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To evaluate the effectiveness of planned teaching program on knowledge regarding mental health problems and its management among adolescents in PU Colleges at Vijayapura

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Abstract

Background: Adolescence is a crucial period for developing social and emotional habits important for mental well-being. These include adopting healthy sleep patterns; exercising regularly; developing coping, problem-solving, and interpersonal skills; and learning to manage emotions.

Objectives: To assess the knowledge regarding mental health problems and its management among adolescents, to evaluate the effectiveness of planned teaching program on knowledge regarding mental health problems and its management among the adolescents and to find the association between the pre-test knowledge scores of adolescents regarding mental health problems and its management and their selected demographic variables.

Methodology: A quantitative approach with one group pretest post test research design was adopted for the study. The samples from the selected PU colleges of Vijayapura were selected using convenient sampling technique. The sample consisted of 60 PU college students. The tools used for data collection was knowledge questionnaire.

Results: The study result reveal that, with regard to prettest level of knowledge it shows that, maximum 40(66.7%) respondents were having average knowledge, 12(20%) respondents were having good knowledge and remaining 8(13.3%) of respondents were having poor knowledge. During post test maximum 38(63.3%) of respondents were having average knowledge, 21(35%) of respondents were having good knowledge and remaining 1(1.7%) of respondents were having poor knowledge. The statistical paired 't' implies that the difference in the pretest and post-test value was found statistically significant at 5% level (p < 0.05) with a paired 't' value of 9.03. There exists a statistical significance in the difference of knowledge score indicating the positive impact of planned teaching program.

Conclusion: There was a need for teaching program regarding paediatric emergencies among participants. Post test results showed significant improvement in the level of knowledge regarding mental health problems and its management. Thus, it can be concluded that planned teaching program was effective to increase and update their knowledge on mental health problems and its management.

Keywords: Knowledge, mental health problems, planned teaching program, effectiveness, adolescents, PU students

Introduction

Adolescence is a time of major transition between childhood and adulthood. It is a period when significant physical, psychological, and behavioral changes occur and when young people develop many of habits, behaviour, and relationship they will carry in to their adult lives. The most common problems of adolescence are self-esteem and body image, stress, drinking and smoking, underage sex, teen pregnancy, bullying, cyber addiction. Mental illness like anxiety, mood attention, behaviour disorders. Suicide is the second leading cause of death in young people aged 15-24 years.

Adolescence is a crucial period for developing social and emotional habits important for mental well-being. These include adopting healthy sleep patterns; exercising regularly; developing coping, problem-solving, and interpersonal skills; and learning to manage emotions. Protective and supportive environments in the family, at school and in the wider community are important.

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Adolescence is a phase in which adolescents are exposed to emotional and mental health problems because, at this stage, they are hypersensitive to stress. Stress can be understood as demands and expectations related to adolescents' lives and can cause physical and mental reactions. There is a connection between mental health problems among adolescents with an increased risk of mental health problems and other health problems in adulthood.

In the worst-case 17 scenario, mental health problems may lead to suicide. Worldwide, suicide is one of the leading causes of death among adolescents which corresponds with Norwegian reports. Suicide is more frequent among boys, who are three to four times more likely to complete suicide than girls. Only a minority of the adolescents with mental health problems seek help from their parents, friends or professionals. Barriers to seeking help are reported as feelings of embarrassment, stigma, guilt and fear of opening up.

Globally, it is estimated that 1 in 7 (14%) 10-19 year-olds experience mental health conditions (1), yet these remain largely unrecognized and untreated.

Adolescents with mental health conditions are particularly vulnerable to social exclusion, discrimination, stigma (affecting readiness to seek help), educational difficulties, risk-taking behaviour, physical ill-health and human rights violations.

Adolescents are a well-adapted generation, but report an increase in mental health problems that need to be taken seriously. Mental health problems have consequences for adolescents at this time of life and may affect their adult life. Gender differences in mental health problems are reported, and it is important to have more understanding of these differences. Therefore, it is important to gain a more comprehensive understanding of the problems to prevent them and help adolescents deal with them.

Objectives

- 1. To assess the knowledge regarding mental health problems and its management among adolescents
- 2. To evaluate the effectiveness of planned teaching program on knowledge regarding mental health problems and its management among the adolescents
- To find the association between the pre-test knowledge scores of adolescents regarding mental health problems and its management and their selected demographic variables.

Hypothesis

H₁: The mean post test knowledge scores of adolescents regarding mental health problems and its management, who have undergone the planned teaching program, will be significantly higher than their mean pre-test knowledge scores at 0.05 level of significance.

H2: The levels of knowledge of adolescents regarding mental health problems and its management will be significantly associated with their selected personal variables at 0.05 level of significance.

Methodology

Research approach: Quantitative evaluative Research

Approach

Research design: Pre experimental one group pretest-post

test research design

Sampling technique: Non-Probability; Convenient

Sampling Technique **Sample size:** 60

Setting of study: Selected PU colleges of Vijayapura

Method of data collection: Self report

Tools used

Section I: Socio-demographic variables of Participants **Section II:** Structured Knowledge questionnaire

This section consists of 22 structured multiple-choice items with yes or no options for each item to assess the knowledge of adolescents in PU colleges regarding mental health problems and its management. The participant has to choose one right answer from given options. The right answer will be scored as 'one' mark and the wrong answer will be scored as 'zero' comprising the maximum score of 22. The total score is arbitrarily divided as-

Poor Knowledge: 0-7
Moderate Knowledge: 8-14
Good Knowledge: 15-22

Procedure of data collection

Data collection procedure for main study began from 15.03.2022 to 15.04.2022, After obtaining permission from concerned authority of selected PU colleges, Vijayapura and consent from subjects the pre-test was conducted to 100 participants using structured knowledge scale; approximately 45 minutes were spent for collecting data. The investigator gathered participants in a comfortable room and conducted Pre-Test in selected PU colleges, Vijayapura, Soon after the test, the structured interventional program was administered. On 8th day post-test was given with the same structured knowledge scale and took about 45 minutes to complete the post-test.

Results

A. The findings related to socio-demographic variables of participants

Study comprised of 50 participants. The socio demographic variables are presented in following table.

Table 1: Frequency & Percentage Distribution of participants according to socio demographic variables n 60

Sl. No	Socio Demographic variables	Frequency (f)	Percentage (%)	
1	Age (in yrs)			
	a) 16-17	37	61.7	
	b) 18-19	23	38.3	
2	Gender			
	a) Male	32	53.3	
	b) Female	28	46.7	
3	Year of study			
	a) 1 st year	33	55	
	b) 2 nd year	27	45	
4	Religion			

	a) Hindu	35	58.3		
b) Muslim		15	25		
	c) Christian	6	10		
	d) Others	4	6.7		
5	Place of residence				
	a) Rural	32	53.3		
	b) Urban	28	46.7		
6	Parents Income / Month				
	a) Below 5000/-	20	33.3		
	b) 5001-10000/-	21	35		
	c) 10001-15000/-	7	11.7		
	d) 15001 & above	12	20		
7.	7. Previous knowledge regarding Mental illness				
	a) Yes	30	50		
	b) No	30	50		
8.	Source of information				
	a) Formal education	10	16.7		
	b) Books/Journals	27	45		
	c) Mass media	18	30		
	d) Seminar/Workshop	5	8.3		

B. Findings Related to Knowledge on mental health problems and its management

Table 2: Mean, median, mode, standard deviation and range of pre test knowledge scores of Respondents regarding mental health problems and its management n 60

Area of Knowledge	Number of Items	Mean	Median	Mode	Standard deviation	Range
Pre test scores	22	11.58	11.50	12	3.49	5-19
Post test scores	22	13.73	13	12	3.73	7-22

Table 2 reveals pre test and post test knowledge score of respondents regarding mental health problems and its management –In pretest knowledge score, respondents mean was 11.58, median was 11.50, mode was 12 with standard deviation 3.49 and score range was 5-19.

In post test knowledge score, respondents mean was 13.73, median was 13, mode was 12 with standard deviation 3.73 and score range was 7-22.

Level of Knowledge

Table 3: Frequency and Percentage distribution of participants according to level of Knowledge regarding mental health problems and its management n=60

Level of knowledge					
Pre test			Post test		
Poor f (%)	Average f (%)	Good f (%)	Poor f (%)	Average f (%)	Good f (%)
8 (13.3%)	40 (66.7%)	12(20%)	1(1.7%)	38 (63.3%)	21 (35%)

The data presented in the Table 3 depicts the respondent's level of knowledge during pretest and post test regarding mental health problems and its management; With regard to pre test level of knowledge it shows that, maximum 40(66.7%) respondents were having average knowledge, 12(20%) respondents were having good knowledge and

remaining 8(13.3%) of respondents were having poor knowledge.

During post test maximum 38(63.3%) of respondents were having average knowledge, 21(35%) of respondents were having good knowledge and remaining 1(1.7%) of respondents were having poor knowledge.

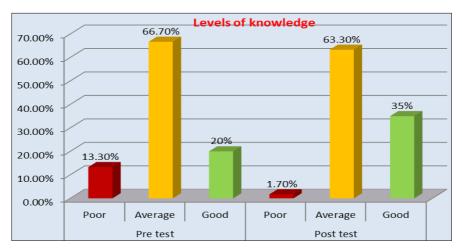


Fig 1: Levels of knowledge among participants

Effectiveness of planned teaching program

Paired 't' value was computed to find out the significance of difference between means of pre-test and post test knowledge scores of respondents. The data is presented in Table 4. To test statistical significance following research hypothesis was stated-

H₁: The mean posttest knowledge scores of PU students exposed to planned teaching program on mental health problems and its management will be significantly higher than the mean pretest knowledge scores at 0.05 level of significance

Table 4: Mean, standard deviation, standard error of difference and 't' value of pre-test and post-test knowledge scores regarding mental health problems and its management N =60

Aspects	Mean	SD	SEMD	Paired t Test
Pre-test	11.58	3.49	0.65	9.03*
Post-test	13.73	3.73	0.03	

^{*} Significant at 5 % level

Table 4 indicates the overall mean knowledge scores of pretest and post-test scores regarding mental health problems and its management among PU students.

The findings reveal that the post-test mean knowledge scores was found higher [mean=13.73, SD of 3.73] when compared with pre-test mean knowledge score value which was 11.58 with SD of 3.49.

The statistical paired 't' implies that the difference in the pretest and post-test value was found statistically significant at 5% level (p<0.05) with a paired 't' value of 9.03. There exists a statistical significance in the difference of knowledge score indicating the positive impact of planned teaching program.

Hence, the research hypothesis H_1 is supported. This indicates that the enhancement in knowledge is not by chance and the respondents who exposed to planned teaching program on mental health problems and its management, significantly improved in their knowledge.

C. Findings related association between pretest levels of knowledge with selected socio demographic variables of participants

The computed Chi-square value for association between level of knowledge of PU students regarding mental health problems and its management and their selected demographic variables is found to be statistically significant at 0.05 levels for their age and is not found statistically significant for other selected socio demographic variables.

Conclusion

The overall pretest knowledge of participants regarding mental health problems and its management. There was a need for teaching program regarding paediatric emergencies among participants. Post test results showed significant improvement in the level of knowledge regarding mental health problems and its management. Thus, it can be concluded that planned teaching program was effective to increase and update their knowledge on mental health problems and its management. The results revealed that there was association found between pre-test knowledge scores and age of participants.

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