# ACADEMIC RESILIENCE AND MENTAL HEALTH OF HIGHER SECONDARY SCHOOL STUDENTS IN MIZORAM

# A THESIS SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

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Academic Resilience and Mental Health of Higher Secondary School Students in Mizoram

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### Submitted

In partial fulfilment of the requirement of the Degree of Doctor of Philosophy in Education of Mizoram University, Aizawl



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#### **CERTIFICATE**

This is to certify that **Susan Lalthanpuii**, **Ph. D Scholar**, **Department of Education**, **Mizoram University**, **Registration No.MZU/Ph.D/1360 of 02.08.2019**, has written her thesis entitled 'Academic Resilience and Mental Health of Higher **Secondary School Students in Mizoram'**, under my guidance and supervision. In preparing the thesis, Susan Lalthanpuii has complied with all the requirements as laid down in the Ph. D Regulation of the University. The thesis is the original work of the scholar and has not been submitted for any degree to any other Universities.

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**DECLARATION** 

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I, Susan Lalthanpuii, hereby declare that the subject matter of the thesis entitled

'Academic Resilience and Mental Health of Higher Secondary School Students in

Mizoram', is the record of work done by me, that the content of this thesis did not form

basis of the award of any previous degree to me, or to the best of my knowledge to

anybody else, and that the thesis has not been submitted by me for any research degree

in any other University/Institute.

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Dated, Aizawl

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#### CHAPTER I

#### 1.0 INTRODUCTION

Academic resilience and mental well-being are crucial components of student development, especially in higher secondary education. This is a developmental stage characterised by major obstacles in both the personal and intellectual spheres. During this time, decisions about future educational and professional pathways must be made, board exams must be prepared for, and adolescent obstacles must be overcome. Extreme pressure to do well on board exams and in competitive college admission exams and professional courses causes stress and worry that negatively affects their mental health. Academic achievement is highly valued in our culture as a path to a sustainable future.

This stage of adolescence is marked by high expectations from parents and society, which can cause tension and anxiety. A student's prime priority is to succeed academically, yet they frequently encounter a number of obstacles and difficulties that have an effect on their performance. Numerous elements may influence an individual's career decision, connections, peers, family, school, and community issues, study time, and socioeconomic issues, among others. A child's development and overall well-being are frequently impacted by these circumstances. Teachers and policymakers must have a thorough grasp of academic resilience and mental health in order to create conditions that support students' performance and psychological well-being.

Academic resilience is the capacity of students to manage academic stress, setbacks, and obstacles in a way that keeps them optimistic and allows them to continue performing well in the classroom in spite of unfavourable circumstances. The challenges that students face may include academic difficulties such as failing examinations, personal issues-family problems or health issues, social problems or environmental factors such as socioeconomic disadvantages or even discrimination. Academic resilience is not a set quality; rather, it can be enhanced by emphasising "alterable factors" that have an impact on a person's academic achievement.

Resilient individuals exhibit traits such as perseverance, optimism and the capacity to employ adaptive coping strategies. It's a prevalent misperception that resilient people only think positively and are generally upbeat. However, this is not the case, rather it is

found that resilient people through the course of time develop coping mechanisms that permits them to effectively navigate challenges and crisis that they encounter. Resilience is influenced by a number of factors including individual characteristics, family support, teacher support, school environment and peer relationships.

As a concept, academic resilience is grounded in the broader theories of psychological resilience. It is considered to be a part of positive psychology as well as a life skill as it encompasses psychological factors that contributes to success in academic settings and can be beneficial in various aspects of life. It places special emphasis on the ability to adjust effectively in times of hardship, tragedy, or stress. In the educational context, it involves not only overcoming difficulties but also thriving in the academic environment, often leading to better educational outcomes and personal growth. It is important throughout all educational stages and even at the professional level. It has been linked to better academic performance and retention rates. A deeper insight into the factors that contribute to academic resilience can enable educators and policy makers to develop strategies to support students in achieving their academic goals.

Emotional, psychological, and social well-being are all included in mental health. Students' thoughts, feelings, and behaviours are impacted, which has an impact on their capacity to manage stress, interact with others, and make decisions. A strong mental foundation is essential for learning effectively, building healthy relationships, and accomplishing personal objectives. Academic success is closely linked with mental well-being. On the other hand, poor mental health can result in anxiety, stress, depression and behavioral problems impacting academic performance.

The higher secondary school stage is particularly a critical period as students face increased academic demands, social pressures coupled with the challenges of developing a sense of identity and autonomy. During adolescence, mental health is characterized by a rollercoaster of emotional and psychological highs and lows. Growing up is difficult with increased responsibilities which are often stressful and emotions are often hard to manage. Academic resilience and mental- well-being during this stage has long- term implications for one's educational and career trajectories. Both academic resilience and mental health contributes to positive long-term outcomes such as higher educational attainment, employment as well as overall life satisfaction. A

more holistic approach in education can be promoted if resilience factors that impact both academic outcomes and mental health are studied. This would place priority on students' overall well-being. Moreover, equity and inclusion in the educational system can be promoted at different levels if academic resilience and mental health across diverse student populations and disparities are examined and addressed.

#### 1.1 Concept of Resilience

Resilience refers to the ability to recover quickly from adversities or difficulties, adapt to challenges and bounce back from setbacks. It involves the capacity to withstand stress, pressure or changes, and at the same time maintain a sense of balance and stability in the face of adversity. Resilience involves psychological strength, emotional toughness, flexibility, and the ability to learn and grow from the experiences. Resilience does not mean avoiding stress or difficult situations but rather the ability to effectively navigate and cope with them. The Oxford Dictionary of English defines resilience as "the ability to stand or recover quickly from difficult conditions. The word resilience comes from the Latin verb resilier, which means "to leap back (Soanes & Stevenson, 2005). The American Psychological Association (2014) defines resilience as "the process of adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of stress".

The term encompasses various aspects and describes an individual's capacity to tolerate, adjust, and bounce back from hardships or obstacles. It is the capacity to bounce back from difficult circumstances and setbacks, emerging more stronger than before. It is considered an asset in human characteristic terms. Resilience is what gives people the emotional strength to cope with hardships, adversity and trauma. They draw in their strengths and seek help from support systems to overcome their problems. It enables them to accept, adapt to whatever situation they are faced with and move forward. Resilience pertains to an individual's capacity to maintain psychological wellbeing and mental health in spite of facing adversity, trauma or stress. People who are resilient are able to change their perspectives according to the need of circumstances they are confronted with. At the same time, these resilient individuals are resourceful; they can utilize their internal and external resources such as coping skills, social support and their inner strengths to overcome difficult situations effectively.

Resilience involves problem solving skills. A resilient individual is one who approaches obstacles with a solution-oriented mindset, seeking practical ways to overcome the challenges. Another important component of resilience is emotional regulation. Individuals are better equipped to handle difficult situations if they can manage their emotions, including stress and anxiety. Self-efficacy or the belief in one's ability to influence and control outcomes are linked to resilience. A high level of self-efficacy can lead to a more proactive response to adversity.

Positive outlook and optimism also contribute to resilience. A positive mindset enables individuals to persevere through difficult times and see it as opportunities for growth. Social connections and support are crucial for resilience. It enables a person cope with challenges and find comfort and encouragement. Often resilience results in personal growth and learning which would enhance personal development.

Resilience is a psychological construct and research on resilience came into being with the works of Werner & Smith 1977, Rutter 1979 and Garmezy et al. 1984. Thus, resilience is an intangible trait that endows individuals with the mental fortitude to overcome trauma, adversity, and hardship. When faced with challenges or failures, resilient people use their abilities, strength, and resources to get through them. They also turn to support networks for assistance when needed.

Academic, social, and emotional resilience are only a few of the several areas that resilience has. It is diverse and multidimensional in nature.

#### 1.2 Academic Resilience

Academic resilience is defined as "a capacity to overcome acute or chronic adversity that is seen as a major threat to a student's educational development" (Martin 2013). Catteral (1998) "Academic Resilience is the student's ability to deal effectively with academic setbacks, stress and study pressure." Wang, Haertel and Walberg (1994) defined academic resilience as "the heightened likelihood of success in school and other accomplishments despite environmental adversities brought about by early traits, conditions and experiences."

Numerous studies have discovered that biological, psychological, and social traits as well as circumstances in the family, school, peer group, or community have a significant impact on their development. Each of these elements affects how well the

individual learns. Despite pressure and challenges in their environment, some individual manage to fulfil their goals and perform exceptionally well. They are unaware of what is causing them to function at such a high level. Therefore, it becomes crucial to comprehend why some kids achieve academic success while their counterparts from comparable social and economic situations do not. When describing these successful individuals, the phrase "academically resilient" is frequently employed.

In the 1990s, the phrase "academic resilience" was coined. Alva (1991) used the term 'academic invulnerability' to describe the students who had high levels of motivation, achievement and performance despite the presence of stressful environments and conditions that placed them at risk of doing poorly in school and ultimately dropping out of school. The term 'invulnerability' was replaced by the term 'resilience' to denote successful adaptation despite adversity. Conceptually the term 'academic resilience' is more apt than term 'academic invulnerability.'

Academic resilience includes various abilities such as tenacity, inventiveness, emotional intelligence, fortitude, flourishing, adaptability, addressing social justice and equity, and deriving lessons from both successes and setbacks. It is a dynamic concept. Academic resilience is influenced by a number of factors. These factors can be both internal and external. Internal factors may include a student's motivation, mind-set, self-regulation and problem-solving skills whereas external factors include the support that is provided by parents, teachers, peers and school environment. In order to understand academic resilience it is crucial to know how these factors interact with each other.

Academic resilience is a psychological phenomenon with multiple quantifiable elements. Research indicates that five variables have a strong correlation and are important predictors of academic resilience. These five elements are dispositions or character traits: perseverance, low anxiety, self-efficacy, control, and good planning. Research showed that pupils who were resilient had low levels of worry and unclear control and high levels of self-efficacy, perseverance, and preparation (Martin & Marsh, 2006).

On the basis of the studies that were conducted on academic resilience, Andrew, J Martin and Herbert, W. Marsh (2006) proposed a '5C' model where academic resilience is a construct made up of five factors:

- 1. Self-efficacy (which they also termed 'confidence')
- 2. Co-ordination (i.e. planning skills);
- 3. A sense of control:
- 4. Composure (i.e. low anxiety);
- 5. Perseverance (which they also term commitment).

The '5C' model suggests that interventions to cultivate students' academic resilience ought to strive on boosting their self-efficacy, feeling of control, tenacity, competence to plan, and reduce their anxiety levels. Bernard (1995) explained that resilient children usually have four attributes in common:

- 1. Social competence: the capacity to evoke favourable reactions from people, thereby building favourable connections with peers and adults;
- 2. Problem-Solving Skills: Making plans that let one feel in charge and being creative while asking for assistance from others;
- 3. Autonomy: the capacity to act on one's own initiative, maintain some degree of control over one's surroundings, and;
- 4. A sense of purpose: Goals, aspirations for education, tenacity, optimism, and a positive outlook on the future.
- 5. Academically resilient children have strong interpersonal skills, maintain healthy expectations and have a high level of activity (Bernard, 1991). They are also actively engaged in school activities (Finn and Rock, 1997).

#### 1.3 Characteristics of Risk and Protective Factors of Academic Resilience

A number of studies have examined two important concepts that are essential in the understanding of resilience and these are: risk factors and protective factors (Rutter, 1990). An emphasis on both risk and protective factors may significantly contribute to the understanding of how students succeed in school despite the presence of adversity (Greene & Condrad, 2002).

#### **Risk Factors**

There are several variables that affect how well pupils perform academically in the school. Risk factors include factors like poverty, subpar educational environment, lack of parental participation, and other situations that put pupils at risk for failing their studies. They are conditions that are linked with a higher likelihood of negative outcomes in students or circumstances that may increase a student's likelihood of disengaging in social or academic matters (Winfield, 1993; Murray, 2003).

Rutter et al., (1997) in his seminal work demonstrated that risks often coexist, and that the effects tend to be cumulative, with the resulting outcomes much poorer than when any of the risks exist in isolation.

Doll and Lyon (1998) also highlighted that risk factors have consistently been found to be significant predictors of later maladjustment which may include: childhood poverty, ineffective or uncaring parenting, physical and emotional abuse, and marital conflict or other forms of family dysfunction.

Risk factors are the conditions that increase the likelihood of developing a problem (Greene & Conrad, 2002). These factors may be due to socioeconomic status. Students from lower socioeconomic families often face many obstacles in education, as a result of limited access to resources in the form of tutoring, extracurricular activities as well as educational support. Social factors such as bullying and peer pressure can often lead to emotional distress and hinder academic performance. Family instability such as divorce, separation or instability can impact a student's focus in academics. Health issues – both physical and mental can disrupt academic progress. Even students with special needs may face academic challenges that put a test to their resilience. Risk factors can be in the form of lack of support from family, teachers and peers. Language and cultural differences could also pose challenges for some students. All these factors that increase the probability of a poor developmental outcome for children are regarded as risk factors.

Even the conditions of some educational institutions can be a risk factor for some children with less supportive school climate, institutionalizing low academic expectations or inadequate resources (Borman & Overman, 2004). While risk factors raise the probability that behavioural or academic issues may occur, they do not ensure

that children will experience them. Moreover, biological, genetic, behavioural, sociocultural, and demographic factors may be risk factors (Fraser, 2004).

Researchers have found that risk factors or unfavourable circumstances have a negative impact on children's ability to develop resiliently and successfully. Adversity and traumatic life circumstances have a substantial negative impact on a person's ability to realise their full potential as an adult. These adversities are considered 'risk factors' – circumstances which increase the probability of poor outcomes for young people. They have a significant effect on an individual's mental and overall well-being, as well as their physical, social, and cognitive development, and social determinants of health like earnings, employment, and education. Poverty, drug misuse, living with a single parent, having a sibling who dropped out, spending more than three hours a day alone at home after school, emotional and physical neglect etc.

Luster and McAdoo (1996) studied African-American families and children to investigate the relationship between the number of risk factors and probability that they were experiencing academic or behavioural problems. According to the study, risk factors or unfavourable circumstances have a negative impact on children's ability to be resilient and develop healthily.

#### **Protective Factors**

Resilience is not a fixed attribute but a dynamic characteristic that changes with the environment, individual capacities, environmental conditions as well as culture (Fraser, 2004). The real causes of an individual's success are the protective factorsthat involve personal attributes, support systems, institutions, resources, etc., that allow individuals to defy the effects of risk factors (Beauvis & Qetting, 1999). So protective factors imply internal and external resources that moderate or mediate the effects of risk or adversity and enhance good adaptation or competence (Masten, 1994). Protective factors have been identified at three levels: individual, family and community (Zolkoski & Bullock (2012), Masten (2007), Korkodilos (2016).

The following are the three levels of protective factors:

#### 1. Individual Level

- i). Intelligence and problem solving skills
- ii). Self-regulation skills

- iii). Achievement motivation
- iv). Faith, hope and spirituality
- v). Perceived efficacy and control
- vi). Beliefs that life has meaning and purpose.

#### 2. Family level

i). Effective care giving and parenting.

# 3. Community Level

- i). Effective teachers and schools.
- ii). Positive friends.
- iii). Positive relationships with caring adults.

Resilience is not a one dimensional attribute, but a possession of several skills in varying degrees which help a person to cope (Kessler et al, 2010). We can understand it as the process of interplay between risk and protective factors, which leads to positive adaptation (Masten, 2007). Not all the people exposed to risk factors experience poor outcomes. Many children and young people who face stress and adversity fair well, despite facing severe challenges (Zolkoski & Bullock, 2012. Brooks, 2006. Kessler et al., 2010, Alvord & Grados, 2005). Children who succeed inspite of adversity are those that benefit from protective factors which enables them to overcome adverse challenges and thrive. These children are identified as being resilient. Research evidence suggests that protective factors and resources of resilience can reduce the impact of adversity on mental health (Hughes et al., 2018) and there is considerable consistency across this evidence to support key protective factors at all the three levels (Masten, 2007).

#### 1. Individual Protective Factors

It has been determined which aspects of the individual serve as barriers against outside risk factors. One of the main contributing aspects to resilience in individuals is mental health. According to Friedli (2009) positive mental health can be seen to include our emotion (feeling); cognition (thinking, perception and reasoning); social functioning (relationship with others); and coherence (a sense of meaning and purpose in life). Good mental health and well-being have strongly been associated with positive outcomes (Friedli, 2009, Dias & Cadime, 2007, Zolkoski & Bullock, 2012, Hughes et al. 2018).

Apart from good mental health, self-regulation has been identified as one of the most important protective factors (Dias & Cadime2007, Zolkoski & Bullock 2012, Benzies & Mychasuik, 2019). It means the ability to maintain effort and work towards a desired goal, while controlling immediate impulses that arise – involving managing emotions, thinking constructively, regulating and directing behaviour, and acting on the environment to control resources of stress (Dias & Cadime, 2007, Martin & McLellan, 2008, Compas et al, 2001).

Personal traits such as self-esteem and self-concept also positively contribute to individual resilience, serving as ongoing resources in a person's background to help them believe through experience, example or encouragement that they can face and overcome stresses, in their life (Ahlin & Antunes, 2015, Ogunmakin & Akomolafe, 2013, Scales & Leffert, 2004, Smith et al, 2010).

#### 2. Family Protective Factors

The family is one of the most important places where one can find protective factors. Studies have highlighted three interrelated family protective factors:

- 1. Supportive environments (e.g., parent-child attachments and intra-familiar relations)
- 2. Family practices (eg., parenting approaches, norms and values)
- 3. Resources (eg., stable and regular income, parent education and competence (Masten, 2007).

Resilience among young people facing life hardships stems mainly from trusted adult relationships. "The quality of the relationships between children and the adults in their lives, along with children's levels of emotional well-being, will largely determine the outcomes children realise" (Mc Culloch, 2016). When young people have supportive relationships with adults it shields them from developmental disruption, helps build skills to plan, monitor and regulate behaviour; and adapt to changing circumstances. (Couper & Mackie, 2016).

#### **3.Community Protective Factors:**

Protective factors at the community level are: Psycho-social effects (social support/cohesion and sense of belonging). Collective efficacy (informal support and collective action). Cultural norms (fostered through strong community networks) (Masten, 2007).

Social networks have a strong moderating impact on young people facing adversities. When mention is made about adult-child relationships in this context, it is not confined to parents or carers only. Adults such as teachers in the schools, within the community are key figures in young people's lives. Such positive relationships, such as those between teacher-student can repair impaired ways of working developed as a result of adversities, or a lack of previous supportive relationships.

It was also found that social support and social participation are associated with reduced risk of mental health issues, while social isolation have been identified as a risk factor for poor mental health (Pevalin& Rose, 2003). In societies where there is social participation and trust, we find that the communities have advantages for the mental health of individuals which is an indicator of the mental health of community.

The three levels of protective factors of resilience are all interrelated and have a direct as well as indirect influence on an individual's resilience. Resilience is optimised when protective factors are strengthened at all the interactive levels of the socio-ecological model (i.e., individual, family and community) (Benzies & Mychasuik, 2009).

Even though resilience is an innate and dynamic developmental process, it can be enhanced or fostered in students through the inculcation of protective factors. Protective factors are found in different domains namely within-child, family, school and community. If these protective factors in these domains form a strong protective network, students become more academically resilient.

Protective factors within the child include social competence, problem-solving skills, autonomy and sense of purpose (Bernard, 1993), motivation and goal orientation (McMillan & Reed, 1994). Family protective factors include parental support, parental monitoring and parental involvement (Arellano & Padilla, 1996), and positive and high expectations (Berliner & Bernard, 1995, Horn & Chen, 19980). Protective factors within the school also include teacher expectations (Winfield & Manning, 1992; Wang, Haertel & Walberg, 1997), higher levels of educational support (Alva, 1991), caring and support (Bernard, 2004) and instruction (Wang, Haertel & Walberg, 1997; Waxman, Gray & Padron, 2003). Availability of resources (Wang, Haertel & Walberg, 1997) and presence of a caring adult (Garmezy, 1991) are some of the important community protective factors.

#### 1.4 Importance of Academic Resilience

Academic resilience is an important concept in the present-day education. It refers to a student's ability to bounce back from challenges, setbacks and adversity in their academic life. In today's world educational settings are becoming more diverse and varied and students face a number of challenges including social, economic and academic pressures. Academic resilience enables students to overcome the challenges and adapt to the different learning environments.

It promotes a growth mind set in the students. When students believe they can develop their abilities through effort and perseverance, they most likely overcome the obstacles that confronts them. Resilience also has close links with mental health. When students know how to cope with stress, anxiety and failures, it also promotes their wellbeing and mental health. Academic resilience prepares students for the adversities that they would face in the real-world. It equips them with the skills necessary to overcome challenges as well as adapt them to the ever-changing world.

Looking at the classrooms of today, one finds different categories of children in a single classroom. These children differ in terms of individual differences, backgrounds and academic achievements. Academic resilience reduces the difference by enabling them to persist and succeed in spite of adversity. It allows them to stay engaged in their studies, leading to improved academic outcomes. They persevere and are able to complete their studies. So in order, to increase retention and completion in education, focus needs to be given to nurturing of student's academic resilience and mental health.

Resilience is not limited to academic settings only. Rather it is a life skill that can be applied to various areas, such as problem-solving, decision-making and goal setting. So in an ever changing world, academic resilience prepares students to confront unforeseen adversities, adapt to rapid changes, and continue their education and personal growth. Resilience enables students to think critically and approach challenges with creativity and determination.

Promotion of academic resilience can improve teacher-student relationships. Teachers who support and understand the challenges their students face can provide better guidance and mentorship. And as a result effective learning can take place.

#### 1.5 Mental Health

Mental health refers to a condition of well-being in which a person recognises his or her own potential, is able to cope with everyday stresses, is able to work efficiently and fruitfully and therefore, is able to contribute to his or her community (WHO, 2001). The ability to balance one's desires, relationships, stress management, and psycho-social adjustment is considered a sign of mental health. A person's behaviour, activities, satisfaction, and performance are all influenced by this significant aspect. Bhatia (1982) considers mental health as the ability to balance feelings, desires, ambitions and ideas in one's daily living. It means the ability to face and accept the realities of life.

Being mentally well enables us to enjoy life and handle challenges. It provides a sense of inner strength and well-being. It includes the effective execution of cognitive functions resulting in productive activities, maintaining satisfying associations with people and possessing the ability to adjust to change as well as capacity to deal with negative circumstances.

Haqne (2005) defined mental health as "the capacity of the individual, the group and the environment to interact with one another to promote subjective well-being and optimal functioning, and the use of cognitive, affective and relational abilities, towards the achievement of individual and collective goals consistent with justice.

World Health Organisation (2012) defines mental health as "a broad array of activities directly or indirectly related to the mental well-being component."

According to Hilgard et al (1971), "a mentally healthy person has a philosophy which gives direction in his life while keeping in view the demands of the changed situations and circumstances." In order to sustain mental health, people must balance their requirements with those of their surroundings, or their needs with one another. The capacity to integrate one's personality, autonomy, group-oriented attitudes, and environmental mastery, as well as to make positive self-evaluations and perceive reality is what Jagdish and Srivastava (1998) characterised as mental health. They have divided mental health into the following dimensions:

1. **Positive Self Evaluation**: It includes self-confidence, self-acceptance, selfidentity, feeling of worthwhileness, realization of one's potentialities.

- 2. **Perception of Reality:** It is related to perception free from need distortion, absence of excessive fantasy and a broad outlook on the world.
- 3. **Integration of personality:** It indicates balance of psychic force in the individual and includes the ability to understand and to share other people's emotions, the ability to concentrate at work and interest in other activities.
- 4. **Autonomy:** It includes stable set of internal standards for one's actions, dependence for own development and own potentialities rather than dependence on other people.
- 5. **Group Oriented Attitudes:** It is associated with the ability to get along with others, work with others and ability to have recreation.
- 6. **Environmental Mastery:** It includes efficiency in meeting situational requirements, the ability to work and play the ability to take responsibilities and capacity for adjustment.

# 1.6 Characteristics of a Mentally Healthy Individual

Self-evaluation, maturity, adaptability, a regular life, lack of emotional extremes, good social adjustment, and job satisfaction are traits typically associated with mental health. A person's mental health promotes sound moral, social, and aesthetic development as well as the development of a desirable personality and emotional growth. It causes societal advancement.

Putting to the forefront, the importance of mental health, it would be right to say that efforts should be made to ensure that students are mentally healthy. The prime focus should be on the development of good physical health, developing selfacceptance, accepting other people, developing close personal relationships, increasing social participation, engaging in satisfying work, provision of recreational opportunities, provision of scope for creative experiences and fostering scientific and logical attitude. An important aspect of mental health is adjustment. Good mental health is the outcome of one's better adjustment. Poor mental health therefore is the consequence of lower social and personal adjustment of an individual.

There are certain characteristics which are exhibited by people having sound mental health. Some of the important characteristics are:

- 1. **Positive Self-Esteem**: This includes having trust in one's own skills, a positive self-image, and self-acceptance. It entails having confidence in oneself and realising one's value.
- 2. **Resilience:** A mentally healthy individual can adapt to adversity and bounce back from difficult situations. They have the capacity to handle stress, setbacks and failures.
- 3. **Healthy Relationships:** An individual with sound mental health has the ability to form and maintain a healthy relationship with others. This includes communication skills, empathy and the capacity for intimacy.
- 4. **Adaptability:** They are able to adapt to changes and challenges in life. This includes learning from mistakes, being open to new experiences and being willing to try different approaches.
- 5. **Sense of Purpose:** A mentally healthy person has a sense of direction, goals and has a purpose in life. They find meaning and fulfilment in what they do.
- 6. **Realistic Outlook:** A mentally healthy individual has a realistic perspective in life. He/she acknowledges the positive as well as negative aspects of situations.
- 7. **Balance:** A mentally healthy individual strikes a balance between work, play, rest and responsibilities. They avoid extremes and practice moderation.
- 8. **Self -Awareness:** They have a good understanding of their thoughts, feelings and behaviour. Self-awareness enables them to recognize when they need help or support.
- 9. **Good Coping Strategies:** A mentally sound person possesses effective coping strategies for dealing with stress, such as problem solving skills, seeking social support as well as self-care activities.
- 10. **Respect for other People:** They treat others with respect, empathy and consideration. They are aware of the consequences of their actions on others.
- 11. **Open-Mindedness:** They are open to new ideas, experiences and perspectives. They are willing to consider other viewpoints.
- 12. **Physical Well-being:** Physical health is linked with mental health and may include regular exercise, balanced diet and adequate sleep.

- 13. **Self-Care:** Taking good care of one's physical health is another aspect linked with good mental health. A mentally healthy individual takes care of his physique, nutrition as well as sleep.
- 14. **Effective Communication and Sense of Belonging:** Mentally sound individuals usually have the ability to communicate effectively with others and they also have a sense of belonging to the community of which they are a part of. One should remember that since mental health exists on a spectrum there are bound to be fluctuations in a person's well-being. When a person's stress, negative emotions persists and interferes with daily functioning it is wise to seek professional help.

#### 1.7 Importance of Mental Health in Education

Mental health plays a crucial role in overall academic success and personal development. The following are some of the important reasons why mental health is essential in the educational context:-

- 1. **Academic Performance:** Good mental health is linked to better academic performance. Students who are mentally healthy are more focused, motivated and are capable of concentrating on their studies. At the same time they are better equipped to manage stress and handle the challenges in the learning environment.
- 2. **Emotional Well-being:** Education is not just about academics but also involves personal growth and development. Positive mental health fosters emotional wellbeing, which in turn contributes to a more fulfilling educational experience.
- 3. **Social relationships:** When an individual is in a mentally healthy state, he is able to build and maintain positive social relationships. Good social connections can improve overall well-being, thereby enhancing the learning experience.
- 4. **Stress Management:** Education can be stressful especially in present-day context with examinations, deadlines and other academic pressures. Students with good mental help are better at coping with stress which can improve their performance and reduce the risk of academic burnout.
- 5. **Cognitive Development:** Mental well-being is closely linked with cognitive development. A student's ability to learn, to think critically and solve problems is influenced by their mental state.

- 6. **Early Intervention:** Education provides the opportunity to identify mental health issues in students early on, allowing for timely intervention and support. Early intervention can prevent mental health problems from escalating and impacting a student's life.
- 7. **Reduced Absenteeism:** Mental health support can lead to reduced absenteeism due to mental health-related issues. When students are mentally healthy, they are more likely to attend classes regularly.
- 8. **Improved Behaviour:** Mental health problems can manifest in challenging and disruptive behaviour. By addressing mental health concerns, educators can help students develop better behaviour, reducing disruptive behaviour in the classrooms.
- 9. **Lifelong Skills:** Teaching students about mental health and providing them with tools to manage their well-being can lead to lifelong skills. These skills can benefit them in their personal and professional lines.
- 10. Inclusivity: Developing a culture of mental health awareness and support in educational institutions promotes inclusivity. It creates an environment where students from diverse backgrounds and with different mental health needs can thrive.
- 11. **Reducing Stigma:** Educating students about mental health reduces stigma and discrimination that is often associated with mental illness. This creates a more understanding and compassionate society.
- 12. **Long-term Success:** Students who are mentally healthy are more likely to achieve their long-term educational and career goals. Investing in mental health support in education can contribute to a more successful and productive workforce.

In short we can say that mental health has an important role to play in education. It enhances academic performance, contributes to overall well-being as well as personal development. It enables them to lead successful lives. It is imperative that educational institutions prioritize mental health support in schools and create environments that promote emotional well-being and resilience in the students.

## 1.8 Rationale of the Study

India is a diverse country with a rich cultural background. Academic resilience and mental health are always influenced by cultural factors such as social norms, values, attitudes, and views that are typical of a certain population or demographic group, or the factors that influence these perspectives. An investigation can help in developing interventions and support systems that are culturally sensitive and effective.

There is a lot of pressure and competition in our education system. Such an environment of pressure and competitiveness can have a significant impact on students' mental health. Understanding the specific stresses and their effects is essential for developing strategies to mitigate negative outcomes. Students' ability to adjust with themselves depends in large part on their academic resilience and mental health. A time of turmoil and stress, adolescence requires parental and educational support to help them cope with these demands.

There is a wide range of economic disparities - even in a single classroom where you see children from different socioeconomic backgrounds. This can affect access to mental health resources and support systems. The influence of socioeconomic factors on academic resilience and mental health can be studied and targeted policies and interventions can be made to address these disparities.

The nation's educational system is diversified. The educational process involves a number of transitions, including those from high school to higher secondary and from higher secondary to college. Both the emotional health and academic resiliency of students are frequently tested throughout these changes. New educational phases frequently call for the acquisition of new learning skills. And as a result, students might run into difficulties and have negative effects on their mental health. Thus, it is imperative that we make an effort to comprehend both their mental health and academic resilience.

Family and peer pressure exert a significant effect on students. This is especially true in the context of Indian families. An investigation on how the family and peers exert an influence on the academic resilience and mental health can lead to a better understanding of the support systems needed for students to thrive.

There is a large amount of stigma associated with mental health issues in India. Many of the mental disorders often go unreported due to poor awareness or lack of help seeking behaviour (due to fear of stigma from society). Understanding the cultural factors associated/ with contributing to this stigma is important for developing strategies to reduce the stigma and to promote mental health awareness. A thorough study of academic resilience and mental health of students would enable us to know whether establishing peer support groups in educational institutions or community based interventions using technology would encourage help seeking behaviour among the youths.

Adolescence is a critical period in the life of an individual. It is during this time when social and emotional abilities develop. This is the time that shapes an adult's prospects, wellbeing, and mental health. Research on teenage mental health and academic resilience would thus shed light on the connections between the two and show how advancements in one may have a good impact on the other. This would improve the quality of life for the adolescents as they venture into the adult world equipped with the skills and resilience needed to overcome challenges that they may face.

With over 1.4 billion citizens, India is a sizable nation. Over 253 million people are in the country's adolescent population, which is aged 10 to 19. Policies and programmes aimed at promoting mental well-being in the public health domain can be greatly influenced by an understanding of the mental health issues that teenagers confront. A government of India strategy that addresses adolescent health is called Rastriya Kishor Swasthya Karyakram, or RKSK. On January 7th, 2014, it became evident. But remedies for mental health have been adopted steadily.

The state governments are in charge of carrying out the RKSK policy under the auspices of the National Health Mission. As a facility-based approach, this program also called for the establishment of "Adolescent Friendly Health Clinics." Additional adolescent-focused policies include the National Youth Policy (substance abuse), the National Mental Health Policy (immediate and underlying causes that affect mental health), and the Sarva Shikha Yojana (focused on learning disabilities). The majority of adolescent-focused policies have considered mental health as an additional concern. Research on academic resilience and mental health would enable the policymakers to be aware of the problems in real-life perspective so that programmes could be tailored to promote their mental well-being and academic success.

The goal of academic resilience and positive mental health is to create conditions that enable individuals to flourish and realise their full potential in life, at work, and in school. Everyone goes through personal struggles from time to time, which can throw our life into a loop. A rigorous routine and a substantial time and effort commitment are necessary for studying in order to succeed academically, which might have a negative impact on mental health. Having plans in place to safeguard one's mental health during periods of extreme stress is crucial.

Because academic resilience and mental health are associated with long-term outcomes including employability, job satisfaction, and general life happiness, research on these topics is desperately required among secondary school students. The current research provide parents, educators, and policymakers with important information.

#### 1.10 Statement of the Problem

The title of the present study has been stated as "Academic Resilience and Mental health of Higher Secondary School Students of Mizoram."

# 1.11 Operational Definitions of Key terms used

**Academic Resilience:** Academic resilience refers to the capacity of the individual to overcome difficulties or adversities that may hinder a student's educational growth and development.

**Mental Health:** Mental health is a state of well-being in which the individual has positive self-evaluation, a normal perception of reality, balanced personality, is self-reliant, adaptable and can get along well with others.

**Higher Secondary School Students:** Higher secondary school students are students who are studying in classes XI and XII in Arts, Science and Commerce streams in Mizoram.

# 1.12 Objectives of the Study

- 1. To find out the level of academic resilience and its dimensions of higher secondary school students in Mizoram.
- 2. To find out the level of mental health and its dimensions of higher secondary school students in Mizoram.

- 3. To compare the level of academic resilience and its dimensions of higher secondary school students of Mizoram with reference to gender.
- 4. To compare the level of mental health and its dimensions of higher secondary school students in Mizoram with reference to their gender.
- 5. To compare the level of academic resilience and its dimensions of higher secondary school students of Mizoram with reference to stream of study.
- 6. To compare the level of mental health and its dimensions of higher secondary school students in Mizoram with reference to their stream of study.
- 7. To compare the level of academic resilience and its dimensions of higher secondary school students of Mizoram with reference to their districts.
- 8. To compare the level of mental health and its dimensions of higher secondary school students of Mizoram with reference to their districts.
- 9. To find out the relationship between mental health and academic resilience of higher secondary school students of Mizoram.
- 10. To make suggestions for improving the academic resilience and mental health of higher secondary school students in Mizoram.

# 1.14 Null Hypotheses

For the purpose of testing significance null hypotheses have been framed:-

- 1. There is no significant difference between higher secondary school students in Mizoram in academic resilience with respect to gender.
- 2. There is no significant difference between higher secondary school students in Mizoram in mental health with respect to gender.
- 3. There is no significant difference between higher secondary school students in Mizoram in academic resilience with respect to their stream of study.
- 4. There is no significant difference between higher secondary school students in Mizoram in mental health with respect to stream of study.
- 5. There is no significant difference in the level of academic resilience of higher secondary school students in Mizoram with respect to different districts.
- 6. There is no significant difference in the state of mental health of higher secondary school students in Mizoram with respect to different districts.

7. There is no significant relationship between academic resilience and mental health of higher secondary school students in Mizoram.

# 1.15 Delimitation of the Study

The study was delimited to higher secondary school students studying in Higher Secondary Schools in 4 (four) districts viz., Aizawl, Serchhip, Mamit and Kolasib districts in Mizoram.

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#### **CHAPTER-II**

#### **Review of Related Literature**

#### 2.0 Introduction

This chapter deals with the review of related literature. The purpose of reviewing related studies is to understand what type of studies have been done and what has been explored before. The review of related literature gives any research an insight and direction into the problem that the researcher is going to undertake. It helps the investigator by giving an overview of the work that has been done in the field and helps him to keep up with recent developments. It not only provides conceptual frame of reference but also suggests methods, procedures, sources of data, tools and statistical techniques appropriate for the solution of problems selected for the present study.

The investigator has attempted to evaluate the research studies connected to the current inquiry conducted in India and overseas as well as survey the prior efforts in this chapter. The planner and designer of the research endeavour benefited greatly from these investigations. While the issues of mental health and academic resilience have been around for a while, there aren't many studies that focus only on academic resilience. Only a small number of empirical research studies could be reviewed because the majority of studies on academic resilience were done overseas and could only be obtained online. The subsequent sections provide a summary of the previous studies that are either directly or indirectly relevant to the present study.

## 2.1 Studies done in India

The researcher was able to find a few studies conducted on Academic Resilience in India. However, the studies conducted on mental health were numerous.

# Academic Resilience studies in India

Azam and Rashid (2009) examined the relationship between resilience in adolescents and the home, school, and various other environments. In the context of India, the study attempted to investigate the relationship between resilience in teenagers and the two protective environments. For all of the respondents, the study found that the school environment was a stronger predictor of resilience. Nonetheless, it was found

that the teenagers' family and school environments were both highly significant determinants of their resilience. Both the family and school contexts had a major impact on resilience for both gender groups. Whereas the school environment was more predictive of resilience in girls, the family environment was more predictive of resilience in boys. Additionally, it identified the home and school environment dimensions that strongly predicted adolescents' resilience. The strongest predictor of resilience for girls was meaningful involvement at school, but for boys it was caring interactions at home. Resilience was positively and strongly associated with both the family and school contexts. According to the study, adolescent resilience is unaffected by gender, type of family, or socioeconomic background.

Deb and Arora (2012) examined resilience and academic achievement among adolescents. Among teenagers studying for admission exams for engineering and medicine, the study attempted to investigate resilience. This research study was a subset of another resilience study, wherein 200 teenagers who were facing significant academic challenges were selected from a total of 566 adolescents. Resilience scores were split median for each sample, resulting in categories of high resilience (HR) and low resilience (LR). HR males and HR females, as well as the LR and HR groups, were compared for academic achievement. Resilience scores were used as a predictor of academic success in thier study, with enrolment to one's intended higher education institution serving as the success criterion. The investigation's conclusions showed that people who felt they had a high level of resilience performed better academically than people who felt they had a low level. Males outperformed females in competitive exams and received greater resilience scores. Additionally, the study showed that LR adolescents had a 120% fewer chances of succeeding in competitive exams than the HR adolescents.

Sharma and Jyotsana (2015) conducted an investigation into the psychological predictors of resilience and fostering resilience among adolescents with the aim of outlining the importance of the resilience construct for adolescent mental health issues and to obtain a set of reliable psychological predictors of resilience of Indian adolescents. The variables that were studied were social problem solving, self-efficacy, optimism, adjustment, academic achievement and perceived stress. The findings of the study revealed significant correlations between all variables in the

expected directions Multiple linear regression analysis reported significant predictive value of all variables on predicting variance in resilience, with the exception of optimism and perceived stress. Another objective of the study was to investigate the effect of Cognitive Behaviour Therapy (CBT) based intervention in fostering resilience and its predictor variables. Intervention was provided through two different modalities i.e., computer-aided audio-visual mode and narration mode. The CBT was found effective in enhancing resilience and its predictor variables. No significant difference has been found between the effects of the different modalities of intervention in enhancing resilience among Indian adolescents.

Mallick and Kaur (2016) conducted an investigation on academic resilience of senior secondary school students with reference to the influence of learning environment. In the descriptive study, 600 high school students were selected from three regions of Punjab – Majha, Malwa and Doaba region through stratified random sampling technique. According to the survey, boys outscored girls in terms of academic resilience scores. Students from urban locality possessed high level of academic resilience. Girl students have high level of learning environment as compared with boys. Locality wise urban students score significantly high learning environment as compared with rural students. It was also found that there was a significant positive relation between learning environment and academic resilience of Senior Secondary Students.

**Sharma and Mathur (2016)** conducted a study on optimism, resilience, self-efficacy and attachment in relation to academic stress in adolescents. The results showed that academic stress had a significant negative correlation with optimism, resilience and attachment and a negative but insignificant correlation with self-efficacy. The regression analysis also revealed that optimism and resilience also contributed to variance in academic stress.

**Kader (2017)** conducted an investigation to identify the relationship between academic resilience and protective factors among senior secondary school students with weightage given to gender and type of school. The study revealed that there was a positive correlation between academic resilience and protective factors among secondary school students. Girls were found to be more resilient than boys. The study

found that in terms of type of schools, students from Uttar Pradesh Board were more resilient than their counterparts in CBSE schools.

Malhotra and Chebiyyam (2017) tried to find out if there was any relation among resilience, self-esteem, academic stress and coping strategies. The study identified a substantial negative relationship between academic stress and resilience, which indicates that when academic stress increases, a student's resilience decreases. Additionally, there was a positive and significant correlation between resilience and a variety of coping mechanisms. The results showed that a resilient person has a stronger sense of self-worth and can handle adversity well. A study examining the relationship between resilience and several coping methods found a strong positive correlation between resilience and self-control, coping, taking responsibility, positive reappraisal, and problem solving. These coping mechanisms are typically used more among highly resilient people.

**Raj and Vijaylaxmi** (2017) conducted an experimental study to assess the influence of an intervention programme to nurture academic resilience skills of selected adolescents. For the study, 50 teenagers between the ages of 13 and 16 in total were selected. To develop their academic resilience skills, the respondents participated in an intervention program for six months. The study revealed that adolescents' academic resilience skills were enhanced by the intervention program.

Aisha and Jahan (2018) conducted a study on the effect of self- efficacy, resilience and parenting style on academic achievement of senior secondary students in relation to certain demographic variables. The study found that- (i) Self- efficacy and resilience of females is better than that of males and females from private schools have higher self- efficacy and resilience than females from government schools.

- (i) Parents of government school students adopted permissive parenting style and parents of private school students adopted authoritarian parenting style.
- (ii) Academic achievement of females is higher compared to academic achievement of males. Government school students have higher academic achievement than private school students. Females from joint families achieve more compared to families from nuclear families.
- (iii) The development of self- efficacy has an important role to play in improving the academic achievement of the students.

- (iv) Resilience can potentially benefit the academic achievement and performance of students.
- (v) The practice of authoritative parenting style helps students achieve academic success.
- (vi) Self- efficacy, resilience and parenting style have a combined effect on academic achievement of adolescent learners.
- (vii) Mother-child relationship has a strong influence on self- efficacy and resilience of adolescents

Narayan (2018) conducted a qualitative study on the impact of positive teacherstudent interaction on academic resilience in adolescents from lower socioeconomic strata. Individual interviews were conducted with seven-at-risk students preparing for the IIT examinations through the "Super-30" coaching programme. The study's conclusions showed that in order to encourage academic success in at-risk pupils, turn around teachers used democratic, identity-affirming, and virtue prioritizing messaging. from lower-economic showed Students strata stronger socially-oriented accomplishment when their teachers set high standards towards them and when appropriate limit-setting interventions were carried out. The results also highlight the necessity of providing the required educational interventions to reinforce accessible protective factors and make academic achievement a reality for all children, regardless of their access to other resources.

Ashokakumara and Kumar (2019) conducted a study on the influence of social support and social cultural factors on resilience. It also studied the interaction effect of gender, religion, socio economic status and domicile with social support on resilience using college students from 16 to 22 years of age as sample. The study revealed that high social support has great influence than low social support on resilience. It was also found that there is a significant difference in the level of resilience by gender. Girls were found to be more resilient than boys. On the other hand, the study showed that significant difference was not found in socio-economic status and place on resilience. From the study, it can be inferred that social support and gender have significant influence on resilience.

Dar and Chakraborty (2019) conducted a dimensional analysis of the academic resilience construct with respect to gender in secondary school students. The sample consisted of 275 secondary school students from 3 districts of Jammu and Kashmir. Except for the characteristics of motivation and goal-achieving ability, the study's results showed no discernible gender differences in the mean score of academic resilience and on the various dimensions of academic resilience. Girls outperform boys in terms of motivation and goal-achieving ability.

Das (2019) conducted on investigation into the academic resilience among children from disadvantaged social groups in India. The study examined the correlation between numerous child, household, and school level characteristics and the academic resilience of children using data from the Indian Human Development Survey (2005). It was discovered that the various disadvantaged groups have different protective characteristics. Among the aforementioned parameters, the indirect influence of group participation was investigated. Group membership mostly affects people through structural variables such as maternal education and poverty. According to the study, a kid's academic resilience is largely influenced by elements that are encountered at the child and household levels. Schools have been identified to be falling short of their expected responsibility of providing these kids with resilience. A policy addressing the significance of schools as factors influencing academic resilience is critically needed, as the study proved clearly.

Anagha and Navyashree (2020) conducted a study to measure the level of academic resilience across gender and course of study among young adults who have low academic performance in II PUC/12th and explore the combined effect of gender and course of study on academic resilience. Data was collected from 61 participants across the state of Karnataka and Kerala. The findings revealed that men are more resilient academically, and there were notable variations in participants' levels of academic resilience throughout their studies. Gender and study path have a substantial interaction effect on young individual's academic resilience.

Bala and Majeed (2020) conducted a study on the impact of emotional maturity and family environment on academic resilience of college students using a descriptive survey method. The findings of the study indicate that the familial environment of

college students has a greater influence on their academic resilience than their emotional maturity.

**Behera et.al (2020)** examined the disparity in resilience between genders among IIT Kharagpur students in two age groups. The results showed that there was no correlation between CGPA and resilience, and that female students exhibited greater resilience than male students. It was found that there was a significant relationship between emotional intelligence and resilience.

Kavathekar and Savitri (2020) conducted qualitative research on a study of educational resilience among students. Case study approach was utilised for the study. The study found that -

- (i) Gender, locale, mother's employment status and economic constraints play a significant role in the development of educational resilience.
- (ii) Participants had unique stories of struggles and achievements highlighting the importance of education for a better future.
- (iii) Students identified as educationally resilient had varied risk and protective factors which contributed to their identity development.

According to the risk factors faced students were categorised in four categories

- (i) At risk due to parental death
- (ii) At risk due to dysfunctional family
- (iii) At risk due to alcoholism & domestic violence
- (iv) At risk due to neighbourhood.

The study found that the school teacher and the school emerged as a protective factor. Family attachment was a strong motivating factor. Presence of support providers like parents, elder brothers or sisters, cousins, aunts was a contributing factor in the educational achievements of the children. Engagement in extracurricular activities was also a contributing factor in the development of educational resilience.

**Prabhu** (2020) conducted a study on the determinants of resilience in adolescents. The study aimed to examine the resilience factors among adolescents experiencing adversity. Adolescents from prestigious schools, government hostel, institutions, and those suffering from psychological disorders made up the groups. The study's findings demonstrated the interconnection of several elements in resilience,

including the presence of healthy coping mechanisms, life skills, a sense of competence and purpose in the teenagers, and positive experiences in their homes, community, and schools. The study showed that there were many attributes in the teens facing adversity in their communities, families, schools, and selves.

Singh and Khatiwora (2020) investigated academic resilience among higher secondary students of Mising community in relation to child rearing practices. A sample of 120 higher secondary students of the Mising Community was taken from Sivasaga district of Assam. Out of the sample of 120, 60 girls were selected from rural areas and 60 boys were selected from urban area. It was found that there is no discernible difference in the practices of childrearing and academic resilience between males and girls. Findings showed that academic resilience was essentially the same for both genders. Regarding academic resilience and parenting style, there are no appreciable differences between students from urban and rural areas. No significant relationship was observed between academic resilience and child rearing practice.

Mohan and Kaur (2021) conducted a study to assess the relationship between grit and academic resilience among school students. Their sample consisted of 120 school students with equal number of male and females from various private schools of Chandigarh, Ludhiana and Phagwara. The study revealed that the components of academic resilience and grit that deal with self-belief and persistence correlated positively, while the components that deal with control and anxiety correlated negatively. Their test results for male and female participants showed no discernible differences. The study paved a way for further exploration of academic resilience and grit among school students which would further enhance study efficiency.

Chitra and Binuraj (2022) conducted an investigation on the predictive efficiency of self-efficacy on academic resilience of secondary school students in two districts of Kerala viz; Pathanamthitta and Kollam. The study assessed the self-efficacy of students and tried to find how self-efficacy exerted influence on the secondary school students. According to the study's results, students' academic resilience in secondary school was significantly predicted by their level of self-efficacy.

Pai and Sekhar (2023) undertook a study to look at the relationship between academic resilience and self-efficacy with an aim to determine whether there are any significant differences in gender, educational attainment, or field of study between

young adults. Examining educational qualifications together with academic resilience, the study indicated significant disparities in academic resilience; however, gender and study stream differences were not statistically significant. Academic qualifications, gender, or study areas did not influence differences in self-efficacy. According to the study, there was a somewhat negative correlation between the two measures, with self-efficacy explaining 24.9% of the variance in academic resilience.

## Mental Health studies in India

Ray et.al (2012) conducted a study on the academic career development stress and mental health of higher secondary students in the eastern part of India. The study found that: (i) the ten components of academic career development stress revealed differences in terms of gender and academic streams; (ii) significant relationships were found between students' mental health status and various aspects of academic stress and demographic factors; and (iii) the study's qualitative analysis also highlighted the complex relationship between academic stress, mental health, and other variables.

Samanta et.al (2012) undertook a cross-sectional study to examine the prevalence of protective factors, mental health concerns, and violence among male teenagers in West Bengal's urban and rural class VIII and IX schools. The research found that higher proportion of urban students (67.3%) reported that their guardians understood their problems as compared to rural students (62.5%) Urban students had greater rates of mental health problems such as loneliness (17.3%), worry (17.3%), suicidal thoughts (14.1%) and contemplating suicide (19.2%) than rural students (9.8%), worry (10.7%). Physical fight (53.8%), bullying (46.4%), physical attack by family members (46%) and by teachers (53%) were considerably more in urban male teenagers as compared to their rural counterparts. Despite having more protective features, the study indicated that mental health and violence-related problems were more common among urban students than among rural students, indicating the need for consistent adolescent assistance, supervision, and monitoring.

Mallikarjun and Shivakumar (2014) conducted a study on the effect of self-concept and emotional intelligence on mental health of rural and urban students. The study revealed that self-concept had a significant influence on mental health status of the students. The higher emotional intelligence had produced significant differences in

all dimensions of mental health. Urban students had higher mental health than rural students. The study also found that independent variable like gender, faculty, domicile, religion, self-concept and emotional intelligence exerted their effect on mental health of students. Significant gender differences in mental health were found by the study.

Seenivasan and Kumar (2014) conducted a comparative study on mental health of urban Indian adolescents among working and non-working mothers. Based on the study, mental health issues were prevalent among young people attending school. Conduct problems were the most common (22.6%) in the survey, followed by emotional issues (12.2%), peer issues (12.8%), and pro-social behaviour (12.4%). One quarter of the students, or 23.4%, said that these issues were stressful or disturbing them and that they interfered with their schooling, friendships, family life, and leisure activities. All children had much more mental health issues when both parents worked. Of those with emotional problems, 77% belonged to the group with both working parents, whereas just 23% had mothers who stayed at home. Those with two working parents were prone to hyperactivity (68.3%), peer difficulties (67.2%), and behaviour problems (61%). The study found that parental involvement is an important factor for positive child mental health.

Deb et.al (2015) carried out a study on Indian high school students' mental health, anxiety, parental pressure, and academic stress. When it came to gender, age, grade, or other personal criteria, there were no significant differences in the nearly two-thirds (63.5%) of students who reported feeling stressed out because of academic pressure. Sixty-six percent of the students reported feeling pressure from their parents to perform better academically. There were notable differences in the amount of parental pressure experienced based on the mother's work, the number of private tutors, educational background, and academic performance. Children of fathers with lower educational qualification (i.e., non-graduates) were more likely to experience pressure to perform better academically. Thirty-six percent of the students had symptoms indicative of psychiatric problems, and eighty-one percent reported anxiety related to exams. Parental pressure and mental health issues were strongly connected with academic stress, whereas anxiety related to exams was positively correlated with mental health issues. Nearly two-thirds of the senior high school students in the research study suffer from academic stress, which is an acute issue.

**Jayanthi et.al (2015)** conducted a cross-sectional study on academic stress and depression among adolescents. The study examined the relationship between academic stress and depression among adolescents in Tamil Nadu. 1120 adolescents were divided into case group (560) and Control Group (560). Of the 612 teenagers who received a diagnosis of depression throughout the study period, 45.7% had moderate depression, 25.4% had mild depression, 19.6% had severe depression, and 9.3% had minimal depression.

In case group, the mean (SB) academic stress score was 78.4% whereas in the control group it was 41.9%. There was a 36.5% percentage difference between the case and control groups. A moderate positive correlation was found between the level of depression and the level of academic stress. R was 0.52 at the level of P<0.001. It was found that adolescents experiencing academic stress were 2.4 times (95% CI=0.9-2.4) (P<0.001) more likely to experience depression than adolescents who did not experience academic stress. Academic stress had a significant correlation with demographic characteristics in the case group, including late adolescents, girls, XII Standard, Tamil medium, and government school pupils. The results showed that although 87% of the adolescents in the control group reported mild academic stress, 75% of the adolescents in the case group reported severe academic stress.

Pandey and Sonawane (2015) analysed the correlation of life skills with physical fitness, mental health, socio economic status and emotional maturity of school going adolescents. Based on analysis undertaken in the study, it was determined that life skills and both emotional maturity and mental health had a strong positive correlation. However, it was found that there was no meaningful correlation between life skills and socioeconomic status between life skills and physical fitness.

Singh et.al (2015) conducted a study on mental health and psychosocial functioning in adolescence among Indian students from Delhi. The study's objectives were to assess the prevalence of mental health issues and examine into how they relate to psychosocial functioning and mental stress while accounting for gender and age. Results of the study indicated that 2.4% of individuals were stagnant, 51.2% were in moderately good mental health, and 46.6% were flourishing. In comparison to boys and older adolescents, more girls and younger adolescents were doing well. According to the study, young people who flourished had higher levels of pro-social behaviour and

reported less desperation and adjustment issues. The study's findings are consistent with the need to increase our understanding of positive mental health in order to promote adolescent well-being.

Ali and Eqbal (2016) conducted a cross sectional descriptive study to assess mental health status of tribal school going adolescents in Ranchi, Jharkhand. The results of the study showed that 5.12% of the tribal pupils had emotional symptoms, 9.61% had behavioural issues, 4.23% had hyperactivity, and 1.41% had serious issue with peers. According to the study, a greater understanding of the occurrence of mental health problems among tribal teenagers would help the mental health system, schools, and families in initiating appropriate steps to treat, prevent, promote and improved mental and emotional health.

Chanchal and Kansal (2016) conducted an analysis on the mental health of adolescents in relation to emotional maturity and family environment. The analysis revealed that significant differences were found in the mental health of male and female adolescents. Compared to male adolescents, female adolescents relish better mental health. Nevertheless, there was no discernible difference between adolescents in rural and urban areas. There was no discernible difference in the emotional development of male and female adolescents and those living in rural and urban areas. In relation to family environment, no significant difference was found between male and female adolescents. However, a significant difference was found between rural and urban adolescents in relation to their family environment. The study also showed that adolescents' emotional development and mental health were negatively correlated. There was no discernible link between adolescent mental health and home environment

Faizi et.al (2016) conducted an assessment of psychological problems in school going adolescents of Aligarh. The cross-sectional analytical study was conducted in Aligarh with 1456 students as sample. Based on the overall difficulties score, the study reported that the prevalence of psychological morbidity was 9.75% (95% confidence interval: 8.33-11.39). The assessment revealed that emotional (5.42%), conducted (5.56%), hyperactive (3.78%), peer (4.40%), and pro-social difficulties (4.26%) were prevalent. The study found that psychological problems are fairly common in the adolescent age group. The findings indicate a significant variation that may be attributed to variations in diagnostic instruments or the range of psychological diseases

examined across various studies. The study concluded that the SDQ was a useful tool for assessing psychological issues because of its uniformity and comparability.

Halder and Saha (2016) conducted a correlational study on self- concept and mental health of higher secondary school students in Alipurduar district. There was a significant association between mental health and self-concept for all sample students as well as for male and urban students. Nonetheless, the research findings indicate that there is no noteworthy relationship between the mental health and self-perception of female and rural upper secondary school pupils.

Jha et.al (2016) carried out a study to find out how common depression was among teenagers attending school in a Bihar urban region. 1412 teenagers enrolled in grades 9–12. Based on the study, there was a 49.2% prevalence of depression and a 7.7% prevalence of severe depression. Compared to boys (45.8%), girls (55.1%) had a considerably greater overall prevalence of depression. Students who practiced Buddhism, Jainism, or other minorities had a greater prevalence of depression (63.3%). It was discovered that older students had higher levels of depression than those who were younger. It has been found that gender and religion have a statistically significant correlation with depression (P<0.005). One of the most significant clinical characteristics linked to depression was guilt feeling (69.48%), which was followed by pessimism (58.14%), sadness (56.52%), and past failure (55.81%). According to the study, in order to identify and offer early interventions for adolescents experiencing depression, parents and teachers need to become more knowledgeable about depression.

Ogorchukwu et.al (2016) has carried out a cross-sectional study in South India to evaluate late teens' mental health literacy. The purpose of the study was to evaluate the help-seeking behaviour, attitudes, and beliefs around mental diseases, as well as mental health literacy among teenagers enrolled in pre-university colleges. The majority of respondents (78.60%) who identified as Hindus were primarily from rural areas (57.21%) and 72.49% of them were enrolled in 11th grade. According to the survey, only 1.31% of respondents recognised schizophrenia/psychosis, and only 29.04% of respondents recognised depression, indicating an extremely low level of mental health literacy among the sample. According to the study, adolescents preferred to seek help from informal sources, such as mothers and other family members, rather

than from formal sources. This finding suggested that stigmatising attitudes towards mental health disorders were highly pervasive among the youth. The study's findings highlight the critical need to raise public awareness of mental health issues in order to improve long-term mental health outcomes by expanding options for early intervention identification and imitation.

Puwar et.al (2016) conducted a school-based cross-sectional study to find out whether school-going adolescents were mentally healthy in Sabarkautha, Gujarat. The survey included adolescents enrolled in school between the ages of 11 and 19. The analysis showed that whereas 15.3% of boys and 21.9% of girls had borderline SDQ scores, 14.6% of boys and 12.6% of girls had abnormal overall SDQ scores. The normal SDQ score was possessed by 70.1% of males and 65.6% of girls. Additionally, the investigations revealed that 1/7 of the adolescents had mental health vulnerabilities. Approximately 25% of adolescents have internalising (emotional) and externalising (conducting) manifestations: Very few (3%) displayed signs of hyperactivity. The most frequent risk factors for self-reported mental health disorders were an illiterate mother, parents' occupations, daytime separation from family, nuclear families, serious alcohol addiction in the family, financial difficulties in the family, and daily physical punishment of adolescents. According to the study, Gujarat should employ the SDQ screening instrument, and teenagers who receive aberrant results should be referred to psychiatrists and counsellors for additional diagnosis and therapy.

Waghmare (2016) conducted a study on mental health among urban and rural students. The study found that -

- (i) Compared to urban students, rural students exhibited a higher sense of reality.
- (ii) There was no discernible difference in the integration of personality between students from rural and urban areas in terms of mental health. The autonomy of rural students was higher than that of urban pupils.
- (iii) Students with mental health dimensions who were urban or rural did not significantly differ in their group-oriented attitudes.
- (iv) There was no discernible difference in the mental health dimension of environment mastery between pupils in urban and rural areas.
- (v) There was no discernible difference in the mental health of male and female students.

(vi) Regarding the positive self-evaluation of mental health, there was no statistically significant difference between students in rural and urban areas.

Chellamuthu and Subramanian (2017) conducted a study on academic stress and mental health among high school students studying in private and government high schools. The findings showed that academic stress was greater for pupils attending private schools than for those attending public schools. The mental health of private school students is superior to that of their peers. Additionally, it was discovered that high school students' mental health and academic stress were significantly correlated.

Hari et.al (2017) surveyed school-going adolescents in northeastern India using a crosssectional approach to determine their mental health state. The survey included a total of 10 schools in Tezpur, Assam, with 1403 teenagers enrolled. In accordance with the survey, 10.2% of respondents fall into the abnormal category and 11% of respondents score in the borderline level for emotional issues. There was a discernible gender gap in the emotional difficulty domain. Compared to male respondents, female respondents expressed more emotional difficulties.

In summary, the research revealed that less than 10% of the subjects experienced mental health problems that warranted further investigation. This study found that among teenagers enrolled in school, the prevalence of mental health issues was 31.6% (with a borderline range of 23.8% and an abnormal range of 7.8%). In order to decrease their influence on the population, early treatments and health policies must take into account the assessment of mental health issues in teenagers.

Nair et.al (2017) conducted an epidemiological survey of mental health in adolescent school children of Gujarat, India. 693 students belonging to 9th to 12th grades were included in the study. The study found that high SDQ score was observed in 15% of the participants. The most prevalent mental health issue affecting more than one in four kids was problems with peers. Pro-social conduct was shown to be significantly greater in rural study communities when compared to urban study populations. The total SDQ score and all other SDQ domains showed ambiguity. A comparison of the mean total SDQ scores for males and females per gender showed that there was no significant difference in the variance of the total SDQ scores between the sexes. Girls were more likely than boys to exhibit conduct disorders, peer issues, emotional problems, and hyperactivity. Comparing gender by region showed that

hyperactivity was more common in boys from rural areas and peer difficulties in girls from metropolitan areas. The study found that while making more friends, spending time with them, and participating in extracurricular activities were protective factors, physical ailments like refractive errors, difficulties studying at home, failing previous examinations, inability to communicate with parents, and punishment at school had a negative impact on students' mental health.

Sharma et.al (2017) conducted a study on assessment of mental health literacy in school going adolescents. 83.6% of the 354 teenagers who took part in the survey accurately identified a description of depression. According to 59.5% of the study's teenage participants, stressful life events, adversity as a youngster, breathing contaminated air, abusing alcohol or drugs, or other environmental factors, are what create depress. The study further revealed that 26.1% of the participants felt that depression was caused due to personal reasons such or due to God punishing past sins. Of the participants, 14.4% claimed that medical factors, such as brain disorders, chemical imbalances, or genetics, were the cause of depression. The greatest kind of treatment for depression, according to 28% of the teenagers, is seeing a psychologist or counsellor. 21.5% thought that the finest kind of assistance came from friends and relatives. 6.2% of respondents believed that ignoring the issue and hoping it goes away was the best course of action. The most frequently mentioned reasons for not getting treatment were embarrassment or discomfort. The study's findings showed that adolescents' mental health literacy had some gaps.

Wani (2017) conducted a study to analyse the level of mental health among adolescents. The study revealed that boys have higher level of mental health than girls as was seen in the significant difference between the mental health scores of boys and girls. The sample consisted of two groups -13-15 years and 16-19 years. It was found that there was an insignificant difference between the mental health scores of these two groups.

Miriam and Raja (2018) conducted a study on gender differences in impact of perceived stress on mental health. It examined the role of resilience and social support as mediators and moderators. Mixed method of study was employed in the research. From the quantitative analysis of the data, it was revealed that stress negatively impacted mental health for both men and women. However resilience and social

support mediated this impact. It was also found that there was a mental health disparity between men and women. Women scored higher on resilience than males did, but they also experienced higher levels of stress. Qualitative data also indicated gender difference in terms of perceived stress faced by women and men. The study also revealed that there were differences in terms of the type of social support and resilience among women and men.

**Senad** (2018) conducted an analysis of mental health among high school students in terms of gender and mental health sub-factor. The results of the study showed that:

- (i) Boys had higher emotional stability than girls
- (ii) Compared to boys, girls showed greater overall autonomy and adjustment.
- (iii) When it comes to the mental health aspect of security-insecurity, there are no appreciable differences between males and girls.
- (iv) There is no discernible difference in the mental health of boys and girls.

Moghe et.al (2020) conducted a study to identify and analyse the personal, social and psychological impact of Covid-19 on mental health of students of age group 16-25 in the state of Maharashtra. According to the findings, female students were more probable than male students to have psychological problems such emotions of helplessness, uncertainty, and outbursts. They were also more anxious about their health and future. Even if there are differences in infrastructure and resources, students in urban areas spend about the same amount of time online as their counterparts in rural areas, despite the fact that urban students are more psychologically affected. The study further found that among male students who needed care, there was an increase in the urge for isolation, withdrawing, and self-harm. Although the advantages of a collectivistic society are undeniable, the research also revealed a shift in mindset from viewing family as a source of assistance to that of a restriction. According to the survey, students are generally more conscious of mental health issues.

**Pinki and Duhan (2020)** conducted a study on academic resilience and mental health among adolescents of rural- urban areas. The purpose of the study was to evaluate adolescents' academic resilience and mental health living in rural and urban areas in Hisar District, Haryana. For the study, 200 adolescents made up the sample.

According to the study, male respondents exhibited greater academic resilience than female respondents, regardless of where they lived. The study's additional findings showed that respondents from metropolitan areas had better mental health than those from rural areas. The findings also indicated that male respondents' mental health was superior to that of female respondents'. The rationale could be that male responders had superior mental health due to their high levels of academic resilience. Subsequent findings showed notable variations in academic resilience and mental health.

Guasekaran et.al (2021) conducted an assessment of mental health status among adolescents in Puducherry, India. The study used an explanatory mixed method design, with a focus group discussion following the qualitative phase (an analytical cross-sectional study). According to the survey, there is a 25.5% overall prevalence of mental health illness among teenagers, with 27.7% of them living in urban areas and 23.3% in rural ones. The hyperactivity scale, emotional symptoms scale, and mean overall score were all shown to be significantly higher among urban teenagers. Significant differences were seen between rural and urban areas regarding factors such as family income and parent's job among those at high risk of mental health illness. Additionally, the investigations revealed that one in four adolescents had a mental health risk. The study also had focus group discussions with teachers to yield qualitative results. It investigated teacher's opinion regarding mental health disorders in adolescents. Along with a decline in academic achievement, the study indicated that behaviour modification was the most frequent presentation as judged by the teachers. Some of the factors that the teachers perceived were peer pressure, social media impact, and family conflicts. The findings emphasise the significance of conducting follow-up studies on teenagers with periodic follow-up in the future, involving primary care physicians, specialists, educators, and parents.

# 2.2 Academic Resilience Studies conducted abroad

Rutter (1979) conducted an epidemiological study that reflects resilience. Over a ten-year period, he investigated kids whose parents had been diagnosed with mental illness on the Isle of Wright and in inner-city London. He studied these kids through in-depth interviews and discovered that they neither developed mental illnesses nor displayed maladaptive behaviour. The researcher wondered why a large number of

these kids appeared to be immune to the unfavourable circumstances they faced on a daily basis. The study discovered that crucial protective factors were both the kids' unique traits and their educational environment. It was uncovered that the school environment contains significant protective factors, such as fostering a sense of achievement in children, enhancing their personal growth, and increasing their social contacts, even though genetic factors do play a significant role in determining individual differences in personality characteristics and intelligence.

Gonzalez and Padilla (1997) conducted a study on the academic resilience of Mexican American high school students. The investigation used academic grades as criteria for resiliency. The purpose of the study was to determine the variables that influence Mexican-American high school students' academic resilience. 2169 Mexican American students from three California high schools were included in a database from which high achievers and low achievers were chosen. In high school, 133 children who were resilient mentioned they received mostly A grades, whereas 81 non-resilient students said they mostly had D or lower grades. Comparing resilient pupils to non-resilient ones, the former were more likely to be female, have immigrant parents, and have travelled outside of the United States. Items from a questionnaire that each student filled out helped to create the variables. After data analysis, the only significant predictor of academic resilience was a feeling of school belonging. Males who were resilient received more teacher feedback than males who were not resilient, according to an analysis of variance. The study reinforced the fact that resilience develops in the context of environmental support.

Morrison (2001) conducted an investigation on the factors that affect the lives of resilient students. The purpose of the qualitative study was to identify the educational components and the ways in which resilient children might benefit from these components to succeed academically. Additional variables were looked at, including the family's socioeconomic status, the pupils' individual traits, the supporting and significant individuals in their life, and environmental variables. Interviews were done after resilient students were chosen. The study's conclusions demonstrated the impact of instructional methodologies, educational programs, family socioeconomic background, student personal traits, influential/supportive individuals, and environmental factors on the lives of resilient students. The two most important

variables were the pupils' individual traits and the significant/supportive individuals in their lives. It was shown that resilient students have an innate desire to perform well academically. The study's six resilient students said that they had supportive and influential individuals in their life who helped them with their academic endeavours. Both those at school and those in their home setting can be considered influential or supportive individuals. The results show how crucial the school and home are in helping kids develop resilience.

Nota et.al (2004) conducted an investigation on self-regulation and academic achievement and resilience. The longitudinal study examined the relationships between a group of Italian students' use of self-regulation techniques in their senior year of high school and their success in the classroom and perseverance in pursuing postsecondary education. The study employed an interview schedule for self-regulated learning, which focusses on cognitive and motivational learning strategies applied in both classroom and non-classroom settings. The organising and modifying cognitive self-regulation technique was found to be a strong predictor of the students' high school course results in Maths, science, and Italian as well as their average grades and test passes at the university. The motivated self-regulation approach of self-consequences was a strong predictor of the students' high school diploma grades and their intention to continue with their education beyond high school.

**Booker** (2005) conducted a study on academic resilience among a group of at risk, high achieving, African-American males in a Southern California school district. Three Southern California high schools' at-risk African American male students with outstanding academic standing conducted a qualitative phenomenology study to learn more about their perceptions on-

- i) The elements that put children at risk for subpar academic performance.
- ii) The protections which foster their resiliency and scholastic achievement.21
- iii) The traits that characterise their resilience.
- iv) What can be done by parents, teachers, administrators, and community members to improve this male group's academic performance?

Eleven African American male students in grades nine through twelve who were academically gifted but also at-risk provided the data. Data was gathered using a focus

group interview and a semi-structured interview. The findings of the study revealed that-

- For at-risk urban African American boys, academic resilience needed to be fostered through a network of supportive persons.
- ii) For this set of people, extracurricular activities played a significant role in fostering academic resilience.
- iii) One element that helped them succeed academically was the church.
- iv) The individuals' distinct personalities, worldviews, and temperaments contributed to their academic achievement.

The study highlighted the importance of parents/guardians being involved in their children's education. Focus of the schools on improved learning environment, the need to create family-school-community partnerships to increase opportunities for success. And for the communities to provide program that would enhance social competence, problem-solving skills, autonomy and a sense of meaning and purpose.

Martin and Marsh (2006) conducted a study on academic resilience and its psychological and educational correlates. Employing both within- and between-network validity methodologies, the research was conducted on a sample of 402 high school students in Australia. Through item and factor features, a recently created one-dimensional academic resilience construct was discovered inside network validity. Five components were identified to predict academic resilience by between-network validity, correlation, path analysis, and cluster analysis: self-efficacy, control planning, low anxiety, persistence, and control. As a result, the study put out 56 models of academic resilience, including commitment (persistency), self-efficacy (confidence), coordination (planning), control, and composure (low anxiety). Path analysis revealed that three educational and psychological outcomes—enjoyment of school, involvement in class, and overall self-esteem—are predicted by academic resilience.

**Perez et.al (2009)** conducted an investigation on academic resilience among undocumented Latino students. Due to their legal and societal marginalization, it was hypothesized that immigrant Latino students with high risk accompanied by high levels of environmental and personal protective variables would perform better academically than those with a lower percentage of these resources. The study's findings provide

credence to the idea that a variety of protective tools can shield students from the negative consequences of psychosocial situations that put them at risk for failing their studies. The study yielded three conclusions: (1) academic resilience was associated with both personal and environmental resources; (2) academic performance was generally positive when a variety of resources were available, even in the presence of multiple sources of psychosocial risk; and (3) the high risk and resilient group experienced significantly higher levels of adversity in comparison to the protected group. However, compared to high-risk children who had lower levels of academic accomplishment, resilient youth had higher levels of personal and environmental resources. The study's conclusions showed that resources, both environmental and personal, help young people who are raised in high-risk circumstances succeed academically.

The study's psychosocial hazards, which included low parental education, undocumented status, and financial strain, created serious difficulties for the Latino immigrant teenagers. The study also emphasised the value of volunteerism and extracurricular involvement as environmental resources for resilient and protected students. This emphasises the significance of environmental opportunities for students to establish relationships with peers and supportive adults who are involved in prosocial activities. The study's findings show that offering pupils the chance to build social support at school is crucial to their success in high school. Among undocumented Latino children, extracurricular involvement and volunteerism were found to be the most reliable indicators of academic success; resilient students reported the highest levels of these two environmental protective resources.

Fallon (2010) conducted an investigation into the school factors that promote academic resilience in urban Latino high school students. Urban Latino high school students attending those schools were the subjects of an ex post facto quantitative study that examined the association between academic resilience and academic optimism. 160 Latino high school students from low socioeconomic status (SES) backgrounds and 47 instructors from three Chicago charter high school campuses served as the study's subjects. A measure of instructors' academic optimism was collected. Students were asked to complete questionnaires about their academic performance, overall resilience,

school engagement, and family involvement. School records provided the GPA, achievement test results, attendance records, and discipline logs.

The relationship between academic optimism, school involvement, and academic resilience was investigated using quantitative data analysis, which also took into account the impact of personal and familial protective factors. The study demonstrated substantial connections between academic optimism and academic resilience of students, even when family-related and personal protective factors were controlled. This study found that schools can serve as protective factors for low SES Latino students.

Ismael-Lennon (2010) undertook an examination into the academic resilience among high-achieving Hispanic American male in inner-city. Investigating the interrelationship between personal traits and environments that foster academic resilience was the primary objective of the study. In order to learn more about the factors that they claimed led to their academic performance, twelve male Hispanic American inner-city students who were deemed resilient were questioned. The themes that surfaced were divided into three categories: individual attributes, home environment, and school and community features. A caring parent who prioritised education was a necessary component of the perfect home environment. Along with a strong focus on extracurricular activities and sports, the school's hallmarks included mentorship programs and high standards for students. Among the personal qualities were tenacity, initiative, leadership, consistency, kindness, and a sense of humour. Even though the region was underprivileged, students could still participate in extracurricular activities and volunteer work due to the efforts of many organisations. According to the study, academic resilience is shaped by the interactions between the family, school, and environment. As such, a systematic strategy that takes into account the requirements of the community, school, and home is recommended.

Sarwar et.al (2010) conducted an investigation into the resilience and academic achievement of male and female higher secondary level students in Pakistan. The aim of the research was to examine the correlation between academic achievement and resilience among secondary school students in Gujranwala, Pakistan. The study indicated that male students were more resilient than female students and that there was no statistically significant association between academic achievement of secondary

school students and academic resilience. Furthermore, it was discovered that secondary pupils from rural and urban areas had the same level of resilience.

Lamb (2013) conducted a study on the cultivation of educational resilience in students experiencing multiple grade retention. Students who were "left back" or retained in school more than once were referred to as having multiple grade retention. "Multiple Holdovers" (MHO) are those students. Thirteen MHO children and seventeen teachers from seven elementary and middle schools spread over three New York City boroughs provided data for the two-phase, mixed-method study. Data were gathered using both in-person interviews and questionnaires. The study's conclusions demonstrated how crucial it is for MHO kids to have supportive school relationships in order for them to succeed academically, socially, and emotionally.

Mopa (2014) conducted an exploration of the factors promoting academic resilience in socio-economically disadvantaged grade VI learners. Its objective was to support educators in helping students, particularly those who are at risk of failing because of past experiences, develop academic resilience. In order to gather data for a case study of a primary school in the rural Quthung District, semi-structured interviews were conducted with four sixth-grade children from socioeconomically challenged families. The interviews were conducted in addition to observation. The study's conclusions showed that the participants aspired to use education to improve both their own and their families' lives since they believed it to be the only path out of poverty. It was also discovered that these students' development of academic resilience is greatly aided by the community, peers, instructors, and parents. According to the study, students from low-income households are more likely to continue their education with optimism for the future when they receive support.

Rojas (2015) conducted an examination on the factors effecting academic resilience in middle school students. The objective of the study was to determine which risk and protective factors have an impact on academic outcomes and how they do so. It evaluated the various ways that individual and family environments supported academic resilience. A group of six (6) Columbia public school students participated in the study. The school was situated in a low-income, underprivileged section of the city where issues like crime and poverty were prevalent. In order to gather data, interviews with parents and teachers as well as document analysis were conducted with the goal

of determining ways to help the most vulnerable pupils develop resilience abilities. The study discovered that a number of protective elements, including family support, guidance, and involvement opportunities, could be identified from the family that helped at-risk adolescents develop their academic resilience. Additionally, the study discovered that beneficial outcomes in academic resilience were supported by personal qualities including motivation, perseverance, and optimism.

**Kutlu and Bulut (2016)** conducted a study on the factors that play a role in the academic resilience of academicians. Semi-structured interviews with two academicians from the Educational Sciences Faculty of Ankara University, Turkey, were conducted as part of a qualitative study approach. Academicians had to meet the eligibility requirements by having experienced a risk factor in their lives. Risk variables and internal and external protective factors were mentioned in the interview guide questions for this study. Data collection was done using descriptive analysis. The research revealed that poverty and unfavourable environmental circumstances were the primary risk factors that academicians who were resilient in their studies had encountered. The study went on to show that in addition to external elements like family support, excellent teachers, and peer relationships, internal elements like self-worth, decisiveness, and curiosity also had a significant role in helping them overcome the risk factors they had encountered.

**Zuill** (2016) conducted a study on the relationship between resilience and academic success among Bermuda foster care adolescents. To ascertain participants' level of academic success, achievement scores and grade point average (GPA) were used. The results showed that resilience and reading achievement had a statistically significant positive association, however there was no correlation found between resiliency and math achievement or GPA.

Muhammad and Mirja (2017) conducted a study on fostering academic resilience of students at risk of failure at secondary school level. The study used an intervention program from a public secondary school to foster academic resilience. The experimental and control groups were assigned to the pupils at random. Examined were certain risk variables such as socioeconomic position, problems in school, homelessness, health problems, and traumatic life events. During the course of the three-month intervention program, one of the researchers performed the role of a

resilience teacher. The analysis of the pre- and post-tests showed that the intervention program was highly successful in boosting students' academic resilience overall and for each selected protective factor.

Sabouripour et.al (2017) conducted a study on the predictors of resilience among Iranian graduate students in University Putra, Malaysia. The two objectives of the descriptive correlational study were to: (i) examine the relationship between the psychological wellbeing, optimism, self-efficacy, and social support dimensions and level of resilience among Iranian graduate students; and (ii) find out how much the psychological well-being, optimism, self-efficacy, and social support dimensions predicted the level of resilience among Iranian students at University Putra in Malaysia. The study's conclusions showed that optimism, self-efficacy, three aspects of social support (support from friends, family, and significant others), four aspects of psychological well-being (personal growth, purpose in life, positive relationships with others, and autonomy), and resilience were all positively correlated. Stepwise regression analysis results showed that resilience is significantly predicted by self-efficacy, personal growth, and life purpose.

Shole (2017) conducted a study to investigate and understand ways in which the family, school and community contributed to academic resilience of township youth raised by their grandparents. It further aimed to understand the support structures that facilitate academic achievement from the participation's perspective. The results of the study showed that, despite facing adversity, the participants' academic achievement was influenced by protective variables in various situations within their lines. The participants' grandparents' support was thought to have had the biggest influence on their academic achievement. The study's conclusions also showed that relations with teachers and individual strengths, as well as peer influences and support, were significant protective variables for individuals who relied on one another for safety. Family disputes, a lack of a quiet space to study at home, a lack of extra academic support, physical punishment, and sexual harassment in schools were among the risk factors that the study found.

Ahmad et.al (2018) conducted a study to examine the links between teacher support, academic efficacy, academic resilience and student engagement in Bahrain. The goal of this research was to determine how psychological capital resources at the

individual level, such as academic resilience and efficacy, affect student involvement. The direct and moderating effects of instructors' support on the previous relationship were also attempted to be tested. Master's students from five private universities in the Kingdom of Bahrain made up the sample. The study's conclusions demonstrated the significant positive impact of academic resilience and efficacy on student engagement. There is a strong correlation between student participation and teachers' support. The study demonstrated a significant moderation of instructors' support on the association between academic efficacy and academic resilience with student involvement, employing a bootstrapping statistical approach.

Britton (2018) conducted an investigation on resilience and academic achievement of minority students in Illinois. It delved into whether a program helped low-income and minority high school pupils become more resilient and whether having more resilience was linked to better academic results. According to the study, students in the program considerably improved their academic performance as measured by improvements in the ACT, enrolment in Advanced Placement courses, and the Education Planning and Assessment System (EPAS). According to the Resilience and Youth Development Module, the study's participants' resilience did not increase to a statistically significant degree. Furthermore, no statistically significant correlation between academic indicators and resilience was discovered by the study. The results also add to the increasing corpus of studies on resilience's characteristics as an operational concept for educational institutions. The study emphasised the necessity of a mixed methods approach to school-based resilience research as well as an educational resilience measure.

**Dwiningrum et.al (2018) c**onducted a comparative study on the role of high school in creating academic resilience: This comparative work studied students in Indonesia and Japan. The goal of the comparison study was to identify the differences and similarities between high school practical education programs with regard to two key areas: (1) how the school program fosters student resilience; and (2) which program values are essential to this process. The study was conducted in SMANI Yogyakarta, Indonesia and Fukuyama Municipal High School, Japan. From the findings the following results were revealed.

- (i) Based on the institution's vision and mission, high schools in Indonesia and Japan offer initiatives to build students' resilience using both academic and nonacademic approaches. The academic method seeks to equip students with the high standards needed to meet the demands and problems of globalisation, while the personal and non-academic approaches help students become resilient.
- (ii) Self-efficacy, self-confidence, discipline, tolerance, self-estimate, physical resilience, commitment, courage in problem-solving and decision-making, humanism, striving for excellence, leadership, and a creative personality were the values required to create academic resilience.

Gizir and Aydin (2018) examined the protective factors contributing to the academic resilience of students living in poverty in Turkey. The study looked at the possible personal traits and environmental safeguards that helped Turkey's poor eighth-grade students develop academic resilience. The study identified a favourable correlation between the academic resilience of teenagers living in poverty and the following characteristics: having high educational aspirations, an internal locus of control, optimism for the future, and a positive self-perception about one's academic ability. The study's results also showed that high expectations at home, high expectations at school, and peer relationships were the main external protective factors.

**Fajrina et al (2018)**conducted a study to determine the impact of academic resilience towards subjective well-being of students in Islamic boarding schools in Indonesia. The study's findings indicated that students' subjective well-being at boarding schools was impacted by academic resilience. The degree of students' subjective well-being increases with their academic resilience.

Wills and Hofmeyr (2018) conducted a study on academic resilience in challenging contexts Township and Rural primary schools in South Africa. Although children's academic performance is frequently impacted by poverty, some pupils are nevertheless able to attain consistently high academic standards despite living in impoverished conditions. Using a resilience framework, traits of South African township and rural primary school pupils who outperformed the population in reading comprehension were identified and described. Students' socio-emotional skills

(perseverance, aspirations, and attitudes towards school) and institutional and individual protective variables were examined in a longitudinal dataset encompassing 2600 Grade 6 students. The longitudinal aspect of the data enabled the identification of consistent high achievers but also students whose literacy skills had improved during the period under study. It was shown that there were several key differences between resilient pupils and peers who performed less well in school. Academic resilience was found to be strongly correlated with the children's socio-emotional skills. Classroom variables and text accessibility are significant contributors to academic resilience, even though protective factors at the individual level seem to be the biggest predictors.

Buslig (2019) the descriptive survey method of study was undertaken to assess the academic resilience of college students in Kalinga, Phillipines. It investigated the academic resilience and poverty experiences of college students in Kalinga, Phillippines and its relationship to their academic performance. The respondents' socioeconomic and intellectual profiles were ascertained through the study. Additionally, information was gathered about the respondents' scholastic achievement, degree of academic resilience, and socioeconomic status. The majority of responders, according to the survey, were from low-income families and had ordinary lives. The results also showed that there was no meaningful correlation between the academic achievement of the respondents and their level of academic resilience. It was discovered that Kalinga students possessed academic resilience because they could effectively adapt and manage difficult situations in their life in spite of hardship. It showed that the respondents had a proactive, positive approach to their academics and were optimistic.

Mwangi et.al (2019) conducted a study on the relationship among type of school, academic resilience and academic achievement among secondary schools in Kiambu County, Kenya. Coeducational boarding, coeducational day, coeducational boarding, and boys boarding were the four types of secondary schools from which study participants were selected. When taking into account the type of school, there was a significant mean difference (F (3,386)=9.39, P<0.05) observed in the academic resilience assessments. The distinction favoured boarding schools for girls. It was discovered that the mean academic achievement and resilience for boys' boarding schools was substantially lower than that of coeducational day secondary schools, boys' day schools, and girls' boarding schools. According to the report, stakeholders in

education should stop perceiving school type as peripheral to academic results and instead view it as a major factor in secondary school students' educational success.

Qamar and Akhter (2019) investigated into the risk factors affecting academic resilience of elementary students. The purpose of the study was to investigate the risk variables that affect the academic resilience of students in elementary schools in the private sector. Participants in the study were asked to describe how risk factors affected their academic performance. Several risk factors were identified in this exploratory study that were found to affect children's academic resilience: family support and background; parental mindset (support, encouragement, and parenting style); teacher mindset (support, teaching method/style, feedback, inspiration, and care); student mindset (lack of effort/ability, peer pressure, competition, and personality issues); excessive use of social media; and lack of attention from peers, parents, and teachers). The explored risk factors can be turned into protective factors but in order to do so need time, support and effort.

Fauziah et.al (2020) conducted a study on the effect of authoritative parenting on the formation of student academic resilience. According to the study, parents may help their children develop resilient and beneficial behaviours from an early age by modelling authoritative parenting and setting a good example for them. A group of high school students in Pontainak, West Kalimantan, Indonesia, were the subjects of the study. The results of the questionnaire, which show 86% of students at a high level and 14% at a moderate level, highlight the impact of authoritative parenting on the development of students' attitudes towards academic resilience. Results for student resilience attitudes showed that 27% had a moderate level and 73% had a high level. The study came to the conclusion that children exhibit behaviour in school that is modelled and predetermined by their parents' parenting and treatment of them, when they interact with teachers and peers. Students' behaviour and attitudes can be positively influenced by a parent's words, actions, and instructions.

**Frisby et.al (2020)** conducted a study on the role of classroom relationships as sources of academic resilience and hope. In order to identify possible sources of support that could encourage academic persistence and optimism in the midst of an academic struggle, the study looked at students' interpersonal relationships with classmates and instructors. In addition to reporting on teacher rapport, classroom connectivity,

academic resilience, and hope, participants (N=213) also discussed a specific academic problem they had faced throughout the first ten weeks of the course. The study's findings showed that, when peer and instructor relationships were taken into account simultaneously, only peer connectedness was found to be significantly and favourably related to students' academic resilience and sense of hope in the face of a problem.

Olaseni (2020) conducted a study on the roles of parental involvement and gender on academic resilience. Using Flach's Theory of Resilience, the inquiry examined the relationship between gender and parental participation and the academic resilience of teenagers in Ondo State, Nigeria. Parental involvement and good academic resilience are related, according to the study's findings. Female adolescents outperformed their male counterparts in terms of academic resilience, as gender was a key predictor of academic resilience. To help youngsters become more academically resilient, the study also recommended or indicated that parents get more involved in their kids' education, both at home and at school.

**Putri and Nursanti** (2020) conducted an examination on the relationship between peer social support and academic resilience of young adult migrant students in Jakarta. The purpose of the study was to determine whether young adult immigrant students' academic resilience and their peers' social support were correlated. In this context, social support can be broadly classified into two categories: assistance-related and non-assistance-related. The study comprised 101 migrant students, aged 17 to 25, who had been studying and living without their parents in Jakarta for at least six months. The study's conclusions showed that among young adult immigrant students, there was a statistically favourable association between academic resilience and peer social support (assistance related, r 0.472 (p=0.00<0.05) and non-assistance related, r 0.569 (p=0.00<0.05). It was discovered that young adult immigrant students' academic resilience increased with the degree of peer social support.

Lady (2021) conducted a study to investigate the role of social supports in academic resilience for undergraduate students. In specifically, between the COVID-19 epidemic and the transition to college, the study aimed to explore what kind of social support students relied on and how they use social support at periods of academic hardship. The questionnaire, which enquired about self-reported academic accomplishment, social support, and academic resilience, was completed by 189

undergraduate students. Following data analysis, friends had the highest mean score of all agents of support (M=3.56, SD=1.26), and there was a moderate to significant positive correlation (r=0.33, p<0.001) between social support and academic resilience. Students most commonly reported using social support for venting and informative support, according to study responses. The majority of participants also stated that the switch to online instruction brought about by COVID-19 had a detrimental effect on both the quality and quantity of interactions with the majority of social support providers. The results of the study confirm the link between academic resilience and social support.

Rachmawati et.al (2021) conducted a study, to find out whether social support and self-efficacy correlate with academic resilience among adolescence. The study was undertaken to determine the relationship between social support and self-efficacy with academic resilience. 315 students, from VII grade in Malang City, Indonesia were used as sample for the study. Based on the study's findings, academic resilience was significantly correlated with social support and significantly correlated with self-efficacy, both of which had significant values of 0.000<0.05. When comparing academic resilience to social support, self-efficacy demonstrated a stronger association with academic resilience. According to the study's findings, self-efficacy is the primary element that influences teenagers' development of academic resilience, particularly in Indonesia where cultural enculturation shapes children's personalities.

Ramin et.al (2021) investigated the mediating role of internal factors in predicting academic resilience. The study tried to examine the effects of external and internal factors on academic resilience. Though academic self-efficacy and academic motivation were considered internal factors, parenting attitudes and styles, as well as the perception of ecological education values, were included as external factors. The study found that there is a mediating effect between academic resilience and external elements that are internal in nature. It was discovered that parental style, ecological education values, and academic resilience are external determinants that are mediated by internal protective characteristics of academic drive and academic self-efficacy. The study found that in order to become more robust academically, we nevertheless need internal protective factors in addition to external protective factors. The findings

demonstrated that protective characteristics and intrinsic motivation are crucial for academic resilience.

Romano et.al, (2021) investigated the function that perceived emotional support from teachers plays as a mediator between high school students' academic engagement and resilience. Examining the relationships between perceived emotional support from teachers, school involvement, and academic resilience was the objective of the study. The study's findings demonstrated a relationship between academic resilience and perceived emotional support from teachers, and that relationship extended to school participation. Students who exhibited greater resilience also demonstrated better levels of involvement in the classroom and felt more emotional support from their teachers.

The study's main finding, which focused on the importance of teacher emotional support, highlighted successful classroom relationships. In order to support students' wellbeing, the study also emphasised how critical it is to provide personal and contextual resources in the classroom.

**Surum et.al (2021)** studied how personal characteristics of public secondary school pupils in Turkana County, Kenya, predicted their academic resilience. A statistically significant strong positive connection (r=0.712, n=378, P>0.05) was found between academic resilience and personal characteristics in the study. Initially feeling of purpose and autonomy and sense of self (r=0.599, P<0.05), then social competence (r=0.544, P<0.05), were the factors that were most strongly correlated with academic resilience. Furthermore, 51.0% of the variation in academic resilience can be explained by personal factor indicators. According to the study, parents and educators ought to play an active role in helping students develop their social skills, sense of self, autonomy, meaning, and purpose in life. They should also build healthy relationships with students in order to boost academic resilience.

Avei (2022) conducted an investigation of the individual characteristics that predict academic resilience. This was done with the focus of Programme for International Student Assessment (PISA) Turkey results. PISA is conducted by Organisation for Economic Co-operation and Development (OECD). The study's independent variables were eighteen distinct traits that were measured as part of the PISA research project. Grade repetition, reading for enjoyment, attitude towards

academic competition, self-efficacy, and the desired occupation were found to be the most powerful predictors of academic resilience, in order of their power. Metacognitive learning strategies included understanding, summarising, evaluating, and credibility.

Fatima and Nadeem (2022) conducted a study to explore the link between academic resilience, academic self-concept and academic achievement among school students in Multan, Pakistan. The study used cross-sectional survey design. The findings of the study revealed that academic resilience, academic achievement and academic self-concept are positively and significantly correlated. Additionally, academic resilience and academic self-concept were revealed to be significant indicators of academic accomplishment. The study found negligible gender disparities in academic achievement and resiliency. However, there were notable disparities in self-concept between genders.

**Surum et.al (2022)** Turkana Country, Kenya, public secondary school students were the subjects of an experiment by Sutum et al. to determine the correlation between parental participation and academic resilience. Based on the study, adolescents who had high levels of academic resilience had parents who communicated expectations and were involved in their lives intellectually, physically, socially, emotionally, and financially. Research revealed that the most robust indicator of academic resilience was social involvement from parents.

Amihan (2023) conducted a study to examine the challenges and responses of senior high school indigenous people students in Philippines regarding flexible learning during the COVID-19 pandemic. The study also sought to ascertain the participants' socio-demographic profile, degree of academic success and resilience, degree of acceptance of flexible learning, and existence of any noteworthy associations between academic performance and acceptability replies. Three main themes emerged from the qualitative analysis: taking into account students' challenges, overcoming obstacles, and gaining knowledge. The qualitative analysis revealed that the participants exhibited strong academic resilience, a receptive attitude towards flexible learning, and excellent academic achievement.

Yami (2023) conducted an investigation to identify the extent of educational resilience of students in Indonesia when they were conducting online learning during covid-19 as well as comparing the educational resilience with reference to gender. The

result of the study showed that the educational resilience of students in online study was in high category 89.10% (score 51-150). There was no difference in educational resilience of the students with reference to their gender.

## Mental Health studies conducted outside India:-

Rosenberg and McCullough (1981) conducted a study on mattering inferred significance and mental health among adolescents. Teens' perceptions that their parents valued them were investigated in this study. The theoretical replication research technique was used to evaluate data from four big surveys that were completed by 6568 junior and senior high school students. A summary of the study's findings, "parental mattering" was associated with overall self-esteem, and this association was unrelated to students' perceptions of the positive or negative attitudes their parents had towards them. Independent of self-esteem, a number of basic aspects of mental health, including sadness, anxiety, and negative effective moods, were also linked to students' perceptions that they were important to their parents. It was also shown that male delinquents were more prone to feel that their parents didn't value them. The study also discussed the relationship between significance and mattering as well as the social and cultural influences of parental mattering.

Roeser and Midgeley (1997) carried out a study to find out how teachers felt about concerns related to kids' mental health. The inquiry aimed to investigate: (1) the perceptions of normal classroom instructors regarding their role in supporting the mental health of their students. (2) The attitudes and stated methods of instruction held by teachers. (3) Teachers' awareness of each student's unique mental health needs. Study results indicated that while most teachers (99%) thought it was their responsibility to help students with their mental health needs, they felt overburdened by these demands, particularly in courses where students were more challenging. The usage of task-focused teaching approaches and teachers' perceived efficacy were found to be adversely correlated with burdensome sentiments. The study also discovered that normal classroom teachers were good informants regarding which students would benefit from mental health services, based on teachers' ratings and students' self-reports of adjustment.

Emami et.al (2007) conducted an investigation on the mental health of adolescents in Tehran, Iran. A sample of 4599 girls and boys were selected from high schools in Tehran. The study's conclusions demonstrated that 1270 students (19.5%) obtained GHQ-12 scores that were higher above the cutoff. Compared to boys (23.7%), more girls (34.1%) had GHQ-12 values that showed psychiatric morbidity. In the same school year, teenagers who were 18 years old on average reported having more mental health issues than those who were 17 years old. The study's conclusions showed that a sizable percentage of teenage high school pupils suffer from mental illnesses, with girls more likely than boys to do so.

Hefner and Eisenberg (2009) conducted an examination on the social support and mental health of college students. This study used a web-based survey which was administered on 1378 public university students. The study's findings demonstrated that students who have characteristics that set them apart from the majority of students—such as low economic status, being a member of a minority race or ethnicity, or being an international student—are more likely to experience social isolation. Furthermore, it was shown that students were more likely to suffer from mental health issues if they had less supportive social networks. The study's findings may make it easier for administrators and medical professionals to recognise the group of students who are most vulnerable to mental illness and to create treatments to deal with the problem.

Al-Sughayr and Ferwana (2012) conducted a study on the prevalence of mental disorders among high school students in National Guard Housing, Riyadh, Saudi Arabia. Over 80% of the cases ranged from mild to severe, according to the study, which indicated that the total prevalence of mental disorders was 48% (41% in males and 51% in females). In accordance with the study, students who performed very well should have a significantly lower rate of mental problems than other students (P=0.021), and females had significantly more severe disorders than males (P=0.017). However, neither smoking nor other social variables (such as family size, birth order, and polygamous families) were shown to be significantly correlated with psychiatric problems in the study.

Wang and Khalil (2014) investigated into whether parental involvement matter for student achievement and mental health in high school. The research viewed parental involvement as a multifaceted concept that encompassed school based involvement,

home-based involvement, and academic socialisation. It investigated the effects of various parental involvement modalities in the tenth grade on student achievement and depression in the eleventh grade, which corresponds to ages 15–17. The study also investigated the hypothesis that parental participation raised academic engagement in the classroom, which in turn affected teenage outcomes. The study involved 1056 teenagers, of which 51% were men, 53% were European Americans, 40% were African Americans, and 7% were others. Parental participation enhanced teenagers' intellectual and emotional functioning, according to the study. Additionally, through behavioural and emotional engagement, parental involvement predicted teenage academic success and mental health in a direct and indirect manner.

Huan et.al (2015) conducted a study on mental health and dropout behaviour of junior high students in north-west rural China. The purpose of the cross-sectional study was to determine how junior high school dropout rates in rural China relate to mental health issues. In 38 junior high schools located in rural China, 4840 pupils participated in a correlational study. In accordance to the investigation, 74% of the pupils in the sample of rural children were at risk for mental health issues. It was also shown that the same traits of students and families—poverty and low achievement—that are associated with dropout rates were also associated with mental health issues. It was discovered that there is still a correlation between dropout rates and mental health issues even after adjusting for these background factors.

Murphy et.al (2015) carried out a longitudinal study to determine whether mental health is a predictor of improved learning outcomes for Chilean elementary school children,. The largest school-based mental health program in the world, Habilidades para la Vida (SFL), has been administering a nationwide program in Chile for the past 15 years. One of Skills for Life's activities involves screening elementary school pupils employing standardised measures and providing preventive training to those who may be at risk for mental health issues. Employing SFL data on 37,397 students enrolled in first grade in 2009 and third grade in 2011, the study investigated the relationship between improved academic outcomes and mental health in the first grade and how it can predict for subsequent academic accomplishment. The longitudinal study's findings showed that future academic success was significantly predicted by one's mental health. Additionally, it was discovered that pupils who

experienced improvements in their mental health between first and third grade made greater academic success than those whose mental health remained the same or declined. The study's conclusions suggested that in-school mental health initiatives like Skills for Life could enhance children' academic performance.

**Sutherland** (2018) conducted an investigation on the impact of mental health issues on academic achievement in high school students. The qualitative study wanted to investigate whether mental health services in high school setting help facilitate students' academic achievement and to figure out whether focussing on mental health concerns enhances high school pupils' general health and wellbeing. Ten employees at a high school in San Diego, California, participated in the study. The study's findings disclosed that teenagers confront a variety of obstacles to their mental health when they are in high school, and that school personnel can help them overcome these obstacles. In order to support the pupils, the study made clear how important it is to have more school social workers and healthcare professional counsellors on staff, as well as more staff and teacher training.

Shelemy et.al (2019) conducted a study on the support of students' mental health in schools-what teachers want and what they need. This study was undertaken to determine what kind of training secondary school teachers in the UK require in order to effectively support and educate their students about mental health. The secondary school teachers in the United Kingdom participated in nine focus groups, with four to eight participants in each. The needs and preferences of teachers with regard to mental health advice, services, and training have been addressed. Three online resources were provided to the participants as samples of the training. The research revealed that the participants desired instruction on recognising and offering prompt assistance to students who are experiencing difficulties, without assuming the perceived role of a counsellor. The need of having hands-on, interactive, expert-led training with resources that can be customised for different situations was emphasised.

**Beckman and Hellstrom** (2021) conducted an investigation on the views of adolescents' mental health in Sweden – among different professionals working with adolescents. The qualitative study set out to investigate the opinions of experts regarding the difficulties they encounter and the ways in which they might support the mental health of today's teenagers. In October and March of 2020, four group interviews

were held. A qualitative context analysis was applied for data analysis. Two categories resulted from this: (1) negotiating life's arenas and (2) mental health help. The first category covered the pressures of education, the difficulties associated with social media, and the opinions of experts regarding the specific areas of mental health knowledge that teenagers are lacking. Experts' recommendations for what modern parents should learn and practice to provide the greatest care possible for their kids were included in the second category. Professionals state that enhanced life skills, a more powerful and empowered sense of self, and greater mental health literacy are necessary for both parents and teenagers.

Jessiman et.al (2022) conducted a study on school culture and student mental health in U.K secondary schools. Finding out how students, parents, and staff in three secondary schools in the United Kingdom perceive school culture and what aspects of it they believe are most crucial for students' mental health were the main goals of this qualitative study. The research employed focus groups and in-depth interviews. The framework approach of thematic analysis was used. Four dimensions—structure and context, academic and organisational, community, and safety and support—were highlighted by study participants as characteristics of school culture. It discovered substantial proof of the four aspects' interconnectedness in influencing a school's culture. The study also found that school personnel would achieve better outcomes if they recognised and enhanced the connection among all four dimensions of student mental health and sought to mould and enhance school culture in that regard.

## 2.3 Mental health & Academic Resilience studies

Ziaian et.al (2012) in a study on resilience, Zian et al. looked at how it related to emotional and behavioural issues, depression, and the use of mental health services by young refugees in South Australia. The study investigated resilience's function as a distinct psychological concept. It sought to investigate the characteristics of psychological resilience in young refugees as well as the connections between resilience and mental health service uptake, depression, and other emotional and behavioural issues. The study's findings showed that both girls and teenagers who had lived in Australia for a longer period of time tended to be more resilient. Additionally, it was discovered that teenagers with emotional or behavioural issues, such as

depression symptoms, had less resilience. The study also found minimal indication of a relationship between resilience scores and exposure to trauma or treatment utilization.

Hartley (2013) undertook a study in order to better understand the connection between academic persistence in college and mental health difficulties. The intention of the study was to investigate the relationships between inter- and intrapersonal resilience measures and mental health in relation to academic persistence in college students with mental health disorders. At two Midwestern colleges, campus mental health services providing college counselling, psychiatric help, and disability support were used to select 121 undergraduate students with mental health difficulties for the sample. The study's findings revealed that intrapersonal resilience was more significant and functioned differently for students experiencing the most psychological distress. The researchers also discovered a substantial statistical relationship between resilience factors and mental health. A resilience framework may help college students with mental health issues handle the challenges of a college education and increase their retention rates, based on the study.

Majd et.al (2016) undertook a research on the impact of teaching problem solving and decision-making techniques on female university students' resilience and mental health. Pre-test, post-test, and control groups were included in the quasi-experimental design of the study. According to the study, teaching problem-solving and decision-making techniques can improve mental health and resilience and can be helpful in lowering the frequency and severity of mental health issues.

Rudwan and Alhashimia (2018) conducted an investigation on the relationship between resilience and mental health among a sample of University of Nizwa students in Sultanate of Oman. The descriptive technique was used in the study to determine the association between mental health and resilience in light of a few variables in a University of Nizwa student sample. The study's conclusions showed a favourable relationship between resilience and mental health. Additionally, there was a notable disparity between male and female students with respect to resilience and mental health, with a tendency towards female students being better; female students were found to be more resilient and mentally healthy than male students. In terms of differences in terms of age there were no differences found in both resilience and mental health. The study indicated that resilience had a significant impact on mental health.

Hajihasani et.al (2019) has undertaken a study on the modelling of mental well-being employing academic resilience as a mediator and the educational, social, emotional, physical, and security atmosphere of the school. The sample of the study included 630 high school students studying in public schools in Tehran. The study's findings demonstrated a strong and favourable direct relationship between resilience and the school climate. The study found a strong indirect association, mediated by resilience, between mental health and school climate. The study also discovered a strong and favourable correlation between resilience and mental health. According to the study's findings, schools are the most crucial setting for fostering teenage health.

Hart (2019) conducted an investigation on college students' mental health by exploring the relationship with resilience and academic performance. Examining the relationships between resilience, social support, academic achievement, mental health, and race/ethnicity was the main objective of the study. The study's findings showed that while resilience could not to predict anxiety, it was a strong predictor of stress and depression. The association between depression and academic achievement has been demonstrated to be mediated by resilience.

Venta et.al (2019) conducted a study on the contribution of schools to mental health and resilience in recently immigrated youth. The study aimed to thoroughly examine several putative protective factors: parental attachment, peer attachment and school engagement among recently immigrated Central American adolescents since there is a high risk of psychopathology among them. It made an effort to evaluate the additional value that school involvement added above and beyond the support that parents and peers already provided. Seventy-eight recently immigrated Central American teenagers enrolled in a public school for immigrants made up the study's sample. The study's conclusions showed that, in addition to the benefits of peer and parental attachment, school participation significantly improved young people's resilience and mental health. Subscales measuring behavioural engagement, emotional dissatisfaction, and active behavioural dissatisfaction related to school involvement were found to have a significant impact on models that predict pro-social behaviour, resilience, and externalising psychopathology. Beyond peer and family support, the results imply that encouraging school participation may offer protective benefits for young people who have recently immigrated.

Konaszewski et.al (2021) did an analysis on resilience and mental health among adolescents and the role of techniques for coping with stress. Two studies make up the investigation. The first study attempted to examine the link between the mental health and resilience of young people admitted to youth education institutions. The second study made an effort to comprehend how resilience influences young people's mental health both directly and indirectly. Resilience is a significant predictor of juvenile mental health, especially when it comes to positive indicators, according to the findings of both research. Improved mental health is correlated with increased resilience.

Mesman et.al (2021) conducted a review on the recent work on clinical and epidemiological correlates of resilience and mental health in children and adolescents. Despite the variability of research populations and tools, the literature search turned up 25 studies that demonstrated a relationship between lower mental health problems and stronger resilience. Additionally, the study discovered that multisystem elements including social, cultural, familial, and individual components were correlates of resilience. These findings are consistent with the multisystem approach outlined in contemporary resilience theories. The study also found that longitudinal studies were few, but also confirm the dynamical nature of resilience and mental health. Innovative methodologies for measuring and the use of long-term research will enhance our comprehension of how stresses impact resilience and mental health consequences.

## 2.4 Relevance of the Present Study in the Background of Studies Reviewed

To gain further insight into the current state of research on the topic and to conduct a thorough analysis of previous studies' findings, the researcher conducted a review of the literature pertaining to the study of academic resilience and mental health. 112 studies could be found over the 44-year period from 1979 to 2023. Out of these, 65 were from academic resilience, 38 were from mental health and 9 studies were from academic resilience and mental health.

Most of the studies were focused on the influence of school and home environment, role of protective factors like family, teachers in academic resilience and mental health of adolescents. Status of academic resilience and mental health across certain demographics like gender, urban-rural were also found. Meanwhile some of the

studies also focused on the impact of intervention programs to enhance academic resilience and mental health of students. This study would go a long way in filling the research gap in these fields.

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#### **CHAPTER III**

### METHODOLOGY AND PROCEDURE

### 3.0 INTRODUCTION

A methodical investigation of a phenomenon is called research. It can also be defined as the methodical, impartial evaluation and documentation of controlled observations that may lead to the development of theories, generalisations, or principles that may eventually enable the forecasting and potential management of events. Research methodology refers to the variety of techniques that researchers employ when examining a particular research problem. The main purpose of this chapter is to provide an explanation of the methodological components, which include research design, population and sample, data gathering tools, tool administration, and data collection. This chapter addresses the methodology of the study.

The suitability of a study's procedures has a significant impact on its objectivity, reliability, validity, and generalizability. Consequently, this chapter addresses the what, why, and how of the study's methodology, the population, data collection instruments, and statistical techniques used by the investigator in each of its sections. The following parts make up the chapter's structure:

- 3.1 Research design
- 3.2 Population and Sample
- 3.3 Tools for data collection
- 3.4 Administration of the tools and data collection
- 3.5 Tabulation of data
- 3.6 Statistical techniques for data analysis

### 3.1 RESEARCH DESIGN

A research design is a strategy that outlines the actions a researcher will follow, from formulating objectives and hypotheses to considering the implications of those procedures for operations to concluding with data analysis findings. A research strategy assists the investigator in addressing the research problem and other concerns brought up by the investigation since it delineates the entire research procedure. A research design also teaches us how to collect data, what observations to make, how to make

them, and how to assess the results. The investigator selects statistical methods for analysis based on the design. The choice of methodology is depend upon the type of problem selected for the investigation and the type of data required to accomplish the study's goals. The present study is descriptive in nature. Therefore, descriptive survey method has been employed. The current investigation employed an approach of qualitative and quantitative analysis. A descriptive study documents, characterises and analyses the current state of the subject matter under investigation. Studies that are descriptive explain and analyse reality as it is. It is focused on existing conditions or relationships, held beliefs, ongoing processes, consequences that are obvious, or emerging trends. As the present research was to describe and interpret the academic resilience and mental health of higher secondary school students in Mizoram.

# 3.2 POPULATION AND SAMPLE

A population is characterised as a collection of individuals that share at least one trait that sets them apart from one another. The population of the study comprised all higher secondary students during the academic year 2021 - 2022 of Mizoram under Mizoram Board of School Education. The district wise enrolment of higher secondary school students in Mizoram are presented in the following table (Table 3.1).

Table 3.1

District wise enrolment of Students in higher secondary schools in Mizoram

Sl No.	District (s)	Enrolment of S	Total	
		Girls	Boys	
1	Aizawl	7158	6673	13831
2	Kolasib	713	640	1353
3	Mamit	246	201	447
4	Serchhip	607	561	1168
5	Champhai	641	607	1248
6	Hnahthial	269	226	495
7	Khawzawl	300	254	554
8	Lawngtlai	672	969	1641

9	Lunglei	1241	1088	2329
10	Saitual	397	286	683
11	Saiha	642	575	1217
Total		12886	12080	24966

Source: Abstract of Higher Secondary Schools according to different District, Statistics of School Education 2020-21, Department of School Education, Government of Mizoram

The majority of occurrences in education are made up of many units. Reaching out to every member of the population is not feasible. The researcher must choose a few subjects to the representative proportion sample the subset of the population chosen for scrutiny and examination. Through an analysis of the sample's attributes, specific conclusions regarding the features of the population it was taken from can be reached. For the present study, to analyse the level of academic resilience and status of mental health, 800 higher secondary school students were selected as a representative sample from four districts in Mizoram – namely Aizawl, Mamit, Serchhip and Kolasib. The final sample size comprised of 391 males and 409 females offering Arts, Science and Commerce of higher secondary school students studying in the four selected districts. The samples were selected following Stratified Random Sampling technique. In order to guarantee that subgroups within the population are appropriately population. A represent the entire population. A sample is of the entire represented in the sample, researchers employ the stratified random sampling technique. Using this method, the population is divided into discrete subgroups or strata according to certain criteria like gender, age, income bracket, field of study, and location. Then, random samples are selected from each stratum. For the purpose of the study, four districts were randomly selected and schools were randomly selected from the four districts. The number of students in selected schools were identified and students were selected from the randomly selected schools. The investigator decided to take 200 students from each district keeping in view the gender and stream of study. The sample was then randomly selected from each stratum in order to minimize bias. The sampling technique used ensured precision as well as reduces sampling variability. Since each stratum is represented in the sample, it is easy to draw comparisons between different subgroups within the population. It also ensures efficient use of resources when there is significant variability within the population of the study. The sampling technique also ensured adequate representation because smaller subgroups within the population were not overlooked. The name of schools and sample distribution of the students is presented in the following Table 3.2 and Table 3.3.

Table 3.2

Name of Higher Secondary Schools and Sample distribution of the students

Sl.		District	Number of Respondents		
No	Name of Higher Sec School	District	Male	Female	Total
1	Govt.Serchhip H.S.S	Serchhip	33	30	63
2	St. Peters H.S.S Chhingchhip	Serchhip	37	40	77
3	Hmingthangi Memorial H.S.S	Serchhip	10	10	20
4	N. Vanlaiphai H.S.S	Serchhip	10	11	21
5	Eklavya M. Resident School	Serchhip	4	5	9
6	Brilliant H. S.S	Serchhip	6	4	10
7	Govt. Mamit H.S.S	Mamit	56	58	114
8	Govt. Kawrthah H.S.S	Mamit	10	17	27
9	Zawlnuam H.S.S	Mamit	20	18	38
10	West Phaileng H.S.S	Mamit	14	7	21
11	St. Johns' H.S.S	Kolasib	35	51	86
12	C. Zakhuma H.S.S	Kolasib	26	13	39
13	Bilkhawthlir H.S.S	Kolasib	10	10	20
14	Kawnpui H.S.S	Kolasib	15	13	28
15	Vairengte H.S.S	Kolasib	8	10	18
16	Bairabi H.S.S	Kolasib	4	5	9
17	Govt. Mizo H.S.S	Aizawl	23	31	54
18	Govt. Chaltlang H.S.S	Aizawl	20	20	40
19	Govt. K.M H.S.S	Aizawl	20	20	40
20	Synod H.S.S	Aizawl	20	20	40
21	St. Joseph H.S.S	Aizawl	10	16	26

Table 3.3
Gender, Stream and District Wise Distribution of Sample of Students

	Gender						
Sl	Sample of	No of Male Students	No of Female Students	Total			
no.	Students						
1	H.S.S Students	391	409	800			
	1	Streams		L			
	Stream of Study	No of Male Students	No of Female Students	Total			
2	Arts	239	221	460			
3	Science	100	124	224			
4	Commerce	52	64	116			
		District Wise					
	District	No of Male Students	No of Female Students	Total			
5	Aizawl	93	107	200			
6	Kolasib	98	102	200			
7	Serchhip	100	100	200			
8	Mamit	100	100	200			

### 3.3 TOOLS FOR DATA COLLECTION

An instrument that is proven to be accurate and dependable when utilised for data collection is called a research tool. Dependability is defined as the tool's regularity or procedural performance. Validity refers to the capacity of a data collection method or instrument to measure what is meant to be measured. Keeping in view the objectives of the present study the following were the tools used by the researcher:

- 1. Academic Resilience Scale (ARS-MMKS) developed by Mihir Kumar Mallick and SimranjitKaur (2016).
- 2. Mental Health Inventory (MHI) (1983) developed by Jagdish and A. K Srivastava.

#### 3.3.1 Academic Resilience Scale (ARS-MMKS)

Academic resilience scale standardised by Mihir Kumar Mallick and Simranjit Kaur(2016) has five dimensions, namely:

- 1. Academic confidence
- 2. Sense of well-being
- 3. Motivation and ability to achieve goals
- 4. Relationship with peers and adults
- 5. Emotional regulation and physical health

With five choices—Strongly Agree, Agree, Undecided, Disagree, and Strongly Disagree—a Likert-type scale was employed. The positive items on the scale had a numerical weight of five to one, while the negative items had the opposite weight. The minimum and maximum possible score for Academic Resilience Scale is 52 to 260 respectively. The scale had 52 items – 41 positive and 11 negative items. Table 3.4 displays the 52 items' distribution for the Academic Resilience Scale's various dimensions.

Dimension wise and Type wise distribution of Items of the Scale

Sr	Dimensions	Nature of	Serial wise Item	Total No.	Total
No.		Items	No.	of Items	Total
I	Academic Confidence	Positive	1,2,3,4,5,6	06	08
		Negative	7,8.	02	
II	Sense of Well-being	Positive	9,10,11,12,13,14,15,	08	10
			16		
		Negative	17,18	02	
III	Motivation & Ability	Positive	19,20,21,22,23,24,25	08	10
	to get Goals		,26		
		Negative	27,28	02	
IV	Relationship with Peers	Positive	29,30,31,32,33,34,35	08	10
	and Adults		,36		
		Negative	37,38	02	

V	Emotional Regulation	Positive	39,40,41,42,43,44,45	11	14
	and Physical Health		,		
			49,50,51,52		
		Negative	46,47,48	03	
	Total Items				

As per the Academic Resilience Scale standardized by Mihir Kumar Mallick and Simranjit Kaur (2016), the scores of each individual will be interpreted by using the following Table (Table 3.6). Hence, for interpreting of the responses, the raw score of each individual respondent were converted into z-score and interpretation was made as per the z-score norms given in Table 3.5.

Table 3.5

Z Score Norms for Interpretation of the Level of Academic Resilience

Range of z - Scores	Level of Academic Resilience
+ 2.01 and above	High
+ 1.26 to + 2.00	Above Average
+1.25 to – 1.25	Average
-2.00 to -1.26	Below Average
-2.01 and below	Low

### **Reliability**

To establish the test's reliability, the investigator used the test-retest procedure. For this reason, the Academic Scale was given twice in a span of two weeks at the Government Chaltlang Higher Secondary School in Aizawl. The coefficient of reliability was computed between the two tests by Pearson Correlation Coefficient. It may be concluded that the test's reliability coefficient of 0.984 is sufficient for assessing academic resilience. The reliability was also calculated using Cronbach's Alpha. The internal consistency measure Cronbach's Alpha obtained was found to be 0.881 and thus it was interpreted that the test was highly reliable.

#### **Validity**

Fourteen subject area experts' opinions were used to determine the face and content validity of the academic resilience scale. The test was shown to 14 subject experts in psychology and education to confirm its content validity. Validity index was established based on their assessment. The method developed by C.H Lawshe (1975) was applied for measuring content validity.

CVR = (Ne - N/2)/(N/2) Where, CVR = Content Validity Ratio

 $\label{eq:Ne} Ne = Number \ of \ subject \ matter \ experts \ panel \ lists \ indicating \ item \ essential \ N = \\ Total \ number \ of \ SME \ panel \ ist$ 

This formula yields values which ranges from +1 to -1; positive values indicate that at least half the SMEs rated the item as essential. The mean CVR across items may be used as an indicator of overall test content validity. The content validity index of Academic Resilience Scale was found to be 0.83 which shows the content of academic resilience is highly relevant.

### **Intrinsic Validity**

Using the reliability index, the scale's intrinsic validity was established. The dependability index is occasionally used as a proxy for intrinsic validity. The reliability index provides the highest level of correlation that the specified test can produce in its present form (Garret, 1986). The reliability's square root is used to calculate the intrinsic validity. The Spearman Brown method yielded a reliability coefficient of 0.84 in the present case.  $\sqrt{0.84} = 0.92$  is the square root of the split half. The reliability index implies that the test assesses the subject's actual ability to comprehend 92% of the subject matter. This indicates that the scale has a 0.92 validity.

### 3.3.2 Mental Health Inventory (MHI)

Mental Health Inventory (MHI) (1983) developed by Jagdish and A. K Srivastava has 6 dimensions, namely:

- 1. Positive Self Evaluation: It comprises the realisation of one's potential as well as selfworth, self-acceptance, self-identity, and self-confidence.
- 2. Perception of Reality: It is related to a board view of the reality, lack of excessive fantasy, and perception free from need distortion.

- 3. Integration of Personality: It represents the equilibrium of psychic forces within the person and encompasses diverse abilities like as empathy, focus during work, and interest in a variety of pursuits.
- 4. Autonomy: It entails having a consistent set of internal guidelines for behaviour, relying on oneself for growth, and realising one's own potential rather than relying on others.
- 5. Group Oriented attitudes: It relates to the capacity for cooperating and getting along with others.
- 6. Environmental Mastery: It includes the flexibility to work and play, the efficiency in fulfilling situational demands, the capacity for responsibility, and the ability to adapt.

There are four points on the self-rating scale, which can be used in a group setting. Always, Often, Rarely, and Never assigning a numerical weight to positive items (ranging from 4 to 1) and the opposite weight to negative items. Out of 56 items, 24 are positive and 32 are negative items. The scores of each individual will be calculated and interpreted by using the following z-score norms given in the below Table (Table 3.6).

 $\label{eq:control} \textbf{Table 3.6}$  Z-scores norms for Interpretation of the Level of Mental Health

Range of z - Scores	Level of Mental Health
+ 2.01 and above	Very Good
+ 1.26 to + 2.00	Good
+1.25 to -1.25	Average
-2.00 to -1.26	Poor
-2.01 and below	Very Poor

### Reliability

To establish the test's reliability, the investigator used the test-retest procedure. For this, two times in a range of two weeks, the Mental Health Inventory was given to students at Government Chaltlang Higher Secondary School, Aizawl. Using the Pearson Correlation Coefficient, the reliability coefficient between the two tests was calculated. The test's reliability coefficient was shown to be 0.778, which is considered sufficient for the assessment of mental health. Cronbach's Alpha was also used to

calculate the reliability. With a Cronbach's Alpha internal consistency score of 0.867, it was determined that the test was highly reliable.

### **Validity**

Construct validity of the inventory was determined by finding coefficient of correlation between scores on Mental Health Inventory and General Health Questionnaire (Goldberg, 1978). It was found to be .54. A high score on the General health Questionnaire indicates poor mental health. The inventory was also validated against Personal Adjustment Scale (a subscale of S.D Inventory) developed by Pestonjee (1973). The two inventory scores yielded positive correlation of .57 revealing moderate validity.

#### 3.4 ADMINISTRATION OF TOOLS AND DATA COLLECTION

Both the Academic Resilience Scale comprising of 52 statements and the Mental Health Inventory comprising 56 statements were administered to all 800 students. The principals of the selected higher secondary schools were approached and permission was sought to collect data among their students. After gaining permission from the school authorities, the students were approached and informed about the study. Informed consent of the participants was gained and they were assured confidentiality in terms of the data that was to be collected from them. After giving them instructions, regarding how to answer the Scale and Inventory both tools were administered to the participants.

### 3.5 TABULATION OF DATA

Scoring of all respondents on both the tools was done according to the scoring procedure provided in the test manual. Keeping in view the objectives of the study, appropriate statistical techniques were applied in the tabulated data and analysis was done.

### 3.6 STATISTICAL TECHNIQUES FOR DATA ANALYSIS

Keeping in view the nature of the data and the objectives of the study, the investigator employed the following statistical techniques for analysing data.

- Measures of central tendency of mean to determine how much male and female
  Mizoram higher secondary school students differ from one another. The simplest
  and frequently most accurate way to describe the specific characteristics of a
  population is through measures of central tendency. They describe the average
  member of the population of interest.
- 2. Measures of dispersion of standard deviation which provides information about the spread of a variable's values
- 3. t-test to determine whether there are any notable significant differences between male and female Mizoram's higher secondary school students.
- 4. ANOVA to find out the significant of difference among the four districts (viz. Aizawl, Mamit, Serchhip and Kolasib) and stream of study (arts, science and commerce) of higher secondary school students of Mizoram
- 5. Post Hoc Analysis to find out where the differences occur between the groups.
- 6. Correlation Measures of association indicate whether two variables are related. The strength of the relationship between academic resilience and mental health of Mizoram's higher secondary school students was determined using Pearson product moment correlation.

#### **CHAPTER IV**

#### ANALYSIS AND INTERPRETATION OF DATA

#### 4.0 Introduction

This chapter provides an in-depth explanation of the data analysis and interpretation process as it relates to the different study objectives. Data analysis is the process of classifying, organizing, and summarizing data to get insight into research hypotheses. Analysis is the process of examining the data to ascertain underlying truths or meaning. Analysis can ascertain the degree to which one variable is related to another in a phenomenon under specific conditions. Analysis and interpretation of data is a systematic approach in accordance with the objectives and research hypotheses. Based on the objectives of the study as stated in chapter 1, the objectives of the present study includes: To find out the level of academic resilience of higher secondary school students in Mizoram; To find out the level of mental health of higher secondary school students in Mizoram; To compare the level of academic resilience of higher secondary school students in Mizoram with reference to gender; To compare the level of mental health of higher secondary school students in Mizoram with reference to gender; To compare the level of academic resilience of higher secondary school students in Mizoram with reference to stream of study; To compare the level of mental health of higher secondary school students in Mizoram with reference to stream of study; To compare the level of academic resilience of higher secondary school students in Mizoram with reference to their districts; To compare the level of mental health of higher secondary school students in Mizoram with reference to their districts; To find out the relationship between academic resilience and mental health of higher secondary school students.

For the present study the collected data has been analyzed using different tools. The data relating to the level of academic resilience were collected by administering Academic Resilience scale developed by Mihir Kumar Mallick and Simranjit Kaur, and Mental Health Inventory developed by Jagdish and A.K Srivastava. After scoring, the two administered scales were tallied, and the data was prepared for analysis and interpretation. The analysis of the data was carried out with the help of appropriate statistical techniques. The following statistical techniques were used:

- Mean and Standard deviation to determine the level of academic resilience
   and mental health of higher secondary school students in Mizoram
- t-test to find out the significant of difference between male and female higher secondary school students of Mizoram
- ANOVA to find out the significant of difference among the four districts (viz.
   Aizawl, Mamit, Serchhip and Kolasib) and stream of study (arts, science and commerce) of higher secondary school students of Mizoram
- Post Hoc Analysis to find out where the differences occur between the groups.
- Correlation to find out the strength of the relationship between academic resilience and mental health of higher secondary school students in Mizoram

The study's findings are presented and evaluated in this chapter in accordance with the objectives specified in Chapter 1 as follows:

### 4.1. Objective 1. Level of academic resilience of higher secondary school students in Mizoram

To find out the level of academic resilience of higher secondary school students of Mizoram, the investigator made use of the Academic Resilience Scale developed by Mihir Kumar Mallick and Simranjit Kaur. The scores of each individual student were calculated using the standardised Academic Resilience scale, and the z-score norms provided in the Academic Resilience scale were used to interpret the results. The research findings of the overall mean, standard deviation and detailed classification into different categories of the higher secondary school students are shown in Table 4.1, Figure 4.1, Table 4.2, Figure 4.2 and Table 4.3, Figure 4.3, Table 4.4 Figure 4.4, Table 4.5 Figure 4.5, Table 4.6, Figure 4.6 and Table 4.7, Figure 4.7.

Table 4.1

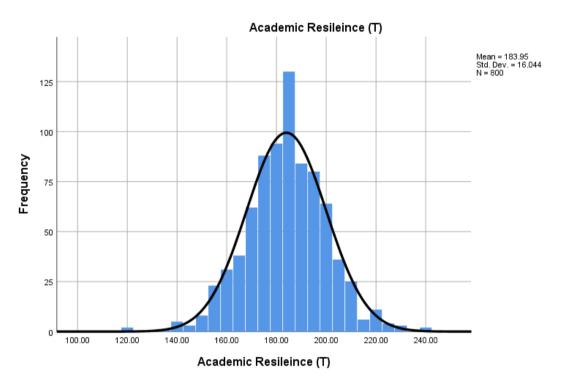
Overall level of academic resilience of higher secondary school students in

Mizoram

Variable	N	Mean	Std. Deviation
Academic resilience	800	183.95	16.04

Table 4.1 and Figure 4.1 showed that the overall mean and standard deviation of the academic resilience of higher secondary school students were 183.95 and 16.04 respectively. Therefore, we can conclude that higher secondary school students had average level of academic resilience.

Figure 4.1: Overall level of academic resilience of higher secondary school students in Mizoram



### 4.1.1 Objective 1. Levels of Academic Resilience and its Dimensions

An attempt is made to show the students' weighted average scores on the five dimensions of academic resilience scale. The students were required to respond to each statement based on their resilience on the five-point scale provided for each item, such as Strongly Agree, Agree, Undecided, Disagree, and Strongly Disagree, with numerical weights ranging from 5 to 1, and vice versa for negative statements.

### 4.1.1. Objective 1(a). Level of Academic Resilience and its dimension viz., Academic Confidence

Table 4.2

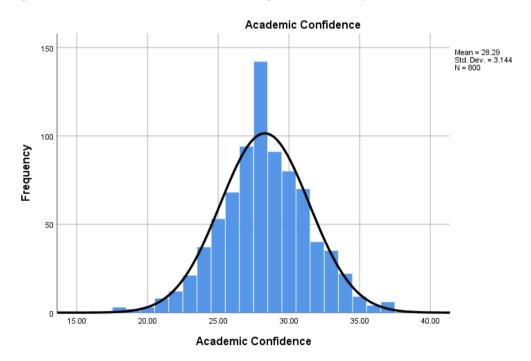
Mean score of academic confidence of higher secondary school students in

Mizoram

Variable	N	Mean	Std. Deviation
Academic Confidence	800	28.29	3.14

Table 4.2 and Figure 4.2showed the descriptive statistical scores on academic confidence. The mean and standard deviation higher secondary school students on the academic confidence were 28.29 and 3.14 respectively. Thus, we can conclude that higher secondary school students in Mizoram had average level of academic confidence.

Figure 4.2. Academic Confidence of higher secondary school students in Mizoram



# 4.1.1. Objective 1(b). Level of Academic Resilience and its dimension viz., Sense of Well-being

Table 4.3

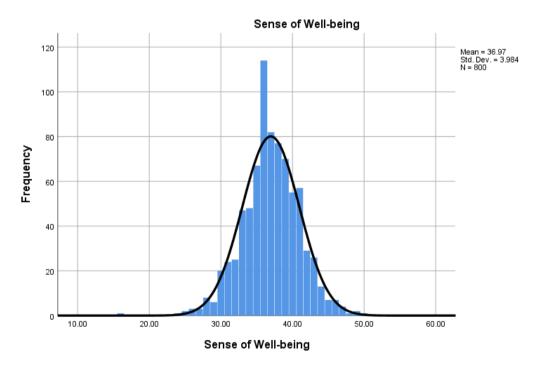
Mean score of Sense of Well-Being of higher secondary school students in

Mizoram

Sense of Well-Being	800	36.97	3.98
---------------------	-----	-------	------

Table 4.3 and Figure 4.3 showed the descriptive statistical scores of higher secondary school students in Mizoram on sense of well-being. The mean and standard deviation on the academic confidence were 36.97 and 3.98 respectively. Thus, we can conclude that higher secondary school students in Mizoram had average level of sense of well-being.

Figure 4.3. Sense of Well-being of higher secondary school students in Mizoram



# 4.1.1. Objective1(c). Level of Academic Resilience and its dimension viz., Motivation and Ability to get Goals

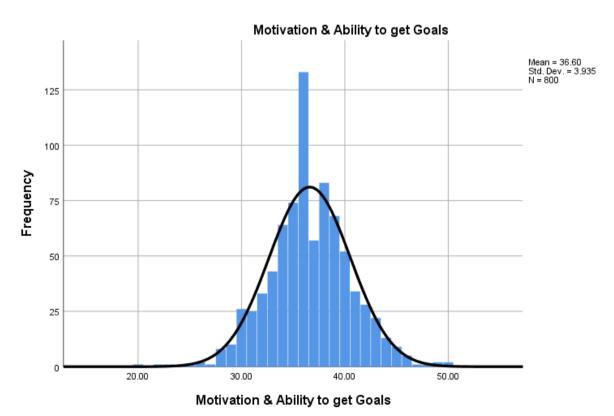
Table 4.4

Mean score of Motivation and Ability to get Goals of higher secondary school students in Mizoram

Variable	N	Mean	Std. Deviation
Motivation and	800	36.59	3.94
Ability to get Goals			

Table 4.4 and Figure 4.4 showed the descriptive statistical scores of higher secondary school students in Mizoram on the category of motivation and ability to get goals. The mean and standard deviation on the motivation and ability to get goals were 36.59 and 3.94 respectively. Thus, we can conclude that higher secondary school students in Mizoram had average level of motivation and ability to get goals.

Figure 4.4. Motivation and ability to get goals of higher secondary school students in Mizoram



# 4.1.1. Objective 1(d). Level of Academic Resilience and its dimension viz., Relationship with Peers and Adults.

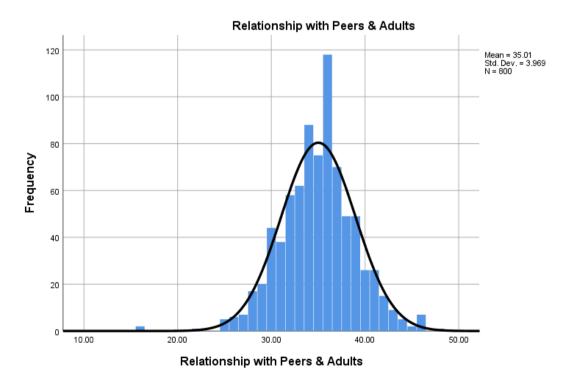
Table 4.5

Mean score of Relationship with Peers and Adults of higher secondary school students in Mizoram.

Variable	N	Mean	Std. Deviation
Relationship with			
Peers and Adults	800	35.01	3.97

Table 4.5 and Figure 4.5 showed the descriptive statistical scores of higher secondary school students on the category of relationship with peers and adults. The mean and standard deviation were 35.01 and 3.97 respectively. Thus, we can conclude that higher secondary school students in Mizoram had average level of relationship with peers and adults.

Figure 4.5. Relationship with peers and adults of higher secondary school students in Mizoram



# 4.1.1. Objective 1(e). Level of Academic Resilience and its dimension viz., Emotional Regulation and Physical Health

Table 4.6

Mean score of Emotional Regulation and Physical Health of higher secondary school students in Mizoram

Variable	N	Mean	Std. Deviation
Emotional regulation	800	47.28	5.43
and physical health		17.20	3.13

Table 4.6 and Figure 4.6 showed the descriptive statistical scores of higher secondary school students on emotional regulation and physical health. The mean and standard deviation on the emotional regulation and physical health were 47.28 and 5.43 respectively. Thus, we can conclude that higher secondary school students in Mizoram had below average level of emotional regulation and physical health.

Figure 4.6. Emotional regulation and physical health of higher secondary school students in Mizoram.

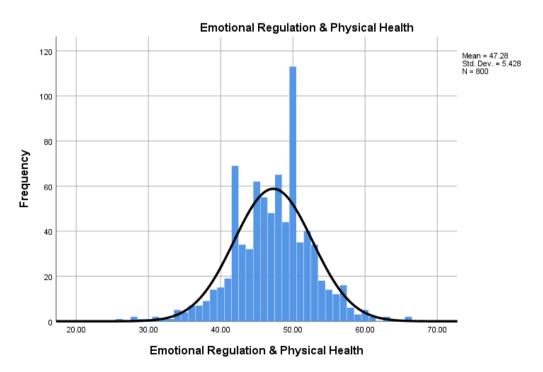


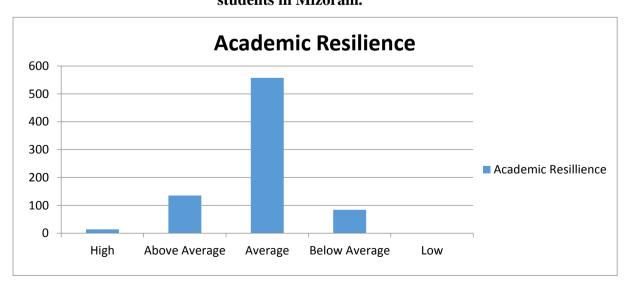
Table 4.7

Different levels of academic resilience of higher secondary students in Mizoram

Range of Z-score	Range of actual	Level of academic	f
	score	resilience	
+2.01 and above	234 and above	High	14
+2.01 and above	234 and above	Tiigii	(1.75%)
+1.26 to +2.00	221 – 233	Above Average	135
+1.20 to +2.00	221 233	Above Average	(16.88%)
+1.25 to – 1.25	220 - 178	Average	557
+1.23 to - 1.23	220 - 176	Average	(69.63%)
-2.00 to -1.26	164 - 177	Below Average	84
- 2.00 to - 1.20	104 - 177	Below Average	(10.05%)
- 2.01 and below	163 and below	Low	10
- 2.01 and below	103 and below	Low	(1.25%)

Table 4.7 and Figure 4.7 show that out of 800 higher secondary school students in Mizoram, 557 (69.63%) had an average level of academic resilience, 135 (16.88%) had an above-average level of academic resilience, 84 (10.05%) had a below-average level of academic resilience, 14 (1.75%) had a high level of academic resilience, and 10 (1.25%) had a low level of academic resilience.

Figure 4.7. Different levels of academic resilience of higher secondary school students in Mizoram.



### 4.2. Objective 2. Level of mental health of higher secondary students in Mizoram

To find out the level of mental health of higher secondary students of Mizoram the investigator made use of Mental Health Inventory developed by Jagdish and A.K Srivastava. Following the z-score norms provided in the Mental Health Inventory, the scores of each individual student were computed and interpreted. Table 4.8 presents research data on the overall mean, standard deviation, and thorough categorisation of higher secondary school students into different categories. Figure 4.8, Table 4.9, Figure 4.9 and Table 4.10, Figure 4.11, Figure 4.11 Table 4.12, Figure 4.12, Table 4.13, Figure 4.13 Table 4.14 and Figure 4.14

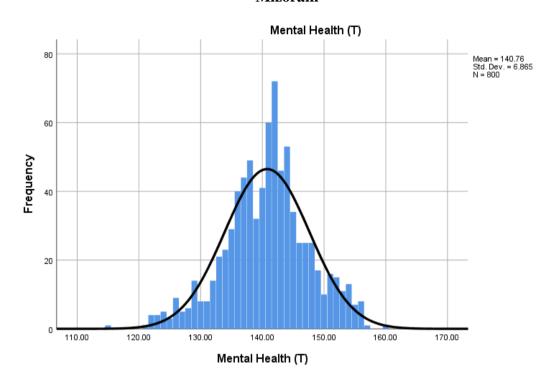
Table 4.8

Overall level of mental health of higher secondary school students in Mizoram

Variable	N	Mean	Std. Deviation	
Mental Health	800	140.76	6.87	

Table 4.8 and Figure 4.8showed that the overall mean and standard deviation of higher secondary school students were 140.76 and 6.87 respectively. Therefore, higher secondary school students were having average mental health.

Figure 4.8. Overall level of mental health of higher secondary school students in Mizoram



### 4.2.1. Levels of Mental Health and its dimension.

An attempt was made to shows the weighted average scores of higher secondary school students on the six dimensions of mental health inventory. The students were required to give a response to each statement based on the frequency of their feelings and views on the four point scale provided for each item such as, Always, Often, Rarely and Never having a numerical weight age from 4 to 1 and vice versa for negative statements.

### 4.2.1. Objective 2(a). Level of Mental health and its dimension viz., Positive Self-Evaluation

Table 4.9

Mean score of Positive Self Evaluation of higher secondary school students in

Mizoram

Variable	N	Mean	Std. Deviation
Positive Self	800	25.09	2.58
Evaluation	800	23.09	2.36

Table 4.9 and Figure 4.9shows that the mean score and standard deviation on the positive self- evaluationwere25.09 and 2.58 respectively. Therefore, higher secondary school students had average level in positive self- evaluation.

Positive Self-Evaluation

Mean = 25.09
Std. Dev. = 2.584
N = 800

75

35.00

Figure 4.9. Positive self-evaluation of higher secondary school students in Mizoram

4.2.1. Objective 2(b). Level on Mental Health and its dimension viz., Perception of Reality

Positive Self-Evaluation

15.00

Table 4.10

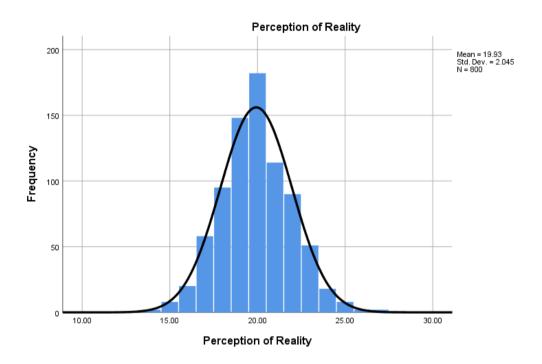
Mean score of Perception of Reality of higher secondary school students in

Mizoram

Variable	N	Mean	Std. Deviation
Perception of	800	19.93	2.04
Reality	500	17.73	2.04

Table 4.10 and Figure 4.10 shows that the mean score and standard deviation of higher secondary school students on the category of perception of realitywere19.93 and 2.04 respectively. Therefore, higher secondary school students had average level of perception of reality.

Figure 4.10. Perception of reality of higher secondary school students of Mizoram



# 4.2.1. Objective 2(c). Level of Mental Health and its dimension viz., Integration of Reality

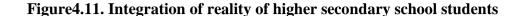
Table 4.11

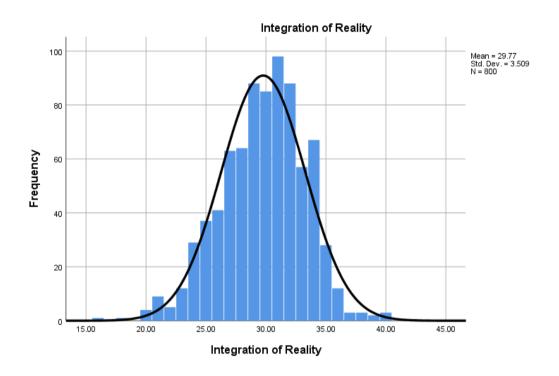
Mean Score of Integration of Reality of higher secondary school students in

Mizoram

Variable	N	Mean	Std. Deviation
Integration of	800	29.77	3.50
Reality	800	29.11	3.30

Table 4.11 and Figure 4.11 shows that the mean score and standard deviation of higher secondary school students on the category of perception of reality were 29.77 and 3.50 respectively. Therefore, higher secondary school students had average level of integration of reality.





4.2.1. Objective 2(d). Level of Mental Health and its dimension viz., Autonomy

Table 4.12

Mean Score of Autonomy of higher secondary school students in Mizoram

Variable	N	Mean	Std. Deviation
Autonomy	800	14.99	2.16

Table 4.12 and Figure 4.12 shows that the mean score and standard deviation of higher secondary school students on the category of autonomy were 14.99 and 2.16 respectively. Therefore, higher secondary school students were having average level of autonomy.

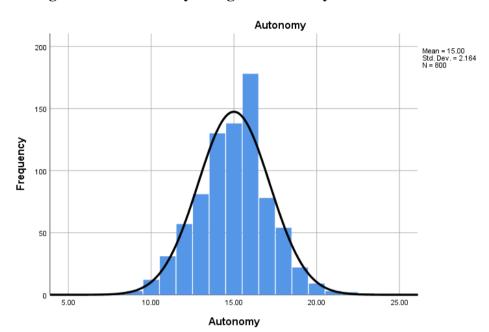


Figure 4.12. Autonomy of higher secondary school students of Mizoram

### 4.2.1. Objective 2(e). Level of Mental Health and its dimension viz., Group-Oriented Attitudes

Table 4.13

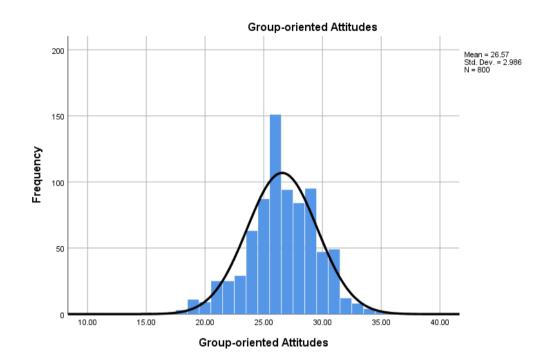
Mean Score of Group-Oriented Attitudes of higher secondary school students in

Mizoram

Variable	N	Mean	Std. Deviation
Group-Oriented	800	26.57	2.99
Attitudes	000	20.57	2.77

Table 4.13 and Figure 4.13 shows that the mean score and standard deviation of higher secondary school students on the category of group oriented attitudeswere 26.57 and 2.99 respectively. Therefore, higher secondary school students had average level of group oriented attitudes.

Figure 4.13. Group-oriented attitudes of higher secondary school students of Mizoram



4.2.1. Objective 2(f). Level of Mental Health and its dimension viz., Environmental Mastery

Table 4.14

Mean Score of Environmental Mastery of higher secondary school students in

Mizoram

Variable	N	Mean	Std. Deviation
Environmental	800	24.40	2.94
Mastery	800	24.40	2.84

Table 4.14 and Figure 4.14 shows that the mean score and standard deviation of higher secondary school students on the dimension of environmental masterywere 24.40 and 2.84 respectively. Therefore, higher secondary school students were having average level on the dimension of environmental mastery.

Figure 4.14. Environmental mastery of higher secondary school students of Mizoram

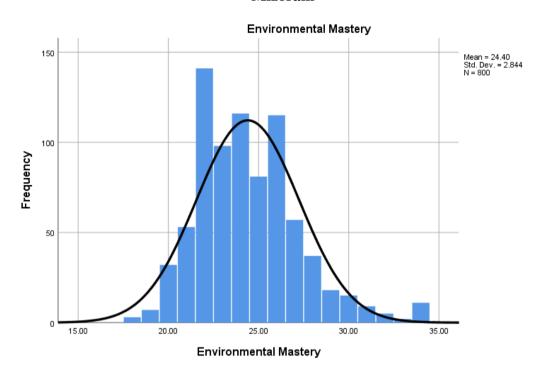


Table 4.15

Different levels of mental health of higher secondary students in Mizoram

Range of z-Score	Range of actual	Level of Metal	f
	score	Health	
			17
+2.01 and above	155 and above	Very good	(2.13%)
			65
+1.26 to+2.00	150 – 154	Good	(8.13%)
			650
-1.25 to + 1.25	132 – 149	Average	(81.25%)
			41
-2.00 to -1.26	127 – 131	Poor	(5.13%)
			27
-2.01 and below	126 and below	Very poor	(3.38%)

Table 4.15 and Figure 15 showed the overall picture of the mental health of higher secondary school students in Mizoram. Out of 800 students, 65(8.13%) were having good mental, 17 (2.13%) were having very good mental health, 650 (81.25%) were having average mental health, 41(5.13%) were having poor mental health and 27 (3.38%) were having very poor mental health.

TOO
600
500
400
300
200
100
Mental Health

Figure 4.15. Different levels of mental health of higher secondary students in Mizoram

# 4.3. Objective 3. Comparison of academic resilience of higher secondary school students in Mizoram with reference to their gender

To compare the level of academic resilience between male and female students of higher secondary school students of Mizoram, descriptive statistics such as mean, standard deviation, t-test and post hoc analysis were employed and the detailed study of the results are reflected in Table 4.16, Table 4.17, Table 4.18, Figure 4.18, Table 4.19, Table 4.20, Table 4.21, Table 4.22 and Table 4.23.

Table 4.16

Overall Mean Score of Academic Resilience of Higher Secondary School

Students in Mizoram – Gender wise

Gender	N	Mean	Std. Deviation	SEM
Male	391	184.58	16.66	0.84
Female	409	183.35	15.42	0.76

The aggregate mean and standard deviation of Mizoram's male and female higher secondary school students were displayed in Table 4.16. Male students in higher secondary schools exhibited an average level of academic resilience, as indicated by their mean and standard deviation of 184.58 and 16.66, respectively. The mean and standard deviation of female higher secondary school students were 183.35 and 15.42 respectively; this means that female students had average level of academic resilience.

Table 4.17

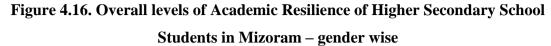
Overall levels of academic resilience of higher secondary school students in

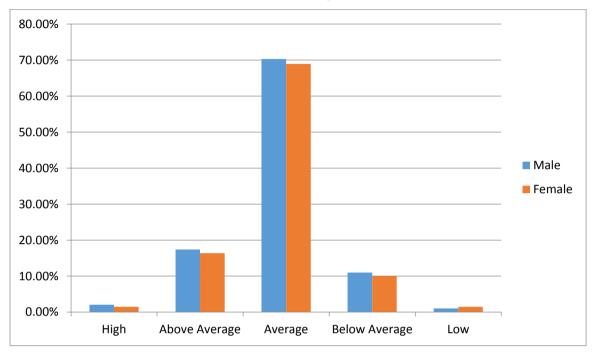
Mizoram – gender wise

Gender	N	High	Above	Average	Below	Low
			Average		Average	
Male	391	7	67	275	40	2
		(1.79%)	(17.14%)	(70.33%)	(10.23%)	(0.51%)
Female	409	6	67	285	44	7
		(1.47%)	(16.38%)	(69.68%)	(10.76%)	(1.71%)

Table 4.17 and Figure 4.15 showed the detailed classification of male and female higher secondary school students in their level of academic resilience. Out of 391 male higher secondary school students, 7(1.79%) were having high level of academic resilience, 67(17.14%) were having above average level of academic resilience, 275(70.33%) were having average level of academic resilience, 40(10.23%) were having below average level of academic resilience and 2(0.51%) were having low level of academic resilience.

Out of 409 female higher secondary school students, 6(1.47%) were having high level of academic resilience, 67(16.38%) were having above average level of academic resilience, 285(69.68%) were having average level of academic resilience, 44(10.76%) were having below average level of academic resilience and 7(1.71%) were having low level of academic resilience.





# Difference in the levels of academic resilience between male and female higher secondary school students in Mizoram

The null hypothesis was formulated and an inferential statistic, such as the ttest, was used to determine whether there were any significant differences in academic resilience between male and female higher secondary school students.

Hypothesis 1 states that, \_There is no significant difference in the academic resilience of higher secondary school students in Mizoram with reference to their gender.'

Table 4.18

Comparison of the overall levels of academic resilience between male and female higher secondary school students in Mizoram

Gender	N	Mean	Std. Deviation	SEM	df	t-value	Significant Level
Male	391	184.58	16.66	0.84	798	1.081	0.280
	409	183.35	15.42				(NS)
Female				0.76			

Comparing male and female higher secondary school students in Mizoram with respect to their levels of academic resilience is shown in Table 4.18. Male and female students' scores on academic resilience differed significantly, with a t-value of 1.081 indicating this difference. Therefore, academic resilience of higher secondary school students in Mizoram with reference to their gender.' was accepted. A marginally significant difference favouring male students was discovered when comparing their mean scores.

### 4.3.1. Detailed study of gender differences on the dimensions of academic resilience

A comparison of male and female higher secondary school students was attempted to point out the notable differences between them on the five dimensions of the academic resilience scale: academic confidence, sense of well-being, motivation and ability to get goals, relationship with peers and adults, emotional regulation, and physical health. The academic resilience scale was divided into five parts; the first part contains 8statements to evaluate academic confidence (6 positive items and 2 negative items). The second part contains 10statements to check sense of wellbeing (8 positive items and 2 negative items). The third part contains 10 statements to evaluate motivation and ability to get goals (8 positive items and 2 negative items). The fourth part contains 10 statements to evaluate relationship with peers and adults (8 positive items and 2 negative items). The fifth part contains 14 statements to check emotional

regulation and physical health (11 positive items and 3 negative items). Descriptive statistics such as mean scores, standard deviation and tvalue were employed (Table 4.19, Table 4.20, Table 4.21, Table 4.22 and Table 4.23)

Table 4.19
4.3.1. Objective 3 (a). Comparison on the level of academic resilience and its dimension viz., academic confidence between male and female higher secondary school students in Mizoram

Gender	N	Mean	Std. Deviation	SEM	df	t-value	Significant Level
Male	391	28.51	2.99	0.15	798	1.964	0.050
	409	28.08	3.27				(0.05)*
Female				0.16			

<sup>\*</sup>Significant at 0.05 level

Table 4.19 shows the comparison of the levels of academic confidence between male and female higher secondary school students in Mizoram. The t-value indicated that there was a significant difference between the academic confidence scores of male and female students (p <.964). Thus, we can draw the conclusion that, in terms of their academic confidence, male and female higher secondary school students in Mizoram differ significantly. A comparison of their mean scores revealed that the mean scores of male students were higher as compared to female students.

Table 4.20
4.3.1. Objective 3(b). Comparison on the level of academic resilience and its dimension viz., Sense of well-being between male and female higher secondary school students in Mizoram

Gender	N	Mean	Std. Deviation	SEM	df	t-value	Significant Level
Male	391	36.86	4.18	0.21	798	-0.776	0.438
	409	37.08	3.78				(NS)
Female				0.18			

Table 4.20showed the comparison of the levels of sense of well-being between male and female higher secondary school students in Mizoram. The t-value (0.776) indicated that there was a significant difference between the male and female students' sense of well-being assessments.

Therefore, it may be concluded that there was no statistically significant difference in the sense of well-being between male and female students in Mizoram's higher secondary schools.

Table 4.21
4.3.1. Objective 3(c). Comparison on the level of academic resilience and its dimension viz., level of motivation and ability to get goals between male and female higher secondary school students in Mizoram.

Gender	N	Mean	Std.	SEM	df	t-value	Significant
			Deviation				Level
Male	391	36.19	4.02	0.20	798	-2.846	0.005
	409	36.98	3.81				(0.01)**
Female				0.18			

<sup>\*\*</sup>Significant at 0.01 level

Table 4.21 showed the comparison of the levels of motivation and ability to get goals between male and female higher secondary school students in Mizoram. The t-value for the significance of difference between the scores of motivation and ability to get goals of male and female students was 2.846. With regard to motivation and ability to get goals, we may therefore infer that there were significant variations between male and female higher secondary school students in Mizoram. A comparison of their mean scores revealed that the mean scores of female students were higher as compared to male students.

Table 4.22
4.3.1. Objective 3(d). Comparison on the level of academic resilience and its dimension viz., relationship with peers and adults between male and female higher secondary school students in Mizoram.

Gender	N	Mean	Std. Deviation	SEM	df	t-value	Significant Level
Male	391	35.02	4.25	0.21	798	0.100	0.920
	409	35.00	3.67				(NS)
Female				0.18			

Table 4.22 showed the comparison of the levels of relationship with peers and adults between male and female higher secondary school students in Mizoram. The t-value for the significance of difference between the scores of relationship with peers and adults of male and female students was 0.100. In light of this, we can say that there were no appreciable differences in the relationships that male and female Mizoram higher secondary school students had with adults and their peers.

Table 4.23
4.3.1. Objective 3(e). Comparison on the level of academic resilience and its dimension viz., emotional regulation and physical health between male and female higher secondary school students in Mizoram.

Gender	N	Mean	Std. Deviation	SEM	df	t-value	Significant Level
Male	391	48.08	5.49	0.27	798	4.126	0.000
	409	46.51	5.25				(0.05)
Female				0.25			

Table 4.23 showed the comparison of the levels of emotional regulation and physical health between male and female higher secondary school students in Mizoram. The t-value for the significance of difference between the scores of emotional regulation and physical health of male and female students was 4.126. It may be inferred that there exist notable distinctions between the emotional regulation and physical health of male and female students studying in higher secondary schools in Mizoram. When the mean scores of the male and female students were compared, the male students' mean scores were higher.

# 4.4. Objective 4. Comparison of mental health of higher secondary school students in Mizoram with reference to their gender.

Descriptive statistics, including mean, standard deviation, and t-test, were used to compare the mental health status of male and female students at Mizoram's higher secondary school students. The detailed analysis of the results is shown in Tables 4.24, 4.25, Figure 4.16, Table 4.26, Table 4.27, Table 4.28, Table 4.29, Table 4.30, Table 4.31, and Table 4.32.

Table 4.24

Overall mean of mental health of higher secondary school students in Mizoram –

Gender wise

Gender	N	Mean	Std. Deviation	SEM
Male	391	141.39	6.72	0.34
Female	409	140.16	6.95	0.34

Male and female higher secondary school students' overall mean and standard deviation for their mental health is shown in Table 4.24. The mean and standard deviation of male higher secondary school students were 141.39 and 140.16 respectively; this means that male students had average level of mental health. The mean and standard deviation of female higher secondary school students were 183.35 and 15.42 respectively; this means that female students had average level of mental health.

Table 4.25

Overall levels of mental health of higher secondary school students in Mizoram – gender wise

Gender	N	Very Good	Good	Average	Poor	Very Poor
		9	34	316	21	11
Male	391	(2.30%)	(8.7%)	(80.82%)	(5.37%)	(2.81%)
		8	31	328	26	16
Female	409	(1.96%)	(7.58%)	(80.2%)	(6.36%)	(3.91%)

Table 4.25 and Figure 16 showed the detailed classification of male and female higher secondary school students in their level of academic resilience. Out of 391 male students, 316(80.82%) were having average level of academic resilience, 34(8.7%) were having good mental health, 9(2.30%) were having very good mental health, 21(5.37%) were having poor mental health and 11(2.81%) were having very poor mental health. Out of 409 female students, 328(80.2%) were having average level of academic resilience, 31(7.58%) were having good mental health, 8(1.96%) were having

very good mental health, 26(6.36%) were having poor mental health and 16(3.91%) were having very poor mental health.

90.00% 80.00% 70.00% 60.00% 50.00% Male 40.00% ■ Female 30.00% 20.00% 10.00% 0.00% Very Good Good Average Poor Very Poor

Figure 4.17. Overall levels of mental health of higher secondary school students in Mizoram – gender wise

# Difference in the levels of mental health between male and female higher secondary school students in Mizoram

Employing an inferential statistic like the t-test, a null hypothesis was formulated in order to determine whether there were any statistically significant differences in the mental health status of male and female higher secondary school students.

Hypothesis 2 states that, 'There is no significant difference in the mental health of higher secondary school students in Mizoram with reference to their gender.'

Table 4.26
Comparison of the overall levels of mental health between male and female higher secondary school students in Mizoram

Gender							
	N	Mean	Std.	SEM	df	t-value	Significant
			Deviation				Level
			6.72				
Male	391	141.39		0.34	798	2.557	0.011
	409	140.15	6.94				(0.05)*
Female				0.34			

<sup>\*</sup>significant at 0.05 level

The differences of male and female higher secondary school students in Mizoram's mental health was displayed in Table 4.26. The statistical analysis revealed that the t-value for the significant difference in mental health assessments between male and female students was 2.557. Therefore, hypothesis no. 2, \_There is no significant difference in the mental health of higher secondary school students in Mizoram with reference to their gender.', was thus rejected. When their mean scores were compared, it was found that male students had a higher mean score than female students. As a result, we may assert that, in comparison to female students, male students had better mental health.

# 4.4.1. Detailed study of gender difference on the six dimensions of mental health inventory

An attempt was made to show the significant difference between male and female higher secondary school students in Mizoram on the six catagories of mental health inventory viz. positive self -evaluation, perception of reality, integration of reality, autonomy, group oriented attitudes and environmental mastery. The mental health inventory was divided into six parts; the first part contains 10 statements to evaluate positive self- evaluation (6 positive items and 4 negative items). The second part contains 8 statements to evaluate perception of reality (4 positive items and 4 negative items). The third part contains 12 statements to evaluate integration of reality (1 positive item and 11 negative items). The fourth part contains 6 statements to check

autonomy (2 positive items and 4 negative items). The fifth part contains 10 statements to evaluate group oriented attitudes (4 positive items and 6 negative items). The sixth part contains 10 statements to check environmental mastery (7 positive items and 3 negative items). Tables 4.27, 4.28, 4.29, 4.30, Table 4.31, and 4.32 were used to display statistical information including mean scores, standard deviation, and t-value.

Table 4.27
4.4.1. Objective 4(a). Comparison on the level of mental health and its dimension viz., positive self -evaluation between male and female higher secondary school students in Mizoram

Gender	N	Mean	Std.	SEM	df	t-value	Significant
			Deviation				Level
Male	391	25.422	2.56	0.12	798	3.553	0.000
							(0.01)**
Female	409	24.77	2.56	0.12			

<sup>\*\*</sup>Significant at 0.01 level

Table 4.27 showed the comparison of positive self- evaluation between male and female higher secondary school students in Mizoram. The t-value for the significance of difference between the scores of positive self- evaluation of male and female students was 3.553. There was significant difference between male and female higher secondary school students with reference to their positive self- evaluation. A comparison of their mean scores revealed that male students were having higher mean score as compared to female student. Therefore, we can conclude that male students were having favourable level of positive self-evaluation as compared to female students.

Table 4.28
4.4.1. Objective 4(b). Comparison on the level of Mental Health and its dimension viz., perception of reality between male and female higher secondary school students in Mizoram

Gender							
	N	Mean	Std.	SEM	df	t-value	Significant
			Deviation				Level
			2.09				
Male	391	19.96		0.10	798	0.461	0.645
	409	19.89	2.00				
Female				0.09			(NS)

Table 4.28 shows the comparison of perception of reality between male and female higher secondary school students in Mizoram. The t-value indicated that there was a significant difference between the male and female students' perceptions of reality, with the difference being 0.461. Thus, we can draw the conclusion that, in terms of how they perceived reality, male and female higher secondary school students in Mizoram did not differ significantly.

Table 4.29
4.4.1. Objective 4(c). Comparison on the level of Mental Health and its dimension viz., integration of reality between male and female higher secondary school students in Mizoram.

Gender							
	N	Mean	Std.	SEM	df	t-value	Significant
			Deviation				Level
			3.89				
Male	391	29.92		0.19	798	1.219	0.223
	409	29.62	3.09				(NS)
Female				0.15			

Table 4.29 showed the comparison of integration of reality between male and female higher secondary school students in Mizoram. The t-value for the significance of the difference between the male and female students' integration of reality scores was 1.219. Therefore, we can draw the conclusion that there were no appreciable differences in the way that male and female students in Mizoram's higher secondary schools integrated reality.

Table 4.30
4.4.1. Objective 4(d). Comparison on the level of Mental Health and its dimension viz., autonomy between male and female higher secondary school students in Mizoram.

Gender							
	N	Mean	Std.	SEM	df	t-value	Significant
			Deviation				Level
			3.04				
Male	391	24.44		0.15	798	0.425	0.671
	409	24.35	2.64				(NS)
Female				0.13			

Table 4.30 showed the comparison of autonomy between male and female higher secondary school students in Mizoram. The t-value indicated that there was a significant difference between the integration of reality scores of male and female students (p < 0.425). Therefore, it may be concluded that there was no discernible difference in autonomy between male and female higher secondary school students in Mizoram.

Table 4.31
4.4.1. Objective 4(e). Comparison on the level of Mental Health and its dimension viz., group oriented attitudes between male and female higher secondary school students in Mizoram

Gender	N	Mean	Std. Deviation	SEM	df	t-value	Significant Level
Male	391	26.59	2.91	0.14	798	0.636	0.525 (NS)
Female	409	26.55	3.05	0.15			

Table 4.30 showed the comparison of group oriented attitudes between male and female higher secondary school students in Mizoram. The t-value for the significance of difference between the scores of group oriented attitudes of male and female students was 0.636. Thus, we can conclude that 4there is no significant difference between male and female higher secondary school students in Mizoram with reference to their group oriented attitudes.

Table 4.32
4.4.1. Objective 4(f). Comparison on the level of Mental Health and its dimension viz., environmental mastery between male and female higher secondary school students in Mizoram.

Gender	N	Mean	Std.	SEM	df	t-value	Significant
			Deviation				Level
Male	391	24.44	3.04	0.15	798	0.425	0.671
							(NS)
Female	409	24.35	2.64	0.13			

Table 4.31 showed the comparison of environmental mastery between male and female higher secondary school students in Mizoram. When comparing the group-oriented attitude scores of male and female students, the t-value was 0.425, indicating a significant difference. We may therefore draw the conclusion that, in terms of environmental mastery, there were not significant differences between male and female higher secondary school students in Mizoram.

## 4.5. Objective 5. Comparison of academic resilience of higher secondary school students in Mizoram with reference to their stream of study.

The detailed analysis of the results is reflected in Tables 4.33, 4.34, 4.35, Table 4.36, Table 4.37, Table 4.38, Table 4.39, Table 4.40, Table 4.41, Table 4.42, Table 4.45, and Table 4.46. Descriptive statistics like mean, standard deviation, ANOVA, and post-hoc were used to compare the level of academic resilience of higher secondary school students in Mizoram with reference to their stream of study.

Table 4.33

Overall mean of academic resilience of higher secondary school students in

Mizoram – Stream of study

Gender	N	Mean	Std. Deviation	SEM
Arts	460	182.69	15.6	0.72
Commerce	116	181.21	14.03	1.14
Science	224	187.97	17.21	1.30

Table 4.33 showed the overall mean and standard deviation of arts, commerce and science secondary school students in their level of academic resilience. The mean and standard deviation of arts higher secondary school students were 182.69 and 15.6 respectively; this means that arts students had average level of academic resilience. The mean and standard deviation of commerce higher secondary school students were 181.21 and 14.03 respectively; this means that commerce students had average level of academic resilience. The mean and standard deviation of science higher secondary school students were 187.97 and 17.21 respectively; this means that science students had average level of academic resilience.

Table 4.34

Different levels of academic resilience of higher secondary students in Mizoram –

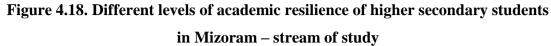
Stream of Study

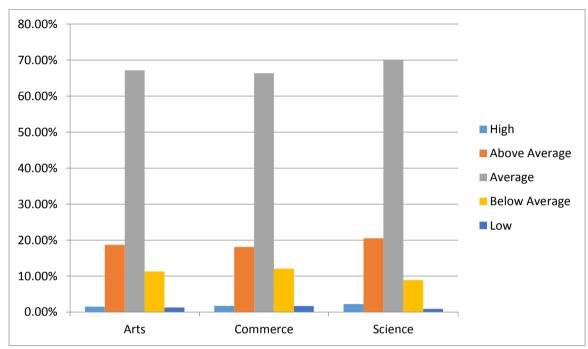
Streams of	N	High	Above	Average	Below	Low
Study			Average		Average	
Arts	460	7	86	309	52	6
		(1.52%)	(18.7%)	(67.17%)	(11.30%)	(1.30%)
Commerce	116	2	21	77	14	2
		(1.72%)	(18.10%)	(66.38%)	(12.07%)	(1.72%)
Science	224	5	46	157	20	2
		(2.23%)	(20.54%)	(70.09%)	(8.93%)	(0.89%)

An analysis of the 460 arts students was found in Table 4.34 and Figure 4.17: 309 (67.17%) had an average level of academic resilience, 86 (18.7%) had an above average level, 7 (1.52%) had a high level, 52 (11.30%) had a below average level, and 6 (1.30%) had a low level.

Among the 116 commerce students, 77 (66.38%) had an average level of academic resilience, 21 (18.10%) had an above average level, 2 (1.72%) had a high level, 14 (12.07%) had a below average level, and 2 (1.72%) had a low level..

A total of 224 science students were analysed, of which 157 (or 70.09%) had an average level of academic resilience, 46 (20.54%) had an above average level, 5 (2.23%) had a high level, 20 (8.93%) had a below average level, and 2 (0.89%) had a low level.





Differences in the levels of academic resilience among higher secondary school students in Mizoram with reference to their stream of study.

A null hypothesis was formulated and an inferential statistic, such as an ANOVA, was employed in order to determine the significant differences in academic resilience between the arts, science, and commerce stream of higher secondary school students in Mizoram

Hypothesis 3 states that, 'There is no significant difference in academic resilience of higher secondary school students in Mizoram with reference to their stream of study'.

Table 4.35

ANOVA result for significance difference among arts, science and commerce of higher secondary school students in Mizoram with reference to their academic resilience

Variation	Sum of Squares	df	Mean Square	f	Sig
Between Groups	5229.869	2	2614.935	10.398	.000
Within Groups	200431.419	797	251.482	10.00	.000

Based on their academic resilience, the three academic streams were found to differ significantly from one another, as shown in Table 4.35. It is certain that the calculated "f" value (10.39) is significant at the 0.01 level. This indicates that students in higher secondary schools' academic resilience differed based on their academic stream. Since the three groups differed significantly at the .01 level of confidence, the hypothesis (No.3) that holds that there is no significant difference in academic resilience of higher secondary school students with reference to their stream of study was rejected. However, Table 4.35 does not show the distinction between each stream, therefore it was prudent to employ a post hoc test to ascertain the discrepancy between the three groups.

### 4.5.1. Detailed comparison of differences among arts, science and commerce on the dimensions of academic resilience scale

An attempt was made to show the significant difference among arts, science and commerce of higher secondary school students on the five aspects of academic resilience scale viz. academic confidence, sense of well-being, motivation and ability to get goals, relationship with peers and adults, emotional regulation and physical health. Descriptive statistics such as mean scores, standard deviation and ANOVA, post hoc were employed (Table 4.36)

#### **ANOVA Results- Dimensions of Academic Resilience**

Table 4.36
4.5.1 Objective 5 (a) :Comparison of academic resilience and its dimension viz., academic confidence with reference to stream of study.

Variation	Sum of Squares	df	Mean Square	f	Sig
Between Groups	149.196	2	74.598	7.671	.001
Within Groups	7750.773	797	9.725	,,,,,,	.001

The academic confidence of Mizoram's higher secondary school students in the arts, sciences, and commerce was compared (Table 4.36). Table 4.36

reveals that there were notable differences in the academic confidence of higher secondary school students in the arts, sciences, and commerce. A comparison of their mean scores revealed that science students were having higher mean score as compared to arts and commerce student.

4.5.1. Objective 5 (b). Comparison of academic resilience and its dimension viz., sense of well-being with reference to stream of study.

**Table 4.37** 

Variation	Sum of Squares	df	Mean Square	f	Sig
Between Groups	449.104	2	224.552	30.985	.000
Within Groups	12233.345	797	15.349	20.702	.000

Students in Mizoram's higher secondary schools studying commerce, science, and arts were compared in terms of their sense of wellbeing in Table 4.37. In terms of their sense of well-being, higher secondary school students in the arts, sciences, and commerce showed a considerable difference.

Table 4.38
4.5.1. Objective 5(c). Comparison of academic resilience and its dimension viz., motivation and ability to get goals with reference to stream of study.

Variation	Sum of Squares	df	Mean Square	f	Sig
Between Groups	449.104	2	224.552	30.985	.000
Within Groups	12233.345	797	15.349	23.702	

The comparative analysis of motivation and ability to get goals goal among Mizoram's higher secondary school students in the arts, sciences, and commerce streams was presented in Table 4.38. Table 4.38 clarifies that there were notable differences in the motivation and ability to get goals of higher secondary school students majoring the arts, sciences, and commerce. A comparison of their overall mean scores revealed that science students were having higher mean score as compared to arts and commerce student.

Table 4.39
4.5.1. Objective 5(d). Comparison of academic resilience and its dimension viz.,
Relationship with peers and adults with reference to stream of study.

Variation	Sum of Squares	df	Mean Square	f	Sig
Between Groups	129.354	2	64.677	4.139	.016
Within Groups	12455.495	797	15.628	253	1010

Table 4.39 showed the comparison of relationship with peers and adults among arts, science and commerce students in Mizoram. It is evident from Table 4.39 that there was significant difference among arts, science and commerce higher secondary school students with reference to their relationship with peers and adults.

Table 4.40
4.5.1. Objective 5(e). Comparison of academic resilience and its dimension viz., emotional regulation and physical health with reference to stream of study.

Variation	Sum of Squares	df	Mean Square	f	Sig
Between Groups	5.748	2	2.874	0.97	.907
Within Groups	23533.532	797	29.528	3.77	., 0,

Table 4.40 showed the comparison of emotional regulation and physical health among arts, science and commerce higher secondary school students in Mizoram. It is evident from Table 4.40 that there was no significant difference among arts, science and commerce higher secondary school students with reference to their emotional regulation and physical health.

Based on their academic resilience, the three academic streams were found to differ significantly from one another (Table 4.35). Given the significance of the ANOVAs, a multiple comparison with post hoc was performed. The findings of this analysis, as well as dimension-wise comparisons, are provided in Table 4.41, Table 4.42, Table 4.43, Table 4.44, Table 4.45, and Table 4.46 below.

Table 4.41
4.5.2. Post hoc test for comparison between academic streams in terms of overall academic resilience

Variable	Between	Stream	Mean	Std.	Sig
			Difference	Error	Value
Academic	Arts	science	-5.28408*	1.29205	.000
Resilience		commerce	1.48223	1.64762	.641
	Science	arts	5.28408*	1.29205	.000
		commerce	6.76632*	1.81401	.001
	Commerce	arts	-1.48223	1.64762	.641
		science	-6.76632*	1.81401	.001

The academic resilience of higher secondary school students was found to differ significantly amongst academic streams, as Table 4.41 above showed. The analysis makes it apparent that there was no discernible difference in academic resilience between students from arts and commerce. The computed "t" between science and arts students was determined to be significant ( $\alpha$ =.01). Students studying science and commerce were shown to have a significant "t" at the 0.01 level. A comparison of their mean scores revealed that science (M= 187.97) was found superior and arts (M= 182.69) and commerce (M= 181.21) were found to have least academic resilience.

### Post Hoc Results - Dimensions of Academic Resilience Table 4.42

4.5.2. (a). Comparison of academic resilience and its dimension viz., academic confidence with reference to stream of study.

Variable	Between Stream		Mean	Std.	Sig
			Difference	Error	Value
Academic	Arts	science	45675	.25408	.218
Confidence		commerce	.94010*	.32400	.011
	Science	arts	.45675	.25408	.218
		commerce	1.39686*	.35672	.000
	Commerce	arts	94010*	.32400	.011
		science	-1.39686*	.35672	.000

The above Table 4.42 showed a substantial difference in academic streams and academic confidence of higher secondary school students. It is clear from the table that there was significant difference between arts and commerce, science and commerce students in terms of academic confidence. The computed "t" between students studying arts and commerce was determined to be significant ( $\alpha$ =.05). The 't' test revealed substantial differences between science and commerce students at the 0.01 level.

Table 4.43
4.5.2 (b). Comparison of academic resilience and its dimension viz., sense of well-being with reference to stream of study.

Variable	Between Stream		Mean	Std.	Sig Value
			Differen	Error	
			ce		
Sense of	Arts		-	.31920	.000
Well-Being		science	1.64802		
			*		
		commerce	.09505	.40705	1.000
	Science		1.64802	.31920	.000
		arts	*		
		20,000,000	1.74307	.44816	.000
		commerce	*		
	Commerce	arts	09505	.40705	1.000
			-	.44816	.000
		science	1.74307		
			*		

The above Table 4.43 showed a substantial difference in academic streams and academic confidence of higher secondary school students. It is clear from the table that there were significant differences between arts and science, science and commerce students in terms of sense of well-being. Between arts and science, commerce and science students calculated 't' was found to be significant at 0.01 level.

Table 4.44
4.5.2. (c). Comparison of academic resilience and its dimension viz., motivation and ability to get goals with reference to stream of study.

Variable	Between Stream		Mean	Std.	Sig
			Difference	Error	Value
Motivation	Arts	science	-2.32931*	.30919	.000
and ability		commerce	.10742	.39428	1.000
to get	Science	arts	2.32931*	.30919	.000
goals		commerce	2.43673*	.43410	.000
	Commerce	arts	10742	.39428	1.000
		science	-2.43673*	.43410	.000

The above Table 4.44 presents that the significant difference was found between academic streams and motivation and ability to get goals of higher secondary school students. It is clear from the table that there were significant differences between arts and science, science and commerce students in terms of sense of well-being. Between arts and science students the calculated 't' was found to be significant 0.01 level. Between commerce and science students the 't' was found to be significant at 0.01 level.

Table 4.45
4.5.2 (d). Comparison of academic resilience and its dimension viz., relationship with peers and adults with reference to stream of study.

Variable	Between Stream		Mean	Std.	Sig
			Difference	Error	Value
Relationship	Arts	science	68265	.32209	.103
with peers		commerce	.54873	.41073	.546
and adults	Science	arts	.68265	.32209	.103
		commerce	1.23137*	.45221	.020
	Commerce	arts	54873	.41073	.546
		science	-1.23137*	.45221	.020

The above Table 4.45 presents that the significant difference was found between academic streams and relationship with peers and adults of higher secondary school students. It is clear from the table that there was significant difference between commerce and science students in terms of sense of well -being. Between commerce and science students the 't' was found to be significant at 0.05 level.

Table 4.46
4.5.2 (e ). Comparison of academic resilience and its dimension viz., emotional regulation and physical health with reference to stream of study.

Variable	Between Stream		Mean	Std.	Sig
			Difference	Error	Value
Emotional	Arts	science	14845	.44273	1.000
regulation		commerce	20510	.56457	1.000
and	Science	arts	.14845	.44273	1.000
physical		commerce	05665	.62159	1.000
health	Commerce	arts	.20510	.56457	1.000
		science	.05665	.62159	1.000

The above Table 4.46 presents that no significant difference was found between academic streams and emotional regulation and physical health of higher secondary school students. It is clear from the table that no significant difference was found among arts, commerce and science students in terms of their emotional regulation and physical health.

## 4.6. Objective 6. Mental health of higher secondary school students in Mizoram with reference to their stream of study.

The thorough examination of the results is reflected in Tables 4.47, 4.48, Figure 18, Table 4.49, Table 4.50, Table 4.51, Table 4.52, Table 4.53, Table 4.54, Table 5.56, Table 4.57, Table 4.58, Table 4.60, Table 4.61, and Table 4.62. Descriptive statistics such as mean, standard deviation, ANOVA, and post-hoc were employed to assess the

mental health of higher secondary school students in Mizoram with reference to their stream of study.

Table 4.47

Overall mean of mental health of higher secondary school students in Mizoram –

Stream of study

Gender	N	Mean	Std. Deviation	SEM
Arts	460	141.32	6.86	0.32
Commerce	116	139.68	6.99	0.45
Science	224	140.19	6.73	0.65

Table 4.47showed the overall mean and standard deviation of arts, commerce and science secondary school students of Mizoram in their level of mental health. The mean and standard deviation of arts higher secondary school students were 141.32 and 6.89 respectively; this means that arts students had average level of mental health. The mean and standard deviation of commerce higher secondary school students were 139.68 and 6.99 respectively; this means that commerce students had average level of mental health. The mean and standard deviation of science higher secondary school students were 140.19 and 6.73 respectively; this means that science students had average level of mental health.

Table 4.48

Different levels of mental health of higher secondary students in Mizoram –

Stream of Study

Stream	N	Very Good	Good	Average	Poor	Very Poor
Arts	460	7	49	364	26	14
		(1.52%)	(10.65%)	(79.13%)	(5.65%)	(3.04%)
Commerce	116	3	8	92	10	3
		(2.59%)	(6.9%)	(79.31)	(8.62%)	(2.59%)
Science	224	7	15	183	10	9
		(3.13%)	(6.7%)	(81.7%)	(4.46%)	(4.02%)

Table 4.48 and Figure 4.18 showed that out of 460 arts students, 364(79.13%) were having average level of mental health, 7(1.52%) were having very good mental health, 49(10.65%) were having good mental health,26(5.65%) were having poor mental health and 14(3.04%) were having very poor mental health.

Out of 116 commerce students, 92(79.31%) were having average level of mental health, 3(2.59%) were having very good mental health, 8(6.9%) were having good mental health, 10(8.62%) were having poor mental health and 3(2.59%) were having very poor mental health.

Out of 224 science students, 183(81.7%) were having average level of mental health, 7(3.13%) were having very good mental health, 15(6.7%) were having good mental health, 10(4.46%%) were having poor mental health and 9(4.02%) were having very poor mental health.

400 350 300 ■ Very Good 250 ■ Good 200 ■ Average 150 Poor 100 ■ Very Poor 50 0 Commerce Science Arts

Figure 4.19. Different levels of mental health of higher secondary students in Mizoram – Stream of Study

# Differences in the levels of mental health among higher secondary school students in Mizoram with reference to stream of study

To find out the significant differences among arts, science and commerce of higher secondary school students in Mizoram on their level of mental health, a hypothesis was framed and inferential statistic such as ANOVA was employed.

Hypothesis 4 states that, 'There is no significant difference in mental health of higher secondary school students in Mizoram with reference to their stream of study'.

Table 4.49

ANOVA result for significance difference among arts, science and commerce of higher secondary school students in Mizoram with reference to their mental health

Variation	Sum of	df	Mean Square	f	Sig
	Squares				
Between Groups	351.365	2	175.682	3.753	.024
Within Groups	37308.984	797	46.812	3.733	.021

The significant differences in the variability of mental health among the students from arts, science and commerce were examined using the ANOVA. The result is presented at Table 4.49 showed that the F-statistic for the variability between the groups was 3.753 which is found significant at 0.05 level which reject hypothesis no.4. This showed that the three groups (arts, science and commerce) have significant different variances on their mental health. A comparison of their mean scores revealed that arts (M= 141.32) and science (M= 140.19) were having higher mean scores as than commerce (M= 139.68). It was reasonable to employ a post hoc test to ascertain the difference between the three groups, however, given Table No. 4.49 did not disclose the differences between each stream.

# 4.6.1. Detailed comparison of differences among higher secondary school students of different streams of study on the six dimensions of mental health inventory

An attempt was made to show the significant difference among arts, science and commerce of higher secondary school students on the six categories of mental health inventory viz. positive self- evaluation, perception of reality, integration of reality, autonomy, group- oriented attitudes and environmental mastery. ANOVA and post hoc were employed (Table 4.50, Table 4.51, Table 4.52, Table 4.53, Table 4.54 and Table 4.55)

#### **ANOVA Results- Dimensions of Mental Health**

Table 4.50
4.6.1. Objective 6(a). Comparison of mental health and its dimension viz., positive self-evaluation with reference to stream of study.

Variation	Sum of	df	Mean Square	f	Sig
	Squares				
Between Groups	17.750	2	8.875	1.331	.265
Within Groups	5315.405	797	6.669	1.551	.203

The significant differences in the variability of positive self- evaluation among the students from arts, science and commerce were examined using the ANOVA. The result presented at Table 4.50 showed that the F-statistic for the variability between the groups was 1.331. This showed that the three groups (arts, science and commerce) have no significant different variances on their positive self- evaluation

Table 4.51
4.6.1. Objective 6(b). Comparison of mental health and its dimension viz., perception of reality with reference to stream of study.

Variation	Sum of	df	Mean Square	f	Sig
	Squares				
Between Groups	.239	2	.119	.028	.972
Within Groups	3341.556	797	4.193	20	., , 2

The significant differences in the variability of perception of reality among the students from arts, science and commerce were examined using the ANOVA. The results from the above table clearly show that the three groups (arts, science and commerce) have no significant different variances on their perception of reality.

Table 4.52
4.6.1. Objective 6(c). Comparison of mental health and its dimension viz., integration of reality with reference to stream of study.

Variation	Sum of	df	Mean Square	f	Sig
	Squares				
Between Groups	78.912	2	39.456	3.222	.040
Within Groups	9761.137	797	12.247	0.222	10.0

The ANOVA result of significant differences in the variability of integration of reality among the students from arts, science and commerce showed that the three groups (arts, science and commerce) have significant different variances on their integration of reality, the F-statistic for the variability between the groups was 3.222 which was found significant at 0.05 level.

Table 4.53
4.6.1. Objective 6(d). Comparison of mental health and its dimension viz., autonomy with reference to stream of study.

Variation	Sum of	df	Mean Square	f	Sig
	Squares				
Between Groups	44.039	2	22.019	4.744	.009
Within Groups	3698.950	797	4.641	1., 44	.007

The ANOVA result of significant differences in the variability of autonomy among the students from arts, science and commerce showed that the three groups (arts, science and commerce) have significant different variances in their autonomy; the F-statistic for the variability between the groups was 4.744 which were found significant at 0.01 level.

Table 4.54
4.6.1. Objective 6(e). Comparison of mental health and its dimension viz., group oriented attitudes with reference to stream of study.

Variation	Sum of	df	Mean Square	f	Sig
	Squares				
Between Groups	1.304	2	.652	.073	.930
Within Groups	7122.491	797	8.937	.075	.,,,,,

The significant differences in the variability of group oriented attitudes among the students from arts, science and commerce were examined using the ANOVA. The result from the above Table 4.54 clearly shows that the three groups (arts, science and commerce) have no significant different variances on group oriented attitudes.

Table 4.55
4.6.1. Objective 6(f). Comparison of mental health and its dimension viz., environmental mastery with reference to stream of study.

Variation	Sum of	df	Mean Square	f	Sig
	Squares				
Between Groups	7.080	2	3.540	.437	.646
Within Groups	6457.118	797	8.102	. 15 /	.010

The significant differences in the variability of environmental mastery among the students from arts, science and commerce were examined using the ANOVA. The result from the above Table 4.55 clearly shows that the three groups (arts, science and commerce) have no significant different variances on their environmental mastery.

There was a substantial difference between the three academic streams in terms of their overall mental health, as indicated by Table 4.49. Since the ANOVAs are significant, the multiple comparisons with post hoc has been computed and the results of multiple comparison and dimension-wise comparison are given below as Table 4.56, Table 4.57, Table 4.58, Table 4.59, Table 4.60, Table 4.61 and Table 4.62.

Table 4.56

Post hoc test for comparison between academic streams in terms of overall score on mental health

Variable	Between	Stream	Mean	Std.	Sig
			Difference	Error	Value
Mental	Arts	science	1.12989	.55745	.129
Health		commerce	1.63636	.71085	.065
	Science	arts	-1.12989	.55745	.129
		commerce	.50647	.78264	1.000
	Commerce	arts	-1.63636	.71085	.065
		science	50647	.78264	1.000

The substantial disparity between academic streams and higher secondary school students mental health is shown in Table 4.56 above. The table makes it evident that there were no appreciable differences in the overall mental health of science, commerce, and arts students.

Post Hoc Results - Dimensions of Mental Health

Table 4.57

4.6.2(a). Comparison of mental health and its dimension viz., positive selfevaluation with reference to stream of study.

Variable	Between Stream		Mean	Std.	Sig
			Difference	Error	Value
Positive	Arts	science	.03575	.21041	1.000
Self		commerce	.43246	.26831	.322
Evaluation	Science	arts	03575	.21041	1.000
		commerce	.39671	.29541	.539
	Commerce	arts	43246	.26831	.322
		science	39671	.29541	.539

The positive self-evaluation (one of the dimensions in the mental health inventory) of higher secondary school students shows a significant difference between academic streams, as seen in Table 4. 57 above. The table 4. 57 reveals that, in terms of mental health, there was no discernible difference between students from commerce and art.

Table 4.58
4.6.2 (b). Comparison of mental health and its dimension viz., perception of reality with reference to stream of study

Variable	Betweer	Stream	Mean	Std.	Sig
			Difference	Error	Value
Perception	Arts	science	.03952	.16683	1.000
of reality		commerce	.01889	.21274	1.000
	Science	arts	03952	.16683	1.000
		commerce	02063	.23422	1.000
	Commerce	arts	01889	.21274	1.000
		science	.02063	.23422	1.000

Higher secondary school students perceptions of reality and academic streams differ significantly, as shown in Table 4.58 above. The tabular data indicates that there was no statistically significant difference in the way commerce and arts students perceived reality.

Table 4.59
4.6.2 (c). Comparison of mental health and its dimension viz., integration of reality with reference to stream of study.

Variable	Between Stream		Mean	Std.	Sig
			Difference	Error	Value
Integration	Arts	science	.65062	.28513	.068
of reality		commerce	.60382	.36360	.292
	Science	arts	65062	.28513	.068
		commerce	04680	.40032	1.000
	Commerce	arts	60382	.36360	.292
		science	.04680	.40032	1.000

Higher secondary school students' integration of reality and academic streams varied significantly, as Table 4. 59 above reveals. It is evident that students studying science, commerce, and the arts did not significantly differ from one another when it came to reality integration.

 $\begin{tabular}{ll} Table 4.60\\ 4.6.2 (d). Comparison of mental health and its dimension viz., autonomy with reference to stream of study. \end{tabular}$ 

Variable	Betweer	Stream	Mean	Std.	Sig
			Difference	Error	Value
Autonomy	Arts	science	.26561	.17552	.392
		commerce	.66739*	.22383	.009
	Science	arts	26561	.17552	.392
		commerce	.40179	.24643	.310
	Commerce	arts	66739*	.22383	.009
		science	40179	.24643	.310

Table 4.60 above illustrates the large gap difference was found between academic streams and autonomy of higher secondary school students. It is clear from the table that there was a significant difference between arts and commerce students in terms of their autonomy, the calculated 't' was found to be significant 0.01 level.

Table 4.61
4.6.2 (e). Comparison of mental health and its dimension viz., group oriented attitudes with reference to stream of study.

Variable	Between Stream		Mean	Std.	Sig
			Difference	Error	Value
Group	Arts	science	.03750	.24356	1.000
oriented		commerce	.11724	.31059	1.000
attitudes	Science	arts	03750	.24356	1.000
		commerce	.07974	.34196	1.000
	Commerce	arts	11724	.31059	1.000
		science	07974	.34196	1.000

The substantial differences between academic streams and group-oriented attitudes among higher secondary school students are shown in Table 4.61 above. The table shows that, in terms of group-oriented attitudes, there were no appreciable variations among science, commerce, and arts students.

Table 4.62
4.6.2 (f). Comparison of mental health and its dimension viz., environmental mastery with reference to stream of study.

Variable	Between	Stream	Mean	Std.	Sig
			Difference	Error	Value
Environmental	Arts	science	.10089	.23191	1.000
mastery		commerce	20345	.29573	1.000
	Science	arts	10089	.23191	1.000
		commerce	30434	.32559	1.000
	Commerce	arts	.20345	.29573	1.000
		science	.30434	.32559	1.000

Students in higher secondary schools have a notable disparity in their environmental mastery and academic streams, as illustrated in Table 4.62. In terms of their environmental mastery, students in the arts, sciences, and commerce did not significantly differ from one another, as the data analysis result presented in Table 4.62 makes evident.

### 4.7 Objective 7- Comparison of academic resilience of higher secondary school students in Mizoram with reference to their districts.

To compare the level of academic resilience of higher secondary school students in Mizoram with reference to their district, mean, standard deviation and ANOVA were employed and the detailed study of the results are reflected in Table 4.63, Table 4.64, Figure 19, Table 4.65, Table 4.66, Table 4.67, Table 4.68, Table 4.69, Table 4.70, Table 4.71, Table 4.72, Table 4.73, Table 4.74, Table 4.75 and Table 4.76

Table 4.63

Overall mean of academic resilience of higher secondary school students in

Mizoram – District wise

Districts	N	Mean	Std. Deviation	SEM
Aizawl	200	184.88	17.22	1.21
Kolasib	200	185.03	16.10	1.14
Mamit	200	181.18	15.24	1.08
Serchhip	200	184.71	15.31	1.08

The data revealed that the higher secondary school students from Aizawl had a mean of 184.88 and a standard deviation of 17.22. This indicates that the academic resilience of Aizawl's higher secondary school students was average. The mean and standard deviation of higher secondary school students from Kolasib were 185.03 and 16.10 respectively. This means that higher secondary school students from Kolasib were having average level of academic resilience. The mean and standard deviation of higher secondary school students from Mamit were 181.18 and 15.24 respectively. This means that higher secondary school students from Aizawl were having average level of academic resilience. The mean and standard deviation of higher secondary school students from Serchhip were 184.71 and 15.31 respectively. This means that higher secondary school students from Serchhip were having average level of academic resilience.

Table 4.64

Different levels of academic resilience of higher secondary students in Mizoram –

District wise

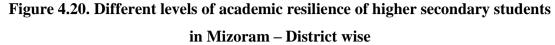
District	N	High	Above	Average	Below	Low
			Average		Average	
Aizawl	200	4	35	142	21	2
		(2.0%)	(17.5%)	(71%)	(10.5%)	(1%)
Kolasib	200	4	34	143	19	2
		(2%)	(17%)	(71.5%)	(9.5%)	(1%)
Mamit	200	3	32	134	24	3
		(1.5%)	(16%)	(67%)	(12%)	(1.5%)
Serchhip	200	3	31	141	20	3
		(1.5%)	(15.5%)	(70%)	(10%)	(1.5%)

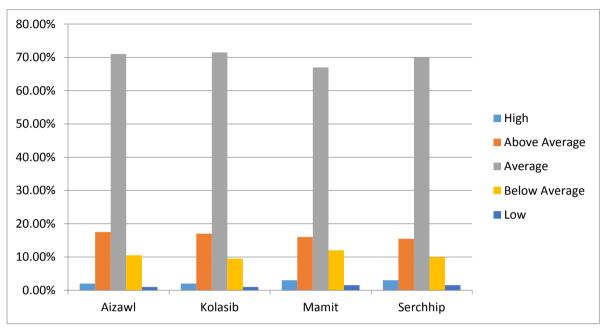
Table 4.64 and Figure 19 shows that out of 200 higher secondary school students from Aizawl, 142(71%) had average level of academic resilience, 35(17.5%) were having above average level of academic resilience, 4(2.0%) had high level of academic resilience, 21(10.5%) were having below average level of academic resilience and 2(1%) had low level of academic resilience.

Among 200 students enrolled in higher secondary schools in Kolasib, 143 (71.5%) demonstrated an average level of academic resilience, 34 (17%) demonstrated an above average level, 4 (2.0%) demonstrated a high level of academic resilience, 19 (9.5%) demonstrated a below average level, and 2 (1%) demonstrated low level of academic resilience.

200 Mamit higher secondary school students that were taken as sample were divided into the following categories: 134 (67%) had an average level of academic resilience, 32 (16%) had an above average level, 3 (1.5%) had a high level, 24 (12%) had a below average level, and 3 (1.5%) had a low level.

Of the 200 Serchhip higher secondary school students taken as sample, 141 (or 70%) had an average level of academic resilience, 31 (15.5%) had an above average level, 3 (1.5%) had a high level, 20 (10%) had a below average level, and 3 (1.5%) had a low level.





## Difference in the levels of academic resilience among higher secondary school students in Mizoram with reference to districts

To find out the significant differences among Aizawl, Kolasib, Mamit and Serchhip of higher secondary school students in Mizoram on their level of academic resilience, a hypothesis was framed and inferential statistic such as ANOVA was employed.

Hypothesis 5 states that, 'There is no significant difference in the academic resilience of higher secondary school students in Mizoram with reference to their districts'

Table 4.65

ANOVA result for significance difference among Aizawl, Kolasib, Mamit and Serchhip of higher secondary school students in Mizoram with reference to their academic resilience

Variation	Sum of	df	Mean Square	f	Sig
	Squares				
Between Groups	2054.844	3	684.948	2.678	.046
Within Groups	203606.445	796	255.787	2.370	.010

The significant differences in the variability of academic resilience among the students from Aizawl, Kolasib, Mamit and Serchhip were examined using the ANOVA. The result is presented at Table 4.65 showed that the F-statistic for the variability between the groups is 2.678which was found significant at 0.05 level which reject hypothesis no.5. This showed that Aizawl, Kolasib, Mamit and Serchhip have significant different variances on their academic resilience. A comparison of their mean scores revealed that Kolasib students (M=185.03) were having higher mean scores than Aizawl (M = 184.88) and Serchip students. Aizawl and Serchip students were having higher mean scores as compared to Mamit (M=181.18). To ascertain the difference between the three groups, it was advisable to carry out a post hoc test as Table 4.65 does not disclose the differences amongst each district.

### 4.7.1. Detailed comparison of differences among higher secondary school students on the five dimensions of academic resilience

Using the five dimensions of academic resilience—academic confidence, sense of well-being, motivation and ability to get goals, relationship with peers and adults, emotional regulation, and physical health—an attempt was made to show the significant differences between Aizawl, Kolasib, Mamit, and Serchhip of higher secondary school students (Table 4.66, Table 4.67, Table 4.68, Table 4.67, Table 4.68 Table 4.67, Table 4.70, Table 4.71, Table 4.72, Table 4.73, Table 4.74, Table 4.75 and Table 4.76). ANOVA and post hoc were employed.

## ANOVA Results - Dimensions of Academic Resilience Table 4.66

4.7.1. Objective 7(a). Comparison of academic resilience and its dimension viz., academic confidence with reference to districts.

Variation	Sum of	df	Mean Square	f	Sig
	Squares				
Between Groups	90.254	3	30.085	3.066	.027
Within Groups	7809.715	796	9.811	3.000	.027

Table 4.66 showed the comparison of academic confidence among Aizawl, Kolasib, Mamit and Serchhip of higher secondary school students in Mizoram. It is

evident from Table 4.66 that there were significant differences in the districts of higher secondary school students with reference to their academic confidence at 0.05 level.

Table 4.67
4.7.1. Objective 7(b). Comparison of academic resilience and its dimension viz., sense of well-being with reference to districts.

Variation	Sum of	df	Mean Square	f	Sig
	Squares				
Between Groups	275.384	3	91.795	5.889	.001
Within Groups	12407.065	796	15.587	2.007	.001

Higher secondary school students in Aizawl, Kolasib, Mamit, and Serchhip in Mizoram were compared in terms of their sense of well-being in Table 4.67. At the 0.01 level, there were notable differences in the students' sense of well-being between the four districts of higher secondary schools.

Table 4.68
4.7.7(c). Comparison of academic resilience and its dimension viz., motivation and ability to get goals with reference to districts

Variation	Sum of	df	Mean Square	f	Sig
	Squares				
Between Groups	454.105	3	151.368	10.111	.000
Within Groups	11916.290	796	14.970	10.111	.000

Table 4.68 showed the comparison of their motivation and ability to get goals Aizawl, Kolasib, Mamit and Serchhip of higher secondary school students in Mizoram. It is evident from Table 4.68 that there were significant difference among the four districts (Aizawl, Kolasib, Mamit and Serchhip) of higher secondary school students with reference to their motivation and ability to get goals at 0.01 level.

Table 4.69
4.7.1. Objective 7(d). Comparison of academic resilience and its dimension viz., relationship with peers and adults with reference to districts

Variation	Sum of	df	Mean Square	f	Sig
	Squares				
Between Groups	126.284	3	42.095	2.689	.045
Within Groups	12458.565	796	15.651	2.00	.015

Table 4.69 showed the comparison of their relationship with peers and adults Aizawl, Kolasib, Mamit and Serchhip of higher secondary school students in Mizoram. It is evident from Table 4.69 that there were significant difference among the four districts of higher secondary school students with reference to their relationship with peers and adults at 0.05 level.

Table 4.70
4.7.1. Objective 7(e). Comparison of academic resilience and its dimension viz.,
emotional regulation and physical health with reference to districts

Variation	Sum of	df	Mean Square	f	Sig
	Squares				
Between Groups	101.600	3	33.867	1.150	.328
Within Groups	23437.680	796	29.444	1.120	.520

Table 4.70 showed the comparison of their emotional regulation and physical health Aizawl, Kolasib, Mamit and Serchhip of higher secondary school students in Mizoram. It is evident from Table 4.70 that there were no significant differences among the four districts viz. Aizawl, Mamit, Kolasib and Serchhip higher secondary school students with reference to their emotional regulation and physical health.

According to the Table 4.65 it was found that there were significant differences among the four districts viz. Aizawl, Mamit, Kolasib and Serchhip on the basis of their academic resilience.

4.7.2 :Since the ANOVAs are significant, the multiple comparison with post hoc has been computed and the results of multiple comparison and dimension-wise

comparison are given below as Table 4.71, Table 4.72, Table 4.73, Table 4.74, Table 4.75 and Table 4.76

Table 4.71
Post hoc test for comparison between districts in terms of academic resilience

Variable	Between	n Districts	Mean Difference	Std. Error	Sig Value
		Kolasib	15000	1.59933	1.000
	Aizawl	Mamit	3.70000	1.59933	.126
		Serchhip	.17500	1.59933	1.000
		Aizawl	.15000	1.59933	1.000
	Kolasib	Mamit	3.85000	1.59933	.098
Academic		Serchhip	.32500	1.59933	1.000
resilience		Aizawl	-3.70000	1.59933	.126
	Mamit	Kolasib	-3.85000	1.59933	.098
		Serchhip	-3.52500	1.59933	.167
		Aizawl	17500	1.59933	1.000
	Serchhip	Kolasib	32500	1.59933	1.000
		Mamit	3.52500	1.59933	.167

The post hoc analysis result for significance difference among Aizawl, Kolasib, Mamit and Serchhip of higher secondary school students in Mizoram with reference to their academic resilience presented in Table 4.71 revealed no significant differences was arise among the four districts in academic resilience score.

#### **Post Hoc Results - Dimensions of Academic Resilience**

Table 4.72
4.7.2 (a) Comparison of academic resilience and its dimension viz., Academic Confidence with reference to districts.

Variable	Betweer	Districts	Mean Difference	Std. Error	Sig Value
		Kolasib	60500	.31323	.323
	Aizawl	Mamit	.32000	.31323	1.000
		Serchhip	21000	.31323	1.000
		Aizawl	.60500	.31323	.323
	Kolasib	Mamit	.92500*	.31323	.019
Academic		Serchhip	.39500	.31323	1.000
Confidence		Aizawl	32000	.31323	1.000
	Mamit	Kolasib	92500*	.31323	.019
		Serchhip	53000	.31323	.546
		Aizawl	.21000	.31323	1.000
	Serchhip	Kolasib	39500	.31323	1.000
		Mamit	.53000	.31323	.546

The academic confidence of the students in higher secondary schools across the four districts was found to differ significantly, as Table 4.72 above illustrates. The table makes it evident that there was a substantial disparity in the academic confidence of Kolasib and Mamit students.

Table 4.73
4.7.2 (b) Comparison of academic resilience and its dimension viz., sense of well-being with reference to districts.

Variable	Between	n Districts	Mean Difference	Std. Error	Sig Value
		Kolasib	.31000	.39480	1.000
	Aizawl	Mamit	1.52500*	.39480	.001
		Serchhip	.29000	.39480	1.000
		Aizawl	31000	.39480	1.000
Sense of	Kolasib	Mamit	1.21500*	.39480	.013
Well-		Serchhip	02000	.39480	1.000
Being		Aizawl	-1.52500*	.39480	.001
Denig	Mamit	Kolasib	-1.21500*	.39480	.013
		Serchhip	-1.23500*	.39480	.011
		Aizawl	29000	.39480	1.000
	Serchhip	Kolasib	.02000	.39480	1.000
		Mamit	1.23500*	.39480	.011

The higher secondary school students' sense of well-being was found to differ significantly between the four districts, as shown in Table 4.73. The table highlights that there were notable differences in the students sense of wellbeing between Kolasib and Mamit, Aizawl and Mamit, and Serchhip and Mamit.

Table 4.74
4.7.2 (c ). Comparison of academic resilience and its dimension viz., motivation and ability to get goals with reference to districts

Variable	Between Districts		Mean Difference	Std. Error	Sig Value
		Kolasib	.81500	.38691	.213
	Aizawl	Mamit	2.11000*	.38691	.000
		Serchhip	1.06500*	.38691	.036
		Aizawl	81500	.38691	.213
Motivation	Kolasib	Mamit	1.29500*	.38691	.005
and Ability		Serchhip	.25000	.38691	1.000
to get Goals		Aizawl	-2.11000*	.38691	.000
	Mamit	Kolasib	-1.29500*	.38691	.005
		Serchhip	-1.04500*	.38691	.042
		Aizawl	-1.06500*	.38691	.036
	Serchhip	Kolasib	25000	.38691	1.000
		Mamit	1.04500*	.38691	.042

In term of motivation and ability to get goals of the higher secondary school students in each of the four districts was found to differ significantly, as Table 4.74 above illustrates. The analysis result table 4.74 indicates that there were notable differences in the students' motivation and ability to get goals between Aizawl and Mamit, Serchhip and Aizawl, Kolasib and Mamit, and Mamit and Serchhip.

Table 4.75
4.7.2 (d). Comparison of academic resilience and its dimension viz., relationship with peers and adults with reference to districts

Variable	Betwee	n Districts	Mean Difference	Std. Error	Sig Value
		Kolasib	05000	.39562	1.000
	Aizawl	Mamit	.62500	.39562	.687
		Serchhip	49000	.39562	1.000
		Aizawl	.05000	.39562	1.000
Relationship	Kolasib	Mamit	.67500	.39562	.530
with Peers		Serchhip	44000	.39562	1.000
and Adults		Aizawl	62500	.39562	.687
	Mamit	Kolasib	67500	.39562	.530
		Serchhip	-1.11500*	.39562	.030
		Aizawl	.49000	.39562	1.000
	Serchhip	Kolasib	.44000	.39562	1.000
		Mamit	1.11500*	.39562	.030

The above Table 4.75 presents that the significant difference is found between the four districts and their relationship with peers and adults of the higher secondary school students. It is clear from the table that there was significant difference between Mamit and Serchhip students in terms of their relationship with peers and adults.

Table 4.76
4.7.2 (e). Comparison of academic resilience and its dimension viz., emotional regulation and physical health with reference to districts

Variable	Between Districts		Mean Difference	Std. Error	Sig Value
		Kolasib	94000	.54263	.502
	Aizawl	Mamit	78000	.54263	.906
		Serchhip	52000	.54263	1.000
Emotional	Kolasib	Aizawl	.94000	.54263	.502
Regulation		Mamit	.16000	.54263	1.000
and		Serchhip	.42000	.54263	1.000
Physical		Aizawl	.78000	.54263	.906
Health	Mamit	Kolasib	16000	.54263	1.000
		Serchhip	.26000	.54263	1.000
		Aizawl	.52000	.54263	1.000
	Serchhip	Kolasib	42000	.54263	1.000
		Mamit	26000	.54263	1.000

The post hoc analysis result for significance difference among Aizawl, Kolasib, Mamit and Serchhip of higher secondary school students in Mizoram with reference to their emotional regulation is presented in Table 4.76 revealed no significant differences was arise among the four districts in emotional regulation and physical health score.

# 4.8. Objective 8. Comparison of mental health of higher secondary school students in Mizoram with reference to their districts

Descriptive statistics like mean, standard deviation, ANOVA, and post-hoc were employed to compare the mental health status of Mizoram's higher secondary school students with respect to their district. The detailed analysis of the findings is shown in Tables 4.77, Table 4.78, Figure 20, Table 4.79, Table 4.80, Table 4.81, Table

4.82, Table 4.83, Table 4.85, Table 4.86, Table 4.87, Table 4.88, Table 4.89, Table 4.90, and Table 4.91.

Table 4.77

Overall mean of mental health of higher secondary school students in Mizoram –

District wise

District	N	Mean	Std. Deviation	SEM
Aizawl	200	139.35	6.8	0.48
Kolasib	200	141.03	7.23	0.51
Mamit	200	141.72	6.92	0.49
Serchhip	200	140.97	6.32	0.45

Table 4.77 shows that the mean and standard deviation of Aizawl higher secondary school students were 139.35 and 6.8 respectively. This means that Aizawl higher secondary school students had average mental health. The mean and standard deviation of Kolasib higher secondary school students were 141.03 and 7.23 respectively. Therefore, we can conclude that Kolasib higher secondary school students had average mental health. The mean and standard deviation of Mamit higher secondary school students were 141.72 and 6.92 respectively. This means that Mamit higher secondary school students had average mental health. The mean and standard deviation of Serchhip higher secondary school students were 140.97 and 6.32 respectively. This means that Serchhip higher secondary school students had average mental health.

Table 4.78

Different levels of mental health of higher secondary students in Mizoram –

District wise

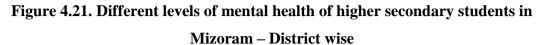
Districts	N	Very Good	Good	Average	Poor	Very Poor
Aizawl	200	3	19	154	17	7
		(1.5%)	(9.5%)	(77%)	(8.5%)	(3.5%)
Kolasib	200	5	16	162	8	9
		(2.5%)	(8%)	(81%)	(4%)	(4.5%)
Mamit	200	5	18	155	16	6
		(2.5%)	(9%)	(77.5%)	(8%)	(3%)
Serchhip	200	6	15	161	11	7
		(3%)	(7.5%)	(80.5%)	(5.5%)	(3.5%)

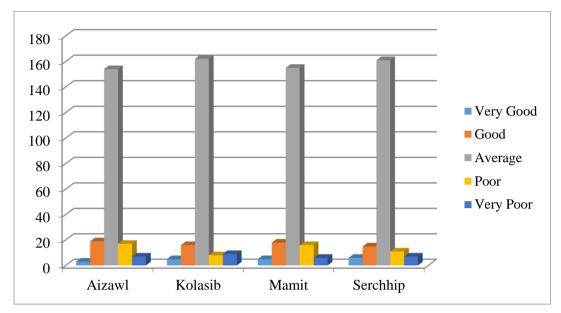
Table 4.78 and Figure 4.20 shows that out of 200 higher secondary school students from Aizawl, 154(77%) were having average mental health, 19(9.5%) were having good mental health, 3(1.5%) were having very good mental health, 17(8.5%) were having poor mental health and 7(3.5%) were having very poor mental health.

Out of 200 higher secondary school students from Kolasib, 162(81%) were having average mental health, 16(8%) were having good mental health, 5(2.5%) were having very good mental health, 8(4%) were having poor mental health and 9(4.5%) were having very poor mental health.

Out of 200 higher secondary school students from Mamit, 155(77.5%) were having average mental health, 18(9%) were having good mental health, 5(2.5%) were having very good mental health, 16(8%) were having poor mental health and 6(3%) were having very poor mental health.

Out of 200 higher secondary school students from Serchhip, 161(80.5%) were having average mental health, 15(7.5%) were having good mental health, 6(3%) were having very good mental health, 11(5.5%) were having poor mental health and 7(3.5%) were having very poor mental health.





#### Differences in the levels of mental health of higher secondary school students in Mizoram with reference to districts

To find out the significant differences among Aizawl, Kolasib, Mamit and Serchhip of higher secondary school students in Mizoram on their level of mental health, a hypothesis was framed and inferential statistic such as ANOVA was employed.

Hypothesis 6 states that, 'There is no significant difference in the level of mental of higher secondary school students in Mizoram with reference to their districts'.

Table 4.79

ANOVA result for significance difference among Aizawl, Kolasib, Mamit and Serchhip of higher secondary school students in Mizoram with reference to their mental health

Variation	Sum of Squares	quares df Mean		f	Sig
			Square		
Between	605.704	3	201.901		
Groups				4.337	.005
Within Groups	37054.645	796	46.551		

The result of ANOVA measuring the differences of different districts of mental health is presented at Table 4.79 and found that the F-statistic 4.337 was found significant at 0.01 level of significant which showed that there was significant different among the different districts in terms of mental health having concluded that different districts are showing different mental health scores. Therefore, hypothesis No. 6 was rejected. A post hoc analysis to compare the score pair ways was undertaken and the result was presented at Table 4.80, Table 4.81, Table 4.82, Table 4.83, Table 4.84 and Table 4.85.

### 4.8.1. Detailed comparison of differences among Aizawl, Kolasib, Mamit and Serchhip on the six dimensions of mental health inventory

An attempt was made to show the significant difference among Aizawl, Kolasib, Mamit and Serchhiphigher secondary school students on the six dimensions of mental health viz. positive self- evaluation, perception of reality, integration of reality, autonomy, group oriented attitudes and environmental mastery. ANOVA and post hoc were employed.

#### ANOVA Results Dimensions of Mental Health Table 4.80

**4.8.1.** Objective 8(a). Comparison of mental health and its dimension viz., positive self- evaluation with reference to districts

Variation	Sum of Squares	df Mean		f	Sig
			Square		
Between	605.704	3	201.901		
Groups				.212	.888
Within Groups	37054.645	796	46.551		

Table 4.80 showed the comparison of positive self -evaluation of Aizawl, Kolasib, Mamit and Serchhip higher secondary school students in Mizoram. It is evident from Table 4.80 that there was no significant difference among the districts of higher secondary school students with reference to their positive self- evaluation.

Table 4.81
4.8.1. Objective 8(b). Comparison of mental health and its dimension viz.,
perception of reality with reference to districts

Variation	Sum of Squares	df Mean		f	Sig
			Square		
Between	18.025	3	6.008		
Groups				1.439	.230
Within Groups	3323.770	796	4.176		

Students from higher secondary schools in Aizawl, Kolasib, Mamit, and Serchhip, Mizoram, compared their perceptions of reality in Table 4.81. Table 4.81 clarifies that, in terms of how higher secondary school pupils perceived reality, there were no appreciable differences between the districts.

Table 4.82
4.8.1. Objective 8(c). Comparison of mental health and its dimension viz., integration of reality with reference to districts

Variation	Sum of Squares	df Mean		f	Sig
			Square		
Between	145.244	3	48.415		
Groups				3.975	.008
Within Groups	9694.805	796	12.179		

Students from Aizawl, Kolasib, Mamit, and Serchhip higher secondary schools in Mizoram were compared in terms of how well their realities were integrated, as found in Table 4.82. With regard to the students' integration of reality at the 0.01 level, Table 4.82 makes clear that there were notable differences across the four districts of higher secondary schools.

Table 4.83
4.8.1. Objective 8(d). Comparison of mental health and its dimension viz., autonomy with reference to districts

Variation	Sum of Squares	df Mean		f	Sig
			Square		
Between	38.694	3	12.898		
Groups				2.772	.041
Within Groups	3704.295	796	4.654		

Table 4.83 showed the comparison of their autonomy among Aizawl, Kolasib, Mamit and Serchhip higher secondary school students in Mizoram. It is evident from Table 4.8 that there was significant difference among the district of higher secondary school students with reference to their autonomy at 0.05 level.

Table 4.84
4.8.1. Objective 8(e). Comparison of mental health and its dimension viz., group oriented attitudes with reference to districts

Variation	Sum of Squares	df Mean		f	Sig
			Square		
Between	136.585	3	45.528		
Groups				5.187	.001
Within Groups	6987.210	796	8.778		

Table 4.84 showed the comparison of their group oriented attitudes among Aizawl, Kolasib, Mamit and Serchip higher secondary school students in Mizoram. It is evident from Table 4.84 that there was significant difference among the four districts of higher secondary school students with reference to their group oriented attitudes at 0.01 level

Table 4.85
4.8.1. Objective 8(f). Comparison of mental health and its dimension viz., environmental mastery with reference to districts.

Variation	Sum of Squares	df Mean		f	Sig
			Square		
Between	89.224	3	29.741		
Groups				3.714	.011
Within Groups	6374.975	796	8.009		

Table 4.85 showed the comparison of environmental mastery among Aizawl, Kolasib, Mamit and Serchhip higher secondary school students in Mizoram. It is evident from Table 4.85 that there was significant difference among the four districts of higher secondary school students with reference to their environmental mastery at 0.05 level.

According to the Table 4.79, there was a significant difference among the four districts on the basis of their mental health. Since the ANOVAs are significant, the multiple comparison with post hoc has been computed and the results of multiple

comparison and dimension-wise comparison are given below as Table 4.86, Table 4.87, Table 4.88, Table 4.89, Table 90 and Table 4.91.

Table 4.86
4.8.2(a ). Post hoc comparison of mental health and its dimension viz., positive self- evaluation with reference to districts.

Variable	Between Districts		Mean	Std.	Sig
			Difference	Error	Value
		Kolasib	13000	.25874	1.000
	Aizawl	Mamit	14000	.25874	1.000
		Serchhip	.02000	.25874	1.000
		Aizawl	.13000	.25874	1.000
Positive	Kolasib	Mamit	01000	.25874	1.000
Self-		Serchhip	.15000	.25874	1.000
Evaluation		Aizawl	.14000	.25874	1.000
	Mamit	Kolasib	.01000	.25874	1.000
		Serchhip	.16000	.25874	1.000
		Aizawl	02000	.25874	1.000
	Serchhip	Kolasib	15000	.25874	1.000
		Mamit	16000	.25874	1.000

Students from the four districts (Aizawl, Kolasib, Mamit, and Serchhip) differ significantly from one another, as indicated by Table 4.86 above, and higher secondary school students have a favourable self- evaluation. From the table, it is evident that there was no statistically significant variation in the positive self-evaluation of Aizawl, Kolasib, Mamit, and Serchhip students.

4.8.2(b ). Post hoc comparison of mental health and its dimension viz., perception of reality with reference to districts

**Table 4.87** 

Variable	Between Districts		Mean Difference	Std. Error	Sig Value
		Kolasib	.09000	.20434	1.000
	Aizawl	Mamit	30500	.20434	.816
		Serchhip	.00500	.20434	1.000
		Aizawl	09000	.20434	1.000
Perception of	Kolasib	Mamit	39500	.20434	.322
Reality		Serchhip	08500	.20434	1.000
Reality		Aizawl	.30500	.20434	.816
	Mamit	Kolasib	.39500	.20434	.322
		Serchhip	.31000	.20434	.778
		Aizawl	00500	.20434	1.000
	Serchhip	Kolasib	.08500	.20434	1.000
		Mamit	31000	.20434	.778

The significant differences in the perceptions of reality between higher secondary school students from the four districts (Aizawl, Kolasib, Mamit, and Serchhip) are displayed in Table 4.87 above. The table shows that, in terms of how they perceived reality, the pupils in Aizawl, Kolasib, Mamit, and Serchhip did not differ much.

Table 4.88
4.8.2(c). Post hoc comparison of mental health and its dimension viz., integration of reality with reference to districts.

Variable	Between Districts		Mean Difference	Std. Error	Sig Value
		Kolasib	77000	.34899	.166
	Aizawl	Mamit	96000*	.34899	.036
		Serchhip	-1.10500*	.34899	.010
		Aizawl	.77000	.34899	.166
Integration	Kolasib	Mamit	19000	.34899	1.000
of reality		Serchhip	33500	.34899	1.000
orreanty		Aizawl	.96000*	.34899	.036
	Mamit	Kolasib	.19000	.34899	1.000
		Serchhip	14500	.34899	1.000
		Aizawl	1.10500*	.34899	.010
	Serchhip	Kolasib	.33500	.34899	1.000
		Mamit	.14500	.34899	1.000

The above Table 4.88 revealed that the significant difference between the four districts (viz. Aizawl,Kolasib, Mamit and Serchhip) and integration of reality of higher secondary school students. The significant differences were found between Aizawl and Mamit, Serchhip and Aizawl students in terms of their integration of reality.

Table 4.89
4.8.2 (d). Post hoc comparison of mental health and its dimension viz.,autonomy with reference to districts

Variable	Between Districts		Mean	Std. Error	Sig Value
			Difference		
		Kolasib	40500	.21572	.365
	Aizawl	Mamit	61000*	.21572	.029
		Serchhip	37000	.21572	.520
		Aizawl	.40500	.21572	.365
	Kolasib	Mamit	20500	.21572	1.000
Autonomy		Serchhip	.03500	.21572	1.000
	Mamit	Aizawl	.61000*	.21572	.029
		Kolasib	.20500	.21572	1.000
		Serchhip	.24000	.21572	1.000
		Aizawl	.37000	.21572	.520
	Serchhip	Kolasib	03500	.21572	1.000
		Mamit	24000	.21572	1.000

The above Table 4.89 revealed that the significant difference between the four districts (viz. Aizawl, Kolasib, Mamit and Serchhip) and their autonomy of higher secondary school students. Significant differences were found between Aizawl and Mamit, in terms of their autonomy.

Table 4.90
4.8.2(e). Post hoc comparison of mental health and its dimension viz., group oriented attitudes with reference to districts.

Variable	Between Districts		Mean Difference	Std. Error	Sig Value
		Kolasib	-1.00500*	.29628	.004
	Aizawl	Mamit	23500	.29628	1.000
		Serchhip	83000*	.29628	.031
		Aizawl	1.00500*	.29628	.004
Group	Group Kolasib Oriented	Mamit	.77000	.29628	.057
Oriented		Serchhip	.17500	.29628	1.000
Attitudes	Mamit	Aizawl	.23500	.29628	1.000
		Kolasib	77000	.29628	.057
		Serchhip	59500	.29628	.270
	Serchhip	Aizawl	.83000*	.29628	.031
		Kolasib	17500	.29628	1.000
		Mamit	.59500	.29628	.270

The above Table 4.90 revealed that the significant difference between the four districts (viz. Aizawl, Kolasib, Mamit and Serchhip) and their group oriented attitudes of higher secondary school students. Significant differences were found between Aizawl and Kolasib, Serchhip and Aizawl higher secondary school students in terms of their group oriented attitudes.

 $Table\ 4.91$   $4.8.2 (f\ ).\ Post\ hoc\ comparison\ of\ mental\ health\ and\ its\ dimension\ viz.,$  environmental mastery with reference to districts.

Variable	Between Districts		Mean Difference	Std. Error	Sig Value
		Kolasib	.54000	.28300	.340
l	Aizawl	Mamit	12000	.28300	1.000
		Serchhip	.65500	.28300	.125
		Aizawl	54000	.28300	.340
Environmental mastery	Kolasib	Mamit	66000	.28300	.120
		Serchhip	.11500	.28300	1.000
	Mamit	Aizawl	.12000	.28300	1.000
		Kolasib	.66000	.28300	.120
		Serchhip	.77500*	.28300	.038
		Aizawl	65500	.28300	.125
	Serchhip	Kolasib	11500	.28300	1.000
		Mamit	77500*	.28300	.038

The above Table 4.91 revealed that the significant difference between the four districts (viz. Aizawl, Kolasib, Mamit and Serchhip) and their environmental mastery of higher secondary school students. Significant differences were found between Mamit and Serchhip higher secondary school students in terms of their environmental mastery.

### 4.9. Objective 9. Relationship between mental health and academic resilience of higher secondary school students of Mizoram

The ninth objective is to investigate the relationship of mental health and academic resilience of higher secondary school students in Mizoram. So, null hypothesis was framed, "There is no significant relationship between academic resilience and mental health of higher secondary school students of Mizoram." Data collected was analysed using Pearson r correlation to test the hypothesis. The result of

correlation analysis was presented in Table 4.92. The correlation was 0.201 which was positive and found significant at 0.01 levels which indicate significant and positive relationship between academic resilience and mental health.

Table 4.92
Correlation between academic resilience and mental health of higher secondary school students

		mental_health	academic_resilience
A 1	Pearson Correlation	1	.201**
Academic Resilience	Sig. (2-tailed)		.000
	N	800	800
	Pearson Correlation	.201**	1
	Sig. (2-tailed)	.000	
Mental health		800	800
	N		

<sup>\*\*.</sup> Correlation is significant at the 0.01 level (2-tailed).

Pearson product-moment correlation was employed to evaluate a relationship between academic resilience and mental health, as indicated in Table 4.92. The findings revealed a statistically significant positive correlation (r = .201, n = 800, p = .000) between academic resilience and mental health.

Table 4.93

Correlation between mental health and academic resilience of higher secondary school students

		Mental_health	Academic_resilience
	Pearson Correlation	1	.316**
Mental health	Sig. (2-tailed)		.000
	N	800	800
	Pearson Correlation	.316**	1
Academic resilience	Sig. (2-tailed)	.000	
		800	800
	N		

<sup>\*\*.</sup> Correlation is significant at the 0.01 level (2-tailed).

As shown in Table 4.92, Pearson product-moment correlation was employed to determine the relationship between mental health and academic resilience. The result reveals that there was a positive correlation between academic resilience and mental health, which was statistically significant (r = .316, n = 800, p = .000).

### 4.10. Objective 10. Suggestions for improving the academic resilience and mental health of higher secondary school students in Mizoram

Academic resilience refers to the ability of students to persevere and succeed in their educational endeavours despite facing various challenges and adversities. Maintaining good mental health is crucial for academic resilience, as it can have a significant impact on a student's ability to cope with stress, adapt to changing circumstances, and stay motivated. The following are some of the suggestions made to improve academic resilience and mental health of higher secondary school students of Mizoram:

- 1. Supportive School Environment: Educational institutions should strive to create a supportive and inclusive environment that fosters positive mental health. This includes having counseling services, peer support groups and an open non-judgmental atmosphere where students can discuss their concerns freely.
- 2. Mental Health Education: Schools should incorporate mental health education in their curriculum. This can help students better understand and manage their mental health, recognize when they or their peers might be struggling, and reduce the stigma associated with seeking help.
- **3. Early Detection and Intervention:** Teachers and other school personnel should receive training on how to spot early indicators of mental health issues in pupils. Early intervention can prevent issues from escalating and negatively impacting a student's academic performance.
- **4. Access to Mental Health Services:** Schools should have access to mental health professionals who can provide counseling and support to students in need. This may include collaboration with external mental health organizations and resources.
- **5. Teaching Resilience Skills:** Schools can incorporate resilience building activities in their curriculum. This might include teaching stress management techniques, problem solving skills, and strategies for dealing with setbacks and failures.
- **6. Promotion of a Growth Mindset:** Encouraging a growth mindset, which emphasizes the idea that abilities and intelligence can be developed through effort and learning, can promote academic resilience. Students with a growth mindset are more likely to persevere in the face of adversities.
- **7. Balanced Workload and Reduced Stress:** Schools should be mindful of the workload they assign to students. An excessive academic burden can contribute to stress and negatively impact mental health. Teachers and administrators can work together to ensure a balanced and manageable workload.
- **8. Peer Support and Peer Mentoring:** Creating opportunities for students to support and mentor one another can be beneficial. Peer support programs and mentorship initiative can help students feel more connected and supported in their educational journey. While among their peers, students are encouraged to share their experiences and coping mechanisms.

- **9. Parental Involvement:** Parents should be encouraged to actively engage in their children's education and well-being. Schools can provide resources and information to parents about recognizing signs of mental health issues and how to support their children effectively. Seminars and workshops can be conducted for parents to teach them the importance of mental health and resilience.
- 10. Flexible Learning Environment: In some cases a flexible learning environment that accommodates individual needs may be necessary for students facing mental health challenges. This could involve modified schedules, online learning options or additional support services. Where it is applicable, personalized learning approaches can be adopted based on individual student needs, strengths and challenges.
- 11. Role of Teachers: Teachers should realize the magnitude of their role in promoting mental health and academic resilience in children. By building positive student teacher relationship they can enhance student well-being and achievement. A positive relationship with one caring adult can change the course of even the most at-risk student. Teachers can create a sense of belonging within the school environment which is a strong protective factor for academic outcomes. Students thrive when they are valued and are physically and emotionally safe. Teachers can give consistent guidelines for behaviour to students.
- **12. Teacher Training on Academic Resilience and Mental Health:** Teachers should be trained to create resilient classrooms and at the same time identify students who show signs of mental struggle. Necessary interventions could be provided.
- **13. Identification of Student Strengths:** Education should focus on the strengths of students-their positive qualities and abilities and not on their weaknesses. Building upon their strengths gives students more opportunities to succeed thereby, building in them a sense of self -worth.
- **14. Promotion of Environmental Protective Factors:** Protective factors within the home environment such as family support, family guidance, good parenting skills, low family stress, good communication and involvement of parents in the education of the students should be promoted to enhance academic resilience and well-being. Children's resilience can be heightened by secure attachments with adults at home.

- 15. Development of self-efficacy in Learners: When learners have belief in their capacity to achieve their goals, they are able to overcome whatever challenges that come their way. To develop self-efficacy, academic instruction can be developed that is challenging, achievable and realistic. Instructional supports, reinforcement and feedback should be provided to show the learner's academic efficacy. Self-efficacy is very much essential for development of academic resilience and well-being of the learners.
- 16. Development of Autonomy of Learners: In order to enhance academic resilience and mental health of learners, development of autonomy of the learners is important. An autonomous learner is one who has his/her own goals and knows what facilitates the learning goals as well as the barriers to such goals. An autonomous learner is one who works hard not because he has to but because he wants to.
- 17. Teaching Social and Emotional Skills: Teachers can improve peer relationships by teaching skills of self-management, social awareness, self-awareness, relationship and decision-making skills in the learners. In order to achieve this, collaborative learning methods could be employed so that students can have opportunities to practice social skills. When social and emotional skills are acquired, well-being and resilience are enhanced.
- **18. Positive Relationships**: Mental health and academic resilience are promoted when there is positive student-teacher relationship. This is because relational skills like building relationships, effective classroom management, clear focus on goals, effective instruction and autonomy enhances student achievement and engagement.
- 19. Developing a sense of belonging within the school: It is necessary to imbibe in students a sense of pride and belonging within the school. School connectedness is a strong protective factor for mental health and academic success. In a positive learning environment, where students have a say and are free to make choices and where they feel emotionally and physically safe learning outcomes improve and anxieties are reduced.

**20. Building in students a sense of meaning and purpose**: Students should be provided with opportunities to contribute to others by engaging them with the local community and the larger society. While working towards worthwhile goals their sense of well-being increases which in turn positively influences their achievement.

In conclusion, academic resilience and mental health are closely intertwined, and promotion of good mental health is crucial for students to thrive academically. Educational institutions play a pivotal role in creating an environment that supports and nurtures both academic resilience and mental well-being. By implementing these suggestions, schools can better equip students to face challenges and succeed in their academic pursuits.

#### CHAPTER - V

#### MAJOR FINDINGS AND DISCUSSIONS, SUGGESTIONS FOR FURTHER RESEARCH AND CONCLUSION

The present chapter deals with the major findings, discussions, suggestions for further research and to make suggestions for enhancing academic resilience and improving mental health of the higher secondary school students in Mizoram.

## 5.1 Findings and discussions regarding the level of academic resilience and its dimensions of higher secondary school students in Mizoram.

**Findings.** The results of the present study showed that, out of 800 higher secondary schools students in Mizoram, 557 (69.63%) had an average level of academic resilience, 84 (10.06%) had a below average level, 14 (1.75%) had a high level, and 10 (1.26%) had a low level. It was found that the higher secondary school pupils' academic resilience scores were, respectively, 183.95 and 16.04. Thus, more than half of Mizoram's higher secondary school students exhibit an average degree of academic resilience.

**Objective 5.1(a).** Level of Academic Resilience and its dimension viz., Academic Confidence.

The mean and standard deviation on the dimension of academic confidence was 28.29 and 3.14 respectively. The higher secondary school students in Mizoram had average level of academic confidence.

**Objective 5.1(b).** Level of Academic Resilience and its dimension viz., Sense of Wellbeing.

The mean and standard deviation was 36.97 and 3.98 respectively which indicated that higher secondary school students in Mizoram had average level of sense of well-being.

**Objective 5.1(c).** Level of Academic Resilience and its dimensions viz., Motivation and Ability to get goals.

The mean and standard deviation in this dimension was 36.59 and 3.93 respectively. Thus we can conclude that higher secondary school students in Mizoram had average level of motivation and ability to get goals.

**Objective 5.1(d).** Level of Academic Resilience and its dimension viz., Relationship with Peers and adults.

The mean and standard deviation of higher secondary school students in Mizoram was 30.01 and 3.97 respectively. The results showed that the students were at average level in this dimension.

**Objective 5.1(e).** Level of Academic Resilience and its dimension viz., Emotional Regulation and Physical Health.

In the dimension of emotional regulation and physical health the mean and standard deviation of the higher secondary students was 47.28 and 5.43. This indicated that students were below average in this dimension of academic resilience.

**Discussion.** According to the present study, the majority of higher secondary school pupils have average academic resilience. Similar findings were investigated by Habeeb (2021), Jan & Praveen (2003) and Ayasrah & Albalawi (2022) who also found that secondary school students had average level of academic resilience.

### 5.2 Findings and discussions regarding the level of mental health and its dimensions of higher secondary school students in Mizoram.

**Findings.** The findings of the study revealed that out of 800 higher secondary school students in Mizoram, majority 650 (81.25%) of the higher secondary school students have average level of mental health, while 65 (8.12%) were in the 'good' category, 17 (2.13%) in the 'very good' category. 41 (5.13%) higher secondary school students were in the 'poor' category and 27 (3.37%) were found to be in the 'very poor' category. Higher secondary school students had a mean score of 140.76 and a standard deviation of 6.87, respectively. Therefore, it can be said that the majority of Mizoram's higher secondary school students have mediocre mental health.

**Objective 5.2(a)**. Level of Mental Health and its dimension viz., Positive Self-Evaluation.

The mean and standard deviation in the dimension of positive self-evaluation was 25.09 and 2.58 which indicated that higher secondary school students in Mizoram were at the average level in this dimension of mental health.

**Objective 5.2(b).** Level of Mental Health and its dimension viz., Perception of Reality. In the dimension of perception of reality the mean and standard deviation was 19.93 and 2.04 respectively. This revealed that the higher secondary school students in Mizoram had an average level of perception of reality.

**Objective 5.2(c).** Level of Mental Health and its dimension viz., Integration of Reality. Mean and standard deviation in the dimension of integration of reality was 29.77 and 3.50. Results showed that higher secondary school students were at average level in this dimension.

**Objective 5.2(d).** Level of Mental Health and its dimension viz., Autonomy.

In this dimension, the higher secondary school pupils' mean and standard deviation are, respectively, 14.99 and 2.16. This demonstrated that the pupils' autonomy level was average.

**Objective 5.2(e).** Level of Mental Health and its dimension viz., Group oriented attitudes.

In the dimension of group oriented attitudes, the results showed that mean and standard deviation of higher secondary school students was 26.57 and 2.98 respectively which indicated that they were at the average level in group oriented attitudes.

**Objective 5.2(f).** Level of Mental Health and its dimension viz., Environmental Mastery.

The mean and standard deviation in the dimension of environmental mastery was 24.40 and 2.84 respectively. Higher secondary school students in Mizoram were found to have average level of environmental mastery.

**Discussion.** The present study found that majority of higher secondary school students in Mizoram have average level of mental health. Similar findings were found by Manikandan and Nirmaladevi (2016) and Pant (2019) in their study of mental health among adolescent students.

# 5.3 Findings and discussion regarding the comparison of academic resilience and its dimensions of higher secondary school students of Mizoram with reference to their gender.

**Findings.** The findings of the study showed that out of 800 higher secondary school students in Mizoram, the total male students in the sample were 391. 275 (70.33%) of male higher secondary students had average level of academic resilience, while 68 (17.39%) had above average level of academic resilience, 8 (2.05%) had high level of academic resilience, 43 (10.99%) had below average level and 4 (1.02%) had low level of academic resilience. Among the total female higher secondary school students of 409 we can see that 282 (68.95%) had average level of academic resilience, while 67 (16.38%) had above average level of academic resilience, 6 (1.46%) had high level of academic resilience, 41 (10.02%) had below average level and 6 (1.46%) had low level of academic resilience. The data reveals a diverse distribution of academic resilience levels among both male and female respondents, with the majority falling in average category. The mean score of male higher secondary school students was 184.58 and the mean score of female higher secondary school students was 183.35. Standard deviation of male and female higher secondary school students was 16.66 and 15.42 respectively. Gender does not have a statistically significant effect on overall academic resilience. The findings indicated that there is no statistically significant difference in overall levels of academic resilience between males and female, with gender accounting for a relatively minor amount of the variation in this regard.

**Objective 5.3(a).** Comparison of Academic Resilience and its dimension viz., Academic Confidence with reference to gender.

In the dimension of academic confidence the t-value = 1.964 was found significant at 0.05 level. Male higher secondary school students had higher mean scores than female higher secondary school students in this dimension.

**Objective 5.3(b).** Comparison of Academic Resilience and its dimension viz., Sense of well-being with reference to gender.

In the dimension of sense of well-being, no significant differences were found between male and female higher secondary school students.

**Objective 5.3(c).** Comparison of Academic Resilience and its dimension viz., Motivation and ability to get goals with reference to gender.

In the dimension of motivation and ability to get goals the t-value = 2.846 was found at 0.01 level which indicated significant differences with reference to gender. In this dimension of academic resilience, it was found that females had higher mean scores than males.

**Objective 5.3(d).** Comparison of Academic Resilience and the dimension viz., Relationship with Peers and adults with reference to gender.

There was no significant difference in dimension of relationship with peers and adults with reference to gender.

**Objective 5.3(e).** Comparison of Academic Resilience and its dimension viz., Emotional Regulation and Physical Health with reference to gender.'

In the dimension of emotional regulation and physical health the t-value was found significant at 0.05 level. Comparing male and female higher secondary school students, the mean scores of the former group were higher.

**Discussion.** By looking at the present study, it was found that there was no sufficient evidence to support gender differences in overall academic resilience. The statistical analysis showed that there were no statistically significant differences between male and female higher secondary school students. According to the results, gender might not have a significant impact on the respondents' total degree of academic resilience. The findings of the present study also concurred with the findings of other researchers which found no significant difference between males and females in academic resilience (Rao& Krishnamurthy 2018, Dar and Chakraborty 2019, Singh & Khatiwore 2020, Das 2021). Contrary to our findings some researchers found significant differences between male and female students in academic resilience (Mallick & Kaur 2016, Rudwan & Alhashimia 2018, Anagha & Nanyashree 2022, Ayasrah & Albalawi 2022.

# 5.4. Findings and discussions regarding the comparison of mental health and its dimensions of higher secondary school students in Mizoram with reference to their gender.

**Findings.** The findings indicates that out of 800 higher secondary school students, the total male samples were 391.Out of this, 316 (80.81%) of male higher secondary school students have average level of mental health while 34 (8.69%) fell in the good category

and 21 (5.37%) had poor level of mental health. Smaller percentages were found in very good category 9 (2.30%) and 11 (2.81%) in very poor category of mental health.

When it comes to the female higher secondary school students which were 409, the majority of females 328 (80.19%) fell into the average level of mental health, while 31 (7.58%) have good level of mental health and 26 (6.35%) fell in poor level of mental health. Smaller percentages were found in very poor category 16 (3.91%) and 8 (1.96%) in very good level of mental health.

The mean score of male higher secondary school students was 141.39 and the mean score of female higher secondary school students was 140.16. Standard deviation of male and female higher secondary school students was 6.72 and 6.95 respectively. Gender was found to have a statistically significant difference on overall mental health.

**Objective 5.4(a).** Comparison of Mental Health and its dimension viz., Positive Self-Evaluation with reference to gender.

In the dimension of positive self-evaluation, the t-value =3.553 was found significant at 0.01 level. Male higher secondary school students had higher mean scores than female higher secondary school students in this dimension.

**Objective 5.4(b).** Comparison of Mental Health and its dimension viz., Perception of Reality with reference to gender.

In the dimension of perception of reality no significant difference was found between male and female higher secondary school students.

**Objective 5.4(c).** Comparison of Mental Health and its dimension viz., Integration of Reality with reference to gender.

Regarding the integration of reality dimension, there was no discernible difference between male and female higher secondary school students.

**Objective 5.4(d).** Comparison of Mental Health and its dimension viz., Autonomy. Male and female higher secondary school pupils in Mizoram did not significantly differ from one another in the autonomy dimension.

**Objective 5.4(e).** Comparison of Mental Health and its dimension viz., Group oriented attitudes.

In the dimension of group oriented attitudes, no significant difference was observed between male and female higher secondary school students.

**Objective 5.4(f).** Comparison of Mental Health and its dimension viz., Environmental Mastery.

In the dimension of environmental mastery no significant difference was found between male and female higher secondary school students in Mizoram.

Discussion. The present study found that there was a significant difference between male and female higher secondary school students in Mizoram with respect to their mental health. The mean scores, show that male higher secondary school students have a higher mean score than female higher secondary school students. The finding of the present study is similar to the findings of Bandhana and Sharma (2012) and Pant (2019) which found significant difference between males and females in terms of mental health. Contrary our findings some researchers found no significant difference between males and females in terms of mental health (Najafi & Foladjang 2007, Senad 2018, Waghmare 2018, Jagad 2020). In the context of this study, gender may be a major determining factor in overall mental health status of individuals. Adopting a comprehensive approach that accounts for a wide range of influences can help develop effective strategies and targeted interventions to support mental well-being across diverse populations.

# 5.5 Findings and discussion regarding the comparison of the academic resilience and its dimensions of higher secondary school students of Mizoram with reference to their stream of study.

**Findings.** The results of the study revealed that among the three streams of study, science higher secondary school students had the highest mean score and commerce higher secondary school students had the lowest mean score (Science = 187.97 > Arts = 182.62 > Commerce = 181.21). Standard deviation was lowest among Commerce higher secondary school students (Commerce = 14.03 < Arts = 15.6 < Science = 17.21). In overall academic resilience, significant mean differences were observed between the Arts and Science streams. Science displayed a higher mean (Mean Difference = 5.28, SE = 1.29, p<0.001) compared to Arts. It was found that there was a significant difference among the three academic streams on the basis of their academic resilience as evident by the obtained 'f' value (10.39) which was found to be significant at 0.01 level. No significant difference was found between commerce and arts students in

academic resilience. Between arts and science students the calculated 't' was found to be significant ( $\alpha = .01$ ). Between commerce and science students the calculated 't' was found to be significant at 0.01 level.

**Objective 5.5(a).** Comparison of Academic Resilience and its dimension viz., Academic Confidence with reference to stream of study.'

In the dimension of academic confidence significant difference was found among the three streams of study – Arts, Commerce and Science.

**Objective 5.5(b).** Comparison of Academic Resilience and its dimension viz., Sense of well-being with reference to stream of study.

Significant difference was found among the higher secondary school students from the three streams of study.

**Objective 5.5(c).** Comparison of Academic Resilience and its dimension viz., Motivation and Ability to get goals.

In the dimension of motivation and ability to get goals. Significant differences were found between the higher secondary school students in the different streams of study – Arts, Science and Commerce.

**Objective 5.5(d).** Comparison of Academic Resilience and its dimension viz., Relationship with Peers and Adults.

In the dimension of relationship with peers and adults significant differences were found with reference to gender of higher secondary school students in Mizoram.

**Objective 5.5(e).** Comparison of Academic Resilience and its dimensions viz., Emotional Regulation and Physical Health.

In the dimension of Emotional Regulation and Physical Health no significant differences were found between higher secondary school students in Mizoram based on gender.

**Discussion.** The findings indicated that among the three streams of study, not surprisingly, the science higher secondary school students had the highest level of academic resilience compared to their counterparts i.e., higher secondary school students from Arts and Commerce. This suggests that students in the Science stream, as a whole demonstrate greater overall academic resilience. However, no significant differences were found between the Arts and Commerce streams in overall academic

resilience. Students in Science stream consistently displayed higher scores in multiple dimensions of academic resilience, indicating a strong academic profile. On the other hand, the Arts and Commerce streams exhibited varying levels of resilience across different dimensions, suggesting different patterns of strengths and challenges within these streams. The present finding was supported by the findings of Pai and Arjun (2023) and Pinki and Duhan (2020)which also found that academic resilience differed across different streams of study. Contrary to our findings, Surekha and Kalpana (2022) found that academic resilience did not differ significantly between different streams of study.

From this study, it is clear that different streams of study have varying levels of academic resilience across different dimensions, which suggest different patterns of strengths and challenges within these streams. Understanding these differences can inform educators, administrators and policy makers in tailoring interventions and support systems to address the specific needs of students in different streams of study. By recognizing the distinct challenges and strengths associated with each stream, educational institutions can create an environment that promotes academic resilience and success among students, ultimately enhancing their overall educational experience.

# 5.6 Findings and discussions regarding the comparison of the mental health and its dimensions of higher secondary school students in Mizoram with reference to their stream of study

**Findings.** The results of the study revealed that among the three streams of study, Arts higher secondary school students had the highest mean score and Commerce higher secondary school students had the lowest mean score (Arts = 141.32 > Science = 140.19 > Commerce = 139.68). Standard deviation was lowest among Science higher secondary school students (Science = 6.73 < Arts = 6.86 < Commerce = 6.99). The f-statistic for the variability between the groups is 3.753 which were significant at 0.05 level. The results showed that the three groups (arts, science and commerce) have significant variances in mental health. The post-hoc test revealed that there were no significant differences between the pair of arts and science, commerce and science students in mental health. Between arts and commerce students, the calulated 't' was found to be significant at 0.01 level/ $\alpha = .01$ ).

**Objective 5.6(a).** Comparison of Mental Health and its dimension viz., Positive Self-Evaluation with reference to stream of study.

In the dimension of positive self-evaluation no significant difference was found between students from the different streams of study – Arts, Science and Commerce.

**Objective 5.6(b).** Comparison of Mental Health and its dimensions viz., Perception of Reality with reference to stream of study.

In the dimension of perception of reality, no significant difference was found between students from different streams of study.

**Objective 5.6(c).** Comparison of Mental Health and its dimension viz., Integration of Reality with reference to stream of study.

In the dimension of integration of reality, F-Statistic = 3.222 was found significant at 0.05 level. This indicated that there was significant difference in the dimension of integration of reality among the three streams of study.

**Objective 5.6(d).** Comparison of Mental Health and its dimension viz., Autonomy with reference to stream of study.

In the dimension of autonomy, F-Statistic = 4.744 was found significant at 0.01 level. This showed that there was significant difference in students from different streams of study in the dimension of autonomy.

**Objective 5.6(e).** Comparison of Mental Health and its dimension viz., Group Oriented Attitudes with reference to stream of study.

No significant difference was found in the dimension of Group Oriented Attitudes of higher secondary school students in Mizoram with reference to the different streams of study.

**Objective 5.6(f).** Comparison of Mental Health and its dimension viz., Environmental Mastery with reference to stream of study.

In the dimension of Environmental Mastery no significant difference was found between students from the three streams of study – Arts, Science and Commerce.

**Discussions.** The findings indicated that the choice of stream of study may have significant effect on mental health students. The present finding was supported by the findings of Kumar (2021) and Singh (2016) which found significant difference among participants across different streams of study. However, contrary to our findings

Gadhani and Talati (2021) and Pant (2019) found no significant differences in the mental health of participants across different streams of study.

# 5.7 Findings and discussions regarding the comparison of academic resilience and its dimensions of higher secondary school students of Mizoram with reference to their districts

**Findings.** The findings of the present study compared the overall academic resilience level of higher secondary school students from the four selected districts – Aizawl, Mamit, Kolasib and Serchhip. Among the four districts in the study, higher secondary school students from Kolasib district had the highest mean score (Kolasib = 185.03 >Aizawl = 184.88 > Serchhip = 184.71 >Mamit = 181.19). Standard deviation was lowest among Mamit district higher secondary school students (Mamit = 15.24 < Serchhip = 15.31 <Kolasib = 16.10 <Aizawl = 17.22). The findings of the study revealed significant differences in academic resilience among students from the four districts in academic resilience. F statistic for the variability between the groups is 2.678 which was found significant at 0.05 level

**Objective 5.7(a).** Comparison of Academic Resilience and its dimension viz., Academic Confidence with reference to districts.

In the dimension of academic confidence, significant difference was found at 0.05 level which indicated that there was difference among the four districts with respect to this dimension of academic resilience in higher secondary school students of Mizoram.

**Objective 5.7(b)**. Comparison of Academic Resilience and its dimension viz., Sense of Well-being with reference to districts.

Significant difference was found at 0.01 level among the four districts – Aizawl, Serchhip, Mamit and Kolasib in the dimension of Sense of well-being.

**Objective 5.7(c)** – Comparison of Academic Resilience and its dimension viz., Motivation and Ability to get goals with reference to districts.

In the dimension of motivation and ability to get goals, it was found that there was significant difference at 0.01 level among the different districts higher secondary school students.

**Objective 5.7(d).** Comparison of Academic Resilience and its dimension viz., Relationship with peers and Adults with reference to districts.

In the dimension of relationship with peers and adults, significant difference was found at 0.05 level among higher secondary school students from the four districts – Aizawl, Mamit, Kolasib and Serchhip.

**Objective 5.7(e).** Comparison of Academic Resilience and its dimension viz., Emotional Regulation and Physical Health with reference to districts.

No significant difference was found in the dimension of emotional regulation and physical health among higher secondary school students from the four selected districts.

**Discussion.** The findings of the study suggest that locale/districts did have a significant effect on the academic resilience of the higher secondary school students in Mizoram. Aside from districts or place of residence, other factors like socio-economic status, individual characteristics, access to resources, family, school environment, social support may also be responsible for the variations that we see in the academic resilience of individuals. The findings concurred with the findings of Mallick and Kaur (2016) who found significant difference in levels of academic resilience based on locality or districts. Contrary to our findings Singh and Khatiwore (2020), Biswas (2021) and Pinki and Duhan (2020) found no significant different in academic resilience based on locales/districts.

# 5.8 Findings and discussions regarding the comparison of the mental health and its dimensions of higher secondary school students in Mizoram with reference to their districts

**Findings.** The findings of the study compared the mental health level of higher secondary school students from the four selected districts – Aizawl, Mamit, Kolasib and Serchhip. Among the four districts in the study, higher secondary students from Mamit District had the highest mean score (Mamit = 141.72 >Kolasib = 141.03 >Serchhip = 140.97 >Aizawl = 139.35). Standard deviation was lowest among students from Serchhip districthigher secondary school students (Serchhip = 6.32 <Aizawl = 6.8 <Mamit = 6.92 <Kolasib = 7.23). The results of ANOVA found that F-statistic was 4.337 which was significant at 0.01 level of significance. This revealed that there was

significant difference among the different districts in terms of mental health. Post-hoc analysis also showed that mental health scores of higher secondary school students in Aizawl district differed considerably from other districts. Mental health scores of Aizawl district were noticeably lower than other districts.

**Objective 5.8(a).** Comparison of Mental Health and its dimension viz., Positive Self-Evaluation with reference to districts.

In the dimension of positive self-evaluation no significant difference was found among higher secondary school students from the four districts in the study.

**Objective 5.8(b).** Comparison of Mental Health and its dimension viz., Perception of Reality with reference to districts.

No significant difference was found in the dimension of Perception of Reality among higher secondary school students from the four districts – Aizawl, Kolasib, Serchhip and Mamit.

**Objective 5.8(c).** Comparison of Mental Health and its dimension viz., Integration of Reality with reference to districts.

In the dimension of integration of reality, significant difference was found at 0.01 level among higher secondary school students from the four districts.

**Objective 5.8(d).** Comparison Mental Health and its dimension viz., Autonomy with reference to districts.

In the dimension of autonomy significant difference was found at 0.05 level among the higher secondary school students from the selected districts.

**Objective 5.8(e).** Comparison of Mental Health and its dimension viz., Group Oriented Attitudes with reference to districts.

In the dimension of group oriented attitudes, significant difference was found at 0.01 level among the districts.

**Objective 5.8(f).** Comparison of Mental Health and the dimension viz., Environmental Mastery with reference to districts.

In the dimension of environmental mastery significant difference at 0.05 level was found between the four selected districts.

**Discussion.** The findings of the present study concurred with the findings of Kaur et al (2019), Tripathy and Sahu (2021) which found significant difference in mental health

scores of students based on locales/districts. Contrary to our findings Bhat and Jan (2023) found no significant difference in mental health of students based on their locales/districts. The post-hoc test revealed that mental health level of higher secondary students in Aizawl district was noticeably lower than Mamit, Kolasib and Serchhip districts. Aizawl is urban in character and urbanization can have various negative effects on mental health .Often urban areas are characterized by crowded living conditions, noise pollution and high levels of competition in different spheres of life. Often these factors contribute to chronic stress, which is associated with anxiety and depression. Despite large population density, urban living can paradoxically lead to feelings of loneliness and social isolation. Busy lifestyles often hinder social interactions and community cohesion which are necessary for maintaining mental wellbeing. In urban areas one finds socio economic disparities coupled with overcrowding and housing issues. Urban areas experience higher rates of crime and violence which contribute to feelings of fear, anxiety and stress, Exposure to such experiences lead to adverse mental health outcomes among adolescents. The study's findings highlight the necessity of modifying strategies to address the unique mental health requirements of people from various social groups in particular geographic areas. Disparities in mental health among diverse communities can be effectively addressed through policy initiatives. Since social norms and community dynamics plays a crucial role in shaping mental health outcomes.

# 5.9 Findings and discussions regarding the relationship between academic resilience and mental health of higher secondary school students of Mizoram

**Findings.** The findings suggest that academic resilience and mental health are positively connected. Since the calculated correlation coefficient is (r = 0.201, p < .01). We can say there is a positive correlation between academic resilience and mental health and the correlation is statistically significant. Since the computed r-value is more than the critical value of r, it can be concluded that Mizoram's higher secondary school students' mental health and academic resilience are substantially positively correlated. This implies that students who are academically resilient are also mentally healthy. Students who have self confidence in their academics, a sense of well-being,

motivation, positive relationship, emotional regulation are more likely to have better mental health.

**Discussion.** The findings suggested that since academic resilience and mental health are positively connected, students who have confidence in their academics, who are motivated, have positive relationships as well as a sense of well-being. They are emotionally regulated and are more likely to have better mental health. Having a positive self-perception, being oriented towards group values, feeling competent in one's environment consistently relate to overall mental health. This means that individuals who have a positive self-image, a sense of belonging with others, and feel capable in their surroundings tend to experience higher levels of mental well-being. Furthermore, how well one integrates reality and have a sense of autonomy also influences overall mental health. Those who have a more integrated perception of reality and a sense of personal autonomy tend to experience better mental health outcomes. The present finding also concurred with the findings of some researchers who also found a positive correlation between academic resilience and mental health ( Haddadi & Besharat 2012, Sood et al., 2013, Rudwan & Alhashimia 2018, Sharma 2019, Konaszewski et al. 2021). Understanding the correlation between academic resilience and mental health has significant implications for both educational institutions and mental health practitioners. By recognizing the importance of fostering academic resilience, educators can implement strategies and interventions aimed at promoting resilience among students. This may include providing support systems, teaching coping skills and creating a positive learning environment that encourages resilience building behaviors.

Mental health professionals on the other hand, can incorporate assessments of academic resilience into their evaluations and treatment plans. Addressing academic resilience alongside mental health concerns can lead to more comprehensive and effective interventions, ultimately enhancing overall well-being. It should be noted that while our findings reveal significant correlation between academic resilience and mental health, causality cannot be determined from this correlation alone. Future research could delve deeper into the underlying mechanisms driving this relationship as well as explore longitudinal data to establish temporal precedence. By fostering

academic resilience and integrating mental health support, we can create environments where individuals excel academically and thrive emotionally.

### 5.10 Suggestions for improving the academic resilience and mental health of higher secondary school students in Mizoram.

Academic resilience refers to the ability of students to persevere and succeed in their educational endeavors despite facing various challenges and adversities. Maintaining good mental health is crucial for academic resilience, as it can have a significant impact on a student's ability to cope with stress, adapt to changing circumstances, and stay motivated. The following are some of the suggestions made to improve academic resilience and mental health of higher secondary schools of Mizoram:

- 1. Supportive School Environment: Educational institutions should strive to create a supportive and inclusive environment that fosters positive mental health. This includes having counseling services, peer support groups and an open non-judgmental atmosphere where students can discuss their concerns freely.
- 2. Mental Health Education: Schools should incorporate mental health education in their curriculum. This can help students better understand and manage their mental health, recognize when they or their peers might be struggling, and reduce the stigma associated with seeking help.
- **3. Early Identification and Intervention:** Teachers and school staff should be trained to identify signs of mental health challenges in students early on. Early intervention can prevent issues from escalating and negatively impacting a student's academic performance.
- **4. Access to Mental Health Services:** Schools should have access to mental health professionals who can provide counseling and support to students in need. This may include collaboration with external mental health organizations and resources.
- **5. Teaching Resilience Skills:** Schools can incorporate resilience building activities in their curriculum. This might include teaching stress management techniques, problem solving skills, and strategies for dealing with setbacks and failures.
- **6. Promotion of a Growth Mindset:** Encouraging a growth mindset, which emphasizes the idea that abilities and intelligence can be developed through effort

- and learning, can promote academic resilience. Students with a growth mindset are more likely to persevere in the face of adversities.
- 7. Balanced Workload and Reduced Stress: Schools should be mindful of the workload they assign to students. An excessive academic burden can contribute to stress and negatively impact mental health. Teachers and administrators can work together to ensure a balanced and manageable workload.
- **8. Peer Support and Peer Mentoring:** Creating opportunities for students to support and mentor one another can be beneficial. Peer support programs and mentorship initiative can help students feel more connected and supported in their educational journey. While among their peers, students are encouraged to share their experiences and coping mechanisms.
- **9. Parental Involvement:** Parents should be encouraged to actively engage in their children's education and well-being. Schools can provide resources and information to parents about recognizing signs of mental health issues and how to support their children effectively. Seminars and workshops can be conducted for parents to teach them the importance of mental health and resilience.
- 10. Flexible Learning Environment: In some cases a flexible learning environment that accommodates individual needs may be necessary for students facing mental health challenges. This could involve modified schedules, online learning options or additional support services. Where it is applicable, personalized learning approaches can be adopted based on individual student needs, strengths and challenges.
- 11. Role of Teachers: Teachers should realize the magnitude of their role in promoting mental health and academic resilience in children. By building positive student teacher relationship they can enhance student well-being and achievement. A positive relationship with one caring adult can change the course of even the most at-risk student. Teachers can create a sense of belonging within the school environment which is a strong protective factor for academic outcomes. Students thrive when they are valued and are physically and emotionally safe. Teachers can give consistent guidelines for behavior to students.

- **12. Teacher Training on Academic Resilience and Mental Health:** Teachers should be trained to create resilient classrooms and at the same time identify students who show signs of mental struggle .Necessary interventions could be provided.
- **13. Identification of Student Strengths:** Education should focus on the strengths of students-their positive qualities and abilities and not on their weaknesses. Building upon their strengths gives students more opportunities to succeed thereby, building in them a sense of self -worth.
- **14. Promotion of Environmental Protective Factors:** Protective factors within the home environment such as family support, family guidance, good parenting skills, low family stress, good communication and involvement of parents in the education of the students should be promoted to enhance academic resilience and well-being. Children's resilience can be heightened by secure attachments with adults at home.
- 15. Development of self-efficacy in Learners: When learners have belief in their capacity to achieve their goals, they are able to overcome whatever challenges that come their way. To develop self-efficacy, academic instruction can be developed that is challenging, achievable and realistic. Instructional supports, reinforcement and feedback should be provided to show the learner's academic efficacy. Self-efficacy is very much essential for development of academic resilience and well-being of the learners.
- 16. Development of Autonomy of Learners: In order to enhance academic resilience and mental health of learners, development of autonomy of the learners is important. An autonomous learner is one who has his/her own goals and knows what facilitates the learning goals as well as the barriers to such goals. An autonomous learner is one who works hard not because he has to but because he wants to.
- 17. Teaching Social and Emotional Skills: Teachers can improve peer relationships by teaching skills of self-management, social awareness, self-awareness, relationship and decision-making skills in the learners. In order to achieve this, collaborative learning methods could be employed so that students can have opportunities to practice social skills. When social and emotional skills are acquired, well-being and resilience are enhanced.

- **18. Positive Relationships**: Mental health and academic resilience are promoted when there is positive student-teacher relationship. This is because relational skills like building relationships, effective classroom management, clear focus on goals, effective instruction and autonomy enhances student achievement and engagement.
- **19. Developing a sense of belonging within the school**: Students must be instilled with a sense of pride and belonging in the institution. A key protective factor for both academic success and mental health is school connectedness. In a positive learning environment, where students have a say and are free to make choices and where they feel emotionally and physically safe learning outcomes improve and anxieties are reduced.
- **20. Building in students a sense of meaning and purpose**: Students should be provided with opportunities to contribute to others by engaging them with the local community and the larger society. While working towards worthwhile goals their sense of well-being increases which in turn positively influences their achievement.

In conclusion, academic resilience and mental health are closely intertwined, and promotion of good mental health is crucial for students to thrive academically. Educational institutions play a pivotal role in creating an environment that supports and nurtures both academic resilience and mental well-being. By implementing these suggestions, schools can better equip students to face challenges and succeed in their academic pursuits.

#### **Educational Implications**

- Identifying vulnerable groups: By understanding which groups have lower resilience or poorer mental health, schools can plan targeted interventions.
- 2. Tailored Interventions:-

Create and implement support programs that are tailored to the specific requirements of different groups of students. For instance, if female students have lower resilience levels than males, gender specific programs can be created to counter this problem.

3. Integration of mental health education and resilience training in the curriculum:Based on the findings of the study mental health education and resilience training
can be incorporated in the curriculum. Schools can also implement programs to
teach students coping mechanisms and stress management, problem solving
techniques, resilience building and establish peer support-groups.

### 4. Training of Teachers:-

Teachers should be oriented to recognize signs of mental health issues as well as the resilience levels of their students. This would enable them to give appropriate support and referrals if the need arises.

# 5. Inclusive Teaching Practices:-

Teachers should be well equipped with plans to create a supportive classroom climate that fosters resilience among all children irrespective of their gender, stream of study or background.

#### 6. Parental Involvement:-

Schools should organize programs for parents to make them aware of the importance of mental well-being and academic resilience in academic success. They should be made aware of the significance of their role in their children's mental well-being and resilience. Along with this parents should be educated in ways in which they can support their children.

# 7. Establishing Strong Communication Link:-

Strong communication link should be established between parents, teachers, and others involved in the education so as to monitor and support mental well-being and resilience of the students.

#### 8. Inform Policy Formulation:-

Findings of the study can inform policymakers to develop policies that promote academic resilience and mental health thereby ensuring that all students have access to resources and support they require. Demographic comparisons based on gender, stream of study can highlight areas with greater needs so that there is equitable allocation of mental health resources and services for those that need it.

# 9. Positive School Environment:-

A positive school environment should be created that promotes mental well-being and resilience. A child remains in the school for more than 6-7 hours daily. The

role of the school environment is a major one. Peer support and mentor-ship programs can be implemented within the school. Children should also have school connectedness and a sense of belonging with the school.

### 10. Career Counseling:-

Since the higher secondary school stage is an important stage, career counseling must be provided to help students to manage stress related to academic and career decisions.

#### 11. Monitoring:-

Monitoring of students' academic resilience and mental health over time allows for the identification of trends, effectiveness of interventions and areas that need improvement. It enables adapting strategies based on research findings to meet the needs of students.

### 12. Collaboration with Community:-

Collaborating with community ensures that students are able to avail of the community resources-such as mental health organizations. Awareness campaigns can be conducted to reduce the stigma associated with mental health issues and foster a culture of resilience in students.

### 5.11 . Suggestions for further Research

The following suggestions are proposed:

- Future studies can focus on protective factors within the family, within the school and the community so that intervention programs for the enhancement of academic resilience and the promotion of mental health of students can be developed.
- 2. A study on academic resilience and mental health can be conducted at different levels high school, elementary, college level or even at the university level.
- 3. Qualitative approach or even a mixed method approach can be conducted to gain deeper understanding of academic resilience and mental health of students.
- 4. Studies can focus on the role of parents, teachers and community in enhancing academic resilience and promoting mental health of students. Through such studies their roles could be strengthened.

- 5. The present study is focused only on four (4) districts in Mizoram. Further studies can be conducted to include all districts of Mizoram.
- 6. Studies can be conducted on academic resilience and mental health with reference to students' socio-economic status, parenting style, teachers' behavior, type of schools and other variables.
- 7. Studies can be conducted on the causative factors behind the present level of academic resilience and mental health status of students.
- 8. Case studies can be conducted on academic resilience and mental health so as to have focused observations.
- 9. Studies could be carried out to build strategies or interventions to enhance academic resilience and promote mental health of students at different levels.
- 10. Effectiveness of intervention programs in fostering academic resilience and promoting mental health can be studied.
- 11. Experimental studies could be conducted to test the interventions or strategies used to promote academic resilience and mental health in students.
- 12. Longitudinal studies can be conducted to identify factors that contribute to academic resilience and well-being of students at different stages of education.
- 13. An investigation can be conducted on the extent to which parental involvement predicted academic resilience among students.
- 14. Impact of teacher-student interactions on academic resilience of students can be investigated.
- 15. An exploration on the relationship between academic resilience, mental health and academic stress of students can be undertaken.
- 16. Studies on the role of classroom relationships as sources of academic resilience in students.
- 17. An examination into the relationship between self-efficacy and academic resilience of students at different levels.
- 18. Findings of the present study can serve as data base for further research in the field of academic resilience and mental health in the state.

#### 5.12. Conclusion

When one delves into the present education system, the areas that need a lot of attention are retention and completion - at whatever stage of education. An important strategy to increase retention as well as completion is to turn our focus towards student's academic resilience and mental health. One can acquire new and more stronger resilience abilities; resilience is not just an innate talent. Students' academic performance and general well-being are impacted by their capacity to handle obstacles in their educational environment. An individual depends on this strength as a central determinant of mental health. Academic outcomes like retention can be impacted by an individual's level of academic resilience since it can impact how pupils handle obstacles and hurdles in the classroom.

Academic resilience and mental health are crucial components of a student's overall well-being and success in education. Students with good mental health and academic resilience are better equipped to focus, concentrate and retain information. They are more likely to engage in effective learning strategies.

Resilient individuals are better at facing challenges and setbacks. They develop problem solving skills and learn to adapt to different situations, which are valuable both in education and life. Good mental health practices and resilience techniques can help students manage stress effectively. Reduced stress levels lead to improved cognitive functions and better overall health.

A sound mental health and high academic resilience contribute to positive social interactions. Students who are mentally well are more likely to form healthy relationships with peers, teachers and other members of the school community.

When one possesses resiliency, he/she become motivated and engaged in their studies. One sets goals, works towards them and persist in the face of difficulties. Academic resilience fosters a sense of self-efficacy, which is the belief in one's ability to achieve goals. This self-confidence positively impacts a student's academic performance.

Students with strong mental health and academic resilience are less likely to dropout of school. They are better equipped to handle the challenges that can arise during their academic journey. Teaching resilience and promoting mental health practices can serve as a preventive measure against the development of more serious mental health issues such as anxiety, depression and burnout.

Resilience and good mental health are life skills that extend beyond the classroom walls they help individuals navigate challenges in various aspects of life, including personal relationships and work environments.

Developing academic resilience and maintaining good mental health during educative years sets a strong foundation for future success. It equips students with the tools they need to face challenges in higher education, career pursuits and beyond.

Promotion of a positive school culture – Fostering resilience and prioritizing mental health creates a supportive and nurturing school environment. This culture encourages open communication, empathy and a sense of belonging.

Individuals with strong mental health and resilience are more likely to become positive contributing members of society. They are better equipped to handle responsibilities, contribute to their communities and pursue fulfilling careers.

In conclusion, prioritizing academic resilience and mental health in education is not only essential for the well-being of students but also contributes to a more positive, productive and successful learning environment for everyone involved.

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Consumable Booklet
Of

Dr. Mihir Kumar Mallick (Phagwara)
Simrajit Kaur (Phagwara)

(English Version)

Please fill in these entries:	Date					
Name	Father's Name _					
Date of Birth	Gender: Male O Female O					
Class: XI O XII O Faculty: Arts	S O Commerce O Science O					
School	_City					
Type of School: Government ○ Private ○						
Area: Urban ⊝ Rural ⊝ Distr	rict:					

#### **INSTRUCTIONS**

On the following pages 52 statements regarding your academic resilience have been given. Read each statement carefully and decide your response of agreement or disagreement on five-point alternatives viz., Strongly Agree, Agree, Undecided, Disagree and Strongly Disagree, and put a  $\square$ mark in the appropriate alternative box $\square$  which is close to your response.

Please do attempt to all 52 statements.

There is no right or wrong answer. Your answer will not influence your examination result.

Your answer will be kept confidential.

# Scoring Table

	Raw Score			z-Score	Grade	Level of Resilience
Page	2 3 4					
Score						
Total						

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UG-1, Nirmal Heights, Near Mental Hospital, Agra-262 007

2 | Consumable Booket of ARS- MMKS

Sr.I	No STATEMENTS	Strong Agree	IAO	ree	Undeci- ded	Dis- agree	Strongly Disagree	SCORE
1.	I try to well on school assignments.	(	)	0	0	0	0	
2.	I believe I can do my school work withouthers help.	ut (	)	0	0	0	0	
3.	I do not lose my confidence when I get less mark.	(	)	0	0	0	0	
4.	I hope that one day I will achieve my go	als. (	)	0	0	0	0	
5.	I know that I try hard, I can excel in my exams.	(	O	0	0	0	0	
6.	I like to see myself successful at school	. (	)	0	0	0	0	
7.	At times it becomes difficult for me to taright decision.	ke (	)	0	0	0	0	
8.	I feel nervous when I appear in examination or class test.	(	)	0	0	0	0	
9.	I think that behaviours like hitting or bullying are not good at school.	(	)	0	0	0	0	
10.	At school we share each other's happy sorrowful moments.	and (	)	0	0	0	0	
11.	I respect the school rules and regulation	าร. (	)	0	0	0	0	
12.	I actively engage in games and doing things that I enjoy.	(	)	0	0	0	0	
13.	Most people see me as loving and affectionate	(	)	0	0	0	0	
14.	I understand my responsibilities and manage them sincerely.	(	)	0	0	0	0	
15.	I feel with time things will be alright.	(	)	0	0	0	0	
16.	I let others help me when I need to.	(	)	0	0	0	0	
17.	I become frustrated when other students get high marks or grades than me.	s (	)	0	0	0	0	
18.	I do not fit very well with the people around me.	(	)	0	0	0	0	
19.	My teachers hold the opinion that I can better in higher education.	do (	)	0	0	0	0	
	Total Score Page 2					2		

**Total Score Page 3** 

	Cor	nsumal	ble B	le Booket of ARS- MMKS   4				
Sr.No STAT	TEMENTS	Strongly Agree	Agree	Undeci- ded	Dis- agree	Strongly Disagree	SCORE	
•	ates remain displeased ehaviour of our teacher	S.	0	0	0	0		
38. I have not experi relationship with	enced warn and trustin others.	g O	0	0	0	0		
39. I am clear about in every situation	my feelings and emotic	on O	0	0	0	0		
40. I do not let study achieving my aca		0	0	0	0	0		
41. I view problems	as challenges	0	0	0	0	0		
42. After getting less improve my perfe	mark in class test I try ormance.	to O	0	0	0	0		
•	and try to find a way to etter in challenging	0	0	0	0	0		
44. I am flexible and	adapt to changes	0	0	0	0	0		
45. In a stressful situremain calm.	ation at school, I try to	0	0	0	0	0		
46. I get irritated bed pressure in my s	•	0	0	0	0	0		
47. I am afraid of do know it will be gr	ng school work when I aded.	0	0	0	0	0		
	th friends and even with nings do not work	n <sub>O</sub>	0	0	0	0		
<b>3</b> ,	chool work, I sleep arounight to keep myself ac	_	0	0	0	0		
50. I often participate like dance, sport	e in recreational activitions and games.	es O	0	0	0	0		
51. I regularly play o myself physically	utdoor games to keep fit.	0	0	0	0	0		
52. When I fell stress	sed due to academic wo	ork ()	0	0	0	0		
			•	ļ.				

# MENTAL HEALTH INVENTORY

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AGRA

Dr. A. K. Srivastava Dept. of Psychology B.H.U. - VARANASI

### **INSTRUCTIONS:**

This inventory is meant for psychological investigation. It consist of a number of statement relating to your feelings about yourself in every day life. You have got four alternatives to respond each of the statements. Choose either of the four alternatives responses, i.e. Always, Most of time, Sometimes, Never, which most suitably indicate the frequency of your feelings and views.

Do not leave any statement unanswered.

	Always	Most of times	Sometimes	Never
1. I feel lack of confidence.	0	0	0	0
2. I get excited very easily.	0	0	0	0
3. I am not able to take quick decision on any subject.	0	0	0	0
4. I have affection and attachment with my neighbours.	0	0	0	0
5. I mould myself according to circumstances.	0	0	0	0
6. I feel that I am loosing self-respect.	0	0	0	0
7. I use to worry even about trivial matter for a long time.	0	0	0	0
8. I am not able to take decision about my next step.	0	0	0	0
9. I hesitate in meeting with others.	0	0	0	0
10. I do not duty well even in adverse circumstances.	0	0	0	0
11. I feel that I am not able to fully utilize my abilities in performing my different duties.	0	0	0	0
12. In adverse circumstances, I act without keeping in view of the real facts.	0	0	0	0
13. I feel irritation.	0	0	0	0
14. I feel to be insecure.	0	0	0	0
15. I am much worried about my responsibilities.	0	0	0	0
16. I feel depressed/dejected.	0	0	0	0
17. I play important role in social ceremonies.	0	0	0	0
18. I utilize my reasoning even in difficult times.	0	0	0	0
19. I feel that my relations with others are not satisfactory.	0	0	0	0
20. My responsibilities are like burden to me.	0	0	0	0
21. I suffer from inferiority complex.	0	0	0	0
22. I am and used to be lost in world of imagination.	0	0	0	0
23. I am and anxious about my future.	0	0	0	0
24. My friends/relatives remain ready to help me in the difficult times.	0	0	0	0
25. I make definite plans about my future.	0	0	0	0
26. I am enraged even by the slightest unfavourable talks.	0	0	0	0
27. I take decision easily even in difficult circumstances.	0	0	0	0
28. I am not able to behave in such a way as my friends expect from me.	0	0	0	0
29. I am satisfied with most of the aspects of my life.	0	0	0	0
30. My friends and colleagues hale respect for me.	0	0	0	0

		Always	Most of times	Sometimes	Never
31.	My confidence varies highly in quantity.	0	0	0	0
32.	I am always ready to fight the problem.	0	0	0	0
33.	I make impressions about people or issue even in absence of facts and grounds.	0	0	0	0
34.	I am not able to concentrate fully in my works.	0	0	0	0
35.	I feel inclined towards opposite sex.	0	0	0	0
36.	I solve my problems myself.	0	0	0	0
37.	I fully cooperate in the important functions of my community.	0	0	0	0
38.	I am perplexed with my contradictory thoughts.	0	0	0	0
39.	I take decisions on the basis of facts even though they are contrary to my wish.	0	0	0	0
40.	I am not able to continue any task for long.	0	0	0	0
41.	I feel my self secured amidst my friends/group.	0	0	0	0
42.	I do not become hopeless even when I fail.	0	0	0	0
43.	I consider myself useful for society.	0	0	0	0
44.	I aspire for something without having in view of my short comings.	0	0	0	0
45.	I do not get influenced even by reasonable arguments.	0	0	0	0
46.	I am not able to take such decision as I want to take.	0	0	0	0
47.	I am afraid of imaginary calamities.	0	0	0	0
48.	I feel that this world is a place good enough for passing life.	0	0	0	0
49.	I feel full of enthusiasm to think that I will certainly achieve my objectives.	0	0	0	0
50.	I do not get disappointed with the common worries of daily life.	0	0	0	0
51.	My mood changes momentarily.	0	0	0	0
52.	I myself decide what and how I should do.	0	0	0	0
53.	I feel that my intimacy with my group community is increasing gradually.	0	0	0	0
54.	I feel pleasure in taking responsibilities.	0	0	0	0
55.	I feel that situations are getting against me.	0	0	0	0
56.	I have a wide perception about life.	0	0	0	0

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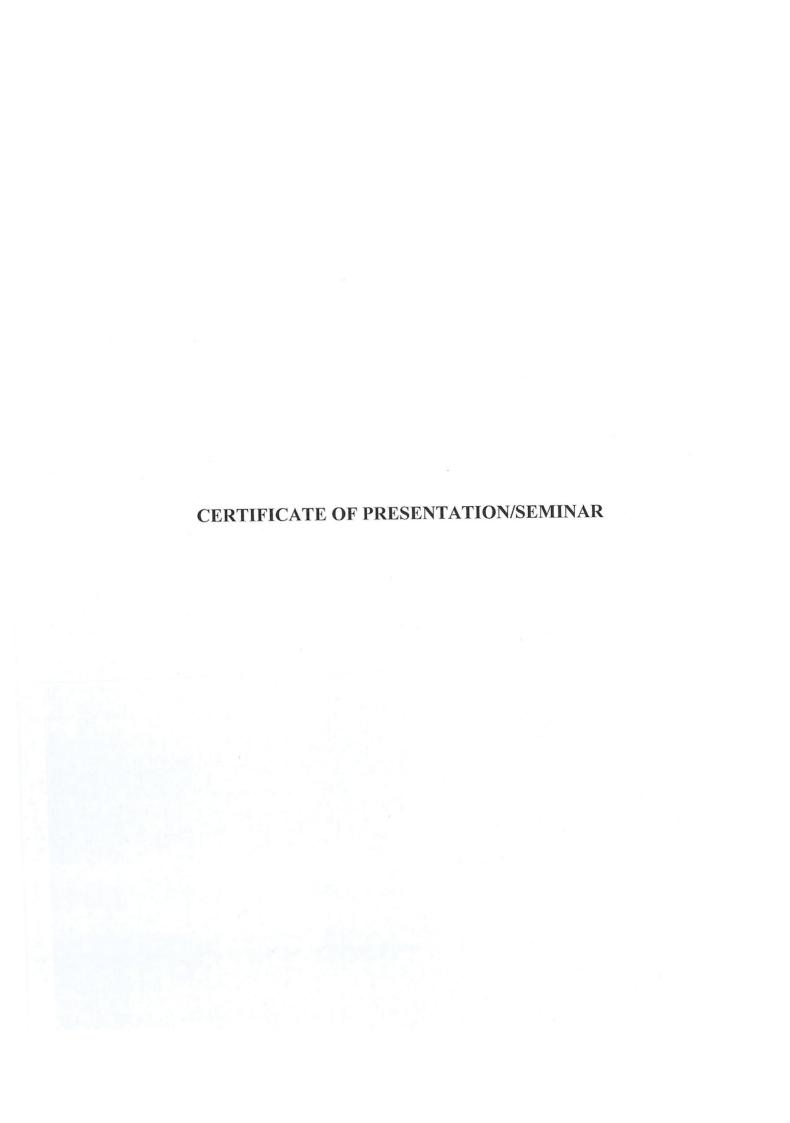
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DEPARTMENT : EDUCATION, MIZORAM UNIVERSITY

TITLE OF THE THESIS : ACADEMIC RESILIENCE AND MENTAL

HEALTH OF HIGHER SECONDARY

SCHOOL STUDENTS OF MIZORAM.





# **EDUCATING YOUTH IN THE DIGITAL AND** TRANSFORMATIVE INNOVATION AGE NATIONAL SEMINAR ON



This is to certify that

Department of Education, Mizoram University Susan Lalthanpuii, Research Scholar

presented a paper on the topic

'Academic Resilience of Higher Secondary School Students in Mizoram with reference to

on 9th June, 2023 held at Golden Jubilee Hall, Pachhunga University College. their Gender'

(Dr. LALRINTLUANGI)

Convener

(Prof. H. LALTHANZARA)
Principal
Pachhunga University College

(Dr. LALCHHUANMAWII)
Convener

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# **EDUCATING YOUTH IN THE DIGITAL AND** TRANSFORMATIVE INNOVATION AGE NATIONAL SEMINAR ON



This is to certify that

Department of Education, Pachhunga College Susan Lalthanpuii, Assistant Professor

presented a paper on the topic

'Mental Health of Higher Secondary School Students in Mizoram with respect to their Gender' on 8th June, 2023 held at Golden Jubilee Hall, Pachhunga University College.

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Convener

(Prof. H. LALTHANZARA) Principal

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# Mental health of Higher Secondary School students with respect to their gender

# Susan Lalthanpuii¹, Lalhriatpuii²

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The ability to think, feel, and act in ways that support general well-being, efficient functioning, and the capacity to overcome obstacles in life is referred to as one's mental health. It also includes one's emotional, psychological, and social well-being. Comparing higher secondary school students' mental health according to gender is the goal of the current study. Eight hundred students from four districts in Mizoram made up the study's sample, higher secondary school pupils. The gender of the pupils in higher secondary schools did not significantly differ in terms of their mental health, according to the study.

Keywords: Mental health, Higher secondary school students, gender

#### Introduction

It comprises a person's es. In the World Health Organization (WHO) Report - 2001, a number of factors are encompasses not just our emotional state and cognitive Iwo words make up the term 'mental health'; the word denotes something beyond a person's including competence, functioning, but also our thoughts, feelings, and actions. of Mental eing, and self-actualization emotional potential health, autonomy, mental emotional and cognitive states. dependency, functioning. of well-being, intergenerational deno and typically cerebral intellectual

trip, and their mental health becomes a major area of concern. This study delves into the area of adolescent mental health, with a particular focus on understanding the influences. It is imperative to acknowledge that individuals regardless of their gender. The study aims to investigate expectations and cultural influences which exert an influence in the mental health trajectories of the young interplay of mental well-being and gender. It is crucial to encounter these obstacles in disparate ways mental health with reference to gender. In the context of the with gender, interventions and support systems can be tailored to foster a more effective approach in promoting Adolescence is a crucial period in human development marked by mental and physical transformations. During this specific phase, young people must navigate a challenging of adolescents since they experience particular difficulties due to peer dynamics, familiar Indian Society, we have traditional gender norms, social individuals. By examining the relationship of mental health and mental well-being for the younger generation. stress, scholastic into the mental health expectations, frequently societal

### Rationale of the Study

well-being. As adolescence is a period laden with innumerable challenges, where one moves from childhood to adulthood. At this important stage, there is transformation physically as well as mentally. At this crucial future in an adolescents, keeping in view the importance of this developmental stage and its potential impact on their overall investigate the mental health The study aims to

expectations, peer pressure and concerns about the future often takes a toll on individual's life the burden of academic mental health.

socioeconomic, biological and environmental factors. The study intends to find out whether there are differences in the mental health of adolescents based on gender. Through the findings, valuable insights can be contribute so that targeted interventions can be brought about to promote better mental Mental health is determined by an array of psychological, health in adolescents.

developmental stage and its potential impact on their overall well-being. A significant issue in the Indian context is to contribute valuable insights that can bring Mental health is an important component of health and wellbeing. 50 percent of mental health problems are established by age 14 and 75 percent by age 24 (Kessler et. al 2005) [4] equity in healthcare and this extends to mental health services. Access to mental health services is often biased on the lines of wealth, caste, location and gender. The study targeted interventions and support system to promote mental health in adolescents. Adolescence is a period laden with innumerable challenges. It is a transitional period whereby one moves from childhood to adulthood and there investigate the mental health in view the importance transformation physically as well as mentally. The study aims to adolescents, keeping intends

# Review of Related Literature

Singh and Udainiya (2009) <sup>[6]</sup> had conducted a study on the effects of the type of family and gender on self-efficacy and well-being of adolescents. Family is the source of support of any individual and one of the most important motivating consisted of adolescents from joint and nuclear families. Results revealed a significant effect of type of family and gender on self-efficacy. Interaction between type of family and gender was found to be significant, however neither family type nor gender was found to be significant; however neither family type nor gender had significant effect on the achieve. factors for human beings to grow and measure of well-being.

Arumugam and Mahendraprabu (2014) [1] conducted an investigation on mental health of higher secondary students.

and different parental education of higher secondary students. However the study also found a significant difference between rural and urban higher secondary students and between arts and science group of higher secondary students in respect off their level of mental The study found no significant difference in mental health between male and female higher secondary school students health.

Deb et.al (2015) [3] conducted a study to examine the students were interviewed using a semi structured questionnaire and three psychological tests. The result of the study indicated that parental care was associated with high emotional adjustment and high self-concept and mothers' short temper associated with high anxiety. The study found relationship of home Environment, parent's personality and mental health of adolescents with focus on adjustment, Sample of 370 self-confidence while parental pressure was associated with high anxiety. Fathers' "friendliness" was associated with low that disturbed families contributed to adolescent anxiety, inability to share personal problems, parental interference in personal affairs and academic pressure. Parental traits were found to negativity influence mental health - anxiety, adjustment, self concept and self confidence. anxiety, self-concept and self-confidence.

academic stress and mental health among high school Subramani and Kadhiravan (2017) [7] conducted a study on students in Tamil Nadu. The study found that students from private schools experienced higher academic stress than that of government schools. It further found that students from private schools had a higher mental health status that their significant relationship was found between academic stress and mental X schools. government counterparts in

health of the high school students.

Wani (2017) [9] conducted a study to explore the level of mental health among adolescents. The study found that boys had a higher level of mental health than girls. There was a significant difference in the mental health scores between boys and girls. A significant difference was found between the mental health scores of 13-15 years respondents and 16-19 years respondents. The study found that gender and age are influential factors in mental health.

Senad (2018) conducted a study on "Mental health among high school students in terms of gender and mental health sub-factor.

The result of the study found that-

- Boys had higher emotional stability than girls. Girls had higher overall adjustment and autonomy than boys
  - is no significant difference between boys and girls on the mental health dimension on security insecurity There
- There is no significant difference between boys and girls on mental health. 4

### Objectives of the Study

- To find out the state of mental health of higher secondary school students in Mizoram.
- To compare the state of mental health of higher secondary school students in Mizoram with reference to ci.

#### Hypothesis

There is a significant difference between higher secondary school students in Mizoram in mental health with respect to their gender.

#### Methodology

The present study followed the descriptive survey method.

### Population and Sample

of all higher secondary school students from Mizoram. For the present The sample consisted of 800 students studying in higher study, stratified random sampling technique was employed. secondary schools in four selected districts of Mizoram. comprised The population of the study

Srinastava To assess the state of mental health of higher secondary Inventory school students in the study, Mental Health (MHI)-(1983) developed by Jagdish and A.K. was used.

Data Collection and Analysis

The objective of the present study included finding out the state of mental health of higher secondary school students in by administering the Mental Healul Liverage following Responses obtained from the subjects were scored following the standard scoring procedures. The scores were classified, whilated and analyzed. The analysis of the data were Mizoram and to compare the state of mental health of higher secondary school students with reference to their gender. The data relating to the state of mental health were collected by administering the Mental Health Inventory (MHI). carried out with the help of standard statistical techniques like mean, standard deviation, t-test, keeping in view the objectives of the study and the findings were meaningfully

# Data interpretation and discussion

Objective No. 1: State of Mental Health of Higher Secondary School Students in Mizoram.

In order to find out the mental health of the higher googndary school students the investigators used Montal and Dr. A. K. Srivastava. The scores of each individual student were calculated and Interpretation was made as per Health Inventory Scale (1983) standardized by Dr. Jagdish the z-score norms given below.

Table 1: Z. Score Norms for Interpretation of the level of Mental Health

Range of Z score	Level of Mental Health
+2.01 and above	Extremely high
+1.26 to 2.00	High
+0.51 to + 1.25	Above Average
-0.50 to +0.50	Average
-1.25 to -0.51	Below Average
-2.00 to -1.26	Low
-2.01 and below	Extremely Low

# Objective 1: Level of Mental Health

The research findings of the overall mean, standard deviation, detailed classification into different categories of the higher secondary school students are reflected in Table 2, Table 3 and Figure 1.

 Table 2: Overall Mean of the Mental Health of Higher Secondary

 School Student in Mizoram

Standard Deviation	6.87
Mean	141.39
Z	800
Variable	Mental Health

It is perceptible from Table 2 that the mean score and standard deviation of higher secondary school students is 141.39 and 6.87 respectively. Therefore, it may be inferred that higher secondary school students in Mizoram had average level of mental health.

Table 3: Percentage of All Higher Secondary School Students Falling Under Different Levels of Mental Health

Γ								
	f	17 (2.13%)	65 (8.12%)	126 (15.75%)	353 (44.13%)	171 (21.37%)	41 (5.13%)	27 (3.37%)
	Level of Metal Health	Extremely High	High	Above Average	Average	Below Average	Low	Extremely Low
	Range of actual score	155 and above	150 - 154	145 – 149	138 - 144	132 - 137	127 – 131	126 and below
	Range of z-Score	+2.01 and above	+1.26 to2.00	+0.51 to + 1.25	-0.50 to +0.50	-1.25 to -0.51	-2.00 to -1.26	-2.01 and below

As shown in Table no. 3 and Figure 1, out of 800 higher secondary school students in Mizoram, 17 (2.13%) had extremely high level of mental health, 65(8.12%) had high level of mental health, 126 (15.75%) had above average level of mental health, 353 (44.13%) had average level of

mental health, 171 (21.37%) had below average mental health. Out of 800 respondents 41(5.13%) had low level of mental health and only 27(3.37%) had extremely low level of mental health.

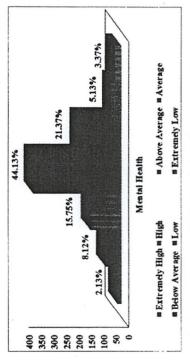


Fig 1: Percentage of All Higher Secondary School Students Falling Under Different Levels of Mental Health

# Objective No. 2: Comparison of Mental Health Status of Higher Secondary School Students of Mizoram with respect to their gender.

To examine the state of mental health between male and female higher secondary school students in Mizoram the collected data were analysed by employing descriptive statistics such as mean, standard deviation and t-test and the results are shown in Table 4, Figure 2, Table 5, Figure 3 and Table 6.

Table 4: Mental Health of Higher Secondary School Students in Mizoram – Gender wise

Gender	z	Mean	Std. Deviation	SEM
Male	391	141.39	6.72	0.34
Female	409	140.16	6.95	0.34

From Table 4 and Figure 2, it is clearly seen that the mean score and standard deviation of male secondary school students were found to be 141.39 and 6.72 respectively. Therefore, it can be concluded that male secondary school students had above average level of mental health. The mean score and standard deviation of female secondary

school students were found to be 140.16 and 6.95 respectively. Therefore, it can be concluded that female secondary school students had average level of mental health. A comparison of their mean scores revealed that male respondents had a slightly higher mean score as compared to female respondents.

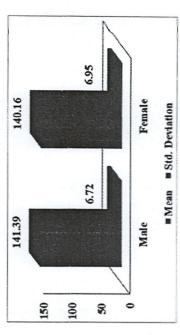


Fig 2: Mental Health of Higher Secondary School Students in Mizoram – Gender wise

Table 5: Overall levels of Mental Health of Higher Secondary School Students in Mizoram - gender wise

Gender	z	Extremely high	High	Above Average	Average	Below Average	Low	Extremely low
Male	391	391 9 (2.30%)	34 (8.69%)	73 (18.67%)	179 (45.78%)	64 (16.37%)	21 (5.37%)	11 (2.81%)
Female	409		31 (7.58%)	53 (12.96%)	174 (42.54%)	107 (26.16%) 20 (4.89%)	20 (4.89%)	16 (3.91%)

Table no. 5 and Figure 3 shows that out of 391 male students, 179 (45.78%) students had average level of mental health, 73 (18.67%) had average level mental health, 64 (16.37%) had below average level of mental health, 34 (8.69%) had high level of mental health, 21 (5.37%) had low mental health, 11 (2.8%) students had extremely low mental health and 9 (2.30%) students had extremely high level of mental health. Out of 409 female students, 174

(42.54%) students had average level of mental health, 107 (26.16%) had below average mental health, 53 (12.96%) had above average mental health, 31 (7.58%) students had high level of mental health, 20 (4.89%) students had low mental health, 16 (3.91%) students had extremely low level of mental health whereas 8 (1.96%) students had extremely high mental health level.

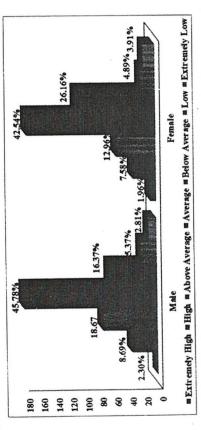


Fig 3: Overall levels of Mental Health of Higher Secondary School Students in Mizoram - gender wise

and female higher secondary school students in Mizoram To find out the significant differences between male and female higher secondary school students on their level of mental health, hypothesis was formulated, and the significance of the mean differences was tested using the teat.

Hypothesis No. i, states that "There is a significant difference in the level of mental health of male and female higher secondary school students in Mizoram."

Table 6: Comparison of the levels of mental health between male and female higher secondary school students in Mizoram

/ariable	Gender	z	Mean	SD	MD	SEM	t- value	Variable Gender N Mean SD MD SEM to Significan
Mental	Male 391 141.39 6.72 1.23 0.	391	141.39	6.72	1.23	0.34 0.01	0.01	NS
Health	Female 409 140.166.95 1.23	409	140.16	6.95	1.23			

\*NS = Not Significant

difference between male and female higher secondary school students is 0.01. Therefore, the hypothesis which was framed, "There is a significant difference in the level of mental health between male and female higher secondary school students in Mizoram" was rejected. A comparison of their mean scores revealed that male respondents had higher mean scores a compared to female respondents but not statistically significant. It may be concluded that the obtained difference may be attributed to chance factor.

### Discussion and Finding

The present study found that the majority of the higher secondary school students had average level of mental health. Similar findings were investigated by Manikandan and Nirmaladevi (2019) in Madurai found that adolescent students in Madurai had moderate or average level of mental health. Sing et.al (2015) found that the majority of students from Delhi were having moderately mental health.

ri

The present study found that there was no significant difference in mental health between male and female higher secondary school students. The finding of the present study conducted in Mizoram can be further assimilated with the findings conducted by some studies which showed no significant differences between male and female students in their level of mental health (Najafi & Foladjang 2007, Roul & Bihari 2015 and Jagad 2020)

#### Conclusion

In the present circumstances, adolescents are facing a wide array of difficulties in life. These difficulties may give rise to a large number of psycho-somatic problems such as anxiety, tension, frustration, mental illness and emotional disturbances in our daily life. More often than not, many of these mental health problems begin during adolescence. These mental health issues have an adverse affect on the adolescents' psychosocial functioning and well being. Schools provide an opportunity for many of the young people to improve their lives. Not only that, the role of the

Apart from the family and societal support, the role of the school in providing mental health programmes is a pivotal one. Children spend a major portion of their time within the premises of the school. This study was an attempt to find out the mental health status of the students at the higher secondary level in Mizoram.

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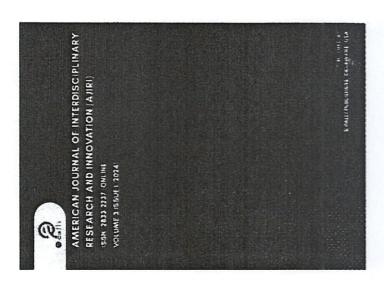
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# Research Articles

Detailed Analysis of the Academic Resilience of Higher Secondary School Students

Susan Lalthanpuii, Lalhriatpuii 33-38

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# Susan Lalthanpuii'', Lalhriatpuii

Detailed Analysis of the Academic Resilience of Higher Secondary School Students

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#### ABSTRACT

students in Mizoram, the southernmost state of North-Eastern India. The sample of the study includes 800 higher secondary school students from Mizoram. The study revealed that higher secondary school students in Mizoram had average academic resilience. The study also found no significant difference between male and female higher secondary school students in their level of academic resilience. The study also revealed that there was no significant difference between male and female higher secondary school students in their levels of motivation and ability to achieve goal, sense of well being and relationship with peers and adults. The research findings also revealed that there was significant difference between male and female students in their levels of academic confidence and emotional The present study analysed the level of academic resilience of higher secondary school regulation and physical health.

### INTRODUCTION

experience pressure and stress if appropriate action is not obstacles, stress, and study pressure. When pupils show Students will taken to help them overcome these issues. Deteriorating academic results and a higher dropout rate could result The ability to bounce back from adversity and stress is a sign of resilience. It is the mental reservoir of resilience that individuals can draw upon to get through difficult Academic resilience refers to a student's capacity to effectively manage academic academic resilience, they overcome obstacles to achieve high academic standards. It refers to academic success during the educational process in spite of a challenging or difficult situation (Mihir K. Mallick and Kaur 2016). Nowadays, there are numerous issues students must deal from this. This might result in poor academic achievement with in both society and their classrooms. situations without defeat. and a higher dropout rate.

research in the north eastern part of India where the a very important transitional phase in a student's life. The findings of the research may in some way enable teachers and educators foster in the children academic ç of present study has been conducted. The higher secondary stage being a crucial step towards higher education and resilience skills and promote mental well being which is stage education has been a relatively untouched area resilience at this so important at their stage in life. The topic of academic

# LITERATURE REVIEW

of home and school environment of school going population. Standardized measures of resilience, home environment and school environment were administered Azam (2012) conducted a study to examine the role female adolescent in a semi-urban town in India. The study identified and explored which protective factors resilience in this are responsible for higher levels of

to a sample of 130 school going girls in their adolescent phase. The study revealed significant relationship between resilience and home and school protective factors. Mallick and Kaur (2016) conducted a study to explore the learning environment and academic resilience of senior secondary school students and to analyse the relationship between learning environment and academic resilience. 600 high school students were selected from three regions of Punjab. Self constructed and Standardised Learning Environment Scale and Academic Resilience Scale mere used for data collection. The study revealed that:

- 1. Boys possessed higher level of academic resilience as compared to girls.
- academic resilience as compared to students belonging to Students from urban locality possessed rural area.
- Significant positive relation was found between learning environment and academic resilience of senior

stress, perceived social support and resilience of school going adolescents in Mangaluru city of southern India with respect to their gender. A cross-sectional research design was used and 206 schools going adolescent from grade 8-10th of four schools of Mangaluru city were social support and moderate resilience. The moderate resilience highlights the scope of resilience building Prabhu and Shekhar (2017) assessed the level of perceived selected through convenient sampling. The mean age of the sample was 14.10 years. It was found that adolescents had mild level of perceived stress, high level of perceived secondary students.

analyse the nature of relationship between academic resilient traits and their actual performance in scholastic tests. The study was carried out on a sample of high public school from low Rao and Krishnamurthy (2018) conducted a study to socio-economic background. Resilience and scholastic programs in schools of Mangaluru. school students studying in

10

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performance were measured using appropriate inventory backed by secondary data of their school marks. The study revealed that:

- 1. There was a significant correlation between level of resilience and scholastic performance of students.
- 2. There was no significant difference between girls and boys with respect to academic resilience and scholastic abilities. The study has shown that scholastic performance is not just a by-product of innate qualities of an individual but it is possible to enhance the same. Enhancement of scholastic performance involves a combination of academic skill training and resilience enhancing counselling.

## Objectives of The Study

- 1. To find out the level of academic resilience of higher secondary school students
  - 2. To study and compare the level of academic resilience of higher secondary school students with reference to their gender.
- 3. Detailed analysis of the five dimensions of academic resilience with reference to their gender.

#### Hypotheses

- 1. There is no significant difference in the level of academic resilience between male and female higher secondary school students.
  - 2. There is no significant difference between male and female higher secondary school students on the five dimensions of academic resilience.

### METHODOLOGY

## Population and Sample

The present study is descriptive in nature. Primary data was used to assess academic resilience of higher secondary school students in Mizoram, India, The population comprised of all higher secondary school students of the academic year 2021- 2022 from Mizoram and 800 students studying in higher secondary schools in Mizoram were selected as sample using stratified random sampling technique.

#### Tool Used

Academic Resilience Scale (2016) standardized by Mahir Kr. Mallick and Sirmanjit Kaur published by National

Table 1: z- Score Norms for Interpretation of the level of Academic Resilience

Range of Z score	Level of academic resilience
+2.01 and above	Extremely high
+1.26 to 2.00	High
+0.51 to + 1.25	Above Average
-0.50 to +0.50	Average
-1.25 to -0.51	Below Average
-2.00 to -1.26	WOAL
-2.01 and below	Extremely Low

Psychological Corporation, Agra 1971was employed. Hence, for interpreting for the response, the score of each individual respondent were calculated and interpretation was made as per z-score norms given in the Academic Resilience Scale.

# RESULTS AND DISCUSSION

# Objective No. 1: Level of Academic Resilience of Higher Secondary School Students

To find out the level of academic resilience of higher secondary school students, the investigator made use of the Academic Resilience Scale standardized by Mahir Kr. Mallick and Sirmanjit Kaur. The research findings of the overall mean, standard deviation and detailed classification into different categories of the respondents are shown in Table 2 and Table 3.

Table 2: Overall Mean of the Academic Resilience of Higher Secondary School Students

The state of the s			
Variable	Z	Mean	Standard
			Deviation
Academic Resilience	800	183.35	15.43

From Table 2, the mean score and standard deviation of the level of academic resilience of higher secondary school students were found to be 183.35 and 15.43 respectively. Therefore, it may be inferred that higher secondary school students were having average level of academic resilience. Similar findings were investigated in Kashmir (Jan & Praveen 2023) found that majority of higher secondary school students in Srinagar were found to be having average level of academic resilience. Habeeb (2021) in Aurangabad found that secondary students had average level of academic resilience.

Table 3: Percenuge of All Higher Secondary School Students Falling Under Different Levels of Academie Resilience

Range of	Range	Level of	f
z-Score	of actual score	academic resilience	
+2.01 and above	216 and	Extremely	2
	above	High	(0.25%)
+1,26 to +2,00	191 215	Fligh	11
			(1.37%)
+0.51  to  + 1.25	192,203	Above	38
		Average	(4.75%)
-0.50 to +0.50	176-191	Average	212
			(26.5%)
-1.25 to -0.51	175-164	Below	276
		Average	(34.5%)
-2.00 to -1.26	163-152	Low	177
			(22.12%)
-2.01 and below	151 and	Extremely	84
	below	Low	(10.5%)



As shown in Table 3, out of 800 higher secondary school students, 2(0.25%) were having extremely high level of academic resilience, 11(1.37%) were having high level of academic resilience, 38(4.75%) were having above average level of academic resilience, 212(26.5%) were having average level of academic resilience, 177(22.12%) were having low level of academic resilience and 84(10.5) students falling on the extremely low level of academic resilience.

Objective No. 2: Academic Resilience of Higher Secondary School Students with Reference to Their Gender

## Level of Academic Resilience of Male Higher Secondary School Students

Table 4 provides valuable insights into the level of academic resilience observed among male students. A small percentage, specifically 0.51%, of individuals exhibited an extremely high level of resilience. These exceptional individuals demonstrate an average resilience score of 238.00, indicating their exceptional ability to effectively cope with academic challenges. Similarly, the High resilience category included 1.5.3% of the students, with an average score of 225.17. This suggests a relatively strong level of resilience among higher secondary school students.

Moving along the spectrum, the above average category encompasses 5.37% of the male students. This group displayed an above-average mean score of 211.90, highlighting their ability to handle academic pressures relatively well. The largest category, comprising 26.09% of the students, falls within the average range and possess a mean resilience score of 197.81, representing the overall average level of resilience among the male participants. On the other hand, a significant proportion of the male students, accounting for 35.29%, are classified as below average. Students in this group exhibited a mean score of 184.75, indicating lower level of academic resilience compared to the average category.

Furthermore, the low category comprised 21.23% of the students, indicating a relatively low level of resilience having a mean score of 171.23, suggesting that they may face challenges in coping with academic demands. Lastly, the extremely low category represented 9.97% of the male students. Students in this group exhibit the lowest level of academic resilience, with a mean score of 154.08. Their significantly low resilience level indicated a higher susceptibility to academic difficulties. From these findings, it becomes evident that the male participants exhibited a diverse range of resilience levels, with varying capacities to handle academic challenges effectively.

Table 4: Level of Academic Resilience for Male Students

	7	%0	Mean	SD
The state of the s	2	0.51	238,00	0.00
		1.53	225.17	3.43
		5.37	211.90	3.60
	02	26.09	197.81	3.91
	38	35.29	184,75	3.32
Low	8.3	21.23	171.23	3.51
	68	76.6	154.08	9.82

# Level of Academic Resilience of Female Higher Secondary School Students

In Table 5, we can explore the distribution of academic resilience levels among female students. The majority of female students fall within the average range of academic resilience. Specifically, the average category represented 26.89% of the female students, with a mean resilience score of 197.29, indicating an average level of resilience. However, a significant number of female students showed below-average resilience levels.

The below average category comprised 33.74% of the female students, and having a mean score of 183.53. It showed that they face more challenges in coping with academic pressures compared to those in the average category. Similarly, the low category includes 22.98%

of the female students, with a mean score of 172.02, indicating a relatively low level of resilience. On the other hand, there are smaller proportions of female students who demonstrated higher level of resilience. The high category accounts for 1.22% of the female students, with a mean score of 223.20, indicating a relatively high level of resilience. Likewise, the above average category encompassed 4.16% of the female students, with a mean score of 213.35, suggesting resilience level above the

average range. Additionally, the extremely low category represented 11.00% of the female students, reflecting the lowest level of academic resilience having a mean score of 156.67, indicating significant vulnerabilities in their ability to handle academic challenges.

Table 5: Level of Academic Resilience for Female Students

Category	Z	%	Mean	SD
1-1/csh	5	1.22		3.19
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Above Average	17	4.16	213.35	3.72
Average	110	26.89	197.29	5.03
0				
Below Average	138	33.74	183.53	3.56
0				
Low	94	22.98	172.02	3.70
Extremely Low	45	11.00	156.67	7.26
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#### Key Findings

The findings emphasize the diverse range of academic resilience levels observed among both male and female higher secondary school students. While a majority falls within the average range, it is important to note the significant proportions with below-average, low, and extremely low resilience levels. Providing appropriate support and interventions for individual with lower resilience is essential to help them navigate academic challenges and enhance their overall resilience.

A comparison of the levels of academic resilience of males and females, some patterns emerge. Both genders display similar distribution patterns across resilience categories, albeit with slight variations in proportions and mean scores. Males tend to have a slightly higher percentage of students in the High resilience category, suggesting a relatively higher level of resilience compared to females. Conversely, female showed slightly higher proportions in the below average and low resilience categories, indicating a greater prevalence of lower resilience levels among them. Additionally, there was a slightly higher percentage

of female in the extremely low resilience category. These findings indicated subtle differences in academic resilience levels between males and females. However, it is important to remember that these differences are relatively small, and individual variations within each gender group are likely to be significant. Further research is necessary to gain a deeper understanding of the underlying factors contributing to these patterns and to determine the extent and significance of gender-related differences in academic resilience.

### Difference in the Levels of Academic Resilience between Male and Female Higher Secondary School Students

To find out the significance difference between male and female higher secondary school students of Mizoram in their level of academic resilience, a hypothesis was framed and inferential statistic such as t-test was employed. Hypothesis No. 1 states that, "There is no significant difference in the level of academic resilience between male and female higher secondary school students".

5 Table 6: Comparison in the level of Academic Resilience of Higher Secondary School Students with reference their gender

Variable	Gender	z	Mean	SD	MD	SEM	t-value	t-value Significant level
Academic	Male	391	184.58	16.66	1.22	0.57	0.28	NS
Resilience	Female	409	183.35	15.42	1.22			CALLED THE STREET, AND ADDRESS OF THE STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET,

<sup>\*</sup>NS = not significant

From Table 6 the 't' value for the significant difference between male and female higher secondary school students was found to be 0.28. Therefore, the hypothesis which was framed, "There is no significant difference in the level of academic resilience between male and female higher secondary school students" was accepted. Considering their mean scores, a slight difference was found favouring male respondents but not statistically significant. The finding of the present study conducted in Mizoram can be further assimilated with the findings conclucted by some studies which showed no significant differences between male and female higher secondary school students in their level of academic resilience resilience

(Singh & Khatiwore 2020, Guler & Balci 2018, Balci & Batigur 2015).

Objective No. 3: Detailed Analysis of the Five Dimensions of Academic Resilience with Reference to Their Gender

Table 7, presents the descriptive statistics of the students, categorized by gender, on the different dimensions of academic resilience. To examine the mean differences in scores, a 2 x 3 x 4 ANOVA was conducted, where the errors were pooled from the sources of variation including gender, stream, and district.

Table 7: Mean scores, standard deviations, skewness and kurtosis statistics of the students on the dimensions of Academic Resilience by Gender

STREET STREET				11	
Gender	Variables		SD	Skewness Kurtosis	Kurtosis
Mole	Confidence	28.52	2.99	-0.15	0.66
TATION	A STORY OF THE OWNER AND A STORY OF THE OWNER AND A STORY OF THE OWNER AND ADDRESS OF THE OWNER.	-	-		1 04
	Sense of well-being				1.8.1
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	Morivation & Ability to get Goals				0.81
	The state of the s	A CHARACTER STATEMENT OF THE PERSON OF THE PERSON OF	ABBIT OF STREET, SHOWING THE RESIDENCE OF THE SECOND CONTRACTOR OF THE		



	Relationship with Pecrs & Adults	35.03	4.26	-0.33	1.67
	Emotional Regulation & Physical Health	48.08	5.5	-0.21	1.44
	Overall Academic Resilience	184.58	16.66	-0.17	1.08
Female	Academic Confidence	28.08	3.27	0.03	0.17
	Sense of well-being	37.08	3.79	-0.04	0.07
	Motivation & Ability to get Goals	36.98	3.82	0.03	0.87
	Relationship with Peers & Adults	35	3.67	0.05	0.37
	Emotional Regulation & Physical Health	46.51	5.25	-0.31	0.38
	Overall Academic Resilience	183.35	15.43	-0.02	0.22

Difference in the Levels of the Five Dimensions of Academic Resilience between Male and Female Higher Secondary School Students
Main Effects of Gender on Academic Resilience Academic Confidence

The data showed that gender had a significant impact on academic confidence (F-value = 5.72, p = 0.02), indicating that there was a noticeable difference between genders in terms of how confident they feel about their academic abilities. Although the effect size was small, it suggests that gender does play a role in shaping academic confidence.

### Sense of well-being

In contrast, gender does not seem to have a significant effect on the sense of well-being (F-value = 0.54, p = 0.46). The result indicated that males and females experience a similar level of well-being when it comes to academic resilience, with gender playing a negligible role in this dimension.

# Motivation and Ability to Achieve Goals

Similarly, there was no significant difference between genders in terms of motivation and ability to achieve goals (F-value = 2.06, p = 0.15). This suggests that both males and females exhibited similar level of motivation

and goal-directed behavior in the academic context, and gender has a minimal impact on this aspect of academic resilience.

# Relationship with Peers and Adults

Gender does not have a significant effect on the relationship with peers and adults (F-value = 0.01, p = 0.91). The findings indicated that both males and females had similar experiences in their interactions with peers and adults concerning academic resilience, and gender does not play a substantial role in shaping these relationships. Emotional Regulation and Physical Health: The finding revealed that gender has a significant influenced on emotional regulation and physical health (F-value = 12.80, p < 0.001). This suggested that there was a notable differences between males and females in terms of how they manage their emotions and maintain their physical well-being within the academic context.

# Overall Academic Resilience

Gender does not have a statistically significant effect on overall academic resilience (F-value = 2.89, p = 0.09). The result showed that the overall level of academic resilience was not significantly different between males and females students explaining only a small proportion of the variance in this aspect.

ademic Resilience and Overall Academic Resilience VJ Table 8: Main Effect of Ge

Table 8: Ma	Table 8: Main Effect of Gender on the dimensions of Academic Acamerice and Cyclair Aleademic Acamerica	Academic	CSITICI	ice and Over	מוז לוכמוכוו	IIIC IXCSIIIC	TICC
Source of Variables	Variables	Type III SS	df	Type df Mean Sq. F III SS	Ħ	Sig.	Partial Eta Sq.
Gender	Academic Confidence	55.47	-	55.47	5.72	0.02	0.01
	Sense of well-being	8.14	-	8.14	0.54	0.46	0.00
	Motivation & Ability to get Goals	28.74	_	28.74	2.06	0.15	0.00
	Relationship with Peers & Adults	0.19	_	0.19	0.01	0.91	0.00
	Emotional Regulation & Physical Health 366.59	366.59	1	366.59	12.80	0.00	0.02
	Overall Academic Resilience	722.28 1		722.28	2.89	0.00	0.00

#### Key Findings

Gender appeared to have a significant effect on academic confidence and emotional regulation/physical health within the dimensions of academic resilience. The results highlighted that male higher secondary school students (Mean = 28.52, SD = 2.99) scored significantly higher than female higher secondary school students (Mean = 28.08, SD = 3.27) on Academic Confidence. Moreover,

male students (Mean = 48.08, SD = 5.5) also scored significantly higher than female students (Mean 46.51, SD = 5.25) on Emotional Regulation and Physical Health. This finding implies that male students may possess greater self-assurance and belief in their academic skills compared to female students, and that males may have better emotional regulation skills and physical well-being in the academic context compared to females. However,



gender does not significantly impact other dimensions such as sense of well-being, motivation and ability to achieve goals, relationship with peers and adults, and overall academic resilience. It is important to note that the effect sizes for gender are generally small or negligible in these dimensions.

### CONCLUSION

The present study found that higher secondary school students in Mizoram had average level of academic ability to achieve goal, sense of well being and relationship between males and females in terms of overall academic resilience. The study also revealed that there was no significant difference between male and female higher secondary school students in their level of motivation and with peers and adults. The research findings also revealed that there was significant difference between male and female students in their level of academic confidence and emotional regulation and physical health. However, the present study did not reveal any significant disparities resilience. Therefore, the findings suggest that gender may not be a determining factor in the overall level of academic resilience displayed by individuals. Numerous activities and programme can be done to enhancing the academic resilience of the students through community, Retention and completion-at any level of education-are the areas in the current system that requires a great deal of attention. Focusing on students' academic resilience is family and school efforts. Intervention programmes can be conducted to build up children's academic resilience. a crucial tactic to boost completion and retention rates.

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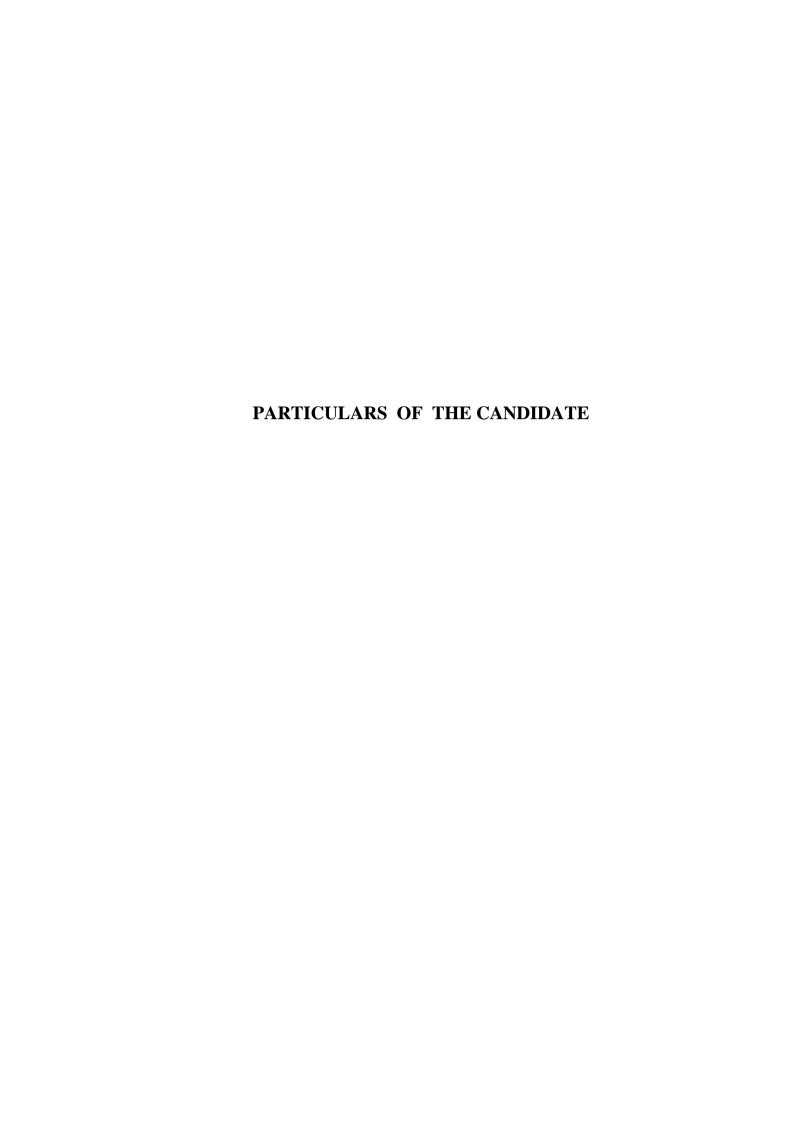
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TITLE OF THE THESIS : Academic Resilience and Mental Health of

Higher School Students in Mizoram

DATE OF ADMISSION : 02.08.2019

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## **ABSTRACT**

# ACADEMIC RESILIENCE AND MENTAL HEALTH OF HIGHER SECONDARY SCHOOL STUDENTS IN MIZORAM

# AN ABSTRACT SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

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DEPARTMENT OF EDUCATION
SCHOOL OF EDUCATION
JANUARY, 2025

## ACADEMIC RESILIENCE AND MENTAL HEALTH OF HIGHER SECONDARY SCHOOL STUDENTS IN MIZORAM

By
Susan Lalthanpuii
Department of Education

Under the Supervision of **Dr. Lalhriatpuii** 

## **Submitted**

In partial fulfilment of the requirement of the Degree of Doctor of Philosophy in Education of Mizoram University, Aizawl

#### INTRODUCTION

Academic resilience and mental health are important aspects of student development, particularly at the higher secondary school stage. This stage is a formative period marked by significant personal and academic challenges. It is a period which entails preparation for board examinations, making crucial decisions regarding future educational and career paths and navigating the many challenges that adolescence brings. There is immense pressure to perform well in the board examinations and competitive entrance examinations in colleges and professional courses leading to stress and anxiety impacting their mental health. Our society also places emphasis on academic success as a means to a secure future. Adolescents at this stage are often confronted with high expectations from parents and society leading to stress and anxiety. The main concern of a student is educational attainment however students often have to face many challenges and adversities that impact their academic performance. These factors may be numerous ranging from study time, socio economic problems, relationships, peers, vocational choices, problems in the family, at school, in the community etc. Often these factors exert their influence on the well-being and learning of the child. An understanding of academic resilience and mental health is essential for educators and policy makers in order to foster environments that are conducive to student well-being and success.

Academic resilience refers to the ability of students to effectively deal with academic setbacks, stress and challenges while maintaining a positive outlook and continuing to perform well academically despite adverse conditions. The challenges that students face may include academic difficulties such as failing examinations, personal issues-family problems or health issues, social problems or environmental factors such as socioeconomic disadvantages or even discrimination. Academic resilience is not a fixed attribute but something that can be promoted by focusing on 'alterable factors' that can affect an individual's success in school. Resilient individuals exhibit traits such as perseverance, optimism and the capacity to employ adaptive coping strategies. A common misconception is that resilient people are free from negative thoughts, and are optimistic in most situations. However, this is not the case, rather it is found that resilient people through the course of time develop coping mechanisms that permits them to effectively navigate challenges and crisis that they

encounter. Resilience is influenced by a number of factors including individual characteristics, family support, teacher support, school environment and peer relationships.

As a concept, academic resilience is grounded in the broader theories of psychological resilience. It is considered to be a part of positive psychology as well as a life skill as it encompasses psychological factors that contributes to success in academic settings and can be beneficial in various aspects of life. It emphasizes the process of adapting well in the face of adversity, trauma or stress. In the educational context, it involves not only overcoming difficulties but also thriving in the academic environment, often leading to better educational outcomes and personal growth. It is important throughout all educational stages and even at the professional level. It has been linked to better academic performance and retention rates. A deeper insight into the factors that contribute to academic resilience can enable educators and policy makers to develop strategies to support students in achieving their academic goals.

Mental health encompasses emotional, psychological and social well-being. It affects how students think, feel and act, thereby influencing the ability to handle stress, relate to others and make decisions. Sound mental health is the foundation for effective learning, forming positive relations and achieving personal goals. Academic success is closely linked with mental well-being. On the other hand, poor mental health can result in anxiety, stress, depression and behavioral problems impacting academic performance.

The higher secondary school stage is particularly a critical period as students face increased academic demands, social pressures coupled with the challenges of developing a sense of identity and autonomy. During adolescence, mental health is characterized by a rollercoaster of emotional and psychological highs and lows. Growing up is difficult with increased responsibilities which are often stressful and emotions are often hard to manage. Academic resilience and mental- well-being during this stage has long- term implications for one's educational and career trajectories. Both academic resilience and mental health contributes to positive long-term outcomes such as higher educational attainment, employment as well as overall life satisfaction. A more holistic approach in education can be promoted if resilience factors that impact both academic outcomes and mental health are studied. This would

place priority on students' overall well-being. Moreover, equity and inclusion in the educational system can be promoted at different levels in education if academic resilience and mental health across diverse student populations and disparities are examined and addressed.

#### **Academic Resilience**

Academic resilience is defined as "a capacity to overcome acute or chronic adversity that is seen as a major threat to a student's educational development" (Martin 2013).

Catteral (1998) "Academic Resilience is the student's ability to deal effectively with academic setbacks, stress and study pressure."

Wang, Haertel & Walberg (1994) defined academic resilience as "the heightened likelihood of success in school and other accomplishments despite environmental adversities brought about by early traits, conditions and experiences."

Many researchers have found that children's development is largely affected by biological, psychological, social characteristics and conditions in their family, school, peer group or community. All these factors have an impact on the learning of the child. There are some students who give excellent performance and achieve their goals in spite of facing pressure and difficulty in their surroundings. They are unaware of the factor that is responsible for their high level performance. So, it becomes really important to understand as to why some children succeed in schools while their peers from similar economic and social backgrounds do not. The term commonly used to refer to such children who succeed is "academically resilient."

The term academic resilience emerged during 1990s. Alva (1991) used the term 'academic invulnerability' to describe the students who had high levels of motivation, achievement and performance despite the presence of stressful environments and conditions that placed them at risk of doing poorly in school and ultimately dropping out of school. The term 'invulnerability' was replaced by the term 'resilience' to denote successful adaptation despite adversity. Conceptually the term 'academic resilience' is more apt than term 'academic invulnerability.'

Academic resilience can be defined in terms of capacities such as persistence/perseverance, creativity, emotional intelligence, grit, thriving, cognitive

flexibility, flourishing, adaptation, addressing social justice and equity, learning from failure and success and overcoming difficulties. It is a dynamic concept.

Academic resilience is influenced by a number of factors. These factors can be both internal and external. Internal factors may include a student's motivation, mind-set, self-regulation and problem-solving skills whereas external factors include the support that is provided by parents, teachers, peers and school environment. In order to understand academic resilience it is crucial to know how these factors interact with each other.

As a psychological construct, academic resilience is made up of several measurable components. Studies suggest that five factors are significantly correlated with and are significant predictors of academic resilience. These five factors are character skills or dispositions: self-efficacy; a sense of control; effective planning skills; perseverance; and low anxiety. Studies revealed that resilient students were high in self-efficacy, persistence and planning and low in anxiety and uncertain control (Martin & Marsh, 2006).

On the basis of the studies that were conducted on academic resilience, Andrew, J Martin and Herbert, W. Marsh (2006) proposed a '5C' model where academic resilience is a construct made up of five factors:

- 1. Self-efficacy (which they also termed 'confidence')
- 2. Co-ordination (i.e planning skills);
- 3. A sense of control;
- 4. Composure (i.e low anxiety);
- 5. Perseverance (which they also term commitment).

The '5C' model suggests that interventions to cultivate students' academic resilience should aim to develop their self-efficacy, sense of control, perseverance, planning skills and reduce their anxiety.

Bernard (1995) explained that resilient children usually have four attributes in common:

1. **Social Competence:** Ability to elicit positive responses from others, thus establishing positive relationships with adults and peers;

- 2. **Problem Solving Skills:** Planning that facilitates seeing oneself in control and resourcefulness in seeking help from others;
- 3. **Autonomy:** A sense of one's own identity and an ability to act independently and exert some control over one's environment, and;
- 4. **A sense of purpose:** Goals, educational aspirations, persistence, hopefulness and a sense of bright future.

Academically resilient children have strong interpersonal skills, maintain healthy expectations and have a high level of activity (Bernard, 1991). They are also actively engaged in school activities (Finn and Rock, 1997).

## **Importance of Academic Resilience**

Academic resilience is an important concept in the present-day education. It refers to a student's ability to bounce back from challenges, setbacks and adversity in their academic life. In today's world educational settings are becoming more diverse and varied and students face a number of challenges including social, economic and academic pressures. Academic resilience enables students to overcome the challenges and adapt to the different learning environments.

It promotes a growth mind set in the students. When students believe they can develop their abilities through effort and perseverance, they most likely overcome the obstacle that confronts them. Resilience also has close links with mental health. When students know how to cope with stress, anxiety and failures, it also promotes their well-being and mental health. Academic resilience prepares students for the adversities that they would face in the real-world. It equips them with the skills necessary to overcome challenges as well as adapt them to the ever-changing world.

Looking at the classrooms of today, one finds different categories of children in a single classroom. These children differ in terms of individual differences, backgrounds and academic achievements. Academic resilience reduces the difference by enabling them to persist and succeed in spite of adversity. It allows them to stay engaged in their studies, leading to improved academic outcomes. They persevere and are able to complete their studies. So in order, to increase retention and completion in education, focus needs to be given to nurturing of student's academic resilience and mental health.

Resilience is not limited to academic settings only. Rather it is a life skill that can be applied to various areas, such as problem-solving, decision-making and goal setting. So in an ever changing world, academic resilience prepares students to confront unforeseen adversities, adapt to rapid changes, and continue their education and personal growth. Resilience enables students to think critically and approach challenges with creativity and determination.

Promotion of academic resilience can improve teacher-student relationships. Teachers who support and understand the challenges their students face can provide better guidance and mentorship. And as a result effective learning can take place.

### **Mental Health**

Mental health refers to a condition of well-being in which a person recognises his or her own potential, is able to cope with everyday stresses, is able to work efficiently and fruitfully and therefore, is able to contribute to his or her community (WHO, 2001). Mental health is regarded as the ability of a person to balance one's desires, relations to cope with the stresses of life and to make psycho-social adjustment. It is an important factor that influences an individual's behaviour, activities, happiness and performance.

Bhatia (1982) considers mental health as the ability to balance feelings, desires, ambitions and ideas in one's daily living. It means the ability to face and accept the realities of life.

Good mental health helps us enjoy life and cope with problems. It offers a feeling of well-being and inner strength. It includes the effective execution of cognitive functions resulting in productive activities, maintaining satisfying associations with people and possessing the ability to adjust to change as well as capacity to deal with negative circumstances.

Haqne (2005) defined mental health as "the capacity of the individual, the group and the environment to interact with one another to promote subjective well-being and optimal functioning, and the use of cognitive, affective and relational abilities, towards the achievement of individual and collective goals consistent with justice.

World Health Organisation (2012) defines mental health as "a broad array of activities directly or indirectly related to the mental well-being component."

According to Hilgard et al (1971), "a mentally healthy person has a philosophy which gives direction in his life while keeping in view the demands of the changed situations and circumstances." Mental health is understood as a behavioural process by which humans maintain balance among various needs, or between their needs and obstacles of their environment.

Jagdish and Srivastava (1998) defined mental health as a person's ability to make positive self-evaluation, to perceive the reality, to integrate the personality, autonomy, group oriented attitudes and environmental mastery. They have divided mental health into the following dimensions:

- 1. **Positive Self Evaluation**: It includes self-confidence, self-acceptance, self-identity, feeling of worthwhileness, realization of one's potentialities.
- 2. **Perception of Reality:** It is related to perception free from need distortion, absence of excessive fantasy and a broad outlook on the world.
- 3. **Integration of personality:** It indicates balance of psychic force in the individual and includes the ability to understand and to share other people's emotions, the ability to concentrate at work and interest in other activities.
- 4. **Autonomy:** It includes stable set of internal standards for one's actions, dependence for own development and own potentialities rather than dependence on other people.
- 5. **Group Oriented Attitudes:** It is associated with the ability to get along with others, work with others and ability to have recreation.
- 6. **Environmental Mastery:** It includes efficiency in meeting situational requirements, the ability to work and play the ability to take responsibilities and capacity for adjustment.

## **Importance of Mental Health in Education**

Mental health plays a crucial role in overall academic success and personal development. The following are some of the important reasons why mental health is essential in the educational context:-

1. **Academic Performance:** Good mental health is linked to better academic performance. Students who are mentally healthy are more focused, motivated and are capable of concentrating on their studies. At the same time they are

- better equipped to manage stress and handle the challenges in the learning environment.
- 2. **Emotional Well-being:** Education is not just about academics but also involves personal growth and development. Positive mental health fosters emotional well-being, which in turn contributes to a more fulfilling educational experience.
- 3. **Social relationships:** When an individual is in a mentally healthy state, he is able to build and maintain positive social relationships. Good social connections can improve overall well-being, thereby enhancing the learning experience.
- 4. **Stress Management:** Education can be stressful especially in present-day context with examinations, deadlines and other academic pressures. Students with good mental help are better at coping with stress which can improve their performance and reduce the risk of academic burnout.
- 5. **Cognitive Development:** Mental well-being is closely linked with cognitive development. A student's ability to learn, to think critically and solve problems is influenced by their mental state.
- 6. **Early Intervention:** Education provides the opportunity to identify mental health issues in students early on, allowing for timely intervention and support. Early intervention can prevent mental health problems from escalating and impacting a student's life.
- 7. **Reduced Absenteeism:** Mental health support can lead to reduced absenteeism due to mental health-related issues. When students are mentally healthy, they are more likely to attend classes regularly.
- 8. **Improved Behaviour:** Mental health problems can manifest in challenging and disruptive behaviour. By addressing mental health concerns, educators can help students develop better behaviour, reducing disruptive behaviour in the classrooms.
- 9. **Lifelong Skills:** Teaching students about mental health and providing them with tools to manage their well-being can lead to lifelong skills. These skills can benefit them in their personal and professional lines.

- 10. Inclusivity: Developing a culture of mental health awareness and support in educational institutions promotes inclusivity. It creates an environment where students from diverse backgrounds and with different mental health needs can thrive.
- 11. **Reducing Stigma:** Educating students about mental health reduces stigma and discrimination that is often associated with mental illness. This creates a more understanding and compassionate society.
- 12. **Long-term Success:** Students who are mentally healthy are more likely to achieve their long-term educational and career goals. Investing in mental health support in education can contribute to a more successful and productive workforce.

In short we can say that mental health has an important role to play in education. It enhances academic performance, contributes to overall well-being as well as personal development. It enables them to lead successful lines. It is imperative that educational institutions prioritize mental health support in schools and create environments that promote emotional well-being and resilience in the students.

### RATIONALE OF THE STUDY

India is a diverse country with a rich cultural background. Academic resilience and mental health are always influenced by cultural factors. An investigation can help in developing interventions and support systems that are culturally sensitive and effective.

There is a lot of pressure and competition in our education system. Such an environment of pressure and competitiveness can have a significant impact on students' mental health. Understanding the specific stresses and their effects is essential for developing strategies to mitigate negative outcomes.

There is a wide range of economic disparities - even in a single classroom where you see children from different socioeconomic backgrounds. This can affect access to mental health resources and support systems. The influence of socioeconomic factors on academic resilience and mental health can be studied and targeted policies and interventions can be made to address these disparities.

We have a diverse education system in the country. There are various transitions involved in the educational process-high school to higher secondary, higher secondary to college. These transitions are often challenging to students mental health as well as to their academic resilience. Often new stages of education may require separate skills in learning. And due to this students may face obstacles and it may put a toll on their mental health. So it is necessary that we try to understand their academic resilience as well as their mental health.

Family and peer pressure exert a significant effect on students. This is especially true in the context of Indian families. An investigation on how the family and peers exert an influence on the academic resilience and mental health can lead to a better understanding of the support systems needed for students to thrive.

There is a large amount of stigma associated with mental health issues in India. Many of the mental disorders often go unreported due to poor awareness or lack of help seeking behaviour (due to fear of stigma from society). Understanding the cultural factors associated/ with contributing to this stigma is important for developing strategies to reduce the stigma and to promote mental health awareness. A thorough study of academic resilience and mental health of students would enable us to know whether establishing peer support groups in educational institutions or community based interventions using technology would encourage help seeking behaviour among the youths.

Adolescence is a critical period in the life of an individual. Emotional and social skills are developed during this period. Adult mental health, well-being and prospects are moulded during this period. So research in academic resilience and mental health of adolescents would provide insights into how mental health and academic resilience are interconnected and how improvement in one area can positively influence the other. This would improve the quality of life for the adolescents as they venture into the adult world equipped with the skills and resilience needed to overcome challenges that they may face.

India is a large country with more than 1.4 billion people. It's adolescent population, aged 10-19 years accounts for more than 253 million. Understanding the mental health challenges faced by adolescents can have a significant impact on public health initiatives and policies that aim to bring about promotion of mental well-being.

The Rastriya Kishor Swasthya Karyakram (RKSK) is a Government of India policy that deals with adolescent health. It came into evidence on January 7<sup>th</sup>, 2014. However strategies relating to mental health have been implemented rather slowly. Under the purview of National Health Mission, the state governments are responsible for implementing the RKSK policy. This policy also entailed setting up of 'Adolescent Friendly Health Clinics' as a facility-based strategy. Other policies concerned with adolescents like the Sarva Shikha Yojana (focused on learning disabilities), the National Youth Policy (substance abuse), and the National Mental Health Policy – address immediate and underlying factors that affect mental health. Most of the policies centred on adolescents have regarded mental health only as a secondary concern. Research on academic resilience and mental health would enable the policymakers to be aware of the problems in real-life perspective so that programmes could be tailored to promote their mental well-being and academic success.

Research on academic resilience and mental health of secondary school students is very much needed because it is linked to long-term outcomes such as employability, career satisfaction and overall life satisfaction. Valuable information from the studies can be garnered for parents, teachers and policymakers. It can also serve as data base for further studies.

### STATEMENT OF THE PROBLEM

The title of the present study has been stated as "Academic Resilience and Mental health of Higher Secondary School Students of Mizoram"

### OPERATIONAL DEFINITIONS OF KEY TERMS USED

**Academic Resilience:** Academic resilience refers to the capacity of the individual to overcome difficulties or adversities that may hinder a student's educational growth and development.

**Mental Health:** Mental health is a state of well-being in which the individual has positive self-evaluation, a normal perception of reality, balanced personality, is self-reliant, adaptable and can get along well with others.

**Higher Secondary School Students:** Higher secondary school students are students who are studying in classes XI and XII in Arts, Science and Commerce streams in Mizoram.

### **OBJECTIVES OF THE STUDY**

- 1. To find out the level of academic resilience of higher secondary school students in Mizoram.
- 2. To find out the state of mental health of higher secondary school students in Mizoram.
- 3. To compare the level of academic resilience of higher secondary school students of Mizoram with reference to gender.
- 4. To compare the state of mental health of higher secondary school students in Mizoram with reference to their gender.
- 5. To compare the level of academic resilience of higher secondary school students of Mizoram with reference to stream of study.
- 6. To compare the state of mental health of higher secondary school students in Mizoram with reference to their stream of study.
- 7. To compare the level of academic resilience of higher secondary school students of Mizoram with reference to their districts.
- 8. To compare the state of mental health of higher secondary school students of Mizoram with reference to their districts.
- 9. To find out the relationship between mental health and academic resilience of higher secondary school students of Mizoram.
- 10. To make suggestions for improving the academic resilience and mental health of higher secondary school students in Mizoram.

## **NULL HYPOTHESES**

For the purpose of testing significance null hypotheses have been framed:-

- There is no significant difference between higher secondary school students in Mizoram in academic resilience with respect to gender.
- 2. There is no significant difference between higher secondary school students in Mizoram in mental health with respect to gender.

- 3. There is no significant difference between higher secondary school students in Mizoram in academic resilience with respect to their stream of study.
- 4. There is no significant difference between higher secondary school students in Mizoram in mental health with respect to stream of study.
- 5. There is no significant difference in the level of academic resilience of higher secondary school students in Mizoram with respect to different districts.
- 6. There is no significant difference in the state of mental health of higher secondary school students in Mizoram with respect to different districts.
- 7. There is no significant relationship between academic resilience and mental health of higher secondary school students in Mizoram.

#### REVIEW OF RELATED LITERATURE

A review of literature related to the study of academic resilience and mental health was done by the scholar in order to know more about the status of researches done and to have an in depth study on the findings of other researches on the topic. For a period of 44 years spanning from 1979-2023 a total of 112 research works could be traced. Out of these, 65 were from academic resilience, 37 were from mental health and 10 studies were from academic resilience and mental health.

### **METHODOLOGY**

Research is a systematic investigation of a phenomenon. It can also be described as the systematic, objective assessment and recording of controlled observations that may result in the formulation of hypotheses, generalizations, or principles that could eventually lead to the prediction and possible control of events. Research methodology refers to the variety of techniques that researchers employ when examining a particular research problem. The main purpose is to provide an explanation of the methodological components, which include research design, population and sample, data gathering tools, tool administration, and data collection.

A research design is a strategy that outlines the actions a researcher will follow, from formulating objectives and hypotheses to considering the implications of those procedures for operations to concluding with data analysis findings. A research strategy assists the investigator in addressing the research problem and other concerns

brought up by the investigation since it delineates the entire research procedure. A research design also teaches us how to collect data, what observations to make, how to make them, and how to assess the results.

The investigator selects statistical methods for analysis based on the design. The choice of methodology is depend upon the type of problem selected for the investigation and the type of data required to accomplish the study's goals. The present study is descriptive in nature. Therefore, descriptive survey method has been employed. Blends of both qualitative and quantitative analysis have been employed in the present investigation. A descriptive study documents, characterizes, analyses, and analyses the current state of the subject matter under investigation. Studies that are descriptive explain and analyze reality as it is. It is focused on existing conditions or relationships, held beliefs, ongoing processes, consequences that are obvious, or emerging trends. As the present research was to describe and interpret the academic resilience and mental health of higher secondary school students in Mizoram

### POPULATION AND SAMPLE

A population is characterized as a collection of individuals that share at least one trait that sets them apart from one another. The population of the study comprised all higher secondary students during the academic year 2021 - 2022 of Mizoram under Mizoram Board of School Education. The district wise enrolment of higher secondary school students in Mizoram are presented in the following table (Table 3.1).

Table 1

District wise enrolment of Students in higher secondary schools in Mizoram

Sl		<b>Enrolment of Stud</b>			
No.	District (s)	Girls	Boys	Total	
1	Aizawl	7158	6673	13831	
2	Kolasib	713	640	1353	
3	Mamit	246	201	447	
4	Serchhip	607	561	1168	
5	Champhai	641	607	1248	
6	Hnahthial	269	226	495	

7	Khawzawl	300	254	554	
8	Lawngtlai	672	969	1641	
9	Lunglei	1241	1088	2329	
10	Saitual	397	286	683	
11	Saiha	642	575	1217	
	Total	12886	12080	24966	

(Abstract of Higher Secondary Schools according to different District, Statistics of School Education 2020-21, Department of School Education, Government of Mizoram)

Most of the educational phenomena consist of a large number of units. It is not possible to contact each and every element of the population. The investigator has to select some individuals who would represent the whole population. The representative proportion of the whole population is called as a sample. A sample is a small proportion of the population that is selected for observation and analysis. By observing the characteristics of the sample, one can make certain inference about the characteristics of the population from which it was drawn. For the present study, to analyze the level of academic resilience and status of mental health, 800 higher secondary school students were selected as a representative sample from four districts in Mizoram – namely Aizawl, Mamit, Serchhip and Kolasib. The final sample size comprised of 391 males and 409 females offering Arts, Science and Commerce of higher secondary school students studying in the four selected districts. The samples were selected following Stratified Random Sampling technique. The stratified random sampling technique is used in research to ensure that subgroups within the population are adequately represented in the sample. This method involves dividing the population into distinct subgroups or strata based on certain characteristics-such as gender, age, income level, stream of study, geographical location and then drawing random samples from each stratum.

For the purpose of the study, four districts were randomly selected and schools were randomly selected from the four districts. The number of students in selected schools were identified and students were selected from the randomly selected schools. The investigator decided to take 200 students from each district keeping in view the gender and stream of study. The sample was then randomly selected from each stratum in order to minimize bias. The sampling technique used ensured

precision as well as reduces sampling variability. Since each stratum is represented in the sample, it is easy to draw comparisons between different subgroups within the population. It also ensures efficient use of resources when there is significant variability within the population of the study. The sampling technique also ensured adequate representation because smaller subgroups within the population were not overlooked. The name of schools and sample distribution of the students is presented in the following Table 3.2 and Table 3.3.

Table 2
Name of Higher Secondary Schools and Sample distribution of the students

Sl.			Number		
No	Name of Higher Sec School	District	Respon	Total	
140			Male	Female	
1	Govt.Serchhip H.S.S	Serchhip	33	30	63
2	St. Peters H.S.S Chhingchhip	Serchhip	37	40	77
3	Hmingthangi Memorial H.S.S	Serchhip	10	10	20
4	N. Vanlaiphai H.S.S	Serchhip	10	11	21
5	Eklavya M. Resident School	Serchhip	4	5	9
6	Brilliant H. S.S	Serchhip	6	4	10
7	Govt. Mamit H.S.S	Mamit	56	58	114
8	Govt. Kawrthah H.S.S	Mamit	10	17	27
9	Zawlnuam H.S.S	Mamit	20	18	38
10	West Phaileng H.S.S	Mamit	14	7	21
11	St. Johns' H.S.S	Kolasib	35	51	86
12	C. Zakhuma H.S.S	Kolasib	26	13	39
13	Bilkhawthlir H.S.S	Kolasib	10	10	20
14	Kawnpui H.S.S	Kolasib	15	13	28
15	Vairengte H.S.S	Kolasib	8	10	18
16	Bairabi H.S.S	Kolasib	4	5	9
17	Govt. Mizo H.S.S	Aizawl	23	31	54
18	Govt. Chaltlang H.S.S	Aizawl	20	20	40

19	Govt. K.M H.S.S	Aizawl	20	20	40
20	Synod H.S.S	Aizawl	20	20	40
21	St. Joseph H.S.S	Aizawl	10	16	26

Table 3
Gender, Stream and District Wise Distribution of Sample of Students

Gen	der									
Sl	Sample	of	No	of	Ma	le	No	of	Female	Total
no.	Students		Stud	ents			Stud	ents		
1	H.S.S Students		391				409			800
Stre	eams									
	Stream	of N	lo	of	Male	N	0	of	Female	Total
	Study	S	tuden	ts		Students				
2	Arts	2	39			22	21			460
3	Science	1	100			124				224
4	Commerce	5	52			64			116	
Dist	rict Wise	<u> </u>				l				
District		No	) (	of	Male	N	0	of	Female	Total
		St	Students		Students					
5	Aizawl	93				10	)7			200
6	Kolasib	98				1(	)2			200
7	Serchhip	10	0			1(	00			200
8	Mamit	10	0			10	00			200

## TOOLS FOR DATA COLLECTION

An instrument that is proven to be accurate and dependable when utilized for data collection is called a research tool. Dependability is defined as the tool's regularity or procedural performance. Validity refers to the capacity of a data collection method or instrument to measure what is meant to be measured. Keeping in view the objectives of the present study the following were the tools used by the researcher:

- 1. Academic Resilience Scale (ARS-MMKS) developed by Mihir Kumar Mallick and Simranjit Kaur (2016).
- 2. Mental Health Inventory (MHI) (1983) developed by Jagdish and A. K Srivastava.

### ADMINISTRATION OF TOOLS AND DATA COLLECTION

Both the Academic Resilience Scale comprising of 52 statements and the Mental Health Inventory comprising 56 statements were administered to all 800 students. The principals of the selected higher secondary schools were approached and permission was sought to collect data among their students. After gaining permission from the school authorities, the students were approached and informed about the study. Informed consent of the participants was gained and they were assured confidentiality in terms of the data that was to be collected from them. After giving them instructions, regarding how to answer the Scale and Inventory both tools were administered to the participants.

## **TABULATION OF DATA**

Scoring of each respondent on both the tools was done according to the scoring procedure written in the test manual. Keeping in view the objectives of the study, appropriate statistical techniques were applied in the tabulated data and analyses were done.

## STATISTICAL TECHNIQUES FOR DATA ANALYSIS

Keeping in view the nature of the data and the objectives of the study, the investigator employed the following statistical techniques for analyzing data.

- 1. Measures of central tendency of mean to find out the significant of difference between male and female higher secondary school students of Mizoram. Measures of central tendency are the most basic and, often, the most informative description of a population's characteristics. They describe the average member of the population of interest.
- 2. Measures of dispersion of standard deviation which provides information about the spread of a variable's values

- 3. t-test to find out the significant of difference between male and female higher secondary school students of Mizoram
- 4. ANOVA to find out the significant of difference among the four districts (viz. Aizawl, Mamit, Serchhip and Kolasib) and stream of study (arts, science and commerce) of higher secondary school students of Mizoram
- 5. Post Hoc Analysis to find out where the differences occur between the groups.
- 6. Correlation –Measures of association indicate whether two variables are related. Pearson product moment correlation was used to find out the strength of the relationship between academic resilience and mental health of higher secondary school students in Mizoram.

## MAJOR FINDINGS OF THE STUDY

## Objectives No. 1: Level of academic resilience of higher secondary school students in Mizoram

The findings of present study revealed that out of 800 higher secondary school students in Mizoram, 557(69.63%) were having average level of academic 84(10.06%) were having below average level of academic resilience, 14(1.75%) were having high level of academic resilience and 10(1.26%) were having low level of academic resilience. The mean score and standard deviation of academic resilience of the higher secondary school students was found out to be 183.95 and 16.04 respectively. Therefore, it can be concluded that majority of higher secondary school students in Mizoram have an average level of academic resilience.

**Discussion** – The present study found that the majority of higher secondary school students fall within the average level of academic resilience. Similar findings were investigated by Habeeb (2021), Jan and Praveen (2003), and Ayasrah and Albalawi (2022) who also found that secondary school students had average level of academic resilience.

## Objective No. 2: Level of mental health of higher secondary students in Mizoram

The findings of the study revealed that out of 800 higher secondary school students in Mizoram, majority 650 (81.25%) of the higher secondary school students have average level of mental health, while 65 (8.12%) were in the 'good' category, 17

(2.13%) in the 'very good' category. 41 (5.13%) higher secondary school students were in the 'poor' category and 27 (3.37%) were found to be in the 'very poor' category. The mean score and standard deviation of higher secondary school students was found to be 140.76 and 6.87 respectively. Hence it can be concluded that majority of higher secondary school students in Mizoram have average level of mental health.

**Discussion** – The present study found that majority of higher secondary school students in Mizoram have average level of mental health. Similar findings were found by Manikandan and Nirmaladevi (2016) and Pant (2019) in their study of mental health among adolescent students.

## Objective 3: Comparison of academic resilience of higher secondary school students in Mizoram with reference to their gender.

The findings of the study showed that out of 800 higher secondary school students in Mizoram, 275 (70.33%) of male higher secondary students had average level of academic resilience, while 68 (17.39%) had above average level of academic resilience, 8 (2.05%) had high level of academic resilience, 43 (10.99%) had below average level and 4 (1.02%) had low level of academic resilience. Among the female higher secondary school students, we can see that 282 (68.95%) had average level of academic resilience, while 67 (16.38%) had above average level of academic resilience, 6 (1.46%) had high level of academic resilience, 41 (10.02%) had below average level and 6 (1.46%) had low level of academic resilience. The data reveals a diverse distribution of academic resilience levels among both male and female respondents, with the majority falling in average category. The mean score of male higher secondary school students was 184.58 and the mean score of female higher secondary school students was 183.35. Standard deviation of male and female higher secondary school students was 16.66 and 15.42 respectively. Gender does not have a statistically significant effect on overall academic resilience. The results suggest that the overall level of academic resilience is not statistically different between males and females with gender explaining only a small proportion of variance in this aspect.

**Discussion** – By looking at the present study, it was found that there was no sufficient evidence to support gender differences in overall academic resilience. The statistical analysis did not reveal any significant disparities between males and females in terms of overall academic resilience. Therefore, the findings suggest that gender may not be

a determining factor in overall level of academic resilience displayed by respondents. The findings of the present study also concurred with the findings of some researchers (Rao & Krishnamurthy 2018, Dar & Chakraborty 2019, Singh & Khatiwore 2020, Das 2021) which found no significant difference between males and females in academic resilience. Contrary to our findings some other researchers found significant differences between male and female students in academic resilience (Mallick & Kaur 2016, Rudwan & Alhashimia 2018, Anagha & Nanyashree 2022, Ayasrah & Albalawi 2022).

## Objective 4: Comparison of mental health of higher secondary school students in Mizoram with reference to their gender.

The findings indicates that out of 800 higher secondary school students, majority i.e., 316 (80.81%) of male higher secondary school students have average level of mental health while 34 (8.69%) fell in the good category and 21 (5.37%) had poor level of mental health. Smaller percentages were found in very good category 9 (2.30%) and 11 (2.81%) in very poor category of mental health.

When it comes to the female higher secondary school students, the majority of females 328 (80.19%) fell into the average level of mental health, while 31 (7.58%) have good level of mental health and 26 (6.35%) fell in poor level of mental health. Smaller percentages were found in very poor category 16 (3.91%) and 8 (1.96%) in very good level of mental health.

The mean score of male higher secondary school students was 141.39 and the mean score of female higher secondary school students was 140.16. Standard deviation of male and female higher secondary school students was 6.72 and 6.95 respectively. Gender was found to have a statistically significant difference on overall mental health.

**Discussion** – The present study found that there was a significant difference between male and female higher secondary school students in Mizoram with respect to their mental health. The mean scores, show that male higher secondary school students have a higher mean score than female higher secondary school students. The finding of the present study is similar to the findings of Bandhana and Sharma (2012) and Pant (2019) which found significant difference between males and females in terms of mental health. Contrary our findings Najafi and Foladjang (2007); Senad (2018);

Waghmare (2018) and Jagad (2020) found no significant difference between males and females in terms of mental health. In the context of this study, gender may be a major determining factor in overall mental health status of individuals. Adopting a comprehensive approach that accounts for a wide range of influences can help develop effective strategies and targeted interventions to support mental well-being across diverse populations.

## Objective 5: Comparison of academic resilience of higher secondary school students in Mizoram with reference to their stream of study.

The results of the study revealed that among the three streams of study, science higher secondary school students had the highest mean score and commerce higher secondary school students had the lowest mean score (Science = 187.97 > Arts = 182.62 > Commerce = 181.21). Standard deviation was lowest among Commerce higher secondary school students (Commerce = 14.03 < Arts = 15.6 < Science = 17.21). In overall academic resilience, significant mean differences were observed between the Arts and Science streams. Science displayed a higher mean (Mean Difference = 5.28, SE = 1.29, p<0.001) compared to Arts. It was found that there was a significant difference among the three academic streams on the basis of their academic resilience as evident by the obtained 'f' value (10.39) which was found to be significant at 0.01 level. No significant difference was found between commerce and arts students in academic resilience. Between arts and science students the calculated 't' was found to be significant at 0.01 level.

**Discussion** – The findings indicated that among the three streams of study, not surprisingly, the science higher secondary school students had the highest level of academic resilience compared to their counterparts i.e., higher secondary school students from Arts and Commerce. This suggests that students in the Science stream, as a whole demonstrate greater overall academic resilience. However, no significant differences were found between the Arts and Commerce streams in overall academic resilience. Students in Science stream consistently displayed higher scores in multiple dimensions of academic resilience, indicating a strong academic profile. On the other hand, the Arts and Commerce streams exhibited varying levels of resilience across different dimensions, suggesting different patterns of strengths and challenges within

these streams. The present finding was supported by the findings of Pai and Arjun (2023) and Pinki and Duhan (2020) which also found that academic resilience differed across different streams of study. Contrary to our findings, Surekha and Kalpana (2022) found that academic resilience did not differ significantly between different streams of study.

From this study, it is clear that different streams of study have varying levels of academic resilience across different dimensions, which suggest different patterns of strengths and challenges within these streams. Understanding these differences can inform educators, administrators and policy makers in tailoring interventions and support systems to address the specific needs of students in different streams of study. By recognizing the distinct challenges and strengths associated with each stream, educational institutions can create an environment that promotes academic resilience and success among students, ultimately enhancing their overall educational experience

## Objective 6: Mental health of higher secondary school students in Mizoram with reference to their stream of study

The results of the study revealed that among the three streams of study, Arts higher secondary school students had the highest mean score and Commerce higher secondary school students had the lowest mean score (Arts = 141.32 > Science = 140.19 > Commerce = 139.68). Standard deviation was lowest among Science higher secondary school students (Science = 6.73 < Arts = 6.86 < Commerce = 6.99). The f-statistic for the variability between the groups is 3.753 which were significant at 0.05 level. The results showed that the three groups (arts, science and commerce) have significant variances in mental health. The post-hoc test revealed that there were no significant differences between the pair of arts and science, commerce and science students in mental health. Between arts and commerce students, the calculated 't' was found to be significant at 0.01 level/ $\alpha = .01$ ).

**Discussions** – The findings indicated that the choice of stream of study may have significant effect on mental health students. The present finding was supported by the findings of Kumar (2021) and Singh (2016) which found significant difference among participants across different streams of study. However, contrary to our findings

Gadhani and Talati (2021) and Pant (2019) found no significant differences in the mental health of participants across different streams of study.

## Objective 7: Comparison of academic resilience of higher secondary school students in Mizoram with reference to their districts.

The findings of the present study compared the overall academic resilience level of higher secondary school students from the four selected districts – Aizawl, Mamit, Kolasib and Serchhip. Among the four districts in the study, higher secondary school students from Kolasib district had the highest mean score (Kolasib = 185.03 > Aizawl = 184.88 > Serchhip = 184.71 > Mamit = 181.19). Standard deviation was lowest among Mamit district higher secondary school students (Mamit = 15.24 < Serchhip = 15.31 < Kolasib = 16.10 < Aizawl = 17.22). The findings of the study revealed significant differences in academic resilience among students from the four districts in academic resilience. F statistic for the variability between the groups is 2.678 which was found significant at 0.05 level.

**Discussion** -The findings of the study suggest that locale/districts did have a significant effect on the academic resilience of the higher secondary school students in Mizoram. Aside from districts or place of residence, other factors like socioeconomic status, individual characteristics, access to resources, family, school environment, social support may also be responsible for the variations that we see in the academic resilience of individuals. The findings concurred with the findings of Mallick and Kaur (2016) who found significant difference in levels of academic resilience based on locality or districts. Contrary to our findings Singh and Khatiwore (2020), Biswas (2021) and Pinki and Duhan (2020) found no significant different in academic resilience based on locales/districts.

## Objective 8: Comparison of mental health of higher secondary school students in Mizoram with reference to their districts.

The findings of the study compared the mental health level of higher secondary school students from the four selected districts – Aizawl, Mamit, Kolasib and Serchhip. Among the four districts in the study, higher secondary students from Mamit District had the highest mean score (Mamit = 141.72 >Kolasib = 141.03 >Serchhip = 140.97 >Aizawl = 139.35). Standard deviation was lowest among students from Serchhip district higher secondary school students (Serchhip = 6.32

<Aizawl = 6.8 <Mamit = 6.92 <Kolasib = 7.23). The results of ANOVA found that F-statistic was 4.337 which was significant at 0.01 level of significance. This revealed that there was significant difference among the different districts in terms of mental health. Post-hoc analysis also showed that mental health scores of higher secondary school students in Aizawl district differed considerably from other districts. Mental health scores of Aizawl district were noticeably lower than other districts.</p>

**Discussion** – The findings of the present study concurred with the findings of Kaur et al (2019), Tripathy and Sahu (2021) which found significant difference in mental health scores of students based on locales/districts. Contrary to our findings Bhat and Jan (2023) found no significant difference in mental health of students based on their locales/districts. The post-hoc test revealed that mental health level of higher secondary students in Aizawl district was noticeably lower than Mamit, Kolasib and Serchhip districts. Aizawl is urban in character and urbanization can have various negative effects on mental health. Often urban areas are characterized by crowded living conditions, noise pollution and high levels of competition in different spheres of life. Often these factors contribute to chronic stress, which is associated with anxiety and depression. Despite large population density, urban living can paradoxically lead to feelings of loneliness and social isolation. Busy lifestyles often hinder social interactions and community cohesion which are necessary for maintaining mental well-being. In urban areas one finds socio economic disparities coupled with overcrowding and housing issues. Urban areas experience higher rates of crime and violence which contribute to feelings of fear, anxiety and stress, Exposure to such experiences lead to adverse mental health outcomes among adolescents. The results of the study underscore the need to tailor policies to meet the specific mental health needs of individuals from different social groups in specific geographic locations. Policy interventions can be made to effectively address mental health disparities across diverse communities. Since social norms and community dynamics plays a crucial role in shaping mental health outcomes

# Objective 9: Relationship between mental health and academic resilience of higher secondary school students of Mizoram.

The findings suggest that academic resilience and mental health are positively connected. Since the calculated correlation coefficient is (r = 0.201, p < .01). We can

say there is a positive correlation between academic resilience and mental health and the correlation is statistically significant. The calculated r value is higher than the critical value of r, it can be said that there is a significantly positive correlation between academic resilience and mental health of higher secondary school students in Mizoram. This implies that students who are academically resilient are also mentally healthy. Students who have self confidence in their academics, a sense of well-being, motivation, positive relationship, emotional regulation are more likely to have better mental health.

**Discussion** – The findings suggested that since academic resilience and mental health are positively connected, students who have confidence in their academics, who are motivated, have positive relationships as well as a sense of well-being. They are emotionally regulated and are more likely to have better mental health. Having a positive self-perception, being oriented towards group values, feeling competent in one's environment consistently relate to overall mental health. This means that individuals who have a positive self-image, a sense of belonging with others, and feel capable in their surroundings tend to experience higher levels of mental well-being. Furthermore, how well one integrates reality and have a sense of autonomy also influences overall mental health. Those who have a more integrated perception of reality and a sense of personal autonomy tend to experience better mental health outcomes. The present finding also concurred with the findings of other researchers who also found a positive correlation between academic resilience and mental health (Haddadi & Besharat 2012, Sood et al. 2013, Rudwan & Alhashimia 2018, Sharma 2019, Konaszewski et al. 2021). Understanding the correlation between academic resilience and mental health has significant implications for both educational institutions and mental health practitioners. By recognizing the importance of fostering academic resilience, educators can implement strategies and interventions aimed at promoting resilience among students. This may include providing support systems, teaching coping skills and creating a positive learning environment that encourages resilience building behaviors.

Mental health professionals on the other hand, can incorporate assessments of academic resilience into their evaluations and treatment plans. Addressing academic resilience alongside mental health concerns can lead to more comprehensive and

effective interventions, ultimately enhancing overall well-being. It should be noted that while our findings reveal significant correlation between academic resilience and mental health, causality cannot be determined from this correlation alone. Future research could delve deeper into the underlying mechanisms driving this relationship as well as explore longitudinal data to establish temporal precedence. By fostering academic resilience and integrating mental health support, we can create environments where individuals excel academically and thrive emotionally.

## Objective 10: Suggestions for improving the academic resilience and mental health of higher secondary school students in Mizoram.

Academic resilience refers to the ability of students to persevere and succeed in their educational endeavors despite facing various challenges and adversities. Maintaining good mental health is crucial for academic resilience, as it can have a significant impact on a student's ability to cope with stress, adapt to changing circumstances, and stay motivated. The following are some of the suggestions made to improve academic resilience and mental health of higher secondary schools of Mizoram:

- 1. Supportive School Environment: Educational institutions should strive to create a supportive and inclusive environment that fosters positive mental health. This includes having counseling services, peer support groups and an open non-judgmental atmosphere where students can discuss their concerns freely.
- 2. Mental Health Education: Schools should incorporate mental health education in their curriculum. This can help students better understand and manage their mental health, recognize when they or their peers might be struggling, and reduce the stigma associated with seeking help.
- **3. Early Identification and Intervention:** Teachers and school staff should be trained to identify signs of mental health challenges in students early on. Early intervention can prevent issues from escalating and negatively impacting a student's academic performance.
- **4. Access to Mental Health Services:** Schools should have access to mental health professionals who can provide counseling and support to students in need. This may include collaboration with external mental health organizations and resources.
- **5. Teaching Resilience Skills:** Schools can incorporate resilience building activities in their curriculum. This might include teaching stress management

techniques, problem solving skills, and strategies for dealing with setbacks and failures.

- **6. Promotion of a Growth Mindset:** Encouraging a growth mindset, which emphasizes the idea that abilities and intelligence can be developed through effort and learning, can promote academic resilience. Students with a growth mindset are more likely to persevere in the face of adversities.
- **7. Balanced Workload and Reduced Stress:** Schools should be mindful of the workload they assign to students. An excessive academic burden can contribute to stress and negatively impact mental health. Teachers and administrators can work together to ensure a balanced and manageable workload.
- **8. Peer Support and Peer Mentoring:** Creating opportunities for students to support and mentor one another can be beneficial. Peer support programs and mentorship initiative can help students feel more connected and supported in their educational journey. While among their peers, students are encouraged to share their experiences and coping mechanisms.
- **9. Parental Involvement:** Parents should be encouraged to actively engage in their children's education and well-being. Schools can provide resources and information to parents about recognizing signs of mental health issues and how to support their children effectively. Seminars and workshops can be conducted for parents to teach them the importance of mental health and resilience.
- 10. Flexible Learning Environment: In some cases a flexible learning environment that accommodates individual needs may be necessary for students facing mental health challenges. This could involve modified schedules, online learning options or additional support services. Where it is applicable, personalized learning approaches can be adopted based on individual student need, strengths and challenges.
- 11. Role of Teachers: Teachers should realize the magnitude of their role in promoting mental health and academic resilience in children. By building positive student –teacher relationship they can enhance student well- being and achievement. A positive relationship with one caring adult can change the course of even the most at-risk student. Teachers can create a sense of belonging within the school environment which is a strong protective factor for academic outcomes. Students

thrive when they are valued and are physically and emotionally safe. Teachers can give consistent guidelines for behavior to students.

- 12. Teacher Training on Academic Resilience and Mental Health: Teachers should be trained to create resilient classrooms and at the same time identify students who show signs of mental struggle .Necessary interventions could be provided.
- **13. Identification of Student Strengths:** Education should focus on the strengths of students-their positive qualities and abilities and not on their weaknesses. Building upon their strengths gives students more opportunities to succeed thereby, building in them a sense of self—worth.
- 14. Promotion of Environmental Protective Factors: Protective factors within the home environment such as family support, family guidance, good parenting skills, low family stress, good communication and involvement of parents in the education of the students should be promoted to enhance academic resilience and well-being. Children's resilience can be heightened by secure attachments with adults at home.
- 15. Development of self-efficacy in Learners: When learners have belief in their capacity to achieve their goals, they are able to overcome whatever challenges that come their way. To develop self-efficacy, academic instruction can be developed that is challenging, achievable and realistic. Instructional supports, reinforcement and feedback should be provided to show the learner's academic efficacy. Self-efficacy is very much essential for development of academic resilience and well-being of the learners.
- **16. Development of Autonomy of Learners**: In order to enhance academic resilience and mental health of learners, development of autonomy of the learners is important. An autonomous learner is one who has his/her own goals and knows what facilitates the learning goals as well as the barriers to such goals. An autonomous learner is one who works hard not because he has to but because he wants to.
- 17. Teaching Social and Emotional Skills: Teachers can improve peer relationships by teaching skills of self-management, social awareness, self-awareness, relationship and decision-making skills in the learners. In order to achieve this, collaborative learning methods could be employed so that students can have opportunities to practice social skills. When social and emotional skills are acquired, well-being and resilience are enhanced.

- 18. Positive Relationships: Mental health and academic resilience are promoted when there is positive student-teacher relationship. This is because relational skills like building relationships, effective classroom management, clear focus on goals, effective instruction and autonomy enhances student achievement and engagement.
- 19. Developing a sense of belonging within the school: It is necessary to imbibe in students a sense of pride and belonging within the school. School connectedness is a strong protective factor for mental health and academic success. In a positive learning environment, where students have a say and are free to make choices and where they feel emotionally and physically safe learning outcomes improve and anxieties are reduced.
- **20. Building in students a sense of meaning and purpose**: Students should be provided with opportunities to contribute to others by engaging them with the local community. While working towards worthwhile goals their sense of well-being increases which in turn positively influences their achievement.

In conclusion, academic resilience and mental health are closely intertwined, and promotion of good mental health is crucial for students to thrive academically. Educational institutions play a pivotal role in creating an environment that supports and nurtures both academic resilience and mental well-being. By implementing these suggestions, schools can better equip students to face challenges and succeed in their academic pursuits.

#### **EDUCATIONAL IMPLICATONS**

- **1. Identifying vulnerable groups:** By understanding which groups have lower resilience or poorer mental health, schools can plan targeted interventions.
- **2. Tailored Interventions:** Create and implement support programs that are tailored to the specific requirements of different groups of students. For instance, if female students have lower resilience levels than males, gender specific programs can be created to counter this problem.
- 3. Integration of mental health education and resilience training in the curriculum: Based on the findings of the study mental health education and resilience training can be incorporated in the curriculum. Schools can also implement

programs to teach students coping mechanisms and stress management, problem solving techniques, resilience building and establish peer support-groups.

- **4. Training & Teachers:** Teachers should be oriented to recognize signs of mental health issues as well as the resilience levels of their students. This would enable them to give appropriate support and referrals if the need arises.
- **5. Inclusive Teaching Practices:** Teachers should be well equipped with plans to create a supportive classroom climate that fosters resilience among all children irrespective of their gender, stream of study or background.
- **6. Parental Involvement:** Schools should organise programs for parents to make them aware of the importance of mental well-being and academic resilience in academic success. They should be made aware of the significance of their role in their children's mental well-being and resilience. Along with this parents should be educated in ways in which they can support their children.
- **7. Establishing Strong Communication Link:** Strong Communication Link should be established between parents, teachers, and others involved in the education so as to monitor and support mental well-being and resilience of the students.
- **8. Importance Policy Formulation:** Findings of the study can inform policymakers to develop policies that promote academic resilience and mental health thereby ensuring that all students have access to resources and support they require. Demographic comparisons based on gender, stream of study can highlight areas with greater needs so that there is equitable allocation of mental health resources and services for those that need it.
- **9. Positive School Environment:** A positive school environment should be created that promotes mental well-being and resilience. A child remains in the school for more than 6-7 hours daily. The role of the school environment is a major one. Peer support and mentor-ship programme can be implemented within the school. Children should also have school connectedness and a sense of belonging with the school.
- **10.** Career Counseling: Since the higher secondary school stage is an important stage, career counseling must be provided to help students to manage stress related to academic and career decisions.
- 11. Monitoring: Monitoring of students academic resilience and mental health one time allows for the identification of trends, effectiveness of interventions and areas

that need improvement. It enables adapting strategies based on research findings to meet the needs of students.

**12.** Collaboration with Community: Collaborating with community ensures that students are able to avail of the community resources-such as mental health organizations. Awareness campaigns can be conducted to reduce the stigma associated with mental health issues and foster a culture of resilience in students.

### SUGGESTIONS FOR FURTHER RESEARCH

The following suggestions are proposed:

- 1. Future studies can focus on protective factors within the family, within the school and the community so that intervention programs for the enhancement of academic resilience and the promotion of mental health of students can be developed.
- 2. A study on academic resilience and mental health can be conducted at different levels high school, elementary, college level or even at the university level.
- 3. Qualitative approach or even a mixed method approach can be conducted to gain deeper understanding of academic resilience and mental health of students.
- 4. Studies can focus on the role of parents, teachers and community in enhancing academic resilience and promoting mental health of students. Through such studies their roles could be strengthened.
- 5. The present study is focused only on four (4) districts in Mizoram. Further studies can be conducted to include all districts of Mizoram.
- 6. Studies can be conducted on academic resilience and mental health with reference to students' socio-economic status, parenting style, teachers' behavior, type of schools and other variables.
- 7. Studies can be conducted on the causative factors behind the present level of academic resilience and mental health status of students.
- 8. Case studies can be conducted on academic resilience and mental health so as to have focused observations.
- 9. Studies could be carried out to build strategies or interventions to enhance academic resilience and promote mental health of students at different levels.
- 10. Effectiveness of intervention programs in fostering academic resilience and promoting mental health can be studied.

- 11. Experimental studies could be conducted to test the interventions or strategies used to promote academic resilience and mental health in students.
- 12. Longitudinal studies can be conducted to identify factors that contribute to academic resilience and well-being of students at different stages of education.
- 13. An investigation can be conducted on the extent to which parental involvement predicted academic resilience among students.
- 14. Impact of teacher-student interactions on academic resilience of students can be investigated.
- 15. An exploration on the relationship between academic resilience, mental health and academic stress of students can be undertaken.
- 16. Studies on the role of classroom relationships as sources of academic resilience in students.
- 17. An examination into the relationship between self-efficacy and academic resilience of students at different levels.
- 18. Findings of the present study can serve as data base for further research in the field of academic resilience and mental health in the state.

### **CONCLUSION**

When one delves into the present education system, the areas that need a lot of attention are retention and completion - at whatever stage of education. An important strategy to increase retention as well as completion is to turn our focus towards student's academic resilience and mental health. Resilience is not merely a natural ability; an individual can develop new and stronger resilience skills. The ability of students to cope with challenges in academic life has implications for well-being and academic success. An individual depends on this strength as a central determinant of mental health. The amount of academic resilience one possesses can affect academic outcomes such as retention by influencing how students face academic challenges and setbacks.

Academic resilience and mental health are crucial components of a student's overall well-being and success in education. Students with good mental health and academic resilience are better equipped to focus, concentrate and retain information. They are more likely to engage in effective learning strategies.

Resilient individuals are better at facing challenges and setbacks. They develop problem solving skills and learn to adapt to different situations, which are valuable both in education and life. Good mental health practices and resilience techniques can help students manage stress effectively. Reduced stress levels lead to improved cognitive functions and better overall health.

A sound mental health and high academic resilience contribute to positive social interactions. Students who are mentally well are more likely to form healthy relationships with peers, teachers and other members of the school community.

When one possesses resiliency, he/she become motivated and engaged in their studies. One sets goals, works towards them and persist in the face of difficulties. Academic resilience fosters a sense of self-efficacy, which is the belief in one's ability to achieve goals. This self-confidence positively impacts a student's academic performance.

Students with strong mental health and academic resilience are less likely to drop-out of school. They are better equipped to handle the challenges that can arise during their academic journey.

Teaching resilience and promoting mental health practices can serve as a preventive measure against the development of more serious mental health issues such as anxiety, depression and burnout.

Resilience and good mental health are life skills that extend beyond the class room walls they help individuals navigate challenges in various aspects of life, including personal relationships and work environments.

Developing academic resilience and maintaining good mental health during educative years sets a strong foundation for future success. It equips students with the tools they need to face challenges in higher education, career pursuits and beyond.

Promotion of a positive school culture – Fostering resilience and prioritizing mental health creates a supportive and nurturing school environment. This culture encourages open communication, empathy and a sense of belonging.

Individuals with strong mental health and resilience are more likely to become positive contributing members of society. They are better equipped to handle responsibilities, contribute to their communities and pursue fulfilling careers.

In conclusion, prioritizing academic resilience and mental health in education is not only essential for the well- being of students but also contributes to a more positive, productive and successful learning environment for everyone involved.

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