

Mental Health issues among grade ten students in the Ampara Regional Director of Health Services area: a qualitative study

N H S Nadeeka, K Wijewardena

Abstract

Background

Adolescents are vulnerable to develop mental health problems due to the many physiological, psychological, and social changes which occur in their lives. Research is scarce regarding this issue from rural areas of Sri Lanka.

Aims

To identify and explore the mental health problems experienced by grade ten students in Ampara Regional Director of Health Services area, possible underlying reasons for these, and their coping measures.

Methods

A qualitative study was conducted among grade ten students and their teachers in four type IC and II schools from the Ampara educational zone in the Ampara Regional Director of Health Services area. Semi-structured focus group discussions conducted separately with students and teachers were used for data collection. Thematic analysis was performed on the collected data which was transcribed verbatim.

Results

Six main themes, namely, emotional problems, peer issues, use of alcohol, tobacco and other substances, involvement in groups and seeking pleasure, violent behaviour and learning difficulties were identified in the thematic analysis. Originating from single-parent families, poverty, disrupted family connectedness and low educational level of parents emerged as possible underlying risk factors for the development of mental health problems among the study group. Different ways in which students faced the issues and the importance of having proper mental health promotion services in the school context were emphasised by both students and teachers.

Conclusions

Multiple mental health issues in adolescents studying in grade ten were identified in this qualitative study. School health programmes are recommended to include mental health promotion for primary prevention of such issues.

Key words: mental health, qualitative study, adolescents, school, rural

SL J Psychiatry 2022; 13(2): 21-26

Introduction

The World Health Organization (WHO) defines mental health as a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community (1). It is estimated that globally, 1 in 7 (14%), 10-19 year-olds experience mental health conditions (2).

The Sri Lanka Global School-Based Student Health Survey conducted in 2016 states that 38.5% of 13 to 17-year-old students reported that they were bullied while 8.5% and 6.8% reported that they felt lonely and had attempted to harm themselves respectively (3). In addition, Kathriaarachchi et al., report that child and adolescent mental health problems such as substance abuse and disruptive behaviours are on the rise in Sri Lanka (4).

Maternal psychopathology, adverse parental factors, poor child-parent relationships, adverse family life, household tobacco exposure, and adverse socioeconomic status have been reported as some of the risk factors for emotional and behavioural problems among children and adolescents (2,5). Mental health problems occurring in adolescence may result in poor academic achievement, poor family relationships and economic problems (2). In our opinion, there is a scarcity of data regarding mental health issues and their contributing factors among adolescents from rural areas of Sri Lanka.

The Ampara district of Sri Lanka has mainly an agricultural-based economy and was one of the areas affected by the ethnic conflict (6,7). The Ampara District Secretariat has identified youth unemployment, high levels of poverty, increased use of alcohol by youth and high levels of school dropouts as major challenges in the district (8). The school survival rate of grades 1-9 (5-16 years) in the Ampara district is 73% (8).

This study is part of a project conducted to examine the emotional and behavioural problems among grade ten students and to develop an educational module to improve their mental health.

Methods

A qualitative study was carried out among the focus groups using semi-structured interviews. Out of the three educational zones in the Ampara district, the Ampara education zone was selected by the investigators considering the feasibility of conducting the study. All government schools in Sri Lanka are categorized into four functional groups according to the availability of certain grades; namely type IA or IB (advanced level in all streams), IC (non-science advanced level only), type II (year 1 to 11) and type III (year 1 to 8 or year 1 to 5) (9). For this study, four schools from IC and type II categories in Uhana, Damana and Ampara divisions were selected. The above three areas are categorized as rural areas and have a predominant Sinhala Buddhist population (8).

Grade ten students (approximate age 15 years) and teachers of the same schools teaching the same grade were selected for the discussions.

The sample size was not calculated before starting the focus group discussions. Data collection ceased when the investigators no longer attained new information.

The data collection took place from May 2018 to November 2019. The discussions were conducted in the Sinhala language with 8-10 students at a time, in a place where confidentiality could be maintained, in a non-intrusive manner. The first author started the discussion by explaining the concept of mental health to the

participants and then invited those who were willing to participate in the study to share their thoughts or experiences regarding mental health problems. One discussion lasted around 30-45 minutes. A research assistant took notes of the discussion with the consent of the participants however these were not audio recorded as the students did not consent for the discussion to be recorded. The discussions with the teachers were conducted in the same manner and were audio recorded. Altogether, four focus group discussions with the students and three focus group discussions with the teachers were conducted.

The ethical approval was obtained from the Ethics Review Committee of the Faculty of Medicine, University of Kelaniya (P/102/03/2018).

Written informed consent and assent were obtained from the parents of the students and the students for participation in the study respectively. Verbal informed consent was obtained from the teachers to participate in the study. Administrative approval to conduct the study was obtained from the Ministry of Health, the Regional Director of Health Services, Ampara and the Zonal Educational Director, Ampara.

The discussions were transcribed verbatim in Sinhala by the first author. The transcripts were then translated into English taking care to preserve the original meaning of the Sinhala transcript. We used the thematic method to analyse the transcribed data in six steps as described by Braun and Clarke (10). The first author went through all the data sets repeatedly giving equal attention to all the data. The initial codes were then developed for the emerging themes. All the codes and frequencies appearing in the data set were then listed and the themes were developed. After reviewing, the themes were named, and the thematic map was developed (Figure 1).

Results

Thirty-seven students of grade ten (20 females and 17 males) participated in the discussions. All the students were Sinhalese Buddhists from the relevant catchment area of the school with similar socioeconomic backgrounds. The majority (21/31) of their parents were engaged in informal occupations such as farming and manual work or were unemployed. The other parents were employed in the government sector. All the students reported that their family income was adequate or fairly adequate for their expenses.

Eighteen teachers participated in the discussions (11 females and 7 males). All the teachers were from the same geographical area and spoke Sinhala. All the teachers were Buddhists except one female teacher whose religion was Islam.

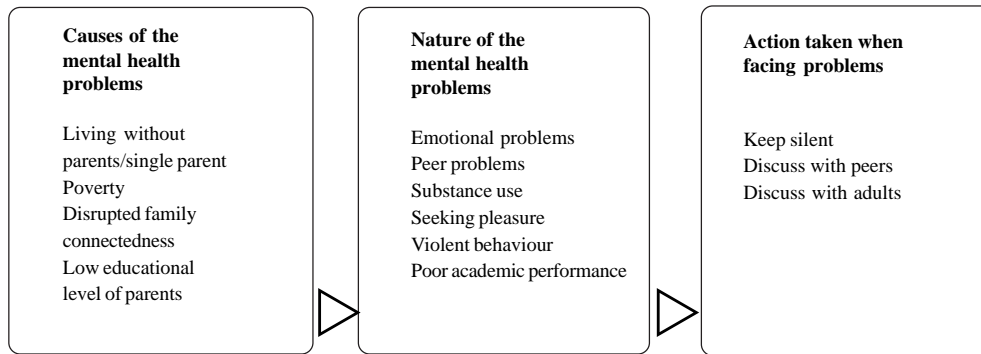


Figure 1. Thematic map of mental health problems among the students.

We identified four main topics, i.e., the nature of emotional and behavioural problems experienced by students, possible reasons for such problems, actions taken when students faced a problem and the solutions suggested by them.

Nature of the mental health problems as described by the students and the teachers

Emotional problems (anxiety and stress)

Almost all the students were worried about the examinations and their marks.

One female student reported that:

“I cannot even think about the exams. I am frightened of the exams. When the exam comes nearer, I get very anxious.”

Students also reported difficulties in emotional regulation and negotiation skills. One male student mentioned:

“I am short-tempered. I lose my temper at home. I cannot agree with what my parents say. They always order me to study, do this and that. I cannot tolerate these things. I am frustrated at home. When I have a problem, I discuss it with my friends and settle it.”

Romantic relationships were common, especially among female students of the group, and they were worried as their parents were not aware of the relationships. Teachers commented on how female students particularly were unlikely to reveal their anxieties regarding relationships and tended to elope with their partners at an early age.

Peer problems

Peer problems were common among students. One teacher reported:

“Some cannot share even a small thing. Some are violent, call names and bully others. They want to be highlighted in a good or a bad way. Even if we hit and punish, they

do not stop being mischievous. We have seen ragging of newcomers.”

Use of alcohol, tobacco, and other substances

The students discussed the use of alcohol, tobacco, and other substances among their peers.

“Boys work in the paddy field with the elders. They drink and smoke. Older brothers buy cigarettes for them because minors are not sold cigarettes” (Male student).

“Some are addicted to tobacco. They chew betel and “thuul” (a tobacco-based chewable substance). They use even “ganja” (cannabis). Children who work in chenas tend to do such things” (Teacher).

One boy mentioned that this was to get the attention of the others.

“They smoke in public areas to get the attention of others. Some adults promote such activities. They buy cigarettes for children.”

Involvement in group behaviours and seeking pleasure

According to the teachers, students formed groups among themselves. The behaviour of some groups was disruptive and not appropriate for the school setting. Members of such groups showed similar behaviours such as shouting in class, calling others crude names, bullying and ragging.

A male student told that:

“Some boys steal money from home and buy mobile phones. They work in the paddy fields or chenas in the evening to collect money for a phone. Girls do not have to struggle because their boyfriends buy phones for them. They watch blue films (pornography) on these phones. They are scared about it.”

A teacher talking about group behaviours mentioned:

“They try to act like film stars. They cut their hair in various styles. They wear tight-fitting shirts and trousers and big silver chains. They do not tuck in their shirts properly. Sometimes they harass the girls.”

Violent behaviour

Most of the teachers spoke about violence among the students and noted that such behaviours have increased during the recent months.

A teacher related these behaviours to the times of examinations:

“Exam mentality increases their stress. It is very difficult to control them at the end of the year.”

Learning difficulties

The teachers discussed the learning difficulties experienced by the students. A female teacher mentioned that:

“Some children cannot read or write properly. They are very weak. They just come and go. Some of them are very quiet and do not disturb others. Some children always try to copy from others and misbehave in class. They cut the class or avoid teachers.”

“There are a lot of children who get zero for mathematics. They cannot even write. I cannot teach letters in the maths period.”

Possible reasons for the problems from the point of view of the teachers

The teachers identified disrupted family backgrounds as one of the main reasons for the emotional and behavioural problems. A teacher reported:

“They (students from disrupted families) have more freedom to do whatever they want. They associate with older people. So, they have different ideas and behaviours. Their parents do not guide the children.”

Another area they identified was poverty.

“Children do not want to stay at home when there are problems in their homes. They are very poor and have small houses. They do not have separate rooms in the house. So, they do not like to stay at home. They go out of the homes and associate with older persons.”

The teachers also identified poor connectedness between the students and their parents as a reason for the emotional and behavioural issues.

“Children are less connected to parents because the parents are very busy. Now parents are like machines. During the grade five scholarship examination, they are very interested in their child’s school activities. After that, they leave the children alone.”

The teachers also identified poor educational level, substance use and extramarital relationships among parents as factors contributing to the children developing behavioural and emotional issues.

One teacher reported:

“Low educational level of the parents is one of the reasons they cannot control the children”.

Actions taken when students face a problem

One teacher mentioned that:

“The children who have problems do not tell us. Usually, their friends tell us. We observe the child’s behaviour and identify the students who are suffering from any issues.”

“They quarrel when they have problems. Some children express their problems. Some children do not identify that they have a problem.”

Solutions suggested by the students and teachers

The students spoke of the need for a supportive school environment to help with their issues. One female student reported that, “teachers should be kind”. A male student from the same school emphasized that there should be a separate room for counselling to maintain the privacy of the student. A teacher reported that:

“The counselling teacher should be a person capable of handling the problems of the children. There should be a separate place for counselling purposes. If the counselling teacher is assigned to teach a subject that the child is not good at, the student is reluctant to go to the counselling teacher to discuss their problems.”

Discussion

This qualitative study identified some common mental health issues of students of grade ten in four schools in the Ampara area and possible underlying reasons for those issues. Emotional problems, peer problems, use of alcohol and other substances, involvement in group behaviour and seeking pleasure, violent behaviour and learning difficulties were identified as the common problems.

A study done in Nepal in a rural area among school children reported issues such as addictive behaviour, not paying attention to studies, getting angry over small issues, fighting back, disobedience, and stealing (11). In a study conducted among students aged 14-17 years in North East England, Spencer et al., describe how students felt sad and depressed when they were nearing an exam and that bullying was a common problem among those students (12). A national survey conducted by UNICEF in Sri Lanka revealed that 75% of students had

experienced peer harassment and violence in school settings (13). Senanayake et al., report the association of violence with tobacco and alcohol among 13 to 17-year-old Sri Lankan students (14). Sri Lanka, as well as global studies, have reported that poverty, alcohol and substance use, distorted family relationships, low education level of the parents, lack or excessive attention of the parents and domestic violence were associated with mental health problems of the students (11,12). In addition, Somasundaram has highlighted the impact of the civil war on the mental well-being of adolescents in Sri Lanka (15).

In a previous study, Guruge et al., reported about the commonly held beliefs of spells, evil eyes and evil tongues as causative factors of mental illnesses in a rural community in Anuradhapura and the use of religious rituals by those who were affected by these conditions (16). However, the students and or the teachers in our study did not express such views even though both studies were conducted in rural settings.

A study conducted in Jaffna reports the positive effects of a yoga-based programme which included breathing control techniques and mindfulness meditation on school performances, family dynamics and individual health (17). The school health programme could be utilized to promote the mental well-being of Sri Lankan students. However, as was found in our study, Jayawardhana and Gamage highlight the negative perceptions of the school counselling services by the users and the inherent challenges such as not having a dedicated counselling space in schools for this purpose (19). The need for tailored mental health support as well as safe spaces in schools where students can feel relaxed and comfortable in discussing sensitive issues has been previously emphasised (12).

Limitations

This study was conducted in an agriculturally based rural area and may not represent all the school-going adolescents in Sri Lanka. In addition, it was conducted among Sinhala, Buddhist students and may not represent the students who are from other ethnicities and religions.

Conclusions

We highlight the emotional and behavioural issues among adolescents from a rural area of Sri Lanka and the importance of streamlining the currently available student support programmes.

Acknowledgement

We acknowledge all the students and teachers who participated in the study.

Statement of contribution

SN wrote the protocol. SN and KW formulated the focus group discussion guide. SN conducted the focus group discussions. SN and KW analysed the data and wrote the manuscript. KW supervised the whole project. Both authors approved the final manuscript.

Funding

This is a self-funded study.


Conflicts of interest

None declared.

N H S Nadeeka, K Wijewardena, Department of Community Medicine, University of Sri Jayewardenepura, Sri Lanka

Corresponding author: N H S Nadeeka

E-mail: sajaninadeeka@yahoo.com

 <http://orcid.org/0000-0003-1201-3514>

References

1. World Health Organization. Mental health: strengthening our response, 2022. Available at: <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>
2. World Health Organization . Adolescent mental health. World Health 2021. Available at: <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>
3. Ministry of Health, Nutrition and Indigenous Medicine and Ministry of Education, Government of Sri Lanka. Report of the 2016 Sri Lanka Global School-Based Student Health Survey. Colombo. 2017.
4. Kathriarachchi ST, Seneviratne VL, Amarakoon L, Lanka S. Development of mental health care in Sri Lanka: Lessons Learned. Taiwan J Psychiatry 2019; 33(2): 55-65.
5. Ogundele MO. Behavioural and emotional disorders in childhood; a brief overview for paediatricians. World J Clin Paediatr 2018; 7(1): 9-26.
6. Department of Census and Statistics. Basic population information on Ampara district - 2007. Department of Census and Statistics 2007. 16-19.
7. Ismail SMM. Post-war socioeconomic development in the Eastern Province: A case study of Ampara district. Int J of Faculty of Arts and Culture South Eastern University of Sri Lanka 2014; VIII(2): 176-82.
8. Ampara District-Secretariat. District development plan 2018-2022. The District Secretariat; 2018.

9. Samita S, Thattil R. Classification of state schools in Sri Lanka: a multivariate approach. *Ceylon J Sci: Phys Sci* 2002; 9(1): 102-9.
10. Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol* 2006; 3(2): 77-101.
11. Adhikari RP, Upadhaya N, Gurung D, et al. Perceived behavioral problems of school aged children in rural Nepal: A qualitative study. *Child Adolesc Psychiatry Ment Health* 2015; 9(1): 1-9.
12. Spencer L, McGovern R, Kaner E. A qualitative exploration of 14 to 17-year old adolescents' views of early and preventative mental health support in schools. *J Public Health* 2020; 44(2): 363-69.
13. Thalagala NI, Rajapakse L, Yakandawala H. National survey on emerging issues among adolescents in Sri Lanka. Colombo, Sri Lanka: UNICEF Sri Lanka. 2004: 1-304.
14. Senanayake SJ, Gunawardena S, Wickramasinghe S et al. Prevalence and correlates of interpersonal violence among in-school adolescents in Sri Lanka: Results from the 2016 Sri Lankan Global School-Based Health Survey. *Asia Pac J Public Health* 2019; 31(2): 147-56.
15. Somasundaram D. Collective trauma in northern Sri Lanka: A qualitative psychosocial-ecological study. *Int J Ment Health Syst* 2007; 1(1): 5.
16. Guruge GND, Dahlström C, Perera M, Andersson LMC. Views and perceptions toward mental illness: A qualitative study from a rural, agricultural community in Anuradhapura, Sri Lanka. *Asian Pac J Health Sci* 2021; 8(2): 45-51.
17. Sivashankar JT, Surenthirakumaran R, Doherty S, Sathiakumar N. Implementation of a non-randomized controlled trial of yoga-based intervention to reduce behavioural issues in early adolescent school-going children in Sri Lanka. *Global Health* 2022; 18(1): 27.
18. Jayawardena HKH, Gamage GP. Exploring challenges in mental health service provisions for school-going adolescents in Sri Lanka. *Sch Psychol Int* 2022; 43(1): 18-37.