

# A Study to Assess the Knowledge and Attitude Regarding Mental Illness among the People Residing in Wadiware Village

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**Abstract:** *In this study Descriptive and co - relational approach used, objective of the study was to assess knowledge and attitude regarding mental illness among People in the age group of 18 - 68 year who are residing at wadiware village. Non probability; convenient sampling technique was used sample size composed of 100 people. Knowledge questionnaire on mental illness containing 30 items. Rating scale (Likert scale) to assess the attitude of the people towards mental illness. It consist of 25 item Majority of the subjects were (41%) in the age group of above 36 years. Findings suggested that Majority of people have moderate level of the knowledge mean score 71% in causation factor, significant association between mentally ill in neighborhood and knowledge on mental illness  $\chi^2 = 6.65$  at  $P < 0.05$  level. Attitude level showed 97.5% had favorable attitude and 2.5% had unfavorable attitude towards mental illness. Conclusion: People having moderate level of knowledge regarding mental illness and favorable attitude towards mental illness. people having positive relationship between knowledge and attitude.*

**Keywords:** Rural People, Mental Illness, Rating Scale

## 1. Introduction

World Health Organization (2008) estimated that 10% of the world's population has some form of mental disability.<sup>6</sup>

WHO (2005) estimated that mental illness affects the people of all age group It is estimated that 450 million people are experiencing mental illness at any one time, most of whom live in developing countries.<sup>9</sup>

The National Institute of Mental Health and Neuro - Sciences (2007) reported that in India 70 million people suffer from mental ailments and yet, 50 - 90 percent of them are not able to access corrective services due to less awareness and negative attitude or stigma towards mental illness.<sup>7</sup>

The specialized knowledge and skills about severe mental illness and mental health problems are necessary for effective community nursing practice. Helpful information includes knowledge about the organization of mental health services from historical perspectives as well as trends in current health care demands and delivery. Knowledge about population at risk for psychiatric mental health problems and insight about illness outcomes in terms of bio psychosocial consequences are even more important.<sup>10</sup>

## 2. Literature Survey

**Wolff G, Pathare S, Craig T and Leff J (2006)** Studied on community knowledge of mental illness and reaction to mentally ill people. Three attitudinal factors (Fear and Exclusion, Social Control and Goodwill) were analyzed. The result showed (80%) of respondents knew of somebody who had a mental illness but a substantial proportion of respondents had little knowledge about mental illness. The authors found an association between Social Control and knowledge of mental illness. The results supported the

hypothesis that negative attitudes, especially in older people, are fuelled by lack of knowledge. Negative attitudes among people with children are not related to lack of knowledge of mental illness.<sup>15</sup>

**Althaus D, Stefanek J, Hasford J and Hegerl U (2006)** conducted a study on knowledge and attitude of the general public regarding symptoms, etiology and possible treatments of depressive illnesses among 1426 randomly chosen inhabitants of Nuremberg and Wurzburg. They were asked about their knowledge and attitudes towards symptoms, causes, and treatment of depression. Males over 60, who show unfavorable attitudes. Eighty percent of the population considers antidepressants to be addictive, and 69% were convinced that the use of antidepressants would lead to personality changes. Public knowledge about antidepressants must be improved.<sup>16</sup>

**Davis Bryn, Shanley E (2005)** stated that there is little documented evidence of the attitudes of people before Christ However, Egypt showed oldest prescription in, existence and called for the exhibition of green stone as a fumigation against hysteria. " Indian Atharvanaveda has description of epilepsy, depression and psychosis. Hippocrates (460 - 377 BC) replaced demonical concepts of disease by a theory and practice of medicine based on observation and natural causes. Despite Hippocrates and Galen's teaching, people believed at spirits and treated mentally ill cruelly throughout middle ages. Witch hunting was done on large scale in 15th century and they were even put to death.<sup>3</sup>

**Ranganathan M and Parthasarathy R. (2005)** stated that Mental illness is shrouded in the gloom of ignorance, superstition, feelings of mystery and fear among the public. Many mentally ill persons are taken to different healers and temples where they usually undergo torturous rituals and procedures. Often the family spends most of its income in seeking relief from various other sources before coming to mental hospital; by this time mental illness would have

reached an advanced stage and the family members have lost all their hopes.<sup>5</sup>

**Nagarajaiah, Chinnayya HP, Sujatha and Shyamala. (2002)** A comparative study conducted to examine stigmatizing attitudes towards the severely mentally ill among rural and urban community dwellers in India. Study revealed that the rural Indians showed higher stigma and view towards the severely mentally ill was punitive, while the urban group expressed a liberal view of severe mental illness. Urban Indians rejected to work with existing mental illness among person whereas rural Indians did not pose such an opinion.<sup>17</sup>

**Gajanana (2000)** stated that In India there are severe mental illness 1 - 2%, neurosis and psychosomatic diseases 2 - 3%, mental retardation 0.5 - 1% (of all children), psychiatric disorders in children 1 - 2%, outpatient department attendant in government hospital 3.63 million/year, outpatient department attendant in private hospitals 2.63 million/year, 15 to 20% of all help seekers in general health services, in both developed and developing countries have emotional and psychological problems.<sup>13</sup>

### 3. Problem Definition

A study to assess the knowledge and attitude regarding mental illness among the people residing in wadiware village.

### 4. Objectives of the study

- 1) To assess the knowledge of mental illness.
- 2) To assess the attitude of mental illness.
- 3) To find out association between knowledge with selected demographic variables.
- 4) To find out association between attitude with selected demographic variables.

### 5. Methods / approach

In this study the researcher was adopted Descriptive and co - relational approach objective of the study was to assess knowledge and attitude regarding mental illness among the

people residing in wadiware village. People in the age group of 18 - 68 year who are residing at wadiware village. Non probability; convenient sampling technique was used for recruiting the samples to be included in the present study. In the present study sample size composed of 100 people. The tools were prepared after reviewing the related literature, books, Socio - demographic data of the samples consists of 9 item like, Age, gender, marital status, religion, educational status, occupation, monthly family income, family member suffering from mental illness, Knowledge questionnaire on mental illness containing 30 items. Rating scale (Likert scale) to assess the attitude of the people towards mental illness. It consist of 25 item (with alternative like, strongly agree, agree, Neutral disagree, strongly disagree

### 6. Results

Analysis and interpretation of the data collected from the 100 rural population through descriptive survey research design. The sample were selected by using convenient sampling technique from the people residing in wadiware village to assess the knowledge and attitude regarding mental illness.

The analysis of data is organized and presented under the following heading

**Section A:** Description of socio - demographic characteristic of rural population

**Section B:** . Area wise comparison of mean, SD, of knowledge regarding mental illness. Area wise comparison of mean, SD, mean% of attitude regarding mental illness

**Section C:** Item wise comparison analysis of correct answer response (%) of knowledge of mental illness among rural population comparison analysis of correct answer response (%) of Attitude of mental illness among rural population.

**Section D:** Hypothesis testing

To assess the knowledge and attitude regarding mental illness among people residing in wadiware village. Hypothesis testing was done by using chi square test.

#### Section - A: Description of socio - demographic characteristic of rural population

N=100

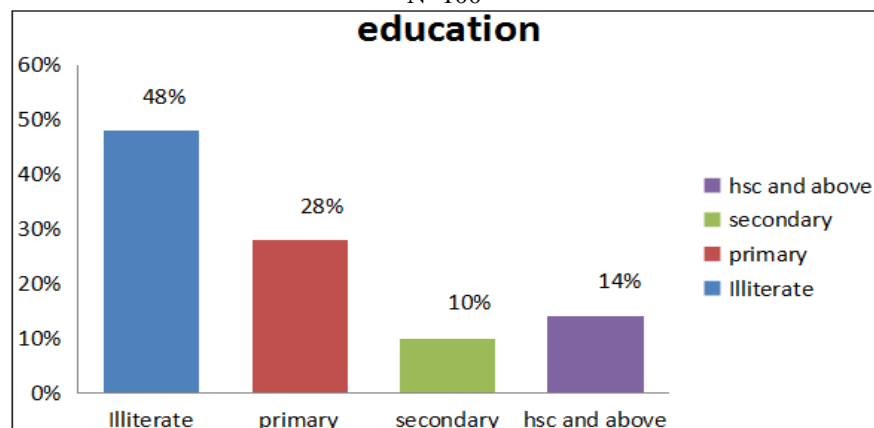


Figure 1: Bar Diagram showing percentage wise distribution of educational status

**Personal Habit:**

Percent wise distribution of personal habit, majority of (83%) of the people responded that none of them having any habit affecting health. However 14% of people had bad habit like alcoholism, And 3% were chronic smoker. hence it can be interprets that most of people under study not having any personal bad habits.

**Section II**

**a) Assessment of knowledge regarding mental illness**

Area wise distribution of mean, SD and of pretest knowledge score of mental illness in tribal population

shows that the overall mean score was (15.73±5.54), it seems that the mental illness knowledge is average among rural population.

**b) Assessment of attitude regarding mental illness**

Area wise distribution of mean, SD and of pretest attitude score of mental illness in rural population shows that the overall mean score was (68±6.30), it seems that people residing wadiware village had positive attitude towards mental illness

**Section III**

**Item wise comparison of correct answer response (%) of knowledge regarding prevention of mental illness among rural population**

S N	Prevention of mental illness	Frequency	Percentage
1	Relationship with mentally ill person is better by keeping distance from him	78%	78%
2	Group psychotherapy is effective in rehabilitation of the alcohol dependent patient	62%	62%
3	Do you know there is an national mental health program for promotion of mental health	80%	80%
4	Along with treatment rehabilitation is nearby for promotion of mental health	83%	83%
5	Psychotherapy is effective in promotion of mental health.	92%	92%

Item wise comparison of correct responses of rural population on knowledge regarding prevention of mental illness, shows that (92%) responded correctly to the items “Psychotherapy is effective in promotion of mental health” followed by, second highest (83%) responded correctively for the items “Along with treatment rehabilitation is nearby for promotion of mental health ” Among the sample lowest percentage of 62% participants responded correctly to the items “Group psychotherapy is effective in rehabilitation of the alcohol dependent patient. ”

- 3) Majority of the subjects were (70%) married.
- 4) Highest percentage (50%) had income less than 5000rs/ month.
- 5) Most of the respondents belonged to Hindu religion (72%).
- 6) Highest percentage (52%) had agriculturist as their occupation.
- 7) More than half (60%) had belongs to rural area.
- 8) Majority of the respondents (96.5%) had no family member suffering from mental illness

**Section IV**

**Association between the knowledge score on mental illness with demographic variables**

SN	Variables	X <sup>2</sup>	Level of significance
1	Age	3.91	Significant
2	Gender	4.69	Significant
3	Education	4.22	Significant
4	Occupation	0.54	Not Significant
5	Monthly income	0.97	Not Significant

**Df =1, table – 3.84, p ≤ 0.05**

Chi square values were calculated to find out the association between Knowledge score with selected demographic variables of people residing in wadiware village, the findings revealed that their Was significant association between knowledge score and socio demographic variables like age, gender and education., however their Was no significant association between knowledge score and socio demographic variables like occupation and monthly income. hence the stated null hypothesis (HO2) Was rejected as there was significant association between awareness score and their selected socio demographic variables

**Findings related to Knowledge on mental illness**  
Overall knowledge of people regarding mental illness was moderate level (66%). Majority of people have moderate level of the knowledge mean score 71% in causation factor, 60% meaning of mental illness, 54% in signs and symptoms.5% in management and 41% of them having adequate knowledge level in prevention and rehabilitation.

9) There is significant association between knowledge and type of treatment method  $\chi^1 = 4.12$  at P<0.05 level followed by significant association between mentally ill in neighborhood and knowledge on mental illness  $\chi^1 = 6.65$  at P<0.05 level.

**Findings related to Attitude regarding mental illness**  
10) Attitude level showed 97.5% had favorable attitude and 2.5% had unfavorable attitude towards mental illness.  
11) There is significant association between attitude and type of treatment methods  $\chi^2 = 4.12$  at P<0.05 level.

**Findings related to co - relationship between knowledge and attitude**  
12) There is a positive co - relationship between knowledge and attitude of respondents on mental illness that is higher the knowledge score better is the attitude score of respondents on mental illness (r = +0.32).

**7. Discussion**

The finding are summarized as follow Findings related to Socio - demographic data

- 1) Majority of the subjects were (41%) in the age group of above 36 years
- 2) Majority of the subjects were (54%) males.

## 8. Conclusion

Mental illness often generates misunderstanding, prejudice, confusion and fear. Some people with mental illness report that the stigma can at times be worse than the illness itself. People may be less willing to offer support and empathy if someone is suffering from a mental illness rather than a physical health problem. The finding revealed that people having moderate level of knowledge regarding mental illness and favorable attitude towards mental illness. People having positive relationship between knowledge and attitude.

## 9. Future Scope

### Nursing Practice

The expanded role of the professional nurse emphasizes those activities which promote health and preventive behavior among people. Study reveals that there is lack of knowledge among mental illness. So, community health nurses have the active role in educating people. Community nurses should participate in community awareness of program getting involved in planning program, organizing, administering and monitoring these programmed. Community health nurse should serve as a role model, its her attitude towards mentally ill people in the community. There should be enough practical exposure to mental health field. Improved and new techniques have to be used for motivating the nursing staff in participation. Community health nurses should identify early sign of mental illness in the community and provide care for mentally ill. They should assist them in follow up and rehabilitation. Community health nurses can conduct individual counseling, group counseling and organize self help groups

### Nursing Administration

The nurse administrator should plan and organize continuing education program for community health nurses to motivate them in conducting teaching program on community mental health. The nurse administrator should provide all the facilities for in - service education. Post graduate nurses should be involved in policy making at state and district level. Nurse should have adequate knowledge on mental health. While training the community health nurse, emphasis should be given on mental health, related to disease processes, type of mental illness, different types of therapies involved in mental health, different drugs used in psychiatry and its side effects. More encouragement should be given for in - service education and workshops on mental health. Nurses in post graduate level should participate in community mental health program for better education practice.

### Nursing Research

According to health statistics and various studies conducted by researchers number of mentally ill is increasing. So more exclusive research should be conducted on this field. There is need for extensive research in mental health. Research should focus to improve the knowledge and change the attitude towards mental health. Community health nurse should take initiative for further research on community mental health. More research should be focused on

community based rehabilitation program and its effect on rehabilitation.

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