

# Mental Health in Developmental Perspective

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**Abstract – It is critical for any culture to promote child mental health since (1) child psychiatric issues are frequent, (2) a considerable number of such illnesses have a bad prognosis, and (3) many adult diseases have their roots in childhood risk factors. Aside from that, there is evidence to suggest that early mental health prevention in childhood may have a significant beneficial influence on children and their families, as well as on institutions and communities at both the micro- and macro-levels. Because of this, it is remarkable that it has garnered so little attention to yet, particularly in India. This review is broken down into four pieces. First, a developmental and ecological theoretical viewpoint is offered to illustrate how the conceptualization and prevention of child mental health disorders varies from work with adults in a number of important ways. Following that, examples of work done at the family level are shown, as well as instances of efforts carried out in schools—with individual children, with classes, and with the whole school population—are also presented. The potential role of schools as an effective focal point for mental health promotion and psychiatric disease prevention is discussed in detail, with particular emphasis on an ecological model of developmental growth. After that, the last part looks at a specific case of great concern: children who have been excluded from school, and suggests that a preventive approach may be the most effective method to handle the issue.**

**Keywords – Mental, Health, Developmental**

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## INTRODUCTION

In recent years, there has been a lot of interest in health issues, especially mental health issues among students. When it comes to evaluating and treating mental health issues, college is an excellent place to start. According to Kessler et al., 2005b, the majority of mental problems manifest themselves in young adulthood, with nearly half of young people pursuing post-secondary education (US Department of Education, 2007). In order to reduce the prevalence of early-onset mental diseases in the general population, prevention, early detection, and treatment of mental problems among college students are potential areas to pursue. Furthermore, considering the considerable influence that these illnesses have on educational, economic, and societal results, it is possible that doing so will have widespread advantages.

The state of one's mental health has a direct correlation to academic success and retention. Academic advisers are reporting that mental health difficulties are interfering with student progress at a higher rate than they have ever seen. 'Prozac Campus,' an article published in The Chronicle of Higher Education, brought these difficulties to light. Today, a plethora of good materials are accessible to advisors who wish to be well-informed and capable

of assisting students who are experiencing difficulties with these issues. Faculty and staff personnel are now seeing that students who are enrolled in their courses and receiving their advice are more likely to be dealing with difficult and even clinical concerns. According to the authors of the recently published book *College of the Overwhelmed: The Campus Mental Health Crisis and What to Do about It*, an increasing number of students are suffering with depression, anxiety, and other severe mental health difficulties on their campuses. Mental health, in its broadest sense, refers to a state of mind that is efficient, satisfying, and long-lasting. People who are in this condition are able to respond positively, have vigour, and completely exhibit their inner potential. Mental health is defined as a fundamental human psychological process that maintains the integrity and coherence of its content. Thus, the integration and coordination of the many aspects of cognition (cognition, emotions, will, personality, and conduct) may help people to agree with the society they live in.

Students at universities are members of a distinct social group. What all colleges and universities should be concerned about is how to improve their mental health education, avoid or eliminate psychological barriers caused by various

psychological pressures, increase physical and mental health, adapt themselves to the current social environment and develop in a positive state of mind, prevent mental disorders and psychosomatic diseases. As a result, it is very important to positively create new ideas for mental health education and to investigate novel approaches to issue solving.

According to studies, a considerable percentage of students suffer from depression and anxiety; when it comes to alcohol use, a significant number of them suffer from an eating disorder and self-harm; and when it comes to self-harm, a substantial number of them suffer from an eating disorder. In addition, data show that depression, drug addiction, eating disorders, and learning difficulties, among other issues, are linked to campus sustainability, including the most frequent issues. According to the findings of a research conducted on a sample population of 15 thousand persons who were students at one of America's colleges, the following conclusions were reached: 1,500 people were admitted, with a third of them suffering from anxiety disorders and depression, with 750 of them suffering from severe clinical depression; 450 people were admitted with eating disorders, 135 of whom were suffering from some form of psychosis, and 16 patients attempted suicide three times, with three cases leading to a successful outcome (Wang, 2005). Educating people about their health and establishing ties with community organisations and individuals to promote good health and eradicate sickness through influencing and modifying people's attitudes and beliefs, as well as government officials' actions, is one strategy to remain healthy (Wang, 2005). Student comments indicated that identifying susceptible and predisposed to mental diseases, as well as providing counselling services on-campus, may help to improve health and minimise wasting time at the university and among community activists, youth and community service workers was important. The purpose of this research was to assess the health state of the pupils, the amount of mental illness they have, and the kind of mental illness they had.

Mental health is often classified into three categories: first, self-definition, as established by Freud (1856), McDougall 2 (1871), George Berkeley 3 (1685), and many of you have accepted; second, illness defined by others; and third, illness defined by others. With a, we may construct the second definition of self-actualization and self realisation, which is the actual capabilities that are inherent in psychological and emotional transformations. This viewpoint has been held by individuals such as Young 5 (1875), Allport 6 (1897), and Maslow Grayany 7 (1908). The third definition of mental health is that certain individuals have a "stable social network" that is integrated, according to Adler 8 (1870), and this term has been embraced by a large number of sociologists. Behavior theory is founded on the idea of mental health survivors who harm the environment, and it emphasises the belief that behaviour, like other

habits that go unnoticed yet impair one's strength, may be taught and learnt. As a result, mental health, including behaviour that has been adapted, may be taught.

The evaluation of the environment will serve as the foundation for the theory of psychiatric mental health. A mental health researcher recognises when the tissues and organs of the body are healthy and performing optimally. Any dysfunction of the neurological system or the chemical processes of the body will cause the mentally sick to become unwell (Ganji, 1996). Analysts believe that if the "I" is brought into conflict with "institutions" and the "Framn" is brought into balance, the psychological theory of mental health and a sense of rhythmic interaction between the three fundamental bases of personality (the 1, I-2, and Framn 3) and mental health will be achieved. For the first characteristic, self-awareness, there are certain mental health requirements according to Freud. Whatever the case, it is difficult to be cognizant of one's state of unconsciousness: A conscious component of psychological well-being. When it comes to the ultimate condition of acceptable alienation of interest in Freud and a yearning to be public, it is not enough that one has good psychological health and mental health features. Freud is one of the most prevalent psychological breakthroughs in human history - gender is effectively lived. And in none of the phases is there an excessive amount of consolidation. Kord T & Mohammady Far believes that Freud's perspective of the human being under normal circumstances applies to everyone in one form or another (2009). As defined by Adler's theory of individual psychology, mental health is defined as the achievement of life goals, having a solid philosophy for living, having a strong family and social network, providing the most optimal and long-term benefit for others, having courage and decisiveness, controlling one's emotions, having control over one's emotions, having control over one's emotions, and having control over one's emotions.

### Psychosocial Theory -

Erikson: his ideas of the unconscious, which, as Freud said, the Ericsson believes in this great era, are based on his observations of the unconscious. It is characterised as a mental health disorder connected with the letter I that explains the many variants of the letter "I." According to Ericsson, when it comes to mental health, there are specific characteristics and psychological health of a person who does not possess these characteristics differentiates him or her. Ericsson is the character's significance in the context of the community. Based on their personal lives and experiences in the community, people with mental health may behave in a conflict-free way, despite their extraordinary skill and capacity to apply it. He is the master and the

instructor, and he has a limitless number of creative moments during his professional life. He finally receives feedback on the spiritual process of life and his knowledge of the theory. Ms. Kord T and Mr. Mohammady Far (2009). According to human orientated theory, mental health is defined as the ability to meet fundamental needs and progress through the stages of self-actualization. Anything that maintains the individual's wants satisfied at low levels while also preventing him from blossoming will result in behavioural problems (Wang, 2005). According to Rogers, giving people greater flexibility and more options to improve their mental health and experiences makes sense. A never-ending source of good human thinking and activity from Rogers, as provided by Kord T and Mohammady Far (2009). It is possible to acquire the limits of the system using Kurt Levin's field theory: the differentiation and differentiation progresses to the health and psychological integrity of a person and his surroundings, which is a function of psychological and mental strength and stability (Wang, 2005).

So from a psychologically healthy point of view, Levine is one who distinguishes and differentiates between himself and his psychological situation, as Kord T & Mohammady Far have shown, Kord T & Mohammady Far (2009). Tavakoli, M., et al. (2002) also investigated the mental health state of medical students and came to the conclusion that there were no significant changes in overall test scores based on marital status, gender, and age of the students' mental health condition.

The outcome of another research conducted by Karami and Pirasteh (2001) in order to examine the mental health of students has been reached by the Zanjan University of Medical Sciences. 4.6 percent of students reported feelings of sadness and depression, with 21.8 percent falling into the moderate depression range. Additionally, according to the test results, 62 percent of students had moderate ADHD, 4.1 percent had severe ADHD, 36.5 percent had moderate anxiety, and 6 percent had high anxiety, and 34.9 percent reported moderate physical symptoms, with 3.3 percent reporting severe physical symptoms. This research has also shown that there is no statistically significant difference in mental health between male and female students, single and married, higher education, and parental employment among those who participated in the study. Lotfi et al. (2007) also investigate the mental health of martyrs in their study. Students at Yazd University of Medical Sciences received high scores on the GHQ 23-3/31 percent of male students and 36.3 percent of female students, according to the university's findings. It has been possible to demonstrate a statistically significant difference in the mental health statuses of pupils. In accordance with the association between the degree of students ( $0.04 = P$ ), 23 GHQ's most common students of nursing and midwifery (percent 42.2) and the lowest were health students was found

(percent 33.4). The current research analyses this topic and attempts to offer answers to the following question in regards to the mental health and life satisfaction of students participating in the study.

### **Definitions of child mental health**

The Health Advisory Service (HAS) (1995) and the Mental Health Foundation (1995) have both presented definitions of mental health as they pertain especially to children in their respective publications (1999). Ryff and Singer (1998) and Rowling et al. (2002) provide definitions that are similar to those provided by Ryff and Singer (1998) and Rowling et al. (2002), while also acknowledging the developmental context of childhood – i.e. the ability to develop psychologically, emotionally, creatively, intellectually, spiritually, initiate, develop and sustain mutually satisfying personal relationships; use and enjoy solitude; become aware of others and empathise with them, play and learn; develop (HAS 1995; Mental Health Foundation 1999). As they relate to 'societal' expectations of children, such definitions are beneficial to parents. When it comes to defining mental illness, many definitions are employed. The World Health Organization defines the word "mental illnesses" in a wide sense, referring to conditions such as mental disease, intellectual impairment, personality disorder, drug dependency, and the response to adversity in one's life (WHO 1992).

The World Health Organization recognises that the term "disorder" is used to avoid perceived larger issues connected with the term "disease," such as stigma and the focus placed on a medical paradigm. Meltzer et al. (2000) use the term 'mental disorders' to refer to emotional, conduct, hyperkinetic, and other less common disorders as described by the ICD (International Classification of Diseases) 10 and DSM (Diagnostic and Statistical Manual of Mental Disorders) IV classifications of disorders. Jorm (2000) concentrates his attention on depression and psychosis in particular. While this is the case, Rowling and colleagues (2002) use the terms 'mental sickness' and 'mental disorder' to mean the same thing. It is noted by the British Medical Association (BMA) (2006) that the phrase "mental health issues" is used to include a wide range of diseases, including diagnosable disorders such as anxiety and depression, as well as nondiagnosable ailments such as acting out behaviours. A distinction is made between mental disorders and sickness by the British Medical Association (2006), with illness being defined as severe psychiatric illnesses such as depression and psychosis.

Others adopt a more global perspective. Young people's help-seeking for mental health difficulties is discussed in detail by Rickwood and colleagues (2005), who employ a variety of terminology, including "psychological discomfort," "mental health

concerns," "mental health problems," and "mental disease." These phrases have become meaningless as a result of their interchangeable usage, since their use may indicate an individual's prejudice or political correctness, rather than showing the amount or severity of the issue in question. All, on the other hand, detect changes in mood, thought, and behaviour that are connected with distress or reduced functioning across a wide range of areas.

### **Mental health literacy**

It is also interesting exploring how the mental health "literacy" of adults and children in the general community differs from that of experts in this area. In a recent study effort, conceptual uncertainty was discovered in the literature review as well as among the teenage participants at all stages of the process. The single continuum model proposed by the World Health Organization (WHO) (2000) was not found to be useful by focus group members. As a result, during the focus group feedback session, participants expressed concern that labelling serious mental illnesses like schizophrenia and major depression as 'mental health problems' diminishes the seriousness of mental illness, which could have implications for attitudes toward and treatment of people who suffer from mental illness (Leighton 2006). It is also clear that there is a great deal of misunderstanding among young people about the differences between the phrases "mental health," "mental disease," and "learning impairment." However, regardless of the nomenclature used, the number of people who suffer from mental health disorders and illnesses is substantial, as will be discussed in more detail below in a moment.

### **Children excluded from school: mental health implications**

#### ***Background Children at risk***

In spite of the fact that the previous assessment reveals that schools have the potential to be essential in mental health promotion, many schools in INDIA seem to be failing to appropriately address mental health concerns at the moment. Furthermore, despite DfEE rules advocating against exclusion of children with emotional and behavioural challenges to expedite the evaluation process (DfEE, 1994), many schools seem to employ exclusion of kids as a manner of dealing with emotional and behavioural problems (DfEE, 1994). This causes the issue to be transferred to another area of service supply, and in many cases, this exacerbates the situation. According to a prognosis based on steeply growing patterns from 1990 onwards, more than 14,000 kids will be permanently expelled from schools in England during the 1995/1996 school year, according to a study published in 1995. However, there is strong evidence that these children and adolescents face various risks for mental health disorders, with many of them growing up in underserved regions and in

homes that are struggling with poverty, social isolation, and lone motherhood (OFSTED, 1996). Of the 39 schools reviewed by OFSTED, a considerable number (21 percent) of the children expelled from the schools were in the care of social services at the time of exclusion, suggesting severe family instability and feelings of loss. Aside from that, a number of recent anecdotal accounts of school expulsion instances indicate the death of a close family member as a contributing factor (Bright, 1996; Kingston, 1996). These and other vulnerable children are at substantial risk for mental disorder in addition to exhibiting behavioural issues, yet this part of the psychological needs of disruptive children may be the one that receives the least amount of consideration.

There are significant differences in the management and treatment of children with emotional and behavioural problems between schools and between different authorities, and only a small number of excluded children have been 'stated', in order to identify children with special educational needs. Indeed, some local educational agencies (LEAs) do not regard emotional and behavioural challenges to constitute special educational requirements within their special education needs framework. Whenever a psychological opinion is sought, it seems that the goal of the referral is to get the psychologist's support that the kid is inappropriate for conventional education rather than to elicit psychological therapy.

There have been concerns made about the fact that not only is the number of excluded kids growing, but also children of increasingly young ages are being permanently excluded from school (Hayden, 1994). It is possible that when a young kid displays signs of oppositional defiant disorder, it is a good predictor of the most significant results in adolescence and adulthood, which may be both personally and economically expensive. According to the research, instructors of very young children are more prone to be uncomfortable about asking assistance in managing young children who have behavioural difficulties. Before entering school, a significant number of young children with significant emotional and behavioural problems are placed in group settings that do not provide effective interventions for their problems, and these most vulnerable children are likely to continue displaying challenging behaviour in their first school placements. On the other hand, early detection that is accompanied by well planned therapy is achievable and has been shown to be successful. An improved and more extensive evaluation of the issues and requirements of children who are evaluated for exclusion from primary schools is thus essential.



### **Reasons for lack of attention to child mental health problems**

Clearly, schools do not have the resources or support workers required to appropriately address mental health concerns in their student bodies. According to some, school administrators are turning to exclusion rather than statementing or making other recommendations in order to survive in a competitive marketplace. Pastoral care for children who have mental health difficulties has been recognised as one of the victims of the National Curriculum's implementation, according to experts. Student referral units, home tuition, social services short-stay facilities, and pupil referral units were all investigated by Parffrey, who found that placement judgments were unpredictable, with instructors who frequently had no psychiatric or psychological involvement. Pupil referral units, in particular, have been criticised for being spotty and of low quality (OFSTED, 1995), being housed in decaying physical circumstances, and being staffed by instructors who are unsupported and devoid of hope for their students (Garner, 1996). It is possible that the experience and care of children with emotional and behavioural difficulties has more in common with a criminal justice system. They are identified and transferred to a poorly resourced detention facility where they will not get therapeutic treatment. Excluded children have typically not received counselling, behavioural management, psychiatric referral, or other forms of assistance, despite the fact that in-depth interviews with students in units for excluded children have shown that they are willing to accept assistance.

Other areas of educational provision have also been mentioned, with poor teacher training and in-service support in particular being cited as a significant role in the growth of exclusions (OFSTED, 1996). Some teachers believe that they are not provided enough information about mental health concerns or about how to handle their students' behaviour during their first training and service assistance. The OFSTED report concludes that "teachers...were unsure of the distinction between poor behaviour and behaviour stemming from deep-seated emotional disturbance, requiring treatment," implying that there is room for increased awareness of mental health issues in schools and teacher training institutions, according to the findings.

A third aspect that may be relevant is the nature of the challenges that excluded children are experiencing. The reasons for exclusion are based on the signs of oppositional defiant and conduct disorder, which include fighting with adults, disobedience, blaming others, being angry and resentful, and instigating conflicts, among other things. Conduct disorder is distinct in that it tends to cause discomfort in others rather than in the kid, and there is dispute regarding whether or not these symptoms should be included in methods for

diagnosing mental illness. This may help to explain why there is such ambiguity about how to manage them in educational systems. The fact that oppositional defiant disorder and conduct disorder are commonly co-morbid with other psychiatric diagnoses, such as attention deficit hyperactivity disorder with hyperactivity, particular learning challenges, anxiety disorders, and depression, is significant. In addition, untreated children who exhibit these conduct behaviours are likely to have a poor prognosis, with increased risk of delinquency, social isolation from peers, relationship difficulties, and potentially adult criminal behaviour, all of which have significant consequences for themselves, their families, and society as a whole, if left untreated (Loeber, 1988).

### **Solutions**

Some have called for a more nuanced approach to the excluded student, as well as the development of policies and procedures that take into account the uniqueness of each particular instance. These youngsters may be considered 'difficult to serve' because the educational system has not been able to keep up with their needs. However, they are not always exposed to the kind of assistance that is most suited for their needs. When it comes to emotional and behavioural difficulties, punitive strategies are more common than therapeutic approaches, and children are regarded as perpetrators rather than victims.

However, although it may be unrealistic to expect educational institutions to deliver mental health therapies, they are critical in detecting children's needs and ensuring that they get the most suitable care. The school community would be more efficient if students were prevented from reaching the stage when they are considered unacceptable members of the community. The implementation of more comprehensive school-wide efforts that include mental health concerns into the thinking of students and parents, as well as instructors, could help to prevent many children from reaching this "point of no return." Recent recommendations have called for a strategic approach to providing child and adolescent mental health services in India, with improved collaboration between health, social, and education services, as well as other professional or voluntary organisations (Audit Commission, 1994; Health Advisory Service, 1995), and this is something that must be implemented.

### **OBJECTIVES OF THE STUDY**

1. To study on lack of attention to child mental health problems
2. To study on child mental health

## METHODOLOGY

### Research design

The research method was survey.

### Participants

The sample size of the J.C Morgan population was 60 individuals, who were reviewed, and the study into the loss of this number was decreased to 50 persons after the sample size was lowered. A total of 50 students from the Humanities, University of Agriculture, and Engineering were sampled (30 females and 20 males).

### Instruments

The questionnaire questions 1 through 28 and Goldberg Hiller 2 and 3 were employed in this study as the research instruments (GHQ28). The GHQ28 questionnaire is used as a screening test for non-psychotic mental illnesses, and it is a screening tool that may be used to identify the mental disorder of a person.

## RESULTS

**Table 1. F, T and Standard Deviation of mental health**

|                   | F      | Sig*  | t      | df | sig(t) | SD       |
|-------------------|--------|-------|--------|----|--------|----------|
| 1. Physical signs | 8.978  | 0.03  | 4.434  | 40 | 0.00   | 2.01725  |
|                   | 14.025 | 0.00  | 3.078  | 40 | 0.02   | 1.65447  |
|                   | 0.472  | 0.492 | -0.816 | 40 | 0.415  | -0.29174 |
|                   | 0.299  | 0.585 | 1.661  | 40 | 0.098  | 0.88866  |

## DISCUSSION

The findings of the current study revealed a significant prevalence of mental problems among students, which is similar with previous research done in India. More signs of mental problems are experienced by females than by boys. A variety of circumstances, including the environment, college, and choice to marry at a certain age, as well as age and educational decisions for the future - such as finding work, a desire to advance, and hurdles, may contribute to psychiatric problems. Students to understand issues, identify susceptible individuals and psychological illnesses to campus early diagnosis, treatment and prevention, counselling, courses on campus more and more active shape Future to increase student academic accomplishment and, ultimately, promote the growth of the society Psychosocial health is a subspecialty of psychiatry whose goal is to protect mental health through preventive measures, controlling factors that are effective in the development of mental diseases, timely diagnosis of mental diseases, prevention of complications caused by relapse of mental diseases, and the provision of a healthy environment as a contributory factor to sound human relationships.

## CONCLUSIONS

This review has presented mental health promotion from a developmental viewpoint, highlighting the many ways in which environmental interventions have been shown to improve developmental outcomes in children and teenagers. In particular, it seems that the school setting is important, since it provides the opportunity for treatments that address mental health concerns from a developmental and ecological viewpoint. It is possible to promote well-being for the majority of children while also limiting the escalation of challenges for those children who are already experiencing behavioural and emotional issues. The majority of the ground-breaking research has come from countries other than the United Kingdom. Examples such as the Head Start programme the Yale New Haven Primary Prevention research and the work of have shown that school-based programmes may have long-term and system-wide benefits. Greater emphasis on mental health as an educational priority for all children in the India, in conjunction with therapeutic interventions provided within the school setting for those children who are already experiencing difficulties, would improve the school environment while also reducing the stigma currently associated with emotional and behavioural difficulties. In several schools in the United Kingdom, a project to prevent bullying has been undertaken with great success Continuous review of the viability of this method, in combination with consideration of a larger school reform model, such as that proposed by Comer, would be desirable in order for child mental health to become a priority for the whole school community. Mental health initiatives such as World Mental Health Day have resulted in the development of mental health resources that may be used in schools as part of the overall classroom curriculum.

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