

Self-Efficacy and Mental Health of Adolescents under Institutional Care

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Abstract

The study is focused on the link between self-efficacy and mental-health of the adolescents residing under institutional care. The study also examined the effect of personal variables on self-efficacy and mental health of adolescents. A total of 326 adolescents are included in the study using census method. Standardized scales of self-efficacy and mental-health are adopted in measuring the key variables. The analysis of the data has revealed that demographic variable influence the self-efficacy and mental-health of adolescents. Self-efficacy and mental-health are strongly and positively associated with each other. The study has suggested suitable measures for improving the self-efficacy and mental-health of adolescents under institutional care.

Key Variables: Adolescents, Mental Health, Self-efficacy, Institutional Care

Introduction

Mental health is the topic that is widely focused by the researchers over the past years. The significance of mental health is emphasized strongly due to its impact on the well being and quality of health of the people. Low level of mental health may lead to adverse effects over the social, emotional and physical health of the individual. Mental health issues are common among all age groups due to the way of living and social change. Today stress is associated with all sorts of life and thus managing the same becomes essential for health life. Proper awareness and guidance is very important in understanding mental health issues in individuals, as majority of the mental health issues are misguided and untreated which leads to adverse problems.

According to World Health Organization definition "Mental Health is a state of well being where a person can realize his potential, cope with life stress, able to work productively and contribute to the development of community"[1]. Mental health problems are found to be common in adolescence stage compared to other stages. According to a report by WHO, an estimate of 10 to 20 percent of adolescents worldwide have mental health issues, but these remained undiagnosed and untreated" [2]. Mental health problems begin at late childhood and early adolescence stages. Thus, this stage is more crucial for a child to overcome the changes and face the challenges. Family support and protection are very much essential for a child to have a health and positive life. But, in reality the lack of understanding on the mental health issues intensify the problem and damage the life of the children in their adulthood. Mental health problems in adolescents are considerably increasing over the years and various factors are responsible for the same like dissolution of family structure, increase pressure in the domain of education and employment, unemployment, etc. Stress, depression, anxiety and conduct problems are

the common mental health problems faced by adolescents today [3]. It may lead to various kinds of adverse effects like bad habits (alcoholism, smoking, chewing tobacco, etc), indulging in misconduct, violence, suicidal thoughts, self-destruction or self harm, etc. Managing the mental health problems of adolescence are very challenging as parents may neglect the problems as merely reflecting turmoil during adolescence stage.

Daily life stressors are one of the factors which significantly influence the mental health of adolescents. Getting struck with these stressors in the daily life increases the symptoms of depression, anxiety and stress and affects the well being of the adolescents. Researchers have emphasized self-efficacy to manage the daily life stressors through which adolescents can have a healthy mental state and enhance their quality of life. The findings of Schönfeld (2019) revealed that daily stressors had a significant relationship with Stress, anxiety, depression and well-being. Their study also found that self-efficacy as significant predictor of mental-health [4]. Self-efficacy mean to an individual's personal belief on his capability to organize and Self-efficacy is defined as an individual's own beliefs about capabilities to organize and perform the action necessary to achieve the given objective. Self-efficacy beliefs help the individuals to understand the threatening expectations as manageable challenges and help to manage the stressful situations [5].

Institutionalized system of care is a well known method of supporting the vulnerable children. The institutional provide all sorts of care and support for the healthy development of children, but still the normal family system and relationship is still a lag which cannot be compensated by anything. Thus, mental-health of these children is questionable and to answer this, the study focused upon examining the self-efficacy and mental-health of the institutionalized adolescents.

Review of Literature

Moslem Parto and AliBesharat (2011) his study's findings have revealed that self-efficacy is identified as a direct and indirect predictor of mental health among adolescents [6]. Rabani Bavojudan et.al (2011) in their study has revealed that self efficacy and mental health are associated. The regression output showed that self-efficacy, local of control and coping strategies accounted for 58.7 percent of the total variance in mental health of adolescents [7]. Bals et.al (2011) in their study has found strong association between mental health and self-efficacy [8]. Tahmassian & Jalali Moghadam (2011) has found an inversely significant link between self-efficacy and depression. Also an inverse significant link has revealed between self-efficacy and anxiety [9]. Loton and Waters (2017) in their study confirm from the findings of the earlier studies that self –efficacy is linked to well-being of adolescents. The study also has found that self-efficacy contributes to 40 percent of the total effect in the well- being of the adolescents [10].

Marcionetti and Rossier, (2016) conducted a study 437 adolescents and the findings of the study have revealed that self-efficacy is an important factor of life satisfaction and well-being of adolescents [11]. Grøtan et. al (2019) in their study have revealed that adolescents with severe mental distress are found to have low self efficacy. The study also has reported a strong relationship between mental distress and self efficacy. The study suggests that psychological treatment can increase the mental health and self efficacy of the adolescents [12]. Riaz Ahmad et.al (2014) the Pearson correlation value reveled a strong negative link between self-efficacy and depression among adolescents [13]. Haraldstad et.al (2019)

identified strong link between self efficacy and health related quality of life. Self efficacy is a strong influencing factor of health related quality of life [14].

Objectives

1. To know the demographic characteristics of adolescents.
2. To evaluate the level of self-efficacy and mental-health of adolescents.
3. To examine the variation in self efficacy and mental-health based on demographic characteristics.
4. To identify the relationship between self efficacy and mental-health.

Hypothesis

H01: There is no significant variation in self efficacy based on demographic variables.

H02: There is no significant variation in mental health based on demographic variables.

H03: Self-efficacy and mental health are not associated.

Methodology

The descriptive research design is used in the study. The adolescents residing under institutionalized care in Kottayam District are taken as the universe of the study. Both the government and non-government institutions are incorporated in the study. The adolescents aged between 11-17 years and residing for at least one year are been included in the study. Out of the total 446 adolescents, 326 adolescents were included in the study using census method. Questionnaire method was adopted for data collection. The questionnaire consists of demographic variables namely age, gender, class studying, school type, agency type and leisure time activities. Self efficacy scale is propounded by Albert Bandura which consists of 10 items measured on a four point scale. The maximum score is 40 which indicate high self-efficacy and minimum score is 10 which indicate low self-efficacy. Mental Health inventory consists of 38 items measured on a six point scale with a maximum score of 228 which indicates high mental health and minimum score of 38 which indicates low mental health. The scales were subjected to reliability test and the scores of reliability test for self-efficacy was 0.872 and mental health was 0.841. The face validity was used to test the validity of the scales. The research used mean, SD, t-test, ANOVA and coefficient of correlations to analyze the data.

Analysis and Interpretation

Demographic Variables

The demographic profile of the respondents shows that majority (62 percent) belongs to 14-17 years, female respondents constitute 62.6 percent, 57.4 percent is studying between 6th to 8th std, 64.4 percent is studying in government aided schools, majority (68.7 percent) were residing in NGO's and 65 percent spend their leisure time watching television.

Table 1: Self-Efficacy

Variable	Particulars	No. of Respondents	Percentage
	Very High	36	11.0

Self efficacy	High	129	39.6
	Moderate	119	36.5
	Low	33	10.1
	Very Low	9	2.8
	Total	326	100.0

Table 1 shows that, 39.6 percent of adolescents has high self-efficacy, 36.5 percent has moderate self-efficacy, 11 percent has very high self-efficacy, 10.1 percent has low self-efficacy and 2.8 percent has very low self-efficacy.

Table 2: Mental Health

Variable	Particulars	No. of Respondents	Percentage
Mental Health	Extremely High	5	1.5
	Very High	21	6.4
	Moderate	216	66.3
	Low	55	16.9
	Very Low	20	6.1
	Extremely Low	9	2.8
	Total	326	100.0

Table 2 depicts that, moderate mental health is found among 66.3 percent of the adolescents, low level of mental health is found among 16.9 percent, 6.4 percent has very high mental health, 6.1 percent has very low self efficacy, 2.8 percent self-efficacy is extremely low and 1.5 percent self-efficacy is extremely high.

Table 3: Difference in Self-Efficacy based on Demographic Variables

Variables	Test	Value	Result
Age Vs Self-Efficacy	T-test	T= 1.216 (p=0.225)	NS
Gender Vs Self-Efficacy	T-test	T=4.146 (p=0.000)	S**
Class studying Vs Self-Efficacy	ANOVA	F=0.628 (p=0.534)	NS
School type Vs Self-Efficacy	ANOVA	F= 4.930 (p=0.008)	S**
Agency type Vs Self-Efficacy	T-test	T= 2.695 (p=0.007)	S**
Leisure Activity Vs Self-Efficacy	ANOVA	F=0.345 (p=0.848)	NS

Table 3 reveals that, self-efficacy significantly differed with gender, school type and agency type of the adolescents. It is evident from the mean value that, high self-efficacy is found with female than male; adolescents residing in NGO’s than other institutions and adolescents studying in self-financing schools than government and aided schools.

Table 4: Difference in Mental Health based on Demographic Variables

Variables	Test	Value	Result
Age Vs Mental Health	T-test	T= 1.245 (p=0.214)	NS
Gender Vs Mental Health	T,-test	T=4.580 (p=0.000)	S**
Class studying Vs Mental Health	ANOVA	F=1.046 (p=0.353)	NS
School type Vs Mental Health	ANOVA	F= 3.735 (p=0.025)	S*
Agency type Vs Mental Health	T-test	T= 3.459 (p=0.001)	S**
Leisure Activity Vs Mental Health	ANOVA	F=0.712 (p=0584)	NS

Table 4 reveals that, significant variation is found in mental health based on gender, school type and agency type. It is evident from the mean value that high mental high was found among female compared to male; studying in self-financing schools than government and private schools and residing in NGO’s than other institutions.

Table 5: Relationship between Self-Efficacy and Mental Health

Variable	Particulars	Mental Health
Self-Efficacy	Pearson Correlation	0.133*
	Sig. (2-tailed)	.016
	N	326

Table 5 depicts that the coefficient of correlation value reveals a significant association between self-efficacy and mental-health of adolescents. Adolescents who have high self-efficacy are able to have high mental health and vice versa.

Discussion

The study has revealed that moderate self-efficacy and moderate mental health are found among the adolescents residing under institutional care. Though the environment under the institutionalized care is conducive for the development of adolescents, still the lack of family setup is missing in these agencies which are one of the primary factors of adolescent development. According to Bandura (2012) self-efficacy could be encouraged through social influence which means other people praise a individual that he is highly competent. Self-efficacy is highly influenced by an individual’s skills but at the same time individuals with strong self-efficacy are more persistent and strong in facing challenges and barriers [15]. Bandura (1977) has stated that self-efficacy is strongly affected by the individuals’ well-being [16].

Conclusion

The study concludes that selfefficacy and mental-health of adolescent residing under institutional care is found to be moderate. Gender, school type and agency type have a significant influence over the self-

efficacy and mental-health of adolescents. The study also concludes that self-efficacy and mental-health are significantly and positively correlated.

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