

## Perceived Mental Health and Subjective Well-Being among Women: A Study With Reference to Khagaria District of North Bihar, India

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### Abstract

The present study is aimed at studying the levels of perceived mental health and subjective well-being among housewives and working women living in different places of Khagaria district of North Bihar. For the present study, total sample consisted of one hundred fifty women (N=150) comprising housewives (n=75) and working women (n=75) were randomly drawn from different places of Khagaria district – a well-known district of North Bihar. The subjects' age were ranged between 28 – 55 years. The various dimensions of mental health like positive self-evaluation, realistic perception, integration of personality, autonomy, group – oriented attitude and environmental mastery were measured using Mental Health Inventory. PGI Well Being Scale was used to assess the subjective – well-being. Findings of the present study revealed that the levels of various dimensions of mental health and subjective well-being as a whole were better among the housewives than working women especially from where the present sample has been drawn, hence, the significant difference has been found between the group of women in terms of their degree of mental health, although, both the group of women have shown positive inclination towards subjective well-being. Moreover, such type of obtained results has been discussed in detail by giving appropriate probable reasons.

**Keywords:** Mental Health, Subjective Well-Being, Women, Khagaria District, North Bihar.

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### INTRODUCTION

It is generally observed that among the group of women, there is diversity of values. Working women has different values than housewives and other adult women. In modern society, the social and community environment is full of social and moral pollution. Hence, there are many problems of working women in different fields. A working women, means a woman who comes out of her home to take up a gainful employment. On the other hand, a housewife, means a woman who is not engaged in any type of remunerative or honorary job. The married women's best place was thought to be her home and she was supposed to do the household work and take care of her husband and their children. By looking at the fact, the present investigation was undertaken to see the perceived reactions of mental health and subjective well-being among housewives and working women with special reference to Khagaria district.

In the fast changing modern era health is an essential aspect of human life. It is indeed that from the time immemorial which possessing good health is precondition for every human being for all-round

growth and development. The word "Mental" means "of the mind". It describes our thoughts, feelings and understanding of ourselves and the world around us. The word "health" generally describes the working order of our body and mind. So, that when we talk about mental health we refer it to the working order of an individual's mind.

Mental health, on the other hand, is a contested and still much debated concept, with no universally accepted definition (Herron *et.al*, 2000; Friedli, 2004). In fact, it has been argued that there can be no universally accepted definition (Warr, 1987) due to the fact that mental health is multi-dimensional and value-laden. A wide range of meanings and definitions exist amongst individuals, reflecting, for example, differences in terms of age, sex, socio-cultural contexts, experiences, and lack of common language. Additionally, interpretations are dynamic and mental health is often used interchangeably with, emotional, psychological and subjective well-being. Thus, no definition is ideal or without problems and mental health is more complex and subjective than any definition in this regard. It is well recognized that

focusing on achieving a consensus on definitions of an abstract concept like mental health may not be the most beneficial use of efforts or necessary (Herron *et al.*, 2000; Friedli, 2004). However, the way mental health is defined and conceptualized will affect how it is measured (McDonald, 1999).

Mental health is defined as a state of well-being 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. The World Health Organization defines mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community" (WHO, 2005). As Boehm (1995) says that the condition and level of mental health should be socially acceptable. According to Charandas (1986) mental health is the adjustment of human being to the world and to each other with maximum of effectiveness and happiness. It is an important aspect of one's total health. From perspectives of the discipline of positive psychology mental health may include an individual's ability to enjoy life and procure a balance between life activities and efforts to achieve psychological resilience.

One of the bona fide scholars, viz., Weare (2004) is of the personal opinion that mental health is getting its deeper concern with some important positive characteristics of the individual such as: resilience and an inner sense of coherence; the ability to make relationships, to attach to others and to love the ability to think clearly including emotional matters; the ability to manage the emotions successfully and appropriately; the ability to be sensitive to one's own and other's emotions; and the capacity to have an accurate self-concept and high self-esteem. In the recent past the field of Global Mental Health has emerged, and defined as 'the area of study, research and practice that places a priority on improving mental health and achieving equity in mental health for all people worldwide' (Patel and Prince, 2010).

The term mental health has been classified into two different broader categories known as positive and negative mental health. Mental health from the positive angle refers to behavior, attitudes and feeling that respect an individual's level of personal effectiveness, success and satisfaction. In the olden times, Argyris (1951) advocated that persons with positive mental health should have the ability to understand the realities which exists both externally and internally when he/she strives to be aware of their oneself. Buck (1972) viewed that employees who reported working under pressure indicated decreased mental health. Emmons (1992) also viewed that mentally healthy persons are able to fulfill their social roles successfully. They enjoy peace of

mind, happiness, self-confidence and others' companionship. Negative mental health covers a wide variety of deep feelings including sorrow, disappointment, anger and empathy etc. O'Neil and others (1985) found that stress in the work environment has a negative impact on the physical and mental health of working women. According to Johns *et al.* (1989) mental health is a condition which is characteristics of the average person who meets the demands of life on the basis of his own capacities and limitations.

Mental health is the launch pad of thinking, communication skills, learning, emotional growth, and resilience and self-esteem. It is how people look at themselves, their lives and the other people in their lives; evaluate their challenges and problems; and explores choices. This includes handling stress, relating to other people and making decisions and moreover, Zilli *et al.* (2009) in their study concluded that female youth scored higher on mental health dimensions as compared to their male counterparts.

However, mental health has been studied variously by scholars from different cultures of life. The preponderance of positive affect over negative affect subjective well-being as a person's evaluative reaction to his or her life either in terms of life satisfaction, cognitive evaluation or affect over negative effect on aging emotional reaction (Diener & Diener, 1995). There is extensive evidence of correlations between subjective wellbeing and general health (Diener, 2000). Arrindell, Heesink and Feij (1999) found that the use of medical services correlated negatively with subjective well-being. This finding was further supported by Eid and Diener (1999) who showed that subjective well-being was a significant predictor of mental health levels. Some scholars argued that subjective wellbeing is not synonymous with mental health or psychological health. A delusional person might be happy and satisfied with his life, and yet we would not say that he possesses mental health. A person who is out of touch with his/her own motives and emotions might say he/she is happy, but not possess complete psychological health. Thus, subjective well-being is not a sufficient condition for psychological well-being (Ryff, 1989; Ryff, & Keyes, 1995).

#### **Importance of the study**

It is undoubtedly fact that after independence, women in India have come a long way. From just being a skilled homemaker, women today have acquired skills and capabilities of not just being a homemaker but being at par with the male counterparts. This is the new generation of women wants to pursue their dream career. Conflicts arise with the working mother as one has to fulfill the demand at work followed by demands of family including children, husband, in-laws, etc. In today's scenario the husband and wife both work for creating a balance with their work life as well as at

home with their children. But it is difficult for women as she has to play multiple roles of a cook, a tutor, a nurse, a helper, as well as cater to the demands of office work. This can leave a working woman stressed and anxious, especially if the family is not supportive (Tripathi P, Bhattacharjee S., 2019).

A housewife's main duties include managing the family, educating and taking care of her children, cooking food, buying goods, cleaning and maintaining the home, washing and sewing clothes for the family and so on, the list is endless. It is ironical that a woman employed within the home is referred to as a housewife, and outside the home, as a working woman. Whereas, in both the situations, woman is working but how the woman is referred to, is based on the working place. The duty of the housewife is to take care of the day-to-day household tasks within the house. A woman who earns salary, wages, or other income through employment, outside the home, is termed as a working woman (Harilal A, Santosh VA, 2019).

Therefore, in the light of the above context, the present investigation was planned to see the perceived reactions of mental health and subjective well-being among housewives and working women with special reference to those women who are living in Khagaria district. Thus the present study is of immense value.

## OBJECTIVE OF THE STUDY

Having reviewed the extensive survey of literature on the phenomena, it has been observed that none of the studies are available on the problem entitled “perceived mental health and subjective well – being among women with particular reference to Khagaria district of North Bihar”, hence, the present study is of utmost value which will fill the void of knowledge in the area concerned. As it is generally assumed that housewives and working women differ to each other in respect of their social values, other related opportunities and problems, therefore, the present investigation is planned to study mental health and subjective well-being between housewives and working women with special reference to Khagaria district of North Bihar, India.

### Hypotheses

In the light of the broad objectives of the present study, the following hypotheses were formulated:

1. Housewives of Khagaria district would have better mental health as compare to working women of Khagaria district on over all mental health inventory
2. Housewives of Khagaria district would have better mental health as compare to working women of Khagaria district on ‘positive self-evaluation’, a dimension of mental health.

3. Housewives of Khagaria district would have better mental health as compare to working women of Khagaria district on ‘perception of reality’ – a dimension of mental health.
4. Housewives of Khagaria district would have better mental health as compare to working women of Khagaria district on ‘integration of personality’ dimension of mental health.
5. Housewives of Khagaria district would have better mental health as compare to working women of Khagaria district on ‘autonomy’, a dimension of mental health.
6. Housewives of Khagaria district would have better mental health as compare to working women of Khagaria district on ‘group-oriented attitude’, a dimension of mental health.
7. Housewives of Khagaria district would have better mental health as compare to working women of Khagaria district on ‘environmental mastery’, a dimension of mental health.
8. There would not be significant difference between housewives and working women of Khagaria district of North Bihar, India on their degree of subjective well-being.

## METHODOLOGY

### Sample

Total sample of the present investigation consisted of one hundred fifty women (N=150) comprises housewives (n=75) and working women (n=75 which were randomly selected from different places of Khagaria district – a well-known town of North Bihar, India. Total subjects’ age were ranged between 28 – 55 years.

### Tools used

The following measures were used in the present piece of research work.

1. Mental Health Inventory: For measuring mental health of the women of Khagaria district a standardized mental health inventory developed by Jagdish and Srivastava (2003) was used. This scale consisted of 56 items and each item was rated on 4 point rating scale ranging from always to never with a score of 1 to 4. Inventory comprises of six dimensions such as, Positive self-evaluation (PSE), Perception of reality (PR), Integration of personality (IP), Autonomy (Autonomy), Group-oriented attitudes (GOA), and Environmental Mastery (EM). In this inventory high score indicates good mental health and low score indicates poor mental health. The reliability of the whole scale reported by author is 0.73.
2. Subjective Well-Being Questionnaire: For measuring women’s subjective well-being, a scale developed by Verma & Verma (1989) was used. It consisted of 22 items, which measures the subjective well-being. The scoring of the scale is very simple. In this scale higher score indicates

higher level of subjective well-being. The reliability of the scale is 0.86 which confirms the efficacy of the scale.

- Biographical Information Blank (BIB): Biographical Information Blank (BIB) was also prepared and used for analyzing the obtained results. Information included in it was like age, income, job tenure, number of depends, total working experience, qualifications, etc.

**Procedure**

These three materials were in printed form and were administered on each woman (housewives and working) of Khagaria district who were engaged in performing their task either at home or outside the home by giving assurance that information provided by them will be kept strictly confidential.

The responses were scored according to the procedure and the individual scores were obtained. Having obtained the data, the data were tabulated for giving statistical treatment for obtaining the results and presented in tables. Finally, the results were discussed and the formulated hypotheses were tested.

**RESULTS AND DISCUSSION**

In quest of investigation of the degree mental health among housewives and working women of Khagaria district of North Bihar, Table-1 clearly indicated that in the case of housewives women the mean and SD was found to be 161.95 and 20.25, while in the case of working women the Mean and SD was found to be 140.44 and 14.99 respectively as 't' value has been found 7.27 which is statistically highly

significant at 0.01 level of confidence. Thus, it is proved that the present underlying major hypotheses of our present piece of research work that "housewives of Khagaria district would have better mental health as compare to working women on overall mental health inventory and its dimensions too" stand accepted. It is important to be mentioned that especially in Khagaria district of North Bihar housewives have been recorded higher degree of mental health than working women, hence, significance of difference on different dimensions of mental health have also been found between the group of housewives and working women. Table – 1 also indicates that all the dimensions of mental health, viz., "Positive Self-Evaluation", "Realistic Perception", "Integration of Personality", "Autonomy", "Group-Oriented Attitude" and "Environmental Mastery" have been found as the predictors of mental health between the group of housewives and working women in the district of Khagaria – a well-known district of North Bihar as their "t" values 6.8, 4.31, 8.47, 28.58, 7.09, 8.13 respectively have been found statistically highly significant at 0.01 level of confidence but it is very important to mention here that both the group of women have indicated favorable inclination toward the degree of their mental health as they all scored above average on the total items of the inventory. The present results seem to be logical that both the group of women either housewives or working women especially in Khagaria district knows their performing the duty even in their household works. They all are educationally and culturally sound, that's why they have been found to have good perceived mental health.

**Table-1: Showing Mean, SD and t – values between the group of housewives and working women of Khagaria district of North Bihar, India on different dimensions of Mental Health and in Total Mental Health as well.**

Dimensions of Mental Health	Group	N	Mean	SD	't' values
Positive Self-Evaluation	Housewives	75	35.13	4.71	6.8*
	Working Women	75	30.71	3.16	
Realistic Perception	Housewives	75	22.07	2.66	4.31*
	Working Women	75	20.56	1.61	
Integration of Personality	Housewives	75	18.23	2.16	8.47*
	Working Women	75	15.52	1.63	
Autonomy	Housewives	75	21.70	2.13	28.58*
	Working Women	75	18.27	2.15	
Group – Oriented Attitude	Housewives	75	32.61	4.27	7.09*
	Working Women	75	28.21	3.23	
Environmental Mastery	Housewives	75	32.21	4.32	8.13*
	Working Women	75	27.17	3.21	
Total Mental Health	Housewives	75	161.95	20.25	7.27*
	Working Women	75	140.44	14.99	

Table- 2 is the extension of table – 1 which clearly revealed the fact that 62.67 % of housewives have shown higher level of acceptance to their degree of perceived mental health in comparison to their working women i.e. 41.33% which is comparatively

low than housewives of Khagaria district. 33.33% of housewives have shown moderate level of acceptability than working women i.e. 45.33 %, although, 13.33% of working women have indicated little higher degree on low levels than housewives i.e. 4%. The present result

of table – 2 also seems to be logical that both the group of women scored above average levels of perceived reaction on their degree of mental health but both the

group of women only differ on their levels. Presented results can also be illustrated by the following diagram:

**Table-2: Showing the Comparative Difference between housewives and working women on their levels of Mental Health**

Levels	Housewives (n=75)		Working Women (n=75)	
	n	Percentage	n	Percentage
High	47	62.67%	31	41.33%
Moderate	25	33.33%	34	45.33%
Low	03	04.00%	10	13.33%

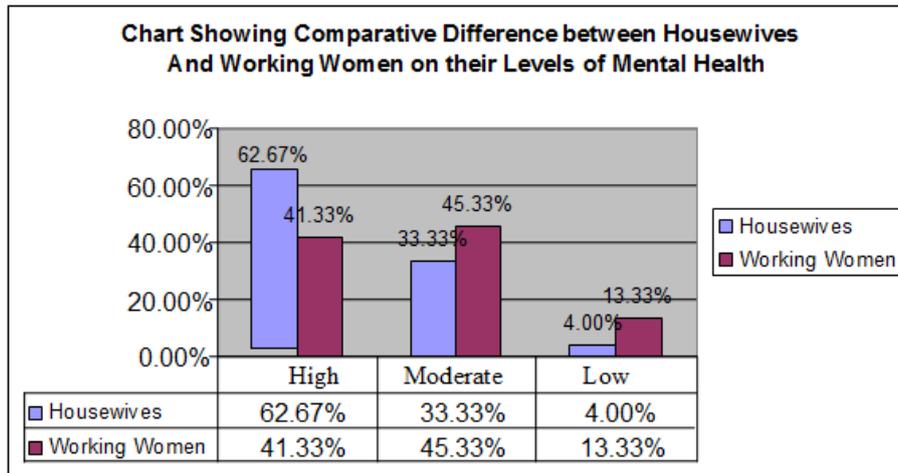


Table -3 of the results depict the picture regarding significance of difference on Subjective Well-being between the group of housewives and working women of Khagaria district – a well-known district of North Bihar. Table revealed the fact that housewives scored higher degree on the scale of

subjective well-being than their working women, but it is very interesting to note that the significant difference has not been found statistically. Thus, the proposed hypothesis i.e. there will be no significant difference between the group of housewives and working women on their perceived subjective well-being stand accepted.

**Table-3: Showing significance of difference on Subjective Well –Being between the group of housewives and working women of Khagaria district of North Bihar, India**

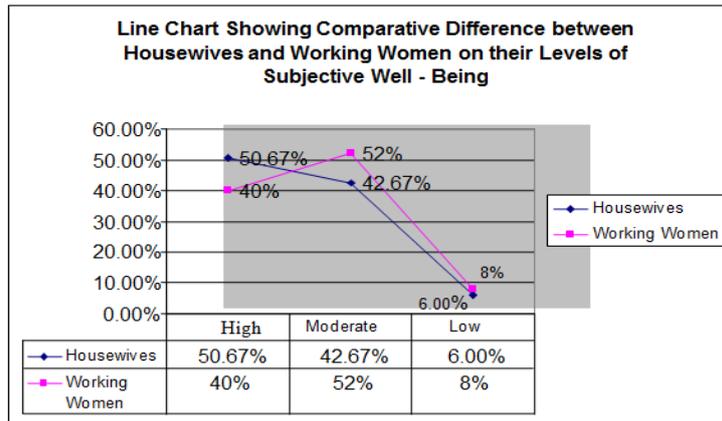
VARIABLE	GROUP	n	MEAN	SD	‘t’
Subjective Well-Being	Housewives	75	85.61	18.37	1.81 <sup>NS</sup>
	Working Women	75	80.26	17.67	

Table – 4 is also extension of table – 3 which reveals the comparative difference between housewives and working women of Khagaria district of North Bihar on their levels of perceived reactions on subjective well-being. From the table – 4, it can be observed that 50% of housewives have shown higher degree of acceptability on subjective well – being than working women i.e. 40.00% which is comparative low, although, 42.67 % of housewives have inclined

moderate level of subjective well-being than working women i.e. 52.00% which is comparatively high. From the table-4, it can also be observed that 06.00 % of housewives have shown their low level acceptability towards subjective well- being in comparison to their working women group i.e. 08.00 % which is comparatively little high. The obtained results can also be illustrated by the following diagram:

**Table-4: Showing the Comparative Difference between housewives and working women on their levels of Subjective well - being**

Levels	Housewives (n=75)		Working Women (n=75)	
	n	Percentage	n	Percentage
High	38	50.67%	30	40.00%
Moderate	32	42.67%	39	52.00%
Low	05	06.66%	06	08.00%



Aforementioned results can also be summarized that housewives are relatively more prone to higher degree of mental health than working women, although both the group of employees have been found favorable inclination to mental health as well as on perceived reactions to subjective well-being as well. But it is interesting to point out that significance of difference have also been found between housewives and working women in all the dimensions of mental health but so far as the perceived reactions of subjective well-being results obtained has been found insignificant (table: 3).

Discussing the results obtained it is pertinent to mention the reason for such obtained results lie in the fact of working system Khagaria district of North Bihar irrespective of age, caste and religion they all are engaged in performing their task. In case of working women, where they have their prime objective to serve the organization and to bring money for enhancing and catering the needs of the family for which they scored low but favorable reactions on mental health inventory, hence, the significant difference has been found (table – 1 & 2). Moreover, the results, as presented in table: 3 – 4, seem to be logical for both the group of employees as it is often seen in our social system that the primary responsibility of the female members of the family is to cater their household works and thereafter if they want to earn money is the secondary job. Thus, housewives also seem to have started sharing this responsibility in comparison to working women so, both the group of women indicated relatively higher degree of subjective well-being, although housewives indicated higher level of acceptability as their mean score have been found high in comparison to working women but it is very interesting to point out that on the score of subjective well-being t – value has been found insignificant between the group of housewives and working women.

While concluding the discussion, it is necessary to stress light on the aforementioned reasons as experienced by present investigators. Thus the general reputations attached to both the group of women living in the district of Khagaria has been found

to have sound mental health and subjective well-being which help to develop among both the group of women either housewives or working, a psychological feeling of worthiness and importance and these job incumbents feel pleasure in taking up challenges while working in households works especially in Khagaria district, hence, the positive attitude has been found in relation to mental health as well as subjective well – being but significance of difference of difference has also been found between the group of housewives and working women in all the dimensions of mental health but on the other hand, on the subjective well-being both the group has been found insignificant statistically. The results seem to be logical that aspects of attitudes toward self, growth and development, self – actualization, integration of personality and mastery of environment must be considered in judging whether a person is mentally healthy or not.

### CONCLUSIONS

In the pretext of the results and interpretations the conclusions drawn may be summed up as follows:

1. Housewives and working women of Khagaria district – a well-known town of North Bihar have indicated favorable inclination to their degree of mental health, although significance of difference have been found on over all dimensions of mental health.
2. Significance of difference have been found between the group of housewives and working women on different dimensions of mental health as ‘Positive Self – Evaluation’, Realistic Perception’, ‘Integration of Personality’, ‘Autonomy’, ‘Group – Oriented Attitude’ and ‘Environmental Mastery’.
3. Housewives of Khagaria district have shown higher degree of subjective well-being than working women, hence, both the group of women has been found insignificant statistically.
4. Housewives have been found more prone to the degree of their subjective well-being than working women especially from where the present sample has been drawn.
5. Observations have revealed the fact that both the group of women of Khagaria district has unique

work culture where each and every women either housewives and working women, work as an ordinary women without having any feeling of shyness, inferiority and sense of losing esteem needs, thus, everyone in that socio – cultural milieu have positively high work ethics and greater sense of commitment with whom they have their professional affiliation. Thus, both the group of women have shown positive attitude so far as mental health and subjective well – being are concerned.

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