

## MENTAL HEALTH AMONG SCHOOL TEACHERS

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### **Abstract:**

The aim of this research is to investigate some of the factors affecting the mental health of teachers. The null hypothesis was framed regarding the teachers from the area point of view of the urban and rural and from the gender point of the view regarding the teachers male and female. A random sample method was used to select 120 teachers from the Mehsana district of Gujarat. The research tool by Dr. D.J. Bhatt and G. R. Geeda's mental hygiene inventory. This contains a personal data sheet and mental hygiene inventory for teachers for analysis data 't-test was used results revealed that a significant difference was found in the teachers.

**Key Words:** Teachers, Area, Gender, Mental hygiene inventory.

### **Introduction**

Mental health is very much fundamental to physical health and quality of life, and thus it needs to be addressed as an important component for improving the overall health and well-being of an individual. Mentally healthy individuals are reality-oriented, know their limitations and possibilities, value themselves, respond to challenges efficiently, establish and maintain close relationships, pursue work that suits their abilities, and feel a sense of fulfillment.

World Health Organization (WHO) (2001, p.1) defines health as "a state of complete physical, mental and social wellbeing and not merely the absence of disease and infirmity". On par with this, mental health is also defined as "a state of well-being in which the individual realizes own abilities, copes with the normal stresses of life, works productively and fruitfully, and makes a contribution to the community" (WHO, 2001, p.1). While 12% of the global burden of diseases is attributed to

mental disorders, the prevalence of these among the adult population is found to be 10%. It is revealed that the lifetime prevalence of one or more mental and behavioural disorders is 25% (Praveenlal, 2013). Because children below 19 years in countries that are not developed constitute 35–50% of the population (Patel, Flisher, Nikapota, & Malhotra, 2008), their mental health requires greater attention from authorities.

A review of the literature suggested that ‘mental health’, as a concept for research, has drawn much attention in recent times. A cohort study by Keyes, Dhingra and Simoes (2010) found that improvement in mental health predicts reduction in mental illness and vice versa. Emotional intelligence and intelligence show a relationship with mental health (Mathews, Roberts, & Zeidner, 2004). Emotional intelligence of the individual moderates the relationship between stress and mental health (Ciarrochi, Deans, & Anderson, 2000), and emotional repair is one of the main predictors of mental health (Montes-Berges & Augusto, 2007) whereas social disadvantage negatively influences it (Sharma, 1984).

### **Objective Of This Study**

The main objectives of study where as under:

1. To study the mental health of teachers with respect to their area.

2. To study the mental health of teachers with respect to their gender.

### **Hypothesis Of This Study**

1. There will be no significant difference between score of mental health of urban and rural teachers.

2. There will be no significant difference between score of mental health of male and female teachers.

3. There will be no significant difference between score of mental health of male and female teachers with respect to their urban area.

4. There will be no significant difference between score of mental health of male and female teachers with respect to their rural area.

### **Research Methodology**

#### **Variables**

The following variables were treated as independent and dependent variables:

#### **Independent Variables:**

Gender - Male and Female

Area - Urban and Rural

#### **Dependent Variables:**

Score achieved on mental hygiene inventory

## Research Design

B	A			Total
		A1	A2	
B1	(A1B1(30	(A2B1(30	60	
B2	(A1B2(30	(A2B2(30	60	
	60	60	120	

### 2\*2 Factorial Design:

#### Research Population And Sample

According to the purpose of the present study, all the teachers to the Mehsana district of Gujarat were constituted as the population for the present study. A total of 120 teachers were randomly selected as sample. Out of these 120 teachers 60 teachers were randomly selected who were urban and 60 teachers were randomly selected who were a rural area in Mehsana district of Gujarat. Out of these 120 teachers 60 teachers were randomly selected who were male teachers and 60 teachers were randomly selected who were female teachers in Mehsana district of Gujarat were selected as samples.

#### Tools

The following standardized tools will be used for collecting the data.

##### 1. Personal Data Sheet:

A personal data sheet developed by the investigator was used to collect information about the name, school name, area and gender of the teachers.

##### 2. Mental hygiene inventory:

Mental hygiene inventory constructed and standardized by Dr.D.J.Bhatt and G.R.Geeda to measure the mental hygiene inventory of teachers. The reliability of the whole inventory was worked out by using split – half method. The reliability coefficient is 0.81 which is fairly high and indicates that the inventory is reliable. The validity of test is 0.63.

## Result And Discussion

**HO.1** There will be no significant difference between score of mental health of urban and rural teachers.

**Table: 1 Result of mean scores of regarding of area.**

Group	N	Mean	S.D	t' value	level of significant	
Urban	60	86.77	7.94	9.38	0.05	0.01
Rural	60	101.88	9.72		1.98	2.63
					S	S

\* Significant at 0.05 and 0.01 level

As above mentioned, table No 1 shows that there will be no significant difference between score of mental health of urban and rural teachers. The result is significant so null hypothesis

is rejected. The mean difference shows that there is difference between urban (86.77) and rural (101.88) teachers.

**HO.2** There will be no significant difference between score of mental health of male and female teachers.

**Table: 2 Result of mean scores of regarding of gender.**

Group	N	Mean	S.D	t' value	level of significant	
Male	60	93.21	7.44	1.37	0.05	0.01
Female	60	95.41	10.10		1.98	2.63
					NS	NS

\* Significant at 0.05 and 0.01 level

As above mentioned, table No 2 shows that there will be no significant difference between score of mental health of male and female teachers. The result is no significant so null hypothesis is accepted. The mean difference shows that there is difference between male (93.21) and female (95.41) teachers.

**HO.3** There will be no significant difference between score of mental health of male and female teachers with respect to their urban area.

**Table: 3 Result of mean scores of regarding of urban area.**

Group	N	Mean	S.D	t' value	level of significant	
Male teachers	60	93.21	7.44	1.37	0.05	0.01
Female teachers	60	95.41	10.10		1.98	2.63
					NS	NS

\* Significant at 0.05 and 0.01 level

As above mentioned, table No 3 shows that there will be no significant difference between score of mental health of male and female teachers with respect to their urban area. The result is no significant so null hypothesis is accepted. The mean difference shows that there is difference between male teachers (85.50) and female teachers (88.03) of urban area.

**HO.4** There will be no significant difference between score of mental health of male and female teachers with respect to their rural area.

**Table: 4 Result of mean scores of regarding of rural area.**

Group	N	Mean	S.D	t' value	level of significant	
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Male teachers	60	100.93	6.56	0.76	0.05	0.01
Female teachers	60	102.83	12.09		1.98	2.63
					NS	NS

\* Significant at 0.05 and 0.01 level

As above mentioned, table No 4 shows that there will be no significant difference between score of mental health of male and female teachers with respect to their rural area. The result is no significant so null hypothesis is accepted. The mean difference shows that there is difference between male teachers (100.93) and female teachers (102.83) of rural area.

## CONCLUSION

[1] There is a significant difference between the score of mental health of urban and rural teachers.

Urban locations may have higher workloads and demands, but rural places may provide stronger community support and reduced stress due to closer ties and possibly better work-life balance. This could explain the gap in mental health scores between urban and rural teachers.

[2] There is no significant difference between the score of mental health of male and female teachers.

Male and female teachers' mental health ratings may be similar because of shared work conditions, changing gender roles, common stressors, equitable assistance, increased awareness, diverse samples, similar coping mechanisms, and probable cultural impacts.

[3] There is no significant difference between male and female teachers' mental health scores in their urban areas.

Male and female urban teachers may have similar mental health scores due to shared

challenges in urban teaching, shifting gender norms, equal coping mechanisms, readily available resources, a variety of samples, inclusive communities, and increased mental health awareness. These elements provide consistent results in mental health across genders.

[4] There is no significant difference between male and female teachers' mental health scores in their rural areas.

Male and female rural teachers' mental health ratings were similar, which can be attributed to shared rural stresses, community support, shared professional identities, representative samples, changing gender roles, common obstacles, and increased mental health awareness. These elements work together to produce equivalent mental health results in rural areas for both sexes.

In conclusion, this study emphasizes how important it is to acknowledge and provide attention to school teachers' mental health. Their significant impact on education and the possible effects on students highlight the necessity for all-encompassing support

systems. We can create a more beneficial learning environment for instructors and students by identifying and addressing these issues.

**Referance:**

1. Almond S, Healey A. Mental health and absence from work. *Work, Employment and Society*. 2003; 17:731–742.
2. Curtis L. *Unit Costs of Health and Social Care*. Canterbury: PSSRU, University of Kent; 2009.
3. O’Leary L. Mental Health at work. *Occup Health Rev*. 1993; 45:23–6. [Google Scholar].
4. Swanson, G. S., Piotrkowski, C. S., Keita, G. P., & Becker, A. B. (1997). Occupational stress and women’s health. In S. J. Gallant, G. P. Keita, & R. Royak-Schaler (Eds.), *Health care for women: Psychological, social, and behavioral influences* (pp. 147-159).