

PROBING THE FACTORS INFLUENCING THE MENTAL HEALTH AND QUALITY OF LIFE OF THE STUDENTS IN CHENNAI DISTRICT

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Abstract

The study's goal was to find out if there was a substantial difference in mental health and quality of life between students in higher secondary, senior secondary, and higher education in Chennai. In addition, to investigate the significant elements affecting the mental health and quality of life of Chennai's higher secondary, senior secondary, and higher education students. The information was gathered through a survey method and a descriptive study methodology. A systematic stratified sample strategy was used to acquire data for the investigation. A total of 450 samples were taken from each stratum, for a total of 150 samples. A structured questionnaire was used to obtain the information. Using the analysis made it was found that the majority of the students in the Chennai district were males belonging to Nuclear families who were living like a middle class. It was confirmed that there is no substantial difference in the mental health of the students. Also, it was found that Academic disabilities, students associations and strained relationships are important factors influencing the mental health of the students. Further, it was confirmed that there is no substantial difference in the quality of life of the students. It was interpreted that, friends & relatives, family problems and inadequate infrastructure are the important factors affecting the quality of life of the students. Furthermore, it was identified that the quality of life 99.6% influences the mental health of the students.

Keywords: Mental Health, Quality of Life, Students.

Introduction

Students' mental health and quality of life (QoL) have become a growing source of worry around the world. Students appear to be more susceptible to sadness, with students pursuing education and graduation is one of the most impacted groups. Students, in reality, are sensitive to problems such as stress, anxiety, depression, and poor quality of life, according to studies (Moutinho, I. L. D., et. al., 2019). According to a recent comprehensive analysis, Indian students had a significant prevalence of depression (ranging from 6.0 percentage to 66.5 percentage), anxiety (7.7% to 65.5 percentage), and psychological stress (12.2% to 96.7 percentage). These figures are similar to those found in previous international research, which show a prevalence of depression of 27.2 percentage, ranging from 9.3 percentage to

55.9% depending on the country studied (Kootesh, B. R., et. al., 2016).

Despite the enormous quantity of studies available in the field, the majority are still cross-sectional, which makes it difficult to analyse cause & effect linkages as well as the estimate of the prevalence of new cases – data that is critical for better understanding and planning intercessions in the field (Hylchuk, Y., et. al., 2017). Longitudinal studies published to date have found a rise in mental problems over the course of school in Australian, American, and Malaysian students, but not in Indian students, whose frequency has remained consistent (Choi, E. P., et. al., 2017). More research is needed, however, to better understand the prevalence of these illnesses among adolescents. During a one-year follow-up, a 2020 Indian study found a 20%

incidence of depression and a 17% incidence of anxiety (Khattar, A., et. al., 2020).

Review of Literature

Several factors, including being in the early phases of educational training, being female, the location of schools, and scholarship, have been linked to students' poor mental health (Lucchetti, G., et. al., 2018). Other personal and learning environment factors that contribute to students becoming ill include late adolescent characteristics, a lack of leisure time, heavy curricular, family stress, financial constraints, additional loads, competition for high performance, and the quality of student-professor relationships. These circumstances have a negative impact on their academic achievement as well as their desire to learn (Subramani, C., et. al., 2017). They also lead to a decrease in empathy, which can have an impact on one's quality of life and well-being, as well as increase pain and despair (Singh, K., et. al., 2015).

Students spend the majority of their adolescent years in schools, where they interact often with classmates, peers, and teachers. The state of their mental health is influenced by their capability to communally integrate with the entities in the academe (Pant, N., et. al., 2014). According to research, the shape of teenagers' interaction networks influences the severity of depression symptoms (Cleofas, J. V. 2020). Furthermore, students who had a negative perception of the level of sustenance were more likely to develop mental health issues (Deb, S., et. al., 2020). According to qualitative and quantitative studies, the level to which students are involved in both academic and extra-curricular activities is also indicative of their psychological well-being and suffering. The various social, developmental, and intellectual obstacles mould the brains of these late teens as they try to achieve their goals (Carpi, M., et. al., 2022).

Objectives of the Study

The intention of the study was to investigate whether there is a significant difference in the mental health and quality of life of the higher secondary, senior secondary and higher

education students in Chennai. Further to probe the important factors that are affecting the mental health and quality of life of the higher secondary, senior secondary and higher education students in Chennai.

Methodology

The data was collected using a survey method employing a descriptive research design. For the study data were collected by employing a systematic stratified sampling technique, that is students pursuing 10th and 11th is considered as 1st strata (higher secondary), students pursuing 12th is considered as 2nd strata (senior secondary) and students pursuing graduation are considered as 3rd strata. 150 samples were considered from each stratum that is 450 samples were considered overall. The data was collected using a structured questionnaire.

Analysis and Interpretation

Below illustrate the demographic profile of the students considered for the study from the Chennai district.

Table No. 1: *Demographic profile of the respondents*

		Frequency	Percent
Type of Students	Higher secondary	150	33.3
	Senior secondary	150	33.3
	Higher Education	150	33.3
	Total	450	100.0
Gender	Male	240	53.3
	Female	210	46.7
	Total	450	100.0
Family Type	Nuclear Family	336	74.7
	Joint Family	114	25.3
	Total	450	100.0
Family Living Condition	Low Class	153	34.0
	Middle Class	289	64.2
	High Class	8	1.8
	Total	450	100.0

Using the percentage analysis, it was found that the majority of the students in the Chennai district were males belonging to Nuclear families who were living like a middle class.

The goal of the study was to see if there was a substantial difference in the mental health of the students in higher secondary, senior secondary, and higher education.

Table No. 2: *ANOVA Test – Mental Health of the Higher Secondary, Senior Secondary and Higher Education Students*

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
Physical Health	Between Groups	.938	2	.469	.634	.531
	Within Groups	330.593	447	.740		
	Total	331.531	449			
Discrimination	Between Groups	.031	2	.016	.019	.982
	Within Groups	374.093	447	.837		
	Total	374.124	449			
Academic Disabilities	Between Groups	.218	2	.109	.453	.636
	Within Groups	107.373	447	.240		
	Total	107.591	449			
Strained Relationship	Between Groups	.053	2	.027	.029	.972
	Within Groups	413.227	447	.924		
	Total	413.280	449			
Students Associations	Between Groups	.413	2	.207	.836	.434
	Within Groups	110.467	447	.247		
	Total	110.880	449			

The null hypothesis must be accepted because the estimated significance value is greater than 0.05. As a result, there is no discernible difference in the mental health of the study's higher secondary, senior secondary, and higher education students.

The goal of the study was to see if there was a substantial difference in the mental health of students from various demographic groups.

Table No. 3: *Multivariate Test – Mental Health of the Students*

Multivariate Tests						
Effect		Value	F	Hypothesis df	Error df	Sig.
Gender	Pillai's Trace	.008	.738 ^b	5	435.0	.595
Family Type	Pillai's Trace	.007	.637 ^b	5	435.0	.672
Family Living Condition	Pillai's Trace	.007	.294	10	872.0	.983

The null hypothesis must be accepted because the estimated significance value is greater than 0.05. As a result, there is no discernible difference in the mental health of the students belonging to different demographic profiles.

It has been verified that there is no substantial difference in the students' mental health. To discover the significant factors that influence the respondents' mental health, rank analysis was used.

Table No. 4: *Rank Analysis – Mental Health of the Students*

Rank Analysis			
	N	Mean	Rank

Physical Health	450	4.2644	4
Discrimination	450	4.2489	5
Academic Disabilities	450	4.6044	1
Strained Relationship	450	4.2933	3
Students Associations	450	4.5600	2

Through the rank analysis calculated using the mean score, it was interpreted that, Academic disabilities, students associations and strained relationships are important factors influencing the mental health of the students.

The goal of the study was to see if there was a substantial difference in the quality of life of the students in higher secondary, senior secondary, and higher education.

Table No. 5: ANOVA Test – Quality of Life of the Higher Secondary, Senior Secondary and Higher Education Students

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
Family Problems	Between Groups	.058	2	.029	.119	.887
	Within Groups	108.140	447	.242		
	Total	108.198	449			
Inadequate Infrastructure	Between Groups	.360	2	.180	.240	.786
	Within Groups	334.620	447	.749		
	Total	334.980	449			
Religious Activities	Between Groups	1.298	2	.649	.738	.479
	Within Groups	393.033	447	.879		
	Total	394.331	449			
Lack of Money to obtain Quality Education	Between Groups	1.720	2	.860	1.054	.349
	Within Groups	364.780	447	.816		
	Total	366.500	449			
Friends and Relatives	Between Groups	.938	2	.469	1.954	.143
	Within Groups	107.260	447	.240		
	Total	108.198	449			

The null hypothesis must be accepted because the estimated significance value is greater than 0.05. As a result, there is no discernible difference in the quality of life of the higher secondary, senior secondary and higher education students considered for the study.

The goal of the study was to see if there was a substantial difference in the quality of life of students from various demographic groups.

Table No. 6: Multivariate Test – Mental Health of the Students

Multivariate Tests						
Effect		Value	F	Hypothesis df	Error df	Sig.
Gender	Pillai's Trace	.008	.740 ^b	5.000	435.000	.594
Family Type	Pillai's Trace	.019	1.667 ^b	5.000	435.000	.141
Family Living Condition	Pillai's Trace	.021	.905	10.000	872.000	.528

The null hypothesis must be accepted because the estimated significance value is greater than 0.05. As a result, there is no discernible difference in the quality of life of the students belonging to different demographic profiles.

It has been verified that there is no substantial difference in the students' quality of life. To discover the significant factors that influence the respondents' mental health, rank analysis was used.

Table No. 7: Rank Analysis – Quality of Life of the Students

Rank Analysis			
	N	Mean	Rank

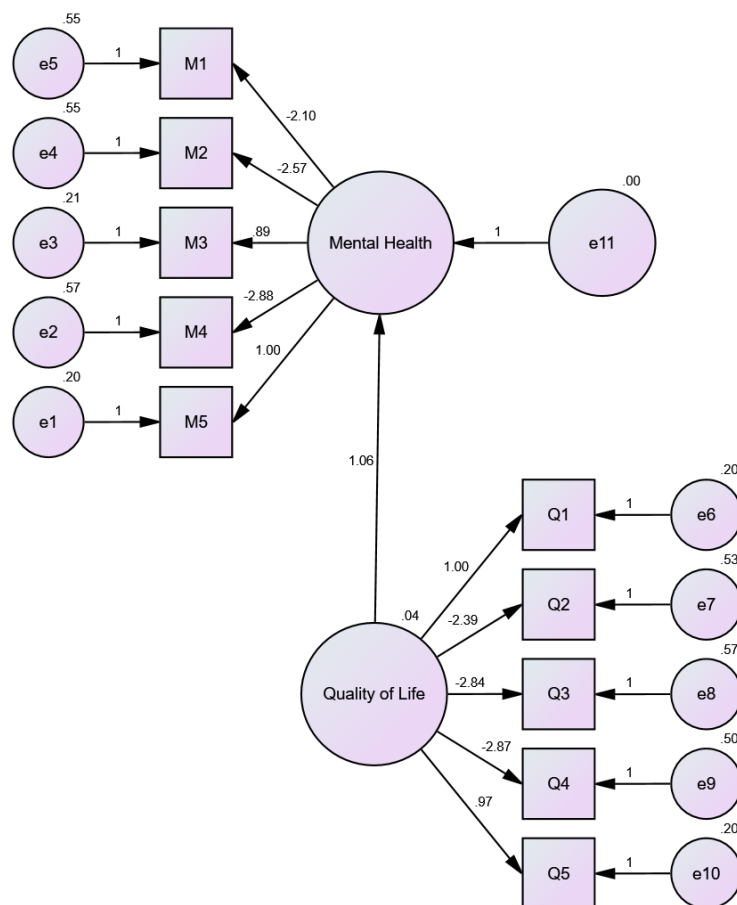
Family Problems	450	4.5978	2
Inadequate Infrastructure	450	4.3267	3
Religious Activities	450	4.2244	5
Lack of Money to obtain Quality Education	450	4.3000	4
Friends and Relatives	450	4.5978	1

Through the rank analysis calculated using the mean score, it was interpreted that, friends & relatives, family problems and Inadequate infrastructure are the important factors affecting the quality of life of the students.

The objective of the analysis was to identify whether the quality of life influences the mental health of the students in the Chennai district.

Table No. 8: *Regression Estimate: Influence of quality of life on the mental health*

Regression Weights						
			Estimate	S.E.	C.R.	P
F1	<---	F2	1.057	0.186	5.68	***
M5	<---	F1	1			
M4	<---	F1	-2.878	0.397	-7.248	***
M3	<---	F1	0.89	0.158	5.623	***
M2	<---	F1	-2.569	0.363	-7.071	***
M1	<---	F1	-2.098	0.316	-6.634	***
Q1	<---	F2	1			
Q2	<---	F2	-2.385	0.362	-6.596	***
Q3	<---	F2	-2.843	0.415	-6.846	***
Q4	<---	F2	-2.868	0.412	-6.957	***
Q5	<---	F2	0.972	0.174	5.573	***
Standardized Regression Weights				Estimate		
F1	<---	F2		0.996		
M5	<---	F1		0.415		
M4	<---	F1		-0.618		
M3	<---	F1		0.375		
M2	<---	F1		-0.58		
M1	<---	F1		-0.503		
Q1	<---	F2		0.396		
Q2	<---	F2		-0.537		
Q3	<---	F2		-0.59		
Q4	<---	F2		-0.617		
Q5	<---	F2		0.385		



The significance value calculated is less than 0.05, meaning the null hypothesis can be rejected. Therefore, we can say that there is a significant level of influence the quality of life has on the mental health of the students. The standardized regression estimate value is 0.996, meaning the quality of life 99.6% influences the mental health of the students.

Findings and Conclusion

Using the analysis made it was found that the majority of the students in the Chennai district were males belonging to Nuclear families who were living like a middle class. It was confirmed that there is no significant difference in the mental health of the students. Also, it was found that Academic disabilities, students associations and strained relationships are important factors influencing the mental health of the students. Further, it was confirmed that there is no significant difference in the quality of life of the students. It was interpreted that, friends & relatives, family problems and inadequate infrastructure are the important factors affecting the quality of life of the students. Furthermore, it was identified that the quality of life 99.6% influences the mental health of the students.

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