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A study to assess the effectiveness of self-instructional module on the knowledge regarding awareness of psychosomatic disorders among adolescents in selected schools of Bhopal

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Abstract

There is physical connection between what the mind is thinking and those parts of the brain that control bodily functions. According to Charles Goodstein, MD, clinical professor of psychiatry, New York University School of Medicine in New York City, and president of the Psychoanalysis Association of New York, the brain is intimately connected to our endocrine system, which secretes hormones or chemicals that can have a powerful influence on your emotional health. “Thoughts and feelings as they are generated within the mind (can influence) the outpouring of hormones from the endocrine system, which in effect control much of what goes on within the body”, says Dr. Goodstein.

Methods: This research work the methodology of the investigation is of vital importance. “Research methodology is a way to systematically solve research problems. It includes the steps, procedures and strategies for gathering and analyzing the data in a research investigation”.

Results: There were 60 samples included in the study for the assessment of pre test knowledge score, out of which 0 (0%) had good knowledge score, 52 (86.67%) had an average knowledge score and 08 (13.33%) had a poor knowledge score regarding psychosomatic disorders. The mean pre test knowledge score was 13.47

Discussion: This chapter contains main findings of the research study and reviews that are in relation to the findings from the results of the present study. In order to achieve the objectives of the study a pre-experimental (one group pre test post test) design was adopted. The objectives were evaluated using prepared questionnaire for socio-demographic data and knowledge on psychosomatic disorders.

Keywords: Physical connection, mind and brain, bodily functions

Introduction

As a matter of fact, it is very probable that many patients who go to their physician’s office with physical complaints have underlying depression, he says. People who visit their doctors reporting symptoms of headache, lethargy, weakness, or vague abdominal symptoms often end up being diagnosed with depression, even though they do not report feelings of depression to their doctors, says Goodstein. Depression causes you to be over aware of physical discomfort.

While unhappy or stressed out thoughts may not directly cause poor physical health, they could be a contributing factor and may explain why one person is suffering physically while someone else is not, Goodstein gain clarity around the word psychosomatic means mind and body. Psychosomatic disorders are those disorders in which the psychic elements are significant for initiating chemical, physiological, or structural alteration, which in turn all illnesses can be considered to be psychosomatic. That is, they inevitably involve the minds reaction (psyche) to a physical (soma) illness. However, in some illnesses, psychological factors seem to play a particular important part create the physical symptoms in the person.

Research design

“One group pre test post test design involves one group of subjects that is accessible but beyond control to study the effect of extraneous variable for a period of time”.

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Setting of the study

The study was conducted in Model Higher Secondary School, T.T. Nagar Bhopal. Prior permission will be taken from the principal by explaining purpose and significance of the study

Sampling technique

“Non probability purposive sampling entail that the researcher chooses the sample based on who they think would be appropriate for the study”.

Sample size

A sample is the subset of population selected to participate in research.
The total sample size for the study was 60 adolescents.

Sampling criteria

Inclusive criteria

- School adolescents who were willing to participate in the study.
- Those who were present at the time of study.
- Adolescents at an age between 13-19 years.
- Adolescents who were familiar with English and Hindi.

Exclusive criteria

- School adolescents who were absent at the time of study.
- Those who were not willing to participate.

Result s

Table 1: Showing that the distribution of the study participants

S. N.	Category	Poor	Average	Good	Total	DF	Chi	P-value	Inference
1.	Age								
	13-15	22	6	1	29				
	15-17	13	3	1	13	4	0.57	2.131	NS
	17-19	13	1	0	14				
2.	Gender								
	Male	5	35	0	40	2	0.08	2.920	NS
	Female	3	17	0	20				
3.	Type of family								
	Nuclear	5	30	0	35				
	Joint	2	13	0	15	1	0.12	6.313	NS
	Extended	1	9	0	10				
4.	Residence								
	Rural	2	11	0	13				
	Urban	6	41	0	47	2	0.07	2.920	NS
5.	Educational qualification of father								
	No formal education	0	0	0	0				
	Upto HS	2	8	0	10				
	Graduate	4	36	0	40	6	1.17	1.943	NS
	Post graduate	2	8	0	10				
6.	Education qualification of mother								
	No formal education	4	26	0	30				
	Upto HS	3	24	0	27				
	Graduate	1	2	0	3	6	1.47	1.943	NS
	Post graduate	0	0	0	0				
7.	Occupation of Father								
	Unemployed	0	0	0	0				
	Private job	4	26	0	30				
	Govt. job	1	12	0	13	6	0.63	1.943	NS
	Own work	3	14	0	17				
8.	Occupation of mother								
	House wife	4	36	0	40				
	Own work	1	2	0	3				
	Private job	3	14	0	17	6	1.69	1.943	NS
	Govt. job	0	0	0	0				
9.	Family income								
	5000-10000	1	1	0	2				
	10001-15000	4	9	0	13				
	15001-20000	2	28	0	30	6	11.05	1.943	S
	Above 20000	1	14	0	15				
10.	Previous knowledge								
	Yes	2	3	0	5				
	No	6	49	0	55	2	3.33	2.920	S
11.	Source of previous knowledge								
	Mass media	8	52	0	60				
	Family	0	0	0	0				
	School	0	0	0	0	6	0	1.943	NS
	Books/ literature	0	0	0	0				

Table 2: It deals with the analysis of the comparison of pre test and post test knowledge of psychosomatic disorders in higher secondary students, N= 60

S. No.	Category	Mean	Mean difference	SD	SD difference	t-test
1.	Pre test knowledge	13.47	6.65	9.1	1.44	-12.58
2.	Post test knowledge	20.12		7.66		

Table no 02 show the majority of comparison of 60 samples. The mean pre test knowledge score is 13.47 and mean post test knowledge score is 20.12. Mean difference is 6.65. SD for pre test is 9.1 and for post test is 7.66. The SD difference is 1.44. The t-test value is -12.58. There will be significant difference between pre test knowledge score and post test knowledge score at the level of 0.05. Hence, H_1 is accepted.

Discussion

Shows there is no significant association between the awareness of psychosomatic disorders and the selected variables, age, sex, residence, family type, occupation of father and mother, educational qualification of father and mother, and source of family except having significant association with previous knowledge and family income at 0.05 level of significance. Hence the hypothesis H_2 is not accepted.

Conclusion

The present study assessed the knowledge of adolescents regarding psychosomatic disorders. There was significant differences on the knowledge score before and after administration of self-instructional module. The overall pre-test score shows that 52 (86.67%) of adolescents had average knowledge, 08 (13.33%) had poor knowledge and none of them had good knowledge. Self-instructional module was prepared and administered on the first day of pre test to enhance the knowledge of adolescents which is essential for making awareness regarding psychosomatic disorders and thereby to update their knowledge in psychosomatic disorders.

Conflict of Interest

Not available.

Financial Support

Not available.

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