ISSN Print: 2581-8546 ISSN Online: 2582-2934

Original Article

A Study to Evaluate the Effectiveness of Self-Instructional Module (SIM) On Promotion of Mental Health of Adolescents among High School Teachers in Selected Schools at Jaipur

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Abstract :

Introduction : Promotion of mental health is an important part of psychiatric care. The mere absence of mental illness does not mean that one has positive mental health or high quality of life. Various environmental changes may promote mental health, including changes in economic, work, housing or family situations.1

Methodology : An evaluative approach was considered appropriate for the present study. The research design used for the present study is pre-experimental; single group pre-test post-test design. It includes manipulation, no randomization and no control group. The study was conducted in selected High schools in Jaipur, Rajasthan. The target population of the present study includes all the High school teachers those who are working in High schools of Jaipur, Rajasthan. The sample and sample size used for this study was 60 High school teachers of selected High school of Jaipur. The investigator had utilized probability sampling technique in which simple random sampling technique had been used for the selection of the subjects by lottery method.

Results : Shows the comparison of pretest and post-test mean knowledge score. Considering mental health and its promotion aspects, in pre-test, teachers are having 3.63 score where as in post-test they are having 6.75 score, so the difference is 3.12 this difference between pretest and post-test is large and it is statistically significant. Considering mental illness and its prevention aspects, in pre-test, teachers are having score where as in post-test they are having 8.97score, so the difference is 4.28. This difference between pretest and post-test is large and it is statistically significant. Considering management of mental illness aspects, in pretest, teachers are having 4.30 score where as in posttest they are having 8.80 score, so the difference is 4.50. This difference between pre-test and post-test is large and it is statistically significant.

Conclusions : The findings of the study reveals that a significant increase in the Knowledge of High school teachers in post-test, out of the several demographic variable Age, Experience and previous information on psychological problems of children were significantly associated with the Knowledge gain scores regarding Promotion of mental health of adolescents.

Keywords : Evaluate; Effectiveness; Self Instructional Module; Promotion; Mental Health

How to cite this article : Gurjar A., A study to evaluate the effectiveness of self-instructional module (sim) on promotion of mental health of adolescents among high school teachers in selected schools at Jaipur. Glob. Nurs. J. India 2024; 7: I: 640-646.

Submitted : 17/03/2024, Accepted : 06/04/2024, Published : 05/05/2024

DOI:10.46376/GNJI/7.I.2024.640-646

ISSN Print: 2581-8546 ISSN Online: 2582-2934

Introduction

Mental health promotion includes activities related to reducing stigma by dispelling myths & stereotypes associated with vulnerable groups, providing knowledge of normal parameters increasing sensitivity to psychosocial factors affecting health & illness and enhancing the ability to give sensitive, supportive and humanistic health care. During this period adolescents has to face many psychological problems before they are stepping to the next milestone.[2]

High school teachers have a main role in mental health promotion because they can sensitize and practice the students to establish a positive attitude towards problems and encourage them to share their emotional problems. Teachers are held accountable and responsible for participating in quality improvement activities thus ensuring improved mental health outcomes.[3]

Adolescents require a variety of mental health services including issue intervention and short- and long-term counseling. Prevention of education including parents in programme planning is keys to offsetting problems. School health education helpful to reduce the risk of mental health problems. The idea of health directs nursing practice, education and research.[4]

Mental health is created in our interactions with the world around us, and is determined by our sense of control in dealing with our circumstances and by the support we have to help us to cope. An individual who has good mental health is able to realize his or her own abilities, cope with the stress of everyday life, work productively, and contribute to the community. Good mental health protects us and helps us to avoid risk taking behaviours that contribute to poor mental health.[5]

While individuals and communities have the capacity for good mental health, they require support in order to achieve and maintain it. The process of enhancing protective factors that contribute to good mental health is called mental health promotion. The following is a review of recent mental health promotion literature that synthesizes current general concepts, evidence of effective interventions, and practice in this growing field.[6]

The influence of teaching efficacy was also considered as a possible factor differentiating both teachers? thinking about classroom discipline problems and their proposed intervention strategies. The second goal was to elaboration the contribution of psychosocial factors as it relates to these teaching practices. Both teacher attitude and teaching efficacy were considered as possible moderators of the relationship between teachers "thinking patterns with regard to classroom discipline problems and their selection of classroom management practices.[7]

Mental health promotion is everyone's responsibility, and stakeholders from all sectors of society have a role to play. There are better health outcomes sectors work together because mental health is determined by many factors. Inter-sectoral collaboration requires that the sectors that work in the areas of the various health determinants work together to achieve wellness.[8]

Even though the evidence base is not well developed, practitioners, policymakers and researchers have moved ahead with mental health promotion practice because of the burden of suffering and costs related to mental health problems, and because the evidence that is emerging indicates that the interventions are effective Risk behaviours, social and economic problems, and rates and severity of physical and mental illness can be reduced by strengthening protective factors for good mental health.[9]

Methodology

Research approach : an evaluative approach was considered appropriate for the present study.

Research design : The research design used for the present study is pre-experimental; single group pre-test post-test design. It includes manipulation, no randomization and no control group.

Setting of the study : The study was conducted in selected High schools in Jaipur, Rajasthan.

Target population : The target population of the present study includes all the High school teachers those who are working in High schools of Jaipur, Rajasthan.

Accessible Population : The accessible population of the present study includes the High school teachers those who are working in selected High schools of Jaipur, Rajasthan.

Sample : High school teachers

Sample Size : 60

Sampling technique : The investigator had utilized probability sampling technique in which simple random sampling technique had been used for the selection of the subjects by lottery method.

DOI:10.46376/GNJI/7.I.2024.640-646

Development & description of tools : The tool developed for the study was, structured knowledge questionnaire to assess the Knowledge of High school teachers on Promotion of mental health of adolescents. The main purpose of developing this tool was to educate the High school teachers. Description of the tool used Section A: Socio-demographic variables and Section B: Knowledge questionnaire on Promotion of mental Health of adolescents.

Results

Both descriptive and inferential statistics were used to analyze the data. Analysis is organized under the following headings.

Section 1 : Distribution of the subjects according to socio-demographic Variables.

Section 2 : Assessment of pre-test level of Knowledge of High school teachers regarding the Promotion of mental health of adolescents.

Section 3 : Assessment of Post-test level of Knowledge of High school teachers regarding the Promotion of mental health of adolescents.

Section 4 : Comparison of pre and post-test Knowledge scores regarding Promotion of mental health of adolescents among the High school teachers.

Section 5 : Association between the selected demographic variable and the post-test Knowledge scores of High school teachers regarding Promotion of mental health of adolescents.

Section 1 : Distribution of the subjects according to socio-demographic Variables.

Table 1 : Socio-demographic Variables

N=60

S. No.		No. of teachers	Percentage (%)
1	**Age in years**		
	< 30 Yrs	16	26.7%
	31-35 Yrs	20	33.3%
	36-40 Yrs	16	26.7%
	> 40 Yrs	8	13.3%
2	**Gender**		
	Male	46	76.70%
	Female	14	23.30%
3	**Religion**		
	Hindu	34	56.7%
	Christian	12	20.0%
	Muslim	14	23.3%
4	**Education**		
	Degree with B.ED	34	56.7%
	Master degree with B.ED	18	20.0%
	Master degree with M.ED	8	23.3%
5	**Martial Status**		
	Unmarried	12	20.0%
	Married	48	80.0%
6	**Years of Experience**		
	Less than 6Years	16	26.7
	6-10Years	20	33.3
	11-15Years	16	26.7
	More than 15 Years	8	13.3
7	**Type of Family**		
	Nuclear Family	36	60.0%
	Joint Family	24	40.0%
8	**Child psychology in curriculum**		
	Yes	36	60.0%
	No	24	40.0%
9	**Attended in service education on child psychology**		
	Yes	36	60.0%
	No	24	40.0%
10	**Prior information on psychosocial problems of children**		
	Yes	38	63.3%
	No	22	36.7%

DOI:10.46376/GNJI/7.1.2024.640-646

Section 2 : Assessment of Pre-Test Level of Knowledge of High School Teachers Regarding the Promotion of Mental Health of Adolescents.

Table 2 : Each Domain Wise Pre-test Percentage of Knowledge on Promotion of Mental Health of Adolescents

Knowledge on	No. of questions	Min-Max score	Knowledge Score		% of Mean score
			Mean score	SD	
Mental health and its promotion	8	0-8	3.63	1.34	45.4%
Mental illness and its prevention	11	0 -11	4.68	1.22	42.5%
Management of mental illness	11	0 -11	4.30	1.83	39.1%
Total	**30**	**0 -30**	**12.62**	**2.58**	**42.1%**

Section 3 : Assessment of Post-test level of Knowledge of High school teachers regarding the Promotion of mental health of adolescents.

Table 3 : Each Domain wise Post Test Percentage of Knowledge on Promotion of mental health of adolescents

N=60

Knowledge on	No. of questions	Min-Max score	Knowledge Stress Score		% of Mean score
			Mean score	SD	
Mental health and its promotion	8	0-8	6.75	1.02	84.4%
Mental illness and its prevention	11	0 -11	8.97	1.13	81.5%
Management of mental illness	11	0 -11	8.80	1.42	80.0%
Total	30	0 -30	24.52	1.65	81.7%

Section 4 : Comparison of Pre and Post Test Knowledge Scores Regarding Promotion of Mental Health of Adolescents among the High School Teachers.

Table 4 : Comparison of Pre-test and Post-test Mean Knowledge Score

N=60

Knowledge on	Knowledge score				Student's paired t-test
	Pretest		Posttest		
	Mean	SD	Mean	SD	
Mental health and its promotion		3.63	1.34	6.75	1.02 t=14.05, P=0.001*** DF=59, significant
Mental illness and its prevention	4.68	1.26	8.97	1.13	t=21.52, P=0.001*** DF=59, significant
Management of mental illness	4.30	1.83	8.80	1.42	t=14.29, P=0.001*** DF=59, significant

* Significant at P≤0.05 ** highly significant at P≤0.01 *** very high significant at P≤0.001

DOI:10.46376/GNJI/7.I.2024.640-646

ISSN Print: 2581-8546 ISSN Online: 2582-2934

Section 5 : Association between the selected demographic variable and the post test Knowledge scores of High school teachers regarding Promotion of mental health of adolescents.

Table 5 : Association between posttest level of knowledge and demographic variables

Demographic variables		Post test level of knowledge				Total	Chi square
		Average		Good			
		n	%	n	%		
Age	<30 yrs	6	37.5%	10	62.5%	16	X^2=9.11
	31 -35 yrs	2	10.0%	18	90.0%	20	P=0.02*
	36 -40 yrs	1	6.3%	15	93.7%	16	DF=3
	>40 yrs	0	0.0%	8	100.0%	8	Significant
Gender	Male	7	15.2%	39	84.8%	46	X^2=0.01
	Female	2	14.3%	12	85.7%	14	P=0.59 DF=1 Not significant
Religion	Hindu	5	14.7%	29	85.3%	34	X^2=1.62
	Christian	3	25.0%	9	75.0%	12	P=0.44
	Muslim	1	7.1%	13	92.9%	14	DF=2 Not significant
Education	Degree with B.ED	7	20.6%	27	79.4%	34	X^2=4.79
	Master degree with B.ED	0	0.0%	18	100.0%	18	P=0.09 DF=2 Not
	Master degree with M.ED	2	25.0%	6	75.0%	8	significant
Marital status	Unmarried	0	0.0%	12	100.0%	12	X^2=2.67
	Married	9	18.8%	39	81.3%	48	P=0.10 DF=1 Not significant
Years of experience	Less than 6 Years	7	43.8%	9	56.2%	16	X^2=14.31`
	6-10Years	1	0.5%	19	95.0%	20	P=0.01**
	11-15Years	1	6.3%	15	93.7%	16	DF=3
	More than15 Years	0	0.0%	8	100.0%	8	significant
Type of family	Nuclear Family	6	16.7%	30	83.3%	36	X^2=0.19
	Joint Family	3	12.5%	21	87.5%	24	P= 0.65 DF=1 Not Significant

DOI:10.46376/GNJI/7.I.2024.640-646

You had child Psychology in Your Curriculum?	Yes	3	8.3%	33	91.7%	36	X^2=3.13 P=0.08 DF=1 Not significant
	No	6	25.0%	18	75.0%	24	
Have you Attended in service Education on child psychology?	Yes	6	16.7%	30	83.3%	36	X^2=0.76 P=0.38 DF=1 Not significant
	No	3	12.5%	21	87.5%	24	
You had prior information on psychosocial problems of children?	Yes	3	7.9%	35	92.1%	38	X^2=4.10 P= 0.04* DF=1 Significant
	No	6	27.2%	16	77.8%	22	

*Significant at P?0.05 ** highly significant at P?0.01 *** very high significant at P?0.001

Conclusions

- The findings of the study revealed a significantly increase in the post-test Knowledge score after the administration of self-instructional module. Considering the overall aspects, High school Teachers had 42.1% of knowledge in pre-test and 81.7% of knowledge in post-test so they gained 39.6 percent more knowledge after the administration of self-instructional module. On comparison of Level of knowledge shows, before the self-instructional module, 23.3% of the High school teachers are having poor knowledge, 76.7% of them having average knowledge and none of them having good knowledge. After the administration of self-instructional module, 16.7% of the High school teachers are having average knowledge, 83.3%of them having good knowledge and none of them having poor knowledge.
- The finding of the study reveals the association between post-test level of knowledge and their demographic variables. Age, Experience and previous information on psychological problems of children are significantly associated with their post-test level of knowledge. Statistical significance was calculated using chi square test.
- Association between post-test level of knowledge and Age group shows significant association i.e. X^2=9.11 at P=0.02 Level of Significance, DF=3, Year of Experience shows significant association i.e. X^2=14.31 at P=0.01 Level of Significance, DF=3. Previous information on psychological problems of children shows significant association i.e. X^2=4.10 at P=0.04 Level of Significance, DF=1.
- Table no.12 reveals that there is a significant association between the Post-test Knowledge score with the High school teachers age group (X^2=9.11 at P=0.02 level of significance), Years of Experience (X^2=14.31 at P=0.01 level of significance) and Previous information on psychological problems of children (X^2=4.10 at P=0.04 level of significance). The association was calculated by Chi square test. Therefore, the Research hypothesis H2 has been accepted.

Financial support and sponsorship : No

Conflict of Interest : There are no conflicts of interest

References

1. Gailw. Stuart" Principles and practices of psychiatric nursing", South Asia edition, Mosby publications, 8th edition, 2008, P.-15-21.

DOI:10.46376/GNJI/7.I.2024.640-646

2. B.T Basavanthappa Psychiatric mental health nursing, New Delhi, Jaypee medical publishers?lmtd,1st, 2007,P.-1-5.

3. Mrs Bhatia, A cencised text book in psychiatry nursing,3rdedition CBS publications and distributors, New Delhi

4. Drsr. Journals, Health academic action 2009 for and on behalf for health, volume 22,January 2009.

5. Handle with Care: Strategies for Promoting the Mental Health of Young Children Community-Based Child Care. Canadian Mental Health Association. Lahtinen, E.,Joubert, N., Raeburn,J., & Jenkins, R. (2005).

6. Sujathasethi,Text book of psychiatry,1998, 2ndedition,Elsevier publishers.166-170s

7. R Baby psychiatric nursing, Indore, N. R brothers Used for the studies is self instructional module, 2ndedition,2005,P.4-5

8. Barry,M. & Mc Queen, D.(2005).The Nature of Evidence and its Use in Mental Health Promotion., Promoting Mental Health

9. Moodie (2005), The Evidence of Effective Interventions for Mental Health Promotion.,Promoting Mental Health: Concepts, Emerging Evidence, and Practice(pp.169-188).Geneva:World Health Organization.

DOI:10.46376/GNJI/7.I.2024.640-646