Spiritual Intelligence, Altruism, School Environment and Academic Achievement as predictor of Mental Health of Adolescents

Singh, A.[1], Kaur, P. [2] Singh, T. [3]
[1] Lecturer, Innocent Hearts College of Education, Green Model Town, Jalandhar, email: arjindersingh@hotmail.com
[2] Principal, Khalsa College for Women, Jalandhar
[3] Lecturer, Innocent Hearts College of Education, Green Model Town, Jalandhar, email: tirathsingh@hotmail.com

Abstract

The present study was design to examine the joint contribution of Spiritual Intelligence, Altruism, School Environment and Academic Achievement for predicting Mental Health of senior secondary school students. Total 934 students of class +1 (mean age 16.4 Years) studying in schools affiliated to Punjab School Education Board were taken as sample. Mental Health Battery (2000) developed by Singh and Sen Gupta; Spiritual Intelligence scale (2006) developed by Singh, Altruism scale (1988) developed by Rai and Singh; School Environment inventory (2002) prepared by Misra were used to collect data. Result through multiple correlation and regression analysis revealed that Type of school, Spiritual Intelligence, Altruism, rejection (dimension of School Environment) and control(dimension of School Environment) were the significant predictor of Mental Health; and gender, location of residence, creative stimulation, cognitive encouragement, acceptance, permissiveness and Academic Achievement were not significant predictors of Mental Health.

Key Words: Mental Health, Spiritual Intelligence, Altruism, School Environment and Academic Achievement

Introduction

The thing, which is mostly desired in all the societies of the world, is the need of preserving Mental Health of the individual. Mental Health as the health of one's mind, which can prove a potent determinant of one's integrated personality and balanced behaviour identified on the basis of the level of his adjustment to his self, others and environment. The acquisition of such personality is indeed a great asset and privilege for a normal individual.

According to World Health Organization (WHO) 'The state of health is defined as a state of complete physical, mental and social well-being and not merely 'an absence of disease' or infirmity'. WHO also suggested a fourth dimension i.e. 'spiritual well-being' *(Kapur, 1995).* In this way spiritual trait is a part of Mental Health. Many researches revealed this relationship such as *Inang (2002)* revealed that optimism, quality of life, satisfaction with life and spiritual health were found to be positively and significantly related with subjective well being. *Jones (1998)* indicated that there were strong associations between

Spirituality and religion, between spirituality and Mental Health, as well as between spirituality and physical health. It was indicated that the linear combination of spirituality, physical health, and age were the best predictors of Mental Health. *Burke (1999)* supported the very significant correlation between Mental Health and closeness to God, the distinctions between religiosity and spirituality as they relate to Mental Health, and the importance of spirituality while coping with pain in chronic illness.

School Environment may be defined as a measure of the quality and quantity of cognitive, emotional and social support that has been available to the students during their school life in terms of teacher- pupil interactions. *Sturm (2000)* reported that through positive relationships with their students teachers will then be able to provide emotional support, which may help the students adjust better to the increasingly demanding School Environment. *Mortimer (1993)* showed that 12th grade students who worked fewer than 20 hours per week had significantly higher grade point averages than students who did not work at all. *Orellana (2004)* showed statistical significance and positive correlation between the School-Based Mental Health Program and the Academic Achievement based on the four indicators (absences, suspensions, disciplinary actions, and grade point average). *Young et al. (2007)* suggestions for organizations to enhance wellness in Mental Health practice and schools by changing policies, increasing professional identification, supporting counselor wellness, and improving safety.

Prosocial behaviour is defined by *Bar Tal (1976)* as voluntary behaviour that is carried out to benefit without anticipation of external rewards. *Driver (1987)* examined the hypothesis that people who tend to have positive moods, high self-esteem and a positive sense of well-being would feel more benevolent towards others than individuals characterized by more negative moods, low self-esteem and a poor sense of well-being. *Schwartz (2003)* has set up a starting point for future research on the subject of Altruism and its possible health benefits. *Todd (1998)* revealed that problematic social ties and downward social comparison together predicted over 48% of the variance in resilience. In response to open-ended questioning, more than 70% of the participants named social support, religious/spiritual beliefs, and their children as important contributors to their resilience.

After reviewing the above painted literature the investigator design a study to examine the joint contribution of Spiritual Intelligence, Altruism, School Environment (dimension wise) and Academic Achievement in predicting Mental Health of senior secondary school students.

Materials and Method

Data was collected from 934 students of class +1 studying in schools affiliated to Punjab School Education Board. The structure of sample is given in table 1.

Table 1: Structure of Sample

Variable	Category	N
Gender	Boys	344
	Girls	590
Location	Urban	371
	Rural	563
School	Govt.	588
	Aided	227
	Unaided	119
Total		934

Mental Health Battery (2000) developed by Singh and Sen Gupta; Spiritual Intelligence scale (2006) developed by Singh; Altruism scale (1988) prepared by Rai and Singh; School Environment inventory (2002) developed by Misra w**ere** used to collect data. The data were described and analyzed in the light of formulated objectives and hypotheses.

Results

Table 2: Coefficient of multiple correlation among the variables

R	R Square	Adjusted R Square
0.368	0.135	0.124

Table 2 shows the coefficient of multiple correlation among Mental Health, Spiritual Intelligence, Altruism, School Environment and Academic Achievement. The coefficient is 0.368 and its square is 0.135. this means that 13.5 % variance in mental heath is explained jointly by gender, location of residence, type of school, Spiritual Intelligence, Altruism, dimensions of School Environment and Academic Achievement of senior secondary school students.

Table 3: Summary of ANOVA for regression model

Model	**Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**
Regression	**9211.274**	**12**	**767.606**	**11.994**	**0.001**
Residual	**58942.565**	**921**	**63.998**		
Total	**68153.839**	**933**			

Table 3 shows that F value is 11.994 which is significant at 0.01 level of significance with df 12/933. This means that the model presented is significant in predicting Mental Health of students. Thus the null hypothesis that there is no linear relationship of Mental Health to the independent variables, is rejected. Hence, this result suggested to calculate regression analysis, which is given in table 4.

Table 4: Summary of Regression Coefficient table for Mental Health

Model	**Un-standardized Coefficients**		**Standardized Coefficients**	**t**	**Sig.**
	B	**Std. Error**	**Beta**		
Constant	**62.61**	**3.70**		**16.93**	**0.001**
Gender	**-0.89**	**0.59**	**-0.05**	**-1.51**	**0.130**
Location	**-1.06**	**0.58**	**-0.06**	**-1.82**	**0.070**
School	**1.68**	**0.42**	**0.14**	**4.03**	**0.001**
Spiritual Intelligence	**0.06**	**0.02**	**0.12**	**3.55**	**0.001**
Altruism	**0.28**	**0.04**	**0.21**	**6.53**	**0.001**
Creative Stimulation	**-0.05**	**0.05**	**-0.07**	**-1.12**	**0.264**
Cognitive Encouragement	**0.05**	**0.07**	**0.04**	**0.70**	**0.484**
Acceptance	**-0.06**	**0.07**	**-0.05**	**-0.94**	**0.350**
Permissiveness	**0.05**	**0.06**	**0.03**	**0.80**	**0.422**
Rejection	**-0.21**	**0.05**	**-0.15**	**-4.47**	**0.001**
Control	**0.17**	**0.06**	**0.12**	**2.60**	**0.009**
Academic Achievement	**0.03**	**0.03**	**0.04**	**1.17**	**0.244**

It is evident form the table 4 that variables type of school, Spiritual Intelligence, Altruism, rejection and control are the significant predictor of Mental Health. The other variables viz. gender, location of residence, creative stimulation, cognitive encouragement, acceptance, permissiveness and Academic Achievement are not significant predictors of Mental Health. The regression equation formulated from all these variables is as given below:

Mental Health = 62.61 - 0.89 X Gender – 1.06 X Location + 1.68 X School + 0.06 X Spiritual Intelligence + 0.28 X Altruism -

0.05 X Creative stimulation + 0.05 X Cognitive Encouragement - 0.06 X Acceptance + 0.05 X Permissiveness - 0.21 X Rejection + 0.17 X Control + 0.03 X Academic Achievement

Discussion

Type of school, Spiritual Intelligence, Altruism, rejection (dimension of School Environment) and control (dimension of School Environment) were the significant predictor of Mental Health and gender, location of residence, creative stimulation, cognitive encouragement, acceptance, permissiveness and Academic Achievement were not significant predictors of Mental Health. *Gupta (2002)* concluded that there was a significant difference between Mental Health of Government and Private school adolescents. For Spiritual Intelligence *Inang (2002), Jones (1998), Andersen (2000), Burke (1999), Wilcoxon et al. (2008), Sobel (1997), Alexander (2001)* supported; and for Altruism *Khanna (1992), Sharman et al. (1992), Batson (1989)* supported the present finding. The result for rejection (dimension of School Environment) and control (dimension of School Environment) are (indirectly) supported by *Bullerdick (2000), Reddy et al. (2002*). Further regression equation for calculating or finding out Mental Health of senior secondary school students was established as Mental Health = 62.61 - 0.89 X Gender – 1.06 X Location + 1.68 X School + 0.06 X Spiritual Intelligence + 0.28 X Altruism - 0.05 X Creative stimulation + 0.05 X Cognitive Encouragement - 0.06 X Acceptance + 0.05 X Permissiveness - 0.21 X Rejection + 0.17 X Control + 0.03 X Academic Achievement. It means that on the basis of scores on above said variables the scores of Mental Health can be obtained or predicted.

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