



## A study to assess the effectiveness of planned health teaching on knowledge regarding positive mental health among students in selected high school of the city

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### Abstract

Mental health for young children, who are the to-be ambassadors of the nation, is quintessential. A variety of psycho-social and health problems affect learning and performance in profound ways. From learning disabilities to autism and Down's Syndrome, as well as increasing episodes of depression, school refusal, and panic attacks among school children require expanded intervention.

Without keen alertness, the children get punished – that correlates with school failure. These problems aggravate as children internalize the debilitating effects of performing poorly at school. Thus, there has been a prolonged practice of assisting teachers to equip them to handle issues at school.

A total of 100 school students in the age group between 12-13 years were selected using Systematic Random sampling technique. Pre-test was conducted using a structured questionnaire on knowledge of school students regarding positive mental health in selected schools followed by planned health teaching. Post-test was carried out on the 7<sup>th</sup> day after administration of planned health teaching. In the pre-test, majority of 97% of the subjects had average knowledge (score 9-17) and 2% of the subjects had poor knowledge (score 0-8) regarding positive mental health. Interestingly found that 1% of the subject has good knowledge regarding positive mental health. On the other hand in post- test, all the subjects has 100 % good knowledge (score 18-25). Interestingly found that none of the subjects had average and poor knowledge regarding positive mental health. Which indicate that the planned health teaching programme is effective in improving knowledge of school students regarding positive mental health.

**Keywords:** effectiveness of planned, Demographic data, improving knowledge

### Introduction

Schools are the secondary sphere of socialization, development, and growth for children. An emphasis on physical health education has existed for more than 100 years, and continues to grow as a part of school curriculum. There has been a renewed emphasis on schools to enhance the mental well-being of young children and their families. Consequently, this has had an impetus on the advocacy of mental health issues in school for holistic development of the youth and preparation of healthy and productive citizens. According to the updated census data, approximately 41 % of India's population is below the age of 20. However, there has been growing burden of mental illnesses in the age group of 15-24 globally, and this has brought mental health into the picture for the last two decades. The prevalence rate of psychiatric disorders in India is 12.5 % among children aged 0-16, and 12 % among the 4-16 year-olds. Suicide death rates in India are among the highest in the world, standing at 36 or every 100000 youth.

According to WHO (World Health Organization), mental health is "a state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community".

Mental health is undeniably one of the most precious possessions, which needs to be nurtured, promoted, and preserved in the best possible manner. It is a state of mind in which the individual can experience sustained joy of the life while working productively, interacting with others meaningfully, and also face adversities without losing the capacity to function physically, psychologically and socially. It is undoubtedly a vital source for the Nations

development, and its absence represents a great burden to the economic, political and social functioning of the nation

Mental health problems affect about 1 in 10 children and young people. They include depression, anxiety and conduct disorder, and are often a direct response to what is happening in their lives. Alarming, however, 70% of children and young people who experience a mental health problem have not had appropriate interventions at a sufficiently early age. The emotional wellbeing of children is just as important as their physical health. Good mental health allows children and young people to develop the resilience to cope with whatever life throws at them and grow into well-rounded, healthy adults.

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

### Problem statement

"A study to assess the effectiveness of planned health teaching on knowledge regarding positive mental health among students in selected high school of the city."

### Objectives

- To assess the knowledge of school students regarding positive mental health.
- To evaluate the effectiveness of planned health teaching on knowledge regarding positive mental health among school students.
- To find association between the pre test knowledge scores with selected demographic variables.

**Methodology**

**Research approach:** an evaluative approach

**Research design:** Pre experimental one group pre test post test study design

**Sampling technique:** systematic random sampling technique

**Sample size:** The sample size for the present study is 100 high school students from selected schools fulfilling sampling criteria.

**Tool:** A Self Structured Questionnaire to assess the demographic data and the knowledge of high school student regarding positive mental health.

**Section i**

Questionnaire to assess demographic and socio-economic profile of the subjects.

**Section ii**

This section consists of questions regarding various aspects of positive mental health.

**Section iii**

Analysis of data related to effectiveness of Planned Teaching Program on knowledge scores of subjects by comparison of pre-test and post-test knowledge scores.

**Section iv**

Analysis of data to find the co-relation of knowledge score of subjects with selected demographic variables.

**Data collection and procedure**

Formal permission was obtained from the authority of selected schools. Data was collected from 100 subjects using the structured questionnaire. After the pre-test planned health teaching was given to teachers by the investigator. Post test was conducted on 7<sup>th</sup> day of planned teaching programme by administering the same questionnaire to the subjects.

**Findings**

**Section-I:** Distribution on subjects in relation to Demographic data

**Table1:** Distribution of sample in relation to demographic data using frequency and percentage.

Sr. No.	Demographic Variables	No. of Students frequency	Percentages % n=100
1.	Gender		
	Male	61	61
	Female	39	39
2.	Age		
	12yrs-13yrs.	51	51
	14yrs-15yrs.	45	45
	16yrs-17yrs.	04	04
	Above 17yrs.	00	00
3.	Education of the father		
	Illiterate	00	00
	Primary school	15	15
	Secondary school	41	41
	Graduation	29	29
	Post-Graduation / other	15	15
4.	Education of the mother		
	Illiterate	06	06
	Primary school	19	19
	Secondary school	29	29
	Graduation	36	36
	Post-Graduation / other	10	10
5	Occupation of father		
	Unemployed	02	02
	Labor	05	05
	Business	39	39
	Private job	30	30
	Gov. Job	24	24
6	Occupation of mother		
	Homemaker	62	62
	Labor	06	06
	Business	14	14
	Private job	13	13
	Gov. Job	05	05
7	Income of the family per month in rupees		
	>6254	87	87
	3127-6253	00	00
	1876-3126	12	12
	938-1875	00	00
	<938	01	01
8	Type of family		

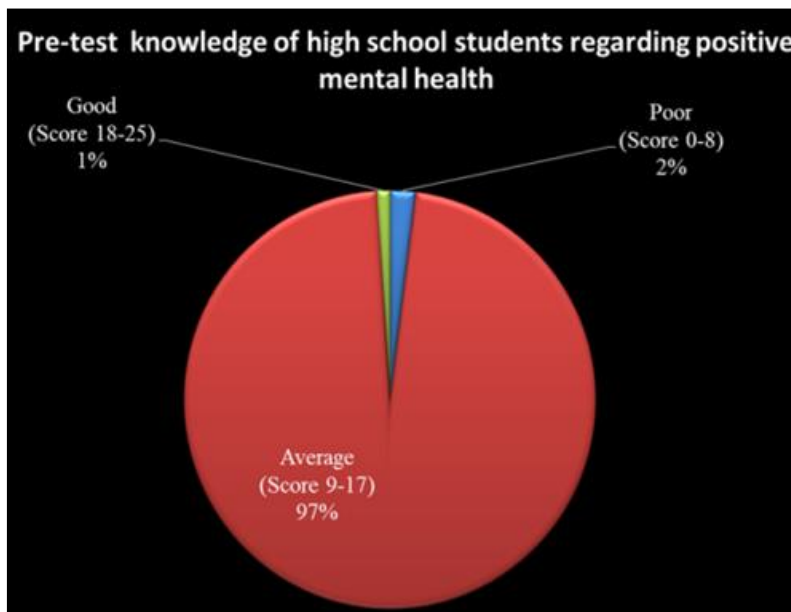
	Joint family	46	46
	Nuclear family	45	45
	Extended family	09	09
9	Previous information about mental health		
	Yes	72	72
	No	28	28
10	Source of information		
	T. V	62	62
	Radio	13	13
	Newspaper	24	24
	Magazines	01	01
11	Do you feel that mental health of a person is important		
	Yes	81	81
	No	19	19

Shows that majority (61%) of the subjects were male and (39%) of the subjects were female. Data shows that majority (51%) of the subjects were in age group of 12-13 years, Majority (41 %) of the subjects father were educated up to secondary school, (36%) of subjects mother were educated up to graduation. Most (39%) of the subjects fathers were business, Majority (87%) of the subjects earned monthly family income Rs.>6254, Most (46%) of the subjects had a

joint family, The data shows that (72%) of the subjects had previous information about mental health, Majority (62%) of the subjects source of information was by T.V and The data shows that (81%) of subjects felt that mental health of a person is important.

**Section II**

Analysis of data related to knowledge of high school students regarding positive mental health.



**Graph 1:** Pre-test knowledge of high school students regarding positive mental health

**Graph 1**

The above table shows that in pre-test on the knowledge (regarding positive mental health), majority of 97% of the high school students had average knowledge (score 9-17) 2% of them had poor knowledge (score 0-8), and 1% of them had good knowledge (score 18-25)

**Section III**

Analysis of data related to effectiveness of planned teaching program on knowledge regarding positive mental health among high school students

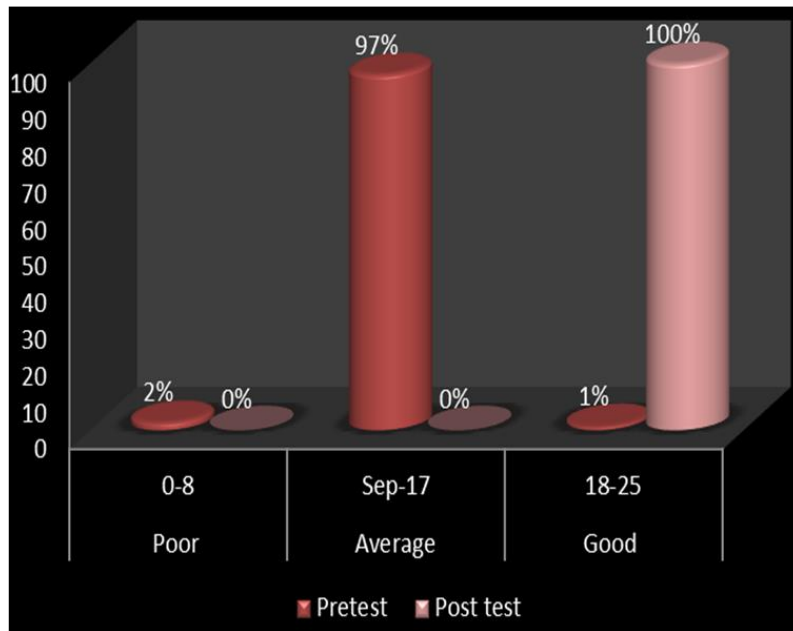
**Table 2:** Effectiveness of Planned Teaching Program on knowledge regarding positive mental health among high school students.

Level of Knowledge Score	Score Range	Pre test		Post test		χ <sup>2</sup> value	p-value
		f	%	f	%		
Poor	0 - 8	02	02	00	00	8.35	p < 0.0001, S
Average	9 - 17	97	97	00	00		
Good	18 - 25	01	01	100	100		

(S = Significant at 0.05 level of significance)

The above table shows that, in pre-test 97 % of the samples had average level of knowledge (score 9-17), 02 % had poor level of knowledge (score 0-8) and 1% had good level of knowledge (score 18-25). In post-test 100 % of the samples

had good level of knowledge (score 18-25). The difference between pre-test and post-test level of knowledge score is found to be statistically significant (χ<sup>2</sup>-value= 8.35).



(S = Significant at 0.05 level of significance)

**Graph 2:** Bar diagram showing the effectiveness of planned teaching program on knowledge regarding positive mental health among high school students in the study group.

**Graph 2**

The above graph shows that, in pre-test 97 % of the samples had average level of knowledge (score 9-17), 02 % had poor level of knowledge (score 0-8). In post-test 100 % of the samples had good level of knowledge (score 18-25). The difference between pre-test and post-test level of knowledge

score is found to be statistically significant ( $\chi^2$ -value= 8.35).

**Section IV**

**Analysis of data related to the association of the knowledge of high school students regarding positive mental health with selected demographic variables.**

**Table 3:** t test, one way ANOVA test for association of pre-test knowledge of high school students regarding positive mental health with selected demographic variables.

Demographic variable	F-value	f-value	t-value	p-value	Interpretation
Gender	0.10			0.74	Not significant
Age		0.19		0.82	Not significant
Education of father		0.81		0.42	Not significant
Education of mother		1.4		0.52	Not significant
Occupation of father		2.82		0.33	Not significant
Occupation of mother		0.45		0.09	Not significant
Income of family per month	3.75			0.02	Significant
Type of family		0.35		0.55	Not significant
Previous information			0.96	0.32	Not significant
Source of information			0.64	0.42	Not significant
Mental health of a person is important			0.96	0.32	Not significant

Table 3 The above table shows that only one p-value is (less than 0.005), and rest all the p-value shown in above table are large (greater than 0.05), hence only one of the

demographic variable was found to have significant association with knowledge of the high school students regarding positive mental health.

**Table 4:** t test, one way ANOVA test for association of post-test knowledge of high school students regarding positive mental health with selected demographic variables.

Demographic variable	F-value	f-value	t-value	p-value	Interpretation
Gender	1.02			0.65	Not significant
Age		0.65		0.72	Not significant
Education of father		1.81		0.85	Not significant
Education of mother		1.32		0.62	Not significant
Occupation of father		1.32		0.61	Not significant
Occupation of mother		1.45		0.42	Not significant
Income of family per month	2.57			0.8	Significant
Type of family		0.95		0.45	Not significant
Previous information			1.32	0.42	Not significant
Source of information			1.08	0.22	Not significant
Mental health of a person is important			1.28	0.36	Not significant

## Conclusion

The planned teaching programme significantly brought about improvement in the knowledge of subjects regarding positive mental health. Analysis of data shows that there is significant difference between pre-test and post-test knowledge.

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