



# MENTAL HEALTH OF ADOLESCENTS OF WORKING AND NON-WORKING MOTHERS

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## ABSTRACT

Present era is an era of many problems. Most people have experienced many difficulties such as economic, social, mental and physical, etc. Mental health is an central aspect of a person's life for the reason that not only is a healthy mind inhibited by a healthy body, but a healthy mind also creates a healthy body. This study is atry to check the mental health of adolescents of working and non-working mothers with the age mean of 15.38. Additional aim of this study was to find out both mental symptoms and somatic symptoms of mental health of adolescents. A sample of 70 students ; 35 students of working mothers and 35 students of non-working mothers were selected from different schools at Mahesana . The mental health check-list constructed by Dr. Pramod Kumar (1992) was used for data collection. Data analys done by calculating mean, standard deviation (SD) and t-test. The results shows that there was a significant difference between adolescents of working and non-working mothers on mental health. Significant difference exists between adolescents of working and non-working mothers on mental symptoms but not on somatic symptoms.

**Keywords:** Adolescents, Mental Health, Working Mother, Non-working Mother

Psychologists and medical sciences have described many stages of human development like as infancy, babyhood, childhood, adolescents, adulthood, etc. by the way, all the stages are important in the development of a person, but adolescence is an important period of development. The term 'Adolescence' comes from the Latin word adolescere, which means 'to grow or to grow to maturity'(Lerner & Steinberg, 2009, p.1). Adolescence is one of the most rapid phases of human development. In 1950 German-born American psychologist Eric H. Erickson described adolescence in modern western societies as a 'moratorium' a period of freedom from responsibilities that allow young people to experiment with a number of options before setting on a lifelong career such a moratorium may be appropriate in a culture marked by rapid changes in vocational opportunities for too long. However, they may never properly learn how to manage their own lives or care for those who depend on them.

According to WHO mental health is an aliquant and essential component of health. It is the level of psychological well-being or an absence of mental illness. Mental health is a state of well-being in which an individual realized his/ her own abilities, can cope with the normal stress of life, can work productively and is able to make a contribution to his or her community. Mental health is fundamental to our collective and individual ability as humans to think and interact with each other, earn a living, and enjoy life. Multiple social, psychological, and biological factors determine the level of mental health of a person at any period of

time. Adolescence is a unique and formative time. It is a crucial period for developing and maintaining social and emotional habits important for mental well-being. Various factors determine the mental health of adolescents at any one time. The more risk factors adolescents are representation to, the greater the latent impact on their mental health factors which can contribute to stress during adolescents include a desire for greater autonomy, the pressure to conform with peers, exploration of sexual identity, and increased access to and use of technology. Several adolescents are at greater risk of mental health conditions owing to their living conditions, stigma, discrimination, or exclusion or lack of access to quality support and services. Mental disorders commonly emerge during adolescence. In addition to depression or anxiety. Adolescents with emotional disorders can also experience excessive irritability, frustration, or anger. Adolescents may additionally develop emotion-related physical symptoms such as stomach ache, headache, or nausea.

Aghdam, et al. (2015), investigated the effect of maternal employment on the elementary and junior high school students' mental health in Maku. For this study, the descriptive and cross-sectional method was used and the sample was selected from fifth, sixth, and seventh grade students N=583, who are studying in the academic year. A general health questionnaire was used for data collection and the SPSS software was used for data analyzing the data. The findings showed that there was a significant difference between adolescents of working and non-working mothers on mental health problems, somatic problems, social functioning, anxiety, and depression and children of working mothers showed better mental health than non-working mothers children.

Kizuki, et al. (2018), study the relationship between parental time of returning home from work and mental health of child. For measuring the child's mental health, the Japanese language version of the strength and difficulties questionnaire (SDQ) was used for data collection. The SDQ consisted of 25 child behavior traits divided into five sub-scale, that is emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, and prosaically behavior. The result indicated that the children whose parents return home late, or at the irregular time had higher scores on total attributes compared to children whose parents both returned home earlier.

Mukherjee (2010), examined the effect of a mother's employment on the cognitive outcomes of her children. Findings reveals that mothers who spend more time at home with their children, their children's have fewer emotional problem. They have obtained a lower score on the behavior problem index; they are also less likely to be often unhappy or depressed. In addition, children with mothers spending more time at home were likely to hurt someone, pinch something, or skip school.

Nair (2017), examines the mental health of adolescent school children of Gujarat. A cross-sectional method was used in this study. A sample of 693 school students, both boys and girls, was drowned from the six senior secondary schools of Gujarat. Strengths and difficulties questioner (SDQ) was used to assess the mental health status of the students. The findings are 15 present students had a high score on SDQ. Girls had more emotional problems, while the rest of the mental health problems were more prevalent in boys. Rural children were found to have more mental health issues. At least one in eight adolescents in this study was at risk of mental health problems.

Seenivasan & Kumar (2014), studied comparison of the mental health of urban adolescents of working and non-working mothers in India. A convenience sample of 500 school students with a mean age of 14.6 years. The self-report version of the strength and difficulties questionnaire (SDQ) was used to assess the mental health status of students. The result indicated that conduct problems were highest with 22.6 percent, followed by peer problems with 12.8 percent and an emotional problem with 12.2 percent. 117 students felt that these problems interfered with home life, friendships, classroom life leisure activities and

difficulties upset or disturbed them there are 236 students whose mothers were not working and 264 students who's parents were employed. Mental health problems were significantly higher among those children whose parents were employed. Statement of the problem : A comparative study of mental health of adolescents of working and non-working mothers.

### **Objective:-**

1. To Study of the adolescents of working and nonworking mothers concerning mental health.
2. To Study of the adolescents of working and nonworking mothers concerning mental symptoms.
3. To Study of the adolescents of working and nonworking mothers concerning somatic symptoms.

### **❖ METHODOLOGY**

#### **✚ Hypotheses :**

1. There will be no significant difference between adolescents of working and nonworking mothers concerning mental health.
2. There will be no significant difference between the adolescents of working and nonworking mothers concerning mental symptoms.
3. There will be no significant difference between the adolescents of working and nonworking mothers concerning somatic symptoms.

#### **✚ Variable: The variable of the present research are:**

(1) **Independent variable** were Adolescents of working mothers and Adolescents of non-working mothers

(2) **Dependent Variable:** Mental health: 1. Mental symptoms 2. Somatic symptoms

**Sample:** A sample of 70 students (35 students of working mothers and 35 students of non-working mothers) are selected from different schools at Mahesana district. Ninth and tenth grade students are included in this research with the mean of age range 15.38.

**Tools:** In the present research mental health check-list (MHC) constructed by Pramod Kumar (1992) is used for data collection. Mental health check-list (MHC) contains 11 items related to two type's symptoms. The two type's symptoms are mental and somatic with six and five items. The MHC is a four-point rating scale. The total score varies from 11 to 44, showing the highest to the lowest (poorest) mental health status of the person.

**Statistical analysis :** In this present study, Mean, SD the t-test was applied to check the significant difference between Groups.

## ❖ Result and Discussion

**Table 1: showing the Mean, SD, and t-value on mental health of adolescents of working and non-working mothers.**

Subject level	N	Mean	SD	t-value	Sig.
Adolescents of working mothers	35	22.8	3.92		
Adolescents of non working mothers	35	20.31	3.34	2.77	0.01

Table 1: results shows the mean score of adolescents of working mothers is 22.8 with SD =3.92 and the mean score of adolescents of non-working mothers is 20.31 with SD =3.30. The adolescents of working mothers have a higher mean score on mental health than a non-working mother. The t-value of Adolescents of working and non-working mothers is 2.77, which is higher than t-value at 0.01 level of significance. So, hypothesis 1 is rejected and we can say that there is a significant difference among Adolescents of working and non-working mothers on mental health due to mothers employment.

**Table 2: showing Mean, Standard deviation (SD), and t-value on mental symptoms of Adolescents of working and non-working mothers**

Subject level	N	Mean	SD	t-value	Sig.
Adolescents of working mothers	35	11.31	3.02		
Adolescents of non working mothers	35	14.14	2.23	4.29	0.01

Table 2: results shows the mean score of adolescents of working mothers is 14.14 with SD= 3.02 and the mean score of adolescents of non-working mothers is 11.31 with SD= 2.23. The mean score is high among adolescence of working mothers then non-working mothers. The t-value of adolescents of working and non-working mothers on mental symptoms is much higher than t-value at 0.01 level of significance, which is 4.29. So the hypothesis 2 is rejected and we can say that there was a significant difference among adolescents of working and non-working mothers on mental symptoms because of working mothers give less time to their children.

**Table 3: Showing Mean, Standard deviation (SD), and t-value on somatic symptoms of Adolescents of working and non-working mothers**

Subject level	N	Mean	SD	t-value	Sig.
Adolescents of working mothers	35	8.66	1.62		
Adolescents of non working mothers	35	9.00	1.82	0.79	NS

Table 3 results shows the mean score of adolescents of working mothers is 8.66 with SD= 1.62 and the mean score of adolescents of non-working mothers is 9.00 with SD= 1.82. There are no more differences between the mean score of the adolescence of working and non-working mothers. The t-value on somatic symptoms of adolescents of working and non-working mothers is 0.79, which is not significant at a low level of confidence, means below 0.22 and we can say that there will be no significant difference among adolescents of working and non-working mothers on somatic symptoms because the working mother provide good facilities and non-working mother take more attention to their children.

The result shows that there is a significant difference between adolescents of working and non-working mothers on mental health. The further result indicates the significant difference between adolescents of working and non-working mothers on mental symptoms but not somatic symptoms. Working mothers have spent less time with their children. Due to less time, their children's mental health is affected by poor communication, lack of attention, inability to understand the emotions and fulfill all needs. So, we suggest that foundations, society, and company organizers with mental health institutes should be thought about the mental and physical health of children of working mothers.

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