A Comparative Study of Mental Health of B.Ed. Trainees of Arunachal Pradesh

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ABSTRACT

Mental health condition plays a prime role in the learning attitude, receptiveness of students, trainees as well as others who are involved in teaching and learning activities. While India is looking forward for quality education for all, the mental health conditions of teachers to be through professional training processes need to be understood well. As India has a strong polarized concept of space and related amenities between rural and urban areas it is more essential to understand the mental health conditions across these location spectrum. Mental health of teacher trainees of Arunachal Pradesh has been used to understand the impact of facilities and amenities on them. Responses of a total of 200 trainees' with 100 each from the Itanagar Capital Region (ICR) and Rest of Area (RoA) have been analyzed. It is found that there is no significant difference in the mental health scores between trainees of ICR and RoA. However it is found that there is a concentration of mental health condition is around moderate and high mental health categories for trainees in ICR; whereas, mental health scoring pattern by the trainees in RoA is dispersed.

Keywords: Mental health, B. Ed. trainees, relationship map, nearest neighborhood scoring pattern, Arunachal Pradesh.

INTRODUCTION

India is the most populous country in the world with 4.14 crore enrollment in higher according to a release by MoE of AISHE 2020-21 data and 77. 78 percent gross enrollment at secondary school level and 102.05 percent at primary school level during 2020-21. The aim of Goal 4 under UN SDGs (SDG4) is to "Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all" by 2030 is the driving force for extending the horizon of access to quality education for all. As per the latest PIB release the Government's commitment to ensure quality education for all and implementation of NEP 2020 the school enrollment for the year 2022 stands at 26.5 crore. This has essentially induced demand in trained teachers throughout the country.

In the State of Arunachal Pradesh, there are 10 colleges affiliated to Rajiv Gandhi University and Department of Education of Rajiv Gandhi University, which are offering B. Ed. programme for capacity building activity of trained teachers. All of these institutions combined have an intake capacity of 1155 candidate as B. Ed. Trainees. During the Academic year 2022, 1043 trainees of batch 2020-2022 got qualified to become teachers. While the trainees are trained through prescribed curriculum including practice teaching, their mental health conditions are not assessed and evaluated to acclimatize them into changing environment for a better teaching learning experience at school.

Statement of Problem

This study intends to assess the mental health conditions of B. Ed. trainees of Arunachal Pradesh as the trainees are presumed to have varied emotional stability, different level of adjustment to various social, economic and physical environmental issues, security and insecurity concerns, concept of self, sense of autonomy and degree of intelligence. Another aspect is that whether there is any difference in the mental health conditions of B. Ed. trainees who are being trained in a better physical environment having sufficient amenities and facilities and do not suffer from botherations of day to day living in comparison to areas having limited facility and logistics and face difficulties day in and day out. In keeping this as one of the prime deciding factor in affecting the mental health conditions this study intends to study intends to find out if there is any difference in the mental health conditions between B. Ed. trainees in the training institutions located in the Itanagar Capital Region (ICR) and with that of trainees in rest of Arunachal Pradesh (RoA).

Objectives:

According to the research gap two objectives have been formulate to be studied:

1. To find out the status of mental health conditions of the B. Ed. trainees in Arunachal Pradesh.
2. To establish whether the B. Ed. trainees in the Itanagar Capital Region (ICR) and in Rest of Arunachal Pradesh (RoA) exhibit similar mental health conditions.

Hypotheses

To establish and validate these assumptions two hypotheses have been formulated:

1. That mental health condition is uniform among the B. Ed. trainees.
2. That there is no significant variation in the mental health condition between the trainees in ICR and RoA.

Literature Review

Psychological well-being and psychological distress seem are considered to be two facets of mental health. Life satisfaction, positive effect, anxiety and depression are considered and have been researched as effective dimensions of mental health (Headey, et.al.1993, Guney, et.al. 2010). Mental health is considered as an individual and personal matter involving the condition of an individual human mind (Jahoda, 1958). A six-factor model of psychological wellbeing covering i) autonomy, ii) environmental mastery, iii) personal growth, iv) positive relations with others, v) purpose in life, and vi) self-acceptance cutting across cultural

spectrum has been conceptualized (Ryff, 1989). The unitary and multidimensionality conceptualization of mental health act as light-house for investigators in many fields of research.

A comparative study of mental health status between rural and urban students conducted revealed there is no marked difference in their mental health status (Reddy et.al 1993). Another study revealed that physical environment has role in shaping the mental health of students, because these have a role in the way determine how we handle stress, relate to others and make choices (Sinduja, et.al. 2019). Urban areas provide better infrastructure facility, good transport and communication, highly qualified faculties, a sense of healthy competition among students besides parental encouragement in comparison to rural area thereby mental health conditions are better in urban areas (Tripathy, et.al. 2021). It is also felt that educators and teachers to plan their educational plans keeping in view of differences between rural and urban areas (Naik, et.al. 2015). These points to there are perceived and statistically proven differences in their mental health status. In addition to various externalities, awareness, especially through media is a dominant factor for pre conditioning and better resolving power (Patnaik, Et.al 2023). The trainees in important urban areas are exposed to various information and acquire better tenacity to adjust (Patnaik, 2019, Prakash, 2019). A study on this line can throw light on exact scenario of mental health conditions among B. Ed. trainees in Arunachal Pradesh.

Sample size

The study aims to find out mental health conditions of B. Ed. trainees of two different parts of Arunachal Pradesh 1) areas with good physical facilities, amenities and conducive to teaching learning environment, the Itanagar Capital region (ICR) and 2) the rest of the areas of Arunachal Pradesh (RoA), where there is physical hardships and lesser physical facilities and the trainees face problem in their day to day life and study related activities.

All training Institutions were approached for permissions to collect information through questionnaire from the IV semester trainees who will appear in their final semester examinations in the year 2022. A total of 200 responses, comprising 100 each from both from each are used for the study.

Delimitation of study

The study aims to find out the mental health condition of B. Ed trainees with some limitations.

1. It is delimited to the institutions affiliated to Rajiv Gandhi University due to administrative reasons.

2. The pre-service teachers enrolled for B. Ed. programme have been taken for sample collection, who have no exposure to teaching or interaction with school children, in comparison to in-service teachers, wherein the mental health conditions of former group is presumed to be similar.

3. There exist numerous parameters to study mental health. In the present study is limited to survey using "Mental Health Battery" by Arun Kumar Singh and Alpana Sen Gupta (1971), in which 130 questions is asked to the respondents under six categories.

Methodology, tools and statistical techniques used

1. Data Collection is carried through both physical and online mode with questionnaire from the trainees covering both ICR and RoA.

2. Mental Health Battery of "Mental Health Battery" by Arun Kumar Singh and Alpana Sen Gupta (1971). Responses for all 130 questions were mandatory and the same is marked with assigned value of 0 and 1 according prescribed marking norm.

3. Data are analyzed for their descriptive statistics to draw meaningful inferences about the mental health conditions prevailing across the trainees cutting across the State of Arunachal Pradesh

4. To asses if there is any difference in the mental health condition, a *t* Test is used to find out similarity of means as the questions are same for both the groups and achievable score ranges from 0 to 130 for both the groups.

5. To find out which mental health score range are prevailing in both the groups, a Relationship Map and Nearest neighbourhood analysis are being used.

Data Analysis and Findings

The descriptive analysis for the mental health condition among all the B. Ed trainees show that the minimum score of mental health is 55 and maximum score is 95 out of 130, which are 42.30 and 73.07 percent respectively (Table 1). This point to wide ranging mental health conditions prevail among the B. Ed. trainees. The skewness derived is negative and refers to the presence of very low scoring trainees among all.

Table 1

Descriptive statistics of mental health score of B. Ed. trainees

Descriptive Statistics						Skewness		Kurtosis	
	N	Minimum	Maximum	Mean	Std. Deviation		Std.		Std.
	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic	Error	Statistic	Error
MH Total	200	55	95	79.11	8.736	-.517	.172	-.051	.342
MH Total ICR	100	56	95	79.01	7.510	-.477	.241	.360	.478
MH Total RoA	100	55	95	79.20	9.848	-.534	.241	-.406	.478

The mean scores of mental health among B. Ed. trainees of ICR and RoA are 79.01 and 79.20 and standard deviations are 7.510 and 9.848 respectively. The critical ratio of the 'significant difference in mean scores' of mental health based on location of training institutions ($t = 0.153$, P > .05) shows that "there are no significant differences in the mental health condition of B.Ed. Teacher Trainees" based on locality (Table 2).

Table 2

Analysis of *t* statistic for difference in mental health of B. Ed. trainees with respect to location of Institutions

Variables	Category	N	Mean	SD	Degree of freedom	*t*- value	Significance
Locality	ICR	100	79.01	7.510	198	-0.153	Not significant
	RoA	100	79.20	9.848			

A relationship map has been prepared to understand the strongest and weakest relationship mental health score bands with the trainees of ICR and RoA based B. Ed. institutions. Mental health scores are classed with intervals for 51-60, 61-70, 71-80, 81-90 and 91 to 100 and have designated as weak, low, moderate, high and strong respectively. Most favourable relationship is found for moderate and high mental health conditions for both localities (Figure 1).

Figure 1

Relationship Map between localities of B. Ed. training institutions and mental health conditions
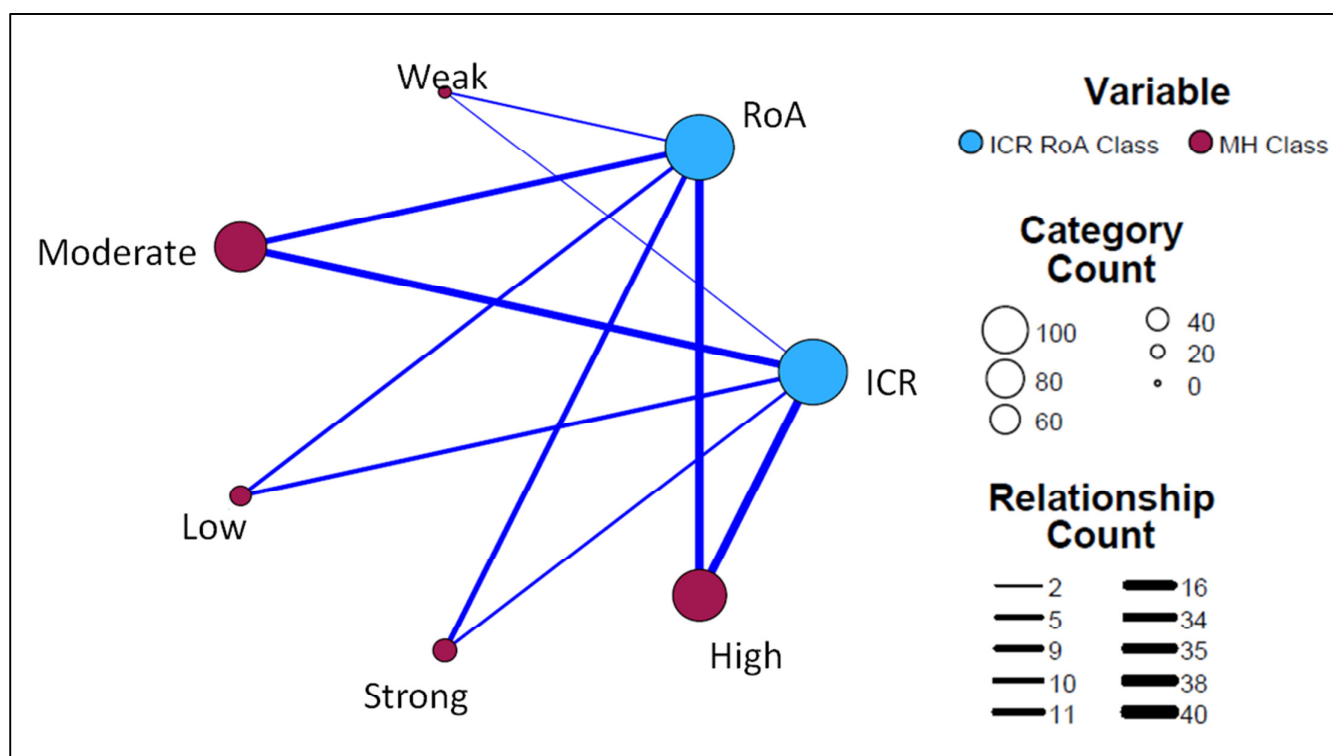
A nearest neighborhood analysis (NNA) for mental health score with respect to B. Ed. trainees of ICR and RoA has been carried out to find out mental health score wise association between trainees from ICR and RoA. The B. Ed. trainees in the ICR locality have higher concentration of scores between 74 and 88, where as the mental health score for trainees in the RoA have no such continuous concentration (Fig 2)

Figure 2

Nearest neighborhood analysis (NNA) for mental health scores
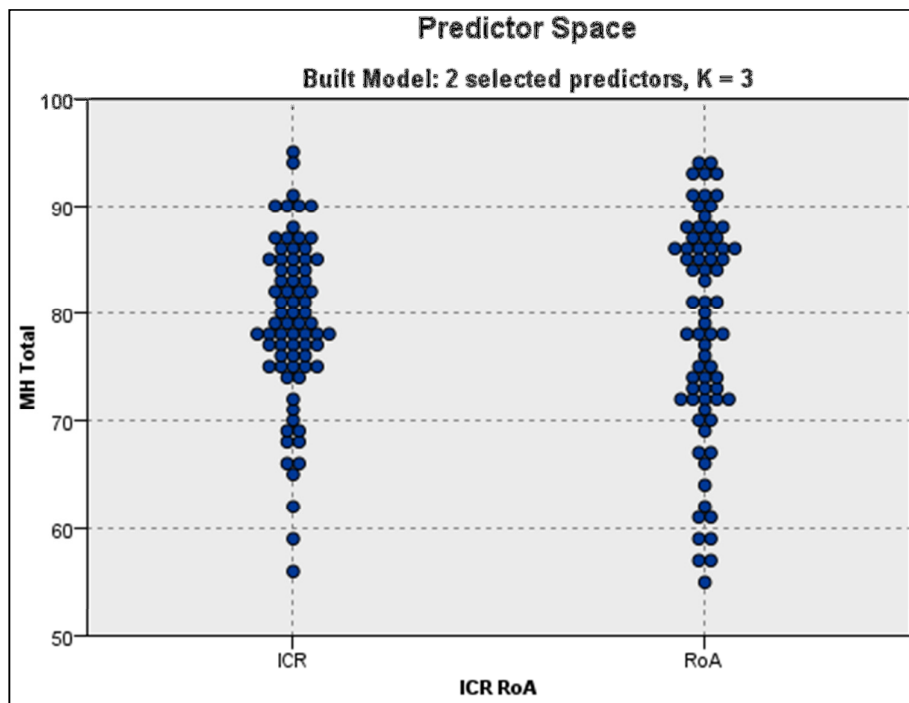
Conclusion

The presence of low mental health indicator scoring trainees is less in ICR than the RoA. This is indicative of impact of deprivation is there on few trainees. The trainees have adjusted to the adverse and limiting conditions imposed by non-availability of logistics, amenities, guidance and support, etc. They have accepted the challenges and suitably overcome these hurdles.

The comparison of 'means' of mental health performance, points to the statistical fact that even if there exist a difference in the mean and spread of mental health score values, those are essentially similar and within the threshold value for 'not to be considered to be different'.

Despite the statistical output based inferences shows that there is no significant differences in the mental health conditions; there is a pattern of relationships found between scores for mental health between trainees of ICR and RoA. B. Ed. trainees with high and strong mental health indices are prominent is defining the relationship, irrespective of location of training institutions.

Clarity about the differences in mental health conditions between trainees in differing localities have been explored with the help of nearest neighbor analysis. It has been found that there is a concentration of scoring pattern in the moderate to high category by the trainees in the ICR is and few trainees have low mental health indices. On the other hand distribution of mental health scores of RoA localities are scattered and have low concentration around 76 to 83, which is in contrary to the scores for ICR. This shows there is no conformity in the mental health status between two categories of B. Ed. trainees of according to localities, rather the trainees in the RoA category have registered better in the strong mental health category in comparison to the trainees if ICR

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