

RELATIONSHIP OF MENTAL HEALTH WITH SUICIDAL IDEATION AMONG ADOLESCENTS

Thesis

**Submitted to the Punjab Agricultural University
in partial fulfillment of the requirements
for the degree of**

**MASTER OF SCIENCE
in
HUMAN DEVELOPMENT AND FAMILY STUDIES
(Minor Subject: Extension Education and Communication Management)**

By

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CERTIFICATE - I

This is to certify that the thesis entitled “**Relationship of Mental Health with Suicidal Ideation among Adolescents**” submitted for the degree of **Master of Science** in the subject of **Human Development and Family Studies** (Minor subject: **Extension Education and Communication Management**) of the Punjab Agricultural University, Ludhiana, is a bonafide research work carried out by **Amandeep Kaur (L-2017-HSc-354-M)** under my supervision and that no part of this thesis has been submitted for any other degree.

The assistance and help received during the course of investigation have been fully acknowledged.

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Abstract

The study was conducted to assess the 'Relationship of Mental Health with Suicidal Ideation among Adolescents.' The study was based on 240 adolescents (i.e. 120 rural and 120 urban) in the age range of 16-18 years. The sample was randomly drawn from four Government Senior Secondary Schools purposively selected from rural as well as urban areas of Ludhiana district. Self-structured general information sheet was prepared to collect the general information of the adolescents. Mental Health Battery by Singh and Sengupta and Suicidal Ideation Scale by Sisodia and Bhatnagar were used to assess the mental health and suicidal ideation of the respondents respectively. Results revealed significant differences in mental health of the respondents. Boys were scoring better than their female counterparts in majority of the dimensions as well as in overall mental health. Significant locale differences existed between rural boys and girls. In suicidal ideation gender differences were found to be significant among rural boys and girls whereas non-significant differences were seen among urban boys and girls. Significant locale differences existed between rural and urban adolescents. Emotional stability, overall adjustment, self-concept, intelligence and better overall mental health made a negative contribution towards suicidal ideation as compared to autonomy and security-insecurity which made a positive contribution towards suicidal ideation among adolescents. In demographic variables, family size and presence of male and female sibling were having a significant and positive relationship with mental health whereas family income was having a significant and negative relationship with the dimension of mental health among adolescents.

Keywords: Mental Health, Suicidal Ideation, Adolescents

Signature of Major Advisor

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ਸਾਰ-ਅੰਸ਼

ਇਹ ਅਧਿਐਨ ਪੇਂਡੂ ਅਤੇ ਸ਼ਹਿਰੀ ਨੌਜਵਾਨਾਂ ਦੀ ਮਾਨਸਿਕ ਸਿਹਤ ਅਤੇ ਆਤਮ ਹੱਤਿਆ ਸੰਬੰਧੀ ਵਿਚਾਰਧਾਰਾ ਦਾ ਮੁਲਾਂਕਣ ਕਰਨ ਲਈ ਕੀਤਾ ਗਿਆ। ਅਧਿਐਨ 16-18 ਸਾਲ ਦੇ 240 ਨੌਜਵਾਨਾਂ (120 ਪੇਂਡੂ ਅਤੇ 120 ਸ਼ਹਿਰੀ) ਉੱਪਰ ਕੀਤਾ ਗਿਆ। ਸੈਂਪਲ ਨੂੰ ਲੁਧਿਆਣਾ ਜ਼ਿਲ੍ਹੇ ਦੇ ਪੇਂਡੂ ਅਤੇ ਸ਼ਹਿਰੀ ਸੀਨੀਅਰ ਸੈਕੰਡਰੀ ਸਕੂਲਾਂ ਵਿੱਚੋਂ ਲਿਆ ਗਿਆ। ਨੌਜਵਾਨਾਂ ਬਾਰੇ ਆਮ ਜਾਣਕਾਰੀ ਸਵੈ ਨਿਰਮਿਤ ਜਾਣਕਾਰੀ ਸ਼ੀਟ ਬਣਾ ਕੇ ਲਈ ਗਈ। ਸਿੰਘ ਅਤੇ ਸੇਨਗੁਪਤਾ ਦੁਆਰਾ ਤਿਆਰ ਮਾਨਸਿਕ ਸਿਹਤ ਦੇ ਮਾਪ ਅਤੇ ਸਿਸੋਦੀਆ ਅਤੇ ਭਟਨਾਗਰ ਦੁਆਰਾ ਬਣਾਏ ਆਤਮ ਹੱਤਿਆ ਸੰਬੰਧੀ ਵਿਚਾਰਧਾਰਾ ਸਕੇਲ ਨੂੰ ਨੌਜਵਾਨਾਂ ਦੀ ਮਾਨਸਿਕ ਸਿਹਤ ਅਤੇ ਆਤਮ ਹੱਤਿਆ ਬਾਰੇ ਵਿਚਾਰ ਜਾਨਣ ਲਈ ਵਰਤਿਆ ਗਿਆ। ਨਤੀਜੇ ਦੁਆਰਾ ਮਾਨਸਿਕ ਸਿਹਤ ਵਿੱਚ ਅਰਥਪੂਰਨ ਫਰਕ ਪਾਇਆ ਗਿਆ। ਜ਼ਿਆਦਾਤਰ ਮਾਨਸਿਕ ਸਿਹਤ ਦੇ ਵਿਭਿੰਨ ਮਾਪਾਂ ਵਿੱਚ ਕੁੜੀਆਂ ਦੇ ਮੁਕਾਬਲੇ ਮੁੰਡਿਆਂ ਦੇ ਸਕੋਰ ਬਿਹਤਰ ਰਹੇ। ਪੇਂਡੂ ਮੁੰਡੇ-ਕੁੜੀਆਂ ਵਿੱਚ ਲਿੰਗ ਅਧਾਰਿਤ ਫਰਕ ਪਾਇਆ ਗਿਆ। ਆਤਮ-ਹੱਤਿਆ ਵਿਚਾਰਧਾਰਾ ਵਿੱਚ ਪੇਂਡੂ ਮੁੰਡਿਆਂ ਅਤੇ ਕੁੜੀਆਂ ਵਿੱਚ ਅਰਥਪੂਰਨ ਫਰਕ ਪਾਇਆ ਗਿਆ ਜਦੋਂਕਿ ਸ਼ਹਿਰੀ ਮੁੰਡਿਆਂ ਅਤੇ ਕੁੜੀਆਂ ਵਿੱਚ ਫਰਕ ਅਰਥਪੂਰਨ ਨਹੀਂ ਸੀ। ਪੇਂਡੂ ਅਤੇ ਸ਼ਹਿਰੀ ਨੌਜਵਾਨਾਂ ਵਿੱਚ ਸਥਾਨ ਦਾ ਫਰਕ ਅਰਥਪੂਰਨ ਸੀ। ਭਾਵਾਤਮਕ ਸਥਿਰਤਾ, ਸਮੁੱਚੀ ਵਿਵਸਥਾ, ਸਵੈ ਸੰਕਲਪ, ਬੁੱਧੀ ਅਤੇ ਸਮੁੱਚੀ ਮਾਨਸਿਕ ਸਿਹਤ ਦਾ ਆਤਮ ਹੱਤਿਆ ਦੀ ਵਿਚਾਰਧਾਰਾ ਨਾਲ ਨਕਾਰਾਤਮਕ ਅਤੇ ਅਰਥਪੂਰਨ ਸੰਬੰਧ ਪਾਇਆ ਗਿਆ ਜਦੋਂਕਿ ਖੁਦਮੁਖਤਿਆਰੀ ਅਤੇ ਸੁਰੱਖਿਆ-ਅਸੁਰੱਖਿਆ ਦਾ ਆਤਮ ਹੱਤਿਆ ਸੰਬੰਧੀ ਵਿਚਾਰਧਾਰਾ ਨਾਲ ਨਿਸ਼ਚਿਤ ਅਤੇ ਅਰਥਪੂਰਨ ਸੰਬੰਧ ਪਾਇਆ ਗਿਆ। ਪਰਿਵਾਰਕ ਮੈਂਬਰਾਂ ਅਤੇ ਭੈਣ ਜਾਂ ਭਰਾ ਦੇ ਹੋਣ ਦਾ ਮਾਨਸਿਕ ਸਿਹਤ ਨਾਲ ਅਰਥਪੂਰਨ ਅਤੇ ਸਕਾਰਾਤਮਕ ਸੰਬੰਧ ਸੀ ਜਦੋਂਕਿ ਪਰਿਵਾਰ ਦੀ ਆਮਦਨੀ ਦਾ ਮਾਨਸਿਕ ਸਿਹਤ ਦੇ ਮਾਪ ਨਾਲ ਅਰਥਪੂਰਨ ਅਤੇ ਨਕਾਰਾਤਮਕ ਸੰਬੰਧ ਸੀ ।

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CHAPTER I

INTRODUCTION

The notion of mental health is as ancient as human beings. Mental health plays a vital role in the life of every human being. This term mainly comprises of two words "Mental" and "Health". Health refers to a state of being free from any illness. Mental health include perceptions, behaviours and emotions that influence an individual's inclusive level of his own usefulness, contentment, achievement, and calibre to function as a human being (Choudhary 2006). According to Bhatia (1982) mental health is the capability to stabilize aspirations, determination and emotions in an individual's existence. It may also be comprehended as behavioural distinctiveness of an individual. A mentally healthy individual exhibits a homogeneous organization of desirable characteristics like fundamental values, virtuous self-concept and technical observation of the humankind as a totality. Other definitions also involve rational, affectional and psychic growth, affirmative self-perception, thoughts of self-importance and physical health, and intrapersonal harmony (Bhugra *et al* 2013).

Before the second half of 20th century, the mental health was described as lack of psychological ailments or mental disorder but now it specifies the psychological well being of an individual apart from only the absence of any mental illness. Mental Health is increasingly seen as important as Physical Health and thus needs to be addressed as a vital constituent of improving overall health and welfare of an individual (Purushothaman & Nagle 2012). Good mental health is said to be allied with good self-esteem that an individual hold of himself/herself. Higher self-esteem helps the individual to be more capable of dealing with life stressors (Sherina *et al* 2008). According to World Health Organization (WHO 2007) "Mental health is a state of absolute physical, mental and social welfare of an individual and not merely the absence of a disease. The Mental Health concept comprises of subjective well-being, perceived self-efficacy, sovereignty and self-actualization of an individual's emotional and cognitive capability among others".

A psychologically fit individual is one who is liberal of psychiatric illness, has a overall feeling of comfort, performs at or close to his complete natal ability, is capable of interacting with his environment and has fine potency. Mental Health relies upon the prevailing situations that connect to changes that takes position in the environment. Along with dealing the adjustment difficulties at every phase of life, mental health also assists an individual to regulate his ways of thinking, feeling, behaving and attitudes in relation with his environment and the recent developments.

Mental Health includes human being's capability to create constructive self-assessment to apprehend authenticity, to incorporate individuality, self-sufficiency, group-oriented attitudes and environmental proficiency (Jagdish & Srivastava 1983). According to

Gill and Kaur (2005) mental health is a mutual product of five kinds of health- physical, social, spiritual, moral and emotional measured as an imperative feature of whole well-being of individual as it is both cause and effect of further kinds of health.

Adolescence is examined as the imperative transitional span of life, as adolescents confront a vigorous chaos because of the biological, cognitive and social changes taking place in this span. Moreover, adolescence is a stage of intense risks with high rates of misery, suicides, drug, alcohol addiction and antisocial conduct. Expectations of parents and teachers, home environment, academic stress, interpersonal problems, worries about the future, and peer pressure are some of the stressors faced by adolescents. It is also considered as a critical phase for emerging and sustaining societal and affectional practices crucial for psychological health. It includes accepting healthy sleep patterns; doing frequent workout; emerging handling, trouble-solving, and interpersonal abilities; and discovering ways to cope with affections. Helpful in the family, at school, and in the extensive society are also vital (WHO 2018). Adolescents could pass through this transitional span with contentment, positivity, success and assurance without distress and uncertainty, but it could only be possible in one context i.e. with healthy mental health (Choudhary 2006). From the past few decades adolescent's mental and emotional health has become a great matter of concern for counsellors, psychologists, and health professionals. Similar to adults, children and adolescents can too have problems related to their mental health which can affect the way they think, act and feel. These problems can further cause academic failures, drug abuse, family conflicts and suicidal tendencies. The more risk factors youngsters are subjected to, the greater the ability of influence on their psychological well-being. Aspects that may add up to anxiety through adolescence involves a longing for considerable self-sufficiency, stress to match up with fellows, examination of sexual character, and extended approach to and utilization of technology. Brutality (including bullying and insensitive parenting) and financial troubles are also acknowledged threats to psychological well-being (WHO 2018). Studies show that at least one in five adolescents go through prolonged stage of emotional turmoil and experience anxiety, stress, and may also show suicidal behaviour (Kaur & Kumar 2008). The majority of mental disorders first happen between the age group of 15-24 (Kessler *et al* 2005). Mental health difficulties in youthful adulthood are related with substance use, and poorer academics, jobs and other social outcomes later in life (Eisenberg *et al* 2007).

As per Rodgers *et al* (2017) girls report higher levels of suicidal ideation, marginal personality ailments and depression as compared to boys, whereas boys report higher levels of substance use as compared to their counterparts. Constructive parenting conduct save the adolescents from subsequent drug abuse and disruptive behaviour (Cleveland *et al* 2005). Healthy parent-children bond is vital for adolescent's mental well-being and expanded communication gap spoil their psychological health. Large families are less competent to

cater the physical and emotional commands of adolescents. Arguments among parents or negative atmosphere of the house threatens the thoughts of security and affectional stability of the adolescents. Kapphan (2006) also highlights the significance of mental health required for normal development of adolescents.

As globalization and urbanization is rapidly increasing, the empowerment of adolescents is very important in today's context. The current situation of adolescent's stress is extensive. There is an emerging evidence of rapidly increasing psychological problems in adolescents especially suicidal behaviour and suicides. In India suicide death rates are highest among the world. Increasing attention has been given globally to the prevention of mental illness. In India, there is no distinct comprehensive policy to deal with child mental health issues. In October 2012 National Survey Data from the centers of Disease Control and Prevention (CDC) accounts that approximately 14% of high school students actually contemplate suicide each year, 11% have suicide plan and 6% attempt suicide and received mental health services in the year prior to their attempt.

Suicide is a factual, worldwide and usually happening social event. Instances of suicide are accessible from every society and of every era of time, right from the prehistoric era to the recent era. Suicide is a process of terminating of one's own life by own decision. Scientifically, suicide is a psychological issue. When reason behind it is scrutinized, we realized that it was not so serious to kill oneself. In case of psychology, suicide is a temperamental disorder. It is becoming threat to human beings, according to World Health Organization (WHO 2007). The most common method of ending one's own life among teenagers is usually ingestion or overdose, accompanied by suffocation/ hanging and the use of a sharp thing (Cloutier *et al* 2010). Suicide ranks among the first ten causes of death. In today's world, the word SUICIDE is very common. Suicide is the third leading cause of adolescent mortality. Almost everyday we hear one or two incidents of suicide through media. Throughout the world, nearly 2000 people take their own lives themselves, daily. It is about 80 per hour, three quarters of a million in a year (Sisodia & Bhatnagar 2017).

Suicidal Ideation, also known as Suicidal thoughts is having thoughts about suicide or unusual preoccupying oneself with suicide. Suicidal behaviour among adolescence is not only related with vital despair, but also with a variety of distinct psychological health issues as well as physical health problems. Moreover, most teenagers who thinks about suicide do not acquire specialized mental health care (National Institute of Mental Health 2012). Suicidal ideation can be defined operationally as the deep rooted tendency in which the individual tends to harm oneself and is not willing to continue his/her life. Suicidal Tendencies/ Suicidal Behaviours/ Suicidal Ideation represents a scale ranging from suicidal thoughts to suicide plan to suicide attempt to complete suicide. Non-Fatal Suicidal Behaviour (NFSB) include all these behaviours except complete suicide. Across different age groups, the presence of NFSB

has been found out to be alarmingly high among adolescents (Sidhartha & Jena 2006). Gender plays an imperative character in the study of suicide and suicidal ideation among children, adolescents and young adults as more women try to commit suicide and deliberately self-harm themselves. Nonlethal suicide is very common in females according to World Health Organization (2014). It is self-devastating belief of scheduling to terminate one's own existence and is the most persuasive forecaster of suicidal attempts and suicide (Nock *et al* 2009). It is a threat for consecutive suicide attempt or complete suicide. Impulsivity is considered as one of the most recurrent risk factors for indulging in maladaptive behaviours, such as self-injury (Anestis *et al* 2007). According to Plattner *et al* (2007) in traumatic circumstances emotionally dysregulated adolescents feel a heavy flow of depressing emotions (i.e fear, anger, sadness) in a manner that causes them to react in negative or over violent way which can harm them. The suffering of being physically and emotionally ill-treated by a parent or a relative has considerable outcome on an adolescent's developmental course and also influence individual's suicidal behaviour both directly and indirectly (Park 2010). The encounter of school brutality by classmates also results into adolescent suicide (Zwierzynska *et al* 2013). It was also found that young adolescents who are bullied or bullies themselves are more likely to score higher in measures of suicidal ideation (Turner *et al* 2012).

One of the common risk factor for suicidal thoughts is anxiety because anxiety may cause warning signs of depression and could also result into suicidal thoughts (Davidson *et al* 2011). According to Kanwar *et al* (2013) the adolescents with anxiety were more likely to have suicidal thoughts, attempted suicide, and completed suicide in comparison to those without anxiety. Adolescents with lower socio economic status displayed higher levels of suicidal ideation than adolescents with higher social economic status (Kwok & Shek 2008). Thus the socio demographic status was found to be associated with suicidal ideation.

Another major factor of thinking about suicide involves hopelessness where the person feels that circumstances will never improve, there is no single solution left to the problem, loss of motivation and they feel the suicide is the better option for them than living (Pompoli *et al* 2007). Hong and Jeon (2005) described that the root of suicidal thoughts and attempts in youngsters engages mental unsteadiness which is affected by destructive bonds and interactions with peers, teachers, and parents in an adolescent's surroundings. Adolescents with low self-esteem develop potential to harm themselves because they think that they are not living up to other's expectations (Kaur & Rani 2012). Studies advise that suicidal behaviour runs in families autonomous of psychiatric diagnoses, such as mood disorders (Runeson *et al* 2008).

Throughout the evolutionary stage of adolescence, peer group associations are very crucial. Adolescents who encounter depleted affection and excessive refusal from peers can be susceptible to vital thoughts of suicide. Peer relations may have indirect influence on the

suicidal ideation of youngsters, as a sense of disaffection and low self-esteem can develop from a lack of the sense of belonging to a peer group (Kerr *et al* 2006). According to Whitlock and Knox (2007) people generally preoccupy themselves with the thoughts of suicide to overcome and to hinder the unbearable pain, caused by various stressful life events. This type of stress/ depression can affect students' academic performance such as absence of focus in class and lower grades. Suicidal drive is on the increase among students. Suicides among students are mostly linked with fear of academic failure or under achievement (WHO 2012). Rising defence or protective dynamics such as a feeling of companionship at residence, a healthy and optimistic viewpoint on life, and the elevation of healthy social and personal relations and communication (National Evidence-based Healthcare Collaboration Agency 2012) are significant for inhibiting suicidal ideation and behaviour.

The actual incidence of suicide may be higher than official reports because moral and other stigmas associated with suicide often causes suicides to go unreported (Sisodia & Bhatnagar 2017). As stated by, National Institute of Mental Health (NIMH) The Center for Disease Control and Prevention announced that in 2014, suicide was second major reason of death for young people ages 10-24. Suicidal thoughts or behaviours are more widespread than suicide deaths and are indications of severe misery. Suicidal thoughts and behaviours are not only undamaging offers for attention and should not be overlooked.

In India 49,249 students have killed themselves between 2011 and 2016. Statistics from the National Crime Records Bureau (NCRB) shows that 6,654 students committed suicide in 2012; 8,423 in 2013; 8,068 in 2014; and 8,934 in 2015. According to NCRB data shared by the Ministry of Home Affairs in Parliament, the number spiked to 9,474 in 2016. A cocktail of vast expectation by parents, bullying, not being able to deal with new atmosphere are some factors that pressurize the students over the edge. In 2017, the Ministry of Human Resource Development directed all Indian Institutes of Technology to originate induction programmes to help in comforting students (NCRB Report, 2015). A report entitled 'India: Health of the Nation's States 2017' revealed by the Union Health Ministry reviewed that in 2016 more young people in the age group of 15 to 39 years in the country died because of suicides in comparison to any other reason. The report, developed by the ministry's Department of Health Research in alliance with the Indian Council of Medical Research (ICMR), Public Health Foundation of India and Institute for Health Metrics and Evaluation, disclosed that "self harm, which incorporates suicides and other non-fatal consequences, was one of the prime contributors to the injury load in India." Numerous states and Union territories examined in that report stated that utmost deaths of youths were due to suicides in comparison to other afflictions like TB, AIDS or Cancer in 2016. At the top of the record was Tripura, which registered 25.2% of the entire deaths in the age group of 15 to 39 years in 2016 because of self harm, accompanied by Tamil Nadu (25%), Kerala (24.4%), Karnataka

(22.9%) and West Bengal (20.6%). Amid other states with high suicide rates were Maharashtra (16.2%), Himachal Pradesh (15.4%), Sikkim (14.6%), Meghalaya (14.1%) and UP (13.6%) (Azad 2017).

According to World Health Organization (WHO), depression and other psychological illnesses are the chief reason behind suicidal ideation and suicides. Facts from the National Crime Record Bureau displays that there has been a growth in the cases of suicides in the country. More than 135,000 people committed suicide in 2012 alone- a 22.7 percent increase from 2002 (Narain 2013). It was also observed that social and economic tragedies had led most of the men to commit suicide where as emotional and personal tragedies had driven most of the females to commit suicide (Accidental Deaths and Suicide in India 2012).

Mental health has a significant and positive correlation with suicidal ideation. It can be interpreted that higher the mental illness level among the individuals may leads to higher level of suicidal ideation tendency (Kumar & Joshi 2014). Keeping these things in mind present study entitled “Relationship of mental health with suicidal ideation among rural and urban adolescents” was planned.

Objectives of the study

- i. To study the gender and locale differences in mental health of rural and urban adolescents.
- ii. To determine gender and locale differences in suicidal ideation among rural and urban adolescents.
- iii. To study the relationship between mental health and suicidal ideation among adolescents.

CHAPTER – II

REVIEW OF LITERATURE

The available literature on the topic “Relationship of Mental Health with Suicidal Ideation among Adolescents” have been reviewed and presented under following headings:

2.1 Studies related to Mental Health

2.2 Studies related to Suicidal Ideation

2.3 Studies related to Mental Health and Suicidal Ideation

2.1 Studies related to Mental Health

Nanda (2000) examined the mental health of adolescents and the results revealed that female students had better psychological well-being in comparison to male students. He also concluded that factors like improved educational background, effective psycho social surroundings, parental desires and healthy parent child relationship in the family plays a vital role in sound mental health. In another study Nanda (2000) investigated the mental health of adolescents of Scheduled Caste (SC), Scheduled Tribe (ST), First Generation Learners (FGL), and general category students and found that general category adolescents had better mental health in comparison to SC and ST adolescents in urban and rural school. On the other hand, SC and general category of students in Ashram schools had same mental health whereas general category students had better mental health than FGL group. It was also discovered that girls had better mental health as compared to boys.

A research entitled “Importance of teacher’s mental health in promoting mental health of their pupil” was done by Khan (2003). The results revealed that mentally healthy teachers enhance the mental health of pupil which further leads to healthy society. Kasinath (2003) inspected the interactive cause of psychological well-being, school adjustment and socio-economic status on educational accomplishments of adolescents and concluded that adolescents with healthy psychological well-being performed better in all the subjects.

Mathur and Pareek (2003) investigated a study on adolescent’s problem behaviour. This study attempted to explore various family risk factors causing problem behaviour in adolescents. The sample consisted of 200 adolescents referred by teachers and their parents were the main respondents. Regression analysis of data suggested that family pathology followed by ineffective parenting and family interaction patterns were the major contributors of problem behaviour among adolescents.

Tickoo (2004) conducted a research entitled “Relationship between sense of deprivation and mental health among adolescents”. The sample size of this study consists of 600 boys studying in matric in senior secondary schools of Jammu city. It was concluded that sense of deprivation deteriorates mental health of school students. As sense of deprivation increases, mental health decreases.

A study with the aim to examine the links between single mother's employment and mental health of adolescents was conducted by Kalil and Guest (2005). The results showed that adolescents whose mothers were in unproductive occupation or lost their post without regaining employment showed decline in self esteem, emotional stability tend to repeat grades or may become school dropouts.

Sanwal *et al* (2006) studied the mental health of students with precise indication to "Integration of personality". It was inferred that female students were psychologically healthier than male students as they had more tolerance, emotional stability, patience and were more well-adjusted than boys.

Sex difference in adolescents' mental stress was assessed by Kaur and Kumar (2008). This study emphasized on assessing the mental strain level of boys and girls college going students of distinct colleges of Jaipur. The sample consists of 269 undergraduate students from different colleges. Results demonstrated that psychological strain level of college going girls was much higher than the stress level of boys. Kang and Chawla (2009) conducted a study to investigate the mental health of rural adolescents. 100 rural adolescents i.e. 50 boys and 50 girls from middle socio-economic families aged between 18-20 year were selected as a sample of the study. Results revealed that girls were on the improved side of the mental health as compared to boys who were found to be more lonely, uneasy, restless and angry. On the other hand, significant differences were found in somatic health status where males were having better somatic health as compared to the females, indicating that they suffer less from somatic problems such as acidity, fatigue, headache, sleeplessness etc. as compared to their counterparts.

Effect of family on mental health and anxiety of adolescents was assessed by Dixit and Sharma (2011). This study was conducted to see the comparative effect of favourable and unfavourable family climate on mental health and anxiety on 106 students of different senior secondary schools belonging to different socio economic strata of society. Findings illustrate that there was significant difference in the scores of mental health and anxiety between students with favorable family climate and unfavorable family climate. The favorable family climate leads to good autonomy, overall adjustment, emotional stability, good self concept, security, sound mental health and decrease in anxiety levels.

Kumari *et al* (2012) studied to see the mental health status and adjustment problems of adolescents. A sample size of 100 adolescents residing in Darbhanga, Bihar were selected. They revealed that boys had greater emotional stability, adjustments and better mental health as compared to girls.

Gill *et al* (2014) investigated the optimistic and pessimistic attitude in relation to mental health of adolescents from Patiala city. Results clearly exposed that there was no significant difference in optimistic and pessimistic attitude of boys and girls. It was also

concluded that there was no significant difference in mental health of boys and girls.

Kumari (2014) conducted a research to examine the influence of acceptance versus avoidance on the mental health of both male and female adolescents. The sample comprised of 40 boys and 40 girls of intermediate college of Uttar Pradesh. Findings revealed that accepted adolescents had greater overall adjustment, emotional stability autonomy and self concept than avoided adolescents and gender positively affected few indices of mental health. It was also found that the interaction effect of acceptance versus avoidance and gender was notable on self concept-a component of mental health.

Narain and Singh (2014) investigated the mental health of police personnels as their well being is not restricted to them but also to the well being of the society as a whole. The sample comprised of 90 police personnels from eight police stations of Patna. The results revealed that 26.6 per cent of the personnels showed poor mental health while 40% fared average and 33.3 per cent exhibited good mental health.

Kaur (2015) investigated the mental health of adolescents in relation to their thinking style. The sample consisted of 150 government students of Punjab, belonging to both rural and urban areas. Results showed that male and female adolescents had significant difference in their mental health. Male adolescents had improved mental health as compared to females. On the other hand, urban and rural adolescents had significant difference in their mental health. Urban adolescents had better mental health as compared to the rural adolescents. There was negatively significant association of mental health of adolescents with following different thinking styles which are progressive thinking style, monarchic thinking style, hierarchy thinking style, oligarchic thinking style and legislative thinking style. Kumar *et al* (2017) studied mental health issues among call center executives and concluded that high number of call center executives were found to suffer from moderate to severe level of mental health issues like depression and anxiety. The study highlighted the need for precautionary interventions for the group of such employees. Raju *et al* (2017) studied mental health among medical and para medical professionals and observed significant differences across gender and nature of job. It was found that group orientedness dimension of mental health was found to be greater in para medical professionals than medical professionals where as medical professionals scored better in environment mastery as compared to para medical staff. Integration of personality and autonomy were found to be greater in females than in males.

2.2 Studies related to Suicidal Ideation

Suicide- Living on the Edge: A Content Analysis of Suicide was conducted by Banu and Krishna (2001). The study exposed that majority of the suicide victims were males (32%), young adults (30%), married (45%), belonged to nuclear families (43%). The significant

reasons leading to suicide were economic factors (47%), poverty (30%), unemployment (17%), misunderstandings between husband and wife (14%), dowry related harassment (10%). A research entitled “Suicidal behaviours in adolescents” was conducted by Sidhartha and Jena (2006). The sample size was 1205 adolescents in the age group of 12-19 years of Delhi. It was concluded that there was extreme existence of suicidal ideation, suicide attempt, death wish and deliberate self-harm in adolescents. According to NFSB, feeling neglected by parents, physical abuse by parents, history of suicide by friend, history of running away from school, deliberate self-harm and death wish were reported as crucial risk factors. Sharma *et al* (2008) investigated suicidal behaviour amongst adolescent students in Delhi. The sample size for this study was 550 students age ranging from 14 to 19 years. It was concluded that about 15.8 percent reported having thoughts of attempting suicide, while 5.1 percent had actually attempted suicide, both being more in females as compared to males.

Zhang *et al* (2009) in their study observed that suicidal ideation was significantly associated with female gender, poor physical health, lower income and family history of suicidal behaviour. MacDonald *et al* (2009) examined the association between suicide behaviours, measured at age eleven and two mental health outcomes assessed nine years later. Results indicated suicidal ideation and attempts are significant predictors of later mental health problems.

In the context of military one study has emphasized on psychosocial features linked to suicide ideation in 1329 young soldiers from the infantry forces in different regions. The outcomes revealed that psychological factors, negative family background, environmental and task related problems were significantly linked with suicidal ideation (Anisi *et al* 2012). Solanki (2012) examined association of life stress, depression and personality with suicidal ideation among 250 college students drawn from various colleges of Rajkot. Results revealed that suicidal ideation was positively associated with depression, stressful life events and two dimensions of personality i.e. extraversion and psychoticism. Iqbal *et al* (2012) examined depression, stress and suicidal ideation among Burmese refugees in Delhi. Results showed that males scored significantly higher than females on depression, stress and suicidal ideation.

A research entitled “Parental acceptance and rejection in association to suicide ideation among adolescents was conducted by Kumar *et al* (2013). 180 adolescents i.e. 112 males and 78 females of age ranging between 18-21 years were randomly chosen from Chandigarh city. Results revealed that parental acceptance is possibly to persuade a child to feel appreciated or accepted, whereas rejection can lead to violent and hostile behaviour which are very much accountable for behavioural damages. Singh (2013) conducted study of personal and family environment correlates of suicide ideation among youth and found that suicide ideation was positively associated with aggression, hopelessness and conflict measure of family environment and negatively associated with some measures of family environment

Khan *et al* (2014) conducted study on effect of mental factors on suicidal ideation among Malaysian and Indian adolescents. The sample consisted of 204 Malaysian adolescents i.e. 63 males and 141 females and 200 Indian adolescents i.e. 100 males and 100 females aged between 15 to 21 years. Findings revealed that significant difference existed between Malaysian and Indian samples on hopelessness, negative effects, suicide ideation, depression and academic stress. Indian students were significantly higher on negative affects, depression, hopelessness and suicidal ideation whereas Malaysian students were higher on academic stress and hopelessness. Kumar and Joshi (2014) examined the role of mental health, and depression in suicidal ideation among married professionals and revealed that the relationship between mental health and suicidal ideation was found to be positive and significant. It indicated that professionals with high mental health illness have high levels of suicidal ideation. Positive significant relationship was found between depression and suicidal ideation. Khan *et al* (2014) conducted study on depression, hopelessness, anxiety, cognitive rigidity, affective dysregulation and family environment as predictors of suicide ideation among male adolescents and results of the stepwise regression analysis demonstrated that the linear combination of organization, moral- religious emphasis and depression is the significant model to predict suicide ideation among male adolescents. Endo *et al* (2014) identified in their study that social support and suicidal ideation have a strong relationship between them. They found that individuals in the group that had suicidal ideation during their lives reported receiving notably less care from their family and had greater emotions of dissatisfaction with that care than those in other groups. Singh (2014) examined suicidal ideation in relation to depression and social support among college students and found that suicide ideation was positively linked with depression and negatively linked with social support.

Tan *et al* (2017) examined the capable role of attitudes towards suicide between mental health status and suicidal ideation among sample of 6568 Chinese children and adolescents. Results revealed that mental health status was positively linked with suicidal ideation. Approximately 35.38 per cent of children and adolescents reported to have suicidal ideation. Notably, students who encounter poor mental health status might be more likely to have favorable attitude towards suicide which elevated greater suicidal ideation. Lee and Ham (2018) conducted a cross sectional study on behavioural and psychosocial factors associated with suicidal ideation among sample of 860 adolescents. It involved beck depression inventory and the adolescents mental health and problem behaviour questionnaire. Sixteen percent of the adolescents reported suicidal ideation. Various factors like sleep deprivation, online game addiction, family problems and peer pressure were found to be linked with suicidal ideation. Joffe *et al* (2014) studied suicidal Ideation and behaviour in adolescents aged 12-16 years and revealed that approximately 13.3 per cent of the adolescents reported suicidal behaviour.

Miranda *et al* (2011) examined Cognitive inflexibility: Prospective predictor of suicidal ideation among 45 young adults with suicidal ideation among young adults with a suicide attempt history. It included a diagnostic interview, Wisconsin Card Sorting Test (WCST) and self report measures of hopelessness, depressive symptoms, and suicidal ideation. The results concluded that cognitive inflexibility enhances susceptibility to suicidal ideation over time among individuals with a former suicide attempt history. Rissanen *et al* (2014) conducted a study on use of antidepressant medicines and suicidal ideation. The purpose was to study the relation between use of antidepressant medication and suicidal ideation in various diagnostic group. The results explained that person who reported insomnia and used antidepressants had suicidal ideation more generally than those who were not using antidepressants medications.

Wu and Yaacob (2017) examined self worth as a mediator of the association between parental closeness and suicidal ideation among 684 school going Malaysian adolescents. The findings implied that father closeness, mother closeness and self efficacy had considerable negative correlation with suicidal ideation. Self worth also fully mediated the association between father closeness and suicidal ideation.

The study entitled 'Suicidal ideation in adolescents: A structural equation modeling approach' was conducted by Choi *et al* (2015) to try out model that is associated with adolescent's encounter of violence and peer support to their happiness and suicidal behaviour. The encounter of brutality had a notable negative straight effect and peer support had a notable positive straight effect on their happiness whereas the encounter of violence had a notable positive emphasis and happiness had a significant negative effect on suicidal ideation. Lee and Choi (2015) studied relationship of school, family, and psychological health features with suicidal ideation among 72,435 Korean adolescents of age group 13-18 years. The results concluded that both suicidal ideation and suicidal behaviour were more familiar in girls as compared to boys. It was most common in 11th grade for boys and 8th grade for girls. It was also observed that, suicidal ideation was expected by high stress, low socio-economic status, substance use, smoking, inadequate sleep and alcohol use.

McGlinchey *et al* (2017) investigated the function of sleep disturbance in suicidal and non-suicidal self-injurious behaviour among adolescents. According to the results, approximately two third of the adolescents complain about severe sleep problems and these adolescents were more engaged in non-suicidal self-injury. Middle insomniac were engaged in suicidal attempts whereas terminal insomniac were associated with suicidal ideation. Hedeland *et al* (2016) examined the association between suicidal adolescents and their parents, siblings and friends and concluded that there was important association between these emotions of not being heard, dissociated connection with peers and siblings. Almost two third (62.5%) of the adolescents who struggle to talk to their parents about their troubles go

unheard, and there was a notable association between these emotions and the time span of suicidal ideation.

Relationship of being bullied in school with suicidal ideation and planning among rural middle school students was studied by Bhatta *et al* (2014). The sample size consisted of 1082 adolescents of middle school in Ohio and approximately, a total of 468 participants (43.1%) told about being bullied in school, and 22.3% and 13.2% of the adolescents reported suicidal ideation and planning. A research entitled Psychosocial–Environmental Hazardous Factors for Suicide Attempts in Korean Adolescents with Suicidal Ideation was conducted by Kim *et al* (2015) on 73,238 Korean adolescents of age group 12-19 years. Boys who consume alcohol, drugs and who had high level of hopelessness, sadness manifested presence of suicidal attempts with suicidal ideation. On the other side, girls who had low academic achievements, high level of stress, unhealthy coping strategies and poor health status showed the presence of suicidal attempts.

Csorba *et al* (2010) examined the difference between suicidal and non- suicidal Hungarian adolescent outpatients who were suffering from Depression and concluded that as compared to persons who only think about suicidal ideas, patients who are suffering from depression and have a history of suicide attempts to manifest higher Novelty Seeking. Dutta and Das Gupta(2014) studied demographic factors associated with suicidal ideation among college students in Kolkata, India. The results inferred suicidal ideation among 12.88 per cent of the studied sample and the possible predictors of suicidal ideation among these college students were drinking, smoking, history of suicides in family or in peer group and unhealthy family relationships. Tiwari and Asthana (2016) conducted research on suicidal ideation and domestic violence among women. The sample consisted of 300 married women of rural and urban areas of Varanasi city aged 22 to 55 years. The results declared that women who has past histories of attempting suicides are notably more likely to report high levels of domestic violence.

A study was conducted on the association between suicidal ideation (SI) and life stress, the depressed mood and parenting styles in 5328 children from 65 elementary schools in Taiwan by Huang *et al* (2017). The results concluded that the level of suicidal ideation was more in female students as compared to male students, regardless of grade level. In all grade levels the female students perceived their parents' parenting style 'Indulgent' whereas male students perceived it as "Neglecting and Authoritarian". The results also exposed that female students were more enrolled in depressed moods as compared to male students. Chan *et al* (2008) investigated prevalence of violence between couples and suicidal ideation among male and female university students worldwide. Approximately 16000 university students from 22 sites in 21 countries were enrolled through convenient sampling. The results revealed that male and female students were almost on similar proportion in case of assaulting a partner or

being a victim of any kind of violence. The correlation in the study exposed that both assaulters and the victims of physical violence reported increased level of suicidal ideation.

A study entitled 'From where adolescents learn about suicides on the Internet, and what effect does this have on suicidal ideation' was investigated by Dunlop *et al* (2011). The sample size consisted of 719 young people of the age group 14 to 24 years. The results revealed that most of the information came through traditional sources (79% from family, peers and newspapers) and from online sources (59%). Some online discussion forums were reported as sources and having association with increase in ideation. Lotrakul (2006) investigated suicide in Thailand during the period 1998-2003. Results concluded that in comparison to female adolescents, male adolescents are more prone to suicidal ideation and attempts due to several factors like unemployment, social expectations, weaker coping techniques in this modern era. Male suicide show more variation for those who are of age 25-29 years as compared to female suicide.

A study with the aim to examine psychological interpersonal needs and suicidal ideation among college students was conducted by Gautam (2016) on 350 students from NCR located colleges. The results showed that social support is negatively associated with suicidal ideation. In addition it was also revealed that social support was negatively associated with burdensomeness and thwarted belongingness. Wilcox *et al* (2010) studied violent crime, psychiatric morbidity and suicide among children and adolescents exposed to parental death. The results exposed that moving from youth into adulthood make the adolescents more prone to high risk of suicide because they encounter stressful incidents like moving away from home and family, pressure of going to college and they are also more vulnerable to risk factors like alcohol, drug use etc. Samaraweera *et al* (2010) conducted a study on prevalence of suicidal ideation in Sri Lanka crisis and found out that most of the suicidal ideators were young, physically sick and had higher degree of hopelessness and helplessness. A study entitled Suicidal ideation, depression and self esteem among adolescents was conducted by Sharma and Agarwal (2010). Results revealed that there was a significant positive correlation between suicidal ideation and depression and significant negative correlation between suicidal ideation and self esteem among adolescents.

Sharma *et al* (2012) investigated role of depression, hopelessness and psychoticism in suicide ideation among adolescents. The sample size was 500 adolescents i.e. 250 males and 250 females. It was found that male adolescents were significantly lower on depression, hopelessness and psychoticism whereas female adolescents were significantly higher on hopelessness, depression and psychoticism.

A research on recent victimization exposure and suicidal ideation in adolescents was conducted by Turner *et al* (2012). The results suggested that mood disorders which guided suicide ideation, are linked with early childhood victimization involving parenting style and

household tragedies. It accompanies provocation for suicide due to depressed mood and prevalent anxiety among adolescents. Fayaz (2019) studied suicidal ideation and irritability among adolescents. The sample consisted of 50 adolescent boys and 50 adolescent girls from different areas of Kashmir. The results showed that there was correlation between irritability and suicidal ideation. It was also observed that irritation had positive correlation with two aspects of suicidal ideation i.e. attraction to life and attraction to death and boys and girls do not differ significantly on irritability.

2.3 Studies related to Mental Health and Suicidal Ideation

Arun and Chavan (2009) investigated stress and suicidal ideas in 2402 adolescent students of classes VII to XII in Chandigarh. It was observed that significant correlation was there between students' perceiving their life as burden and the grade in which they were studying, problems they experience in their family, with peers, psychological problems, their mother's working status, and future planning. Among 2402 students, 1078 had psychological issues, 1201 students facing problems in their role as students, 930 students revealed academic decline, 180 students perceived life as a burden, 122 students reported about having suicidal thoughts and 8 students actually attempted suicide once.

A study on student stress and suicidal ideation was conducted by Shaheen and Jahan (2017). The sample comprised of 200 adolescent students (100 males and 100 females) of age group 13-21 years from Aligarh Muslim University, Aligarh. The results revealed that there was significant positive correlation between student's stress and suicidal ideation and it was also observed that there was significant negative correlation between the social support from peers, family and suicidal ideation. Borowsky *et al* (2013) investigated suicidal thinking and behaviour among youth involved in verbal and social bullying. Among 130,908 students 6.1 per cent students reported frequent perpetration, 9.6 per cent reported victimization and 3.1 per cent reported both. Suicidal ideation and attempt was reported by 22 per cent of perpetrators, 29 per cent of them who reported victimization and 38 per cent who were victims of bullying.

Sankar *et al* (2017) conducted a study on mental health among adolescents in Tamil Nadu and revealed that the adolescents of age group 13-15 years have significantly higher mental health level as compared to 16-19 years and it was also observed that overall male adolescents have significantly higher mental health level as compared to female adolescents. Ranasinghe *et al* (2016) investigated hygiene and mental health among middle school students in India and 11 other countries. The sample size was consisted of 7904 middle school students of age 13-15 years old. The findings revealed that boys and girls who described symptoms of depression had probability of miserable oral hygiene, for instance washing hands rarely or never brushing their teeth. Jayanthi *et al* (2015) examined academic stress and depression among 1120 adolescents at higher secondary schools in Tamil Nadu. It was

revealed that adolescents who go through academic stress were at 2.4 times higher risk of depression as compared to those adolescents who did not have academic stress. Ghosh (2016) investigated parental deprivation and adolescents mental health among 80 adolescents from Ranchi, out of which 40 were parentally deprived and rest were non parentally deprived. The age group varied from 14 to 16 years. The findings revealed that there was an important association between parental deprivation and mental health. It was also revealed that adolescents who were non deprived had better psychological health as compared to those who were parentally deprived.

Locus of control and mental health of 180 students was assessed by Krishnakar *et al* (2016). The findings revealed that male students scored higher in better mental health as compared to female students. It was also revealed that there was a significant association between locus of control and mental health of students. Deb *et al* (2015) examined academic-related stress among private secondary school students in India. The results revealed that 63.5 per cent students reported stress because of academic burden and 66 per cent reported stress due to parental pressure to score good grades. Students who were not so good in academics reported high level of stress than those who were good at studies. It was also revealed that students who indulged in extra- curricular activities reported more exam anxiety and stress as compared to those who were not indulged in it. Bhattacharya (2017) studied mental health in relation to peer pressure among 100 professional students of Kolkata, West Bengal. The findings revealed that there is a notable correlation between mental health and peer pressure of professional students. It was also revealed that peer pressure indulges students in anti social activities and misconduct.

Kumar *et al* (2016) investigated depression, anxiety and stress levels among medical students in Mysore. The research was conducted in Mysore Medical College and JSS Medical College, Mysore on total of 332 students in first and final year of MBBS. Most of the students belong to the age group of 17-20 years(64.1%), (64.8%) were studying in the second year and (55%) were females in the total students. Results found that prevalence of depression, anxiety and stress was 37.3 per cent, 50.6 per cent and 32.8 per cent. Majority of the students were having mild depression, stress and anxiety. Banu (2015) examined academic stress among University students and its effect on mental health. The sample consisted of 717 students from three different streams (i.e., Humanities & Social Sciences, Science and Management). The findings revealed that approximately one out of every ten students was suffering from high academic pressure whereas seven out ten students were suffering from moderate academic pressure. It was also found out that female students were more victims of academic stress as compared to male students.

Kaur (2011) studied influence of isolation on mental health among 200 adolescents of Punjab state. Findings revealed that there was a significant relationship between loneliness

and gender of the adolescents. Girls were found to be more prone to loneliness as compared to boys. It was also revealed that loneliness was notably affecting overall adjustment, emotional stability and the total mental health of adolescents. Kaur (2017) examined self-esteem and mental health of adolescents with selfie addiction. The sample consisted of 360 students of class 10th, 11th and 12th of rural and urban schools from Ludhiana region. It was observed that most of the rural and urban adolescents had average self-esteem. Selfie addiction was more associated with diverse aspects of mental health in case of rural adolescents. Gender differences revealed that boys were having high self-esteem as compared to girls. Most of the boys with acute selfie addiction were found to have low mental health. Rural boys' and urban girls' mental health status was notably influencing their selfie addiction.

Princy (2017) studied mental health and coping styles of migrant and non migrant Kashmiri women. 440 women from Jammu and Kashmir district in two age groups of 31-40 and 51-60 were chosen as a study sample. It was revealed that Migrant women of Kashmir scored higher on dimensions of stress, depression, fatigue, anxiety, regression, guilt, somatisation, extraversion, and arousal but low on obsession, phobia and hysteria in comparison to non-migrant women. It was also found out that, non migrant women use coping schemes of rational analysis, acceptance, rejection and sometimes they use avoidance as seeking reward in comparison to migrant women. Boro (2017) investigated stress, optimism, self concept and mental health among 670 Adolescent Students. The findings revealed that perceived stress was inversely proportional to confidence, self esteem, and mental health. It was also revealed that girls experienced higher level of stress as compared to boys.

Singh (2013) examined effect of intact and single parent family on social competence, mental health and loneliness on 400 adolescents from eastern U.P, India. Adolescents were further divided into 200 adolescents from single parent family and 200 from intact family. The results revealed that adolescents who were from single parent family reported higher level of loneliness as compared to adolescents from intact family. It was also observed that the mental health status was significantly higher in intact family adolescents as compared to single parent family adolescents. Saranya (2017) studied relation of perceived parental care and support services with mental health of adolescents. 360 Paniya tribal adolescents, aged 14-18 years were selected from 12 tribal colonies of Kerala. The findings exposed that almost half of the Paniya adolescents (48%) could not share their feelings with their parents. (6%) of the adolescents reported that they don't have proper provisions for their education whereas (1.9%) reported that they are not receiving any adequate health care facilities. It was also revealed that (25%) Paniya adolescents had gone through incidents of sexual abuse. Approximately (20.5%) of Paniya adolescents suffer from high depression while (7.5%) of suffer from high anxiety.

Grover (2017) investigated school bullying and its impact on academic achievement, mental health and social adjustment of high school students. 320 students of classes 9th and 10th were selected as sample from Haryana state. The results revealed that in case of total mental health adjustment 2.3 per cent victims of bullying as well as non victims were found to have high, 76.7 per cent victims and non victims of bullying have average and 20.90 per cent have low level of mental health adjustment. 13.4 per cent of the total adolescents have high social adjustment, 65.6 per cent have average and 20.9 per cent have low level of social adjustment. Social Bullying has notable and negative association with five aspects of Mental Health namely, integration of personality, group oriented attitudes, autonomy, environmental mastery, perception of reality and overall psychological well-being. Sandhyarani (2017) conducted a study on mental health of institutionalized 13 to 18 years old adolescent girls from Karnataka state. The results revealed that the prevalence of emotional problems, depression, anxiety and somatic complaints ranged from 13 to 24.7 per cent. 12 to 27 per cent girls reported aggressive and rule breaking behaviour. It was also found out that older girls reported more emotional as well as mental problems like anxiety, depression, aggression and mal adjustment behaviour.

Deepa (2017) examined academic stress in relation to mental health and decision making styles among 600 high school students. The results reported that students with low level of academic stress reported better mental health. There was negative and notable association between academic stress and emotional maturity as well as decision making processes. Pandey (2017) conducted a study of learning stress adjustment and mental health as correlates of achievement in mathematics and science among viii grade students. The sample size was consisted of 604 adolescents from urban and rural schools of Allahabad district. The findings revealed that as learning stress increases the performance in mathematics as well as science score decreases. It was also observed that overall adjustment, emotional adjustment, social adjustment and educational adjustment all were positively related to mathematical and science score performance.

Mental Health of 10th class students in relation to emotional intelligence and personality was studied by Kaur (2018). Sample was selected from 30 different urban and rural schools of six districts of Punjab comprising 600 students of 10th class. Significant and positive association between mental health and emotional Intelligence for all rural and urban adolescents was found. It was also revealed that there was significant and negative correlation between mental health and personality factor neuroticism among all rural and urban adolescents. Patel (2016) conducted a study of mental health of 4777 higher secondary students of Gujarat state studying in XI and XII standard. Findings revealed that the notable difference existed between mean scores of mental health of higher secondary students interaction and area, gender, grade as well as stream. Girls from 12th grade of urban school

scored higher in mental health as compared to boys of 11th grade from rural school. Girls from rural area scored higher in mental health in comparison to boys of all streams from urban school. It was also found out that students studying in 12th standard reported effective mental health as compared to students studying in 11th standard.

Goel (2011) studied efficacy of school teachers in association to their job satisfaction, personality and mental health. Sample comprised of 300 male and 300 female teachers from 70 government schools were selected and equally divided into rural and urban areas. Significant negative correlation existed between mental health problems and teacher effectiveness and also between mental health problems and job satisfaction. It was also observed that there was positive and significant relationship between mental health and personality dimensions like decisiveness, responsibility, masculinity, friendliness, curiosity, dominance and emotional stability. Zafar (2015) investigated mental health as related to emotional intelligence and self-concept among 400 adolescents studying in 9th and 11th grade selected from Aligarh district of U.P. They were further divided into 100 boys and 100 girls from private schools and 100 boys and 100 girls from government school. Boys studying in 9th grade in government schools reported better mental health than the girls and girls studying in 11th grade in government school reported better emotional intelligence as compared to boys. It was also revealed that girls studying in 9th grade in private school scored higher on self concept than boys.

A study of occupational stress and mental health of degree college teachers in relation to their job satisfaction was conducted by Kumari (2018). The sample consisted of 400 teachers i.e 200 males and 200 females was further divided into private and government colleges from rural and urban areas. Teachers of rural degree college had better job satisfaction as compared to teachers of urban degree college. Teachers of urban degree college scored higher in better mental health in comparison to teachers of rural degree college. It was also observed that there was a positive significant relationship between mental health and job satisfaction of teachers of both urban and rural degree colleges.

Thiripurasundari (2016) investigated mental health and defensive behaviour of higher secondary school teachers and their counseling needs. The sample consisted of 300 school teachers in Madurai district. The results revealed that there was significant difference between mental health of the teachers and their educational qualifications. There was significant relationship between defensive behaviour and the domain of their specialization. It was also observed that negligible association existed between mental health and defensive behaviour of teachers. Gorsy *et al* (2015) conducted a study on psychological well-being among 100 secondary and higher secondary school teachers in the age range of 35 to 50 years from distinct districts of Haryana. The results revealed that male teachers experienced better mental

health as compared to their female counterparts. It was also observed that government school teachers of urban areas scored higher in mental health in comparison to government school teachers of rural areas.

Bartwal (2014) examined the mental health of 400 senior secondary students in relation to their social intelligence from Uttarakhand and Uttar Pradesh. The findings revealed that there was a significant positive correlation between mental health and social intelligence among rural female students and urban male students but there was negative correlation between mental health and social intelligence among rural male students. No significant correlation was found between mental health and social intelligence among urban female students. Srivastava (2014) conducted a study on mental health of children living in protective homes. The sample of the study consisted of 102 children out of which 52 boys and 50 girls were taken from Rajkiya Bal Greh (Balika), Lucknow. The findings revealed that mental health of children living in protective homes was poor due to home sickness and loneliness, lack of awareness of the semantics of various emotions, use of negative passive coping mechanisms, lack of memories of emotionally tuned events, crying frequently and impaired intellectual functioning. It was also observed that crying spells were reported more by girls as compared to boys and self image of children living in protective homes was also found out to be inadequate.

Sebastian (2017) conducted a research on teachers' mental health and its implications for teaching-learning. Twenty teachers were selected from two schools of Mumbai who had teaching experience of 5-6 years. Mental Health Inventory (MHI-38) was used as a tool for study. The results revealed that there was a positive and significant relationship between mental health and their profession among teachers. It was also observed that low anxiety, low loss of emotional control and high life satisfaction was reported by teachers.

The purpose of this review was to view the mental health of the students, suicidal ideation among adolescents and the relationship between both the variables among adolescents. It is clear from the research reviewed that there are several factors that affects mental health and also leads to suicidal ideation. Majority of the studies reviewed showed that boys had better mental health as compared to girls. Adolescents who are mentally healthy perform well in studies. Female gender was found to be associated more with stress, anxiety, depression and suicidal behaviour. Parents play a great role in the mental health of their children. Adolescents who lack in support from their parents are more likely to encounter suicidal ideation in their lives. Suicidal ideation was found to be associated with poorer socio-economic status, high stress, substance use and unstable parent-child relationship. It becomes important to conduct more research studies on this topic to acquire more findings that can help teachers, parents, others dealing with adolescents as well as adolescents to understand

factors contributing towards suicidal ideation. It is also necessary to share close, expressive, warm parent-adolescent and teacher-adolescent relationship for adolescents to have better mental health.

CHAPTER – III

MATERIALS AND METHODS

The current investigation was carried out to evaluate the relationship of mental health with suicidal ideation among rural and urban adolescents. A structured approach was planned for administering the evaluation, analysis and explanation of data. The materials and methods adopted for managing the present research has been discussed under the succeeding sub-headings:

3.1 Location of the study

3.2 Sample Selection

3.3 Research instruments used

3.4 Pretesting of the instruments

3.5 Collection of data

3.6 Statistical analysis of data

3.1 LOCATION OF THE STUDY

The sample for the current study was collected from selected Government Senior Secondary Schools of rural and urban areas of Ludhiana district.

1. Government Senior Secondary School, Lakkar Bazar, Ludhiana
2. Government Senior Secondary School, Mundian Kalan, Ludhiana
3. Government Senior Secondary School, Jandiali, Ludhiana
4. Government Senior Secondary School, Mangli Neechi, Ludhiana

3.2 SELECTION OF THE SAMPLE

Sample

The study was based upon a sample of 240 respondents aged between 16-18 years, studying in 10th, 11th and 12th grades drawn equally from rural schools and urban schools of Ludhiana district. The respondents were equally distributed according to their gender (120 males and 120 females).

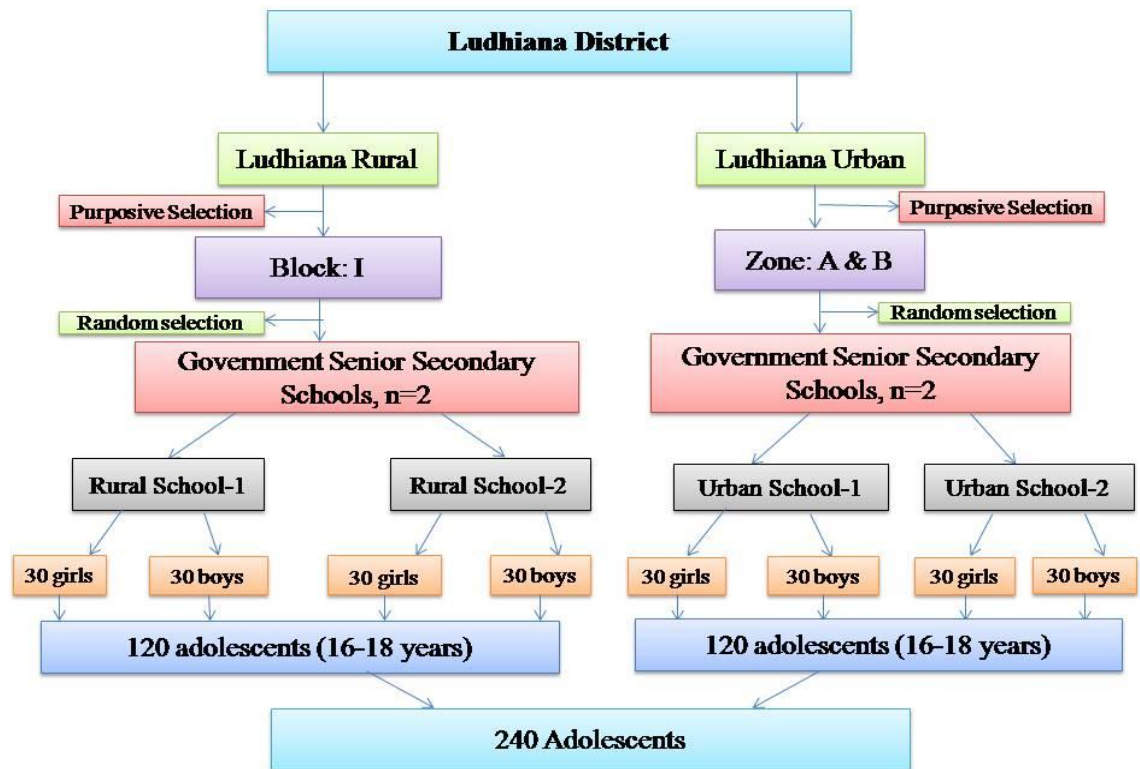
Rural Sample

The rural sample was drawn from randomly selected block i.e. Block-I of Ludhiana district. A record of Government Senior Secondary schools from the selected block was procured from the website of District Education Officer, Ludhiana. From this record, two Government Senior Secondary Schools were purposively selected and requisite sample of 120 rural adolescents, equally distributed over two genders was drawn randomly.

Urban Sample

The urban sample was drawn from randomly selected two Zones i.e. Zone-A and Zone-B of the urban Ludhiana. A record of schools situated in the selected zones was acquired from the internet. From the record, two Government Senior Secondary Schools were

purposively selected and requisite sample of 120 urban adolescents, equally distributed over two genders was drawn randomly.



3.1 RESEARCH INSTRUMENTS

3.1.1 General Information Sheet

For collecting the demographic information of the respondents, a general information sheet was prepared. The sheet comprised of 12 statements regarding the name of the school, name, date of birth, gender, grade, locale, parents' education and occupation, family size, number of siblings and monthly income. The respondents were asked to fill the information correctly. The statement regarding the name of the respondents was kept optional.

3.1.2 Mental Health Battery

The Mental Health Battery developed by Singh and Sengupta (2000) was utilized to evaluate the mental health of respondents. The battery comprised of 130 items representing six areas regarding psychological health namely emotional stability, autonomy, overall adjustment, self- concept, security- insecurity and intelligence.

1. **Emotional Stability** - It involves undergoing emotionally strong sentiments that may have negative or positive worth for the person.
2. **Overall Adjustment** – This caters to individual's attaining complete cordial stability among the urges of diverse kinds of surroundings, such as house, health, emotional, social and school on the one hand and cognition on the other.
3. **Autonomy** – It describes phase of liberty and sovereignty in the thought process.

4. **Security-Insecurity** – It includes strong or weak feelings of well-being, belief, liberty from distress, uneasiness or worry specifically with regard to satisfying the individual’s current or later needs.
5. **Self-Concept** – It involves the grand sum of an individual’s belief and understanding regarding his own self and assessment of his accomplishments.
6. **Intelligence** – It includes complete psychological capability which aid the individual in outlooking logically, and acting with determination in his surroundings.

The scale was translated into Punjabi language for the ease and clear understanding of the statements among adolescents. Each statement had two options i.e. true and false, and the students were asked to attempt to each item. For all the six areas, total scoring was done on the basis of directions given in the manual of the battery. When a response of an item matches with an item stated according to the score key, a total of 1(one) was given. In case response of an item does not match with the response provided in the key of scores, zero will be given. If the scores on traits are high this indicates high possessiveness of the concerned trait and vice-versa.

From all the six dimensions, the level of scoring was assessed as described below:

For Emotional Stability:

| Scores | Category |
|----------|----------|
| 4 to 7 | Low |
| 8 to 10 | Medium |
| 11 to 14 | High |

For Overall Adjustment:

| Scores | Category |
|----------|----------|
| 16 to 21 | Low |
| 22 to 28 | Medium |
| 29 to 34 | High |

For Autonomy:

| Scores | Category |
|----------|----------|
| 5 to 8 | Low |
| 9 to 11 | Medium |
| 12 to 15 | High |

For Security-Insecurity:

| Scores | Category |
|----------|----------|
| 4 to 7 | Low |
| 8 to 10 | Medium |
| 11 to 14 | High |

For Self-Concept:

| Scores | Category |
|----------|----------|
| 4 to 7 | Low |
| 8 to 10 | Medium |
| 11 to 14 | High |

For Intelligence:

| Scores | Category |
|----------|----------|
| 9 to 14 | Low |
| 15 to 21 | Medium |
| 22 to 27 | High |

For Overall Mental Health:

| Scores | Category |
|-----------|----------|
| 58 to 75 | Low |
| 76 to 93 | Medium |
| 94 to 111 | High |

3.1.3 Suicidal Ideation Scale

Suicidal Ideation Scale by Sisodia and Bhatnagar (2011) was used to evaluate the suicidal ideation of adolescents. The scale includes 25 items to be rated on five point scale. The scale has 21 positive and 4 negative statements. An individual's score is the sum of the scores of the 25 items.

The scale was converted to Punjabi language for the respondents so that they could simply comprehend the statements. The least and the highest count ranges from 30 to 100. High scores indicated as high suicidal ideation and low scores indicated as low suicidal ideation.

| Scores | Category |
|-----------|----------|
| 30 to 53 | Low |
| 54 to 76 | Medium |
| 77 to 100 | High |

3.4 PRE-TESTING OF THE TOOLS

All the tools used in the study were administered on 20 non-sampled adolescents in order to check the reliability of the tests in the community under the study. It was found that all the items were answered by the adolescents without any trouble and the responses in the pre-testing were found to be consistent and the subjects performed the test in reliable manner.

3.5 COLLECTION OF DATA

The adolescents were approached in these fixed schools with the consent of the Principals by the letter of requisition. The questionnaires were filled during the working days and working hours of the school. The respondents were supplied with compulsory directions regarding how to answer to each tool. The aim of the study was made clear to the students. They were guaranteed that their recognition would remain confidential and details given by the respondents would be applied entirely to the research work only.

Then the above mentioned scales on mental health and suicidal ideation were applied to obtain details from the adolescents. Every student was provided with the questionnaire in order to get it filled in the provided time.

3.6 STATISTICAL ANALYSIS OF DATA

The obtained figures were categorized as well as organized according to the objectives formulated. The statistical analysis was done using SPSS version 23. Different statistical tools were used as described further.

3.6.1 Frequency and Percentages

Frequency and percentages were derived to discover the allotment of students depending on their socio-personal attributes. The frequency of respondents were exhibited in the terms of percentages as:

$$\text{Percentage} = \frac{\text{Frequency}}{\text{Total respondents}} \times 100$$

3.6.2 Arithmetic Mean

It was acquired by summing up total counts and dividing their total by number of observations.

$$\bar{X} = \frac{\sum X}{n}$$

Where,

X= Arithmetic mean

n = Total number of respondents

$\sum X$ = Sum of all the values of each individual item

3.6.3 Standard Deviation

Standard Deviation is most universally used measure of dispersion of a series. It is described as the square root of arithmetic mean of the squares of deviations of an individual's

observations from their arithmetic mean. Formula for calculating standard deviation is:

$$S.D. = \sqrt{\frac{\sum (X - \bar{X})^2}{n}}$$

Where

S.D = Standard deviation

X = Individual observations

\bar{X} = Mean of observations

n = Number of items.

3.6.4 t-test

This test was applied to examine the statistical difference in the mean scores of the adolescents as per their gender. The formula used was:

$$t = \frac{\bar{x}_1 - \bar{x}_2}{\sqrt{S_2 \left(\frac{1}{n_1} + \frac{1}{n_2} \right)}}$$

Where,

\bar{X}_1 = Mean score of group 1

\bar{X}_2 = Mean score of group 2

s_1 = Standard deviation of first set of values

s_2 = Standard deviation of second set of values

n_1 = Number of subjects in group 1

n_2 = Number of subjects in group 2

t = value of t-statistic

S_2 = Pooled version

$n_1 + n_2$ = Degree of freedom

3.6.5 Karl Pearson's Co-efficient of Correlation

This test was utilized to study the degree of linear relationship between socio-personal characteristics of the adolescents with their mental health and suicidal ideation.

$$r = \frac{N \sum XY - (X)(Y)}{\sqrt{[N \sum X^2 - (X)^2] [N \sum Y^2 - (Y)^2]}}$$

Where

r = Correlation co-efficient

N = Number of respondents

X, Y = Variables

X^2 = Sum of the square of first scores

Y^2 = Sum of the squares of the second scores

3.6.6 Z-test

This test was applied to discover the differences of both male and female respondents across differing dimensions and degrees of mental health and suicidal ideation.

Formula applied:

$$Z = \frac{p_1 - p_2}{\sqrt{PQ \left(\frac{1}{n_1} + \frac{1}{n_2} \right)}}$$

Where,

p_1 = Proportions of 1st sample

p_2 = Proportions of 2nd sample

n_1 = Sample size of 1st sample

n_2 = Sample size of 2nd sample

P = Combined proportions

Q = 1- P

CHAPTER – IV

RESULTS AND DISCUSSION

The present investigation was carried out to evaluate the relationship of mental health with suicidal ideation among rural and urban adolescents in the age group of 16-18 years.

4.1 Socio-personal profile of the respondents

This section deals with the pattern of socio personal profile of the selected rural and urban adolescents of age group 16-18 years. The data given in the table 4.1.1 depicts the distribution of adolescents of rural and urban background by class, parents education, parents occupation, family size and number of siblings. According to the sample distribution of the study there were an equal number (n=120) of adolescents selected from rural and urban government schools which were further classified into 60 boys and 60 girls comprising a total sample of 240 adolescents (16-18 years). The data is presented in the following sequence.

Table 4.1.1: Locale-wise distribution of respondents according to their Socio- Personal Profile.

| Variable | | Rural | | | | Urban | | | |
|---------------------------|------------------|--------------------------|-------|---------------------------|-------|--------------------------|-------|---------------------------|-------|
| | | Boys(n ₁ =60) | | Girls(n ₂ =60) | | Boys(n ₃ =60) | | Girls(n ₄ =60) | |
| | | <i>f</i> | % | <i>f</i> | % | <i>f</i> | % | <i>f</i> | % |
| CLASS | Matric | 0 | 0.00 | 0 | 0.00 | 21 | 35.00 | 16 | 26.67 |
| | 11 th | 35 | 58.33 | 27 | 45.00 | 18 | 30.00 | 0 | 0.00 |
| | 12 th | 25 | 41.67 | 33 | 55.00 | 21 | 35.00 | 44 | 73.33 |
| FATHER'S EDUCATION | Illiterate | 10 | 16.67 | 10 | 16.67 | 12 | 20.00 | 5 | 8.33 |
| | Primary | 9 | 15.00 | 17 | 28.33 | 21 | 35.00 | 18 | 30.00 |
| | Matric | 21 | 35.00 | 21 | 35.00 | 16 | 26.67 | 24 | 40.00 |
| | Diploma | 1 | 1.67 | 0 | 0.00 | 1 | 1.67 | 2 | 3.33 |
| | 12 th | 13 | 21.67 | 8 | 13.33 | 9 | 15.00 | 5 | 8.33 |
| | Graduate | 5 | 8.33 | 3 | 5.00 | 1 | 1.67 | 6 | 10.00 |
| Post Grad | 1 | 1.67 | 1 | 1.67 | 0 | 0.00 | 0 | 0.00 | |
| MOTHER'S EDUCATION | Illiterate | 17 | 28.33 | 12 | 20.00 | 13 | 21.67 | 14 | 23.33 |
| | Primary | 15 | 25.00 | 26 | 43.33 | 27 | 45.00 | 18 | 30.00 |
| | Matric | 20 | 33.33 | 17 | 28.33 | 10 | 16.67 | 24 | 40.00 |
| | 12 th | 6 | 10.00 | 4 | 6.67 | 9 | 15.00 | 3 | 5.00 |
| | Graduate | 2 | 3.33 | 1 | 1.67 | 1 | 1.67 | 1 | 1.67 |
| FATHER'S | Agriculture | 0 | 0.00 | 4 | 6.67 | 6 | 10.00 | 2 | 3.33 |

| | | | | | | | | | |
|----------------------------|-----------|----|-------|----|-------|----|-------|----|-------|
| OCCUPATION | Business | 11 | 18.33 | 8 | 13.33 | 9 | 15.00 | 5 | 8.33 |
| | Labour | 6 | 10.00 | 18 | 30.00 | 13 | 21.67 | 7 | 11.67 |
| | Service | 43 | 71.67 | 30 | 50.00 | 32 | 53.33 | 46 | 76.67 |
| MOTHER'S OCCUPATION | Homemaker | 54 | 90.00 | 51 | 85.00 | 51 | 85.00 | 48 | 80.00 |
| | Labour | 0 | 0.00 | 1 | 1.67 | 2 | 3.33 | 4 | 6.67 |
| | Service | 6 | 10.00 | 8 | 13.33 | 7 | 11.67 | 8 | 13.33 |
| FAMILY SIZE | Up-to 4 | 22 | 36.67 | 10 | 16.67 | 20 | 33.33 | 17 | 28.33 |
| | 5-8 | 37 | 61.67 | 49 | 81.67 | 40 | 66.67 | 43 | 71.67 |
| | Above 8 | 1 | 1.67 | 1 | 1.67 | 0 | 0.00 | 0 | 0.00 |
| MALE SIBLING | 0 | 18 | 30.00 | 12 | 20.00 | 14 | 23.33 | 9 | 15.00 |
| | 1 | 30 | 50.00 | 28 | 46.67 | 32 | 53.33 | 35 | 58.33 |
| | 2 | 10 | 16.67 | 18 | 30.00 | 10 | 16.67 | 15 | 25.00 |
| | 3 | 2 | 3.33 | 2 | 3.33 | 2 | 3.33 | 1 | 1.67 |
| | 4 | 0 | 0.00 | 0 | 0.00 | 2 | 3.33 | 0 | 0.00 |
| FEMALE SIBLING | 0 | 18 | 30.00 | 12 | 20.00 | 19 | 31.67 | 20 | 33.33 |
| | 1 | 30 | 50.00 | 30 | 50.00 | 29 | 48.33 | 25 | 41.67 |
| | 2 | 12 | 20.00 | 14 | 23.33 | 9 | 15.00 | 13 | 21.67 |
| | 3 | 0 | 0.00 | 3 | 5.00 | 3 | 5.00 | 1 | 1.67 |
| | 4 | 0 | 0.00 | 1 | 1.67 | 0 | 0.00 | 1 | 1.67 |

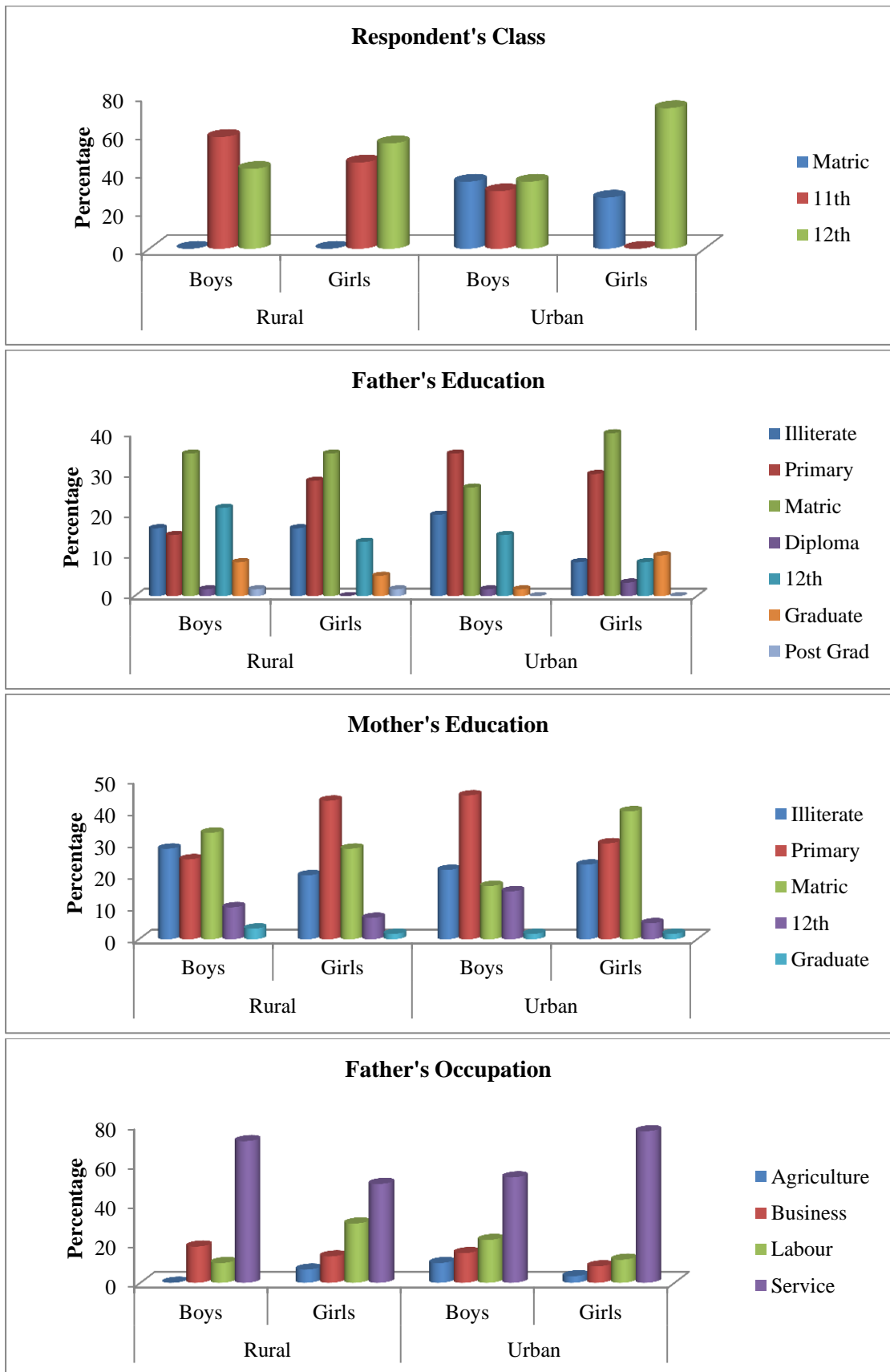
The above Table 4.1.1 and Fig 4.1.1 shows the locale wise frequency and percentage distribution of socio-personal profile of respondents.

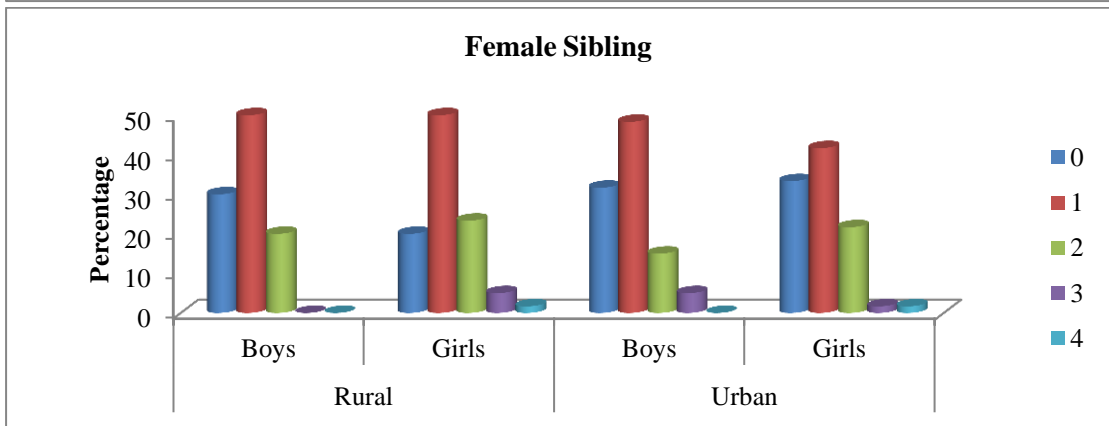
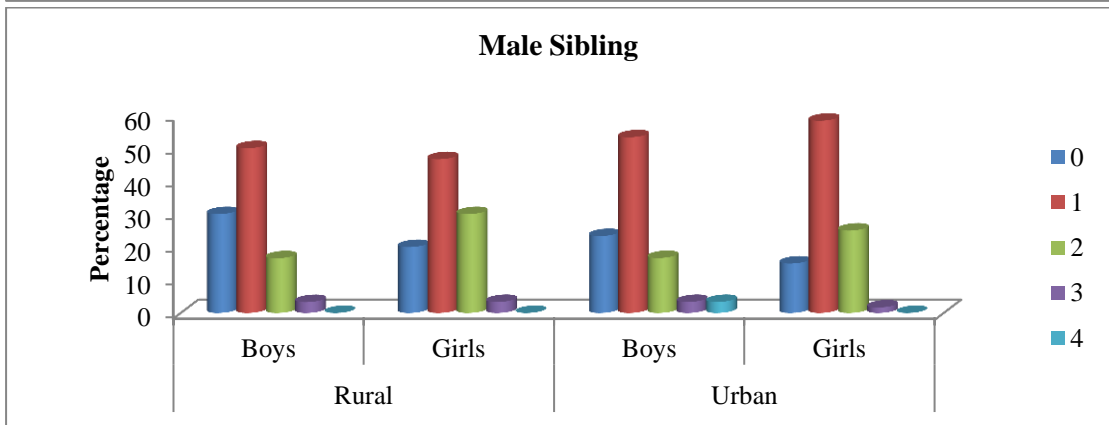
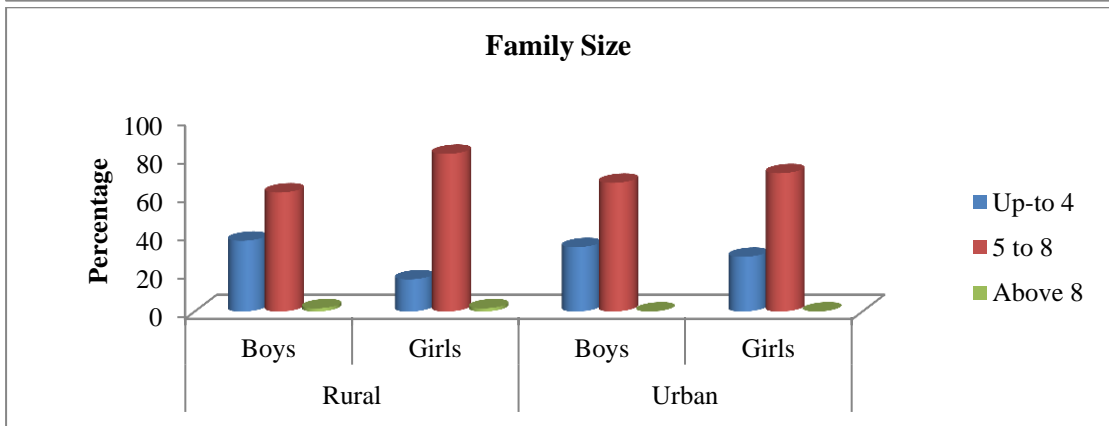
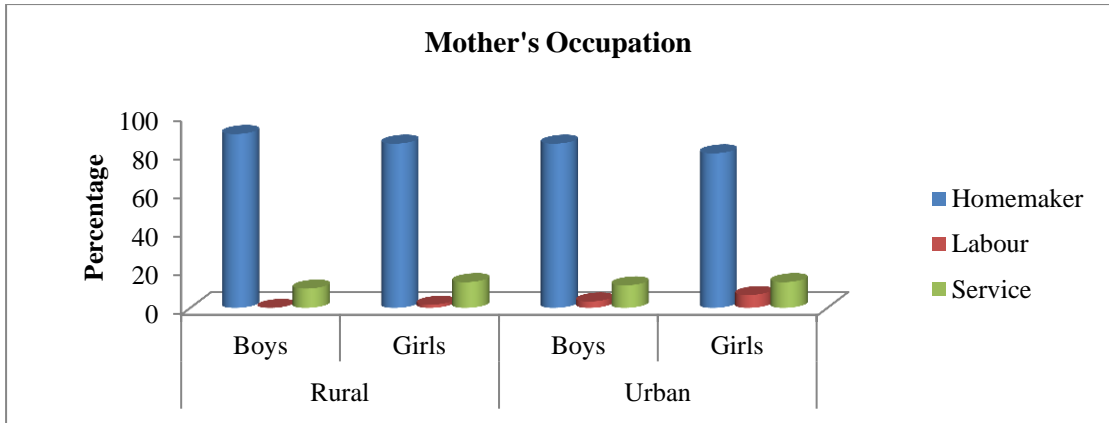
Sample distribution of rural respondents

Class: The sample of rural respondents revealed that 58.33 per cent of rural boys were from class 11th, 41.67 per cent from class 12th whereas the sample of rural girls revealed that 45% were studying in class 11th and 55% in class 12th.

Father's Education: The profile of father's education elucidated that 16.67 per cent were illiterate in case of rural boys as well as in case of rural girls, 15 per cent were primary pass in case of rural boys and 28.33 per cent were primary pass in case of rural girls. 35 per cent were educated up-to matric level in case of boys of rural area and girls of rural area, 21.67 per cent were educated up-to 12th in case of rural boys and 13.33 per cent were educated up-to 12th in case of rural girls. Graduates were 8.33 per cent in case of rural boys and five per cent in case of rural girls. Only 1.67 per cent of the respondents had fathers who were post graduates in case of rural boys and girls and only 1.67 per cent of the rural boys had fathers who had diploma degree.

Fig. 4.1.1: Locale-wise distribution of respondents according to their Socio- Personal Profile.





Mother's Education: Distribution of rural respondents by mother's education showed that 28.33 per cent were illiterate in case of rural boys and 20 per cent in case of rural girls, 25 per cent were primary pass in case of rural boys and 43.33 per cent were pass in case of rural girls. 33.33 per cent were educated up-to matric level in case of rural boys and 28.33 per cent in case of rural girls. 10 per cent were educated up-to 12th in case of rural boys and 6.67 per cent were educated up-to 12th in case of rural girls. Graduates were 3.33 per cent in case of rural boys and 1.67 in case of rural girls. None of the respondents had mother who had diploma degree or were post graduates.

Father's Occupation: The profile of father's occupation highlighted that 6.67 per cent were farmers in case of rural girls, 18.33 per cent were in business with regard to rural boys and 13.33 per cent in case of girls of rural area. In the event of rural boys 71.67 per cent were servicemen and 50 per cent in case of rural girls. 10 per cent were labourers in case of rural boys and 30 per cent in case of rural girls.

Mother's Occupation: In contrast to father's occupation the profile of mother's occupation highlighted that 85 per cent were home makers in case of rural girls and 90 per cent in case of rural boys. 10 per cent were servicewomen in case of rural boys and 13.33 per cent in case of rural girls and 1.67 per cent were labourers only in case of rural girls.

Family Members: The sample of rural respondents specifying that 61.67 per cent of adolescents belonged to middle-sized families in case of rural boys and 81.67 per cent subjected to rural girls. As per rural boys 36.67 per cent of respondents belonged to small sized families and 16.67 per cent in case of rural girls. Only 1.67 cent of the respondents live in large sized families in case of both rural boys and rural girls.

Sibling (male): The sample highlighted that 30 per cent of the respondents had no male sibling in case of rural boys and 20 per cent in case of rural girls. 50 per cent of the respondents had one male sibling in case of rural boys and 46.67 per cent in case of rural girls. 16.67 per cent had two male siblings in case of rural boys and 30 per cent in case of rural girls. Only 3.33 per cent of the respondents had three male siblings with regard to rural boys and rural girls. None of the respondents had four male siblings.

Sibling (female): The sample highlighted that 30 per cent of the respondents had no female sibling in case of rural boys and 20 per cent in case of rural girls. 50 per cent of both the respondents had one female sibling in case of rural boys and in case of rural girls also. 20 per cent had two female siblings in case of rural boys and 23.33 per cent in case of rural girls. Five per cent of the respondents had three female siblings only in case of rural girls. Only 1.67 per cent of the respondents had four female siblings only in case of rural girls.

Sample distribution of urban respondents

Class: The sample of urban respondents revealed that 35 per cent of urban boys were from class 10th and 26.67 per cent of urban girls from class 10th. 30 per cent of urban boys were

studying in class 11th whereas 35 per cent of urban boys in class 12th and 73.33 per cent of urban girls were studying in class 12th.

Father's Education: The profile of father's education elucidated that 20 per cent were illiterate in case of urban boys and 8.33 per cent in case of urban girls. 35 per cent were primary pass in case of urban boys and 30 per cent in case of urban girls. 26.67 per cent were educated up-to matric level in case of urban boys and 40 per cent in case of urban girls. 15 per cent were educated up-to 12th in case of urban boys and 8.33 per cent were educated up-to 12th in case of urban girls. Only 1.67 per cent were graduates in case of urban boys and ten per cent in case of urban girls. 1.67 per cent of boys of rural area and 3.33 per cent girls of urban area had fathers who had diploma degree. None of the respondents' had fathers who had post graduate degree.

Mother's Education: Distribution of urban respondents by mother's education showed that 21.67 per cent were illiterate in case of urban boys and 23.33 per cent in case of urban girls. 45 per cent were primary pass in case of urban boys and 30 per cent in case of urban girls. In case of matric 16.67 per cent were educated up-to matric level in case of urban boys and 40 per cent in case of urban girls. 15 per cent were educated up-to 12th in case of urban boys and five per cent in case of urban girls. Only 1.67 per cent were graduates in case of urban boys and urban girls.

Father's Occupation: The profile of father's occupation highlighted that 10 per cent were farmers in case of urban boys and 3.33 per cent in case of urban girls. In case of business 15 per cent were in case of urban boys and 8.33 per cent in case of urban girls. 53.33 per cent were servicemen in case of urban boys and 76.67 per cent in case of urban girls. 21.67 per cent were labourers in case of urban boys and 11.67 per cent in case of urban girls.

Mother's Occupation: In contrast to father's occupation the profile of mother's occupation highlighted that 80 per cent were home makers in case of urban girls and 85 per cent in case of urban boys. 11.67 per cent were service-women in case of urban boys and 13.33 per cent in case of urban girls. Only 6.67 per cent were labourers in case of urban girls and 3.33 per cent in case of urban boys.

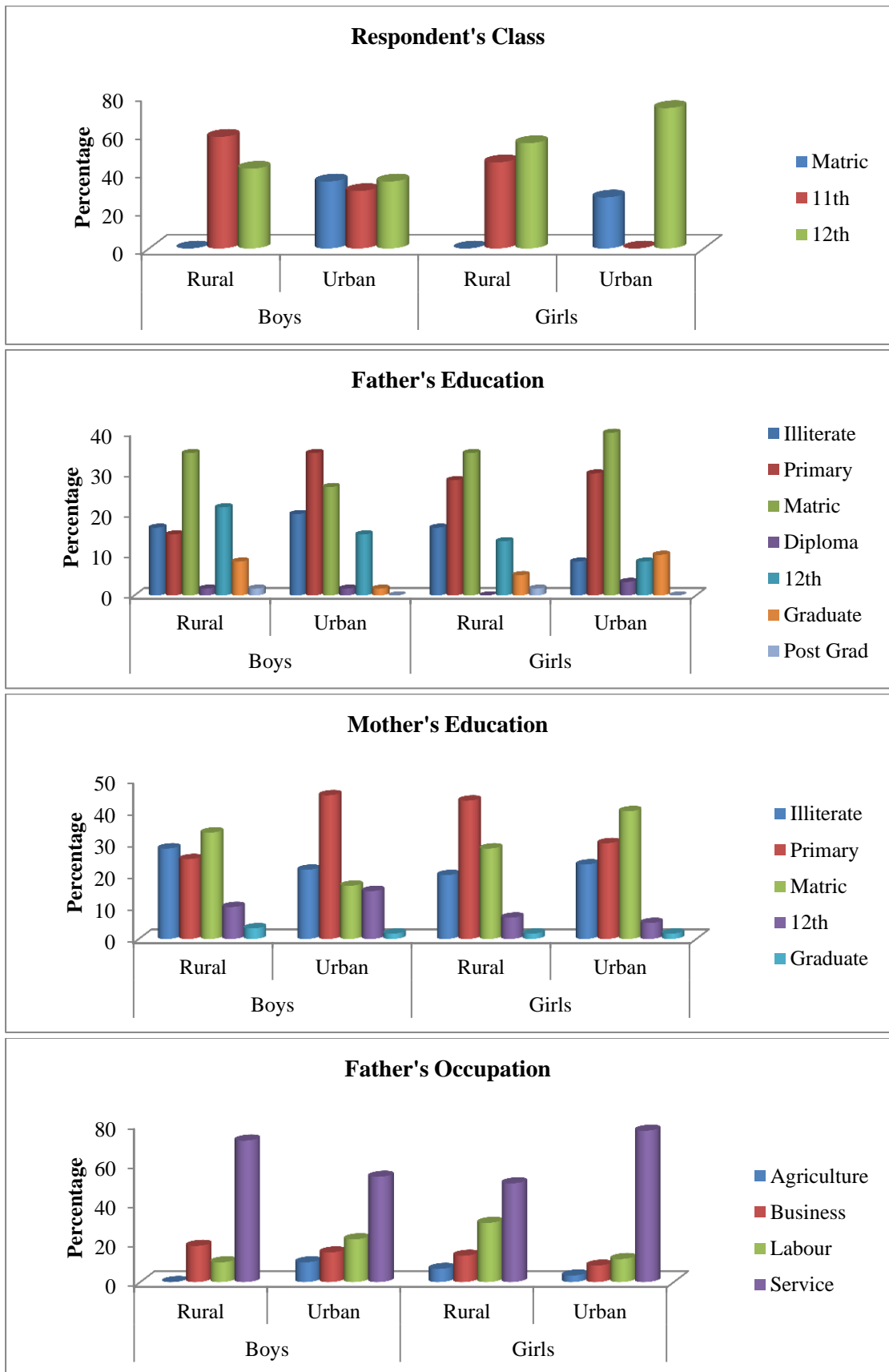
Family Members: The sample of urban respondents showed that 66.67 per cent adolescents belonged to moderate families in case of urban boys and 71.67 per cent in case of urban girls. 33.33 per cent of respondents belonged to small sized families in case of urban boys and 28.33 per cent in case of urban girls. None of the respondents lived in large sized families.

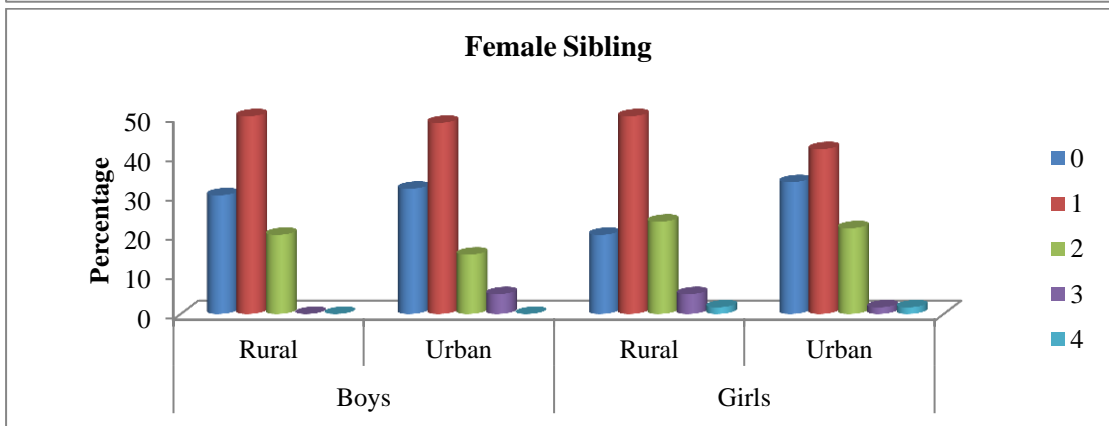
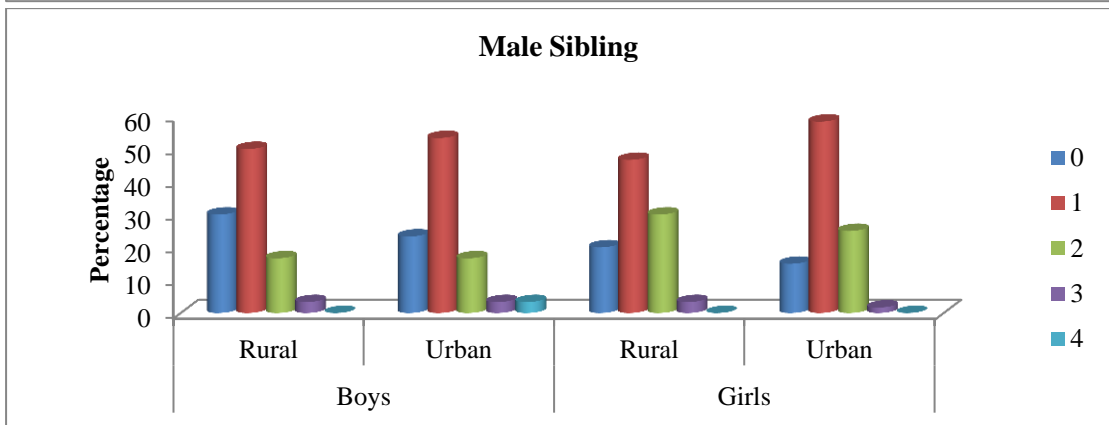
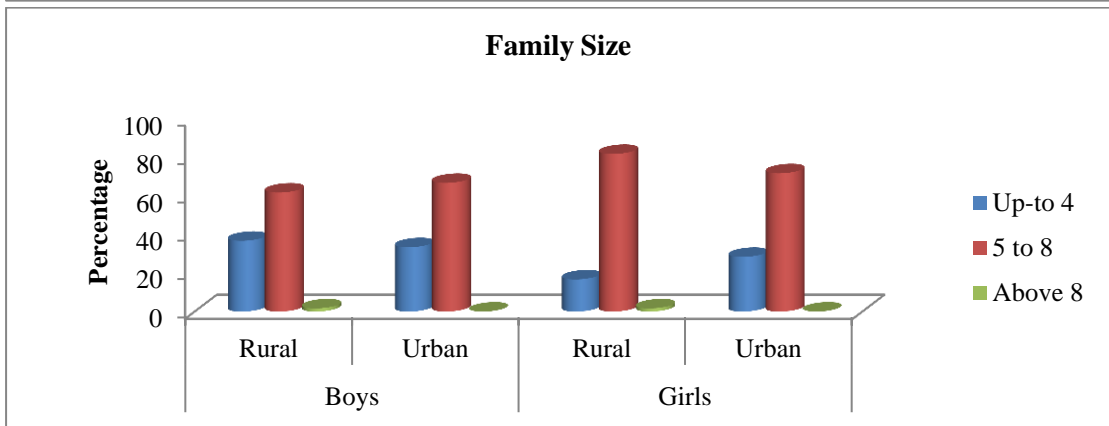
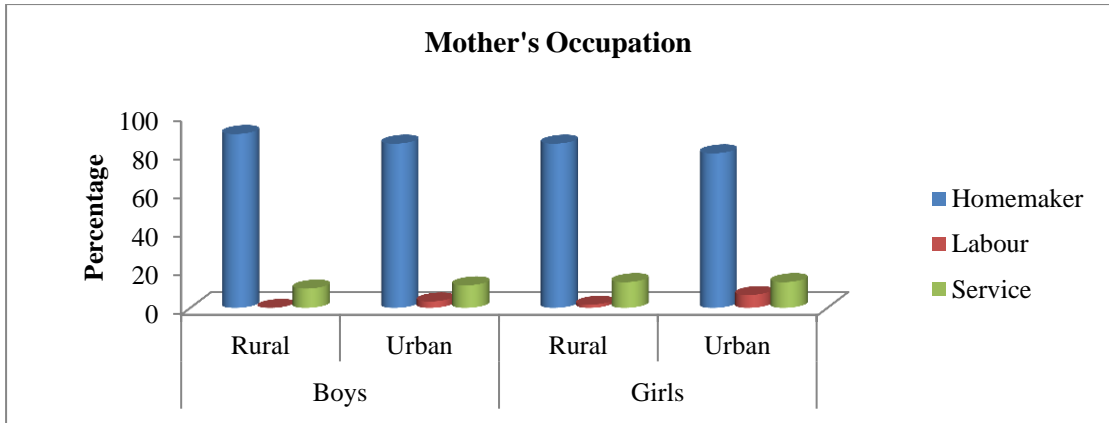
Sibling (male): The sample highlighted that 23.33 per cent of the respondents had no male sibling in case of urban boys and 15 per cent in case of urban girls. 53.33 per cent of the respondents had one male sibling in case of urban boys and 58.33 per cent in case of urban girls. 16.67 per cent had two male siblings in case of urban boys and 25 per cent in case of urban girls. 3.33 per cent of the respondents had three male siblings in case of urban boys and

Table 4.1.2: Gender-wise percent distribution of the respondents according to their socio-personal profile

| Variables | | Boys | | | | Girls | | | |
|----------------------------|------------------|--------------------------------|-------|--------------------------------|-------|--------------------------------|-------|--------------------------------|-------|
| | | Rural (n ₁ =120) | | Urban (n ₂ =120) | | Rural (n ₁ =120) | | Urban (n ₂ =120) | |
| | | <i>f</i> | % | <i>f</i> | % | <i>f</i> | % | <i>f</i> | % |
| CLASS | Matric | 0 | 0.00 | 21 | 35.00 | 0 | 0.00 | 16 | 26.67 |
| | 11 th | 35 | 58.33 | 18 | 30.00 | 27 | 45.00 | 0 | 0.00 |
| | 12 th | 25 | 41.67 | 21 | 35.00 | 33 | 55.00 | 44 | 73.33 |
| FATHER'S EDUCATION | Illiterate | 10 | 16.67 | 12 | 20.00 | 10 | 16.67 | 5 | 8.33 |
| | Primary | 9 | 15.00 | 21 | 35.00 | 17 | 28.33 | 18 | 30.00 |
| | Matric | 21 | 35.00 | 16 | 26.67 | 21 | 35.00 | 24 | 40.00 |
| | Diploma | 1 | 1.67 | 1 | 1.67 | 0 | 0.00 | 2 | 3.33 |
| | 12 th | 13 | 21.67 | 9 | 15.00 | 8 | 13.33 | 5 | 8.33 |
| | Graduate | 5 | 8.33 | 1 | 1.67 | 3 | 5.00 | 6 | 10.00 |
| Post Grad | 1 | 1.67 | 0 | 0.00 | 1 | 1.67 | 0 | 0.00 | |
| MOTHER'S EDUCATION | Illiterate | 17 | 28.33 | 13 | 21.67 | 12 | 20.00 | 14 | 23.33 |
| | Primary | 15 | 25.00 | 27 | 45.00 | 26 | 43.33 | 18 | 30.00 |
| | Matric | 20 | 33.33 | 10 | 16.67 | 17 | 28.33 | 24 | 40.00 |
| | 12 th | 6 | 10.00 | 9 | 15.00 | 4 | 6.67 | 3 | 5.00 |
| | Graduate | 2 | 3.33 | 1 | 1.67 | 1 | 1.67 | 1 | 1.67 |
| FATHER'S OCCUPATION | Agriculture | 0 | 0.00 | 6 | 10.00 | 4 | 6.67 | 2 | 3.33 |
| | Business | 11 | 18.33 | 9 | 15.00 | 8 | 13.33 | 5 | 8.33 |
| | Labour | 6 | 10.00 | 13 | 21.67 | 18 | 30.00 | 7 | 11.67 |
| | Service | 43 | 71.67 | 32 | 53.33 | 30 | 50.00 | 46 | 76.67 |
| MOTHER'S OCCUPATION | Homemaker | 54 | 90.00 | 51 | 85.00 | 51 | 85.00 | 48 | 80.00 |
| | Labour | 0 | 0.00 | 2 | 3.33 | 1 | 1.67 | 4 | 6.67 |
| | Service | 6 | 10.00 | 7 | 11.67 | 8 | 13.33 | 8 | 13.33 |
| FAMILY SIZE | Up-to 4 | 22 | 36.67 | 20 | 33.33 | 10 | 16.67 | 17 | 28.33 |
| | 5-8 | 37 | 61.67 | 40 | 66.67 | 49 | 81.67 | 43 | 71.67 |
| | Above 8 | 1 | 1.67 | 0 | 0.00 | 1 | 1.67 | 0 | 0.00 |
| MALE SIBLING | 0 | 18 | 30.00 | 14 | 23.33 | 12 | 20.00 | 9 | 15.00 |
| | 1 | 30 | 50.00 | 32 | 53.33 | 28 | 46.67 | 35 | 58.33 |
| | 2 | 10 | 16.67 | 10 | 16.67 | 18 | 30.00 | 15 | 25.00 |
| | 3 | 2 | 3.33 | 2 | 3.33 | 2 | 3.33 | 1 | 1.67 |
| | 4 | 0 | 0.00 | 2 | 3.33 | 0 | 0.00 | 0 | 0.00 |
| FEMALE SIBLING | 0 | 18 | 30.00 | 19 | 31.67 | 12 | 20.00 | 20 | 33.33 |
| | 1 | 30 | 50.00 | 29 | 48.33 | 30 | 50.00 | 25 | 41.67 |
| | 2 | 12 | 20.00 | 9 | 15.00 | 14 | 23.33 | 13 | 21.67 |
| | 3 | 0 | 0.00 | 3 | 5.00 | 3 | 5.00 | 1 | 1.67 |
| | 4 | 0 | 0.00 | 0 | 0.00 | 1 | 1.67 | 1 | 1.67 |

Fig. 4.1.2: Gender-wise percent distribution of the respondents according to their socio-personal profile





only 1.67 in case of urban girls. Only 3.33 per cent had four male siblings in case of urban boys.

Sibling (female): The sample highlighted that 31.67 per cent of the respondents had no female sibling in case of urban boys and 33.33 per cent in case of urban girls, 48.33 per cent of the respondents had one female sibling in case of urban boys and 41.67 per cent in case of urban girls. In case of two female siblings 15 per cent were in case of urban boys and 21.67 per cent in case of urban girls. Five per cent of the respondents had three female siblings only in case of boys of urban area and 1.67 per cent girls of urban area. Only 1.67 per cent of the respondents had four female siblings in case of urban girls.

Family Members: The sample of rural respondents designated that 81.67 per cent adolescents belonged to medium families in case of rural girls and 71.67 per cent in case of urban girls. 16.67 per cent of respondents belonged to small sized families in case of rural girls and 28.33 per cent in case of urban girls. Only 1.67 cent of the respondents lived in large sized families in case of only rural girls.

The Table 4.1.2 and Fig 4.1.2 shows gender-wise frequency and percentage distribution of socio-personal profile of respondents.

Sample distribution of rural and urban boys

Class: The sample of male respondents revealed that 35 per cent of only urban boys were from 10th class. 58.33 per cent of rural boys were in 11th standard and 30 per cent of urban boys in 11th standard. 41.67 per cent rural boys were from class 12th whereas the sample of urban boys revealed that 35 per cent were studying in class 12th.

Father's Education: The profile of father's education elucidated that 16.67 per cent were illiterate in case of rural boys and 20 per cent in case of urban boys. 15 per cent were primary pass in case of rural boys and 35 per cent in case of urban boys. 35 per cent were educated up-to matric level in case of rural boys and 26.67 subjected to urban boys. In case of 12th grade 21.67 per cent were educated up-to 12th in case of rural boys and 15 per cent subjected to urban boys. 8.33 per cent were graduates in case of rural boys and 1.67 per cent in case of urban boys. 1.67 per cent of the respondents had fathers who were post graduates in case of rural boys. Only 1.67 per cent of the rural boys and urban boys had fathers who had diploma degree.

Mother's Education: Distribution of rural and urban respondents by mother's education showed that 28.33 per cent were illiterate in case of rural boys and 21.67 per cent in case of urban boys. 25 per cent were primary pass in case of rural boys and 45 per cent were pass in case of urban boys. 33.33 per cent were educated up-to matric level in case of rural boys and 16.67 per cent in case of urban boys. 10 per cent were educated up-to 12th in case of rural boys and 15 per cent were educated up-to 12th in case of urban boys. In case of graduation, 3.33 per cent were graduates in case of rural boys and 1.67 were graduates in case of urban

boys. None of the respondents had mother who had diploma degree or were post graduates.

Father's Occupation: The profile of father's occupation highlighted that 10 per cent were farmers in case of urban boys only. 18.33 per cent were in business with regard to boys of rural area and 15 per cent in case of urban boys. 71.67 per cent were servicemen subjected to rural boys and 53.33 per cent in case of urban boys. 10 per cent were labourers given in rural boys and 21.67 per cent in case of urban boys.

Mother's Occupation: In contrast to father's occupation the profile of mother's occupation highlighted that 85 per cent were home makers in case of urban boys and 90 per cent in case of rural boys. In case of servicewomen 10 per cent were boys of rural area and 11.67 per cent were urban boys. Only 3.33 per cent were labourers only in case of urban boys.

Family Members: The sample of rural and urban respondents displayed that 61.67 per cent of students belonged to medium sized families in case of rural boys and 66.67 per cent in case of urban boys. 36.67 per cent of respondents subject to small sized families in case of rural boys and 33.33 per cent in case of urban boys. Only 1.67 cent of the respondents live in large sized families in case of both rural boys only.

Sibling (male): The sample highlighted that 30 per cent of the respondents had no male sibling in case of rural boys and 23.33 per cent in case of urban boys. In case of one male sibling 50 per cent of the respondents were boys of rural background and 53.33 per cent were urban boys. 16.67 per cent had two male siblings in case of rural boys and urban boys 3.33 per cent of the respondents had three male siblings in case of rural boys and urban boys. Only 3.33 of the urban boys respondents had four male siblings.

Sibling (female): The sample highlighted that 30 per cent of the respondents had no female sibling in case of rural boys and 31.67 per cent in case of urban boys. 50 per cent of the respondents had one female sibling in case of rural boys and 48.33 per cent in case of urban boys. 20 per cent had two female siblings in case of rural boys and 15 per cent in case of urban boys. Five per cent of the respondents had three female siblings only in case of urban boys. None of the respondents had four female siblings.

Sample distribution of rural and urban girls

Class: The sample of rural and urban respondents revealed that 26.67 per cent of urban girls were studying in class 10th. 45 per cent of rural girls only were in class 11th. 55 per cent of girls of rural area and 73.33 per cent of urban girls were studying in class 12th.

Father's Education: The profile of father's education elucidated that 16.67 per cent were illiterate in case of rural girls and 8.33 per cent in case of urban girls. 28.33 per cent were primary pass in case of rural girls and 30 per cent in case of urban girls. 35 per cent were educated up-to matric level in case of rural girls and 40 per cent in case of urban girls. 13.33 per cent were educated up-to 12th in case of rural girls and 8.33 per cent in case of urban girls. Five per cent were graduates in case of rural girls and 10 per cent in case of urban girls. Only

1.67 per cent of the respondents had fathers who were post graduates in case of rural girls and only 3.33 per cent of the urban girls had fathers who had diploma degree.

Mother's Education: Distribution of rural and urban respondents by mother's education showed that 20 per cent were illiterate in case of rural girls and 23.33 per cent in case of urban girls. 43.33 per cent were primary pass in case of rural girls and 30 per cent in case of urban girls. 28.33 per cent were educated up-to matric level in case of rural girls and 40 per cent in case of urban girls, 6.67 per cent were educated up-to 12th in case of rural girls and five per cent in case of urban girls. Only 1.67 were graduates in case of rural and urban girls. None of the respondents had mother who had diploma degree or were post graduates.

Father's Occupation: The profile of father's occupation highlighted that 6.67 per cent were farmers in case of rural girls and 3.33 per cent in the event of urban girls. In case of business 13.33 per cent were rural girls and 8.33 per cent were urban girls. 50 per cent were servicemen in case of rural girls and 76.67 per cent in case of urban girls. 30 per cent were labourers in case of rural girls and 11.67 per cent in case of urban girls.

Mother's Occupation: In contrast to father's occupation the profile of mother's occupation highlighted that 85 per cent were home makers in case of rural girls and 80 per cent in case of urban girls. 13.33 per cent were servicewomen in case of rural girls and urban girls. Only 1.67 per cent were labourers in case of rural girls and 6.67 per cent in case of urban girls.

Family Members: The sample of rural and urban respondents showed that 81.67 per cent of students belonged to middle-sized families in case of rural girls and 71.67 per cent in case of urban girls. 16.67 per cent of respondents affiliated to small sized families in case of rural girls and 28.33 per cent in case of urban girls. Only 1.67 cent of the respondents live in large sized families in case of both rural girls only.

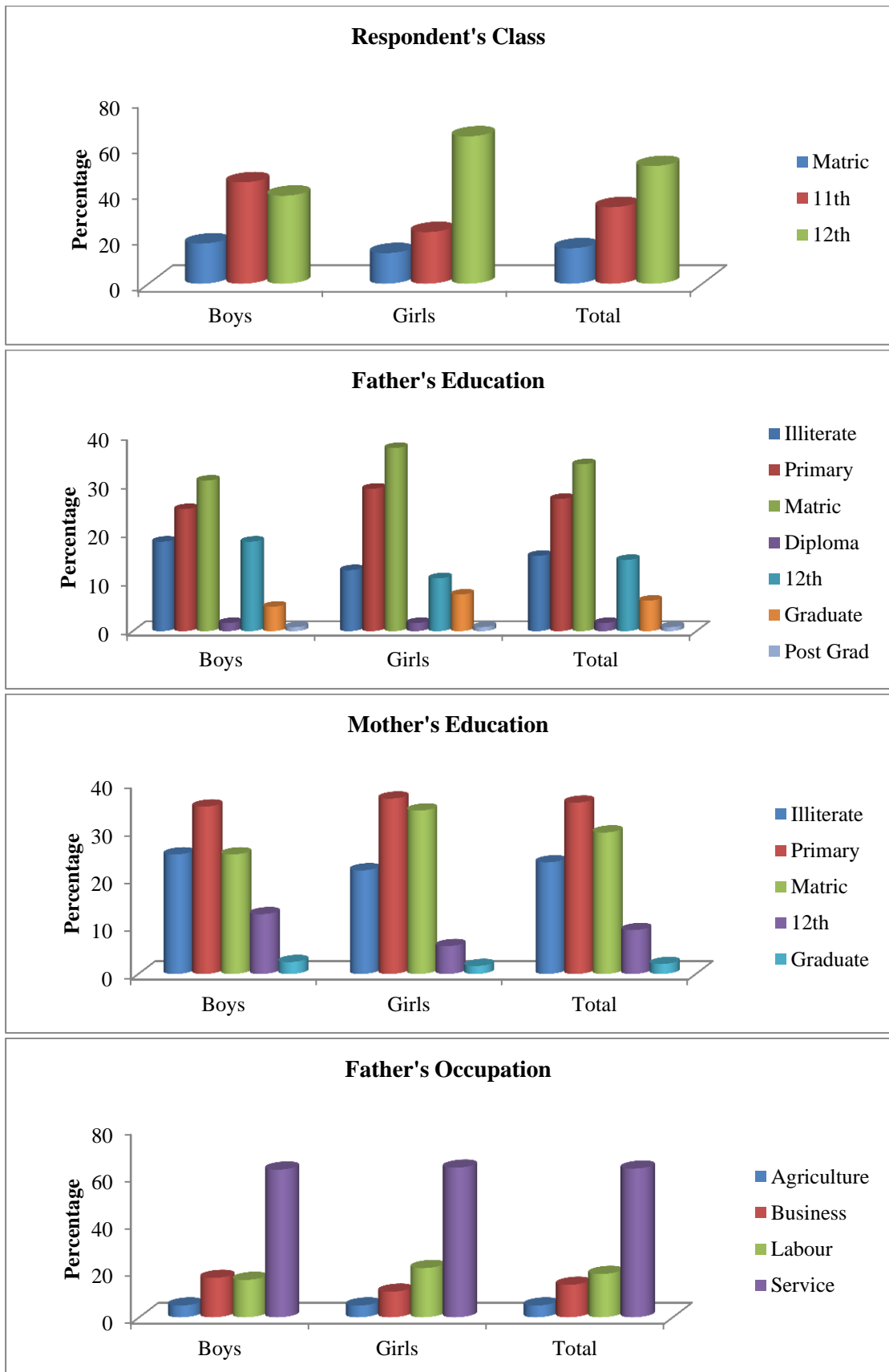
Sibling (male): The sample highlighted that 20 per cent of the respondents had no male sibling in in case of rural girls and 15 per cent in case of urban girls. 46.67 per cent of the respondents had one male sibling in case of rural girls and 58.33 in case of urban girls, 30 per cent had two male siblings in case of rural girls and 25 per cent in case of urban girls. 3.33 per cent of the respondents had three male siblings in case of rural girl and 1.67 per cent in case of urban girls. None of the respondents had four male siblings.

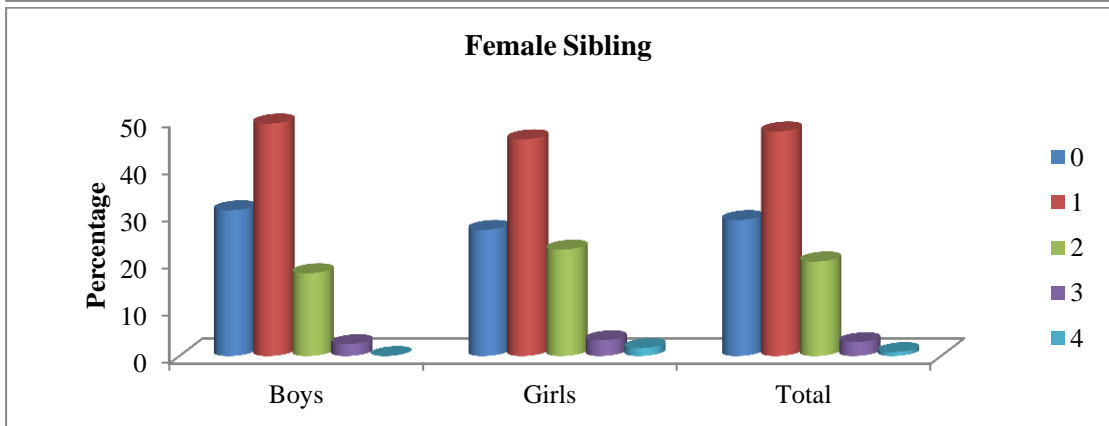
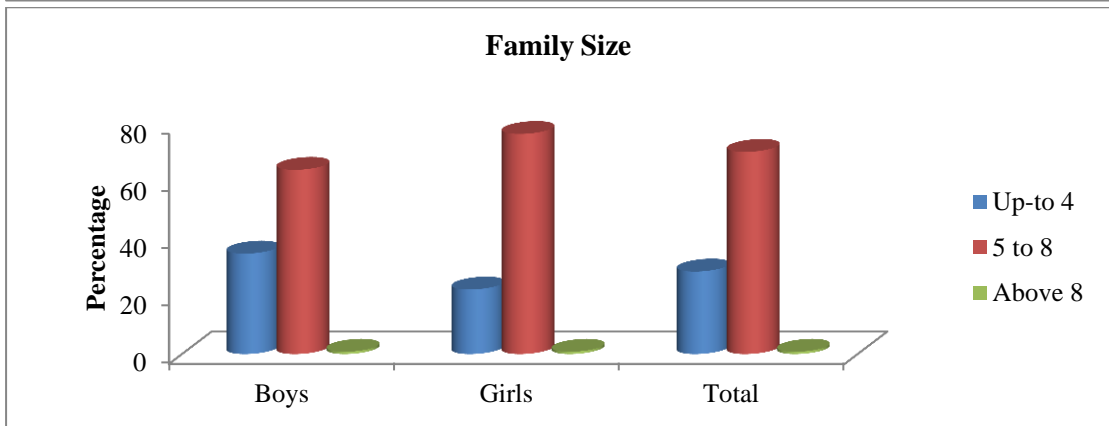
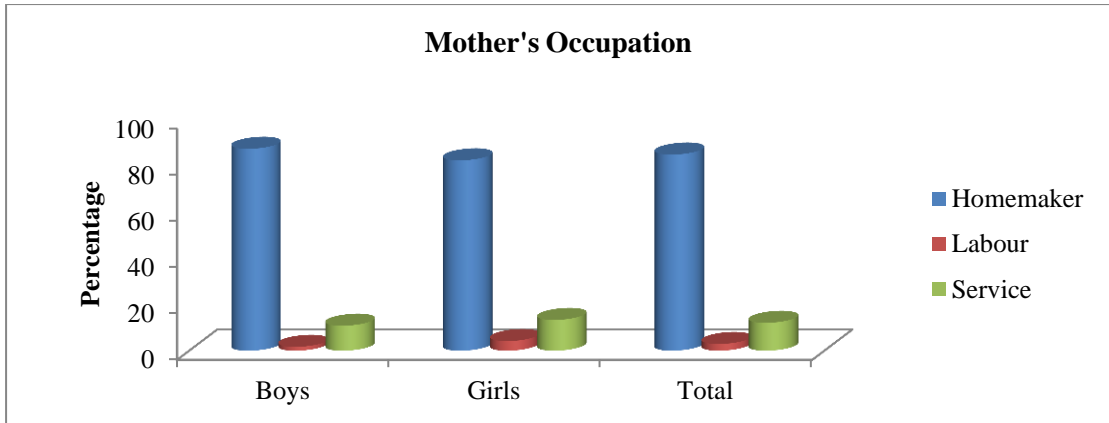
Sibling (female): The sample highlighted that 20 per cent of the respondents had no female sibling in case of rural girls and 33.33 per cent in case of urban girls. 50 per cent of the respondents had one female sibling in case of rural girls and 41.67 per cent in case of urban girls. 23.33 per cent had two female siblings in case rural girls and 21.67 per cent in case of urban girls. Five per cent of the respondents had three female siblings in case of rural girls and 1.67 per cent in case of urban girls. Only 1.67 per cent of the respondents had four female siblings in case of rural and urban girls.

Table 4.1.3: Gender-wise per cent distribution of the respondents according to their socio-personal profile

| Variables | | Boys(n ₁ =120) | | Girls(n ₂ =120) | | Total(n=240) | |
|----------------------------|------------------|---------------------------|-------|----------------------------|-------|--------------|-------|
| | | <i>f</i> | % | <i>f</i> | % | <i>f</i> | % |
| CLASS | Matric | 21 | 17.50 | 16 | 13.33 | 37 | 15.42 |
| | 11 th | 53 | 44.17 | 27 | 22.50 | 80 | 33.33 |
| | 12 th | 46 | 38.33 | 77 | 64.17 | 123 | 51.25 |
| FATHER'S EDUCATION | Illiterate | 22 | 18.33 | 15 | 12.50 | 37 | 15.42 |
| | Primary | 30 | 25.00 | 35 | 29.17 | 65 | 27.08 |
| | Matric | 37 | 30.83 | 45 | 37.50 | 82 | 34.17 |
| | Diploma | 2 | 1.67 | 2 | 1.67 | 4 | 1.67 |
| | 12 th | 22 | 18.33 | 13 | 10.83 | 35 | 14.58 |
| | Graduate | 6 | 5.00 | 9 | 7.50 | 15 | 6.25 |
| | Post Grad | 1 | .83 | 1 | .83 | 2 | .83 |
| MOTHER'S EDUCATION | Illiterate | 30 | 25.00 | 26 | 21.67 | 56 | 23.33 |
| | Primary | 42 | 35.00 | 44 | 36.67 | 86 | 35.83 |
| | Matric | 30 | 25.00 | 41 | 34.17 | 71 | 29.58 |
| | 12 th | 15 | 12.50 | 7 | 5.83 | 22 | 9.17 |
| | Graduate | 3 | 2.50 | 2 | 1.67 | 5 | 2.08 |
| FATHER'S OCCUPATION | Agriculture | 6 | 5.00 | 6 | 5.00 | 12 | 5.00 |
| | Business | 20 | 16.67 | 13 | 10.83 | 33 | 13.75 |
| | Labour | 19 | 15.83 | 25 | 20.83 | 44 | 18.33 |
| | Service | 75 | 62.50 | 76 | 63.33 | 151 | 62.92 |
| MOTHER'S OCCUPATION | Homemaker | 105 | 87.50 | 99 | 82.50 | 204 | 85.00 |
| | Labour | 2 | 1.67 | 5 | 4.17 | 7 | 2.92 |
| | Service | 13 | 10.83 | 16 | 13.33 | 29 | 12.08 |
| FAMILY SIZE | Up-to 4 | 42 | 35.00 | 27 | 22.50 | 69 | 28.75 |
| | 5-8 | 77 | 64.17 | 92 | 76.67 | 169 | 70.42 |
| | Above 8 | 1 | .83 | 1 | .83 | 2 | .83 |
| MALE SIBLING | 0 | 32 | 26.67 | 21 | 17.50 | 53 | 22.08 |
| | 1 | 62 | 51.67 | 63 | 52.50 | 125 | 52.08 |
| | 2 | 20 | 16.67 | 33 | 27.50 | 53 | 22.08 |
| | 3 | 4 | 3.33 | 3 | 2.50 | 7 | 2.92 |
| | 4 | 2 | 1.67 | 0 | 0.00 | 2 | .83 |
| FEMALE SIBLING | 0 | 37 | 30.83 | 32 | 26.67 | 69 | 28.75 |
| | 1 | 59 | 49.17 | 55 | 45.83 | 114 | 47.50 |
| | 2 | 21 | 17.50 | 27 | 22.50 | 48 | 20.00 |
| | 3 | 3 | 2.50 | 4 | 3.33 | 7 | 2.92 |
| | 4 | 0 | 0.00 | 2 | 1.67 | 2 | .83 |

Fig. 4.1.3: Gender-wise per cent distribution of the respondents according to their socio-personal profile





The following table 4.1.3 and Fig 4.1.3 shows the gender wise frequency and percentage distribution of total sample according to their socio-personal profile

Class: The sample revealed that 15.42 per cent of respondents were studying in class 10th, 33.33 per cent in class 11th and 51.25 per cent were in class 12th.

Father's Education: The profile of the father's education indicated that 15.42 per cent were illiterate. 27.08 per cent were primary pass. 34.17 per cent were educated up-to matric level. 14.58 per cent were educated up-to 12th. Graduates were 6.25 per cent. Only 0.83 per cent of the respondents had fathers who were post graduates and 1.67 of the respondents had fathers who had diploma degree.

Mother's Education: Similarly, the distribution of respondents by mother's education showed that 23.33 per cent were illiterate. Primary pass were 35.83 per cent. 29.58 per cent were educated up-to matric level. 9.17 per cent were educated up-to 12th. Only 2.08 per cent of the respondents had mothers who were graduates.

Father's Occupation: The profile of the father's occupation revealed that 5 per cent were farmers, 13.75 per cent were in business, 62.92 per cent were servicemen and 18.33 per cent were labourers.

Mother's Occupation: In contrast to this, majority of the (85%) respondents had mothers who were homemakers, 12.08 per cent were in service and 2.92 per cent were labourers.

Family Members: The sample of respondents depicted that 28.75 per cent of students belonged to small sized family. 70.42 per cent of respondents belonged to medium sized family and 0.83 per cent of the respondents live in large sized families.

Sibling (male): The sample of respondents revealed that 22.08 per cent of the respondents had no male sibling, 52.08 per cent of the respondents had one male sibling, 22.08 per cent had two male siblings, 2.92 per cent of the respondents had three male siblings and only 0.83 per cent had four male siblings.

Sibling (female): The sample of respondents elucidated that 28.75 per cent of the respondents had no female sibling, 47.50 per cent of the respondents have one female sibling, 20 per cent of the respondents had two female siblings, 2.92 per cent of the adolescents had three female siblings and 0.83 per cent of the respondents had four female siblings.

The following table 4.1.4 and fig. 4.1.4 shows the locale wise frequency and percentage distribution of total sample according to their socio-personal profile.

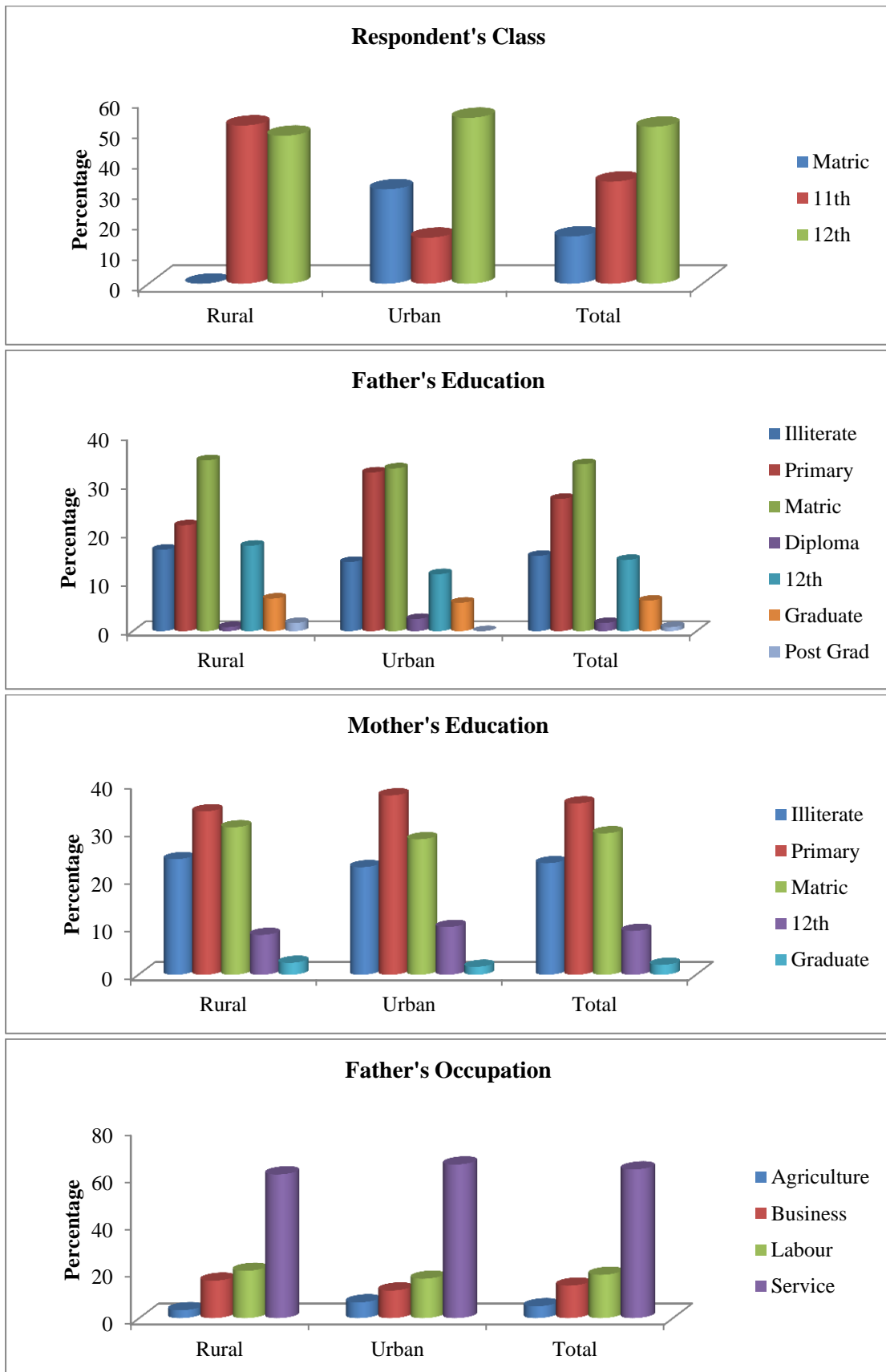
Class: The sample revealed that 15.42 per cent of respondents were studying in class 10th, 33.33 per cent in standard 11th and 51.25 per cent were studying in standard 12th.

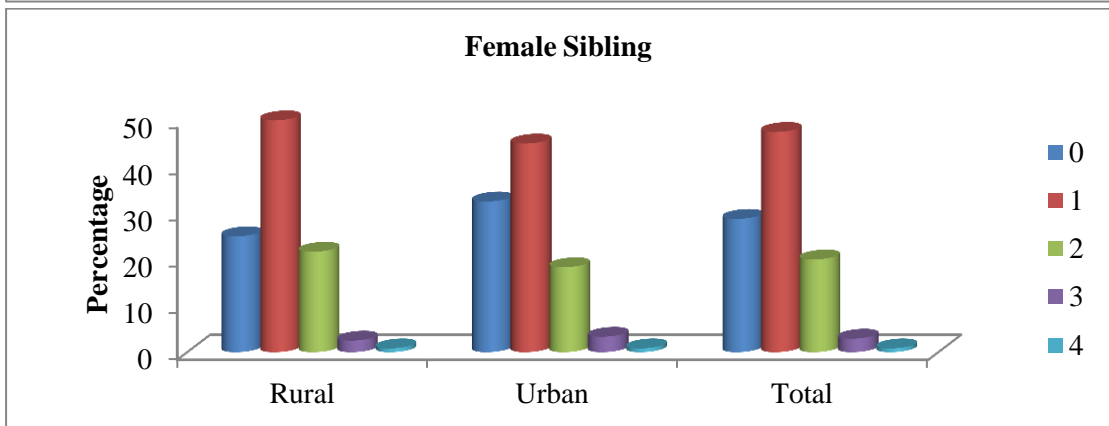
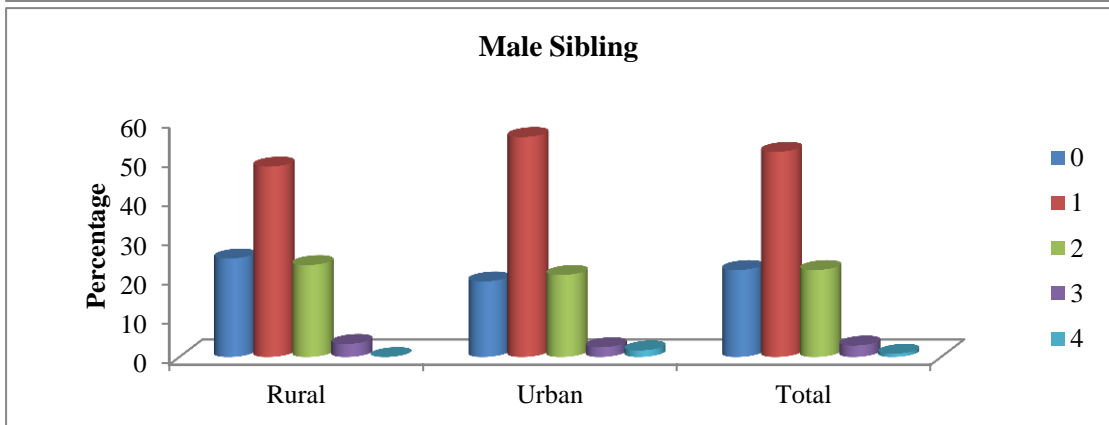
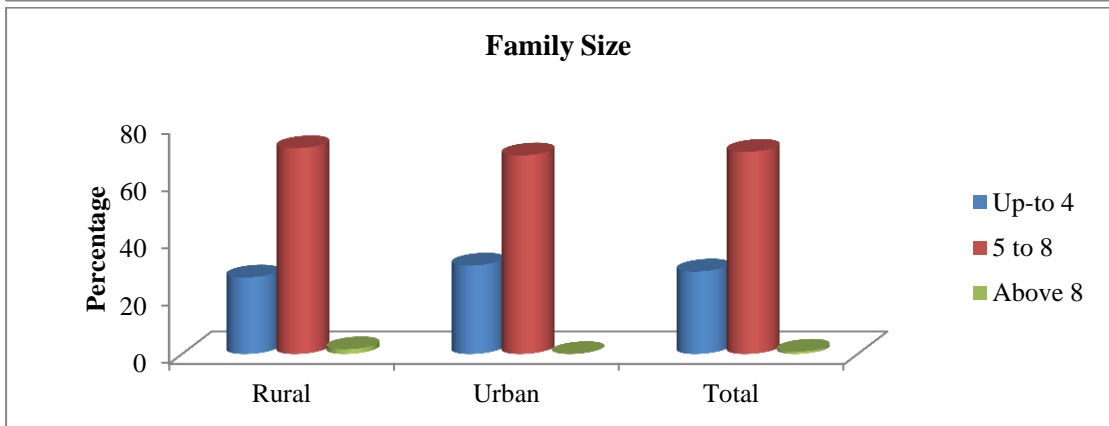
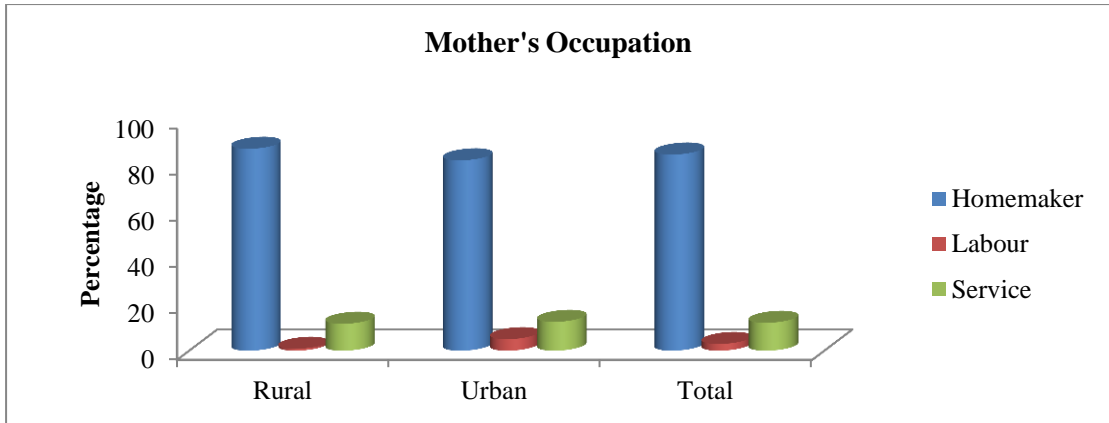
Father's Education: The profile of the father's education indicated that 15.42 per cent were illiterate. Primary pass were 27.08 per cent. 34.17 per cent were educated up-to matric level, 14.58 per cent were educated up-to 12th. Graduates were 6.25 per cent. Only 0.83 per cent of the respondents had fathers who were post graduates and 1.67 of the respondents had fathers who had diploma degree.

Table 4.1.4: Locale-wise per cent distribution of respondents according to their socio-personal profile.

| Variables | | Rural (n ₁ =120) | | Urban (n ₂ =120) | | Total (n=240) | |
|----------------------------|------------------|-----------------------------|-------|-----------------------------|-------|---------------|-------|
| | | <i>f</i> | % | <i>f</i> | % | <i>f</i> | % |
| CLASS | Matric | 0 | 0.00 | 37 | 30.83 | 37 | 15.42 |
| | 11 th | 62 | 51.67 | 18 | 15.00 | 80 | 33.33 |
| | 12 th | 58 | 48.33 | 65 | 54.17 | 123 | 51.25 |
| FATHER'S EDUCATION | Illiterate | 20 | 16.67 | 17 | 14.17 | 37 | 15.42 |
| | Primary | 26 | 21.67 | 39 | 32.50 | 65 | 27.08 |
| | Matric | 42 | 35.00 | 40 | 33.33 | 82 | 34.17 |
| | Diploma | 1 | .83 | 3 | 2.50 | 4 | 1.67 |
| | 12 th | 21 | 17.50 | 14 | 11.67 | 35 | 14.58 |
| | Graduate | 8 | 6.67 | 7 | 5.83 | 15 | 6.25 |
| | Post Grad | 2 | 1.67 | 0 | 0.00 | 2 | .83 |
| MOTHER'S EDUCATION | Illiterate | 29 | 24.17 | 27 | 22.50 | 56 | 23.33 |
| | Primary | 41 | 34.17 | 45 | 37.50 | 86 | 35.83 |
| | Matric | 37 | 30.83 | 34 | 28.33 | 71 | 29.58 |
| | 12 th | 10 | 8.33 | 12 | 10.00 | 22 | 9.17 |
| | Graduate | 3 | 2.50 | 2 | 1.67 | 5 | 2.08 |
| FATHER'S OCCUPATION | Agriculture | 4 | 3.33 | 8 | 6.67 | 12 | 5.00 |
| | Business | 19 | 15.83 | 14 | 11.67 | 33 | 13.75 |
| | Labour | 24 | 20.00 | 20 | 16.67 | 44 | 18.33 |
| | Service | 73 | 60.83 | 78 | 65.00 | 151 | 62.92 |
| MOTHER'S OCCUPATION | Homemaker | 105 | 87.50 | 99 | 82.50 | 204 | 85.00 |
| | Labour | 1 | .83 | 6 | 5.00 | 7 | 2.92 |
| | Service | 14 | 11.67 | 15 | 12.50 | 29 | 12.08 |
| FAMILY SIZE | Up-to 4 | 32 | 26.67 | 37 | 30.83 | 69 | 28.75 |
| | 5- 8 | 86 | 71.67 | 83 | 69.17 | 169 | 70.42 |
| | Above 8 | 2 | 1.67 | 0 | 0.00 | 2 | .83 |
| MALE SIBLING | 0 | 30 | 25.00 | 23 | 19.17 | 53 | 22.08 |
| | 1 | 58 | 48.33 | 67 | 55.83 | 125 | 52.08 |
| | 2 | 28 | 23.33 | 25 | 20.83 | 53 | 22.08 |
| | 3 | 4 | 3.33 | 3 | 2.50 | 7 | 2.92 |
| | 4 | 0 | 0.00 | 2 | 1.67 | 2 | .83 |
| FEMALE SIBLING | 0 | 30 | 25.00 | 39 | 32.50 | 69 | 28.75 |
| | 1 | 60 | 50.00 | 54 | 45.00 | 114 | 47.50 |
| | 2 | 26 | 21.67 | 22 | 18.33 | 48 | 20.00 |
| | 3 | 3 | 2.50 | 4 | 3.33 | 7 | 2.92 |
| | 4 | 1 | .83 | 1 | .83 | 2 | .83 |

Fig. 4.1.4: Locale-wise per cent distribution of respondents according to their socio-personal profile





Mother's Education: Similarly, the distribution of respondents by mother's education showed that 23.33 per cent were illiterate. 35.83 per cent were primary pass. 29.58 per cent were educated up-to matric level. 9.17 per cent were educated up-to 12th. Only 2.08 per cent of the respondents had mothers who were graduates.

Father's Occupation: The profile of the father's occupation revealed that 5 per cent were farmers, 13.75 per cent were in business, 62.92 per cent were servicemen and 18.33 per cent were labourers.

Mother's Occupation: In contrast to this, majority of the (85%) respondents had mothers who were homemakers, 12.08 per cent were in service and 2.92 per cent were labourers.

Family Members: The sample of respondents depicted that 28.75 per cent of respondents were from small sized family, 70.42 per cent of respondents were from medium sized family and 0.83 per cent of the respondents live in large sized families.

Sibling (male): The sample of respondents revealed that 22.08 per cent of the respondents had no male sibling, 52.08 per cent of the respondents had one male sibling, 22.08 per cent had two male siblings, 2.92 per cent of the adolescents had three male siblings and only 0.83 per cent had four male siblings.

Sibling (female): The sample of respondents elucidated that 28.75 per cent of the respondents had no female sibling, 47.50 per cent of the respondents have one female sibling, 20 per cent of the respondents had two female siblings, 2.92 per cent of the respondents had three female siblings and 0.83 per cent of the respondents had four female siblings.

4.2 GENDER AND LOCALE WISE DIFFERENCES IN SUICIDAL IDEATION AMONG RURAL AND URBAN ADOLESCENTS

Table 4.2.1 and Fig. 4.2.1 describes locale-wise distribution across different levels of suicidal ideation among rural and urban respondents. It is clear from the table that in case of rural sample the percentage of boys (48.33%) in low category was significantly ($Z = 4.38, p \leq 0.01$) higher than girls (11.67%) whereas the percentage of girls (41.67%) in high category was significantly ($Z = 3.96, p \leq 0.01$) higher than boys (10%) which revealed that more number of girls had high level of suicidal ideation than boys. A study conducted by Liu *et al* (2005) also concluded that rural female adolescents were more likely to report suicidal ideation than rural males.

Among urban respondents non-significant differences were observed between boys and girls in all the three levels of suicidal ideation. The results indicated that 61.67 per cent of the girls and 56.67 per cent of the boys fall in average level of suicidal ideation and 30 per cent of the boys and 25 per cent of the girls had low level of suicidal ideation, whereas equal percentage (13.33%) of boys and girls had high level of suicidal ideation.

Table 4.2.1: Locale-wise distribution of the respondents across different levels of suicidal ideation.

(n=240)

| Suicidal Ideation | Rural | | | | Z-value | Urban | | | | Z-value |
|-------------------|---------------------------|-------|----------------------------|-------|---------|---------------------------|-------|----------------------------|-------|---------|
| | Boys (n ₁ =60) | | Girls (n ₂ =60) | | | Boys (n ₃ =60) | | Girls (n ₄ =60) | | |
| | f | % | f | % | | f | % | f | % | |
| Low | 29 | 48.33 | 7 | 11.67 | 4.383** | 18 | 30.00 | 15 | 25.00 | 0.613 |
| Medium | 25 | 41.67 | 28 | 46.67 | 0.551 | 34 | 56.67 | 37 | 61.67 | 0.557 |
| High | 6 | 10.00 | 25 | 41.67 | 3.962** | 8 | 13.33 | 8 | 13.33 | 0.00 |

**Significant at the 0.01 level (2-tailed).

Fig. 4.2.1: Locale-wise distribution of the respondents across different levels of suicidal ideation.

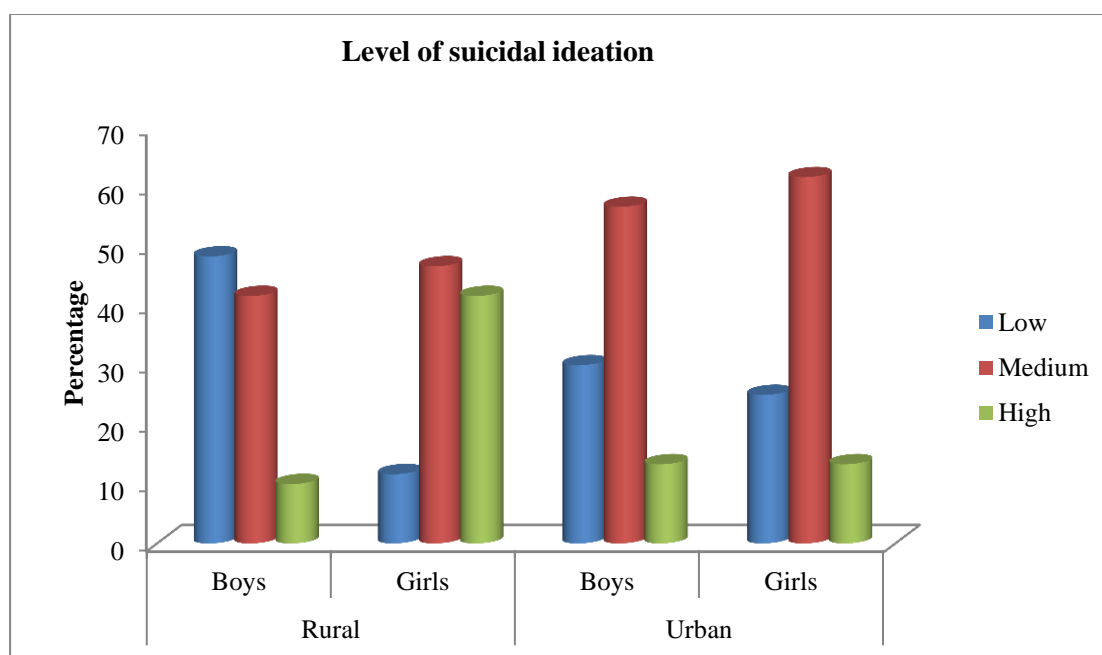


Table 4.2.2 and Fig. 4.2.2 represents gender-wise distribution across different levels of suicidal ideation among rural and urban respondents. The results indicated that in case of rural sample the percentage of boys (48.33%) in low category was significantly ($Z = 2.057$, $p \leq 0.05$) higher than urban boys (30.00%). Non-significant differences were found in medium and high levels of suicidal ideation among rural and urban boys. The results indicated that 41.67 per cent of rural boys and 56.67 per cent of urban boys had medium level of suicidal ideation and 10 per cent of boys from rural background and 13.33 per cent of urban boys had high level of suicidal ideation.

Table 4.2.2: Gender-wise distribution of the respondents across different levels of suicidal ideation.

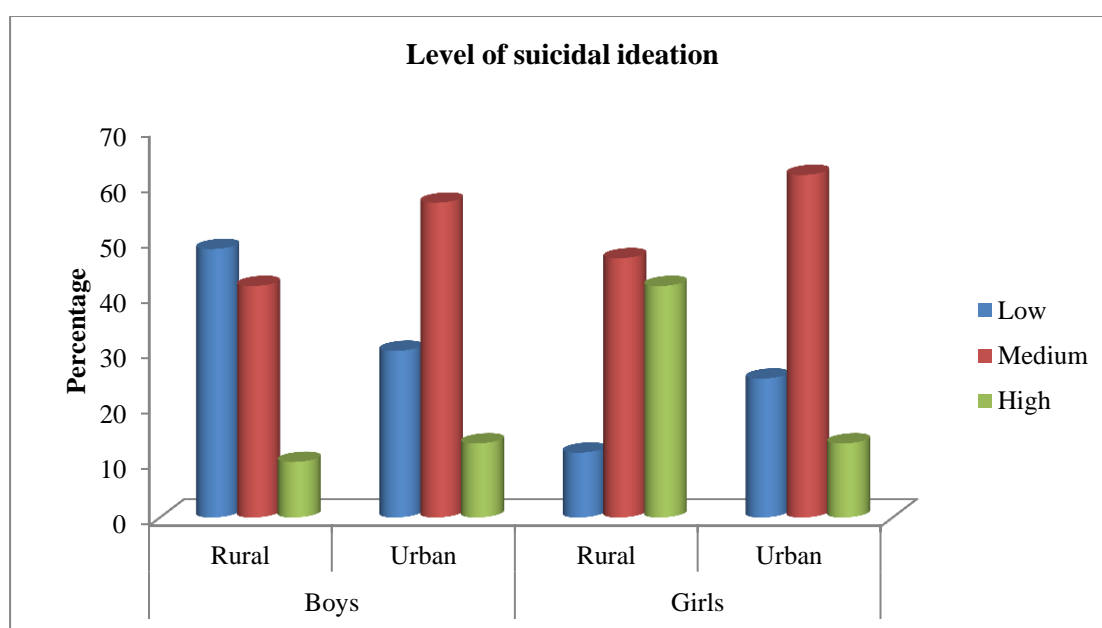
(n=240)

| Suicidal Ideation | Boys | | | | Z-value | Girls | | | | Z-value |
|-------------------|----------------------------|-------|----------------------------|-------|---------|----------------------------|-------|----------------------------|-------|---------|
| | Rural (n ₁ =60) | | Urban (n ₂ =60) | | | Rural (n ₃ =60) | | Urban (n ₄ =60) | | |
| | f | % | f | % | | f | % | f | % | |
| Low | 29 | 48.33 | 18 | 30.00 | 2.057* | 7 | 11.67 | 15 | 25.00 | 1.887 |
| Medium | 25 | 41.67 | 34 | 56.67 | 1.643 | 28 | 46.67 | 37 | 61.67 | 1.649 |
| High | 6 | 10.00 | 8 | 13.33 | 0.569 | 25 | 41.67 | 8 | 13.33 | 3.476** |

**Significant at the 0.01 level (2-tailed).

*Significant at the 0.05 level (2-tailed).

Fig. 4.2.2: Gender-wise distribution of the respondents across different levels of suicidal ideation.



Among girls, significant differences were found in high level of suicidal ideation between rural and urban sample of girls. The results showed that rural girls (41.67%) were significantly ($Z = 3.476$, $p \leq 0.01$) higher than urban girls. Non-significant differences were found in low and medium levels of suicidal ideation among rural and urban girls. 11.67 per cent of rural girls and 25 per cent of urban girls had low level of suicidal ideation and 46.67 per cent of rural girls and 61.67 per cent of girls from urban background had medium level of suicidal ideation.

Table 4.2.3 : Gender-wise distribution of the respondents across varying levels of suicidal ideation.

| Suicidal Ideation | Boys (n ₁ =120) | | Girls (n ₂ =120) | | Z-value | Total (n=240) | |
|-------------------|----------------------------|-------|-----------------------------|-------|---------|---------------|-------|
| | f | % | f | % | | f | % |
| Low | 47 | 39.17 | 22 | 18.33 | 3.566** | 69 | 28.75 |
| Medium | 59 | 49.17 | 65 | 54.17 | 0.775 | 124 | 51.67 |
| High | 14 | 11.67 | 33 | 27.50 | 3.091** | 47 | 19.58 |

**Significant at the 0.01 level (2-tailed).

Fig. 4.2.3 : Gender-wise distribution of the respondents across varying levels of suicidal ideation.

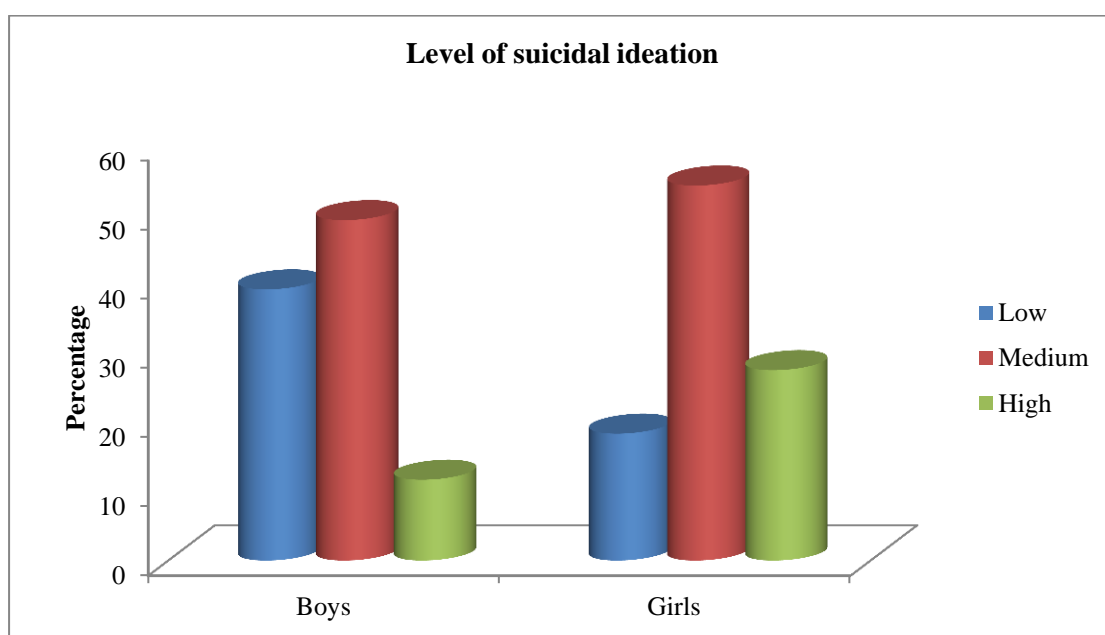


Table 4.2.3 and Fig. 4.2.3 represents gender-wise distribution across different levels of suicidal ideation among total sample. The results depicted that percentage of boys (39.17%) in low level category was significantly ($Z = 3.56$, $p \leq 0.01$) higher than girls (18.33%) whereas the percentage of girls (27.50%) in high category was significantly ($Z = 3.09$, $p \leq 0.01$) higher than boys (11.67%) which revealed that more number of girls had high level of suicidal ideation than boys. Non-significant differences were observed in medium level of suicidal ideation between boys and girls. Boeninger *et al* (2010) and Nowotny *et al* (2015) also found that girls have higher suicidal ideation rate than their boys counterparts. Lee and choi (2015), Huang *et al* (2017) and Xu *et al* (2015) also concluded that both suicidal ideation and suicidal behaviour were more familiar in girls as compared to boys whereas Lotrakul (2006) stated that male adolescents are more prone to suicidal ideation and attempts due to several factors like unemployment and social expectations.

Table 4.2.4: Locale-wise distribution of the respondents across varying levels of suicidal ideation

| Suicidal Ideation | Rural (n ₁ =120) | | Urban (n ₂ =120) | | Z-value | Total (n=240) | |
|-------------------|-----------------------------|-------|-----------------------------|-------|---------|---------------|-------|
| | f | % | f | % | | f | % |
| Low | 36 | 30.00 | 33 | 27.50 | 0.428 | 69 | 28.75 |
| Medium | 53 | 44.17 | 71 | 59.17 | 2.325* | 124 | 51.67 |
| High | 31 | 25.83 | 16 | 13.33 | 2.440* | 47 | 19.58 |

* Significant at the 0.05 level (2-tailed).

Fig. 4.2.4: Locale-wise distribution of the respondents across varying levels of suicidal ideation

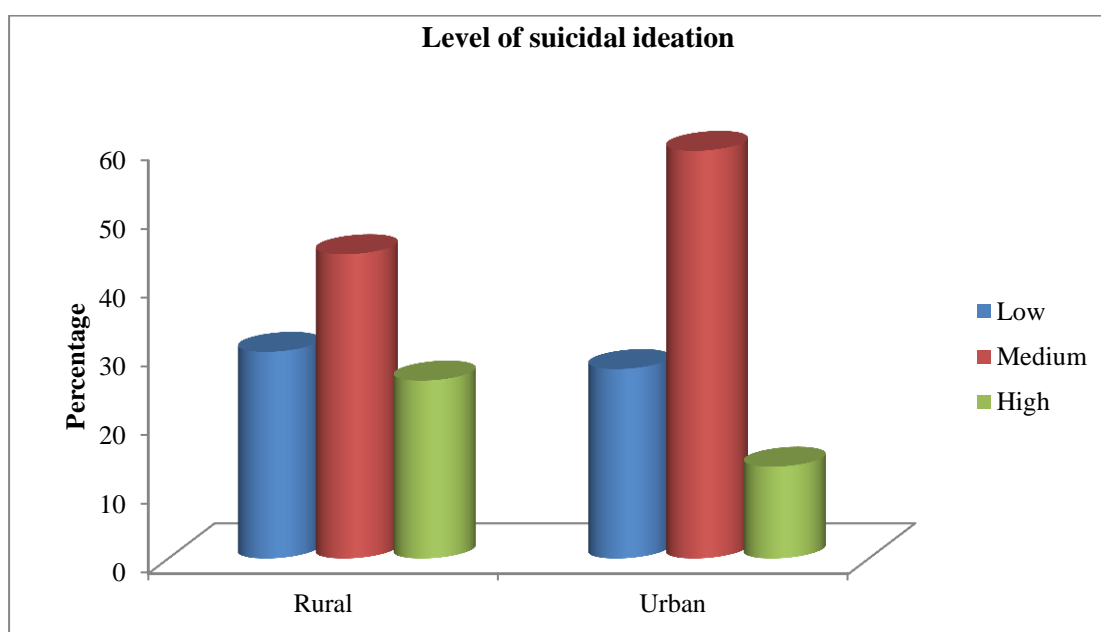


Table 4.2.4 and Fig. 4.2.4 represents locale wise distribution across different levels of suicidal ideation among total sample. The results presented that percentage of urban adolescents (59.17%) in medium level was significantly ($Z = 2.32, p \leq 0.05$) higher than rural adolescents (44.17%) whereas the percentage of rural adolescents (25.83%) in high category was significantly ($Z = 2.44, p \leq 0.05$) higher than urban adolescents (13.33%) which revealed that more number of rural adolescents had high level of suicidal ideation than urban adolescents. Non- significant differences were observed in low level of suicidal ideation between rural and urban adolescents. A study conducted by Meng *et al* (2013) showed that rural background was positively associated with depression, which was in turn associated with suicidal ideation whereas Claire *et al* (2019) stated that rural adolescents reported less suicidal behaviour as compared to urban adolescents.

Table 4.2.5: Locale-wise differences in the mean scores (\pm S.D) of the respondents across various levels of suicidal ideation

(n=240)

| Variable | Rural | | t-value | Urban | | t-value |
|-------------------|---------------------------|----------------------------|---------|---------------------------|----------------------------|---------|
| | Boys (n ₁ =60) | Girls (n ₂ =60) | | Boys (n ₁ =60) | Girls (n ₂ =60) | |
| | Mean \pm S.D | Mean \pm S.D | | Mean \pm S.D | Mean \pm S.D | |
| Suicidal Ideation | 55.50 \pm 12.86 | 71.83 \pm 14.14 | 6.619** | 59.62 \pm 12.67 | 61.98 \pm 12.02 | 1.050 |

**Significant at the 0.01 level (2-tailed).

Fig. 4.2.5: Locale-wise differences in the mean scores (\pm S.D) of the respondents across various levels of suicidal ideation

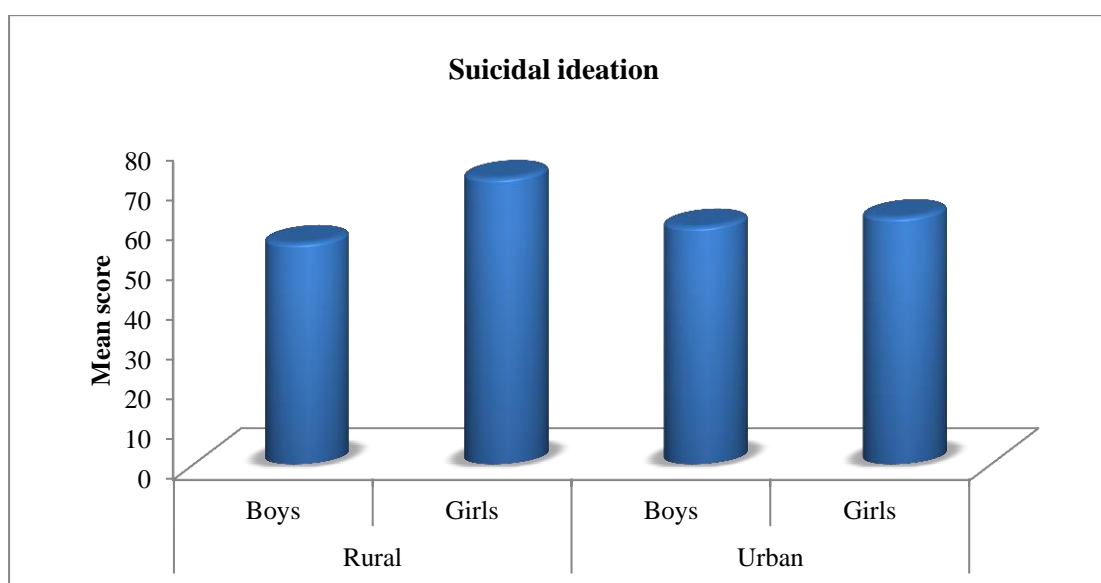


Table 4.2.5 and Fig. 4.2.5 represents locale-wise differences in mean scores of rural and urban adolescents in suicidal ideation.. The data interpreted that in mean scores of suicidal ideation of rural adolescents, girls (71.83 \pm 14.14) were significantly (t = 6.61, p \leq 0.01) ahead of boys (55.50 \pm 12.86).Non-significant differences were observed between urban boys and girls with regard to suicidal ideation.

Table 4.2.6: Gender-wise differences in mean scores (\pm S.D) of rural and urban respondents across suicidal ideation

(n=240)

| Variable | Boys | | t-value | Girls | | t-value |
|-------------------|----------------------------|----------------------------|---------|----------------------------|----------------------------|---------|
| | Rural (n ₁ =60) | Urban (n ₂ =60) | | Rural (n ₃ =60) | Urban (n ₄ =60) | |
| | Mean \pm S.D | Mean \pm S.D | | Mean \pm S.D | Mean \pm S.D | |
| Suicidal Ideation | 55.50 \pm 12.86 | 59.62 \pm 12.67 | 1.766 | 71.83 \pm 14.14 | 61.98 \pm 12.02 | 4.111** |

**Significant at the 0.01 level (2-tailed).

Fig. 4.2.6: Gender-wise differences in mean scores (\pm S.D) of rural and urban respondents across suicidal ideation

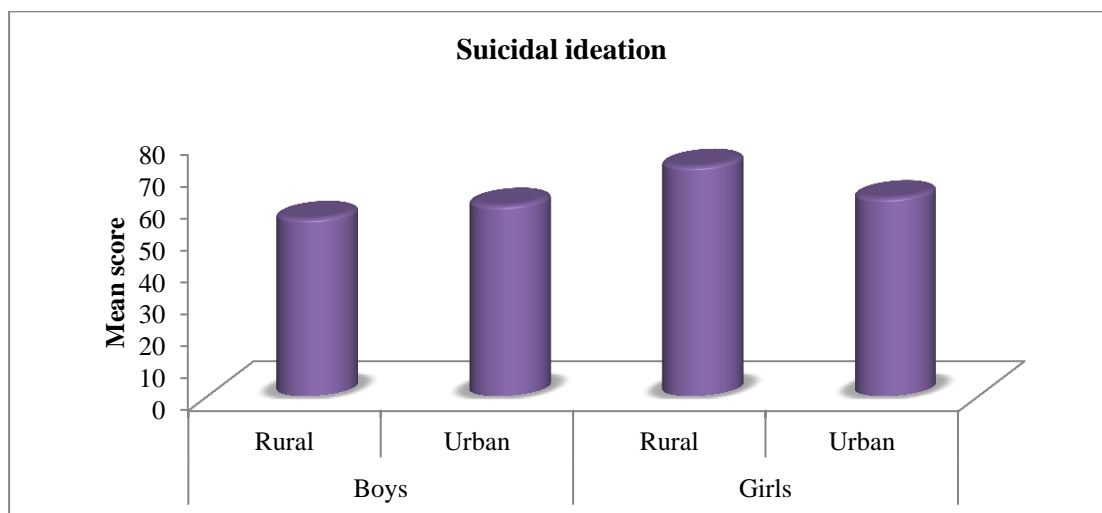


Table 4.2.6 and Fig. 4.2.6 represents gender-wise differences in mean scores of rural and urban adolescents in suicidal ideation. The data interpreted that in mean scores of suicidal ideation of girls, rural girls (71.83 \pm 14.14) were significantly ($t = 4.111, p \leq 0.01$) ahead of urban girls (61.98 \pm 12.02). Non-significant differences were observed between rural and urban boys with regard to suicidal ideation.

Table 4.2.7: Gender-wise differences in mean scores (\pm S.D) of respondents in suicidal ideation

| Variable | Boys ($n_1=120$) | Girls ($n_2=120$) | t-value | Total ($n=240$) |
|--------------------------|--------------------|---------------------|---------|-------------------|
| | Mean \pm S.D | Mean \pm S.D | | Mean \pm S.D |
| Suicidal Ideation | 57.56 \pm 12.88 | 66.91 \pm 13.97 | 5.390** | 62.23 \pm 14.20 |

**Significant at the 0.01 level (2-tailed).

Fig. 4.2.7: Gender-wise differences in mean scores (\pm S.D) of respondents in suicidal ideation

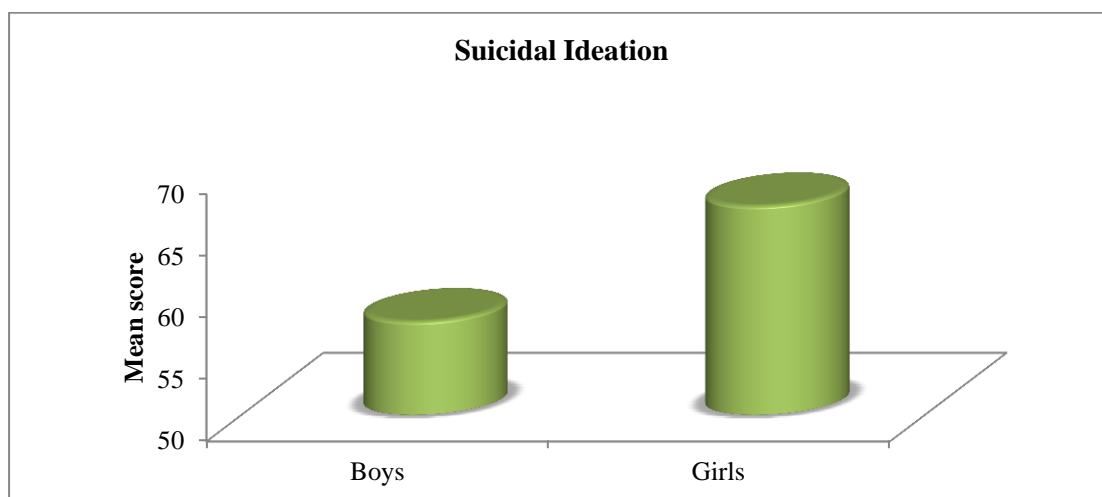


Table 4.2.7 and Fig. 4.2.7 represents gender-wise differences in mean scores of respondents in suicidal ideation. Significant gender differences were found in mean scores. Girls (66.91 ± 13.97) were significantly ($t = 5.39, p \leq 0.01$) ahead of boys (57.56 ± 12.88).

Table 4.2.8: Locale-wise differences in mean scores (\pm S.D) of respondents across suicidal ideation

| Variable | Rural ($n_1=120$) | Urban ($n_2=120$) | t-value | Total ($n=240$) |
|-------------------|---------------------|---------------------|---------|-------------------|
| | Mean \pm S.D | Mean \pm S.D | | Mean \pm S.D |
| Suicidal Ideation | 63.67 ± 15.76 | 60.8 ± 12.35 | 1.568 | 62.23 ± 14.20 |

Fig. 4.2.8: Locale-wise differences in mean scores (\pm S.D) of respondents across suicidal ideation

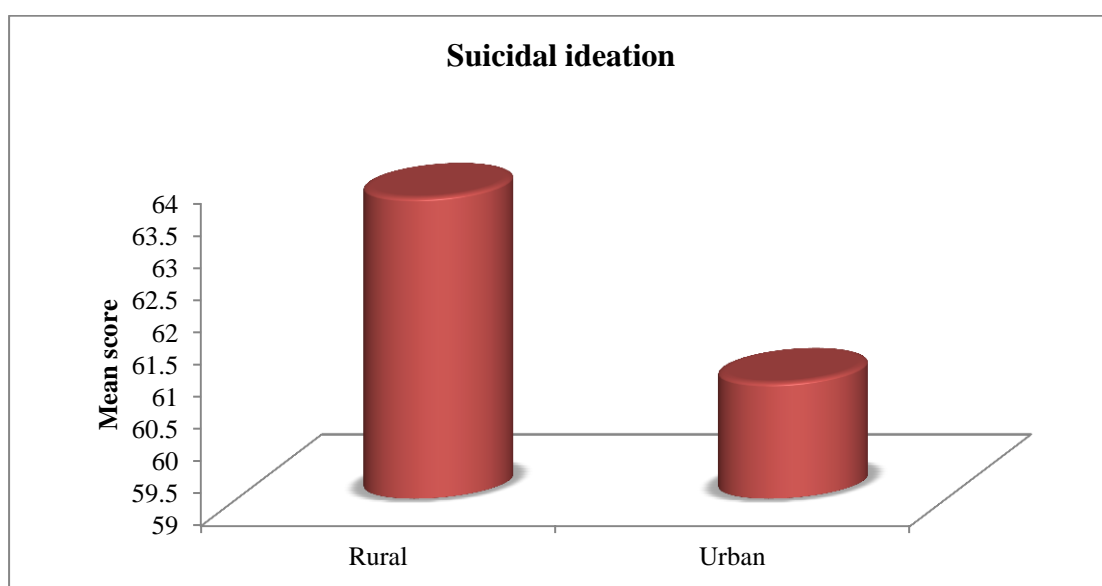


Table 4.2.8 and Fig. 4.2.8 represents locale -wise differences in mean scores of respondents in suicidal ideation. No significant difference was found between rural and urban adolescents.

4.3 GENDER AND LOCALE-WISE DIFFERENCES IN MENTAL HEALTH AMONG RURAL AND URBAN ADOLESCENTS

Table 4.3.1 and Fig.4.3.1 depicts the locale-wise distribution across different levels of mental health among rural and urban respondents.

Among rural sample, the results revealed that in low level of autonomy rural girls (81.67%) were found significantly ($Z = 5.18, p \leq 0.01$) ahead of rural boys (35%) and in medium level rural boys (58.33%) were found significantly ($Z = 4.50, p \leq 0.01$) higher than rural girls (18.33%) whereas in high level rural boys (6.67%) were significantly ($Z = 2.03, p \leq 0.05$) higher than rural girls (0%) indicating that more number of rural boys had more autonomy in them as compared to rural girls. In the trait of security-insecurity significant

differences were found in low and high level. In low level rural girls (53.33%) were significantly ($Z= 3.99, p \leq 0.05$) higher than rural boys (18.33%). In high level rural boys (35%) were significantly ($Z = 3.82, p \leq 0.01$) ahead as compared to rural girls (6.67%). In case of self-concept scores of rural girls (46.67%) were significantly ($Z = 3.75, p \leq 0.01$) higher than rural boys (15%) in low level whereas in high level of self-concept rural boys (45%) were found to be significantly ($Z = 4.79, p \leq 0.01$) ahead than rural girls (6.67%)

Table 4.3.1: Locale-wise differences in mental health among adolescents.

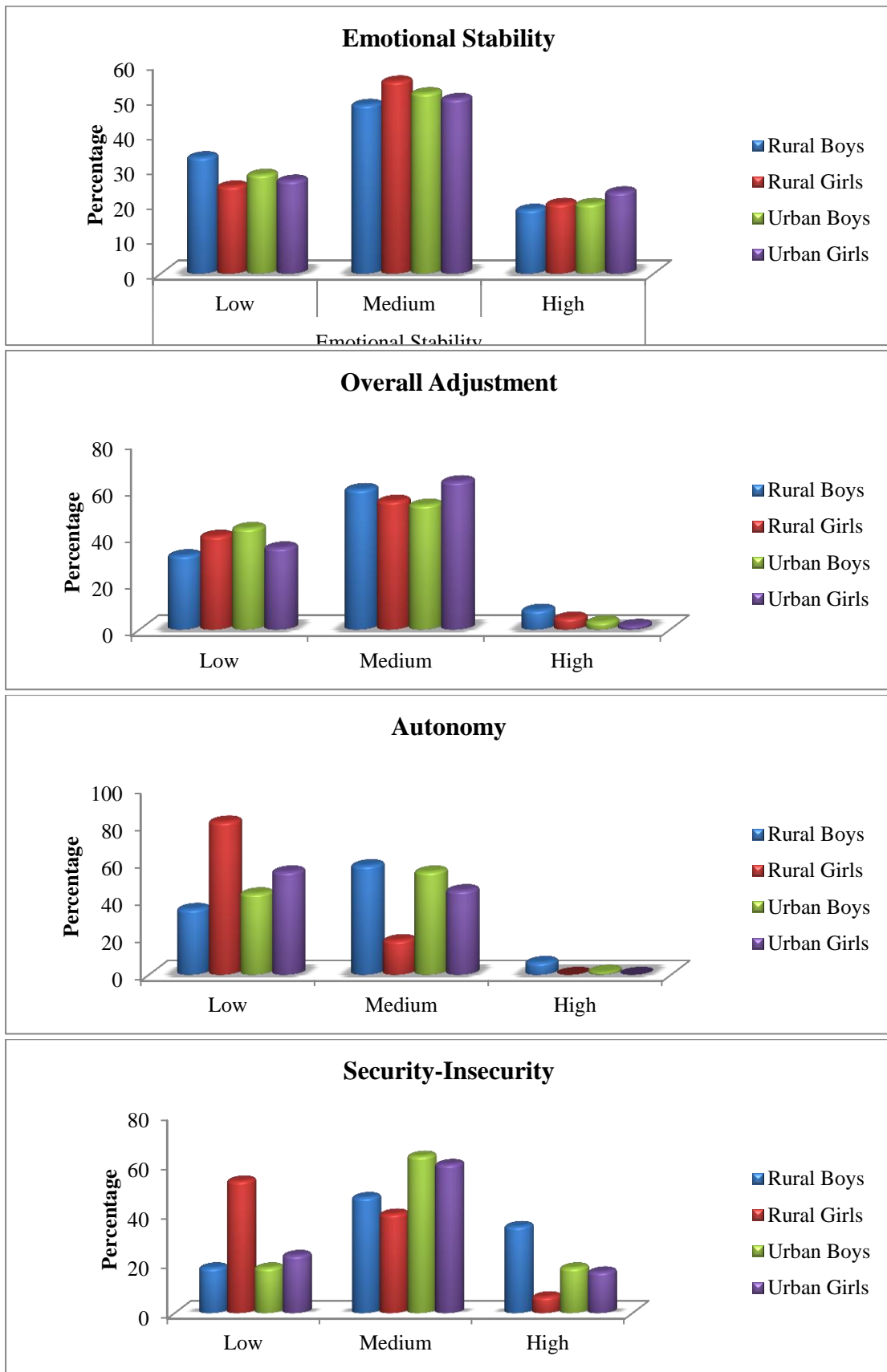
(n=240)

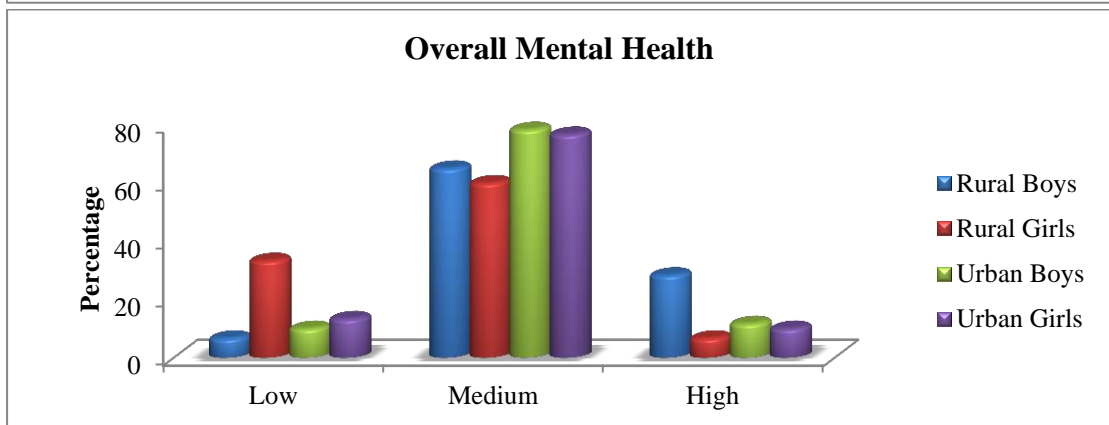
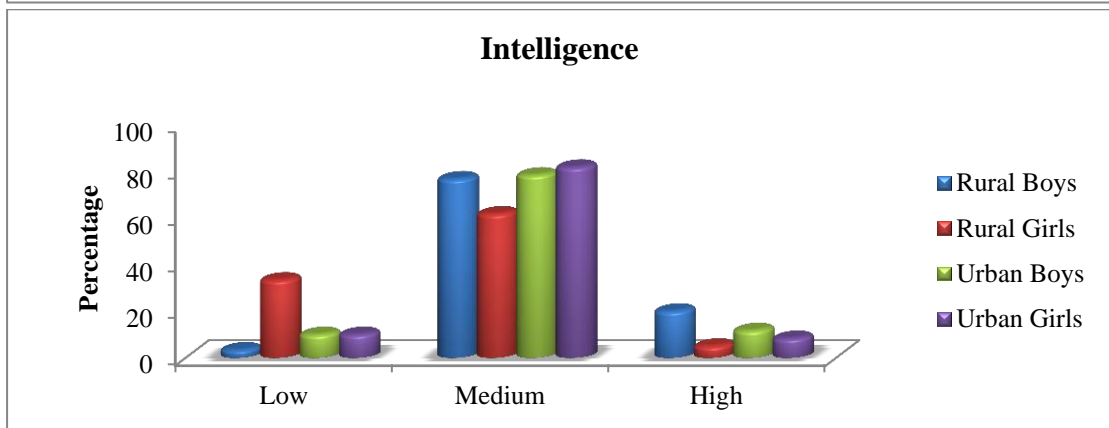
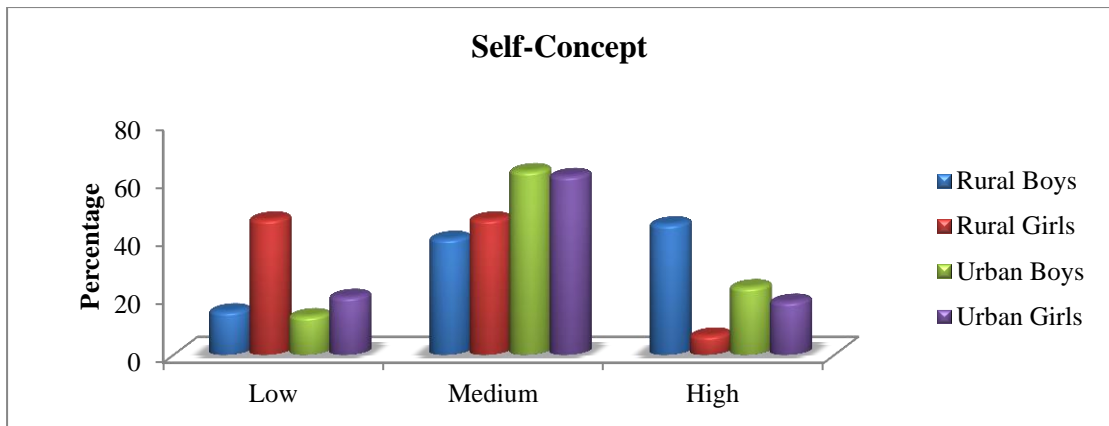
| Dimensions of Mental Health | | Rural | | | | Z-value | Urban | | | | Z-value |
|-----------------------------|--------|---------------------------|-------|----------------------------|-------|---------|---------------------------|-------|----------------------------|-------|---------|
| | | Boys (n ₁ =60) | | Girls (n ₂ =60) | | | Boys (n ₃ =60) | | Girls (n ₄ =60) | | |
| | | f | % | f | % | | f | % | f | % | |
| Emotional Stability | Low | 20 | 33.33 | 15 | 25.00 | 1.004 | 17 | 28.33 | 16 | 26.67 | 0.204 |
| | Medium | 29 | 48.33 | 33 | 55.00 | 0.731 | 31 | 51.67 | 30 | 50.00 | 0.183 |
| | High | 11 | 18.33 | 12 | 20.00 | 0.232 | 12 | 20.00 | 14 | 23.33 | 0.443 |
| Overall Adjustment | Low | 19 | 31.67 | 24 | 40.00 | 0.952 | 26 | 43.33 | 21 | 35.00 | 0.935 |
| | Medium | 36 | 60.00 | 33 | 55.00 | 0.554 | 32 | 53.33 | 38 | 63.33 | 1.111 |
| | High | 5 | 8.33 | 3 | 5.00 | 0.732 | 2 | 3.33 | 1 | 1.67 | 0.585 |
| Autonomy | Low | 21 | 35.00 | 49 | 81.67 | 5.185** | 26 | 43.33 | 33 | 55.00 | 1.278 |
| | Medium | 35 | 58.33 | 11 | 18.33 | 4.506** | 33 | 55.00 | 27 | 45.00 | 1.095 |
| | High | 4 | 6.67 | 0 | 0.00 | 2.034* | 1 | 1.67 | 0 | 0.00 | 1.004 |
| Security-Insecurity | Low | 11 | 18.33 | 32 | 53.33 | 3.998** | 11 | 18.33 | 14 | 23.33 | 0.674 |
| | Medium | 28 | 46.67 | 24 | 40.00 | 0.737 | 38 | 63.33 | 36 | 60.00 | 0.376 |
| | High | 21 | 35.00 | 4 | 6.67 | 3.821** | 11 | 18.33 | 10 | 16.67 | 0.240 |
| Self-Concept | Low | 9 | 15.00 | 28 | 46.67 | 3.756** | 8 | 13.33 | 12 | 20.00 | 0.980 |
| | Medium | 24 | 40.00 | 28 | 46.67 | 0.737 | 38 | 63.33 | 37 | 61.67 | 0.189 |
| | High | 27 | 45.00 | 4 | 6.67 | 4.797** | 14 | 23.33 | 11 | 18.33 | 0.674 |
| Intelligence | Low | 2 | 3.33 | 20 | 33.33 | 4.247** | 6 | 10.00 | 6 | 10.00 | 0.000 |
| | Medium | 46 | 76.67 | 37 | 61.67 | 1.779 | 47 | 78.33 | 49 | 81.67 | 0.456 |
| | High | 12 | 20.00 | 3 | 5.00 | 2.484* | 7 | 11.67 | 5 | 8.33 | 0.609 |
| Overall Mental Health | Low | 4 | 6.67 | 20 | 33.33 | 3.651** | 6 | 10.00 | 8 | 13.33 | 0.569 |
| | Medium | 39 | 65.00 | 36 | 60.00 | 0.566 | 47 | 78.33 | 46 | 76.67 | 0.219 |
| | High | 17 | 28.33 | 4 | 6.67 | 3.123** | 7 | 11.67 | 6 | 10.00 | 0.294 |

**Significant at the 0.01 level (2-tailed).

*Significant at the 0.05 level (1-tailed).

Fig. 4.3.1: Locale-wise differences in mental health among adolescents.





indicating that more number of rural boys had high level of self- concept in them as compared to girls. In case of intelligence rural girls (33.33%) were significantly ($Z = 4.24, p \leq 0.01$) higher than rural boys(3.33%) in low level whereas in high level rural boys (20%) were significantly ($Z = 2.48, p \leq 0.05$) ahead than girls (5%) lighting high intelligence in boys than girls. Non-significant results were found in rest of the traits. In case of emotional stability (33.33%)of rural boys and 25 per cent of rural girls had low, (48.33%) of rural boys and 55 per cent of rural girls had medium and (18.33%) of rural boys and 20 per cent of rural girls had high levels of emotional stability. In overall adjustment trait (31.67%) rural boys and 40 percent of rural girls had low, 60 per cent of rural boys and 55 per cent of girls from rural background had medium and (8.33%) of rural boys and 5 per cent of rural girls had high

levels. In case of overall mental health the rural girls (33.33%) were found to be notably ($Z = 3.65, p \leq 0.01$) higher than rural boys (6.67%) whereas in high level of overall mental health, rural boys (28.33%) were found to be significantly ($Z = 3.12, p \leq 0.01$) ahead than rural girls (6.67%) indicating rural boys having better mental health than rural girls. Present findings are in line with the findings of Georgina *et al* (2012) who concluded that more rural females tend to have depression as compared to rural boys who in turn have better mental health as compared to their female counterparts.

In case of urban boys and girls, no significant differences were found in any of the traits of mental health. In emotional stability, (28.33%) urban boys and 26.67 per cent of urban girls had low, (51.67%) boys and 50 per cent of girls had medium and 20 per cent of boys and 23.33 per cent of girls had high levels. In overall adjustment, 43.33 per cent of boys and 35 per cent of girls had low, (53.33%) boys and (63.33%) girls had medium and 3.33 per cent of boys and 1.67 per cent of girls had high levels. In case of autonomy, (43.33%) of boys and 55 per cent of girls had low, 55 per cent of boys and (45%) of girls had medium and 1.67 per cent of boys and zero per cent of girls had high levels. In case of security-insecurity, 18.33 per cent of boys and 23.33 per cent of girls had low, (63.33%) of boys and 60 per cent of girls had medium and (18.33%) of boys and (16.67%) of girls had high levels. In self-concept, 13.33 per cent of boys and 20 per cent of girls had low, (63.33%) of boys and 61.67 per cent of girls had medium and (23.33%) of boys and (18.33%) of girls had high levels. In intelligence, 10 per cent of boys and 10 per cent of girls had low, 78.33 per cent of boys and 81.67 per cent of girls had medium and 11.67 per cent of boys and 8.33 per cent of girls had high levels. In overall mental health, 10 per cent of boys and 13.33 per cent of girls had low, (78.33%) of boys and (76.67%) of girls had medium and (11.67%) of boys and 10 per cent of girls had high levels respectively. Similar results were observed by Gill *et al* (2014) as they also found that there was no significant difference in mental health of boys and girls.

Table 4.3.2 and Fig. 4.3.2 indicates the gender wise differences in mental health across different dimensions and levels of mental health among rural and urban respondents. Among the sample of boys, the results revealed that in high level of security-insecurity rural boys (35%) were significantly ($Z = 2.064, p \leq 0.01$) ahead of urban boys (18.33%). In self-concept urban boys (63.33%) were found to be significantly ($Z = 2.557, p \leq 0.05$) ahead than rural boys (40%) in medium level whereas in high level of self-concept rural boys (45%) were significantly ($Z = 2.503, p \leq 0.05$) ahead than urban boys (23.33%). Non-significant results were found in rest of the traits. In case of emotional stability (33.33%) of boys from rural background and 28.33 per cent of urban boys had low, 48.33 percent and 51.67 per cent of rural and urban boys had medium and (18.33%) of rural boys and (20%) of urban boys had high levels of emotional stability. In overall adjustment trait (31.67%) and (43.33%) of of lads

were from rural and urban background had low, 60 per cent of rural lads and 53.33 per cent of urban lads had medium and (8.33%) of rural boys and 3.33 per cent of urban boys had high levels. In case of autonomy 35 per cent of rural lads and (43.33%) of urban lads had low, (58.33%) of rural boys and (55%) of urban boys had medium and 6.67 per cent of rural boys

Table 4.3.2: Gender-wise differences in mental health among adolescents.

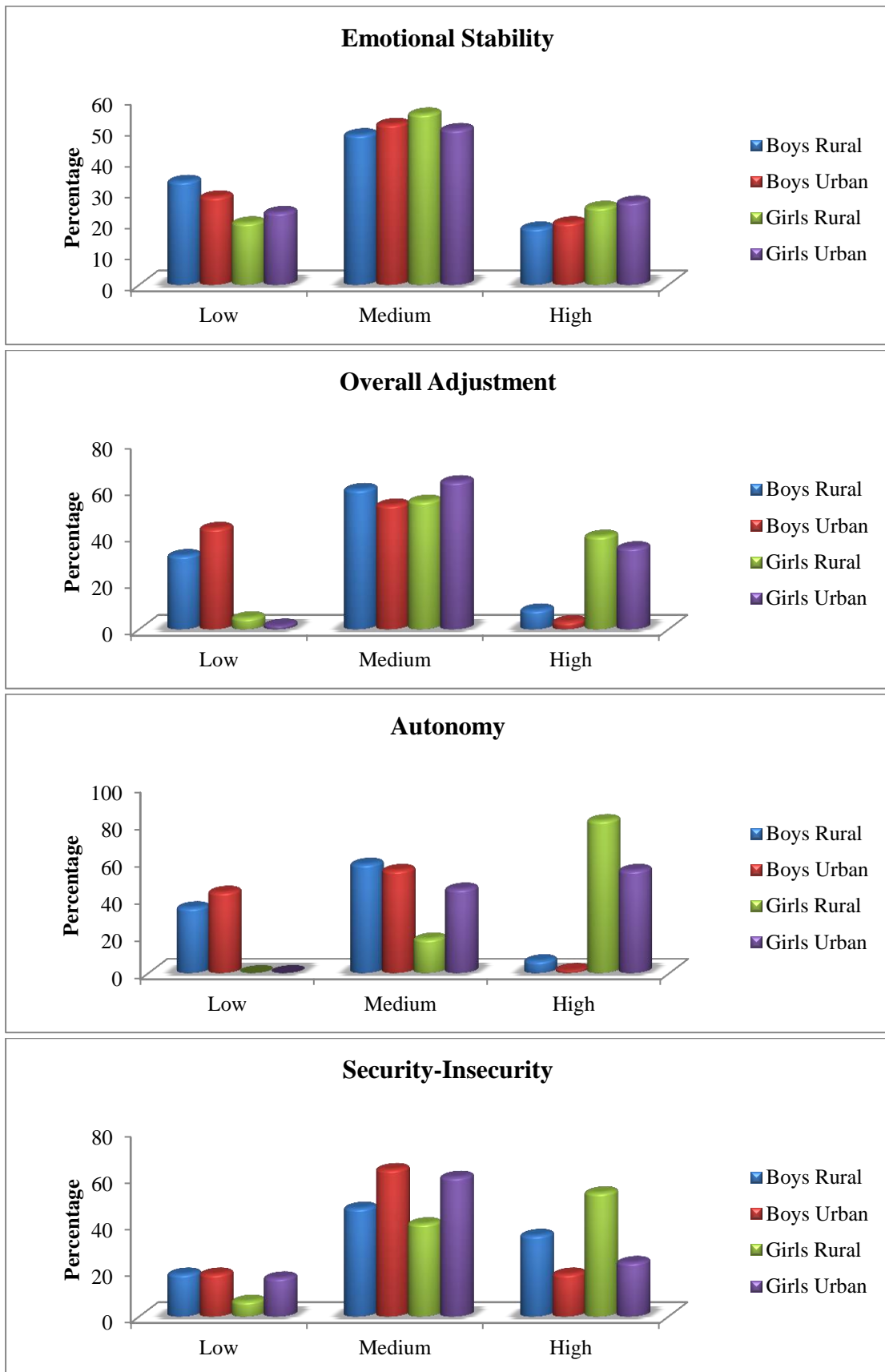
(n=240)

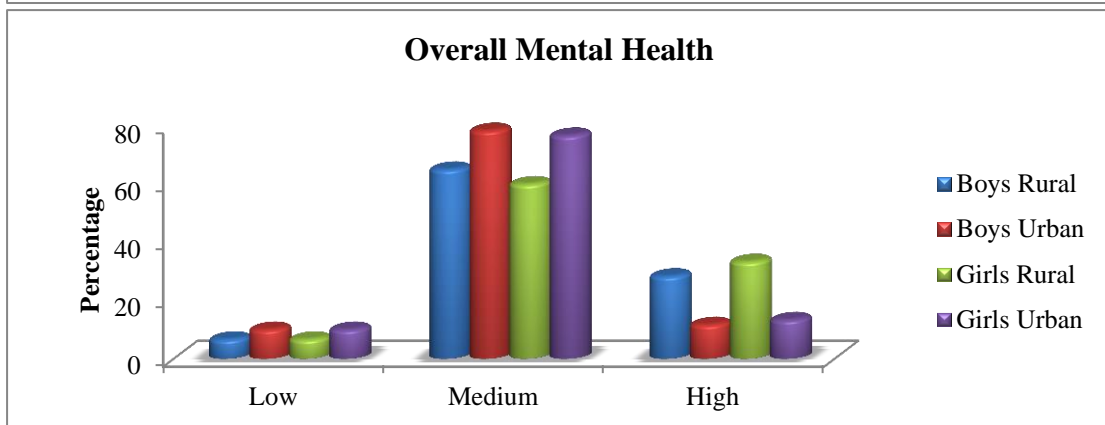
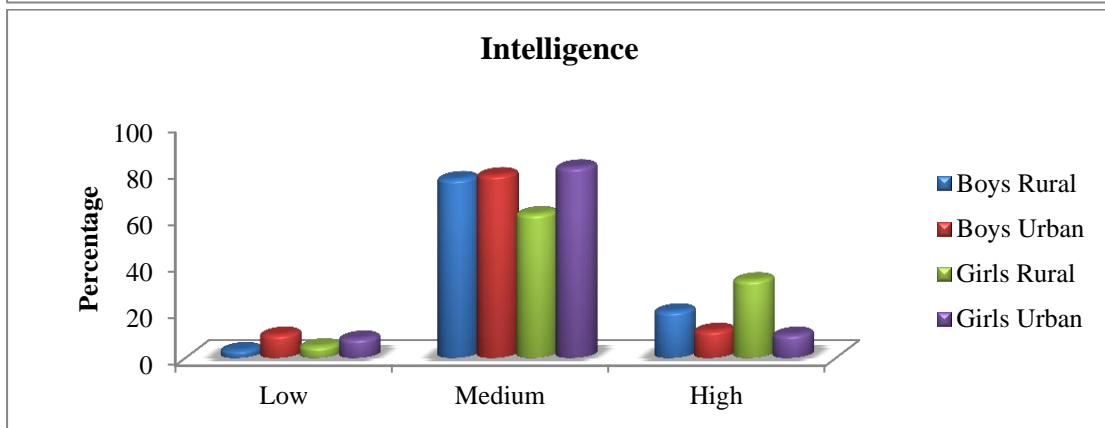
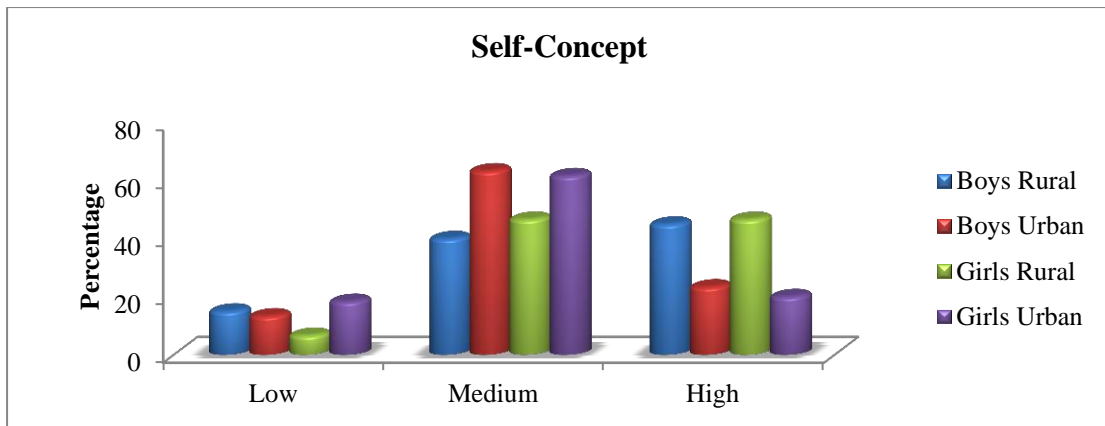
| Dimensions of Mental Health | | Boys | | | | Z-value | Girls | | | | Z-value |
|-----------------------------|--------|----------------------------|-------|----------------------------|-------|---------|----------------------------|-------|----------------------------|-------|---------|
| | | Rural (n ₁ =60) | | Urban (n ₂ =60) | | | Rural (n ₃ =60) | | Urban (n ₄ =60) | | |
| | | f | % | f | % | | f | % | f | % | |
| Emotional Stability | Low | 20 | 33.33 | 17 | 28.33 | 0.593 | 12 | 20.00 | 14 | 23.33 | 0.443 |
| | Medium | 29 | 48.33 | 31 | 51.67 | 0.365 | 33 | 55.00 | 30 | 50.00 | 0.548 |
| | High | 11 | 18.33 | 12 | 20.00 | 0.232 | 15 | 25.00 | 16 | 26.67 | 0.209 |
| Overall Adjustment | Low | 19 | 31.67 | 26 | 43.33 | 1.319 | 3 | 5.00 | 1 | 1.67 | 1.017 |
| | Medium | 36 | 60.00 | 32 | 53.33 | 0.737 | 33 | 55.00 | 38 | 63.33 | 0.929 |
| | High | 5 | 8.33 | 2 | 3.33 | 1.169 | 24 | 40.00 | 21 | 35.00 | 0.566 |
| Autonomy | Low | 21 | 35.00 | 26 | 43.33 | 0.935 | 0 | 0.00 | 0 | 0.00 | 0.000 |
| | Medium | 35 | 58.33 | 33 | 55.00 | 0.368 | 11 | 18.33 | 27 | 45.00 | 3.140** |
| | High | 4 | 6.67 | 1 | 1.67 | 1.370 | 49 | 81.67 | 33 | 55.00 | 3.140** |
| Security-Insecurity | Low | 11 | 18.33 | 11 | 18.33 | 0.000 | 4 | 6.67 | 10 | 16.67 | 1.706 |
| | Medium | 28 | 46.67 | 38 | 63.33 | 1.835 | 24 | 40.00 | 36 | 60.00 | 2.191* |
| | High | 21 | 35.00 | 11 | 18.33 | 2.064* | 32 | 53.33 | 14 | 23.33 | 3.380** |
| Self-Concept | Low | 9 | 15.00 | 8 | 13.33 | 0.262 | 4 | 6.67 | 11 | 18.33 | 1.932 |
| | Medium | 24 | 40.00 | 38 | 63.33 | 2.557* | 28 | 46.67 | 37 | 61.67 | 1.649 |
| | High | 27 | 45.00 | 14 | 23.33 | 2.503* | 28 | 46.67 | 12 | 20.00 | 3.098** |
| Intelligence | Low | 2 | 3.33 | 6 | 10.00 | 1.465 | 3 | 5.00 | 5 | 8.33 | 0.732 |
| | Medium | 46 | 76.67 | 47 | 78.33 | 0.219 | 37 | 61.67 | 49 | 81.67 | 2.431* |
| | High | 12 | 20.00 | 7 | 11.67 | 1.250 | 20 | 33.33 | 6 | 10.00 | 3.102** |
| Overall Mental Health | Low | 4 | 6.67 | 6 | 10.00 | 0.660 | 4 | 6.67 | 6 | 10.00 | 0.661 |
| | Medium | 39 | 65.00 | 47 | 78.33 | 1.621 | 36 | 60.00 | 46 | 76.67 | 1.962 |
| | High | 17 | 28.33 | 7 | 11.67 | 2.281* | 20 | 33.33 | 8 | 13.33 | 2.590* |

**Significant at the 0.01 level (2-tailed).

* Significant at the 0.05 level (2-tailed).

Fig. 4.3.2: Gender-wise differences in mental health among adolescents





and 1.67 per cent of urban boys had high levels of autonomy. In case of intelligence (3.33%) of rural boys and 10 per cent of urban boys had low, 76.67 per cent of rural boys and 78.33 per cent of urban lads had medium and (20%) of rural boys and (11.67%) of urban boys had high levels of intelligence. In overall mental health rural boys (28.33%) were significantly ($Z = 2.281, p \leq 0.05$) ahead than urban boys (11.67%).

In case of girls, urban girls (45%) were found to be significantly ($Z = 3.140, p \leq 0.01$) ahead of rural girls (18.33%) in medium level of autonomy whereas in high level of autonomy rural girls (81.67%) were significantly ($Z = 3.140, p \leq 0.01$) ahead than urban girls (55%). In medium level of security-insecurity, urban girls (60%) were significantly ($Z = 2.191, p \leq 0.05$) ahead than rural girls (40%) whereas in high level of security-insecurity rural

girls (53.33%) were significantly ($Z = 3.380, p \leq 0.01$) ahead than urban girls (23.33%). In high levels of self-concept rural girls (46.67%) were significantly ($z = 3.098, p \leq 0.01$) ahead than urban girls (20%). In intelligence urban girls (81.67%) were found to be significantly ($Z = 2.431, p \leq 0.05$) ahead than rural girls (61.67%) in medium level whereas in high level of intelligence rural girls (33.33%) were significantly ($Z = 3.102, p \leq 0.01$) ahead than urban girls (10%). Non-significant differences were found in any other dimension of mental health. In overall mental health, rural girls (33.33%) were found to be significantly ($Z = 2.590, p \leq 0.05$) ahead than urban girls (13.33%).

Table 4.3.3 and Fig. 4.3.3 elucidates gender-wise differences across different levels of mental health among total respondents. The results revealed that in low level of autonomy, percentage of girls (68.33%) were discovered to be notably ($Z = 4.53, p \leq 0.01$) ahead than boys (39.17%). In medium level boys (56.67%) were significantly ($Z = 3.90, p \leq 0.01$) higher than girls (31.67%) whereas in case of high level of autonomy, boys (4.17%) were found to be significantly ($Z = 2.26, p \leq 0.05$) higher than girls (0.00%) which indicated that more number of boys had self-determination in their thinking. Fleming (2005) also stated that boys achieved enhanced level of autonomy as compared to their female counterparts. In case of security-insecurity, the girls (38.33%) were retrieved to be considerably ($Z = 3.43, p \leq 0.01$) more than boys in low level indicating that more number of girls were found to be insecure, having low sense of safety, lack of confidence and certain kind of fears as compared to their male counterparts whereas in high levels boys (26.67%) were significantly ($Z = 2.95, p \leq 0.01$) higher than girls (11.67%) indicating high sense of safety, confidence and freedom from fear. In the trait of self-concept girls (33.33%) were observed to be significantly ($Z = 3.48, p \leq 0.01$) higher than boys in low levels whereas in high level, boys (34.17%) were significantly ($Z = 3.96, p \leq 0.01$) higher than girls (12.50%) resulting more number of boys having high sense of self-concept. In intelligence, girls (21.67%) were significantly ($Z = 3.33, p \leq 0.01$) higher than boys (6.67%) in low levels. In high levels of intelligence, boys (15.83%) were got to be majorly ($Z = 2.24, p \leq 0.05$) higher than girls (6.67%) indicating more number of boys thinking rationally and behaving purposefully in the environment. Rest of the traits were found to be non-significant. In emotional stability, (19.17%) of boys and (21.67%) of girls had high, 50 per cent of lads and (52.50%) of girls had medium and 30.83 per cent of boys and (25.83%) of girls had low levels. In overall adjustment, (5.83%) of lads and (3.33%) of girls had high, 56.67 per cent of boys and 59.17 per cent of girls had medium and 37.50 per cent of boys and 37.50 per cent of girls had low levels. In low level of overall mental health, girls (23.33%) were found to be significantly ($Z = 3.18, p \leq 0.01$) ahead than boys (8.33%) whereas in high levels, boys (20%) were significantly ($Z = 2.59, p \leq 0.05$) higher than girls (8.33%). A study conducted by Kaur and Kumar (2008) stated that the mental stress level of girls were higher than the mental stress level of boys indicating boys having better mental

health as compared to girls. These findings are in line with the findings of Kumari *et al* (2012) who also concluded that boys had greater emotional stability, adjustments and better mental health as compared to girls. Kaur (2015), Sankar *et al* (2017) stated that male adolescents had better mental health as compared to their counterparts. In contrast to this study, Nanda (2000) stated that female students had better mental health as compared to male students.

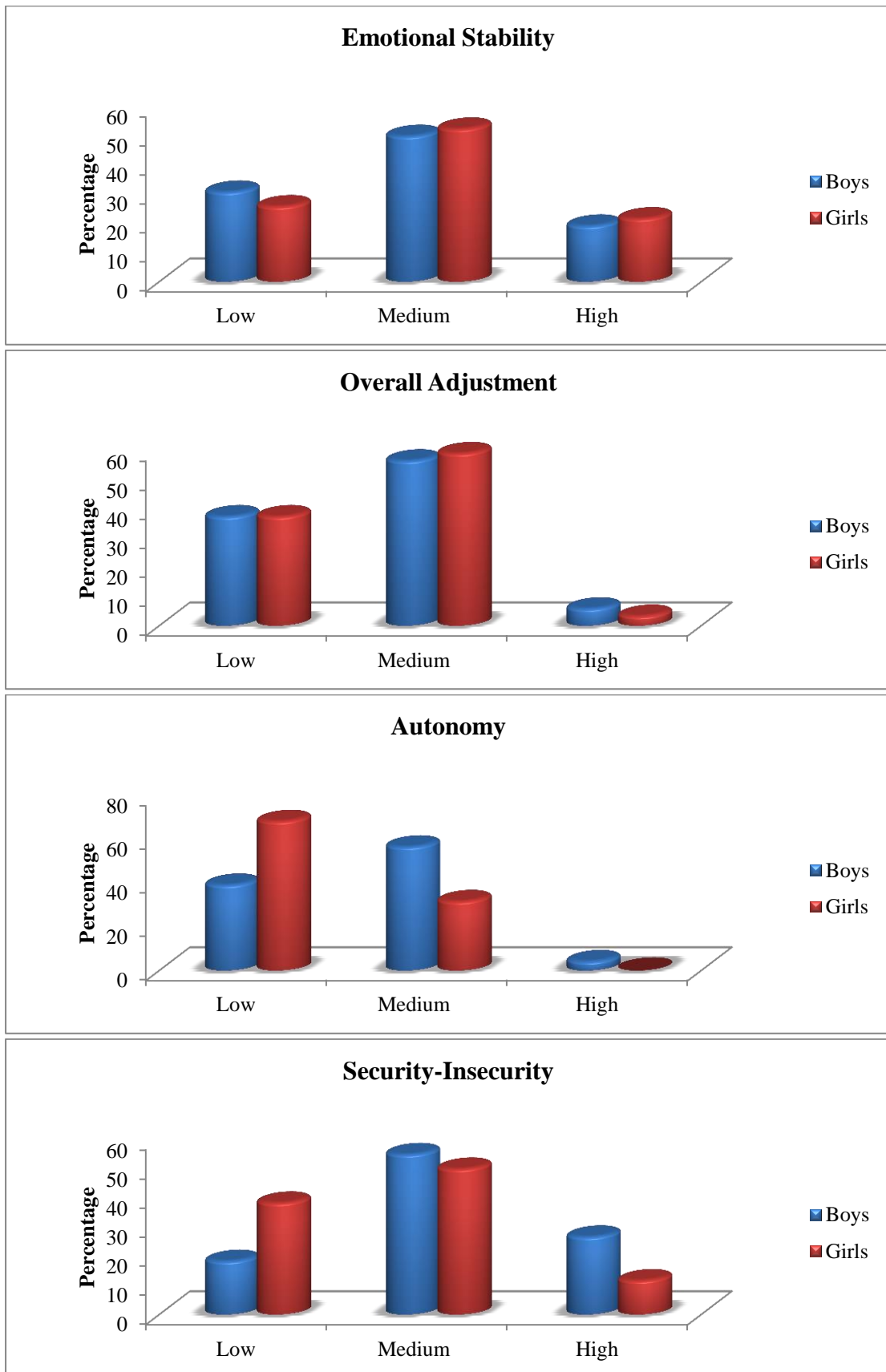
Table 4.3.3: Gender-wise distribution of respondents across various dimensions and levels of mental health.

| Dimensions of Mental Health | | Boys (n ₁ =120) | | Girls (n ₂ =120) | | Z-value | Overall (n=240) | |
|-----------------------------|--------|----------------------------|-------|-----------------------------|-------|---------|-----------------|-------|
| | | f | % | f | % | | f | % |
| Emotional Stability | Low | 37 | 30.83 | 31 | 25.83 | 0.859 | 68 | 28.33 |
| | Medium | 60 | 50.00 | 63 | 52.50 | 0.387 | 123 | 51.25 |
| | High | 23 | 19.17 | 26 | 21.67 | 0.480 | 49 | 20.42 |
| Overall Adjustment | Low | 45 | 37.50 | 45 | 37.50 | 0.000 | 90 | 37.50 |
| | Medium | 68 | 56.67 | 71 | 59.17 | 0.392 | 139 | 57.92 |
| | High | 7 | 5.83 | 4 | 3.33 | 0.926 | 11 | 4.58 |
| Autonomy | Low | 47 | 39.17 | 82 | 68.33 | 4.531** | 129 | 53.75 |
| | Medium | 68 | 56.67 | 38 | 31.67 | 3.900** | 106 | 44.17 |
| | High | 5 | 4.17 | 0 | 0.00 | 2.260* | 5 | 2.08 |
| Security-Insecurity | Low | 22 | 18.33 | 46 | 38.33 | 3.438** | 68 | 28.33 |
| | Medium | 66 | 55.00 | 60 | 50.00 | 0.776 | 126 | 52.50 |
| | High | 32 | 26.67 | 14 | 11.67 | 2.952** | 46 | 19.17 |
| Self-Concept | Low | 17 | 14.17 | 40 | 33.33 | 3.489** | 57 | 23.75 |
| | Medium | 62 | 51.67 | 65 | 54.17 | 0.388 | 127 | 52.92 |
| | High | 41 | 34.17 | 15 | 12.50 | 3.968** | 56 | 23.33 |
| Intelligence | Low | 8 | 6.67 | 26 | 21.67 | 3.332** | 34 | 14.17 |
| | Medium | 93 | 77.50 | 86 | 71.67 | 1.038 | 179 | 74.58 |
| | High | 19 | 15.83 | 8 | 6.67 | 2.247* | 27 | 11.25 |
| Overall Mental Health | Low | 10 | 8.33 | 28 | 23.33 | 3.183** | 38 | 15.83 |
| | Medium | 86 | 71.67 | 82 | 68.33 | 0.563 | 168 | 70.00 |
| | High | 24 | 20.00 | 10 | 8.33 | 2.592* | 34 | 14.17 |

**Significant at the 0.01 level (2-tailed).

* Significant at the 0.05 level (2-tailed).

Fig. 4.3.3: Gender-wise distribution of respondents across various dimensions and levels of mental health.



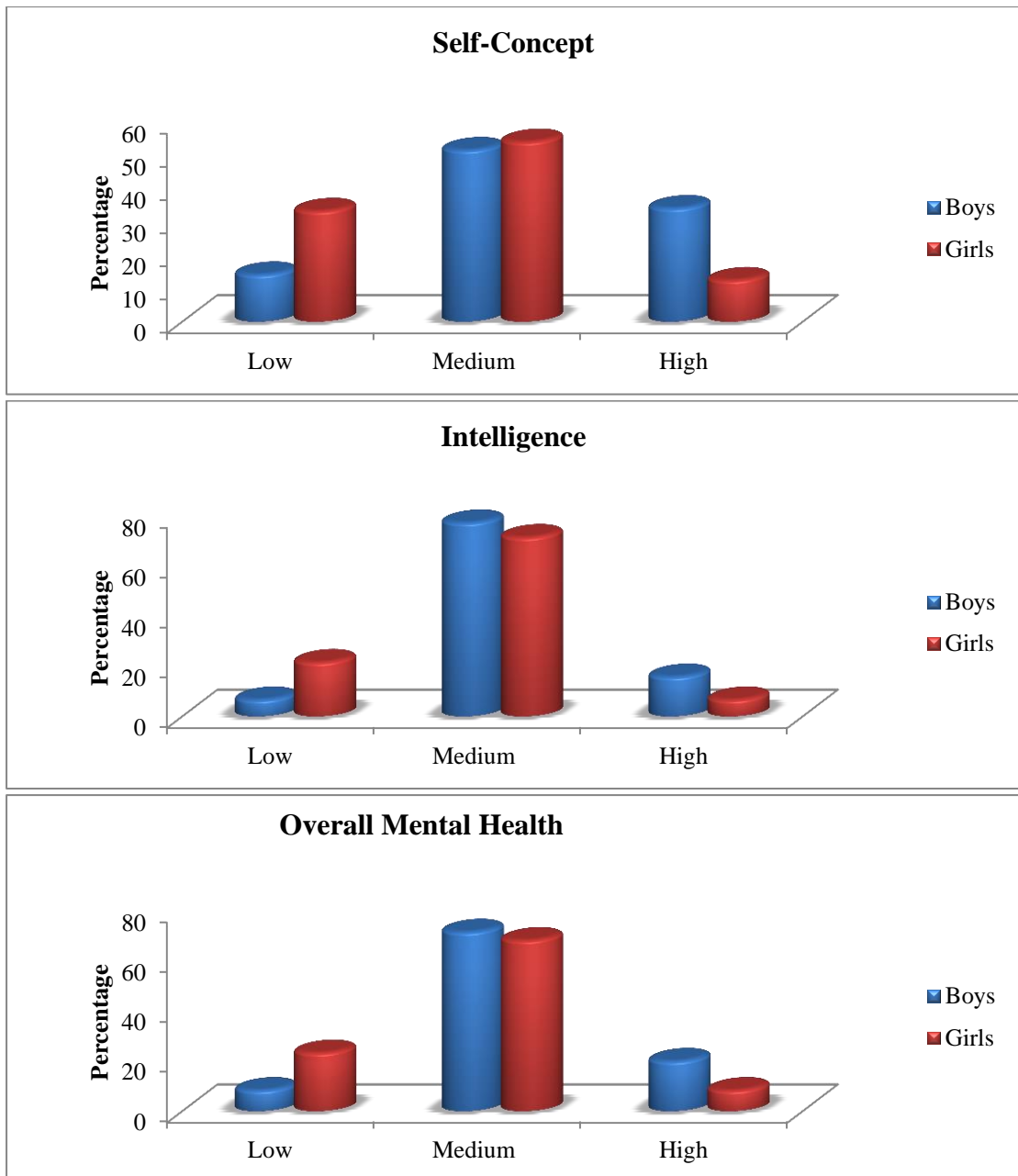


Table 4.3.4 and Fig. 4.3.4 elucidates locale-wise differences across different levels of mental health among total respondents. The results revealed that in low level of security-insecurity, rural respondents (35.83%) were discovered to be significantly ($Z = 2.57, p \leq 0.05$) ahead than urban respondents (20.83%) whereas in medium level of security-insecurity, urban respondents (61.67%) were found to be significantly ($Z = 2.84, p \leq 0.01$) higher than rural respondents. In the trait of self-concept, rural respondents (30.83%) were significantly ($Z = 2.57, p \leq 0.05$) higher than urban respondents (16.67%) in low level whereas in medium level urban respondents (62.50%) were significantly ($Z = 2.97, p \leq 0.01$) higher than rural respondents (43.33%) indicating that urban respondents have high level of self-concept as compared to rural respondents. These findings are in line with the findings of Wankhade

(2016) who concluded that urban respondents have high level of self -concept as compared to rural respondents. None of the other traits were found to be significant. In emotional stability, (19.17%) of respondents from rural background and (21.67%) of adolescents from urban background had high, (51.67%) of rural respondents and (50.83%) of urban respondents had medium and 29.17 per cent of rural respondents and 27.50 per cent of respondents from urban background had low levels. In overall adjustment, (6.67%) of rural adolescents and (2.50%) of urban adolescents had high, 57.50 per cent of rural respondents and 58.33 per cent of urban respondents had medium and 35.83 per cent of rural respondents and 39.17 per cent of urban respondents had low levels. In case of autonomy, 3.33 per cent of rural respondents and 0.83 per cent of urban respondents had high, 38.33 per cent of rural respondents and 50 per cent of urban respondents had medium and 58.33 per cent of rural respondents and 49.17 percent of

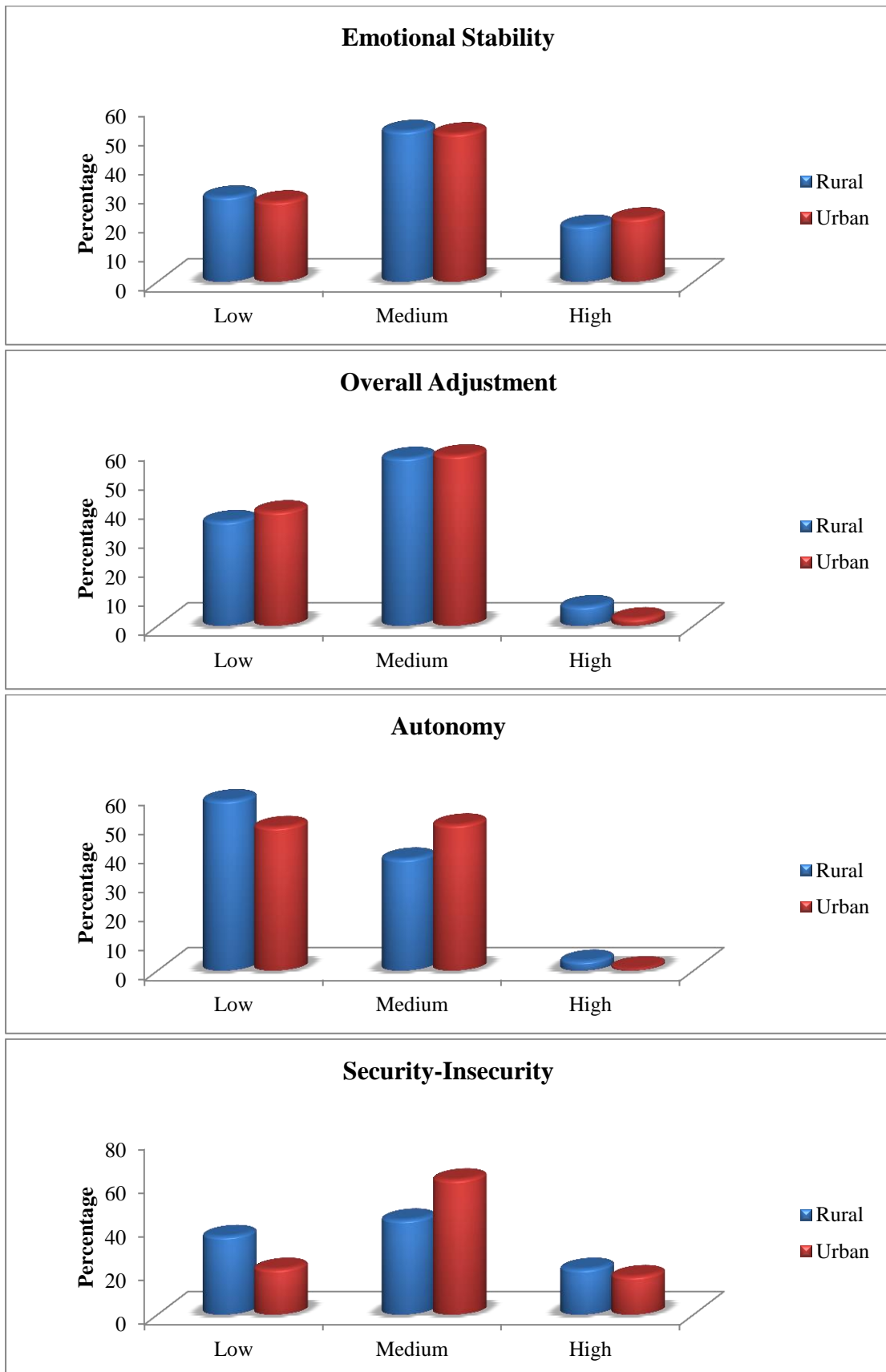
Table 4.3.4: Locale-wise distribution of respondents across various dimensions and levels of mental health.

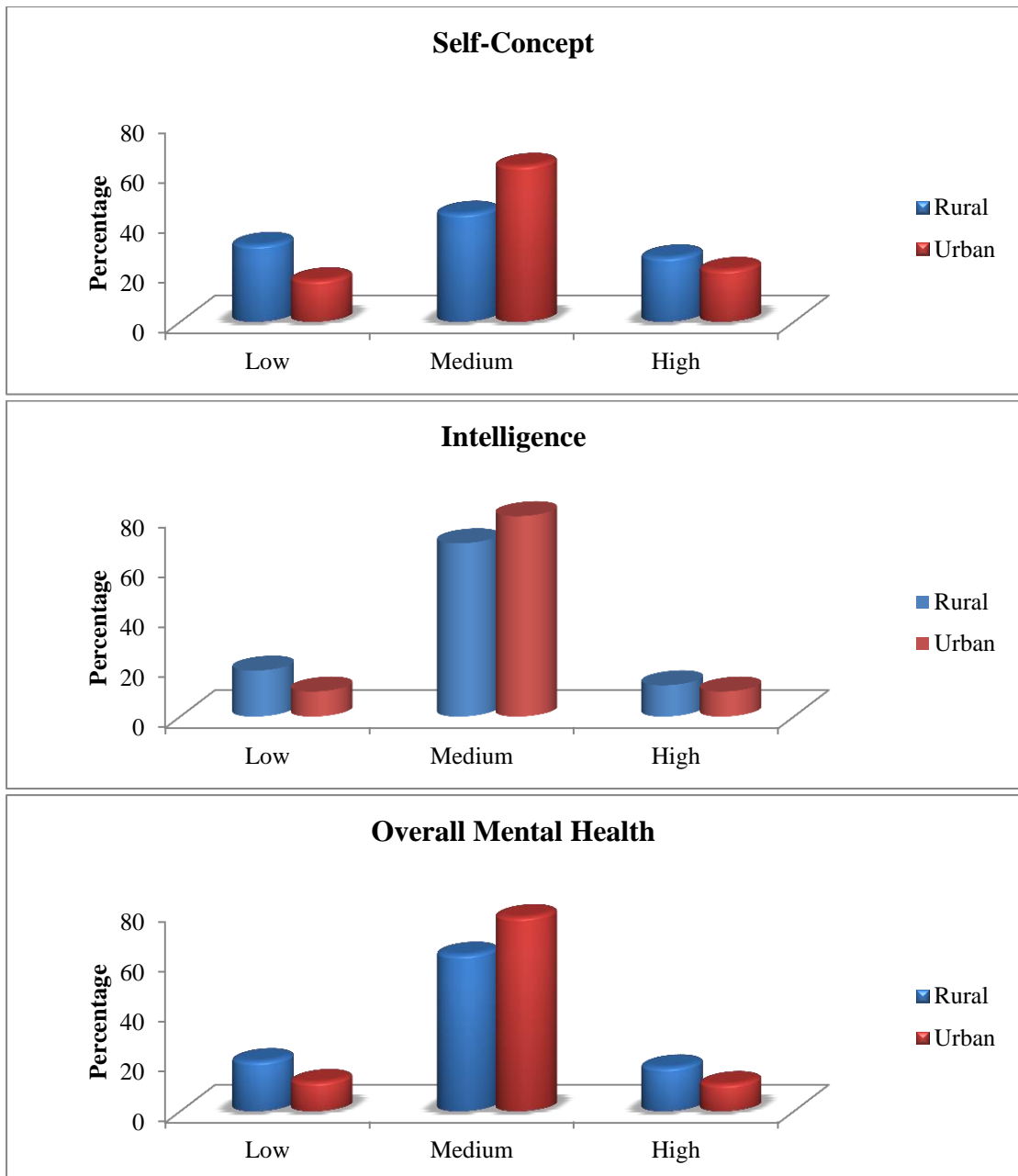
| Dimensions of Mental Health | | Rural (n ₁ =120) | | Urban (n ₂ =120) | | Z-value | Overall (n=240) | |
|-----------------------------|--------|-----------------------------|-------|-----------------------------|-------|---------|-----------------|-------|
| | | f | % | f | % | | f | % |
| Emotional Stability | Low | 35 | 29.17 | 33 | 27.50 | 0.286 | 68 | 28.33 |
| | Medium | 62 | 51.67 | 61 | 50.83 | 0.129 | 123 | 51.25 |
| | High | 23 | 19.17 | 26 | 21.67 | 0.480 | 49 | 20.42 |
| Overall Adjustment | Low | 43 | 35.83 | 47 | 39.17 | 0.533 | 90 | 37.50 |
| | Medium | 69 | 57.50 | 70 | 58.33 | 0.131 | 139 | 57.92 |
| | High | 8 | 6.67 | 3 | 2.50 | 1.543 | 11 | 4.58 |
| Autonomy | Low | 70 | 58.33 | 59 | 49.17 | 1.424 | 129 | 53.75 |
| | Medium | 46 | 38.33 | 60 | 50.00 | 1.820 | 106 | 44.17 |
| | High | 4 | 3.33 | 1 | 0.83 | 1.356 | 5 | 2.08 |
| Security-Insecurity | Low | 43 | 35.83 | 25 | 20.83 | 2.578* | 68 | 28.33 |
| | Medium | 52 | 43.33 | 74 | 61.67 | 2.844** | 126 | 52.50 |
| | High | 25 | 20.83 | 21 | 17.50 | 0.656 | 46 | 19.17 |
| Self-Concept | Low | 37 | 30.83 | 20 | 16.67 | 2.579* | 57 | 23.75 |
| | Medium | 52 | 43.33 | 75 | 62.50 | 2.974** | 127 | 52.92 |
| | High | 31 | 25.83 | 25 | 20.83 | 0.916 | 56 | 23.33 |
| Intelligence | Low | 22 | 18.33 | 12 | 10.00 | 1.851 | 34 | 14.17 |
| | Medium | 83 | 69.17 | 96 | 80.00 | 1.927 | 179 | 74.58 |
| | High | 15 | 12.50 | 12 | 10.00 | 0.613 | 27 | 11.25 |
| Overall Mental Health | Low | 24 | 20.00 | 14 | 11.67 | 1.768 | 38 | 15.83 |
| | Medium | 75 | 62.50 | 93 | 77.50 | 2.535* | 168 | 70.00 |
| | High | 21 | 17.50 | 13 | 10.83 | 1.481 | 34 | 14.17 |

**Significant at the 0.01 level (2-tailed)

* Significant at the 0.05 level (2-tailed).

Fig. 4.3.4: Locale-wise distribution of respondents across various dimensions and levels of mental health





urban adolescents had low levels. In the trait of intelligence, (12.50 %) of rural adolescents and 10 per cent of urban respondents had high, 69.17 per cent of rural respondents and 80 per cent of urban respondents had medium and 18.33 per cent of rural respondents and 10 per cent of urban students had low levels. In case of overall mental health, the urban respondents (77.50%) were found to be significantly ($Z = 2.53, p \leq 0.05$) ahead of rural respondents indicating that urban respondents had better mental health as compared to their rural counterparts. Kaur (2015) also concluded that urban adolescents had better mental health as compared to the rural adolescents.

Table 4.3.5 and Fig. 4.3.5 highlights the locale-wise differences in mean scores of rural and urban respondents across different mental health traits. Significant differences

existed in autonomy, security-insecurity, self-concept, intelligence and overall mental health among rural respondents. The mean score of rural boys(4.13±1.68) were significantly ($t = 5.995$, $p \leq 0.01$) higher than rural girls (2.58±1.09) in autonomy which interpreted that rural boys had more determination in their thinking as compared to rural girls. In security-insecurity trait again the mean score of rural boys (6.53±1.80) were discovered to be notably ($t = 6.338$, $p \leq 0.01$) ahead than girls (4.47±1.76). It implied that boys tend to have more sense of freedom from fear, low level of anxiety or stress as compared to girls. In self-concept also the mean score of rural boys (7.15±2.09) were significantly ($t = 6.359$, $p \leq 0.01$) higher than rural girls (4.82±1.92) representing that boys tend to have self-constructed beliefs about themselves and evaluation about their achievements as compared to rural girls. In the trait of intelligence, rural boys (12.8±3.10) were found to be significantly ($t = 6.022$, $p \leq 0.01$) higher than rural girls (9.50 ± 2.90) indicating that more number of rural boys had better general mental ability to think and behave rationally and purposefully in their surroundings than rural girls. Across rest of the traits, the mean scores of rural boys and girls were found to be non-significant. Differences in overall mental health was found to be significant ($t = 5.956$, $p \leq 0.01$) as rural boys scored higher mean values (49.27±8.89) as compared to the rural girls (39.62±8.86) highlighting that their overall mental health is better than girls.

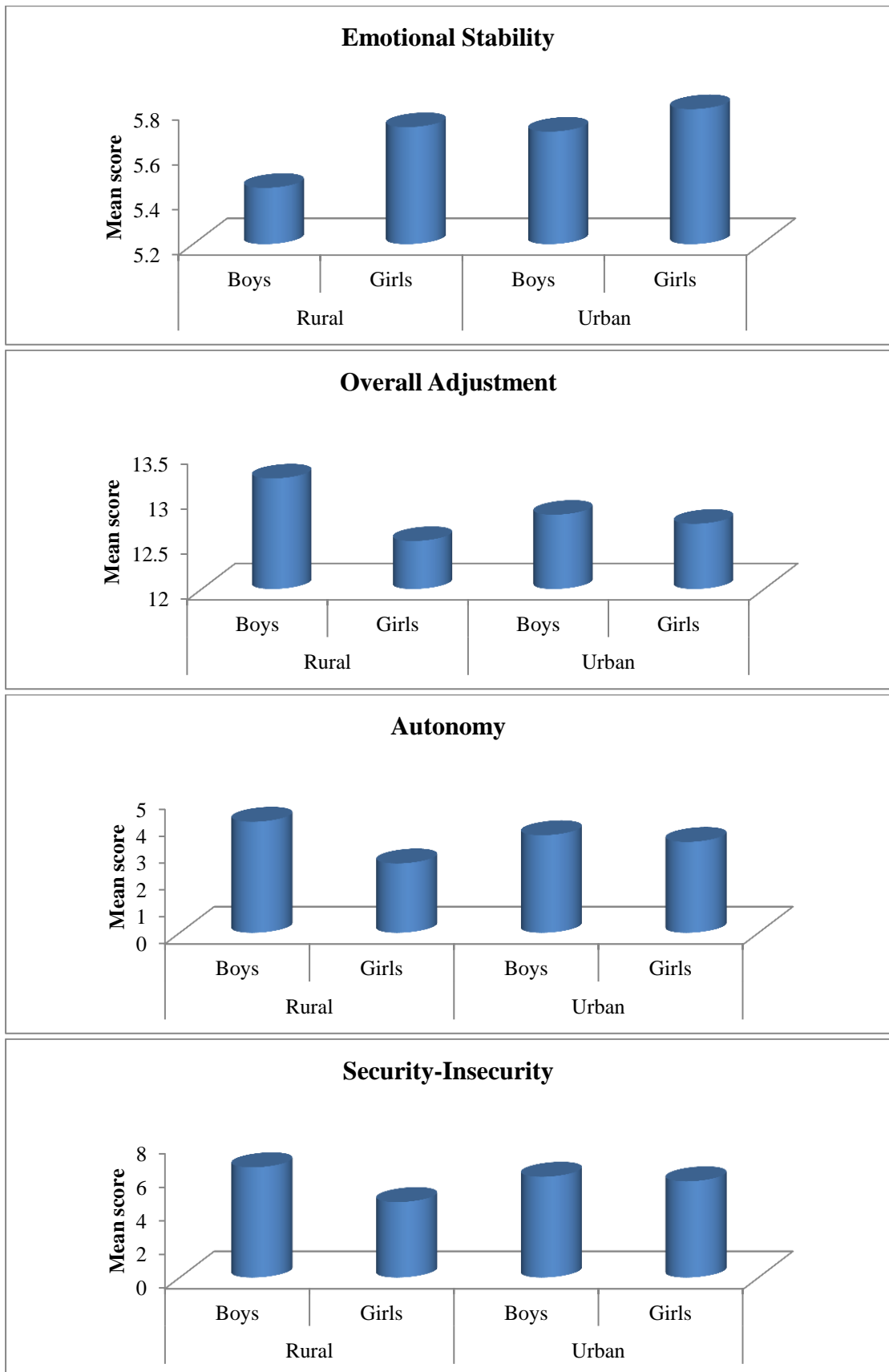
Table 4.3.5: Locale-wise differences in mean scores (\pm S.D) of rural and urban respondents in mental health

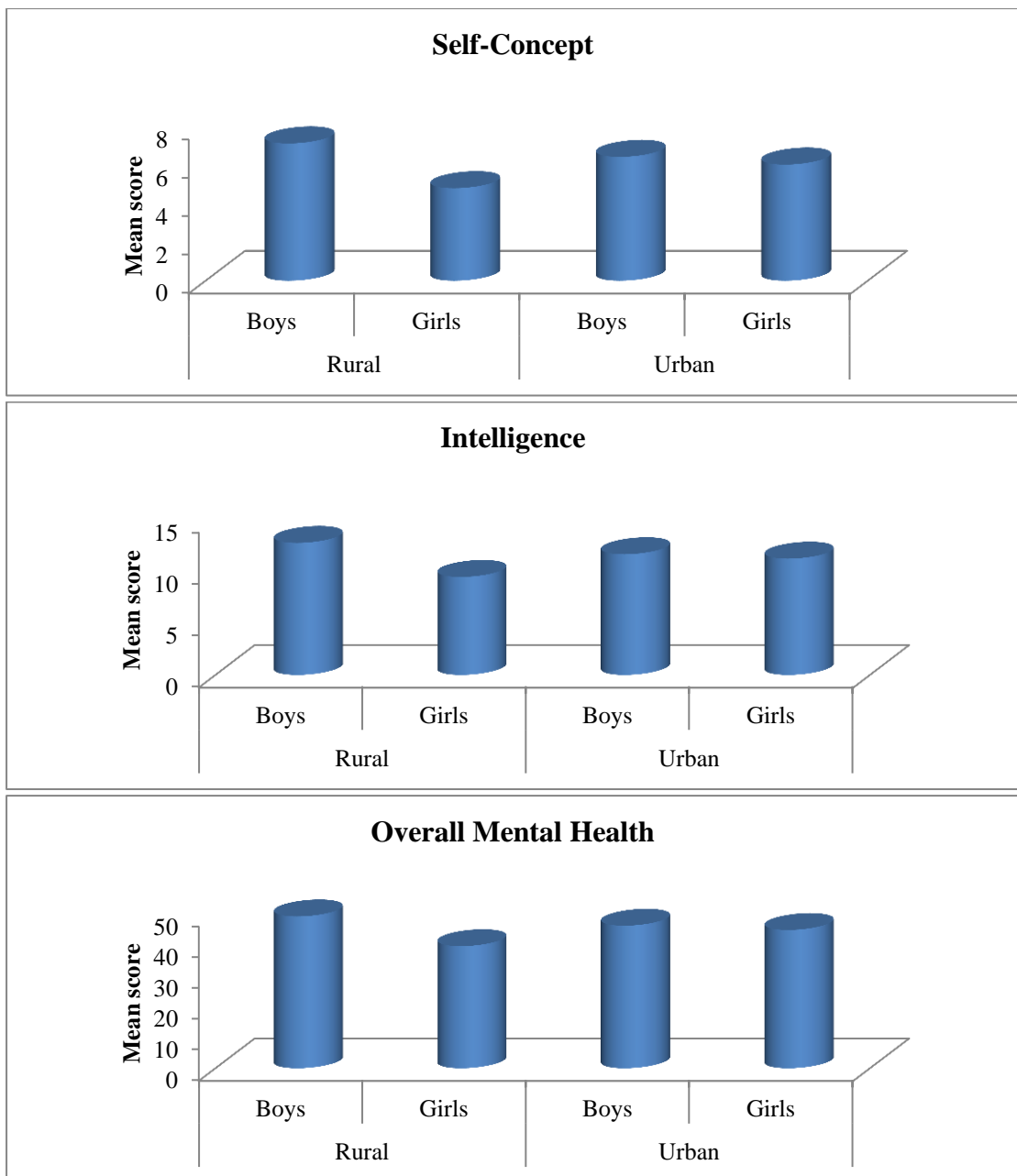
(n=240)

| Dimensions of Mental Health | Rural | | t-value | Urban | | t-value |
|-----------------------------|---------------------------|----------------------------|---------|---------------------------|----------------------------|---------|
| | Boys (n ₁ =60) | Girls (n ₂ =60) | | Boys (n ₃ =60) | Girls (n ₄ =60) | |
| | Mean \pm S.D | Mean \pm S.D | | Mean \pm S.D | Mean \pm S.D | |
| Emotional Stability | 5.45±1.96 | 5.72±2.10 | 0.728 | 5.70±1.91 | 5.80±2.06 | 0.276 |
| Overall Adjustment | 13.22±3.75 | 12.53±3.62 | 1.025 | 12.82±3.70 | 12.72±3.13 | 0.160 |
| Autonomy | 4.13±1.68 | 2.58±1.09 | 5.995** | 3.63±1.18 | 3.38±1.09 | 1.205 |
| Security-Insecurity | 6.53±1.80 | 4.47±1.76 | 6.338** | 5.97±1.69 | 5.70±1.65 | 0.885 |
| Self-Concept | 7.15±2.09 | 4.82±1.92 | 6.359** | 6.45±1.94 | 6.05±1.79 | 1.174 |
| Intelligence | 12.8±3.10 | 9.50±2.90 | 6.022** | 11.70±2.81 | 11.27±2.67 | 0.859 |
| Overall Mental Health | 49.27±8.89 | 39.62±8.86 | 5.956** | 46.27±8.34 | 44.87±8.34 | 0.919 |

**Significant at the 0.01 level (2-tailed)

Fig. 4.3.5: Locale-wise differences in mean scores (\pm S.D) of rural and urban respondents in mental health





In case of urban adolescents no significant differences were found in any of the traits. In emotional stability, urban boys had mean score of (5.70 ± 1.91) whereas urban girls had mean score of (5.80 ± 2.06) . In overall adjustment, boys had mean score of (12.82 ± 3.70) whereas urban girls had mean score of (12.72 ± 3.13) . In the trait of autonomy girls had mean score of (3.38 ± 1.09) and boys had mean score of (3.63 ± 1.18) . In the mean score of security-insecurity girls had (5.70 ± 1.65) and urban boys had (5.97 ± 1.69) . In the trait of self-concept and intelligence girls had mean score of (6.05 ± 1.79) whereas boys had (6.45 ± 1.94) and in intelligence girls' mean score were (11.27 ± 2.67) and boys had mean score of (11.70 ± 2.81) . In case of overall mental health girls had mean score of (44.87 ± 8.34) whereas boys had mean score of (46.27 ± 8.34) .

Table 4.3.6 and Fig. 4.3.6 highlights the gender-wise differences in mean scores of rural and urban respondents across different mental health traits. Significant differences existed in autonomy, security-insecurity, self-concept, intelligence and overall mental health among girl respondents. The mean score of rural girls (2.58 ± 1.09) were significantly ($t = 4.012, p \leq 0.01$) higher than urban girls (3.38 ± 1.09) in autonomy which interpreted that rural girls had more determination in their thinking as compared to urban girls. In security-insecurity trait the mean score of urban girls (5.70 ± 1.65) were retrieved to be majorly ($t = 3.948, p \leq 0.01$) ahead than rural girls (4.47 ± 1.76). In self-concept also the mean score of urban girls (6.05 ± 1.79) were significantly ($t = 3.633, p \leq 0.01$) higher than rural girls (4.82 ± 1.92) representing that urban girls tend to have self-constructed beliefs about themselves and evaluation about their achievements as compared to rural girls. In the trait of intelligence, urban girls (11.27 ± 2.67) were found to be significantly ($t = 3.477, p \leq 0.01$) higher than rural girls (9.50 ± 2.90) indicating that more number of urban girls had better general mental ability to think and behave rationally and purposefully in their surroundings than rural girls. In overall mental health, urban girls (44.87 ± 8.34) were found to be significantly ($t = 3.342, p \leq 0.01$) ahead than rural girls (39.62 ± 8.86) indicating urban girls

Table 4.3.6: Gender-wise differences in mean scores (\pm S.D) of rural and urban respondents in mental health

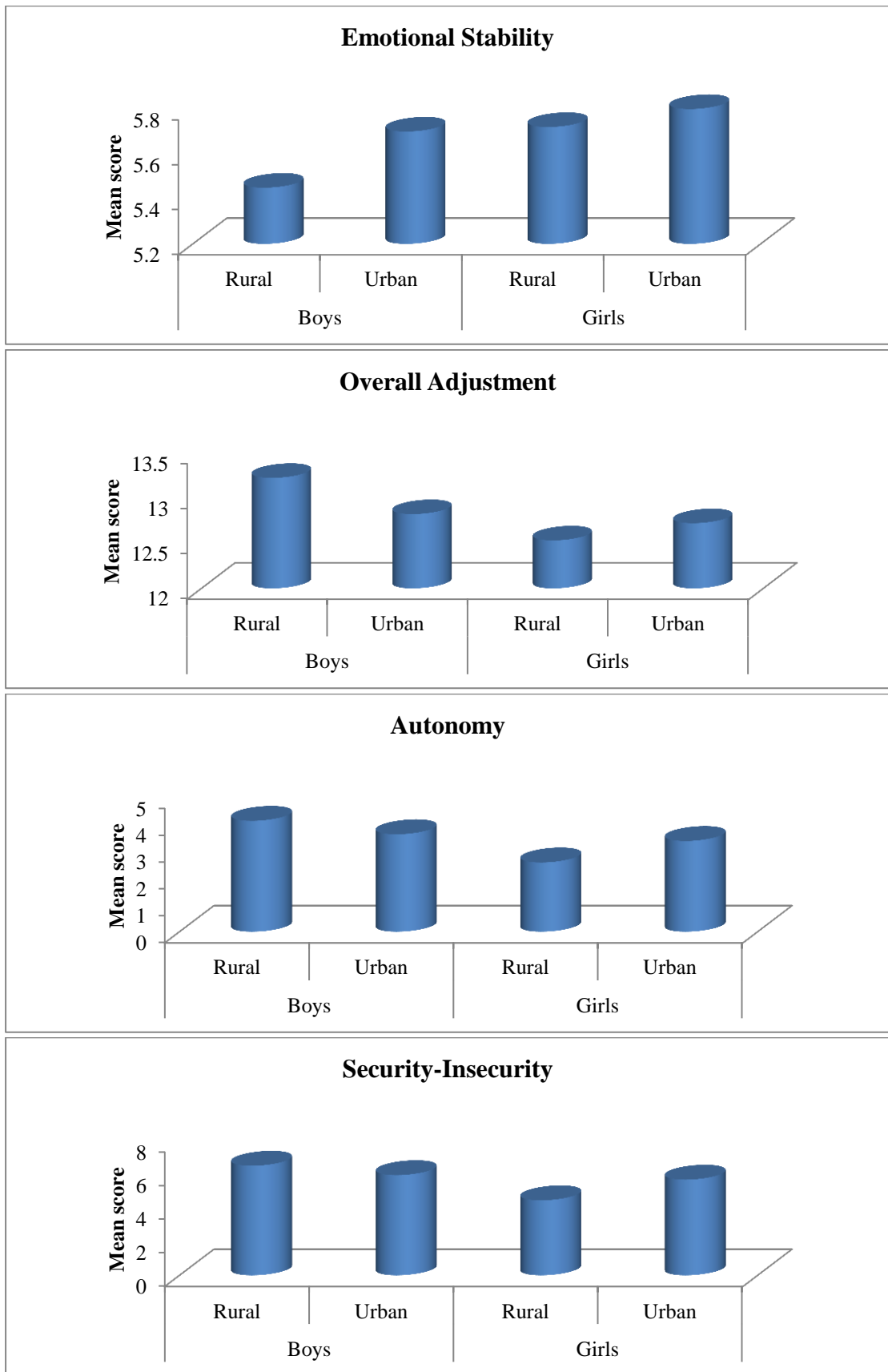
(n=240)

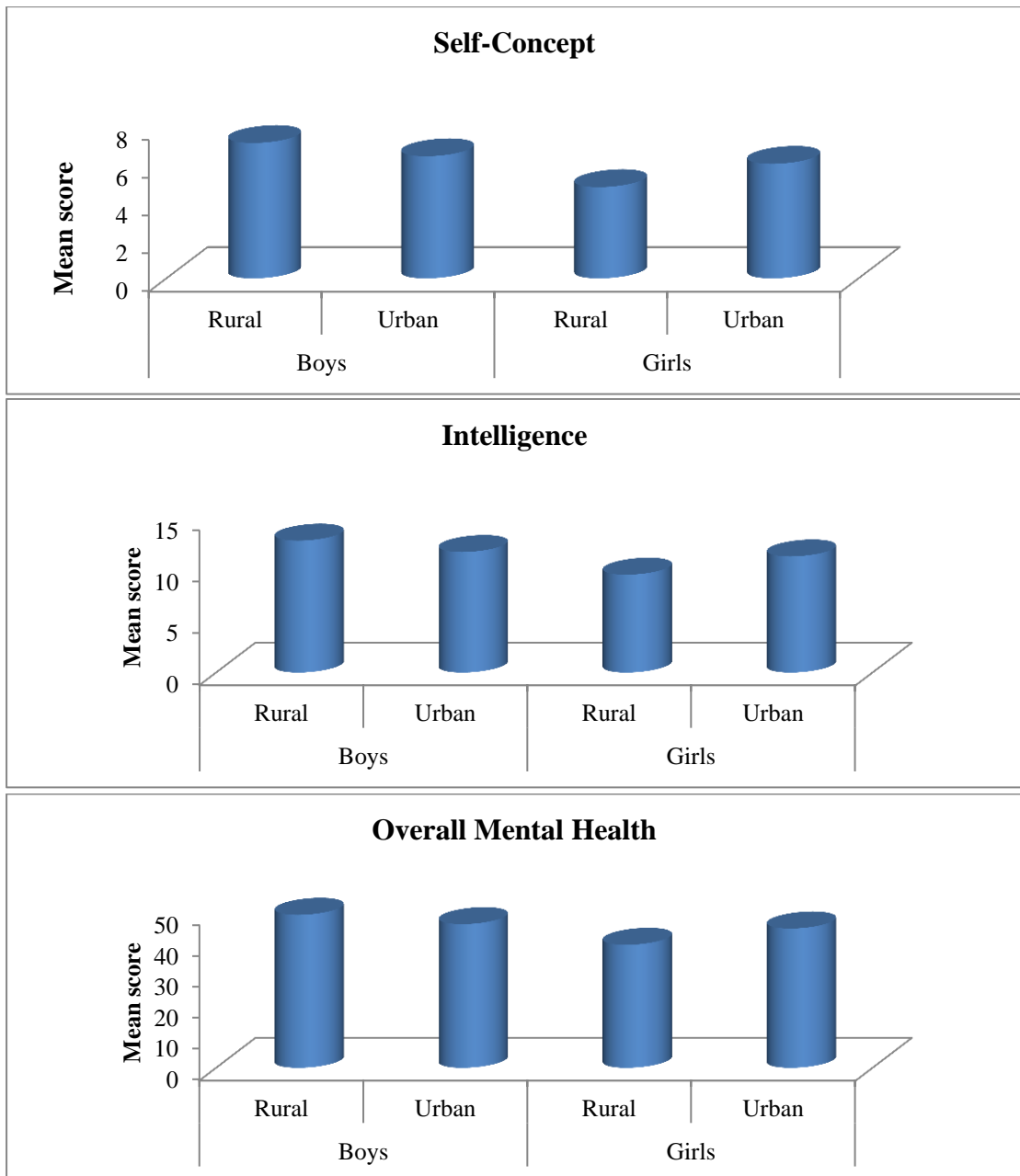
| Dimensions of Mental Health | Boys | | t-value | Girls | | t-value |
|-----------------------------|----------------------------|----------------------------|---------|----------------------------|----------------------------|---------|
| | Rural (n ₁ =60) | Urban (n ₂ =60) | | Rural (n ₃ =60) | Urban (n ₄ =60) | |
| | Mean \pm S.D | Mean \pm S.D | | Mean \pm S.D | Mean \pm S.D | |
| Emotional Stability | 5.45 \pm 1.96 | 5.70 \pm 1.91 | 0.708 | 5.72 \pm 2.10 | 5.80 \pm 2.06 | 0.211 |
| Overall Adjustment | 13.22 \pm 3.75 | 12.82 \pm 3.70 | 0.588 | 12.53 \pm 3.62 | 12.72 \pm 3.13 | 0.307 |
| Autonomy | 4.13 \pm 1.68 | 3.63 \pm 1.18 | 1.886 | 2.58 \pm 1.09 | 3.38 \pm 1.09 | 4.012** |
| Security-Insecurity | 6.53 \pm 1.80 | 5.97 \pm 1.69 | 1.759 | 4.47 \pm 1.76 | 5.70 \pm 1.65 | 3.948** |
| Self-Concept | 7.15 \pm 2.09 | 6.45 \pm 1.94 | 1.900 | 4.82 \pm 1.92 | 6.05 \pm 1.79 | 3.633** |
| Intelligence | 12.80 \pm 3.10 | 11.70 \pm 2.81 | 2.039* | 9.50 \pm 2.90 | 11.27 \pm 2.67 | 3.477** |
| Overall Mental Health | 49.27 \pm 8.89 | 46.27 \pm 8.34 | 1.906 | 39.62 \pm 8.86 | 44.87 \pm 8.34 | 3.342** |

**Significant at the 0.01 level (2-tailed).

*Significant at the 0.05 level (2-tailed).

Fig. 4.3.6: Gender-wise differences in mean scores (\pm S.D) of rural and urban respondents in mental health





had better mental health as compared to rural girls. Across rest of the traits, the mean scores of rural and urban girls were found to be non-significant. In case of boys, significant differences were found in the trait of intelligence only where mean score of rural boys (12.80 ± 3.10) were significantly ($t = 2.039, p \leq 0.05$) higher than urban boys (11.70 ± 2.81).

Table 4.3.7 and Fig. 4.3.7 highlights the gender-wise differences in mean scores of total respondents across different mental health traits. It is very much clear from the table that significant differences existed in autonomy, security-insecurity, self-concept, intelligence and overall mental health. The mean score of boys (3.88 ± 1.47) were significantly ($t = 5.265, p \leq 0.01$) higher than girls (2.98 ± 1.16) in the trait of autonomy which interpreted that boys had more capability to rationally decide for themselves and to plan a course of action for their lives as compared to girls. In security-insecurity trait again the mean score of boys

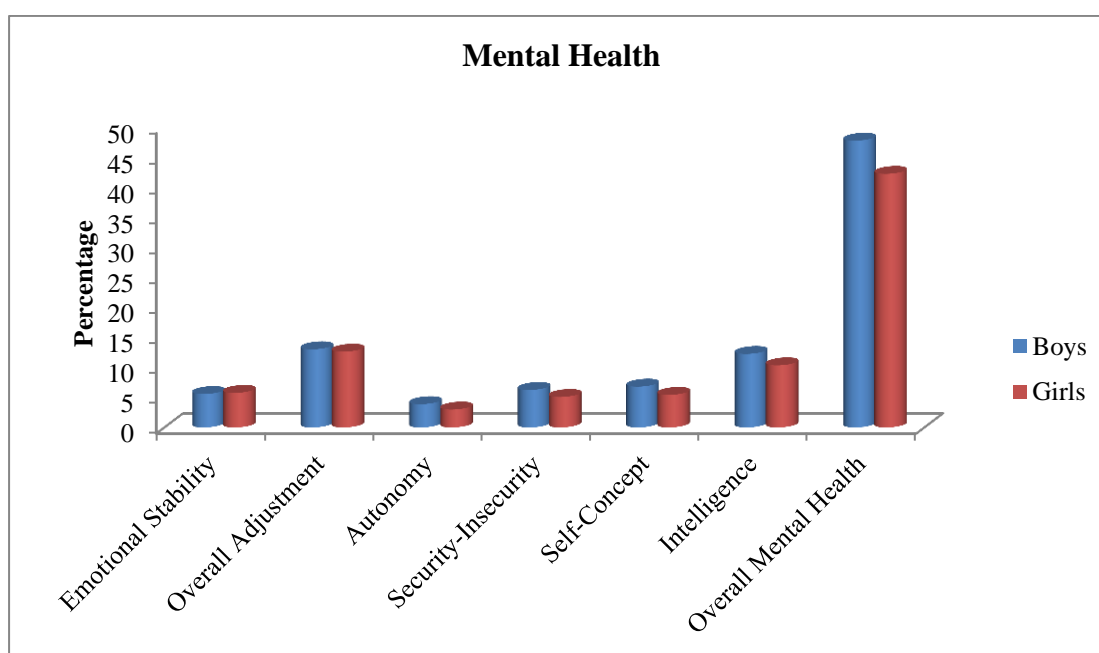
(6.25±1.76) were found to be significantly ($t = 5.077, p \leq 0.01$) higher than girls (5.08±1.81), which implied that boys tend to have more sense of safety, reliability, certainty, comfort, confidence as compared to girls. In self-concept also the mean score of boys (6.80±2.04) were significantly ($t = 5.318, p \leq 0.01$) higher than girls (5.43±1.95) representing that boys tend to have self-constructed beliefs about themselves and evaluation about their achievements as compared to girls. In the trait of intelligence, boys (12.25±2.99) were located to be notably ($t = 4.988, p \leq 0.01$) ahead than girls (10.35 ± 2.91) indicating that more number of boys had the ability to acquire and apply their knowledge and skills as compared to girls.

Table 4.3.7: Gender-wise differences in mean scores (\pm S.D) of rural and urban respondents across mental health

| Dimensions of Mental Health | Boys (n ₁ =120) | Girls (n ₂ =120) | t-value | Total (n=240) |
|-----------------------------|----------------------------|-----------------------------|---------|----------------|
| | Mean \pm S.D | Mean \pm S.D | | Mean \pm S.D |
| Emotional Stability | 5.57±1.93 | 5.76±2.07 | 0.735 | 9.33±2.00 |
| Overall Adjustment. | 13.02±3.71 | 12.62±3.37 | 0.874 | 27.18±3.55 |
| Autonomy | 3.88±1.47 | 2.98±1.16 | 5.265** | 11.57±1.39 |
| Security-Insecurity | 6.25±1.76 | 5.08±1.81 | 5.077** | 9.33±1.87 |
| Self-Concept | 6.80±2.04 | 5.43±1.95 | 5.318** | 8.88±2.10 |
| Intelligence | 12.25±2.99 | 10.35±2.91 | 4.988** | 18.70±3.09 |
| Overall Mental Health | 47.77±8.62 | 42.24±8.60 | 4.975** | 84.99±8.61 |

**Significant at the 0.01 level (2-tailed).

Fig. 4.3.7: Gender-wise differences in mean scores (\pm S.D) of rural and urban respondents across mental health



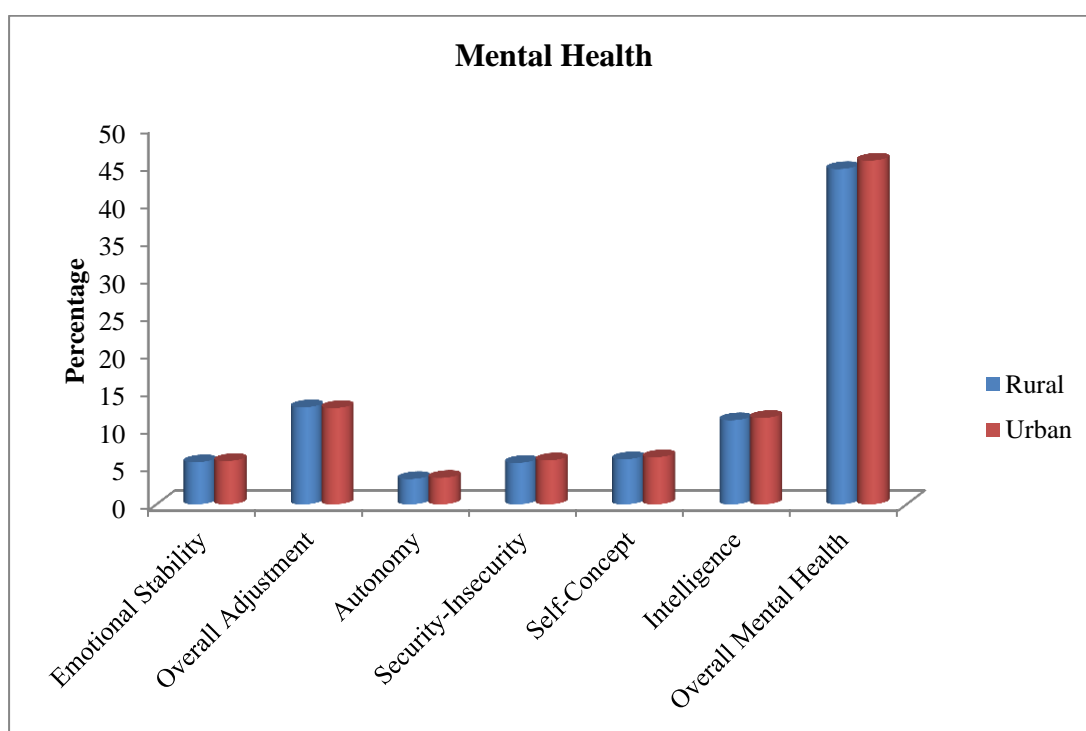
Across rest of the traits, the mean scores of boys and girls were found to be non-significant. Differences in overall mental health was found to be significant ($t = 4.975$, $p \leq 0.01$), boys scored higher mean values (47.77 ± 8.62) as compared to the girls (42.24 ± 8.60) highlighting that their overall mental health is better than girls.

Table 4.3.8 and Fig. 4.3.8 highlights the locale-wise differences in mean scores of total respondents across different mental health traits.

Table 4.3.8: Locale-wise differences in mean scores (\pm S.D) of respondents across mental health

| Dimensions of Mental Health | Rural ($n_1=120$) | Urban ($n_2=120$) | t-value | Total ($n=240$) |
|-----------------------------|---------------------|---------------------|---------|----------------------|
| | Mean \pm S.D | Mean \pm S.D | | Mean \pm S.D |
| Emotional Stability | 5.58 \pm 2.03 | 5.75 \pm 1.98 | 0.657 | 9.33 \pm 2.00 |
| Overall Adjustment | 12.87 \pm 3.69 | 12.77 \pm 3.41 | 0.218 | 27.18 \pm 3.55 |
| Autonomy | 3.36 \pm 1.61 | 3.51 \pm 1.14 | 0.833 | 11.57 \pm 1.39 |
| Security-Insecurity | 5.5 \pm 2.05 | 5.83 \pm 1.67 | 1.367 | 9.33 \pm 1.87 |
| Self-Concept | 5.98 \pm 2.32 | 6.25 \pm 1.87 | 0.993 | 8.88 \pm 2.10 |
| Intelligence | 11.15 \pm 3.42 | 11.46 \pm 2.74 | 0.775 | 18.70 \pm 3.09 |
| Overall Mental Health | 44.45 \pm 8.875 | 45.57 \pm 8.34 | 1.007 | 84.9925 \pm 8.6075 |

Fig. 4.3.8: Locale-wise differences in mean scores (\pm S.D) of respondents across mental health



In case of rural and urban adolescents non-significant differences were found in any of the traits. In emotional stability, rural adolescents had mean score of (5.58±2.03) whereas urban adolescents had mean score of (5.75±1.98). In overall adjustment, urban adolescents had mean score of (12.77±3.41) whereas rural adolescents had mean score of (12.87±3.69). In the trait of autonomy rural adolescents had mean score of (3.36±1.61) and urban adolescents had mean score of (3.51±1.14). In the mean score of security-insecurity rural adolescents had (5.5±2.05) and urban adolescents had (5.83±1.67). In the trait of self-concept and intelligence rural adolescents had mean score of (5.98±2.32) whereas urban adolescents had (6.25± 1.87) and in intelligence rural adolescents' mean score were (11.15±3.42) and urban adolescents had mean score of (11.46±2.74). In case of overall mental health rural adolescents had mean score of (44.45±8.87) whereas urban adolescents had mean score of (45.57±8.34)

4.4 TO STUDY THE RELATIONSHIP BETWEEN MENTAL HEALTH AND SUICIDAL IDEATION AMONG ADOLESCENTS

Table 4.4.1 highlights correlation between mental health traits and suicidal ideation among rural and urban respondents.

Table 4.4.1: Correlation between mental health and suicidal ideation among boys and girls.

(n=240)

| Dimensions of Mental Health | Boys | | Girls | |
|-----------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| | Rural(n ₁ =60) | Urban(n ₂ =60) | Rural(n ₃ =60) | Urban(n ₄ =60) |
| | Suicidal Ideation | Suicidal Ideation | Suicidal Ideation | Suicidal Ideation |
| Emotional Stability | -.062 | -.092 | -.341** | -.039 |
| Overall Adjustment | .002 | -.041 | .045 | -.024 |
| Autonomy | .915** | .943** | .952** | .952** |
| Security-Insecurity | .968** | .978** | .973** | .973** |
| Self-Concept | -.020 | -.097 | -.027 | .035 |
| Intelligence | -.426** | .062 | -.041 | -.955** |
| Overall Mental Health | -.932** | -.923** | -.938** | -.942** |

** Correlation is significant at the 0.01 level (2-tailed)

A significant and positive correlation existed between autonomy ($r = 0.915$, $p \leq 0.01$) and suicidal ideation among rural boys indicating that as autonomy among rural boys increase, their suicidal ideation also increases. Security-Insecurity ($r = 0.968$, $p \leq 0.01$) had a significant and positive correlation with suicidal ideation which indicates that as the insecurity increases their suicidal ideation also increases. Intelligence ($r = -0.426$, $p \leq 0.01$) was significantly and negatively associated with suicidal ideation which implies that as

intelligence decreases their suicidal ideation increases. Total mental health ($r = -0.932, p \leq 0.01$) had a significant and negative correlation with suicidal ideation which implies that as total mental health decreases, suicidal ideation among rural adolescent boys increases. Among rural girls significant and negative correlation between emotional stability ($r = -0.341, p \leq 0.01$) and suicidal ideation was found that implies as emotional stability decreases, suicidal ideation increases. Autonomy ($r = 0.952, p \leq 0.01$) had a significant and positive correlation with suicidal ideation which interpreted that as autonomy increases their suicidal ideation also increases. A significant and positive correlation existed between security-insecurity ($r = 0.973, p \leq 0.01$) and suicidal ideation among rural girls indicating that as the insecurity part among rural girls increases, suicidal ideation also increases. Total mental health ($r = -0.938, p \leq 0.01$) was significant and had negative association with suicidal ideation indicating that as the total mental health decreases suicidal ideation among respondents increases.

A significant and positive correlation existed between autonomy ($r = 0.943, p \leq 0.01$) and suicidal ideation among urban boys indicating that as autonomy among urban boys increase, their suicidal ideation also increases. Security-insecurity ($r = 0.978, p \leq 0.01$) had a significant and positive correlation with suicidal ideation which interpreted that as insecurity increases their suicidal ideation also increases. The total mental health ($r = -0.923, p \leq 0.01$) was found to be significantly and negatively correlated with suicidal ideation highlighting that as total mental health decreases suicidal ideation among urban boys increases. Among urban girls, autonomy ($r = 0.952, p \leq 0.01$) had a significant and positive correlation with suicidal ideation which interpreted that as autonomy increases, suicidal ideation also increases. Clarke (1999) as well as O'Riley and Fiske (2012) stated that adolescents with higher scores on autonomy were more likely to become a victim of suicidal ideation. A significant and positive correlation existed between security-insecurity ($r = 0.973, p \leq 0.01$) and suicidal ideation among urban girls indicating that as insecurity among urban girls increase, suicidal ideation also increases. Asante *et al* (2017) reported that adolescents who reported feelings of loneliness, insecurity and anxiety also reported suicidal ideation, suicidal plan and suicidal attempt. Intelligence ($r = -0.955, p \leq 0.01$) was found to be significantly and negatively correlated with suicidal ideation which implies that as intelligence decreases suicidal ideation increases. Similarly, total mental health ($r = -0.942, p \leq 0.01$) was significantly and correlated with suicidal ideation negatively which implies that as total mental health decreases suicidal ideation in case of urban girls increases.

Table 4.4.2 indicates a correlation between mental health and suicidal ideation among total respondents.

A significant and negative correlation existed between emotional stability ($r = -0.216, p \leq 0.05$) and suicidal ideation among rural respondents indicating that as emotional stability among rural respondents decreases, suicidal ideation increases. Autonomy ($r = 0.924,$

$p \leq 0.01$) had a significant and positive correlation with suicidal ideation which interpreted that as autonomy increases suicidal ideation also increases. Intelligence ($r = -0.966$, $p \leq 0.01$) was found to be significantly and negatively correlated with suicidal ideation which implies that as intelligence decreases their suicidal ideation increases. Similarly, the total mental health ($r = -0.946$, $p \leq 0.01$) had significant and negative correlation with suicidal ideation which implies that as total mental health decreases suicidal ideation among rural respondents increases.

Table 4.4.2: Correlation between mental health and suicidal ideation among respondents.

(n=240)

| Dimensions of Mental Health | Rural (n ₁ =120) | Urban(n ₂ =120) | Boys (n ₃ =120) | Girls(n ₄ =120) |
|-----------------------------|-----------------------------|----------------------------|----------------------------|----------------------------|
| | Suicidal Ideation | Suicidal Ideation | Suicidal Ideation | Suicidal Ideation |
| Emotional Stability | -.216* | -.067 | -.086 | -.183* |
| Overall Adjustment | .026 | -.222* | .098 | -.378** |
| Autonomy | .924** | .948** | .916** | .955** |
| Security- Insecurity | .097 | .075 | .073 | .055 |
| Self-Concept | -.079 | .069 | -.075 | .072 |
| Intelligence | -.966** | -.949** | -.959** | -.961** |
| Overall Mental Health | -.946** | -.932** | -.929** | -.943** |

** . Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

A significant and positive correlation existed between overall adjustment ($r = -0.222$, $p \leq 0.05$) and suicidal ideation among urban respondents that implies that as overall adjustment decreases, suicidal ideation increases. Autonomy ($r = 0.948$, $p \leq 0.01$) had a significant and positive correlation with suicidal ideation which interpreted that as autonomy increases, suicidal ideation also increases. Intelligence ($r = -0.949$, $p \leq 0.01$) was found to be significantly and negatively correlated with suicidal ideation which implies that as intelligence decreases, suicidal ideation increases. Similarly, the total mental health ($r = -0.932$, $p \leq 0.01$) showed a significant and negative correlation with suicidal ideation implying that as mental health decreases suicidal ideation among urban respondents increases.

A significant and positive correlation existed between autonomy ($r = 0.916$, $p \leq 0.01$) and suicidal ideation among boys indicating that as autonomy among boys increases, suicidal ideation also increases. Intelligence ($r = -0.959$, $p \leq 0.01$) was significantly and correlated with suicidal ideation negatively which implies that as intelligence decreases, suicidal ideation increases. Similarly, the total mental health ($r = -0.929$, $p \leq 0.01$) had significant and

negative correlation with suicidal ideation highlighting that as mental health decreases suicidal ideation among boys increases.

A significant and negative correlation existed between emotional stability ($r = -0.183, p \leq 0.05$) and suicidal ideation among girls indicating that as emotional stability among girls decreases, suicidal ideation increases. Significant correlation existed between overall adjustment ($r = -0.378, p \leq 0.01$) and suicidal ideation that implies as overall adjustment decreases their suicidal ideation increases. Autonomy ($r = 0.955, p \leq 0.01$) had a significant and positive correlation with suicidal ideation which interpreted that as autonomy increases, suicidal ideation also increases. Intelligence ($r = -0.961, p \leq 0.01$) was significantly and negatively associated with suicidal ideation which implies that as intelligence decreases suicidal ideation increases. Similarly, the total mental health ($r = -0.943, p \leq 0.01$) was significantly and connected negatively with suicidal ideation which implies that as mental health decreases suicidal ideation increases among female respondents.

Table 4.4.3: Correlation between mental health and suicidal ideation among respondents.

(n=240)

| Dimensions of Mental Health | Suicidal Ideation |
|------------------------------------|--------------------------|
| Emotional Stability | -.146* |
| Overall Adjustment | -.088 |
| Autonomy | .931** |
| Security-Insecurity | .976** |
| Self-Concept | -.086 |
| Intelligence | -.962** |
| Overall Mental Health | -.942** |

**Correlation is significant at the 0.01 level (2-tailed).

*Correlation is significant at the 0.05 level (2-tailed).

Table 4.4.3 indicates a correlation between mental health and suicidal ideation among total respondents.

A significant and negative correlation existed between emotional stability ($r = -0.146, p \leq 0.05$) and suicidal ideation among total respondents indicating that as emotional stability among respondents decreases, suicidal ideation increases.. Autonomy ($r = 0.931, p \leq 0.01$) had a significant and positive correlation with suicidal ideation which interpreted that as autonomy increases their suicidal ideation also increases. Security-Insecurity ($r = 0.976, p \leq 0.01$) had a significant and positive correlation with suicidal ideation indicating that as the insecurity part increases, suicidal ideation also increases. Intelligence ($r = -0.962, p \leq 0.01$)

was significantly and negatively correlated with suicidal ideation which implies that as intelligence decreases their suicidal ideation increases. Similarly, the total mental health ($r = -0.942$, $p \leq 0.01$) was significantly and negatively correlated with suicidal ideation which implies that decreased mental health is responsible for increased suicidal ideation among adolescents.

Table 4.4.4 highlights correlation between mental health traits, suicidal ideation and demographic variables among rural and urban boys.

Among rural boys a significant positive correlation between male sibling ($r = 0.280$, $p \leq 0.05$) and overall adjustment existed indicating that presence of male siblings in the family increase overall adjustment among the rural boys leading to better settlement of controversy between rivals, and having someone with same interests.

In case of urban boys no significant correlation was found between mental health, suicidal ideation and demographic variables.

Table 4.4.5 highlights correlation between mental health traits, suicidal ideation and demographic variables among rural and urban girls.

In case of rural girls no significant correlation was found between mental health traits, suicidal ideation and demographic variables.

A significant positive correlation existed between family size ($r = 0.314$, $p \leq 0.05$) and emotional stability existed which means that family members help urban girls to stabilize their feelings. A significant positive correlation was also found between female sibling ($r = 0.275$, $p \leq 0.05$) and emotional stability among urban girls as having someone of same gender will help the person to share their feelings, interests which will help them to vent out their emotions and become emotionally stable. A significant negative correlation existed between income ($r = -0.349$, $p \leq 0.01$) and overall adjustment among urban girls which indicates that if the family has low income or belongs to low economic status it will affect the overall adjustment as one will have to make compromises and sacrifices in their lives. Rodriguez et al (2014) stated that poorer family environment was correlated with less emotion-focused, support-seeking and more emotional and conduct problems.

In the table 4.4.6, it is evident that no significant correlation existed among boys. In girls, a significant and negative correlation existed between female sibling ($r = -0.202$, $p \leq 0.05$) and overall adjustment among girls which indicates that having similar gender can bring jealousy, rivalry and resentment that can affect the overall adjustment. A significant and negative correlation existed between income ($r = -0.249$, $p \leq 0.01$) and overall adjustment among girls indicating that low income can affect the overall adjustment of the adolescents. Zhai et al (2015) stated that female adolescents who had poor family structures and relationships, whose parents had unstable work, and whose parents used improper parenting styles reported more suicidal ideation as compared to males.

Table 4.4.4: Correlation between mental health traits and suicidal ideation as well as demographic variables among rural and urban boys.
(n=240)

| Variables | Boys | | | | | | | | | | | |
|-----------------------------|------------------------------|-------------|----------------|--------------|---------------|--------|-------------------------------|-------------|----------------|-------------|---------------|--------|
| | Rural (n ₁ = 120) | | | | | | Urban (n ₂ = 120) | | | | | |
| | FATH EDU | MOTH EDU | FAMILY SIZE | MALE SIB | FEMALE SIB | INCOME | FATH EDU | MOTH EDU | FAMILY SIZE | MALE SIB | FEMALE SIB | INCOME |
| Suicidal Ideation | .011 | -.131 | .229 | .107 | .166 | -.037 | -.138 | -.031 | -.033 | -.098 | .035 | .007 |
| Emotional Stability | -.044 | -.184 | -.005 | -.098 | .077 | .003 | -.001 | .123 | -.015 | .031 | -.128 | .092 |
| Overall Adjustment | -.001 | -.016 | .053 | .280* | -.220 | -.053 | .103 | .017 | .094 | -.046 | .205 | .026 |
| Autonomy | .026 | -.075 | .182 | .058 | .160 | -.026 | -.135 | -.003 | -.064 | -.082 | -.027 | .007 |
| Security- Insecurity | .036 | -.123 | .172 | .045 | .153 | -.025 | -.122 | .008 | -.039 | -.134 | .063 | .025 |
| Self- Concept | .026 | -.121 | .201 | .071 | .170 | -.015 | -.087 | -.003 | -.105 | -.146 | -.009 | .027 |
| Intelligence | .052 | -.088 | .144 | .055 | .110 | -.031 | -.077 | .039 | -.086 | -.144 | .009 | .024 |
| Overall Mental Health | .026 | -.145 | .187 | .152 | .063 | -.046 | -.044 | .049 | -.032 | -.134 | .072 | .053 |

*. Correlation is significant at the 0.05 level (2-tailed).

Table 4.4.5: Correlation between mental health traits and suicidal ideation as well as the demographic variables among rural and urban girls.

(n=240)

| Variables | Girls | | | | | | | | | | | |
|-----------------------------|------------------------------|-------------|----------------|-------------|---------------|--------|------------------------------|-------------|----------------|-------------|---------------|----------------|
| | Rural (n ₁ = 120) | | | | | | Urban (n ₂ = 120) | | | | | |
| | FATH EDU | MOTH EDU | FAMILY SIZE | MALE SIB | FEMALE SIB | INCOME | FATH EDU | MOTH EDU | FAMILY SIZE | MALE SIB | FEMALE SIB | INCOME |
| Suicidal Ideation | .009 | -.116 | -.086 | .039 | -.073 | -.043 | .063 | .081 | -.087 | .021 | -.112 | .116 |
| Emotional Stability | -.139 | -.144 | -.020 | .022 | -.066 | .191 | -.204 | -.049 | .314* | .041 | .275* | .048 |
| Overall Adjustment | .018 | .055 | -.121 | .032 | -.220 | -.133 | .056 | .056 | -.180 | .030 | -.193 | -.349** |
| Autonomy | .003 | -.163 | -.056 | .016 | -.010 | .019 | .053 | .040 | -.030 | .025 | -.049 | .239 |
| Security- Insecurity | .002 | -.140 | -.081 | .033 | -.065 | -.038 | .077 | .057 | -.030 | .055 | -.075 | .115 |
| Self- Concept | .056 | -.086 | -.112 | -.009 | -.091 | -.021 | .082 | .027 | -.009 | .062 | -.055 | .180 |
| Intelligence | .047 | -.091 | -.083 | .007 | -.064 | -.047 | .020 | .011 | .006 | .073 | -.032 | .173 |
| Overall Mental Health | .003 | -.108 | -.129 | .027 | -.160 | -.034 | .017 | .035 | 0.000 | .072 | -.048 | .029 |

*. Correlation is significant at the 0.05 level (2-tailed).

Table 4.4.6: Gender-wise Correlation between suicidal ideation and mental health traits as well as demographic variables among total respondents

(n=240)

| Variables | Boys (n ₁ =120) | | | | | | Girls (n ₂ =120) | | | | | |
|--------------------------|----------------------------|-------------|----------------|-------------|---------------|--------|-----------------------------|-------------|----------------|-------------|---------------|----------------|
| | FATH EDU | MOTH EDU | FAMILY SIZE | MALE SIB | FEMALE SIB | INCOME | FATH EDU | MOTH EDU | FAMILY SIZE | MALE SIB | FEMALE SIB | INCOME |
| Suicidal Ideation | -.089 | -.082 | .107 | .013 | .098 | -.004 | .010 | -.030 | -.015 | .038 | -.040 | -.014 |
| Emotional Stability | -.010 | -.033 | -.013 | -.035 | -.033 | .045 | -.171 | -.098 | .131 | .031 | .105 | .088 |
| Overall Adjustment | .032 | .000 | .076 | .109 | .008 | -.008 | .033 | .055 | -.138 | .032 | -.202* | -.249** |
| Autonomy | -.069 | -.045 | .088 | .012 | .076 | -.001 | .006 | -.064 | .023 | .027 | .015 | .084 |
| Security- Insecurity | -.067 | -.061 | .080 | -.030 | .108 | .010 | .015 | -.048 | .008 | .048 | -.022 | -.007 |
| Self-Concept | -.060 | -.063 | .060 | -.027 | .078 | .017 | .046 | -.035 | -.004 | .028 | -.030 | .040 |
| Intelligence | -.043 | -.029 | .045 | -.028 | .061 | .008 | .016 | -.045 | .013 | .041 | -.009 | .031 |
| Overall Mental Health | -.042 | -.052 | .090 | .019 | .070 | .015 | -.008 | -.042 | -.014 | .052 | -.064 | -.045 |

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Table 4.4.7: Locale-wise Correlation between suicidal ideation and mental health traits as well as demographic variables among respondents

(n=240)

| Variables | Area | | | | | | | | | | | |
|-----------------------------|-----------------------------|-------------|----------------|-------------|---------------|--------|-----------------------------|-------------|----------------|-------------|---------------|--------|
| | Rural (n ₁ =120) | | | | | | Urban (n ₂ =120) | | | | | |
| | FATH EDU | MOTH EDU | FAMILY SIZE | MALE SIB | FEMALE SIB | INCOME | FATH EDU | MOTH EDU | FAMILY SIZE | MALE SIB | FEMALE SIB | INCOME |
| Suicidal Ideation | -.061 | -.133 | .166 | .138 | .116 | -.095 | -.023 | .015 | -.058 | -.046 | -.037 | .068 |
| Emotional Stability | -.081 | -.160 | -.029 | -.045 | -.016 | .093 | -.111 | .042 | .155 | .035 | .088 | .066 |
| Overall Adjustment | -.005 | .011 | -.016 | .169 | -.198* | -.096 | .082 | .032 | -.031 | -.016 | .016 | -.164 |
| Autonomy | -.049 | -.118 | .179 | .107 | .154 | -.067 | -.025 | .012 | -.047 | -.036 | -.035 | .133 |
| Security- Insecurity | -.050 | -.139 | .151 | .108 | .119 | -.086 | -.009 | .027 | -.034 | -.052 | -.006 | .076 |
| Self- Concept | -.034 | -.118 | .150 | .102 | .114 | -.075 | .012 | .006 | -.058 | -.059 | -.029 | .110 |
| Intelligence | -.021 | -.104 | .136 | .100 | .100 | -.090 | -.015 | .023 | -.040 | -.052 | -.010 | .106 |
| Overall Mental Health | -.051 | -.138 | .128 | .149 | .033 | -.092 | .000 | .039 | -.015 | -.044 | .011 | .041 |

*Correlation is significant at the 0.05 level (2-tailed).

Table 4.4.8: Correlation between mental health and suicidal ideation as well as demographic variables among total respondents.

| Variables | Total (n=240) | | | | | |
|-----------------------|---------------|-------------|----------------|-------------|---------------|---------------|
| | FATH EDU | MOTH EDU | FAMILY SIZE | MALE SIB | FEMALE SIB | INCOME |
| Suicidal Ideation | -.037 | -.068 | .081 | .051 | .051 | -.019 |
| Emotional Stability | -.091 | -.061 | .058 | -.007 | .039 | .070 |
| Overall Adjustment | .033 | .021 | -.023 | .079 | -.093 | -.129* |
| Autonomy | -.035 | -.064 | .095 | .044 | .075 | .025 |
| Security-Insecurity | -.026 | -.065 | .080 | .032 | .065 | -.009 |
| Self-Concept | -.009 | -.062 | .067 | .026 | .051 | .016 |
| Intelligence | -.014 | -.048 | .066 | .029 | .052 | .009 |
| Overall Mental Health | -.024 | -.058 | .072 | .058 | .026 | -.026 |

*. Correlation is significant at the 0.05 level (2-tailed).

In the table 4.4.7, a significant and negative correlation existed between female sibling ($r = -0.198$, $p \leq 0.05$) and overall adjustment among rural respondents which may mean that rural female respondents were facing discrimination around themselves which affected their overall adjustment. Andrews and Wilding reported that financial difficulties can increase adolescent's level of anxiety and depression, which may lead to increased suicidal behaviour. According to Yu et al(2015) low family economic status, level of parental literacy and non-intact family structure were associated with depressive symptoms which further leads to suicidal ideation.

Table 4.4.8 shows correlation between mental health, suicidal ideation and demographic variables among total respondents. A significant and negative correlation existed between income ($r = -0.129$, $p \leq 0.05$) and overall adjustment among respondents which means that low income can affect the overall adjustment of the person. Rest of the variables were found to be non-significantly correlated. Barmola K(2013) stated that family environment had significant relationship with mental health.

CHAPTER V

SUMMARY

The concept of mental health is as old as human beings. A mentally healthy person is one who is free of any kind of mental disease and is competent in dealing with any kind of situation. Good psychological well-being is as important as good physical well-being. Good mental health is said to be associated with healthy self-esteem that a person hold of himself/herself (Sidik 2017). Mental health involves perceptions, behaviours and emotions that influence individual's overall level of personal effectiveness, contentment, success, and calibre to function as a person (Choudhary 2006).

Adolescence is examined as a critical period for emerging and sustaining social and emotional habits crucial for mental well-being. Expectations of parents and teachers, home environment, academic stress, interpersonal problems, worries about the future, and peer pressure are some of the stressors faced by adolescents. From the past few years adolescents' mental health has become a huge matter of concern for counsellors, psychologists and parents. With the rapid growth of urbanisation and modernisation, adolescents are rapidly involving themselves in drug abuse, peer pressure, depression, anxiety which is further resulting into involving themselves in suicidal behaviour. According to Erikson's theory crisis of identity vs identity confusion occurs during adolescence. He described the term 'crisis' as a sequence of inner battles that are connected to growing stages. This crisis indicates the efforts to discover a stability between initiating a remarkable, personal character while still being recognized and "fitting in". Erikson supposed that when adolescents winningly discover this crisis they appear with a sheer comprehension of their personal identity and can easily contribute this "self" with others, being nourished and well-adjusted. But when they didn't succeed in handling this crisis effectively, they become doubtful about who they are. Deficiency of having this understanding, they become socially detached and cut-off themselves from others. According to the theory, when adolescents get jammed at this stage, they turn out to be unable to become emotionally mature adults (Oswalt 2011) Studies show that at least one in five adolescents go through prolonged stage of emotional turmoil and experience anxiety, stress, and may also show suicidal behaviour (Kaur & Kumar 2008).

Suicide is the third leading cause of adolescent mortality. Gender plays an important role in the study of suicide and suicidal ideation among children, adolescents and young adults. Boeninger *et al* (2010) and Nowotny *et al* (2015) found that girls have higher suicidal ideation rate than boys. Suicidal ideation can be defined as the tendency in which the individual tends to harm oneself and is not willing to continue his/her life. Person's living background also plays a crucial rule in having suicidal thoughts. Rural surroundings was positively correlated with depression, which was in turn associated with suicidal thoughts

(Meng *et al* 2013). Adolescents who encounter low intimacy and high rejection from peers can be susceptible to serious thoughts of suicide. This type of stress/ depression can affect students' academic performance such as absence of focus in class and lower grades. It can be interpreted that higher level of mental illness among the individuals may leads to higher level of suicidal ideation tendency (Kumar & Joshi 2014). Kumar and Joshi (2014) examined the function of psychological health, and despair in suicidal ideation among married professionals and revealed that the relationship between mental health and suicidal ideation was found to be significant. It indicated that professionals with high mental health illness have high levels of suicidal ideation. According to Tan *et al* (2017) mental health status is positively linked with suicidal ideation. Adolescents who encounter poor mental health status might be more likely to have favorable attitude towards suicide which elevated greater suicidal ideation. MacDonald *et al* (2009) examined that suicidal ideation and attempts are significant predictors of later mental health problems.

Lack of awareness on such issues often ends up in a severe damage on mental and emotional grounds. Therefore, besides tackling the mental and suicidal issues there is an important need to be focused on higher priority of creating awareness on suicidal ideation among the adolescents. Hence, the awareness on suicidal ideation is very much needed for the adolescents as well as for their parents. So, keeping this in mind present study entitled "Relationship of mental health with suicidal ideation among rural and urban adolescents" has been planned with the following objectives.

Objectives of the study

- i. To study the gender and locale differences in mental health of rural and urban adolescents.
- ii. To determine gender and locale differences in suicidal ideation among rural and urban adolescents.
- iii. To study the relationship between mental health and suicidal ideation among adolescents.

The present study was based upon a sample of 240 respondents aged between 16-18 years, studying in 10th, 11th and 12th grades drawn equally from rural and urban schools of Ludhiana district. The respondents were equally distributed according to their gender (120 boys and 120 girls). For selection of the sample, list of Government Senior Secondary Schools of Ludhiana district was procured from District Education Officer, Ludhiana. For rural sample: two Government Senior Secondary Schools were purposively selected from the one blocks i.e. Block I of Ludhiana district. For urban sample: two zones i.e. Zone A and Zone B was purposively selected from the Ludhiana district. Out of these selected rural and urban schools the required numbers of respondents were randomly selected for data collection.

Each subject was first administered the Mental Health Battery developed by Singh and Sengupta (2000) to assess the mental health of the adolescents. The selected adolescents were then administered Suicidal Ideation Scale by Sisodia and Bhatnagar (2011) to assess suicidal ideation of the sample. Frequency and Percentages, Arithmetic Mean, Standard Deviation, t-test, Z-test and Karl Pearson's Coefficient of correlation were used to examine the data.

Salient Findings

1. The socio-personal profile of the respondents showed that more number of the respondents were from 12th standard.
2. Large number of fathers of the respondents were educated up to matric, while majority of mothers were educated only up-to primary.
3. Majority of the fathers of the respondents belonged to service class, while majority of the mothers were home makers.
4. Large proportion of the respondents belonged to medium sized family.
5. Majority of the respondents had one male and one female sibling.
6. More number of rural boys had low level of suicidal ideation whereas more number of rural girls had high level of suicidal ideation. Non-significant locale differences were found in all levels of suicidal ideation among urban boys and urban girls.
7. Gender-wise differences across different levels of suicidal ideation among total respondents were found to be significant in the low and high levels while medium level showed non-significant results.
8. Locale-wise differences across different levels of suicidal ideation among total respondents were found to be significant in the medium and high levels while low level showed non-significant results.
9. Locale-wise distribution in mean scores of rural boys and girls across suicidal ideation were found to be significant whereas locale-wise differences in mean scores of urban boys and girls were found to be non-significant.
10. Gender-wise differences in mean scores of rural and urban girls across suicidal ideation were found to be significant whereas gender-wise differences in means scores of urban and rural boys were found to be non-significant.
11. Gender-wise differences in mean scores of total respondents in suicidal ideation were found to be significant whereas locale-wise differences in means scores of total respondents in suicidal ideation were found to be non-significant.
12. Locale-wise differences across different dimensions of mental health among rural and urban respondents were found to be significant in the dimensions of autonomy, security-insecurity, self-concept, intelligence and overall mental health while rest of the dimensions showed non-significant results among rural adolescents. In case of urban

adolescents no significant differences were found in any of the dimensions of mental health.

13. Gender-wise differences across different levels of mental health among total respondents showed significant results in the dimensions namely self-concept, security-insecurity, autonomy, intelligence and overall mental health while rest of the dimensions showed non-significant results.
14. Locale-wise differences across different levels of mental health among total respondents showed significant results in the dimensions namely security-insecurity, self-concept and overall mental health.
15. Locale-wise differences in mean scores of boys and girls from rural background across different dimensions of psychological health were found to be significant except emotional stability and overall adjustment whereas in case of locale-wise differences in mean scores of urban boys and girls, all the dimensions of mental health were found to be non-significant.
16. Gender-wise distribution in mean scores of rural and urban boys across different mental health dimensions were found to be non-significant except intelligence whereas in case of rural and urban girls results were found significant in autonomy, security-insecurity, self-concept, intelligence and overall mental health.
17. Gender-wise differences in mean scores of total respondents across different dimensions of mental health were found significant in the dimensions namely security-insecurity, autonomy, intelligence, self-concept and overall mental health.
18. In case of rural boys significant and positive correlation was found between autonomy and suicidal ideation, security-insecurity and suicidal ideation whereas significant and negative correlation was found between intelligence and suicidal ideation, overall mental health and suicidal ideation. Results revealed that in case of urban boys significant and positive correlation was found between autonomy and suicidal ideation, security-insecurity and suicidal ideation whereas significant and negative correlation was found between overall mental health and suicidal ideation.
19. In case of rural girls significant and positive correlation was found between autonomy and suicidal ideation, security-insecurity and suicidal ideation whereas significant and negative correlation was found between emotional stability and suicidal ideation, overall mental health and suicidal ideation and among urban girls significant and positive correlation was found between autonomy and suicidal ideation, security-insecurity and suicidal ideation whereas significant and negative correlation was found between intelligence and suicidal ideation, overall mental health and suicidal ideation.
20. A significant and positive association existed among autonomy and suicidal ideation whereas significant and negative correlation existed between two dimensions of mental

health namely emotional stability, intelligence as well as overall mental health and suicidal ideation among rural respondents and among urban respondents significant and positive correlation existed among autonomy and suicidal ideation whereas significant and negative correlation existed overall adjustment, intelligence as well as overall mental health and suicidal ideation.

Limitations

1. The present research was restricted to the adolescents between the age group of 16-18 years.
2. The study was limited to a sample size of 240 school going adolescents only.
3. The study was confined to urban and rural government senior secondary schools of Ludhiana district of Punjab
4. This study assessed the relationship of the selected variable i.e. mental health with suicidal ideation among adolescents.

Recommendations for further research

1. A comparative study could be planned with adolescents and adults.
2. A relative study could be conducted among government and private schools.
3. A similar study could be conducted on the adolescents in different states of the country.
4. The same study can be done on a larger population for a more valid generalization.
5. Long term research can be conducted in this area with other determinants.

Implications of the study

The investigation was carried out with a view to study the relationship of mental health with suicidal ideation among adolescents. The findings of the present study will be useful in the following ways:

1. The findings of the study will be helpful for counsellors, psychologists, social workers, researchers and parents to understand the factors contributing towards suicidal ideation among adolescents.
2. This study will enhance the awareness about suicidal ideation among masses, in order to provide guidelines for possible prevention programs or treatment for adolescents who are already experiencing the ideas of suicidal ideation.
3. The study will help counsellors, researchers, teachers, parents and authorities to initiate campus suicide prevention initiatives that could include programs helping at enhancing student social support networks, peer aid systems, increasing adolescents' awareness about possible signs of suicidal ideation and identifying at risk adolescents.
4. The findings of this study will help the government organizations, NGOs and professionals who are concerned with welfare of adolescents to make a sketch about warning signs of suicidal behaviour and to plan interventions about it.
5. This research will provide a useful reference material for further studies in the field.

Suggestions

As per findings of the present study mental health is significantly and positively correlated with suicidal ideation. So to enhance mental health of adolescents following suggestions could be useful:

1. The most important factor for adolescents to have healthy mental health is trust and intimate relations among family members. All the family members should share close, expressive, caring and warm attitude towards children and also towards each other.
2. Aggression, disagreements and conflicts should be openly expressed in a peaceful manner.
3. Parents and teachers should not avoid any warning signs or any kind of negative behaviour that can be seen in adolescents.
4. Parenting should be authoritative so that adolescents can trust on their parents to share anything. Too much restrictions should be avoided as it can interfere with the growth of the children.
5. Parents and teachers should involve adolescents in decision making process at family and school level. This will help to improve their self-concept.
6. Parents and teachers should understand that appreciation is very important for any kind of hard work the child has done. It can make them feel confident as well as responsible for their duties.
7. Parents and teachers should not compare children with each other, as too much comparison will result into low level of self-confidence, self-esteem and motivation.
8. Parents and teachers should maintain a good mutual relationship with each other regarding the progress of the adolescent students.

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APPENDIX-I

GENERAL INFORMATION SHEET

1. Name of the school : _____
2. Name of the respondent : _____
3. Date of birth : _____
4. Gender (male/female) : _____
5. Class : _____
6. Area (rural/urban) : _____
7. Parent's education : _____

7.1 Father

(a) Illiterate (b) Primary (c) Matric (d) +2 (e) Diploma (f) Graduate

(g) Post graduate

7.2 Mother

(a) Illiterate (b) Primary (c) Matric (d) +2 (e) Diploma (f) Graduate

(g) Post graduate

8. Father's occupation

(a) Agriculture (b) Business (c) Service (d) Labour

9. Mother's occupation

(a) Home-maker (b) Labour (c) Service (d) Business

10. Number of family members : _____

11. Number of siblings

(a) Brother (b) Sister

12. Monthly income : _____

SIS

| Sr. No. | STATEMENTS | RESPONSE | | | | | Score |
|---------|--|----------------|-------|-------------|----------|-------------------|-------|
| | | Strongly Agree | Agree | Uncertainty | Disagree | Strongly Disagree | |
| 1. | Whenever I feel lonely, I wish to commit suicide | | | | | | |
| 2. | Demise of someone dear suddenly takes me closer to death | | | | | | |
| 3. | Due to financial crisis I do not want to keep myself alive | | | | | | |
| 4. | Interpersonal conflicts instigate me to end my life | | | | | | |
| 5. | When I am unnecessarily made responsible for any issue then I feel like committing suicide | | | | | | |
| 6. | Attitude of inequality of family members makes me feel disheartened | | | | | | |
| 7. | Facing failure makes me feel like as burdensome | | | | | | |
| 8. | Feeling of sickness makes me frustrated | | | | | | |
| 9. | Pessimism instigates me to die. | | | | | | |
| 10. | Sometimes I feel it is right to die | | | | | | |
| 11. | In my opinion death is the ultimate truth of life | | | | | | |
| 12. | Thinking about suicide makes me feel that I will get free from all the problems | | | | | | |
| 13. | Rules and regulations show the path of life | | | | | | |
| 14. | Physical torture can lead me towards suicide | | ii | | | | |

| | | | | | | | |
|-----|--|--|--|--|--|--|--|
| 15. | Drugs can keep me free from suicidal thoughts | | | | | | |
| 16. | Feeling of guilt provokes me to commit suicide | | | | | | |
| 17. | Rage leads me towards suicide | | | | | | |
| 18. | Thought of suicide makes me guilty | | | | | | |
| 19. | Gender discrimination drives me toward suicide | | | | | | |
| 20. | Social customs and dowry system create mental illness in me | | | | | | |
| 21. | Complexity of female atrocity laws persuades me to commit suicide | | | | | | |
| 22. | When I do not get expected support from colleagues then I find life as futile. | | | | | | |
| 23. | Suicide is better than being hanged to death. | | | | | | |
| 24. | I think suicide is an act of cowardice. | | | | | | |
| 25. | Thinking of past leads me towards suicidal ideation. | | | | | | |

MHB

PART - I

निर्देश (Instructions) :

आप दिये गए प्रश्नों को ध्यान से पढ़ें। प्रत्येक प्रश्न के सामने दो विकल्प 'हाँ' या 'नहीं' में से किसी एक के नीचे वाले खाने में जिसे आप अपने लिये उपयुक्त एवं सही समझते हैं, उस पर सही (✓) का चिह्न लगा दें। किसी भी प्रश्न को न छोड़ें, आपके उत्तर गोपनीय (confidential) रखे जावेंगे।

| क्र. सं. | कथन | हाँ | नहीं |
|----------|--|--------------------------|--------------------------|
| 1. | किसी व्यक्ति द्वारा आलोचना किये जाने पर आप क्या क्रोधित हो जाते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | कक्षा में यदि शिक्षक कुछ प्रश्न करते हैं और आप उसका जबाब नहीं दे पाते हैं तो क्या आप अच्छा महसूस नहीं करते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | परीक्षा में फेल हो जाने पर क्या आपको आत्महत्या करने का मन करता है ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | माता-पिता द्वारा हल्का डाँट देने पर भी क्या आप डर जाते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | साँप, छिपकिली या मकड़ी या अन्य समान जानवर देखने पर क्या आप काफी डर जाते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | गृह-कार्य (home work) नहीं करके जाने पर क्या आप भीतर-भीतर शर्मिंद रहते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | क्या आप अपने दोस्त का कोई सामान या चीज चुराकर चुपचाप कक्षा में बैठे रहते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | क्या आपको अपने दोस्तों को भला-बुरा कहने में अच्छा लगता है ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | क्या आप किसी पल में अपने आप बहुत खुश हो जाते हैं एवं दूसरे पल में बहुत उदास हो जाते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | खेलने में हार जाने पर क्या आप अपने दोस्त को दोषी समझकर उसे भला-बुरा कहते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | माता-पिता से मन-पसन्द चीज मिलने पर क्या आप खुश नजर आते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | घनिष्ठ दोस्त द्वारा निन्दा किये जाने पर क्या आप विचलित हो जाते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | विपरीत परिस्थिति के होने पर भी क्या आप अपना संतुलन बनाये रखते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. | किसी व्यक्ति द्वारा जरा-सा भला बुरा कहे जाने पर आप क्रोधित हो जाते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. | शिक्षक द्वारा अनुशासनहीनता के लिये डाँटे जाने पर क्या आप काफी विचलित हो जाते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |

PART - II

निर्देश (Instructions) :

भाग - I के समान ही यहाँ भी प्रत्येक प्रश्न के दो-दो उत्तर, अर्थात् 'हाँ' या 'नहीं' दिये गये हैं। आप दिये गए इन उत्तरों में से अपने लिए उपयुक्त उत्तर चुनकर उसके नीचे बने खानों में 'हाँ' अथवा 'नहीं' के नीचे सही (✓) का चिह्न लगा दें। किसी भी प्रश्न को न छोड़ें।

| क्र. सं. | कथन | हाँ | नहीं |
|----------|---|--------------------------|--------------------------|
| 16. | क्या माता-पिता के साथ आपका सम्बन्ध परिवार के दूसरे सदस्यों की अपेक्षा बहुत अच्छा है ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. | अगर आप किसी दिन स्कूल नहीं जाते हैं तो क्या आपका मन घर पर नहीं लगता है ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. | क्या आप अपने विचार दूसरों के सामने व्यक्त करते समय बहुत आत्म सचेत हो जाते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. | क्या आप किसी सामाजिक-कार्य का दायित्व लेने में सबसे आगे रहते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. | क्या आपको रात में अक्सर नींद नहीं आती है ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. | क्या आपकी अपने भाई-बहन से अक्सर किसी-न-किसी बात पर कहा-सुनी हो जाती है ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. | क्या आपको लोगों से मिलना-जुलना बहुत पसन्द है ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. | क्या आपको अक्सर कब्जियत की शिकायत रहती है ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. | क्या आपके मन में बेकार की बातें प्रायः आती रहती है ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. | स्कूल या कालेज के वातावरण में क्या आप धुटन महसूस करते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. | क्या आपका घर का वातावरण शांतिपूर्ण है ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. | क्या आप नये लोगों से बहुत जल्दी मित्रता कर लेते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. | क्या आपको अक्सर पाचन-संबंधी शिकायत रहती है ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. | अगर कोई आपकी जरा-सी निन्दा करे तो क्या आप अपना संतुलन खो बैठते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. | क्या आपको रोज स्कूल या कालेज जाने में अच्छा लगता है ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. | क्या आप किसी कार्य को अपने माता-पिता की अनुमति के बिना नहीं करते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. | क्या आप दूसरे व्यक्ति से बिना झिझक सहायता लेते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. | क्या आप पावर का चश्मा पहनते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. | कोई अगर आपका अपमान करता है तो आप परेशान हो जाते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |

| क्र. सं. | कथन | हाँ | नहीं |
|----------|---|--------------------------|--------------------------|
| 35. | क्या आप अपने दोस्तों के साथ मिल-जुलकर कोई कार्य करना ज्यादा पसन्द करते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. | क्या आपको ऐसा महसूस होता है कि परिवार के लोग आपको कम चाहते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. | क्या आप किसी सामाजिक कार्य में प्रधान भूमिका अदा करना चाहते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. | क्या आपके शरीर में रक्त की कमी है ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. | क्या आप अपने को अक्सर असहाय महसूस करते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. | अगर आपके दोस्त के पास किताब नहीं होती है तो क्या आप उसे अपनी किताब देकर सहायता करते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. | अगर आपके माता-पिता बीमार पड़ जाते हैं तो क्या आप चिन्तित हो जाते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. | अगर आप रेलगाड़ी में सफर करते हैं तो क्या आप सहयात्रियों के साथ बहुत जल्दी दोस्ती कर लेते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. | घर में झगड़ा होने से क्या आप उसे शान्त कराने की कोशिश करते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. | क्या आप अन्य व्यक्तियों के सामने बेझिझक अपना विचार व्यक्त करते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. | किसी का खून बहते देखकर क्या आप घबड़ा जाते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. | अगर आप किसी के घर जाते हैं तो क्या आप अपने मन पसन्द खाने की चीज नहीं मिलने पर ताना-वाना कसते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. | वर्ग की प्रतियोगिताओं में क्या आप प्रायः आगे रहते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. | क्या घर के लोग आपको उतना प्यार नहीं करते हैं जितना किया जाना चाहिए ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. | कोई बात पसन्द नहीं आने पर भी क्या आप प्रायः चुप रह जाते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. | क्या आप अपने पास-पड़ोस के लोगों का ख्याल रखते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 51. | घर में रहने के बजाय क्या आपको दोस्तों के घर रहना ज्यादा अच्छा लगता है ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 52. | अगर आप किसी रिश्तेदार के पास जाते हैं तो क्या आप आसानी से वहाँ के माहोल या वातावरण में घुल-मिल जाते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 53. | क्या माता-पिता आपके द्वारा गलती किये जाने पर आपकी निन्दा भी करते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 54. | क्या आपको मकड़ी या छिपकली देखते ही अजीब-सी घबड़ाहट होती है ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 55. | अगर कोई आपके घर के विभिन्न कमरों को देखने की इच्छा प्रकट करता है तो क्या आप उनके इस विचार की प्रशंसा करते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |

PART - III

निर्देश (Instructions) :

नीचे कुछ ऐसी परिस्थितियाँ (situations) दी गई हैं जिनसे होकर प्रायः व्यक्ति अपने दिन-प्रतिदिन की जिंदगी में गुजरता है। आप इन परिस्थितियों को ध्यानपूर्वक पढ़ें और यह बताने की कोशिश करें कि यदि आप उस परिस्थिति में होते तो क्या करते ? आपका जवाब प्रत्येक प्रश्न के नीचे दिये गये दो उत्तरों में से किसी एक के रूप में होना चाहिए। अतः जो उत्तर आपको सही लगे उसके सामने बने खाने में सही (✓) का चिह्न लगा दें। किसी भी प्रश्न को न छोड़ें।

56. आप अपने दोस्त के साथ शाम को घूमने जा रहे हैं। उसी समय रास्ते में एक मुद्रा पर्स (money purse) गिरा हुआ मिलता है। उसमें कुछ रूपये थे और उस व्यक्ति का पता (address) भी। आपके दोस्त ने कहा "चलो इस रूपये से आज होटल में अच्छा-सा खाना खाये और उसके बाद सिनेमा चलें।" ऐसी परिस्थिति में आप क्या करेंगे ?
- (क) दोस्त की बात मान लेंगे ?
- (ख) दोस्त के विचार से असहमति दिखायेंगे।
57. आपके माता-पिता चाहते हैं कि आप किसी चीज का व्यवसाय (business) करें ताकि अच्छा धन कमा सकें। लेकिन आपकी इच्छा डाक्टर बनने की है ताकि लोगों की सेवा की जा सके, गरीब-दुखी का इलाज किया जा सके। ऐसी अवस्था में आप क्या करेंगे ?
- (क) पिता की बात से सहमति दिखायेंगे।
- (ख) मेडिकल परीक्षा की तैयारी में जुट जायेंगे।
58. वर्ग में अगर दोस्तों के बीच बहुत झगड़ा होता है और मार-पीट की नौबत आ जाती है तो आप ऐसी परिस्थिति में क्या करेंगे ?
- (क) झगड़ा शांत करने की कोशिश करेंगे।
- (ख) चुपचाप तटस्थ रहकर मजा लेंगे।
59. आपकी परीक्षा बहुत नजदीक है। आपके माता-पिता आपको पढ़ने में ज्यादा समय देने के लिए कहते हैं, परन्तु आपका ध्यान सिनेमा तथा खेल-कूद की ओर अक्सर चला जाता है। आप ऐसी परिस्थिति में क्या करेंगे ?
- (क) माता-पिता की बात सुनी-अनसुनी करेंगे ?
- (ख) खेल-कूद तथा मनोरंजन के साधन में अभिरूचि दिखायेंगे ?
60. अगर राह चलते समय कोई व्यक्ति दुर्घटना (accident) का शिकार हो जाता है और आप अचानक वहाँ पहुँच जाते हैं, तो आप ऐसी परिस्थिति में क्या करेंगे ?
- (क) व्यक्ति को किसी डाक्टर या अस्पताल में पहुँचाने की कोशिश करेंगे।
- (ख) व्यक्ति को थोड़े देर तक देखकर फिर वहाँ से चल देंगे।

61. स्कूल से अगर आपकी बहन या भाई किसी का पेंसिल या रबर चुराकर लाता है तो आप उसे बहुत डाँटते हैं तथा उसे समझाते हैं कि चोरी करना बुरी आदत है। किसी की चीज चुराने से लोग उसे बुरा आदमी कहेंगे। लेकिन एक दिन आपका दोस्त कहीं से 500 रुपये चुराकर लाता है और आपके सामने रखते हुए कहता है, "चलो हम लोग इस पैसे से मौज उड़ायें।" ऐसी परिस्थिति में आप क्या करेंगे ?
- (क) दोस्त को वैसा न करने के लिए समझायेंगे।
- (ख) दोस्त का साथ देंगे।
62. परीक्षा में अगर प्रश्न-पत्र बहुत कठिन आता है और आप उसका जबाब जानते हैं और आपके साथी आपसे कहते हैं कि जरा-सा उसे बता दो। दोस्ती के नाते आप सोचते हैं कि बता दें। लेकिन तुरंत आपके मन में यह बात आती है कि परीक्षा में चोरी करना या दूसरों को बताना या सहायता करना दोनों ही जुर्म हैं और वीक्षक (examiner) द्वारा पकड़े जाने पर वह कड़ी सजा भी पायेगा। ऐसी अवस्था में आप क्या करेंगे ?
- (क) साहस करके दोस्त को यथासंभव मदद करेंगे।
- (ख) दोस्त को झिड़क देंगे।
63. घर में अगर किसी बात को लेकर आपके माता-पिता में झगड़ा होता है तो आप कुछ देर के लिए चिन्तित हो जाते हैं। ऐसी परिस्थिति में आप क्या करना चाहेंगे ?
- (क) माता या पिता या दोनों को चुप करायेंगे।
- (ख) डर से उनके पास न जायेंगे।
64. अगर वर्ग में नये शिक्षक आते हैं तो कुछ लड़के उनके पीछे लगते हैं तथा मुँह लगाने की कोशिश करते हैं। ऐसी परिस्थिति में आप क्या करेंगे ?
- (क) साथियों का साथ नहीं देंगे।
- (ख) साथियों को नये शिक्षक को तंग करने के लिये कुछ नयी तरकीब बतायेंगे।
65. अगर कुछ लड़के स्कूल के अनुशासन को भंग करते हैं और स्कूल से भागकर सिनेमा चले जाते हैं, और यदि यह बात आपको मालूम होती है तो आप क्या करेंगे ?
- (क) उन लड़कों के बारे में शिक्षक से शिकायत करेंगे।
- (ख) तटस्थ रहकर अपना कार्य करेंगे।
66. अगर आपके दोस्त के पिता बहुत बीमार हो जाय और उनके पास इलाज कराने को पैसा भी नहीं हो तो आप क्या करेंगे ?
- (क) दोस्त के पिता के लिए पैसों की जुगाड़ करेंगे।
- (ख) दोस्त को संतावना देते रहेंगे।

67. अगर बस (bus) में सफर करते समय कोई व्यक्ति किसी व्यक्ति का कीमती सामान लेकर भागते समय पकड़ा जाता है तो आप क्या करेंगे ?
- (क) चुपचाप बैठकर तमाशा देखना पसन्द करेंगे।
- (ख) उस व्यक्ति को सजा दिलाने का भरसक प्रयास करेंगे।
68. अगर आपको पता चलता है कि आपके साथी के पास पढ़ने के लिए कोई भी किताब नहीं है और उसे पढ़ने का बहुत शौक है लेकिन उसके गरीब पिता बहुत मुश्किल से घर का खर्चा चलाते हैं तो आप ऐसी अवस्था में उस छात्र के साथ क्या करेंगे ?
- (क) अपनी किताब उसे पढ़ने के लिये थोड़े समय के लिये दे देंगे।
- (ख) उसे किताब दिलाने का वादा करेंगे।
69. वर्ग में शिक्षक के पढ़ाते समय अगर कोई लड़का उनके व्यवहारों की नकल छिपकर अपने अन्य साथियों को हँसाने के लिए करता है और आप उसे देख लेते हैं तो उस अवस्था में आप क्या करेंगे ?
- (क) उस लड़के को वैसा नहीं करने का इशारा करेंगे।
- (ख) वर्ग में बीच में ही उठकर उसकी शिकायत शिक्षक से करेंगे।
70. नदी या सरोवर में नहाते समय अगर आप देखते हैं कि कोई छोटा बच्चा डूब रहा है तो आप वैसी परिस्थिति में क्या करेंगे ?
- (क) जोर-जोर से 'बचाओ-बचाओ' की आवाज देंगे।
- (ख) स्वयं उसे बचाने की कोशिश करेंगे।

PART - IV

निर्देश (Instructions) :

इसमें आपके व्यवहार से सम्बन्धित कुछ प्रश्न दिये गये हैं। इन प्रश्नों का कोई पूर्व निश्चित उत्तर नहीं है। इसलिए आपको जो उत्तर सही लगे, वही आपके लिए सही उत्तर होगा और वैसे ही उत्तर पर हाँ अथवा नहीं के नीचे बने खाने पर सही (✓) का चिह्न लगा दें। किसी भी प्रश्न को न छोड़ें।

| क्र. सं. | कथन | हाँ | नहीं |
|----------|---|--------------------------|--------------------------|
| 71. | घर में माता-पिता नहीं रहने से क्या आपको डर लगता है ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 72. | रास्ते में होने पर अचानक बत्ती (light) बुझ जाने से क्या आप परेशान हो उठते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 73. | घर में झगड़ा होने से क्या आपकी परेशानी बढ़ जाती है ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 74. | आपके घर के लोग यदि आपको लाने रेलवे स्टेशन पर देर से पहुँचते हैं तो क्या आप चिंतित हो जाते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 75. | रात में अकेला जाने के नाम से ही क्या आपको डर लगने लगता है ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 76. | दोस्तों के बीच रहकर भी क्या आप अकेलापन महसूस करते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 77. | क्या आप दोस्तों के ऊपर भरोसा करते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 78. | क्या आप अपनी भावनाओं को व्यक्त करने में कठिनाई महसूस करते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 79. | क्या आप अपने वातावरण में पूरी तरह से समायोजित (adjusted) महसूस करते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 80. | क्या आपको ऐसा लगता है कि आप बहुत-सी खुशी से वंचित हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 81. | नये लोगों से परिचय होने पर क्या आपको घबड़ाहट होती है ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 82. | क्या आपको लोगों से काफी प्रशंसा मिलती है ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 83. | क्या आप अक्सर उदास रहते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 84. | जरा-सी बात पर क्या आप दुखी हो जाते हैं ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 85. | क्या आपको किसी प्रकार की प्रतियोगिता (competition) से डर नहीं लगता है ? | <input type="checkbox"/> | <input type="checkbox"/> |

PART - V

निर्देश (Instructions) :

नीचे दिये गए कथनों को आप ध्यानपूर्वक पढ़ें। प्रत्येक कथन के सामने उसके दो-दो उत्तर अर्थात् 'सही' या 'गलत' दिये गये हैं। आप अपने लिये उनमें से जिसे उपयुक्त एवं ठीक समझते हैं, उस पर सही (✓) का चिह्न लगा दें। किसी भी प्रश्न को न छोड़ें।

| क्र. सं. | कथन | सही | गलत |
|----------|--|--------------------------|--------------------------|
| 86. | मुझे लगता है कि मेरा व्यवहार परिपक्व है। | <input type="checkbox"/> | <input type="checkbox"/> |
| 87. | मेरा सामान्य ज्ञान का भंडार पर्याप्त है। | <input type="checkbox"/> | <input type="checkbox"/> |
| 88. | मैं जल्द ही कठिन समस्याओं का समाधान कर लेता हूँ। | <input type="checkbox"/> | <input type="checkbox"/> |
| 89. | हमारी आकांक्षाएँ (aspirations) वास्तविक होती हैं। | <input type="checkbox"/> | <input type="checkbox"/> |
| 90. | प्रगति के रास्ते में मुझे अक्सर कोई न कोई बाधा का सामना करना पड़ता है। | <input type="checkbox"/> | <input type="checkbox"/> |
| 91. | मुझे पूर्ण उम्मीद है कि एक दिन हम अपने सभी प्रतियोगियों को पीछे छोड़ देंगे। | <input type="checkbox"/> | <input type="checkbox"/> |
| 92. | कुछ लोग मेरी सफलता से बहुत हताश रहते हैं। | <input type="checkbox"/> | <input type="checkbox"/> |
| 93. | मेरी प्रत्याशाएँ (expectations) मेरी सफलता पर आधारित होती हैं। | <input type="checkbox"/> | <input type="checkbox"/> |
| 94. | मुझे अपनी जिन्दगी में कभी असफलता हाथ नहीं लगी है। | <input type="checkbox"/> | <input type="checkbox"/> |
| 95. | प्रत्येक व्यक्ति को सच्चे ढंग से जिन्दगी में सफल होने का प्रयास करना चाहिए। | <input type="checkbox"/> | <input type="checkbox"/> |
| 96. | मेरी सफलता हमेशा प्रभावी (effective) रही है। | <input type="checkbox"/> | <input type="checkbox"/> |
| 97. | अभी तक किसी ऐसे व्यक्ति से मेरी भेंट नहीं हुई है जिसने हमारी उपलब्धियों की आलोचना की हो। | <input type="checkbox"/> | <input type="checkbox"/> |
| 98. | मेरी व्यक्तिगत आदतें हमारी उपलब्धि में बाधक सिद्ध हुई हैं। | <input type="checkbox"/> | <input type="checkbox"/> |
| 99. | मुझे प्रायः लगता है कि बहुत प्रयास करने के बाद भी बहुत थोड़ा ही प्राप्त हो पाता है। | <input type="checkbox"/> | <input type="checkbox"/> |
| 100. | मेरी उपलब्धियाँ कुछ बिन्दु पर निश्चित रूप से आलोच्य होती हैं। | <input type="checkbox"/> | <input type="checkbox"/> |

रूकिए ! जब तक कहा न जाए पार्ट VI का उत्तर देना प्रारंभ न करें।

PART - VI

समय: सिर्फ 10 मिनट

निर्देश (Instructions) :

नीचे कुछ ऐसे प्रश्न दिये गए हैं जिनके उत्तर आपसे वांछनीय हैं। आप प्रत्येक कथन को ध्यानपूर्वक पढ़ें और दिये गये उनके चार-चार उत्तरों में से सबसे सही एवं उपयुक्त उत्तर पर सही का चिह्न (✓) लगा दें। याद रखें कि इस भाग के सभी प्रश्नों का उत्तर आपको 10 मिनट के समय में ही देना है।

- | | | | | |
|---------------------------|-------------|--------------------------|--------------|--------------------------|
| 101. आरोप का अर्थ है | (क) दोष | <input type="checkbox"/> | (ख) गुण | <input type="checkbox"/> |
| | (ग) लज्जा | <input type="checkbox"/> | (घ) पश्चाताप | <input type="checkbox"/> |
| 102. डरपोक का उल्टा है | (क) कमजोर | <input type="checkbox"/> | (ख) झगड़ालू | <input type="checkbox"/> |
| | (ग) बहादुर | <input type="checkbox"/> | (घ) साहसी | <input type="checkbox"/> |
| 103. किनारा का अर्थ है | (क) बाँध | <input type="checkbox"/> | (ख) नदी | <input type="checkbox"/> |
| | (ग) तट | <input type="checkbox"/> | (घ) जल | <input type="checkbox"/> |
| 104. लम्बा का उल्टा है | (क) मोटा | <input type="checkbox"/> | (ख) छोटा | <input type="checkbox"/> |
| | (ग) नाटा | <input type="checkbox"/> | (घ) पहलवान | <input type="checkbox"/> |
| 105. प्रभात का सम्बन्ध है | (क) उजाला | <input type="checkbox"/> | (ख) सूर्य | <input type="checkbox"/> |
| | (ग) किरण | <input type="checkbox"/> | (घ) रात | <input type="checkbox"/> |
| 106. सेना का सम्बन्ध है | (क) युद्ध | <input type="checkbox"/> | (ख) वायुयान | <input type="checkbox"/> |
| | (ग) राईफल | <input type="checkbox"/> | (घ) सैनिक | <input type="checkbox"/> |
| 107. आशा का उल्टा है | (क) खुशी | <input type="checkbox"/> | (ख) निराशा | <input type="checkbox"/> |
| | (ग) दुःख | <input type="checkbox"/> | (घ) तकलीफ | <input type="checkbox"/> |
| 108. उजाला का सम्बन्ध है | (क) अन्धकार | <input type="checkbox"/> | (ख) प्रकाश | <input type="checkbox"/> |
| | (ग) आकाश | <input type="checkbox"/> | (घ) सूर्य | <input type="checkbox"/> |
| 109. गोरा का उल्टा है | (क) काला | <input type="checkbox"/> | (ख) प्रकाश | <input type="checkbox"/> |
| | (ग) कुरूप | <input type="checkbox"/> | (घ) सुन्दर | <input type="checkbox"/> |
| 110. आश्चर्य का अर्थ है | (क) अनुभव | <input type="checkbox"/> | (ख) विस्मय | <input type="checkbox"/> |
| | (ग) अचानक | <input type="checkbox"/> | (घ) क्षणिक | <input type="checkbox"/> |

111. इनमें से किसका अन्य तीनों से मेल नहीं है ?
 (क) रवीन्द्रनाथ टैगोर (ख) प्रेमचन्द
 (ग) दिनकर (घ) महात्मा गाँधी
112. इनमें से किसका अन्य तीनों से मेल नहीं है ?
 (क) कुर्सी (ख) टेबुल
 (ग) सोफा (घ) चादर
113. मीठा का सम्बन्ध है
 (क) चीनी (ख) नमक
 (ग) सेव (घ) रस
114. कपड़ा का सम्बन्ध है
 (क) दर्जी (ख) काटना
 (ग) पहनना (घ) सिलना
115. $\sqrt{16}$ के बराबर कौन है ?
 (क) $\sqrt{2}$ (ख) 2^2
 (ग) 4^3 (घ) 4^2
116. 3^3 का बराबर क्या होगा ?
 (क) 9 (ख) 6
 (ग) 26 (घ) 27
117. प्यार का अर्थ है
 (क) स्नेह (ख) ममता
 (ग) घृणा (घ) मोह
118. 5, 7, 8, 10, 11, 13, इन संख्याओं के आगे की संख्या क्या होगी ?
 (क) 28 (ख) 14
 (ग) 26 (घ) 23
119. 5, 10, 15, 20, 25, इसके आगे की संख्या लिखें—
 (क) 40 (ख) 30
 (ग) 35 (घ) 45
120. 98, 90, 82, 80, 72, 64, इन संख्याओं के क्रम के अनुसार आगे की संख्या लिखें—
 (क) 55 (ख) 56
 (ग) 62 (घ) 66
121. 102, 204, 408, 816..... इस क्रम के अनुसार आगे की संख्या लिखें—
 (क) 1532 (ख) 1432
 (ग) 1632 (घ) 1832
122. अशोक से अजय कम बुद्धिमान है। अरूण अशोक से भी अधिक बुद्धिमान है, तो सबसे बुद्धिमान कौन है ?
 (क) अशोक (ख) अरूण
 (ग) अजय (घ) कोई नहीं

123. हिनहिनाना : घोड़ा ; भौंकना : (क) बिल्ली (ख) कुत्ता
 (ग) शेर (घ) भालू
124. इन चार शब्दों में से किसका अन्य सभी से कोई सम्बन्ध नहीं है ? (क) द्वारका (ख) मैसूर
 (ग) वैष्णोदेवी (घ) कन्याकुमारी
125. श्यामली किरण से सुन्दर है और किरण उषा से भी सुन्दर है तो श्यामली उषा से कितनी सुन्दर है ? (क) अधिक सुन्दर (ख) कुरूप
 (ग) बराबर (घ) साधारण
126. सर : टोपी ; पाव : (क) मोजा (ख) जूता
 (ग) पतलून (घ) अँगूठी
127. किसी भी देश में रेल की कई लाइनें होनी चाहिए जिसका कारण यह है कि—
 (क) लोगों को आने जाने में तथा माल ढोने में सुविधा हो ।
 (ख) इससे समय की बचत हो सके ।
 (ग) इससे व्यापारियों का मुनाफा बढ़ सके ।
 (घ) इससे वस्तुओं की कीमत ऊँचा न हो ।
128. बिल्ली एक लाभदायक पशु है क्योंकि—
 (क) वह दूध पीती है ।
 (ख) वह चूहों का सफाया करती है ।
 (ग) वह कुत्ते से डरकर भाग जाती है ।
 (घ) वह अपनी आवाज से लोगों का ध्यान अपनी ओर आकर्षित करती है ।
129. जूते चमड़े के बने इसलिये होते हैं क्योंकि—
 (क) चमड़ा सभी देशों में उपलब्ध होता है ।
 (ख) चमड़े का जूता आरामदेह होता है ।
 (ग) चमड़े का जूता पहनने से किसी प्रकार की बीमारी के होने की संभावना नहीं होती है ।
 (घ) चमड़े का जूता बनाना आसान होता है ।
130. $\frac{4}{2} \times \frac{6}{2} \times \frac{6}{2} \times \frac{0}{2} \times \frac{4}{6}$ बराबर (क) 3 (ख) 6
 कितना होगा ? (ग) 4 (घ) 0

APPENDIX-II

SIS

| ਕ੍ਰਮ ਅੰਕ | | | | | | | ਅੰਕ |
|-------------|--|-------------------------|-------|-------------|--------|--------------------------|-----|
| | | ਪੂਰੀ ਤਰ੍ਹਾਂ ਸਹਿਮਤ | ਸਹਿਮਤ | ਪਤਾ ਨਹੀਂ | ਅਸਹਿਮਤ | ਪੂਰੀ ਤਰ੍ਹਾਂ ਅਸਹਿਮਤ | |
| 1. | ਜਦੋਂ ਵੀ ਮੈਨੂੰ ਇਕੱਲਾ ਮਹਿਸੂਸ ਹੁੰਦਾ ਹੈ ਤਾਂ ਮੈਂ ਖੁਦਕੁਸ਼ੀ ਕਰਨਬਾਰੇ ਸੋਚਦਾ / ਸੋਚਦੀ ਹਾਂ। | | | | | | |
| 2. | ਕਿਸੇ ਆਪਣੇ ਦੀ ਮੌਤ ਅਚਾਨਕ ਮੈਨੂੰ ਆਪਣੀ ਮੌਤ ਦੇ ਖਿਆਲਦੇ ਨੇੜੇ ਲੈ ਜਾਂਦੀ ਹੈ। | | | | | | |
| 3. | ਪੈਸਿਆਂ ਦੀ ਕਮੀ ਦੇ ਕਾਰਨ ਮੈਂ ਜਿਉਣਾ ਨਹੀਂ ਚਾਹੁੰਦਾ/ਚਾਹੁੰਦੀ। | | | | | | |
| 4. | ਮੇਰਾ ਅੰਦਰੂਨੀ ਸੰਘਰਸ਼ / ਕਸ਼ਮਕਸ਼ ਮੈਨੂੰ ਆਪਣੇ ਜੀਵਨ ਦਾ ਅੰਤਕਰਨ ਲਈ ਭੜਕਾਉਂਦਾ / ਉਤੇਜਿਤ ਕਰਦਾ ਹੈ। | | | | | | |
| 5. | ਜਦੋਂ ਮੈਨੂੰ ਕਿਸੇ ਵੀ ਗਲਤੀ ਲਈ ਬਿਨਾ ਮਤਲਬ ਜਿੰਮੇਵਾਰਠਹਿਰਾਇਆ ਜਾਂਦਾ ਹੈ, ਤਾਂ ਮੇਰਾ ਦਿਲ ਕਰਦਾ ਹੈ ਕਿਮੈਂ ਆਪਣਾ ਜੀਵਨ ਖਤਮ ਕਰ ਲਵਾਂ। | | | | | | |
| 6. | ਘਰਦਿਆਂ ਦਾ ਮੇਰੇ ਵੱਲ ਵਿਤਕਰੇ / ਨਾਬਰਾਬਰੀ ਵਾਲਾਰਵੱਈਆ ਮੈਨੂੰ ਬਹੁਤ ਨਿਰਾਸ਼ ਕਰਦਾ ਹੈ | | | | | | |
| 7. | ਅਸਫਲਤਾ ਦਾ ਸਾਹਮਣਾ ਮੈਨੂੰ ਜੀਵਨ ਪ੍ਰਤੀ ਦੁਖਦਾਈ ਮਹਿਸੂਸਕਰਾਉਂਦਾ ਹੈ। | | | | | | |
| 8. | ਕਿਸੇ ਬਿਮਾਰੀ ਦਾ ਅਹਿਸਾਸ ਮੈਨੂੰ ਬਹੁਤ ਨਿਰਾਸ਼ ਕਰਦਾ ਹੈ। | | | | | | |
| 9. | ਨਿਰਾਸ਼ਾਵਾਦ ਮੈਨੂੰ ਜੀਵਨ ਖਤਮ ਕਰਨ ਲਈ ਉਤੇਜਿਤ ਕਰਦਾ ਹੈ। | | | | | | |
| 10 | ਕਦੇ ਕਦੇ ਮੈਨੂੰ ਇਹ ਮਹਿਸੂਸ ਹੁੰਦਾ ਹੈ ਕਿ ਮਰਨਾ ਸਹੀ ਹੈ। | | | | | | |
| 11 | ਮੇਰੇ ਮੁਤਾਬਿਕ ਮੌਤ ਜੀਵਨ ਦੀ ਇੱਕ ਆਖਰੀ ਸੱਚਾਈ ਹੈ। | | | | | | |

| | | | | | | | |
|----|---|--|--|--|--|--|--|
| 12 | ਖੁਦਕੁਸ਼ੀ ਬਾਰੇ ਸੋਚਣਾ ਮੈਨੂੰ ਇਹ ਮਹਿਸੂਸ ਕਰਾਉਂਦਾ ਹੈ ਕਿ ਮੈਨੂੰ ਮੇਰੀਆਂ ਸਾਰੀਆਂ ਸਮੱਸਿਆਵਾਂ ਤੋਂ ਛੁਟਕਾਰਾ ਮਿਲਜਾਵੇਗਾ | | | | | | |
| 13 | ਨਿਯਮ ਤੇ ਅਸੂਲ ਜੀਵਨ ਜਿਉਣ ਦਾ ਮਾਰਗ ਦਰਸਾਉਂਦੇ ਹਨ | | | | | | |
| 14 | ਸਰੀਰਕ ਕਸ਼ਟ ਮੈਨੂੰ ਖੁਦਕੁਸ਼ੀ ਲਈ ਪ੍ਰੇਰਿਤ ਕਰ ਸਕਦੇ ਹਨ | | | | | | |
| 15 | ਦਵਾਈਆਂ / ਨਸ਼ੇ ਮੈਨੂੰ ਖੁਦਕੁਸ਼ੀ ਦੇ ਖਿਆਲਾਂ ਤੋਂ ਦੂਰ ਰੱਖ ਸਕਦੇ ਹਨ । | | | | | | |
| 16 | ਅਪਰਾਧ / ਕਸੂਰ ਦੀ ਭਾਵਨਾ ਮੈਨੂੰ ਖੁਦਕੁਸ਼ੀ ਕਰਨ ਲਈ ਭੜਕਾਉਂਦੀ ਹੈ। | | | | | | |
| 17 | ਗੁੱਸਾ ਮੈਨੂੰ ਖੁਦਕੁਸ਼ੀ ਦੇ ਵੱਲ ਖਿੱਚਦਾ ਹੈ। | | | | | | |
| 18 | ਖੁਦਕੁਸ਼ੀ ਕਰਨ ਦੇ ਖਿਆਲ ਮੈਨੂੰ ਦੋਸ਼ੀ ਮਹਿਸੂਸ ਕਰਵਾਉਂਦੇ ਹਨ। | | | | | | |
| 19 | ਲਿੰਗ ਭੇਦਭਾਵ ਮੈਨੂੰ ਖੁਦਕੁਸ਼ੀ ਵੱਲ ਧਕੇਲਦੇ ਹਨ। | | | | | | |
| 20 | ਸਮਾਜਿਕ ਰੀਤੀ-ਰਵਾਜ ਅਤੇ ਦਾਜਪ੍ਰਥਾ ਮੇਰੇ ਅੰਦਰ ਮਾਨਸਿਕਤਨਾਵ ਪੈਦਾ ਕਰਦੇ ਹਨ। | | | | | | |
| 21 | ਔਰਤਾਂ ਤੇ ਅਤਿਆਚਾਰ ਸੰਬੰਧੀ ਕਾਨੂੰਨੀ ਗੁੰਝਲਤਾ ਮੈਨੂੰ ਖੁਦਕੁਸ਼ੀ ਕਰਨ ਲਈ ਪ੍ਰੇਰਿਤ ਕਰਦੀ ਹੈ। | | | | | | |
| 22 | ਜਦੋਂ ਮੈਨੂੰ ਸਹਿਕਰਮੀਆਂ/ਸਾਥੀਆਂ ਤੋਂ ਉਮੀਦੀ ਸਹਿਯੋਗ ਨਹੀਂ ਪ੍ਰਾਪਤ ਹੁੰਦਾ ਤਾਂ ਮੈਨੂੰ ਆਪਣਾ ਜੀਵਨ ਵਿਅਰਥ ਲਗਦਾ ਹੈ। | | | | | | |
| 23 | ਖੁਦਕੁਸ਼ੀ, ਫਾਂਸੀ ਦੀ ਸਜ਼ਾ ਨਾਲੋਂ ਬਿਹਤਰ ਹੈ। | | | | | | |
| 24 | ਮੇਰੇ ਖਿਆਲ ਨਾਲ ਖੁਦਕੁਸ਼ੀ ਕਾਇਰਤਾ / ਕਮਜ਼ੋਰੀ ਦੀ ਨਿਸ਼ਾਨੀ ਹੈ। | | | | | | |
| 25 | ਬੀਤੇ ਸਮੇਂ ਬਾਰੇ ਸੋਚਣਾ ਮੈਨੂੰ ਆਤਮਹੱਤਿਆ ਸੰਬੰਧੀ ਵਿਚਾਰਾਂ ਵੱਲ ਲੈ ਜਾਂਦਾ ਹੈ। | | | | | | |

**MHB
PART-I**

| ਲੜੀ ਨੰ. | | ਹਾਂ | ਨਹੀਂ |
|----------------|---|--------------------------|--------------------------|
| 1. | ਕਿਸੇ ਵਿਅਕਤੀ ਦੁਆਰਾ ਆਲੋਚਨਾ ਕੀਤੇ ਜਾਣ ਤੇ ਕੀ ਤੁਸੀਂ ਗੁੱਸੇ ਵਿੱਚ ਆ ਜਾਂਦੇ ਹੋ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | ਜੇਕਰ ਕਲਾਸ ਵਿੱਚ ਅਧਿਆਪਕ ਤੁਹਾਨੂੰ ਕੋਈ ਪ੍ਰਸ਼ਨ ਪੁੱਛਦੇ ਹਨ ਅਤੇ ਤੁਸੀਂ ਜਵਾਬ ਨਹੀਂ ਦੇ ਸਕਦੇ ਤਾਂ ਕੀ ਤੁਹਾਨੂੰ ਚੰਗਾ ਮਹਿਸੂਸ ਨਹੀਂ ਹੁੰਦਾ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | ਪੇਪਰਾਂ ਵਿੱਚ ਫ਼ੈਲ ਹੋਣ ਤੇ ਕੀ ਤੁਹਾਡਾ ਖੁਦਕਸ਼ੀ ਕਰਨ ਦਾ ਮਨ ਕਰਦਾ ਹੈ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | ਜੇਕਰ ਤੁਹਾਡੇ ਮਾਤਾ-ਪਿਤਾ ਤੁਹਾਨੂੰ ਥੋੜਾ ਜਿਹਾ ਵੀ ਡਾਂਟ ਦਿੰਦੇ ਹਨ ਤਾਂ ਕੀ ਤੁਸੀਂ ਡਰ ਜਾਂਦੇ ਹੋ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | ਸੱਪ, ਛਿਪਕਲੀ ਜਾਂ ਮਕੜੀ ਵਰਗੇ ਹੋਰ ਜੀਵ-ਜੰਤੂ ਦੇਖਣ ਤੇ ਕੀ ਤੁਸੀਂ ਬਹੁਤ ਡਰ ਜਾਂਦੇ ਹੋ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | ਸਕੂਲ ਦੇ ਅਧਿਆਪਕਾਂ ਵੱਲੋਂ ਦਿੱਤਾ ਹੋਇਆ ਕੰਮ ਨਾ ਕਰਕੇ ਜਾਣ ਤੇ ਕੀ ਤੁਹਾਨੂੰ ਅੰਦਰੋਂ ਅੰਦਰ ਬਹੁਤ ਡਰ ਲਗਦਾ ਹੈ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | ਕੀ ਤੁਸੀਂ ਆਪਣੇ ਦੋਸਤ ਦਾ ਕੋਈ ਸਮਾਨ ਜਾਂ ਕੋਈ ਵੀ ਚੀਜ਼ ਚੋਰੀ ਕਰਕੇ ਚੁੱਪ-ਚਾਪ ਜਮਾਤ ਵਿੱਚ ਬੈਠੇ ਰਹਿੰਦੇ ਹੋ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | ਕੀ ਤੁਹਾਨੂੰ ਆਪਣੇ ਦੋਸਤਾਂ ਨੂੰ ਮਾੜਾ-ਚੰਗਾ ਕਹਿਣਾ ਚੰਗਾ ਲਗਦਾ ਹੈ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | ਕੀ ਤੁਸੀਂ ਕਿਸੇ ਵੀ ਸਮੇਂ ਵਿੱਚ ਆਪਣੇ-ਆਪ ਹੀ ਬਹੁਤ ਖੁਸ਼ ਹੋ ਜਾਂਦੇ ਹੋ ਅਤੇ ਦੂਸਰੇ ਹੀ ਪਲ ਉਦਾਸ/ ਦੁਖੀ ਹੋ ਜਾਂਦੇ ਹੋ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | ਕਿਸੇ ਖੇਡ ਵਿੱਚ ਹਾਰ ਜਾਣ ਤੇ ਕੀ ਤੁਸੀਂ ਆਪਣੇ ਦੋਸਤ ਨੂੰ ਦੋਸ਼ੀ ਸਮਝ ਕੇ ਉਸਨੂੰ ਮਾੜਾ-ਚੰਗਾ ਬੋਲਦੇ ਹੋ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | ਜੇ ਮਾਤਾ-ਪਿਤਾ ਤੁਹਾਨੂੰ ਤੁਹਾਡੀ ਮਨਪਸੰਦ ਚੀਜ਼ ਲੈ ਦੇਣ ਤਾਂ ਕੀ ਤੁਸੀਂ ਖੁਸ਼ ਹੋ ਜਾਂਦੇ ਹੋ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | ਕਿਸੇ ਚੰਗੇ ਦੋਸਤ ਦੁਆਰਾ ਬੁਰਾਈ ਕੀਤੀ ਜਾਣ ਤੇ ਕੀ ਤੁਸੀਂ ਨਿਰਾਸ਼ ਮਹਿਸੂਸ ਕਰਦੇ ਹੋ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | ਮੁਸ਼ਕਿਲ ਹਲਾਤਾਂ ਵਿੱਚ ਵੀ ਕੀ ਤੁਸੀਂ ਆਪਣਾ ਸੰਤੁਲਨ ਬਣਾਏ ਰੱਖਦੇ ਹੋ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. | ਕਿਸੇ ਚੰਗੇ ਦੋਸਤ ਦੁਆਰਾ ਥੋੜਾ ਜਿਹਾ ਵੀ ਮਾੜਾ ਕਹੇ ਜਾਣ ਤੇ ਤੁਸੀਂ ਗੁੱਸੇ ਵਿੱਚ ਆ ਜਾਂਦੇ ਹੋ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. | ਅਧਿਆਪਕ ਦੁਆਰਾ ਅਨੁਸ਼ਾਸਨਹੀਨਤਾਲਈ ਝਿੜਕੇ ਜਾਣ ਤੇ ਕੀ ਤੁਸੀਂ ਬਹੁਤ ਘਬਰਾ ਜਾਂਦੇ ਹੋ? | <input type="checkbox"/> | <input type="checkbox"/> |
| PART-II | | | |
| 16. | ਕੀ ਤੁਹਾਡਾ ਰਿਸ਼ਤਾ ਘਰ ਦੇ ਹੋਰ ਮੈਂਬਰਾਂ ਨਾਲੋਂ ਮਾਤਾ-ਪਿਤਾ ਨਾਲ ਜ਼ਿਆਦਾ ਵਧੀਆ ਹੈ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. | ਜੇਕਰ ਤੁਸੀਂ ਕਿਸੇ ਦਿਨ ਸਕੂਲ ਨਹੀਂ ਜਾਂਦੇ ਤਾਂ ਕੀ ਤੁਹਾਡਾ ਘਰ ਵਿੱਚ ਦਿਲ ਨਹੀਂ ਲਗਦਾ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. | ਕੀ ਤੁਸੀਂ ਆਪਣੇ ਵਿਚਾਰ ਦੂਜਿਆਂ ਸਾਹਮਣੇ ਰੱਖਣ ਤੋਂ ਪਹਿਲਾਂ ਬਹੁਤ ਜ਼ਿਆਦਾ ਸੋਚਦੇ ਹੋ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. | ਕੀ ਤੁਸੀਂ ਕੋਈ ਵੀ ਸਮਾਜਿਕ ਕੰਮ ਦੀ ਜ਼ਿੰਮੇਵਾਰੀ ਲੈਣ ਵਿੱਚ ਸਭ ਤੋਂ ਅੱਗੇ ਰਹਿੰਦੇ ਹੋ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. | ਕੀ ਤੁਹਾਨੂੰ ਰਾਤ ਨੂੰ ਅਕਸਰ ਨੀਂਦ ਨਹੀਂ ਆਉਂਦੀ? | <input type="checkbox"/> | <input type="checkbox"/> |

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| 21. | ਕੀ ਤੁਹਾਡੀ ਤੁਹਾਡੇ ਭੈਣ-ਭਰਾ ਨਾਲ ਕਿਸੇ ਨਾ ਕਿਸੇ ਗੱਲ ਤੇ ਲੜਾਈ ਹੁੰਦੀ ਰਹਿੰਦੀ ਹੈ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. | ਕੀ ਤੁਹਾਨੂੰ ਲੋਕਾਂ ਨਾਲ ਮਿਲਣਾ-ਜੁਲਣਾ ਬਹੁਤ ਪਸੰਦ ਹੈ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. | ਕੀ ਤੁਹਾਨੂੰ ਅਕਸਰ ਕਬਜ਼ ਦੀ ਸ਼ਿਕਾਇਤ ਰਹਿੰਦੀ ਹੈ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. | ਕੀ ਤੁਹਾਡੇ ਮਨ ਵਿੱਚ ਫਾਲਤੂ ਗੱਲਾਂ ਚਲਦੀਆਂ ਰਹਿੰਦੀਆਂ ਹਨ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. | ਸਕੂਲ ਜਾਂ ਕਾਲਜ ਦੇ ਮਾਹੌਲ ਵਿੱਚ ਕੀ ਤੁਸੀਂ ਘੁਟਨ ਮਹਿਸੂਸ ਕਰਦੇ ਹੋ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. | ਕੀ ਤੁਹਾਡੇ ਘਰ ਦਾ ਮਾਹੌਲ ਸ਼ਾਂਤੀ ਭਰਿਆ ਹੈ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. | ਕੀ ਤੁਸੀਂ ਨਵੇਂ ਲੋਕਾਂ ਨਾਲ ਬਹੁਤ ਜਲਦੀ ਦੋਸਤੀ ਕਰ ਲੈਂਦੇ ਹੋ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. | ਕੀ ਤੁਹਾਨੂੰ ਅਕਸਰ ਹਾਜ਼ਮੇ ਸਬੰਧੀ ਸ਼ਿਕਾਇਤ ਰਹਿੰਦੀ ਹੈ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. | ਜੇ ਕੋਈ ਤੁਹਾਡੀ ਥੋੜੀ ਜਿਹੀ ਵੀ ਨਿੰਦਾ ਕਰੇ ਤਾਂ ਕੀ ਤੁਸੀਂ ਆਪਣਾ ਸੰਤੁਲਨ ਗਵਾ ਦਿੰਦੇ ਹੋ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. | ਕੀ ਤੁਹਾਨੂੰ ਰੋਜ਼ ਸਕੂਲ ਜਾਣਾ ਚੰਗਾ ਲਗਦਾ ਹੈ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. | ਕੀ ਤੁਸੀਂ ਕੋਈ ਵੀ ਕੰਮ ਆਪਣੇ ਮਾਤਾ-ਪਿਤਾ ਦੀ ਆਗਿਆ ਤੋਂ ਬਿਨਾਂ ਨਹੀਂ ਕਰਦੇ ਹੋ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. | ਕੀ ਤੁਸੀਂ ਕਿਸੀ ਵੀ ਵਿਅਕਤੀ ਤੋਂ ਬਿਨਾਂ ਝਿੜਕ ਸਹਾਇਤਾ ਲੈ ਲੈਂਦੇ ਹੋ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. | ਕੀ ਤੁਸੀਂ ਨਜ਼ਰ ਦੀ ਐਨਕ ਪਾਉਂਦੇ ਹੋ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. | ਜੇਕਰ ਕੋਈ ਤੁਹਾਡੀ ਬੇਇਜ਼ਤੀ ਕਰਦਾ ਹੈ ਤਾਂ ਕੀ ਤੁਸੀਂ ਪਰੇਸ਼ਾਨ ਹੋ ਜਾਂਦੇ ਹੋ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. | ਕੀ ਤੁਸੀਂ ਆਪਣੇ ਦੋਸਤਾਂ ਦੇ ਨਾਲ ਮਿਲ-ਜੁਲਕੇ ਕੋਈ ਕੰਮ ਕਰਨਾ ਜ਼ਿਆਦਾ ਪਸੰਦ ਕਰਦੇ ਹੋ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. | ਕੀ ਤੁਹਾਨੂੰ ਅਜਿਹਾ ਮਹਿਸੂਸ ਹੁੰਦਾ ਹੈ ਕਿ ਘਰ/ਪਰਿਵਾਰ ਦੇ ਲੋਕ ਤੁਹਾਨੂੰ ਘੱਟ ਚਾਹੁੰਦੇ ਹਨ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. | ਕੀ ਤੁਸੀਂ ਕਿਸੇ ਸਮਾਜਿਕ ਕੰਮ ਵਿੱਚ ਪ੍ਰਧਾਨ ਦੀ ਭੂਮਿਕਾ ਨਿਭਾਣਾ ਚਾਹੁੰਦੇ ਹੋ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. | ਕੀ ਤੁਹਾਡੇ ਸ਼ਰੀਰ ਵਿੱਚ ਖੂਨ ਦੀ ਕਮੀ ਹੈ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. | ਕੀ ਤੁਸੀਂ ਆਪਣੇ-ਆਪ ਨੂੰ ਲਾਚਾਰ ਮਹਿਸੂਸ ਕਰਦੇ ਹੋ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. | ਜੇਕਰ ਤੁਹਾਡੇ ਦੋਸਤ ਕੋਲ ਕੋਈ ਕਿਤਾਬ ਨਹੀਂ ਹੁੰਦੀ ਹੈ ਤਾਂ ਕੀ ਤੁਸੀਂ ਉਸਨੂੰ ਆਪਣੀ ਕਿਤਾਬ ਦੇ ਕੇ ਉਸਦੀ ਸਹਾਇਤਾ ਕਰਦੇ ਹੋ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. | ਜੇ ਤੁਹਾਡੇ ਮਾਤਾ-ਪਿਤਾ ਬਿਮਾਰ ਹੋ ਜਾਂਦੇ ਹਨ ਤਾਂ ਕੀ ਤੁਸੀਂ ਪਰੇਸ਼ਾਨ ਹੋ ਜਾਂਦੇ ਹੋ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. | ਜੇਕਰ ਤੁਸੀਂ ਰੇਲਗੱਡੀ ਵਿੱਚ ਸਫਰ ਕਰਦੇ ਹੋ ਤਾਂ ਕੀ ਤੁਸੀਂ ਨਾਲ ਦੇ ਯਾਤਰੀਆਂ ਨਾਲ ਬਹੁਤ ਜਲਦੀ ਦੋਸਤੀ ਕਰ ਲੈਂਦੇ ਹੋ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. | ਘਰ ਵਿੱਚ ਲੜਾਈ ਹੋਣ ਤੇ ਕੀ ਤੁਸੀਂ ਉਸਨੂੰ ਸ਼ਾਂਤ ਕਰਾਉਣ ਦੀ ਕੋਸ਼ਿਸ਼ ਕਰਦੇ ਹੋ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. | ਕੀ ਤੁਸੀਂ ਹੋਰ ਲੋਕਾਂ ਦੇ ਸਾਹਮਣੇ ਬਿਨਾਂ ਕਿਸੀ ਝਿੜਕ ਦੇ ਆਪਣੇ ਵਿਚਾਰ ਪ੍ਰਗਟ ਕਰਦੇ ਹੋ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. | ਕਿਸੇ ਦਾ ਖੂਨ ਵਗਦਾ ਵੇਖਕੇ ਕੀ ਤੁਸੀਂ ਘਬਰਾ ਜਾਂਦੇ ਹੋ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. | ਜੇਕਰ ਤੁਸੀਂ ਕਿਸੇ ਦੇ ਘਰ ਜਾਂਦੇ ਹੋ ਤਾਂ ਕੀ ਤੁਸੀਂ ਆਪਣੀ ਮਨਪਸੰਦ ਖਾਣ ਦੀ ਚੀਜ਼ ਨਾ ਮਿਲਣ ਤੇ ਉਹਨਾਂ ਨੂੰ ਮਹਿਣਾ/ਤਾਹਨਾ ਮਾਰਦੇ ਹੋ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. | ਕੀ ਤੁਸੀਂ ਆਪਣੀ ਜਮਾਤ ਵਿੱਚ ਹੋਣ ਵਾਲੇ ਮੁਕਾਬਲਿਆਂ ਵਿੱਚ ਹਮੇਸ਼ਾ ਅੱਗੇ ਰਹਿੰਦੇ ਹੋ? | <input type="checkbox"/> | <input type="checkbox"/> |

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| 48. | ਕੀ ਤੁਹਾਡੇ ਘਰ ਦੇ ਲੋਕ ਤੁਹਾਨੂੰ ਉਹਨਾਂ ਪਿਆਰ ਨਹੀਂ ਕਰਦੇ ਜਿੰਨਾ ਕਰਨਾ ਚਾਹੀਦਾ ਹੈ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. | ਕੋਈ ਗੱਲ ਨਾ ਪਸੰਦ ਆਉਣ ਤੇ ਕੀ ਤੁਸੀਂ ਹਮੇਸ਼ਾ ਚੁੱਪ ਰਹਿ ਜਾਂਦੇ ਹੋ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. | ਕੀ ਤੁਸੀਂ ਆਪਣੇ ਆਂਢ-ਗੁਆਂਢ ਦੇ ਲੋਕਾਂ ਦਾ ਖਿਆਲ ਰੱਖਦੇ ਹੋ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 51. | ਆਪਣੇ ਘਰ ਰਹਿਣ ਦੀ ਬਜਾਏ ਕੀ ਤੁਹਾਨੂੰ ਆਪਣੇ ਦੋਸਤਾਂ ਦੇ ਘਰ ਰਹਿਣਾ ਜ਼ਿਆਦਾ ਚੰਗਾ ਲਗਦਾ ਹੈ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 52. | ਜੇਕਰ ਤੁਸੀਂ ਆਪਣੇ ਕਿਸੇ ਰਿਸ਼ਤੇਦਾਰ ਦੇ ਘਰ ਜਾਂਦੇ ਹੋ ਤਾਂ ਕੀ ਤੁਸੀਂ ਉੱਥੋਂ ਦੇ ਮਾਹੌਲ ਵਿੱਚ ਆਸਾਨੀ ਨਾਲ ਘੁਲ-ਮਿਲ ਜਾਂਦੇ ਹੋ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 53. | ਕੀ ਤੁਹਾਡੇ ਮਾਤਾ-ਪਿਤਾ ਤੁਹਾਡੇ ਦੁਆਰਾ ਕੋਈ ਗਲਤੀ ਕੀਤੀ ਜਾਣ ਤੇ ਤੁਹਾਡੀ ਬੁਰਾਈ ਵੀ ਕਰਦੇ ਹਨ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 54. | ਕੀ ਤੁਹਾਨੂੰ ਮਕੜੀ ਜਾਂ ਛਿਪਕਲੀ ਦੇਖਦੇ ਹੀ ਅਜੀਬ ਜਿਹੀ ਘਬਰਾਹਟ ਹੁੰਦੀ ਹੈ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 55. | ਜੇਕਰ ਕੋਈ ਤੁਹਾਡੇ ਘਰ ਆ ਕੇ ਵੱਖ ਵੱਖ ਕਮਰੇ ਦੇਖਣ ਦੀ ਇੱਛਾ ਜ਼ਾਹਿਰ ਕਰਦਾ ਹੈ ਤਾਂ ਕੀ ਤੁਸੀਂ ਉਸ ਦੇ ਇਸ ਵਿਚਾਰ ਦੀ ਪ੍ਰਸ਼ੰਸਾ ਕਰੋਗੇ? | <input type="checkbox"/> | <input type="checkbox"/> |

PART-III

56. ਤੁਸੀਂ ਆਪਣੇ ਦੋਸਤ ਨਾਲ ਸ਼ਾਮ ਨੂੰ ਘੁੰਮਣ ਜਾਂਦੇ ਹੋ, ਉਸੀ ਸਮੇਂ ਤੁਹਾਨੂੰ ਰਸਤੇ ਵਿੱਚ ਇੱਕ ਬਟੂਆ ਗਿਰਿਆ ਹੋਇਆ ਮਿਲਦਾ ਹੈ। ਉਸਦੇ ਵਿੱਚ ਕੁਝ ਪੈਸੇ ਅਤੇ ਉਸ ਇਨਸਾਨ ਦਾ ਪਤਾ ਵੀ ਹੈ। ਤੁਹਾਡੇ ਦੋਸਤ ਨੇ ਤੁਹਾਨੂੰ ਕਿਹਾ ਕਿ “ਚਲ ਇਹਨਾਂ ਪੈਸਿਆਂ ਨਾਲ ਅੱਜ ਹੋਟਲ ਵਿੱਚ ਵਧੀਆ ਜਿਹਾ ਖਾਣਾ ਖਾਂਦੇ ਹਾਂ ਤੇ ਉਸ ਤੋਂ ਬਾਦ ਸਿਨੇਮਾ ਦੇਖਣ ਚਲਦੇ ਹਾਂ।” ਇਹੋ ਜਿਹੇ ਹਾਲਾਤ ਵਿੱਚ ਤੁਸੀਂ ਕੀ ਕਰੋਗੇ।
- (ੳ) ਦੋਸਤ ਦੀ ਗੱਲ ਮੰਨ ਲਵੋਗੇ।
 (ਅ) ਦੋਸਤ ਦੇ ਵਿਚਾਰ ਨਾਲ ਸਹਿਮਤ ਨਹੀਂ ਹੋਵੋਗੇ।
57. ਤੁਹਾਡੇ ਮਾਤਾ ਪਿਤਾ ਚਾਹੁੰਦੇ ਹਨ ਕਿ ਤੁਸੀਂ ਕਿਸੀ ਚੀਜ਼ ਦਾ ਵਿਓਪਾਰ ਕਰੋ ਤਾਂ ਕਿ ਚੰਗੀ ਕਮਾਈ ਹੋ ਸਕੇ। ਪਰ ਤੁਸੀਂ ਡਾਕਟਰ ਬਣਨਾ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਕਿ ਤੁਸੀਂ ਲੋਕਾਂ ਦੀ ਸੇਵਾ ਕਰ ਸਕੋ, ਕਿਸੇ ਗਰੀਬ-ਦੁਖੀ ਦਾ ਇਲਾਜ ਕਰ ਸਕੋ। ਇਹੋ ਜਿਹੇ ਮੌਕੇ ਤੇ ਤੁਸੀਂ ਕੀ ਕਰੋਗੇ?
- (ੳ) ਪਿਤਾ ਦੀ ਗੱਲ ਨਾਲ ਸਹਿਮਤ ਹੋ ਜਾਵੋਗੇ।
 (ਅ) ਮੈਡੀਕਲ ਪ੍ਰੀਖੀਆ ਦੀ ਤਿਆਰੀ ਵਿੱਚ ਜੁੱਟ ਜਾਵੋਗੇ।
58. ਜੇਕਰ ਤੁਹਾਡੀ ਕਲਾਸ ਵਿੱਚ ਤੁਹਾਡੇ ਦੋਸਤਾਂ ਦੀ ਆਪਸ ਵਿੱਚ ਭਾਰੀ ਲੜਾਈ ਹੋ ਜਾਂਦੀ ਹੈ ਅਤੇ ਕੁੱਟ-ਮਾਰ ਦੀ ਨੋਬਤ ਆ ਜਾਂਦੀ ਹੈ ਤਾਂ ਤੁਸੀਂ ਕੀ ਕਰੋਗੇ?
- (ੳ) ਲੜਾਈ ਸ਼ਾਂਤ ਕਰਾਉਣ ਦੀ ਕੋਸ਼ਿਸ਼ ਕਰੋਗੇ।
 (ਅ) ਚੁਪ-ਚਾਪ ਲੜਾਈ ਦਾ ਮਜ਼ਾ ਲਵੋਗੇ।
59. ਤੁਹਾਡੇ ਇਮਤਿਹਾਨ ਬਹੁਤ ਨੇੜੇ ਹਨ। ਤੁਹਾਡੇ ਮਾਤਾ-ਪਿਤਾ ਤੁਹਾਨੂੰ ਪੜ੍ਹਾਈ ਵੱਲ ਜ਼ਿਆਦਾ ਸਮਾਂ ਦੇਣ ਲਈ ਕਹਿੰਦੇ ਹਨ ਪਰ ਤੁਹਾਡਾ ਪਿਆਰ ਸਿਨੇਮਾ ਤੇ ਖੇਲ-ਕੁੱਦ ਵੱਲ ਚਲਾ ਜਾਂਦਾ ਹੈ। ਇਹੋ ਜਿਹੇ ਹਾਲਾਤਾਂ ਤੁਸੀਂ ਵਿੱਚ ਕੀ ਕਰੋਗੇ?
- (ੳ) ਮਾਤਾ-ਪਿਤਾ ਦੀ ਗੱਲ ਅਣਸੁਣੀ ਕਰ ਦਵੋਗੇ।
 (ਅ) ਖੇਲ-ਕੁੱਦ ਅਤੇ ਮਨੋਰੰਜਨ ਵਿੱਚ ਦਿਲਚਸਪੀ ਨਹੀਂ ਦਿਖਾਓਗੇ।
60. ਜੇਕਰ ਰਾਹ ਚਲਦੇ ਹੋਏ ਕੋਈ ਵਿਅਕਤੀ ਦੁਰਘਟਨਾ ਦਾ ਸ਼ਿਕਾਰ ਹੋ ਜਾਂਦਾ ਹੈ ਅਤੇ ਅਚਾਨਕ ਤੁਸੀਂ ਉੱਥੇ ਪਹੁੰਚ ਜਾਂਦੇ ਹੋ, ਤਾਂ ਤੁਸੀਂ ਕੀ ਕਰੋਗੇ?
- (ੳ) ਵਿਅਕਤੀ ਨੂੰ ਕਿਸੇ ਡਾਕਟਰ ਜਾਂ ਹਸਪਤਾਲ ਵਿੱਚ ਪਹੁੰਚਾਣ ਦੀ ਕੋਸ਼ਿਸ਼ ਕਰੋਗੇ।
 (ਅ) ਵਿਅਕਤੀ ਨੂੰ ਥੋੜੀ ਦੇਰ ਤੱਕ ਦੇਖਕੇ ਫਿਰ ਉੱਥੋਂ ਚਲੇ ਜਾਓਗੇ।

61. ਸਕੂਲ ਤੋਂ ਜੇਕਰ ਤੁਹਾਡੀ ਭੈਣ ਜਾਂ ਭਰਾ ਕਿਸੇ ਦੀ ਪੈਸਿਲ ਜਾਂ ਰਬੜ ਚੋਰੀ ਕਰਕੇ ਲਿਆਂਦਾ ਹੈ ਤਾਂ ਤੁਸੀਂ ਉਸਨੂੰ ਬਹੁਤ ਝਿੜਕਦੇ ਹੋ ਅਤੇ ਸਮਝਾਂਦੇ ਹੋ ਕਿ ਚੋਰੀ ਕਰਨਾ ਗਲਤ ਆਦਤ ਹੈ। ਕਿਸੇ ਦੀ ਚੀਜ਼ ਚੋਰੀ ਕਰਨ ਤੇ ਲੋਕੀ ਉਸਨੂੰ ਬੁਰਾ ਇਨਸਾਨ ਕਹਿੰਦੇ ਹਨ। ਲੇਕਿਨ ਤੁਹਾਡਾ ਦੋਸਤ ਕਿਤੇ 500 ਰੁਪਏ ਚੋਰੀ ਕਰਕੇ ਲਿਆਂਦਾ ਹੈ ਅਤੇ ਤੁਹਾਡੇ ਸਾਹਮਣੇ ਰੱਖਕੇ ਕਹਿੰਦਾ ਹੈ “ਚੱਲ ਅਸੀਂ ਇਹ ਪੈਸਿਆਂ ਨਾਲ ਮੌਜ਼ ਕਰੀਏ। ਤੁਸੀਂ ਇਹ ਹਾਲਾਤ ਵਿੱਚ ਕੀ ਕਰੋਗੇ।
- (ੳ) ਦੋਸਤ ਨੂੰ ਅਜਿਹਾ ਨਾ ਕਰਨ ਲਈ ਸਮਝਾਓਗੇ।
- (ਅ) ਦੋਸਤ ਦਾ ਸਾਥ ਦਵੇਂਗੇ।
62. ਇਮਤਿਹਾਨ ਵਿੱਚ ਜੇ ਪ੍ਰਸ਼ਨ-ਪੱਤਰ ਬਹੁਤ ਮੁਸ਼ਕਿਲ ਆਉਂਦਾ ਹੈ ਅਤੇ ਤੁਸੀਂ ਉਸਦਾ ਉੱਤਰ ਜਾਣਦੇ ਹੋ ਤੇ ਤੁਹਾਡੇ ਦੋਸਤ ਤੁਹਾਨੂੰ ਕਹਿੰਦੇ ਹਨ ਕਿ ਥੋੜ੍ਹੇ ਜਿਹੇ ਉੱਤਰ ਉਹਨਾਂ ਨੂੰ ਵੀ ਦੱਸ ਦਵੋ। ਦੋਸਤੀ ਦੇ ਨਾਤੇ ਤੁਸੀਂ ਸੋਚਦੇ ਹੋ ਕਿ ਦੱਸ ਦਿੱਤਾ ਜਾਵੇ। ਲੇਕਿਨ ਤੁਹਾਡੇ ਮਨ ਵਿੱਚ ਆਉਂਦਾ ਹੈ ਕਿ ਪਰੀਖਿਆ ਵਿੱਚ ਨਕਲ ਮਾਰਨਾਜਾਂ ਦੂਜਿਆਂ ਨੂੰ ਦੱਸਣਾ ਜਾਂ ਸਹਾਇਤਾ ਕਰਨਾ ਦੋਨੋਂ ਹੀ ਜੁਰਮ ਹਨ ਅਤੇ ਅਧਿਆਪਕ ਦੁਆਰਾ ਫੜੇ ਜਾਣ ਤੇ ਉਸਨੂੰ ਕੜੀ ਸਜ਼ਾ ਵੀ ਮਿਲੇਗੀ। ਤੁਸੀਂ ਅਜਿਹੇ ਹਾਲਾਤ ਵਿੱਚ ਕੀ ਕਰੋਗੇ।
- (ੳ) ਹਿੰਮਤ ਕਰਕੇ ਜਿੰਨੀ ਹੋ ਸਕੇ ਆਪਣੇ ਦੋਸਤ ਦੀ ਮਦਦ ਕਰੋਗੇ।
- (ਅ) ਦੋਸਤ ਨੂੰ ਝਿੜਕ ਦਵੇਂਗੇ।
63. ਘਰ ਵਿੱਚ ਜੇਕਰ ਕਿਸੇ ਗੱਲ ਨੂੰ ਲੈਕੇ ਤੁਹਾਡੇ ਮਾਤਾ-ਪਿਤਾ ਵਿੱਚ ਲੜਾਈ ਹੋ ਜਾਂਦੀ ਹੈ ਤਾਂ ਤੁਸੀਂ ਕੁਝ ਸਮੇਂ ਲਈ ਬਹੁਤ ਪਰੇਸ਼ਾਨ ਹੋ ਜਾਂਦੇ ਹੋ। ਇਹੋ ਜਿਹੇ ਸਮੇਂ ਵਿੱਚ ਤੁਸੀਂ ਕੀ ਕਰਨਾ ਚਾਹੋਗੇ।
- (ੳ) ਮਾਤਾ ਜਾਂ ਪਿਤਾ ਜਾਂ ਦੋਨਾਂ ਨੂੰ ਚੁੱਪ ਕਰਾਓਗੇ।
- (ਅ) ਡਰ ਕੇ ਉਹਨਾਂ ਕੋਲ ਨਹੀਂ ਜਾਓਗੇ।
64. ਜੇਕਰ ਜਮਾਤ ਵਿੱਚ ਨਵੇਂ ਅਧਿਆਪਕ ਆਉਂਦੇ ਹਨ ਤੇ ਕੁਝ ਮੁੰਡੇ ਉਹਨਾਂ ਦੇ ਪਿੱਛੇ ਲੱਗ ਜਾਂਦੇ ਹਨ ਅਤੇ ਉਹਨਾਂ ਨੂੰ ਤੰਗ ਕਰਨ ਦੀ ਕੋਸ਼ਿਸ਼ ਕਰਦੇ ਹਨ। ਇਹੋ ਜਿਹੇ ਸਮੇਂ ਤੇ ਤੁਸੀਂ ਕੀ ਕਰੋਗੇ?
- (ੳ) ਦੋਸਤਾਂ ਦਾ ਸਾਥ ਨਹੀਂ ਦੇਵੋਗੇ।
- (ਅ) ਦੋਸਤਾਂ ਨੂੰ ਨਵੇਂ ਅਧਿਆਪਕ ਨੂੰ ਤੰਗ ਕਰਨ ਦੀ ਨਵੀਂ ਤਰਕੀਬ ਦੱਸੋਗੇ।
65. ਜੇਕਰ ਕੁਝ ਬੱਚੇ ਸਕੂਲ ਦਾ ਅਨੁਸ਼ਾਸਨ ਖਰਾਬ ਕਰਦੇ ਹਨ ਅਤੇ ਸਕੂਲ ਤੋਂ ਭੱਜ ਕੇ ਸਿਨੇਮਾ ਦੇਖਣ ਚਲੇ ਜਾਂਦੇ ਹਨ ਅਤੇ ਜੇ ਇਹ ਗੱਲ ਤੁਹਾਨੂੰ ਪਤਾ ਹੈ ਤਾਂ ਤੁਸੀਂ ਕੀ ਕਰੋਗੇ ?
- (ੳ) ਉਹਨਾਂ ਬੱਚਿਆਂ ਦੇ ਬਾਰੇ ਅਧਿਆਪਕ ਨੂੰ ਸ਼ਿਕਾਇਤ ਕਰੋਗੇ।
- (ਅ) ਸਭ ਅਣਦੇਖਾ ਕਰਕੇ ਆਪਣਾ ਕੰਮ ਕਰੋਗੇ।
66. ਜੇਕਰ ਤੁਹਾਡੇ ਦੋਸਤ ਦੇ ਪਿਤਾ ਬਹੁਤ ਬਿਮਾਰ ਹੋ ਜਾਣ ਅਤੇ ਉਹਨਾਂ ਕੋਲ ਇਲਾਜ ਕਰਾਉਣ ਦੇ ਪੈਸੇ ਵੀ ਨਾ ਹੋਣ ਤਾਂ ਤੁਸੀਂ ਕੀ ਕਰੋਗੇ?
- (ੳ) ਦੋਸਤ ਦੇ ਪਿਤਾ ਲਈ ਪੈਸਿਆਂ ਦਾ ਜੁਗਾੜ ਕਰੋਗੇ।
- (ਅ) ਦੋਸਤ ਨੂੰ ਹੌਂਸਲਾ ਦਿੰਦੇ ਰਹੋਗੇ।
67. ਜੇਕਰ ਬੱਸ ਵਿੱਚ ਸਫ਼ਰ ਕਰਦੇ ਸਮੇਂ ਕੋਈ ਵਿਅਕਤੀ ਕਿਸੇ ਵਿਅਕਤੀ ਦਾ ਕੀਮਤੀ ਸਾਮਾਨ ਲੈ ਕੇ ਭੱਜਦੇ ਸਮੇਂ ਫੜਿਆ ਜਾਂਦਾ ਹੈ ਤਾਂ ਤੁਸੀਂ ਕੀ ਕਰੋਗੇ?
- (ੳ) ਚੁੱਪ-ਚਾਪ ਬੈਠਕੇ ਤਮਾਸ਼ਾ ਦੇਖਣਾ ਪਸੰਦ ਕਰੋਗੇ।
- (ਅ) ਉਸ ਵਿਅਕਤੀ ਨੂੰ ਸਜ਼ਾ ਦਿਵਾਉਣ ਦੀ ਪੂਰੀ ਕੋਸ਼ਿਸ਼ ਕਰੋਗੇ।
68. ਜੇਕਰ ਤੁਹਾਨੂੰ ਪਤਾ ਚਲਦਾ ਹੈ ਕਿ ਤੁਹਾਡੇ ਦੋਸਤ ਕੋਲ ਪੜ੍ਹਨ ਲਈ ਕੋਈ ਕਿਤਾਬ ਨਹੀਂ ਹੈ ਤੇ ਉਸਨੂੰ ਪੜ੍ਹਨ ਦਾ ਬਹੁਤ ਸ਼ੌਂਕ ਹੈ ਪਰ ਉਸਦੇ ਗਰੀਬ ਪਿਤਾ ਬਹੁਤ ਮੁਸ਼ਕਿਲ ਨਾਲ ਘਰ ਦਾ ਖਰਚ ਚਲਾਂਦੇ ਹਨ ਤਾਂ ਤੁਸੀਂ ਅਜਿਹੇ ਹਾਲਾਤ ਵਿੱਚ ਉਸ ਵਿਦਿਆਰਥੀ ਨਾਲ ਕੀ

ਕਰੋਗੇ?

- (ੳ) ਆਪਣੀ ਕਿਤਾਬ ਉਸਨੂੰ ਪੜ੍ਹਨ ਲਈ ਥੋੜ੍ਹੇ ਸਮੇਂ ਵਾਸਤੇ ਦੇ ਦੇਵੋਗੇ।
(ਅ) ਉਸਨੂੰ ਕਿਤਾਬ ਦਿਵਾਉਣ ਦਾ ਵਾਅਦਾ ਕਰੋਗੇ।
69. ਜਮਾਤ ਵਿੱਚ ਅਧਿਆਪਕ ਦੇ ਪੜ੍ਹਾਂਦੇ ਸਮੇਂ ਜੇਕਰ ਕੋਈ ਮੁੰਡਾ ਉਹਲਾਂ ਦੀ ਲੁੱਕ ਕੇ ਨਕਲ ਕਰ ਰਿਹਾ ਹੈ ਅਤੇ ਆਪਣੇ ਸਾਥੀਆਂ ਨੂੰ ਹਸਾ ਰਿਹਾ ਹੈ ਅਤੇ ਤੁਸੀਂ ਉਸਨੂੰ ਦੇਖ ਲੈਂਦੇ ਹੋ ਤਾਂ ਤੁਸੀਂ ਕੀ ਕਰੋਗੇ?
(ੳ) ਉਸ ਮੁੰਡੇ ਨੂੰ ਅਜਿਹਾ ਨਾ ਕਰਨ ਦਾ ਇਸ਼ਾਰਾ ਕਰੋਗੇ।
(ਅ) ਜਮਾਤ ਦੇ ਵਿੱਚ ਹੀ ਉੱਠਕੇ ਅਧਿਆਪਕ ਨੂੰ ਉਸਦੀ ਸ਼ਿਕਾਇਤ ਕਰੋਗੇ।
70. ਨਦੀ ਜਾਂ ਸਰੋਵਰ ਵਿੱਚ ਨਹਾਂਦੇ ਸਮੇਂ ਜੇਕਰ ਤੁਸੀਂ ਦੇਖਦੇ ਹੋ ਕਿ ਕੋਈ ਛੋਟਾ ਬੱਚਾ ਡੁੱਬ ਰਿਹਾ ਹੈ ਤਾਂ ਤੁਸੀਂ ਕੀ ਕਰੋਗੇ?
(ੳ) ਜ਼ੋਰ-ਜ਼ੋਰ ਨਾਲ 'ਬਚਾਉ-ਬਚਾਉ' ਦੀ ਆਵਾਜ਼ ਲਗਾਉਂਗੇ।
(ਅ) ਆਪ ਉਸ ਬੱਚੇ ਨੂੰ ਬਚਾਣ ਦੀ ਕੋਸ਼ਿਸ਼ ਕਰੋਗੇ।

PART-IV

71. ਘਰ ਵਿੱਚ ਮਾਤਾ-ਪਿਤਾ ਦੇ ਨਾਂ ਹੋਣ ਤੇ ਕੀ ਤੁਹਾਨੂੰ ਡਰ ਲਗਦਾ ਹੈ?
72. ਰਸਤੇ ਵਿੱਚ ਹੋਣ ਤੇ ਅਚਾਨਕ ਬੱਤੀ ਬੁੱਝ ਜਾਣ ਤੇ ਕੀ ਤੁਸੀਂ ਪਰੇਸ਼ਾਨ ਹੁੰਦੇ ਹੋ?
73. ਘਰ ਵਿੱਚ ਲੜਾਈ ਹੋਣ ਤੇ ਕੀ ਤੁਹਾਡੀ ਪਰੇਸ਼ਾਨੀ ਵੱਧ ਜਾਂਦੀ ਹੈ?
74. ਜੇਕਰ ਤੁਹਾਡੇ ਘਰ ਦੇ ਲੋਕ ਤੁਹਾਨੂੰ ਰੇਲਵੇ ਸਟੇਸ਼ਨ ਤੇ ਲੈਣ ਲਈ ਦੇਰ ਨਾਲ ਪਹੁੰਚਦੇ ਹਨ ਤਾਂ ਕੀ ਤੁਸੀਂ ਪਰੇਸ਼ਾਨ ਹੋ ਜਾਂਦੇ ਹੋ?
75. ਕੀ ਤੁਹਾਨੂੰ ਰਾਤੀ ਇਕੱਲੇ ਕਿਤੇ ਜਾਣ ਵਿੱਚ ਡਰ ਲੱਗਦਾ ਹੈ?
76. ਦੋਸਤਾਂ ਦੇ ਵਿੱਚ ਰਹਿ ਕੇ ਵੀ ਕੀ ਤੁਹਾਨੂੰ ਇਕੱਲਾਪਨ ਮਹਿਸੂਸ ਹੁੰਦਾ ਹੈ?
77. ਕੀ ਤੁਸੀਂ ਆਪਣੇ ਦੋਸਤਾਂ ਉੱਤੇ ਭਰੋਸਾ ਕਰਦੇ ਹੋ?
78. ਕੀ ਤੁਹਾਨੂੰ ਆਪਣੇ ਮਨੋਭਾਵਾਂ (ਭਾਵਨਾਵਾਂ) ਨੂੰ ਦੂਜਿਆਂ ਨੂੰ ਦੱਸਣ ਸਮੇਂ ਕੋਈ ਪਰੇਸ਼ਾਨੀ ਹੁੰਦੀ ਹੈ?
79. ਕੀ ਤੁਸੀਂ ਵਾਤਾਵਰਣ ਵਿੱਚ ਪੂਰੀ ਤਰ੍ਹਾਂ ਅਨੁਕੂਲ ਮਹਿਸੂਸ ਕਰਦੇ ਹੋ?
80. ਕੀ ਤੁਹਾਨੂੰ ਅਜਿਹਾ ਲੱਗਦਾ ਹੈ ਕਿ ਤੁਸੀਂ ਬਹੁਤ ਸਾਰੀਆਂ ਖੁਸ਼ੀਆਂ ਤੋਂ ਵੰਚਿਤ ਹੋ?
81. ਨਵੇਂ ਲੋਕਾਂ ਨਾਲ ਮਿਲਣ ਸਮੇਂ ਕੀ ਤੁਹਾਨੂੰ ਘਬਰਾਹਟ ਹੁੰਦੀ ਹੈ?
82. ਕੀ ਤੁਹਾਨੂੰ ਲੋਕਾਂ ਤੋਂ ਬਹੁਤ ਤਾਰੀਫ਼ ਮਿਲਦੀ ਹੈ?
83. ਕੀ ਤੁਸੀਂ ਅਕਸਰ ਦੁੱਖੀ ਰਹਿੰਦੇ ਹੋ?
84. ਛੋਟੀ ਜਿਹੀ ਗੱਲ ਤੇ ਕੀ ਤੁਸੀਂ ਦੁੱਖੀ ਹੋ ਜਾਂਦੇ ਹੋ?
85. ਕੀ ਤੁਹਾਨੂੰ ਕਿਸੇ ਤਰ੍ਹਾਂ ਦੇ ਮੁਕਾਬਲੇ ਤੋਂ ਡਰ ਲੱਗਦਾ ਹੈ?

PART-V

86. ਮੈਨੂੰ ਲੱਗਦਾ ਹੈ ਕਿ ਮੇਰਾ ਸੁਭਾਅ ਸਿਆਣਪ ਭਰਿਆ (Mature) ਹੈ।
87. ਮੇਰਾ ਆਮ ਜਾਣਕਾਰੀ (General Knowledge) ਦਾ ਭੰਡਾਰ ਬਹੁਤ ਹੈ।
88. ਮੈਂ ਜਲਦੀ ਹੀ ਮੁਸ਼ਕਿਲ ਸਮੱਸਿਆਵਾਂ ਦਾ ਹੱਲ ਕੱਢ ਲੈਂਦਾ ਹਾਂ।
89. ਸਾਡੀਆਂ ਇੱਛਾਵਾਂ ਅਸਲੀ ਹੁੰਦੀਆਂ ਹਨ।
90. ਤਰੱਕੀ ਦੇ ਰਾਸਤੇ ਵਿੱਚ ਅਕਸਰ ਮੈਨੂੰ ਕੋਈ ਨਾ ਕੋਈ ਮੁਸ਼ਕਿਲ ਦਾ ਸਾਹਮਣਾ ਕਰਨਾ ਪੈਂਦਾ ਹੈ।

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| 91. | ਮੈਨੂੰ ਪੂਰੀ ਉਮੀਦ ਹੈ ਕਿ ਇੱਕ ਦਿਨ ਅਸੀਂ ਆਪਣੇ ਸਾਰੇ ਪ੍ਰਤੀਯੋਗੀਆਂ ਨੂੰ ਪਿੱਛੇ ਛੱਡ ਦੇਵਾਂਗੇ। | <input type="checkbox"/> | <input type="checkbox"/> |
| 92. | ਕੁਝ ਲੋਕ ਮੇਰੀ ਸਫਲਤਾ ਤੋਂ ਬਹੁਤ ਦੁਖੀ ਰਹਿੰਦੇ ਹਨ। | <input type="checkbox"/> | <input type="checkbox"/> |
| 93. | ਮੇਰੀਆਂ ਉਮੀਦਾਂ ਮੇਰੀ ਸਫਲਤਾ ਤੇ ਅਧਾਰਿਤ ਹਨ। | <input type="checkbox"/> | <input type="checkbox"/> |
| 94. | ਮੈਨੂੰ ਆਪਣੀ ਜ਼ਿੰਦਗੀ ਵਿੱਚ ਕਦੇ ਵੀ ਅਸਫਲਤਾ ਦਾ ਸਾਹਮਣਾ ਨਹੀਂ ਕਰਨਾ ਪਿਆ। | <input type="checkbox"/> | <input type="checkbox"/> |
| 95. | ਹਰ ਇੱਕ ਵਿਅਕਤੀ ਨੂੰ ਸੱਚੇ ਢੰਗ ਨਾਲ ਆਪਣੀ ਜ਼ਿੰਦਗੀ ਵਿੱਚ ਸਫਲ ਹੋਣ ਦੀ ਕੋਸ਼ਿਸ਼ ਕਰਨੀ ਚਾਹੀਦੀ ਹੈ। | <input type="checkbox"/> | <input type="checkbox"/> |
| 96. | ਮੇਰੀ ਸਫਲਤਾ ਹਮੇਸ਼ਾ ਪ੍ਰਭਾਵਸ਼ਾਲੀ ਰਹੀ ਹੈ। | <input type="checkbox"/> | <input type="checkbox"/> |
| 97. | ਹੁਣ ਤੱਕ ਮੇਰੀ ਕਿਸੇ ਐਸੇ ਵਿਅਕਤੀ ਨਾਲ ਮੁਲਾਕਾਤ ਨਹੀਂ ਹੋਈ ਜਿਸ ਨੇ ਮੇਰੀ ਪ੍ਰਾਪਤੀਆਂ ਦੀ ਬੁਰਾਈ ਕੀਤੀ ਹੋਵੇ। | <input type="checkbox"/> | <input type="checkbox"/> |
| 98. | ਮੇਰੀਆਂ ਨਿੱਜੀ ਆਦਤਾਂ ਮੇਰੀ ਪ੍ਰਾਪਤੀ ਵਿੱਚ ਰੁਕਾਵਟ ਸਿੱਧ ਹੋਈਆਂ ਹਨ। | <input type="checkbox"/> | <input type="checkbox"/> |
| 99. | ਮੈਨੂੰ ਹਮੇਸ਼ਾ ਇਹ ਲੱਗਦਾ ਹੈ ਕਿ ਬਹੁਤ ਮਿਹਨਤ ਕਰਨ ਦੇ ਬਾਦ ਵੀ ਮੈਨੂੰ ਬਹੁਤ ਥੋੜ੍ਹਾ ਹੀ ਪ੍ਰਾਪਤ ਹੁੰਦਾ ਹੈ। | <input type="checkbox"/> | <input type="checkbox"/> |
| 100. | ਮੇਰੀ ਪ੍ਰਾਪਤੀਆਂ ਕੁਝ ਸਮਿਆਂ ਤੇ ਨਿਸ਼ਚਿਤ ਰੂਪ ਵਿੱਚ ਨਿੰਦਕ ਹੁੰਦੀਆਂ ਹਨ। | <input type="checkbox"/> | <input type="checkbox"/> |

PART-VI

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|------|--------------------|-----|----------------|-----|
| 101. | ਆਰੋਪ ਦਾ ਅਰਥ ਹੈ | | | |
| | (ੳ) ਦੋਸ਼ | [] | (ਅ) ਗੁਣ | [] |
| | (ੲ) ਸ਼ਰਮ | [] | (ਸ) ਪਛਤਾਵਾ | [] |
| 102. | ਡਰਪੋਕ ਦਾ ਉਲਟਾ ਹੈ | | | |
| | (ੳ) ਕਮਜ਼ੋਰ | [] | (ਅ) ਝਗੜਾਲੂ | [] |
| | (ੲ) ਬਹਾਦਰ | [] | (ਸ) ਹਿੰਮਤੀ | [] |
| 103. | ਕਿਨਾਰੇ ਦਾ ਅਰਥ ਹੈ | | | |
| | (ੳ) ਡੈਮ | [] | (ਅ) ਨਦੀ | [] |
| | (ੲ) ਤਟ | [] | (ਸ) ਪਾਣੀ | [] |
| 104. | ਲੰਬੇ ਦਾ ਉਲਟ ਹੈ | | | |
| | (ੳ) ਮੋਟਾ | [] | (ਅ) ਛੋਟਾ | [] |
| | (ੲ) ਗਿੱਠਾ | [] | (ਸ) ਪਹਿਲਵਾਨ | [] |
| 105. | ਪ੍ਰਭਾਤ ਦਾ ਸੰਬੰਧ ਹੈ | | | |
| | (ੳ) ਉਜਾਲਾ | [] | (ਅ) ਸੂਰਜ | [] |
| | (ੲ) ਕਿਰਣ | [] | (ਸ) ਰਾਤ | [] |
| 106. | ਸੈਨਾ ਦਾ ਸੰਬੰਧ ਹੈ | | | |
| | (ੳ) ਯੁੱਧ | [] | (ਅ) ਹਵਾਈ ਜਹਾਜ਼ | [] |
| | (ੲ) ਰਾਈਫਲ | [] | (ਸ) ਸੈਨਿਕ | [] |
| 107. | ਆਸ਼ਾ ਦਾ ਉਲਟ ਹੈ | | | |
| | (ੳ) ਖੁਸ਼ੀ | [] | (ਅ) ਨਿਰਾਸ਼ਾ | [] |

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|------|---|-----|------------------|-----|
| | (ੲ) ਦੁੱਖ | [] | (ਸ) ਤਕਲੀਫ਼ | [] |
| 108. | ਉਜਾਲਾ ਦਾ ਸੰਬੰਧ ਹੈ | | | |
| | (ੳ) ਹਨੇਰਾ | [] | (ਅ) ਪ੍ਰਕਾਸ਼ | [] |
| | (ੲ) ਅਕਾਸ਼ | [] | (ਸ) ਸੂਰਜ | [] |
| 109. | ਗੋਰੇ ਦਾ ਉਲਟ ਹੈ | | | |
| | (ੳ) ਕਾਲਾ | [] | (ਅ) ਚਾਨਣ | [] |
| | (ੲ) ਬਦਸੂਰਤ | [] | (ਸ) ਸੋਹਣਾ | [] |
| 110. | ਹੈਰਾਨੀ ਦਾ ਅਰਥ ਹੈ | | | |
| | (ੳ) ਅਨੁਭਵ | [] | (ਅ) ਅਚੰਭਿਤ | [] |
| | (ੲ) ਅਚਾਨਕ | [] | (ਸ) ਅਸਥਾਈ | [] |
| 111. | ਇਹਨਾਂ ਵਿੱਚੋਂ ਕਿਸ ਦਾ ਬਾਕੀ ਤਿੰਨਾਂ ਨਾਲ ਮੇਲ ਨਹੀਂ ਹੈ? | | | |
| | (ੳ) ਰਬਿੰਦਰਨਾਥ ਟੈਗੋਰ | [] | (ਅ) ਪ੍ਰੇਮਚੰਦ | [] |
| | (ੲ) ਨਾਨਕ ਸਿੰਘ | [] | (ਸ) ਮਹਾਤਮਾ ਗਾਂਧੀ | [] |
| 112. | ਇਹਨਾਂ ਵਿੱਚੋਂ ਕਿਸ ਦਾ ਬਾਕੀ ਤਿੰਨਾਂ ਨਾਲ ਮੇਲ ਨਹੀਂ ਹੈ? | | | |
| | (ੳ) ਕੁਰਸੀ | [] | (ਅ) ਮੇਜ਼ | [] |
| | (ੲ) ਸੋਫ਼ਾ | [] | (ਸ) ਚਾਦਰ | [] |
| 113. | ਮਿੱਠੇ ਦਾ ਸੰਬੰਧ ਹੈ? | | | |
| | (ੳ) ਚੀਨੀ | [] | (ਅ) ਨਮਕ | [] |
| | (ੲ) ਸ਼ੇਬ | [] | (ਸ) ਰਸ | [] |
| 114. | ਕੱਪੜੇ ਦਾ ਸੰਬੰਧ ਹੈ? | | | |
| | (ੳ) ਦਰਜੀ | [] | (ਅ) ਕੱਟਣਾ | [] |
| | (ੲ) ਪਹਿਨਣਾ | [] | (ਸ) ਸਿਲਣਾ | [] |
| 115. | $\sqrt{16}$ ਦੇ ਬਰਾਬਰ ਕੌਣ ਹੈ? | | | |
| | (ੳ) $\sqrt{2}$ | [] | (ਅ) 2^2 | [] |
| | (ੲ) 4^3 | [] | (ਸ) 4^2 | [] |
| 116. | 3^3 ਦਾ ਬਰਾਬਰ ਕੀ ਹੋ ਸਕਦਾ ਹੈ? | | | |
| | (ੳ) 9 | [] | (ਅ) 6 | [] |
| | (ੲ) 26 | [] | (ਸ) 27 | [] |
| 117. | ਪਿਆਰ ਦਾ ਅਰਥ ਹੈ | | | |
| | (ੳ) ਲਗਾਊ | [] | (ਅ) ਮਮਤਾ | [] |
| | (ੲ) ਨਫਰਤ | [] | (ਸ) ਮੋਹ | [] |
| 118. | 5, 7, 8, 10, 11, 13, ਇਹਨਾਂ ਸੰਖਿਆਵਾਂ ਦੇ ਅੱਗੇ ਦੀ ਸੰਖਿਆ ਕੀ ਹੋਵੇਗੀ? | | | |
| | (ੳ) 28 | [] | (ਅ) 14 | [] |
| | (ੲ) 26 | [] | (ਸ) 23 | [] |
| 119. | 5, 10, 15, 20, 25 ਇਸ ਦੇ ਅੱਗੇ ਦੀ ਸੰਖਿਆ ਲਿਖੋ? | | | |

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|------|--|-----|------------------|-----|
| | (ੳ) 40 | [] | (ਅ) 30 | [] |
| | (ੲ) 35 | [] | (ਸ) 45 | [] |
| 120. | 98, 90, 82, 80, 72, 64... ਇਹਨਾਂ ਸੰਖਿਆਵਾਂ ਦੇ ਅਨੁਸਾਰ ਅੱਗੇ ਦੀ ਸੰਖਿਆ ਲਿਖੋ?(ੳ) 55 [] (ਅ) 56 | | | |
| | (ੲ) 62 | [] | (ਸ) 66 | [] |
| 121. | 102, 204, 408, 816... ਇਸ ਦੇ ਅਨੁਸਾਰ ਅੱਗੇ ਦੀ ਸੰਖਿਆ ਲਿਖੋ? | | | |
| | (ੳ) 1532 | [] | (ਅ) 1432 | [] |
| | (ੲ) 1632 | [] | (ਸ) 1832 | [] |
| 122. | ਅਸ਼ੋਕ ਤੋਂ ਅਜੈ ਘੱਟ ਹੋਸ਼ਿਆਰ ਹੈ। ਅਰੁਣ ਅਸ਼ੋਕ ਤੋਂ ਵੀ ਜ਼ਿਆਦਾ ਹੋਸ਼ਿਆਰ ਹੈ ਤਾਂ ਸਭ ਤੋਂ ਹੋਸ਼ਿਆਰ ਕੌਣ ਹੈ? | | | |
| | (ੳ) ਅਸ਼ੋਕ | [] | (ਅ) ਅਰੁਣ | [] |
| | (ੲ) ਅਜੈ | [] | (ਸ) ਕੋਈ ਨਹੀਂ | [] |
| 123. | ਹਿਣਹਿਨਾਣਾ: ਘੋੜਾ; ਭੱਕਣਾ: | | | |
| | (ੳ) ਬਿੱਲੀ | [] | (ਅ) ਕੁੱਤਾ | [] |
| | (ੲ) ਸ਼ੇਰ | [] | (ਸ) ਭਾਲੂ | [] |
| 124. | ਇਹਨਾਂ ਚਾਰ ਸ਼ਬਦਾਂ ਵਿੱਚੋਂ ਕਿਸ ਦਾ ਬਾਕੀ ਸ਼ਬਦਾਂ ਨਾਲ ਸੰਬੰਧ ਨਹੀਂ ਹੈ? | | | |
| | (ੳ) ਦੁਆਰਕਾ | [] | (ਅ) ਮੈਂਸੂਰ | [] |
| | (ੲ) ਵੈਸ਼ਨੋਦੇਵੀ | [] | (ਸ) ਕੰਨਿਆ ਕੁਮਾਰੀ | [] |
| 125. | ਸੀਮਾ ਕਿਰਣ ਤੋਂ ਸੋਹਣੀ ਹੈ ਅਤੇ ਕਿਰਣ ਉਸ਼ਾ ਤੋਂ ਵੀ ਸੋਹਣੀ ਹੈ ਤਾਂ ਸੀਮਾ ਉਸ਼ਾ ਤੋਂ ਕਿੰਨੀ ਸੋਹਣੀ ਹੈ? | | | |
| | (ੳ) ਬਹੁਤ ਸੋਹਣੀ | [] | (ਅ) ਬਦਸੂਰਤ | [] |
| | (ੲ) ਬਰਾਬਰ | [] | (ਸ) ਸਧਾਰਣ | [] |
| 126. | ਸਿਰ: ਟੋਪੀ; ਪੈਰ: | | | |
| | (ੳ) ਜੁਰਾਬ | [] | (ਅ) ਜੁੱਤੀ | [] |
| | (ੲ) ਪਤਲੂਨ | [] | (ਸ) ਅੰਗੂਠੀ | [] |
| 127. | ਕਿਸੇ ਵੀ ਦੇਸ਼ ਵਿੱਚ ਰੇਲ ਦੀਆਂ ਕਈ ਲਾਈਨਾਂ ਹੋਣੀਆਂ ਚਾਹੀਦੀਆਂ ਹਨ ਜਿੰਨਾਂ ਦਾ ਕਾਰਣ ਇਹ ਹੈ ਕਿ- | | | |
| | (ੳ) ਲੋਕਾਂ ਨੂੰ ਆਣ-ਜਾਣ ਵਿੱਚ ਤੇ ਮਾਲ ਢੇਣ ਵਿੱਚ ਸੁਵਿਧਾ ਹੋਵੇਗੀ। | | | |
| | (ਅ) ਇਸ ਨਾਲ ਸਮੇਂ ਦੀ ਬਚਤ ਹੋ ਸਕੇ। | | | |
| | (ੲ) ਇਸ ਨਾਲ ਵਿਆਪਾਰੀਆਂ ਦਾ ਮੁਨਾਫ਼ਾ ਵੱਧ ਸਕੇ। | | | |
| | (ਸ) ਇਸ ਨਾਲ ਚੀਜ਼ਾਂ ਦੀ ਕੀਮਤ ਵਧੇ ਨਾ। | | | |
| 128. | ਬਿੱਲੀ ਇੱਕ ਲਾਭਦਾਇਕ ਪਸ਼ੂ ਹੈ ਕਿਉਂਕਿ- | | | |
| | (ੳ) ਉਹ ਦੁੱਧ ਪੀਂਦੀ ਹੈ। | | | |
| | (ਅ) ਉਹ ਚੂਹਿਆਂ ਦਾ ਸਫ਼ਾਇਆ ਕਰਦੀ ਹੈ। | | | |
| | (ੲ) ਉਹ ਕੁੱਤੇ ਤੋਂ ਡਰ ਕੇ ਭੱਜ ਜਾਂਦੀ ਹੈ। | | | |
| | (ਸ) ਉਹ ਆਪਣੀ ਆਵਾਜ਼ ਨਾਲ ਦੂਜਿਆਂ ਦਾ ਧਿਆਨ ਆਪਣੇ ਵੱਲ ਖਿੱਚਦੀ ਹੈ। | | | |

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129. ਜੱਤੇਚਮੜੇ ਦੇ ਇਸ ਲਈ ਬੁਣੇ ਹੁੰਦੇ ਹਨ ਕਿਉਂਕਿ—
- (ੳ) ਚਮੜਾ ਸਾਰੇ ਦੇਸ਼ਾਂ ਵਿੱਚ ਉਪਲੱਬਧ ਹੁੰਦਾ ਹੈ।
 - (ਅ) ਚਮੜੇ ਦਾ ਜੁੱਤਾ ਆਰਾਮਦਾਇਕ ਹੁੰਦਾ ਹੈ।
 - (ੲ) ਚਮੜੇ ਦਾ ਜੁੱਤਾ ਪਹਿਨਣ ਨਾਲ ਕਿਸੇ ਪ੍ਰਕਾਰ ਦੀ ਬੀਮਾਰੀ ਹੋਣ ਦੀ ਸੰਭਾਵਨਾ ਨਹੀਂ ਹੁੰਦੀ ਹੈ।
 - (ਸ) ਚਮੜੇ ਦਾ ਜੁੱਤਾ ਬਨਾਣਾ ਸੌਖਾ ਹੁੰਦਾ ਹੈ।
130. $\frac{4}{2} \times \frac{6}{2} \times \frac{6}{2} \times \frac{0}{2} \times \frac{4}{6}$ ਬਰਾਬਰ ਕਿੰਨਾ ਹੋਏਗਾ?
- (ੳ) 3
 - (ਅ) 6
 - (ੲ) 4
 - (ਸ) 0
-

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