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An evaluate study aimed to evaluate the effectiveness of the health awareness program on mental hygiene among police constables in selected police stations at Dharwad

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Abstract

Background of the study: Mental hygiene is an essential part of police constables overall health. The police and others in occupations where they come into close contact with people experiencing with mental ill health, often have to manage difficult and complex situations. Health awareness is needed to equip them to recognize and assist when someone has a mental health issue or learning/intellectual disability. We undertook a systematic review of the effectiveness of health awareness program aimed at increasing knowledge, changing behavior and/or attitudes of the police constables with regard to mental ill health mental hygiene.

Aims: An evaluative study aimed to evaluate the effectiveness of the health awareness program on mental hygiene among police constables in selected police stations at Dharwad.

Methods: A Pre-experimental: One group pre-test post-test design was adopted for the study. In selected police stations in Dharwad. The study was conducted in a selected police stations Dharwad with a population of approximately n=60 police constables. The tools used for data collection was structured knowledge questionnaire and structure teaching program was developed. The data analysis was done by using both descriptive and inferential statistics.

Results: In the present study with results revealed that among police constables on mental hygiene in pre-test mean 13.18, standard deviation 2.15 and post-test mean 20, standard deviation 1.73 and the obtained pair 't' Value -42.473 and p value 0.0001 was significant. Hence, the stated hypothesis was accepted. The two tailed P value is less than 0.0001 by conventional criteria, this difference is considered to be extremely statically significant. The obtained chi-square value is significant for variable like working shift, the obtained chi-squares values for the variables like age in years, gender, education, Type of residence, Type of hobbies, Type of habit, religion, food, Monthly income, marital status, type of family, time spending with family, Current working place, Working hours / day, working place, Have you ever Visited a psychiatrist, Have you ever visited a psychologist, Have you ever suffered from mental illness, Do you have a history of mental illness in your family member. We're not significant at 0.05 level. Therefore, the findings partially support the research hypothesis H₂ and the research hypothesis significant association between levels of mental hygiene and selected personal variables only except working shift.

Interpretation and Conclusion: Based on finding of the study, the following conclusions were drawn. Knowledge of police constables regarding mental hygiene during pretest was average and is improved as good after implementation health awareness program on mental hygiene. Post-test knowledge scores after administration of health awareness program showed significant improvement in the level of knowledge. There was association found between the one variable i.e., work shift pre-test knowledge scores of participants and socio demographic variables.

Keywords: Health awareness program, knowledge, mental hygiene, police constables

Introduction

Health is wealth and is a basic human right". Good health is always around the corner but never actually reached, but there is always something to be achieved. In this view health is a goal in itself, the end instead of one of the means of fulfilling life process purposes. True health is the strength to live, the strength to suffer and the strength to die, while ill health or disease brings sorrows, misery, suffering to the family, community and to the whole nation by and large ^[1].

Mental illness constitutes an estimated 7.4% of the world's measurable burden of disease, with the economic impacts associated with mental disorders greater than those related to each of the four other major categories of non-communicable diseases: diabetes, cardiovascular diseases, chronic respiratory diseases, and cancer. Police officers are often the first to respond to incidents involving individuals with mental health problems in crisis. Although national data are not available, regional police forces routinely record mental health issues through mental health 'warning markers' which are applied to an individual's record to indicate that they have mental health problems, and mental health tags, which indicate that mental health is a factor in an incident. Health is commonly understood as a state of absence of disease. This definition health is focused only on the ability of the body to function, that may be disrupted from time to time by to diseases. However, this definition of health is partial and covers only the physical aspect. In this perspective, the meaning of health has been changing over a period of time in 1948, the World Health Organisation. It is ability to adopt and manage physical, mental and social challenge throughout life [2].

Strong evidence that experiencing a least one incident of police mistreatment or abuse was associated with major psychiatric disorders over the past year and suicidal behaviours at some point in life among African. 61% of police officers said that they had not received sufficient training to deal with problems involving mentally ill people. Training in this area can help police officers acquire awareness and understanding in order to aid the management of people with mental health problems [3].

Mental health hygiene a science of maintaining mental health and preventing disorders to help people function at their full mental potential. It includes all measures taken to promote and preserve health, rehabilitation of the mentally disturbed, prevention of mental illness, and aid in coping in a stressful world. Mental illnesses health conditions involving changes in emotion, thinking or behaviour. Mental illnesses are associated with distress and / or problems functioning in, work or family activities. Poor mental health and a lack of support have further been found to contribute to early termination of work, marital challenges, and sleep disturbances. Finding ways to increase the use psychological support among police constable is necessary given the prevalence and impact of compromised mental health among police officers [5].

Globally, the job of police personnel has many challenges and advertise in the form of long duty hours with inadequate facilities at the workplace, long distance travelling without proper time and place to rest, and an excessive burden of work and accountability many studies conducted throughout the world has shown many mental health problems likes anxiety, depression, aggression, substance abuse, suicidal ideation, suicidal attempts, and higher suicidal rates in policeman security force has revealed that personnel posted in stressful areas perceived more stress and psychiatric morbidity compared with those posted in non-stressful areas keeping in view the impact of occupational stress on prevalence of depression and anxiety in police personnel, this study was intended to investigate prevalence of depression and anxiety among police personnel [6].

Stress among police officers has received increased attention from the scientific community and society, due to the psychological suffering they inflict on the individual, but

also because of their impact on the performance of police officers and their interactions with citizens, leading increased possibility of all interactions being considered a threat, or to a tendency to use excessive force [6].

Title of the project

"An evaluate study aimed to evaluate the effectiveness of the health awareness program on mental hygiene among police constables in selected police stations at Dharwad."

Aims of the study

1. To assess pre-test knowledge regarding mental illness and mental hygiene among the police constable in a selected police station in Dharwad.
2. To determine the effectiveness of mental health awareness program regarding mental illness and mental hygiene among police constable in selected police station. Dharwad.
3. To find out co relation between pre-test and post-test knowledge score of police constable regarding mental illness and mental hygiene.
4. To find out association between pre-test knowledge scores about mental illness and mental hygiene among police constable with selected socio demographic variables.

Hypotheses

The following hypotheses are formulated for the study and will be used at 0.05 level of significance:

- **H₁:** There will be significant difference between post-test knowledge score of police Constables on mental illness and mental hygiene is significantly higher than the pre-test knowledge score.
- **H₂:** There will be significant association between pre-test and post-test knowledge level of Police constables on mental illness and mental hygiene and with selected socio demographic variables

Methods

Study setting: The study was conducted in a selected Dharwad selected police stations with a population of approximately n=60 police constables. The study was carried out from.

Study subjects: Police constables.

Sample size: The total number of police constables in two stations like town police station and urban police stations police constables are 60

Study design: Pre experimental one group pre-test post-test.

Sampling techniques

Non-probability convenient sampling technique.

Plan for data analysis

Descriptive statistics (frequency, percentage, mean, median, standard deviation) and inferential statistics were used for analysis and interpretation of data.

Setting of the study

Town police station and sub urban police station Dharwad
The study excludes the police constables:

- Police constables who are not willing to participate in this study.
- Any type Who are undergoing of psychotherapy and psychiatric treatment

Pilot study: The pilot’s study was defined by Stewart [9]. As a “small study to test research protocols, data collection instruments, small requirement strategies, and other research techniques in preparation for a large study.” In the present study, 10 police constables were selected as a pilot, and their feedback was obtained to assess the questionnaire’s validity and understanding.

Content validity and reliability: The content validity is the degree to which the items in the instrument adequately represent the universe of content for the concept being measured [16]. It is relevant for both affective measures and cognitive measures.

The self-administered knowledge questionnaire and health awareness program were content validated by giving to eight experts from nursing field. There was 100% agreement by all experts on all the items. However there were few suggestions to modify some of the questions and those were incorporate in final tool. Reliability of the tool was tested by Split Half Method by using Karl Pearson’s Co-efficient (f) Correlation formula. Item analysis was done to test internal consistency. This is done by critically evaluating questions based on difficult index and discriminative index. The reliability of self-administered knowledge questionnaire was $r=0.82$.

Data collection techniques and instrument Selection and development of data collection tool

Instrument in a research study in the device used to collect data.¹⁶ based on the review of literature the following tools was decided to developed

Self-administer knowledge questionnaire Development of self-administered knowledge questionnaire

The self-administered knowledge questionnaire was developed after taking following steps.

- Review of research and non-research literature related to mental hygiene.
- Expert’s opinion and suggestions to decide on the areas to be included.
- A blue print was prepared and knowledge items were developed for self-administered questionnaire.

Description of the self-administered knowledge questionnaire

It consisted of two parts

- **Section I:** It included the personal and socio-demographic data which is contains age, Gender, family income, education, religion, food habits,

hobbies, marital status, Working, Hours, type of work area of residence, working shift, staying with family, Place work, current posting, have ever visited psychologist, psychiatrist, ever suffered from mental illness and have you suffered from the family member.

- **Section II:** through the thorough review of literature self-administered knowledge questionnaire was prepared for the present study which consists of 36 knowledge items. There were multiple alternative answer options, from which the participants have to choose one best option by encircling it. The total knowledge scores range from

Ethical consideration

1. Ethical clearance has been obtained from the research committee of Shreeya College of nursing, Dharwad.
2. Permission will be obtained from selected police stations at Dharwad. Informed consent will be obtained from the Police constables who are willing to participate in the study.

Result

Analysis and interpretation of data

This chapter deals with the data analysis and interpretation of the study to “Evaluate the effectiveness of health awareness program on mental hygiene among Police constables in selected Police stations at Dharwad.” The data was collected on the basis of objectives and hypothesis formulated for the study

Organization of findings

The analysis of the data is organized and presented under following sections;

Section I: Description of demographic variables of Police Constables.

Section II: Category wise knowledge of scores during pre-test and post-test

Section III: Comparison description related to health awareness program regarding mental hygiene among police constables.

1. Levels of knowledge of police constables during pre-test post-test on mental hygiene.
2. Determine the effectiveness of health awareness program regarding mental Hygiene among police constables.

Section IV: The Association between pre-test level of knowledge score of Police constables on mental hygiene and with selected socio demographic variables.

Section I: Socio-demographic profile

Study comprised of 60 participants. The socio-demographic scores of participants were tabulated and frequency and percentage was calculated. The findings are presented in following tables and graphs.

Table 1: Frequency & percentage distribution of respondents according to socio-demographic variables

Demographic variables	Frequency (f)	Percentage (%)
n=60		
1. Age in years		
21-30 years	11	18.33
31-40 years	24	40
41-50 years	19	31.66

Above 51 years	6	10
2. Gender		
Male	49	81.66
Female	11	18.33
3. Education		
Post-graduation	28	46.66
graduation	22	36.66
PUC	8	13.33
SSLC	2	3.33
4. Type of residence		
Rural	29	48.33
Semi urban	3	5
Urban	28	46.66
5. Type of hobbies		
Cricket	19	31.66
Valleyball	13	21.66
kho kho	17	28.33
Kabbaddi	11	18.33
6. Type habit		
Smoking	8	13.33
Drinking	6	10
No habit	46	76.66
7. Type of religion		
Hindu	53	88.33
Muslim	5	8.33
Christian	2	3.33
Others	00	00
8. Type of food		
Vegetarian	9	15
Non vegetarian	2	3.33
Mixed	49	81.66
9. Monthly income		
250000-30000	0	00
30001-35000	0	00
35001-40000	15	25
above 40001	45	75
10. Marital status		
Married	44	73.33
Unmarried	10	16.66
Widow	1	1.66
Divorced	0	00
Single	5	8.33
11. Type of family		
Nuclear	25	41.66
Extended	34	56.66
Living alone	1	1.66
12. Time spending with family		
Adequate	29	48.33
Inadequate	31	51.66
13. Current working place		
Urban	60	100
Rural	00	00
semi urban	00	00
14. Working hours/day		
6-8 hrs	10	16.66
9-12 hrs	31	51.66
13-15 hrs	11	18.33
Above 16 hrs	8	13.33
15. Working shift		
Day	13	21.66
Night	8	13.33
Both	17	28.33
Not fixed	22	36.66
16. Working place		
Sensitive	11	18.33
Non sensitive	9	15
Both	40	66.66
17. Have you ever Visited a psychiatrist		

Yes	00	00
No	60	100
If yes means specify	00	00
18. Have you ever visited a psychologist		
Yes	00	00
No	60	100
If yes means specify	00	00
19. Have you ever suffered from mental illness		
Yes	00	00
No	60	100
If yes means specify	00	00
20. Do you have a history of mental illness in your family member		
Yes	00	00
No	60	100
If yes means specify.	00	00

Table 1 illustrates the study samples' socio-demographic data; Gender maximum no of respondents 24 (40%) were in the age group of 31-40 years. 19 (31.66%) respondents were found in the age groups of 41-50years, 11 (18.33%) respondents belonged to the age groups of 21-30years and 6 (10%) respondents were of found in the age groups of above 51years. Maximum no of respondents 49 (79%) were in the male. 11 (21%) subjects were in the female. Majority of 28 (46.66%) respondents were educated up to post graduation, 22 (36.66%) were under graduation, 8 (13.33%) were educated up to PUC, and another 2 (3.33%) were educated up to SSLC. 29 (48.30%) respondents belonged to rural followed by 28 (46.66%) belonged to urban. Remaining 3 (5%) were semi urban. 19 (31.66%) respondents had hobby like cricket, 17 (28.33%) hobby of Kho kho, 13 (21.66%) in group had a valley ball, remaining 11 (18.33%) had Kabbaddi hobby. 46 (76.66%) respondents had no habits, 8 (13.33%) habit of smoking, 6 (10%) in group had a drinking habit. 53 (88.33%) belonged to Hindu religion, 5 (8.33%) were Muslims, and 2 (3.33%) of them were Christians. 49 (81.66%) taking mixed food, 9 (15%) were Vegetarian, and 2 (3.33%) of them were non vegetarian. 45 (75%) had the family income of above Rs 40001 per month, followed by 15 (25%) had the income of Rs 35001 to Rs 40000 per month. 44 (73.33%). respondents were married. 10 (16.66%) were unmarried 5 (8.33%), were single 1 (1.66%) widow. 34 (56.66%) belonged to Extended family, followed

by 25 (41.66%) belonged to Nuclear family & 1 (1.66%) living alone. majority respondents were adequate time spending with family 31 (51.66%). 29 (48.33%) were not adequate time spending with family. 60 (100%) responds were work in urban area. Were respondents 31 (51.66%) are working hours 9-12 hours, followed by 11 (18.33%) 13-15 hours, & 10 (16.66%) 6-8 hours, 8 (13.33%) above 16 hours were working. 22 (36.66%) were not fixed working shift. 17 (28.33%) had day and night shift, 13 (21.66%) day shift. 8 (13%) were night shift. 40 (66.66%) were working sensitive & non sensitive place, 11 (18.33) sensitive working place. 9 (15%) non sensitive working place. majority of respondents had 60 (100%) were not visited psychologist, psychiatrist. 60 (100%) were never suffered with mental illness.

Section II The mean, median, standard deviation and range in pre and post-test description of mental health awareness program on mental hygiene among Police constable

The mental hygiene scores obtained by the respondents were tabulated to a master sheet and the total scores obtained for each sample in interview technique were tabulated. Mean, median, standard deviation and range of mental health awareness program on mental hygiene among police constable scores were computed. The findings are presented in the tables.

Table 2: Mean, median, standard deviation and range of pre & post health awareness program on mental hygiene

N-60					
Variance	No of items	Mean	Median	Standard deviation	Range
Pre-test scores	36	13.18	13.15	2.15	8-17
Post-test scores	36	20	20	1.73	17-23

Pre & post-test description

The data presented in the Table 2 shows that the mean pre-test mental health awareness program on mental hygiene among police constable group scores was 13.18 with Standard deviation of 2.15 median of ±13.5 and a range of 9, minimum & maximum score was 8-17. The mean post-test mental health awareness program on mental hygiene among police constable group scores was 20 with standard deviation of ±1.73, median of 20 and a range of 6, minimum & maximum score was 17-23 as against possible range of 0-36.

Section III: Comparison description related to health awareness program regarding mental hygiene among police constables.

1. Levels of Police constables according to the mental hygiene.
2. Data on effectiveness of health awareness program regarding mental hygiene among Police constables.

Levels of police constables according to the mental hygiene

Frequency, percentage, distribution of police constables according to levels of mental hygiene.

Table 2: Inadequate Health Awareness (1-11), Moderate Health Awareness (12-22) and Adequate Health Awareness (23-36)

Variable	Mental Hygiene											
	Inadequate Health Awareness (1-11)				Moderate Health Awareness (12-22)				Adequate Health Awareness (23-36)			
	Pre		Post		Pre		Post		Pre		Post	
Levels	F	%	F	%	F	%	F	%	F	%	F	%
Mental Hygiene	40	66.66	00	00	20	33.33	49	81.66	00	00	11	18.33

n=60

Data on effectiveness of health awareness program regarding mental hygiene among police constables

Comparison of pre and post group of health awareness program regarding mental hygiene among police constables by using paired-t test.

Following research hypothesis was accepted & Null hypothesis is rejected

H₁: There will be significant difference between post-test knowledge score of police constables on mental hygiene is significantly higher than the pre-test knowledge score.

Table 3: Mean, standard deviation, mean difference and 't' value of pre-test, post-test score of police constables on mental hygiene

Time points	Mean	SD	Mean rank	t-value	Df	p-value
Pre	13.18	2.15	0.04583			0.0001
Post	20	1.73	0.39870	-42.473	119	Extremely statistically
Difference	6.82	0.42	0.35287			significant

n=60

Significant $p < 0.05$

Table 3 reveals that among police constables on mental hygiene in pre-test mean 13.18, standard deviation 2.15 and post-test mean 20, standard deviation 1.73. and the obtained pair 't' Value -42.473 and p value 0.0001 was significant. Hence, the stated hypothesis was accepted.

The two tailed P value is less than 0.0001 by conventional criteria, this difference is considered to be extremely statically significant.

Section IV: The Association between pre-test knowledge level score of Police constables on mental hygiene and with selected socio demographic variables by using Chi-square test

To find out the association between the level of mental hygiene with selected personal variables, viz. age in years, gender, education, Type of residence, Type of hobbies, Type of habit, religion, food, Monthly income, marital status, type of family, time spending with family, Current working place, Working hours/day, Working shift, working

place, Have you ever Visited a psychiatrist, Have you ever visited a psychologist, Have you ever suffered from mental illness, Do you have a history of mental illness in your family member.

The following research hypothesis was stated and accepted

H₂: There will be significant association between pre-test level of knowledge scores of Police constables on mental hygiene and with their selected socio demographic variables. viz. age in years, gender, education, Type of residence, Type of hobbies, Type of habit, religion, food, Monthly income, marital status, type of family, time spending with family, Current working place, Working hours/day, Working shift, working place, Have you ever Visited a psychiatrist, Have you ever visited a psychologist, Have you ever suffered from mental illness and Do you have a history of mental illness in your family member.

Table 4: Chi-square value is significant for variable like working shift, the obtained chi-squares values for the variables

Personal variables	Below median (13)	>	Median and above < median (13)	Total	Chi square value (χ^2)	DF	P-value	Level of significance
1. Age in years								
a. 21-30 years	4	7	11	2.244		3	7.82	NS
b. 31-40 years	8	11	19					
c. 41-50 years	11	13	24					
d. Above 51 years	2	4	06					
2. Gender								
e. Male	31	18	49	1.049		1	3.84	NS
f. Female	04	07	11					
3. Education								
a. Post-graduation	10	18	28	3.391		3	7.82	NS
b. Graduation	12	13	25					
c. UC	03	02	05					
d. SSLC	00	02	02					
4. Type of residence								
e. Rural	09	17	26	0.762		2	5.99	NS
f. Semi urban	01	01	02					
g. Urban	15	17	32					

n=60

5. Type of hobbies							
a. Cricket	09		10	19			
b. Volleyball	15		03	18	5.926	3	7.82
c. Kho Kho	02	10	12				NS
d. Kabbaddi	04	07	11				
6. Type habit							
a. Smoking	10	05	15				
b. Drinking	8	08	16	0.837		1	3.84
c. No habit	25	04	29				NS
7. Type of religion							
a. Hindu	25	25	50				
b. Muslim	02	03	05	0.629		2	5.99
c. Christian	01	04	05				NS
d. etc.	00	00	00				
8. Type of food							
a. Vegetarian	02	02	04				
b. Non -vegetarian	00	01	01	1.022		2	5.99
c. Mixed	28	27	55				NS
9. Monthly income							
a. 250000 30000	00	00	00				
b. 30001-35000	10	10	20				
c. 35001-40000	18	22	40	0.095		1	3.84
d. above 40001	00	00	00				NS
10. Marital status							
Married	22		30	52			7.82
Unmarried	03		03	06			NS
Widow	00	01	01				
Divorced	00	00	01		2.095		3
Single	00	01	00				
11. Type of family							
a. Nuclear	07	13	20				
b. Extended	17	12	39	1.067		2	5.99
c. Living alone	01	00	01				NS
12. Time spending with family							
a. Adequate	09	16	25	0.333		1	3.84
b. Inadequate	16	19	35				NS
13. Current working place							
a. Urban	30	30	60				
b. Rural	00	00	00	0.245		1	3.84
c. semi urban	00	00	00				NS
14. Working hours/day							
a. 6-8hrs	02	01	03				
b. 9-12hrs	18	15	36	3.613		3	7.82
c. 13-15hrs	08	08	16				NS
d. Above16hrs	02	03	05				
15. Working shift							
a. Day	03	06	09				
b. Night	03	07	10	9.398		3	7.82
c. Both	12	10	22				S
d. Not fixed	07	12	19				
16. Workig place							
a. Sensitive	04	07	11				
b. Non sensitive	03	06	09	1.847		2	5.99
c. Both	18	22	40				NS
17. Have you ever Visited a psychiatrist							
a. Yes	00	00	00				
No	25	35	60	0.095		1	3.84
If yes means specify	00	00	00				NS
18. Have you ever visited a psychologist							
a. Yes	00	00	00				
No	35	25	60	0.067		2	5.99
If yes means specify	00	00	00				NS
19. Have you ever suffered from mental illness							
a. Yes	00	00	00				
No	25	35	60	0.089		1	3.84
							NS

If yes means specify	00	00	00				
20. Do you have a history of mental illness in your family member							
a. Yes	00	00	00				
No	25	35	60	0.478	2	5.99	NS
If yes means specify	00	00	00				

NS = Not Significant S= Significant * Yates correction is done

Data presented Table 4 shows that the obtained chi-square value is significant for variable like working shift, the obtained chi-squares values for the variables like age in years, gender, education, Type of residence, Type of hobbies, Type of habit, religion, food, Monthly income, marital status, type of family, time spending with family, Current working place, Working hours / day, working place, Have you ever Visited a psychiatrist, Have you ever visited a psychologist, Have you ever suffered from mental illness, Do you have a history of mental illness in your family member. We're not significant at 0.05 level. Therefore, the findings partially support the research hypothesis H₂ and the research hypothesis significant association between levels of mental hygiene and selected personal variables. Except working shift.

Discussion

This chapter presents the discussion of the findings with regard to the study objective and hypotheses formulated. This study was aimed to assess the effectiveness of health awareness program of mental hygiene among Police constables in selected Police station at the Dharwad.

The calculated paired 't' value (tcal= -42.473) was higher than the tabulated value (ttab= 0.0001). This indicates that the gain in knowledge score was statistically significant at 0.05 level. Therefore, the health awareness program was effective in improving the knowledge of police constables. These findings were supported through a study conducted by Priyaranjini. N Mysuru who observed that there was a significant gain in knowledge i.e., 32% among the subjects who were exposed to health awareness program. The calculated paired 't' value (tcal= 39) was greater than the tabulated value (ttab=3.65) at $p < 0.001$ level of significance

Limitations

The study includes the police constables

- Who are working in selected Police stations at Dharwad?
- Who are willing to participate in the study?
- Who are available at the time of data collection?
- The study includes police constables in the age group 21-60 years.

Recommendations

- On the basis of the findings of the study following recommendations have been made:
- A similar study can be replicated on a large sample to generalize the findings.
- An descriptive study can be undertaken with a control group for effective comparison of the result
- A comparative study can be conducted by taking multiple settings.
- A descriptive study can be conducted to assess the knowledge, attitude regarding mental hygiene.

Conclusion

Based on finding of the study, the following conclusions were drawn. Knowledge of police constables regarding mental hygiene during pretest was average and is improved

as good after implementation health awareness program on mental hygiene. Post-test knowledge scores after administration of health awareness program showed significant improvement in the level of knowledge. There was association found between the one variable i.e, work shift pre-test knowledge scores of participants and socio demographic variables.

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