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"A STUDY TO EVALUATE THE EFFECTS OF STRUCTURED TEACHING PROGRAMME ON STIGMA AND DISCRIMINATION REGARDING MENTAL ILLNESS IN TERMS OF KNOWLEDGE AMONG CAREGIVERS OF MEMNTALLY ILL PATIENTS IN SELECTED HOSPITALS FOR MENTAL HEALTH, AHMEDABAD, GUJARAT."

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ABSTRACT

Background

Stigma is when someone sees an individual in a negative way because of a particular characteristic or attribute (such as skin colour, cultural background, a disability or a mental illness). When someone treats an individual in a negative way because of your mental illness, this is discrimination. Stigma happens when a person defines someone by their illness rather than who they are as an individual. For example, they might be labelled 'psychotic' rather than 'a person experiencing psychosis'. For people with mental health issues, the social stigma and discrimination they experience can make their problems worse, making it harder to recover. It may cause the person to avoid getting the help they need because of the fear of being stigmatised.

Aims

This study is aimed to evaluate the effects of structured teaching programme on stigma and discrimination regarding mental illness in terms of knowledge among caregivers of mentally ill patients in selected hospitals for mental health, Ahmedabad, Gujarat.

Objectives

1. To assess the pretest knowledge score of stigma and discrimination regarding mental illness among caregivers of mentally ill patients in selected hospitals for mental health, Ahmedabad, Gujarat.
2. To assess the post-test knowledge score of stigma and discrimination regarding mental illness among caregivers of mentally ill patients in selected hospitals for mental health, Ahmedabad, Gujarat.
3. To evaluate the effect of structured teaching programme on stigma and discrimination regarding mental illness in terms of knowledge among caregivers of mentally ill patients in selected hospitals for mental health, Ahmedabad, Gujarat.
4. To find out association between pretest knowledge score with selected demographic variables on stigma and discrimination regarding mental illness in terms of knowledge among caregivers of mentally ill patients in selected hospitals for mental health, Ahmedabad, Gujarat.

Methods
Quantitative research approach was used with Pre-experimental research design (One group Pretest Posttest design). Investigator used Non-Probability Purposive sampling technique for selecting 40 samples. A structured knowledge questionnaire (multiple choice questions) and for evaluation of pre-test and post-test. The reliability of the tool was determined, by using test and retest method of "Karl Pearson's formula" Reliability of the structured knowledge questionnaire was found 0.745.

Result:

According to the findings, the mean post-test knowledge score was significantly higher than the mean pre-test knowledge score with a mean difference of 5.05. The calculated 't' value (13.212) was greater than the tabulated 't' value (2.00) at 0.05 level of significance. Therefore the null hypothesis H0 was rejected and research hypothesis H1 was accepted and it revealed that the structured teaching program was effective in increasing knowledge among caregivers of mentally ill patients. The findings also revealed that the demographic variables of age and education have a significant association with pre-test knowledge scores. Hence, the research hypothesis (H2) was also accepted.

Conclusion:

A Study to evaluate the effects of structured teaching programme on stigma and discrimination regarding mental illness in terms of knowledge among caregivers of mentally ill patients in selected hospitals for mental health, Ahmedabad, Gujarat. The findings clearly indicate that there is a greater need for awareness about topics regarding the mental illness among caregivers of mentally ill patients.

INTRODUCTION

According to American psychiatric association mental health is the foundation for emotions, thinking, communication, learning, resilience, hope and self-esteem. Mental health is also key to relationships, personal and emotional well-being and contributing to community or society. Mental health is a component of overall wellbeing. It can influence and be influenced by physical health. Mental illness is nothing to be ashamed of. It is a medical problem, just like heart disease or diabetes. Mental illnesses are health conditions involving changes in emotion, thinking or behavior (or a combination of these). Mental illnesses can be associated with distress and/or problems functioning in social, work or family activities. Patients with mental health disorders do not only have to endure the burden of having the condition but also the stigma that results from it, and that is classified into: public stigma, institutional stigma, and self stigma.Stigma is defined as "a set of negative attitudes and beliefs that motivate individuals to fear, reject, avoid, and discriminate against people with mental illness". It results in reduced autonomy and self-efficacy.

In India, experiences of stigma and discrimination are heavily influenced by local cultural factors (Gautam & Jain, 2010). Labels such as *paagal* (mad), *aalsi* (lazy), *sust* (lethargic), *darpok* (coward) were reportedly used for patients with severe mental illness in North India and because of which they stopped or wanted to stop their treatment (Grover et al., 2020). Stigma and embarrassment were reported as a major reason for under-reporting of psychological symptoms and poor help-seeking (Sagar et al., 2017; Venkatesh et al., 2015). It is also believed that black magic is the major cause for mental illness (Nimgaonkar & Menon, 2015). Difficulties in securing matrimonial alliances was an issue if someone was diagnosed with mental illness in the family (Tewari et al., 2017).

Objectives of the studies were

1. To assess the pretest knowledge score of stigma and discrimination regarding mental illness among caregivers of mentally ill patients in selected hospitals for mental health, Ahmedabad, Gujarat.
2. To assess the post-test knowledge score of stigma and discrimination regarding mental illness among caregivers of mentally ill patients in selected hospitals for mental health, Ahmedabad, Gujarat.
3. To evaluate the effect of structured teaching programme on stigma and discrimination regarding mental illness in terms of knowledge among caregivers of mentally ill patients in selected hospitals for mental health, Ahmedabad, Gujarat.
4. To find out association between pretest knowledge score with selected demographic variables on stigma and discrimination regarding mental illness in terms of knowledge among caregivers of mentally ill patients in selected hospitals for mental health, Ahmedabad, Gujarat.

ANALYSIS AND INTERPRETTAION OF THE DEMOGRAPHIC DATA OF THE SAMPLES:

Table 4.1 Frequency and Percentage Wise Distribution of Samples Based on Demographic Data [N=40]

Sr.No.	Demographic Variables	Frequency	Percentage (%)
1.	**Age in years**		
	20-30	8	20.0
	31-40	9	22.5
	41-50	10	25.0
	51-60	13	32.5
2.	**Gender**		
	Male	16	40.0
	Female	24	60.0
3.	**Education**		
	Primary Education (1-8 Std)	5	12.5
	Secondary and higher secondary education(9-12std)	13	32.5
	Graduation	16	40.0
	Post graduation	6	15.0
4.	**Area of residence**		
	Rural	19	47.5
	Urban	21	52.5
5.	**Religion**		
	Hindu	27	67.5
	Muslim	9	22.5
	Christian	4	10.0
	Other	00	00.0
6.	**Relationship with patient**		
	Parents	9	22.5
	Siblings	7	17.5
	Spouse	8	20.0
	Friend or other relatives	16	40.0

7.	**Duration of mental illness**		
	0-2 years	12	30.0
	3-4 years	9	22.5
	5-6 years	7	17.5
	Above 6 years	12	30.0
8.	**Have you ever seen stigma and discrimination regarding mental illness?**		
	Yes	35	87.5
	No	5	12.5

Table 4.1 shows that distribution of the samples as regards of age out of 40 samples, majority of the samples 13(32.5%) belong to the age group of 51 to 60 years, 10(25%) samples belong to the age group of 41 to 50 years, 9(22.5%) samples belong to the age group of 31 to 40 years, minimum 8(20%) samples belong to the age group of 20 to 30 years. As regard to Gender majority of the samples are 24(60%) of the samples were female and 16(40%) of samples were male. Out of 40 samples according to Professional Qualification, majority of the samples 16(40%) belong to Graduation, 13(32.5%) of samples belong to secondary and higher secondary education,6(15%) of samples belong to Post Graduation and minimum 5(12.5%) of samples belong to Primary education. In residence majority 21(52.5%) samples were from urban residential area and 19(47.5%) samples were from rural residential area. In religion maximum 27(67.5%) samples were Hindu, 9(22.5%) samples were Muslim,4(10%) samples were Christian and no one from other religion. In relationship with patient majority 16(40%) samples were friends or other relatives,9(22.5%) samples were Parents,8(20%) samples were spouse,7(17.5%) samples were siblings. In duration of mental illness maximum 12(30%) samples were having patients with 0-2 years and above 6 years of mental illness,9(22.5%) samples were having patients with 3-4 years of mental illness,7(17.5%) samples were having patients with 5-6 years of mental illness. In seeing stigma and discrimination regarding mental illness majority 35(87.5%) samples were saw stigma and discrimination regarding mental illness and minimum 5(12.5%) samples were not saw stigma and discrimination regarding mental illness.

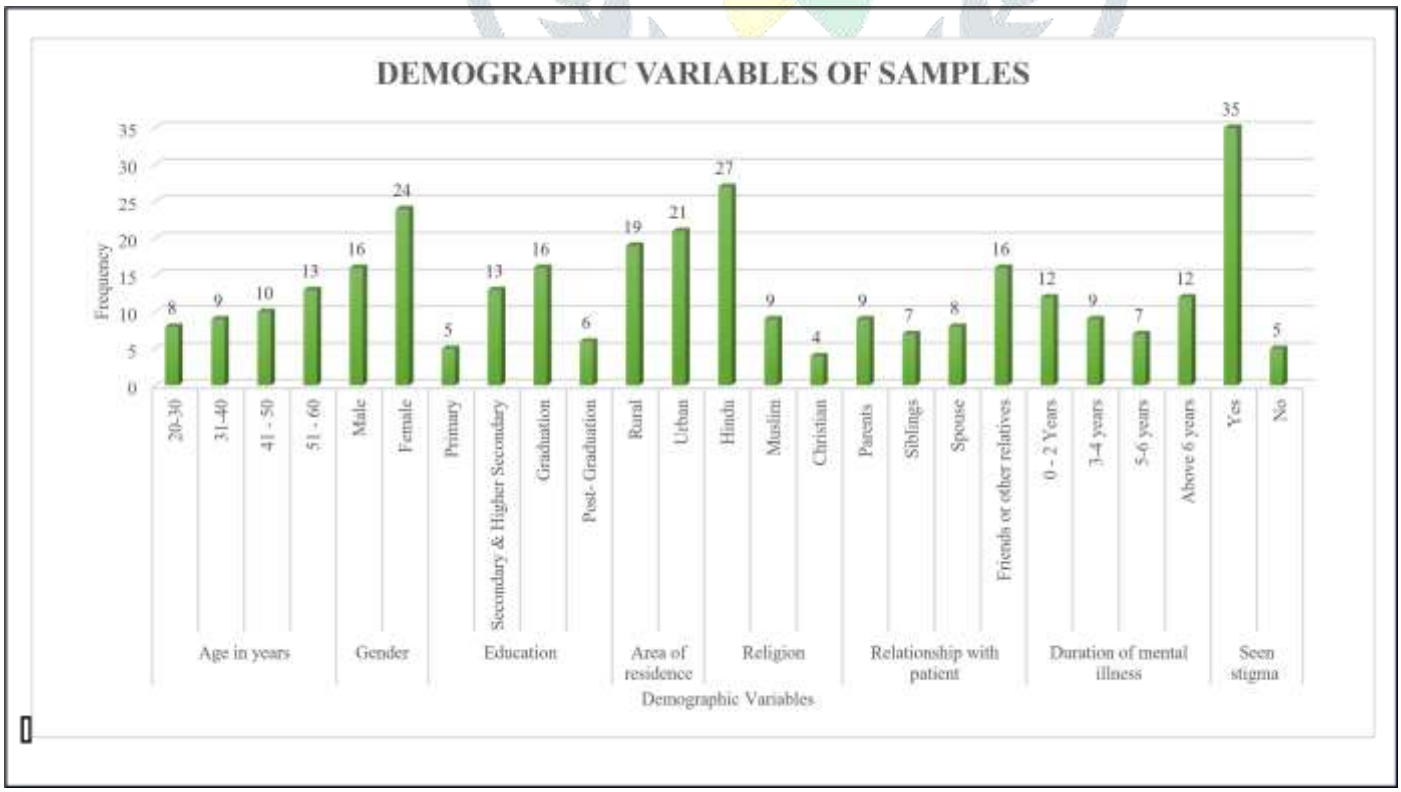

Figure 4.1: Bar Graph showing frequency wise distribution of demographic variables of care givers of mentally ill patients.

4.2 ANALYSIS AND INTERPRETATION OF THE DATA COLLECTED ON STRUCTURED KNOWLEDGE QUESTIONNAIRE OF THE SAMPLES.

Table 4.2.1 frequency and percentage distribution of the pre test and post test knowledge score measured by structured knowledge questionnaire on stigma and discrimination regarding mental illness among caregivers of mentally ill patients.

Level of knowledge score	PRE-SCORE		POST-SCORE	
	Frequency	Percentage (%)	Frequency	Percentage (%)
POOR KNOWLEDGE (0-10)	00	00.00	00	00.00
AVERAGE KNOWLEDGE (11-20)	37	92.5	11	27.5
GOOD KNOWLEDGE (21-30)	3	7.5	29	72.5
Total	**40**	**100.0**	**40**	**100.0**

Table 4.2.1 shows that before administration of structured teaching programme on stigma and discrimination regarding mental illness 37(92.5%) samples had average, 3(7.5%) samples had good knowledge as per their pre-test knowledge scores whereas after administration of structured teaching programme on stigma and discrimination regarding mental illness 11(27.5%) samples had average, 29(72.5%) samples had good knowledge as per their post-test knowledge scores.

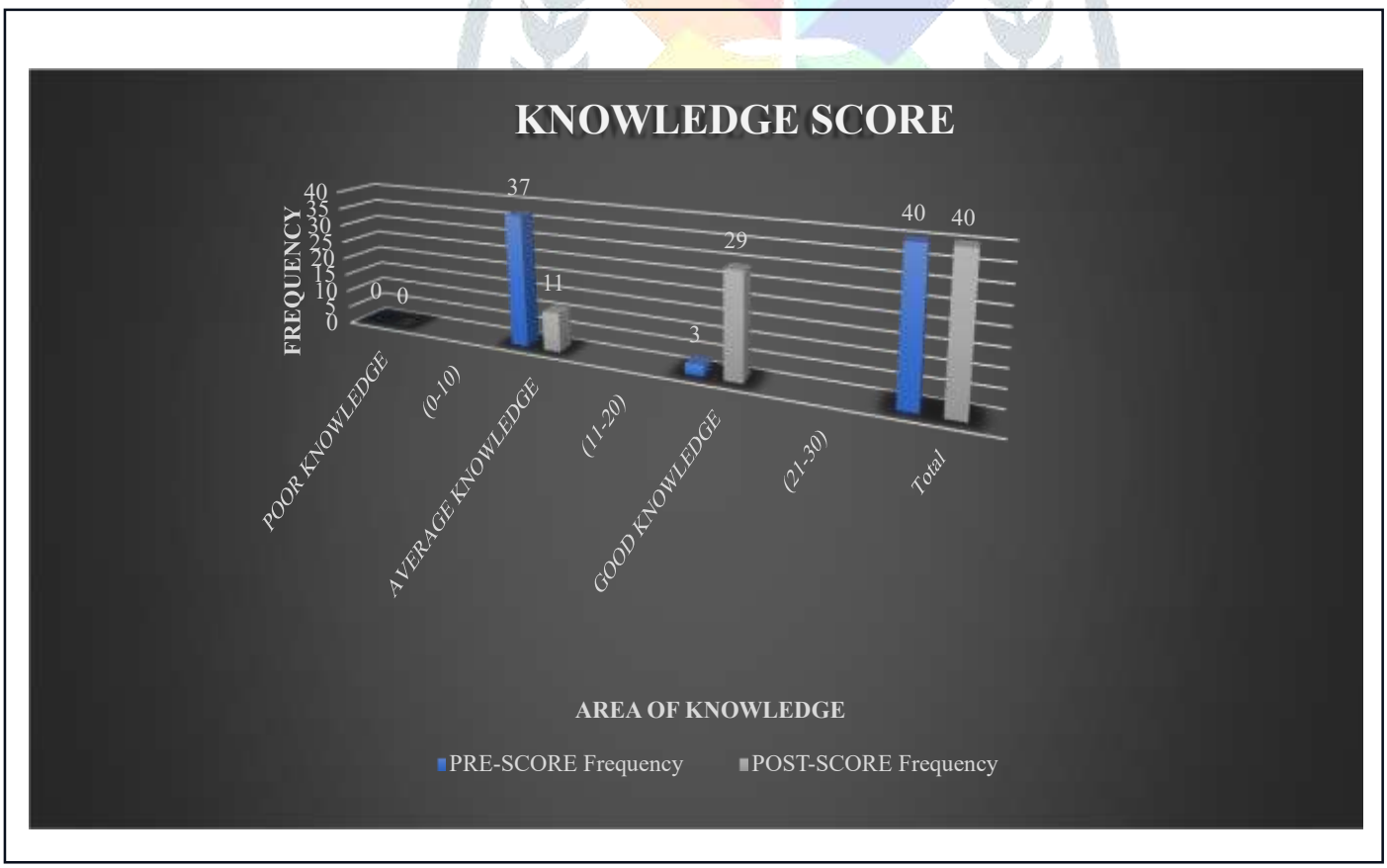

Figure 4.2.1: Bar Graph showing frequency wise distribution of pre-test and post- test knowledge score of care givers of mentally ill patients.

Table 4.2.2: Area wise Mean, Mean percentage, Percentage Gain and Mean Difference of pre test and post test knowledge score on stigma and discrimination regarding mental illness among caregivers of mentally ill patients. [N=40]

Sr. No.	Area of content	Max Score	Pre Test		Post Test		Gain (%)	Mean Difference
			Mean Score	Mean (%)	Mean Score	Mean (%)		
1.	**Terms**	7	3.97	56.71	5.40	77.14	1.43	20.43
2.	**Types of stigma**	5	2.87	57.40	3.95	79.00	1.08	21.60
3.	**Causes of stigma and discrimination**	2	1.12	56.00	1.25	62.50	0.13	6.50
4.	**Forms of Discrimination**	2	0.77	38.50	1.47	73.50	0.70	35.00
5.	**Steps to cope with stigma and discrimination.**	11	6.50	59.09	7.90	71.82	1.40	12.73
6.	**Impacts of stigma and discrimination**	3	2.12	70.67	2.45	81.67	0.33	11.00
	Total	**30**	**17.37**	**57.90**	**22.42**	**74.73**	**5.05**	**16.83**

Table deplicated area wise distribution of pre-test and post-test knowledge score of the samples. The pre-test knowledge score of samples as per area was Terms 3.97(56.71%), Types of stigma 2.87(57.40%), Causes of stigma and discrimination 1.12(56.00%), Forms of Discrimination 0.77(38.50%), Steps to cope with stigma and discrimination 6.50(59.09%), Impacts of stigma and discrimination 2.12(70.67%).

The post-test knowledge score of samples as per area was Terms 5.40(77.14%), Types of stigma 3.95(79%), Causes of stigma and discrimination 1.25(62.50%), Forms of Discrimination 1.47(73.50%), Steps to cope with stigma and discrimination 7.90(71.82%), Impacts of stigma and discrimination 2.45(81.67%).

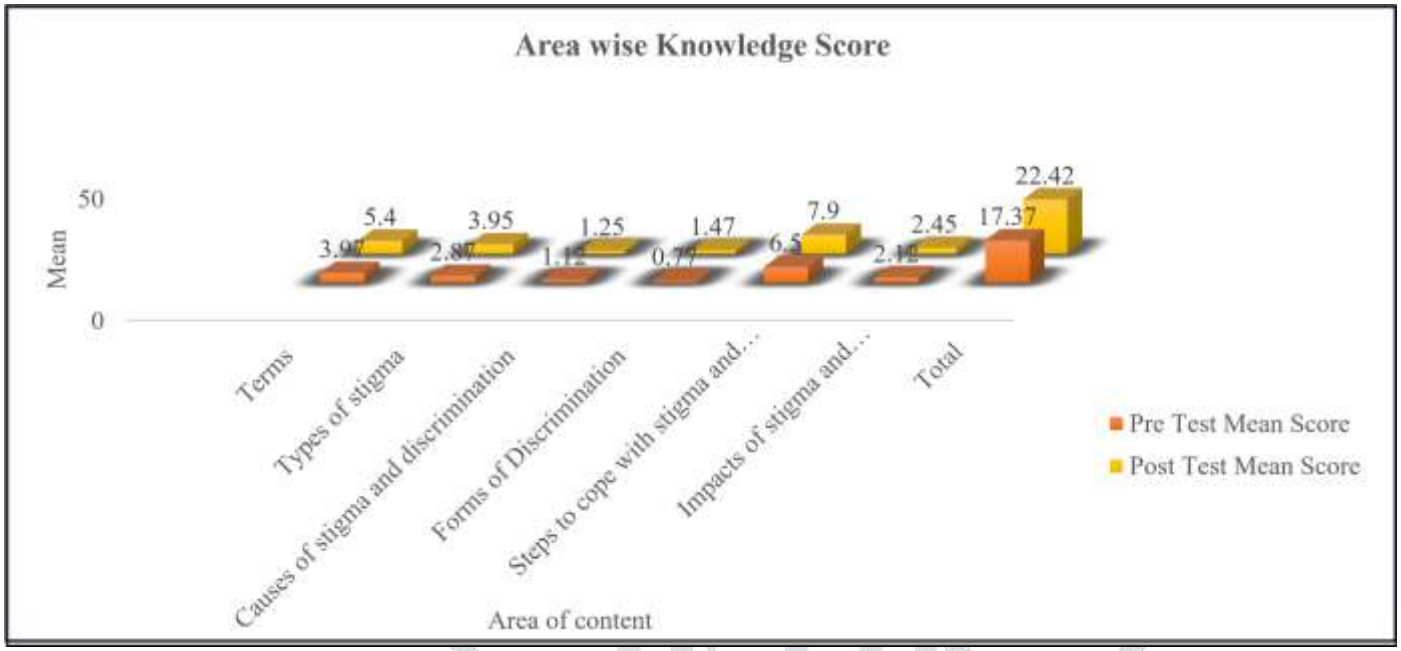

Figure 4.2.2 Bar Graph showing that the area wise pre-test and post-test knowledge score on stigma and discrimination regarding mental illness among caregivers of mentally ill patients.

Table 4.2.3 Mean, Mean Difference, Standard Deviation (SD) And 'T' test value of the pre-test and post-test Knowledge Scores of Care givers.[N=40]

Knowledge test	Mean Score	Mean Difference	SD	t test	DF	Table Value	S/NS
Pre test	17.38	5.05	2.17	13.212	39	2	Significant
Post test	22.43		2.29				

Table 4.2.3 shows, the comparison between Pre-Test and Post-Test knowledge score obtained of the samples regarding stigma and discrimination of mental illness. The mean Pre-test score was 17.38 and the mean post test score was 22.43 with the mean difference of 5.05. The table also shows that the Standard Deviation of Pre-test Knowledge score was 2.17 and Standard Deviation of Post-test Knowledge score was 2.29. The calculated t was 13.212 and the tabulated 't' was 2 at 0.05 level of significance.

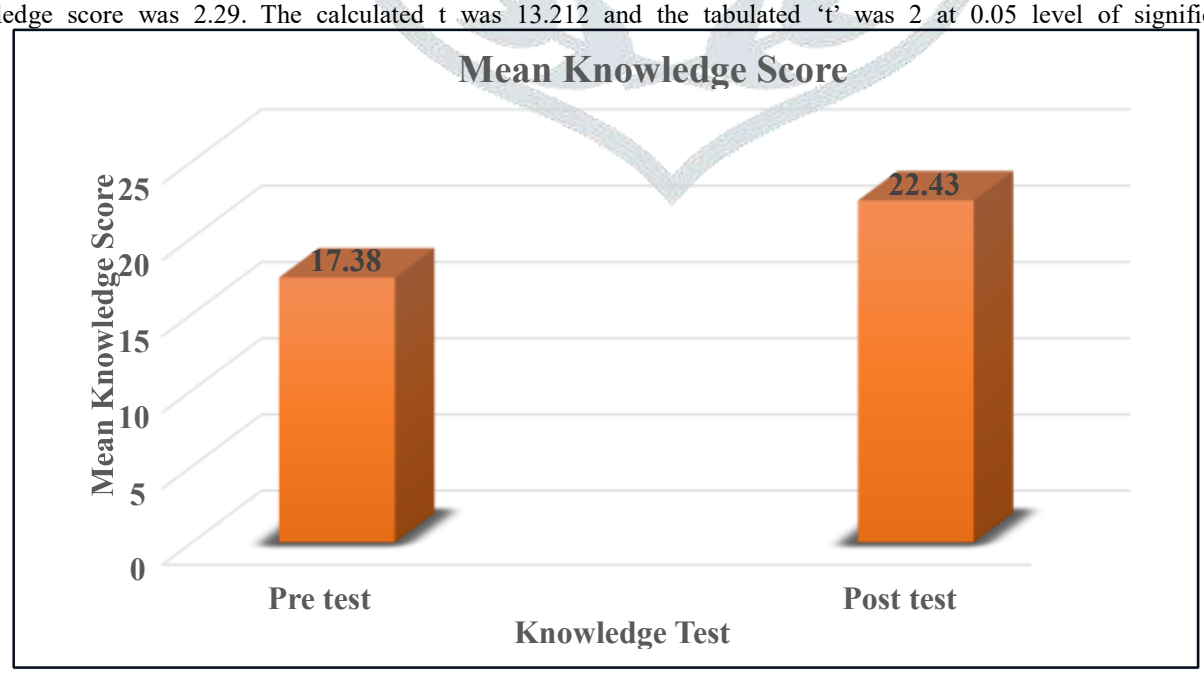

Figure 4.2.3: Bar Graph showing that comparison of mean pre-test and mean post-test knowledge score of caregivers

4.3 ANALYSIS AND INTERPRETATION OF THE DATA RELATED TO ASSOCIATION OF THE PRE-TEST KNOWLEDGE WITH SELECTED DEMOGRAPHIC VARIABLES OF THE SAMPLES.

Table4.3: Association between pre-test knowledge score regarding stigma and discrimination of mental illness with demographic variables. [N=40]

Sr.No	Demographic Variables		PRE KNOWLEDGE		Total	Chi Square	DF	Table value	S/NS
			Average	Good					
1	Age in years	20-30	8	0	8	9.73	3	7.82	S
		31-40	9	0	9				
		41 - 50	7	3	10				
		51 - 60	13	0	13				
2	Gender	Male	16	0	16	2.16	1	3.84	NS
		Female	21	3	24				
3	Education	Primary Education	5	0	5	18.37	3	7.82	S
		Secondary and higher secondary Education	13	0	13				
		Graduation	16	0	16				
		Post-Graduation	3	3	6				
4	Area of residence	Rural	18	1	19	0.261	1	3.84	NS
		Urban	19	2	21				
5	Religion	Hindu	25	2	27	0.494	2	5.99	NS
		Muslim	8	1	9				
		Christian	4	0	4				
6	Relationship with patient	Parents and siblings	9	0	9	2.162	3	7.82	NS
		Spouse	7	0	7				
		Friend or							

		other relatives	7	1	8				
		Others	14	2	16				
7	Duration of mental illness	0-2 years	11	1	12	1.619	3	7.82	NS
		3-4 years	8	1	9				
		5-6 years	6	1	7				
		Above 6 years	12	0	12				
8	Seen stigma and discrimination regarding mental illness	Yes	33	2	35	1.28	1	3.84	NS
		No	4	1	5				

Table 4.3 Shows the association of the pre-test knowledge scores of the samples with demographic variables. Regarding Age group with the Pre-test knowledge scores the calculated value of Chi-Square 9.73 and it was more than Table value 7.82 of chi square at 3 degree of freedom and 0.05 level of significant. Hence, Age had significant association with the pre-test knowledge score of the samples. Regarding Education qualification of samples with the Pre-test knowledge scores the calculated value of Chi-Square 18.37 and it was more than Table value 7.82 of chi square at 3 degree of freedom and 0.05 level of significant. Hence, Education had significant association with the pre-test knowledge score of the samples.

This indicates that selected demographic variables, Age and Education had significant association with pre-test knowledge score among the sample so research hypothesis H_2 was accepted and null hypothesis H_0 was rejected.

DISCUSSION

The present study was conducted to evaluate the effects of structured teaching programme on stigma and discrimination regarding mental illness in terms of knowledge among caregivers of mentally ill patients in selected hospitals for mental health, Ahmedabad, Gujarat. The findings clearly indicate that there is a greater need for awareness about topics regarding the mental illness among caregivers of mentally ill patients.

In order to achieve the objectives of the study, Pre experimental one-group pretest and post-test research design was adopted. The data was collected from 40 caregivers by using a structured knowledge questionnaire. The post-test knowledge score (mean 22.43) was higher than that of the pretest knowledge score (mean 17.38) which was statistically proven and it revealed that the structured teaching program was effective in terms of knowledge among caregivers.

CONCLUSION:

The following conclusions can be drawn from the study findings.

1. Knowledge deficit existed in all areas of stigma and discrimination regarding mental illness before the implementation of a structured teaching program among caregivers of mentally ill patients, Ahmedabad,Gujarat.
2. Samples gained significant knowledge after they were exposed to structured teaching programs. The mean Post-test knowledge score of 22.43was significantly higher than the mean pretest knowledge score of 17.38. Thus the structured teaching program was found to be effective in enhancing the knowledge of caregivers regarding Stigma and discrimination towards mental illness among caregivers of mentally ill patients. There is an association found only in age and education to pretest knowledge scores with selected demographic variables.

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