

ASSESS THE KNOWLEDGE REGARDING MENTAL HYGIENE AMONG ADOLESCENTS IN SELECTED HIGHER SECONDARY SCHOOLS AT ARAVALLI DISTRICT, GUJARAT WITH A VIEW TO DEVELOP A HEALTH EDUCATION PAMPHLET

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ABSTRACT

Background of the study

Mental hygiene is a branch of hygiene that studies measures and means for creating, protecting, and strengthening mental health and preventing mental illness. Adolescence is a period which begins at the end of childhood and closes at the beginning of adulthood. Many children and adolescents have mental health problems that interfere with their normal development and daily life activities. A descriptive study was conducted in selected higher secondary schools at Aravalli district of Gujarat to assess the knowledge of adolescents about mental hygiene with a view to develop a health education pamphlet.

Method

Non-experimental descriptive approach with a typical descriptive design was adopted in the present study. Stratified random sampling technique was used for the selection of the sample. A structured knowledge questionnaire was used to assess the knowledge of adolescents on mental hygiene. Reliability of the knowledge questionnaire was $r = 0.78$. Prior permission from the Principal of schools and the concerned authority of selected schools was taken. A pilot study was conducted on ten adolescents who were studying in A.M Shah Higher Secondary School in Modasa. The main study was conducted at Adarsh Vidyalaya Modasa, Gosiya Prathamik School Modasa; J B Shah English Medium School Modasa. After data collection, the health education pamphlet on mental hygiene was distributed to adolescents to improve their knowledge.

Results

The findings of the present study reveal that the mean percentage of total knowledge score was 47.62% with mean 15.24 and $SD \pm 1.17$. Most (60%) of the samples had moderate knowledge; about 40% of them had inadequate knowledge regarding mental hygiene. The assessment of association of knowledge among adolescents on mental hygiene with demographic variables revealed that there is no association between knowledge and the selected demographic variables.

Inference and conclusion

The overall findings of the study revealed that majority of the adolescents had poor knowledge regarding mental hygiene. Hence, it is concluded that further improvement of knowledge on mental hygiene is needed in this area. The researcher here emphasises that more research is needed to understand how to improve the knowledge of adolescents regarding mental hygiene.

Keywords

Mental hygiene; selected higher secondary school, health education pamphlet.

ARTICLES

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INTRODUCTION

“Man is by nature a social animal; an individual who is unsocial naturally and not accidentally is either beneath our notice or more than human. Society is something that precedes the individual. Anyone who either cannot lead the common life or is so self-sufficient as not to need to, and therefore does not partake of society, is either a beast or a God.”

- Aristotle

Health is a state of complete physical, social, and mental wellbeing, and not merely the absence of disease or infirmity. Health is a resource for everyday life, not the object of living. It is a positive concept emphasising on social and personal resources as well as physical capabilities.¹

Mental health is a state of balance between the individual and the surrounding world, a state of harmony between oneself and others, the coexistence between the realities of the self and that of other people and the environment. Mental health would include not only the absence of diagnostic labels but also the ability to cope with the stressors of daily living, freedom from anxieties and generally a positive outlook towards life's vicissitudes and to cope with those.²

Mental hygiene is a branch of hygiene that studies measures and means for creating, protecting, and strengthening mental health and preventing mental illness. Knowledge regarding mental hygiene is very essential for adolescents to promote their mental health and shield them from mental illness. The goal of mental hygiene includes realisation of potentialities, promotion of happiness and enhancement of harmonious development in order to prevent mental illness and preserve mental health.³

Adolescence is a period which begins at the end of childhood and closes at the beginning of adulthood. It ranges from 13-18 years and may extend even up to 20 years. It is a period of transition from childhood to adulthood. It is a period of rapid physical, intellectual, emotional and social growth.⁴

As highlighted by the WHO European Ministerial Conference on Mental Health in Helsinki in January 2005, mental ill health is currently one of the biggest challenges facing every country. Mental disorders affect at least one in four people at some time in their lives. Young people are at risk, with 4% of 12–17-year-olds and 9% of 18-19 year-olds suffering from depression and suicide being the second leading cause of death among those aged 15–35 years. In addition to treating mental disorders, there is an increasingly recognised need for mental health promotion and the prevention of mental disorders and this particularly concerns children and adolescents.⁵

Mental wellbeing is fundamental to good quality of life. Happy and confident children are most likely to grow into happy and confident adults, who in turn contribute to the health and wellbeing of nations. Emotional health and wellbeing in young people have implications for self-esteem, behaviour, attendance at school, educational achievement, social cohesion, and future health and life chances. Young people with a good sense of mental wellbeing possess problem-solving skills, social competence and a sense of purpose. These assets help them rebound from setbacks, thrive in the face of poor circumstances, avoid risk-taking behaviour, and generally continue a productive life.⁶

There are many new pressures and challenges for young people in early to mid-adolescence. They need to deal with considerable change in their lives at this time: growing academic expectations, changing social relationships with family and peers, and physical and emotional changes associated with maturation. Many factors have an impact on children's ability to deal with these changes: factors specific to the child, to their family, to their environment (particularly their school) and to life events.⁷

To safeguard child and adolescent mental wellbeing, it is important to create awareness on preventive and promotive aspects of mental health that offer protective factors for mental health and limit exposure to risk factors for mental disorders. Good relationships in the home, school and neighbourhood play a part in ensuring that young people can develop social competence and contribute to cohesive societies.⁸

Mental health is about enhancing competence of the individuals and enabling them to achieve their self-determined goals. Mental health should be a concern for all of us, rather than only for those who suffer from a mental disorders.⁹

Mental illness is shrouded in the gloom of ignorance, superstition, feelings of mystery and fear in the society. Many

mentally ill persons are taken to different healers and temples where they usually undergo torturous rituals and procedures. Often the family spends most of its income in seeking relief from various other sources before coming to mental hospital; by this time mental illness would have reached an advanced stage and the family members have lost all their hopes.¹⁰

OBJECTIVE OF THE STUDY

1. Determine the existing knowledge of adolescents on mental hygiene using a structured knowledge questionnaire.
2. Find the association between knowledge of adolescents regarding mental hygiene and selected demographic variables.
3. Develop and distribute a health education pamphlet on the measures to improve their mental hygiene.

REVIEW OF LITERATURE

Literature related to the concept of mental health and mental illness

An exploratory study was conducted at Newman College of Higher Education, Birmingham, UK, regarding adolescents' understanding of mental hygiene. The study aimed to investigate adolescents' thinking about mental illness and prevention of mental illness. This study adopted a semi-structured interview technique and a card selection task to assess adolescents' response to causes, consequences, timeline, and curability of different types of mental illnesses. The results indicated that majority of the sample (52.3 percentage) possesses an unsatisfactory knowledge regarding the above mentioned aspects. This necessitates the need for improved education regarding the causes, consequences, timeline and curability of different types of mental illnesses.³³

Kaoru Yamamoto and Henry F. Dizney (2005) conducted a study on mental health knowledge among students in two universities namely University of Oregon and Iowa. A total of 180 students were selected using a four item questionnaire to assess their mental health knowledge. Females gave consistently higher estimates than males, although both sexes were ascribed incidence figures not significantly different from each other. These results suggest needed improvement in the mental health education of students.³⁴

Ponizovsky A, Grinshpoon A, Sasson R, Baidani-Auerbach A, Ben Eliezer D, Shershevsky Y (2003) conducted a study on knowledge and attitudes about mental disorders among students of higher secondary schools to explore the knowledge and attitudes of the students towards mental illness and persons with mental disorders. Their attitudes revealed an ambivalent approach to the person with a mental disorder.³⁵

Mohammed Kabir et al, (2004) had conducted a study on knowledge and beliefs about mental illness among adolescents in northern Nigeria. Totally, 250 adults participated in the study. A cross sectional study design was used. The study result shows that almost half of the respondents harboured negative feelings towards the mentally ill. Literate respondents were seven times more likely to exhibit positive feelings towards the mentally ill as compared to non-literate subjects (OR=7.6, 95% confidence interval = 3.8 – 15.1). This study demonstrates the need for better understanding of mental illnesses by the youth.³⁶

A qualitative study was conducted in West Sussex Health and Social Care NHS Trust, UK, regarding adolescents' understanding of mental health and their views on appropriate services for their age group. This study was designed to explore adolescents' understanding of the concept of mental health and their opinion regarding appropriate services for their age group. Two focus groups were conducted and data was analysed using interpretative phenomenological analysis. The researcher concluded that the participants showed a sophisticated understanding of mental health. The participants thought that school based services would not be appropriate for their age group.³⁷

Adewuya AO, Makanjuola Ro (2008) conducted a study on social distance towards people with mental illness in southwest Nigeria among young adults in different universities. A cross-sectional survey was carried out in which 500 samples were selected. Social distance towards people with mental illness was measured with a modified version of the Bogardus Social distance Scale. The study findings showed that the level of desired social distance towards the mentally ill was seen to increase with the level of intimacy required in the relationship, with 14.5% of the participants categorised as having low social distance, 24.6% as having moderate social distance and 60.9% as having high social

distance towards the mentally ill. There was an emerging evidence of a high level of social distance and stigmatisation of mental illness in sub-Saharan Africa. There is need to incorporate anti-stigma educational programmes into the mental health policies of countries in sub-Saharan Africa. Such policy should include education regarding the causation, manifestation, treatment and prognosis of mental illness.³⁸

A study was conducted in Malaysia to assess mental health knowledge, attitude, and help-seeking tendency among 587 adolescents. The data was collected through face to face interview. The study results indicated that the majority of the respondents did not have good knowledge of mental health. However, all respondents displayed a neutral attitude towards mental health issues. This study has implications for promoting the understanding of the general mental wellbeing as well as the importance of seeking help for mental health in the local population. Steps should be taken to improve the public's understanding of, and attitude towards mental health.³⁹

A study was conducted on mental health knowledge among young people in two rural catchment areas, namely, Oregon and Iowa. A total of 180 young people were selected using a four item questionnaire to assess their mental health knowledge. Females gave consistently higher estimates than males, although both sexes were ascribed incidence figures not significantly different from each other. These results suggest needed improvement in the mental health education of the young people.⁴⁰

A study was conducted in the United States to measure the impact of an educational programme on knowledge regarding various mental illnesses among adolescents. A sample of 100 was taken and assessed through Adolescent Mental Illness Awareness Programme. The result revealed that only 15% of the adolescents were aware about mental illnesses and its consequences and 5% were aware of its interventions. The study concluded that there was great lack in the knowledge regarding mental illness among adolescence and school based awareness programme is necessary.⁴¹

Oye Gureje et al, (2005) carried out a study on knowledge and attitude to mental illness in Nigerian adolescents. A multi-stage clustered sample was studied in three states in Yoruba. A total of 2040 individuals participated. Poor knowledge of causation was common. Negative views of mental illness were widespread, with as many as 96.5% believing that people with mental illness are dangerous because of their violent behaviour. Most would not tolerate even basic social contacts with a mentally ill person. 82.7% would be afraid to have a conversation with a mentally ill person and only 16.9% would consider marrying one. There was widespread stigmatisation of mental illness in the Nigerian youth. These findings necessitate mental health literacy of the youth.⁴²

Aghanwa HS conducted a study on young people's knowledge and attitude about mental illness in Fiji islands. There is a dearth of information on the extent of knowledge about mental illness and attitudes towards the mentally ill in Fiji. This study aimed to explore these aspects, and also to determine the factors influencing them. A majority of the subjects attributed the cause of mental illness to substance abuse, believed in the diversity of mental illness, considered hospital as an important source of help and acknowledged the effectiveness of medication. Less than one-fifth of the subjects were willing to marry mentally ill persons.⁴³

Literatures related to prevention of mental illness and promotion of mental health

A cross-sectional study was conducted in the UK among 52 teenagers to assess primary care recognition and management of mental ill health during adolescence. The finding of the study indicated that there were several deficiencies at present, namely, lack of identification of teenage distress, lack of training in teenage health, lack of a research base, lack of resources, and finally lack of information provided by any teenager who has experienced turmoil and could give useful insights into their experience.⁴⁴

An experimental study was conducted in Iran among 144 students of Iranian university to assess the mental health promotion, effect of self-esteem, and health locus of control using Goldberg's General Health Questionnaire-28, Multidimensional Health locus of control, and Rosenberg's Self-Esteem scales. The results showed that there were significant differences between the groups before and after the intervention. The external components of health locus of control showed a significant decrease but the internal health locus of control and self-esteem revealed a significant increase after the intervention. Moreover, the students' mental health had a significant increase after three months of intervention. The findings emphasise that the programme can improve the health locus of control beliefs, self-esteem

and mental health promotion of the students. This will require additional monitoring and uninterrupted attempts to be effective.⁴⁵

Budderberg-Fisher, Gnam G and Christen undertook a study in Zurich on school type, school stress and health problems in 17 year old middle school students. Samples of 661 students in different undergraduate colleges were investigated by questionnaire related to psychosocial variables, school life and their physical and mental health. The aim of the study was to investigate whether students of different college type differ in regard to their psychosocial and morbidity characteristics. The study finding showed that regardless the college type, low academic grades and stressfully assessed school life were accompanied with higher symptom score in female students. The study findings indicated that targeted concept for prevention and health promotion should be advanced especially in the classes of modern college.⁴⁶

Desecio J and Hootman J from Portland USA, has undertaken an integrative review of literature to examine the impact of students' health on their school success. The literature confirmed a confluence of problems associated with school performance and adolescent mental health. As the issue is within the scope of school nursing, the literature concluded with the emphasis of school health nursing programme for responding to the need for mental health promotion and illness prevention related to mental health of children and adolescents.⁴⁷

A study was conducted by Carl at Pittsburgh, USA, in adolescents to examine the use of a school based mental health programme to promote students' mental health and prevent drug and alcohol problems. The study revealed the high use of the programme and student concerns, student referral and follow up varied significantly. The study concluded that the use of this programme by the students depends on the need of the students, the school structure and educator.⁴⁸

Anant Kumar at Jawaharlal Nehru University, New Delhi has mentioned in his article 'Adolescent health' that adolescents have specific health problems which generally are not being adequately met in most countries. So there is a need to reiterate the WHO's Adolescent Health Development goal once again with a new spirit. He has further reported in his article that study conducted by Kidwai Memorial Institute of Oncology in Bangalore, in 2001 revealed that 67% of tobacco chewers were students and 75% of them were between the age group of 10-20 years. A study conducted in Punjab among students from five schools confirms this, giving emphasis to the mental health promotion strategies.⁴⁹

A study conducted by Sinha assessed the mental health of adolescents and their psychological dynamics in a sample of 670 students from Kurukshetra University and Regional Engineering College. The findings of mental health questionnaire revealed that emotionally secure subjects are significantly different from emotionally insecure subjects in the dimensions of neurotic tendencies. It was concluded that many subjects needed counselling for solving some of their psychological problems. The study stressed the need to open guidance and counselling centres in colleges and universities for the benefit of students.⁵⁰

Usha Marathe has undertaken a study to assess the mental health status of intermediate students and its relationship with selected variables. A descriptive correlational research design was used to study a sample of 400 students. The tool used consisted of mental health status scale with 80 items. The study findings revealed that majority of students are standing on the brink of mental health that is vulnerable to various problems of life. The study implied implementation of mental health services to improve the mental health status of adolescents and to prevent them from going in to crises.⁵¹

A comparative study was conducted in Holland to evaluate the efficacy of a Universal School-Based Programme to Prevent Adolescent mental illness. A sample of 260 adolescents were taken and assigned into 3 groups as Resourceful Adolescent Programme-Adolescents (RAP-A), Resourceful Adolescent Programme-Family (RAP-F) and Adolescent Watch, comparison group. The result showed that significant differences between the RAP and AW groups, $\chi^2_{(2, N = 192)} = 10.63$, $p < .01$, with RAP groups showing lower rates of mental illness and higher rates in the healthy range. The study concluded that the school-based universal programme was effective to prevent mental illness in adolescence.⁵²

A study was conducted in Australia to assess the knowledge of adolescents regarding stress and stress management techniques. Levels of stress literacy were examined in more than nine hundred Australian adolescents by providing a short stress-management education session and assessing stress literacy using a pre-post survey design. It was found that while adolescents had a reasonable knowledge of the symptoms of stress and effective stress management techniques, the likelihood of adolescents seeking help for stress or using these stress management techniques was low. It indicated the critical need for educating and encouraging the adolescents to utilise the stress management strategies in their life in order to promote and maintain their mental health.⁵³

Summary

In this chapter the literature relevant to the research study related to mental hygiene has been organised and presented under various headings.

METHODOLOGY

To accomplish the objectives of the study, descriptive approach and non-experimental typical descriptive design was used to describe the knowledge of adolescents regarding mental hygiene. The study was conducted in selected higher secondary schools in Aravalli district of Gujarat.

The schools selected for the present study were A.M Shah Higher Secondary School - Modasa, Adarsh Vidyalaya - Modasa, Gosiya Prathamik School – Modasa and J B shah English medium school - Modasa.

Sample

The data was collected from 100 adolescents studying in selected higher secondary schools at Aravalli district of Gujarat, as the size is acceptable to generalise the findings. Stratified random sampling technique was used for the selection of subjects

RESULTS

Part I: Description of demographic characteristics of adolescents

Table - 1: Frequency and percentage distribution of adolescents according to their baseline characteristics

n= 100

Sl. Nos.	Variable	Frequency	Percentage
1.	Age (in years)		
	16	32	32
	17	38	38
	18	30	30
2.	Year of study		
	First year	50	50
	Second year	50	50
3.	Gender		
	Male	58	58
	Female	52	52
4.	Religion		
	Hindu	62	62
	Muslim	21	21
	Christian	17	17
5.	Educational status of father		
	No formal education	4	4

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	Primary education	12	12
	Secondary education	27	27
	Higher secondary education	27	27
	Graduate and above	30	30
6.	Educational status of mother		
	No formal education	11	11
	Primary education	9	9
	Secondary education	21	21
	Higher secondary education	32	32
	Graduate and above	27	27
Sl. Nos.	Variable	Frequency	Percentage
7.	Type of family		
	Nuclear	78	78
	Joint	19	19
	Extended	3	3
8.	Source of information about mental health		
	School curriculum	21	21
	Mass media	25	25
	Books and periodicals	40	40
	Health personnel	14	14
	Any other	0	0
9.	Living status		
	With parents	62	62
	With relatives	5	5
	In hostel	33	33
10.	Residence		
	Urban	61	61
	Rural	39	39
11.	Family income in rupees per month		
	Rs. 1000-5000	15	15
	Rs. 5001-10000	36	36
	Above Rs. 10000	49	49

Part II: Area-wise analysis of level of knowledge of adolescents regarding mental hygiene**Table - 2: Overall and area-wise mean, SD and mean percentage of level of knowledge of adolescents regarding mental hygiene**

n=100

Knowledge Areas	Min. score	Max. score	Max. Possible Score	Mean	SD	Mean %
Concept of mental health	4	8	13	6.35	0.080	48.80
Prevention of mental illness.	4	8	12	6.40	0.098	53.33
Promotion and maintenance of mental health	1	5	7	2.46	0.090	35.14
Overall	12	18	32	15.24	1.170	47.62

Data in Table - 2: reveal that the overall mean percentage of the adolescent's knowledge regarding mental hygiene is 47.62% with mean and SD at 15.24 and ± 1.17 respectively. Area-wise mean percentage of the knowledge was 48.8% in area related to "concept of mental health" with mean and SD being 6.35 and 0.08 respectively. In the area of "prevention of mental illness" the mean percentage was 53.33 % with mean and SD at 6.4 and 0.098 respectively and in the area related to "promotion and maintenance of mental health" the mean percentage was 35.14% with mean and SD being 2.46 and 0.09.

Part III: Association of knowledge of adults on primary prevention of mental disorders with selected demographic variables**Table - 3: Association of knowledge level of adults with the selected demographic variables**

n=100

Sl. No.	Demographic variables	Df	Calculated value (χ^2)	Table value	Inference
1.	Age	1	1.84	3.84	NS
2.	Year of study	1	0.04	3.84	NS
3.	Gender	1	1.30	3.84	NS
4.	Religion	1	2.20	3.84	NS
5.	Educational status of father	1	2.20	3.84	NS
6.	Educational status of mother	1	3.00	3.84	NS
7.	Type of family	1	0.94	3.84	NS
8.	Source of information	1	1.10	3.84	NS
9.	Living status	1	3.60	3.84	NS
10.	Residence	1	1.50	3.84	NS
11.	Family income	1	2.20	3.84	NS

NS = Not significant; S = Significant.

The data presented in the Table - 3 show that there was no association between the knowledge scores of the adolescents and demographic variable.

DISCUSSION

The present study intended to determine the level of knowledge on mental hygiene among the adolescents studying in selected higher secondary schools in Aravalli district of Gujarat

The level of knowledge on mental hygiene was determined by structured knowledge questionnaire. The findings of the study were discussed with reference to the objectives and hypothesis of the present study.

Major findings of the study

Part I: Description of baseline characteristics

In accordance with 100 samples, it is observed that:

- Highest percentage (38%) of the samples was from the age of 17 years.
- Highest percentage (58%) of the samples was males.
- Fifty percent of the samples were studying in first year and 50% in second year.
- Highest percentage (30%) of the fathers of the samples was educated up to graduate and above.
- Highest percentage (32%) of the mothers of the samples was educated up to higher secondary education.
- Highest percentage (62%) of the samples was Hindu.
- Highest percentage (78%) of the samples was from nuclear family.
- Highest percentage (40%) of samples had received information about mental health from books and periodicals.
- Highest percentage (62%) of samples was living with their parents.
- Highest percentage (61%) of the samples was from urban area.
- Highest percentage (49%) of the samples had family income more than Rs. 10000.

Part 2: Adolescent's knowledge regarding mental hygiene

The findings of the present study reveal that the mean percentage of total knowledge score was 47.62% with mean 15.24 and SD 1.17. Most 60% of the samples had moderate knowledge; about 40% of them had inadequate knowledge regarding mental hygiene.

Area-wise analysis of the knowledge scores

The overall knowledge on mental hygiene measures is 47.62% with mean 15.24 and SD 1.17. The area-wise analysis revealed that the samples scored highest in the area of 'prevention of mental illness' with mean percentage 53.33% with mean 6.4 and SD 0.098, the mean percentage in the area of concept of mental health was 48.8% and in the area of promotion and maintenance of mental health the mean percentage is 35.14%.

Part III: Association of knowledge score of adolescents with selected demographic variables

There was no significant association between the knowledge score and the demographic variables.

CONCLUSION

The analysis of demographic data revealed that majority (38%) of the samples was in the age of 17 years. Most (58%) of the samples were males. 50% of the samples were studying in first year PUC and other 50% in PUC second year. Highest percentage (30%) of the fathers of the samples was educated up to graduation and above and highest percentage (32%) of the mothers of the samples was educated up to higher secondary level. Majority (62%) of the samples were belonging to Hindu religion. Most (40%) of samples had received information about mental health from books and periodicals. Highest percentage (78%) of the samples were from nuclear family and most (62%) of samples were living with their parents. Most (61%) of the samples were from urban area. 49% had a monthly family income of more than Rs 10000.

The findings of the present study reveal that the mean percentage of total knowledge score was 47.62% with mean 15.24 and SD 1.17. Most 60% of the samples had moderate knowledge and about 40% of them had inadequate knowledge regarding mental hygiene.

The assessment of association of knowledge among adolescents on mental hygiene with demographic variables revealed that there was no association between knowledge and the selected demographic variables.

SUMMARY**Major findings of the study**

The majority (38%) of the samples were in the age of 17 years. Most (58%) of the samples were males. Fifty percent of the samples were studying in PUC first year and 50% in PUC second year. Highest percentage (30%) of the fathers of the samples was educated up to graduate and above, and highest percentage (32%) of the mothers of the samples was educated up to higher secondary level. Majority (62%) of the samples belonged to Hindu religion. Most (40%) of samples had received information about mental health from books and periodicals. Highest percentage (78%) of the samples were from nuclear family and most (62%) of samples were living with their parents. Most (61%) of the samples were from urban area. 49% had monthly family income of above Rs. 10000.

The findings of the present study reveal that the mean percentage of total knowledge score was 47.62% with mean 15.24 and SD 1.17. Most (60%) of the samples had moderate knowledge; about 40% of them had inadequate knowledge regarding mental hygiene.

The assessment of association of knowledge among adolescents on mental hygiene with demographic variables revealed that there was no association between knowledge and the selected demographic variables.

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