

# Caste Versus Class as Factors in Mental Health : A study of some Urban/ Rural Communities in Bihar

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## Introduction :

According to Karl Menninger (1945), Mental health is ‘the adjustment of human beings to the world and to each other with a maximum effectiveness and happiness. It is the ability to maintain an even temper, an alert intelligence, socially considerate behaviour and a happy disposition the word ‘mental’ usually implies something more than purely cerebral functioning of a person it also stands for his emotional-effective states, the relationship he establish with other, and a quite general quality that might be called his equilibrium in his Social Cultural context. Similarly, health refers to more than physical health. It also concerns the individual, Intra-Psychic balance, the fit of this psychic structure with external environment, and his social Functioning. It is not surprising that the Combination of two such term produces an elastic and ambiguous concept. In common usage ‘mental health’ often means both psychological well-being and absence of mental illness.

Available literature indicates that efforts to define and study mental illness are biased in favor of the pathology. Efforts have also been made to define the characteristics of a normal personality (Coville, Costello & Rourke, 1960, Maslery & Mitlemann, 1951) and positive mental health (Jahonda, 1958). Theoretical and Clinical Concepts of mental health (Offer & Salesia, 1914) and healthy personality from humanistic view point (Jouras & Landman, 1980), Grinker Timberlake (1962) have suggested the possibilities of a variety of ‘mental health’  
**Rao and Parthasarathy** (1988) Studied the mental health risk more among the socially disadvantaged high school students on 120 High School students in Bangalore city. An interview schedule developed by the Author, General Health questionnaire.

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**Purpose :** The objectives of the present research study are as follows:-

1. To examine whether caste is a significant factor in mental health and if the individuals socialised and culturalised in different caste communities would differ mental health?
2. To examine the role of socio-economic class upon mental health status of individuals, e.g. whether individuals belonging to different (high/middle/low) socio-economic classes will differ on different dimensions of mental health?
3. To make a comparative analysis of caste and class as factors influencing mental health. Whether persons belonging to different castes, but the same socio-economic status would still differ with respect to mental health? For the matter socio-economic classes but from the same caste community would differ with respect to mental health?
4. The study further intended to examine whether caste and class would be equally important determinants of mental health?
5. To examine if the effects of caste and class remain the same or, could vary for the urban and rural samples.

## Review of Literature :

### Mental health related factors :

#### Mental Health and Caste –

Mental Health and Caste- Indian Society has stratified on the basis of caste. The caste system is a hierarchical social organisation that was devalued and practical by our ancestors almost from the beginning of early civilization, forms the basic foundation of India’s social structure. In the caste system, the principle of birth dominates. A person inherits his occupation from his father and in turn, passes it on to his descendants. Some factors are responsible for change in caste system. There are (a) Modern Education (b) Novelty of Occupation (c) Urbanisations (d) Industrialisation (e) Modernisation (f) Socialization (g) Democracy (h) Constitutional remedies and (i) Social Religions reform movement (Dharmendra, 2007).

**Mental health and Socio-economic class :** In Indian Society, there are different socio-economic class. People from different socio-economic status have different resources life style and cultural value. It affirms their views about different aspect of life. Some earlier studies have

confirmed this views. So there is probability that socio-economic status of a person has an impact on his mental health. In the presently study, the three levels of socio-economic class (High/ Middle/ Low), have been examined in the relation mental health.

**Mental health and urban/ rural Communities :** The place on has been brought up may have an impact on the makeup of the person the personality differs for a person from rural background with a person with urban background in some environment.

**Concept of mental health :** Historically the book of Clifford Beers "A Mind that found itself" was Crucial in developing the concept of mental health; the Connecticut society for mental hygiene and 13 other public spirited citizens was founded by him in 1908 and soon, after in 1909 the National Committee for mental hygiene. was organized. Interest in mental health has led to organization along international as well as National and States line.

Jahoda has advocated the concept of positive mental health maintaining that absence of certain qualities does not imply the presence of accurate self appraisal as for that matter presence of creativity does not elude the per sense of seiner activity.

Another controversial issue with regard to mental health is whether it should be seen as relatively constant and enduring functional of personality on as a momentary function of persona and situation for, Instance Kolain, (1960) distinguishes "Soundness" from "wellbeing" the former refers to the level of integration of the general more enduring personality structure, and the alter to the individual current sates of equilibrium.

**Research questions and hypothesis :**

- (i) The subjects in the urban and rural conditions world differ on the mental health measure. ( $H_1$ ).
- (ii) It is also hypothesized that "the urban subjects, Compared to the rural, would demonstrate batter mental health ( $H_2$ ).
- (iii) The subjects in the three caste condition (General/ Backward/ Scheduled Caste) world differ on mental health measures ( $H_3$ )
- (iv) The subjects of the general caste compared to either the backward or, schedule caste and those of the backward or, schedule caste and those of the backward caste as compared to scheduled caste would demonstrate batter mental health ( $H_4$ ).

- (v) The subjects in the three class condition (High/ middle/ low) would differ on mental health measures ( $H_5$ ).
- (vi) It is also hypothesized that the subjects of High class compared to either the middle or, low class and those of the middle class as compared to low class would demonstrate batter mental health.
- (vii) Mental health measures of the subjects would be jointly determined by the factors of urban/ rural background and Caste ( $H_6$ )
- (viii) The mental health measures for the subject of different caste would differ in the urban and rural conditions ( $H_8$ )

Mental health measures of the subjects would be jointly determined by the factors of urban/ rural background and classes ( $H_9$ )

The mental health measures for the different classes could differ in the urban and rural condition ( $H_{10}$ ).

The mental health measures of the subjects would be jointly determined by the factors of caste and classes ( $H_{11}$ ).

The mental health measures for the different caste and subjects would differ in the high, middle and low socio-economic class conditions ( $H_{12}$ ).

**Methodology :**

The subjects were 360 male school children in age group of 13 to 15 years. They were 9<sup>th</sup> and 10<sup>th</sup> class students from two urban and rural schools located in the districts of Patna and are in Bihar. Oniginally 400 children were approached but 360 were finally treated in the study. They were selected through incidental cum-purposive sampling technique. They either from General (N=120), Backward (N=120), or, Scheduled caste (N=120) groups. These subjects were proportionally selected to present H (N=120), Middle (N= 120) and low (N=12), socio-economic classes the more clear description of the sample distribution is presented below in the tabular form.

**Design :** 3x3x2 between factorial design was carried on with three levels of caste factor and three levels each of the other two independent variable i.e. Socio-economic status (High/ Middle /Low and area/locality urban rural). Thus there were 18 treatment conditions with 20 subjects in each treatment condition.

**Measuring Instrument :** For measuring the socio-economic status of the subjects (1) Bharadwaj, R.L. Socio-economic status scale (SESS) was used (ii) for measuring the mental health of respondents Mithila mental Health status inventory (MMHSI) was used and (iii) A personal

Data Sheef (PDS) was also used to gain information on subjects personal characteristics such as age, caste and area of residence etc.

**Reliability and Validity :**

The reliability of the test of the scale has been reported. 76. The content validity of the revised scale, since are as and than item are solely based on research proven items is high and promising.

**Mithila Mental Health Status Inventory (MMHSI):**

It consists of 50 item which altogether provide the measurement of mental health and treated as dependent variable of economic status of the study. The reported reliability of MMHSI has been found to be .74 to .88 with reference to internal consistency and .73 to .89 in the test re-test. The validity of this scale has also been tested on sample of psychiatric patient and normal and the former were scored significantly higher on all the mental dimensions than the normal.

**Data collection :** All the scales mentioned above were administered to the subjects in two sessions. In first session personal data sheet and Bhardwaj SES scale were administrated After two week of first session, second session was conducted. So that socio-economic status of the subjects was obtained. In second session MMHSI was administered for measuring mental health of subjects. in each case attempt was made to establish a rapport with the subject and impress upon him.

**Result & Discussion :**

**Table –I**

Main effect of Socio- economics status factor upon mental health

	df	df	msos	F
Bsos	83424.04	K-1 3-1=2	41712.02	
Wsos	37449.20	N-K 360-3 357	95.29	437.73 p<.01

The socio-economic status is another factor examined in the present research as determent of mental health among school children table –I presents the main effect of the main effect of the class factor upon mental health. As can be seen from the table, a significant ‘F’ values indicates that class is potential factor in deterring the mental

health of the children. These result substantially support the hypothesis. Earlier it was hypothesized that the subjects in the three class condition (High/ Middle/ Low) would differ on mental health measures is confirmed by the finding. This difference further analysed by the mean scores of different class groups of the subject on the various mental health dimensions as well as on the overall mental health.

**Table –II**  
**Mean Differenced of Mental Health Measures**  
**as a Function of Class**  
**Factor**

Mental Health Dimension	Socio-Economic Status (Class)		
	High Class	Middle Class	Low Class
Egocantrism	Mean 36.24 <sup>a</sup>	40.91 <sup>b</sup>	43.12 <sup>c</sup>
	σ = 4.87	5.04	5.22
Alienation	Mean 35.32 <sup>a</sup>	31.89 <sup>b</sup>	34.88 <sup>c</sup>
	σ = 5.21	4.48	5.45
Expression	Mean 32.44 <sup>a</sup>	34.89 <sup>b</sup>	37.95 <sup>c</sup>
	σ = 4.41	5.53	5.06
Emotional	Mean 31.84 <sup>a</sup>	35.76 <sup>b</sup>	38.93 <sup>c</sup>
	σ = 4.81	4.58	6.27
Unstability	Mean 33.37 <sup>a</sup>	33.64 <sup>c</sup>	36.61 <sup>c</sup>
	σ = 5.87	5.08	5.32
Social non-			
Conformity			
N=	120	120	120
Mean Overall	169.21 <sup>a</sup>	177.09 <sup>b</sup>	191.49 <sup>c</sup>
SD=	16.21	15.30	18.83

Measures - t - value - sign	Emotional Unstability
Egocantrism	
a-b-7.41	a-b -7.37
a - c - 10.98	a -c - 9.99
b- c - 3.35	b- c - 4.46
Alienation	Social non-conformity
a- b - .64	a - b - .38
a -b - 4.67	a -c - 4.43
b - c -3.82	b - c -4.43

Expression on overall  
 a- b – 3.82 a- b– 3.38  
 a - c – a-c –9.81  
 b - c – 4.43 b- c – 6.49

It can be seen from the table –II that on that on the all the dimensions of the mental health measure was well as on the overall scores, mean differences have been found significantly difference on the alienation and social non-conformity dimensions, there are not significant difference have been found between high and middle class children. In light of these finding it has a also found that low class subjects have poorer mental health than then counterparts.

Thus, the obtained result tend to support the contention that the subjects of the high class compared to either the middle or low class and those of the middle class as compared to low class would demonstrate better mental health (H<sub>6</sub>) substantially support the hypothesis.

**Table- III**

**Mental health as a function of Rural/ Urban x SES Class Interaction**

Mental Health Dimension	Rural			Urban			
	High	Middle	Low	High	Middle	Low	
Egocentrism	Mean	33.18 <sup>a</sup>	34.57 <sup>b</sup>	37.54 <sup>c</sup>	30.26 <sup>d</sup>	29.51 <sup>e</sup>	31.42
	σ =	3.05	4.55	4.32	3.11	4.11	4.44
Alienation	Mean	32.27 <sup>a</sup>	33.62 <sup>b</sup>	36.89 <sup>c</sup>	34.19 <sup>d</sup>	35.73 <sup>e</sup>	37.67 <sup>f</sup>
	σ =	4.11	5.02	5.11	3.65	4.67	4.11
Expression	Mean	36.87 <sup>a</sup>	38.98 <sup>b</sup>	42.29 <sup>c</sup>	33.62 <sup>d</sup>	35.12 <sup>e</sup>	37.05 <sup>f</sup>
	σ =	3.67	4.98	3.72	4.02	4.25	5.33
Emotional Unstability	Mean	36.81 <sup>a</sup>	37.45 <sup>b</sup>	41.56 <sup>c</sup>	32.82 <sup>d</sup>	34.82 <sup>e</sup>	36.92 <sup>f</sup>
	σ =	4.67	3.41	4.63	4.87	3.07	4.72
Social non-Conformity	Mean	35.28 <sup>a</sup>	38.63 <sup>b</sup>	43.83 <sup>c</sup>	33.12 <sup>d</sup>	35.77 <sup>e</sup>	37.82 <sup>f</sup>
	σ =	3.78	4.23	3.78	3.43	4.67	3.98
Ns=	60	60	60	60	60	60	
Overall Means=	174.41 <sup>a</sup>	183.25 <sup>b</sup>	202.11 <sup>c</sup>	164.01 <sup>d</sup>	170.95 <sup>e</sup>	180.88 <sup>f</sup>	
SDs =	7.11	6.87	7.89	8.05	7.89	6.88	

Table –III that under rural conditions the high class subject have demonstrated better mental health than either the middle or law class who demonstrated poorest mental health. But, in the urban conditions the middle class subkects have demonstrated similar, if not also slightly better mental health than the high or low class subjects on

the egocentrism dimension on the alienation dimension though the high class subjects have performed better than the backward and SC subjects. The rural subject of the different classes compared to their counterparts have perform better on the alienation dimension. Similar, on the expressions emotional instability and social non- conformity dimensions the urban SC subjects have perform the rural backward caste subjects.

These finding not only confirm that the subjects mental health measures were jointly determine by their socio-economic class as well as their urban/rural backward as hypothesized (H<sub>10</sub>) in the study. But, these also seem to suggest that class differences may be a more potential factor for mental health under rural conditions. Under urban condition on the other hand, the differenced in socio-economic class may not account for differences in mental health as much as in the rural context.

**Conclusion :** Finally, concluding the various findings of the present study concerning the main effects and interactional effects of factors like rural/ urban background, socio-economic class and caste upon mental health of school children, it may be stated that.

1. The urban/rural children background could be a strong determinant, of mental health among school children in the age group of 13 to 15. The rural children of this age groups are likely to be poorer on mental health as compared to their counter part in urban groups. Such differences may exists among urban/ rural communities in the Indian social context due to wide psychological, Social, Cultural educational, socio-economical differences between urban and rural settings in the Indian context.
2. Socio-economic class could be another potential factor which can determine the mental health the school children from/ High /Middle and low socio-economic conditions are likely to differ with respect to their mental health. The high and the middle class school children are more likely to have better mental health the children from low socio-economic classes likely to be poorer on mental health.
3. The caste may not be a direct determine of mental health but when combined with factors like rural/ urban background or, socio-economic. The caste may also operate as co-determinant of mental health children. from same caste groups may respond differently on different aspect of mental health depending upon their high/ middle on low social – economic class.
4. Socio-economic class and rural/urban background, apart from having independing effects may also have joint interactional effects

upon mental health the children of different socio-economic classes may react differently to certain aspect of mental health depending upon whether they belong to urban seating or the rural seating. The differences between High, middle and low classes children of urban schools may be smaller put the rural school children of high, middle and low classes may differ more sharply on certain aspect of mental health.

5. It seems likely that all the three factors of rural/ urban background, socio-economic class and caste may be playing their parts in deterring the mental health either independently or in combination with each other.

6. As far as mental health problem are concern the SC children of low socio-economic class from rural seating are likely to be most prove to mental health problems.

7. The high caste children of socio-economic classes from urban schools are likely to be mentally healthier than children of other castes and socio-economic classes of urban/ rural settings.

Thus the present research study has been successful in the attainment of its objectives the study successfully demonstrated the main effects and international effects of some relevant variables like/ rural/ urban background, socio-economic class and caste upon different dimensions of mental health as well as overall mental health among school children . That finding that rural/ urban background and socio-economic class could possibly be more direct determinants of mental health rather than casts is noteworthy. The caste can be become a potential factor when operating in combination with socio-economic class of the urban/ rural setting.

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