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## Exploring Differences in Mental Health between Men and Women: A Preliminary Study of Late Adolescents

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**ABSTRACT:** There has to be more done to address the public health crisis that is mental illness in India today. The way an adolescent develops and matures throughout this time may have far-reaching consequences for their future success. Recent research in India has looked at the incidence and disparities between male and female mental health illnesses. However, due to the country's diverse cultural landscape, these results have been found to vary between communities and socio-demographic profiles. Since there seems to be a gender gap in how well males and females handle their mental health as late teenagers, this research set out to investigate this phenomenon in schools throughout the National Capital Region of India. Using a convenience sampling strategy, researchers were able to recruit a total of 235 school-aged teenagers (male= 109; female= 126) between the ages of 15 and 19 from local schools. Self-report questionnaires were used to gather the data, which was then analysed using SPSS 23.0. Based on t-test comparisons of significantly different means, women were shown to be in worse emotional, social, and psychological health than men. Therefore, this research emphasises the need of learning about the social and cultural contexts in which females are more likely to have mental health problems. This will allow us to create better programmes to promote the emotional health of Indian schoolgirls, who in turn will be able to make significant contributions to the country's psychological capital and live happy, productive lives.

**KEYWORDS:** Mental Health, Well-being, Girls, Females, Women's Mental Health, Adolescents, School, India

### I. INTRODUCTION

According to research by Blakemore and Mills (2013), adolescence is a time of rapid change in the developing brain and intricate interaction with one's social environment that shapes one's talents in preparation for adulthood. Adolescence is a time of tremendous growth and development, and it is during this time that a person lays the groundwork for a lifetime of health and happiness. Research shows that adolescents' emotional states, which are undergoing fast changes and influencing their general well-being throughout this transitional time, significantly impact their behaviour. Therefore, adolescents are more vulnerable to mental health issues throughout this time of life (Math & Srinivasaraju, 2010). In addition, a person's mental health in adolescence strongly predicts how they'll fare as an adult and in the long run. Many kinds of psychopathology are strongly linked to adolescent exposure to stressors (McLaughlin et al., 2012; Rudolph & Hammen, 1999; Kendler et al., 1999; Keyes et al., 2011; Grant et al., 2003). Adolescents report higher levels of stress and difficulty in their everyday lives compared to younger children. When navigating the shifting social dynamics of adolescence, adolescents confront a wide range of obstacles. Higher levels of family conflict and difficulties in the classroom are two examples. Also, when they develop new friendships and love partnerships, they are presented with new possibilities for social comparison and appraisal. Adolescents' actions are more likely to add strain to social relationships after such events. Prior studies have linked each of these emotional triggers to an increased likelihood of developing psychopathology. Multiple Indian research have indicated that older adolescents' mental health is worse than that of younger adolescents. Maladaptive schemas first begin operating as a cognitive diathesis in late adolescence, and this has been linked to higher depression in response to peer-related suffering, making late adolescence a time of risk for development of psychopathology.



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Different academics and the WHO have come up with different ways to describe mental health. The World Health Organisation (2004) describes mental health as "a state of health in which every individual realises his or her potential, is able to deal with the everyday challenges of life, can work effectively and efficiently, and is able to make a contribution to her or his community." Understanding the frequency and causative causes of mental health issues is crucial for informing programmes aimed at development and intervention in this area. This definition stresses that mental health involves more than simply the absence of mental disease. According to the two-continuum model proposed by Keyes (Keyes, 2002), mental health and mental disease are two distinct but interrelated states that may be represented by either the presence or absence of two axis. To have excellent mental health is to have both a positive outlook on life and the ability to carry out daily tasks successfully. Optimal psychological functioning and well-being are hallmarks of good adolescent mental health. It is proportional to the individual's degree of psychological and social competence (WHO, 2005). Three aspects of mental health were recognised by Keyes (2006, 2013): emotional health, psychological health, and social health. Positive functioning is characterised by a variety of factors including emotional well-being (happiness, interest in life, and satisfaction), psychological well-being (liking most aspects of one's personality, becoming good at handling the obligations of daily life, having strong connections with others as well, and being satisfied with one's own life), and social well-being (having something positive to contribute to society, feeling like one belongs in a community, and believing in oneself and others).

Long-term psychosocial consequences for teenage mental health and psychopathology have been demonstrated by research. Poor self-regulation throughout adolescence has been linked to an increase in the prevalence of anxiety, depression, and antisocial behaviour in adolescents

The mental health challenges and worries of teenagers are not being adequately addressed by current adolescent mental health programmes. As a result of the country's inadequate response to adolescent mental health issues, many young people experience a sense of helplessness. Several researchers (Mishra et al., 2013) came to this conclusion. One-seventh of a sample of 477 teenagers were found to be prone to mental health issues in a research by Puwar et al. (2013), highlighting the urgent need to treat the emotional and behavioural symptoms among school-going adolescents. Teenagers account up 21 percent of India's population, while women make up 48.39 percent of the country's total. Studies show that women are more likely to have mental health problems than men. In light of the fact that today's teenagers will make up tomorrow's workforce (Gupta et al., 2013), this research seeks to determine if there are significant gender disparities in the mental health functioning of late adolescents.

The findings support the study's premise, which predicted that women would have worse mental health than men. Adolescent girls are less healthy emotionally, socially, and psychologically, and generally, than their male counterparts. Previous research has shown that girls and women are more prone to have mental health issues and greater rates of depression than boys and men (Chauhan & Dhar, 2013; Puwar et al., 2013). Students aged 11 to 16 attending urban schools in Bangalore (Reddy et al., 2011) found that although females reported greater adjustment issues than boys, they also displayed more prosocial behaviour. Nair et al. (2013) observed that rural and urban schoolchildren in Gujarat, aged 13 to 17, had similar rates of emotional disorders, but that females had greater difficulties than boys. Female respondents in the Assam research by Harikrishnan et al. (2013) also reported higher emotional issues than male respondents. Across all age ranges, females are more likely to have behavioural and emotional difficulties than boys, a conclusion corroborated by studies by Pathak et al. (2011) and Bholra et al. (2013). According to Campbell et al. (2013), who studied the mental health of 566,829 adolescents from 73 countries, there is a significant gender difference in adolescent mental health across cultures, with girls having poorer overall mental health.

Gender awareness and an awareness of how health is impacted by gender inequality should be emphasised from an early age (Afifi, 2007). Given the prevalence of mental health problems among young women and girls, including mood, anxiety, and eating disorders (Afifi, 2007), the results of this research are significant from a risk perspective and highlight the need of addressing the mental health needs of teenage girls. As a result, this may contribute to enhanced programmes and support for women.

These gender variations in mental health are something that has been explored in previous work. According to the "gender role hypothesis," which has been studied extensively (Pape et al., 1994; Thoits, 1986), This contrasts with



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trend studies in countries where gender roles have been more static. Menarche occurs on average between the ages of 13 and 14 in females, according to studies by Pathak et al. (2013) and Omidvar et al. (2013). Girls in their late teens were also shown to have lengthier menstrual periods. Mood and behaviour changes have been associated with the onset of menstruation since ancient times. These symptoms often peak during the premenstrual and menstrual stages. Irritability, restlessness, anxiety, stress, migraine, disturbed sleep, depression, dysphoria, and inability to focus are all examples of such symptoms. Premenstrual dysphoric disorder is characterised by very upsetting emotional and behavioural symptoms and is strongly linked to the luteal phase of the menstrual cycle (Malhotra & Shah, 2013). Deb et al. (2013) revealed that female students in India between the ages of 16 and 19 had higher rates of test anxiety and mental caseness than male students.

Females in this research had much worse mental health than males, regardless of socio-demographic factors. This was especially true for women who were educated to the secondary level, were born into nuclear households, or identified as Hindu. Male and female social positions, statuses, and treatments in society, as well as exposure to certain mental health hazards, are all argued to be affected by gender in Malhotra and Shah's (2013) article. In addition to their inherent weakness, women face additional risks due to their societal positions and responsibilities. Women tend to have worse mental health than males due to circumstances unique to women, such as discrimination on the basis of gender, economic hardship, inadequate nutrition, overwork, domestic violence, and sexual assault. The frequency and intensity of such social conditions are strongly connected with mental health difficulties among women. Additionally, catastrophic life situations that leave individuals feeling loss, inadequacy, shame, or imprisonment might signal the start of mental health issues, notably depression. This research adds to the growing body of literature highlighting the unique mental health care requirements of disadvantaged teenage girls in this part of India.

## II. CONCLUSION

Women were shown to be less healthy than men in terms of their emotional, social, psychological in nature and total well-being. Females with tertiary education, urban upbringing, nuclear family composition, and Hinduism were shown to have considerably worse mental health than males across all of the socio-demographic characteristics studied. According to this research of Indian female high school students, mental health problems persist despite women's improved social standing and access to services in modern India. They remain in danger for developing psychological disorders with lasting consequences and outcomes; as a result, it is urgent that we implement programmes that address their unique set of difficulties, concerns, coping mechanisms, and mental health literacy in order to better their mental health and, ultimately, their quality of life.

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