



A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED EDUCATIONAL MODULES FOR PRIMARY SCHOOL TEACHERS ON THE KNOWLEDGE AND SKILLS IN IDENTIFICATION OF COMMON MENTAL HEALTH PROBLEMS IN SELECTED SCHOOLS OF JAIPUR

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ABSTRACT:

Introduction: Mental health is vital for individuals, families and communities, and is more than simply the absence of a mental disorder. Mental health is defined by the World Health Organization (WHO) as, a state of well-being 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.

Material and Method: This study was conducted in Jaipur Rajasthan. Study comprised of 360 Government Primary School Teachers working in a Urban area of Jaipur District. three group pre-post-test design, an evaluative approach was adopted for this study. Stratified random sampling was used.

Result: The study was undertaken of Jaipur Urban district of Rajasthan State. The Department of Education has divided into 16 clusters for the convenience of administration. Out of the 16 clusters, one cluster is Urdu cluster; hence this cluster was not included in the present study. A total of 903 teachers are present in these 15 clusters selected for the study. Each cluster consists of 12-23 schools.

Conclusion- Children form a vital and vulnerable segment of the population. The health of the school child is the responsibility of parents, teachers, health administrators and the community. The teacher plays a significant role in the promotion of the health of the children under his/her care.

Keyword: assess, educational modules, primary school teachers mental health problems.

INTRODUCTION

A mental disorder is an illness that affects people's emotions, thoughts or behaviour, which is out of keeping with their cultural beliefs and personality, and is producing a negative effect on their lives or the lives of their families. Effective

treatments are available for people with mental disorders, and many types of mental disorder can be managed at the primary health care level with complementary support from community-based workers and community members.⁽¹⁾



There is no organized school mental health programme for teachers in Rajasthan. There is no record of active participation of teachers in the school mental health programme in Jaipur District. However there are opportunistic school health programmes, in Tehsil level. There is no full time school health nurses assigned to these schools. ⁽²⁾

The pupil teacher ratio of working teachers in Primary school in Rajasthan urban is 1: 90 and in Jaipur 1: 50. ² If a “resource person” such as teacher has to play a vital role in the school health programme, he/ she should be adequately trained and equipped with adequate knowledge and skills. This will enable the nursing personnel working in the area to render their services to other needy areas also. ⁽³⁾

The most common disorders seen in children and adolescents are mental retardation, emotional and behavioural disorders, and hyperactivity and learning disorders. ⁽⁴⁾

The most recent reviews on child and adolescent mental health problems in India have found a prevalence of 2% for mild, and 0.5% for severe forms of mental retardation. Psychiatric and emotional disorders affect 13% of children between

1-16 years. In absolute terms, this means that 8-10 million children are intellectually challenged, and nearly five million other children require mental health care. ⁽⁵⁾

MATERIAL AND METHOD: An evaluative approach was adopted to assess the effectiveness of structured educational modules on Primary School Teachers knowledge and skills in identification of common mental health problems of primary school children on the basis of Rutter's Behaviour Scale (B2) for children (Teacher's Scale)

The following steps were followed.

Step I: Pre-assessment of subjects done on Knowledge and skills in identification of common mental health problems of primary school children in Group I, Group II and Control Group.

Step II: Administrated Structured Educational Modules [SEM]: Structured teaching plus SIM for Group I and Self Instructional Module only for Group II and no intervention for Control Group.

Step III: Post assessment was done on Knowledge and skills in identification of common mental health problems of primary school children by administering the same tools to Group I, Group II and Control Group on the 7th day and 30th day after treatment.

RESULT: DISTRIBUTION OF DEMOGRAPHIC VARIABLES

Table 1: Comparison of Knowledge scores of Pre-test, Post-test I & Post-test II and F value of between Group I, Group II & Control Group

N=360*

Test	Group	Mean	SD	Mini. Score	Maxi. Score	F	Sig.
Pre-test Knowledge	Group I	20.2	1.7	18	24	2.26	NS
	Group II	19.84	1.51	18	23		
	Control	20.23	1.81	17	25		
	Total	20.1	1.69	17	25		
Post-test Knowledge I	Group I	39.3	2.26	34	47	2203.37	0.00**
	Group II	38.21	2.26	33	43		
	Control	21.45	1.9	17	27		
	Total	32.98	8.5	17	47		
Post-test Knowledge II	Group I	44.78	2.73	41	53	4378.27	0.00**
	Group II	48.56	2.44	45	54		
	Control	23.53	1.24	22	26		
	Total	38.96	11.25	22	54		

Significant at the 0.05 level. ** . Significant at the 0.01 level.

NS. Non Significant.

Table 1 reveals that the pre-test knowledge scores of all three groups when subjected to ANOVA, was found to be non-significant (F=2.26; p>0.105). However the post-test I and post-test II knowledge

scores were found statistically significant.

This indicates that there is significant difference in the Structured Educational Modules I and II with respect to both post-test 1 and 2 and showing Group 1 and 2 are dominating by measure of means and significantly differs (by F value).

Table 2 : Dimension wise comparison of pre-test knowledge scores and F value of Group I, Group II & Control Group considering all 6 Dimensions N=360

Dimension	Group	No of items	Mean % score	SD	Std. Error value	F	Sig.
Emotional disorders	Group I	10	34.33	9.05	0.083	16.09	0.00**
	GroupII	10	32.25	13.25	0.121		
	Total	30	35.67	12.06	0.064		
Conduct disorders	Group I	10	31.5	9.41	0.086	0.78	0.46 ^{NS}
	GroupII	10	31.25	11.42	0.104		
	Total	30	30.83	11.77	0.062		
Hyperkinetic disorders	Group I	10	33.25	9.18	0.084	1.47	0.23 ^{NS}
	GroupII	10	32.83	11.82	0.108		
	Total	30	32.39	10.39	0.055		
Development disorders	Group I	10	33.08	11.14	0.102	9.6	0.0087**
	GroupII	10	32.08	11.14	0.102		
	Total	30	34.47	11.98	0.063		
Eating disorders	Group I	10	35.58	8.77	0.08	7.67	0.004**
	GroupII	10	34.67	11.66	0.106		
	Total	30	33.67	10.34	0.054		
Habit disorders	Group I	10	34.25	10.43	0.095	2.39	0.04*
	Group II	10	35.33	10.92	0.1		
	Total	30	32.5	8.91	0.081		
Total		30	34.03	10.16	0.054		

*.The mean difference is significant at the 0.05 level.

** .The mean difference is significant at the 0.01 level. ^{NS}. Non Significant.

Table 2 reveals the results of Post HOC ANOVA test, which was carried out when

F test had shown significant results. The purpose of doing post HOC ANOVA is to do multiple comparisons of each group across dimensions.

Table 3: Dimension wise comparison of post-test I knowledge scores and F value of Group I, Group II & Control Group. N=360

Dimension	Group	No of items	Mean % score	SD	Std. Error	F Value	Sig.
Emotional disorder	Group I	10	62	14.41	0.132	123.91	.000**
	Group II	10	68.33	12.46	0.114		
	Control	10	42.75	12.36	0.113		
	Total	30	57.69	17.02	0.09		
Conduct disorders	Group I	10	64.67	11.88	0.108	247.6	.000**
	Group II	10	64.75	13.03	0.119		
	Control	10	32.5	13.86	0.126		
	Total	30	53.97	19.95	0.105		
Hyperkinetic disorders	Group I	10	63.75	12.17	0.111	242.87	.000**
	Group II	10	62.75	13.9	0.127		
	Control	10	32.83	10.78	0.098		
	Total	30	53.11	18.92	0.1		
Development disorders	Group I	10	65.08	13.6	0.124	130.31	.000**
	Group II	10	60.17	12.3	0.112		
	Control	10	39.92	12.47	0.114		
	Total	30	55.06	16.79	0.088		
Eating disorders	Group I	10	68.17	12.16	0.111	293	.000**
	Group II	10	60.83	13.94	0.127		
	Control	10	32.58	9.57	0.087		
	Total	30	53.86	19.49	0.103		
Habit disorders	Group I	10	69.33	10.67	0.097	369.73	.000**
	Group II	10	65.33	13.09	0.119		
	Control	10	33.92	9.01	0.082		
	Total	30	56.19	19.31	0.102		

** . The mean difference is significant at the 0.01 level.

The above table: 4 depicts the post-test I mean score of mental health disorders were compared between the groups to know whether they were statistically significant or not. The results showed there is statistical significance in all the domains studied.

DISCUSSION: The findings of the study are discussed under the following categories. The discussion is based on demographic variables of the subjects, objectives, hypothesis, related literature and conceptual frame work of the study and findings are discussed by comparing the findings of studies already undertaken in this area.

CONCLUSION: Children form a vital and vulnerable segment of the population. The health of the school child is the responsibility of parents, teachers, health administrators and the community. The teacher plays a significant role in the promotion of the health of the children under his/her care. Teachers spend most of the school hours with children and are familiar with them. They can detect at the earliest the signs and symptoms of common mental health problems in the classroom setting. The teacher who is a member of the school health team has a greater role to play in the effective



implementation of the programme. Hence the teacher should equip herself/ himself with necessary knowledge of common mental health problems of school children. With this back ground a study was undertaken to assess the effectiveness of Structured Educational Modules for Primary School Teachers on the Knowledge and Skills in identification of Common Mental Health Problems in Selected Schools of Jaipur District.

REFERENCES

01. World Health Organization. Promoting Mental Health: Concepts, Emerging evidence, Practice: A report of the World Health Organization. Geneva: Department of Mental Health and Substance Abuse in collaboration with the Victorian Health Promotion Foundation and the University of Melbourne, World Health Organization ; 2005.
02. Krishnamurthy P, Samuel M. School Health, Preparation Teacher for Health Education. *HYGIE* 1987;6:19-23.
03. Vijendra M H, Ahmed F, Hiremath S et.al. Syllabus for Primary Teach Education 1991. Bangalore, Directorate of Text books .
04. WHO. Self-Learning materials and modules for health workers : A Guide for their development, utilization and Evaluation. New Delhi: SEARO WHO Technical Publication; 2010. Report No.: 6.
05. WBVHA. Education for health in schools and teachers training colleges: How children can benefit and contribute. Calcutta, West Bengal : Voluntary Health Association.; 2012.