



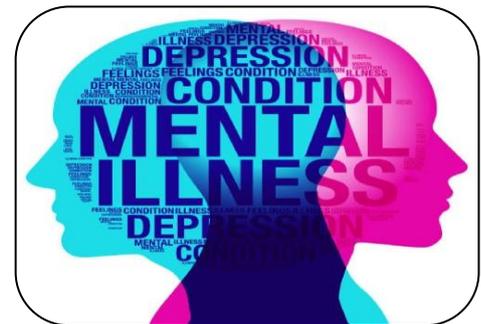
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MENTAL HEALTH STATUS AMONG RURAL SCHOOL CHILDREN

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ABSTRACT:

Mental health is important to overall health. India is a nation of 1.3 billion individuals, where 67% of the Indian populace lives in rustic territories. Approx. 196 million grade school going youngsters, out of that 146 million are tried out rustic schools (Source: U-DISE 15-16). Fortunately practically these youngsters are taken on school, enlistment of kids for the age bunch 5 to 14 has been above 95% in country India The school training in rustic India is generally subject to Government and Government supported schools. For provincial India excursion of instruction isn't simple, youngsters from country regions face numerous difficulties till they finish their schooling. Not many of them recorded beneath.



The morbidity pattern and nutritional profile was evaluated of school children who resided around Mosaboni Copper Mines and in surrounding villages of Ghatsila subdivision in Singhbhum district of Bihar State, India. A total of 1424 school children (816 boys and 608 girls) between 5-17 years old were studied. Children were examined on school premises with the assistance of teachers and health visitors. Body weight and height, nutritional deficiency signs, common infective conditions, and cardiac murmurs were recorded. Evidence of morbidity was found in 52.8% boys and 67.4% girls. 11.9% boys and 12.2% girls had 2 or more conditions existing together. The average number of children per family was 5.13; it was 4.77 in families with no child illness; 5.03 with 1 illness and 6.94 if 2 or more morbid conditions were found in a child. Approximately 2% girls over 12 years old had dysmenorrhea and polymenorrhea. Only 15.4% of boys and 19% of girls weighed above 80% of the 50th percentile of the Harvard Standard. 76.4% of boys and 71.7% of girls weighed between 61% and 80%, while 8.1% of boys and 9.1% of girls weighed less than 60%. 20% of boys and girls showed features of stunting. Deficiencies of Vitamin B-complex and Vitamin A as well as clinical anemia were common while rickets and scurvy were rare. The prevalence of worm infestation, lymphadenopathy as well as skin and respiratory infections were lower than in some other studies. Dental caries was observed in 21% of cases, but the prevalence of periodontal disease and malocclusion was higher than reported by others. Convulsive disorders and myopia were less common than in urban school children. Prevalence of congenital cardiac lesions was higher than in urban studies probably due to heredity. Nutritional supplementation in schools, regular medical checkups of school children, and health education of the community with emphasis on small family norms could improve the overall health status of rural children.

KEYWORDS : Mental health , morbidity pattern and nutritional profile.

INTRODUCTION:

The majority of children with mental health problems go untreated, and the gap between need and service use is assumed to be wider in rural than in urban areas. It is also assumed that rural families of children with mental health problems experience a greater financial and emotional impact than urban families. These assumptions reflect the lower availability of mental health specialty care and support services in rural areas. Lower income and more limited economic opportunities may further hamper the ability of rural families to care for children with more severe mental health problems. The current research literature does not describe how well the needs of children with mental health problems are being met in rural areas, or the impact of these needs on rural families' financial and emotional well-being. Although there are reasons to believe the burden these problems place on families is higher in rural areas, evidence is limited. The majority of children do not receive care for their problem; roughly two-thirds of children who need mental health care do not receive it. This gap between need and service use is assumed to be wider in rural than in urban areas, particularly for children with more serious needs. In addition to unmet needs, families of children with mental health problems are likely to experience negative financial and emotional impacts resulting from their child's condition.⁹⁻¹¹ Research to date on rural family impact has included children with all types of special health care needs, yet families living in rural areas may be especially vulnerable to the financial and emotional impacts of caring for a child with mental health problems because rural families often live in communities with few mental health providers¹² and mental health service use among rural children is lower. Moreover, rural families of children with special health care needs spend more time caring for their children at home and experience more financial difficulties related to the child's medical needs than urban families. The current research literature does not describe how well the needs of children with mental health problems are being met in rural areas.

RESEARCH METHODOLOGY

The purpose of this study is to close the knowledge gap about the use of mental health services by rural children with mental health problems and the impact that caring for these children has upon their family. Specifically, we seek to identify any rural-urban differences in whether children with an apparent need for mental health care receive services; the extent to which the amount of care received meets their needs (based on parent perception); and, the specific challenges or impacts families face in providing or coordinating care for their children. To address these questions we analyzed a nationally representative survey of parents of children with special health care needs.

IMPORTANCE OF THE PAPER

It is increasingly recognized that the programs of mental health of rural school children start at such an early age. India needs to aim at improving child development by early childhood interventions like preschool psychosocial activities, nutritional and psycho-social help to give roots for a healthy community. Presently the community is also demanding the skills building programme and child and youth development programme so, reduce the burden of mental health of rural school children.

OBJECTIVES OF THE PAPER

1. To study the service provide to mental children
2. To know the challenges of mental health among rural school children
3. To study the monitoring children's mental health

SERVICE PROVIDE TO MENTAL CHILDREN

Schools provide the majority of children's mental health services, with specialty mental health services and general medical care contributing a smaller proportion of care. Very few children received care through the child welfare or juvenile justice systems, but when they did these children often had significant mental health impairment. For the majority of children receiving services, the educational system was their sole source of care and the most frequent entry point for first receiving mental health services.

CHALLENGES OF MENTAL HEALTH AMONG RURAL SCHOOL CHILDREN

1. Residents of rural communities are far less likely than their urban counter-parts to report needing care, and significantly less likely to receive treatment for mental and behavioral health problems.
2. There is evidence of higher suicide rates in rural areas, particularly among adult males and children. Families in these areas often experience stress due to high poverty rates, high unemployment rates, and low educational opportunities.
3. Children's are particularly affected by these barriers and are at a higher risk of abuse, as the shortage of mental health services and lack of anonymity often make it difficult for children's to leave dangerous relationships.
4. Rural populations are more likely to experience a limitation of activity caused by chronic physical conditions, such as obesity, diabetes, heart disease, and high blood pressure.
5. Because of the scarcity of mental health providers, rural area is more likely to use primary care physicians for their mental and behavioral health needs.
6. Rural residents often travel long distances to receive services, are less likely to be insured for mental health services, and less likely to recognize the illness
7. Chronic shortages of mental health professionals exist and mental health providers are more likely to live in urban centers
8. The stigma of needing or receiving mental healthcare and the fewer choices of trained professionals who work in rural areas create barriers to care

POLICY IMPLICATIONS

Mental health problems have considerable impact on children and their families and some of these impacts are higher in rural than urban areas. Rural children are slightly but significantly more likely to have a mental health problem than urban children, are more likely to have a behavioral difficulty, and are more likely to be usually or always affected by their condition. Compared to urban children, rural children are more likely to go without access to all parent-reported needed mental health services and their families spend more time coordinating their care. To improve access to care for children with mental health needs and their families, policymakers and providers should consider models that have been effective for children with other special health care needs, including a medical home with care coordination, adequate insurance coverage, and organized community-based services. Promoting access to public coverage and outreach regarding care coordination benefits are important for ensuring access to mental health care for children in rural areas.

SUGGESTIONS

1. Mentally healthy students can fulfill the need of the society.
2. A mentally healthy student can think positively and cherishes it in any situation.
3. Mentally healthy student's contribution in developing the society and nation is very helpful.

CONCLUSIONS

Rural children have significantly higher rates of mental health problems and are more likely to have behavioral problems than urban children. Rural children with mental health problems are as likely to receive any mental health care as their urban counterparts; however, rural children are 20 percent less likely to receive all needed mental health care. Children with mental health problems who are uninsured are more likely to receive any mental health care compared to those who have private health insurance. However, they are 60 percent less likely than their privately-insured counterparts to receive all needed services.

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