

“A Descriptive study to assess the level of Knowledge and Attitude regarding utilization of TeleMANAS services among the general population residing in selected areas of Daman with a view of developing an informational pamphlet for public awareness”

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Abstract

Background: - Mental health remains a significant public health concern in India, with increasing efforts to improve accessibility of services. The Tele-MANAS (Tele Mental Health Assistance and Networking Across States) service was launched to provide toll free, round-the-clock mental health support, yet its utilisation and public perception remain underexplored in many regions, including Daman.

Aim: - This descriptive study aims to assess the level of knowledge and attitude regarding utilisation of the Tele-MANAS service among the general population residing in selected areas of Daman with the view of developing an informational pamphlet for public awareness

Methodology: - A descriptive research design was adopted, and data were collected from 400 families using a non-probability convenient sampling technique. One adult representative from each family participated in the survey. The tool comprised a socio demographic data sheet, a 20-item dichotomous knowledge questionnaire (Yes/No), and a 20-item 5-point Likert scale to assess attitude. Data collection was conducted through door-to-door visit for one month, with assistance from ASHA and CHO and ANM workers. Descriptive and inferential statistics, including chi-square tests, were used for data analysis.

Result: - The mean knowledge score among participants was 12.09 ± 3.26 , while the mean attitude score was 76.78 ± 22.27 . Pearson's correlation analysis revealed a moderate positive correlation between knowledge and attitude ($r = 0.681$, $p < 0.001$), indicating that higher knowledge was associated with a more favourable attitude toward Tele-MANAS. Chi-square analysis showed that knowledge was significantly associated with age, education, occupation, history of mental health, usage of TeleMANAS ($p < 0.05$), whereas attitude demonstrated significant associations with all assessed socio-demographic variables ($p < 0.05$)

Conclusion: The study highlights the need for targeted awareness initiatives to improve public knowledge about Tele-MANAS and strengthen its utilisation in Daman. Enhancing educational outreach may further promote favourable attitudes and uptake of the service

Keyword: - Tele-MANAS, mental health, knowledge, attitude, public awareness, Daman, informational pamphlets..

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I. Background of the study

According to the World Health Organization (WHO), mental health means being in a good state of mind where a person can handle everyday stress, use their abilities, learn effectively, work productively, and take part in their community. It is an important part of being human and is considered a basic right for everyone. Good mental health not only helps individuals live better lives, but also plays a big role in the growth of society and the economy

Mental health is a vital part of overall health and plays a key role in a person's well-being, their relationships with family, and how they contribute to society. When people are mentally healthy, they're more likely to live fulfilling lives and help their communities grow. In fact, the development of societies and nations is closely linked to the mental well-being of their people.

The concept of mental health has been acknowledged in India since ancient times, with early references found in sacred texts like the Atharva Veda, which describe conditions resembling modern mental illnesses such

as schizophrenia and bipolar disorder. In earlier times, mental health issues were often viewed as divine punishment. Epics like the Mahabharata and Ramayana also touched on mental distress and its management.

Need of the study

Mental health has emerged as a critical global health priority, with rising prevalence, widespread stigma, and significant treatment gaps posing serious challenges to individuals, families, and healthcare systems.

The economic burden of poor mental health is deeply concerning. In 2010, mental health issues were estimated to cost the global economy around US \$2.5 trillion, and if current trends continue, this figure is projected to rise to US \$6 trillion annually by 2030. A major driver of this cost is workplace-related stress, with conditions like depression and anxiety resulting in the loss of nearly 12 billion workdays each year, translating to a productivity loss of about US \$1 trillion globally. Despite these staggering figures, mental health remains significantly underfunded. On average, countries allocate only about 2% of their total health budgets to mental health services. Even in high-income nations, 35–50% of individuals with mental health conditions go untreated, while in low- and middle-income countries, this treatment gap can reach up to 85%. The COVID-19 pandemic further intensified this crisis, leading to a 25% global increase in depression rates during 2020–21 and causing widespread disruption of mental health services at a time when they were needed most.

India faces the same issues as the rest of the world—but with extra challenges. Around 15% of Indian adults are estimated to have a mental health problem that needs care. Yet, studies show that 70–92% of these people don’t get the treatment they need. The gaps are even worse in rural and remote areas where services are limited, mental health professionals are few, and stigma still stops many from seeking help.²

To address this, the Indian government launched the National Tele Mental Health Programme (NTMHP) in the 2022 Union Budget. Its main initiative is Tele MANAS—a free 24/7 mental health helpline. It’s coordinated by NIMHANS and 9 connects people with trained counsellors through phone or digital platforms. It’s also linked to other health services like e-Sanjeevani and Ayushman Bharat

Objectives of the study

1. Assess the level of knowledge and attitude regarding utilization of TeleMANAS service among general population residing in selected areas of Daman.
2. Find out correlation between the knowledge and attitude scores among general population residing in selected areas of Daman.
3. Find out the association between knowledge and attitude score with selected demographic variable.
4. To develop and disseminate an informative pamphlet based on the research findings to enhance public awareness regarding the TeleMANAS services.

Assumptions of the study

The assumptions of the study are:

1. General population has varying level of awareness about a TeleMANAS services.
2. General population residing in Daman have a little knowledge regarding Tele MANAS service.
3. There exists a measurable relationship between participant knowledge and their attitude
4. The selected demographic variables may influence on the knowledge and attitude of individuals towards Tele-MANAS.

Delimitations

The study was delimited to:

- ✓ The study was delimited to the non-institutionalized, community-dwelling individuals especially in selected urban and rural areas of Daman and did not extend to other regions.
- ✓ The study exclusively focuses on knowledge and attitude regarding TeleMANAS and does not assess behavioural patterns or perceptions beyond this aspect.
- ✓ The study excluded children, adolescents, and healthcare professionals to focus solely on the adult general population’s knowledge and attitude toward the Tele-MANAS service.
- ✓ The study focus on only adult population (age 18 & above from the selected general population).

II. Material and Methods

Research Approach: Quantitative research design

Research Design: Non-experimental, Descriptive survey research design

Research Setting: Selected urban and rural areas of Daman,

Population:- General Population of Daman

Target Population: General population of Daman

Accessible Population: Selected urban areas (Ward-1) and (Ward-2) and rural areas (Pariari, Jampore, Dholar, Dunetha, Varkund) of Daman

Sample Size: 400- (Urban families- 79 Rural families-321)

Sampling technique: Non-probability convenient sampling technique

Criteria for the sample selection:

Inclusion Criteria

The study included students who were:

- residing in selected urban and rural areas of Daman for more than 6 months.
- aged 18 years and older
- agree to participate voluntarily and provide informed consent.
- able to read or understand Hindi English and Gujarati.
- are available at the time of door to door survey.

Exclusion Criteria

The study excluded students who were:

- below 18 years of age
- Temporary visitors or non-residents of the selected urban and rural areas.
- known for severe mental illness or cognitive impairment.
- sensory or communication impairment such as hearing loss, speech difficulties, or visual impairment that hinder effective participation in the study.
- health professionals are not included in the study

Ethical considerations

Ethical clearance for the study was granted by the Institutional Ethics Committee of NAMO Medical Education and Research Institute, Silvassa, UT of DNH & DD.

Description of Tool & Intervention

The tool used for this study was Self Structured Knowledge Questionnaire and Attitude Scale regarding TeleMANAS.

The tool had following sections to collect data

PART-1 Socio-demographic variables

It consists of 9 items. Which includes 1. Age, Gender, .Education, .Occupation, Marital status, Family income, Area of residence, .Family history of mental illness, Have you ever used TeleMANAS service?. In which instance you have used. It helped provide context to the participants' responses and identify any patterns related to personal or social factor.

PART-2 Self-structured Knowledge Questionnaire

The tool consists of 20 items. Each item was objective type and with single correct answer. Every correct response was a score of 1 mark and for wrong response was a score of 0 mark. Minimum score was 0 and maximum score was 20.

Categorization of Knowledge Score

Sr. No.	Categorization	Score	Percentage
1	Inadequate	0-9	<50%
2	Moderate	10-15	50-75%
3	Adequate	16-20	>75-100%

PART- 3 Attitude scale (5-point Likert scale)

This section consists of 20 statement to assess attitude level of 1st year students of Govt. ITI students. The items arranged in an alternate pattern with odd-numbered items being positively worded and even-numbered items being negatively worded.

Categorization of Attitude Score

Sr. No.	Categorization	Score	Percentage
1	Unfavourable	20-59	<50%
2	Neutral	60-80	50-75%
3	Favourable	81-100	>75-100%

II. Findings of the study

SECTION-1.: Description of the socio-demographic variables of the general population regarding utilization of TeleMANAS residing in selected areas of daman based on frequency and percentage

Table 4.1.A: Frequency and Percentage Distribution Of Demographic Variables Such As Age, Gender, Of The General Population Residing In Selected Areas Of Daman

n=400			
SR. NO	DEMOGRAPHIC VARIABLE	FREQUENCY (f)	PERCENTAGE (%)
1.	Age group		
	A.18-31years	59	14.75
	B.32-45 years	165	41.25
	C.46-59 years	167	41.75
	D.60 above	9	2.25
2.	Gender		
	A. Male	197	49.25
	B. Female	201	50.25
	C. Other	2	0.50

Among 400 samples the **age** distribution of the participants revealed that the 59(14.75%) belong to the age group 18–31 years, 165 (41.25%) were between 32–45 years, 167 (41.75%) were in the 46–59 years category, and 9 (2.25%) were aged 60 years and above.

Among 400 samples the **gender**-wise distribution of the participants shows that the sample included a nearly equal representation of males and females. Out of the 400 respondents, 201 individuals (50.25%) were female, while 197 individuals (49.25%) were male. A very small proportion, 2 participants (0.50%), identified as belonging to the Other gender category

Table 4.1.B: Frequency And Percentage Distribution Of Demographic Variables Such As Educational Qualification, Marital Status Of The General Population Residing In Selected Areas Of Daman

n=400			
SR. No	DEMOGRAPHIC VARIABLE	FREQUENCY (f)	PERCENTAGE (%)
3.	EDUCATION OF THE PARTICIPANT LEVEL		
	A. Professional Degree	21	5.25
	B. Graduate	53	13.25
	C. Intermediate/Diploma	62	15.50
	D. High School	108	27.00
	E. Middle School	110	27.50
	F. Primary School	35	8.75
	G. Illiterate	11	2.75
4.	MARITAL STATUS		
	A. Married	301	75.30
	B. Unmarried	49	12.30
	C. Divorced	27	6.80
	D. Widowed	15	3.80
	E. Separate	8	2.00

Among 400 samples the **educational** background of the participants varied across different levels. Out of the total participants, 21 (5.25%) had a professional degree, 53 (13.25%) were graduates, 62 (15.50%) had completed intermediate or diploma education, 108 (27.00%) had studied up to high school, 110 (27.50%) up to middle school, 35 (8.75%) up to primary school, and 11 (2.75%) were illiterate

Among 400 samples the **marital status**, most participants were married (75.3%), while 12.3% were unmarried. A few were divorced (6.8%), widowed (3.8%), or living separately from their spouses (2%).

Table 4.1.C Frequency And Percentage Distribution Of Demographic Variables Such As Occupation Regarding Utilization Of TeleMANAS Service Of The General Population Residing In Selected Areas Of Daman.

n=400			
SR. No	DEMOGRAPHIC VARIABLE	FREQUENCY (f)	PERCENTAGE (%)
5.	OCCUPATION		
	A. Legislators, senior officials, manager	10	2.50
	B. Professionals	6	1.50
	C. Technician/associate professionals	16	4.00
	D. Clerk	54	13.50

E.Skilled worker, shop and market sales worker	28	7.00
F.Craft and related trade workers	31	7.80
G.Plant and machine operators and assemblers	121	30.30
H. Elementary Occupation	116	29.00
I. Unemployed	18	4.50

Among 400 samples the **occupational** distribution of the participants 10 (2.50%) were legislators, senior officials, or managers; 6 (1.50%) were professionals; 16 (4.00%) were associate professionals; 54 (13.50%) were clerks; 28 (7.00%) were skilled workers or involved in shop and market sales; 31 (7.80%) were craft and related trade workers; 121 (30.30%) were plant and machine operators or assemblers; 116 (29.00%) were engaged in elementary occupations; and 18 (4.50%) were unemployed.

Table 4.1.D: Frequency And Percentage Distribution Of Demographic Variables Such As Family Income Area Of Residence At Present, Do You Or Any Of Your Family Members Have A History Of Mental Health Issues Of The General Population In Selected Areas Of Daman

n=400			
Sr. No	DEMOGRAPHIC VARIABLE	FREQUENCY (f)	PERCENTAGE (%)
6.	Family income per month (Rs)		
	A. Rs,>146,104	1	0.25
	B.Rs 109,580-146,103	0	0.00
	C.Rs 73,054-109,579	0	0.00
	D.Rs 68,455-73,053	1	0.25
	E. Rs 63,854-68454	1	0.25
	F.Rs 59,252-63853	1	0.25
	G. Rs 54,651-59251	6	1.50
	H.Rs 45,589-54588	10	2.50
	I. Rs 36,527-45588	46	11.50
	J. Rs 21,914-36526	126	31.50
	K.Rs 7,316-21913	208	52.00
	L. Rs.<7315	0	0.00
7.	Area of residence at present		
	A.Rural	322	80.50
	B. Urban	78	19.50

Among 400 samples the **monthly family income** of the participants regarding monthly family income, 1 (0.25%) participant each reported income in the ranges of above ₹1,46,104; ₹73,054–1,09,579; and ₹68,455–73,053. Similarly, 1 (0.25%) each fell in the brackets of ₹63,854–68,454 and ₹59,252–63,853. A total of 6 (1.50%) participants reported earning ₹54,651–59,251; 10 (2.50%) were in the ₹45,589–54,588 range; 46 (11.50%) had incomes between ₹36,527–45,588; 126 (31.50%) earned ₹21,914–36,526; and 208 (52.00%) reported monthly income below ₹7,316. No participants fell in the ₹1,09,580–1,46,103 or ₹7,316–21,913 . Among 400 samples the **area of residence**, 322 (80.50%) participants were from rural areas, while 78 (19.50%) belonged to urban areas.

Table 4.1.E: Frequency And Percentage Distribution Of Demographic Variables Such As Do You Or Any Of Your Family Memebers Have A History Of Mental Health Issues And For Which Of The Following Reasons You Or Your Family Meembars Used The Telemanas Service Among General Population

n=400

Sr. No	DEMOGRAPHIC VARIABLE	FREQUENCY (f)	PERCENTAGE (%)
8.	Do you or any of your family members have a history of mental health issues?		
	a)Yes	208	52.00
	b)No	192	48.00
9.	For which of the following reasons you or your family member used the TeleMANAS service?		
	A.Anxious or stressed	42	10.50
	B. Family or relationship issues	33	8.25
	C.Alcohol or drug related problems.	34	8.50
	D.Other	2	0.50
	E. Not applicable	289	72.25

Among 400 samples the **history of mental health issues within the family**, 208 participants (52.00%) stated that either they or a family member had a history of mental health problems. On the other hand, 192 participants (48.00%) reported no such history. This shows that more than half of the participants had some level of exposure to mental health concerns within their household

Among 400 samples use of **TeleMANAS services**,42 (10.50%) used it when feeling anxious or stressed, 33 (8.25%) for family or relationship issues, and 34 (8.50%) for alcohol or drug-related problems. Only 2 participants (0.50%) selected ‘Other’, and 289 (72.25%) marked ‘Not applicable

SECTION 4.2: Frequency and percentage distribution on knowledge regarding utilization of TeleMANAS among general population residing in selected areas of Daman

Table 4.2.A: Frequency and Percentage Distribution On Level of Knowledge Regarding Utilization of TeleMANAS Service Among General Population.

n= 400

SR. NO	Level of Knowledge	Score	Frequency f	Percentage %
1.	Adequate	16-20	79	19.80
2.	Moderate	10-15	275	68.80
3.	Inadequate	0-9	46	11.40

Table 4.2.A. frequency and percentage distribution on level of knowledge regarding utilization of TeleMANAS service among general population

Out of the 400 families surveyed regarding their knowledge of TeleMANAS services, 79 participants (19.80%) demonstrated an adequate level of knowledge, scoring between 16–20. The majority, 275 families (68.80%), exhibited a moderate level of knowledge, with scores ranging from 10–15. An equal number of 79 Families (19.80%) were found to have an inadequate level of knowledge, scoring between 0–9. These findings indicate that while a significant portion of the population holds a moderate understanding of TeleMANAS.

SECTION 4.: Frequency and percentage distribution on level of attitude regarding utilization of telemanas service among general population

Table 4.2.B: Frequency and percentage distribution on level of attitude regarding utilization of TeleMANAS service among general population

n= 400				
Sr. No	Level of Attitude	Score	Frequency f	Percentage %
1.	Favourable	81-100	299	74.80
2.	Neutral	60-80	25	6.30
3.	Unfavourable	20-59	76	19.00

Table 4.2.B frequency and percentage distribution on level of knowledge regarding utilization of TeleMANAS service among general population

Out of 400 families surveyed, the majority—299 families (74.80%)—demonstrated a favourable attitude toward the utilization of TeleMANAS services, scoring between 81 and 100. A smaller portion, 25 Families (6.30%), showed a neutral attitude, with scores ranging from 60 to 80. Meanwhile, 76 families (19.00%) reflected an unfavourable attitude, scoring between 20 and 59.

SECTION 4: Correlation Between Level of Knowledge and Attitude Score of General Population Residing in Daman.

Table :4.C: Correlation between level of knowledge and attitude score of general population residing in Daman.

The descriptive study present correlation between knowledge and attitude which was found to be $r = 0.7$, which is statistically **significant** ($p < 0.001$). This strong positive relationship suggests that individuals with higher knowledge about TeleMANAS services tend to have more favourable attitudes toward mental health support.

SECTION: 5: Association of the level of knowledge and attitude score with selected demographic variable

Table 5.a: Association of the level of knowledge score with selected demographic variable.

Significant Association was found of gender, education of the participant level, occupation, for which of the following reasons have you or your family member used the telemanas service demographic variable show association with knowledge.

Table 5.b: Association between level of attitude score with selected demographic variable

Significant association was found of age, gender, Marital status, occupation, Do you or any of your family members have a history of mental health issue, For which of the following reasons have you or your family member used the TELEMANAS service demographic variable show association with attitude.

V. Discussion

Researcher used quantitative approach and Non experimental research design Through the Non probability Convenient sampling technique was used, total 400 families were selected for the study. They were equally divided into urban and rural areas. The data was collected by using different tools. Knowledge assessed by self- structured questionnaire and attitude assessed by rating scale (5-point Likert). The data was analysed and interpret based on descriptive and inferential statistics.

The data related to the age of the participants revealed that out of the total 400 samples, the majority 167 (41.75%) belonged to the age group of 46–59 years, followed closely by 165 (41.25%) participants in the age group of 32–45 years. A smaller portion, 59 (14.75%), were in the age group of 18–31 years, and only 9 (2.25%) participants were aged 60 years and above. This shows that the majority of the study participants were middle-aged adults.

Supported by a study conducted on the uptake of Tele-MANAS services in Chandigarh, which showed that middle-aged adults between 30 and 50 years were more likely to utilize tele-mental health services, mainly due to higher stress levels from occupational and familial responsibilities

The data related to the gender of the participants showed that out of the total 400 samples, 201 (50.25%) were female and 197 (49.25%) were male, while only 2 (0.50%) participants identified as other gender. This reflects an almost equal distribution of male and female participants in the study, with a slightly higher representation of females.

Support by study conducted on a national-level analysis of Tele-MANAS helpline data revealed that males constituted 56% of the total callers, while females accounted for 44% of the calls. This suggests that gender differences do influence mental health service-seeking behaviour, with a higher proportion of males utilizing the helpline services

VI. Conclusion

It was concluded that knowledge regarding utilization of TeleMANAS among selected general population is moderate and attitude is favorable among families residing in selected areas of Daman.

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