Positive Mental Health and its Association with Posture: With Reference to School Children

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Abstract—Mental health which has been viewed as positive aspect of health is one of the related concepts to quality of life. Various psychologists have also understood mental health in its positive perspectives. This model has considered major positive components of mental health, which are self-acceptance, ego-strength, and philosophy of human life/nature. Due to the importance of mental health in the quality of life, it is even more important for schoolchildren so that nation’s future human resource will be mentally sound. It has been known that postural deformities affect human personality, but it is still unclear how this affects schoolchildren’s positive mental health. Because of this, this study was conducted to comparatively assess positive mental health of schoolchildren with postural deformities. This study was conducted using 50 boys suffering from various postural deformities as samples. To meet the objectives of this study, another set of 50 schoolchildren without any postural deformities were also selected as sample. These samples were collected from B.M.C. Schools in Kurla and Mumbai, and these selected children were between the age ranges of six to twelve years. To assess their positive mental health, JPMH prepared by Agashe and Helode (2009) was used. The result of the study reveals that positive mental health of schoolchildren with postural deformities was significantly inferior when compared to that of schoolchildren without postural deformities. Because of this, it was concluded that postural deformity negatively affects positive mental health of schoolchildren. Therefore, it is recommended that proper screening for postural defects should be mandatory in schools to enhance and protect schoolchildren positive mental health.

Keywords—Postural deformity, schoolchildren, positive mental health.

I. INTRODUCTION

It is obviously true that nation’s prosperity and future depends on children which are the future torch bearer. Therefore, it is of importance to consider all the aspect related to children’s health. One of the aspects which require more attention in modern world is postural deformity. Due to modern lifestyle and activities, postural deformity in children is rising alarmingly all over the world. Posture is the correct alignment or orientation of body segments while maintaining an upright position [1]. Some of the reasons for postural defects are attributed to lack of physical activity, bad habits, faulty food habits and addictions to certain electronic gadgets [2, 3].

Apart from the fact that postural deformities affect body image and overall functioning of the body, it has also been noted that people with postural deformities are prone to develop psychological problems. Ningthoujam in his opinion says that posture is associated with human behavior [4]. According to him, posture reflects the well-being of an individual which is visible in his/her overall functioning in day-day activities and personality. In this context, postural deformities have been linked to mental health problems; but it is debatable whether the quality of life in terms of self-acceptance, ego strength, and philosophy towards life are also affected by postural deformities.

World Health Organization (WHO) defined mental health as ”whole richness of physical, mental and social concepts of an individual, and so, mental health is one of key to people’s general health” Two types of mental health are known which are positive and negative mental health. The positive aspect of mental health is more concerned with quality of life. Strupp and Hadley in their model of positive mental health included self-acceptance, ego-strength, and philosophy of human life/nature as the major components of positive mental health. According to Schneider, mental health is not merely the absence of mental disorders, but a state in which an individual live harmoniously with himself and others; adopting and participating in every social setting with other people [5]. Studies conducted have shown that there is a link between mental health and postural deformities, but studies with school children as central theme are far few on this issue. Hence, the researchers decided to assess positive mental health of school children with and without deformities [6, 7, 8, 9, 10].

II. HYPOTHESIS

The hypothesis of this study is that; school boys with postural deformity will show lower magnitude of positive mental health as compared to school boys without postural deformity.

III. METHODOLOGY

In order to conduct this study, the following steps were taken:

A. Sample

This study was conducted using 50 school boys suffering from various postural deformities like Lordosis, Kyphosis, Knock- Knee, Talipes Valgus, and Talipes Varus as samples. In order to fulfill the objectives of the study, another set of 50 school boys without any postural deformities were also selected as sample. These samples were collected from B.M.C. Schools in Kurala, and Mumbai. These selected schools boys ranges from age six to twelve years.
B. Tools: Junior Positive Mental Health Inventory (JPMHI)

JPMHI prepared by Agashe and Helode (2009) was used to assess the positive mental health of selected school children. The Mental Health Inventory (JPMHI) is a 36 items inventory that can assess the 3-dimensions, and it can be completed by adding the score of the following item number of the questionnaire. The 36 statements of (JPMHI) Mental Health Inventory are classified according to 3-dimensions as follows: Ego Strength, Self-Acceptance and Philosophy of Life. The test-retest reliability coefficient was 0.723 denoting very high level of reliability of the inventory. This inventory stands with significant “construct” validity.

C. Procedure

Prior consent was obtained from school authorities and the children parents regarding participation of the school boys in this study. JPMHI prepared by Agashe and Helode (2009) was administered to each subject and the response on each statement was evaluated according to the author’s manual. Followed by the arrangement of data in two study groups, ‘t’-test was used for comparison and the data analysis is shown in Table 1.

D. Data Analysis

<table>
<thead>
<tr>
<th>Groups</th>
<th>Positive Mental Health Mean</th>
<th>S.D.</th>
<th>Mean Diff.</th>
<th>t’</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Boys with Postural Deformities (N=50)</td>
<td>17.80</td>
<td>4.42</td>
<td>4.84</td>
<td>6.39**</td>
</tr>
<tr>
<td>School Boys without Postural Deformities (N=50)</td>
<td>22.64</td>
<td>3.01</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

$t(df=98) = 2.62$ at .01 level

Results presented in table 1 above indicate significant impact of postural deformity on positive mental health of school boys. The calculated $t=6.39$ shows that the school boys suffering from postural deformities had significantly lowered magnitude of positive mental health ($M=17.80$) as compared to school boys without any postural deformities ($M=22.64$).

IV. RESULT AND DISCUSSION

Data analysis showed that positive mental health is lower in school boys with postural deformities as compared to school boys without postural deformities. Results of this study highlight the fact that positive mental health is also affected by postural deformity. Therefore, postural deformities do not only affect physical health but it also gives a feeling of inferiority which affects psychological well-being or mental health. Hence, the results of this study once again reiterate the fact that postural deformities have ill effects on psychological well-being, particularly the quality of life in form of positive mental health.

V. CONCLUSION

On the basis of the results of this study, it can be concluded that postural deformities have an adverse or negative effect on positive mental health of school boys with postural deformities.

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REFERENCES


