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KNOWLEDGE, ATTITUDES AND BEHAVIOR OF STUDENTS IN RELATION OF MENTAL HEALTH: A CROSS-SECTIONAL STUDY IN KAZAKHSTAN

Introduction: Attitudes of students to mental health issues is a neglected area in Kazakhstan due to high level of stigmatization, cultural traditions and lay beliefs as in some other countries. We did an attempt to recognize issues related to knowledge, attitude and behavior of students of first year (17-19 years old) regarding mental health issues on the base of self-administered questionnaire across the country.
Methods: A self-administered questionnaire was the main tool for data collection. The whole questionnaire consists of three main parts: 1) healthy life style; 2) harmful habits (smoking, alcohol and drug use); 3) mental health. Total sample size was 5,000 students from five regions of the country.
Results: One of the main results of this study was relatively high percentage of 17-19 years old students who understand importance of healthy lifestyle and reported about their readiness to follow it. Only a few proportion of students consider "good" mental health as a part of healthy lifestyle. Young people mostly think that physical activity and refusal of bad harmful habits (smoking, alcohol and drug use) are main components of healthy lifestyle.
Conclusion: The majority of students tend to improve their health. Students reported about their confidence in governmental clinics, specialists and desire to obtain information about health during trainings, competitions and festivals at university settings.
Keywords: students, students' mental health, stigmatization, attitudes and behavior.

Introduction

Youth health is one of the important directions of public health due to many reasons, including high psychological and intellectual load connected with significant social, economic and physical changes in life, lack of emotional stability and hormonal maturity (1, 2). In addition, this period of life for many young people is characterized by intensive study at university or college, an active search for a model of behavior and lifestyle, which is often accompanied by acquisition of such bad habits as the use of tobacco, alcohol, drugs and other forms of risky behavior, including suicidal (3, 4).Despite on positive role of higher education for career and personal growth, the educational process itself is a serious factor affecting the lifestyle and health of young people (4,5). Also, in Kazakhstan, as in many countries of the world, the bachelor / mastereducational system introduced at universities also increased psychological burden on students (6, 7, 8,9).

A number of studies from around the world demonstrated that studying at universities can cause stress, leading to a deterioration in both physical and mental health (4, 6, 9). Traditionally, the studentship isconsidered as a short transitional period in people's lives. Analysis of publications onstudents' health and wealth revealed deterioration of health during study (5, 6). According to the data health of students is declining from first to final year of study. The deterioration of students' health occurs due to above mentioned reasons, as well as due to the complex impact of unfavorable learning factors, characterized by intensification of mental activity, increased educational load, shortage of self-study time in the learning process.

The UNICEF's study conducted in Kazakhstan identified high risks to the mental health of young people, including depression and suicidal behavior (10).

Research studies on students' mental health in Kazakhstan and in other countries of former Sovi-

et Union are rare and usually are conducted within a single university (8, 10). Attitudes of students to mental health issues is a neglected area in Kazakhstan due to high level of stigmatization, cultural traditions and lay beliefs as in some other countries (10, 11, 12, 13). We did an attempt to recognize issues related to knowledge and attitude of studentsof first year (17-19 years old) regarding mental health issues on the base of self-administered questionnaire across the country.

Methods and materials

A self-administered questionnaire was the main tool for data collection. The whole questionnaire consists of three main parts: 1) healthy life style; 2) harmful habits (smoking, alcohol and drug use); 3) mental health.

Questionnaires were constructed to measure parameters related to three components: cognitive (knowledge and awareness); emotional (attitude); behavioral (action). Before data collection there was a focus group discussion to assess clarity and quality of translation (between Kazakh and Russian languages) among bilingual students (two groups with 12 students in each).

The total sample size was 5000 students from five regions of the country. We choose them according to geographical position (central part, south, west, north and east), cultural features, and high density of student population (colleges and universities). It was a cross-sectional descriptive study.

Informed consents were provided by students and their parents (for students who were younger than 18). Students were required to complete self-administered questionnaires offline and online within 30-40 minutes.

Results

The study involved5,000 respondents from five regions of Kazakhstan aged 17-19 years (60% were females and 40% were males), and covered Kazakh and Russian speaking students. The majority of students (56%) were from urban settings, 27% – from rural area and 17% – from urban-type settlements (UGT) or sub-urban area. Most of the respondents (53.5%)live in dormitories, 27.4 % – with their parents, 12.2% with relatives and 6.9% in rental housing. All personal data were provided by students' offices of the universities.

Healthy life style

Approximately one third of the respondents think that healthy lifestyle is related to physical activity and refusal of harmful habits such as smoking, alcohol and drugs(Table 1). Only 6% of the interviewed students classifiedability to manage emotions and being in harmony with themselves as a healthy lifestyle skill.Very low percentage of respondents (5%)think that good quality sleep is important to stay healthy. Majority of students indicated they consider adherence to principles of healthy lifestyle as important part of the lives (Table 1).

According to derived data students obtain information about healthy lifestyle from their parents (29%), from Internet sources (23%), from university staff (22%) and from the mass-media (20%) (Table 1).

Table 1
Answers of students about healthy lifestyle (N= 5,000; p< 0.05)

	%	SE
What is healthy lifestyle?		
Refusal of bad habits	30.0	0.6
Healthy Food	18.0	0.5
Compliance with daily regimen	13.0	0.5
Compliance with hygiene	16.0	0.5
Good quality sleep	5.0	0.3
Physical activity and sport	31.0	0.7
Stress management and coping skills	6.0	0.3
Do you consider it necessary to adhere to the principles of healthy lifestyle?		
Yes, of course	61.0	0.7
May be	34.0	0.7

Continuation of the table

	%	SE
I don't think so	5.0	0.3
What are yourinformation sources about healthy lifestyle?		
From teachers and administration of university	22.0	0.6
Mass-media	20.0	0.6
Internet resources	23.0	0.6
Peers	8.0	0.4
Medical workers	11.0	0.4
Parents	29.0	0.6

Harmful habits (smoking, alcohol and drug use)

Table 2 demonstrates results regarding alcohol consumption, smoking and drug use among students of 1-st year. Respondents also provided their ideas about why young people start to smoke, drink alcohol and use drugs: "self-affirmation, desire to be "cool", "influence of bad company, coercion", "curiosity and new sensations".

If students have problems with smoking, alcohol or drug use, then more than half of the respondents will visit specialists of governmental clinics. None of the responding adolescents chose the option that they would "turn to their parents". In addition, students provided short narratives for this question. They were: "this will not happen to me", "there is no need", "there will be no such need", "there are no problems, and there will not be".

Respondents also provided answers about measures can be used to protect young people from tobacco smoking, alcoholism, drug use (Table 2). The majority of participants prefer trainings at university settings. With regard to other types of measures the answers were almost evenly distributed (Table 2).

Table 2

Answers of students about alcohol, tobacco and drugs consumption (N=5,000; p< 0.05)

	%	SE
Do you consume alcohol?		
Never	88,0	0.5
Sometimes	9,0	0.4
Regularly	3,0	0.2
Do you smoke?		
Never	85,0	0.5
Used to smoke but now quit	6,0	0.3
Sometimes	6,0	0.3
Regularly	3,0	0.2
Do you use drugs?		
Never	100,0	-
Used to consume but not now	-	-
Sometimes	-	-
Regularly	-	-
What are the reasons why young people start consume alcohol, smoke and use drugs?		
Conflicts with parents	22,0	0.5
Curiosity and new sensations	20,0	0.7

Continuation of the table

	%	SE
Influence of bad company, coercion	23,0	0.6
Problems with peers	8,0	0.4
Despair, psychological stress, loneliness	11,0	0.5
Self-affirmation, desire to be “cool”	29,0	0.5
Where do you go in case of problems with alcohol, tobacco and drug use?		
To specialists of governmental clinics	53,0	0.7
To specialists of private clinics and NGOs	11,0	0.4
Rehabilitation centers	14,0	0.5
Parents	-	-
University staff	6,0	0.3
Religious representatives	4,0	0.3
Nowhere, to no one	12,0	0.5
What actions can protect young people from problems with alcohol, tobacco and drug use?		
Trainings on prevention at university settings	26,0	0.6
Demonstration of videos, photo, posters in public places	16,0	0.5
Counselling of psychologist	13,0	0.5
Group meetings with specialists	16,0	0.5
Campaigns, performances	12,0	0.5
Mass-media, movies, talk-shows	16,0	0.5

Mental health

Table 3 demonstrates answers of respondents to questions related to mental health issues. More than 60% of students have positive feelings about beauty, harmony and life. The majority of students(76%) are satisfied with their relations with their parents and only one percent of respondents do not feel comfortably in their relationships with their parents (Table 3). The main reasons for conflicts in the family, according to students are misunderstanding (46%), rudeness (18%), refusal to participate in family affairs (14%), alcohol consumption (10%).

Table 3

Answers of students about mental health (N=5,000; p< 0.05)

	%	SE
How often do you experience a sense of harmony, a sense of beauty, a feeling that life, nature or something else is beautiful?		
Very often	17,0	0.7
Often	45,0	0.5
Rarely	26,0	0.6
Very rarely	9,0	0.4
Never	3,0	0.2
Are you comfortable with your relationship with your parents?		
Yes	76,0	0.6
Mainly, yes	12,0	0.5
In some ways yes, in others not	9,0	0.4
Mostly no	3,0	0.2

Continuation of the table

No	1,0	0.1
Are you comfortable with your relationship with your peers?		
Yes	62,0	0.7
Mainly, yes	18,0	0.5
In some ways yes, in others not	15,0	0.5
Mostly no	4,0	0.3
No	1,0	0.1
Are you comfortable with your relationship with university staff ?		
Yes	44,0	0.7
Mainly, yes	16,0	0.5
In some ways yes, in others not	29,0	0.6
Mostly no	9,0	0.4
No	2,0	0.2
In the event of a conflict or some unpleasant situation, are you able to take a pull on yourself and calm down ?		
Yes	55,0	0.7
Sometimes not	23,0	0.6
Mostly no	7,0	0.4
No	2,0	0.2
If at university (or other place) you find yourself involved in a conflict situation, how do you try to resolve it?		
Long discussions in which you stubbornly defend your position	31,0	0.7
Indifferentremovalfromdisputes	29,0	0.7
A clear statement of their position and refusal to further disputes	37,0	0.7
I don't know	3,0	0.1
Do you get the feeling that nobody needs you?		
Yes	12,0	0.7
Rather yes than no	19,0	0.6
More likely no than yes	22,0	0.6
No	47,0	0.5
Do problems that arise often seem insoluble to you?		
Yes	12,0	0.5
Rather yes than no	10,0	0.4
More likely no than yes	26,0	0.6
No	52,0	0.7

Mainly, students have good relationships with peers, e.g. 62% are completely satisfied with their communication with peers (Table 3). The majority of the respondents (62%) answered that they are satisfied with the relationship with their peers. To the question «In the event of a conflict or some unpleasant situation, are you able to take a pull on yourself and calm down ?» more than half of the interviewed students answered in the affirmative way, 32% of the respondents answered that they could not pull themselves together and calm down on their own. According to the derived data, young people usually try to solve a conflict through long discussions (31%) or a through clear statement of their position (37%).

Comfort in relationships with academic staff of universities varies from "yes" to "no": from 44% to 2%.

Almost half of respondents (46%) did not get feelings "that nobody needs you?». But one third of students experienced such kind of feelings (Table 3).

Half of the respondents categorically denied the existence of insoluble problems in their lives. Other part of students noted the presence of insoluble problems to varying degrees in different periods of their lives.

Discussion

One of the main results of this study was relatively high percentage of 17-19 years old students who understand importance of healthy lifestyle and reported about their readiness to follow it. Furthermore, students understand harm of smoking, alcohol and drugs and have a desire to be treated in case of addictions. Simultaneously, merely a few proportion of students consider "good" mental health as a part of healthy lifestyle. Young people mostly think that only physical activity and refusal of bad harmful habits (smoking, alcohol and drug use) are main components of healthy lifestyle. Mental health and appropriate skills mainly is not subject for broad discussion and is not related to healthy lifestyle. It can be explained by stigmatization of mental health issues and heritage of Soviet period (8, 9). Mental health issues are associated with psychiatric diagnoses related to "madness" (8, 11)). For that reason in our questionnaire we avoided such words as "mental health", "psychological issues", "depression". The majority of respondents informed about their ability to cope with serious situations, to stay calm, to find constructive decisions in conflictsand other similar situations.However, there were answers demonstrated existence of students with undeveloped skills to cope with severe situations and mental issues. That was an important information regarding necessity of psychological support for students. Some authors support an idea to provide psychological aid and services within university settings (2, 14). Many programs on mental health promotion were developed by universities in different countries (14, 15, 16). Promising project "Mentally Health Universities" was introduced in the British universities in 2019. The evaluation demonstrated a positive experience of the Mentally Healthy Universities program among staff and students of pilot universities (16, 17).

Thus, programs on mental health promotion in university settings demonstrated positive impact not only on students but also on staff. The main issue for Kazakhstan universities is overcoming stigma about mental health issues among administration of universities and Ministry of Education and Science. As an alternative we can recommend introduction of one of existing programs on mental health promotion, and after adaptation to introduce in a pilot university in Kazakhstan. In addition, services on mental health promotion should be available also to foreign students (18, 19, 20).

Limitations

All data on gender, age, living places of students were provided by students' offices, therefore we were not able to conduct more profound analysis of database due to isolated personal data of students. Also we did not include questions on risks of suicidal behavior due to stigmatization of mental health issues and suicides.

Conclusion

In general, Kazakhstan students have a positive attitude about healthy life style and ready to follow it. At the same time they do not consider mental health promotion as a part of healthy life style. In addition, students are aware about harm of smoking, alcohol and drug use. They have an intension to improve their health. Students reported about their confidence in governmental clinics, specialists and desire to obtain information about health during trainings, competitions and festivals at university settings.

Ethical considerations

Ethical issues (including plagiarism, informed consent, misconduct, data fabrication and/or falsification, double publication and/or submission, redundancy, etc.) have been completely observed by the authors.

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Conflicts of Interest

The authors declare that there is no conflict of interest.

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