



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

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Authors' contributions

This work was carried out in collaboration between both authors. Both authors read and approved the final manuscript.

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Study Protocol

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ABSTRACT

Background: Mental Health Literacy states to the awareness or attitudes of a person regarding psychiatric illnesses that help their identification, prevention, or management. Psychiatric health awareness contains the capacity to identify particular conditions, information on how to look for knowledge on mental health, understanding danger factors or sources, treatment of self, or manageable medical support or behaviors that facilitate proof of identity or finding effective help.

Aim: 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. 2. To evaluate the effectiveness of selected mass media intervention (poster, leaflet, and booklet) for improving mental health literacy among rural women. 3. To associate post-test scores of mental health

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literacy among rural women with their selected demographic variables of an experimental and control group.

Methodology: It is an experimental research design and the sample will be selected as per inclusion criteria. The convenience sampling technique will be selected. Data will be collected by using a self-structure questionnaire and modified mental health literacy scale and rating scale used for comparison of a poster, leaflet, and booklet, and the time limit will be allotted 30 minutes to each participant for fill-up the tools. the literature review was identified through Pub MED, Medline, Cochran, computerized, books, library.

Results: A critical review of the investigator has reviewed 522 published articles and the recorded of duplicate articles 218/11 original articles that included.

Conclusion: The conclusion will be drawn from the statistical analysis.

Keywords: *Beliefs about psychological illness; help-seeking; psychiatric health; psychiatric illness; rural women.*

1. INTRODUCTION

The idea of literacy in mental health was developed from health literacy, that seeks to improve client information of physical health, diseases and treatments. Currently, 15 million young people in our country are detected with a mental health condition [1] psychiatric health is a vital and necessary aspect of wellbeing, strengthening the skills of persons or groups to accomplish their self-determined aims [2]. Jorm's established psychiatric health literacy was first used by the term MHL in 1997 as an 'awareness or views about psychiatric illnesses this support their identification, management, or prevention. Literacy of psychological health requires the facility to recognize individual illness; information of how to obtain knowledge about psychiatric health; information of risk factors or reasons, treatment of self or available clinical support; and behaviors that encourage recognition or the quest for effective help. The idea of Psychiatric health information is derivative from health knowledge, which seeks to raise knowledge of physical health, diseases, or management [3].

The following six elements are composed of Psychiatric health literacy: 1) the capacity to identify particular illnesses and psychological distress of various kinds; 2) Information or convictions about danger factors or causes; 3) Awareness or attitudes about approaches in self-help; 4) Open information or views about specialized assistance; 5) Attitudes that promote recognize or the necessary search for assistance; 6) Each aspect contributes to mental health care by accepting the need to obtain psychiatric health facilities for oneself or those by psychiatric health illness, making decisions about what kinds of assistance to pursue, and correcting stigmatized views or attitudes towards

mental disorder or mental health management [4]. In India, the prevalence rate of mental disorders is 12.5 percent among children aged 0-16 years, and 12 percent among children aged 4-16 years. In India, suicide death rates are among the highest in the world, standing at 36 per 1,00,000 young people [5]. Increasing public health concern is the severity of mental illnesses [6].

Literacy in mental health is a valuable tool for empowerment, as it helps individuals realize their own mental health well or encourages them to act on this knowledge. It rises the resilience or influence of individuals over their mental health or strengthens self-efficiency in pursuit of support [7].

2. BACKGROUND OF THE STUDY

Literacy in mental health is an essential determinant of psychiatric health or can recover the health of together the child or the community. Suggestion suggests in this enhanced understanding of psychiatric health or psychiatric condition, improved knowledge of in what way to obtain assistance or care, and decreased stigma toward psychiatric condition at specific, public or organized levels can facilitate primary recognition of the psychiatric condition, recover psychiatric health results, or growth the use of health facilities [8] For mental health practitioners and educators alike, enhancing mental health awareness for young people is a subject of growing importance. Schools are an excellent place for young people to explore mental health awareness [9]. Mental illness is a mental or behavioral disorder that causes severe discomfort or deterioration in personal functioning. Between the maximum common diseases globally, psychiatric disorders are in

current years, global socio-economic developments have produced a wide range of psychological condition in various society, including industrialization, rapid population growth, urbanization, and immigration [10].

3. NEED FOR THE STUDY

Several members of the community may not identify psychiatric illnesses correctly or do not grasp the definitions of psychological terminology [11]. Low literacy in mental health is troubling because insufficient information is associated with delays in seeking care, reduced levels of seeking treatment, and the use of non-optimal treatments. Rising mental health awareness is especially important given that other obstacles to care are accompanied by a lack of information about mental illness. Rabinowitz noted that public disclosure of mentally ill celebrities has decreased stigma, which is a common obstacle to treatment [12].

In recent decades, the burden of psychiatric illness has increased [13]. Lack of awareness of mental illness and stigma is an overwhelming obstacle to mental health condition in help-seeking actions. [13] The goal of the study is to explore psychiatric health information or societal attitudes as instrumental factors in construction demand-side ability in India to support and access community-level mental health care [14].

4. OBJECTIVES

1. To assess the existing mental health literacy among rural women.
2. To evaluate effectiveness of selected mass media intervention (poster, leaflet, and booklet) for improving mental health literacy among rural women.
3. To associate post-test scores of mental health literacy among rural women with their selected demographic variables.

5. METHODOLOGY

It is an experimental research design and the sample will be selected as per inclusion criteria. Total sample size 100. The convenience sampling technique will be selected. Data will be collected by using a self-structure questionnaire and modified mental health literacy scale and rating scale used for comparison of a poster, leaflet, and booklet, and the time limit will be allotted 30 minutes to each participant for fill-up the tools. Literature results collected from examinations of computerized records, hand searches or confident documents, papers published; abstracts; were considered and checked from the following sources: PUB MED; Medline; and library database Cochrane.

5.1 Criteria for Sample Selection

5.1.1 Inclusion criteria

1. Rural women who are available during the period of data collection.
2. Rural women who are in 18 to 60 years.
3. Rural women are willing to participate.
4. Who can read and write Marathi?

5.1.2 Exclusion criteria

1. Rural women who are already exposed to this type of study (in the last 6 months).
2. Who are mentally ill.
3. Health workers.

5.2 Data Management and Monitoring

Data collection will be conducted for a single month span. This research will be carried out after receiving authorization from the authorities concerned.

Table1. Sources and Methods

Sources	The Reviews have been Collected from PUB MED, Medline, or Cochrane Library
Method	Quantitative
Evidence	Composed from written papers, review articles, abstracts, copyright and editorial, newspapers, state records
Conclusions	Structured mental-health literacy interventions to be planned. Policymakers should focus on further research by adequate funding and recognition to prepare, developing monitor, implement, assessor improve psychiatric health program in India.

5.3 Tool for Data Collection

Section I – Demographic Variable

Demographic information which gives baseline information obtained from patients such as age, educational status, religion, occupation, family income, Family type, do you use mass media.

Section II - It consists of a structured questionnaire on mental health literacy, in this total 25 questions were included. every item having 4 options to the response. out of 4, only one option was corrected. A score of one was given for every corrected answer.

Section III - Modified mental health literacy scale will be used to evaluate the mental health literacy of rural women. data will be collected direct visit to rural area and participant selected as per inclusion criteria. Total 25 items include in this scale and score will be given according to When responding, we are interested in your degree of knowledge. Therefore, when choosing your response, consider that: strongly disagree -1, Disagree-2, Neutral-3, Agree-4, or strongly agree-5.

5.4 Data Analysis Method

Descriptive statistics or inferential statistics will be used. For analysis of demographic figures will be going used frequency and mean, mean percentage and standard deviation used for assessing the mental health literacy amongst rural women.

6. RESULTS

This research study will plan to investigate the recovery of Psychiatric health literacy between rural women with the help of a self-structured questionnaire or modified mental health literacy scale researcher will investigate how to improve literacy about mental health through intervention. This study will help to assess the effectiveness of mass media interventions (poster, leaflet, and booklet) to improve mental health literacy among rural women.

The Autor conducted a pilot study for two-week 12th October to 25 October 2020. prior data collection permission obtained from gram panchayat Umari Meghe. selected 10 samples to form Umari Meghe rural community women, by non-probability convenient sampling technique. Investigator started data collection on knowledge

of mental health. researcher used modified mental health literacy scale and the result was 70% of women in pretest had a poor level of mental health literacy score, 30% in pretest had average, 80% in posttest had very good and 20% in posttest had an excellent level of mental health literacy score. The range of mental health literacy score in the pretest was 3-6 and the range of mental health and literacy score in the posttest was 18-21. The mean mental health literacy score in the pretest was 4.70 and the mean score of mental health literacy in the posttest was 19.50. The pre-test mean percentage of mental health literacy score was 18.8 percent and the post-test mean percentage score of mental health literacy was 78 percent.

7. DISCUSSION

Aims of this research investigate to improve literacy regarding mental health among rural women through mass media intervention. The results of the study were drawn on the statistical analysis. A teacher becomes a central player in the early detection of youth who need mental health resources to support them. The attributes of teachers have been known as one way to explain why teenagers are not listened to Prior studies only discussed features, and further study was proposed to determine how they affect the recognition of children with mental wellbeing. Therefore, the mental health literacy of educators needs to be measured [15]. Overall, most students have adverse attitudes to mental illness treatment or prevention. Almost half of the pupils have negative views toward mentally ill individuals and mental illness management. Therefore, through mental health awareness initiatives, seminars, and campaigns, there is an immediate need to inform and improve student perceptions about mental illness [16]. One of the results of the study indicates that campus students cited psychosocial or environmental factors mainly as the potential explanations for a black dog (depression) or psychosis [17]. Previous studies on mental health awareness services found that positive impacts on adolescent mental health outcomes were tentative [18].

One of the studies conducted Mental Health Literacy Among Late Adolescents in South India. Outcome of this study was total 916 sample included. The respondent's percentage in MHL was very low. such as 29.04 percentage recognized depression or 1.31 percentage documented psychosis/schizophrenia. The

results of the research show that adolescents tended to reach informal outlets, with family members such as mothers, rather than formal sources for themselves than for others, reflecting strongly prevalent stigmatizing attitudes towards mental health illness. so there is immediate need to improvement in the information of adolescent regarding MH through developmental of education program how to contact for assistance, adolescent may seek help from valid sources [17].

One of the researchers conducted study on Assessment of mental health literacy using a multifaceted measure among a Chinese rural population. Aim of this study was to assess the mental health literacy through multifaceted 20 items instrument. Total sample 2377. Setting of study villages of Liuyang county. He found that Mental Health Literacy in the rural areas is lower than recorded in China's urban parts. There is

substantial room for progress in the promotion of MHL in rural areas of China. The three robust variables correlated with higher MHL are younger age, higher education and higher income, so cohort-specific educational intervention attempts can be suggested [19].

A study conducted on Impact of contact on adolescents' mental health literacy and stigma: The School Space cluster randomized controlled trial. They founded that Compared to the contact or education, significant improvements found in the education-only condition for the secondary results of knowledge-based stigma, mental health literacy, emotional well-being and resilience, and help-seeking attitudes. The intervention in education seemed to be effective in eliminating stigma, fostering awareness of mental health, or growing literacy in mental health, as well as enhancing psychological welfare or resilience [20].

PRISMA CHART

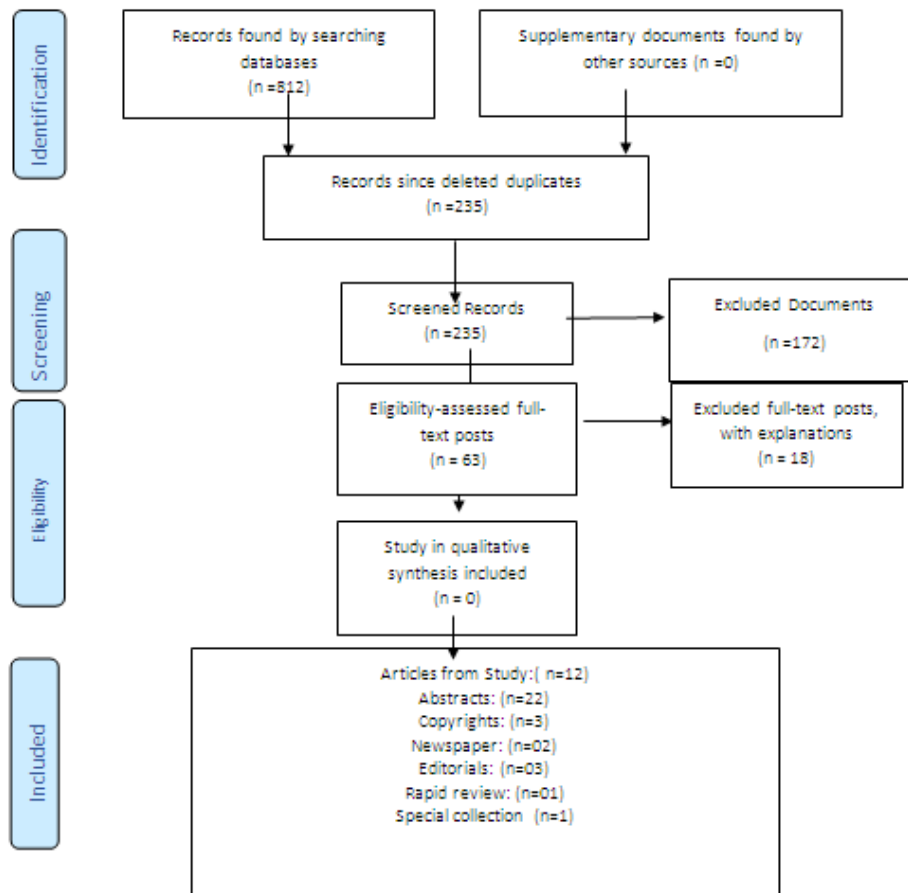


Fig. 1. Flow chart

Gaidhane et. al. reflected on effect of electronic media on diet, exercise, and sexual activity among adolescents [21]. Gawai and Tendolkar studied perception of mental health problems and coping strategies among rural women living in Vidarbha region [22]. Similar studies among Nepali migrants have been reported [23-25]. Key related studies on mental health issues were reported by Tendolkar et. al. [26,27].

8. CONCLUSION

A conclusion will be drawn from the statistical analysis.

CONSENT AND ETHICAL APPROVAL

The research is endorsed by the Committee on Institutional Ethics of (DMIMS(DU)/IEC/ Dec-2019/8678) Datta Meghe Institute of Medical Sciences. All participants must be requested to read and sign informed consent.

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

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