respondents answered in 'yes' while 298 respondents has given their response in 'no'.

Item no. 58. In response to this item, it was found that 328 respondents answered in 'yes' while 172 respondents has given their response in 'no'.

Item no. 59. In response to this item, it was found that 294 respondents answered in 'yes' while 206 respondents has given their response in 'no'.

Item no. 60. In response to this item, it was found that 282 respondents answered in 'yes' while 218 respondents has given their response in 'no'.

4.4 Descriptive statistical analysis part of the study:

4.4.1 Descriptive statistical analysis of mental health:

❖ The number of students, the mean, and the SD of mental health scores based on gender are displayed.

Variable	Group	Number in sum	Mean	SD
Gender of the learner	Boys	250	137.26	12.73
	Girls	250	141.66	10.92

Table: 8

Figure 4.1 Graphical representation of mean mental health score of learners’ in respect with their gender shown below:

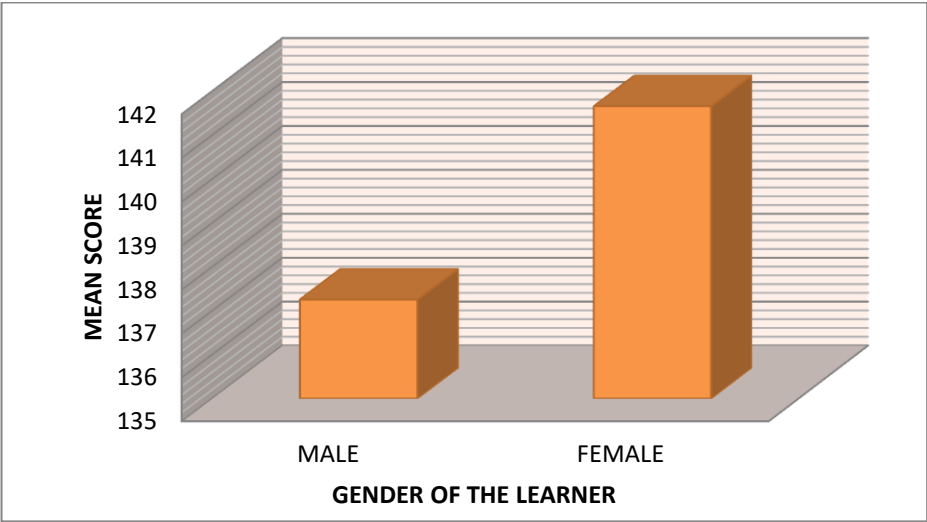


Figure: 4.1

Interpretation: The above table (no. -8) and graphical representation (figure no. 4.1) show that adolescent boys have a lower mean mental health score (mean=137.26) than adolescent girls (mean= 141.66). The SD score of boys is 12.73 and girls are 10.92 respectively. The result suggests that adolescent girls possess better mental health than the adolescent boys.

Gender of the Learners * Level of Mental Health Cross tabulation

Variable			Level of Mental Health			Total
			Average	Poor	Very-Poor	
Gender	Boys	Count % of Total	17 3.4%	93 18.6%	140 28.0%	250 50.0%
	Girls	Count % of Total	24 4.8%	155 31.0%	71 14.2%	250 50.0%
Total		Count % of Total	41 8.2%	248 49.6%	211 42.2%	500 100.0%

Table: 9

According to the above table (no. 9), out of 250 boys under research, 28.0 % (n=140) have extremely poor mental health, 18.6 % (n=93) have poor mental health, and 3.4 % (n=17) have average mental health. Similarly, out of 250 girls under study, 14.2% (n=71) students have very poor, 31.0% (n=155) students of them have poor level of mental health and 4.8% (n=24) Students' mental health is average.

❖ Showing no. of pupils, mean and SD, of mental health scores as an effect of caste

Variable	Group	Sum of number	Mean	SD	Minimum	Maximum
Caste of the learner	General	99	143.10	11.51	116	164
	Scheduled Caste	291	137.90	12.22	109	167
	Other Backward Class	110	140.31	11.36	115	167

Table: 10

Graphical representation of mean mental health score of learners' in respect with their caste shown below:

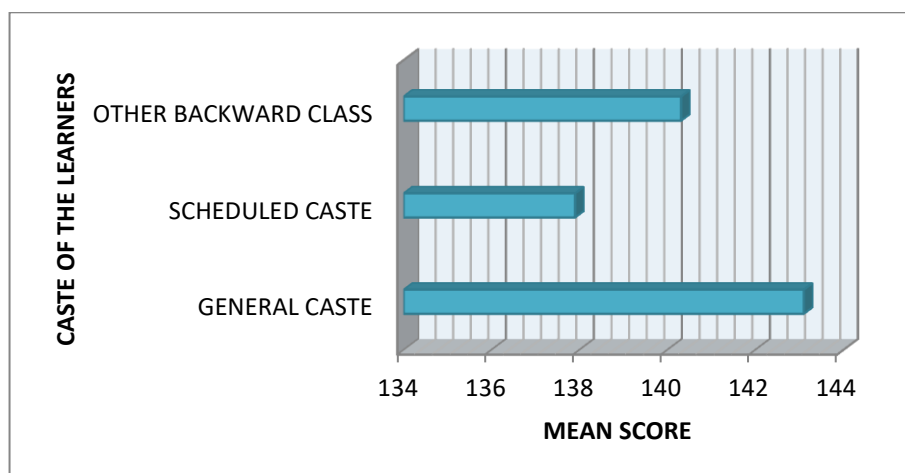


Figure: 4.2

Interpretation: The mean mental health score of general caste students is 143.10, scheduled caste students is 137.90, and other backward students is 140.31, according to the table (no. 10) and graphical depiction (figure no. 4.2). As a result, the mean score of general, scheduled, and other backward class pupils differs. General caste students are more favourable in adolescent mental health. The SD score of general students is 11.51, scheduled caste students is 12.22 and other backward class students is 11.36.

Caste of the Learners * Level of Mental Health Cross tabulation

Variable			Level of Mental Health			Total
			Average	Poor	Very-Poor	
Caste of the Learners	General	Count	11	59	29	99
		% of Total	2.2%	11.8%	5.8%	19.8%
	Scheduled Caste	Count	19	138	134	291
		% of Total	3.8%	27.6%	26.8%	58.2%
	Other Backward Class	Count	11	51	48	110
		% of Total	2.2%	10.2%	9.6%	22.0%
Total		Count	41	248	211	500
		% of Total	8.2%	49.6%	42.2%	100.0%

Table: 11

The above table (no.11) shows that out of 99 general caste students enrolled in the programmed, 5.80% students (n=29) have very poor mental health, 11.8% students (n=59) have poor mental health and 2.2% students (n=11) have average level of mental health, in the respect of schedule caste out of 291 students, 26.8% (n=134) students have very poor mental health, 27.6% (n=138) students have poor mental health and the mental health of 3.8 percent of pupils (n=19) is average. Similarly, out of 110 other backward students, the result shows that 9.6% (n=48) students have very poor mental health, 10.2% (n=51) students have poor mental health and the mental health of 8.2% (n=11) of pupils is average.

❖ **Table Showing no. of students, mean and SD of mental health scores with educational status of the learners**

Variable	Group	Total number	Mean	SD
Educational status of the learner	Class IX and X	227	140.67	11.68
	Class XI and XII	273	138.45	12.28

Table 12

Graphical representation of the mean mental health score of learners' present educational status shown below-

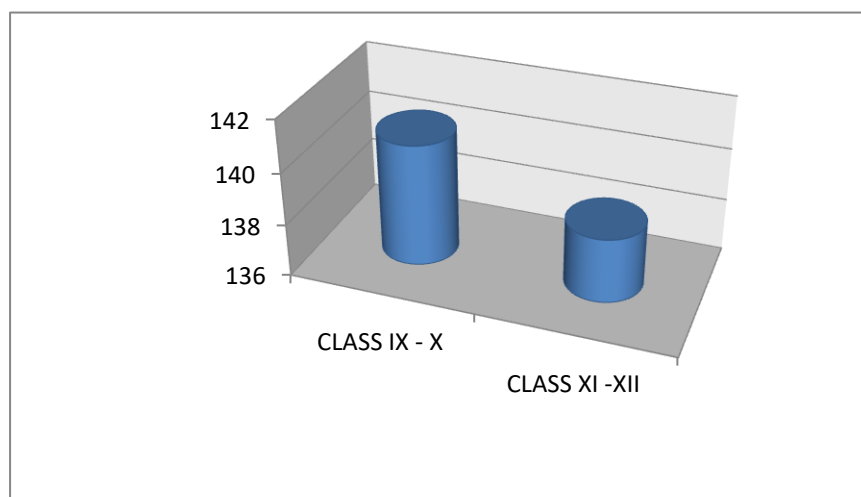


Figure 4.3

Interpretation: The table (no. 12) and graphical depiction (figure no. 4.3) reveal that standard IX and X adolescent students have a better mental health score (mean= 140.67) than standard XI - XII adolescent students (mean=138.45). Students in classes IX and X have an SD score of 11.68, whereas students in classes XI - XII have an SD score of 12.28. As a result, there is a discrepancy in mean and SD scores across both standard students.

Educational status and Level of Mental Health of adolescent pupils

			Level of Mental Health			Total
			Average	Poor	Very-Poor	
Educational status of the Learners	Class IX and X	Count	17	131	79	227
		% of Total	3.4%	26.2%	15.8%	45.4%
	Class XI and XII	Count	24	117	132	273
		% of Total	4.8%	23.4%	26.4%	54.6%
Total	Count		41	248	211	500
	% of Total		8.2%	49.6%	42.2%	100.0%

Table 13

According to the educational status, 15.80 % (n=79) of 227 students in grades IX and X have very poor mental health, 26.2 % (n=131) have poor mental health, and 3.4 % (n=17) have average mental health, as per above table (no. 13). In the same way, out of 273 pupils in grades XI and XII, 26.40 % (n=132) have very poor mental health, 23.4 % (n=117) have poor mental health, and 4.8 % (n=24) have average mental health. The majority of pupils had poor mental health, accounting for 49% (n=248) of all students.

❖ **Table Showing no. of students, mean and SD of mental health scores on the basis of father’s educational qualification of the learners**

Variable	Group	Total number	Mean	SD	Minimum	Maximum
Father’s educational qualification of the learners	Illiterate	124	138.39	12.99	109	167
	Up to primary level	216	140.00	12.41	112	166
	Secondary level	107	139.52	10.03	111	167
	Under graduate	43	139.44	13.05	115	167
	Post graduate	10	140.50	8.04	129	154

Table 14

Graphical representation of mean mental health score of the learners’ father’s educational qualification shown below

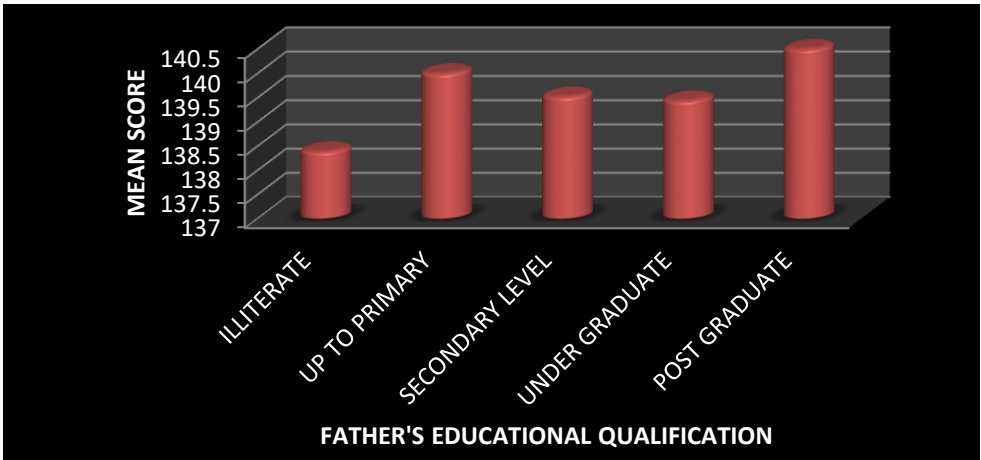


Figure 4.4

Interpretation: From the above table (no -14) and graphical representation (figure 4.4) it is found that the mean mental health score of adolescent learners whose father did not take school education is (mean & SD =138 & 12.99) less than other category adolescent students. The students whose fathers are post graduate (mean &S.D=140.50 & 8.04) they possess more favourable mental health. As a result, the mean mental health score of adolescent school pupils varies depending on their father's academic background.

Father's Educational Qualification and Mental Health level of pupils, Cross tabulation

			Mental Health Level			Total
			Average	Poor	Very-Poor	
Father's Educational Qualification	Illiterate	Count	12	54	58	124
		% of Total	2.4%	10.8%	11.6%	24.8%
	Up to Primary Level	Count	20	112	84	216
		% of Total	4.0%	22.4%	16.8%	43.2%
	Secondary	Count	5	55	47	107
		% of Total	1.0%	11.0%	9.4%	21.4%
	Under-Graduate	Count	4	19	20	43
		% of Total	0.8%	3.8%	4.0%	8.6%
	Post-Graduate	Count	0	8	2	10
		% of Total	0.0%	1.6%	0.4%	2.0%
	Total	Count	41	248	211	500
		% of Total	8.2%	49.6%	42.2%	100.0%

Table 15

According to the preceding chart (no. 15), there are 124 pupils under investigation, 11.6% students (n=58) have very poor mental health, 10.8% (n=54) students have poor mental health and 2.4% (n=12) students have average mental health whose father belong to the illiterate group. Out of 216 students, 16.8% students (n=84) have very poor mental health, 22.4% students (n=112) have poor mental health and 4.0% (n=20) students have average level of mental health, whose father have up to primary level of education those fathers who have secondary education, the level of mental health of their children not satisfactory. Out of 107 students, 9.4% (n=47) students have very poor mental health, 11.0% (n=55) students have poor mental health and 1.0% (n= 5) students have average level mental health. On the basis of under graduate group of father's educational qualification, it is concluded that out of 43 students, 4.0% (n=20) students have very poor, 3.8% (n=19) students have poor and 0.8% (n=4) students have average level of mental health. According to Higher level of father's educational qualification, out of 10 students under study, 0.4% (n=2) students have very poor and 1.6% (n=8) students have poor grade of mental health.

❖ **Table showing no. of students, mean and SD of mental health scores on the basis of father's occupation of the learners**

Variable	Group	Total Number	Mean	SD	Minimum	Maximum
Father occupation of the learner	Farmer or labour	293	140.40	11.70	112	167
	Driver	37	136.54	14.37	109	160
	Govt. job/ service	33	142.91	12.18	120	167
	Private job	49	137.24	9.78	115	155
	Self employed		137.64	12.89	110	163
	Unemployed	18	137.00	12.65	117	167

Table 16

Graphical representation of mean mental health score of the learners' father's occupation shown below-

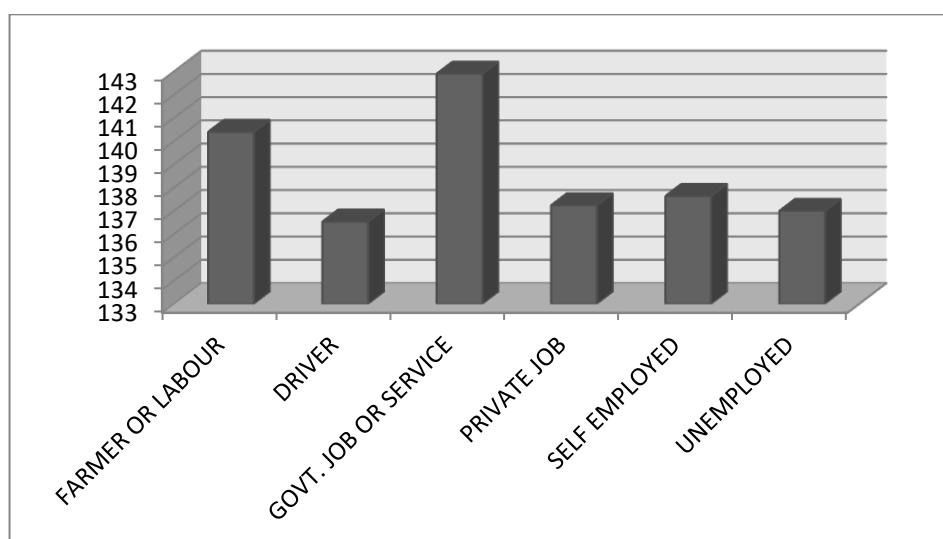


Figure 4.5

Interpretation: From the above table (no-16) and graphical representation (figure no 4.5) it is shows that according to the father's occupation, the mean and SD score of all categories of adolescent students' i.e., farmer or labour = 140.40 & 11.70, driver = 136.54 & 14.37, govt. job or service= 142.91 & 12.18, private job= 137.24 & 9.78, self-employed= 137.64 & 12.89, unemployed=137.00 & 12.65 respectively. As a result, the mean score of adolescent school students differs depending on their father's occupation. The students whose fathers hold govt. job, they possess better mental health than other students.

Father's Occupation and Level of Mental Health of learners

			Level of Mental Health			Total
			Average	Poor	Very-Poor	
Father's Occupation	Farmer or Labour	Count	24	156	113	293
		% of Total	4.8%	31.2%	22.6%	58.6%
	Driver	Count	3	16	18	37
		% of Total	0.6%	3.2%	3.6%	7.4%
	Govt. Job/Service	Count	5	15	13	33
		% of Total	1.0%	3.0%	2.6%	6.6%
	Private Job	Count	0	27	22	49
		% of Total	0.0%	5.4%	4.4%	9.8%
	Self-employed	Count	8	27	35	70
		% of Total	1.6%	5.4%	7.0%	14.0%
	Un-employed	Count	1	7	10	18
		% of Total	0.2%	1.4%	2.0%	3.6%
	Total	Count	41	248	211	500
		% of Total	8.2%	49.6%	42.2%	100.0%

Table 17

Table (no-17) shown that the students whose father is farmer or labour their mental health shown that out of 293 students under study, 113 (22.6%) students have very poor mental health, 156 (31.2%) students have poor and 24(4.8%) have average mental health. That father is driver, their mental health shown that out of 37 students, 18(3.6%) students have very poor mental health, 16(3.2%) have poor level and 3(0.6%) have average mental health. In the occupation of govt. job or service, out of 33 students, 13(2.6%) students have very poor, 15(3.0%) students have poor and 5(1.0%) students have average mental health. In the category of private job of father occupation out of 49 students under study, 22(4.4%) students have very poor, 27(5.4%) have poor level of mental health. Out of 70 students, 35(7.0%) students have very poor, 27(5.4%) students have poor and 8(1.6%) students have average mental health according to self-employment of father occupation. Those father is unemployment, their mental health shown that out of 18 students, 10(2.0%) students have very poor, 7(1.4%) students have poor and 1(0.2%) student had average mental health.

❖ Table displaying the number of pupils, mean, and standard deviation of mental health ratings based on the learners' mothers' educational qualifications.

Variable	Group	Total number	Mean	SD	Minimum	Maximum
Mother's educational qualification of the learners	Illiterate	185	139.85	11.45	110	167
	Up to primary	201	140.64	12.97	112	167
	Secondary	94	137.63	10.59	109	163
	Under graduate	18	132.44	12.57	115	156
	Post graduate	2	133.50	2.12	132	135

Table 18

Graphical representation of mean mental health score of the learners' mother's educational qualification shown below-

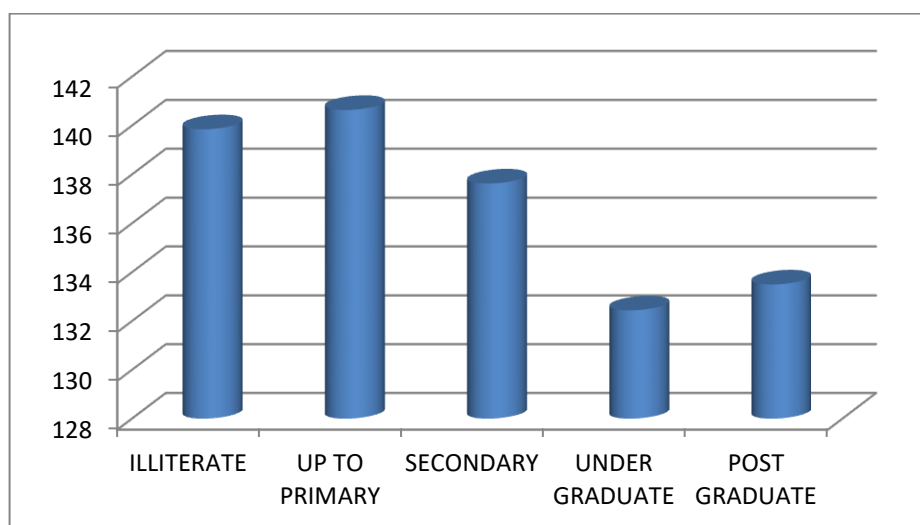


Figure 4.6

Interpretation: The mean mental health score of teenage school children is variation, depending on their moms' educational background, as demonstrated in the above table (NO - 18) and graphical depiction (figure no 4.7). The adolescent students whose mother have up to primary education, their mental health possess more favourable (mean & S.D= 140.64 & 12.97) than the other students whose mothers are illiterate (mean & S.D=139.85 & 11.45), under graduate (mean & S.D=132.44 & 12.57), post graduate (mean & S.D=133.50 & 2.12) even whose mother have taken secondary education.

Mother's Educational Qualification and stage of Mental Health of adolescent

			Level of Mental Health			Total
			Average	Poor	Very-Poor	
Mother's Educational Qualification	Illiterate	Count	13	99	73	185
		% of Total	2.6%	19.8%	14.6%	37.0%
	Upto Primary	Count	23	102	76	201
		% of Total	4.6%	20.4%	15.2%	40.2%
	Secondary	Count	4	41	49	94
		% of Total	0.8%	8.2%	9.8%	18.8%
	Under-Graduate	Count	1	6	11	18
		% of Total	0.2%	1.2%	2.2%	3.6%
	Post-Graduate	Count	0	0	2	2
		% of Total	0.0%	0.0%	0.4%	0.4%
	Total	Count	41	248	211	500
		% of Total	8.2%	49.6%	42.2%	100.0%

Table 19

Interpretation: The above table (no. 19) shows that out of 185 pupils, 14.6% (n=73) students have very poor mental health, 19.8% (n=99) students have poor mental health and 2.6 (n=13) students have average mental health whose mother belong to the illiterate group. Out of 201 students under study, 15.2% students (n=76) have very poor mental health, 20.4% (n=102) have poor mental health and 4.6% (n=23) students have average level of mental health whose mothers have up to primary level of education. Those mother who have secondary education, the level of mental health of their children not satisfactory. Out of 94 students, 9.8% (n=49) students have very poor mental health, 8.2% (n=41) students have poor mental health and 0.8% (n=4) students have average mental health. On the basis of under graduate category of mother educational qualification it is conclude that out of 18 students, 2.2% (n=11) students have very poor, 1.2% (n=6) students have poor mental health and 0.2% (n=1) student have average level of mental health. According to Higher level of mother educational qualification, 0.4% (n=2) students have very poor mental health.

❖ Table showing no. of students, mean and SD of mental health scores on the basis of mother occupation of the learners

Variable	Group	Total number	Mean	SD	Minimum	Maximum
Mother's occupation of the learners	House wife	400	140.30	11.88	112	167
	Labour/ servant	73	135.93	12.66	109	167
	Job/ service	27	136.56	11.16	119	163

Table 20

Graphical representation of mean mental health score of the learners' mother's occupation shown below

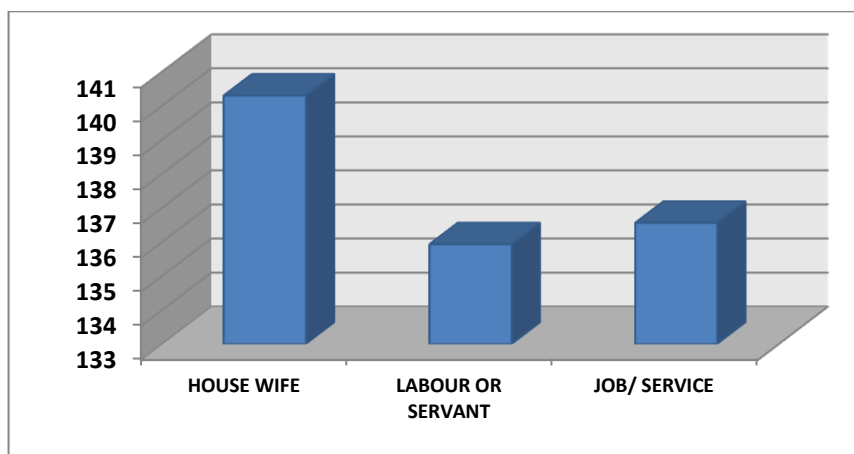


Figure 4.7

Interpretation: From the above table (no. 20) and graphical representation (figure no. 4.7) it shows that the adolescent learners whose mother is house wife their mean mental health score is more (mean & S.D =140.30 & 11.88) then the adolescent students whose mother is labouror servant (mean &S.D=135.93 & 12.66) and job or service holder (mean & S.D= 136.56 & 11.16). On the basis of their mother's occupation, there is a difference in the mean and SD score of adolescent school learners.

Table 21, Mother's Occupation and stage of Mental Health in teenager pupils

			Stage of Mental Health			Total
			Average	Poor	Very-Poor	
Mother's Occupation	House wife	Count	37	204	159	400
		% of Total	7.4%	40.8%	31.8%	80.0%
	Lobour/Servant	Count	3	30	40	73
		% of Total	0.6%	6.0%	8.0%	14.6%
	Job/Service	Count	1	14	12	27
		% of Total	0.2%	2.8%	2.4%	5.4%
Total	Count		41	248	211	500
	% of Total		8.2%	49.6%	42.2%	100.0%

Table 21

The above table (no. 21) shows that out of 400 pupils, whose mother is house wife, their mental health shown that 31.8% (n=159) have very poor mental health, 40.8% (n=204) have poor level mental health and 7.4% (n=37) have average mental health. Those students' mother is labour/ servant, their mental health shown that out of 73 students, 8.0% (n=40) students have very poor mental health, 6.0% (n=30) students have poor level and 0.6% (n=3) students have average mental health. Similarly, out of 27 students under study, 2.4% (n=12) students have very poor mental health, 2.8% (n=14) students have poor and 0.2% (n=01) student had average mental health those mother are job/ service holder.

❖ **Table showing no. of students, mean and SD of mental health scores on the basis of family type of the learners**

Variable	Group	Total number	Mean	SD	Minimum	Maximum
Family type of the learner	Joint family	155	142.10	11.56	116	164
	Nuclear family	332	138.51	12.24	109	167
	Separated family	13	132.23	4.64	125	141

Table 22

Graphical representation of mean mental health score of the learners' types of family shown below-

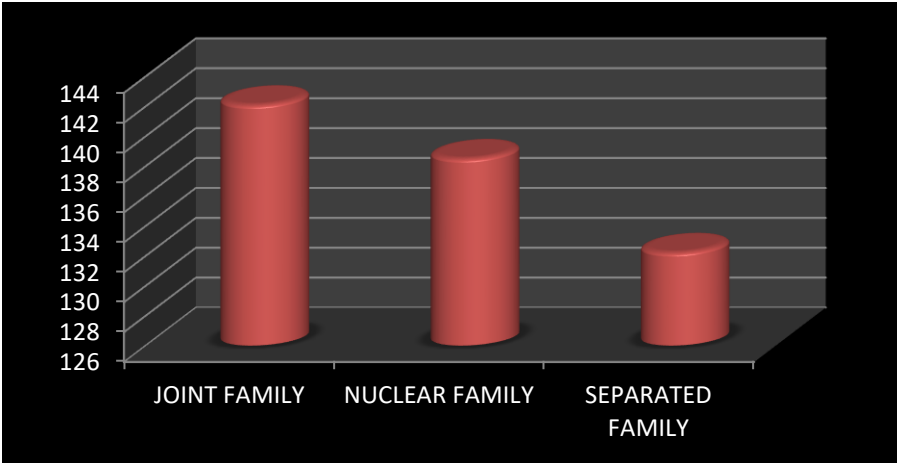


Figure 4.8

Interpretation: From the above table (no -22) and graphical representation (figure no. 4.8) it shows that the mean mental health score of adolescent learners from joint family is 142.10, learners from nuclear family is 138.51 and the learners from separated family is 132.23. The SD score of joint family is 11.56, nuclear family is 12.24 and the separated family is 4.64 respectively. So there is difference between the SD score among three types of family. From this table it is found that the adolescent students from joint family possess better mental health.

Family Type * Level of Mental Health Cross tabulation

			Level of Mental Health			Total
			Average	Poor	Very-Poor	
Family Type	Joint Family	Count	19	87	49	155
		% of Total	3.8%	17.4%	9.8%	31.0%
	Nuclear Family	Count	22	160	150	332
		% of Total	4.4%	32.0%	30.0%	66.4%
	Separated	Count	0	1	12	13
		% of Total	0.0%	0.2%	2.4%	2.6%
Total	Count		41	248	211	500
	% of Total		8.2%	49.6%	42.2%	100.0%

Table 23

From the above table (no -23) it shows that out of 155 students from joint family, 9.8% students (n=49) have very poor mental health, 17.4% students (n=87) have poor mental health and 3.8% students (n=19) have average mental health. In the nuclear family out of 332 students under study, 30.0% (n=150) students have very poor mental health, 32% (n=160) students have poor mental health and 4.4 (n=22) students have average mental health. Similarly students from separated family out of 13 students, 2.4(n=12) students have very poor mental health and 0.2% (n=1) of had poor mental health.

❖ **Table showing no. of students, mean and SD of mental health scores on the basis of birth order of the learners**

Variable	Group	Total number	Mean	SD	Minimum	Maximum
Birth order of the learners	1st	225	139.10	11.97	109	167
	2 nd	163	139.72	11.75	115	167
	3 rd and above	112	139.79	12.71	111	167

Table 24

Graphical representation of mean mental health score of the learners' birth order shown below-

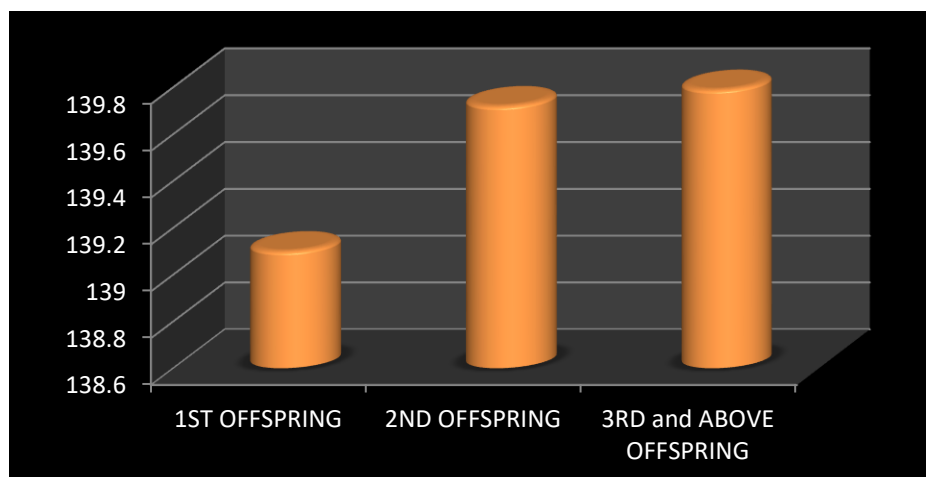


Figure 4.9

Interpretation: From the above table (no. 24) and graphical representation (figure no. 4.9) it shows that on the basis of birth order of learners the mean mental health score of 1st offspring students is 139.10, 2nd offspring students is 139.72 and the mean score of 3rd offspring students is 139.79. The SD score of 1st offspring students is 11.97, 2nd offspring students is 11.75 and 3rd offspring students is 12.71. From the result it is observed that mean mental health score of adolescent students are equal according to their birth order.

Birth Order of the Learners * Level of Mental Health Cross tabulation

			Level of Mental Health			Total
			Average	Poor	Very-Poor	
Birth Order of the Learner	1st	Count	18	108	99	225
		% of Total	3.6%	21.6%	19.8%	45.0%
	2nd	Count	10	92	61	163
		% of Total	2.0%	18.4%	12.2%	32.6%
	3rd and Above	Count	13	48	51	112
		% of Total	2.6%	9.6%	10.2%	22.4%
	Total	Count	41	248	211	500
		% of Total	8.2%	49.6%	42.2%	100.0%

Table 25

According to the above table (no-25), out of 225 students from the first offspring under investigation, 19.8% (n=99) have very poor mental health, 21.6 % (n=108) have poor mental health, and 3.6 % (n=18) have average mental health. Out of 163 adolescent students from 2nd offspring, 12.2% (n=61) students have very poor mental health, 18.4% (n=92) students have poor mental health and 2.0% (n=10) students have average mental health. Similarly, out of 112 adolescent students from 3rd offspring, 10.2% (n=51) students have very poor mental health, 9.6% (n=48) students have poor mental health and 13 (n=2.6%) students have average mental health.

❖ **Table showing no. of students, mean and SD of mental health scores respect with family monthly income**

Variable	Group	Sum of number	Mean	SD	Minimum	Maximum
Family monthly income of the learners	Within Rs 5000	255	140.26	11.35	110	167
	Within Rs 10000	162	139.59	12.48	113	167
	Within Rs 15000	47	134.06	10.50	109	157
	Above Rs 15000	36	140.25	15.17	111	164

Table 26

Graphical representation of mean score of the learners' family monthly income shown below-

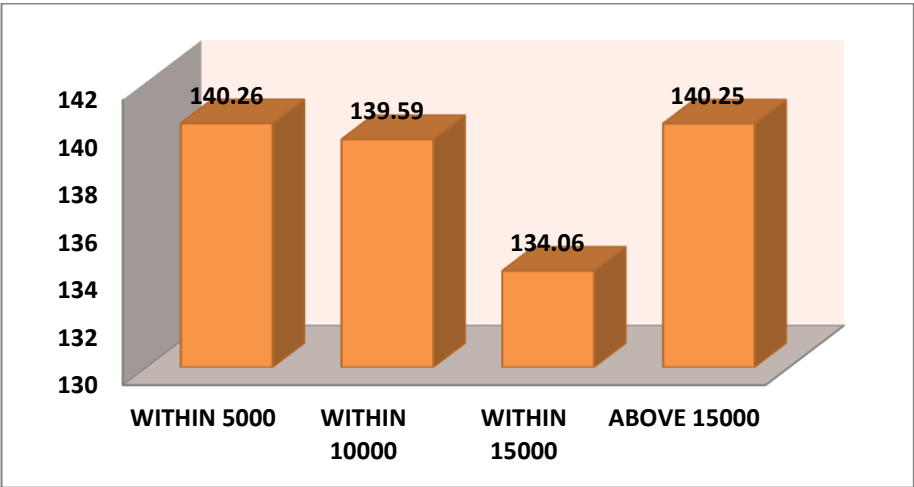


Figure 4.10

Interpretation: From the above table (no-26) and graphical representation (figure no. 4.10) it shows that the adolescent students whose family monthly income within Rs 5000, their mean mental health score (mean & SD=140.26 & 11.35) and whose family monthly income above Rs.15000, their mean mental health score (mean & SD=140.25 & 15.17) are also favorable than the students those family monthly income within Rs.10000 (mean & SD=139.59 & 12.48) and within Rs.15000 (mean & SD= 134.06 & 10.50). As a result, there is a disparity between the mean and SD scores among adolescent pupils.

Familial Monthly Income * Level of Mental Health Cross tabulation						
			Level of Mental Health			Total
			Average	Poor	Very-Poor	
Familial Monthly Income	Within 5,000	Count	20	140	95	255
		% of Total	4.0%	28.0%	19.0%	51.0%
	Within 10,000	Count	15	71	76	162
		% of Total	3.0%	14.2%	15.2%	32.4%
	Within 15,000	Count	0	20	27	47
		% of Total	0.0%	4.0%	5.4%	9.4%
	Above 15,000	Count	6	17	13	36
		% of Total	1.2%	3.4%	2.6%	7.2%
	Total	Count	41	248	211	500
		% of Total	8.2%	49.6%	42.2%	100.0%

Table 27

The above table (number 27) shows that out of 255 pupils, whose family monthly income within Rs.5000, 19.0% students (n=95) have very poor mental health, 28% students (n=140) have poor mental health and 4.0% students (n=20) have average mental health. Out of 162 Students, whose family monthly income is within Rs.10000, 15.2% (n=76) students have very poor mental health, 14.2% (n=71) students have poor mental health and 3.0% (n=15) students have average mental health. Likely out of 47 students, 5.4%(n=27) students have very poor and 4.0% (n=20) students have poor mental health whose family monthly income within Rs. 15000. Similarly, of the 36 students enrolled in the research, 2.6 percent (n=13) have extremely bad mental health, 3.4 percent (n=17) have poor mental health, and 1.2 percent (n=6) have average mental health those familial monthly income is above Rs.15000.

❖ **Table showing no. of students, mean and SD of mental health scores on the basis of habitat**

Variable	Group	Total number	Mean	Std. deviation
Habitat of the learner	Rural	372	139.64	12.10
	Urban	128	138.93	11.93

Table 28

Graphical representation of mean mental health score of the learners’ habitat shown below-

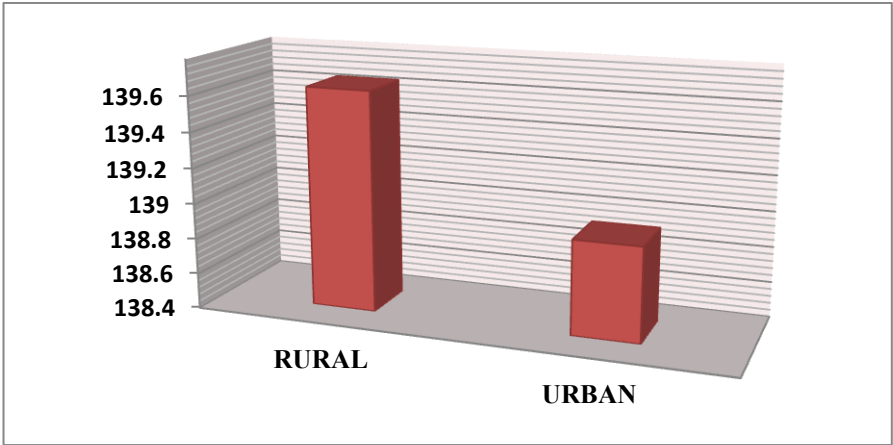


Figure 4.11

Interpretation: According to the habitat, rural teenage pupils had an average mental health score of 139.64 and urban adolescent students is 138.93, as shown in the table (no. 28) and graphical representation (figure no. 4.11). Rural pupils have an SD score of 12.10, whereas urban students have a score of 11.93. Adolescent school pupils in rural areas had better mental health than those in urban areas.

Habitat of the Learner and Mental Health level of adolescent learners

			Grade of Mental Health			Total
			Average	Poor	Very-Poor	
Habitat of the Learners	Rural	Count	28	190	154	372
		% of Total	5.6%	38.0%	30.8%	74.4%
	Urban	Count	13	58	57	128
		% of Total	2.6%	11.6%	11.4%	25.6%
Total	Count		41	248	211	500
	% of Total		8.2%	49.6%	42.2%	100.0%

Table 29

According to the above table (no. 29), out of 372 rural adolescent pupils studied, 30.8% students (n=154) have very poor mental health, 38.0% students (n=190) have poor mental health and 5.6% students (n=28) have average mental health. Similarly, out of 128 urban adolescent students, 11.4% (n=57) students have very poor mental health, 11.6% (n=58) students of them have poor level of mental health and 2.6% (n=13) students have average level mental health. According to the findings, rural pupils had better mental health than urban students.

4.4.2 Descriptive analysis part of social adjustment

❖ Table displaying the number of students, mean, and Standard Deviation of social adjustment scores of gender.

Variable	Group	Total number	Mean	SD
Gender of the learner	Boys	250	92.04	8.59
	Girls	250	91.40	8.23

Table 30

Graphical representation of mean social adjustment score of learners' respect with their gender shown below-

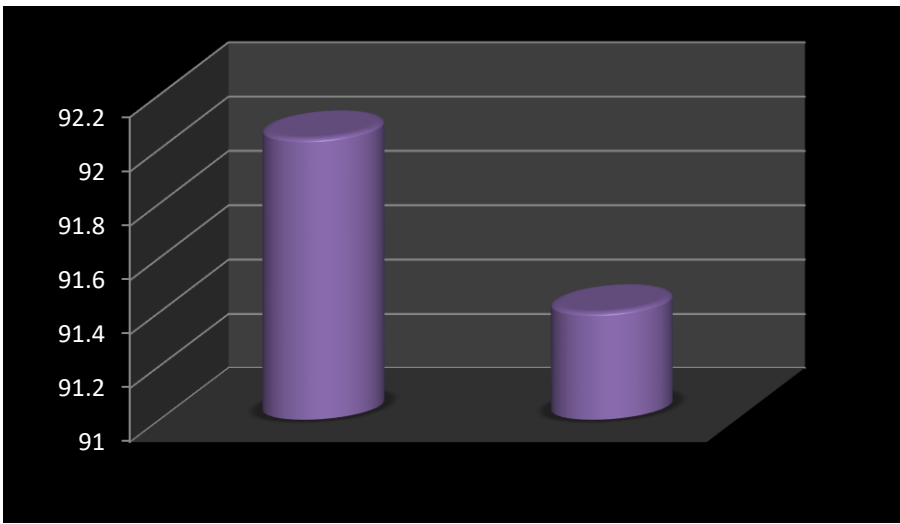


Figure 4.12

Interpretation: The mean social adjustment score of adolescent boys is 92.04 and girls is 91.40, according to the table (no.30) and graphical depiction (figure 4.12). As a result, the mean score for boys and girls differs. Boys have an SD of 8.59, while girls have an SD of 8.23. As a result, the SD score of both genders differs just little.

Gender of the Learners and grade of Social Adjustment Cross tabulation

			Grade of Social Adjustment			Total
			Poor	Average	Good	
Gender of the Learner	Boys	Count	28	188	34	250
		% of Total	5.6%	37.6%	6.8%	50.0%
	Girls	Count	30	190	30	250
		% of Total	6.0%	38.0%	6.0%	50.0%
Total	Count		58	378	64	500
	% of Total		11.6%	75.6%	12.8%	100.0%

Table 31

According to the above table (no. 31), 6.8% of the 250 boys studied have good social adjustment, social adjustment is average in 37.6% of the sample, while it is poor with 5.6%. Similarly, among the 250 girls studied, 6.0 % (n=30) have good social adjustment, 38.0 % (n=190) have average social adjustment, and 6.0 % (n=30) have poor social adjustment. The result shows that social adjustment ability is more among the boys than the girls.

❖ **Table showing no. of students, mean and SD of social adjustment scores on the basis of caste of the learners**

Variable	Group	Total number	Mean	SD	Minimum	Maximum
Caste of the learners	General	99	90.94	8.23	75	109
	Schedule caste	291	92.51	8.39	70	109
	Other backward class	110	90.33	8.44	70	107

Table 32

Graphical representation of mean social adjustment score of learners’ respect with their caste shown below-

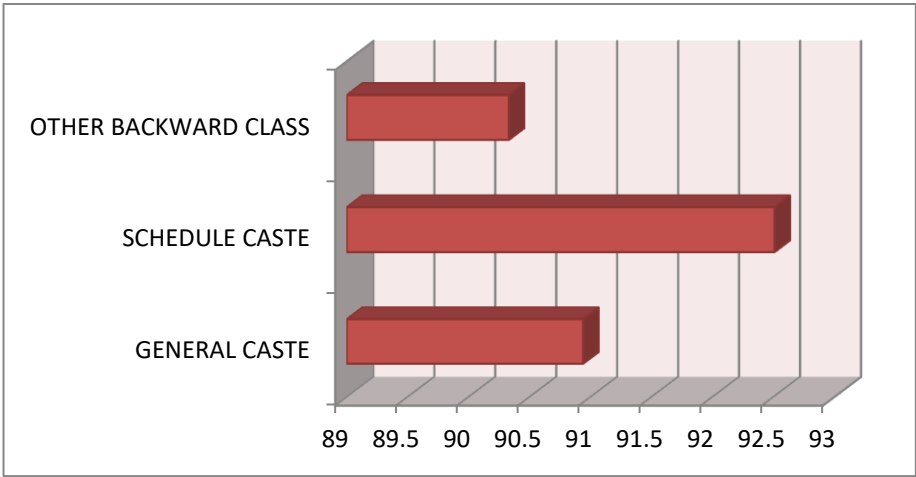


Figure 4.13

Interpretation: From the table (no. 32) and graphical representation (figure 4.13) it shows that on the basis of caste of learners the mean social adjustment score of general students is 90.94, schedule caste is 92.51 and the mean score of other backward students is 90.33. As a result, the mean scores of students from the general caste, scheduled caste, and other backward classes differ. The scheduled caste students possess better social adjustment capacity than general caste and OBC caste students. The SD score of general students is 8.23, schedule caste students is 8.39 and other backward class students is 8.44.

Table showing Caste of the Learners and Social Adjustment stage Cross tabulation

			Social Adjustment stage			Total
			Poor	Average	Good	
Caste of the pupils	General	Count	10	75	14	99
		% of Total	2.0%	15.0%	2.8%	19.8%
	Scheduled Caste	Count	31	219	41	291
		% of Total	6.2%	43.8%	8.2%	58.2%
	Other Backward Class	Count	17	84	9	110
		% of Total	3.4%	16.8%	1.8%	22.0%
	Total	Count	58	378	64	500
		% of Total	11.6%	75.6%	12.8%	100.0%

Table 33

The above table (no. 33) shows that, out of 99 general caste students studied, 2.0 % (n=10) have poor social adjustment, 15.0 % (n=75) have average social adjustment, and 2.8 % (n=14) have good social adjustment. Out of 291 scheduled caste students studied, 6.2 % (n=31) students have poor social adjustment, 43.8 % (n=219) students have average social adjustment and 8.2% (n=41) students have good social adjustment. Similarly, out of 110 other backward students the result shows that 3.5% (n=17) students have poor level of social adjustment, 16.8% (n=84) students have average level of social adjustment and 1.8% (n=9) students have good level of social adjustment.

❖ Table showing no. of students, mean, SD of social adjustment scores with educational status of the learners

Variable	Group	Sum of number	Mean	SD
Educational status of the learners	Class IX and X	227	91.81	8.14
	Class XI and XII	273	91.64	8.64

Table 34

Graphical representation of mean social adjustment score of the learners' educational status shown below-

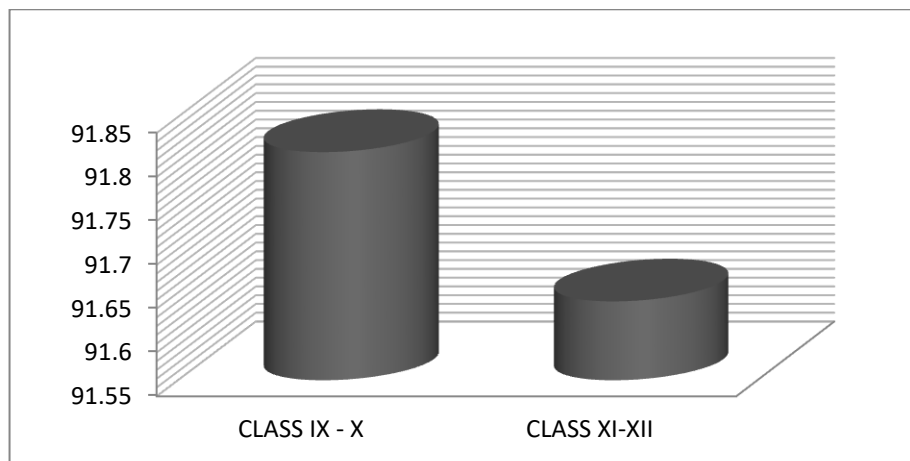


Figure 4.14

Interpretation: According to the table (no. 34) and graphical representation, the mean social adjustment score of teenage students in classes IX-X is 91.81, while that of adolescents in classes XI-XII is 91.64. (Figure4.14). As a result, the mean score of secondary and higher secondary adolescent students does not differ markedly. Students in classes IX - X have an SD of 8.14, while students in classes XI - XII have an SD of 8.64. As a result, the SD score of both standard pupils differs just little.

Table showing status of education of the Learners * Social Adjustment level Cross tabulation

			Social Adjustment level			Total
			Poor	Average	Good	
Educational status of the Learners	Class IX and X	Count	22	177	28	227
		% of Total	4.4%	35.4%	5.6%	45.4%
	Class XI and XII	Count	36	201	36	273
		% of Total	7.2%	40.2%	7.2%	54.6%
Total		Count	58	378	64	500
		% of Total	11.6%	75.6%	12.8%	100.0%

Table 35

According to status of education, 5.6 % (n=28) in standard IX and X under study have a good level of social adjustment, 35.4 % (n=177) have an average level of social adjustment, and 4.4 % (n=22) have a poor level of social adjustment (see table 35). In the same way, out of 273 students in grades XI and XII, 7.2 % (n=36) have a good level of social adjustment, 40.2 % (n=201) have an average level of social adjustment, and 7.2 % (n=36) have a poor level of social adjustment. The majority of pupils have an average degree of social adjustment, accounting for 75.6 % of all subjects.

❖ **Table showing no. of students, mean and SD of social adjustment scores on the basis of father's educational qualification of the learners**

Variable	Group	Total number	Mean	SD	Minimum	Maximum
Father's educational qualification of the learner	Illiterate	124	91.49	8.60	70	109
	Up to primary level	216	92.20	8.30	70	109
	Secondary level	107	91.20	8.44	73	108
	Under graduate	43	91.77	8.37	72	108
	Post graduate	10	89.60	9.08	76	105

Table 36

Graphical representation of mean social adjustment score of the learners' father's educational qualification shown below-

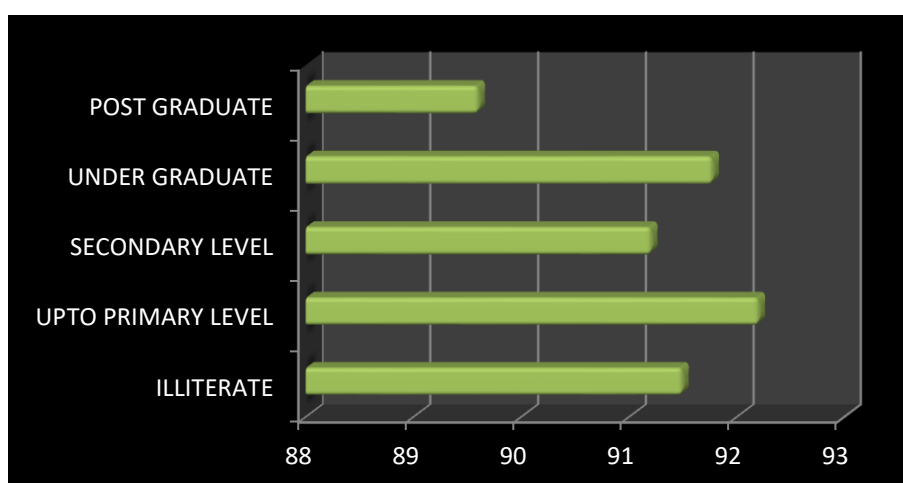


Figure 4.15

Interpretation: From the table (no. 36) and graphical representation (figure 4.15) it is found that the mean social adjustment score of adolescent learners on the basis of their father educational qualification, whose father did take up to primary education is (mean = 92.20) more than the students those father did not take school education (mean= 91.49), did take secondary education (mean= 91.20), under graduate education (mean=91.77) and post graduate education (mean=89.60). As a result, the mean score of adolescent school learners in social adjustment capacity differs depending on their father's educational qualifications.

Table showing Father's Educational Qualification and stage of Social Adjustment, Cross tabulation

			Stage of Social Adjustment			Total
			Poor	Average	Good	
Father's Educational Qualification of learners	Illiterate	Count	15	93	16	124
		% of Total	3.0%	18.6%	3.2%	24.8%
	Up to Primary Level	Count	24	168	24	216
		% of Total	4.8%	33.6%	4.8%	43.2%
	Secondary	Count	14	78	15	107
		% of Total	2.8%	15.6%	3.0%	21.4%
	Under-Graduate	Count	4	31	8	43
		% of Total	0.8%	6.2%	1.6%	8.6%
	Post-Graduate	Count	1	8	1	10
		% of Total	0.2%	1.6%	0.2%	2.0%
	Total	Count	58	378	64	500
		% of Total	11.6%	75.6%	12.8%	100.0%

Table 37

On the basis of father's educational qualification (table-37) out of 124 students under study, 3.2% students (n=16) have good level of social adjustment, 18.6% (n=93) students have average level of social adjustment and 3.0% (n=15) students have poor level of social adjustment, whose father belong to the illiterate group. Out of 216 students, 4.8% students (n=24) have good level, 33.6 students (n=168) have average level and 4.8% (n=24) students have poor level of social adjustment, whose fathers have up to primary level education. Those fathers who have secondary education, the level of social adjustment of their children is not satisfactory, out of 107 students, 3.0% (n=15) students have good, 15.6% (n=78) students have average and 2.8% (n=14) students have poor level of social adjustment. On the basis of under graduate group of father educational qualification it is concluded that out of 43 students, 1.6% (n=8) students have good level, 6.2% (n=31) students have average level and 0.8% (n=4) student have poor level of social adjustment. According to Higher level of father educational qualification out of 10 students under study, 0.2% (n=1) student have good level, 1.6% (n=8) students have average level and a poor degree of social adjustment affects 0.2 percent of pupils (n=1).

❖ **Table showing no. of learners, mean, SD of social adjustment scores on the basis of father occupation of the learners**

Variable	Group	Total number	Mean	SD	Minimum	Maximum
Father's occupation of the learner	Farmer or labour	293	92.25	8.39	70	109
	Driver	37	92.05	8.47	76	109
	Govt. job / service	33	92.21	7.32	76	108
	Private job	49	89.86	9.53	72	109
	Self - employment	70	90.94	8.34	70	106
	Unemployment	18	89.61	7.02	77	100

Table 38

Graphical representation of mean social adjustment score of the learners' father occupation shown below-

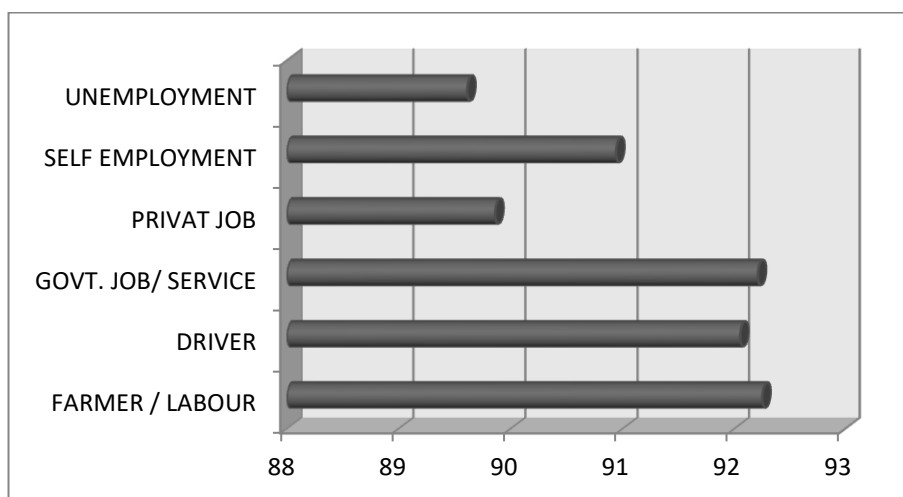


Figure 4.16

Interpretation: From the above table (no. 38) and graphical representation (figure 4.16) it shows that according to learners' father's occupation, the mean and SD score of all categories of adolescent students i.e., farmer or labour = 92.25 & 8.39, driver = 92.05 & 8.47, govt. job or service = 92.21 & 7.32, private job = 89.86 & 9.53, self-employed = 90.94 & 8.34, unemployed = 89.61 & 7.02 respectively. As a result, the mean score of adolescent school students differs depending on their father's occupation. The students whose fathers hold Govt. job or farming, they possess better social adjustment capacity than other students.

Father's Occupation and grade of Social Adjustment Cross tabulation

			Grade of Social Adjustment			Total
			Poor	Average	Good	
Father's Occupation	Farmer or Labour	Count	31	219	43	293
		% of Total	6.2%	43.8%	8.6%	58.6%
	Driver	Count	5	29	3	37
		% of Total	1.0%	5.8%	0.6%	7.4%
	Govt. Job/Service	Count	3	27	3	33
		% of Total	0.6%	5.4%	0.6%	6.6%
	Private Job	Count	10	33	6	49
		% of Total	2.0%	6.6%	1.2%	9.8%
	Self-employed	Count	6	55	9	70
		% of Total	1.2%	11.0%	1.8%	14.0%
	Un-employed	Count	3	15	0	18
		% of Total	0.6%	3.0%	0.0%	3.6%
	Total	Count	58	378	64	500
		% of Total	11.6%	75.6%	12.8%	100.0%

Table: 39

The above table (no. 39) demonstrates that out of 293 pupils under investigation whose father is farmer or labour, 8.6% (n=43) have a good level of social adjustment, 43.8 % (n=219) have an average level, and 6.2 % (n=31) have a poor level of adjustment. Whose father is driver their mental health shows that out of 37 students, 0.6% (n=3) students have good level, 5.8% (n=29) have average level and 1.0% (n=5) have poor level of social adjustment. In the occupation of govt. job or service, out of 33 students under study, 0.6(0n=3) students have good level, 5.4% (n=27) students have average level and 0.6% (n=3) students have poor level of social adaptation. In the group of private job of father occupation out of 49 students under study, 1.2% (n=6) have good level, 6.6% (n=33) have average level and 2.0% (n=10) have poor level of social adaptability. Out of 70 pupils, 1.8% (n=9) students have good level, 11.0% (55) students have average level and 1.2% (n=6) students have poor level of social adjustment according to self-employment of father occupation. Whose father is unemployment, their level of social adjustment shows that, out of 18 students, 3.0% (n=15) have average level and 0.6% (n=3) of them have poor level of social adaptability.

❖ **Table showing no. of pupils, mean and SD of social adjustment score on the basis of mother educational qualification**

Variable	Group	Sum of pupils	Mean	SD	Minimum	Maximum
Mother's educational qualification of the learners	Illiterate	185	92.46	8.17	70	109
	Up to primary	201	91.53	8.85	70	109
	Secondary	94	91.12	7.57	73	108
	Under graduate	18	89.94	10.11	72	108
	Post graduate	2	86.50	3.53	84	89

Table 40

Graphical representation of mean social adjustment score of the learners' mother's educational qualification shown below-

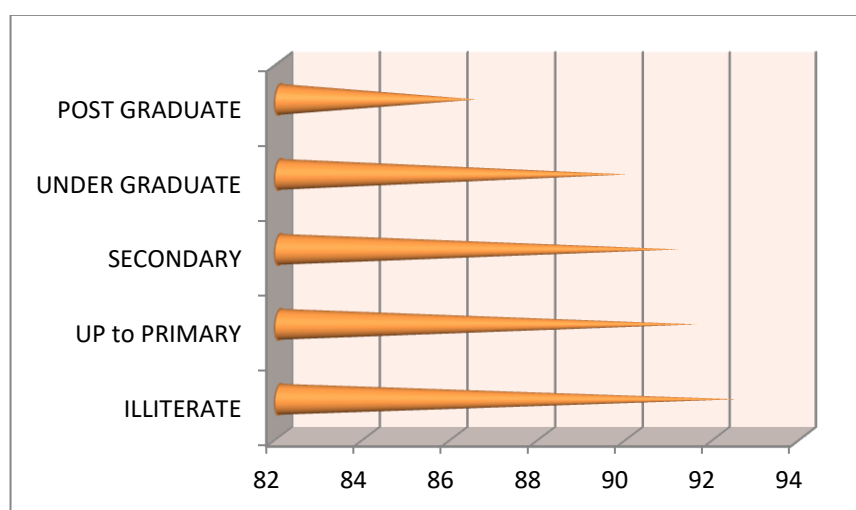


Figure 4.17

Interpretation: From the above table (no.40) and graphical representation (figure 4.17) it shows that according to the mother's educational qualification, the mean social adjustment score of adolescent learners, whose mother did not take school education is more (mean = 92.46) than whose mother did take, up to primary education (mean= 91.53), secondary education (mean= 91.12), under graduate education (mean= 89.94), post graduate education (mean=86.50) respectively. As a result, the mean score of adolescent school learners in social adjustment capacity differs depending on their mother's educational qualifications.

**Table showing Mother's Educational Qualification * Level of Social Adaptation Cross
tabulation**

			Level of Social Adaptation			Total
			Poor	Average	Good	
Mother's Educational Qualification	Illiterate	Count	17	146	22	185
		% of Total	3.4%	29.2%	4.4%	37.0%
	Upto Primary	Count	29	143	29	201
		% of Total	5.8%	28.6%	5.8%	40.2%
	Secondary	Count	8	75	11	94
		% of Total	1.6%	15.0%	2.2%	18.8%
	Under-Graduate	Count	4	12	2	18
		% of Total	0.8%	2.4%	0.4%	3.6%
	Post-Graduate	Count	0	2	0	2
		% of Total	0.0%	0.4%	0.0%	0.4%
	Total	Count	58	378	64	500
		% of Total	11.6%	75.6%	12.8%	100.0%

Table 41

Showing the table (no. 41), out of 185 pupils in study, based on mother's educational qualification, 4.4% (n=22) students have good level, 29.2% (n=46) students have average level and 3.4% (n=17) students have poor level of social adjustment whose mother belong to the illiterate group. Out of 201 students under study, 5.8% students (n=29) have good level, 28.6% (n=43) have average level and 5.8% (n=29) students have poor level of social adjustment whose mother have up to primary level education. Those mother who have secondary education, the level of social adjustment of their children shows that, out of 94 students, 2.2% (n=11) students have good level, 15.0% (n=75) students have average level and 1.6% (n=8) students have poor level of social adjustment. On the basis of under graduate group of mother educational qualification it is concluded that out of 18 students, 0.4% (n=2) students have good level , 2.4% (n=12) students have average level and 0.8% (n=4) student have poor level of social adjustment. According to Higher level of mother educational qualification, 0.4% (n=2) students have average level of social adjustment.

❖ **Table showing no. of students, mean and SD of social adjustment scores on the basis of
mother occupation of the learners**

Variable	Group	Total number	Mean	SD	Minimum	Maximum
Mothers' occupation of the learner	House wife	400	92.37	8.40	70	109
	Labour / servant	73	89.10	7.99	70	103
	Job / service	27	89.22	8.09	75	104

Table 42

Graphical representation of mean social adjustment score of the learners' mother's occupation wise shown below-

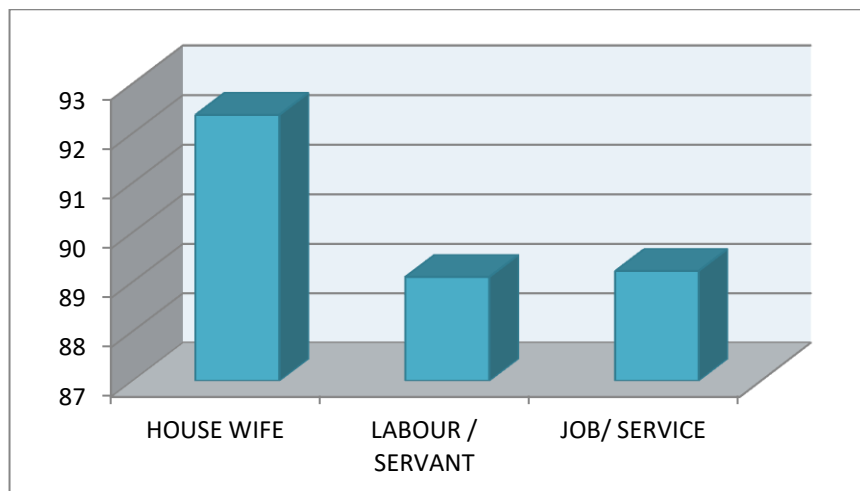


Figure 4.18

Interpretation: From the table (no. 42) and graphical representation (figure 4.18) it shows that according to the mother's occupational status, the mean social adjustment score and SD score of three categories of students i.e., house wife = 92.37 & 8.40, labour or servant = 89.10 & 7.99, job or service= 89.22 & 8.09 respectively. As a result, the mean score of adolescent school students differs depending on their mother's occupation. The students whose mother is house wife, they possess better social adjustment ability than other students in the study.

Table showing Mother's Occupation * Level of Social Adjustment Cross tabulation

			Level of Social Adjustment			Total
			Poor	Average	Good	
Mother's Occupation of learners	House wife	Count	42	300	58	400
		% of Total	8.4%	60.0%	11.6%	80.0%
	Labour/ Servant	Count	11	58	4	73
		% of Total	2.2%	11.6%	0.8%	14.6%
	Job/Service	Count	5	20	2	27
		% of Total	1.0%	4.0%	0.4%	5.4%
Total	Count		58	378	64	500
	% of Total		11.6%	75.6%	12.8%	100.0%

Table: 43

According to the above table (no. 43), 11.6 percent (n=58) of the 400 pupils under study have a good level of social adjustment, 60.0 percent (n=300) have an average level, and 8.4 (n=42) students have a bad level of social adjustment whose mother is a housewife. Those learners"

mother is labour/ servant, their level of social adjustment reveals that, out of 73 pupils studied, 0.8 percent (n=4) have an excellent level, 11.6 percent (n=58) have an average level, and 2.2 percent (n=11) have a low level of social adjustment. Similarly, of the 27 students in the research, 0.4 percent (n=2) have a good level of social adjustment, 4.0 percent (n=20) have an average level, and 1.0 percent (n=5) have a bad level of social adjustment whose mother is job/ service holder.

❖ **Table showing no. of students, mean and SD of social adjustment scores on the basis of family type of the learners**

Variable	Group	Total number	Mean	SD	Minimum	Maximum
Family type of the learners	Joint family	155	92.25	8.84	70	109
	Nuclear family	332	91.48	8.18	70	109
	Separated	13	91.46	9.31	70	102

Table 44

Graphical presentation of mean social adjustment score of the learners’ types of family shown below-

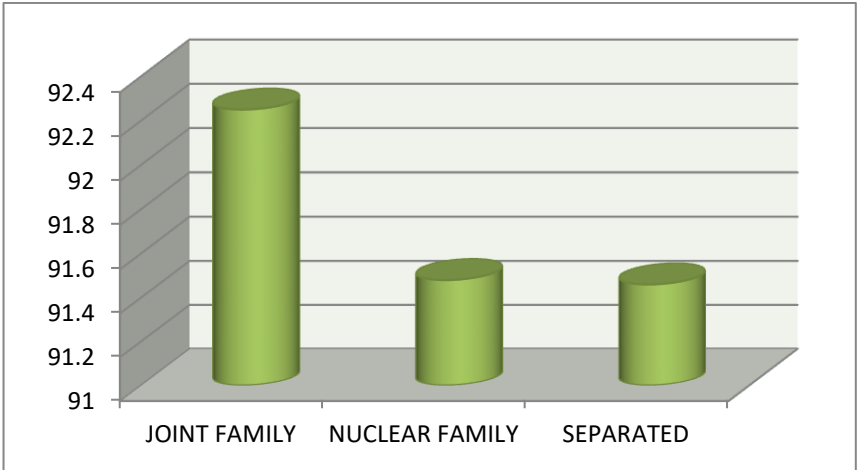


Figure 4.19

Interpretation: The mean social adjustment score of joint families adolescent students is 92.25, nuclear families students is 91.48, and separated families students is 91.46, according to the table (no. 44) and graphical representation (figure 4.19) As a result, the mean score of pupils from joint, nuclear, and separated households differs. Joint families have an SD of 8.84, nuclear families have an SD of 8.18, and separated families have an SD of 9.31. Pupils from a joint family have a higher potential for social adjustment than students from a nuclear and separated household.

Table showing Family Types of learners * Stage of Social Adaptation Cross tabulation

			Stage of Social Adaptation			Total
			Poor	Average	Good	
Family Type	Joint Family	Count	14	116	25	155
		% of Total	2.8%	23.2%	5.0%	31.0%
	Nuclear Family	Count	42	254	36	332
		% of Total	8.4%	50.8%	7.2%	66.4%
	Separated	Count	2	8	3	13
		% of Total	0.4%	1.6%	0.6%	2.6%
	Total	Count	58	378	64	500
		% of Total	11.6%	75.6%	12.8%	100.0%

Table 45

From the above table (no. 45), it shows that out of 155 students of joint family under study, 5.0% students (n=25) have good level, 23.2% students (n=116) have average level and 2.8% students (n=14) have poor level of social adjustment. In the nuclear family out of 332 students under study, 7.2% (n=36) students have good level, 50.8% (n=254) students have average level and 8.4% of pupils (n=42) had a low degree of social adjustment. Similarly, 13 students from divided families were identified, 0.6 % (n=3) have a good level of social adjustment, 1.6 % (n=8) have an average level of social adjustment, and A poor degree of social adjustment affects 0.4 percent (n=2) of the subject.

❖ Table showing no. of pupils, mean and SD of social adjustment scores respect their birth order

Variable	Group	Total number	Mean	SD	Minimum	Maximum
Birth order of the learner	1 st	225	92.21	7.82	70	109
	2 nd	163	91.76	8.92	70	109
	3 rd and above	112	90.68	8.76	70	107

Table: 46

Birth order wise graphical presentation the mean score of learners shown below-

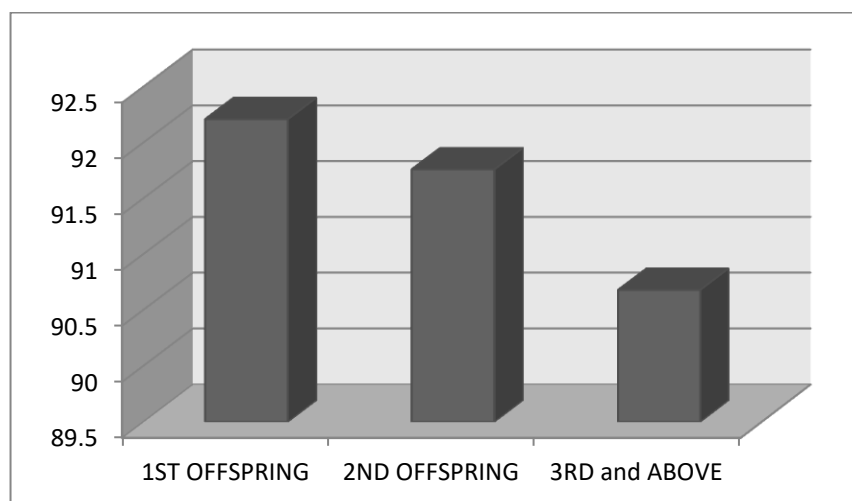


Figure 4.20

Interpretation: From the table (no.46) and graphical representation (figure 4.20) it shows that on the basis of birth order of learners the mean social adjustment score of 1st offspring students is 92.21, 2nd offspring students is 91.76 and the mean score of 3rd offspring students is 90.68. As a result, the mean score of all adolescent pupils differs depending on their birth order. The SD score of 1st offspring students is 7.82, 2nd offspring students is 8.92 and 3rd offspring students is 8.76.

Table showing Birth Order of the Learners and Level of Social Adaptability Cross tabulation

			Level of Social Adaptability			Total
			Poor	Average	Good	
Birth Order of the Learners	1 st	Count	21	178	26	225
		% of Total	4.2%	35.6%	5.2%	45.0%
	2 nd	Count	21	122	20	163
		% of Total	4.2%	24.4%	4.0%	32.6%
	3rd and Above	Count	16	78	18	112
		% of Total	3.2%	15.6%	3.6%	22.4%
Total	Count		58	378	64	500
	% of Total		11.6%	75.6%	12.8%	100.0%

Table 47

It can be seen from the following table (no. 47) that out of 225 first (1st) offspring students studied, 5.2% students (n=26) have good level, 35.6% students (n=178) have average level and 4.2% students (n=21) have poor level of social adjustment. Out of 163 second (2nd) offspring students under study, 4.0% (n=20) students have good level, 24.4% (n=122)

students have average level and 4.2% (n=21) students have poor level social adjustment. Similarly, out of 112 third (3rd) offspring students under study, 3.6% (n=18) students have good level, 15.6% (n=78) students have average level and students with poor social adjustment account for 3.2 percent (n=16).

❖ **Table showing no. of subject, mean and SD of social adjustment scores on the basis of family monthly income**

Variable	Group	Sum of number	Mean	SD	Minimum	Maximum
Family monthly income of the learner	Within Rs. 5000	255	92.13	8.05	70	109
	Within Rs. 10000	162	91.78	9.06	73	109
	Within Rs. 15000	47	90.74	7.75	70	106
	Above Rs. 15000	36	89.86	8.68	72	108

Table: 48

Graphical representation of mean social adjustment score of the learners’ family monthly income shown below-

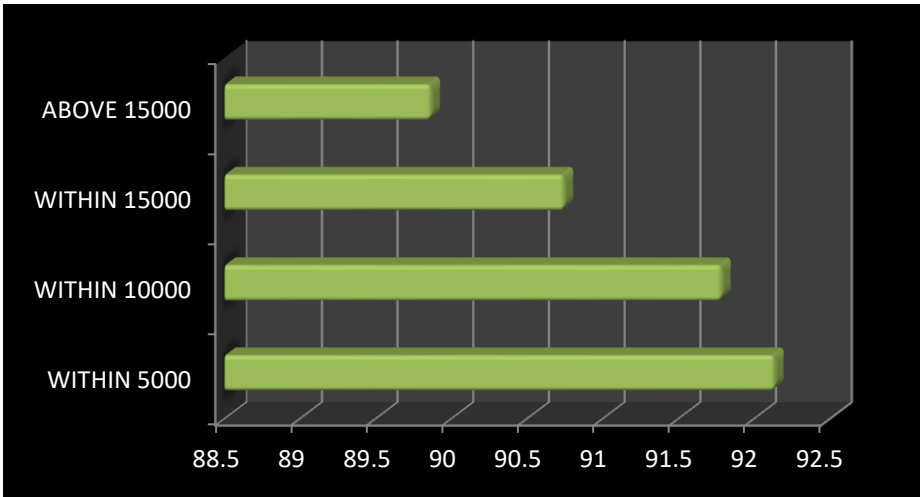


Figure 4.21

Interpretation: from the table (no.48) and graphical representation (figure 4.21) it shows that the adolescent learners, whose family monthly income within Rs 5000 (mean=92.13) and whose family monthly income within Rs 10000 (91.78), they possess better social adjustment capacity than the students those family monthly income within ₹ 15000 (90.74) and above Rs 15000 (89.86). As a result, there is a variance in mean and SD scores among pupils based on their familial monthly income.

Familial Monthly Income and Social Adjustment level Cross tabulation

			Social Adjustment level			Total
			Poor	Average	Good	
Familial Monthly Income	Within 5,000	Count	24	203	28	255
		% of Total	4.8%	40.6%	5.6%	51.0%
	Within 10,000	Count	24	108	30	162
		% of Total	4.8%	21.6%	6.0%	32.4%
	Within 15,000	Count	4	39	4	47
		% of Total	0.8%	7.8%	0.8%	9.4%
	Above 15,000	Count	6	28	2	36
		% of Total	1.2%	5.6%	0.4%	7.2%
	Total	Count	58	378	64	500
		% of Total	11.6%	75.6%	12.8%	100.0%

Table 49

According to the above table (no.49), out of 255 students, whose family monthly income is within 5000, there are 28 students (5.6%) with a good level of social adjustment, 203 students (40.6%) with an average level, and 24 students (4.8%) with a low level of social adjustment. There were 162 pupils in all, whose family monthly income is within 10000, 30 (6.0%) students have good level, 108 (21.6%) students have average level and a total of 24 pupils (4.8%) show a low degree of social adjustment. Out of 47 pupils, most likely, 4(0.8%) students have good level, 39 (7.8%) have average level and 4 (0.8%) students have poor level of social adjustment whose family monthly income is within 15000. Similarly, out of 36 pupils studies, 2 (0.4%) have a good level of social adjustment, 28 (5.6%) have an average level, and 6 (1.2%) have a poor level of social adjustment whose familial monthly income is above 15,000.

❖ **Table demonstrating the number of students, the mean, and the SD of Social Adjustment scores according on habitat.**

Variable	Group	Number in sum	Mean	SD	Minimum	Maximum
Habitat of the learner	Rural	372	92.12	8.18	72	109
	Urban	128	90.56	8.98	70	109

Table 50

Graphical representation of mean social adjustment score of the learners' habitat shown below-

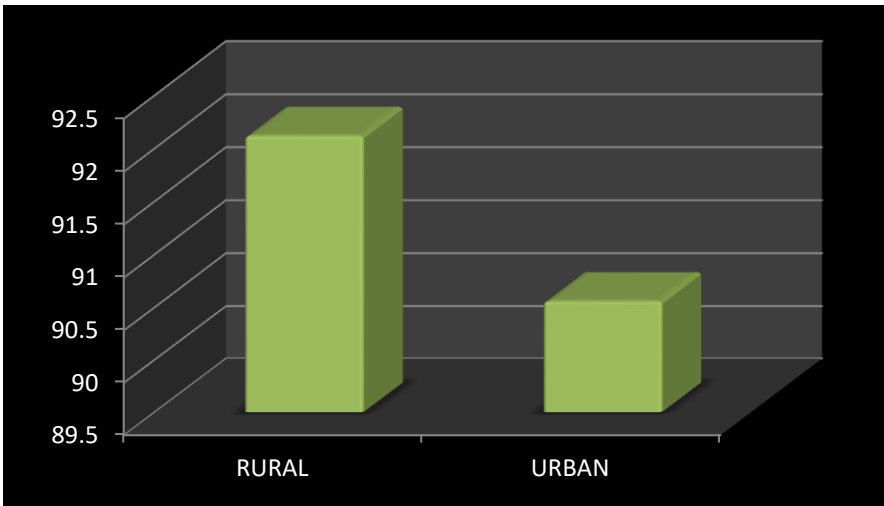


Figure 4.22

Interpretation: The mean social adjustment score of rural adolescent pupils is 92.12, whereas urban students have a score of 90.56, according to the table (no.50) and graphical depiction (figure 4.24). As a result, there is a disparity in the average score of rural and urban adolescent pupils. Rural students have an SD of 8.18, whereas urban students have an SD of 8.98. Rural adolescent pupils are better at social adjustment than their urban counterparts.

Table showing Learners' Habitat and their level of social adjustment Cross tabulation

			Social Adjustment level			Total
			Poor	Average	Good	
Learners' Habitat	Rural	Count	41	282	49	372
		% of Total	8.2%	56.4%	9.8%	74.4%
	Urban	Count	17	96	15	128
		% of Total	3.4%	19.2%	3.0%	25.6%
Totals		Count	58	378	64	500
		% of Total	11.6%	75.6%	12.8%	100.0%

Table: 51

According to the above table (no. 51), out of 372 rural students studied, 9.8 % (n=49) have a good level of social adjustment, 56.4 % (n=282) have an average level of social adjustment, and 8.2 percent (n=41) of those assessed have a low degree of social adjustment. Similarly, of the 128 urban students studied, 3.0% (n=15) students have good level of social adjustment, 19.2% (n=96) students have average level of social adjustment and 3.4% (n=17) students have poor level of social adjustment.

4.5 Inferential statistics

4.5.1 Inferential statistical analysis of mental health

Hypothesis 1: “There is no significant mean difference in the level of mental health among adolescent school learners on the basis of their gender”.

Table showing t-test for mental health of adolescent students on the basis of gender

Variable	Group	Total number	Mean	SD	df	t- value	Sig./p(2tailed) value	Remark (0.05 level)
Gender of the learner	Boys	250	137.26	12.73	498	4.15	0.000	Significant
	Girls	250	141.66	10.92				

Table no. 52

Interpretation: As indicated in the table above, an independent t-test was utilized to assess the mean mental health score of boys (n=250) and girls (n=250) adolescent school students. Girls have better mental health than boys, at the 0.05 level, the mean difference is 4.40, which is statistically significant.

Hence the null hypothesis “*There is no significant mean difference in the level of mental health among adolescent school learners on the basis of their gender*” is rejected.

Hypothesis 2: “There is no significant mean difference in the level of mental health among adolescent school learners on the basis of their caste”.

Table showing descriptive result of adolescent students’ mental health with their caste

	N	Mean	SD	Std. Error	95% Confidence Interval for Mean	
					Lower Bound	Upper Bound
General	99	143.10	11.519	1.158	140.80	145.40
Scheduled Caste	291	137.90	12.227	.717	136.49	139.31
Other Backward Class	110	140.31	11.360	1.083	138.16	142.46
Total	500	139.46	12.056	.539	138.40	140.52

Table: 53

Table showing ANOVA test of adolescent students’ mental health

	Sum of Squares	df	Mean Square	F	Sig.	Remark (0.05 level)
Between Groups	2099.609	2	1049.805	7.409	.001	Significant
Within Groups	70424.591	497	141.699			
Total	72524.200	499				

Table: 54

Interpretation: The influence of caste (General, Scheduled caste, and Other Backward Class) on perceived mental health for adolescent pupils was investigated using a one way between group Analysis of Variance (ANOVA), as shown in tables 53 and 54.

There statistically significant mean difference was found between the three caste groups. $F(2, 497) = 7.409, p = 0.001$ which was < 0.05 level of significance. Further, the post-hoc comparisons using the LSD test revealed that the mental health mean score of scheduled caste adolescent pupils (mean=137.90, SD=12.22) was substantially lower than that of general caste (mean=143.10, SD=11.51) and other backward class (mean=140.31, SD=11.36) students.

Hence the null hypothesis “There is no significant mean difference in the level of mental health among adolescent school learners on the basis of their caste” is rejected. General caste students were better than scheduled caste and other backward class adolescent students and other backward class adolescent students were more favorable than scheduled caste students.

Hypothesis 3: *“There is no significant mean difference in the level of mental health among adolescent school learners on the basis of their present educational status”.*

Table showing t-test of adolescent students’ mental health based on their present education positions

Variable	Group	Sum of number	Mean	SD	df	t- value	Sig. /p (2 tailed) value	Remark (0.05 level)
Present education status of the learner	IX - X	227	140.67	11.68	498	2.052	0.041	Significant
	XI – XII	273	138.45	12.28				

Table: 55

Interpretation: The above table-55 shown that an independent t- test was used to compare the mean of mental health score between IX-X standard (n=227) and XI-XII standard (n=273) adolescents school learners. According to the data, the mean difference (mean difference 2.215) between the two groups of teenage learners' mental health is statistically significant at the 0.05 level.

Hence the null hypothesis *“There is no significant mean difference in the level of mental health among adolescent school learners on the basis of their present educational status”* is rejected. The students from IX-X standard are more favorable in their mental health than the XI-XII standard students.

Hypothesis 4: “There is no significant mean difference in adolescent school learners’ mental health status based on their father’s educational qualification”.

Table showing descriptive result of adolescent students’ mental health depend on their father’s educational qualification

	N	Mean	SD	Std. Error	95% Confidence Interval for Mean	
					Lower Bound	Upper Bound
Illiterate	124	138.39	12.990	1.167	136.08	140.70
Up to Primary Level	216	140.00	12.416	.845	138.33	141.67
Secondary	107	139.52	10.030	.970	137.60	141.45
Under-Graduate	43	139.44	13.057	1.991	135.42	143.46
Post-Graduate	10	140.50	8.045	2.544	134.74	146.26
Total	500	139.46	12.056	.539	138.40	140.52

Table: 56

Table showing ANOVA test of father’s education qualification

	Sum of Squares	df	Mean Square	F	Sig./P Value	Remark(0.05 level)
Between Groups	216.984	4	54.246	0.371	0.82	not significant
Within Groups	72307.216	495	146.075			
Total	72524.200	499				

Table: 57

Interpretation: A one-way between-group Variance Analysis (ANOVA) was used to explore the effect of father academic achievement on teenage pupils reported mental health, as indicated in the tables above. Its showed that the mean differences between the groups are not statistically significant. $F(4, 495) = 0.371, p = 0.829$ which was >0.05 level of significance.

Hence the null hypothesis “There is no significant mean difference in adolescent school students’ mental health status based on their father’s educational qualification” is accepted. While comparing the mean score of mental health among adolescent students according to their father educational qualification, whose father was illiterate, they possess poor mental health than the other group of educational level.

Hypothesis 5: “There is no significant mean difference in adolescent school learners’ mental health status based on their father’s occupation”.

Table showing descriptive result of adolescent students’ mental health depend on their father occupation

	N	Mean	SD	Std.Error	95% Confidence Interval for Mean	
					Lower Bound	Upper Bound
Farmer or Labour	293	140.40	11.703	.684	139.05	141.74
Driver	37	136.54	14.373	2.363	131.75	141.33
Govt. Job/Service	33	142.91	12.184	2.121	138.59	147.23
Private Job	49	137.24	9.786	1.398	134.43	140.06
Self-employed	70	137.64	12.899	1.542	134.57	140.72
Un-employed	18	137.00	12.654	2.983	130.71	143.29
Total	500	139.46	12.056	.539	138.40	140.52

Table: 58

Table showing ANOVA test result respect of father’s occupation

	Sum of Squares	df	Mean Square	F	Sig.	Remark (0.05)
Between Groups	1545.076	5	309.015	2.151	.05	Significant
Within Groups	70979.124	494	143.682			
Total	72524.200	499				

Table: 59

Interpretation: As shown in the tables above, a one-way between-group Analysis of Variance (ANOVA) was used to assess the impact of a father's occupation on teenage pupils' perceptions of mental health (table no. 58 and 59).

The results demonstrated that the mean difference between the groups is statistically significant. $F(5, 494) = 2.15$, $p = 0.05$, indicating a significance level of 0.05. Furthermore, the difference was determined by post-hoc comparisons using the LSD test, which revealed that the mean mental health score, the students whose father was govt. job/ service holder (mean=142.91, SD=12.18) was significantly different from all other occupation group.

Hence the null hypothesis “There is no significant mean difference in adolescent school students’ mental health status based on their father’s occupation” is rejected. the students, whose father have govt. job /service holder and farmer/ labour, they possess more favorable mental health, than other adolescent students whose father were engaged in private job, driver etc.

Hypothesis 6: “There is no significant mean difference in the level of mental health among adolescent school learners on the basis of their mother's educational qualification”.

Descriptive result for mental health of adolescent students regards with mother education

	Number of pupils	Mean	SD	Std. Error	95% Confidence Interval for Mean	
					Lower Bound	Upper Bound
Illiterate	185	139.85	11.458	.842	138.19	141.52
Upto Primary	201	140.64	12.973	.915	138.84	142.45
Secondary	94	137.63	10.592	1.092	135.46	139.80
Under-Graduate	18	132.44	12.576	2.964	126.19	138.70
Post-Graduate	2	133.50	2.121	1.500	114.44	152.56
Total	500	139.46	12.056	.539	138.40	140.52

Table: 60

Table showing ANOVA test respect with mother education

	Sum of Squares	df	Mean Square	F	Sig.	Remark (0.05 level)
Between Groups	1582.019	4	395.505	2.760	.027	Significant
Within Groups	70942.181	495	143.318			
Total	72524.200	499				

Table: 61

Interpretation: The influence of a mother's educational qualification on adolescent pupils reported mental health was investigated employing one way between groups Variance Analysis (ANOVA), as shown in the tables above.

There statistically significant mean difference is found between the groups. $F(4, 495) = 2.760, p = 0.027$ which was < 0.05 level of significance. Further the difference was determined by post-hoc comparisons using the LSD test indicated that the mean score of students whose mother have up to primary level of education, they have better mental health than other adolescent students according to their mother's educational qualification.

Hence the null hypothesis “There is no significant mean difference in the level of mental health among adolescent school learners on the basis of their mother's educational qualification” is refused.

Hypothesis 7: “There is no significant mean difference in adolescent school learners’ mental health based on their mother’s occupation”.

Table showing descriptive result of adolescent students’ mental health on the basis of their mother’s occupation

	N	Mean	SD	Std. Error	95% Confidence Interval for Mean	
					Lower Bound	Upper Bound
House wife	400	140.30	11.880	.594	139.13	141.47
Lobour/ Servant	73	135.93	12.666	1.482	132.98	138.89
Job/Service	27	136.56	11.168	2.149	132.14	140.97
Total	500	139.46	12.056	.539	138.40	140.52

Table: 62

Table showing ANOVA test regarding with mother’s occupation

	Sum of Squares	df	Mean Square	F	Sig.	Remark (0.05 level)
Between Groups	1418.876	2	709.438	4.959	.007	Significant
Within Groups	71105.324	497	143.069			
Total	72524.200	499				

Table: 63

Interpretation: As indicated in tables 62 and 63, the impact of a mother's occupation on teenage pupils reported mental health was explored using one way between group Analysis of Variance (ANOVA).

The above table reveals that the mean difference between the groups is statistically significant. $F(2, 497) = 4.959$, $p = 0.007$, which was significant at the 0.05 level. Further the difference was determined by post-hoc comparisons using the LSD test indicated that the mean score of the students whose mother are house wife, their mental health (mean=140.30, SD=11.88) are significantly different from the students whose mother are labourer or servant (mean=135.93, SD=12.66) and job or service holder (m=136.56, SD=11.16).

Hence the null hypothesis “There is no significant mean difference in adolescent school students’ mental health status based on their mother’s occupation” is rejected. The students whose mother are house wife, they possess more favorable mental health than the students whose mother’s occupation was labourer or servant and job or service.

Hypothesis 8: “There is no significant mean difference in the mental health level among adolescent school learners based on their family type”.

Descriptive result for mental health of adolescent students with respect to family type

	Number of subject	Mean	SD	Std. Error	95% Confidence Interval for Mean	
					Lower Bound	Upper Bound
Joint Family	155	142.10	11.563	.929	140.26	143.93
Nuclear Family	332	138.51	12.244	.672	137.19	139.83
Separated	13	132.23	4.640	1.287	129.43	135.03
Total	500	139.46	12.056	.539	138.40	140.52

Table: 64

Showing the ANOVA test result with family type

	Sum of Squares	df	Mean Square	F	Sig.	Remark (0.05 level)
Between Groups	2055.392	2	1027.696	7.248	.001	Significant
Within Groups	70468.808	497	141.788			
Total	72524.200	499				

Table: 65

Interpretation: The influence of family types on adolescent pupils' perceived mental health was investigated utilizing a one-way between-group Variance Analysis(ANOVA). The results demonstrated that the mean difference between the groups is statistically significant. $F(2, 497) = 7.248, p = 0.001$, which was significant at the 0.05 level. Further the difference was determined by post-hoc comparisons using the LSD test indicated that the MH mean score for joint family adolescent students” (mean=142.10, SD=11.56) is significantly higher than the students from nuclear family (mean=138.51, SD=12.24) and Students from separated family (mean=132.23, SD=4.64).

Hence the null hypothesis “there is no significant mean difference in the level of mental health among adolescent school learners based on their family type” is rejected.

As a result, we can deduce that students from joint families have better mental health than students from nuclear families and separated families.

Hypothesis 9: “There is no significant mean difference in the level of mental health among adolescent school pupils on the basis of birth order”

Showing the descriptive statistics of mental health on the basis of their birth order

	N	Mean	SD	Std. Error	95% Confidence Interval for Mean	
					Lower Bound	Upper Bound
1 st	225	139.10	11.975	.798	137.53	140.68
2 nd	163	139.72	11.757	.921	137.91	141.54
3rd and Above	112	139.79	12.718	1.202	137.41	142.18
Total	500	139.46	12.056	.539	138.40	140.52

Table 66

Table showing the ANOVA test result of their birth order

	Sum of Squares	df	Mean Square	F	Sig.	Remark (0.05 level)
Between Groups	52.698	2	26.349	.181	.835	Not significant
Within Groups	72471.502	497	145.818			
Total	72524.200	499				

Table 67

Interpretation: A one-way between-group Variance Analysis (ANOVA) was used to explore the effect of birth order on teenage learners' assessed mental health, as indicated in the tables above. The results demonstrated that the three birth order categories have NO statistically significant mean difference. $F(2, 497) = 0.181$, $p = 0.835$ which was >0.05 level of significance.

Hence the null hypothesis “there is no significant mean difference in the level of mental health among adolescent school learners on the basis of birth order” is accepted. While comparing the mean score of mental health among adolescent students according to their birth order, all adolescent students are extremely equal in their mental health.

Hypothesis 10: “There is no significant mean difference in the level of mental health among adolescent school learners based on their family monthly income”.

Table showing descriptive result of adolescent mental health regarding their family income

	N	Mean	SD	Std. Error	95% Confidence Interval for Mean	
					Lower Bound	Upper Bound
Within Rs.5,000	255	140.26	11.353	.711	138.86	141.66
Within Rs.10,000	162	139.59	12.483	.981	137.65	141.52
Within Rs.15,000	47	134.06	10.505	1.532	130.98	137.15
Above Rs.15,000	36	140.25	15.178	2.530	135.11	145.39
Total	500	139.46	12.056	.539	138.40	140.52

Table: 68

Table showing the ANOVA test result according to their monthly income

	Sum of Squares	df	Mean Square	F	Sig.	Remark (0.05 level)
Between Groups	1557.955	3	519.318	3.630	.013	Significant
Within Groups	70966.245	496	143.077			
Total	72524.200	499				

Table: 69

Interpretation: The influence of family monthly income (FMI) on adolescent pupils' perceived mental health was investigated using a one way between group Variance Analysis (ANOVA) as shown in the tables above.

It is found that the mean difference of adolescent school learners' mental health is statistically significant according to their family monthly income. Calculate F value $(3, 496) = 3.630$, $p = 0.013$ which was < 0.05 level of significance. Further the difference was determined by post-hoc comparisons using the LSD test indicated that the students whose FMI within 5000 (mean=140.26, SD=11.35) and FMI above 15000 (mean=140.25, SD=15.17), their mental health possess more favourable from the students whose FMI within 10000 (mean=139.59, SD=12.48) and within 15000 (mean=134.06, SD=10.50).

Hence the null hypothesis “there is no significant mean difference in the level of mental health among adolescent school learners based on their family monthly income” is rejected.

Hypothesis 11: *“There is no significant mean difference in the mental health level among adolescent school pupils on the basis of habitat”.*

Table showing t-test for mental health of adolescent students depend on their habitat

Variable	Group	Total number	Mean	SD	df	t- value	Sig. /p (2 tailed) value	Remark
Habitat of the learner	Rural	372	139.64	12.10	498	0.577	0.564	Not significant
	Urban	128	138.93	11.93				

Table: 70

Interpretation: The mean mental health score of adolescents in rural (n=372) and urban (n=128) schools was compared using an independent t-test. The t- test is statistically not significant, $t(498) = 0.577$, $p = 0.564$ which was >0.05 value of significance. The result suggests that mental health mean score of rural adolescent students and urban adolescent students is not significantly different.

Hence the null hypothesis *“There is no significant mean difference in the mental health level among adolescent school pupils on the basis of habitat”* is accepted. While comparing the mean score of mental health among two habitat group adolescent students, rural students are better than urban adolescent students.

4.5.2 Inferential statistical analysis of social adjustment

Hypothesis 12: “There is no significant mean difference in the social adjustment level among adolescent school learners based on their gender”.

Table showing t-test result for social adjustment of adolescent students with gender

Variable	Group	Total number	Mean	SD	df	t- value	Sig. /p (2 tailed) value	Remark (0.05 level)
Gender of the learners	Boys	250	92.04	8.59	498	.840	0.401	Not significant
	Girls	250	91.40	8.23				

Table 71

Interpretation: An independent t-test was employed to determine the mean of social adjustment score of boys (n=250) and girls (n=250) adolescence school learners, as shown in table-71. Boys are better at social adjustment than girls, although this difference is not significant at the 0.05 significance value.

Hence the null hypothesis “there is no significant mean difference in the social adjustment level among adolescent school learners based on their gender” is not rejected.

Hypothesis 13: “There is no significant mean difference in the social adjustment level among adolescent school students on the basis of their caste”.

Table showing descriptive result for social adjustment of adolescent students” respect with caste

	Number of subject	Mean	SD	Std. Error	95% Confidence Interval for Mean	
					Lower Bound	Upper Bound
General	99	90.94	8.239	.828	89.30	92.58
Scheduled Caste	291	92.51	8.395	.492	91.54	93.48
Other Backward Class	110	90.33	8.440	.805	88.73	91.92
Total	500	91.72	8.412	.376	90.98	92.46

Table 72

Table showing ANOVA test result of adolescents”social adjustment respect with caste

	Sum of Squares	df	Mean Square	F	Sig. value	Remark (0.05 level)
Between Groups	456.238	2	228.119	3.253	.039	Significant
Within Groups	34854.562	497	70.130			
Total	35310.800	499				

Table 73

Interpretation: The influence of caste (general, scheduled caste, and other backward class) on perceived social adjustment for adolescent pupils was investigated using a one way between groups Analysis of Variance (ANOVA).

There statistically significant mean difference was found between the groups. $F(2, 497) = 3.253, p = 0.03$ which was < 0.05 level of significance. Further, post-hoc comparisons using the LSD test revealed that the mean score of general caste adolescent students (mean=90.94, SD=8.23) and other backward class (mean=90.33, SD=8.44) adolescent students were considerably lower than scheduled caste adolescent students (mean=92.51, SD=8.39).

Hence the null hypothesis “*there is no significant mean difference in the social adjustment level among adolescent school students on the basis of their caste*” is rejected. Scheduled caste students possess better social adjustment capacity than general caste and other backward class adolescent students.

Hypothesis 14: “*There is no significant mean difference in the social adjustment level among adolescent school pupils on the basis of their present educational status*”.

Table showing t-test result for social adjustment of adolescent students with education status

Variable	Group	Total number	Mean	SD	df	t-value	Sig. /p (2 tailed) value	Remark (0.05 level)
Present education status of the learner	IX – X	227	91.81	8.14	498	.230	0.818	not significant
	XI – XII	273	91.64	8.64				

Table 74

Interpretation: The mean social adjustment score of standard IX-X adolescent pupils (n=227) and standard XI-XII adolescent students (n=273) was compared using an independent t-test. These results suggest that social adjustment mean score of standard IX-X adolescent students and standard XI-XII adolescent students are not significantly different.

Hence the null hypothesis “*there is no significant mean difference in the social adjustment level among adolescent school pupils on the basis of their present educational status*” is accepted.

Hypothesis 15: “There is no significant mean difference in the social adjustment level among adolescent school pupils on the basis of their father’s educational qualification”.

Table showing descriptive result for mental health of adolescent students” respect with father education qualification

	N	Mean	SD	Std. Error	95% Confidence Interval for Mean	
					Lower Bound	Upper Bound
Illiterate	124	91.49	8.600	.772	89.96	93.02
Up to Primary Level	216	92.20	8.309	.565	91.08	93.31
Secondary	107	91.20	8.441	.816	89.58	92.81
Under-Graduate	43	91.77	8.375	1.277	89.19	94.34
Post-Graduate	10	89.60	9.082	2.872	83.10	96.10
Total	500	91.72	8.412	.376	90.98	92.46

Table 75

Table Showing the ANOVA test result according to father education qualification

	Sum of Squares	df	Mean Square	F	Sig.	Remark (0.05 level)
Between Groups	130.415	4	32.604	.459	.766	not significant
Within Groups	35180.385	495	71.071			
Total	35310.800	499				

Table 76

Interpretation: The influence of father's education qualification on perceived social adjustment for adolescent pupils was investigated using a one way between groups Variance Analysis (ANOVA).

The results showed that the mean differences between the groups are not statistically significant. $F(4, 495) = 0.459$, $p = 0.766$ which was >0.05 level of significance, two tailed.

Hence the null hypothesis “there is no significant mean difference in the social adjustment level among adolescent school pupils on the basis of their father’s educational qualification” is accepted. While comparing the mean score of social adjustment among adolescent students according to their father educational qualification, whose father have up to primary education, they possess better social adjustment capacity than the other students” groups of father education qualification.

Hypothesis 16: “There is no significant mean difference in the social adjustment level among adolescent school pupils on the basis of their father’s occupation”.

Table showing descriptive result of social adjustment of adolescent students“ respect with father occupation

	N	Mean	SD	Std. Error	95% Confidence Interval for Mean	
					Lower Bound	Upper Bound
Farmer or Labour	293	92.25	8.399	.491	91.28	93.21
Driver	37	92.05	8.475	1.393	89.23	94.88
Govt. Job/Service	33	92.21	7.326	1.275	89.61	94.81
Private Job	49	89.86	9.535	1.362	87.12	92.60
Self-employed	70	90.94	8.346	.997	88.95	92.93
Un-employed	18	89.61	7.072	1.667	86.09	93.13
Total	500	91.72	8.412	.376	90.98	92.46

Table 77

Table showing the ANOVA test result among adolescent learners on the basis of father occupation

	Sum of Squares	df	Mean Square	F	Sig. value	Remark (0.05 level)
Between Groups	386.531	5	77.306	1.093	.363	Not significant
Within Groups	34924.269	494	70.697			
Total	35310.800	499				

Table 78

Interpretation: The influence of a father's occupation on adolescent pupils' perceived mental health was investigated using a one-way between-group Analysis of Variance (ANOVA). The results demonstrated that the mean differences between the groups are not statistically significant. $F(5, 494) = 1.093$, $p = 0.363$ which was > 0.05 level of significance.

Hence the null hypothesis “there is no significant mean difference in the social adjustment level among adolescent school pupils on the basis of their father’s occupation” is accepted.

While comparing the mean score of mental health among the students with respect of their father occupation, those father is farmer or labour ($m=92.25$, $SD=8.39$), govt.job /service holder ($m=92.21$, $SD=7.32$), driver ($m=92.05$, $SD=8.47$), they possess better skill in social adjustment, than other adolescent students whose father are belong private job ($m=89.86$, $SD=9.53$) and unemployment ($m=89.61$, $SD=7.02$) etc.

Hypothesis 17: “There is no significant mean difference in the social adjustment level among adolescent school pupils on the basis of their mother’s educational qualification”.

Table showing descriptive result of social adjustment of adolescent students” respect with mother’s educational qualification

	N	Mean	SD	Std. Error	95% Confidence Interval for Mean	
					Lower Bound	Upper Bound
Illiterate	185	92.46	8.177	.601	91.27	93.65
Up to Primary	201	91.53	8.853	.624	90.30	92.76
Secondary	94	91.12	7.570	.781	89.57	92.67
Under-Graduate	18	89.94	10.114	2.384	84.91	94.97
Post-Graduate	2	86.50	3.536	2.500	54.73	118.27
Total	500	91.72	8.412	.376	90.98	92.46

Table 79

Table showing the ANOVA test result respect with mother educational qualification

	Sum of Squares	df	Mean Square	F	Sig. value	Remark (0.05 level)
Between Groups	253.657	4	63.414	.895	.466	not significant
Within Groups	35057.143	495	70.823			
Total	35310.800	499				

Table 80

Interpretation: The influence of mother education qualification on perceived social adjustment for adolescent pupils was investigated using a one way between group Variance Analysis(ANOVA) as shown in the table above. The results demonstrated that the mean differences between the groups were not statistically significant. $F(4, 495) = 0.895$, $p = 0.466$, at the 0.05 level, this was not significant.

Hence the null hypothesis “there is no significant mean difference in the social adjustment level among adolescent school pupils on the basis of their mother’s educational qualification” is accepted. When teenage pupils' mean social adjustment score is compared based on their mother's educational qualification, students whose mothers have no school education (mean=92.46) have better social adjustment skill than students whose mothers have up to primary (mean=91.53), secondary (mean=91.12), undergraduate (mean=89.94), and postgraduate (mean=86.50) education.

Hypothesis 18: “There is no significant mean difference in the social adjustment level among adolescent school pupils on the basis of their mother’s occupation”.

Table showing descriptive result of social adjustment among adolescent students“ respect with their mother occupation

	Number of pupils	Mean	SD	Std. Error	95% Confidence Interval for Mean	
					Lower Bound	Upper Bound
House wife	400	92.37	8.402	.420	91.54	93.19
Lobour/Servant	73	89.10	7.997	.936	87.23	90.96
Job/Service	27	89.22	8.092	1.557	86.02	92.42
Total	500	91.72	8.412	.376	90.98	92.46

Table 81

Table showing the ANOVA test result according to their mother occupation

	Sum of Squares	df	Mean Square	F	Sig. value	Remark (0.05 level)
Between Groups	838.827	2	419.414	6.047	.003	Significant
Within Groups	34471.973	497	69.360			
Total	35310.800	499				

Table 82

Interpretation: An one-way between-group Variance Analysis (ANOVA) was performed to explore the influence of mother's work on adolescent pupils' perceived social adjustment, as indicated in the tables.

The results demonstrated that the mean difference between the groups was statistically significant. $F(2, 497) = 6.047$, $p = 0.003$, which was significant at the 0.05 level. Further the difference was determined by using the LSD test as a post-hoc comparison, it was determined that the mean score for the students whose mothers are house wife, their social adjustment skill (mean=92.37) is significantly different from the students whose mother are labourer or servant (mean=89.10) and job or service holder (m=89.22).

Hence the null hypothesis “there is no significant mean difference in the social adjustment level among adolescent school pupils on the basis of their mother’s occupation” is rejected. Whose mothers is house wife, they have better social adjustment skill than the students whose mothers“ occupation are labourer or servant and job or service.

Hypothesis 19: “There is no significant mean difference in the social adjustment level among adolescent school learners on the basis of their family type”.

Table showing descriptive result of social adjustment among adolescent students“ respect with family type

	N	Mean	SD	Std. Error	95% Confidence Interval for Mean	
					Lower Bound	Upper Bound
Joint Family	155	92.25	8.845	.710	90.84	93.65
Nuclear Family	332	91.48	8.182	.449	90.60	92.37
Separated	13	91.46	9.315	2.584	85.83	97.09
Total	500	91.72	8.412	.376	90.98	92.46

Table 83

Table showing the ANOVA test result among the student respect with their family type

	Sum of Squares	df	Mean Square	F	Sig. value	Remark (0.05 level)
Between Groups	61.961	2	30.980	.437	.646	Not significant
Within Groups	35248.839	497	70.923			
Total	35310.800	499				

Table 84

Interpretation: The influence of family type (joint family, nuclear family, and separated family) on adolescent pupils' perceived mental health was investigated using a one way between groups Analysis of Variance (ANOVA), as shown in the table above. The mean differences between the groups are not statistically significant. $F(2, 497) = 0.437$, $p = 0.646$, at the 0.05 level, this was not significant.

Hence the null hypothesis “there is no significant mean difference in the social adjustment level among adolescent school learners on the basis of their family type” is accepted. While comparing the mean score of social adjustment among three family group adolescent students, joint family students ($m=92.25$) are more favourable than students from nuclear family ($m=91.48$) and students from separated family ($m=91.46$).

Hypothesis 20: “There is no significant mean difference in the social adjustment level among adolescent school learners on the basis of their birth order”.

Table showing descriptive result of social adjustment of adolescent students with respect their birth order

	N	Mean	SD	Std. Error	95% Confidence Interval for Mean	
					Lower Bound	Upper Bound
1 st	225	92.21	7.820	.521	91.18	93.24
2 nd	163	91.76	8.926	.699	90.38	93.14
3rd and above	112	90.68	8.766	.828	89.04	92.32
Total	500	91.72	8.412	.376	90.98	92.46

Table 85

Table showing the ANOVA test result of their birth order

	Sum of Squares	df	Mean Square	F	Sig.	Remark (0.05 level)
Between Groups	175.520	2	87.760	1.241	.290	Not significant
Within Groups	35135.280	497	70.695			
Total	35310.800	499				

Table 86

Interpretation: The influence of birth order on perceived social adjustment for adolescent pupils was investigated using a one way between group Variance Analysis (ANOVA), as shown in the table above.

According to the table, the three groups of teenage pupils' birth order had no statistically significant mean difference. $F(2, 497) = 1.241, p = 0.290$ which was >0.05 level of significance.

Hence the null hypothesis “there is no significant mean difference in the social adjustment level among adolescent school learners on the basis of their birth order” is accepted.

Hypothesis 21: *“There is no significant mean difference in the social adjustment level among adolescent school learners on the basis of family monthly income”.*

Table descriptive result of social adjustment among adolescent students with respect their family's income

	Number of subject	Mean	SD	Std. Error	95% Confidence Interval for Mean	
					Lower Bound	Upper Bound
Within Rs 5,000	255	92.13	8.052	.504	91.13	93.12
Within Rs 10,000	162	91.78	9.062	.712	90.37	93.18
Within Rs 15,000	47	90.74	7.756	1.131	88.47	93.02
Above Rs 15,000	36	89.86	8.685	1.448	86.92	92.80
Total	500	91.72	8.412	.376	90.98	92.46

Table 87

Table showing the ANOVA result of adolescent student with their family income

	Sum of Squares	df	Mean Square	F	Sig.	Remark (0.05 level)
Between Groups	211.574	3	70.525	.997	.394	Not significant
Within Groups	35099.226	496	70.765			
Total	35310.800	499				

Table 88

Interpretation: The influence of family monthly income (FMI) on adolescent pupils' perceived social adjustment was investigated using a one-way between-group Variance Analysis(ANOVA).

The mean difference between the four categories of learners' family monthly income was statistically insignificant. Calculate F value (3, 496) = 0.997, $p = 0.394$ which was >0.05 level of significance.

Hence the null hypothesis *“there is no significant mean difference in the social adjustment level among adolescent school learners on the basis of family monthly income”* is accepted. It is found that the students of low income (Rs 5000) family are more favourable than the students from high income (Rs 15000 and above) family in social adjustment capacity.

Hypothesis 22: “There is no significant mean difference in the social adjustment level among adolescent school students on the basis of habitat”.

Table showing t-test result of social adjustment of adolescent students, based on their habitat

Variable	Group	Sum of number	Mean	SD	df	t- value	Sig. /p (2 tailed) value	Remark
habitat of the learner	Rural	372	92.12	8.18	498	1.80	0.07	not significant
	Urban	128	90.56	8.98				

Table 89

Interpretation: An independent t-test was performed to compare the mean social adjustment score of rural (n=372) and urban (n=128) adolescents school learners, as shown in table-89. The t- test is statistically not significant, $t(498) = 1.80, p = 0.07$ which was >0.05 value of significance. The findings implied that the average social adjustment score of rural and urban adolescent pupils was not significantly different.

Hence the null hypothesis “there is no significant mean difference in the social adjustment level among adolescent school students on the basis of habitat” is accepted. While comparing the mean score of social adjustment among two habitat group adolescent students, rural students are better than urban adolescent pupils.

Hypothesis 23: “There is no significant correlation between adolescent school learners’ mental health and their social adjustment”.

Table showing descriptive result of correlation study between mental health and social adjustment of adolescent students

	Mean	Std. Deviation	N
Total Score of Mental Health	139.46	12.056	500
Total Score of Social Adjustment	91.72	8.412	500

Table 90

Table showing Karl Pearson Correlation result for mental health and social adjustment

		Total Score of Mental Health	Total Score of Social Adjustment	Remark (0.05 level)
Total Score of Mental Health	Pearson Correlation	1	.221**	Significant
	Sig. (2-tailed)		.000	
	N	500	500	
Total Score of Social Adjustment	Pearson Correlation	.221**	1	
	Sig. (2-tailed)	.000		
	N	500	500	

** . Correlation is significant at the 0.05 level (2-tailed).

Table 91

Interpretation:

Table-95 and table-96 shows that to test the hypothesis the investigator Karl Pearson Correlation was conducted. The association between mental health and social adjustment was shown to be statistically significant although with a very low positive correlation ($r = .221$, $p = .000$), at the 0.05 level of significance, there is a significant correlation.

As a result, the null hypothesis that there is no substantial relationship between mental health and social adjustment among adolescent school students is rejected. It indicates that among adolescent school students, mental health and social adjustment have a substantial positive relationship. In other wards it means that better mental health students have better social adjustment ability.

4.6 Summary of the hypotheses and its remarks

No. of the hypotheses	Hypotheses	Remarks
H ₀₁	There is no significant mean difference in the level of mental health among adolescent school learners on the basis of gender	Rejected
H ₀₂	There is no significant mean difference in the level of mental health status among adolescent school learners on the basis of caste	Rejected
H ₀₃	There is no significant mean difference in the level of mental health status among adolescent school learners on the basis of present education status	Rejected
H ₀₄	There is no significant mean difference in the level of mental health status among adolescent school learners on the basis of fathers' educational qualification	Accepted
H ₀₅	There is no significant mean difference in the level of mental health status among adolescent school learners on the basis of fathers' occupation	Rejected
H ₀₆	There is no significant mean difference in the level of mental health status among adolescent school learners on the basis of mothers' educational qualification	Rejected
H ₀₇	There is no significant mean difference in the level of mental health status among adolescent school learners on the basis of mothers' occupation	Rejected
H ₀₈	There is no significant mean difference in the level of mental health status among adolescent school learners on the basis of their types of family	Rejected
H ₀₉	There is no significant mean difference in the level of mental health status among adolescent school learners on the basis of their birth order	Accepted
H ₀₁₀	There is no significant mean difference in the level of mental health status among adolescent school learners on the basis of family monthly income	Rejected
H ₀₁₁	There is no significant mean difference in the level of mental health status among adolescent school learners on the basis of habitat	Accepted
H ₀₁₂	There is no significant mean difference in the level of social adjustment among adolescent school learners on the basis of gender	Accepted
H ₀₁₃	There is no significant mean difference in the level of social adjustment among adolescent school learners on the basis of caste	Rejected
H ₀₁₄	There is no significant mean difference in the level of social adjustment among adolescent school learners on the basis of present education status	Accepted
H ₀₁₅	There is no significant mean difference in the level of social adjustment	Accepted

	among adolescent school learners on the basis of fathers' education qualification	
H ₀ 16	There is no significant mean difference in the level of social adjustment among adolescent school learners on the basis of fathers' occupation	Accepted
H ₀ 17	There is no significant mean difference in the level of social adjustment among adolescent school learners on the basis of mothers' educational qualification.	Accepted
H ₀ 18	There is no significant mean difference in the level of social adjustment among adolescent school learners on the basis of mothers' occupation	Rejected
H ₀ 19	There is no significant mean difference in the level of social adjustment among adolescent school learners on the basis of their family type	Accepted
H ₀ 20	There is no significant mean difference in the level of social adjustment among adolescent school learners on the basis of birth order	Accepted
H ₀ 21	There is no significant mean difference in the level of social adjustment among adolescent school learners on the basis of their family monthly income	Accepted
H ₀ 22	There is no significant mean difference in the level of social adjustment among adolescent school learners on the basis of habitat	Accepted
H ₀ 23	There exists no significant correlation between mental health and social adjustment among adolescent school learners	Rejected

Table 92

CHAPTER – V

FINDINGS AND DISCUSSION

5.1. Findings of the Study

5.2. Discussion

5.3. Implications of the Study

5.4. Limitations of the study

5.5. Scope for Further Research

References

CHAPTER-V

DISCUSSION AND FINDINGS

5.1. Findings of the study:

To evaluate the hypotheses, descriptive statistics such as mean and standard deviation, as well as inferential statistics such as t-test, ANOVA, and Pearson correlation were used. The main findings are as follows.

1. According to the statistical analysis, between adolescent boys and girls, there is a considerable mean difference in mental health. Girls are more mentally healthy than boys.
2. There is considerable mean difference in mental health amongst three caste groups of students. General caste students possess better mental health than the scheduled caste and other backward class students.
3. When mental health of the students were considered, it is found that IX – X standard adolescent students possess better mental health than XI – XII standard adolescent students.
4. There is no considerable mean difference among adolescent students on the basis of their fathers' educational qualification. The students, whose father did not take school education (illiterate), they possess poor mental health than other students.
5. There is a substantial mean difference in the mental health of students based on their fathers' occupation. The students, whose father hold govt. job/ service, they possess better mental health than the students those father is appointed in different work.
6. In respect of mother's educational qualification, significant mean difference was found among the students. The adolescent students whose mother have up to primary standard education, possess better mental health than other students in the study.
7. When mental health of adolescent students were considered it is found that the students, whose mothers' are house wife, they possess more favorable mental health than the students whose mothers' are service holder or remain outside the family.
8. Students from joint families possess better mental health than students from nuclear and separated families.

9. No significant mean difference exists among respondents' mental health on the basis of their birth order.
10. A significant mean difference noticed in mental health of respondent students according to their family monthly income. The students, whose family monthly income within 15000, they possess poor mental health than the students whose family monthly income is within 5000, within 10000 and above 15000.
11. In respect of habitat, the researcher found that students from rural areas possess better mental health than the students from urban areas.
12. In terms of social adjustment, there is no statistically significant mean difference between boys and girls. Girls are more capable of adjusting to social situations than boys.
13. A significant mean difference exists between three caste group students. Scheduled caste students possess more favorable than general caste and other backward class students in social adjustment ability.
14. In favor of educational status of learners, Class IX – X students possess better social adjustment capacity than class XI – XII adolescent students.
15. Students whose father have up to primary level education, possess better social adjustment capacity than the other category students on the basis of their fathers' educational qualification.
16. The students, whose father hold govt. job/ service, driver and farmer / labour, they possess better ability for social adjustment than the students whose father is unemployed or private job holder.
17. When mothers' educational qualifications were considered, it is found that the students, whose mother have post graduate education they possess poor ability in social adjustment than the other students under study.
18. On the basis of mothers' occupation, it is found that, the students, whose mother is house wife, they possess more favorable social adjustment capacity than the students whose mother service holder or maid servant.
19. Based on family type, the study discovered that pupils from joint families possess better social adjustment capacity than pupils from nuclear families or separated families.
20. Regarding birth order of adolescent students, it is found that the students who are first child possess better social adjustment capacity than the students of 2nd, 3rd and above birth order.

21. When social adjustment was considered, it was noted that the students whose family monthly income is within Rs 5000, they possess better social adjustment capacity than the students whose family monthly income within Rs 10000, within Rs 15000, and above Rs 15000.
22. In respect of habitat, the researcher found that students of rural areas possess better social adjustment ability than the students of urban areas.
23. From Pearson correlation analysis, the researcher found a positive correlation exists between mental health and social adjustment of adolescent school learners.

5.2 Discussion:

Many facets of a student's life are influenced by adolescent mental health and social adjustment. The objective of this study was to investigate teenage students' mental health and social adjustment, as well as the correlation between mental health and social adjustment. The current study was exploratory research done on 500 adolescent school learners, focusing on mental health and its relationship with social adjustment across gender, age, caste, learners' current education status, parents' educational qualification, parents' occupation, types of family, birth order, family monthly income, and habitat.

Gender wise discussion: When the gender of the respondents was taken into account, the researcher found a substantial mean difference among adolescent school students' mental health between boys (mean = 137.26 & SD = 12.73) and girls (mean = 141.66 & SD = 10.92). In terms of mental health, 3.4 % boys have average mental health, 18.6 % has poor mental health, and 28.0 % has very poor mental health, while 4.8 % girls have average mental health, 31.0% has poor mental health, and 14.2 % has very poor mental health. Girls possess better mental health than boys. The probable causes of poor mental health of boys may be their parental insecurity, communication gaps in the family, educational stress, and so on. Pathak and Rai (1993) found that girls possess better mental health than boys. As a result, the conclusions of Pathak and Rai (1993) were validated by the findings of this investigation. Present result of the study also supported by some other researchers findings like Nanda (2001), Chawla (2012), Shokeen (2017), Arulkumar and William (2017), Raj (2017), WHO(2000), Malliga and Jayachandran (2018), Anand (1989), Nanda (1999), Srividhya (2007), Sharma (2014), Anita et. al. (2003), Muzammil et. al. (2009), Rabbani et. al. (1999), and Pastor et. al. (2012). Nandi (2016) found a statistically significant difference in mental health between boys and girls. In the study of Malliga and Jayachandran (2018) it was noted

that girls possess better mental health than boys because boys' level of depression and anxiety is higher than the girls. Higher level of anxiety and depression causes poor mental health of the individual.

When social adjustment of adolescent boys and girls were considered, it was found that the boys possess better social adjustment ability (mean = 92.04) than the girls (mean = 91.40), though this mean difference is not significant. The present findings of the study were supported by Sarkar and Banak (2017), Suthar (2015), Makwana and Kaji (2014), Bimala (2015), NCERT (2008), Rani (2015), Chauhan (2013), Pachaiyappan and Arumugam (2017), Basu (2012). But, Singh (2017) found that in their investigation that there was no mean disparity in social adjustment capacity between boys and girls.

Caste wise discussion: Caste system played a major role in the social life of human beings, and there by touch the mental health of individual. In Indian society caste is a very sensitive aspect. In the present study the researcher found that the general caste (mean = 143.10) students have better mental health than the other backward class (OBC) students (mean = 140) and scheduled caste (SC) students (mean = 137.90). On the other hand, Other Backward Class (mean = 140) students possess better mental health than the Scheduled caste (mean = 137.90) students. According to Nanda (2001), students from the scheduled caste have poorer mental health than students from the general category. According to Niak and Parasar (2017), in Indian society, caste and religion have a significant impact on a person's life due to biasness such as certain people being classified as higher or lower caste. In respect to caste system western society differ from Indian society.

When social adjustment of the respondent students in terms of their caste were considered, it was noted that the scheduled caste students possess better social adjustment capacity than the other backward class students and general caste students and their mean difference is also significant. Poverty, illiteracy and superstitions exists in the Indian society, particularly in the lower caste societies. Scheduled caste students have to fight more for their livelihood as well as for their social acceptance by the upper caste peers and others. The children from scheduled caste families fought against different types of social evils from their childhood, particularly when they remain in the educational institution among the general caste students. They continuously struggle in the community and society for their existence. In course of their struggle, they learn to adjust with the society and with different types of social evils.

Therefore, it is expected that the scheduled caste students may possess better adjustment capacity in the society than other students.

Present education status: When present educational standard of the respondent students were considered it was found that students from secondary (IX –X) standard possess better mental health than the students from higher secondary (XI-XII) standard. The mean difference between two group is significant. Niak and Parasar (2017) also reported that mean difference exists between secondary and higher secondary students, when their mental health were considered. On the other hand Timalsina, Kafle, and Timalsina (2018) noted that no relationship exists between the grade of students when their mental well-being were considered.

In terms of social adjustment, the present researcher found that mean difference exists between secondary and higher secondary students but this mean difference is not significant. According to Anbalagan (2017), there is no substantial difference in students' social adjustment capacity based on their academic status.

On the basis of fathers' education: When fathers' educational qualification of the respondents were considered it was found that the students whose father have up to primary level education and post graduate education, they possess better mental health than the students whose father have secondary education, under graduate education and also no traditional education at all, the mean difference between the groups and within the groups are not significant. Same result was noticed by researchers like Timalsina, Kafle, and Timalsina (2018) in their study, they found that no relationship between fathers' educational standard and psychological disorder of their adolescent learners.

When social adjustment capacities of the respondents were considered, it was noted that though mean difference exists between the students on the basis of their fathers' educational qualification, but the difference is not significant. The students those father have primary level education they possess better adjustment capacity in the society than other students.

In the respect of fathers' occupation: When fathers' occupation was considered it was found that the students whose father have govt. service, they possess better mental health than the students whose father are labour, driver, self-employer and unemployed or private job holder, and the mean difference between these two groups are significant. The outcomes of the present study is supported by the study of CusWorth (2006), he also noted that parental

employment and non-employment closely related with children's mental health. According to him parental employment can affect children's mental health in several ways as parental employment and their income level are closely interrelated. In the study of Bhosale et. al. (2015) it was shown that there is a statistically substantial distinction in the mental health of the pupils, whose fathers' are employ or non-employee in terms of their mental health. However, Timalisina, Kafle, and Timalisina (2018) discovered no association between the father's occupation and the mental health of school-aged adolescents.

In terms of social adjustment capacity of the respondent students it was noted that mean difference exists on the basis of parents' occupation, but the same is not significant. The present investigator even after long review of related literature did not find any study related to this variable, that is how parents' occupation influence the social adjustment capacity of adolescent students.

Mothers' education: When mothers' educational qualification of the respondents were considered it was found that the students whose mother have up to primary level education, they possess better mental health than the students whose mothers' have secondary education, under graduate education and post graduate education. The mean difference between the groups and within the groups are statistically significant. Timalisina, Kafle, and Timalisina (2018) found that no relationship exists between parents' educational standard and mental health of their adolescent learners.

When social adjustment capacities of the respondents were considered, it was noted that though mean difference exists between the students on the basis of their mothers' educational qualification, difference is not significant. The students whose mothers' have no school education they possess better adjustment capacity in the society than other students in present study.

Mothers' occupation: When mothers' occupation was considered it was found that the students whose mothers are house wife, they possess better mental health than the students whose mother are labour or servant and job or service holder, and the mean difference between these two groups are significant. The conclusions of this study are corroborated by Abster and Khanjani's research (2009). They discovered a positive connection between moms' employment and students' psychological difficulties. Hushing (2010) found that mothers' employment has a favorable effect on the rate of emotional and behavioural issues among students in terms of their mental health. But, Timalisina, Kafle, and Timalisina (2018)

discovered no connection between mothers' occupational status and the mental health of school-aged adolescents. Working mothers' children possess greater mental health than not-working mothers' children, according to Aghdam et al. (2015).

When social adjustment of the respondent students in terms of their mothers' occupation were considered, it was noted that a significant mean difference exists amongst adolescent school learners based on their mother's occupational status. The student whose mothers are house wife, they possess better mental health than the students whose mother are labour or servant and job holder. The findings of this study are supported by Syed's research (2018). He claims that working mothers' children are more socially maladjusted than non-working mothers' children, who are more socially adjusted. Working mothers do not have enough time to spend with their youngsters, and as a result, these children are isolated, affecting their social adjustment. Collins (1975) showed that children whose mothers are service holder and remain outside of the home for maximum day time possess a poorer personality than children whose mothers are completely at home. Non-working mothers' children receive appropriate attention from their mothers, which is a crucial requirement for socialisation. Mody and Murty (1988), Ora, Einaya, and Ehlas (2006) also supported the findings of the present study.

Family type: When adolescent students' family types were studied, it was noted that family diversity have a substantial influence on their mental health. The mean difference is statistically significant. Present investigator found that, students from joint families (mean = 142.10, SD= 11.56) possess better mental health than the students from nuclear families (mean = 138.51, SD= 12.24) and separated families (mean = 132.23, SD=4.64). Studies by Singh et. al. (1990) backed up the findings of this investigation. Anita et. al. (2003) noted that children from nuclear families possess more mental health problems than the children from joint families. Malliga and Jayachandran (2018) also found same result. They noted that higher secondary students from nuclear families have greater levels of stress and anxiety than students from joint families. Kaur et.al. (2015) found a statistically significant difference in the mental health among adolescents from different family structures. In contrast, as per the results found by Nandi (2016), between students from nuclear and combined households, there was no statistically significant difference in the prevalence of mental health problems.

When social adjustment of adolescent learners in terms of their family types were considered, the present researcher noted that social adjustment ability is more among students of joint families than students of nuclear families. But this mean difference is not significant. The

present findings of the study were supported by Revika (2013), Jaikumar and Muthumanickam (2010), Emmanuel (2013), Kumar (2013), and Chatterjee (2018), Bhosale et. al. (2015) also found the same result. Emmanuel (2013) noted that children from joint households possess better adjustment capacity than the children from nuclear households. Whereas Basu (2012) found a significant mean difference exists among secondary school students based on their household type. According to Idiok and Ackley (2018) family structure has a major influence on students' social adjustment.

Birth order: When the respondents' birth order was taken into account, the researcher noted that there is no significant mean difference in teenage school pupils' mental health. The findings of this study are supported by Wang et.al. (1989). They identified that the difference in mental health prevalence between siblings was not statistically significant. In contrast, Nandi (2016) noticed that the first kid (child) of the parents has better mental health than the learners who are the 2nd or 3rd in birth order. According to Mishra's (2011) report in the Times of India, a study conducted in Kanpur city among school children revealed that, single children have a higher prevalence rate of mental health problem.

In terms of social adjustment, there is no significant mean difference amongst adolescent school learners based on their birth order. The current study also supported by the study of Jaikumar and Muthumanickam (2010). They noted that students in the first, second, and third birth orders do not differ significantly in terms of their social adjustment ability.

In the ground of habitat: In terms of habitat the researcher found that no significant mean difference in mental health among adolescent school learners exists. Present result of the study also supported by some other researchers' findings like Sharma (2014), Kumar and Grewal (2014), Bartwal (2014), Singh (2018), Arulkumar and William (2017), Parmar (2019), Ahmad et. al. (2007), Srinath et. al. (2005), Sarda et. al. (2013) and Kaur et. al. (2015). The present researcher also noticed that rural adolescent learners possess better mental health than urban adolescent learners. This finding supported by the study of sharma (2014). He observed that children in urban schools had greater mental health issues than students in rural schools.

When habitat of the students were considered the investigator found that the rural adolescent learners (mean=92.12) possess better social adjustment capacity than the urban adolescent learners (mean=90.56). Though the mean difference is not significant. The result of the present study were supported by the study of Thakkar (2003), Makwana (2014),Paramanik,

Saha, & Mondal (2014), Packiaselvi and Malathi (2017), Ghatak (2018), Chatterjee (2018) noted a similar outcome in his research. According to Srivastava (2018), based on their location, there is no substantial variation in social adjustment between rural and urban schoolchildren. Kaur (2012) also found the same result.

Family monthly income: When family monthly income of the respondent students were considered it was reported that students from low-income families (mean=140.26) and high-income families (mean=140.25) possess better mental health than students from middle-income families (mean=139.59 & mean=134.06) and the mean difference is statistically significant. The current researcher's findings are backed up by a study by Sibnath et.al (cited from Sankar et. al., 2017), who found that adolescents in the intermediate socio-economic group are more nervous than those in the high and low socio-economic groups.

When social adjustment of the respondent students in terms of their family monthly income were considered, it was found that the students from low-income family possess better social adjustment capacity (mean=92.13) than the students from middle (mean=90.74) and high-income family (mean=89.86), and the mean difference is not significant. The findings of the present study supported by Emmanuel (2013). According to him, there is no substantial mean difference in the adjustment capacity of school-age adolescents based on family income. In contrast, in the study of NCERT (2008) it was found that students from high socioeconomic level groups have better social adjustment, whereas students from moderate socioeconomic status groups have the worst social adjustment capacity.

Correlation between mental health and social adjustment capacity: The investigator used the Pearson correlation method to determine the nature of the correlation between mental health and social adjustment among adolescent school learners and found that a significant positive (very low) correlation exists ($r = .221$) between two variables. We can conclude that those with better mental health also have better social adjustment capacity and vice versa. Previous researches also supported to the present findings. Pathak (2014) found a significant connection between mental health and social adjustment in adolescent pupils. Shokeen (2017) found that a substantial positive relationship exists ($r = .401$) between adolescent students' mental health and social adjustment. According to Archana (2011), there is a strong association between teenage mental health and moral adjustment. Patel (2021) found that a good relationship exists between students' mental health and social adjustment. Bala (2018)

conclude that mental health and social adjustment have a significant positive correlation ($r = .214$). Singh (2015) also found same result.

5.3. Educational implications of the study:

The adolescent stage is the most essential time in a person's life. The majority of children acquire secondary education during this time. It's a stage of life characterised by fast growth and development in almost every aspect of life, including physical, mental, social, moral, and emotional development. Every child is born into a family, which is a social unit. It is via the family that a child learns the fundamentals of socialisation, such as what society expects of him and what his role will be as an individual in society. On the other side, the twenty-first century might be described as a struggle century. Everywhere we look, there is a race or competition going on. Science and technology are progressing at a rapid speed, the rivalry has spread to every corner of the globe. This conflict among students, particularly in the realm of education, grew significantly. Curriculum and co-curricular values have vastly increased, trapping pupils in adjustment issues. Students experience emotional strain and anxiety as a result of feelings of insecurity, internal conflicts, bad company, and low achievement. They are unable to cope with changing societal trends; pupils are taking drugs, and the suicide rate has grown. Good mental health is necessary for everybody to adapt with the current society in order to live in this competitive and complicated world. They face adjustment problems. They have to cope up with their mental and emotional problems. They possess high prevalence of mental health problems. Adolescent learners struggle to adjust to their parents, friends, instructors, and neighbours, as well as the school environment and social environment, at this age. The present investigator noticed social and mental maladjustment among adolescent learners in the rural as well as urban areas. As a result, the researcher chooses the current study to investigate the mental health status and nature of social adjustment among adolescent learners, in addition to the association between mental health and social adjustment.

The study has significant implications for parents, teachers, students, experts, educational planners, educational policymakers, counsellors, psychologists, religious bodies, and incoming researchers. First and foremost, it should be recognised that the adolescent era of human development is a challenging and critical period for students. The school authority should aware about mental health problems of these learners as well as how to support them for social and familial adjustment.

Family only can support a learner for development of his or her self - concept and self - respect. Without the parental support a child's social development will be hampered. On the other hand, a stable mental health is needed for social adjustment of the individual. Therefore, studying mental health and social adjustment capacity is needed from educational point of view. The teachers should be aware about these issues as well as their importance for development of learners' academic excellence and socialization skill.

The school authority should sensitize the parents as well as the common people regarding these issues. The teachers should be refreshed in in-service training about these issues. The teachers should be aware that their function is not just to teach a child but to support him/ her for their all-round development. In the modern changing society teachers' role now increased day by day from classroom to the society in large.

5.4. Limitations of the study:

The present study was limited to the following:

1. For this study the present investigator collected only 500 samples. Due to covid-19 situation it was not possible for him to include more samples to get a clear picture of mental health and social adjustment of adolescent learners.
2. The investigator studied only two dependent variables mental health and social adjustment, though mental health of adolescent learners depends upon so many factors.
3. The investigator reviewed in depth only 66 related research papers. There was ample scope of reviewing more research work. Due to shortage of time and other problems the investigator study only 66 papers.
4. Due to pandemic situation the present investigator collected data only from south 24 pargana district and some area of Kolkata district.

5.5. Scope for Further Research:

The following scope or field may be more research workable to the oncoming researchers in their study. The present investigator find out the following areas for further research-

- (1) To develop mental health and social adjustment scale for the different groups of respondents.

- (2) To see the effectiveness of the mental health and social adjustment on their educational achievement, political achievement and in future service or business of students.
- (3) One can study the relationship between peer group, parental attitude, teachers' achievement, relationship with other members in family, educational background of family, self-needs and adolescent mental health
- (4) The relationship between adolescent social adjustment and peer group, cooperation, parental attitude, teacher achievement, relationship with other family members, family educational background, and self-needs can all be researched.
- (5) It is possible to undertake a study on the mental health and social adjustment of teenage school children of working and non-working mothers.
- (6) There may be scope to accept the study of psychological wellbeing among exceptional adolescent learners and normal adolescent learners.
- (7) Comparative research of mental health and social adjustment among pupils in government and private schools, urban and rural schools, general and special schools should be possible.
- (8) A comparative study of mental health can be undertaken among students who are enrolled in distance education and formal education, or who are studying from a hostel or school boarding and from home.

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CHAPTER –VI

RESEARCH SUMMARY AND CONCLUSION

6.1. Introduction

6.2. Statement of the problem

6.3. Objectives of the study

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6.1. Introduction:

Mental health is defined as "the emotional and spiritual strength that allows us to enjoy life while enduring sorrow, misery, and disappointment" (Roul & Bihari, 2015). It is a sense of well-being as well as the belief in one's own worth and dignity. It is influenced by both our genetic heritage and our prior experiences" (WHO). Mental health and social adaptability are vital aspects of human life. Individual development on all levels is only feasible if one's mental health is in good shape. Society is a place where every human being is fostered and meets their various needs through connection with one another. The nature of our contact and socialization process is influenced by our mental health to some extent.

Mental health refers to a condition of well-being in which a person recognises his or her own potential, is able to cope with everyday stressors, is able to work efficiently and fruitfully, and therefore, is able to contribute to his or her community (WHO, 2001). A positive sensation of well-being is defined as mental wellness. When confronted with various types of challenging life situations, an individual's mental health refers to how they think, feel, and act. A mentally healthy person can deal with stress and despair easily and make decisions (Panchal, 2013).

Social Adjustment:

Plato claims that "Human beings are social culture," thus everyone must adapt to society. Social adjustment is the ability to develop favourable relationships in order to avoid being exploited by others. Every person in the community tries their hardest to adjust to any environment they find themselves in, social adjustment is described as the ability to develop positive relationships with others as well as differentiate from different others. Social adjustment has been identified as a fundamental psychological aspect in characterizing persons. Students must have the capacity to adapt, which will enable them to evolve as responsible citizens. As a result, all of these are equally appropriate to adolescent secondary school students. They cannot endure the stress and storm at this period because they are overly sensitive to interpersonal relationships. They simply struggle and endure challenges in their lives. They may isolate themselves from others and indulge in negative thoughts and behaviour at times. They lack a fundamental route in adjustment throughout this stage due to a lack of fine-tuning. As a result, social adjustment is critical in today's environment.

The techniques to adjust as a process are defined and explained, as a procedure by which a person adjusts to himself and his surroundings, regardless of the quality of the adaptation or its success or failure. It is a pattern of behaviour that is observed in everyday situations such as at home, school, job, growing up, and ageing. It aids in controlling fundamental urges, trusting in one's own abilities, and accomplishing desired outcomes. As a result, adjustment encourages self-directed intellectual, emotional, social, physical, and occupational development and progress. The psychological process by which people manage or deal with the demands and obstacles of daily life is known as adjustment. It signifies conformity and is concerned with how a person adjusts to his surroundings and life's demands (Ogoemeka, 2012).

Bhagia (1966) researched school adjustment concerns and discovered that girls much surpassed boys in terms of adjusting to the school's general environment and organizational components. In terms of adjusting to instructors, classmates, and oneself, students in rural schools outperformed those in urban institutions. Rural children scored better in the emotional, health, and school adjustment categories, whereas urban kids scored higher in the aesthetic adjustment category (Pandey, 1979). There were no significant variations in social maturity, emotional adjustment or social adjustment between male and female college students (Suther, 2015).

Suman Lata and Sharma (2014) discovered a positive relationship between adolescent mental health and educational environment. Shokeen (2017) discovered a favourable significant association between teenage mental health and social adjustment in their study. Kannan (2005) discovered that female students have stronger social skills than male pupils. She also discovered that pupils from nuclear families have stronger social skills than students from joint families.

6.2. Statement of the problem:

The present investigator studied in depth to seek whether any research on mental health and its impact on social adjustment of adolescent students held in West Bengal particularly in rural areas. But even after a long review the present investigator did not found such study. Therefore, there is a knowledge gap in this particular area in West Bengal. Hence the present investigator, on the basis of above research evidences, the problem stated as “***Mental Health among Adolescent School learners and its impact on their Social Adjustment***”

6.3. Objectives of the study:

1. To investigate the level of mental health among adolescent school learners on the basis of gender.
2. To investigate the level of mental health among adolescent school learners according to their caste.
3. To investigate the level of mental health among adolescent school learners depending on the present education status.
4. To investigate the level of mental health among adolescent school students based on their father's academic qualifications.
5. To investigate the level of mental health among adolescent school students based on their father's occupation.
6. To investigate the level of mental health among adolescent school students based on their mother's academic qualifications.
7. To investigate the level of mental health among adolescent school learners based on their mother's occupation.
8. To investigate the level of mental health among adolescent school learners based on their family types.
9. To study the level of mental health among adolescent school students according to their birth order.
10. To determine the level of mental health among adolescent school students based on their family's monthly income.
11. To investigate the level of mental health among adolescent school learners in relation to their habitat.
12. To determine the level of social adjustment among adolescent school learners in terms of their gender.
13. To determine the level of social adjustment among adolescent school learners based on caste.
14. To measure the level of social adjustment among adolescent school learners according to present education status.
15. To determine the level of social adjustment among adolescent school learners in relation to their father's academic qualifications.
16. To determine the level of social adjustment among adolescent school learners based on their father's occupation.

17. To determine the level of social adjustment among adolescent school learners based on their mother's educational qualifications.
18. To determine the level of social adjustment among adolescent school learners based on their mother's occupation.
19. To determine the level of social adjustment among adolescent school learners based on their family types.
20. To determine the level of social adjustment among adolescent school learners based on their birth order.
21. To measure the level of social adjustment among adolescent school learners according to their monthly familial income.
22. To measure the level of social adjustment among adolescent school learners with regard to their habitat.
23. To find out the relationship between mental health and social adjustment among adolescent school learners.

6.4. Hypotheses:

H₀1: There is no significant mean difference in the level of mental health among adolescent school learners on the basis of their gender.

H₀2: There is no significant mean difference in the level of mental health condition among adolescent school learners on the basis of their caste.

H₀3: There is no significant mean difference in the level of mental health among adolescent school learners on the basis of the present educational status.

H₀4: There is no significant mean difference among adolescent school students' mental health based on their father's educational qualification.

H₀5: There is no significant mean difference among adolescent school learners' mental health based on their father's occupation.

H₀6: There is no significant mean difference in the level of mental health among adolescent school learners on the basis of their mother's educational qualification.

H₀7: There is no significant mean difference among adolescent school learners' mental health based on their mother's occupation.

H₀8: There is no significant mean difference in the level of mental health among adolescent school learners on the basis of their family type.

H₀9: There is no significant mean difference in the level of mental health among adolescent school learners on the basis of their birth order.

H₀10: There is no significant mean difference in the level of mental health status among adolescent school learners on the basis of their family monthly income.

H₀11: There is no significant mean difference in the level of mental health status among adolescent school learners on the basis of habitat.

H₀12: There is no significant mean difference in the level of social adjustment among adolescent school learners on the basis of their gender.

H₀13: There is no significant mean difference in the level of social adjustment among adolescent school students on the basis of their caste.

H₀14: There is no significant mean difference in the level of social adjustment among adolescent school learners on the basis of their present educational status.

H₀15: There is no significant mean difference in level of social adjustment among adolescent school learners on the basis of their father's educational qualification.

H₀16: There is no significant mean difference in the level of social adjustment among adolescent school learners on the basis of their father's occupation.

H₀17: There is no significant mean difference in the level of social adjustment among adolescent school learners on the basis of their mother's educational qualification.

H₀18: There is no significant mean difference in the level of social adjustment among adolescent school students on the basis of their mother's occupation.

H₀19: There is no significant mean difference in the level of social adjustment among adolescent school learners on the basis of their family type.

H₀20: There is no significant mean difference in the level of social adjustment among adolescent school students on the basis of their birth order.

H₀21: There is no significant mean difference in the level of social adjustment among adolescent school learners on the basis of their family monthly income.

H₀22: There is no significant mean difference in the level of social adjustment among adolescent school learners on the basis of their habitat.

H₀23: There is no significant correlation between adolescent school learners' mental health and their social adjustment.

6.5. Method and procedure:

Descriptive survey method is used in social science and education. Survey method is favourable to a wide diversity of purpose. All crucial steps and qualities that have been specified as needed for the descriptive method of research have been gathered in the current investigation. For present study the population comprised of all the adolescent school learners (IX – XII) studying in West Bengal Board of Secondary and Higher Secondary Education (WBBSE & WBBHSE) in West Bengal.

For present study the investigator collects the data from 620 adolescent students and for accuracy of data the investigator selects finally 500 students (250 boys and 250 girls) after completion of all the inclusion and exclusion criteria according to the research authenticity. The samples were collected from IX-XII standard adolescent students, using non-probability (convenient) sampling technique from different schools of south 24 Parganas district and Kolkata metropolitan city of West Bengal.

Tools of data collection:

General Information Schedule:

General information schedule or demographic data sheet composed of information about the students regarding their gender, age, caste, present educational status, father's educational background, mother's educational background, father's and mother's occupations, and family type, birth order, and monthly income of family, habitat.

Mental health inventory:

It is a survey that is descriptive in nature. The information was gathered from the sample using a tool/instrument called the Mental Health Inventory (MHI), which was created and developed by Jagadish and Srivastava (1986). There were 56 items in the inventory.

Social Adjustment Inventory:

Another research tool employed in this study is the Social Adjustment Inventory, which was standardised by Roma Pal (1985). There are 60 items on the scale. Although there is no time restriction on the inventory, it normally takes a subject 40-45 minutes to complete. The inventory can be used on an individual or group basis, with 60 items followed by 'Yes' or 'No' responses.

6.6. Statistical analysis of data:

In this section, several statistical approaches are employed to analyse data. The investigator cleaned and quantified each data sheet after collecting it, then tabulated it on an excel sheet as systematically as possible. The data was examined using the Statistical Package for the Social Sciences (SPSS) tool. The investigator utilised following descriptive and inferential statistical measures based on the study's aims and hypotheses – mean, SD, t-test, F-test and Pearson correlation.

6.7. Major findings:

The main findings are as follows.

1. According to the statistical analysis, between adolescent boys and girls, girls are more mentally healthy than boys.
2. General caste students possess better mental health than the scheduled caste and other backward class students.
3. IX – X standard adolescent students possess better mental health than XI – XII standard adolescent students.
4. There is no considerable mean difference among adolescent students on the basis of their fathers' educational qualification.
5. The students, whose father hold govt. job/ service, they possess better mental health than the students those father is appointed in different work.
6. Significant mean difference was found among the students. The adolescent students whose mother have up to primary standard education, possess better mental health than other students in the study.
7. Whose mothers' are house wife, they possess more favorable mental health than the students whose mothers' are service holder or remain outside the family.

8. Students from joint families possess better mental health than students from nuclear and separated families.
9. No significant mean difference exists among respondents' mental health on the basis of their birth order.
10. A significant mean difference noticed in mental health of respondent students according to their family monthly income.
11. In respect of habitat, the researcher found that students from rural areas possess better mental health than the students from urban areas.
12. In terms of social adjustment, girls are more capable of adjusting to social situations than boys.
13. Scheduled caste students possess more favorable than general caste and other backward class students in social adjustment ability.
14. In favor of educational status of learners, Class IX – X students possess better social adjustment capacity than class XI – XII adolescent students.
15. Students whose father have up to primary level education, possess better social adjustment capacity than the other category students on the basis of their fathers' educational qualification.
16. The students, whose father hold govt. job/ service, driver and farmer / labour, they possess better ability for social adjustment than the students whose father is unemployed or private job holder.
17. It is found that the students, whose mother have post graduate education they possess poor ability in social adjustment than the other students under study.
18. On the basis of mothers' occupation, whose mother is house wife, they possess more favorable social adjustment capacity than the students whose mother service holder or maid servant.
19. Pupils from joint families possess better social adjustment capacity than pupils from nuclear families or separated families.
20. Regarding birth order, it is found that the students who are first child possess better social adjustment capacity than the students of 2nd, 3rd and above birth order.
21. When social adjustment was considered, whose family monthly income is within Rs 5000, they possess better social adjustment capacity than the students whose family monthly income within Rs 10000, within Rs 15000, and above Rs 15000.
22. In respect of habitat, the researcher found that students of rural areas possess better social adjustment ability than the students of urban areas.

23. From Pearson correlation analysis, the researcher found a positive correlation exists between mental health and social adjustment of adolescent school learners.

6.8. Conclusion:

The study has significant implications for parents, teachers, students, experts, educational planners, educational policymakers, counsellors, psychologists, religious bodies, and incoming researchers. First and foremost, it should be recognised that the adolescent era of human development is a challenging and critical period for students. The school authority should aware about mental health problems of these learners as well as how to support them for social and familial adjustment.

Family only can support a learner for development of his or her self - concept and self - respect. Without the parental support a child's social development will be hampered. On the other hand, a stable mental health is needed for social adjustment of the individual. Therefore, studying mental health and social adjustment capacity is needed from educational point of view. The teachers should be aware about these issues as well as their importance for development of learners' academic excellence and socialization skill.

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APPENDIX-1

যাদবপুর বিশ্ববিদ্যালয়
কলকাতা - ৭০০ ০৩২, ভারত



JADAVPUR UNIVERSITY
KOLKATA-700 032, INDIA

DEPARTMENT OF EDUCATION

Date: February 6, 2020

To Whom It May Concern

This is to certify that **SRI CHATTU MONDAL** is a bona fide Ph.D. research scholar of the Department of Education, under Faculty Council of Arts, Jadavpur University. He is pursuing his Ph.D. research on the topic of *Mental Health Status among Adolescent School-Learners and its Impact on their Social Adjustment*.

To successfully complete his Ph.D. dissertation, Sri Chattu Mondal needs to conduct survey work and collect relevant data from different secondary and higher secondary level schools across West Bengal.

The undersigned hereby requests the concerned to kindly grant Sri Chattu Mondal permission to conduct his research survey in his/her esteemed institute. The concerned cooperation in this regard is solicited and will be greatly appreciated.


(Dr. Mukti Pada Sinha)
Head (Acting)
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Department of Education
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* Established on and from 24th December, 1955 vide Notification No. 10986/1U-42/55 dated 6th December, 1955 under Jadavpur University Act, 1955 (West Bengal Act XXXIII of 1955) followed by Jadavpur University Act, 1981 (West Bengal Act XXIV of 1981)

দূরভাষ : (৯১) ০৩৩ ২৪৫৭-২৮৮২
দূরবার্তা : (৯১) ০৩৩ ২৪১৪-৬০০৮

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APPENDIX-2

Mental Health among Adolescent school learners and its impact on their Social Adjustment

Demographic data sheet

- 1. Age:**
- 2. Gender:**
- 3. Caste: [SC / ST / OBC / GENERAL]**
- 4. Educational status:**
- 5. Father's educational qualification:**
- 6. Father's occupation:**
- 7. Mother's educational qualification:**
- 8. Mother's working status: [Employed / Housewife]**
- 9. Family type: [Joint / Nuclear / Broken]**
- 10. Birth order:**
- 11. Family monthly income:**
- 12. Habitat : [Rural / Urban / Semi- urban / Slum]**

APPENDIX- 3 A

MENTAL HEALTH INVENTORY

Dr. Jagdish

Dept. of Psychology
R. B. S. P.G. College
AGRA

Dr. A. K. Srivastava

Dept. of Psychology
B. H. U. - VARANASI

INSTRUCTIONS :

This inventory is meant for a psychological investigation. It consists of a number of statements relating to your feelings about yourself in every day life. You have got four alternatives to respond each of the statements. Choose either of the four alternatives responses, i. e. Always Most of time, Some times, Never, which most suitably indicate the frequency of your feelings and views.

Do not leave any statement unanswered,

	Always	Most of times	Some times	Never
1. I feel lack of confidence.	()	()	()	()
2. I get excited very easily.	()	()	()	()
3. I am not able to take quick decision on any subject.	()	()	()	()
4. I have affection and attachment with my neighbours.	()	()	()	()
5. I mould myself according to circumstances.	()	()	()	()
6. I feel that I am losing self-respect.	()	()	()	()
7. I use to worry even about trivial matter for a long time.	()	()	()	()
8. I am not able to take decision about my next step.	()	()	()	()
9. I hesitate in meeting with others.	()	()	()	()
10. I do my duty well even in adverse circumstances.	()	()	()	()
11. I feel that I am not able to fully utilize my abilities in performing my different duties.	()	()	()	()
12. In adverse circumstances, I act without keeping in view of the real facts.	()	()	()	()
13. I feel irritation.	()	()	()	()
14. I feel to be insecure.	()	()	()	()
15. I am much worried about my responsibilities.	()	()	()	()
16. I feel depressed/dejected.	()	()	()	()
17. I play important role in social ceremonies.	()	()	()	()
18. I utilize my reasoning even in difficult times.	()	()	()	()
19. I feel that my relations with others are not satisfactory.	()	()	()	()
20. My responsibilities are like burden to me.	()	()	()	()
21. I suffer from inferiority complex.	()	()	()	()
22. I am and used to be lost in world of imagination.	()	()	()	()
23. I am and anxious about my future.	()	()	()	()
24. My friends/relatives remain ready to help me in the difficult times.	()	()	()	()
25. I make definite plans about my future.	()	()	()	()
26. I am enraged even by the slightest unfavourable talks.	()	()	()	()
27. I take decision easily even in difficult circumstances.	()	()	()	()
28. I am not able to behave in such a way as my friends expect from me.	()	()	()	()
29. I am satisfied with most of the aspects of my life.	()	()	()	()
30. My friends and colleagues have respect for me.	()	()	()	()

	Always	Most of times	Some times	Never
31. My confidence varies highly in quantity.	()	()	()	()
32. I am always ready to fight the problems.	()	()	()	()
33. I make impressions about people or issue even in absence of facts and grounds.	()	()	()	()
34. I am not able to concentrate fully in my works.	()	()	()	()
35. I feel inclined towards opposite sex.	()	()	()	()
36. I solve my problems myself.	()	()	()	()
37. I fully cooperate in the important functions of my community.	()	()	()	()
38. I am perplexed with my contradictory thoughts.	()	()	()	()
39. I take decisions on the basis of facts even though they are contrary to my wish.	()	()	()	()
40. I am not able to continue any task for long.	()	()	()	()
41. I feel my self secured amidst my friends/group.	()	()	()	()
42. I do not become hopeless even when I fail.	()	()	()	()
43. I consider myself useful for society.	()	()	()	()
44. I aspire for something without having in view of my short commings.	()	()	()	()
45. I do not get influenced even by reasonable arguments.	()	()	()	()
46. I am not able to take such decision as I want to take.	()	()	()	()
47. I am afraid of imaginary calamities.	()	()	()	()
48. I feel that this world is a place good enough for passing life.	()	()	()	()
49. I feel full of enthusiasm to think that I will certainly achieve my objectives.	()	()	()	()
50. I do not get disappointed with the common worries of daily life.	()	()	()	()
51. My mood changes momentorily.	()	()	()	()
52. I myself decide what and how I should do.	()	()	()	()
53. I feel that my intimacy with my group community is increasing gradually.	()	()	()	()
54. I feel pleasure in taking responsibilities.	()	()	()	()
55. I feel that situations are getting against me.	()	()	()	()
56. I have a wide perception about life.	()	()	()	()

Thanks

APPENDIX – 3 B (Bengali version)

MENTAL HEALTH INVENTORY

বক্তব্য	সর্বদা	প্রায়ই	বিরল বা মাঝে মধ্যে	কখনো না
১. আমি সাহসিকতার অভাব অনুভব করি				
২. আমি খুব সহজে উত্তেজিত হয়ে পড়ি				
৩. যে কোন বিষয়ে দ্রুত সিদ্ধান্ত নেওয়ার ক্ষেত্রে আমি সক্ষম নই।				
৪. আমি অনুভব করছি পরিস্থিতি ক্রমশ আমার বিপরীত দিকে যাচ্ছে।				
৫. আমার প্রতিবেশীর সাথে আমার ভালোবাসা ও অনুগত্য রয়েছে।				
৬. পরিস্থিতি অনুযায়ী আমি নিজেকে তৈরী করি।				
৭. আমি অনুভব করি আমি আত্মমর্যাদা হারাচ্ছি।				
৮. আমার জীবনে সমস্যা হওয়ার পিছনে বৃহত্তর পরিপ্রেক্ষিত কারন আছে।				
৯. আমি নগন্য বিষয়ে দীর্ঘসময় ধরে চিন্তা করি।				
১০. পরবর্তি পদক্ষেপ সম্পর্কে সিদ্ধান্ত নিতে আমি অক্ষম।				
১১. অন্যের সাথে সাক্ষাৎ/সভা করতে আমি দ্বিধা বোধ করি।				
১২. প্রতিকূল/বিপরীত পরিস্থিতিতে আমি আমার কর্তব্য সঠিক ভাবে করি।				
১৩. আমি অনুভব করি যে বিভিন্ন কর্তব্য সম্পন্ন করার ক্ষেত্রে আমি আমার ক্ষমতা সম্পূর্ণ ভাবে প্রয়োগে অক্ষম।				
১৪. প্রতিকূল পরিস্থিতিতে প্রকৃত বাস্তব ঘটনা না বুঝেই আচরন করি।				
১৫. আমি জ্বালাতন উপলব্ধি করি				
১৬. আমি নিরাপত্তা হীনতা অনুভব করি।				
১৭. আমার দায়িত্ববোধ সম্পর্কে আমি চিন্তিত				
১৮. আমি মনমরা বা নিরুৎসাহ অনুভব করি।				
১৯. সামাজিক অনুষ্ঠানে আমি গুরুত্বপূর্ণ ভূমিকা পালন করি।				
২০. কঠিন বা সংকটপূর্ণ সময়ে আমি আমার যুক্তি ব্যবহার করি।				
২১. আমি অনুভব করি অন্যের সাথে আমার সম্পর্ক পরিতৃপ্তিকর নয়। (যথাযথ নয়)।				
২২. আমার দায়িত্ববোধ আমার কাছে বোঝার মত লাগে বা চাপ সৃষ্টি করে।				
২৩. আমি হীনমন্যতায় কষ্ট পাই।				
২৪. কাল্পনিক জাগতিক বিষয় ধংসপ্রাপ্ত করার ক্ষেত্রে আমি অভ্যস্ত।				
২৫. আমার ভবিষ্যত সম্পর্কে আমি দুশ্চিন্তাগ্রস্ত।				
২৬. আমার বন্ধু/আত্মীয়সজনরা আমার কঠিন সময়ে আমাকে সাহায্য করতে প্রস্তুত।				
২৭. আমার ভবিষ্যত সম্পর্কে আমি যথাযত পরিকল্পনা প্রস্তুত করি।				
২৮. আমি ক্রুদ্ধ হয়ে যাই অপ্রাসঙ্গিক প্রতিকূল আলোচনাতে।				
২৯. এমনকি কঠিন পরিস্থিতিতে আমি সহজে সিদ্ধান্ত নিতে পারি।				
৩০. আমার বন্ধুর আশা অনুরূপ আচরন করতে আমি অক্ষম।				
৩১. আমার ভবিষ্যত সম্পর্কে আমি সন্তুষ্ট।				
৩২. আমার বন্ধুরা আমাকে মর্যাদা দেয়।				
৩৩. আমার বিশ্বাস মাত্রানুযায়ী অত্যন্ত পৃথক হয়।				
৩৪. সমস্যার মোকাবিলায় জন্য আমি সর্বদা প্রস্তুত থাকি।				
৩৫. প্রকৃত ঘটনার অনুপস্থিতিতে যে কোন সমস্যা সম্পর্কে আমি চাপ তৈরী করি।				
৩৬. আমার কাজে সম্পূর্ণ মনোনিবেশ করতে আমি অক্ষম।				
৩৭. বিপরীত লিঙ্গের প্রতি আমি আগ্রহ অনুভব করি।				
৩৮. আমার সমস্যা আমি নিজে সমাধান করি।				
৩৯. আমার সম্প্রদায়ের যে কোন কাজে আমি সম্পূর্ণ সহযোগিতা করি।				
৪০. আমার বিপরীতমুখী চিন্তা বা বিবেচনা দ্বারা আমি বিভ্রান্ত হতে পারি।				
৪১. আমার ইচ্ছার বিরুদ্ধে হলেও প্রকৃত ঘটনা অনুযায়ী আমি সিদ্ধান্ত গ্রহন করি।				
৪২. যে কোন কাজ দীর্ঘ সময় ধরে করতে আমি অক্ষম।				
৪৩. বন্ধুদেও মধ্যে আমি নিজেকে উপযোগি বলে মনে করি।				
৪৪. এমনকি কোন কাজে ব্যর্থ হলেও আমি আশা হীন হয়ে উঠিনা।				

৪৫. সমাজের উন্নয়নের জন্য আমি নিজেকে উপযোগি বলে মনে করি।				
৪৬. আমার অক্ষমতা থাকার সত্ত্বেও কোন কৃপনতা ছাড়া কিছু পাওয়ার জন্য আমি আকুল ভাবে কামনা করি।				
৪৭. যুক্তি তর্ক আমার মধ্যে কোন প্রভাব আনতে পারে না।				
৪৮. আমার মনেরন মত সিদ্ধান্ত নিতে আমি অক্ষম।				
৪৯. আমি আতঙ্কিত হই কল্পনা প্রবন দৃষ্টি নায়।				
৫০. আমি মনে করি ক্ষনস্থায়ী জীবনের জন্য এই পৃথিবীটি যথেষ্ট।				
৫১. পূর্ণ উদ্দীপনার সাথে আমি অনুভব করি এবং মনে করি আমি অবশ্য আমার লক্ষ্য অর্জন করব।				
৫২. প্রতিদিনের জীবনে সাধারণ উদ্বেগ নিয়ে আমি কখনো নিরাশ / হতাশ হই না।				
৫৩. মুহূর্তের মধ্যে আমার মেজাজ পরিবর্তন হয়।				
৫৪. আমার কি করা উচিত এবং কেমন ভাবে করা উচিত তা আমি নিজে ঠিক করি।				
৫৫. আমি অনুভব করি আমার সম্প্রদায়ের সাথে আমার অন্তরঙ্গতা ধীরে ধীরে বাড়ছে।				
৫৬. দায়িত্ব নেওয়ার মধ্যে দিয়ে আমি আনন্দ অনুভব করি।				

APPENDIX- 4 A

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(ENGLISH)

SOCIAL ADJUSTMET INVENTORY [SAI]

Consr. ucted and Standardized by

Dr. Roma Pal

Post-Doctoral Fellow (Psychol.)

Agra University, Agra

Name

Education Age Sex

Address

INSTRUCTION

“There are sixty statements followed by ‘Yes’ ‘No’ responses, kindly go through them carefullv. If you agree with the statement then tick (✓) mark before ‘Yes’ and if you don’t agree then tick (✓) mark before ‘No’. Respond to all the statements without leaving any. There is no time limit but still try to complete it, at the earliest.”

Published by :

Agra Psychological Research Cell

Tiwari Kothi, Belanganj, Agra-282004

Statements	Yes	No
1. Minute things trouble me so much that I often feel sad.	☐	☐
2. If agree with the fact that one should take active part in social customs and rituals.	☐	☐
3. I often get afraid in talking with others.	☐	☐
4. I am often baffled while facing a problem whether it may minute or tough.	☐	☐
5. I get pleasure in respecting the aged people of the society.	☐	☐
6. Not only my family members but the neighbours also often like my views.	☐	☐
7. My eyes get wet on seeing anybody in trouble or distress.	☐	☐
8. When anybody superceeds me, I feel jealousy.	☐	☐
9. I fear to go out alone in the night.	☐	☐
10. It has become my habit to take active part in social functions.	☐	☐
11. I agree that one should lead a gayful life.	☐	☐
12. Whenever things are not of my wish, I get angry.	☐	☐
13. Whatever plan my friends or colieagues make, they certainly take my suggestion.	☐	☐
14. It is better to make good friends than earn more money.	☐	☐
15. When my younger brother or sister do not accept my advise, I get angry.	☐	☐
16. I get frightened even at the name of examination.	☐	☐
17. I don't harass others for my pleasure.	☐	☐
18. Often I get nervous at the feeling that I am a burden for my family.	☐	☐
19. While traveling, people become my friends due to my behaviour.	☐	☐
20. I never want to make joke of others.	☐	☐
21. If anybody insults me I become very much excited.	☐	☐

Statements	Yes	No
22. I feel that most of my ideals and theories match with others.	☐	☐
23. Even at simple jokes of people I get angry and like to beat them.	☐	☐
24. I don't hesitate even in mixing up with low caste people.	☐	☐
25. Often it occurs in my mind to run away from home.	☐	☐
26. In my views, for the progress of society it is essential that boys and girls should get married in different castes.	☐	☐
27. When my friends criticize me without any cause then I feel sad.	☐	☐
28. Even if I know my friends criticize me I do not say anything but I become upset for several days.	☐	☐
29. In election I vote for such party or candidate which works for the upliftment of the Society.	☐	☐
30. Inspite of familial dispute if anybody is dejected, I try my best to help him.	☐	☐
31. I like to leave some of my habits but can't do so.	☐	☐
32. I feel pleasure on seeing others happiness or progress.	☐	☐
33. Often I get tired and feel monotony even at the slightest work.	☐	☐
34. However disturbed I may be but I don't stay back from helping the needy people.	☐	☐
35. I can't work for long time even if the job is of my interest.	☐	☐
36. I altogether agree with the fact that it is better to break the promise rather than keeping it.	☐	☐
37. While helping I don't consider even my loss.	☐	☐
38. I do not feel hesitation or fear even among unknown people.	☐	☐
39. Even the simplest event upsets me so much that can't sleep.	☐	☐
40. I satisfy even the unknown people with my behaviour.	☐	☐

Statements	Yes	No
41. Even after hard labour I can't complete my work in time.	☐	☐
42. Often it occurs in my mind that nobody loves me.	☐	☐
43. It is my interest to take active part in cultural programmes.	☐	☐
44. In my views it is better to work in group rather than individually.	☐	☐
45. I like to cry loudly when even after being innocent I am being considered as a culprit.	☐	☐
46. In my views competition and co-operation is essential for the upliftment of the society.	☐	☐
47. Often I feel sleepy while reading.	☐	☐
48. I don't have any problem in mixing up with people.	☐	☐
49. Often it occurs in my mind that it is better to die rather than remain alive.	☐	☐
50. I can't speak frankly in front of unknown people.	☐	☐
51. I have affectionate terms with my neighbours.	☐	☐
52. I enjoy playing jokes with people in the parties.		
53. Even the simplest events upset me so much that I can't take it out of my mind for several days.	☐	☐
54. In spite of being busy it is my habit to help anyone who is in trouble.	☐	☐
55. I get upset on seeing others progress.	☐	☐
56. Before taking decision I certainly take others suggestion.	☐	☐
57. When I don't get the desired thing, I become so angry that I even lose self-control.	☐	☐
58. After much thinking, I place my views before the friends and they accept it without any hesitation.	☐	☐
59. Before accepting social customs and rituals I judge its utility and take decision.	☐	☐
60. When anybody is annoyed with me, I feel dejected.	☐	☐

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APPENDIX- 4 B (Bengali Version)

SOCIAL ADJUSTMENT

	বিবৃতি	হ্যাঁ	না
১.	নির্দিষ্ট কিছু জিনিস (বিষয়) আমাকে সমস্যায় ফেলে যার জন্য আমি প্রায় সময় দুঃখ অনুভব করি।		
২.	কোন একজনের উচিত যে কোন সামাজিক প্রথা ও ধর্মীয় অনুষ্ঠানে সক্রিয় অংশগ্রহণ করা, এ বিষয়ে আমি একমত।		
৩.	প্রায় সময় অন্যের সাথে কথা বলতে আমি ভয় পাই।		
৪.	নির্দিষ্ট বা অনমনীয় যে কোন সমস্যার মুখোমুখি হওয়ার সময় আমি হত বুদ্ধি হয়ে পড়ি।		
৫.	সমাজে বয়স্ক ব্যক্তিদের সম্মান প্রদর্শনে আমি আনন্দ লাভ করি।		
৬.	আমার পরিবারের সদস্য ছাড়াও আমার প্রতিবেশিরা যে কোন বিষয়ে আমার মতামত পছন্দ করে।		
৭.	যে কোন ব্যক্তি সমস্যা বা চরম দুর্দশায় পরলে তা দেখে আমার চোখ অশ্রুসজল হয়ে ওঠে।		
৮.	যখন কোন ব্যক্তি বা যেকোন তার জাতীয় আত্মীয় নিয়ে হয়, আমার সাথে হয়,		
৯.	রাতে আমি একা বাহিরে বেরোতে ভয় পাই।		
১০.	সামাজিক ক্রিয়া কার্যে সক্রিয় ভাবে অংশগ্রহণ করা আমার অভ্যাস হয়ে গেছে।		
১১.	আমি এ বিষয়ে একমত, যে কোন ব্যক্তি তার জীবন সুন্দর ও আনন্দময় ভাবে পরিচালনা করুক।		
১২.	আমার ইচ্ছা বা পছন্দ অনুযায়ী জিনিস না হলে আমি রেগে যাই।		
১৩.	আমার বন্ধুদের যাই পরিকল্পনা থাকুক না কেন তারা আমার মতামত গ্রহণ করেন।		
১৪.	অর্থ উপার্জনের তুলনায় ভালো বন্ধু হয়ে ওঠা অধিক প্রয়োজন।		
১৫.	আমার ছোট ভাই বা বোন যখন আমার আদেশ মানে না, আমি রেগে যাই।		
১৬.	পরীক্ষার নাম শুনলে আমার ভয় লাগে।		
১৭.	আমার আনন্দের জন্য অন্যদের হয়রান করি না।		
১৮.	আমি আমার পরিবারের কাছে একটি বোঝা, একথা ভেবে আমি দুর্বল হয়ে পড়ি।		
১৯.	আমার উপযুক্ত আচরণের জন্য মানুষজন আমার বন্ধু হয়ে ওঠে যে কোন পরিবেশে।		
২০.	আমি অন্যের কাছে উপহাসের পাত্র হতে চাই না।		
২১.	যদি আমাকে কেউ অপমান করে, আমি খুব উতলা (উত্তেজিত) হয়ে যাই।		
২২.	আমি মনে করি বেশিরভাগ ক্ষেত্রে আমার মতামত ও ধারণা অন্যের মতামতের সাথে মিলে যায়।		
২৩.	এমন কি সাধারণ একটি হাসি-ঠাট্টায় আমি রেগে যাই এবং তাদের পেটাতে ইচ্ছা করে।		
২৪.	নিম্ন শ্রেণীর মানুষদের সাথে মিশতে আমার কোন অপমান বোধ হয় না।		
২৫.	প্রায় সময় মনে হয় বাড়ি থেকে দৌড়ে পাগিয়ে যাই।		
২৬.	আমার মতামত এই যে, সমাজের উন্নয়নের জন্য সমাজের বিভিন্ন শ্রেণীর ছেলে-মেয়ের মধ্যে বিবাহ দেওয়া উচিত। (বর্মী, অরীষ, উচ্চবৃত্ত, নিম্নবৃত্ত)		
২৭.	কোন কারন ছাড়াই আমার বন্ধুরা যখন আমাকে নিয়ে সমালোচনা করে, আমার খারাপ লাগে।		
২৮.	এমনকি আমি জনি আমার বন্ধুরা আমার সমালোচনা করে আমি কিছু বলি না কিন্তু এই সমালোচনার কারনে বেশ কয়েকদিন আমার মন খারাপ থাকে।		
২৯.	নির্বাকনে আমি সেই দলকে ভোট দিয়েছি, যারা সমাজ উন্নয়নে কাজ করেছে।		
৩০.	পারিবারিক কারনে যদি কোন ব্যক্তি মনমরা হয়ে থাকে, আমি আমার সর্বচ্চ ক্ষমতা দিয়ে সাহায্য করি তাকে খুশি করার জন্য।		
৩১.	আমার কিছু অভ্যাস আমি ছাড়তে (ত্যাগ) চাইলেও আমি তা পারি না।		
৩২.	অন্যের উন্নতি ও খুশি দেখে আমি আনন্দিত হই।		
৩৩.	অল্প বা নামমাত্র কাজে আমি ক্লান্ত হয়ে পড়ি।		
৩৪.	আমি উত্তেজিত হয়ে পরলেও সহযোগিতার প্রয়োজন আছে এমন ব্যক্তিকে সাহায্য না করে ফিরে আসি না।		
৩৫.	আমার অগ্রহণীয় কাজ হলেও দীর্ঘ সময় ধৈর্য ধরে আমি তা করি না।		
৩৬.	প্রতিজ্ঞা বা প্রতিশ্রুতি ধরে রাখার থেকে ভেঙে দেওয়া ভাল, এ ক্ষেত্রে আমি সম্পূর্ণ সহমত।		
৩৭.	কাউকে সহযোগিতার সময় আমার ক্ষতির কথা আমি বিবেচনা করি না।		
৩৮.	এমনকি অজানা মানুষ সম্পর্কে আমি ইতস্তত বা ভয় অনুভব করি না।		
৩৯.	এমনকি সহজতম ঘটনা আমাকে মানসিক বিপর্যয়ের ফেলে যা আমার ঘুমের সমস্যা সৃষ্টি করে।		
৪০.	অজানা মানুষ জনকে আমার আচরণ ও ব্যবহারের দ্বারা সন্তুষ্ট করি।		
৪১.	কঠোর পরিশ্রম করার পর নির্দিষ্ট সময়ের মধ্যে আমি আমার কাজ সম্পূর্ণ করতে পারি না।		

৪২.	প্রায় সময় মনে হয় আমাকে কেউ ভালোবাসেনা।		
৪৩.	সংস্কৃতিক অনুষ্ঠানে সক্রিয়ভাবে অংশগ্রহণ করা আমার খুব ভালো লাগে।		
৪৪.	আমার মতে দলগত ভাবে কাজকরা ভালো, ব্যক্তিগত ভাবে কাজ করার তুলনায়।		
৪৫.	যখন আমি অপরাধি বলে বিবেচিত হই, আমি উচ্চকণ্ঠে চিৎকার করি।		
৪৬.	আমার মতে সমাজ উন্নয়নের জন্য প্রতিযোগিতা ও সহযোগিতা উভয়েই প্রয়োজন।		
৪৭.	প্রায়ই পড়ার সময় আমি ঘুম অনুভব করি।		
৪৮.	মানুষজনের সাথে মিশতে আমার কোন সমস্যা হয় না।		
৪৯.	প্রায় আমার মনে হয় জীবিত থাকার থেকে মরা অনেক ভালো।		
৫০.	অজানা মানুষের সামনে আমি খোলা খুলি কথা বলতে পারি না।		
৫১.	আমি আমার প্রতিবেশির প্রতি দরদী।		
৫২.	বিভিন্ন (মানুষের সাথে) দলের সাথে jokes খেলতে আমার ভালো লাগে।		
৫৩.	সাধারণ ঘটনা আমাকে এতটাই মানসিক বিপর্যয়ে ফেলে যে তা থেকে আমি নিজেকে সহজে বের করতে পারি না।		
৫৪.	আমি ব্যস্ত থাকা স্বত্বেও সমস্যায় পরা যে কোন ব্যক্তিকে সাহায্য করা আমার অভ্যাস।		
৫৫.	অন্যের উন্নতি দেখে আমি মানসিক বিপর্যস্ত হয়ে পড়ি।		
৫৬.	সিদ্ধান্ত নেওয়ার পূর্বে আমি অবশ্যই অন্যের মতামত গ্রহণ করি।		
৫৭.	আমার আকাঙ্ক্ষিত জিনিস না পেলে, আমি এতটা রেগে যাই যে আমি নিজেকে নিয়ন্ত্রণ করতে পারি না।		
৫৮.	অনেক চিন্তার পর বন্ধুদের কাছে আমার মতামত জানানোর পর তারা কোন প্রকারে ইতস্তত না করে আমার মতামত গ্রহণ করে।		
৫৯.	সামাজিক নিয়ম, ধর্মানুষ্ঠানে অংশ গ্রহণের পূর্বে আমি ইহার উপযোগিতা বিচার করি, তারপর সিদ্ধান্ত গ্রহণ করি।		
৬০.	যখন যে কেউ আমাকে উত্তপ্ত করে, আমি মনমরা অনুভব করি।		

APPENDIX – 5

**APPENDIX- 5A: Study Related two Seminar
Presentation Certificate**

**APPENDIX -5B: Study Related Published in
Journal three Research Articles.**

 Department of Education Jadavpur University	 Mental Health Foundation Kolkata	UGC SPONSORED TWO-DAY INTERNATIONAL CONFERENCE ON COMMUNITY & MENTAL HEALTH: CONNECT, COMMUNICATE AND CARE CERTIFICATE OF PRESENTATION THIS IS AWARDED TO CHATTU MONDAL in recognition of presenting the paper titled MENTAL HEALTH STATUS AMONG ADOLESCENTS SCHOOL LEARNER in the two-day international conference held at Jadavpur University, Kolkata on 3rd & 4th January, 2020	<i>Suranjan Das</i> Vice-Chancellor Jadavpur University Kolkata-700032
<i>187</i> DR. MUKTIPADA SINHA COORDINATOR DEPT. OF EDUCATION, JU	<i>[Signature]</i> DR. JAI RANJAN RAM JOINT DIRECTOR MENTAL HEALTH FOUNDATION	<i>[Signature]</i> PROF. BISHNUPADA NANDA HEAD DEPT. OF EDUCATION, JU	<i>[Signature]</i> PROF. SURANJAN DAS VICE CHANCELLOR JADAVPUR UNIVERSITY



2 - Days International Seminar on

Peace, Well-being & Education: A Pedagogical Discourse

Organised by

Department of Education, Jadavpur University
in collaboration with

Department of Education, Bhatker College, Dantan & National Service Scheme, Jadavpur University
Date: 28th & 29th December, 2018
Venue: Jadavpur University

This is to certify that Sri/Smt./Dr. Chattu Mondal
of Jadavpur University
participated and presented the paper entitled A comparative study of Adolescent Depression among Secondary School pupils in South 24 Pargana District
in the 2-Days International Seminar on 'Peace, Well-being & Education: A Pedagogical Discourse',
organised by the Department of Education, Jadavpur University, in collaboration with Bhatker College,
Dantan, Pachim Medinipur and National Service Scheme, Jadavpur University, on 28th and 29th December,
2018, at Jadavpur University Main Campus.

Branda
(Prof. Bishupada Nanda)
Head, Department of Education
Jadavpur University

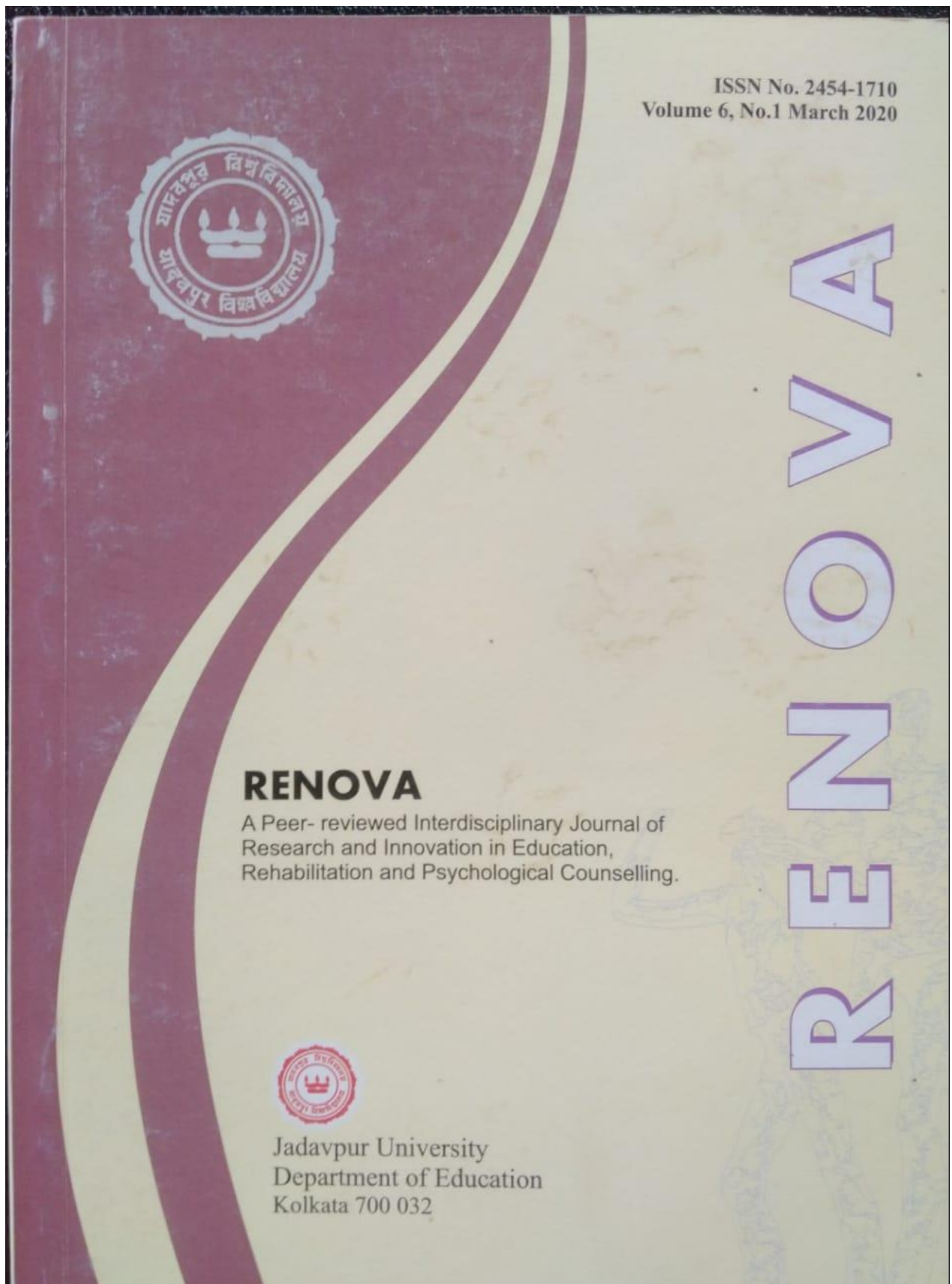
Pabitra Kumar Mishra
(Dr. Pabitra Kumar Mishra)
Principal
Bhatker College

Anupam Debsarkar
(Dr. Anupam Debsarkar)
Secretary, N.S.S.
Jadavpur University

Lalit Lalitay Mohakud
(Dr. Lalit Lalitay Mohakud)
Jt. Coordinator
ISPWEPD, 2018

An
(Smt. Ananya Mukhopadhyay)
Jt. Coordinator
ISPWEPD, 2018

APPENDIX – 5 B



MENTAL HEALTH AMONG HIGHER SECONDARY SCHOOL LEARNERS

Chattu Mondal*

Abstract. Every human behaviour, to some extent, is determined by individual's mental health. The main purpose of this study is to investigate the mental health of higher secondary school learners on the basis of demographic features. For sample selection, purposive sampling technique was used. Sample size for this study consisted of 108 adolescents (50 male and 58 female). Data were collected by using Mental Health Inventory (MHI), (Jagadish and Srivastava, 1985). **Result:** Major findings showed that no significant difference exists among the school going adolescents' when mental health is considered ($p > 0.05$).

Key words: Mental health, Adolescents, School learner.

INTRODUCTION: Mental health is the emotional and spiritual resilience that allows one to enjoy life and to survive pain, suffering and disappoint. It is a positive sense of well-being and an underlying belief in one's own and others' dignity and worth. Mental health is about how a person thinks, feels, and acts when faced with life's situations. Mental health is how people look at themselves, their lives, and the other people in their lives; evaluate their challenges and problems; and explores choices. This includes handling stress, relating to other people, and making decisions. (Panchal, 2013).

According to World Health Organization (WHO) the individuals who are in the age between 10-19 years are adolescents. It is the most critical transitions phase in one's life span which is characterized by tremendous growth and potential. At this stage established behaviour patterns of the adolescents have long lasting effects on the mental health and well-being that may be positive or negative. At the global level, it is estimated that approx. 20% of youth experience mental health problems each year (Kessler, 2005). Adolescents bears a greatest risk of mental health conditions during their transition stage i.e. from childhood and adulthood (Kessler & others, 2005).

Adolescents face internal conflicts which directly affects their mental health and adjustment in the society. Mental health is major area for attention development (WHO, 2010). Mental health is perceived as an asset to develop individually, socially and economically (WHO, 2004). The increase in mental health issues is a growing concern for the educators. Research has showed that there is an increase in the case of depression and other mental health issues among adolescents (WHO, 2012).

A number of studies have been conducted in various parts of the world to identify the factors that impact on student mental health. (Archana, 2011) found that there is a significant positive relationship between the mental health of adolescents and in the moral adjustment of adolescents. There is no significant difference in mental health of male and female students (Singh, 2011). Sharma & SumanLata (2014) revealed that there is a positive correlation between mental health and school environment of adolescents. No significant difference was found between the mental health of adolescent boys and girls.

Srivastava (1999) studied on 'A study of Mental Health of Hindi and English medium students' the mental health of 80 students studying 11th and 12th standard from English medium and Hindi medium schools

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located at Haridwar. The result showed that Hindi medium student had better mental health in comparison to English medium students. The authors also reported that symptoms of egocentrism and emotional instability in English medium students were high in comparison to Hindi medium students. They suggested that parents and teachers should content operate each-other in solving the problems.

Arulkumar & William (2017) studied on '*A study of Mental Health of High School students in Thiruvavur District*', The present study aims to find out the level of mental health of high school students of Thiruvavur Educational District in Tamilnadu. The data were collected using the Mental Health Inventory developed by Jagadish and Srivastava (revised 1996). The data were analyzed and it was found out that the level of mental health is not equal but vary among the high school students. Around 10% of the students have high level of mental health and 1/3 of total students have average mental health, there are no significant differences found in the mean score of the mental health among the subgroup of students based on their gender, residence and type of schools in which they were studying. The present study has suggested to conduct meaningful counseling programmes to improve the mental health of the students.

Roul & Bihari (2015) studied on '*Mental health of School going boys and girls Adolescents in Secondary School of Delhi*'; the study was designed to evaluate the mental health of school going adolescents in secondary schools of East Delhi. The findings are there is no significant difference between mean scores of boys and girls adolescents on the different dimensions of mental health in secondary schools; and 2) there is no significant difference between mean scores of boys and girls adolescents on the overall mental health dimensions in secondary schools.

OBJECTIVES:

- 1) To study the mental health of higher secondary school learners on the basis of their gender.
- 2) To study the mental health of higher secondary school learners on the basis of their caste.
- 3) To study the mental health of higher secondary school learners on the basis of their educational status.
- 4) To study the mental health of higher secondary school learners on the basis of their types of family.

METHODOLOGY:

The study was targeted to assess the mental health of school going boys and girls in higher secondary schools of south 24 pgs (West Bengal). Thus study was used a descriptive survey method which included quantitative approach of data collection.

SAMPLE:

In the present study, the investigator selected 108 (50 are male learner and 58 are female learner) school learners from different govt. aided higher secondary schools of South 24 pgs (West Bengal) district as the sample. The investigator adopted purposive sampling technique for sample selection.

Table 1: Demographic characteristic of the sample are shown in the following table

VARIABLES		Total number	Percentage (%)
GENDER	MALE	50	46.29%
	FEMALE	58	53.70%
CASTE	SC	76	70.37%
	OBC	18	16.67%
	GENERAL	14	12.96%
EDUCATIONAL STATUS	CLASS- XI	60	55.56%
	CLASS- XII	48	44.44%

TYPES OF FAMILY	JOINT	32	29.62%
	NUCLEAR	76	70.37%

TOOL OR INSTRUMENT: The data was collected from the sample by using Mental Health Inventory (MHI), (Jagadish and Srivastava, 1985): the inventory consisted of 56 items each item was rated on 4- point rating scale ranging from always to never with a score of 1 to 4. Inventory comprises of six dimensions such as, Positive Self-Evaluation (PSE), Perception of Reality (PR), Integration of Personality (IP), Autonomy (A), Group Oriented Attitude (GOA), and Environmental mastery (EM). The split-half reliability of the scale was found to be .73 and the construct validity of the scale was found to be .54. High score obtained by subject is indicative of good mental health and low score indicated poor mental health.

STATISTICAL TECHNIQUE: Based on the nature of collected data through mental health inventory, the investigator select needful statistical analysis technique (descriptive and inferential techniques (t-test) for test the hypotheses, analysis and interpretation of data. The data was analysed by SPSS.

RESULT:

Variables	Group	Mean	S.D	df	t/ F –test (2 tailed)	Significant level(0.05)
Gender	Male	136.20	10.86	49	t- test .661	Not significant
	Female	135.34	9.37	57		
Caste	SC	135.26	10.35	75	F test .709	Not significant
	OBC	136.33	10.11	17		
	GEN	137.57	8.55	13		
Educational Status	Class XI	134.57	9.69	59	t- test .176	Not significant
	Class XII	137.21	10.39	47		
Types of family	Joint	139.38	8.57	31	t –test .014	Significant
	Nuclear	134.21	10.28	75		

THE FINDINGS: On the basis of result the findings are-

Male student possess good mental health than the female student. So this different is not significant.

Student from general caste possess good mental health than the OBC and SC student. Those mean different is not significant.

When educational status of the respondent were concerned it was found that student from class XII possess good mental health than the student class XI. Again the mean different is not significant.

Student from joint family structure possess good mental health than the student from nuclear family, and this different is significant.

DISCUSSION: The basic purpose of this study was to examine the influence on mental health among higher secondary school learners of south 24 pgs district. In the present study male students possess more mentally health than the female students. Mean score of male 136.20, SD 10.86 and female 135.34, SD 9.37 (t value .661) but the result is not significant. Different researches carried out on mental health of adolescents includes, Rambir (2011) found in his study that there was no significant difference between male and female school students regarding mental health. Another study (Arulkumar & William, 2017) found that the level of mental health is not equal but vary among the high school students. Around 10% of the students have high level of mental health and 1/3 of total students have average mental health, there are no significant differences found in the mean score of the mental health among the subgroup of students

based on their gender, residence and type of schools in which they were studying consistent with findings from other countries, there was a gender difference in the pattern of mental health problems in these studies. These two national studies suggest that, between 1999 and 2004, rates of mental health difficulties among adolescent were relatively stable in England (Green et.al (2004); Meltzer, (2000). On the basis of result it was found that social caste system is not a vital factor for increase or decrease of mental health. According to caste, mean score of SC 135.25(SD 10.35), OBC 136.33 (SD 10.11), and GEN 137.57(SD8.55). But the result is not significant. Previous research work showed that high risk teens, or those who live in social disadvantage, may be at increased risk for illness related to chronic exposure to stress, discrimination, stigma, and a harsh social environment (Goodman, 2005). From the above analysis table the result showed that there were significant mean difference between joint (M=139.38) and nuclear (M=134.21) family. In the previous study we observed no significant association between type of family and prevalence of behavior problems in children (Jogdand & Naik , 2014). Deivasigamani (1989) and Gupta *et al.* (2001) also had shown same result. Another research showed that Although Bhalla *et al.* (1986) and Singhal *et al.* (1988) found the majority of the children from nuclear families attending pediatric out-patient department for their psychological and psychiatric problems and shown significant relationship with type of family. On the basis of family structure the result is significant at 0.05 level. The findings are there is no significant difference between mean scores of boys and girls adolescents on the different dimensions of mental health in secondary schools; and 2) there is no significant difference between mean scores of boys and girls adolescents on the overall mental health dimensions in secondary schools (Roul & Bihari, 2015).

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ISSN : 0973 – 5895

A Journal of Education
(Peer-Reviewed)



RAMAKRISHNA MISSION
BRAHMANANDA COLLEGE OF EDUCATION

(A unit of Ramakrishana Mission Boys' Home)
Rahara, Kolkata - 700118
West bengal, India

MENTAL HEALTH OF RURAL ADOLESCENT SCHOOL STUDENTS IN SOUTH 24 PARGANA DISTRICT

Chattu Mondal

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ABSTRACT

The present study aims to find out the level of mental health of rural adolescent school students in South 24 Pargana District of West Bengal. The data were collected from 140 samples (70 Boys & 70 Girls). The researcher used the standardized Mental Health Inventory (MHI) with six dimensions developed by Jagdish & Srivastava (1986), through purposive sampling technique. Mean, S.D, and t-test statistical techniques were employed to analysis and interpret the results. The major findings of the study is that there is no significant difference between mean scores of boys and girls adolescents students.

Keywords: Mental Health, Rural Adolescent, South 24 Pargana District.

INTRODUCTION

Mental health is the emotional and spiritual resilience that allows one to enjoy life and to survive pain, suffering and disappoint (Panchal, 2013). It is a positive sense of well-being and an underlying belief in one's own and others' dignity and worth. Mental health is about how a person thinks, feels, and acts when faced with life's situations. Mental health is how people look at themselves, their lives, and the other people in their lives; evaluate their challenges and problems; and explores choices. This includes handling stress, relating to other people, and making decisions (Panchal, 2013). Pramod kumar (1991) states that mental health is an indicator which shows a person's ability to meet social, emotional, physical, psychological demands.

According to world health organization (WHO), the individuals who are in the age between 10-19 years are adolescents. It is the most critical transitions phase in one's life span which is characterized by tremendous growth and potential. At this stage established behavior patterns of the adolescents have long lasting effects on the mental health and well being, that may be positive or negative. At the global level, it is estimated that approx. 20% of youth experience mental health problems each year (Kessler, 2005). Adolescents bear a greatest risk of mental health problems during their transition stage i.e. from childhood to adulthood (Kessler & others, 2005).

Recent studies have identified 'Depression' as a mental problem among various problems of adolescents (WHO). World health organization (WHO) is also strengthening the mental health services provisions by implementing the Mental Health Gap Action Programme (MHGAP). Adolescents face internal conflicts which directly affects their mental health and adjustment in the society. Mental health is major area of attention development (WHO, 2010). It is perceived as an asset to develop individually, socially as well as economically (WHO, 2004). The increase in mental health issues is a growing concern for the educators in recent time. Research has exhibited that there is an increase in the case of depression and other mental health issues among adolescents (WHO, 2012).

Srivastava et al. (1999) studied on 'A study of Mental Health of Hindi and English medium students' the mental health of 80 students studying 11th and 12th standard from English medium and Hindi medium schools located at Haridwar. The result showed that Hindi medium student had better mental health in comparison to English medium students. The authors also reported that symptoms of egocentrism and emotional instability in English medium students were high in comparison to Hindi medium students. They suggested that parents and teachers should cooperate each-other in solving the problems.

Arulkumar & William (2017) in their paper entitled 'A study of mental health of high school students in Thiruvavur District'. The data were collected from Thiruvavur educational district. The investigator used the Mental Health Inventory, developed by Jagadish and Srivastava (Revised 1996). Around 10% of the students have high level of mental health and 1/3 of total students have average mental health. No significant differences have been found in the mean score of the mental health among the subgroup of students based on their gender, residence and type of schools in which they were studying.

Roul & Bihari (2015) studied on 'Mental health of School going boys and girls adolescents in Secondary School of Delhi'; the study was designed to evaluate the mental health of school going adolescents in secondary schools of East Delhi. The finding of this study is that there is no significant difference between mean scores of boys and girls adolescents on the different dimensions of mental health in secondary schools; and 2) there is no significant difference between mean scores of boys and girls adolescents on the overall mental health dimensions in secondary schools.

Shokeen (2017) in his research article entitled, 'A study of mental health and social adjustment of Senior Secondary students' attempts to explore the mental health and social adjustment of the senior secondary students of Delhi. He also made an attempt to elaborate the relationship between mental health and social adjustment of adolescents. The researcher used Mental Health Battery of Arun Kumar Singh and Alpana Sen Gupta's and Social Adjustment Inventory of Dr. R.C. Deva for the sample subjects. The findings

reveal a positive and significant relationship between the Mental Health and Social Adjustment among the adolescents.

Lal, Sharma & kumar (2013) in their research paper entitled, 'A study of Mental Health and Socio Economic Status among Youth'; made an attempt to explore the mental health and socio economic status of the youth in Chandigarh. The participants were well informed about the purpose of the study and also assured about their confidentiality. The Mental Health Inventory (Jagdish and Srivastava, 1983) has been used to quantify the study and their socioeconomic status was measured with the help of family income. The statistically analyzed result corroborates that subjects of high income family possess good mental health as compared to the low income participants.

OBJECTIVES OF THE STUDY

The researcher has taken into consideration the following objectives:

- To study the significant difference between mean scores of rural adolescent school students on the basis of age.
- To study the significant difference between mean scores of rural adolescent school students on the basis of religion.
- To study the significant difference between mean scores of rural adolescent school students on the basis of birth order.
- To study the significant difference between mean scores of rural adolescent school students on the basis of father occupation status.
- To study the significant difference between mean scores of rural adolescent school students on the basis of family monthly income.

HYPOTHESES

- Ho1: There is no significant mean difference of mental health among rural adolescent school students on the basis of age.
- Ho2: There is no significant mean difference of mental health among rural adolescent school students on the basis of religion.
- Ho3: There is no significant mean difference of mental health among rural adolescent school students on the basis of birth order.
- Ho4: There is no significant mean difference of mental health among rural adolescent school students on the basis of father occupation status.
- Ho5: There is no significant mean difference of mental health among rural adolescent school students on the basis of family monthly income.

METHODOLOGY

Local of the Study

The study was conducted in a rural area in South 24 Parganas District.

Sample and sampling technique:

The target population of this study was all the rural adolescent school students. The researcher investigated 140 school students (70 boys & 70 girls). Purposive sampling technique has been used for data collection. In this sampling technique, the investigator select the all sample based on his own judgment and experience. A purposive sample is the one arbitrarily selected because there is good evidence that it is very representative of the total population (Guilford). The purposive sampling technique is the deliberate choice of an informant due the qualities the informant possesses. It is a nonrandom technique that does not need underlying theories or a set number of informants. The researcher decides what needs to be known and sets out to fine people who can and are willing to provide the information by virtue of knowledge or experience (Bernard, 2002).

Table 1: Variables & Sample Distribution

Variables	Standard	Number	Mean	Percentage
Age	14-16 Year	60	136.04	42.85
	17-19 Year	80	137.44	57.14
Religion	Hindu	70	138.88	50.00
	Muslim	70	137.09	50.00
Birth Order	1 st -2 nd	67	136.56	47.85
	3 rd and Above	73	135.43	52.14
Father Occupation Status	Farmer	90	139.77	64.28
	Labor	50	136.03	35.71
Family Monthly Income	Below 8000	87	138.36	62.14
	9000 and Above	53	135.79	37.85

Tool/ instrument used:

It is descriptive survey study. The data were collected from the 140 samples (70 Boys & 70 Girls) by using tool/ instrument like Mental Health Inventory (MHI), (Jagadish and Srivastava, 1986). The inventory consisted of 56 items and each item was rated on 4-point rating scale ranging from always to never, with 4 score to Always; 3 score to Often; 2 score to Rarely; and 1 score to Never marked response as to be assigned for true keyed (positive) statement where as 1, 2, 3, and 4 scores, for Always to Never respectively in case of false keyed (negative) statements. Inventory comprises of six dimensions such as, Positive Self-Evaluation (PSE), Perception of Reality (PR), Integration of Personality (IP), Autonomy (A), Group Oriented Attitude (GOA), and Environmental Mastery (EM). The split-half reliability of the scale was found to be .73 and the construct validity of the

scale was found to be. 54. High score obtained by subject is indicative of good mental health and low score indicated of poor mental health.

Statistical Techniques

Based on the nature of data collection through Mental Health Inventory (MHI), mean, SD, and ‘t’-test statistical techniques were employed to analysis and interpret the results. The data were analyzed by the investigator through SPSS.

RESULT & INTERPRETATION OF THE DATA

Table 2: The Data Analyze on The Basis of Age

Variables	Standard	Number	Mean	SD	df	t-value	Remark
Age	14-16 year	60	136.04	12.20	59	2.08	Sig
	17-19 year	80	137.44	13.76	79		

Interpretation: The result in table 2 indicates that the calculate ‘t’ value 2.08 is larger than the table value (1.96) at 0.05 level of significant in 59 & 79 degree of freedom, so the hypotheses is accepted. Hence the result revealed that there were significant differences between the age group of 14-16 year and 17-19 in rural adolescent learners.

Table 3: The Data Analyze on the Basis of Religion

Variables	Standard	Number	Mean	SD	df	t-value	Remark
Religion	Hindu	70	138.88	13.04	69	1.73	Not sig
	Muslim	70	137.09	13.86	69		

Interpretation: The result from the table 3 indicates that the calculate ‘t’ value 1.73 is less than the table value (1.96) at 0.05 level of significant in 69 & 69 degree of freedom, so the hypotheses is not accepted. It shows that there is significant difference in mean score but this is not high, of rural adolescent learner’s mental health on the basis of religion.

Table 4: The Data Analyze on the Basis of Birth Order

Variables	Standard	Number	Mean	SD	df	t-value	Remark
Birth order	1 st -2 nd	67	136.56	11.41	66	0.97	Not sig
	3 rd and above	73	135.43	10.84	72		

Interpretation: The result in table 4 indicates that the calculate ‘t’ value 0.97 is less than the table value (1.96) at 0.05 level of significant in 66 & 72 degree of freedom, so the hypotheses is not accepted. Hence the result revealed that there were significant mean differences between the rural adolescent learners according to their birth order.

Table 5: The Data Analyze on The Basis of Father Occupation Status

Variabes	Standard	Number	Mean	SD	df	t-value	Remark
Father Occupation Status	Farmer	90	139.77	14.01	89	2.09	Sig
	Labor	50	136.03	12.55	49		

Interpretation: The result in table 5, shows that the calculate 't' value 2.09 is larger than the table value (1.96) at 0.05 level of significant in 89 & 49 degree of freedom, so the hypotheses is accepted. It has been observed that there is significant difference in mean score of rural adolescent learner's mental health on the basis of their father's occupational status.

Table 6: the data analyze on the basis of their family monthly income

Variables	Standard	Number	Mean	SD	df	t-value	Remark
Family Monthly Income	Below 8000	87	138.36	15.05	86	1.47	Not sig
	9000 and above	53	136.79	12.47	52		

Interpretation: As above mentioned in table 6, indicates that the calculate 't' value 1.47 is less than the table value (1.96) at 0.05 level of significant in 86 & 52 degree of freedom, so the hypotheses is rejected. Hence, the result revealed that there are significant differences in mean score of rural adolescent learners on the basis of their family monthly income.

DISCUSSION & FINDINGS

From the result we get some important points that post adolescent (17-19 years) rural students were better in mental health status than pre adolescent (14-16) rural students. Although mean score are not highly significantly different, according to their age. On the basis of religion, we found that the students who belong to Hindu families are better in psychological wellbeing than the Islam students, but this difference is not significant. Gajjar & Ksaji (2015) found no significant differences in the mental health of the Hindu and Muslim people. In the light of birth order, we observed significant difference between 1st-2nd & 3rd and above rural students and the result is not significant. Father's occupational status is very important factor in the field of psychological wellbeing. Farmer family's adolescent learners (M=139.77) are better in mental health than the adolescent students (136.03) whose father is labor. Another important effective variable is monthly income. In the present study, we show that the family whose monthly income is within 8000 rupees (Indian), they successfully controlled their psychological needs than the family with high income (9000 Rupees & above).

CONCLUSION

In the present circumstances, youth are facing difficulties in life. These difficulties are ascending to many psycho-somatic problems such as mental illness, anxiety, tension, frustration and emotional upset in day to day life. It is evident that the rural adolescent school students have different level of mental health. There is no age, birth order, occupation status, monthly income, exist in the mental health among school students, and all do not have the same level of mental health. These students have low level of mental health, who are continuously being ignore by the family members, school and community. So, it is very needful to conduct various effective programme to develop mental health to those students.

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Chattu Mondal (33-39)

SOCIAL ADJUSTMENT LEVEL OF ADOLESCENT SCHOOL LEARNERS – AN ANALYSIS

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Abstract

Social adjustment is an important aspect in an adolescent life when a person adjusts to every situation only they can lead a wonderful life. Every human being seeks adjustment to various situations. He constantly makes efforts to adjustment him or herself to his or her surroundings because a wholesome adjustment is essential for leading a happy, comfortable life and going satisfaction. The main focus of the present study is to find out the level of social adjustment among adolescent school learners. For this purpose descriptive survey method of research was used. A sample of 500 adolescent students of secondary and higher secondary standard was selected by using random sampling technique and the data were collected using the 'Social Adjustment Inventory' developed by Dr. Roma Pal (1985) which has 60 items. Mean, S.D, and t-test statistical techniques were employed to analysis and interpret the results. The major findings of the study are there is no significant different between mean score among adolescent students on the basis of gender, age, educational status and habitat.

Keywords: Social Adjustment, Adolescent, School learners

Introduction

Social adjustment has been considered as one of the major contributing psychological factor in characterizing individuals. The pupils have to develop the adjustment ability which in turn will make the individuals to grow as responsible citizens of the society. According to Plato "Man is a social culture", therefore every individual has to adjust in society. Social adjustment is the capacity to fabricate a decent relationship to stay away from exploitations from others. Social adjustment is defined as the ability to build a good relationship with others as well as to discriminate from different others, as every individuals in the society tries best to adjust in all situations of life. So all these are equally applicable in case of adolescent learners in the secondary standard. In this stage they cannot accept the stress and storm as well as they are much sensitive about relations of life. They just struggle and face conflicts in their life. Sometimes they set aside and gone from others and remain engage in negative thinking and behaviour. Due to the lack of fine-tuning, they lack a fundamental route in adjustment during this period. So social adjustment is very much important in the contemporary world. Social adjustment means adjustment with family, peers and neighbours as well as with the academic achievement (Aggarwal & Bhalla, 2012). Archana (2011) found that mental health of adolescents and ethical adjustment have a positive connection. In the study of Veereshwar (1979) it was found that among urban and rural girls there is a significant difference in the area of family adjustment.

Adjustment is the psychological process of adapting to, coping with, and managing the problems, challenges, and demands of everyday life. Adjustment to educational environment is a major element to predict educational achievement. Many researchers such as Abdullah, et al, 2009; Bryant, 2000; Enoches, 2006; Wintre, 2000 proved that problems of adjustment initiate most common during first academic year of students. Researchers tried to name and quantify specific social goals through surveying students about specific social behaviors (Wentzel, 2000). Family has a significant role in child adjustment, in conformity to the values of family, in different fields. A family is a system which binds its members with sincere attitudes, values, attachment and well-being and also in adjustment and achievements of its members (Tomar, 2014).

A study in South Africa students found adjustment insignificant with academic performance as compared to the other psychological variables (Bodovski, 2010). A study conducted in Jammu Kashmir region found average health and social adjustment among girls and low adjustment in emotional area whereas boys found to average in social adjustment and low in health and emotional adjustment. Overall there was no significant difference between the boys and girls. Significant difference found among urban and rural areas students (Bhat, 2014). Family environment and adjustment has significant role in academic achievement and students from nuclear family system found to have better adjustment as compare to students from joint family system at secondary level (Hussain et al, 2008). Singh (2006), the study examined the effect of socio, emotional and socio-emotional climate of the school and sex on the adjustment of students along with their interactional effects. Boys were significantly better than girls in their health adjustment at different levels of socio-emotional climate of the school. Parmar (2012) on his study found that gender and social category are significantly effect on adjustment of secondary school students.

Bhagia (1966) studied the problems of school adjustment and observed that girls exceeded boys significantly in their adjustment to general environments and organizational aspects of the school. Rural school students exceeded urban school significantly in adjustment to their teachers, class mate and self. Pandey (1979) found that rural students secured better points in emotional, health and school adjustment areas whereas the urban students secured comparatively better marks in the aesthetic adjustment area. Suther (2015) found that there is no significant mean difference between male and female college students in social maturity, emotional adjustment and social adjustment.

Operational definition

Social adjustment: The term adjustment is often used as a synonym for accommodation and adaptation. Here social adjustment means a harmonious relationship between peer groups, proper understanding of social needs and meeting the social requirements of school, home and society. Social adjustment requires the development of social activities and virtues in an individual. It also requires that one should be social enough to live in harmony with one's social beings and feel responsibility and obligation towards one's fellow humans, society and country.

Objectives

1. To assess the level of Social adjustment among adolescence school learners on the basis of gender.
2. To assess the level of Social adjustment among adolescence school learners on the basis of age.
3. To assess the level of Social adjustment among adolescence school learners on the basis of present education status.
4. To assess the level of Social adjustment among adolescence school learners on the basis of habitat.

Hypotheses

H₀₁: There will be no significant difference in the level of social adjustment among adolescence school learners on the basis of gender.

H₀₂: There will be no significant difference in the level of social adjustment among adolescence school learners on the basis of age.

H₀₃: There will be no significant difference in the level of social adjustment among adolescence school learners on the basis of present education status.

H₀₄: There will be no significant difference in the level of social adjustment among adolescence school learners on the basis of habitat.

Methodology

The present study aims to find out the level of social adjustment of adolescent school learners, the investigator employed descriptive survey method which included quantitative approach of data collection.

Sample and sampling technique

The target population of this study was all the adolescent school learners in West Bengal. In this study for collection of data investigator was select 500 adolescent school students (250 boys and 250 girls) from different institution of Kolkata, south 24 Parganas, North 24 Parganas of West Bengal.

Data collection instrument

To measure the level of social adjustment of adolescent school learners the investigator selects the tool 'Social adjustment inventory' (by Dr. Roma Pal, published from Agra psychological Research Cell, Agra, 1985). according to various judgment, like that the objectives, the span of time, availability of appropriate test, personal work skill, experience of the investigator, the nature of score and analysis the data, findings and discussion. Tools must possess a gratifying level of the following feature – reliability, validity, sensitivity, appropriateness, objectivity, feasibility and ethical standards (Fox, 1969).

The scoring system of the inventory is very easy. As mention earlier, each item has two responses i.e. 'yes' or 'no'. For the subjects response of 'yes' score of 2 should be given and in case of 'no' response 1 score.

Statistical technique used

Based on the nature of data collection through social adjustment inventory, the investigator employed needful statistical analysis technique (descriptive and inferential techniques) for test of the hypotheses.

Distribution the Data on the basis of Gender							
variable	Group	Total number	Mean	Std. deviation	df	t	Remark
Gender of the learner	Male	250	92.04	8.59	49	0.8	Not significant at 0.05
	Female	250	91.40	8.23	8	4	

Interpretation: from the table its shows that the mean score of male students is 92.04 and female students is 91.40, SD score of male is 8.59 and female is 8.23 respectively for the social adjustment of adolescent school learners. Our calculated 't' value is 0.84 (df=498) and the sig. (2- tailed) value is 0.40 which is statistically not significant at 0.05 level of significant hence the null hypothesis is not rejected. So there is no difference between the mean score of male and female students. But on the basis of result male students are better than female students in social adjustment.

Gender of the Learner * Level of Social Adjustment Crosstabulation						
		Level of Social Adjustment			Total	
		Poor	Average	Good		
Gender of the Learner	Male	Count	28	188	34	250
		% of Total	5.6%	37.6%	6.8%	50.0%
	Female	Count	30	190	30	250
		% of Total	6.0%	38.0%	6.0%	50.0%
Total	Count		58	378	64	500
	% of Total		11.6%	75.6%	12.8%	100.0%

From the above table it is observed that out of 250 male students under study, 34 students (6.8%) have good level of social adjustment, 188 students (37.6%) of them have average level of social adjustment and 28 students (5.6%) have poor level of social adjustment. Similarly out of 250 female students under study, 30 (6.0%) students have better level of social adjustment, 190 (38.0%) students of them have average level of social adjustment and 30 (6.0%) students have poor level of social adjustment. The result shows that male students have better level of social adjustment than female students.

Distribution the Data on the basis of age							
Variable	Group	Total Number	Mean	Std. Deviation	df	T	Remark
Age of the Learner	14 to 16 Year	319	91.47	8.39	498	-0.88	Not Significant at 0.05 Level
	16+ to 18 Year	181	92.16	8.44			

Interpretation: the table shows that the mean score of the students of age group 14 to 16 year is 91.47 and 16+ to 18 year students is 92.16, the SD score of 14 to 16 year age group students is 8.39 and 16+ to 18 year age group students is 8.44 respectively for the social adjustment of adolescent school learners. Our calculated 't' value is -0.88 (df=498) and the sig. (2- tailed) value is 0.379 which is statistically not significant at 0.05 level of significant hence the null hypothesis is accepted. So there is no significant difference between the mean score of two age group students.

Age of the Learner * Level of Social Adjustment Crosstabulation

			Level of Social Adjustment			Total
			Poor	Average	Good	
Age of the Learner	14 to 16 Years	Count	39	243	37	319
		% of Total	7.8%	48.6%	7.4%	63.8%
	16+ to 18 Years	Count	19	135	27	181
		% of Total	3.8%	27.0%	5.4%	36.2%
Total		Count	58	378	64	500
		% of Total	11.6%	75.6%	12.8%	100.0%

From the above table it is observed that out of 319 students belonged to the age group of 14 to 16 year. Within this group 37 students (7.4%) have good level of social adjustment, 243 students (48.6%) of them have average level of social adjustment and 39 students (7.8%) have poor level of social adjustment. Similarly out of 181 students belonged to the age group of 16+ to 18 year under study, 27 (5.4%) students have good level of social adjustment, 135 (27.0%) students of them have average level of social adjustment and 19 (3.8%) students have poor level of social adjustment. We concluded those junior age groups are better in social adjustment than senior age group students.

Distribution the Data on the basis of educational status

Variable	Group	Total number	Mean	Std. deviation	df	t	Remark
Educational status of the learner	Class IX and X	227	91.81	8.14	498	0.230	Not significant at 0.05 level
	Class XI and XII	273	91.64	8.64			

Interpretation: the table shows that the mean score of class IX and X students are 91.81 and class XI and XII students are 91.64. The SD score of class IX and X students are 8.14 and class XI and XII students are 8.64 respectively. Our calculated 't' value is 0.23 (df=498) and the sig. (2- tailed) value is 0.81 which is statistically not significant at 0.05 level of significant hence the null hypothesis is not rejected. So there is no significant difference between the mean score of secondary standard and higher secondary standard students. But IX and X standard students are favorable in social adjustment than XI and XII standard students.

Educational status of the Learner * Level of Social Adjustment Crosstabulation

			Level of Social Adjustment			Total
			Poor	Average	Good	
Educational status of the Learner	Class IX and X	Count	22	177	28	227
		% of Total	4.4%	35.4%	5.6%	45.4%
	Class XI and XII	Count	36	201	36	273
		% of Total	7.2%	40.2%	7.2%	54.6%
Total	Count		58	378	64	500
	% of Total		11.6%	75.6%	12.8%	100.0%

According to the educational status, the level of mental health shows that out of 227 students of IX and X standard under study, 28 students (5.6%) have good level of social adjustment, 177 students (35.4%) of them have average level of social adjustment and 22 students (4.4%) have poor level of social adjustment. Similarly out of 273 students of XI and XII standard under study, 36 (7.2%) students have good level of social adjustment, 201 (40.2%) students of them have average level of social adjustment and 36 (7.2%) students have poor level of social adjustment. Most of the students have poor level of mental health which includes 49% of the students out of total subjects.

Distribution the Data on the basis of habitat

Variable	Group	Total number	Mean	Std. deviation	df	t	Remark
habitat of the learner	Rural	372	92.12	8.18	498	1.80	Not significant at 0.05 level
	Urban	128	90.56	8.98			

Interpretation: from the table its shows that the mean score of rural students is 92.12 and urban students are 90.56, the SD score of rural students are 8.18 and urban students are 8.98 respectively for the mental health of adolescent school learners. Our calculated 't' value is 1.80 (df=498) and the sig. (2- tailed) value is 0.07 which is statistically not significant at 0.05 level of significant hence the null

hypothesis is not rejected. So there is no significant difference between the mean score of rural and urban students. On the basis of result, the rural students are more favorable than urban adolescent students in social adjustment.

Habitat of the Learner * Level of Social Adjustment Crosstabulation

			Level of Social Adjustment			Total
			Poor	Average	Good	
Habitat of the Learner	Rural	Count	41	282	49	372
		% of Total	8.2%	56.4%	9.8%	74.4%
	Urban	Count	17	96	15	128
		% of Total	3.4%	19.2%	3.0%	25.6%
Totals	Count		58	378	64	500
	% of Total		11.6%	75.6%	12.8%	100.0%

From the above table it is observed that out of 372 rural students under study, 49 students (9.8%) have good level of social adjustment, 282 students (56.4%) of them have average level of social adjustment and 41 students (8.2%) have poor level of social adjustment. Similarly out of 128 urban students under study, 15 (3.0%) students have good level of social adjustment, 96 (19.2%) students of them have average level of social adjustment and 17 (3.4%) students have poor level of social adjustment.

Major findings

There is no significant difference in mean score among male and female students in their social adjustment. But male students are better than female students in social adjustment. Out of 500 students under study, 64 students (34 male and 30 female) of them have good level of social adjustment, 378 students (188 male and 190 female) students have average and 58 students (28 male and 30 female) of them poor level of social adjustment.

There is no significant difference in mean score among the students of age group 14 to 16 years and 16+ to 18 years in their social adjustment. But 16+ to 18 years students are more favorable than the 14 to 16 years students. Out of 500 students under study, 64 students (37, 14 to 16 year and 27, 16+ to 18 year) of them have good level, 378 students (135, 14 to 16 year and 243, 16+ to 18 year) have average level and 58 students (39, 14 to 16 year and 19, 16+ to 18 year) of them have poor level of social adjustment.

There is no significant difference in mean score among IX – X standard students and XI- XII standard students in their social adjustment. Out of 500 students under study, 64 (28 IX-X standard and 36 XI-XII standard) students of them have good level, 378 (177 IX-X standard and 201 XI-XII standard) students have average level and 58 (36 IX-X standard and 22 XI-XII standard) students of them have poor level of social adjustment.

There is no significant difference in mean score among rural and urban students in their social adjustment. Out of 500 students under study, 64(49 rural and 15 urban) students have good level, 378 (282 rural and 96 urban) students of them have average level and 58 (41 rural, 17 urban) students of them have poor level of social adjustment.

Educational implication

Presents human life slowly complicated day by day and they continuously struggle for adjustment with society, depend their own ability. Society is the place where every man bring out their skill, creativeness. So a person who is able to make a good adjustment, he or she considered as a well-

adjusted and popular person within the society. Adolescent stage of human being is a vital and complicated than the other stage of life. For create successful adjustment ability within students in adolescent period, the parents, teachers, counselor and other senior person take important role to friendly communicate with adolescent students in any situation. The present study helps us to understand the nature or quality of social behaviour of adolescent school learners and we take easily an overall information picture about social adjustment of adolescent learners with like this study.

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