

# “KNOWLEGGE REGRADING HUMAN RIGHTS OF MENTALLY ILL PATIENT AMONG 20-40 AGE GROUPS OF PEOPLE.”

Vaghela Payalben Tejmalji, N.Sivasrubhramanian , Barot AaroHi Vijaykumar, Desai Pinkyben Himmatbhai, Senma Gayatriben Popatbhai, Chaudhari Vidhiben Sureshbhai, Senma Sapnaben Ashvinbhai

Nootan College of Nursing, Sankalchand Patel University, Visnagar, Gujrat-384315.

Corresponding Author:-

**Ms.PayalTejmalji Vaghela**

Assistant Professor

Department of Obstetrics and Gynecological Nursing

Nootan College of Nursing

Sankalchand Patel University, Visnagar, Gujarat– 384315, India.

## Abstract:

Mental illness is nothing to be ashamed. It is a Medical problem just like heart disease or diabetes. Everyone has the right to a standard of living adequate for the Health and wellbeing of Himself and of his family including food, clothing, housing, and medical care and necessary social services and the right to security in the event of unemployment, sickness, disability, widowhood, old age, or other lack of livelihood in circumstances beyond his control.

“The research design selected for study was pre-experimental one group pre test and post test research design”. A consecutive sampling technique was used to obtain a sample of 50 people who satisfied the inclusion criteria. The modified level of knowledge among 20-40 age groups of people was administered to conduct the pre-test and post-test. This tool contains 25 items. This is a 3-point scale. After assessing the pre-test knowledge level and knowledge was provided to each sample for 1day after 7 days knowledge was measure using knowledge questionnaires test. The mean of the pre –test and post-test 8.64 and 15.04 and the standard deviation of pre-test and post-test was 3.44 and 4.18 .the mean difference was 6.4. This showed that there was a significant difference between pre-test and post-test level of knowledge score among 20-40 age group of people. The calculated chi-square value was significant with age, other variable is not significant. From the study results, it was concluded that structure teaching program effectively increase level of knowledge among 20-40 age group of people.

## KEY WORDS:

Assess Effectiveness, Structured Teaching Programmed, Human Rights of Mentally ill Patients, Mental health.

## 1. INTRODUCTION:

“All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in spirit of a Brotherhood.”Mental illness is nothing to be ashamed. It is a medical problem, just like heart Disease or diabetes. Mental disorders contribute significantly to the global disease burden. It has-been estimated that 35% of all Adults in developed and

develop a countries will clinically manifest mental disorder their lifetime. Mental disorders trend to be Chronic or relapse; and they have serious consequences on the individual and societal level.

All patients with a Mental illness.

Can being treated as such persons, shall be treated respect for the inherent dignity of the human Patients there shall be no discrimination on the grounds of mental illness. Universal Declaration of Human Rights States that “Everyone has the right to a Standard of living adequate for the Health and wellbeing of Himself and of his family including food, clothing, housing, and medical care and necessary Social Services and the right to Security in the event of unemployment, sickness, disability, widowhood, old age, or other Lack of livelihood in circumstances beyond his control.” Everyone has the Basic Human Rights including those who are mental ill.

Mentally ill Patients are one of the most vulnerable groups in society. It is the responsibility of the Health care providers especially those working

In psychiatric setup to protect their Human Rights.

There is now increasing awareness of rights in our democratic setup which

Results in litigation. Civil rights movements and consumer protection councils

Are gaining more and more importance in our day-to-day life.

The purpose from the of the laws to protect Society from present of mentally ill

Patients through the principles of mentally ill patient care like,

1. Promotion of mental health and prevention of mental disorders.

2. Access to basic mental health care,

3. Provision of least restrictive type. of Mental Health care

4. Self-determination

5. Availability of review procedure

6. Automatic periodic review mechanism

7. Qualified decision-maker

8. Respect of the rule of law

9. Mental Health assessments in Accordance with Internationally

Accepted principles. Today, legal rights of those with mental disorders and ethical health care

Practices of Mental Health providers are ongoing concerns for psychiatric -

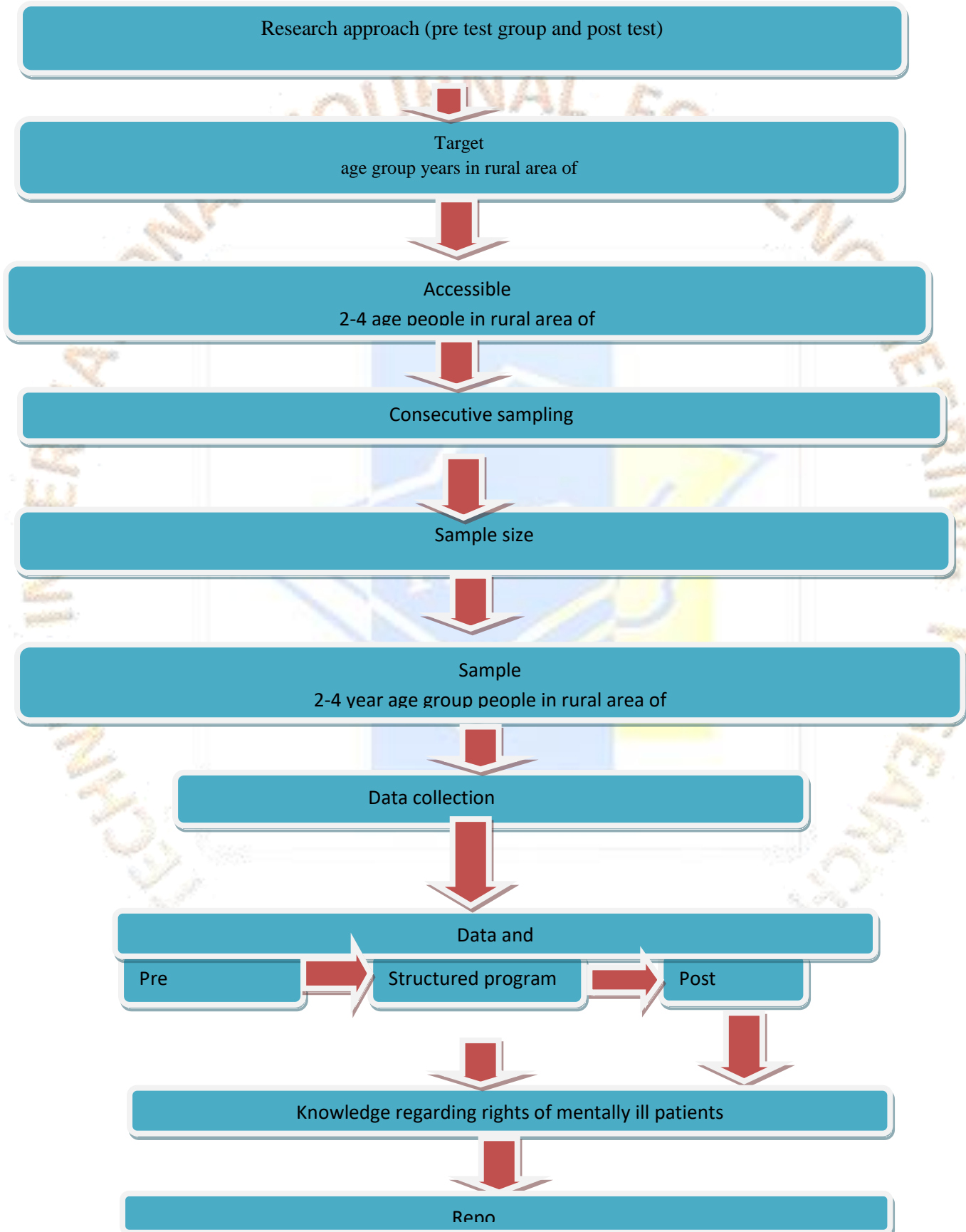
Mental Health Nurses. People with psychiatric problems are vulnerable to

Mistreatment and abuse: Consequently, laws have been passed that guarantee

The legal protection. Hence mental health professionals. Should have better

**2. MATERIAL AND METHOD:**

In this research study experimental survey approach with pre-experimental approach design is used consecutive sampling technique was used to select 50 sample of 20 – 40 year age group of peoples and data collection was done. Data was analyzed by using experimental and inferential statistics such as Mean, Standard deviation and Mean difference.



**Fig I: Systematic arrangement of methodology**

## 2.1 RESEARCH APPROACH

The investigator adopted an Experimental approach, because the aim of the researcher was to assess the effectiveness of structured teaching programme in improving the level of knowledge among 20-40 year age group peoples.

A research approach tells the investigators as to what data to collect and how to analysis them. It also suggests possible conclusion to be drawn from the data.

According to Polit, Beck (2010) research approach refers to the overall plan for obtaining answers to the research questions and for testing hypothesis.

Research can vary significantly depending on what is to be researched, what data to Collect and how to analysis them. It also suggests possible conclusions to be drawn from the data.

## 2.2 RESEARCH DESIGN

Research design is a binding force that holds all of the elements in a research together, the research design is overall plan for an obtaining answer to the question being studied and for handling the difficulties encountered during research process.

A design is used to structure the research to show how all of the major parts of the research project the sample or groups, treatment or programmes and method of assignment work together to try to address the central research question. The research design adopted for the present study is Pre-experimental study.

The research design used for this study was a pre experimental design (one group pre-test posttest design).

## 2.3 POPULATION

In this study the target population was 20-40 year age group of peoples. The accessible population was 20-40 year age group peoples at Visnagar.

## 2.4 SAMPLING TECHNIQUE

The sampling procedure was Consecutive sampling technique

## 2.5 SAMPLE SIZE

Consecutive sampling Technique was used to select samples that were present in 50 people at Visnagar. During the period of study.

## 2.6 SAMPLING CRITERIA:

### Inclusion criteria for sampling

- 20-40 age group of people who are willing to participate in the study.
- 20-40 age group of peoples those who are available in study.
- 20-40 age group of people who are having low level of knowledge.

### Exclusion criteria for sampling

- 20-40 age group of people are not available on the day of data collection
- 20-40 age group of people who are not willing to participate during this study

## 2.7 VARIABLES

### • Independent variable

The structured Teaching Programme on Human rights of mentally ill patients.

### • Dependent variable

Knowledge of peoples at Visnagar.

## 2.8 DESCRIPTION OF TOOLS

**SECTION-1** – consists of selected demographic data such as age, gender, monthly income of parents, source of information regarding mentally ill patients. Anyone in the family met with mentally ill or not

**SECTION-2** – consists of structure questionnaires will be used for assessing the knowledge of peoples

- Each item has only ONE correct response and each correct response was scored one.
- 20 multiple choice questions will be there and each has one right answer.
- Right answer consists one mart.

- Knowledge score is divided into Poor, Average and Good.

**Scoring and interperception:**

category	Questionnaire score
Poor	01-07
Average	08-16
good	17-25

**Table 2:** illustrates that scores 01-07 are poor knowledge, 08-16 are average knowledge, and 17-25 are good knowledge.

**2.9 DATA COLLECTION METHOD:**

Formal permission was obtained from the sarpanch of Visnagar.

The investigators approached individual discussed the objectives of the study and obtained the consent for participation in the study. The investigators collected data from 20-40 year age group of people of visnagar part second. The investigators administered pre-test on 1st day and then administered post-test on 7th day during data collection schedule. Structured teaching programme was delivered on the same day. Investigators conducted the post test on same samples with same tools. All samples gave good cooperation during data collection procedure and no major problem was faced during data collection. After collection of data investigators analyzed the data and made findings.

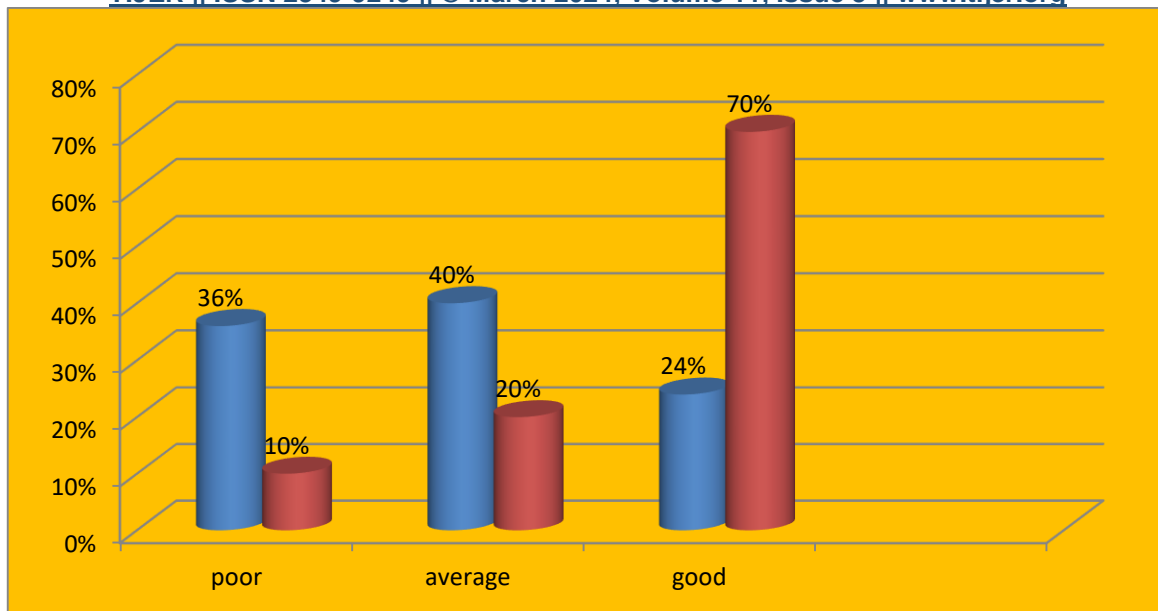
**3. DATA ANALYSIS**

The investigators analyzed the data in the following manners, personal data was analyzed using frequency percentage and presented in the form of table. The data from the structured knowledge questionnaire before and after administration of structured teaching programme was analyzed by using mean, standard deviation (SD) and 't' test and presented in the form of tables and graphs.

**4. RESULTS:**

<b>Table 3: Frequency and percentage distribution of pre-test and post-test level of knowledge scores among 20-40 age group of people</b>				
Level of knowledge	Pre-test		Post test	
	frequency	percentage	frequency	percentage
Poor	18	36%	05	10%
Average	20	40%	10	20%
good	12	24%	35	70%

**Table- 3** presents that the frequency and percentage distribution of pre-test and post-test score of group depicts that in the pre-test 18(36%) of students had poor knowledge, 20(40%) of students had average knowledge and 12(24%) of students had good knowledge. While, in post-test students who had poor knowledge 05(10%), average knowledge 10(20%) and good knowledge 35(70%).



**Fig 3: Pre-test and Post-test level of stress score among 20-40 age group of people.**

Parameter	Mean	Standard deviation	Mean difference
Pre-test	8.64	3.44	6.4
Post-test	15.04	4.18.	

**Table-4** Shows that the Mean of the pre-test and post-test was (8.64) and (15.04) and the standard Deviation of the pre-test and post-test was (3.44) and (4.18). The Mean difference was (6.4). Thus it was evident that the teaching program was effective in increase the level of knowledge among 20-40 age group of people.



sr.no	Variables	Categories	Frequency	Level of knowledge			Chi-square test (X <sup>2</sup> )	Significant + P> 0.05%
				Poor (0-8)	Average (9-16)	Good (17-25)		
1.	Age in years	20-25	19	02	01	16	32.33	S
		25-30	21	01	19	01		
		30-35	04	01	02	01		
		35-40	06	01	03	02		
2.	Sex	Male	32	04	19	09	9.10	S
		Female	18	01	04	13		
3.	Marital Status	Married	28	02	06	20	13.18	
		Unmarried	11	01	08	02		
		Widow	07	01	04	02		
		separate	04	01	02	01		
4.	Education qualification	Illiterate	11	01	01	09	16.33	
		School Education	32	02	22	08		
		Under-graduation	03	01	01	01		
		other	04	01	01	02		
5.	Religion	Hindu	35	02	21	12	5.77	NS
		Muslim	04	01	02	02		
		Christian	06	01	01	03		
		other	05	01	01	03		
6.	Types of family	Joint	02 <sub>30</sub> 15	02 <sup>13</sup>	2 <sub>15</sub> 29	NS <sub>13</sub>	2.29	NS
		Nuclear	12	02	07	03		
		extended	08	01	03	04		
7.	Previous knowledge	Yes	23	03	08	12	3.94	NS
		no	27	02	17	08		
8.	Source of information	Mass media	20	02	03	15	18.75	S
		Health personal	16	02	12	02		

	No information	14	01	10	03		
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Table 5 According to the chi-square analysis, there was a correlation between age, educational attainment, and the length of residence in a nursing home and the post-test level of stress scores. The study conclude that there was a strong correlation between the post-test stress levels among seniors and the chosen demographic factors. Table 3 reveals that (53.33%) of the entire sample had severe stress, and (46.66%) had a moderate stress before the delivery of dance therapy. There was a noticeable change in the sample's stress leveling the post-test, with moderate stress level (18.33%) and light stress levels (81.66%).

## 5. DISCUSSION:

This chapter presents a discussion of the study under taken including the conclusion from the findings implication of the study and recommendations for feature research in this field. The presence study was conducted to determine the assess the knowledge regarding human rights of mentally ill patients among peoples of visnagar. This chapter discusses the major findings of study and reviews them. This study assesses the knowledge of rights of mentally ill patients before and after administration of a structured teaching program on rights of mentally ill patients in of visnagar. Some study has been conducted in past for appropriate and competent in rights of mentally ill patients. in presence study the investigation had administered structured teaching program on improve the knowledge of sample.

## 6. CONCLUSION:

On the basis of finding of the study the following conclusion were drawn knowledge deficit existed in the sample of visnagar. The study in term of structured teaching program was found to be effective in enhancing the knowledge of the sample regarding rights of mentally ill patients. Sample gain significant knowledge after exposure of the structured teaching program.

## 7. ACKNOWLEDGEMENT:

I Thank president sankalchand Patel University for allowing me to conduct the research work.

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