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A comparative study of government and private school students on mental health and self-esteem

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Abstract

Self-esteem can influence life myriad ways from academic and professional success to relationships and mental health. Self-esteem, however is not an immutable characteristic; success or setback, both personal and professional, can fuel fluctuations in feeling or self-worth. Before entering adulthood, it is important for the adolescent to develop high self-esteem and good mental health. Mental health of the students describes his level of psychological wellbeing. Better mental health and high self-esteem increases self respect, ability to reach goals and increased willingness to try. As adolescent are a period of transition in which a student faces challenges and difficulties, this study is conducted to see mental health and self-esteem on adolescents of government and private school students of Jammu region.

Keywords: Self-esteem, mental health, adolescents, students, adulthood, ability

Introduction

Adolescence, the period of transition from childhood to adulthood, is a critical time for the development of lifelong perceptions, beliefs, values and practices. An adolescent struggle with the developmental tasks of establishing and identity, accepting changes in physical characteristics, learning skills for a healthy lifestyle and separating from family. Therefore, before entering adulthood, it is important for the adolescent to develop high self-esteem and the ability to care for the self. (Finkenauer *et al.* 2002) ^[20].

Self-esteem has well- known consequences only on current physical mental health and health-related behavior, but also on future health and health related behavior during adulthood. Self-esteem also plays an important role in what are currently the most frequently used cognitive models of health behavior, such as the theory of Planned Behavior (TPB), the attitude- social influence Efficacy (ACE) model, the theory of Triadic Influence (TTI) and the Precede-Proceed model, self efficacy in behavioural domains, according to the TPB, influences self-esteem or the evaluation of self-worth. At the same time, according to other models such as the ASE or TTI, self-esteem could be considered as a distal factor influencing self-efficacy in specific behavioral domains. In addition, to be able to change the consequences of self-esteem on future health and health-related behavior, it is important to be aware of possible correlates and associations of low or high self-esteem which are crucial during the development stage of adolescence. The development and maintenance of self-esteem in childhood and adolescence is influenced by two important factors: perceived competence in area of importance and the experience of social support. Considering other factors, correlates of self-esteem can be divided into several essential domains: (1) gender, (2) socio economic factors, (3) personality factors and mental health; and (4) factors from family, friends and significant others. It is also necessary to mention that in the past, researches only investigated levels of explicit self-esteem. However, in recent decades other aspects of self-esteem have been discovered and explored, such as implicit self - esteem, contingent self-esteem and self-esteem stability, (Kernis *et al.* 1993) ^[23].

Gender has been reported to have an influence on developing self-esteem during adolescence. Boys are more likely to have high self-esteem at this stage of life than girls. Gender differences have also been reported in age related changes. Self-esteem among boys tends to increase, while self-esteem among girls tends to decrease a little during early adolescence.

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Previous studies also show socio-economic status to be significantly related to self-esteem, in general, those with higher socio-economic status report higher self-esteem than those with lower socio-economic status. Among socio-economic factors, family income seems to be most related to self-esteem among adolescents. (Birndorf *et al.* 2005) ^[7]. Mental health has been reported to be associated with self-esteem in the past. Several studies have been conducted in this field, and associations have been found between self-esteem and depression and between self-esteem and anxiety. Self-esteem has been also reported to be related to eating disorders and aggression.

It appears that many parents believe that private education provides a more holistic approach to education than public schools (Beavis, 2004) ^[4], and an increasing number of parents are choosing to send their children to private schools (Denniss, 2004).

Meadmore and Meadmore (2004) ^[29] argue that elite private schools advertise their credentials as builders of student's self-esteem and emotional intelligence, appealing in the desire of parents to receive such an education for their children. While public schools also work toward developing the whole person, including accessing programs that support student's social and emotional development, they do not advertise for students, and therefore do not necessarily promote the breadth of the education they offer. Clearly all schools concern themselves with developing the academic potential of their students. It reasonable to expect them to additionally invest in the personal and emotional development of their students and valuable to consider whether perceived differences between the sectors in these areas actually exist.

Self-esteem is widely understood to be the affective response people have to their self-concepts, referring to how one feels about oneself, including one's sense of self-worth and self-respect. Self-esteem has been shown to correlate positively with academic performance (Freudenthaler *et al.* 2008) ^[19] and negatively with juvenile delinquency and depression (Philips and Pittman, 2007) ^[31] and to protect adolescents from risk factors (Martin *et al.* 2005) ^[28]. Due to the positive role that self-esteem play in the academic and wider life areas of adolescents, and the increasing focus on personal responsibility as a variable of importance, it is worth examining and comparing this variable along with mental health across the government and private school sectors.

Despite the perception often held by parents that a private school education will lead to better academic, social and personal outcomes for their children, most studies examining the private and public sector have tended to focus solely on academic outcomes, with varying results (Lamb, 1994; Williams and Carpenter, 1990) ^[25, 32]. The literature exploring nonacademic differences between public and private schools is extremely limited. A study by researcher examined emotional adjustment in 13000 American public and private school students in Grades 7 to 12. Level of emotional adjustment was measured using self report questionnaires examining depression, suicidality, and violent dispositions, with lower level of depressions, no suicide attempts in the past year, and no threats to use a weapon in the last year indicating higher levels of emotional adjustment. Using these criteria and controlling for background factors of the participant pool, watt found similar levels of emotional adjustment for students in private and public schools. Within an Australian context, Lamb (1994) ^[25] explored student's attitudes to the value of schooling. Utilizing 729 year 10 students in public and private schools in Melbourne, attitudes

to school were measured on three board dimensions being what students perceive as the purpose and value of schooling, how students perceive the social system of their school and students attitudes toward teachers. While students in private school they did not demonstrate a more positive attitude toward teachers than those in public schools. These findings held even after controlling for the background factors of the participants. Lamb's result demonstrates that students in private schools, irrespective of their background, are more likely to display a personal attachment to the value of school work and to have a positive image of school. As Lamb's research is now over a decade old, it would be valuable to investigate the area of research again. The role of schools in recent times has moved away from a strictly academic focus to include aiding young people with their social, emotional, and personal development. This has occurred due to a growing awareness among educators that the outcomes students generate are likely to be impacted by their level of personal and emotional development. As parents expect formal education to provide their children with more than simply academic outcomes, it is valuable to consider the level of personal and emotional development that students in high schools are exhibiting. Additionally, as more parents are choosing to send their children to private schools due to a growing perception that such schools offer greater opportunities for such development to occur (Denniss, 2004), it is valuable to determine whether the sociocultural advantages often attributed to private schools actually exists. therefore current study seeks to examine the mental health aspects and self-esteem exhibited by Government and Private school students.

Concept of self-esteem

Research has documented the important role high self-esteem plays in academic achievement, social and personal responsibility (Redenbach, 1991) ^[30]. For people of all ages, the development of full human potential is enhanced through high self-esteem. High self-esteem can begin to develop when the acceptance of all individuals and their personal and group contributions are recognized and applauded, especially in a multi-culturally diverse world (Redenbach, 1991) ^[30]. Self-Esteem is the one key ingredient that affects the level of proficiency in all fields of endeavor. Self-esteem has been correlated to job success, school achievement, interpersonal compatibility, and general happiness (Redenbach, 1991) ^[30].

There are several definitions of self-esteem, a number of which we will explore within this paper. (Malbi and Reasoner, 2000) ^[27] cited self-esteem can be broadly defined as the overall evaluation of oneself in either a positive or negative way. It indicates the extent to which an individual believes himself or herself to be competed and worthy of living. Simply put, self-esteem is essentially one's feeling of self-competence and self-worth.

Self-esteem construct is Recognize today to be a major factor in learning outcomes (Lawrence, 2000) ^[26]. Research has consistently shown a positive correlation between how people value themselves and the level of their academic attainments. Those who feel confident, generally achieve more, while those who lack confidence in themselves achieve less. Students usually have no problem in talking to the tutor about their literacy difficulties. Once they have learned to trust their tutor, they will often bring up other problems of a more personal nature. This is not to suggest that tutors become counselors but they prepare to listen to students who may

wish to confide in them. Whilst the majority of students are likely to have low esteem as a result of feeling inadequate over not being able to read, write or spell like most others, they may in addition have low self-esteem as a result of other experiences, probably beginning in childhood (Lawrence, 2000)^[26]. There will be countless opportunities for the tutor to begin the process of enhancing self-esteem once they know the origins of these. For instance, knowing that a student has had strong feelings of inadequacy since childhood over his/her physical appearance would allow the tutor to focus positively on valuing the student in this direction as well as in relation to progress in literacy (Lawrence, 2000)^[26].

Another source of self-esteem is academic achievement. Good academic grades enhance one's sense of worthiness and competence. Self-esteem and academic achievement seem to be most highly related between the years of about seven to fifteen (Malbi and Reasoner, 2000)^[27]. Some researchers have suggested that educational success becomes less central to self-esteem during high school years and the years that follow (Malbi and Reasoner, 2000)^[27].

Mental Health

Mental Health describes a level psychological wellbeing, or an absence of a mental disorder. From the perspective of positive psychology or holism, mental health may include and individual's ability to enjoy life, and create a balance between life activities and efforts to achieve psychological resilience. Mental health can also be defined as an expression of emotions, and as signifying a successful adaptation to a range of demands.

The world health organization defines mental 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 her community". It was previously stated that there was no one "official" definition of mental health. Cultural differences, subjective assessments, and competing professional theories all affect how "mental health" is defined. There are different types of mental health problems, some of which are common, such as depression and anxiety disorders, and some not so common, such as schizophrenia and bipolar disorder. Most recently, the field of Global Mental Health and emerged, which has been defined as "area of study" research and practices that places a priority on improving mental health and achieving equity in mental health for all people worldwide."

History

William Sweetzer was the first to clearly define the term "mental hygiene", which can be seen as the precursor to contemporary approaches to work on promoting positive mental health. Isaac Ray, one of thirteen founders of the American Psychiatric Association, further defined mental hygiene as an art to preserve the mind against incidents and influences which would inhibit or destroy its energy, quality or development.

As important figure to "mental hygiene", would be, a school teacher, who had campaigned her whole life in order to help those suffering of a mental illness, and to bring to light the deplorable conditions which they were put it in. this was known as the "mental hygiene movement". Before this movement, it was not uncommon that people affected by mental illness in the 19th century would be considerably neglected, often left alone in deplorable conditions, barely even having sufficient clothing. Efforts were so great that

there was a rise in the number of patients in mental health facilities, which sadly resulted in these patients receiving less attention and care, as these intuitions were largely understaffed.

At the beginning of the 20th century, Clifford Beers founded the national Committee for Mental Hygiene and opened the first outpatient mental health clinic in the United States of America. The mental hygiene movement, also known as the social hygiene movement, had at times been associated with advocating eugenics and sterilization of those considered too mentally deficient to assist into productive work and contended family life.

Significance

Evidence from the world health organization suggests that nearly half the world's populations are affected by normal illness with an impact on their self-esteem, relationships and ability to function in everyday life. An individual's emotional health can also impact physical health and poor mental health can lead to problems such as substance abuse.

The importance of maintain good mental health is crucial to living a long and healthy life. Good mental health can enhance one's life, while poor mental health can prevent someone from living a normal life "There is growing evidence that is showing emotional abilities are associated with prosaically behaviors such as stress management and physical health. It was also concluded in their research that people who lack emotional expressions lead to misfit behaviors. These behaviors are a direct reflection of their mental health. Self- destructive acts may take place to suppress emotions. Some of these acts include drug and alcohol abuse, physical fights or vandalism.

Perspective of mental health

Mental health can be seen as unstable continuum, where an individual's mental health may have many different possible values. Mental wellness is generally viewed as a positive attribute, such that a person can reach enhanced levels of mental health, even if the person does not have any diagnosed mental health condition. This definition of mental health highlights emotional well-being, the capacity to live a full and creative life, and the flexibility to deal with life's inevitable challenges. Many therapeutic systems and self help books offer methods and philosophies espousing strategies and techniques vaunted as effective for further improving the mental wellness of otherwise healthy people. Positive psychology is increasingly prominent in mental health.

A holistic model of mental health generally includes concepts based upon anthropological, educational, psychological, religious and sociological perspectives, as well as theoretical perspectives from personality, social, clinical, health and development psychology. An example of a wellness model includes one developed by Myers, Sweeney and Witmer. It includes five life tasks-essence or spiritually, work and leisure, friendship love and self directions and twelve sub tasks – sense of worth sense of control, realistic beliefs, emotional awareness and coping, problem solving and creativity sense of humor, nutrition, exercise, selfcare, stress, management, gender identity, and cultural identity – which are identified as characteristics of healthy functioning and a major component of wellness. The component provides a means of responding to the circumstances of life in a manner that promotes healthy functioning. The population of the USA in its majority is considered to be mostly uneducated on the subjects of mental health.

Lack of mental disorder

Mental health can also be defined as an absence of a major mental health condition (for example, a condition diagnosed and statistical mental of Mental disorder for the U.S.A or the fifth chapter of the international classification of diseases and Related Health Problems ICD-10 Chapter V: Mental and behavioral disorders used in countries of the world other than the U.S.A) through recent evidence stemming from positive psychology suggests mental health is more than the mere absence of a mental disorders or illness. Quite simply, mental health refers to a person's health of the mind. Therefore the impact of social, cultural, physical and education can all affect someone's mental health.

Cultural and religious considerations

Mental health is a socially defined concept; that is, different societies, group's cultures, institutions and professions have very different ways of conceptualizing its nature and causes, determining what is mentally, healthy and deciding what interventions, if any, are appropriate. Thus different professionals will have different cultural, class, political and religious backgrounds, which will impact the methodology applied during treatment.

Review of literature

Anand (1989) ^[1] studied mental health of high school students. The mental health of class tenth students in the age group 14-15 years age was investigated. A sample of 262 school students participated in the study. A Likert-type mental health scale developed by the investigator was used. Correlation and chi square were used for data analysis. The mental health of adolescent's achievement and the educational and the occupational status of parents were found positively related.

Many researchers inquired into the nature of self concept in the area of competence and its impact on mental health and academic achievement. The sample consisted of 432 first year science and commerce honors girls from seven good institutions with an English medium background and age between 18 to 20 years. Students who perceived they to be high components were relatively free from mental ill healthy symptoms. A trend could be noticed to suggest that high ideal self-concept was conducive to mental health. Discrepancy between real and ideal self-concept was found to be associated with perceived intellectual competence but not with scores of others areas of self competence. However ideal self-concept regarding their competence did not seem to affect the academic achievement of commerce group; but in the science group these two were positively related. Student who revealed mental ill health symptoms were poor in academic achievement.

Bologini *et al.* (1996) ^[8] carried out a longitudinal study of a general population, over 3 years in Lausanne (Switzerland). Several questionnaires, validated in French, were used: Perceived Competence Scale, Social Support Appraisal and Questionnaires on mental health. The study attempted to answer the following questions: is there a global change in self-esteem during early adolescence? If so, does the way in which the young person perceives himself vary according to the social and relational environment? What are the differences between boys and girls in the development of self-esteem? What is the relation between self-esteem and mental health? As to the specific differences according to gender, results show that girls tends to have a poorer self-esteem than boys, whatever the domain taken into consideration.

Differences are more significant with reference to appearance and athletics performance. As far as the development of self-esteem is concerned, there is no major change, notably when considering global perceptions. Results of a factor analysis underscore that Girls self-esteem is more global and less differentiated by domain while boys separate the scholastic and behavioral part of their experience from the social. Global self-esteem has more influence on the level of depressive mood in girls than in boys.

Study conducted by workers highlights recent work evaluating the relationship between exercise, physical activity and physical and mental health. Both cross-sectional and longitudinal studies, as well as randomized clinical trials, are included. Special attention is given to physical conditions, including obesity, cancer, cardiovascular diseases and sexual dysfunction. Furthermore, studies relating physical activity to depression and other mood states are reviewed. The studies include diverse ethnic populations, included men and women as well as several age groups (e.g adolescents, middle aged and older adults). Results of the studies continue to support a growing literature suggesting that exercise, physical activity and physical-activity interventions have beneficial effects across several physical and mental health outcomes. Generally, participants engaging in regular physical activity display more desirable health outcomes across a variety of physical conditions. Similarly, participants in randomized clinical trials of physical-activity interventions show better health outcomes, including better general and health-related quality of life, better functional capacity and better mood states.

Adolescents aged 10-11 years reported higher self-esteem as compared to those aged 12-13 years (p less than 0.01). low global, general and hoe parents self esteem were associated with high level of loneliness. Adolescents with high self esteem were securely attached while those with low self esteem had preoccupied and fearful attachment.

Conclusions: Adolescents studying in a public school reported high levels of self-esteem and feelings of loneliness may benefit from psychological interventions. (Dhal *et al.* 2007) ^[11]. Latent growth curve modeling was used to estimate development trajectories of self-esteem and cultural identity among American Indian high school students and to explore the relationships of these trajectories to personal resources, problem behaviors, and academic performances at the end of high schools. The sample included 1,611 participants from the Voices of Indian cultural groups in the western U.S Trajectories of self-esteem were clearly related to academic achievement; cultural identity, in contrast, was largely unrelated, with no direct effects and only very small indirect effects. The relationships between self-esteem and success were mediated by personal resources and problem behaviors.

Erol and Orth (2011) ^[12] adulthood examined the development of self esteem in adolescence and young. Data came from the young adults section of the National Longitudinal Survey of Youth, which includes 8 assessments across 14-years period of a national probability sample of 7100 individuals' age 14 to 30 years. Latent growth curve analysis indicates that self-esteem increases during adolescence and continues to increase more slowly in young adulthood. Women and men did not differ in their self-esteem trajectories. In adolescence, Hispanics and lower self-esteem than Blacks and Whites, but the self-esteem of Hispanics subsequently increased more strongly, so that age 30 Blacks and Hispanics had higher self-esteem, than whites.

Ali and Zilli (2011) ^[2] conducted a comparative study of

mental health among students of Private and government schools. It was hypothesized that student of private schools would have better mental health as compared to the students of government school. The sample of the present investigation consists of (N=160) respondents, 80 students from each private and government senior secondary schools were randomly selected from different parts of Aligarh, U.P A highly standardized mental health inventory consisting of 56 items was administered individually to each respondent of the sample. This inventory assess 6 dimensions of mental health such as self-evaluation, perception of reality, integration of personality, autonomy and stability, Growth Oriented attitude and environmental mastery t-test was employed to analyze the data of the present research. Statistical analysis revealed significant differences between means of two groups of private and government schools.

Ahmed *et al.* (2013) ^[1] investigated the role of gender in determining the level of domain specific self-esteem in student's adolescents of ages between 13 to 19 years. 512 randomly selected school/ colleges going adolescents (male 273 and females 239) from educational organizations situated in urban areas of Karachi Pakistan were accessed through a group administration of Pakistani version of Adolescent from (Imran and Ahmed, 2011) ^[22] of Culture Fee Self-esteem Inventories-3, t-test was computed for the analysis shows significant gender differences in the domains of personal, social and academic self-esteem, while no gender differences have been found in general, Parent/home and overall.

Rationale

The study is conducted to see mental health and self –esteem on adolescents. Adolescents are a period of transition in which a person is faced with challenges and difficulties that may through him into confusion and troubles. It is also a period where young men and women could be prepared for adulthood. Understanding the wellbeing of adolescents and the factors that contribute to it will help towards clarifying and defining ways to better help prepare adolescents for life. In this study we try to find out how boys and girls are affected by mental health and self-esteem on Adolescents life in their period youth

Variables

Independent variable

Private/Government Schools
Gender

Dependant variables

Self Esteem
Mental Health

Objectives of the study

There will be significant difference between private and

government students in mental health.

There will be no significant difference between private and government students in Self-esteem.

There will be no significant difference between male and female students in mental health.

There will be no significant difference between male and female students in Self-esteem.

Sample

Sample of this study was taken from private and government schools of Jammu region. Data was filled by students after informed consent. Out of 120 students 60 were from private schools and 60 from government schools 30 male and 30 Female randomly selected from Jammu was taken for this study

Tools

Self esteem inventory (1977) self esteem inventory scale was developed by Procedure M.S Prasad and G.P Thakur. The self esteem inventory scale has consisted 59 items 7 alternatives- totally correct, correct to large extent, totally wrong. Reliability of the inventory again after a gap of six weeks for evaluating re-test reliability co-efficient were founded the inventory which came out to be .82 and .78 for personality perceived self and socially-perceived self respectively. Of the 400 students, 150 students were administered the two sets of the inventory again after a gap of six weeks for evaluating re-test reliability co-efficient. Re- test reliability co-efficient were founded for both the tests were found for both the tests were .69 and .66 respectively for personally-perceived self and socially-perceived self.

Mental health scale was developed by Dr. (Smt.) Kamlesh Sharma. The mental health scale has consisted 60 items with 3 alternatives yes, undecided, no. the test-retest (interval of 2 month) and split half reliability coefficient was calculated by the scale with mental health check list of Pramod Kumar and was found .79.

Procedure

A total sample size of 120 (comprising 60 boys 60 girls) students. In the initial visit they were informed about the study, followed by taken their written consent. Their Socio-demographic details were collected and the mental health scale, stress scale and Self-esteem was administered. The whole study was conducted in a period of 25 days by visiting the schools on alternate day.

Results and Discussion

The present study was conducted to access the self-esteem and mental health among adolescents, after data collections and scouring the data was put to statistical analysis in order to test the formulated hypothesis of the study.

Table 1: Inventory show mean, standard deviation and t- value of government and private school students on mental health inventory.

Variable	Groups	Mean	S d	T-value	P
Mental Health	Governments schools	59.15	17.86	4.42	0.000
	Private Schools	47.25	10.74		

The above data in the table shows that the mean of mental Health of govt. schools is 59.15 while the means of the private schools is 47.25 and the t-value is 4.42. By referring the table of critical value of t, table shows that their exit a

significant difference (at 0.01 level) between the mental health of govt. and private schools. Hence the first hypothesis is rejected.

Table 2: Inventory show mean, standard deviation and t- value of government and private school students on self-esteem inventory.

Variable	Groups	Mean	S d	T-value	P
Self-Esteem	Governments schools	230.83	42.65	0.68	0.49
	Private Schools	235.58	32.66		

The above data in the table shows that the mean of mental Health of govt. schools is 230.83 while the means of the private schools is 235.58 and the t-value is 0.68. By referring

the table of critical value of t, table shows that their exit a significant difference between the mental health of govt. and private schools. Hence the second hypothesis is accepted.

Table 3: Inventory show mean, standard deviation and t- value of government and private school students on mental health inventory.

Variable	Groups	Mean	S d	T-value	P
Mental Health	Governments schools	55.1	12.7	01.26	0.211
	Private Schools	51.38	18.37		

The above data in the table shows that the mean of mental Health of govt. schools is 55.1 while the means of the private schools is 51.38 and the t-value is 1.26. By referring the table

of critical value of t, table shows that their exit a significant difference between the mental health of govt. and private schools. Hence the second hypothesis is accepted.

Table 4: Inventory show mean, standard deviation and t- value of government and private school students on self-esteem inventory.

Variable	Groups	Mean	S d	T-value	P
Self-Esteem	Governments schools	228.3	40.36	1.42	0.16
	Private Schools	238.12	24.9		

The above data in the table shows that the mean of mental Health of govt. schools is 228.3 while the means of the private schools is 238.12 and the t-value is 1.42. By referring the table of critical value of t, table shows that their exit a significant difference between the mental health of govt. and private schools. Hence the second hypothesis is accepted.

Discussion

After statistical analysis of data our three hypotheses were accepted and one hypothesis is rejected. The results show that there are significant differences between government and Private Schools, because it is believed that private school provide better facilities to students in comparison to government schools. Hence students in these schools are mentally healthy. But no differences were found in self esteem and, mental health of male and female students.

Conclusion

With regard to the previous research findings, major differences were found in mental health, of private and governments school students but the present study didn't show any such differences. Difference was found in Self-Esteem and Mental Health of male and female students. The reason may be the opportunities for both males and females are equal, in the modern world of science and technology and both are equally competent in their own fields.

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