



## KNOWLEDGE, ATTITUDE AND PRACTICE ON MENTAL HEALTH AMONG SCHOOL CHILDREN OF A DISTRICT LOCATED IN WESTERN INDIA

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### ABSTRACT

**Background:** Enhanced understanding of mental health and mental disorders, improved knowledge of how to obtain assistance and care and decreased stigma towards mental illness at individual or community level right from the childhood and institutional levels including schools can facilitate early recognition of mental disorders, improve mental health outcomes, and increase the use of health services. The study was carried out to assess the Knowledge, Attitude and Practice regarding mental health among School Children of a district located in Western India.

**Methods:** A cross sectional study was conducted in rural and tribal population among school children residing in a block of a district of Western India during the year of 2015. 12 villages were randomly selected and five school children studying in the village school from eighth standard onwards were studied, in all 60 school going children were interviewed through a semi-structured questionnaire which was pilot tested. Informed verbal consent was obtained and confidentiality was maintained. The data was entered in STATA software and statistical tests applied were Chi-squared “t” test and ANOVA apart from descriptive statistics.

**Results:** The 50th percentile knowledge and attitude-practice among school children were 55.77% and 63.64% respectively. The mean score of correct overall knowledge regarding various aspects of mental health and illness was 56.26. There was no gender difference in the scores. Nearly half of them believed that temple, faith healing/quack (Bhuva, Bhagat) were options for treatment. Majority (96%) of them were aware of medicines as options for treatment.

**Conclusions/Recommendations:** A tailored made intervention developed in collaboration with psychiatrist and public health expert on mental health for school children to bridge the gaps in KAP as indentified by the study can be useful. If pilot testing of this program shows improvement then it should be included in the curriculum.

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### INTRODUCTION

People with serious mental health problems die prematurely because of preventable physical conditions, as early as two decades.<sup>1</sup> Around 14% of the global disease burden is caused by mental disorders and one of the ten leading causes of disability in Asia is mental illness.<sup>2</sup> It is estimated that one in every four families has a member suffering from a mental health disorder.<sup>3</sup> The potential lack of equal involvement in family life, normal social networks and sustainable jobs, as well as decreased chances of rehabilitation, may be impeded by their ability to access care and may influence the form of treatment and quality of help obtained.<sup>4</sup> Evidence suggests that enhanced understanding of mental health and mental disorders, improved knowledge of how to obtain assistance and care and decreased stigma towards mental illness at individual or community level right from the childhood and institutional

levels including schools can facilitate early recognition of mental disorders, improve mental health outcomes, and increase the use of health services.<sup>5</sup>

In the Indian community scenario, we see lot of stigmatizations which is responsible for huge healthcare burden as it takes a lot of time, expensive investigations in all the cases due to the general practitioners insensitivity to depression and stigmatization and hence lot of significant healthcare time is wasted. And by the time the patient reaches the consultant, he is either in a severe state of illness or reached a poor prognosis of the illness. Therefore, the community including children need to be sensitized to this issue to improve outcomes of mental health of sufferers and decrease morbidity arising due to these illnesses. The current study was carried out to assess the knowledge, attitude and

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practice (KAP) regarding mental health among school children of a district located in Western India.

### MATERIALS AND METHODS

A cross sectional study was conducted in rural and tribal population among school children residing in a block of a district of Western India during the year of 2015. This block of the district covered approximately 120 villages and comprised of 3000 households (HHs). *Sampling Framework/Technique:* Based on feasibility sampling at stage one; One sub-center from each of the six Primary Health Centers (PHC) of the block of the district was selected for study by simple random sampling method. A sub-center wise list of villages of the six sub-centers thus selected was obtained. At stage two; two villages from each of the selected sub-centers were obtained by simple random sampling method. Therefore, in this way a total of 12 villages were selected. Five school children studying in the village school from eighth standard onwards were then selected randomly from each selected village. A total of 60 school going children were decided to be studied. If there were only girls or boys schools, both were covered. If at all there were no schools or schools were closed on the day of data collection, school from the nearby village was selected or school children from the community were selected for the interview. *Data Collection:* A one day training session for research Assistants, Post Graduate Students was conducted for carrying out data collection. The school children were interviewed through a semi-structured questionnaire which was pilot tested. Informed verbal consent and confidentiality was maintained. The data was entered in STATA software and analyzed by a statistician in the department. The statistical tests applied were Chi-squared “ $\chi^2$ ” test and ANOVA apart from descriptive statistics.

### RESULTS

**Table 1** Demographic profile of the School Children studied

Variable	Frequency	Percent	
<b>Gender</b>	Male	29	49.2
	Female	30	50.8
<b>Religion</b>	Hindu	57	96.6
	Muslim	2	3.4
<b>Standard</b>	8 <sup>th</sup>	1	1.7
	9 <sup>th</sup>	15	25.4
	10 <sup>th</sup>	20	33.9
	11 <sup>th</sup>	9	15.3
	12 <sup>th</sup>	14	23.7
<b>Total</b>	<b>59</b>	<b>100.0</b>	

A total of 59 school children could finally be interviewed from the 8<sup>th</sup> to 12<sup>th</sup> standards as shown in Table 1. Almost equal number of male and female students (49.2% and 50.8% respectively) was included in the study. The minimum age was 13 years, while maximum age of the students included in the study was 19 years. Almost all of them (96.6%, Except 2) were Hindus. Maximum students were interviewed from the 10<sup>th</sup> Standard (33.9%), while one of them was from the 8<sup>th</sup> Standard.

**Table 2** Percentile distribution related to Knowledge, Attitude and Practice of the School Children

Percentiles	Knowledge Percentage (N=52)*	Attitude & Practice Percentage
25	44.23	45.45
50	55.77	63.64
75	65.38	90.91

\* Items in the knowledge questionnaire

The 50<sup>th</sup> percentile, knowledge and attitude-practice among community members was 55.77% and 63.64% respectively, Table 2. The number of items included in the knowledge questionnaire was 52.

**Table 3** Knowledge of the School Children regarding Mental Health and Illnesses

Knowledge Items	Mean score (correct knowledge)	Std. Deviation
General Mental Diseases (N=6)	2.52	1.602
Factor Affecting Mental Diseases (N=10)	5.78	1.649
Insights(N=8)	4.89	1.188
Sign and symptoms(N=23)	12.48	5.323
Treatment(N=5)	3.37	1.214
Overall Knowledge(N=52)	29.26	7.522

The mean score of correct overall knowledge of the school children regarding various aspects of mental health and illness was 29.26/52 (56.26%). It is also noted that the score is half or less than half for each of the knowledge items, slightly higher for treatment as shown in Table 3.

**Table 4** Standard- wise and Gender-wise distribution of Knowledge, Attitude and Practice regarding mental health among the School Children

Variable	Standard	Frequency (No of participants)	Mean %	Std. Deviation	p value	
Knowledge Percentage (N=52)	Standard	8	1	11.54	.	One way ANOVA F=2.916, p=0.029
		9	15	50.13	14.25	
		10	20	52.40	15.31	
		11	9	58.55	15.42	
		12	14	59.06	14.98	
		Gender	Male	29	57.23	
Female	30		50.19	17.37		
Attitude and Practice Percentage	Standard	8	1	36.36	.	One way ANOVA F=1.446, p=0.225
		9	15	65.45	41.83	
		10	20	69.54	37.34	
		11	9	70.70	18.06	
		12	14	96.10	53.33	
		Gender	Male	29	78.06	
Female	30		70.91	39.83		

Mean knowledge was maximum among the 12<sup>th</sup> standard students (59.06%) followed by 11<sup>th</sup> standard students (58.55%). The mean attitude-practice was also maximum among the 12<sup>th</sup> standard students (96.1%) followed by the 11<sup>th</sup> standard students (70.7%). Least knowledge was seen in the 8<sup>th</sup> standard student (11.54%). The Analysis of variance shows that there is a significant difference ( $P=0.029$ ) in the mean knowledge among the different classes from which the students were included in the study though there was no significant difference seen in attitude and practice. None of the two domains, viz knowledge or attitude and practice were different significantly in both the genders. ( $p=0.090$  and  $p=0.514$  respectively), Table 4.

*Nomenclature of general mental diseases* as mentioned by the school children included; anxiety (49.2%), depression and psychosis (47.5%), substance abuse (Alcohol/ Tobacco/ Ganja) (32.2%), dementia (25.4%) and sleep disorders (23.7%). Traumatic events or shock (69.5%), drugs or alcohol (66.1%), black magic or witch-craft and God’s punishment (62.7%), brain disease and possession by evil spirit (57.6%), poverty (55.9%), genetic or familial causes (50.8%) were the causes responsible for the mental health problem according to respondents. *Signs and Symptoms;* anxiety, suicidal thoughts, sadness, aggression, irritability, self-muttering, aloofness,

violence, having doubts were mentioned by two-third of them. Aloofness, not taking self-care, tobacco, hallucinations, sleep problems, alcohol, excessive joy were known to nearly half of them. Development delays / speech problem, headache & body ache, weakness and disturbances in sexual activity were mentioned by nearly one third of them.

Nearly half of them also believed that temple, faith healing/quack (Bhuvu, Bhagat) were options for treatment. Majority (96%) of them was aware of medicines as options for treatment and nearly 38% mentioned conversations and electric shock as options too. Participants opined that mental health problems are treatable(93.2%), old age people can have mental health problems (86.4%), mental health problems are worthy of serious concern and attention(81.4%). Two third of them knew that people of all ages can have mental health problem and children can have mental health problems, people with mental illness can work in a regular job(37.3%), all mentally ill patients are a nuisance to the public (25.4%) and mentally ill patient can be treated outside the hospital(28.8%).

## DISCUSSION

The 50<sup>th</sup> percentile, knowledge and attitude-practice among school children were 55.77% and 63.64% respectively. The mean score of correct overall knowledge regarding various aspects of mental health and illness was 56.26%. Significant difference ( $P=0.029$ ) was seen in the mean knowledge among the different classes from which the students were included in the study though there was no significant difference seen in attitude and practice. There was no gender-wise difference in the KAP.

Present study found correct knowledge about recognition of mental problems like anxiety (49.2%), depression & psychosis (47.5% each), substance abuse (32.2%), sleep disorders and dementia. Similarly Ogorchukwu JM *et al* found that less than a third of the adolescents clearly identified depression (29.04%) and identification of schizophrenia was very low at 1.31%.<sup>6</sup>

In the current study it was found that 57.6% of school children believed that mental illness are caused by possession of spirits and 49.2% reported sleep disturbances as sign-symptoms of mental illness. Similar findings are reported by A Lakshmi *et al*, among college girls who mentioned that mental illness was caused by spirits (35.6%) and loss of sleep is a major sign of depression (31.3%).<sup>7</sup>

In a study conducted by Vadageri RS, among school going adolescent of Kaburangi city found that 52% of school going respondents had heard about mental illness and 54% explained about the characteristic related to abnormal behavior like, "always sitting alone, throwing stones on others, simply shouting". 21% respondents believed sudden events and sudden death of someone who is very close to them is cause of mental illness. Regarding the place of availing treatment, 37% respondents were in favor of hospital, mental hospital, 8% said shock treatment, 3% said that the person should be given Ayurvedic treatment, 35% said that the person should be taken to the religious places for the treatment. 12% of them were in favor of black magic.<sup>8</sup> Present study also reported comparatively higher knowledge for certain aspects like 69.5% of students said traumatic event or shock cause mental illness, 96% of said hospitals are appropriate place for availing treatment and 32.2% believed that alcohol can cause mental illness.

Based on a study conducted by Mustafa MNM *et al.*, among secondary school students in Skudai found mental illness can be in the form of depression (26.27%), anxiety (18.82%), schizophrenia (14.51%) and delusion (14.12%). 36.61 percent of the students mentioned that being in stress as the most possible symptoms of mental illness followed by fear or phobia(25%) and anxiety (21.43%). 33.94 percent of the respondents believed that psychosocial treatment is the best possible treatment available for mental patients followed by medication treatment (19.71%), peer support group (18.25%), community services (12.41%) while only 4.74 percent opted for traditional treatment.<sup>9</sup> Present study also reported similar responses but in higher proportion.

In a study conducted by Puspitasari IM *et al.*, among students in Indonesian University found individuals with mental disorders can work (64.88%), anyone can suffer from a mental illness (92.03%), people with mental disorders can make friends (51.29%), they are commonly dangerous (59.48%), and they are insane (88.99%), these findings are similar to the present study.<sup>10</sup> A study conducted Jyothi NU *et al.*, among students found that 96% believed that psychological disorders have no cure and 86% of the respondents felt their behavior to be dangerous.<sup>11</sup> A study conducted by Wahl O *et al.* among middle school students found 35% believed mental illness is caused by biological and 37% believed that medicine is useful in treating mental illness.<sup>12</sup> In contrary to this study, present study found that 93.2% participants felt mental health problems are treatable.

## Recommendations

A tailored made intervention should be developed in collaboration with psychiatrist and public health expert on mental health for school children to bridge the gaps in KAP as indentified by the study. The program should have strong component of reviewing the social causes of disease, myths, health seeking behavior that delays disease diagnosis and treatment. The correct referral pathway for diagnosis and treatment of mental illnesses should be informed. If pilot testing of this program shows improvement then it should be included in the curriculum.

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