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“EFFECT OF GENDER, OPTIMISTIC-PESSIMISTIC ATTITUDE AND MENTAL HEALTH ON SPIRITUAL HEALTH OF ADOLESCENCES”

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Abstract:

The present study was undertaken to investigate into the effect of gender, optimistic-pessimistic attitude and mental health of adolescences. Sample of the study 240 respondents. The purpose of the study was to examine the effect of gender, optimistic-pessimistic attitude and mental health of adolescences. Hypothesis of the study are 1. There will be significant difference in between male adolescences and female adolescences Dimension of spiritual health. 2. There will be significant difference in between optimistic-pessimistic adolescences Dimension of spiritual health. 3. There will be significant difference in between high and low mental health adolescences Dimension of spiritual health. Optimistic-pessimistic attitude test used by Dr D S Parashar, Mental Health inventory used by Dr. Jagdish and A K Shing and Dr Archana Singh and Dr Amit Kumar Shrivastava spiritual health test were used the study. It was conclusion that 1. Optimistic adolescences have significantly high spiritual health than the pessimistic adolescences. 2. Male adolescences have significantly high spiritual health than the Female adolescences. 3. High mental health adolescences have significantly high spiritual health than the low mental health adolescences.

INTRODUCTION:

Spirituality and Mental Health

Religious and spiritual beliefs are an important part of how many people deal with life's joys and hardships. Faith can provide people with a sense of purpose and guidelines for living. When families face tough situations, including health problems, their religious beliefs and practices can help them fight feelings of helplessness, restore meaning and order to life situations, and promote regaining a sense of control. For some families, spirituality can be a powerful and important source of strength. Medical studies have confirmed that spirituality can have a profound effect on mental states. In a study of men who were hospitalized, nearly half rated religion as helpful in coping with their illness. A second study showed that the more religious patients were, the more quickly they recovered from some disorders. A third study revealed that high levels of hope and optimism, key factors in fighting depression, were found among those who strictly practiced their religion.

Waite, Phillip J.; Hawks, Steven R.; Gast, Julie A. (Jan-Feb 1999) the correlation between spiritual well-being and health behaviors. Evaluated the strength of the relationship between the psychosocial variable, spiritual health, and health-promoting behaviors. 200 employees of a home fitness equipment company completed a combined questionnaire. The product-moment correlations calculated indicate that a moderate to small positive linear relationship existed. Results show that the relationships were strongest when the spiritual health subscales were combined into a composite measure and correlated to the composite health-promoting behaviors measure. This higher correlation seems to support the notion that a composite measure of spiritual health is more predictive of health-promoting behaviors, in general, than are

Title:“EFFECT OF GENDER, OPTIMISTIC-PESSIMISTIC ATTITUDE AND MENTAL HEALTH ON SPIRITUAL HEALTH OF ADOLESCENCES”Source:Review of Research [2249-894X] QUADRI SYED JAVEED yr:2012 vol:2 iss:3

isolated psychosocial variables (such as self-esteem, locus of control, connectedness, and sense of coherence) which may be components of spiritual health. It is concluded that an emphasis on psychosocial variables in worksite wellness programs may be justifiable.

Maselko J, Kubzansky LD. (Dec 2005) Gender differences in religious practices, spiritual experiences and health: results from the US General Social Survey. Even though a majority of Americans report having spiritual/religious beliefs, the role of different dimensions of spirituality/religiosity in health is not well understood. Moreover, given that the experience of spirituality/religiosity differs for men and women, it is possible that the strength of the association between spirituality/religiosity and health may also differ by gender. The purpose of this study is to examine the relationship between spirituality/religiosity and three markers of health and well-being, and any gender differences in these relationships. First, we test the hypothesis that engagement with formal religious institutions (i.e. public religious activity) will be more beneficial for men than for women and we examine the role of denominational affiliation in any observed differences. Second, we directly compare effects of three different kinds of religious activities (public and private religious activity and spiritual experience) on health and well-being. Data are from the 1998 US General Social Survey, a nationally representative sample of non-institutionalized adults. Participants were asked about the frequency of engaging in public and private religious activities and having spiritual experiences. Psychological distress, happiness and self-rated health were used as indicators of health and well-being. Results suggest that weekly public religious activity was significantly associated with better health and well-being. Furthermore, this relationship was stronger for men than women and was influenced by denominational affiliation. When public religious activity, private religious activity and spiritual experiences were considered simultaneously, public religious activity emerged as the most consistent predictor of health and well-being among men. Among women, both public religious activity and spiritual experiences maintained an independent association with the health and well-being. These results suggest that it may not be appropriate to generalize findings about the relationship between spirituality/religiosity and health from one form of spirituality/religiosity to another, across denominations, or to assume effects are uniform for men and women.

OBJECTIVE OF THE STUDY:

1. To find out the effect of gender, optimistic-pessimistic attitude and mental health of adolescences.

Hypothesis:

- 1) There will be significant difference in between male adolescences and female adolescences Dimension of spiritual health.
- 2) There will be significant difference in between optimistic-pessimistic adolescences Dimension of spiritual health.
- 3) There will be significant difference in between high and low mental health adolescences Dimension of spiritual health.

Sample:

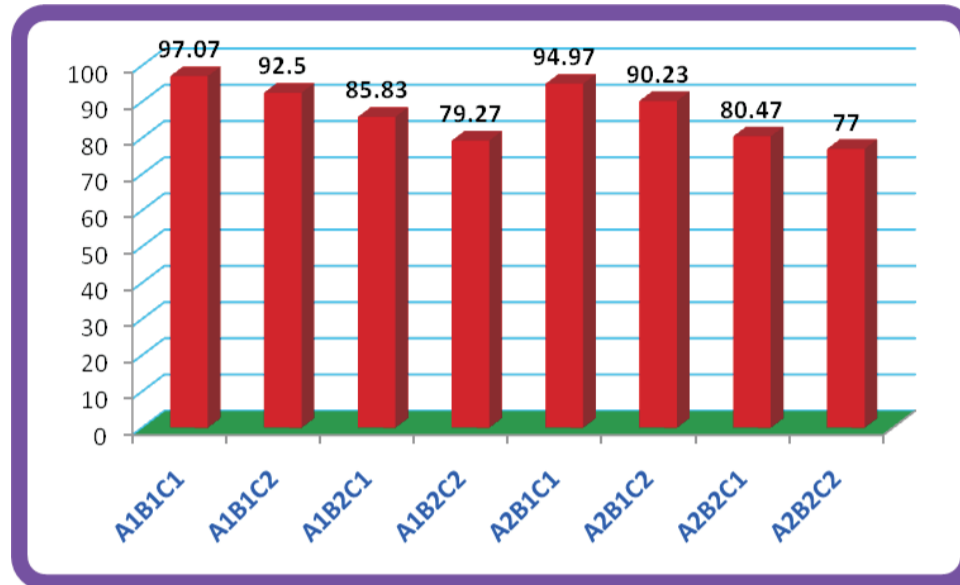
For the present study 240 Sample were selected from Aurangabad town, Maharashtra State. The effective sample consisted of 240 subjects, 120 subjects were male adolescences and 120 subjects were female adolescences. And Non- probability accidental and purposive sampling will be used.

Tools

Optimistic–Pessimistic Attitude Scale: This test is developed and standardized by D.S.Parashar. The 40 each items Two Alternatives. The subjects were required to respond to each item in terms of “Agree”, and “Disagree”. This is well known test having high reliability and validity coefficients.

Mental Health Inventory (MHI):

Mental health inventory constructed by Dr. Jagdish and Dr. A K Srivastav. 56 items are in the questionnaire and each of the items has four responses – 1. Almost always true, 2. Some time true, 3. Rarely true and 4. Almost never true. The reliability of the inventory was determined by split-half method using odd-even procedure. Overall mental health reliability coefficients is .73 and Construct validity of the inventory is determined by finding coefficient of correlation between scores on mental health inventory and general health questionnaire (Gold beig, 1978) it was found to be .54.



Summary of Three Way ANOVA

Source	Ss	df	MS	F	P
A = Attitude	540	1	540	169.28	<.01
B = Gender	10218.15	1	10218.15	3203.18	<.01
C = Mental Health	1401.67	1	1401.67	439.39	<.01
A x B	40.02	1	40.02	12.55	<.01
A x C	32.27	1	32.27	10.12	<.01
B x C	2.02	1	2.02	0.36	NS
A x B x C	40	1	40	12.54	<.01
Within Error	739.2	232	3.19		
Total	13013.33	239			

From the Summary and graph it is seen that main effect A is highly significant main effect A refer to the factor attitude. It was varied at two levels i.e. optimistic it was assumed pessimistic differ significantly with regards to attitude. Since the main effect A is highly Significant (F = 169.28, df = 1 and 232, P < 0.01) It is Clear that optimistic attitude adolescences and pessimistic attitude adolescences Subjects Differ Significantly From each other from the mean scores and graph it was found that optimistic attitude adolescences have significantly high spiritual health than pessimistic attitude adolescences.

The Second Independent Variable the Factor of gender it was also varied at two levels. The effective sample was divided in to two groups, male and female adolescences. Main effect has yielded highly significantly result and F = 3203.18 for 1 and 132 df is significant beyond 0.01 level. And Support the Hypothesis male adolescences has significantly high spiritual health than the female adolescences.

Main Effect C represent the factor of mental health, it was also varied at two level from the summary it is seen that main effect C is Associated with a High F values (F = 439.39, df = 1 & 132, P < 0.01) It is Clear that male and female adolescences Differ Significantly From each other from the mean scores and graph it was found that the male adolescences have significantly high spiritual health than female adolescences. Significant interaction effect in between AxBxC Factor F = 12.54 df = 1 & 132, P < 0.01).

CONCLUSION:

- 1) Optimistic adolescences have significantly high spiritual health than the pessimistic adolescences.
- 2) Male adolescences have significantly high spiritual health than the Female adolescences.
- 3) High mental health adolescences have significantly high spiritual health than the low mental health adolescences.

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