



CORRELATION BETWEEN SELF AWARENESS AND MENTAL HEALTH STATUS AMONG HIGHER SECONDARY SCHOOL STUDENTS

*Sarath Chandran R. & **Sumi S.S.

*N.C.E.R.T. Doctoral Fellow, Department of Education, University of Kerala, Kerala, India

**Research Scholar, Department of Education, University of Kerala, Kerala, India

Abstract

This study examines the Correlation between Self Awareness and mental health status among higher secondary school students in Kerala. Stratified Random sampling technique was used in this study with sample size of three hundred and eighty (N=380) students from various districts of Kerala. In this study, the investigator administered self awareness test and mental health test for higher secondary students. Test of significance for difference between means and Karl Pearson's product moment correlation are used for the statistical analysis of the data.

Keywords: Self awareness, mental health status and higher secondary school students.

Introduction

Self-awareness plays a critical role in improved learning because it helps students become more efficient at focusing on what they still need to learn. The ability to think about one's thinking increases with age. Self-awareness refers to the capacity of becoming the object of one's own attention (Duval & Wicklund, 1972). In this state one actively identifies, processes, and stores information about the self. Metacognition represents individuals' self-monitoring and self-regulating abilities, and plays a key role in self-managed learning. This study examines two dimensions of metacognition - self-efficacy and self-awareness.

Self-awareness is the capacity that a person has to introspect. It includes gaining an understanding of and insight into one's strengths, qualities, weaknesses, defects, ideas, thoughts, beliefs, ideals, responses, reactions, attitude, emotions and motivations. Thus introspection also includes assessing how

one is perceived by others and How others are impacted based on one's behaviour, responses and conduct. Becoming self-aware is the first step in overcoming personality defects.

Self-awareness can be achieved through observing one's own mistakes, asking others for feedback, observing others mistakes objectively and through some dreams. One becomes emotionally unstable, restless or upset one should become alert as on deeper introspection, it usually provides insight into some personality defect that has been triggered. We should be open to learning about ourselves and have the courage to take feedback from others. By this we can objectively analyse our mistakes and find practical solutions to change for the better.

Since antiquity, philosophers have been intrigued with how human beings develop self-awareness the ability to examine and understand who we are relative to the world around us. Today, research not only shows that self-awareness evolves during childhood, but also that its development is linked to metacognitive processes of the brain. Children should be encouraged to talk about and discuss their thinking.

Adolescence is considered a stressful period due to physical, psychological, sexual changes and is also influenced by maturity. It is a crucial phase in life course of a human, and the presence of psychiatric disorders such as depression, anxiety, and stress at this stage of life is a matter of concern. The symptoms of these three disorders can lead to poor academic performance, lack of communication with friends and family members, substance abuse, feeling of abandonment, homicidal ideation, and suicidal tendency. Several areas of research show that the majority of adults suffering from mental disorders indicate that their symptoms began in childhood and adolescence. Roberts and his colleagues reported that the prevalence of mental disorders among children and adolescents range from 1% to 51% with a mean rate of 15.8% for adolescents. Depression is the fourth leading cause of all disease, accounting for 4.4% of total burden. Despite the prevalence and substantial impact of these mental disorders, detection and treatment in the primary health care setting have been suboptimal.

Mental health is more than the mere lack of mental disorders. The positive dimension of mental health is stressed in WHO's definition of health as contained in its constitution: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Concepts of mental health include subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence and recognition of the ability to realize one's intellectual and emotional potential. It has also been defined as a state of well-being whereby individuals recognize their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities.

Mental health is about enhancing competencies of individuals and communities and enabling them to achieve their self-determined goals. Mental health should be a concern for all of us, rather than only for those who suffer from a mental disorder. Mental health problems affect society as a whole, and not just a small, isolated segment. They are therefore a major challenge to global development. No group is immune

to mental disorders, but the risk is higher among the poor, homeless, the unemployed, persons with low education, victims of violence, migrants and refugees, indigenous populations, children and adolescents, abused women and the neglected elderly.

For all individuals, mental, physical and social health are closely interwoven, vital strands of life. As our understanding of this interdependent relationship grows, it becomes ever more apparent that mental health is crucial to the overall well-being of individuals, societies and countries. Unfortunately, in most parts of the world, mental health and mental disorders are not accorded anywhere the same importance as physical health. Rather, they have been largely ignored or neglected.

Hypotheses of the study

1. There is significant relationship in the mean scores of self-awareness and Mental Health Status among Higher Secondary School Students.

Objectives of the study

1. To find out the level of self-awareness among Higher Secondary School Students.
2. To find out the level of Mental Health Status among Higher Secondary School Students.
3. To find out the relationship between self-awareness and Mental Health Status among Higher Secondary School Students.

Methodology

The current study possesses two variables such as self awareness and Mental Health Status. Among these, self awareness is the independent variable and Mental Health Status is the dependent variable. In this study, the investigator administered self awareness test and Mental Health Status test for higher secondary school students. The reliability of the self awareness test and Mental Health Status test was 0.7 and 0.67 respectively. The population of this study was all the higher secondary school students in Kerala. The investigator adopted stratified random sampling method and sample was 380 higher secondary school students from various districts of Kerala. Test of significance for difference between means and Carl Pearson's product moment correlation are used for the statistical analysis of the data.

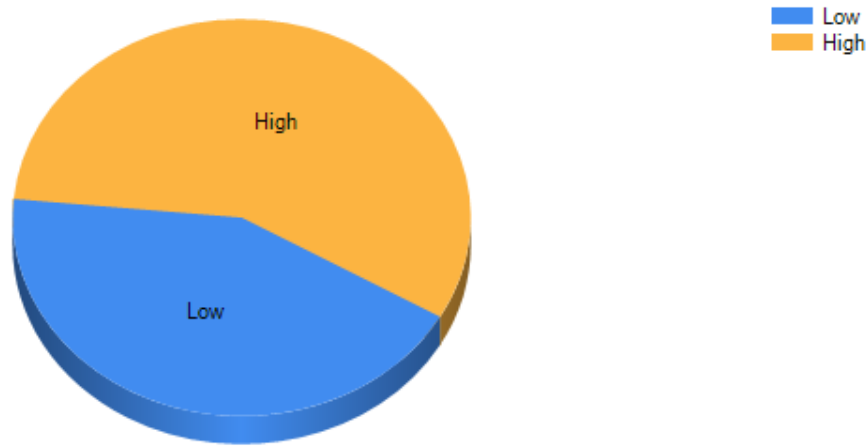
Result

Level of self-awareness among Higher Secondary School Students

Level of self-awareness	N	Percentage
Low	164	43.16
High	216	56.84

From the table it is clear that 43.16% of Higher Secondary School Students have low level of self-awareness. 56.84% of Higher Secondary School Students have high level of self-awareness.

Level of self-awareness among Higher Secondary School Students



Test of significance of difference between percentages of Higher Secondary School Students with low and high level of self-awareness

Level of self-awareness	Percentage	C.R.	L.S.
Low	43.16	3.77	0.01
High	56.84		

Calculated value of C.R. is 3.77 and is significant at 0.01 level (C.R. = 3.77; $p < 0.01$). Hence the percentages of Higher Secondary School Students with low and high level of self-awareness differ significantly at 0.01 level.

Tenability of hypothesis

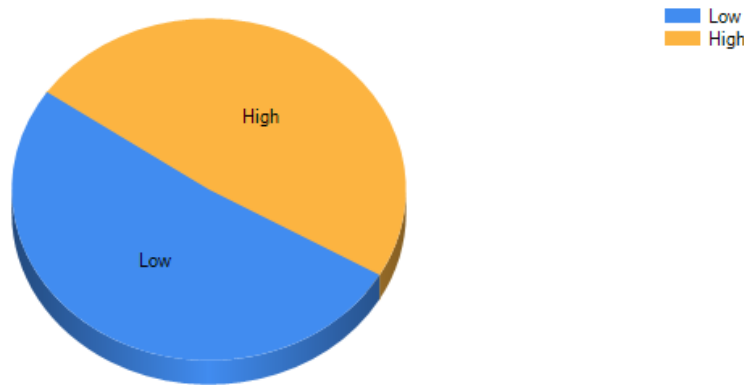
Test of significance for difference between percentages of Higher Secondary School Students with low and high level of self-awareness revealed that there is significant difference between Higher Secondary School Students with low and high level of self-awareness. Hence the null hypothesis formulated in this context is rejected.

Level of Mental Health Status among Higher Secondary School Students

Level of Mental Health Status	N	Percentage
Low	195	51.32
High	185	48.68

From the table it is clear that 51.32% of Higher Secondary School Students have low level of Mental Health Status. 48.68% of Higher Secondary School Students have high level of Mental Health Status.

Level of Mental Health Status among Higher Secondary School Students



Test of significance for difference between percentages of Higher Secondary School Students with low and high level of Mental Health Status

Level of Mental Health Status	Percentage	C.R.	L.S.
Low	51.32	0.73	N.S.
High	48.68		

Calculated value of C.R. is 0.73 and is not significant at 0.05 level (C.R. = 0.73; $p > 0.05$). Hence the percentages of Higher Secondary School Students with low and high level of Mental Health Status do not differ significantly at 0.05 level.

Tenability of hypothesis

Test of significance for difference between percentages of Higher Secondary School Students with low and high level of Mental Health Status revealed that there is no significant difference between Higher Secondary School Students with low and high level of Mental Health Status. Hence the null hypothesis formulated in this context is not rejected.

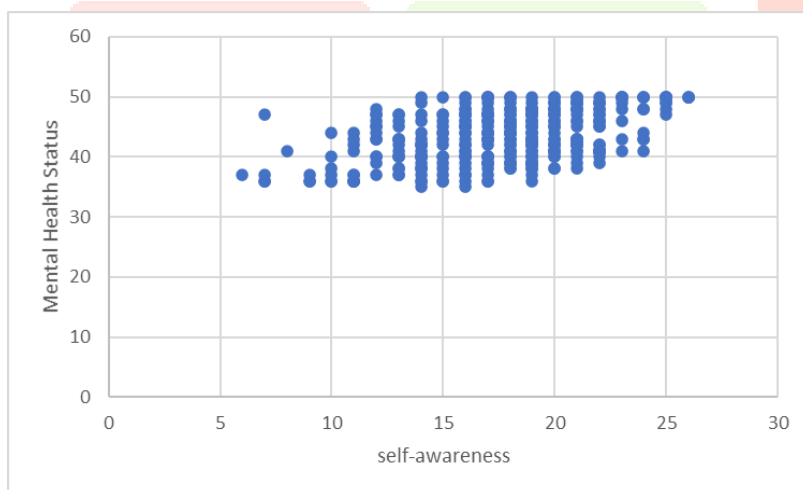
Correlation between self-awareness and Mental Health Status among Higher Secondary School Students

N	Coefficient of correlation (r)	t	Level of significance	of SEr	95% CI Lower	95% CI Upper	Shared variance
380	0.44	9.64	0.05	0.04	0.36	0.52	19.72

The calculated value of r is 0.44 and is significant at 0.01 level. ($r = 0.44$; $p < 0.01$). Hence it can be concluded that there is significant positive relationship between self-awareness and Mental Health Status. The value of shared variance is obtained as 19.72. This means that 19.72% of the variance in one variable can be explained by the other variable.

Tenability of hypothesis

The test of significance of relationship between self-awareness and Mental Health Status among Higher Secondary School Students revealed that there is significant relationship between self-awareness and Mental Health Status among Higher Secondary School Students. Hence the null hypothesis formulated in this context is rejected.



Scatter plot of self-awareness and Mental Health Status among Higher Secondary School Students

Discussion and conclusion

The present study emphasizes that the relationship between self-awareness and mental health status among higher secondary school students. The statistical analysis shows that 56.84% of higher secondary school students have a high level of self-awareness and 48.68% of higher secondary school students have a high level of mental health status. Correlational analysis explores that there is a significant relationship between self-awareness and problem-solving skills among higher secondary school students.

Self-awareness can be achieved through observing one's own mistakes, asking others for feedback, observing others mistakes objectively and through some dreams. Since antiquity, philosophers have been intrigued with how human beings develop self-awareness the ability to examine and understand who we are relative to the world around us. Today, research not only shows that self-awareness evolves during childhood, but also that its development is linked to metacognitive processes of the brain. Adolescence is considered a stressful period due to physical, psychological, sexual changes and is also influenced by maturity. As our understanding of this interdependent relationship grows, it becomes ever more apparent that mental health is crucial to the overall well-being of individuals, societies and countries. Unfortunately, in most parts of the world, mental health and mental disorders are not accorded anywhere the same importance as physical health. Rather, they have been largely ignored or neglected. The present study aimed to investigate correlation between self-awareness and Mental Health status among Higher Secondary School Students.

References

1. Beautrais AL. Risk factors for suicide among young people. *Aust N Z J Psychiatry*. 2000; 34:420–36.
2. Brooks TL, Harris SK, Thrall JS, Woods ER. Association of adolescents risk behaviors with mental health symptoms in high school students. *J Adolesc Health*. 2002;31:240
3. Casey BJ, Jones RM, Levita L, Libby L, Pattwell S, Ruberry E, et al. The storm and stress of adolescence: Insights from human imaging and mouse genetics. *Dev Psychobiol*. 2010;52:225–35.
4. Gregory AM, Caspi A, Moffitt TE, Koenin K, Eley TC, Poulton R. Juvenile mental health histories of adults with anxiety disorders. *Am J Psychiatry*. 2007;164:301–8.
5. Lawrence SN. Adolescent health care a practical guide. 3rd ed. London: Edward Arnold; 1996. pp. 225–7.
6. Polloc R, Rosenbaum J, Marrs B, Biederman J. Anxiety disorders of childhood: Implications for adult psychopathology. *Psychiatr Clin North Am*. 1995;18:745–65.
7. Renouf AG, Kovacs M, Mukerji P. Relationship of depressive, conduct, and co-morbid disorders and social functioning in childhood. *J Am Acad Child Adolesc Psychiatry*. 1997;36:998–1004
8. Ringeisen H, Oliver KA, Menvielle E. Recognition and treatment of mental disorders in children: Considerations for pediatric health systems. *Paediatr Drugs*. 2002;4:697–703.
9. Roberts RE, Attkisson CC, Rosenblatt A. Prevalence of psychopathology among children and adolescents. *Am J Psychiatry*. 1998;155:715–25
10. Ustun TB, Ayuso-Mateos JL, Chatterji S, Mathers C, Murray CJL. Global burden of depressive disorders in the year 2000. *Br J Psychiatry*. 2004; 184:386–92.