

A Study to Assess the Knowledge Regarding Mental Illness among Rural Adults at Bhojpur Farrukhabad (Uttar Pradesh)

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ABSTRACT

This Study has been under taken to Assess the knowledge regarding mental illness among rural adults at Bhojpur Farrukhabad. A descriptive Design was adopted for this study. 70 samples participated in assessing the knowledge regarding mental illness among rural adults. To find the level of knowledge among rural adults chi square method was used. Findings reveals that majority of rural adults had average knowledge (71.6%) and (32.7%) with good knowledge.

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INTRODUCTION

Mental health is important at every stage of life, from childhood and adolescence through adulthood. Mental health includes our emotional, psychological and social well being. It affects how we think, feel, and act. Mental health helps us to determine how we handle stress, related to others and make healthy. The WHO states that mental health is “more than just the absence of mental disorders or disabilities.” It also emphasizes that preserving and restoring mental health is crucial individually and at a community and society level.

Mental illness is a health condition involving changes in emotion, thinking or behaviour. Mental illnesses are associated with distress and / or problems functioning in social, work or in family activities. Mental illness can affect anyone regardless of your age, gender, geography, income, social status, ethnicity, religion, or other aspect of cultural identity. Many people may have mental health concerns from time to time but a mental health concern becomes a

mental illness when ongoing signs and symptoms cause frequent stress and affect your ability to function.

NEED OF THE STUDY NATIONAL STUDY SHOWS:

Epidemiological studies report prevalence rates for Psychiatric disorders varying from 9.5 to 370/1000 population in India 23 December 2019, key findings from the paper: In 2012, 197.3 millions Indians (14.3% of total population) were suffering from various mental disorders. Of these, 45.7 million had depression and 44.9 million had anxiety disorders WHO Estimates that the burden of mental health problems in India is 2443 disability adjusted life years (DALYs) per 1000 population: the age adjusted suicide rate per 100000 population is 21.1.

According to NAMI, 1 in U.S. adults experience mental illness each year .1 in 20 U.S. adults experience serious mental illness each year. 1 in 6

U.S. youth aged 6-17 experience a mental health disorder each year. 50% of all lifetime mental illness begins by the age of 14, and 75% by the age of 24.

In 2017, the highest DALY rates attributed to depressive disorders was seen in Tamil Nadu, categorized as a high SDI state with 836.

GLOBAL STUDY REPORT SHOWS:

In 2019, 1 in every 8 people, or 970 million people around the world was living with mental disorder, the anxiety and depressive disorders.

In 2019, 301 million people were living with an anxiety disorder including 58 million children and adolescents.

In 2019, 40 million people experienced Bipolar Disorder.

In 2020, the number of people living with anxiety and depressive disorders rose significantly because of the COVID-19 Pandemic. Initial estimates shows that a 26% and 28% increase respectively for anxiety and major depressive disorders in just one year.

The prevalence of PTSD and other mental disorders is high in conflict affected settings.

Schizophrenia affects approximately 24 million people or 1 in 300 people worldwide. 21% of U.S. adults experienced mental illness in 2020(52.9) million people.

This represent 1 in 5 adults suffering from mental illness.

POPULATION

Target population

Rural adults in Bhojpur

Accessible Population

Rural adults of Bhojpur, Fategarh Farrukhabad U.P.

SAMPLE

The rural adults of Bhojpur , Farrukhabad who satisfied the inclusion criteria and were available in the selected setting at the time of data collection, were sample of the study.

DESCRIPTION OF THE TOOL

Data collection tools are the procedure or instrument used to observe are measure key variables in the research problem.

Section A: description of sample characteristics of rural adults.

TABLE: 1 Distribution of sample characteristics in term of frequency and percentage.

Demographic Variables	Frequency	Percentage
AGE IN YEARS		
20-24 Years	18	25.3
25-29 years	18	25.3
30-34 years	16	24.1
35-above	18	25.3

Structured knowledge questionnaire was constructed after the extensive review of literature and discussed with experts as a tool to collect the data. The tool consists of two sections.

SECTION A:

Personal data sheet on the demographic characteristics of rural adults which include Age, Gender, Religion, Marital status, Qualification, Residence, Source Of Information.

SECTION B:

It consists of 30 knowledge questionnaires.

S.NO.	COMPONENTS	ITEMS
1.	Basic knowledge	
2.	Mental illness and Disorders	
3.	Misconceptions related to Mental Illness	
	TOTAL	30

Scoring and Interpretation:

The overall score is 30 with a minimum score is 0 and maximum score is 30.

1. Correct answer was score of (1) one.
2. Wrong answer was scored as (0) zero.

Score Total Interpretation

0 0 Poor
48 71.6% Average
21 32.7% Good

Part II: Intervention Tool

The intervention tool was prepared by the investigator including self-structured knowledge questionnaires.

CONCEPTUAL FRAMEWORK

The conceptual framework selected for this study is based on the Health belief model by Rosenstock and kegels (1950).

DATA ANALYSIS

Analysis of data presented in following sections.

Section A: Description of sample characteristics of rural adults.

Section B: Assessment of knowledge scores regarding mental illness among rural adults.

Section C: Association between knowledge scores regarding mental illness with their selected demographic variables among adults of rural area.

GENDER		
Male	45	70
Female	25	30
RELIGION		
Hindu	58	81.3
Muslim	12	18.7
MARITAL STATUS		
Single	28	60
Married	42	40
QUALIFICATION		
High school	19	27.1
Intermediate	17	24.3
Graduate	11	15.7
Post Graduate	23	32.9
RESIDENCE		
Rural	70	100
SOURCE OF INFORMATION		
Television	12	34.3
Newspaper	14	21.0
Mass media	24	34.3
No source of information	8	10.4

SECTION-B

Assessment of knowledge scores regarding mental illness among rural adults.

TABLE 2: DISTRIBUTION OF KNOWLEDGE SCORES REGARDING MENTAL ILLNESS AMONG RURAL ADULTS.

N=70

Poor		Average		Good	
(f)	(%)	(f)	(%)	(f)	(%)
0	0	48	71.6	21	32.7

SECTION- C

Association between knowledge scores regarding mental illness with their selected demographic variables among adults of rural area.

TABLE 3:

S. No	Socio-demographic variables	categories	Level of knowledge				Total frequency	Chi square	df	P value	interference
			Average		Good						
			F	%	F	%					
1.	AGE (in years)	20-24	14	20	4	5.7	18	1.965	3	7.82	Not significant
		25-29	12	17.1	6	8.5	18				
		30-34	9	12.8	7	10	16				
		35- above	13	18.52	5	7.14	18				
2.	GENDER	Male	31	44.2	14	20	45	0.54	1	3.84	Not significant
		Female	15	21.4	10	14.2	25				
3.	RELIGION	Hindu	38	54.2	20	28.5	58	0.004	1	3.84	Not significant
		Muslim	8	11.4	4	5.7	12				
4.	MARITAL STATUS	Unmarried	17	24.2	11	15.7	28	0.384	1	3.84	Not significant
		Married	32	45.7	10	14.2	42				
5.	QUALIFICATION	High school	13	18.5	6	8.5	19	0.738	3	7.82	Not significant
		Intermediate	13	18.5	4	5.7	17				
		UG	15	21.4	8	11.4	23				
		PG	7	10	4	5.7	12				

6.	RESIDENCE	Rural	48	68.5	22	31.4	70	0	0	0	Significant
7.	SOURCE OF INFORMATION	Television	20	28.5	4	5.7	24	3.05	3	7.82	Not significant
		Newspaper	11	15.7	3	4.2	14				
		Mass media	16	22.8	8	11.4	24				
		No source of information	5	7.14	3	4.2	8				

DISCUSSION

The analysis results revealed that there was significant association of knowledge of mental illness among rural adults with the residence about mental illness.

And no significant association of knowledge of mental illness with their age, gender, religion, marital status, qualification, and source of information.

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