

“A Descriptive Study To Assess The Knowledge Level Regarding Mental Illness Among Young Adults In Badshahpur Village, Gurugram”

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Abstract

The aim of the research was to identify the knowledge towards mental illness among adults. The study was descriptive in nature. A total of 50 adults participated. A quantitative approach was used for the present study. A convenient sampling technique was used to select the samples. The data collection tools used were demographic profile, semi structured knowledge questionnaire. The pilot study was done on 6 adults who met the sampling criteria. In this study analysis shows that majority of the subjects 30(66.7%) had moderately adequate knowledge, 16(26.7%) had inadequate knowledge and 4(6.7%) had adequate knowledge. In conclusion, this study marks that poor knowledge about the cause and nature of mental illness is common in the community. Even though there are many steps taken by the Indian Government to treat and rehabilitate the mentally ill, stigma continue to persist and it's still a barrier for people with mental illness.

Key words: Assess, Knowledge Level, Mental Illness, Young Adults, District region, Gurugram and India

INTRODUCTION:

Mental illness is the term used to describe a broad range of mental and emotional conditions. Mental illness is also used to refer mental impairments other than mental retardation, organic brain damage and learning disabilities. The term psychiatric disability is used when mental illness significantly interferes with the performance of major life activities such as learning, thinking, sleeping, eating and communicating among others (**World Health Organization, 2020**).

Much of the stigma of mental illness is engrained in deep and ancient attitudes held by virtually every society on earth. The conviction that mentally ill are a dangerous threat; societies have traditionally scorned selected individuals, stir of poor scientific evidence. The vast majority of mentally ill persons never commit a violent crime. In this regard, it is important to mention the unfortunate role, which the mass media in our country play, which often shows the mental illness something to ridicule, to laugh at, or something, which is bizarre, disgusting or frightening. Such negative attitudes not only affect the person but will also spill-over to the caregiver and family members of the mentally ill. The mentally ill client, their care giver, and family, friends and social group-may be shunned, denied protection and treated as less than human beings because of what the late American sociologist Erving Goff man called their “spoiled identity”.

The stigma attached to mental illness is the greatest obstacle to the improvement of the lives of the people with mental illness and their families. The history of mental illness is long, but it is probable that intolerance to mental abnormality has become stronger in the past two centuries because of urbanization and the growing demands for skills and qualification in almost all sectors of employment. Therefore, there is a strong need to assess the knowledge level among adults in badshahpur village, gurugram..

RESEARCH METHODOLOGY

This chapter deals with the description of different steps which are taken by the investigator for the present study. It includes research approach, setting, and sampling, sampling techniques, tools for data collection, pilot study and plan for data collection.

1. **Research Approach:** Quantitative approach
2. **Research Design:** Descriptive design
3. **Setting of the Study:** The study was conducted at badshahpur village.
4. **Population:** The target population selected for this study comprised of adults living in badshahpur village, gurugram
5. **Sample Size:** The aggregate of 50 adults were selected for this study.

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6. **Sampling Technique:** Convenience sampling is used in the study.

7. **Criteria Sample Collection:**

a) **Inclusion Criteria:**

- Adult who live in badshahpur village
- Adult of both sexes
- Those are willing to participate.

b) **Exclusion Criteria:**

- The subjects who are recently appointed.
- Those who are not willing to participate in the study.

8. **Description of the Study Tool:**

➤ Part-1- Demographic variables such as age, religion, educational status, occupation, place of work, years of experience.

➤ Part-2 - Semi structured questionnaire was used to assess the knowledge towards mental illness.

9. **Validity:** The constructed tool along with blue print and objectives of the study were given to five experts for content validity. After establishment the validity of the tool was translated into Hindi and again translated into English to validate the language.

10. **Reliability:** The test retest method was used to establish the reliability of the questionnaire to assess the problems faced by adult. The knowledge score reliability was $r = 0.46$. The modified form of orientation scale reliability $r = 0.49$. This 'r' values were found to be reliable.

11. **Pilot Study:** The pilot study was conducted at badshahpur village, gurugram. The study was carried out on 50 adults who fulfilled the inclusion criteria of the sample. It was carried in the similar way as the final study would be done.

12. **Data Analysis:** The data were statistically analyzed by using descriptive (frequency, percentage, mean) and inferential statistics. Descriptive statistics was used to find the level of knowledge.

RESULTS

TABLE I: Frequency and percentage distribution of adults on the basis of demographic variables

DEMOGRAPHIC CHARACTERISTICS	FREQUENCY	PERCENTAGE
1. AGE IN YEARS:		
a) Below 30 years	10	20
a) 31 – 40 years	30	60
b) .41 – 50 years	8	16
c) 50 and above	2	04
2. GENDER:		
a) Male	31	62
b) Female	19	38
3. RELIGION:		
a) Hindu	46	92
b) Christian	4	08
c) Muslim	-	
d) Others	-	
4. MARITAL STATUS:		
a) Unmarried	8	16
b) Married	40	80
c) Widow	2	04
d) Divorced	-	
5. EDUCATIONAL STATUS:		
a) Undergraduate	10	20
b) Postgraduate	40	80
6. PLACE OF WORK:		
a) Private school	10	20
b) Government school	40	80
7. PREVIOUS EXPERIENCE:		
a) Yes	24	48
b) No	26	52
8. FAMILY HISTORY:		
a) Yes	5	10
b) No	45	90

Table I reveals that out of 50 adults, 10 (20%) were below 30 years, 30(60%) adult was between 31- 40 years, 8 (16%) and 2 (4%) fell in the category of 41-50 and 50 years and above. The gender distribution shows that the male participants were 31 (62%), and female were 19(38%). The great majority of adult were Hindus 46(92%), 4(8%) were Christians. The percentage of unmarried adult was 8(16%), married 40(80%) and widow 2(4%). With regard to educational status of adult 10 (20%) were undergraduates and 40(80%) were postgraduates. Regarding Place of work reveals that 10(20%) adult

was from private school and 40(80%) were from Government school. With respect to previous experience of adult, 24(48%) had no experience with mental illness 26(52%) had known someone with mental illness. Majority of 45(90%) had no family history of mental illness and 5(10%) had family history of mental illness.

TABLE II: LEVEL OF KNOWLEDGE
Frequency and percentage distribution of knowledge regarding mental illness among adults

S.NO.	LEVEL OF KNOWLEDGE	KNOWLEDGE SCORES	FREQUENCY	PERCENTAGE
1.	Low	Below 10	16	26.7
2.	Medium	10-12	30	66.7
3.	High	Above 12	4	6.7

Table II reveals that majority of the subjects 30(66.7%) had moderately adequate knowledge, 16(26.7%) had inadequate knowledge and 4(6.7%) had adequate knowledge.

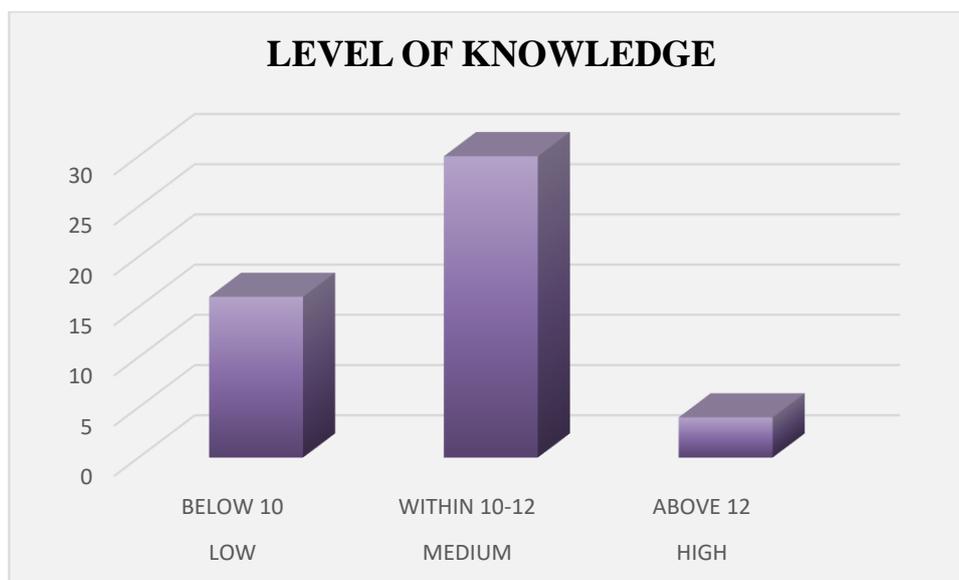


Figure-1 Knowledge Level regarding mental illness among young adults

DISCUSSION

The aim of the research was to identify the knowledge towards mental illness among adults. The study was descriptive in nature. A total of 50 adults participated. A quantitative approach was used for the present study. A convenient sampling technique was used to select the samples. The data collection tools used were demographic profile, semi structured knowledge questionnaire.

The pilot study was done on 6 adults who met the sampling criteria. In this study analysis shows that majority of the subjects 30(66.7%) had moderately adequate knowledge, 16(26.7%) had inadequate knowledge and 4(6.7%) had adequate knowledge.

The research study was supported by the University of Ibadan, Nigeria (2006). It has been found that better knowledge is often reported to result in improved attitudes towards people with mental illness. A belief that mental illnesses are treatable can encourage early treatment seeking and promote better outcomes. Thus, one can speculate that improved knowledge about causation may lead to improved overall knowledge about mental illness and promote a more tolerant attitude to the mentally ill.

In conclusion, this study marks that poor knowledge about the cause and nature of mental illness is common in the community. It is indicated among 60 adults that only 16(26.7%) had adequate knowledge towards mental illness. Even though there are many steps taken by the Indian Government to treat and rehabilitate the mentally ill, stigma continue to persist and it's still a barrier for people with mental illness.

In a survey intended to examine changes in public beliefs about social and environmental variables as risk factors for mental disorders in Australia and Japan over an 8-year period. Also, the Nigerian study reports that knowledge of mental illness was generally poor. Consistent with the generally poor knowledge, attitudes to the mentally ill were predominantly negative. At the time of interview few adult had shown interest to know about mental illness. Others were keen on answering the questions asked but none of them was clear about mental illness. The government motto is to integrating

public into the care of people with mental illness.

The status of mental health is not very encouraging in India. Primarily because of stigma attached to the problem. To get more people to access mental health care there is urgent need for education and information about mental health problems.

RECOMMENDATIONS:

1. A similar study can be done in a large sample for the purpose of generalization.
2. A study can be done in urban and rural setting and results can be compared.
3. A similar study can be carried out and anti – stigma educational programs and campaigns may be conducted.

CONCLUSION

In India 15 million people are battling serious mental health problems. Nearly 50% of victims suffering serious mental health disorders go untreated. The fortunate part is that most mental illnesses can be successfully treated. The Government of India also has taken special interest in mental health care in the form of National Mental Health Programme. Stigma is one of the major difficulties faced by people with mental illness, due to which they hesitate seeking help. The mental health services are not utilized by the beneficiaries properly. Many of them suffer alone silently. By accident, we are all responsible for this situation. The researcher strongly believes that appropriate information of the mentally ill to the public and positive attitude would bring great changes in the life of the mentally ill.

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