

# Effectiveness of Structured Teaching Program on Knowledge Regarding Myths and Misconceptions of Mental Illness

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**Abstract:** *Problem statement: A study to assess effectiveness of structured teaching program on knowledge regarding myths and misconceptions of mental illness among people residing in a selected rural area, Maharashtra. Background of study: India, an estimated 56 million people suffering from depression, 38 million more from anxiety disorders, according to the world health organization (WHO). But 20 % of population suffering from mental illness and only 12 % of population take treatment or seeking aids for mental illness. In the rural area people believe that mental illnesses are caused by supernatural power, excessive worrying, black magic, curse, or evil spirit. Hence, they prefer religious remedies, nonprofessional medical help, or alternative medicines for treatment. Knowledge of family members regarding mental illness has an important role in the treatment process. Objectives of the study: • To assess the levels of knowledge regarding myths and misconceptions of mental illness among people residing in a selected rural area, Maharashtra. • To evaluate the effectiveness of structured teaching program on knowledge regarding myths and misconceptions of mental illness among people residing in a selected rural area, Maharashtra. • To find out the significant association of mean pre-test knowledge scores regarding myths and misconceptions of mental illness with selected socio demographic variable. Methodology: One group pre-test and post-test design was used for this study. The independent variable in this study is structured teaching program on knowledge regarding myths and misconceptions of mental illness. The dependent variable in this study is knowledge regarding myths and misconceptions of mental illness. The study was conducted at selected rural area. Samples include 50 samples living in the rural area who fulfils the inclusion criteria were selected by non-probability purposive sampling technique.*

**Keywords:** Myths, false belief, idea Misconceptions, Incorrect opinion, faulty thinking, Mental illness, Psychological state, emotional and behavioral problem

## 1. Introduction

**“Clear thinking requires courage rather than intelligence”.** - Thomas Stephen Szasz

Mental health refers to the cognitive, behavioral and emotional wellbeing. It is all about how the people think, feel and behave.

Myths and misconceptions are associated with primarily what people believed about mental illness. Myths and misconceptions means any ill belief, mistaken thought, idea or notion and incorrect information regarding mental illness and its treatment.

"Myth" usually refers to a story of forgotten or vague origin, basically religious or supernatural in nature, which seeks to explain or rationalize one or more aspects of the world or a society.

Misconceptions in mental illness have been characterized by superstition, ignorance and fear. Although the time and advances in scientific understanding of mental illness have dispelled many false ideas, then also popular misconceptions are remaining in the general population.

## 2. Background of the study

In the rural area people believe that mental illnesses are caused by supernatural power, excessive worrying, black magic, curse, or evil spirit. The people use religious remedies, nonprofessional medical help, or alternative medicines for treatment. Knowledge of family members

regarding mental illness has an important role in the treatment process.

### Need for study

Around 450 million people currently suffer from mental and behavioral disorders. World Health Organization (WHO) stigma, discrimination and neglect are the reason for delay care and treatment from reaching people with mental disorders. In India 80% of the population still depends on indigenous treatments consisting of religious treatments, prayers, fasting. So it is clear that education is needed to reduce the negative misunderstandings of mental health disorders.

## 3. Problem Statement

**"A study to assess effectiveness of structured teaching program on knowledge regarding myths and misconceptions of mental illness among people residing in a selected rural area, Maharashtra"**

## 4. Objective of the Study

- To assess the pretest levels of knowledge regarding myths and misconceptions of mental illness among people residing in a selected rural area, Maharashtra.
- To evaluate the effectiveness of structured teaching program on knowledge regarding myths and misconceptions of mental illness among people residing in a selected rural area, Maharashtra.

- To find significant association between pretest knowledge scores regarding myths and misconceptions of mental illness with selected socio demographic variable of people living in the rural area.

### Hypotheses

- H<sub>1</sub>: There is significant difference between pretest and post- test knowledge scores regarding myths and misconceptions of mental illness among people residing in a selected rural area, Maharashtra.
- H<sub>2</sub>: There is significant association between pre-test knowledge scores regarding myths and misconceptions of mental illness with selected socio demographic variables.

### Operational definition

**Assess:** In this study assess refers to determine the levels knowledge regarding myths and misconceptions of mental illness.

**Effectiveness:** In this study effectiveness refers to that which extent knowledge regarding myths and misconceptions of mental illness is improved.

**Structured teaching program:** In this study structured teaching program refers to the systematically planned teaching program designed to provide information regarding myths and misconceptions of mental illness like information about myths and misconception and what is the fact behind that.

**Knowledge:** In this study knowledge refers to the information regarding myths and misconceptions of mental illness.

**Myths:** In these study myths refers a traditional story, especially one concerning the early history of a people or explaining a natural or social phenomenon, and typically involving supernatural beings or events such as one's a psychiatric patient, always psychiatric.

**Misconceptions:** In this study misconceptions refers to a view or opinion that is incorrect because based on faulty thinking or understanding such as mental illness are contagious.

**Mental illness:** In this study mental illness refers to a wide range of condition that affect the mood, thinking and behavior of an individual.

### Conceptual framework

The conceptual framework selected for the study was based on modified integrated general system theory by Bertalanffy and Roberta Straessele Abruzzese (RSA) evaluation model.

## 5. Review of Literature

- Review of literature related to attitude towards mental illness.
- Review of literature related to myths and misconceptions of mental illness.
- Review of literature related to knowledge regarding mental illness.
- Review of literature related to effectiveness of structured teaching program on mental illness.

## 6. Research Methodology

Research approach- Evaluative approach

Research design-pre experimental one group pretest posttest design.

Research setting- Selected rural area, Maharashtra.-

Sampling technique – Non probability purposive sampling technique.

Sample size- 50

Dependent variable –knowledge of the people regarding myths and misconceptions of mental illness.

Independent variable- structure teaching program on myths and misconceptions of mental illness.

Sociodemographic variable -age, gender, educational qualification, religion, type of family, source of information and family history of mental illness.

### Validity:

The validity of the tool and experimental treatment was obtained by giving it to the experts from nursing and medical in various fields. A total of 13 experts consisting of 1 doctor in rural tertiary care hospital Ratnagiri district, 11 nursing personnel and 1 statistician had validated the tool.

### Pilot study:

The pilot study was conducted in particular village. The samples size was 5 and samples were selected by purposive sampling technique.. The pretest score mean was 19.6 and posttest score mean was 22.Finding reveals that the study was feasible.

### Reliability

For this study, the reliability of instrument was analyzed by using test retest method which measures co-efficient correlation. The reliability obtained as  $r=0.9$  for knowledge questionnaire.

### Description of the tools

**Section A:** Socio demographic variables.

**Section B:** Structured knowledge questionnaire.

**Section C:** Structured teaching program

## 7. Analysis and Interpretation of the Data

**Table No 1:** Frequency and percentage distribution of samples living in the rural area

n=50

Sr No.	Demographic variable		Frequency	Percentage (%)
1	Age			
	a	30-40yr	31	62
	b	41-50yr	13	26
	c	51-60yr	6	12
2	Gender			
	a	Male	20	40
	b	Female	30	60
3	Educational qualification			
	a	Primary education	18	36
	b	Secondary education	20	40
	c	Higher secondary	8	16
	d	Under graduate	0	0
	e	Post graduate	4	8
4	Religion			
	a	Hindu	45	90
	b	Muslim	0	0
	c	Christian	0	0
	d	Buddhism	4	8
	e	Any other	1	2
5	Type of family			
	a	Nuclear family	13	26
	b	Joint family	37	74
6	Source of information			
	a	Massmedia	23	46
	b	Newspaper/magazine	14	28
	c	Friend /relatives	4	8
	d	Health care personnel	9	18
7	Family history of mental illness			
	a	Yes	0	0
	b	No	50	100

**Table No 2:** Distribution of the samples living in the rural area according to levels of knowledge in the pretest and posttest.

n=50

Sr no.	Aspect	Levels of knowledge					
		Poor knowledge (0-15)		Average knowledge (16-23)		Good knowledge (24-30)	
		F	%	F	%	F	%
1	Pretest knowledge score	13	26	37	74	0	0
2	Posttest knowledge score	0	0	21	42	29	58

Evaluation of effectiveness of structured teaching program on knowledge regarding myths and misconceptions of mental illness.

Sr No	Standard measures	Pretest knowledge score	Posttest knowledge score
1.	Mean	16.76	23.82
2.	Median	18	24
3.	Standard deviation	4.096	2.84

**Table No. 4:** Comparison between the pretest and posttest level of knowledge and paired t-test value.

n=50

Sr No	Knowledge	Mean	Mean%	SD	Paired t test
1.	Pretest	16.76	55.86	4.096	20.14 df=49 P≤ 0.05, S* (t table= 2.02)
2.	Posttest	23.82	79.4	2.84	
3.	Difference	7.06	23.54	2.45	

S\*: Significant at p value-0.05.

### Association between pretest knowledge score with selected socio-demographic variable.

It indicates that there was no significant association between pretest knowledge score and the socio demographic variable such as age ( $\chi^2=0.263$ ,  $df=2$ ,  $p \geq 0.05$ , NS), gender ( $\chi^2=1.62$   $df=1$ ,  $p \geq 0.05$ , NS), educational qualification ( $\chi^2=8.667$ ,  $df=4$ ,  $p \geq 0.05$ , NS), religion ( $\chi^2=1.83$ ,  $df=4$ ,  $p \geq 0.05$ , NS), type of family ( $\chi^2=1.23$ ,  $df=1$ ,  $p \geq 0.05$ , NS), source of information ( $\chi^2=5.894$ ,  $df=3$ ,  $p \geq 0.05$ , NS) and family history of mental illness ( $\chi^2=0$ ,  $df=1$ ,  $p \geq 0.05$ , NS).

Thus it shows that there was no significant association between pretest knowledge score and sociodemographic variables.

### 8. Limitations of the Study

Generalization of the findings could not be made due to small size of the samples and limited area of setting.

### 9. Conclusion

There was significant improvement in the participant knowledge after administration of structured teaching program. Hence it concludes that structured teaching program was effective in improvement of knowledge regarding myths and misconceptions of mental illness. Study suggests that there is need to conduct similar study on urban and rural areas.

### 10. Recommendations

- The similar study can be conducted on large samples to generalize findings.
- Comparative study can be conducted on knowledge regarding myths and misconceptions of mental illness among urban and rural area.

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