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Assess the Effectiveness of Mass Media Intervention (Poster, Leaflet, and Booklet) for Improving Mental Health Literacy among Rural Women in Wardha City

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ABSTRACT

Background: MHL is an effective mental health determinant or can progress both the health of individuals and communities. Evidence advises in which improved understanding of psychiatric health or mental disorder, enhanced information of how to obtain care, or reduced stigma regarding mental disorder in the community.

Aim: The study aims to assess the effectiveness of selected mass media intervention (poster, leaflet and booklet) for improving mental health literacy among rural women. Objective: 1. To assess the existing mental health literacy among rural women at pre-test. 2 To assess the effectiveness of selected mass media intervention (poster, leaflet, and booklet) for improving mental health literacy among rural women at post-test. 3. To evaluate the effectiveness of selected mass media intervention (poster, leaflet, and booklet) for improving mental health literacy among rural women between pertest and post-test. 4. To associate post-test scores of mental health literacy among rural women with their selected demographic variables.

Methodology: Author used interventional research approach and experimental research design. 100 sample were used selected by non-probability purposive conveniently Sampling Technique. sample were rural women. Setting of study was rural area Nalwadi in Wardha district. A demographic variables and mental health literacy scale were used for collecting the information regarding mental health literacy from rural women.

Result: Researcher revealed that in comparison of pertest and post-test mental health literacy score of rural women was done. Exiting mean literacy percentage score was 55.03 and post-test mean literacy percentage score was 91.11. Existing standard deviation values was ± 22.44% and post-test SD is ± 5.21. The tabulated value for n=100-1 i.e.,99 degrees of freedom was 2.00. The calculated 't' value was 32.69 and P value was 0.0001. It was statistically interpreted that the effect of selected mass media intervention (poster, leaflet, and booklet) about mental health literacy among rural women was effective. Here H1 was accepted in this study.

Conclusion: Mass media intervention was effective for improved mental health literacy among rural women.

Key words: Mental health literacy, Mass media, Stigma, Black magic, Schizophrenia

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INTRODUCTION

Mental health is a condition of well-being in that an individual knows own capacities, can deal with life's usual tensions, function effectively, or can contribute to her and his society [1]. The human mind is a marvellously complex organ. It is the storage of all our senses or intellects, and we have only just begun to understand how everything fits together or what it can do. But often, something in the brain is not quite right, or which May lead to different kinds of mental health problems [2]. "Mental wellbeing" applies to our state of mind and our capacity to deal with the regular activities that take place around us Someone with 'healthy' mental health typically feels able to cope with the normal daily circumstances we all face [3].

"Jorm's was first used by the term MHL in 1997 as an "awareness and beliefs on mental illness which support their identification, prevention, and treatment. Literacy in mental health contains the capacity to identify disorders; information on how to obtain material on mental health; information of risk factors etiology, treatment, or clinical assistance existing; or attitudes that encourage identification or proper help seeking. The idea of literacy in psychological health was derived from health literacy, which seeks to raise thoughtful of physical health, condition, and management [4].

This concept emphasizes the role of youth persons or people close to them, such as teachers, household members, or friends, in identifying psychological health issues or finding support for treatment or prevention [5]. MHL involves the main six components: 1) The capacity to a particular illness or various forms of mental distress; 2) Information or convictions concerning risk factors or etiology; 3) Awareness of self-help interventions and values; 4) Information about specialized help available; 5) Information of how to obtain data on mental health states which every factor contributes to psychological care of health by acknowledging the desire to obtain mental health care for oneself or someone with mental health concerns, deciding what kinds of assistance to seek, or revising stigmatized beliefs and attitudes towards mental disorder or management of psychological health. Attitudes that encourage alertness and the quest for efficient assistance. Instead, they promote social and community-level psychological health awareness or understand the need to improve community MHL in direction to facilitate psychological health services. A substantial management disparity exists among those needing care or those receiving care, considering the high universal incidence of mental conditions. The occurrence of mental condition series from 14.9 percent to 24.6 percent in high-income English-speaking Nations such as the United States, the UK or Australia, but the care disparity is 40 percent to 65 percent. Fewer levels of psychosocial functioning are one of the key details for this void [6]. Recently, MHL has gained great consideration to increase psychological health acceptance, minimize stigma, or progress habits that seek support [7].

Psychological health for young children, who are the country's future ambassadors, is important. Several psycho-social and health issues have a significant impact on learning or performance. Expanded care is required from learning disorders to autism or Down's Syndrome, along with growing incidents of depression, school refusal, or panic attacks between children. Approximately 41 percent of the population of India is below the age group of 15-24 yrs. Internationally, there has been a rising burden of mental illness. The occurrence frequency of mental illness in India is 12.5 percent between age of children 16 years, or twelve percent between children aged 4-16 years. India’s deathrate due to suicide is between the uppermost in the world, standing at thirty-six for every 1,00,000 young people. Research literature in Western reveals encouraging outcomes in the advancement of adolescent skills, with positive youth growth or violence reduction. Reduced bullying, self-confidence, peer relations, teacher-student relationships, or enhanced problem solving are other well-known advantages. There is also evidence that cognitive or social sensitivity is stronger [8].

Mental conditions on both sides of the world are normal in the general people. DALY deaths due to mental condition are estimated to account for 15 percent of the worldwide illness burden by 2020, according to projections. Various epidemiological research has been performed in India over the last two periods, showing that the occurrence of major mental disorders is approximately similar worldwide. Several patients live away from current psychiatric health services in rural areas [9].

MATERIAL AND METHODS

In this study researcher used interventional approach. sample size 100. purposive convenient Sampling Technique were used. Inclusion criteria were Rural women who were available during the period of data collection. Rural women who were in 18 to 60 years.

Rural women were willing to participate. Exclusion criteria were rural women who were already exposed to this type of study (in the last 6 months). Who were mentally ill? Health worker.

Demographic variables or Modified literacy scale on Mental health were used for collecting the data. Researcher took permission from the concern authority of the selected areas and then she approaches to the rural women at village. Explain the purposed study and how it will be beneficial for them. Data collection were be conducted for a single month span. Pre-test was carried on day 1 and post-test conducted with same MHL Scale on 7th day. Well’s criteria time duration of 30 min. Researcher was administered the mental health literacy scale for collection of mental health literacy level of rural women. Once the scale is completed researcher collect them back. scale consists of 20 statements regarding mental health literacy.

Data collection tool

Section A: Demographic Variable: A demographic information which gives baseline information obtained from rural women such as age, education, religion, income, occupation, type of family, Use mass media? (If yes mention).

Section B: Modified mental health literacy scale to use to assess the literacy level regarding mental health. It consists of 25 positive statements.

Scoring

The scoring varied from a minimum of 25 to a maximum of 125. The rank is given based on the following levels.

Extreme low: 1 score.

Low: 2 score.

Moderate: 3 score.

Highs: 4 score.

Extreme high: 5 score (Table 1).

Table 1: Scoring procedure on mental health literacy scale.

Level of Modified mental health literacy score	Score range	Percentage Range
Extreme low	1-25	1-20%
Low	26-50	21-40%
Moderate	51-75	41-60%
High	76-100	61-80%
Extreme high	101-125	81-100%

Ethics consideration

This study approves by the Institutional Ethics Committee of (DMIMS(DU)/IEC/DEC-2019/8678).

All participants will be asked to read and sign the informed consent. Proper explanation about purpose of study and nature of adjustment scale involved in the study will be given to the samples. Information about the samples will handle properly so that confidentiality and anonymity will maintain. Information will not use or release outside the terms of the agreement.

Statistical analysis

Researcher used descriptive method for analysis of demographic data used frequency and mean, mean, percentage and standard deviation used. Inferential statistics were applied for association between pre-test and post-test among rural women. Unpaired 't" test and one-way ANOVA used. On the bases of objectives or hypothesis, the data were analysed and interpreted by SPSS software.

RESULTS

Table 2 is regarding the distribution of demographic variables shows that distribution of rural women according to their age, are 27 (27%) of the rural women were in the age group of 21-30, 25 (25%) of in the age group of 31-40 years or 41-50 years or 23 (23%) of in the age group of 51-60 years.

According to their education are 21 (21%) of the rural women were educated up to the primary, 45 (45%) of them were educated up to higher secondary standard, 33 (33%) were undergraduate and 1 (1%) of them were postgraduate.

According to their religion are 28 (28%) of rural women were Hindus, 9 (9%) of them were Christian, 20 (20%) of them were Muslim and 43 (43%) of them were Buddhist.

According to their family income (Rs) are 28 (28%) of rural women were having monthly family income of 5000-10000 Rs, 49 (49%) of them were having between 10001-15000 Rs and 17 (17%) of them had between 15001-20000 Rs.

According to their occupation are 16 (16%) of women were labourer 31% of them were farmers, each 7 (7%) of them were homemaker, self-employed, and government employees and 32 (32%) of them were doing private service.

According to their type of family are 53 (53%) of the rural women were belonging to the nuclear family and 47 (47%) were from joint families.

According to use mass media are 20 (20%) of the rural women were using TV, 2 (2%) of them were using mobile, 64 (64%) of them were using TV and mobile, 4 (4%) of them were using TV and radio and 10 (10%) of them were using TV, Newspaper, and mobile as a mass media.

Table 3 and Figure 1 shows that 15 (15%) of rural women in the pretest had an extremely low score, 27 (27%) of rural women t had a low score, 40 (40%) of rural women had a moderate score, 18 (18%) of rural women had high score about the literacy of mental health.

The range score of mental health literacy was 25-82. The mean literacy score in the pretest was 55.03 ± 22.44 and the Mean % of literacy score in the pretest was 44.02%.

Table 4 and Figure 2 shows that 11 (11%) of rural women had a moderate level of mental health literacy score, 77 (77%) of rural women had a high level of mental health literacy and 12% of rural women had an extremely high level of mental health literacy score. The range of mental health literacy score was 69-115. Mean literacy score of 91.11 ± 5.21 and Mean percentage literacy score of 72.88 ± 4.17.

Table 5 and Figure 3 shows that the effectiveness of pretest and posttest MHL scores of rural women. SD, mean, or mean difference values are compared, or student 't' test is used at a 5% level of significance. For n=100-1, i.e., 99 degrees of freedom, the tabulated value was 1.98.

The estimated 't' value, i.e., 32.69, is far higher than the tabulated value at a 5% significance level TO rural women's overall mental health literacy ranking, which is statistically acceptable. It is statistically significant reveals that the effect of selected mass media intervention (poster, leaflet, and booklet) mental health literacy among rural women is effective. The H1 is accepted.

Analysis of data reveals that there had SD between existing and post mental health literacy scores. Hence were concluded the mental health literacy significantly brought improvement in the mental health literacy on use of mass media intervention on mental health among the rural women.

Table 2: The percentage wise distribution of samples with selected demographic variables.

Demographic variables	Rural women	
	Frequency	**Percentage (%)**
Age(yrs.) of women		
21-30 yrs.	27	27%
31-40 yrs.	25	25%
41-50 yrs.	25	25%
51-60 yrs.	23	23%
Education		
Primary (class 1-7)	21	21%
Secondary and Higher Secondary (Class 11-12)	45	45%
Undergraduate	33	33%
Postgraduate	1	1%
Religion		
Hindu	28	28%
Christian	9	9%
Muslim	20	20%
Buddhist	43	43%
Others	0	0%
Income (Rs)		
5000-10000 Rs	28	28%
10001-15000 Rs	49	49%
15001-20000 Rs	17	17%
>20001 Rs	6	6%
Occupation		
Laborer	16	16%
Farmer	31	31%
Homemaker	7	7%
Self Employed	7	7%
Private	32	32%
Govt Employee	7	7%
Type of family		
Nuclear	53	57%
Joint	47	47%
Extended	0	0%
Do you use mass media		
TV	20	20%
Mobile	2	2%
TV, Mobile	64	64%
TV, Radio	4	4%
TV, Newspaper, mobile	10	10%

Table 3: Assessment of existing mental health literacy among rural women.

Level of Modified mental health literacy score	Range Score	(%) Percentage	pre-test	
		Range	Frequency	(%) percentage
Extreme low	Jan-25	1-20%	15	15%
Low	26-50	21-40%	27	27%
Moderate	51-75	41-60%	40	40%
High	76-100	61-80%	18	18%
Extreme high	101-125	81-100%	0	0%
	Minimum score		25	
	Maximum score		82	
	Mean Literacy score		55.03 ± 22.44	
	Mean % Literacy score		44.02 ± 17.95%	
		n=100		

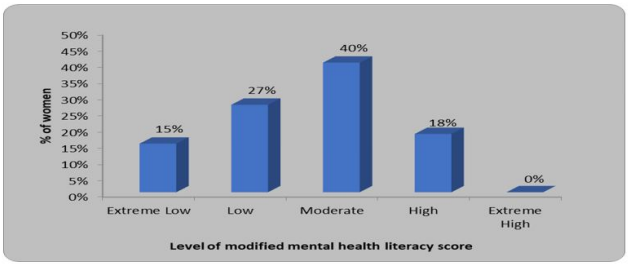

Figure 1: Level of mental health literacy score among rural women.

Table 4: Assessment of posttest Level of mental health literacy among rural women.

Level of Modified mental health literacy score	Range	percentage (%) Score	Post Test	
	Score		Frequency	(%)
Extreme low	Jan-25	1-20%	0	0%
Low	26-50	21-40%	0	0%
Moderate	51-75	41-60%	11	11%
High	76-100	61-80%	77	77%
Extreme high	101-125	81-100%	12	12%
	Minimum score		69	
	Maximum score		115	
	Mean Literacy score		91.11 ± 5.21	
	Mean Literacy % score		72.88 ± 4.17	
		n=100		

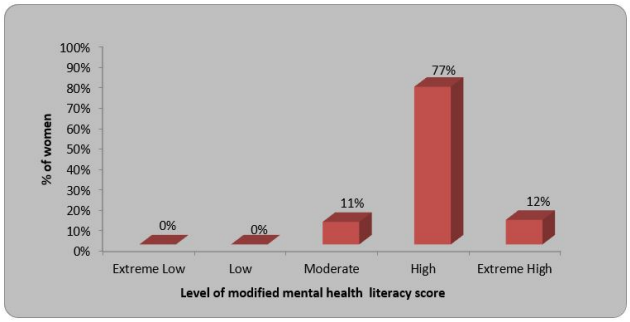

Figure 2: Level of mental health literacy score among rural women.

Table 5: Significance of difference between mental health literacy score in pre and post-test of rural women.

Overall	Mean	Standard Deviation	Mean Difference	t-value	p-value
Pre-Test	55.03	22.44	36.08 ± 17.23	32.69	0.0001
Post Test	91.11	5.21			S, p<0.005
S: Significant at 5 % level of significance, p<0.05					
n=100					

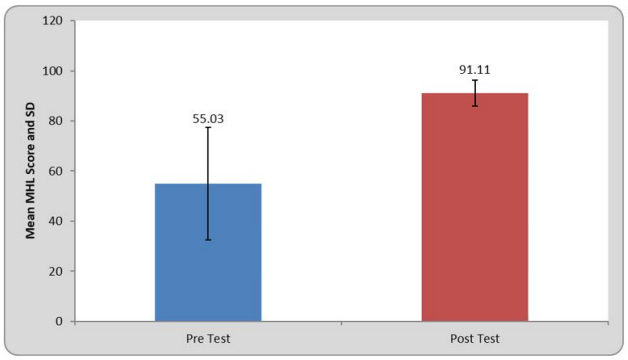

Figure 3: Significance of difference between mental health literacy score in pre and post-test of rural women.

DISCUSSION

The results of the analysis were explored in terms of goals, theoretical foundation, and assumptions. The hypothesis is statistically checked with pre-test and post-test mean or SD and means the percentage of literacy about mental health ratings.

The levels of literacy score regarding mental health through the pre-test or post-test are to found the effectiveness of mass media intervention (poster, leaflet, and booklet) for improving Mental health literacy among rural women was effective. The importance of the discrepancy at the 5 percent significance stage is checked with the student paired 't' test and the tabulated 't' value is compared with the measured 't' value. The determined 'p' values are also compared to the appropriate 'p' value, i.e., 0.05.

The effectiveness of pre-test and post-test mental health literacy scores of rural women. Mean, SD, or MD values is compared, or the student's paired 't' test is used at a 5 percent level of significance. The tabulated value for n=100-1 i.e., 99 degrees of freedom was 1.98. The calculated 't' value i.e., 32.69 is higher than the tabularized value at 5 percentage significance of level for total mental health literacy score of rural women that is a statistically suitable level of significance. investigators founded the selected mass media intervention (poster, leaflet, and booklet) for improving Mental Health Literacy among rural women was effective and H1 hypothesis were accepted. The results of the research show that most of the rural women had a high score regarding mental health literacy or there is a statistically significant association among the literacy score or demographic variables like age, education, and family type.

One similar study showed that they provided mass media intervention through mobile text messages and webcam to video calling to adolescents. In that, they provided information regarding the mental disorder, crisis management, stigma, properties, assertiveness mental health literacy. they found was both the respondents indicated decreased perceived tension, improved and no improvement in the quality of relationships, or improvements in perceived explanations for or coping with mental illness. This study found a similar association of demographics variables age and education.

A similar cross-sectional study was conducted on the assessment of mental health literacy using a multifaceted measure among a Chinese rural population. The finding of this study was considerable progress in the promotion of literacy regarding mental health in China rural areas. There was find out significant association among younger age, higher education and higher income are three main factors contributing to higher mental health literacy [9].

A similar study founded that. they provided online interventions, that organized online videos or quizzes. they founded that intervention that successfully elevated mental health literacy and reduces stigma [10,11].

CONCLUSION

In this study, investigators show that were is significant association of effectiveness of mass media intervention on mental health literacy in age, education, family income. There is an urgent need to improve awareness of mental illness and mental health literacy among the public. To improve knowledge, increase awareness and to reduce stigma is the utmost need of every society. Health literacy is important because every individual will be able to find, understand and use health information and services at some point in their life.

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CONFLICT OF INTEREST

Author declares that no conflicts of interest.

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