



MENTAL HEALTH OF SECONDARY SCHOOL STUDENTS IN RELATION TO GENDER AND AREA OF RESIDENCE

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Abstract: Mental health during adolescence is a critical concern, particularly in relation to school, home, and peer environments. This study examined the mental health of secondary school students in relation to gender and area of residence. A descriptive survey method was employed, and a sample of 200 students was selected using a multistage random sampling technique from the Venghlui Cluster, Aizawl district, Mizoram. Data were collected using the Mental Health Scale (MHS-TSBA) developed by Talesara and Bano (2017). Data were analyzed using descriptive statistics, including frequency, percentage, mean, and standard deviation, and inferential statistics through the independent samples *t*-tests. The findings indicated that 34.5% students exhibited a moderate level of mental health, although a substantial number also demonstrated poor mental health. No significant difference was found in the level of mental health based on gender; however, a significant difference was observed between male and female students in the school-related domain, with male students demonstrating higher levels of mental health than female students. With regard to area of residence, a significant difference was found in level of mental health, with urban students demonstrating better mental health than rural students. Domain-wise analysis revealed a significant difference in the home-related dimension, with urban students demonstrating higher levels of mental health than rural students, while no significant differences were observed in the school-related and peer group-related domains. The findings highlight the role of contextual factors, particularly family environment and living conditions, in influencing students' mental well-being and underscore the need for targeted school-based mental health interventions.

Index Terms - Mental health, secondary school students, gender, area of residence

1. INTRODUCTION

Health may be understood as a state of complete physical, mental and social well-being rather than simply the absence of illness or disability (World Health Organization, 2025). Within this framework, mental health plays a central role in shaping how individuals think, feel, and behave, and it influences their ability to cope with stress, build relationships, and function effectively in daily life. Modern views also highlight that mental health is not limited to being free from disorders, but includes positive psychological functioning, the capacity to cope with challenges, resilience, and general well-being.

Mental health is particularly significant during adolescence, a developmental stage characterized by rapid physical, cognitive, and psychosocial changes. Globally, approximately one in seven adolescents experiences a mental health condition, making it a major public health concern (World Health Organization, 2025). Furthermore, a substantial proportion of mental health conditions emerge before the age of 18, highlighting the importance of early identification and intervention (World Health Organization

& UNICEF, 2024). Mental health conditions are also among the leading causes of disease and disability among adolescents, affecting their academic performance, school attendance, and social relationships (UNICEF, 2021). Given these concerns, examining mental health among secondary school students is essential for identifying risk and protective factors, understanding their influence on learning outcomes, and enabling early intervention to support students' overall development (Kwakye, 2025).

In the present study, mental health is examined in relation to three key areas or domains identified by the Mental Health Scale developed by Talesara and Bano (2017), namely school-related, home-related, and peer group-related causes. School-related factors include teacher behaviour, academic pressure, competition, examination stress, and curriculum load, all of which may influence students' psychological well-being and academic performance. Home-related factors involve the family environment, including parental support, emotional climate, and socio-economic conditions, which play a crucial role in shaping students' mental health. Peer group-related factors reflect the influence of social interactions, where supportive peer relationships promote adjustment, while negative experiences such as teasing or exclusion may adversely affect well-being. Understanding these factors is essential for developing supportive school environments, strengthening social-emotional learning, enhancing teacher awareness, and informing educational policies and interventions that promote students' mental health and overall well-being.

2. LITERATURE REVIEW

Research on students' mental health has focused on both the overall level of mental health and levels of mental health in various domains, as well as variations across different demographic variables. Studies examining the level of mental health among students reveal variations across contexts and conditions. Joseph (2015) found that high school students exhibited a moderate level of mental health, indicating that students were neither highly distressed nor optimally adjusted. Arumugam and Mahendraprabu (2014) reported that higher secondary school students demonstrated a generally positive level of mental health, suggesting satisfactory psychological well-being among the participants. In contrast, Tiaotrakul et al. (2023) found that a majority of university students experienced poor mental health during the COVID-19 outbreak, with only a small proportion reporting good mental health, thereby highlighting the significant impact of external stressors such as health crises on students' psychological functioning. These findings indicate that while students may exhibit moderate or positive levels of mental health under normal circumstances, situational factors can substantially influence their mental health status.

With regard to gender differences previous studies present inconsistent findings, both in overall mental health and across specific areas such as school-related, home-related, and peer group-related dimensions. Joseph (2015) reported that female students demonstrated better mental health than male students, suggesting higher emotional stability among girls. Murugan (2017) also found that female students exhibited significantly better mental health compared to male students, indicating gender-based variation in psychological adjustment. In contrast, Kumar (2013) reported that male students had better overall mental health than female students, suggesting that gender differences may vary depending on contextual and environmental influences. Krishnakar (2014) similarly found that male students demonstrated higher levels of mental health across all dimensions, including emotional and social aspects. Bhat and Jan (2023) reported that female students exhibited better mental health than male students, reinforcing the pattern observed in several studies. Ansari et al. (2022) provided a more detailed domain-wise analysis and found that female students demonstrated better overall mental health and scored significantly higher in the home-related dimension, while no significant gender differences were observed in school-related and peer group-related areas, indicating that family environment may play a stronger role in influencing gender differences. Kumar and Yadav (2022) reported no significant gender differences in overall mental health as well as across school, home, and peer group dimensions, suggesting uniformity in mental health status across genders. Similarly, Kumari and Pandey (2023) found no significant differences in mental health between male and female students, although variations were observed in relation to academic anxiety levels. These findings collectively suggest that gender differences in mental health are not consistent and may vary depending on contextual, environmental, and domain-specific factors.

Studies examining differences in mental health based on students' area of residence also reveal varied findings, both at the overall level and across specific domains. Joseph (2015) reported that rural students exhibited better mental health than urban students, suggesting that rural environments may provide supportive conditions for psychological well-being. In contrast, Tripathy and Sahu (2021) found that urban students demonstrated better mental health compared to rural students, indicating the influence of better access to resources and opportunities in urban areas. Krishnakar (2014) also reported that urban students showed better mental health than rural students across all dimensions, reinforcing the advantage of urban

settings in promoting mental well-being. Kumar (2013), however, found no significant differences in mental health between urban and rural students, suggesting that locale may not always be a determining factor. Bhat and Jan (2023) similarly reported no significant differences between urban and rural students in terms of mental health. Hughes et al. (2023), through qualitative findings, highlighted that students from rural areas experienced lower levels of mental health, particularly due to adverse home and community conditions, emphasizing the role of home-related factors. Nguyen et al. (2024) found that rural students experienced higher levels of emotional and peer-related problems, indicating that peer group and emotional domains are particularly affected in rural contexts. These findings suggest that differences based on area of residence are complex and may become more evident when examined across specific domains such as home and peer-related factors rather than at the overall level.

Despite the substantial body of research on students' mental health, several gaps remain evident. The findings related to gender and area of residence are inconsistent, with some studies reporting significant differences while others report no differences. Moreover, only a limited number of studies have examined mental health simultaneously across specific domains such as school-related, home-related, and peer group-related areas in relation to both gender and area of residence. Most studies have either focused on overall mental health or examined single variables independently, thereby limiting a comprehensive understanding of how different contextual factors interact to influence mental health. Additionally, many studies have been conducted in diverse geographical and cultural contexts, which may limit the generalizability of findings to specific local settings. Therefore, there is a need for further research to examine the mental health of secondary school students in relation to gender and area of residence in Venghlui Cluster, Aizawl, Mizoram across multiple domains of mental health, in order to provide a more comprehensive, context-specific, and multidimensional understanding of students' mental well-being.

3. OBJECTIVES

1. To find out the overall level of mental health among secondary school students in Venghlui Cluster, Aizawl.
2. To find out significant differences in the level of mental health between male and female secondary school students in Venghlui Cluster, Aizawl.
3. To find out significant differences in the level of mental health between male and female secondary school students across school-related, home-related and peer group-related domains in Venghlui Cluster, Aizawl.
4. To find out significant differences in the level of mental health between urban and rural secondary school students in Venghlui Cluster, Aizawl.
5. To find out significant differences in the level of mental health between urban and rural secondary school students in across school-related, home-related and peer group-related domains in Venghlui Cluster, Aizawl.

4. NULL HYPOTHESES

H₀₁: There is no significant difference in the level of mental health between male and female secondary school students in Venghlui Cluster, Aizawl.

H₀₂: There are no significant differences in the level of mental health between male and female secondary school students across school-related, home-related and peer group-related domains in Venghlui Cluster, Aizawl.

H₀₃: There is no significant difference in the level of mental health between urban and rural secondary school students in Venghlui Cluster, Aizawl.

H₀₄: There are no significant differences in the level of mental health between urban and rural secondary school students across school-related, home-related and peer group-related domains in Venghlui Cluster, Aizawl.

5. RESEARCH METHODOLOGY

5.1 Research Design: The present study adopted a descriptive survey research design to examine the level of mental health among secondary school students in relation to gender and area of residence in the Venghlui Cluster, located in Aizawl district, Mizoram. The descriptive method was considered appropriate as it facilitates the systematic collection and analysis of data to describe existing conditions without manipulating any variables. As a survey study, data were collected from

a representative sample of students to assess their level of mental health and to examine differences based on gender and area of residence.

5.2 Population: The population of the study comprised of 588 (314 male and 274 female) secondary school students from the Venghlui Cluster in Aizawl district. Although the cluster is situated in an urban area, the students in these schools come from urban and rural residential backgrounds. For this study the classification of urban and rural area was based on the students' area of residence rather than the locale of the schools. This made it possible to compare students from different residential backgrounds.

5.3 Sample: The sample of the study consisted of 200 (105 male and 95 female) secondary school students from the Venghlui Cluster in Aizawl district, representing approximately 35% of the total population. Students were drawn from different schools within the cluster. The sample included students from both urban and rural residential backgrounds, with classification based on the students' area of residence rather than the location of the schools.

5.4 Sampling Technique: A multistage random sampling technique was employed in the present study. As there was no prior information available on the distribution of students from urban and rural areas of residence, the sampling was conducted in stages. In the first stage, secondary schools were randomly selected from the Venghlui Cluster in Aizawl district without considering students' area of residence. In the second stage, students were randomly selected from the chosen schools. In the third stage, after data collection, the students were classified based on gender and area of residence (urban and rural). This approach enabled comparison across groups while maintaining randomness in the sampling process.

5.5 Tool Used: The Mental Health Scale (MHS-TSBA) developed and standardized by Sushma Talesara and Akhtar Bano (2017) was administered to assess the mental health of secondary school students. The scale is a standardized instrument designed to measure three areas of mental health: School-related causes, Home-related causes, and Peer group-related causes.

5.6 Procedure of Data Collection: Formal permission was obtained from the principals of the selected schools, after which data were collected from secondary school students in the Venghlui Cluster in Aizawl district. Prior to data collection, the purpose of the study was clearly explained to the participants. Instructions for completing the mental health scale were provided, and students were selected randomly and encouraged to respond honestly. Confidentiality of the participants' responses was ensured throughout the study. The researcher also reviewed each completed questionnaire to ensure accuracy and completeness, thereby maintaining the credibility and reliability of the data collected.

5.7 Statistical Techniques Used: Data were analyzed using quantitative methods. Descriptive statistics, including frequency, percentage, mean, and standard deviation, were used to describe the distribution of scores. Inferential statistics, specifically the independent samples *t*-test, were employed to examine significant differences in the level of mental health among secondary school students based on gender and student area of residence. Additionally, *t*-tests were conducted to assess differences in gender and student area of residence across the specific dimensions of mental health, namely school related causes, home related causes, and peer group related causes.

6. FINDINGS

6.1 Level of mental health of secondary school students in Venghlui Cluster

The analysis of secondary school students' level of mental health in Venghlui Cluster revealed that 34.5% exhibited moderate levels, while 41.5% fell within poor to extremely poor categories. In contrast, only 24% demonstrated good to extremely good mental health. These findings indicate that a majority of students experience suboptimal mental health, highlighting the need for targeted school-based interventions to promote students' well-being.

Table 1: Level of mental health of secondary school students in Venghlui Cluster

Level of Mental Health	Range of Raw Scores	N	Percentage (%)
Extremely Poor	90 and below	12	6
Very Poor	91 – 104	25	12.5
Poor	105 – 119	46	23
Moderate	120 – 139	69	34.5
Good	140 – 154	29	14.5
Very Good	155 – 169	15	7.5
Extremely Good	170 and above	4	2
Total		200	100

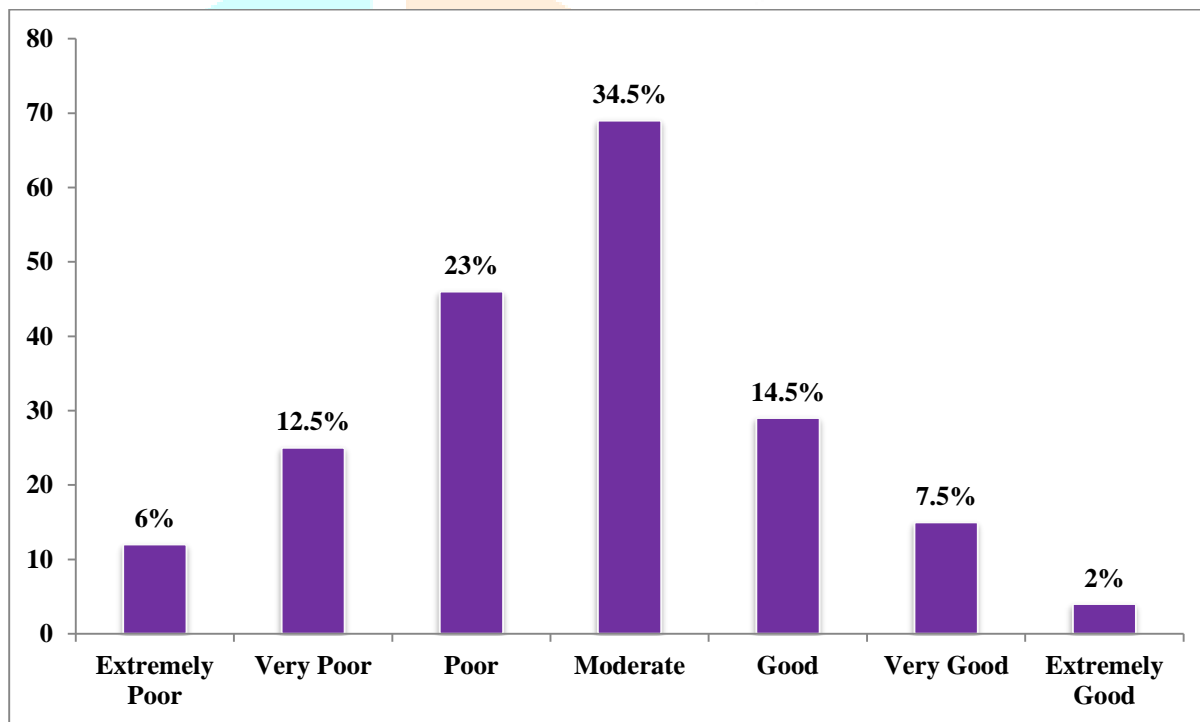


Figure 1: Level of mental health of secondary school students in Venghlui Cluster

6.2. Difference in students’ level of mental health by gender (male vs. female) in Venghlui Cluster

An independent samples *t*-test was conducted to compare the level of mental health between male and female secondary school students in Venghlui Cluster, Aizawl. Male students ($M = 127.67$) and female students ($M = 124.44$) did not differ significantly in their mental health scores, $t(198) = 1.02, p = .30$. These results indicate that gender does not have a statistically significant influence on the mental health of secondary school students.

Table 2: Comparison of students' level of mental health by gender (Independent Samples t-test)

Gender	N	Mean	SD	df	t value	p value	Result
Male	105	127.67	19.76	198	1.02	0.30	Not significant
Female	95	124.44	24.84				

$p < .05$ indicates statistical significance

6.3. Differences in students' level of mental health by gender (male vs. female) across school, home, and peer related domains in Venghlu Cluster

Independent-samples t tests were conducted to compare the level of mental health of secondary school students based on gender (male vs. female) across school, home, and peer group related domains in Venghlu Cluster, Aizawl. In the school-related domain, male students ($M = 39.21$) and female students ($M = 36.51$) differed significantly, $t(198) = 2.09$, $p = .03$. In contrast, in the home-related domain, male students ($M = 52.37$) and female students ($M = 51.67$) did not differ significantly, $p = .63$. Similarly, in the peer group-related domain, male students ($M = 33.99$) and female students ($M = 33.87$) did not differ significantly, $p = .91$. These results indicate that gender does not have a statistically significant influence on home-related and peer group-related aspects of mental health. However, a significant difference was observed in the school-related domain, with male students demonstrating higher levels of mental health than female students.

Table 3: Comparison of students' level of mental health by gender across school, home, and peer related domains in Venghlu Cluster (Independent samples t-tests)

Domains	Gender	N	Mean	SD	df	t value	p value	Results
School Related Causes	Male	105	39.21	8.39	198	2.09	0.03	Significant
	Female	95	36.51	9.83				
Home Related Causes	Male	105	52.37	10.03	198	0.48	0.63	Not Significant
	Female	95	51.67	10.42				
Peer Group Related Causes	Male	105	33.99	7.31	198	0.10	0.91	Not Significant
	Female	95	33.87	8.11				

$p < .05$ indicates statistical significance

6.4. Differences in students' level of mental health by area of residence (urban vs. rural) in Venghlu Cluster

An independent-samples t test was conducted to compare the level of mental health of secondary school students based on area of residence (urban vs. rural). Students from urban areas ($M = 128.77$) and rural areas ($M = 120.91$) differed significantly in their mental health scores, $t(198) = 2.37$, $p = .01$. These results indicate that area of residence has a statistically significant influence on students' mental health, with urban students demonstrating higher levels of mental health than their rural counterparts.

Table 4: Comparison of students' level of mental health by area of residence (Independent Samples t-test)

Students' Area of Residence	N	Mean	SD	df	t value	p value	Result
Urban	133	128.77	21.96	198	2.37	0.01	Significant
Rural	67	120.91	22.27				

$p < .05$ indicates statistical significance

6.5. Differences in students' level of mental health by area of residence (urban vs. rural) across school, home, and peer related domains in Venghlui Cluster

Independent samples *t*-tests were conducted to compare the level of mental health of secondary school students based on area of residence (urban vs. rural) across school, home, and peer group related domains in Venghlui Cluster, Aizawl. In the school-related domain, urban students ($M = 38.54$) and rural students ($M = 36.73$) did not differ significantly, $p = .18$. Similarly, in the peer group-related domain, urban students ($M = 34.61$) and rural students ($M = 32.58$) did not differ significantly, $p = .07$. However, in the home-related domain, urban students ($M = 53.45$) and rural students ($M = 49.23$) differed significantly, $t(198) = 2.80$, $p = .005$. These results indicate that area of residence does not have a statistically significant influence on school-related and peer group-related domains of mental health. However, a significant difference was observed in the home-related domain, with urban students demonstrating higher levels of mental health than rural students.

Table 5: Comparison of students' level of mental health by area of residence across school, home, and peer related domains in Venghlui Cluster (Independent samples t-tests)

Domains	Students' Area of Residence	N	Mean	SD	df	t value	p value	Results
School Related Causes	Urban	133	38.54	9.43	198	1.31	0.18	Not Significant
	Rural	67	36.73	8.63				
Home Related Causes	Urban	133	53.45	9.78	198	2.80	0.005	Significant
	Rural	67	49.23	10.50				
Peer Group Related Causes	Urban	133	34.61	7.27	198	1.77	0.07	Not Significant
	Rural	67	32.58	8.34				

$p < .05$ indicates statistical significance

7. DISCUSSION

The findings of the present study revealed that a considerable proportion of secondary school students in the Venghlui Cluster, Aizawl district, Mizoram demonstrated a moderate level of mental health, with 34.5% of students falling within this category. This indicates that a substantial number of students experience a balanced level of mental health, characterized by manageable levels of stress and relatively stable emotional functioning. This finding is consistent with Joseph (2015), who also reported a moderate level of mental health among high school students. However, the present finding contrasts with the results of Tiaotrakul et al. (2023), who found that a majority of students experienced poor mental health during the COVID-19 outbreak. The difference in findings may be attributed to contextual

variations, as the pandemic situation likely heightened stress and uncertainty among students, thereby negatively affecting their mental health.

With regard to gender differences, the study found no significant difference in the level of mental health of secondary school students based on gender, despite slight variations in mean scores. This suggests that gender does not play a determining role in influencing overall mental health among the students in the present context. This finding is in agreement with Arumugam and Mahendraprabu (2014) and Kumari and Yadav (2022), who also reported no significant gender differences in mental health. However, the finding contradicts studies by Murugan (2017) and Bhat and Jan (2023), which reported that female students exhibited better mental health than male students, as well as Kumar (2013) and Krishnakar (2014), who found that male students demonstrated better mental health. These inconsistencies suggest that gender differences in mental health may be influenced by contextual, cultural, and environmental factors rather than being universally consistent.

At the domain level, the present study found a significant difference in the school-related dimension, with male students exhibiting higher mental health levels than female students, while no significant differences were observed in home-related and peer group-related dimensions. This finding partially aligns with Ansari et al. (2022), who reported no significant gender differences in peer group-related factors, and with Kumar and Yadav (2022), who found no significant differences across home and peer domains. The absence of differences in home and peer dimensions may be attributed to similar treatment of students within family and peer contexts, whereas variations in school-related experiences may contribute to gender-based differences in that domain.

The findings of the study further revealed a significant difference in the level of mental health of secondary school students based on area of residence, with urban students demonstrating higher levels of mental health compared to rural students. This suggests that environmental and socio-economic factors associated with urban settings, such as better access to educational resources, mental health awareness, and support services, may contribute to improved mental well-being. This finding is consistent with Krishnakar (2014) and Tripathy and Sahu (2021), who also reported that urban students exhibited better mental health than rural students. However, the finding contradicts the results of Bhat and Jan (2023), who found no significant differences based on area of residence, and Joseph (2015), who reported better mental health among rural students. These differences highlight the complex and context-dependent nature of locality-based influences on mental health.

At the domain level, the present study found significant differences in the home-related dimension, with urban students demonstrating better mental health than rural students, while no significant differences were observed in school-related and peer group-related dimensions. This finding is supported by Hughes et al. (2023), who emphasized the role of home and community environments in influencing mental health, particularly among rural students. Similarly, Nguyen et al. (2024) reported higher emotional and peer-related problems among rural students, indicating that environmental factors may adversely affect specific dimensions of mental health. However, the present study found significant differences only in the home-related dimension and no significant differences in school-related and peer group-related causes. This finding is partially contradictory to Nguyen et al. (2024), as differences were observed in different domains of mental health, suggesting that contextual influences may vary across specific dimensions.

8. CONCLUSION

The present study examined the mental health of secondary school students in relation to gender and area of residence in the Venghlu Cluster, Aizawl district, Mizoram with reference to three domains of mental health: school-related, home-related, and peer group-related causes. The findings revealed that a considerable proportion of students exhibited a moderate level of mental health, while a substantial number also demonstrated poor mental health, indicating the prevalence of mental health concerns among students. With regard to gender, no significant difference was found in the overall level of mental health between male and female students, although a significant difference was observed in the school-related dimension, where male students exhibited higher levels of mental health than female students. No significant gender differences were identified in the home-related and peer group-related domains. In terms of area of residence, the study revealed a significant difference in the level of mental health, with urban students demonstrating higher mental health than their rural counterparts. Domain-wise analysis further indicated that significant differences were present in the home-related dimension, whereas no significant differences were observed in the school-related and peer group-related domains. These findings highlight the influence of contextual factors, particularly family environment and living conditions, on students' mental well-being. The study underscores the importance of addressing mental

health among secondary school students through targeted interventions that consider both demographic and domain-specific influences on psychological well-being.

9. EDUCATIONAL IMPLICATIONS

The findings of the study provide several important implications for educational practice. Given that a substantial proportion of students exhibited moderate to poor levels of mental health, schools need to adopt a more proactive approach toward promoting students' mental health. Integrating social-emotional learning into the curriculum is essential, with emphasis on developing students' skills in stress management, emotional regulation, and adaptive coping to address challenges arising from academic demands and daily life experiences.

The absence of significant gender differences in overall mental health suggests that mental health interventions should be inclusive and universally accessible to all students. However, the presence of significant gender differences in the school-related domain indicates the need for teachers and school administrators to be more sensitive to gender-specific experiences within the classroom. Efforts should be made to ensure that teaching practices, classroom environments, and evaluation systems do not inadvertently create differential stress or pressure among students.

The significant differences observed between urban and rural students, particularly in the home-related dimension, highlight the critical role of family environment in shaping students' mental health. Schools should strengthen parent engagement initiatives by organizing awareness programs and workshops that guide parents on creating supportive home environments. Special attention may be given to students from rural backgrounds by providing additional emotional and academic support within the school setting to help compensate for possible limitations in home resources. The lack of significant differences in school-related and peer group-related domains based on area of residence suggests that schools provide relatively uniform environments for students. This indicates that schools can serve as protective spaces for promoting mental health. Therefore, strengthening school-based support systems, such as guidance and counselling services, peer support programs, and teacher mentorship, can further enhance students' well-being across diverse backgrounds.

In addition, regular mental health screening and early identification mechanisms should be implemented to detect students experiencing psychological distress. Teachers and school personnel should be provided with professional development opportunities to recognize early signs of mental health issues and to respond appropriately. Collaboration with mental health professionals can further support the implementation of comprehensive school-based mental health programs. The findings emphasize the need for a holistic and context-sensitive approach to mental health promotion in schools, taking into account both domain-specific influences and the varying needs of students from different backgrounds.

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