ASSESSMENT OF THE PRACTICE OF MENTAL HYGIENE OF SECONDARY SCHOOL STUDENTS IN NSUKKA EDUCATION ZONE BASED ON LOCATION

Chinenye B. Omeje
Department of Physical and Health Education,
Ebonyi State College of Education, Ikwo

Abstract
The study was designed to assess the practice of mental hygiene of secondary school students in Nsukka education zone based on location. In order to realize this, three research questions were raised to guide the study while hypothesis was tested at .05 level of significance. The population for the study comprised all secondary school students under Nsukka education zone in Enugu state. The multi-stage sampling technique was adopted to draw a sample size of 1,260 students for the study. Data collected was analyzed using percentages and Chi-square statistics. The result indicated that there were significant differences between urban and rural schools in their mental hygiene practices with regard to eating breakfast before going to school (X^2 = 06.558 < 3.84) engaging in sport/games (X^2 = 0.3816 > 3.84) and relating with teachers (X^2 = 0.0436 < 3.84),. Others included going for medical treatment, (X^2 = 0.0436> 3.84) overlooking annoyance (X^2 = 13.7700 > 3.84) and accepting advice from people (X^2 = 0.0640 > 3.84). Recommendations were made which included teachers to be encouraged to inculcate various mental hygiene practices as a means of sustaining mental health. It is necessary to prevent and avoid any form of mental illness and discomfort in the lives of the students and their teachers.

Keywords: Mental Hygiene, Practices, Secondary School Students

Introduction

Good mental hygiene fosters emotional well-being and helps build a foundation for healthier live and longevity. Mental hygiene is an essential part of a person's general health because it is organically connected with the structure and function of our psycho-social and physical environment. Studies by Shalala (1999) indicated that at any given time, at least one in five adolescents may have a mental health problem. In the United States, about one person in ten will, during his or her lifetime, develop some form of mental illness which will incapacitate him either temporarily or permanently (Ellis, 2002). Evidence from the World Health Organization as reported by Richard and Bergin (2000) suggests that nearly half of the world's population is affected by mental illness with an impact on their self-esteem, relationships and ability to function in everyday life. Beers (2002) made us know that analysis also shows that an estimated 180,000 people in Britain alone were afflicted with mental illness whereas in Nigeria, 4.7% suffer mental disorders (WHO,2005).

Secondary school students could have mental health problems which can greatly affect the way they think, feel, behave and how this affects their lives (National Health Services, 2007). Mental health problems are painful and could lead to poor grades at school, family conflicts, drug abuse, violence and other anti-social behaviours (Carmona, 2003). Students experiencing mental health issues are more likely to have problems in school and run greater risk of mental health problem. Accordingly this has been estimated that one out of every twenty-five children who enter school in the United States and Canada will eventually be admitted to a mental hospital and this constitute a larger number than those who will conclude their education. These health problems can affect anyone, rich or poor, young or old, and shattering lives of those close to them (Mind, 2003). One cannot help but imagine if secondary school students in Nsukka Education zone are likely to suffer from mental health problems which severely disrupt daily functioning in home, school, or the entire community.

In order to overcome mental problems which never go away due to unending stressors, the need for mental hygiene becomes essential. According to Klein (1992), mental hygiene is an endeavour to aid people in warding off trouble as well as furnish ways of handling trouble in intelligent fashion when it cannot be warded off. To this researcher, these troubles may be: illness, finances, social position, religion, sex, economic security, old age and inadequate shelter. Querido (2004) defined mental hygiene as the science concerned with the surroundings of the individual; the conditions of his development and

his life. Mental hygiene according to him aims to free the individual from influences which may be harmful to mental growth and therefore hampers full development of his potentialities. Mental hygiene cares for the purpose of the preservation and improvement of mental health of the individual and community. It is meant for prevention and cure of minor and major mental diseases and defects of mental, educational and social maladjustment. To this end, World Health Organization (1999) asserts that mental hygiene is the full and harmonious functioning of the whole personality. It is also regarded as the capacity of the individual, the group and the environment to interact with one another in ways that promote subjective well-being; optimal development and use of mental abilities. Mental hygiene as defined by Enenta (2004) is the absence of all mental and emotional disturbances that are detrimental to the optimal well-being of an individual in his environment.

For a sound home and school environment, secondary school students should engage in good mental hygiene practices. Mental hygiene practices as those techniques, measures, strategies or activities utilized by secondary school students in order to reduce stress and anxiety and thus enable them cope with environmental, social and intellectual stressors (Enenta, 2004). There are three aspects of mental hygiene namely; preventive, promotive and restorative mental hygiene. Mental hygiene therefore strives to take everyday troubles of people to a convenient point of departure. The concept endeavours to encourage people to tackle troubles as well as furnish ways of handling them in an intelligent fashion when it cannot be tackled (Klein, 1992). Often times, people can never do away with their everyday trouble in life but try to keep them at bay and forge ahead.

In the past, secondary school students in the urban and rural areas have practiced mental hygiene as a means of warding-off their every day trouble by engaging in diverse practices to promote mental well-being. This can be seen in a study done by Roger (1998) to ascertain if a significant difference existed in the mental hygiene practices of 840 high school adolescents of urban and rural mission schools in Washington. Using questionnaire as the sole instrument for collecting data, the study found that rural schools were more organized and less delinquent in church activities like evangelism, crusade, bible study, pious group activities and choir activities as a means of keeping away from mental troubles.

Husband and Hinton (2000) in South Minnesota investigated a study in bid to ascertain the objective of holiday mental hygiene programmes for youths and adolescents from urban and rural schools. The study revealed that the programme aimed to ensure for each individual, optimal development of mental abilities and satisfactory emotional adjustment to the school and community environment. More so, taking part in voluntary organization programmes and holiday activities helped in promoting social and mental health of the adolescents.

Samuel and Enenta (2002) carried out a study in Nsukka, Enugu State to determine the preventive mental hygiene practices of 420 urban and rural adolescent students. A significant difference was however found as it affected their sources of happiness by engaging in various in-door and out-of-door activities at home, school and the church; having funds as a means of solving problems. They stressed that the home and the school environment ought to be made more conducive for student to avert or reduce to the lowest minimum, mental discomfort and stress.

Another study on knowledge and practice of mental hygiene carried out by Gupthah (2009) on 100 students of Government Pilot High school in Bogura Province. The qualitative cross-sectional study used interview as instrument for data collection. The findings of the study suggested that majority (99%) of the respondents engaged widely in Information, Education and Communication-IEC activities. Eighty-six per cent of them in rural province admitted interest in listening to radio all the time due to its availability in the mobile hand set. Watching television was widespread among the students (95%).

It has been observed from literature that with proper practice of mental hygiene, mental problems will be prevented. It is against this backdrop that this study had been designed to determine the assessment of the practice of mental hygiene of secondary school students in Nsukka education zone based on location.

Purpose of the Study

The main purpose of the study was to identity the mental hygiene practices adopted by secondary school students in Nsukka education zone based on location. The study intended to identify, specifically the:

1. Role of preventive mental hygiene practices of secondary school students in Nsukka education zone based on location;
2. Role of promotive mental hygiene practices of secondary school students in Nsukka eduation zone based on location;
3. Role of restorative mental hygiene practices in secondary school students in Nsukka education zone based on location.

Research Questions

1. What is the role of location on the students' preventive mental hygiene practices?
2. What is the role of location on the students' promotive mental hygiene practices?
3. What is the role of location on the students' restorative mental hygiene practices?

Hypothesis

The present study tested hypothesis at .05 level of significance.

Ho_1: Location has no statistically significant role on the students' preventive, promotive, and restorative mental hygiene practices.

Methods

The cross sectional survey research was employed because the proposed method allows description of condition as they existed in their natural setting (Ali, 1996). The Population consisted of 41,690 students from all government owned secondary schools in Nsukka education zone. The zone consists of three local government areas namely: Uzo-Uwani, Igbo Etiti, and Nsukka. There were fifty-two secondary schools in Nsukka education zone with majority of them predominantly situated in the rural areas (Post Primary School Management Board, 2002). A sample of 1,260 secondary school students was used for the study. This amounted to approximately 5 percent of the target population. The sample was adjusted representative of the population based on the suggestion by Nwana (1981) that 5 percent or less sample could be drawn from a population running into a couple of thousands.

The multi-stage sampling technique was adopted to draw the sample. The first stage of the sampling involved drawing the schools while the following stage was drawing a sample of the students. The stratified random sampling technique was adopted to draw six schools, which were approximately 12 per cent of the schools. This involved drawing one rural boys' school; one rural girls' school; one rural-co-educational school; and one urban boys' school; one urban girls' school; one urban co-educational school.

The next stage was using the simple random sampling technique to draw a class, each from the streams in the sampled schools. The average number of students in each class in rural and urban schools in thirty and forty respectively. This gave rise to a total number of 180 students and 240 students from each of the rural and urban schools selected. Therefore the final sample of 1,260 students emerged which consisted of about 190 rural boys, 220 rural girls, 3550 urban boys and 500 urban girls.

The students' Mental Hygiene Practice Questionnaire (SMHPQ) was designed by the investigator. The questionnaire consisted of the respondent's opinion on the students' preventive, promotive and restorative mental hygiene practices. Face validity of the instrument was obtained through the judgment of three validates drawn from the Departments of Health Education and Psychology, University of Nigeria, Nsukka. Their suggestions were used to restructure the final copy of the questionnaire which was used for data collection.

The reliability of the instrument was established using test-retest method where thirty copies of the questionnaire were administered on secondary school students outside Nsukka education zone. The exercise was repeated after two weeks interval on the same group of people to actually determine the reliability of the instrument. Reliability coefficient of .75 was achieved using Kappa statistics.

A letter of introduction from Head of Department of Health and Physical Education, University of Nigeria, Nsukka was presented to the school Principal of each of the school under study to gain

access to the respondents through the teachers. The teachers were thereafter expected to introduce the investigator to the students who completed copies of the questionnaire.

The data collected were coded and analyzed with computer using STATA-a data analysis package. The data were analyzed item-by-item to indicate the response frequencies and percentages of various categories of respondents according to location. The frequencies and percentage were extracted and presented in Tables, which answered the research questions.

The Chi-square statistic was computed using responses to the questionnaire items relevant to the stated null hypothesis. The computed X^2 values were used to test the null hypothesis at the .05 level of significance. Summary of the Chi-square tests were presented in appropriate Tables.

Results

Table 1. **Influence of Location on the Students' Preventive Mental Hygiene Practices PMHP**

	Urban		Rural	
PMHP	**F**	**%**	**F**	**%**
Eating before going to school	422	48.62	446	51.38
Drawing up a programme of activities	452	52.31	412	47.69
Tackling daily demands	454	53.66	392	46.36
Having money as a student	464	60.73	300	39.27
Going late to bed	316	46.88	358	53.12
Going for guidance/counselling	398	51.42	76	48.58

Data in Table 1 above show that as many as 60.73 percent of the students in the urban area reported they had money to use in solving their immediate problems, 53.66 percent of them took care of their daily demands without postponing them. Further results revealed that 52.31 per cent drew their programming of activity before embarking on them. Three hundred and ninety-eight (51.42%) went for guidance/counseling at school while 46.88 percent went to bed late at night.

The data also shows that while 53.12 percent of the rural respondents went to bed late, 51.38 percent ate before going to school. Three hundred and seventy-six (48.58%) reported they went for guidance/counselling before carrying them out. Three hundred and ninety-two (46.36%) of these rural respondents took care of their problems without having to postpone them. The other 39.27 per cent reported they never considered going to bed early.

Table 2. **Influence of Location on the Students' Promotive Mental Hygiene Practices**

	Urban		Rural	
PROMHP	**F**	**%**	**F**	**%**
Watching television at home	446	51.03	428	48.97
Engaging in sport/games at leisure time	382	48.60	404	51.40
Belonging to a club/society in society	416	53.75	358	46.25
Belonging to voluntary organizations in the school	192	37.21	324	62.79
Engaging in church activities	338	47.08	380	52.92
Sleeping in the afternoon	274	41.77	382	58.23
Relating well with teachers in school	530	51.26	504	48.74

Results from the above Table reveal that 53.75 percent of students from the urban area belonged to club/societies in their school in their social where 51.26 percent reported they had cordial relationship with their teachers. Four hundred and forty-six (51.03%) of them watched television at their homes where 48.60 percent participated in sport/games during their leisure. Further reports indicate 47.08 percent took part in church activities while Two hundred and seventy-four (41.77%) accepted they usually sleep in the afternoon. Thus, the least proportion of 37.21 percent belonged to voluntary organizations in their schools.

Furthermore, the results show that 62.79 percent of the rural students belonged to voluntary organizations in their schools while 58.23 percent took siesta after school. Three hundred and seventy-eight (56.93%) of them participated in craftwork while 52.92 percent of the rural students reported they took part in various church activities. Four hundred and four (51.40%) of them also reported partaking in sport/games during their spare time. Four hundred and twenty-eight claimed they watched television at home where 50.74 per cent claimed they related well with their teachers at school. More so, the least proportion (46.25%) of the students reported they belonged to club and/or societies in their school.

Table 3. **Influence of Location on the Students' Restorative Mental Hygiene Practices**

RMHP	Urban F	%	Rural F	%
Going to medical treatment	450	50.00	450	50.00
Liking people's advice	524	50.58	512	49.42
Accepting advice from people	406	49.39	416	50.61
Sharing problems	320	55.94	478	49.48
Forgiving people easily	488	50.52	478	49.48
Overlooking annoyance	496	52.10	456	47.90

Data in Table 3 above show that a greater proportion of (55.94%) of urban student kept their problem to themselves. Next is 52.10 percent who overlook annoyance when provoked. This is closely followed by 50.58 percent of them who reported they liked people's advice while 50.52 percent also claimed they forgave people readily. Four hundred and fifty (50.00%) respondents claimed they went for medical treatment when the fall sick while four hundred and six (49.39%) urban respondents reported they accepted advice from people.

The above data also show that while four hundred and sixteen (50.61%) of the rural respondents accepted advice from people, four hundred and fifty (50.00%) of them went for medical treatment when sick. Four hundred and eighty (49.48%) of them found it easy to forgive people when they feel offended whereas 49.42 percent liked people giving them piece of advice. The data also revealed that 47.90 percent of them overlooked cases of annoyance when 44.06 percent kept their problem to themselves as a means of restorative practice of mental hygiene.

Table 4. **Chi-Square Verifying Location Differentials in the Students' Preventive Mental Hygiene Practices**

PMHP	M	F	Cal X^2 Value	Critical X^2Value	Df	P	Decision
Eating before going to school	578	594	0.6558	3.84	1	0.418	Accepted
Drawing up a programme of activities	582	596	10.9736	3.84	1	0.001	Rejected
Tackling daily demands without postponing them	586	592	18.4414	3.84	1	0.000	Rejected
Having money as a student	590	596	103.6599	3.84	1	0.000	Rejected
Going late to bed	590	594	5.4351	3.84	1	0.020	Rejected
Going for guidance/counselling	572	594	5.5108	3.84	1	0.023	Rejected

Data in table 4 above reveal that the calculated X^2 values for 'eating breakfast before going to school (X^2 = 06.558 < 3.84) was less than the critical X^2 value. Hence, the null hypothesis was accepted for 'taking breakfast' but rejected all the other preventive mental hygiene practice. The results shows that the X^2 values for those other preventive practice were, drawing a programme (X^2 = 10.18.4414 > 3.84), 'tackling daily demand' (X2 = 18.4414 > 3.84) 'having money' (X^2 = 103.6599 > 3.84) 'going late to bed') (X^2 = 5.4351), and going for guidance/counseling' (X^2 = 5.1508 > 3.84). Following from the above, the null hypothesis which indicated that location has no statistical influence on the student mental hygiene practice was rejected.

Table 5. Chi-square Verifying Location Differentials on the Students' Promotive Mental Hygiene Practices

PMPH	M	F	Cal X^2 Value	Critical X^2Value	df	P	Decision
Watching television at home	564	602	9.8825	3.84	1	0.002	Rejected
Engaging in sport/games at leisure time	580	598	0.3816	3.84	1	0.537	Accepted
Engaging in craftwork/	574	600	20.7225	3.84	1	0.000	Rejected
Belonging to a club/society in school	582	600	18.2332	3.84	1	0.000	Rejected
Belonging to voluntary organization in school	574	602	49.5167	3.84	1	0.000	Rejected
Engaging in church activities	588	598	4.5609	3.84	1	0.033	Rejected
Sleeping in the afternoon	586	578	44.2158	3.84	1	0.000	Rejected
Relating well with teachers in school	590	588	0.0436	3.84	1	0.835	Accepted

Results from Table 5 reveal that calculated X^2 values for all the promotive mental hygiene practice except 'engaging in sport/games' ($X^2 = 0.3816 > 3.84$) and 'relating with teachers' ($X^2 = 0.0436 < 3.84$) were more that the critical X^2 values. Following from this, the null hypothesis was accepted for 'relating with teachers' and engaging in sport/games' but rejected for all the other promotive practice.

The data indicate that the X^2 values for these other promotive practice were 'watching television' ($X^2 = 9.8825 < 3.84$), 'engaging in craftwork' ($X^2 = 20.7225 > 3.84$). 'belonging to a club/society' ($X2 = 18.2332 > 3.84$) 'belonging to voluntary organization' ($X^2 = 49.5167 > 3.84$), 'engaging in church activities' ($X^2 = 4.5609 > 3.84$) and taking siesta' ($X^2 = 44.2158 > 3.84$). To this end, the null hypothesis that location has no statistical influence on the students' mental hygiene practice was rejected.

Table 6. Chi-square Verifying the Location Differentials in Students' Restorative Mental Hygiene Practices

RMHP	M	F	Cal X^2 Value	Critical X^2Value	df	P	Decision
Going for medical treatment	588	592	0.0436	3.84	1	0.835	Accepted
Liking people's advice	578	600	7.8717	3.84	1	0.005	Rejected
Accepting advice from people	578	598	0.0640	3.84	1	0.8000	Accepted
Sharing problems	584	594	18.0399	3.84	1	0.000	Rejected
Forgiving people easily	592	602	1.7743	3.84	1	0.183	Accepted
Overlooking annoyance	588	602	13.7700	3.84	1	0.000	Rejected

Results from Table 6 show that the calculated X^2 values for all restorative mental hygiene practices were more than the respective X^2 values at .05 level of significance. However, the null hypothesis stating that location has no statistical influence on the students' mental hygiene practice was rejected. The calculative value for the restorative practice were, 'going for medical treatment'($X^2 = 0.0436 > 3.84$), 'liking people's advice ($X^2 = 7.8717 > 3.84$), 'keeping problem to oneself' ($X^2 = 18.0399 > 3.84$), and 'overlooking annoyance' ($X^2 = 13.7700 > 3.84$), ($X^2 = 0.0640 > 3.84$), 'accepting people's advise (= $0.0640 > 3.84$), and forgiving easily' ($X^2 = 1.7743 > 3.84$).

Summary of Major Findings

The result of the investigation reveals the major findings:

1. Heeding to people's advice was adopted among urban while rural respondents went late to bed as a way of upholding mental hygiene (Table1).

2. Belonging to a club/society at school and belonging to voluntary organizations at school were adopted by urban and rural respondents respectively as a means of promoting mental hygiene (Table 2).
3. The result also revealed that sharing their problems and accepting advice from people were practiced by urban and rural respondents respectively (Table 3).
4. Significant differences existed between students in urban and rural areas in eating before going to bed; engaging in sports/games at leisure times; relating well with teachers; going for medical treatment; accepting peoples' advice and forgiving people easily (Table 4, 5 and 6).

Discussion of Findings

The discussion is presented under the major headings that were investigated.

Students' Preventive Mental Hygiene Practices

The study revealed that majority (60.73%) of the students had money to use in taking care of their financial needs. This finding conforms to a study done by Samuel and Enenta (2002). The study revealed that funds are necessary for students to cater for their financial needs as students.

Students' Promotive Mental Hygiene Practices

Belonging to voluntary organizations in schools (62.79%) was the major practice the students espoused. This finding is in consonance with an earlier study done by Husband and Hinton (2000) who found that taking part in voluntary organization programmes and other holiday activities helped in promoting social and mental health of adolescents.

Students' Restorative Mental Hygiene Practices

The result of the study unveiled that sharing problems (55.94%) were done as a means of getting off mental trouble. This agrees with an earlier study by Samuel and Enenta (2002) having found that students indulged in various activities to promote their sources of happiness, positive avenues of managing personal problems and practices they adopted in adjusting to their problems.

There were however no significant difference ($P < .05$) between urban and rural students in their mental hygiene practice such as in eating before going to school ($X^2 = 0.6558 < 3.84$); engaging in games/sports as leisure activities ($X^2 = 0.38.16 < 3.84$); relating well with teachers in school ($X^2 = 0.0436 < 3.84$); going for medical treatment ($X^2 = 0.0436 < 3.84$); accepting advice from people ($X^2 = 7.8717 < 3.84$); and forgiving people easily ($X^2 = 1.7743$ 3.84).

Conclusions

Based on the outcome of the results, the study concludes that

1. Having money to take care of their needs as students were the students' preventive mental hygiene practices.
2. Belonging to voluntary organizations in the school were the students' promotive mental hygiene practices.
3. Sharing their problems were the restorative mental hygiene practices espoused by secondary school students in Nsukka education zone.

The study shows the essence of good mental hygiene practices among secondary school students which enhances their general health and that of the community.

Recommendations

1. Parents/guardians should develop interest in the affairs of their children/wards to detect when they may be in difficulty and ensure they provide funds to cater for their needs and demands.
2. Teachers have a significant part to play in providing an enabling environment for teacher-student relationship and student-student relationship to encourage a healthy social environment for mental health to thrive among the students.
3. Belonging to various clubs activities / voluntary organizations at school and engaging in other extra-curricular activities improve socio-emotional well-being of students.

4. A strong commitment and dedication is needed between the community, teachers and students to enhance the knowledge and practice of mental hygiene to improve health situation and lower illness in students.

References

Ali, A. (1996). *Fundamentals of Research in Education.* Akwa: Meks Publishers (Nigeria).

Beers, C. W. (2002). *A mind that found itself: An autobiography*. New York: Double Day and Company.

Carmona, R. H. (2003). *United States Public Health Matters.* Office of the Surgeon General.

Enenta, C.B. (2004). Mental Hygiene Practices among Secondary School Students in Nsukka Education Zone. *An Unpublished Masters Project. University of Nigeria, Nsukka.*

Ellis, W.J. (2012). *Origins of mental hygiene*. Paper presented at the International Conference of Pastors/Ministers of Seventh-Day Adventist Church.

Gupthah, D. (2009). Practice of mental hygiene of students in Bogura Province. *Medical Education Journal, 34*(5): 40-49.

Husband, P. & Hinton, P. E. (2000). A suggested framework for outcomes in child and adolescent mental health services. *Community Health Journal, 9*(3): 61-72.

Klein, D.B. (1992). *Mental hygiene: The psychology of personal adjustment*. New York: Harry Holt & Coy, Inc.

Mind, V. (2003). The liaison model: A guide to mental health services for children and adolescents. *Psychiatry Bulletin, 19,*131–139.

Nwana, O. C. (1981). *Introduction to educational research for student teachers*. Ibandan: Heinmman Educational Books Ltd

P.P.S.M.B (2002). *Man-Power Statistics*. Nsukka Education Zone.

Querido, A. (2004). Mental Hygiene Practices: After-Thoughts on WHO Conference. *Journal of the College of General Practitioners, 4*(1): 137-142.

Richards, K.C & Bergin, A.E. (2000). *Hygiene: A handbook of psychotherapy and religious diversity*. Washington D.C.: Becker Books.

Rogers, O. D. (1998). Mental health conference reports. *International Journal of Psycho-Analysis, 39,* 350.

Samuel, E.S & Enenta, C.B. (2002). Preventive mental hygiene practices of secondary school students in Nsukka Local Government Area of Enugu State. *Journal of Health Education and Sport Science 3*(1), 8 -17.

Shalala, C. (1999). *United State Department of Health and Human Services.*

World Health Organization (1999). *Growing old-staying well: Ageing and physical activity in everyday life*. Geneva: WHO.

World Health Organization (2005). *Health Statistics: An overview*. Geneva: