

A Study to Assess the Knowledge & Attitude of Public Regarding Mental Illness in Selected Rural Area Kumaramangalam Under Namakkal District, Tamilnadu



Social Science

KEYWORDS :

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I. INTRODUCTION

Mental illness is considered a clinically significant behavioural or psychological syndrome experienced by a person and marked by distress, disability, or the risk of suffering or loss of freedom (American Psychiatric Association – 2000). Surveys of mental morbidity carried out in various parts of the country suggests a morbidity rate of not less than 18-20 per 1000 population. In Indian nearly 15-20 percent of the population suffers from illness. Around 8-9 million suffer from severe mental illness. In that 1 million people with mental illness live in nursing home, 50,000 are inmates, 2,00,000 are homeless and 50,000 live in mental hospitals.

II. NEED FOR THE STUDY

Mental illness is the major health problem in India. Humans and social animals and mental illness especially chronic illness disrupts social relationships. But even if the disease is limited to one family member the entire family becomes troubled. During our community field visit to Kumaramangalam we have noticed some persons beating one lady about 38 years old while approaching them we came to know that the lady was mentally ill person. The people of that area were having some prejudices about mental illness.

III. THE OBJECTIVES OF THE STUDY WERE

- To assess the knowledge of public regarding mental illness.
- To assess the attitude to public regarding mental illness.
- To determine relationship of knowledge regarding mental illness with selected variables.

IV. METHODOLOGY:

The study was descriptive in nature which was carried out at Kumaramangalam under Namakkal District. The sample of 40 people from rural area chosen.

Purposive sampling technique was used for selection of the people. 20 males, 20 females, were selected from rural area by using simple random sampling. The tool selected for data collection was semi-structured interview schedule which consists of

3 sections. Section A provides data about socio-demographic variables, and Section – B deals with knowledge of people regarding meaning, causes, risk factors, characteristics, signs and symptoms, diagnosis, preventive measures, and misconception of mental illness. Section – C deals with attitude regarding mental illness consists of 25 statements. The collected data was analysed by using descriptive and inferential statistics.

V. DISCUSSION:

The result of the study revealed that majority of people were in age of group 30 – 35 years (35%). Males and females are selected equal in number. Majority of people were nuclear family 65%. The highest mean knowledge score percentage was in the area of signs and symptoms of mental illness 83.33% following misconception about mental illness 71.66%. The least mean knowledge score percentage was in the area of meaning 33.5% following risk factors 46.8% and diagnostic procedures 50.64%.

Overall 42.5% of the people knowledge level was good, where as only 32.5% of people knowledge level was average and 25% of people knowledge level was below average. The study shows a inadequacy knowledge in meaning, causes, risk factors, characteristics, diagnostic procedures and prevention. Most of the people 67.5% have negative attitude towards mental illness. There was no significant different between knowledge and selected variables like age, sex, education and income. The study shows that public have gross inadequacy in knowledge and regarding attitude towards mental illness which indicated the urgent need for education to the public about mental illness. Mass health education programme about mental illness may help the people to develop their knowledge and positive attitude towards mental illness.

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