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The effectiveness of self-instructional module on knowledge and attitude regarding mental illness and its early identification among female junior health assistants in selected primary health centers at Hassan

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Abstract

Background: Development of Nation depends upon the healthy society and the health of the each individual, is in the hands of the health care professionals. Mental health is a satisfactory level of emotional and behavioral adjustment. Mental illness is a wide range of mental health condition that can affect our mood, thinking and behavior. The aim of the study is to assess the existing knowledge and attitude to evaluate the effectiveness of Self-instructional module, to find the correlation between knowledge and attitude, to find the association between pre-test knowledge and attitude scores and their selected socio demographic variables.

Methods: A quantitative evaluative research approach was used for the study. The purposive sampling technique was used. A structured knowledge questionnaire and structured attitude scale were used to assess the knowledge and attitude and Self-instructional module was provided to find its effectiveness.

Results: The mean percentage of post-test knowledge score (85.2%) was higher than the mean percentage of pre-test knowledge score (38.4%). The calculated 't' value showed a significant difference between mean pre and post test knowledge scores. Calculated χ^2 values are showed significant association between qualification, religion, type of family and place of working of respondents with their pre-test knowledge scores.

The mean percentage of post test attitude scores (86.4%) was higher than the mean percentage of pre-test attitude score (53.0%). The calculated 't' value showed a significant difference between mean pre and post test attitude scores. Calculated χ^2 values are showed significant association between marital status, qualification, religion, type of family, place of working and monthly salary of respondents with their pre-test attitude scores.

Conclusion: The results indicated that the self instructional module is effective in increasing the knowledge and attitude of female junior health assistants on mental illness and its early identification.

Keywords: Effectiveness, SIM, knowledge, attitude, mental illness and junior health assistants

Introduction

Health is not only a basic human right, but it is most desired. In a global survey commissioned for the Millennium summit of the United Nations by UN secretary general Kofi Annan (Millennium poll, United Nations 2000), good health is consistently ranked as the number one desired of men and women around the world. It is also key precondition to economic development. Health is central to wellbeing and a prerequisite for individual and national progress. Data shows that the countries that have good national health indicators have a greater economic progress and development. In addition, health has an intrinsic value in creating the human capital of the country. Health is significant factor in the development of nation, as high levels of population health go hand in hand with national income. Health and socio-economic progress are very much inter dependent and health has been accepted as one of the welfare component.

World health Organization (WHO) defines health as "A state of physical, mental, social and spiritual well-being and not merely the absence of disease or infirmity". WHO defines mental health as mental well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community? Mental health is the foundation for individual well-being and the effective functioning of a community.

“A mental illness can be defined as a health condition that changes a person's thinking, feelings, or behavior (or all three) and that causes the person distress and difficulty in functioning.”

Mental illness is severe in some cases and mild in others. Individuals who have a mental illness don't necessarily look like they are sick, especially if their illness is mild. Other individuals may show more explicit symptoms such as confusion, agitation, or withdrawal. There are many different mental illnesses, including depression, schizophrenia, attention deficit hyperactivity disorder (ADHD) autism, and obsessive-compulsive disorder.

Global burden of mental health will be well beyond the treatment capacities of developed and developing countries. The social and economic costs associated with growing burden of mental ill health focused the possibilities for promoting mental health as well as preventing and treating mental illness. Thus the Mental Health is linked to behavior and seen as fundamental to physical health and quality of life.

According to the Indian Union Ministry of Health and Family Welfare, an ideal ratio of psychiatrists to population is about 1: 8000 to 10,000 but currently has just about 3,500 - which is about one psychiatrist for over 2 lakh people. With regard to other mental health professionals the ratio is even worse - the need of Clinical Psychologists is 20,000 and there are only 1000 available; for Psychiatric Social Workers, the requirement is 35,000, but only 900 are available, for Psychiatric Nurses, 30,000 and only 1500 are available. According to National Crime Records Bureau 2015, the entire mental health workforce, comprising clinical psychiatrists, psychologists, psychiatric social workers and psychiatric nurses, stands at 7,000, while the actual requirement is around 55,000.

The important role PHC nurses play in the provision of health to the general population, their attitudes towards people with mental illness are often negative, and provision and identification of mental health problems by PHC nurses has been shown to be poor because their knowledge to deal with mental health conditions is inadequate. Many nurses lack knowledge and skills to identify and manage mental health conditions. The World Health Organization (WHO) is of the opinion that training of PHC nurses is effective in improving recognition of mental health disorders in PHC settings.

Review of literature

A cross sectional, descriptive community survey was conducted to find the prevalence of 8 mental disorders and study knowledge, attitude, practice (KAP) upon mental health among people in Bangkok Metropolis. Two thousand, nine hundred and forty eight samples aged 15-60 years were selected by a multistage simple random sampling technique. Data collection was made by qualified interviewers trained to use the questionnaires. The results showed that the life time prevalence of mental disorders were; schizophrenia (1.3%), mood disorders; manic episode (9.3%), major depressive episode (19.9%), anxiety disorders (10.2%), mental retardation (1.8%), epilepsy (1.3%), suicidal idea (7.1%), drug and substances use disorders (11.2%), and alcohol use disorders (18.4%). The study was revealed that knowledge score was good, attitude was fairly good, and practice was still weak in promotion and prevention

aspects.

A study was conducted on junior health care workers in National Referral Hospital (JDWNR Hospital), in Bhutan to assess the attitude towards mental illness. A non-probability convenience sample with quantitative descriptive method was used. Responses were analyzed using descriptive statistics including means; standard deviations, and frequency. Cranach's alpha and Spearman's correlation were used to analyze the internal consistency reliability of each factors and the correlation variation caused by each variables. The results shows that the junior health care workers surveyed have a positive attitude towards mental illness (mean = 134.39, SD = 17.35). Findings from this study shows that the junior health care workers with psychiatric experience of 3-4 weeks and 4 weeks respectively were found to have more positive attitude towards mental illness indicating that the clinical placement of nurses in psychiatric unit improves attitudes towards mental illness.

A cross-sectional, descriptive study was conducted to find out knowledge and attitude about mental illness among nursing staff at B. P. Koirala Institute of Health Sciences (BPKIHS) a tertiary care center in Nepal. 110 respondents, who were predominantly females (97.27%) and young (mean age=25.7year) were used. The study revealed the majority had showed their knowledge about causes of mental illness as genetic or inherited (65.4%) and biochemical disturbances (90.0%). About three fourth were ready to work together (71.8%) and chat with them (91.8%). Respondents expressed their faith in psychiatrists (93.5%) but less in faith healers (3.0%). The vast majority had obtained information about mental illness from 'seeing mentally ill persons' (94.0%) followed by communication with medical personnel(84.5%). This study revealed that there was overall adequate knowledge and by and large a positive attitude.

The descriptive study was conducted to assess knowledge and attitude of staff nurses regarding human rights of mentally ill patients at selected hospital Bangalore, India. A total of 50 staff nurses working in psychiatric wards of general hospitals and in psychiatric hospitals of Bangalore were selected through purposive sampling technique. A structured knowledge questionnaire was used to assess level of knowledge and a four- point Likert scale was used to assess attitude of nurses regarding human rights of mentally ill patients. The result shows that overall mean knowledge score was 50 percent and the overall mean attitude score was 68.65 percent among the staff nurses. The results of the study exposed the requirement of continuing education of staff nurses regarding human rights of mentally ill patients.

Materials and Methodology

Study design: Single-group pre-test, post-test pre experimental design.

Study Setting: The setting selected for study is selected primary health centers at Hassan.

Sample size: 40

Sampling Technique: The sample for the present study will be selected by Non Probability Purposive Sampling Technique.

Study selection criteria

Inclusion Criteria

1. Female junior health assistants who are working in selected primary health centres.
2. Female junior health assistants who are present at the time of data collection.
3. Female junior health assistants those who are willing to participate in the study.

Exclusion Criteria

1. Female junior health assistants who are not available at the time of data collection.
2. Female junior health assistants who are not willing to participate.

Results

Table 1: Comparison of pretest and posttest knowledge among female junior health assistants

Characteristics	Category	Respondents	
		Number	Percent
Age group (years)	21-30	9	22.5
	31-40	13	32.5
	41-50	11	27.5
	51-60	7	17.5
Marital status	Married	38	95.0
	Unmarried	2	5.0
Qualification	ANM	28	70.0
	GNM	12	30.0
Nursing clinical experience	2-5 years	10	25.0
	6-15 years	20	50.0
	16-20 years	10	25.0
Religion	Hindu	27	67.5
	Muslim	5	12.5
	Christian	8	20.0
Type of family	Joint	17	42.5
	Nuclear	23	57.5
Place of working	Rural	22	55.0
	Urban	18	45.0
Monthly salary	Rs.15,001-25,000	10	25.0
	Rs.25,001-35,000	18	45.0
	Rs.35,001-45,000	12	30.0
Previous knowledge	Yes	40	100.0
	No	0	0.0
Source of information	Self-study	2	5.0
	Training programmer	26	65.0
	Others	12	30.0

Table 2: Comparison of pre test and post test attitude among female junior health assistants

Level of knowledge	Percentage of knowledge scores	No. of study participants		Percentage of frequency	
		Pre test	Post test	Pre test	Post test
Inadequately	≤50%	28	0	70.0	0.0
Moderately	50-75%	12	10	30.0	25.0
Adequate	>75%	0	30	0.0	75.0
Total		40	40	100.00	100.00

Table 3: Effectiveness of self-instructional module on knowledge scores of whole test

Aspects	Max. Score	Knowledge Scores				Paired 't' Test
		Mean	SD	Mean (%)	SD (%)	
Pre test	40	15.35	3.82	38.4	9.5	24.46*
Post test	40	34.08	3.56	85.2	8.9	
Enhancement	40	18.73	4.83	46.8	12.1	

* (S) =Significant at 5% level, t (0.05, 39df) = 1.96

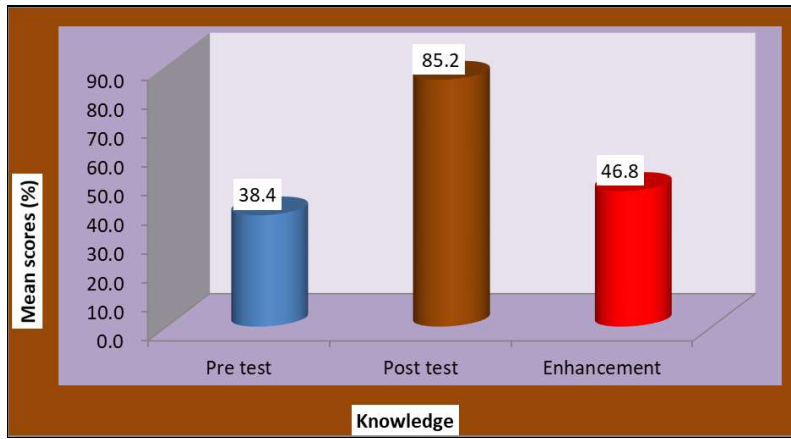


Fig 1: Overall Mean, Mean%, SD, and SD% of pretest and posttest knowledge scores regarding mental illness and its early identification among female junior health assistants

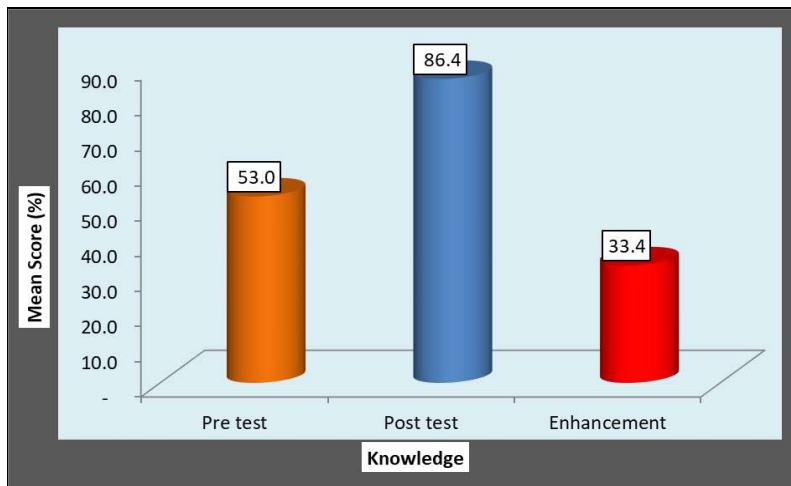


Fig 2: Mean, Mean%, SD, SD% enhancement of pretest and posttest overall attitude scores regarding mental illness and its early identification among female junior assistants

Table 4: Association between pretest level of knowledge of study participants and their socio demographic variables

Socio demographic variables	Categories	Sample	Pretest level of knowledge				χ^2 Value	P Value
			Inadequate		Moderate			
			N	%	N	%		
Age group (years)	21-30	9	7	77.8	2	22.2	4.72 (NS)	$p > 0.05$ (7.815)
	31-40	13	7	53.9	6	46.1		
	41-50	11	10	90.9	1	9.1		
	51-60	7	4	57.1	3	42.9		
Marital status	Married	38	27	71.1	11	28.9	0.40 (NS)	$p > 0.05$ (3.841)
	Unmarried	2	1	50.0	1	50.0		
Qualification	ANM	28	17	60.7	11	39.3	4.83*	$p < 0.05$ (3.841)
	GNM	12	11	91.7	1	8.3		
Nursing clinical experience	2-5 years	10	8	80.0	2	20.0	0.71 NS	$p > 0.05$ (5.991)
	6-15 years	20	13	65.0	7	35.0		
	16-20 years	10	7	70.0	3	30.0		
Religion	Hindu	27	16	59.3	17	40.7	6.15*	$p < 0.05$ (5.991)
	Muslim	5	4	80.0	1	20.0		
	Christian	8	8	100.0	0	0.0		
Type of family	Joint	17	15	88.2	2	11.8	4.68*	$p < 0.05$ (3.841)
	Nuclear	23	13	56.5	10	43.5		
Place of working	Rural	22	12	54.6	10	45.4	5.56*	$p < 0.05$ (3.841)
	Urban	18	16	88.9	2	11.1		
Monthly salary	Rs.15,001-25,000	10	8	80.0	2	20.0	1.30 (NS)	$p > 0.05$ (5.991)
	Rs.25,001-35,000	18	11	61.1	7	38.9		
	Rs.35,001-45,000	12	9	75.0	3	25.0		
Source of information	Self-study	2	1	50.0	1	50.0	0.53 (NS)	$p > 0.05$ (5.991)
	Training programmer	26	18	69.2	8	30.8		
	Others	12	9	75.0	3	25.0		
Combined		40	28	70.0	12	30.0		

Discussion

The findings of the study are discussed with reference to the objectives and with findings of other studies. A structured knowledge questionnaire and structured attitude scale were used to collect the data. One group pre and post- test pre experimental research design was used to evaluate the knowledge and attitude of 40 respondents (female junior health assistants) regarding mental illness and its early identification. The pre-test was followed by implementation of Self-instructional module and post- test was conducted on the 8th day to evaluate the effectiveness of self-instructional module. In the present study, during pre-test knowledge, out of 40 respondents, majority 28 i.e. 70.0% of the respondents had inadequate knowledge, 12 i.e. 30.0% had moderate knowledge and none of the respondents had adequate knowledge. In the present study, during pretest attitude scores, out of 40 respondents, majority 24 i.e. 60.0% of the respondents had unfavorable attitude, 16 i.e. 40.0% of them had moderate attitude and none of the respondents had favorable attitude. The present study showed that calculated Pearson's correlation coefficient values for knowledge and attitude scores of pre- test was +0.612* and that of post-test was +0.787*. Both the Pearson's correlation coefficient values were suggestive of positive correlation between knowledge and attitude was statistically significant at 0.05 level of significance.

Conclusion

On the basis of the findings of the study "A study to assess the effectiveness of self-instructional module on knowledge and attitude regarding mental illness and its early identification among female junior health assistants in selected primary health centres at Hassan." The aim of this study was to assess the knowledge and attitude level of Female Junior Health Assistants regarding mental illness and its early identification and to find the effectiveness of Self-Instructional Module in enhancing the knowledge level and attitude level of Female Junior Health Assistants.

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Conflict of Interest: None

Ethical Approval: Approved

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