

Assess the knowledge and attitude towards mental illness among adolescents in selected school at Meerut

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Abstract: Knowledge and attitude towards mental illness is a major issue among adolescents, as they are the future of our country we should extend the knowledge of them and create a positive attitude and point of view towards the mental illness. We should focus on the basic knowledge regarding mental illness and solve out their queries related to it. An increase in knowledge regarding mental illness results in improved performance. Adolescents are the future generation of our society so that they need to have sufficient knowledge regarding mental illness then only they will not do the malpractice towards mentally ill people. It was a descriptive research design. The study was conducted at selected school in Meerut. The target population was adolescents in selected school selected by convenience sampling technique. The instrument for data collection was Demographic variables, structured knowledge questionnaire and Attitude Scale for Mental Illness (ASMI) by Ng and Chan. The study shows that most of the adolescents (55%) have moderate knowledge regarding mental illness and majority of the adolescents (58.33%) have less favourable attitude towards mental illness. The study concluded that there is a need to change the attitude of adolescents regarding mental illness.

Key Words: Adolescents, knowledge, attitude, mental illness.

1. INTRODUCTION:

Mental illness is a state of balance between the individual and the surrounding world, a state of harmony between oneself and others, a co-existence between the realities of the self and that of other people and the environment.¹ Psychiatric disorders exist worldwide, affecting 10% of the adult population, at any given point in time.² Despite this global presence, negative attitude towards psychiatric disorders has been consistently reported to be prevalent in all sections of society.³ Social stigma is always attached with the mentally ill. The stigmatizing attitudes towards mental illness held by both the public and those who have a mental illness lead to feelings of shame and guilt, loss of self esteem, social dependence and a sense of isolation and hopelessness.^{4,5}

Mental illness among adolescents has been a topic of interest for many years. Adolescents are having misconception regarding mental illness, causes of mental illness, behavioural changes and treatment of mental illness which they learned from their parents, siblings and their friends. They are doing many wrong practices with mentally ill peoples because they think that mental illness can be affect them by touching or while taking care of them. Adolescents therefore need to improve their knowledge and attitude regarding mental illness. So that they will be able to take care of them and also make others to be aware regarding mental illness.

2. PROBLEM STATEMENT:

A study to assess the knowledge and attitude towards mental illness among adolescents in selected school at Meerut.

3. OBJECTIVES:

- To assess the knowledge regarding mental illness among the adolescence.
- To identify the attitude towards mental illness among the adolescence.
- To find out the association between knowledge and attitude score of adolescence regarding mental illness with selected demographic variables.

4. OPERATIONAL DEFINITION:

Assess: To estimate knowledge of adolescents towards mental illness.

Knowledge:- It refers to the ability of adolescence towards mental illness.

Attitude:- It refers to the perception mental illness among adolescents in selected school at Meerut.

Mental illness:- Disorder related to brain or neurological system.

Adolescence:- Population/Group of people selected for study

5. RESEARCH METHODOLOGY:

Research approach: Descriptive

Design: Descriptive design

Setting: Selected school, Meerut.

Sampling Technique: Convenience sampling.

Sample size: 60

Inclusion criteria

- Adolescents who are willing to participate.
- Adolescents who are available during the period of data collection.
- Adolescents who knows Hindi or English.

Exclusive criteria

- Adolescents who were not willing to participate.
- Adolescents who were absent in the class during data collection.

Development and Description of the Tools: The following tool was used for the data collection:

Section A: Demographic variables

Section B: Structured knowledge questionnaire.

Section C: Attitude Scale for Mental Illness (ASMI) by Ng and Chan

Data Collection: The data was collected by prior permission from the concerned authority. Written consent from each participant was obtained and data were collected by self administered questionnaire and attitude scale. The study was conducted in selected school in Meerut.

DATA ANALYSIS

The data has been analyzed in terms of descriptive and inferential statistics.

Chi-square test was used to find out the association between knowledge score and attitude score of adolescents with selected demographic variables.

6. RESULT:

A total of 60 adolescents in selected school, Meerut were included in the study.(Table 1). 56.6% of adolescents belongs to the age group 12-14 years , 53.3% were female students, 81.6% of adolescents were from joint family, 95% of adolescents belongs to Hindu culture, 83.3% of adolescents were getting knowledge from Teachers/parents and 56.6% of adolescents were in 9th class.

Table 1: Frequency and Percentage Distribution of Demographic Characteristics of the Subjects (N=60)

| Characteristics of demograhic variables | Category | Respondents | |
|---|---------------------------|-------------|---------|
| | | Frequency | Percent |
| Age (years) | 12-14 | 34 | 56.6 |
| | 15-17 | 23 | 38.3 |
| | 18-20 | 3 | 5 |
| Gender | Male | 28 | 46.6 |
| | Female | 32 | 53.3 |
| Type of family | Nuclear | 11 | 18.3 |
| | Joint | 49 | 81.6 |
| Religion | Hindu | 57 | 95 |
| | Muslim | 2 | 3.3 |
| | Christian | 0 | 0 |
| | Sikh | 1 | 1.6 |
| Previous knowledge regarding mental illness | Parents/Teachers | 50 | 83.3 |
| | Printing Media/Mass Media | 2 | 3.3 |
| | Heath Personnel | 8 | 13.3 |
| Class | 9 th | 34 | 56.6 |
| | 10 th | 17 | 28.3 |
| | 11 th | 0 | 0 |
| | 12 th | 9 | 15 |

Table-2: Frequency and percentage distribution of knowledge score

| Total Knowledge score | Mean | S.D | Inadequate(1-7) | | Moderate(8-13) | | Adequate(14-20) | |
|-----------------------|------|------|-------------------|----|-----------------|----|-----------------|----|
| | | | No. Adolescents | % | No. Adolescents | % | No. Adolescents | % |
| | 20 | 9.27 | 15 | 25 | 33 | 55 | 12 | 20 |

Table - 3: Frequency and percentage distribution of attitude score.

| Total attitude score | Mean | S.D | Favourable (101-150) | | | Less favourable(51-100) | | | Unfavourable (1-50) | | |
|----------------------|------|-------|------------------------|-------|----|---------------------------|----|-------|----------------------|---|--|
| | | | No. Of adolescents | % | | No. Of adolescents | % | | No. Of adolescents | % | |
| | 20 | 11.18 | 8 | 13.33 | 35 | 58.33 | 17 | 28.33 | | | |

The data in **Table 2** shows that majority of adolescents (55%) were having moderate knowledge while (25%) of adolescents were having inadequate knowledge and a very less percentage of adolescents (20%) were having adequate knowledge regarding Mental illness.

The data in **Table 3** shows that majority of adolescents (58.33%) were having less favourable attitude while (28.33%) of adolescents were having unfavourable attitude and a very less percentage of adolescents (13.33%) were having favourable attitude regarding Mental illness.

Table – 4 Association between knowledge score and selected demographic variables

N=60

| Sl.No. | Variable | Level of Knowledge | | | Total | Chi square | P value |
|--------|--|--------------------|----------|----------|-------|------------|---------|
| 1. | Age: | Inadequate | Moderate | Adequate | | 4.99 | 9.49 |
| | a. 12yr-14yr | 9 | 17 | 5 | 31 | | |
| | b. 15yr-17yr | 4 | 15 | 7 | 26 | | |
| | c. 18yr-20yr | 2 | 1 | 0 | 3 | | |
| 2. | Gender | | | | | 1.19 | 5.99 |
| | a. Male | 9 | 16 | 4 | 29 | | |
| | b. Female | 6 | 19 | 6 | 31 | | |
| 3. | Type of Family | | | | | 0.46 | 5.99 |
| | a. Nuclear | 3 | 8 | 2 | 13 | | |
| | b. Joint | 13 | 24 | 10 | 47 | | |
| 4. | Religion | | | | | 2.73 | 12.59 |
| | a. Hindu | 18 | 28 | 10 | 56 | | |
| | b. Muslim | 2 | 1 | 0 | 3 | | |
| | c. Christian | 0 | 1 | 0 | 1 | | |
| | d. Sikh | 0 | 0 | 0 | 0 | | |
| 5. | Previous knowledge regarding mental illness. | | | | | 2.00 | 9.49 |
| | a. Parents/Teachers | 15 | 26 | 8 | 49 | | |
| | b. Printing Media/Mass Media | 1 | 2 | 0 | 3 | | |
| | c. Health Personnel | 1 | 6 | 1 | 8 | | |
| 6. | Class | | | | | 4.12 | 12.59 |
| | a. 9 th | 12 | 10 | 7 | 29 | | |
| | b. 10 th | 8 | 9 | 5 | 22 | | |
| | c. 11 th | 0 | 1 | 0 | 1 | | |
| | d. 12 th | 1 | 5 | 2 | 8 | | |

The association between demographic variables and knowledge score (**Table:4**) is observed as Age $\chi^2 = 4.99$ ($P = 0.05$), gender $\chi^2 = 1.19$ ($P = 0.05$), type of family $\chi^2 = 0.46$ ($P = 0.05$), religion $\chi^2 = 2.73$ ($P = 0.05$), previous knowledge $\chi^2 = 2.00$ ($P = 0.05$), class $\chi^2 = 4.12$ ($P = 0.05$) and they are not significantly associated.

Table – 5: Association between attitude score and selected demographic variables

| Sl.N o. | Variable | Level of attitude | | | Total | Chi square | P value |
|------------|---|-------------------|-----------------|--------------|-------|---------------|------------|
| | | Favourable | Less favourable | Unfavourable | | | |
| 1. | Age: | | | | | | |
| | a. 12-14 yr | 5 | 20 | 6 | 31 | 5.86 | 9.49 |
| | b. 15-17 yr | 11 | 13 | 2 | 26 | | |
| | c. 18-20 yr | 1 | 2 | 0 | 3 | | |
| 2. | Gender | | | | | 0.13 | 5.99 |
| | a. Male | 8 | 18 | 3 | 29 | | |
| | b. Female | 9 | 18 | 4 | 31 | | |
| 3. | Type of family | | | | | 0.35 | 5.99 |
| | a. Nuclear | 2 | 10 | 1 | 13 | | |
| | b. Joint | 8 | 33 | 6 | 47 | | |
| 4. | Religion | | | | | 1.42 | 12.59 |
| | a. Hindu | 8 | 41 | 7 | 56 | | |
| | b. Muslim | 0 | 3 | 0 | 3 | | |
| | c. Christian | 0 | 0 | 0 | 0 | | |
| | d. Sikh | 0 | 1 | 0 | 1 | | |
| 5. | Previous knowledge regarding Mental illness | | | | | 2.24 | 9.49 |
| | a. Parents/Teacher | 10 | 31 | 8 | 49 | | |
| | b. Printing media/Mass media | 0 | 3 | 0 | 3 | | |
| | c. Health personnel | 1 | 5 | 2 | 8 | | |
| 6. | Class | | | | | 3.85 | 12.59 |
| | a. 9 th | 3 | 22 | 4 | 29 | | |
| | b. 10 th | 4 | 15 | 3 | 22 | | |
| | c. 11 th | 0 | 1 | 0 | 1 | | |
| | d. 12 th | 3 | 4 | 1 | 8 | | |

The association between demographic variables and attitude score (**Table: 5**) is observed as Age $\chi^2 = 5.86$ (P = 0.05), gender $\chi^2 = 0.13$ (P = 0.05), type of family $\chi^2 = 0.305$ (P = 0.05), religion $\chi^2 = 1.42$ (P = 0.05), previous knowledge $\chi^2 = 2.24$ (P = 0.05), class $\chi^2 = 3.85$ (P = 0.05) and they are not significantly associated.

7. CONCLUSION:

Many people still lack knowledge regarding mental illness and have a negative attitude towards people who have it. This can cause people with mental illness to be treated in a negative way in the society. It is therefore very much important to educate and bring a change in the attitude of adolescents regarding mental illness as the adolescents constitute a vast majority of the population. The present study reveals that majority of the adolescents are getting knowledge regarding Mental illness from the parent/ teacher source and most of the adolescents have moderate knowledge regarding mental illness and majority of the students have less favourable attitude towards Mental illness.

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