



Effect of teaching program on knowledge regarding promotion of mental health and prevention of mental illness among adolescents

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Abstract

Background of The Study

There is no health without mental health. Promoting mental health is a vital key to improvement of the standard of living of the society, on the whole. The mental health of a person depends upon various parameters and it is difficult to point out cause contributing to poor or average mental health amongst the various strata of society, adolescent population in India seem to be neglected regarding provision of mental health awareness.

Materials and Methods

The Research Method adopted for the present study was Quasi-experimental Approach, which was quantitative research design. Non probability convenient sampling technique was used. The study was aimed at assessing the effectiveness of structured teaching program on knowledge regarding promotion of mental health and prevention of mental illness among adolescents and determining its effectiveness statistically. Sample size was 60. Self-structured questionnaire was used as tool.

Result

In this study, 60 samples are used, in pre-test 26.67% adolescents having poor, 68.33% adolescents average and 5% adolescents' good level of knowledge regarding promotion of mental health and prevention of mental illness among adolescents. After structured teaching program, this score was increased by 18% adolescents having average and 80% adolescents having good and 1% adolescents having poor level of knowledge regarding promotion of mental health and prevention of mental illness in post- test.

Keywords: non-formal education, illicit drugs, antidote

Introduction

"A Clever Person Solves The Problem, A Wise Person Avoids It". -Albert Einstein

Mental health awareness campaigns have yielded positive outcomes. Some of the strategies undertaken to target awareness and address stigma around mental illness include participation by family members, sensitization to treatment and social inclusion. Lack of knowledge about the mental illnesses poses a challenge to the mental health care delivery system. Research has highlighted the role of community-based systems in low-income countries and has also yielded positive results in creating awareness, thereby impacting participation.

Background of The Study

"A solid family, environment is essential in paving the way for the realization of dreams & aspirations of rend." -Nelson Mandela

Ms. Joy Anet, ms. Jigu Jismi, Ms Thomas Leema, Ms sara, Ms Benni sadhra, Mrs. Jyothilakshmi. (2021), conducted on a study to assess to find the effectiveness structure teaching program on knowledge regarding behavioural problems of children among mothers in selected areas at Kollam. The study assign was used Pre experimental research design. A quantitative research approach was used with one group pre-test post-test only design. The convenience sampling was used. Sample size was 50. After conducting the pre-test, the researcher provided structured teaching programme for a period of 40 minutes on the same day. After one week Post-test was conducted using the same research tool. The study

result revealed that the calculated t value (17.35) is greater than table value. There is no association between pre-test knowledge and selected demographic variables. The concluded by the study suggests that structured teaching programme is effective in increasing the knowledge of mothers regarding behavioural problems of children.

Need of The Study

There is no single cause for mental illness. A number of factors can contribute to risk for mental illness, such as 1. Early adverse life experiences. 2. Trauma or a history of abuse (for example, abuse, sexual assault, witnessing violence, etc 3. Experiences related to other ongoing (chronic) medical conditions, such as cancer or diabetes 4. Biological factors or chemical imbalances in the brain 5. Use of alcohol or drugs. 6. Having feeling of loneliness and isolation.

M. Siepman (2022), Conducted promotion aims to avoid the occurrence of psychiatric illness and disability caused by psychic disorders. The relevant interventions refer to the individual, the family context and other environmental factors. Universal and primary promotion target the entire population or a part of this (Students). Secondary and selective intervention should prevent the manifestation of psychiatric disorders in vulnerable individuals (behavioural problems). Tertiary measures aim at preventing the worsening or recurrence of symptoms in individuals who already suffer from mental illness. Within the past 25 years protective and risk factors that reduce or increase the probability of occurrence of mental disorders have

increasingly been identified. This results in improved awareness. The concluded by present article gives an overview of preventive measures against the most common mental disorders in the light of the current evidence base.

Aim of The Study

To assess effectiveness of structured teaching program on knowledge regarding promotion of mental health and prevention of mental illness among adolescents in selected school of community area of the city”

Objectives

1. To assess the knowledge about promotion of mental health and prevention of mental illness among the adolescents.
2. To assess effectiveness of structured teaching program regarding promotion of mental health and prevention of mental illness among the adolescents.
3. To associate study finding with selected demographic variable

Research Approach

The Research approach adopted for the present study was Quasi-experimental. This approach would help the investigator to evaluate the effect of structured teaching programme on knowledge.

Research Design

Pre-Exp. Group Pre-Test study design Intervention Post-Test

The research design selected for the study was Quasi-experimental one group pre-test and post-test design.

Sample and Sampling Technique

Sample: - In the present study the sample consisted of 60 adolescents in selected school of community area of the city Pune.

Development of Tool

The tool was developed after the review of literature on

relevant topic, discussion with Experts and Respected guide. Tool for the present study was Self-Structured questionnaire for assessing knowledge regarding promotion of mental health and prevention of mental illness was used to collect the data.

Construction of Tool: it consists of following sections like, Section A - Informed written consent Form

Section B - This section consists of 09 items for obtaining information about socio demographic profile of adolescents. like, age, gender, educational status, occupation, monthly family income, type of family.

Section C – It consists of 25 items regarding knowledge on mental health. Each item has 4 choices. The choices under each item has both appropriate and inappropriate options, the most appropriate choice has score 1 and inappropriate choice has score zero. Maximum score obtainable was 25. It consists of the following components as depicted below in the blueprint.

Reliability refers to the accuracy or inaccuracy rate in measurement device 80 reliability of the tool was tested by implementing the tool on 06 adolescents. Test-retest method was used to test the reliability of questionnaire and the tool was found reliable. (r = 0.83). The reliability was calculated using Karl Pearson’s formula as follows

Result

General assessments of knowledge in pre- test

Knowledge	Groups	Scores	Frequency	Percentage
Pre- Test	Poor	0 – 9	16	26.67
	Average	10 – 17	41	68.33
	Good	18 – 25	3	5.00

Fig 1

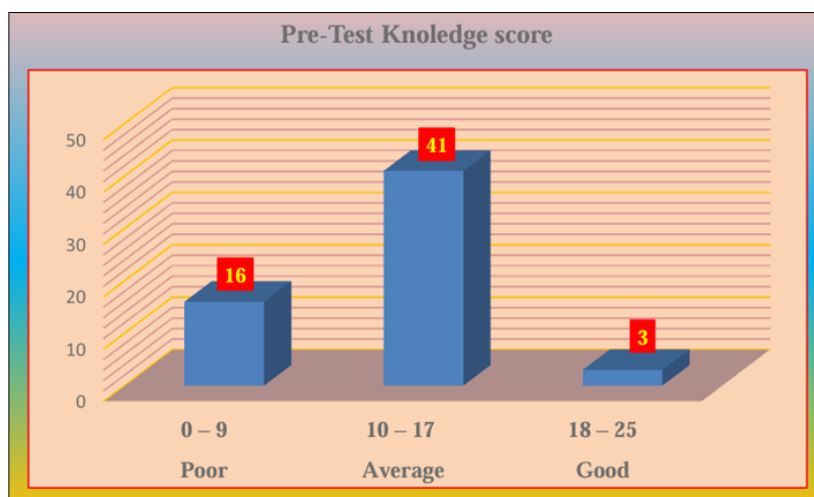


Fig 2: General Assessments of Knowledge Pre- Test

as all the adolescents are in phase of basic qualification, majority (68.33%) of Adolescents were having average knowledge. As only 5% of subjects were having good knowledge and 26.67% in the poor knowledge

promotion of mental health and prevention of mental illness, Adolescent requires more education regarding the same. Deals with analysis of data related to assessment of the knowledge regarding promotion of mental health and prevention of mental illness among the adolescents in terms of frequency and percentage.

Post- Test Knowledge score	Groups	Scores	Frequency	Percentage
	Poor	0 – 9	1	1.67
	Average	10 – 17	11	18.33
	Good	18 – 25	48	80.00

Fig 3: General Assessments of Knowledge Post-Test

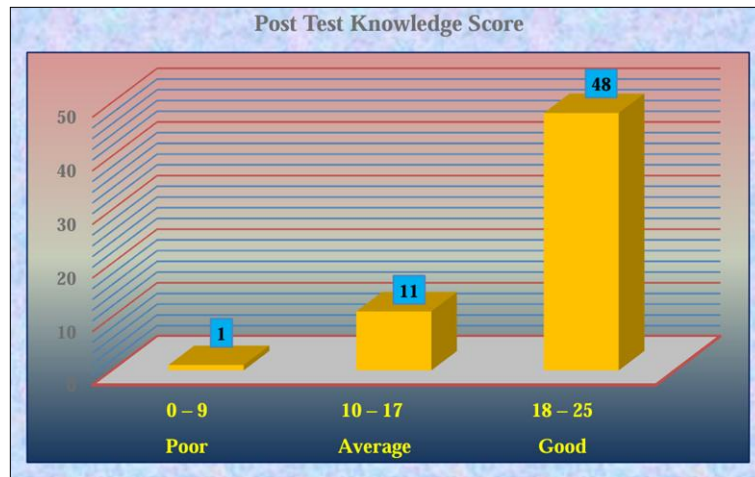


Fig 4: General Assessments of Knowledge Post-Test

Table no 4.8 and figure no 4.8 shows that as expected by the researcher, majority (80%) of subjects were significantly having good post- test knowledge scores, only 18% were having average knowledge and 1% in the poor knowledge category. It means the teaching that executed through this study seems to be effective.

Objective II: assessment of effect of the teaching program on knowledge regarding prevention of mental illness and promotion of mental health. Deals with analysis of data related to comparison of the existing knowledge scores with the Post- test knowledge scores in terms of frequency and percentage. Table 4.9: General assessments of Knowledge Pre & Post- test

Variable	Groups	Scores	PRE- TEST		POST- TEST	
			Frequency	Percentage	Frequency	Percentage
Knowledge	Poor	0 - 9	16	26.67	1	1.67
	Average	10 – 17	41	68.33	11	18.33
	Good	18 - 25	3	5.00	48	80.00

Fig 5

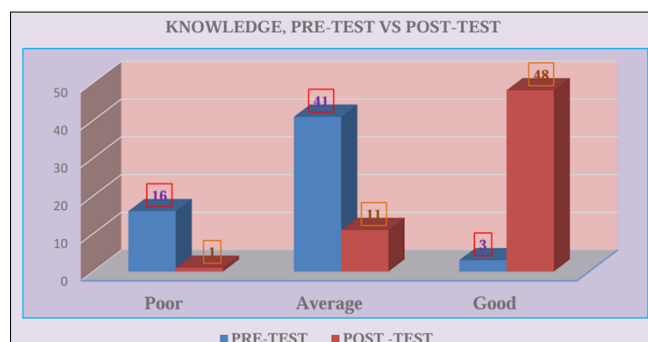


Fig 6: general assessments of knowledge pre & post-test

In table no 4.9 and figure no 4.9, There are majority (68%) of samples having average knowledge in Pre- test scores that has hiked to (80%) good knowledge scores in post- test after teaching. 3% of subject were having good and 16% were having poor knowledge in pre-test, whereas only 11% samples were remained in average 0 10 20 30 40 50 Poor Average Good 16 41 3 1 11 48

Objective Iii: Association of Knowledge Score WITH Selected Demographic Variables

Based on the ‘Chi-square’ test value of subjects for demographic variable, the calculated df value of age was 2, whereas the significance level of 0.050. Here the calculated P’ value is equal to standard value of significance i.e.0.05. Thus, it suggests that there is a significant association of knowledge with age. 2- Based on the ‘Chi-square’ test value of subjects for demographic variable, the calculated df value of gender was 2, whereas the significance level of 0.027. Here the calculated P’ value was less than standard value of significance i.e.0.05. Thus, it suggests that there was a significant association with gender. 3- Based on the ‘Chi-square’ test value of subjects for demographic variable, the calculated df value of area of residence was 2, whereas the significance level of 0.486. Here the calculated P’ value is more than standard value of significance i.e.0.05. Thus, it suggests that there is no significant association with area of residence. 4- Based on the ‘Chi-square’ test value of subjects for demographic variable, the calculated df value of type of family is 6, whereas the significance level of 0.566 Here the calculated P’ value is more than standard value of significance i.e.0.05. Thus, it suggests that there is no significant association with type of family. 5- Based on the ‘Chi-square’ test value of subjects for demographic variable, the calculated df value of family income is 4, whereas the significance level of 0.308. Here the calculated P’ value is more than standard value of significance i.e.0.05.

Thus, it suggests that there is no significant association with family income.

Variable	Groups	N	df	Chi-square	P' value	Significance
Age	21-30	20	2	5.774	.050	Significant
	31-40	40				
Gender	Male	31	2	2.567	.027	Significant
	Female	29				
Area of Residence	Urban	48	2	1.443	.486	Not Significant
	Rural	12				
Type of Family	Nuclear Family	14	6	4.830	.566	Not Significant
	Joint Family	42				
	Separated	3				
	Extended	1				
Family Income	Less than 6000	0	4	4.805	.308	Not Significant
	6001- 10000	4				
	100001- 20000	24				

Fig 7

Discussion in Relation to Other Studies

The present study shows that maximum 67% of adolescent participate in the study belonged to age group of 15 to 16 years and remaining 33% age group are from 14to15 years. Majority of 31% of adolescents was male and 29% of female. Majority 70% of adolescents belong to nuclear family. Majority 80% of adolescents from urban area. Majority 56% (24%and 32%) of adolescents where from good economical background. maximum 68% of caretakers had marriage outside family relations. Majority 71% of adolescents having required knowledge from mass media. The present study shows that, in pretest, 26.37% of the adolescents had poor knowledge (score 0-9), 68.33% of them had average knowledge (score 10-17) and 5% of them had good knowledge (score 18-25) regarding promotion of mental health and prevention of mental illness. In posttest, 80% of them had good knowledge (score 18-25), 18% adolescents had average knowledge (score 10-17) and 1% of them had poor knowledge (score 0-9) regarding 74 promotion of mental health and prevention of mental illness. Mean knowledge score in pretest was 11.8 which was increased to 19.5 in posttest. This indicates that the knowledge regarding promotion of mental health and prevention of mental illness among adolescents improved remarkably after structured teaching program.

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