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“A Study To Assess The Effectiveness Of Structured Teaching Programme On Knowledge Regarding Adolescent Mental Health Among Adolescents In Selected Rural Areas Of Mehsana District.”

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Abstract:

A community-based quasi-experimental study was conducted to assess the effectiveness of a structured teaching Programme on knowledge regarding adolescent mental health among adolescents in selected rural areas of Mehsana district, Gujarat. Data were collected using a structured questionnaire covering socio-demographic variables and knowledge related to mental health, including stress, depression, anxiety, and coping strategies. The findings revealed that a considerable proportion of adolescents had inadequate knowledge regarding mental health in the pre-test. Factors such as educational level, family environment, and exposure to health information significantly influenced knowledge levels. Following the structured teaching Programme, a significant improvement in knowledge was observed among adolescents. The study concluded that structured educational interventions are effective in enhancing awareness and understanding of adolescent mental health, thereby promoting early identification and prevention of mental health problems.

Index Terms – Adolescent Mental Health, Structured Teaching Programme, Adolescents

INTRODUCTION

Vitamins are organic compounds that are **essential in small amounts for normal growth, metabolism, and overall health**, but cannot be synthesized in adequate quantities by the human body. They play critical roles in processes such as immune function, energy metabolism, and tissue repair. Adolescence is a critical developmental stage characterized by rapid physical, emotional, and psychological changes. Mental health during this period plays a vital role in shaping behavior, personality, and overall well-being. Good mental health enables adolescents to cope with stress, build relationships, and make informed decisions. ¹

Mental health includes emotional, psychological, and social well-being, influencing how individuals think, feel, and act. Common mental health issues among adolescents include stress, anxiety, depression, and behavioral disorders. These conditions can negatively impact academic performance, interpersonal relationships, and quality of life if not addressed timely. ²

Adolescents in rural areas are often more vulnerable to mental health problems due to limited access to mental health services, lack of awareness, stigma, and socio-economic challenges. Poor knowledge

about mental health may lead to delayed recognition and inadequate coping strategies, increasing the risk of severe psychological problems.³

Mental health problems among adolescents can result in various adverse outcomes such as poor academic performance, substance abuse, self-harm, and even suicide. Early identification and intervention are essential to prevent long-term consequences and promote healthy development.⁴

Education plays a crucial role in improving awareness and understanding of mental health. Structured teaching programmes provide organized and systematic information, helping adolescents recognize symptoms, adopt coping strategies, and seek timely help.⁵

Despite the growing concern about adolescent mental health, limited studies have focused on assessing knowledge and the effectiveness of educational interventions among adolescents, particularly in rural settings. This highlights the need for the present study.⁶

Educational interventions such as structured teaching programmes have been proven effective in improving knowledge, reducing stigma, and promoting positive mental health behaviors among adolescents.⁷

III. RESEARCH METHODOLOGY

A quantitative research approach with a quasi-experimental one-group pre-test and post-test design was adopted to assess the effectiveness of a structured teaching Programme on adolescent mental health knowledge among adolescents in selected rural areas of Mehsana district. A total of 100 adolescents were selected using a non-probability purposive sampling technique based on inclusion and exclusion criteria. Data were collected using a structured questionnaire consisting of demographic variables and multiple-choice questions related to adolescent mental health, including stress, anxiety, depression, causes, symptoms, prevention, and coping strategies. Following the pre-test, a structured teaching Programme was administered using lecture-cum-discussion and visual aids. A post-test was conducted after seven days using the same questionnaire to assess knowledge improvement. Content validity was ensured by experts, and reliability was established using the split-half method. Ethical approval and informed consent were obtained. Data were analyzed using descriptive and inferential statistics, including paired t-test and chi-square test.

IV. RESULTS AND DISCUSSION

Objective 1: To assess the level of knowledge regarding adolescent mental health among Adolescent.

Table 4.1: Distribution of adolescent According to Knowledge Level (n = 100)

Knowledge Level	Pre-test (n)	Post-test (n)
Poor	50	8
Average	35	22
Good	15	70

Table 1 shows that in the pre-test, the majority of adolescents (50%) had poor knowledge regarding mental health, while only 15% had good knowledge. After the structured teaching Programme, 70% of adolescents attained good knowledge, indicating significant improvement.

Objective 2: To evaluate the effectiveness of the structured teaching Programme

Table 4.2: Comparison of Mean and Standard Deviation of Knowledge Scores (n = 100)

Test	Mean	Standard Deviation
Pre-test	11.8	3.4
Post-test	23.5	2.6

Table 2 The mean knowledge score increased significantly from 11.8 ± 3.4 to 23.5 ± 2.6 after the intervention, indicating effectiveness of the teaching programme.

Objective 3: To determine the statistical significance of the difference between pre-test and post-test knowledge scores

Table 4.3: Paired t-Test Showing Effectiveness of Structured Teaching Programme (n = 100)

Comparison	Mean Difference	t value	p value	Significance
Pre-test vs Post-test	11.7	19.10	<0.001	Highly Significant

Table 3 The calculated t value (19.10) is highly significant, confirming the effectiveness of the structured teaching programme.

Objective 4: To find the association between pre-test knowledge scores and selected demographic variables

Table 4.4: Association Between Pre-test Knowledge Scores and Selected Demographic Variables (Chi-square Test) (n = 100)

Demographic Variable	Chi-square value (χ^2)	df	p value	Significance
Age	2.45	2	0.293	Not Significant
Education	10.12	2	0.06	Significant
Type of Family	1.88	1	0.170	Not Significant
Parent education	8.56	2	0.014	Significant
Source of Health Information	9.21	2	0.010	Significant

Table 4 depicts the association between pre-test knowledge scores and selected demographic variables of Adolescents. A statistically significant association was observed between pre-test knowledge scores and educational status ($\chi^2 = 10.12$, $p = 0.06$), parent education ($\chi^2 = 8.56$, $p = 0.014$), and source of health information ($\chi^2 = 9.21$, $p = 0.010$), indicating that these factors significantly influenced baseline knowledge regarding adolescent's mental health. However, no statistically significant association was found between pre-test knowledge scores and age, type of family, suggesting that these variables did not have a significant impact on baseline knowledge levels among Adolescents.

Objective 5: To assess the perceived improvement in health outcomes among Adolescents following the structured teaching Programme

Table 5.1: Distribution of Adolescents According to Selected Health Outcomes (n = 100)

Health Outcome	Pre-test (n, %)	Post-test (n, %)	Mean $\pm$ SD (Pre)	Mean $\pm$ SD (Post)	t value	p value	Significance
Stress Management	38	72	2.4 $\pm$ 0.8	3.9 $\pm$ 0.5	15.6	<0.001	Highly Significant
Emotional stability	35	70	2.3 $\pm$ 0.7	3.8 $\pm$ 0.6	14.8	<0.001	Highly Significant
Coping skills	32	68	2.2 $\pm$ 0.8	3.7 $\pm$ 0.6	15.2	<0.001	Highly Significant
Help seeking behaviour	28	65	2.1 $\pm$ 0.7	3.6 $\pm$ 0.5	14.9	<0.001	Highly Significant

Table 5.1 The structured teaching Programme led to significant improvements in all mental health outcomes among adolescents. Stress management, emotional stability, coping skills, and help-seeking behavior increased notably from pre-test to post-test. Mean scores improved, and variability decreased, indicating consistent progress. Statistical analysis ($p < 0.001$) confirmed that these changes were highly significant, demonstrating the Programme effectiveness in enhancing both knowledge and positive mental health behaviors

DISCUSSION

The study revealed that adolescents had inadequate baseline knowledge regarding mental health, consistent with previous research indicating low awareness in rural populations. After the structured teaching programme, knowledge improved significantly, supporting findings from earlier studies that educational interventions enhance mental health awareness.

Significant associations were observed with education and source of information, indicating the importance of access to knowledge. The findings highlight the effectiveness of structured teaching programmes in improving mental health awareness and promoting positive behaviours.

CONCLUSION

The study concluded that adolescents had inadequate knowledge regarding mental health in the pre-test. The structured teaching programme significantly improved knowledge levels and mental health outcomes. Educational interventions are essential for promoting mental health awareness and preventing psychological problems among adolescents, especially in rural areas.

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interest regarding the publication of this study. The study was conducted independently, and no financial or personal relationships influenced the results or interpretation of data.

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