

Impact of Public Education and Awareness towards mentally ill and mental disorders in individuals from Rural and Urban Area of North Maharashtra Region

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ABSTRACT

The study will be focused on Impact of Public Education and Awareness about mentally ill and mental disorders in changing attitude of public and lay persons. For the present study sample of 900 persons will be collected from rural and urban area of North Maharashtra region. Their attitude towards mental disorders and patients will be tested in pre and post manner, with the help of attitude towards mental illness scales. Between pre and post testing they were educated about the mental health and mental disorder using techniques like public awareness meetings, workshops and seminars. Anova and post hoc analysis planned to use as a statistical analysis.

Keywords: *Urban, Rural, Public Awareness Program, Mental Health, Mentally ill*

It is known that, psychiatric patients always are victims by the society and public to call them as 'Pagal'. It is a regular scene in every village and mohalla, group of individual seat on kathada and use to tease and irritate persons with mental illness by various ways. The scene is not different in the families having psychiatric patient. Most of people considered mental illness is as a case of ghost possession or victim of black magic i.e. 'Karani', 'Bhanamati', 'Kalajadoo' etc. Few of them think that, mental illness is not other than a drama. The fact is, no one considers mental disorder is as a disease like physical one. That's why persons with mental illness deprived from expected sympathy not only from their society but also from their family members.

It is a global concern of the mental health professionals that the lack of awareness, insufficient knowledge of mental health and disorder within the society is leading to the problem of negative attitude towards persons with mental illness and mental disorders. It is important that, change of the negative attitude of society, will definitely help the psychiatric

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patients for recovering themselves from their illness and rehabilitating them in the society. So the objective of this study is to create awareness in society by Public Awareness Meetings, workshops, street-plays and seminars. By this society and individuals can achieve the dream of better mental health of tomorrow, leading to role and responsibility of not only of family but as well as community in mental health practices.

It is also noteworthy that, the surveys like attitude towards mental illness frequently conducted in the developed European countries like UK, German and American countries then is it not necessary in developing country like India? And will not necessary to provide mental awareness program to them?

Here researchers want to point out that, one of them, already worked in the said field at Jalgaon city. He had studied attitude towards mental retardation in two different studies in Jalgaon city. Apart from this he used public awareness meetings for awakening the family members about mental illness and mental retardation for last 20-22 years. This will provide sufficient back ground for conducting such a project at large scale in the North Maharashtra Region.

REVIEW OF RELATED LITERATURE

B.O. James et.al (2012) studied attitude of Medical students and Interns from Southern Nigeria. They used data of 254 medical 5th and 6th year students and houseman. As a tools Attitude towards Mental Illness Questionnaire and Level of Contact Report were used. At the end, they concluded that, participants endorsed stigmatizing attitude towards mental illness, especially about substance abuse, schizophrenia and depression. The findings forced researcher to think, if the medical student and houseman could have this type of negative attitude towards mental illness then what about rural and tribal people or a common man? With this motivation researchers selected the said topic.

Fiji by Foster K et.al, (2012) they studied attitude of mental health workers towards mental illness. They used data of 71 registered nurses working in mental health care setting. Attitude towards Acute Mental Health Scale was used as a tool. They concluded that, the participants expressed both positive and negative attitude towards mental illness. The participants expressed positive attitude towards psychosocial casual beliefs and when comparison made with physical health issues but had expressed negative attitude towards alcohol abuse and individual with mental illness having lack of self control over their emotions and psychotropic medications being used to control disruptive behavior. Considering the conclusion; one can assume that, if the negative attitude towards behavior of mentally ill and psychotropic drugs was presented in the said Mental Health Workers, then what about the common man? Thus the study motivates researchers for the present project.

Bhumika T.V.et.al. (2015) they conducted study for assessment of stigma associated with mental illness and knowledge of psychiatric illness in the community. For assessing stigma;

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they used The Community Attitude towards Mentally ill Scale as a tool. They used data of 445 subjects from Udupi District. It was a community based cross sectional study. They concluded that, the prevalence of stigma toward persons with mentally ill was to be high (74.61%). The study strongly suggests the need to eliminate stigma associated with mental illness to improve the mental health status of the region. Considering the above; one can assume that, if the stigma towards mentally ill was presented in the said District near NIMHANS, then what about the Khandesh Area? Thus the study motivates researchers for the present project.

Jean Francois Trani et.al, (2014) was conducted the study with the objectives of; to assessing the effect of experienced stigma on depth of multidimensional poverty of persons with severe mental illness (PSMI) in Delhi. They had taken sample of 1294 individuals; 647 from hospital, who was diagnosed schizophrenia or affective disorder and 647 from population. They used multidimensional poverty index as their tool. The study concluded that, public stigma and multidimensional poverty linked to severe mental illness. As per them, low caste and women, it is a strong predictor of poverty. Considering the conclusion; one can assume that, if the negative attitude towards behavior of mentally ill and psychotropic drugs was presented in the said Mental Health Workers, then what about the common man? Thus the study motivates researchers for the present project.

Ganesh K (2011) was conducted the study with the objectives of; to assess the level of knowledge regarding mental health and to find out attitude towards mental illness and mentally ill. He was selected 100 subjects conveniently, which contained 33% males and 67 % females. For collecting data he used self designed 15 items scale containing items related to mental illnesses, factors, causes, treatment, prognosis and prevention of mental illness. He used Descriptive statistic for analysis. At the end he concluded that, knowledge about mental illness is poor among the subjects, majority of subjects had negative attitude toward mental illness and non acceptance of patients with mental illness. He had strongly emphasized that, there is need of public education to increase mental health literacy among general public to increase awareness and positive attitude towards mental illness and mentally ill. Considering the objectives and conclusions of the above study motivates researcher for present project in northern region of Maharashtra.

Salve Haresh et.al, (2013) they studied perception and attitude towards mental illness in an Urban Community at Delhi. Researchers used data of 100 participants of mean age of 35.8 years. Researcher used systematic random selection method and Mental Illness for Chinese Scale as a tool. The scale contained 34 items. They concluded that, the participants had lack of awareness regarding bio-medical concept of mental illness and had socially restrictive, pessimistic, and non-stigmatizing attitude toward mental illness in the capital city i.e. Delhi. Considering the conclusion; one can assume that, if the negative attitude towards mentally ill was presented in the said capital of India, then what about the common man living in Khandesh Area? Thus the study motivates researcher for the present project.

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Krishna Kodakandla, Minhajzafar Nasirabadi, Mohammed Shahid Pasha (2016). Their study was conducted at 2 medical colleges in South India with objectives of; to assess intern's beliefs about mental illness and attitude towards psychiatry. Researcher used cross sectional design and sample of 176 medical interns of both the colleges. They used Beliefs about Mental Illness Scale and Attitude towards Psychiatry Scale. The study concluded that there were negative beliefs about mental illness was found in the medical interns. But they have good attitude towards psychiatry, psychiatrist and psychiatric treatment efficacy. Researcher enunciated that, the need of changes in undergraduate medical policies; in respect to psychiatric awareness are required. Considering the conclusion; one can assume that, if the negative attitude towards mentally ill was presented in the said medical interns, then what about the common man? Thus the study motivates researcher for the present project.

G Aruna et. al. (2016) was conducted the study in Karnataka using sample of 500 MBBS students from three medical colleges. The aim of the study was to evaluate perception, knowledge and attitude toward psychiatric disorders, therapeutic modalities used in psychiatry, psychiatry as a subject and psychiatrist as a professionals among undergraduate medical students in Karnataka, At the end they found that, the undergraduate medical student had significant shortcomings in knowledge and attitude pertaining to psychiatric disorders, comparing positive opinion was obtained regarding psychiatry as a subject and psychiatrists as a professional. As per them; there was need of better educational measures at undergraduate level in order to shape a positive attitude of the health care providers toward psychiatry, which is essential for ensuring better care for patients and for reduction of stigma about psychiatric disorders. Considering the result and conclusion of above study; one can assume that, if the negative attitude towards mentally ill was presented in the medical students i.e. MBBS students, then what about the common man living in Khandesh Area? Thus the study motivates researcher for the present project.

Deo Neeraj (2012) conducted the study in Jalgaon City area using 50 random samples of parents of mentally retarded. He used Attitude towards Mental Retardation Questionnaire as tool for data collection. He concluded that, participants do not aware about clear-cut difference or distinction between mental retardation and mental illness, participants accepted value of need and training for mentally retarded but have unrealistic expectations; that the same will make the mentally retarded normal one. The study was conducted in North Maharashtra Region and especially in Jalgaon city, thus the study not only inspired the researcher for assessing attitude of population but also motivated for using awareness programs in the said field.

There are number of studies from the western countries have explored the negative attitudes of individuals towards mental disorder and mental illness. There is little work in eastern societies on psychiatric stigma in general and public awareness program in particular. The need to study the issue assumes a greater significance in the society as these have been dominated by Indian medical traditions. In the society some supernatural, religious,

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moralistic, and magical approaches to illness and behavior still exist. This can complicate the perception of mental disorders even further. Stigmatization of people with mental disorder not only affects the way people seek help individually but also has enormous implications on the development of policy at a national level.

Objectives;

- a. To find out attitude of rural and urban persons in the north Maharashtra region towards mental illness and persons with mental illness.
- b. To create awareness about mental illness in the society using awareness programs

Research Questions:

Is there significant difference between residence of demographic area i.e. Urban or Rural? about

- a. Attitude towards Mental Health
- b. Attitude and Knowledge about Mental Illness
- c. Attitude towards Person with Mental Illness

METHODOLOGY

Present research problem emerged with the fact, mental illness and mentally ill persons are ignored by the family and society. Even though there is stigma about the same. In the study researcher aimed two goals. At first he wants to find out attitude towards mental illness and mentally ill using self made questionnaire. Secondly he wants to use various methods i.e. public awareness programs, workshops, seminars for providing information about mental health, illness and ill itself. At last he again evaluates their attitude using the same test.

Sample

In the present study, sample was collected from three districts places and rural areas of Khandesh region i.e. north Maharashtra region.

District	Urban	Rural	Total
Jalgaon	150	150	300
Dhule	150	150	300
Nandurbar	150	150	300
Total	450	450	900

Variables:

- i. Independent Variables:
 - a. Urban
 - b. Rural
- ii. Dependant Variables:
 - a. Attitude towards mental illness
 - b. Attitude towards mental ill.

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Tools

1. General Information Blank:

It was prepared for getting personal details from individuals, which contained, name (Optional), age, sex, education, profession, residential area and whether any relative of his/her is mentally ill or mentally retarded.

2. Attitude towards Mental Illness Questionnaire:

For collecting data researchers prepared a questionnaire. Originally the questionnaire was containing of 40 items, which was revised to 21 items. In that, 12 items are related to knowledge of mental illness, 9 are related to attitude towards mental illness and retardation. Each item has three options a. Right b. in between c. Wrong and scored with 2-0-1 respectively.

Procedure

During the period research; as per given framework following procedure was used for preparing data collection instrument, collection of data, which includes pre and post test and providing mental health awareness program in between both the tests.

Collection of literature:

For the present study, first of all investigator tried to collect literature and research papers on psychology, psycho-pathology, attitude towards mental illness and mental retardation. Even he tried to find out literature in local language i.e. in Marathi - Hindi for better illustration to public.

Preparation of Questionnaire:

After collection of considerable literature on Attitude towards Mental illness and Mental retardation, researchers prepared a questionnaire. The questionnaire containing of 21 items, in that, 12 items are related to knowledge of mental illness and 09 are related to attitude towards mental illness and retardation. The test was prepared for pre and post session, for pre session test was printed on white paper and for post session test was printed on green paper.

Preparation of General Information Blank:

General information blank was prepared for collecting information of personal details and intervening variables of the project. This was contain, name (Optional), age, sex, education, profession, residential area and whether any relative of the participant is mentally ill or mentally retarded.

Collection of Control Group Data:

For collection of data from control group General Information Blank and Attitude towards Mental Illness Questionnaire were administered directly to the individuals at their home or work place or in a public program by the researchers. Total 661 individuals were tested randomly from urban and rural area of Jalgaon, Nandurbar and Dhule districts during the period. After 12-16 months of period Individual from control group were presented Attitude

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towards Mental Illness Questionnaire as a post test at their work or home place. Due to various reasons 472 out of 661 were available for post testing session.

Visits to Hospitals and Institutions:

For collection of data for experimental group; researchers visited to private hospitals, institutions, colleges and banks in Jalgaon, Dhule and Nandurbar Districts. They had experienced that, number of the institutions especially hospitals, banks, lawyer associations were not ready to cooperate to collect the data due to lack of awareness about research work and procedure, mental health and their responsibility towards society. But they had very positive response from educational institutes, private NGOs and practitioners of alternate medical practitioners.

Awareness Program;

Taking help of some organizations and individuals, investigators organized workshops. Before starting conversation participant were asked to fill up the general information blank and attitude towards mental illness questionnaire. The instructions were given in local language, any difficulty arises during the understanding of instructions; removed it immediately.

- a. In the first workshop on mental health; emphasis has given on mental illness are illness not different than physical illness. Black magic, possession and Bhanamati etc superstitions and not behind any psychiatric illness but it was itself are symptoms of mental illness. It was in local language and dialogue type. The session is limited to around 20-25 participants. It was for convenience of active participation, dialogue and recollection of post test session. These awareness programs were conducted at following centers-

Jalgaon District: In Jalgaon district data was collected from four cities i.e. Jalgaon, Jamner, Bhusaval, Amalner and rural areas of Neri, Pahur, Palaskheda, Garkheda, Sakegaon, Khadaka etc

Dhule District; In the district data was collected from Dhule, Dondaicha, Shirpur cities and rural area of Devbhane, Kusumba, Holnande etc

Nandurbar: In Nandurbar district data was collected from Nandurbar and Shahada cities and rural area of

- b. Between three to five months investigators revisited the same area, conducted seminar and presented awareness program. In the program it was explained that, mental illness is not a single disease but is a group of various illness, these disorders are different from each other like physical illness. In the session difference between mental illness and mental retardation explained, feed-back was taken in oral manner.
- c. Between six to nine months later workshop on mental disorder was conducted at same group at following places. In the workshop investigators explained anxiety disorder, phobia, OCD, Depression and Hysteria in local language and allow participant to ask their doubts and clear their perceptions.

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- d. During the ten to fifteen months period public awareness program was conducted at above mentioned places. In the session investigators given information regarding trance and possession disorder and psychosis. They explained delusions and hallucinations in simple local language, which may help to remove or to reduce superstitions from the participants, i.e. black magic, possession, bhanamati etc.

It was noteworthy that, near about all the participants put their doubts and queries regarding possession, kala jadoo, black magic etc. and some of them were eager to know about ECTs, Narco-therapy and Bio-feed-back therapy etc. Some of them asked about Psychological testing. Researchers had given sufficient information of the same in their local language with appropriate examples. Thereafter he was presented Attitude towards mental illness questionnaire as a post test. Researchers collected data of 760 participants at pre test level and 796 participants at post test session. But at last it was revealed that, 454 participants are given pre and post the tests.

Statistical Methods:

For statistical analysis, SPSS was used with the help of statistician.

01. For evaluating effect of inter-relation and distribution in variables F test was done.
02. Post hoc analysis was done for evaluating significant difference between two variables.
03. It was decided to accept the significant difference at 0.05 level

On the basis of statistical analysis all the hypothesis were examined and find the conclusions.

RESULT AND CONCLUSIONS

In the present section, an effort has been made to summarize the statistical analysis of the data to test the hypothesis and research questions. The obtained data was quantified and statistically tested to assess its level of significance. For statistical analysis SPSS software was used. Considering the data, which contains 2 independent variables i.e. rural and urban groups, with outcome of pre and post tests, and two dependant variables, researcher used Anova and Post Hoc Tests – multiple variants comparison for statistical analysis. He had taken help of expert for the same.

RQ: Is there significant difference between residents of urban or rural area? About-
Attitude towards Mental Health

PPT-Dif	df	Mean Square	F value	Sig
Between-Group	1	5.138	.129	NS
Within Group	898	39.695		

The table shows, F value between urban and rural about attitude towards mental health is .129, which is less than table value of .05 levels. It suggests there is no interaction effect, but found similarity in distribution among participants in respect to his/her residential area. Here researcher gets the answer of RQ-a, that there is no difference between urban and rural regarding their attitude towards mental health.

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Attitude and Knowledge about Mental Illness

PPT-Dif	df	Mean Square	F value	Sig
Between-Group	1	13.938	1.350	NS
Within Group	898	10.327		

The table shows, F value between urban and rural about attitude and knowledge about mental illness is 1.350, which is less than table value of .05 levels. It suggests there is no interaction effect but found similarity in distribution among participants in respect to his or her area of residence. Here researcher gets the answer of RQ-b, that there is no difference between urban and rural residents considering their attitude and knowledge about mental illness.

Attitude towards Person with Mental Illness

PPT-Dif	df	Mean Square	F value	Sig
Between-Group	1	3.518	.239	NS
Within Group	898	14.709		

The table shows, F value between urban and rural about attitude towards person with mental illness is .239, which is less than table value of .05 levels. It suggests there is no interaction effect but found similarity in distribution among participants in respect to his or her area of residence. Here researcher gets the answer of RQ-c, that there is no difference between urban and rural residents considering their attitude towards person with mental illness.

CONCLUSIONS

RQ 1a Urban and Rural participants have similarity in its attitude towards mental health.

RQ 1b Urban and Rural participants have similarity in its attitude and knowledge about mental illness.

RQ 1c Urban and Rural participants have similarity in its attitude towards persons with mental illness.

DISCUSSION

Investigators coined here urban – rural residence of participant as a demographic area. It is known that, rural individuals are different than urban individuals in respect to health and hygienic awareness. But researchers have not sufficient research to put null or alternate hypotheses. Thus they ask research questions regarding participant’s area of residence and his or her attitude towards mental health, knowledge about mental illness and attitude towards person with mental illness. He includes urban and rural area as an intervening variable.

After the statistical analysis, investigators found urban and rural residents has similarity in respect to its attitude towards mental health, knowledge about mental illness, attitude towards person with mental illness and attitude towards physical illness. But, investigators want to clarify here, for assessing this type of difference one should select residents from big cities like Mumbai, Pune and rural areas like Kusumba, Neri etc. which may lead to clear-cut difference.

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Conflict of Interest

There is no conflict of interest.

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