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MENTAL HEALTH ISSUES AMONG SCHOOL GOING STUDENTS FROM RURAL RAJASTHAN

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ABSTRACT

Introduction: In India, the youth age group between 10 to 24 years, represents one of the country's most valuable resources. During this phase, youth are often influenced by several internal and external factors that affect their health and safety. Nearly 10–30% of youth are suffering from different types of health-impacting behaviours and conditions that require the urgent attention of policymakers and public health specialists. The present study was carried out with the aim of understanding the extent of mental health issues among school students studying in government schools in rural areas of Rajasthan.

Methods: The present study was a cross-sectional study on school students studying at government schools in Rajasthan who were selected with a random sampling technique. A total of 190 children from rural areas participated in this study. The Self-Reporting Questionnaire (SRQ-20, WHO, 1994) was used to assess mental health issues, and data was analysed with SPSS-20 software among the participants.

Results and Conclusion: Among the 190 samples, it was found that levels of mental health seemed to differ for adolescents studying in different classes ($F=8.637$, $p<0.001$). The lowest level of mental health was found among adolescents studying in the 8th standard ($M=9.937$). In addition, the other results are such things as crying more than usual, trouble thinking clearly, difficulty making decisions, feeling tired all the time, an uncomfortable feeling in the stomach, hands shaking, feeling nervous, worried, and suffering with daily work. It can be concluded that mental health issues are on the rise in the rural communities of the country as well.

Keywords: Adolescent, Mental health, Rural areas, Rajasthan.

Introduction

During the ages of children, every child went through different types of behavioural and psychological problems, emotional problems are like feeling often unhappy, anxious, fearful, and

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angry, lack of concentration, forgetfulness, impulsiveness, and difficulty controlling emotions such as nervousness, aggression, frustration, and depression. In addition, Numerous somatic problems include headaches, stomachaches, anorexia, insomnia, and others [1-2]. If parents and teachers do not prevent and identify all of these issues while the children are still young, they may develop into untreatable mental health problems that last through adolescence and adulthood.

The evidence suggests that[3], with a sample of 9282 English-speaking respondents aged 18 years and older from the United States, estimated the age of onset of mental health problems. The median age of onset for anxiety disorders and impulse control disorders was found to be around 11 years. For substance use disorders, the median age was around 20 years, and for mood disorders, it was found to be 30 years. In addition, studies also depict that personal and behavioural changes such as school failure, misbehaviour, and substance use have been associated with mental health issues during childhood and adolescence. Further, it has effects on the outcome of future development, career and life. Moreover, it transits to the adult life of an individual as well[4]**.** In addition, Studies suggest that peer influence, student-teacher relationships, and safety in schools lead to mental health problems among adolescents [5-6]. On the other hand, attending school, the classroom and the psychosocial environment of the school are also having an influence on mental health issues among adolescents[7]. **Gillander Gadin, K., and Hammarström, A(2003)** reported that children of age between 9 to15 years had gender relations that influenced their health pertaining to safety and different forms of harassment within the school setting[8]. Which is found to be one of the negative causes affecting mental health in children. Schools are considered the most appropriate place to promote mental health among young people; nonetheless, most of the youth who face problems with mental health are significant parts of the school setting, where they can receive mental health services.

India has about 253 million adolescents in the age group of 10–19 years. India alone holds 36% of the world's adolescents. It is estimated that in India, 72% (181 million) of the total adolescents reside in rural areas.It is this adolescent population that will grow up as adults in the next 5–15 years, enter the workforce, and play a vital role in India's socio-economic development. The healthy development of adolescents will lead to healthy adults, who can rear healthy children themselves, thereby creating a healthy society and a strong national future. Adolescence is a transitional period; during this period, many adolescents have somatic symptoms, mental health disorders, and sexual and reproductive issues. Gigantesco et al (2015)reported in his study that mental health problems among adolescents have become a major concern in every country[9]. The mental health problems that arise during the development of children and adolescents are found to be difficult to resolve.

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In India, several studies have been conducted on the problems of mental health among adolescents. **Kalaiyarasan. M. and Daniel S.M(2014)**,in their study reported that adolescents face problems related to mental health[10]. **Neelima, M. (2011)** studied self-confidence and mental health in relation to emotional intelligence among college students[11]. The results found that emotional intelligence among rural college students is lower than that of urban college students, and the relationship between self-confidence and mental health was found to be significant. **Prasanth, J(2011)** reported that intermediate students found a significant relationship between mental health and the control aspect of hardiness[12]. Another finding is that students from rural areas were found to have significantly lower mental health in social aspects and academics than students from urban areas. **Shivane, D(2011)** studied the association between family environment and mental health issues among tribal and urban students and found that there is a significant relationship between tribal and urban student intelligence[13]. **Hill and Lynch (1983)** reported a high prevalence of mental disorders among adolescent girls and boys[14].

Singh, A. (2011) found that senior secondary students had Mental Health problems that had significant differences at different levels of Spiritual Intelligence and altruism[15]. **Kumari, P. L(2012)** found that the mental health of adolescents and the factors of parent-child relationship, peer relationship," and school Environment' towards mental Health' had a high and significant influence on good peer relations and a healthy school environment[16]. In other studies, **Singh, R(2011)** found a positive correlation between emotional maturity and self-esteem among senior secondary school students. A study found that better emotional maturity leads to better mental health, which indicates higher self-esteem[17]. The study reveals further that mental health and the punishment of the home environment also determine emotional maturity among senior secondary school students. **Nancy R. Premkumar (2013)** studied the relationship between Spiritual well-being and mental health among adolescents in colleges[18]. The results of the study show a significant relationship between adolescents' frequency of doing worship and their self-rated religiosity and their spiritual wellbeing. However, Mental health screening is not done routinely in India, and very few studies have been carried out in the context of rural areas.

Materials and Methods

The aim of the present study was to assess the mental health of adolescents in rural Rajasthan. The research aims to describe the level of mental health problems; further, there are very few studies depicting mental health. A cross-sectional sample of adolescents studying in government schools in Rajasthan were the participants of the study. All schools within 3 km of the Central University of Rajasthan were selected for the present study, viz. Nahoria, Bandrasindri, Mundoti, and Kheda. The students studying in the 8^{th} to 11^{th} standard participated in the present study.

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Those students who were available and willing to participate were included. A total of 190 adolescents; both male (n = 95) and female (n = 95), participated in this study.

Measures: The present study has a questionnaire for collecting data from the target sample. In this section, the socio-demographic section had questions related to personal details, and for the mental health assessment, SRQ-20was used. It is a 20-item self-reported screening tool that was developed by the World Health Organisation (WHO) specifically for low- and middle-income countries primary healthcare settings [19]. This tool helps to identify the problems of the participants who have symptoms of depression and anxiety disorders, as well as suicidal tendencies. The optimal cutoff scores taken in the study were 4/5 and 6/7 for men and women, respectively. The factor structure varied by gender[20].

Analysis procedure: The raw data was subjected to scrutiny, coding, and tabulation; descriptive statistics were mean, standard deviation, percentage, Chi-square test; t-test, and ANOVA tests through SPSS-20 Software.

Ethics: The results reported here are part of ongoing doctoral research work by the candidate. The study is approved and registered under the academic school board of the Central University of Rajasthan, India. Registration No.: CURAJ/RES/2015-16/04. The present research is noninvasive in nature, and ethical practises have been approved by the school to maintain confidentiality, a nonjudgmental attitude, informed consent, and assent for the present study. I confirm that participants have given consent for their data to be used in the research.

Results and Discussion

Table No.1 socio-demographic details of the participants

Details	Particulars	Frequency	Percent
Village Name	Bandrasindri	129	67.9
	Mundoti	14	7.4
	Kheda	38	20.0
	Noharia	9	4.7
Gender	Male	95	50.0
	Female	95	50.0
Age	Up to 14 Years	57	30.0
	15 Years	81	42.6
	16 Years and Above	52	27.4
Religion	Hindu	183	96.3
	Muslim	7	3.7

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Type of Family	Nuclear	83	43.7
	Joint	107	56.3
Education	8th class	16	8.4
	9th class	51	26.8
	10th class	94	49.5
	11th class	29	15.3
Type of House	Kachha	16	8.4
	Semipacca	28	14.7
	Pacca	146	76.8

Data Source: Primary Data

Table No.1 shows that among the whole sample in the present study, the sociodemographic details of the participants showed that 30% were up to 14 years old, nearly half (42.6%) of the respondents were over 15 years old, a few of the respondents (27.4%) were over 16 years old, and the rest were above it. Religion possessed by Hindus was found in the vast majority (96.3%), whereas insignificant (3.7%) of respondents were found to follow Muslim religion. Nearly half (43.7%) of respondents belong to a nuclear family, and more than half (56.3%) belong to a joint family. The education of the participants shows that, insignificant (8.4%) were in the 8th class, few (26.8%) of the respondents were studying 9th standard, half (49.5%) of the respondents were studying in 10th class and very few (15.3%) of the respondents were studying in 11th class. Living in type of house shows that, insignificant (8.4%) of the respondents own 'kachha' houses, whereas very few (14.7%) of the respondents found to live in semi-pacca houses, and a good number (76.8%) of the respondents in the study own pacca houses.

Table No.2 Mean difference between demographic details and Mental Health

Demographic Details	Particulars	N	Mean Rank	KWH Test		
				χ^2	Df	Pvalue
Caste	ST	15	95.03	2.446	3	.485
	SC	65	91.38			
	OBC	97	100.60			
	GENERAL	13	78.58			
Educational qualification	8 th class	16	146.38	24.190	3	**.000*** **
	9 th class	51	78.42			
	10 th class	94	102.37			
	11 th class	29	75.21			
Village Name	Bandarsindri	129	91.82	7.141	3	.068
	Mundothi	14	86.68			
	Kheda	38	115.67			

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	Noharia	9	76.78

Data Source: Primary Data

Significance Level: P<0.01**, P<0.05*

In Table No. 2, it is interesting to note that levels of mental health seem to differ for adolescents studying at different standards ($\chi 2$=24.190, p<0.000). However, the present study results support the idea that exams play a critical role in the lives of school students and how exams affect their mental health.

Table No.3 Mean Differences between demographic Details and Mental Health

Demographic Details	Particulars	N	Meanof SRQ (Mental Health)	Std. Deviation	F/t Value	Sig.
Gender	Male	95	5.0421	4.32685	-3.108	**.002****
	Female	95	6.8632	3.72630		

Data Source: Primary Data

Significance Level: p<0.01**, p<0.05*

The table No.3 depicts that gender intensification is known as an intensified pressure experienced by adolescents to adapt culturally sanctioned gender roles and has been considered a cause of the emergence of the gender difference in depression[21]. In addition, there is always a high prevalence of mental disorders among adolescent girls and boys. In addition, studies reported that girls are more self-conscious and have lower self-esteem relative to boys, are more concerned with interpersonal relationships and their physical appearance and are more likely to be accommodating and compliant in their interactions with others throughout adolescence[14]. For example, in schools, adolescent girls always have lower self-esteem than boys of the same age group. Anxiety among these adolescent girls over their body-image results in more depression and eating disorders when compared to boys[22]. Similarly, another finding of the present study also shows that the level of mental health seems to differ for adolescents with respect to their gender (t=-3.108, p<0.01). The lowest level of mental health was found among females (M= ± 6.863).

Table.4.Differences between Gender, Villages, Age, Educational Status and SRQ Questions

SRQ Questions	Gender	χ^2 (p)
Do you often have headaches?	Male	19.205(**.000*****)
	Female	
Is your appetite poor?	Male	18.709(**.000*****)

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	Female	
Are you easily frightened?	Male	11.540(**.001****)
	Female	
Problem face during decision making?	Male	10.205(**.001****)
	Female	
Do you cry more than usual?	Bandarsindri	12.748 (**.005****)
	Mundoti	
	Kheda	
	Noharia	
Do you have trouble thinking clearly?	Up to 14 Years	10.430 (**.005****)
	15 Years	
	16 Years and Above	
Is your appetite poor?	8th class	14.875 (**.002****)
	9th class	
	10th class	
	11th class	
Do your hands shake?	8th class	15.380 (**.002****)
	9th class	
	10th class	
	11th class	
Do you feel nervous, tense or worried?	8th class	12.135 (**.007****)
	9th class	
	10th class	
	11th class	
Do you have trouble thinking clearly?	8th class	14.868 (**.002****)
	9th class	
	10th class	
	11th class	
Do you cry more than usual?	8th class	21.257 (**.000*****)
	9th class	
	10th class	
	11th class	

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Do you find it difficult to make decisions?	8th class	13.920 (**.003****)
	9th class	
	10th class	
	11th class	
Is your daily work suffering?	8th class	12.801 (**.005****)
	9th class	
	10th class	
	11th class	
Do you feel tired all the time?	8th class	12.048 (**.007****)
	9th class	
	10th class	
	11th class	
Do you have uncomfortable feelings in your stomach?	8th class	12.217 (**.007****)
	9th class	
	10th class	
	11th class	

Data Source: Primary Data

Significance Level: P<0.01**, P<0.05*

The study results (Table No.4) reveal that female students were found to have significantly higher headache rates than male students (χ^2= 19.205, p<0.05), it was observed that 72% of female students reported often having headaches. Headache is the most common somatic complaint and neurological symptom that occurs during childhood and adolescence[23]. **Bille, B. (1997) and Passchier, J and Orlebeke (1985)** reported in a study that as many as 75 percent of school-age children experience headaches infrequently, and among them, 10 percent have headaches repeatedly[24, 25]. Especially female students have headaches more than boys. The reasons would be taking care of their elders, siblings and making food in the absence of their mother. It leads to a lot of disruption not only physically but also mentally in their academic life, such as attending late classes, without filling out homework.Eating habits are often disorganised among adolescents. **Eram et al (2016)** reported that 35.7% had decreased appetite during the menstruation cycle among rural adolescents from Aligarh[24]. Similarly, this study also revealed that female students had a significantly poorer appetite than male students (χ2=18.709, p<0.05). It was observed that 77% of female students reported that they experienced poor appetite, and other findings are based on the educational qualifications of the adolescents; symptoms of poor

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appetite were found to be significantly different (χ^2= 14.875, p<0.05). It was observed that 81 percent of 8th class students reported that they often experienced poor appetites. Similarly, there was a study **(Bohman et al., 2012)** conducted with adolescents having depression[25]. It was observed that the relationship between depression and appetite problems significantly differed (p<0.001). In addition, during adolescent age, there have been frequent doubts about reduced food intake for reasons such as irritability and mood swings. Consequently, prolonged loss of appetite can cause severe weight loss, poor academic performance, and frequent physical illness. In fact, there are many reasons during menstruation that reduce hunger in female students. Besides, the other reasons are like being busy with studies, working at home, and playing with peers.

Other results of the study show that female students have a greater problem of being easily frightened than male students, which is significantly different (χ^2= 10.205, p 0.05). It was observed that 39% of female students reported that they had experienced the problem of being easily frightened. This is a growing concern among adolescents in rural India. It is also reported that 9% of the children have separation anxiety disorder. Prevalence in females is 10.5% and in males is 7%, respectively[26]. Easily frightened could be the reason for being worried about exams, assignments, classes, insecurity about travelling to school, eve teasing and sexual harassment from the opposite gender. Above all, concerns were coming from adolescents' sides. In this, some of the major concerns are coming from parents, such as fear of sexual harassment, fear of travelling a long distance. This all leads to a reduction in the percentage of girls in education, increasing dropout rates, and child marriages.Crying is an emotion that produces tears in the eyes. The reason would be physical or psychological pain. Adolescents are more likely to experience emotional disturbances that lead to distress, sadness, hopelessness, anxiety, and other psychological problems. It is also decreasing the ability of an individual in his or her life. Usually, urban adolescents are more likely than rural adolescents to cry more than usual. It is interesting to note that, there is a significant relationship between crying more than usual and their village residence among adolescents (χ^2 =12.748, p<0.05). It was observed that Kheda village students reported that they cried more than usual.Normally, thinking gives a solution to the problem. Psychologists also state that it takes intellectual exertion to find the answer to a question or problem. For example, a young adolescent must make decisions on the selection of a subject, the selection of dress, and the selection of a sport or game. It is difficult for adolescents to think clearly. However, in this study, results show that, based on the educational qualifications of the adolescents, trouble thinking clearly was found to be significantly different (χ^2 =10.430, p<0.05). It was observed that adolescents aged 16 years and older reported that they experience trouble thinking clearly. Based on their educational qualifications, thinking clearly is significantly different (χ^2= 14.868, p<0.05),62% of 8th class students reported that they experience trouble thinking clearly.Making decisions plays a crucial role during the stage of

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adolescence. Nothing will happen or change in personal or academic life without a decision. Coming to school, students may have to make decisions in the following situations: attending classes and exams, staying at home, doing work, and playing with their peer group. In the present study, it is also depicted that the gender of the adolescents, difficult to make decisions was found to be significantly different (χ^2= 10.205, p<0.05). It was observed that 39% of females reported having trouble making decisions. It is not only for female students who have difficulty taking decisions but also for males. The male students have been communicating with people more. Thus, they are prone to identifying situations quickly and taking decisions on problems.

Further, the present study findings also reveal that, based on the educational qualifications of the adolescents, the difficulty of making decisions is significantly different (χ^2= 19.920, p<0.05). 50% of 8th class students reported that they had trouble making decisions. It is also revealed that age can be a deciding factor in any issue involving adolescents. It is interesting to note that shivering of hands occurs as a manifestation and is accompanied by tremor or neurological disturbances in any part of the body. However, shaking hands can be mild or severe, temporary or chronic, and it can occur at rest or during directed movements as well[27]. In the present study, results show that, based on the educational qualifications of the adolescents, shaking hands was found to be significantly different (χ^2= 15.380, p<0.05). It was observed that 62% of 8th class students reported that they had experienced handshakes. Similarly, it was found that **(Ginsburg et al., 2006)** 43% of adolescents and children had a problem with shivering hands[28].The other major finding from the present study, feeling nervous, tense and worried are components of psychological symptoms of anxiety. This is due to everyday worries about school, peers, and family, combined with an uncertain health status among the students[29]**.** These symptoms can be difficult to sort out during the adolescent years. However, the outcomes of this study reveal that based on their educational qualification of the adolescents, feeling nervous, tense or worried was found to be significantly differ (χ^2= 12.135, p<0.10). If we look at the data by class, 69% of 8th grade students reported feeling nervous, tense, or worried. Similarly, in rural schools, adolescents often suffer from daily work. The problems are such as for boys taking school bags, doing assignments, and also other hand physical work from housework, viz., taking water, working on forming land, etc. For girls, preparing food, cleaning the house, and caring for elders and siblings when parents are not home Thus, above all concerns, it could have led them to often suffer mental illness. If we see the result of the present study, daily work suffering was significant based on the educational qualifications of the adolescents (χ^2= 12.801, p<0.05). 50 percent of 8th class students stated that they suffer with daily work.

Many studies have shown that adolescent fatigue is a common complaint registered in medical settings nowadays around the globe, and easily tiredness could be the result of not getting

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adequate sleep or doing more physical work. It is important for physicians to assess duration of sleep, sleep disorders, and poor sleep hygiene since chronic fatigue results from sleeping disorders in which the sleeping span is either quantitatively or qualitatively inadequate[30]. Based on the educational qualification of the adolescents, feel of tired all the time was found to be significantly differ (χ^2= 12.048, p<0.10). 56 percent of 8th class students reported that they felt tired all the time. It is also supported that the female students are also facing problems of tiredness and fatigue during the menstrual cycle[31].There is no one cause of an upset stomach. Uncomfortable feelings in the stomach can be the result of several different factors like food intolerance, food allergies, menstrual cycle, stress, poor eating habits, and malabsorption. These symptoms can be disturbed in the day-to-day lives of adolescents. However, the present study result shows that Uncomfortable feelings in stomach were significant relationship with educational qualification of the adolescents (χ^2= 12.217, p<0.10). 44 percent of the 8th class students reported that they had experienced uncomfortable feelings in their stomachs.

Conclusion

The present study's findings are significant and found to be similar to those of other studies around the world as well as in India. It is interesting to note that psychological distress and morbidity experienced by school students are prevalent in rural India as well as in other countries. Adolescence is a transactional period of health; it is an age highly prone to mental health issues. Despite this, research shows that female school students frequently suffer from headaches, have a poor appetite, and are easily frightened. In addition, the other contributing factors are such things as crying more than usual, trouble thinking clearly, difficulty making decisions, feeling tired all the time, an uncomfortable feeling in the stomach, hands shaking, feeling nervous, tense, or worried, and suffering with daily work. Moreover, adverse mental health in adolescence results in decreased personal and social performance for the students. It also led to their behavioural changes, such as school failure, delinquency, and substance use. This situation can increase the risk of adverse outcomes in adolescents through adulthood.

Implications and Contribution

Future studies should be conducted on comparative studies between different states, which will ensure the reasons behind the gender disparities, cultural, parental, and social factors that lead to the mental health problems of adolescents and school students in rural areas. In addition, to conduct studies on interventional studies among the adolescent’s groups, some of the studies should be done through in-depth focused group discussions, which will help understand the gross roots of problems among adolescents. Overall, all the existing results will contribute to better policies for a healthier society.

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Taken together, all intervention kinds of programmes can be effectively implemented through the teachers and counsellors of the RKSK programme, which is why they are mediators between policymakers and students. Although to reduce the burden of budget on implementing the programme and to provide cost-effective intervention programsfor future generations.

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