"Assess the effectiveness of customized awareness package on knowledge regarding mental health and problems among parents of school going children visiting selected clinics at Indore"

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Abstract

The present study has been undertaken to assess the effectiveness of customized awareness package on knowledge regarding mental health and problems among parents of school going children visiting selected clinics at Indore. The research design adopted for the study was quasi-experimental without control group in nature. The tool for the study was self-structured knowledge questionnaire which consists of two parts-PART- I consisted questions related to Socio-demographic data, PART-II consisted of self -structured knowledge questionnaire to assess the knowledge score mental health and problems among parents of school going children. The data was analyzed by using descriptive and inferential statistical methods. The most significant finding was that 13.3% of parents of school going children were having good knowledge regarding mental health and problems whereas 86.7 had excellent knowledge after post-test. It was suggested that the nurses must educate parents of school; going children regarding mental health and problems.

Keyword- Assess, Effectiveness, customized awareness package, knowledge, mental health and problems.

1. INTRODUCTION

In many cases, mental health is like physical health: everyone has it and we need to take care of it. Good mental health facilities are generally able to think, feel and react the way you need and want to live your life. But if you go through periods of poor mental health you may find your way often think, feel or react becomes difficult, or even impossible, to overcome. It can be felt just as bad as physical illness, or even worse. Mental health problems affect approximately one in four people in any given year. Ranging from common problems, such as depression and anxiety, problems are rarely as schizophrenia and bipolar disorder.

Mental health problems often disturbing, confusing and daunting, especially in the beginning. If you become unwell, you may feel that it is a sign of weakness, or that you 'lose your mind'. This fear is often reinforced by the negative (and often unrealistic) the way people experience mental health problems shown on TV, film and the media. This may stop you from talking about your problems, or seek help. This, in turn, tends to increase distress and a sense of isolation. However, in reality, mental health problems are ordinary human experience. Most people know someone who has experienced mental health problems. They can occur in all types of people from all walks of life. And the possibility that, when you find a combination of self-care, treatment and support that works for you, you will get better.

2. NEED FOR STUDY

Mental illness is not a personal failure. In fact, if there is a failure, it is to be found in the way we have responded to people with mental and brain disorders. A report by the World Health Organization (WHO) revealed that 7.5 per cent of the Indian population suffers from some form of mental disorder. Mental illnesses constitute one-sixth of all health-related disorders and India accounted for nearly 15% of the global mental, neurological and substance abuse disorder burden. The treatment gap, which is defined as the prevalence of mental illnesses and the proportion of patients that get treatment, is

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over 70 per cent. WHO also predicts that by 2020? About 14% of the global mental health burden is contributed by India. However, there exists a disparity in mental health patterns, utilization, and prioritization among various Indian states. The state of Madhya Pradesh is a low performer among Indian states, ranking lower than the national average on the Human Development Index, Hunger Index, and Gross Domestic Product (GDP). The state also performs poorly on other health-related indicators. Mental health and problems are still significantly under-reported. This is true in all countries, but especially in the lower income in which data is scarce, and there is less of a concern and care for mental health disorders.

3. **OBJECTIVES OF THE STUDY**

1. To assess the pre-test and post-test Knowledge score regarding mental health and problems among parents of school going children visiting selected clinics at Indore.
2. To assess the effectiveness of   customized awareness package on knowledge regarding mental health and problems among parents of school going children.
3. To find out the association between the post-test knowledge score regarding mental health and problems among parents of school going children with their selected demographic variables.

4. **HYPOTHESES:**

RH$_{01}$: There will be no significant difference between pre test and post-test knowledge score on mental health and problems among parents of school going children.

RH$_{02}$: There will be no significant association between the post-test knowledge score on mental health and problems among parents of school going children with their selected demographic variables.

RH$_{1}$: There will be significant difference between pre test and post-test knowledge score on mental health and problems among parents of school going children.

RH$_{2}$: There will be significant association between the post-test knowledge score on mental health and problems among parents of school going children with their selected demographic variables.

5. **ASSUMPTION**

1. Parents of school going children may have deficit knowledge on mental health and problems.
2. Customized awareness package will improve knowledge of parents of school going children regarding mental health And problems.
2. Customized awareness package will reduce the anxiety of parents.

6. **METHODOLOGY:**

A quantitative evaluative approach was used and quasi-experimental without control group research design was used for the study. The samples consisted of 60 parents of school going children selected by Non probability purposive sampling technique. The setting for the study was Dr. Rathi Mind Clinic, Indore. Data was collected with the help of demographic variables and administering a self structured knowledge questionnaire by the investigator before and after customized awareness package. Post-test was conducted during the second visit after pre test. Data were analysis using descriptive & inferential statistics.

7. **ANALYSIS AND INTERPRETATION**

SECTION-I Table -1 Frequency and percentage distribution of samples according to their demographic variables. n = 60

S. No	Demographic Variables	Frequency	Percentage
1	**Age in Years**		
a.	18-24	12	20.0
b.	25-31	25	41.7
c.	32-38	11	18.3
d.	39-45	12	20.0
2	**Parent**		
a.	Father	14	23.3
b	Mother	46	76.7
3.	**Religion**		
a.	Hindu	25	41.7
b.	Muslim	23	38.3
c.	Christian	4	6.7
d.	Any other	8	13.3
4	**Educational status**		
a.	Primary	2	3.3
b.	Secondary	23	38.3
c.	Higher secondary	24	40.0
d.	Graduate	6	10.0
e.	No Formal education	5	8.3
5	**Occupation**		
a.	Professional	15	25.0
b.	House wife	24	40.0
c.	Labour	13	21.7
d.	Businessman	2	3.3
e.	Other	6	10.0
6	**Sources of information regarding Mental Health and problems**		
a.	News paper	6	10.0
b	T.V.	26	43.3
c	Internet	0	0.0
d.	Any other	25	41.7
e.	No	3	5.0

SECTION-II- Table- 2.1.1- Frequency and percentage distribution of Pre-test scores of studied subjects:

Category and test Score	Frequency (N=60)	Frequency Percentage (%)
POOR(01-06)	49	81.7
AVERAGE (7-12)	11	18.3
GOOD (13-18)	0	0.0

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EXCELLENT (19-24)	0	0.0
TOTAL	60	100.0

The present table 2.1.1 concerned with the existing knowledge regarding mental health and problems among parents of school going children was shown by pre-test score and it is observed that most of the parents of school going children 49 (81.7%) were poor (01-06) knowledge and some parents of school going children have 11 (18.3%) average category (7-12).
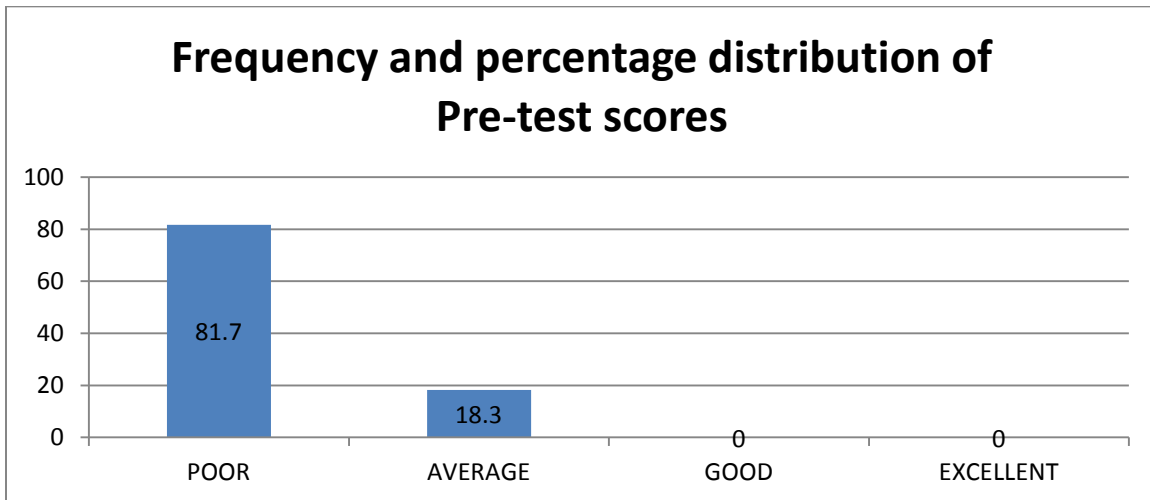

Frequency and percentage distribution of Pre-test scores

FIG.-2.1.1- **Frequency and percentage distribution of Pre-test scores of studied subjects**

Table-2.1.2. - **Mean ($\overline{X}$) and standard Deviation (s) of knowledge scores:**

Knowledge Pre –test	Mean ($\overline{X}$)	Std Dev (S)
Pre-test score	1.18	0.39

The information regarding mean, percentage of mean and standard deviation of test scores in shown in table 2.1.2 knowledge in mean pre-test score was 1.18±0.39 while in knowledge regarding mental health and problems among parents of school going children in Dr. Rathi Mind Clinic, Indore.

Hence, it is confirmed from the tables of section-II that there is a significant difference in mean of test scores which partially fulfill the first second objective of the present study.
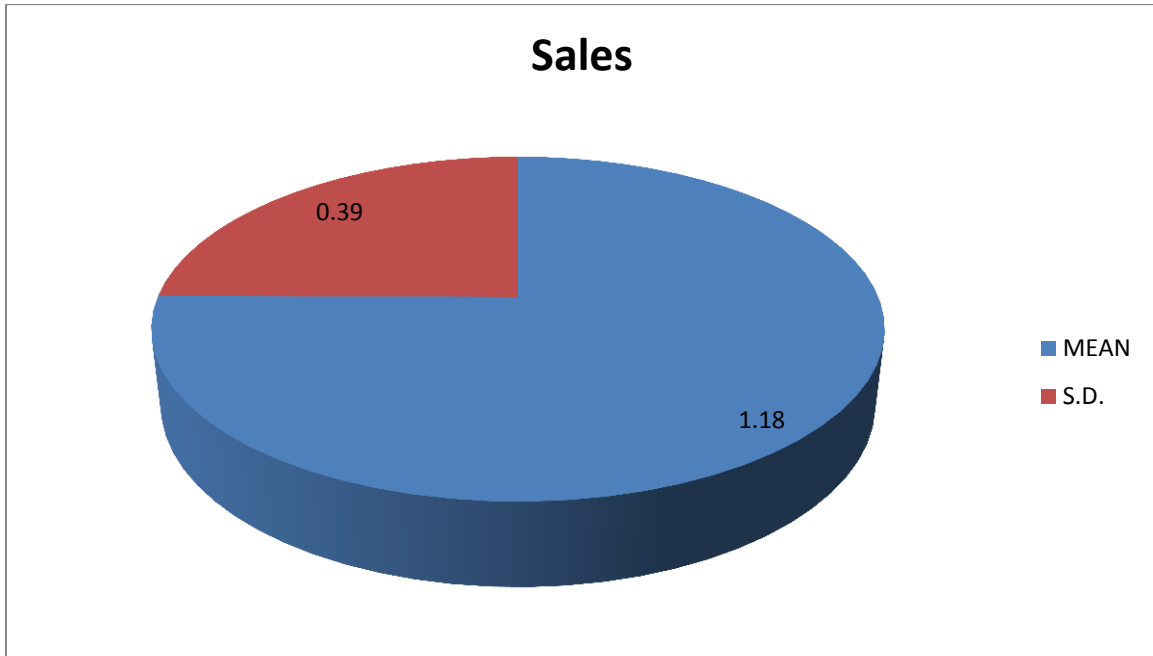
FIG.-2.1.1. - **Mean ($\overline{X}$) and standard Deviation (s) of knowledge scores**

Table-2.2.1- Frequency and percentage distribution of Post test scores of studied subjects:

Category and post-test Score	Frequency (N=60)	Frequency Percentage (%)
POOR(01-06)	0	0.0
AVERAGE (7-12)	0	0.0
GOOD (13-18)	8	13.3
EXCELLENT (19-24)	52	86.7
TOTAL	60	100.0

The present table 2.2.1 concerned with the existing knowledge regarding mental health and problems among parents of school going children was shown by post test score and it is observed that most of the parents of school going children 52 (86.7%) were **EXCELLENT** (19-24) knowledge and other parents of school going children have 8 (13.3%) category which are **GOOD** (13-18) post test knowledge score in the present study.
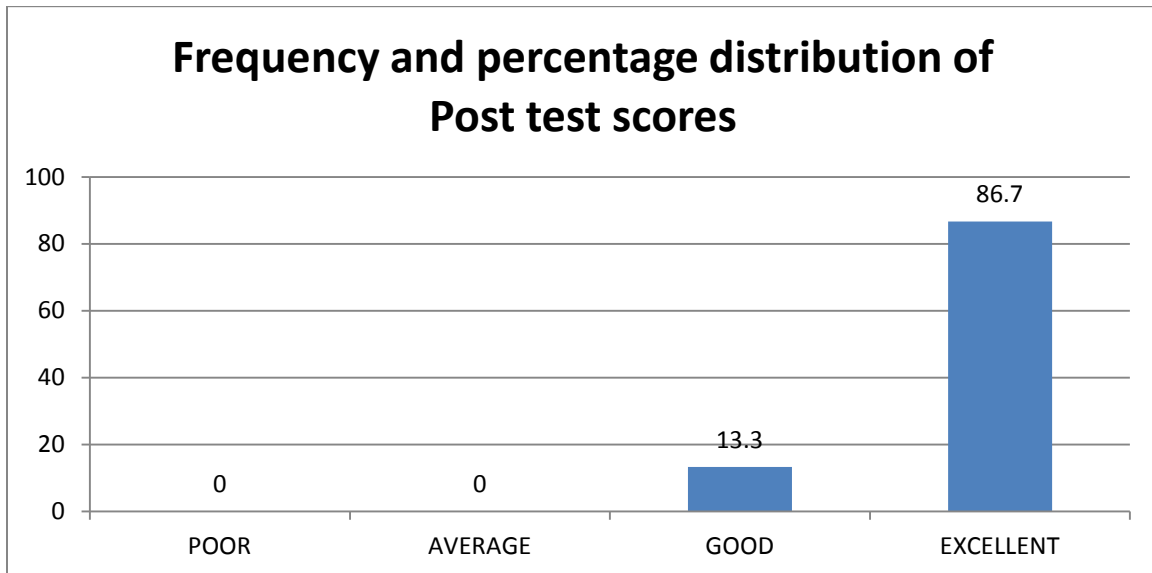
FIG.-2.2.1- Frequency and percentage distribution of Post test scores of studied subjects

Table-2.2.2. - Mean ($\overline{X}$) and standard Deviation (s) of knowledge scores:

Knowledge Test	Mean ($\overline{X}$)	Std Dev (S)
Post-test score	3.86	0.34

The information regarding mean, percentage of mean and standard deviation of post test scores in shown in table 2.2.2 knowledge in mean post test score was 2.77±0.42 while in knowledge regarding mental health and problems among parents of school going children in Dr. Rathi Mind Clinic, Indore.

Hence, it is confirmed from the tables of section-II that there is a significant difference in mean of test scores which partially fulfill the first second objective of the present study.
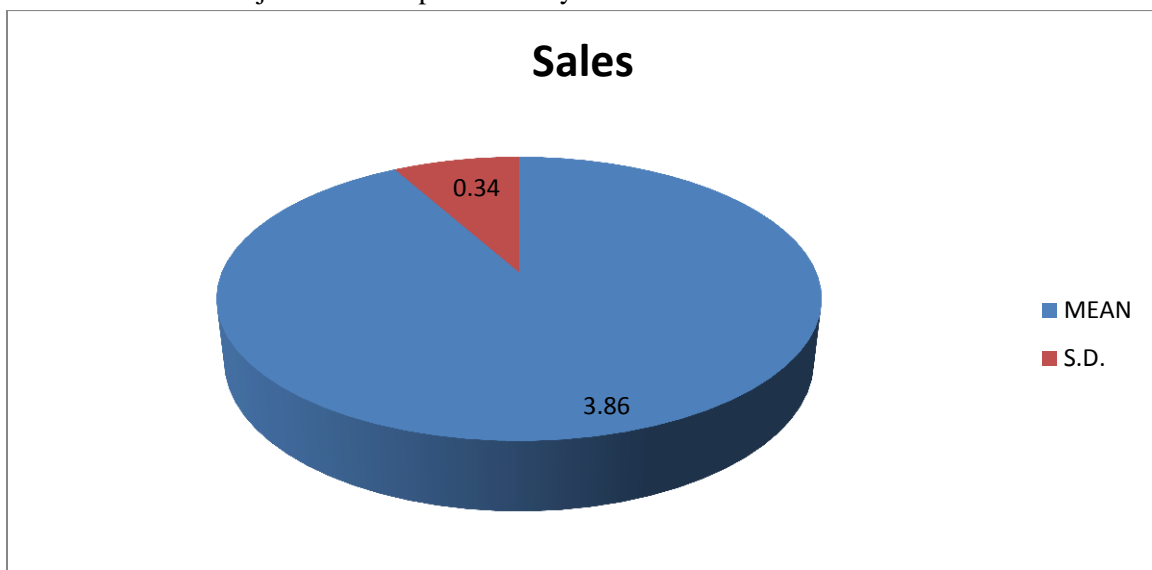
FIG.-2.2.2. - Mean ($\overline{X}$) and standard Deviation (s) of knowledge scores:

TABLE 2.2.3: Effectiveness of customized awareness packageby calculating Mean, SD, Mean Difference and 't' Value of Pre-test and Post-test knowledge.

Knowledge Score of Parents of school going children	Mean ($\overline{X}$)	S. D. (s)	Std. Error of Mean	D. F.	t-value	Significance
Pre-test	1.18	0.39	0.06	59	-41.24	P<0.0001[*]
Post-test	3.86	0.34				

When the mean and SD of pre-test and post-test were compared and 't' test was applied. It can be clearly seen that the 't' value was -41.24 and p value was 0.0001 which clearly show that customized awareness package was very effective in increasing the knowledge of parents of school going children.

SECTION-III Association of knowledge scores between test and selected demographic variables:

Table- 3.1 Association of age with pre-test scores:

Age	Test scores				Total
(in years)	POOR (1-6)	AVERAGE (7-12)	GOOD (13-18)	EXCELLENT (19-24)	
18-24	10	2	0	0	12
25-31	20	5	0	0	25
32-38	7	4	0	0	11
39-45	12	0	0	0	12
Total	49	11	0	0	60
	X=4.48		p>0.05(Insignificant)		

The association of age test scores is shown in present table 3.1. The probability value for Chi-Square test is 5.15 for 3 degrees of freedom which indicated a insignificant valve (p>0.05).Hence, it is identified that there is a insignificant association between age and test scores. Moreover, it is reflected that age isn't influenced with the present problem.

Table- 3.2 Association of parents with pre-test scores:

Parents	Test scores				Total
	POOR (1-6)	AVERAGE (7-12)	GOOD (13-18)	EXCELLENT (19-24)	
Father	12	2	0	0	14
Mother	37	9	0	0	46
Total	49	11	0	0	60

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X= 0.20	p>0.05(Insignificant)

The association of religion and test scores is shown in present table 3.2. The probability value for Chi-Square test is 0.20 for 1 degrees of freedom which indicated a insignificant value (p>0.05).Hence, it is identified that there is a significant association between parents and test scores.

Table-3.3. Association of religion with pre-test scores:

Religion	Test scores				Total
	POOR (1-6)	AVERAGE (7-12)	GOOD (13-18)	EXCELLENT (19-24)	
Hindu	10	2	0	0	**12**
Muslim	20	5	0	0	**25**
Christian	7	4	0	0	**11**
Any other	12	0	0	0	**12**
Total	**49**	**11**	**0**	**0**	**60**
	X=8.50		p>0.05(Insignificant)		

The association of religion test scores is shown in present table 3.3. The probability value for Chi-Square test is 8.50 for 3 degrees of freedom which indicated a insignificant valve (p>0.05).Hence, it is identified that there is a insignificant association between religion and test scores. Moreover, it is reflected that religion isn't influenced with the present problem.

Table- 3.4 Association of Educational status with pre-test scores:

Educational status	Test scores				Total
	POOR (1-6)	AVERAGE (7-12)	GOOD (13-18)	EXCELLENT (19-24)	
Primary	2	2	0	0	**12**
Secondary	18	5	5	0	**25**
Higher secondary	20	4	4	0	**11**
Graduate	4	0	2	0	**12**
No formal	5	0	0	0	**0**
Total	**49**	**11**	**0**	**0**	**60**
	X=2.69		p>0.05(Insignificant)		

The association of educational status & test scores is shown in present table 3.4. The probability value for Chi-Square test is 2.69 for 4 degrees of freedom which indicated educational status and test scores. Moreover, it is reflected that educational status isn't influenced with the present problem.

Table- 3.5 Association of Occupation of parents with pre-test scores:

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Occupation		Test scores				Total
	POOR (1-6)	**AVERAGE (7-12)**	**GOOD (13-18)**	**EXCELLENT (19-24)**		
Professional	12	3	0	0		**15**
House wife	19	5	0	0		**24**
Labour	11	2	0	0		**13**
Bussinessman	2	0	0	0		**2**
Others	5	1	0	0		**0**
Total	**49**	**11**	**0**	**0**		**60**
	X= 0.66		p>0.05(Insignificant)			

The association of occupation & test scores is shown in present table 3.5. The probability value for Chi-Square test is 0.66 for 4 degrees of freedom which indicated occupation and test scores. Moreover, it is reflected that occupation of parents isn't influenced with the present problem.

Table- 3.6 Association of sources of knowledge of parents with pre-test scores:

Sources of Knowledge		Test scores				Total
	POOR (1-6)	**AVERAGE (7-12)**	**GOOD (13-18)**	**EXCELLENT (19-24)**		
Newspaper	6	0	0	0		**6**
TV	21	5	0	0		**26**
Others	19	6	0	0		**25**
No	3	0	0	0		**3**
Total	**49**	**11**	**0**	**0**		**60**
	X= 2.57		p>0.05(Insignificant)			

The association of sources of knowledge & test scores is shown in present table 3.6. The probability value for Chi-Square test is 2.57 for 3 degrees of freedom which indicated sources of knowledge and test scores. Moreover, it is reflected that sources of knowledge of parents isn't influenced with the present problem.

8. RESULTS

The result of this study indicates that there was a significant increase in the post-test knowledge scores compared to pre-test scores of mental health and problems. The mean percentage knowledge score was observed 1.18 ± 0.39 in the pre-test and after implementation of customized awareness package post-test mean percentage was observed with 3.86 ± 0.34.

9. LIMITATIONS-

- The study was limited to selected clinics of Indore.
- The study was limited to 60 samples.

10. CONCLUSION

Thus after the analysis and interpretation of data we can conclude that the hypothesis RH1 that, there will be significance difference between the pre-test knowledge score with post-test knowledge score at the (P<0.05) is being accepted.

Furthermore, customized awareness package regarding mental health and problems among parents of school going children may consider as an effective tool when there is a need in lacking, bridging and modifying the knowledge.

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