



Effectiveness of Video Assisted Teaching Program on Level of Knowledge and Attitude Regarding Mental Illness Among People Residing in Selected Rural Area At Rajpipla

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ABSTRACT

INTRODUCTION: The public view towards mental illness has been considered as negative, stigmatized right from the ancient time till date which varies according to age, race, religion, culture and education of the community. **AIMS & OBJECTIVE:** To assess the level of knowledge and attitude regarding mental illness among people residing in selected rural area at Rajpipla. 2) To determine the effectiveness of video assisted teaching program on knowledge and attitude regarding mental illness among people residing in selected rural area at Rajpipla. 3) To find out the correlation between attitude and knowledge regarding mental illness among people residing in selected rural area at Rajpipla. 4) To find out the association between pretest knowledge & attitude score of people with their demographic variables. **MATERIAL AND METHOD:** Pre experimental one group pre-test – post-test research design and random sampling technique was adopted to achieve the goal of the study. The tool consists of three parts. First part consist demographic data of the sample, second part consist of self-modified structured interview scale. And third part was standardize OMIC Attitude scale. The sample was 100 people residing at selected rural area at Rajpipla. **RESULTS:** The collected data was tabulated and analyzed using descriptive and inferential statistics. The ‘t’ calculated value 13.69 is more than tabulated value 1.96 at 0.05 level of significance. Discussion stated that there was an increase in the level of knowledge and attitude among people, it indicates that video assisted teaching was effective.

KEYWORDS

Effectiveness, video assisted teaching, mental illness, people.

INTRODUCTION

Mental health involves finding a balance in all aspects of life: physically, mentally, emotionally and spiritually. Although mental well-being is believed to be instrumental to quality living and personal growth, people often take mental health for granted and may not notice the components of mental well-being until problems and stresses surface. As a country develops and urbanizes, life becomes more complex, and problems related to social, cultural, and economic changes arise. As per the above discussion we come to know that there is a difference between mental illness and mental health. Hence i have taken this topic for study purpose.⁹

NEED FOR STUDY

Mental health problems and attitude towards mental illness have common risk factor. The pervasive negative beliefs about mental illness, in turn to create an environment that impedes both treatment seeking and recovery. For psychiatrically labelled people acutely attuned to the judgments of their peers, and negative attitudes about mental illnesses among those peers may be painful.

The consequences of stigma associated with mental illness have attracted the negative ratings among the public. The public express that the people with mental illness are unpredictable and dangerous. Thus the knowledge and attitude among adults towards mental illness bears profound impact on the person with psychiatric illness.¹³

STATEMENT OF THE STUDY

“A STUDY TO ASSESS THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING PROGRAM ON LEVEL OF KNOWLEDGE AND ATTITUDE REGARDING MENTAL ILLNESS AMONG PEOPLE RESIDING IN SELECTED RURAL AREA AT RAJPIPLA, GUJARAT.”

OBJECTIVE

1. To assess the level of knowledge and attitude regarding mental illness among people residing in selected rural area at

Rajpipla.

2. To determine the effectiveness of video assisted teaching program on knowledge and attitude regarding mental illness among people residing in selected rural area at Rajpipla.

3. To find out the correlation between knowledge and attitude regarding mental illness among people residing in selected rural area at Rajpipla.

4. To find out the association between pre-test knowledge score of people with their demographic variables.

HYPOTHESIS

H₁: Mean post-test knowledge & attitude score of mental illness will be significant higher than the mean pre- test knowledge & attitude score of people.

H₂: There will be correlation between knowledge and attitude of people residing at selected rural area at Rajpipla.

H₃: There will be association between pre-test level of knowledge and attitude with selected demographic variables.

ASSUMPTIONS

People residing at rural area may have limited knowledge on mental illness and Video assisted teaching may enhance information of people residing in rural area at Rajpipla.

RESEARCH METHODOLOGY

RESEARCH APPROACH:- A quantitative research approach is adopted for the study.

RESEARCH DESIGN:- The pre –experimental design chosen for the study.

RESEARCH VARIABLES

INDEPENDENT VARIABLES: video assisted teaching programme is the independent variable in this study.

DEPENDENT VARIABLES: level of knowledge and attitude is the dependent variable.

DEMOGRAPHIC VARIABLE: Age, gender, religion, education, history of mental illness, exposure to training regarding mental illness.

SETTING OF THE STUDY

Conducted in the selected rural area at Rajpipla.

TARGET POPULATION

people residing in selected rural area at Rajpipla.

SAMPLE SIZE

The sample for the present study comprises of 100 people who fulfilled the sampling criteria and expressed willingness to participate in the study.

SAMPLING TECHNIQUE

Simple random sampling technique

CRITERIA FOR THE SELECTION OF SUBJECT

INCLUSION CRITERIA

1. People of selected rural area at Rajpipla.
2. Who are willing to participate in Study.
3. Who can speak and understand Gujarati.

EXCLUSION CRITERIA

1. People who have attended similar previous studies.
2. People who has sensory impairment

DESCRIPTION OF THE TOOL

Section A

Demographic data which includes as age, gender, Religion, Education, history of mental illness, exposure to training regarding mental illness.

Section B

The Structured interview scale questionnaire that focuses on one's knowledge about mental illness. The tool consists of 30 statements that would help to screen the level of knowledge regarding mental illness. After the patient has completed the questionnaire the scores will be add up. The highest possible total for the whole test would be 30. Since the lowest possible score for each question is zero, If the score is 1-10 is said to be inadequate knowledge, if the score is 11-20 it is considered as moderate and 21-30 is screened as adequate level of knowledge.

Section C: OMIC attitude scale

OMIC standardize attitude scale which measured the attitude regarding mental illness. Which consist of 34 statement. The highest possible score was 5 and lowest was 1. total score was 170. if the percent above 50% indicates positive attitude and percent below 50% indicated negative attitude .

RESULT

SECTION A

PART 1

This section dealt with demographic variables, which are documented for analysis, frequency and percentage distribution.

THE DATA PRESENTED INDICATE RESULT AS FOLLOW.

The study of 100 samples reveals that 11 (11%) people were within the age group of 20 to 30 years, 44 (44%) people were 31 to 40 years of age, 34 (34%) people were within age group 41 to 50 years. And 11 (11%) people were in 51 & above age group.

36% of the people were male. 64% of the selected people were female, 82% were Hindu while remaining 7% were Muslim, and 11% people are Christian. 19% people were illiterate 39% people had primary Education, 30% of people had either secondary or higher secondary Education. And 12% people had completed either graduation or post-graduation.

Out of the 100 selected people only 3(3%) of people had family history of mental illness. And out of 100 selected people only 5(5%) people had exposure of training programme regarding mental illness.

PART 2

Table 1- Frequency Distribution of samples based on the level of knowledge score of Pre-test and Post-test.

SR.NO.	LEVEL OF KNOWLEDGE	PRE-TEST SCORE	POST-TEST SCORE
1	Inadequate (1-10)	6	5
2	Moderately adequate (11-20)	90	55
3	Adequate (21-30)	4	40

Table 2-frequency distribution of samples based on the level of attitude score of pre test and post test.

SR.NO.	LEVEL OF ATTITUDE	PRE-TEST SCORE	POST-TEST SCORE
1	Positive (above 50%)	47%	65%
2	Negative (below 50%)	53%	35%

SECTION -B

OVERALL PRE TEST AND POST TEST SCORES ON KNOWLEDGE AND ATTITUDE REGARDING MENTAL ILLNESS AMONG PEOPLE.

It Reveals the comparison of overall Pre-test and Post-test Mean Knowledge and attitude score on mental illness. Knowledge of the mean percentage of the Pre-test was 48.3% and SD was 2.76 whereas, the mean knowledge of post-test was 67.8% and SD was 3.20 respectively. Further, the enhancement of mean knowledge found to be 19.5 % from the pre-test to post test. The statistical Paired' test was found to be 13.69* that reflects significant enhancement of knowledge score from pre-test to post test at P< 0.05 revealing the effectiveness of video assisted teaching. Also comparison of overall Pre-test and Post-test Mean attitude score of the mean percentage of the Pre-test was 50.5% and SD was 9.71 whereas, the mean attitude of post-test was 67.8% and SD was 10.53 respectively. Further, the enhancement of mean attitude found to be 2.7 % from the pre-test to post test. The statistical Paired' test was found to be 3.43* so that reflects the enhancement of knowledge score from pre-test to post test at P< 0.05 revealing the effectiveness of video assisted teaching.

ASPECT WISE MEAN PRE TEST AND POST TEST KNOWLEDGE ON MENTAL ILLNESS AMONG PEOPLE.

* Significant at 5% level,
t (0.05, 99df) = 1.96

It depicts comparison of overall aspect wise knowledge score between pre-test and post-test on mental illness. In the pre-test knowledge scores was considerably less compared to post-test performance in all the aspects of knowledge under study. The findings showed that the maximum mean score found in the aspect of causes of mental illness in pre-test was 5.87 and that in post-test was 7.71 with a 't' value of 8.37*. In the aspect of identification of mental illness, the mean score found in pre-test was 1.42 whereas that in post-test was 7.71 with a 't' value of 6.26*. The mean score found in the aspect of Treatment of mental illness changes in pre-test knowledge was 3.46 and that in post-test was 1.31 with a 't' value of 9.49*. The statistical paired 't' test value 13.69* reflects the significant enhancement of mean knowledge score for all the selected aspects at 0.05 level of significance which indicates the effectiveness of slide show on knowledge regarding mental illness among people.

Hypothesis H1: there will be significant difference in the level of knowledge and attitude among people before and after video assisted teaching. Hypothesis H1 was tested to find out the significance at $p < 0.05$ level. In order to test the hypothesis the researcher used the paired 't' test.

The obtained value is more than the table value at 0.05 level of significance.

Thus the hypothesis 1 is accepted.

SECTION C:

COORELATION BETWEEN KNOWLEDGE AND ATTITUDE OF PEOPLE RESIDING IN SELECTED RURAL AREA AT RAJPIPLA REGARDING MENTAL ILLNESS.

It illustrates that the correlation between knowledge and Attitude, $r = 0.38$ is Positive correlation between the knowledge and attitude.

SECTION D:

Association between selected demographic variables of people and their knowledge

The data shows that the χ^2 value computed between the knowledge levels of knowledge of peoples regarding screening of mental illness.

Variables of age ($\chi^2=36.97$), Gender ($\chi^2= 3.59$), Religion ($\chi^2=2.25$), education ($\chi^2=39.7$), family history of mental illness ($\chi^2=0.38$) Exposed in training program related to mental illness. ($\chi^2=2.73$) was found significant at 0.05 level of significance.

Association between selected demographic variables of people and their attitude.

The data shows that the χ^2 value computed between the knowledge levels of knowledge of peoples regarding screening of mental illness.

Variables of age ($\chi^2=16.5$), Gender ($\chi^2= 0.14$), Religion ($\chi^2=2.11$), Education ($\chi^2=34.7$), family history of mental illness ($\chi^2=0.32$) Exposed in training program related to mental illness. ($\chi^2=0.10$) was found significant at 0.05 level of significance. Thus it can be interpreted that there is a significant association between knowledge of people with their selected socio demographic variables such as age, gender, religion, education, family history of mental illness & Exposed in training program related to mental illness.

So we conclude that only few among selected variables are significantly associated with pre-test knowledge score of people hence the hypothesis (H2) was not accepted.

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DISCUSSION & CONCLUSION

This chapter includes conclusion, implication, limitations and recommendations. The research approach adopted in the present study is quantitative research approach to measure the effectiveness of video assisted on level of knowledge and attitude among people residing in selected rural area at Rajpipla. Effectiveness was assessed by The 't' test was computed between pre-test and post-test score indicate that the mean post-test knowledge and attitude score is significantly lower than the mean pre-test knowledge score among people exposed to video assisted teaching programme. Hence it is indicated that video assisted teaching was effective.

REFERENCE

1. Asuni T, Schoenberg F, Swift C. Mental health and disease in Africa. Ibadan: Spectrum Books Ltd; 1994.
2. Dr. Birmla Kapoor, Text of Psychiatry, volume -1, Kumar Publishing house

4. Hurlock B Elizabeth. Developmental Psychology - A life span approach. 5th ed. New Delhi: Tata McGraw-Hill Publishing Company Ltd; 2005.
5. Naylor PB, Cowie HA, et.al; Impact of a mental health teaching programme on adolescents; Br J Psychiatry. 2009 Apr;194(4):365-70.
6. www.nida.nih.gov.com.Saviha Malhotra.Child And Adolescent Mental Illness drug abuse statistics.
7. icmr.nic.in/mental health. Dr. Narender Kumar. Indian council of medical research.
8. World Health Organization Training in the community for people with disabilities.WHO: Geneva; 1989.
9. WHO. The World Health Report 2001 Mental health: New understanding; new hope. Geneva: WHO. Available on: URL:http://www.who.int/whr2001/2001/.
10. Jorm AF. Public knowledge and beliefs about mental disorders. The British Journal of Psychiatry 2000;177:396-401.
11. Office of the Registrar General and Census Commissioner, India; 2001.