



Relationship Of Protective Factors With Mental Health Among The College Students In Kashmir

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Abstract

The cardinal aim of the current study was to estimate the relationship of protective factors (optimism, self-efficacy and hope) with mental health among college students in Kashmir, India. A cross-sectional correlational design was employed in this study. A sample of 480 college students were recruited from various colleges of Kashmir who completed the survey questionnaires including "Mental Health Inventory, Life orientation Test (LOT-R), General Self-efficacy scale and Adults Hope Scale by using a purposive sampling method. The data was analysed by computing Pearson's correlation in order to test the relationship among the study variables. The findings revealed that all the study variables were positively correlated with all dimensions of mental health and overall mental health. The current study provides evidence regarding the role of protective factors. The role of optimism, self-efficacy and hope was validated in the present study. Therefore our findings suggest enhancement of optimism, self-efficacy and development of hope to promote better positive mental health among students of Kashmir.

Keywords: Mental Health, Protective Factors, college students, Kashmir

Introduction

Kashmir is not just only a place but an emotion that every person wants to experience. The surreal beauty of this gorgeous paradise on earth has defined by several poets, authors and philosophers but since the division of the Indian subcontinent into two independent dominions of India and Pakistan has heralded an era of the dispute over Kashmir which dates back to 1947 (Bose, 2003; Ganguly 1999). This dispute remains a bone of contention between divided nations (Bose, 2003), over which four major wars have been fought (Ganguly et al. 2019). Moreover The frequent shutdown , hartals, violence ,broken homes

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,loss of loved ones clashes so on has negative consequences on the overall mental health of people especially students. AsTherefore, it is important to foster protective factors that facilitate adolescents to deal with these developmental challenges.

Mental health is one of the integral factors of the overall health of an individual. Although people of all age groups are affected by it, but the mental health of younger individuals is an important concern because of higher prevalence rates of mental disorders among them. Globally, mental disorders represent a huge extent of burden of disease among young people. The onset of most of the mental disorders starts between the ages of 12–24 years (Assari 2018). The WHO emphasizes the need to promote positive mental well-being by defining a good mental health as “a state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.” WHO (2013). A recent study has found that 99.7% of the Kashmiri youth experienced violence, 95.4% reported feelings of distress, 60.3% experienced physical sickness, 99.3% reported adverse impact of conflict on their education and 91.2% reported an adverse impact on others mental health due to conflict violence (Dar, 2021).

In a broad sense, Optimism can be understood as “positive expectations about future events” (Sharpe, Martin, & Roth, 2011). A large number of research studies reveal the contribution of optimism for good health and well-being and furnish evidence that optimists are healthier than pessimists (Carver et al., 2010; Gallagher & Lopez, 2009). Students with greater optimism, or a general expectation that good things will happen (Scheier and carver 1985, 1987), are less likely to experience stress and depression than their less optimistic counterparts.

Self-efficacy is defined as a personal belief in one’s own capacity to accomplish specific tasks and behaviours (Bandura, 1997). The self-efficacy beliefs have a positive influence on university students ‘mental health and academic achievement (Aarabian et al. 2004). The student’s higher self-efficacy in academic skills and easier academic transition significantly predicts higher score on the mental health (Fink (2014).

Hope is an important construct which helps people to withstand in adverse conditions like war, disease, injury or armed conflict tradition and help them to move towards the positive, sustainable growth and adjustment (Dorsett 2010).). Hope is a strong and significant predictor of mental health. High levels of hope appears to activate a positive upward spiral of functioning that better prepares people with competence and resources needed to overcome challenges and obtain a state of flourishing (Venning et al., 2011).

Therefore, factors such as optimism, self-efficacy and feelings of hope will be imperative in promoting mental health by mitigating the negative impact of risk factors due to violence

and conflict. Therefore, in the same line, the current study was undertaken to examine the relationship of protective factors with mental health among students in different colleges of Kashmir.

Method

A sample of 480 college students (male 265 and female 215) participated in this study. The research participants were taken from different colleges of Kashmir, from November 2019 to January 2020, by using a purposive sampling method. During the process of data collection, available students in the institutions were recruited based on their voluntary consent and participation as subjects in the current study.

The institutional authorities (Principals in the Colleges) were approached before the process of data collection and approval was obtained from them to collect data from enrolled students. Further, students were approached and the objectives of the study were briefed to them. They were also briefed about their rights as study subjects. Furthermore, a consent form was provided to all the participants and they were requested to sign on the same before taking part in the study. Participation in the study was voluntary. The participants took 20–25 min to respond to the questionnaires and no compensation was provided to them for their participation in this study.

Tools used in Present study

Since in Kashmir the medium of instruction in colleges is English, therefore all the measures of this study were distributed among the participants in English to collect the data. The description of each of the measures is provided as follows:

Background information questionnaire

The Socio-demographic information of the participants was recorded with the help of a background information questionnaire. It consisted of elements like gender, age, area of residence, marital status, family type, year of education, educational stream and monthly family income. For instance, the respondents were asked: “What is your age” (18–21 years or 22–24 years), “What is your gender” (male or female) “What is your educational stream” (Arts or science) and so on.

Mental health inventory (Jagdish and Srivastava, 1996)

This inventory was developed and standardized by Dr. Jagdish, Department of Psychology, R.B.S. College, Agra and Dr. A. K. Srivastava, Department of Psychology, Banaras Hindu University, Varanasi. The questionnaire has 56 items which are distributed in six dimensions. In the present scale, four alternative responses have been given to each statement i.e.. Always, Often, Rarely and Never. 4 scores to 'Always', 3 scores to 'Often', 2 scores to 'Rarely' and 1 scores to 'Never' marked responses as to be assigned for true keyed

(positive) statements whereas 1,2,3, and 4 scores for 'Always', 'Often', 'Rarely' and 'Never' respectively in case of false keyed (negative) statements. * Marked items are negative while remaining items are positive. The reliability of the inventory was determined by "split-half-method" using odd-even procedure. The reliability coefficients of overall mental health (OMH) were 0.73 and the validity of the inventory was found 0.54.

Revised Life Orientation Test (LOT-R)

The LOT-R is a 10-item self-reported inventory that measures the trait optimism (Scheier, Carver, & Bridges, 1994). The original scale, the LOT (Scheier & Carver, 1985), was revised and improved by removing two items that did not deal with the intended purposes of the measure. The instrument is consisted of three optimism, three pessimism, and four distractor, or filler, items. The item numbers 1, 4 and 10 are positively scored and item numbers 3, 7 and 9 are reverse coded and remaining four 2, 5, 6 and 8 are fillers which are not include in the scoring. Items on the LOT-R are rated on a 5- point Likert-type scale, ranging from 0 (strongly disagree) to 4 (strongly agree). An overall score is calculated by adding the scores of the optimism and pessimism items after reverse scoring the negatively coded pessimism items. The Cronbach's alpha of the scale was .78 in the original study (Scheier et al., 1994). A large body of existing research supports the reliability and the validity of the scale.

General Self-Efficacy Scale (Schwarzer & Jerusalem, 1995)

General Self-Efficacy Scale was designed by Schwarzer and Jerusalem in 1995. This scale was designed to analyze general sense of perceived self-efficacy along with predicting coping with day to day problems as well as adapting after facing various types of stressful situations. Self-efficacy is considered as positive resistance resource factor. In this scale 10 items are included to analyze this construct of self-efficacy. Self-efficacy is useful in clinical practice and behavior change. This scale is created for adult population as well as adolescents; children below 12 years of age are not included. This scale is a self-report scale. The scale has four alternatives ranging from not at all true=1, hardly true=2, moderately true=3 and exactly true=4. The Cronbach's alpha ranged from point 0.76 to 0.90. This scale has sufficient criterion related validity. Responses were taken on 4 point scale. The scores were calculated by totaling the scores of all the 10 items which will range from 10 to 40.

Adult Hope Scale (AHS)

The AHS was developed by Snyder et al in (1991) was administrated to measure hope among participants. The Adult hope scale is a measure of 12 items in which four items are fillers which are not included in scoring. The AHS items are rated on a Likert scale of 8 points that ranges from 1 which indicates "definitely false" to 8 which indicates "definitely

true". The Cronbach's alpha coefficient was used to measure the reliability of the Adult hope scale that was found to be 0.75

Results

Table 1 shows the demographic details of the participants (N=480) in which more than half of participants were males 265 (55.2%) and less than half were females 215 (44.8%). Most of the students i.e. 320 (66.7%) belonging to age group 18-21 years were 160 (33.3%) belonging to age group 22-24 years. Regarding residence 305 (63.5%) belonged to rural areas whereas 175 (36.5%) belonged to urban areas. Maximum students i.e. 464 (96.7%) were unmarried and only few 16 (3.3%) were married. Majority of the students were from nuclear families 323 (67.3%) and the remaining 157 (32.7%) came from joint families. Furthermore 288 (60%) were arts students and 192 (40%) were science students. More than half of sample 280 (58.3%) had monthly income of below 10,000 INR and less than half 200 (41.7%) had monthly income of above 10,000. As for education is concerned 127 (26.5%) were 1st year students, 133 (27.7%) were 2nd year and 220 (45.8%) were 3rd year students.

Table 2 demonstrated that the mean mental health score of sample was found to be (M= 146.20; SD= 12.72) in the range of 105-195. Regarding dimensions of mental health, the mean score of positive self-evaluation reported by participants was found to be (M= 27.35; SD= 4.15) in the range of 14-39, Perception of Reality (M=20.57; SD=2.86) in the range of 11-30, Integration of Personality (M= 30.79; SD= 4.74) in the range of 17-44, Autonomy (M=15.61; SD=2.58) in the range of 7-23, Group oriented Attitudes (M=26.67; SD=3.44) in the range of 18-37. Lastly the mean score of environmental mastery was found to be (M=25.51; SD=3.46) in the range of 15-36.

Table 3 depicts that mean score of optimism reported by the research participants was found to be (M= 12.67; SD= 2.79) in the range of 4-20 and that of self-efficacy was (M= 28.14; SD= 5.26) in the range of 11-40 whereas, the mean score of hope was found to be (M= 42.05; SD= 11.67) in the range of 13-64 respectively.

Table 4 shows the correlation of optimism, self-efficacy and hope with mental health. Optimism has significantly positive correlation with positive self-evaluation ($r = .101^*$, $p < 0.05$), Integration of personality ($r = .134^{**}$, $p < 0.01$), autonomy ($r = .103^*$, $p < 0.05$), group oriented attitude ($r = .100^*$, $p < 0.05$) and environmental mastery ($r = .149^{**}$, $p < 0.01$). Further optimism had also significantly positive correlation with overall mental health ($r = .170^{**}$, $p < 0.01$). The findings of the present study revealed also that self-efficacy has significantly positive correlation with self-evaluation, a dimension of mental health ($r = .144^{**}$, $p < 0.01$), Integration of personality ($r = .349^{**}$, $p < 0.01$), autonomy ($r = .208^{**}$, $p < 0.01$), group oriented attitudes ($r = .161^{**}$, $p < 0.01$). Further findings also indicated that self-efficacy had also significantly positive correlation with overall mental health ($r = .290^{**}$, $p <$

0.01). In addition, findings also revealed that a significant positive correlation of total hope with positive self-evaluation ($r = .183^{**}$, $p < 0.01$), perception of reality ($r = .108^*$, $p < 0.05$), Integration of personality ($r = .275^{**}$, $p < 0.01$), autonomy ($r = .170^{**}$, $p < 0.01$), group oriented attitude ($r = .172^{**}$, $p < 0.01$). Hope has also significantly positive correlation with overall mental health ($r = .293^{**}$, $p < 0.01$).

Table 1. Demographic Characteristics of the Sample (N =480).

Variable	n	%
Gender		
Boys	265	55.2
Girls	215	44.8
Age		
18-21	320	66.7
22-24	160	33.3
Area of residence		
Rural	305	63.5
Urban	175	36.5
Marital status		
Unmarried	464	96.7
Married	16	3.3
Family Type		
Nuclear	323	67.3
Joint	157	32.7
Education stream		
Arts	288	60
Science	192	40
Monthly family income		
Below 10,000 INR	280	58.3
Above 10,000 INR	200	41.7
Year of education		
1 st year	127	26.5
2 nd year	133	27.7
3 rd year	220	45.8

Table 2. Description of Mental Health (N=480)

Variable	Actual score range	Possible range	Mean	SD
Mental Health	105-195	56-224	146.20	12.72

Dimensions				
Positive self-evaluation	14-39	10-40	27.35	4.15
Perception of Reality	11-30	8-32	20.57	2.86
Integration of Personality	17-44	12-48	30.79	4.74
Autonomy	7-23	6-24	15.61	2.58
Group oriented Attitudes	18-37	10-40	26.67	3.44
Environmental Mastery	15-36	10-40	25.51	3.46

Note: SD= Standard deviation

Table 3.Description of Optimism, self-efficacy and Hope (N = 480)

Variable	Actual score range	Possible score range	Mean	SD
Optimism	4-20	0-24	12.67	2.79
Self-efficacy	11-40	10-40	28.14	5.26
Hope	13-64	8-64	42.05	11.67

Note: SD= Standard deviation

Table 4.Correlation of Protective factors with Mental Health (N =480)

	PSE (r)	POR (r)	IOP (r)	AUNTY (r)	GOA (r)	EM (r)	OMH (r)
Optimism	.101*	.018	.134**	.103*	.100*	.149**	.170**
Self-efficacy	.144**	.064	.349**	.208**	.161**	.046	.294**
Hope	.183**	.108*	.275**	.170**	.172**	.078	.293**

Note: *p< 0.05 and **p< 0.01

Note: PSE= Positive self-evaluation, POR= Perception of reality, IOP= Integration of personality, AUNTY= Autonomy, GOA= Group oriented attitude, EM= Environmental mastery, MH= Mental health

Discussion

Since the current study was carried to examine the relationship of protective factors with mental health among the college students of Kashmir and the mean score of overall mental health was found to be (146.20; SD= 12.72) in the range of 105-195 demonstrating average level of mental health among students of Kashmir. Regarding dimensions of mental health the participants showed average levels of mental health which includes positive self-evaluation (M= 27.35; SD= 4.15), Perception of Reality (M=20.57; SD=2.86), Integration of

Personality (M= 30.79; SD= 4.74), Autonomy(M=15.61; SD=2.58), Group oriented Attitudes(M=26.67; SD=3.44)and mean score of environmental mastery was found to be (M=25.51; SD=3.46) respectively. Hence it is evident from the findings that college students experienced certain level of low mental health in the context of Kashmir.

The findings revealed that optimism was associated with positive self-evaluation, integration of personality, autonomy, group oriented attitudes, environmental mastery and overall mental health. This findings is supported by previous study conducted by (Chen, Su, Ren, & Huo, 2019). Similarly, the finding revealed that self-efficacy was positively correlated with all dimensions and overall mental health excluding perception of reality and environmental mastery. Our finding are supported by (Yu et al., 2018) . Furthermore, hope was positively associated with all dimensions and over all mental health excluding environmental mastery. The previous literature documented that feelings of hope are positively associated with mental health (Kirmani & Anas, 2015).

Conclusion

From the findings it is now concluded that the relationship of Protective factors (optimism, self-efficacy and hope) was validated in the current study. These emerged as protective factors of mental health especially in the context of Kashmir valley. Hence our findings confer the significance of these protective factors in promoting mental health. Therefore it is of great importance to understand these factors which in turn will be helpful for Teachers, mental health professionals to procure necessary resources, skills and valuable knowledge to students of Kashmir which in turn will boost and promote their mental health.

Conflict of Interest

The authors(s) declared no conflict to interest.

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