

Assessing Mental Health-Related Practices of Rural and Urban Secondary School Students in Abeokuta North Local Government, Ogun State

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ABSTRACT

Mental health is crucial to adolescent's life and mental health-related practices aid optimal performances in students. The study investigates mental health-related practices of students in both rural and urban secondary schools. The objectives set for the study were to; Identify the preventive mental health-related practices of students in rural and urban school and determine the promotion of mental health-related practices of students in rural and urban school. A descriptive cross-sectional research design was used for the study. Multistage sampling was employed and 408 sample drawn using power analysis. The instrument used was Adolescent's Mental Health-related Practices Questionnaire (AMHPQ). The reliability of the instrument was 0.78 using Pearson's Moment Correlation Coefficient. Data generated was subjected to descriptive statistics and analyzed using Statistical Package for Social Sciences (SPSS) version 21. The study revealed that majority 79.7% were from the urban school. Urban secondary school students (3.23 ± 0.34) engaged more in preventive mental health-related practices, than the rural secondary school students (3.1 ± 0.3). The urban secondary school students (3.13 ± 0.31) engaged more in promotive mental health-related practices than the rural secondary school students (3.07 ± 0.27). The study concluded that the need to tailor parent-teachers association to meeting the mental health-related needs of the students. Government is also advised to provided services that foster mental health-related behaviour and practices

INTRODUCTION

Mental health is the basic foundation to good health and quality of life. It is a resource for optimal performance of an individual, family and the society. Mental health is a crucial part of human living and some of the students have issues with it (Parulben, 2017). It is an aspect of health that received little or no attention in the time past, but World Health Organisation has helped to reiterate its importance to the populace for people to take responsibility towards preserving their mental sanity in the face of issues confronting people in the society. The World Health Organisation (WHO) phrase 'There is no health without mental health' conveys a positive paradigm of mental health to world. Sanity is the product of a good health as it helps individual to adjust in situation (Naik et.al, 2015). The variables in mental health-related practices are dynamics of health descriptor. Some of these practices are but not limited to good hygiene, healthy eating habit, exercise and so on.

Mental health is a topic that is not on a debate in public discussion. It is not an aspect that is not regarded and its sancrosantity cannot be questioned when it comes to defining human health. The world emerging rate of psychological problems arising from people prior to age 14 has been known to having a lifetime repercussion to the victim and the community (Garcia-Carrion, Villarejo-Carballido & Villarejo-Gallego, 2019). Attention has been drawn to issues related to urban areas and mental health all over the world but less regards are given to cosmopolitan cities of the developing nations (Li & Rose, 2017). However, adult health is given special attention over children's mental health. Even though both are not immune to mental illness most psychiatric hospital does not have a special ward for the adolescents. Some of the adolescents with mental illnesses are nursed in an open ward.

In other to keep the adolescents in an optimum state of mental health, healthy mental health behaviours could be adopted. Some of these behaviours reinforce psychosocial resilience to mental breakdown, examples of which are appropriate time schedule, feeling of positive self concept and

relationship with society that has a role to play in an individual's psyche determination. Promotion of mental health and prevention of mental illness are important variables to be considered in mental practices. Promotion of mental health is imperative among the adolescents as over half of mental illness that prolonged to adulthood manifest around that age (Garcia-Carrion, Villarejo-Carballido & Villarejo-Gallego, 2019). These are cost-effective and are not too demanding on an individual's like when people broke down mentally and need treatment to get back on track. However, in the rural setting, the dwellers are not benefiting from most of the mental health-related activities due to the location of their settlement (Hickey, 2017). One of the key objectives of the WHO is to establish the protocol for promotion and prevention in mental health. The Action Plan set in place to meeting the objectives is the collaboration of governments, national and international organisation (WHO, 2018)

Mental health-related activities are adopted to aid the promotion of mental health and prevention of mental illness. The mental health-related practices resources are cheaper to achieve. However, proper education and orientation are needed to inculcate the practices in the adolescent in order to prevent the occurrence of mental illness in the future. Adigeb, Anake & Undie (2017), on need for counselling, stated the need to involve students actively in the school environment. Many school authorities are not cognisance of these and parents are also neglecting this important part of mental health. There has been a variation in the adoption of these mental health-related practices in some countries of the world but Nigeria has not fully integrating the concept to safeguard the future of the adolescent through mental health-related practices, especially in the rural schools. Quite a number of individuals have abandoned rural setting in pursuance of quality of life that seems to be available in the cities (Li & Rose, 2017). According to Chen, Pei & Lin et al., (2019), no regard is paid to the mental health of the students in the rural settings. A 10-year review that lasted till 2016 stated that, in spite of steady development, there is still an imbalance between the rural and urban dwellers (Li & Rose, 2017). The present study therefore seeks to investigate the phenomenon under study.

OBJECTIVES OF THE STUDY

1. To identify the preventive mental health-related practices of students in rural and urban school.
2. To determine the promotion of mental health-related practices of students in rural and urban school.

METHODOLOGY

The study adopted a descriptive cross survey design. A sample size of 408 was drawn from a total population of 8,074 using power analysis with 10% non response rate. A multi-stage sampling procedure was adopted for recruitment of the respondents. The instrument for data collection was the researcher self constructed instrument named Adolescent's Mental Health-related Practices Questionnaire (AMHPQ). It contains section A and B which are demographic data and questions on mental health-related practices respectively. The instrument was validated by three experts in the Department of Nursing Sciences, University of Nigeria. The reliability of the instrument was established using test re-test and computed using Pearson's Moment Correlation Coefficient which yielded a coefficient of 0.78. Data generated was subjected to descriptive statistics and analyzed using Statistical Package for Social Sciences (SPSS) version 21. Probability value less than 0.05 was considered statistically significant. Ethical approval from the Ogun State Ministry of Education, Science and Technology (Department of Planning Research & Statistics) with reference number PL.19/180. Ethical clearance was from the Ethics & Research Committee of Neuropsychiatric Hospital Abeokuta, Ogun state with reference number PRO25/15.

RESULTS

The study revealed that majority of the students 79.7% were from the urban school. 90.8% of the students lived with their parents and 52.2% of their mothers and 65.5 % of their fathers had tertiary education. The study showed that urban secondary school students (3.23 ± 0.34) engaged more in preventive mental health-related practices, than the rural secondary school students (3.1 ± 0.3). I eat during the school break time rural (3.09 ± 0.71) urban (3.31 ± 0.73), I always have money as a student (2.83 ± 0.89) urban (3.06 ± 0.89), I think positively about myself and others (3.13 ± 0.77) urban (3.40 ± 0.72) (Table 2). The urban secondary school students (3.13 ± 0.31) engaged more in promotive mental health-related practices than the rural secondary school students (3.07 ± 0.27), I watch

television at home (2.98 ± 0.7) urban (3.19 ± 0.79), I prepare for examination ahead of time (3.3 ± 0.56) urban (3.54 ± 0.66) and I go to early (3.07 ± 0.75) urban (2.79 ± 0.96) (Table 3)

Table 1: Demographic distribution of the students**N=403**

Demographic Characteristics	No of Respondents	Percentage
Age Group		
10 – 12years	147	36.5%
13 – 15years	195	48.4%
16 – 18years	61	15.1%
Sex		
Male	217	53.8%
Female	186	46.2%
Class		
Junior Secondary School	213	52.9%
Senior secondary School	190	47.1%
Institution type		
Private	39	9.7%
Government	364	90.3%
School Location		
Rural	82	20.3%
Urban	321	79.7%
Who do you live with?		
Parents	366	90.8%
Grandparents	18	4.5%
Relatives	15	3.7%
Friends	3	0.7%
With an unrelated person/family	1	0.2%
Mother's highest educational level		
No formal education	14	3.5%
Primary education	43	10.7%
Secondary education	136	33.7%
Tertiary education	210	52.1%
Father's highest educational level		
No formal education	6	1.5%
Primary education	31	7.7%
Secondary education	102	25.3%
Tertiary education	264	65.5%
Mother's occupation		
Housewife	15	3.7%
Nursing	26	6.5%
Business	71	17.6%
Lawyer	1	0.2%
Medical Doctor	4	1.0%
Trading	168	41.7%
Teacher/Lecturer	61	15.1%
Farmer	3	0.7%
Civil Servant	39	9.7%
Others (artisan)	15	3.7%
Father's occupation		
Nursing	1	0.2%
Business	119	29.5%
Lawyer	5	1.2%

Demographic Characteristics	No of Respondents	Percentage
Medical Doctor	15	3.7%
Trading	43	10.7%
Teacher/Lecturer	42	10.4%
Farmer	16	4.0%
Civil Servant	104	25.8%
Others (artisan, technician and professionals)	58	14.4%

Table 2: The preventive mental health practices of rural and urban secondary school students

ITEMS	Rural Secondary School Students (n=82)						Urban Secondary School Students (n=321)						t-test	P-value
	SA	A	D	SD	Mean	Stdev	SA	A	D	SD	Mean	Stdev		
I eat before going to school	28	39	11	4	3.11	0.82	126	120	55	20	3.10	0.90	0.121	0.904
I eat during the school break time	20	53	5	4	3.09	0.71	140	149	23	9	3.31	0.73	-2.498	0.013*
I allow school programme to disrupt my meal	15	30	32	5	2.33	0.85	62	149	62	48	2.30	0.95	0.263	0.793
I draw a programme of activities before I carry them out	19	36	19	8	2.80	0.91	81	125	70	45	2.75	0.99	0.424	0.672
I tackle my daily demands without postponing them	21	40	18	3	2.96	0.79	104	131	57	29	2.97	0.93	-0.021	0.983
I always have money as a student	19	37	19	7	2.83	0.89	113	130	63	15	3.06	0.86	-2.183	0.030*
I spend money only on what I need.	29	41	8	4	3.16	0.79	142	136	35	8	3.28	0.76	-1.322	0.187
I discuss my problems and anything I don't understand with my parents for advice	34	42	4	2	3.32	0.68	173	110	23	15	3.37	0.81	-0.582	0.561
Most of the times, I get things done with my	24	49	5	4	3.13	0.73	126	158	29	8	3.25	0.72	-1.320	0.188

initiative														
I think positively of myself and others	26	45	7	4	3.13	0.77	16 6	12 7	20	8	3.40	0.72	- 3.004	0.00 3*
I like to do my school work regularly	31	48	3	0	3.34	0.55	18 8	123	9	1	3.55	0.57	- 3.005	0.00 3*
I respect my parents and teachers always	40	39	3	0	3.45	0.57	22 0	94	5	2	3.66	0.54	- 3.037	0.003 *
I work hard to make the best of my time and opportunities	34	46	2	0	3.39	0.54	19 3	118	7	3	3.56	0.59	- 2.379	0.018 *
I obey school rules and regulation.	40	40	2	0	3.46	0.55	20 2	104	15	0	3.58	0.58	- 1.675	0.095
Mean of means					3.11	0.34					3.23	0.34	- 2.770	0.006 *

* P<0.05 (Significant)

Table 3: The promotive mental health practices of rural and urban secondary school students

ITEMS	Rural Secondary School Students (n=82)						Urban Secondary School Students (n=321)						t-test	P-value
	SA	A	D	SD	Mean	Stdev	SA	A	D	SD	Mean	Stdev		
I watch television at home.	15	54	9	4	2.98	0.70	11 8	16 2	2 4	17	3.19	0.79	- 2.21 3	0.02 7*
I prepare a scale of preference of my needs (I arrange my need in order of priority)	25	47	9	1	3.17	0.66	11 4	16 6	3 1	10	3.20	0.73	- 0.28 6	0.7 75
I prepare for examination ahead of time.	29	49	4	0	3.30	0.56	19 8	10 3	1 5	5	3.54	0.66	- 2.94 8	0.00 3*
I go to bed early	23	45	11	3	3.07	0.75	82	12 9	7 1	39	2.79	0.96	2.47 2	0.01 4*
At school, I go for counselling.	11	33	32	6	2.60	0.81	42	100	10 8	71	2.35	0.97	2.11 5	0.03 5*
I feel inferior to some of my mates and friends	16	39	20	7	2.22	0.86	66	106	89	60	2.45	1.02	- 1.84 9	0.06 5
I am interested in my environment.	27	48	4	3	3.21	0.70	13 3	15 6	1 9	13	3.27	0.75	- 0.73 0	0.46 6
I am satisfied with	38	40	3	1	3.40	0.63	19	96	1	8	3.51	0.72	-	0.19

my body structure (body physique, e.g. fatness, thinness, tallness, shortness)							9		8				1.29 0	8
I engage in sports/game at my leisure time (e.g. football, swimming, etc)	29	33	13	7	3.02	0.93	12 7	11 3	5 3	28	3.06	0.95	- 0.27 0	0.78 7
I engage in craftwork (e.g. making basket, cane chair, broom, needle work, etc)	17	27	31	7	2.66	0.91	53	93	10 3	72	2.40	1.01	2.1 46	0.03 2*
I belong to a club/society in my school (e.g. Drama society, Art club, French club, Literacy and Debating society, Science club, etc)	21	31	25	5	2.83	0.89	99	65	99	58	2.64	1.10	1.45 2	0.1 47
I belong to a voluntary organization in my school (e.g. Boys Scout, Girls Guide, Red Cross, etc)	15	29	30	8	2.62	0.90	77	45	11 2	87	2.35	1.12	2.0 47	0.04 1*
I like to pursue a career that will give me opportunity to help people.	31	43	8	0	3.28	0.63	19 2	11 4	1 3	2	3.55	0.61	- 3.49 6	0.00 1*
I relate well with other people (teachers, parents, siblings, friends, mate etc.)	34	44	3	1	3.35	0.62	183	121	13	4	3.50	0.64	- 1.92 6	0.0 55
I sleep in the afternoon (siesta) after school	8	36	31	7	2.55	0.79	57	92	11 3	59	2.46	0.99	0.77 3	0.44 0
I actively participate in youth and other activities in my church	27	35	17	3	3.05	0.83	15 3	95	4 3	30	3.16	0.98	- 0.90 7	0.36 5
I always do what my parents wants me to do	35	43	3	1	3.37	0.62	17 9	13 1	1 1	0	3.52	0.57	- 2.21 0	0.02 8*
I am a happy person	37	44	1	0	3.44	0.52	21 5	97	7	2	3.64	0.56	- 2.87 3	0.00 4*
I love and care about people	37	42	2	1	3.40	0.61	19 1	12 7	2	1	3.58	0.53	- 2.68 6	0.00 8*

I feel happy when others help or show me some concern	31	44	6	1	3.28	0.65	202	107	10	2	3.48	0.61	- 4.11 0	0.00 0*
I love my parents and siblings	43	36	2	1	3.48	0.61	247	73	1	0	3.77	0.43	- 4.96 2	0.00 0*
I identify with my mates, peers and friends	26	48	7	1	3.21	0.64	162	144	14	1	3.45	0.60	- 3.30 3	0.00 1*
Mean of means					3.07	0.27					3.13	0.31	- 1.76 7	0.07 8

* P<0.05 (Significant)

DISCUSSION

Majority of the students 79.7% were from the urban school. This is not in line with the study by Chen, Pei & Lin, X. et al.(2019) where 72% of the students were from the rural area. 90.8% of the students lived with their parents. More than half of the students 210 (52.1%) had their mother with tertiary educational level, so also their fathers 264 (65.5%). Almost half of the students 195 (48.4%) were 13-15years old, and the number of male and female were approximately equal i.e. 217 (53.8%) and 186 (46.2%) respectively. Majority of the students 364 (90.3%) were from government school, while only 39 (9.7%) of them were from private school.

PREVENTIVE MENTAL HEALTH-RELATED PRACTICES

The urban secondary school students (3.23 ± 0.34) engaged more in preventive mental health-related practices, than the rural secondary school students (3.1 ± 0.3). I eat during the school break time rural (3.09 ± 0.71) urban (3.31 ± 0.73). In a study by Hickey (2017), stemming up the access to delivering of beneficial food materials to schools in the rural areas students are strategies to increase adolescents' nutritional needs. In a study by Li & Rose (2017), deprivation of access to basic infrastructures are issues contributing to imbalance in the village and city system of settlement. I always have money as a student rural (2.83 ± 0.89) and urban (3.06 ± 0.89). This is in line with a study by Chen, Pei & Lin et al.,(2019), which documented a lesser amount of family per capital income among the rural students unlike that of those in the urban area, this stated with statistics of 11.6% for rural and 72.8% for the urban students. I think positively about myself and others (3.13 ± 0.77) urban (3.40 ± 0.72). In a study by Chen, Pei & Lin et al., (2019), most pupils 69.4% from rural school were revealed not to be well adjusted in coping with their teachers. In study by Li & Rose (2017), there is a tangible report illustrating the aspect of socio-demographic variables as the challenges that could pose a threat on the mental health of individuals in the village settings. The study further stated dysfunctional self appraisal is a key figure in the mental state of the individuals. 82% of the literature searched revealed the positive influence of preventive programmes in stemming down the rate of occurrence of mental illness among the youth (Garcia-Carrion,Villarejo-Carballido & Villarejo-Gallego, 2019)

PROMOTIVE MENTAL HEALTH-RELATED PRACTICES

The urban secondary school students (3.13 ± 0.31) engaged more in promotive mental health-related practices than the rural secondary school students (3.07 ± 0.27). Inequalities in resource allocation between rural-urban institutions has negative influenced the standard of learning in the rural settings (Kihwele, Taye & Sang, 2019). This is in contrast to a study by Parulben(2017) where it was revealed that students from rural area had better mental health unlike those from urban schools. Discrimination along settlement plays role in interaction with the world and could inform the dynamics of mental health status of the individual (Li & Rose,2017). Pupils who are dwelling in the rural area are challenged with lower academic report and reduced parental affection that adversely impacted their learning processes (Kihwele, Taye & Sang, 2019). I watch television at home (2.98 ± 0.7) urban (3.19 ± 0.79). Lack of access to Information Communication Technology brings about deprivation of Knowledge to keeping abreast with latest information and these make learners to settle on resource materials that are less valid (Adigeb, Anake & Undie, 2017). I prepare for examination ahead of time (3.3 ± 0.56) urban (3.54 ± 0.66). According to Zhang, Li & Xue, (2015), there is a

reduction in academic achievements of children from villages than those from the cities, this differences are linked to the personality profile and nutritional status of the children. Lack of willingness of teachers to working in the rural setting coupled with lower pay package informed the performance below expectation among the children from rural areas(Kihwele, Taye & Sang, 2019). I go to bed early (3.07 ± 0.75) urban (2.79 ± 0.96). I engage in craftwork (e.g. making basket, cane chair, broom, needle work, etc) (2.66 ± 0.91) urban (2.40 ± 1.01). Educational institution is an arena that could foster the maintenance of mental health attributes by adopting adjustment programmes to suit the need of the students (Garcia-Carrion,Villarejo-Carballido & Villarejo-Gallego, 2019). In a study by Chen, Pei & Lin et al.,(2019), pupils from rural areas have increased level of emotional features which is manifested as behavioural problems($p<0.01$)

CONCLUSION

The study concluded that most of the students were from the urban schools and majority of their parents were educated. Students from the urban secondary schools engaged more in preventive mental health-related practices and promotive mental health related services that their counterpart from the rural secondary schools. It can be deduced that education of the parents have more role in the mental health-related practices of the students as the parents could serve as role model to the children and also teach their wards to behave in like manner. There is a need to strategize mental health-related education needs of the students to meeting the students need for performance in the school. Parent-teacher association's meetings should be strengthened while should fund the schools in provision of school meal services, counselling services, recreational activities and other co-curricular activities in the school.

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