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## **A descriptive study to assess the stigma and misconception regarding mental illness among adults in a selected community Poonjeri, Kanchipuram district, Tamil Nadu**

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### **Abstract**

Mental illness is probably the most misunderstood and abused illness. Half of individual with serious mental illness to remain untreated at any given time. It is known that treating seriously mentally ill people decreases violent behaviour. Therefore the most effective way to decrease stigma is to make sure the patient receive adequate treatment. In this paper we integrate research specific to mental illness stigma with more general body of research on stereotype and prejudice to provide a brief overview of issues in the area (Poonjeri). To assess and associate the stigma and misconception regarding the mental illness among the community members. Descriptive research design is selected for Community area Poonjeri [Village], Kanchipuram (Dist), who are aged 20 to 60yrs of age. With 30 samples through Non randomized convenient sampling technique and assessed by using structured questionnaire. In data analysis Frequency, percentage and graph for demography characteristics frequency and percentage for stigma and misconception regarding mental illness. shows that maximum adults were in the age group of 20-30 yrs (50%), Majority of adult sex is female (77%). from the results that the highest mean score noticed in the aspect of stigma and misconception is 8.6 at p value< 0.05 level of significance.

**Keywords:** Parental attitude, participation, sports, girls

### **Introduction**

#### **Background of the Study**

Mental illness is probably the most misunderstood and abused illness. The stigma was so strong it was looked upon as a crime. Patients would be "put away" and not necessarily to be treated, but to shield them from the public. Stigma against mentally ill person so pervasive that it affects every aspect their lives, it brings with it a multitude of problems at times from getting any treatment at all.

Stigma and misconception against mental illness is a major problem and increased incidence all over the world especially in India in Tamil Nadu. There was stigma against people with mental illness because people did not understand what mental were regarded such illness as gods punishment, there was a relatively association between violence and mental illness among the public. Nowadays the hospitals are emptied and they are allowing approximately half of individual with serious mental illness to remain untreated at any given time. A small number of these people commit violent acts, often widely publicized and such acts have increased stigma.

World Health Organization estimates that 10% of the world's population has some form of mental disability and 1% suffers from severe incapacitating mental disorders.

Community-based surveys conducted during the past two decades in India showed that the total prevalence of psychiatric disorder was around 5.8%. Mental Health Act 1987 provides safeguards against stigmatization and discrimination for patients suffering from mental illness.

Kermode M *et al.* (2009) Community beliefs about causes and risks for mental disorders: A mental health literacy survey in a rural area of Maharashtra, India. This study aimed to assess local knowledge and understanding of causes and risks for mental disorders in a rural area of

Maharashtra, and to assess the prevalence of possible common mental disorders. A questionnaire was administered to 240 systematically sampled community members and 60 village health workers. Study indicated that 27% had a possible common mental disorder and that the elderly were at increased risk, community perceptions enhancing mental health literacy of both Village health visitors and community members using approaches that are sensitive to local conceptualizations of mental health and illness will contribute to improved treatment and care for people with mental disorders. Further investigation of mental health among the elderly in this community is indicated.

In this paper we integrate research specific to mental illness stigma with more general body of research on stereotype and prejudice to provide a brief overview of issues in the area (Poonjeri).

Thus we have traded stigma associated with violent acts, such stigma is now greater than before and it is still increasing.

**Objectives of the Study**

- To assess the stigma and misconception regarding the mental illness among the community members.
- To associate the stigma and misconception regarding the mental illness with selected demographic variables.

**Hypothesis H<sub>0</sub>:** There is no significant associate between stigma and misconception regarding mental illness adults population.

**Research Approach**

Descriptive quantitative approach

**Research Design**

Descriptive research design is selected for this study

**Research Setting**

Community area Poonjeri [Village], Kanchipuram (Dist).

**Population**

Community peoples who are residing in Poonjeri community area.

**Sample**

Selected community peoples who are aged 20 to 60yrs of age. 30 samples

**Sampling Technique**

Non randomized convenient sampling technique are used

**Development of Tool**

Tool is vehicle that would be the best to obtain data permanent to the study the tool is selected for the present study was structured questionnaire an assessment of stigma and misconception regarding mental illness among adult in a community.

**Description of the Tool**

This study consist of 2 section of tools.

**Section A**

Section A consists of seven demographic data it includes the following; Age (in years), Sex, Residence, Religion, Marital status, Education, Family income.

**Section B**

A structured questionnaire consists of 15 questions regarding to assess the stigma and misconception regarding mental illness among the adult in a community.

**Scoring**

It consists of 15 self-structured questions. The scoring has interpreted as the following;

Score	Percentage	Attitude
<8	<50%	Low postive attitude level
9-12	<80%	Moderate postive attitude level
13-15	>80%	High postive attitude level

**Data Analysis**

Data analysis planned according to the objective of study using descriptive study

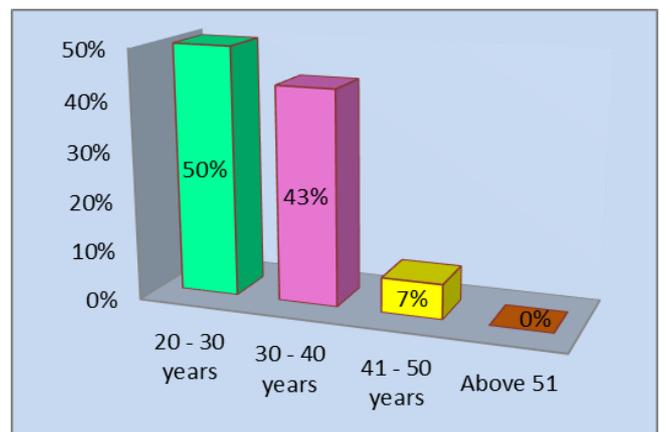
1. Organize the data in master sheet.
2. Frequency, percentage and graph for demography characteristics frequency and percentage for stigma and misconception regarding mental illness.

**Ethical consideration**

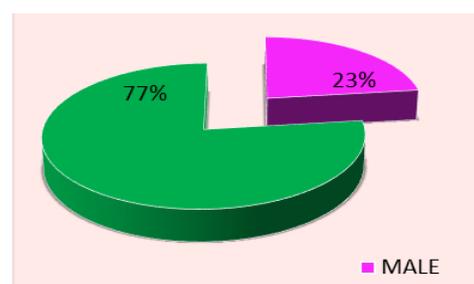
The research proposal was approved by ethical committee of the Chettinad University prior to the main study. A written permission was obtained from the Dean and HOD of Mental health Nursing Chettinad University. The investigator explained about the study to the people and obtained written consent prior to the data collection.

**Results and Discussions**

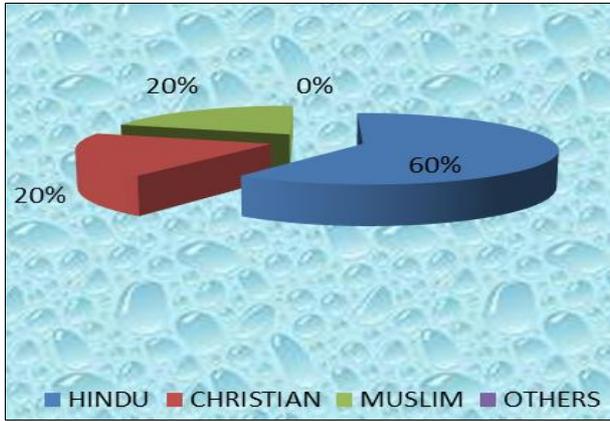
The analysis and interpretation of data of this study are based on data collected among the adults in a community. The results was computed descriptive and inferential statistics based on the objectives of the study.



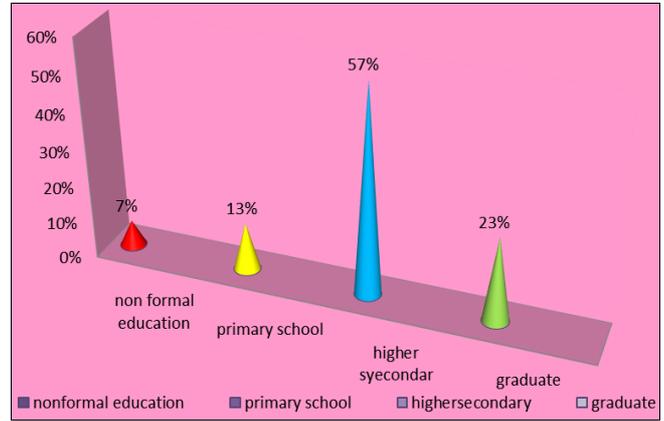
**Fig 1:** Bar graph Showing frequency and percentage distribution of age of adults,



**Fig 2:** Pie chart showing the frequency and percentage distribution of sex of adults



**Fig 3:** Bar graph Showing frequency and percentage distribution of religion of adult.



**Fig 4:** Cone graph Showing frequency and percentage distribution of Educational status of adult

**Table 1:** Mean, Mean% and SD aspects of stigma and misconception regarding mental illness

S. No	Level of Attitude	No. of People	Total no. of question	Score range	Total score	Mean	Mean%	Standard deviation	Attitude %	
									Individual	Total
1	Low Postive Attitude Level	30	15	< 8	14	8.6	28.6%	1.2	47%	100%
2	Moderate Postive Attitude Level			<80	16				53%	
3	High Postive Attitude Level			>80	0				0%	

From the above table 1. it showed that the mean (8.6), mean % (28.6%) and standard deviation (1.2) aspect of Adults. Overall mean in stigma and misconception of adult found to

be 8.6 mean% is 28.6% with SD as 1.2. The maximum score for the stigma and misconception were Moderate positive attitude 16 (53%) and none with High positive attitude level.

**Table 2:** Association of demographic variable of adult with overall aspects of stigma and misconception regarding mental illness

S. No	Characteristics	Category	No of sample	Attitude			X2	P VALUE
				LPA	MPA	HPA		
1	Age	20 – 30 years	15	7	8	0	2.5405	12.59 0.05% IS Not significant
		30 – 40 years	13	5	8	0		
		41 – 50 years	2	2	0	0		
		Above 51 years	0	0	0	0		
2	Sex	Male	7	4	3	0	0.4049	5.99 0.05 is not significant
		Female	23	10	13	0		
3	Residence	Rural	30	14	16	0	0	5.99 0.05 is not significant
		Urban	0	0	0	0		
4	Religion	Hindu	18	7	11	0	1.4283	12.59 0.05 is not significant
		Christian	6	4	2	0		
		Muslim	6	3	3	0		
		Others	0	0	0	0		
5	Marialstatus	Married	29	14	15	0	0.9066	12.59 0.05 is not significant
		Unmarried	1	0	1	0		
		Widow	0	0	0	0		
		Divorced	0	0	0	0		
6	Educational Status	Non formal education	2	0	2	0	3.0954	12.59 0.05 is not significant
		Primary school level	4	1	3	0		
		Higher secondary school level	17	9	8	0		
		Graduate	7	4	3	0		
7	Monthly Income	Upto Rs 5000	20	10	10	0	3.0787	12.59 0.05 is not significant
		Rs 5000 – Rs 7000	5	3	2	0		
		Rs 7001 – Rs 10,000	2	1	1	0		
		More than Rs 10,000	3	0	3	0		

Table 2: Indicates the association of demographic variables of adult with over all stigma and misconception of adult regarding mental illness. The results the p value is less than 12.59 and x2 value is less than 0.05 which makes the not significant.

**Distribution of demographic characteristics of adults**

- Shows that maximum adults were in the age group of 20-30 yrs (50%), Majority of adult sex is female (77%), Majority adults are living in (100%), majority of adults belongs to hindu religion (60%), Majority of adults are

married (97%), Majority of adults are higher secondary school level of a in education (57%), Majority of adults income are upto Rs 5000/ (67%).

- The association between demographic variables in relation with stigma misconception, It is showed the no difference between knowledge aspects with age, sex, residency, religion, marital status, educational status, family income at  $p$  value  $< 0.05$  level of significance, with regard to hypothesis  $H_0$  stated was accepted.
- The mean (8.6), mean % is (28.6%) and standard deviation (1.2) aspect of adults in stigma misconception. Overall mean in stigma and misconception of adults found to be 8.6 with SD as 1.2%.
- The association of demographic variables of adult with over all stigma and misconception. The results the  $p$  value is less than 12.59 and  $\chi^2$  value is less than 0.05 which makes it not significant.

### Discussions

**Objective-1:** To assess the stigma and misconception regarding the mental illness among the adult in community members.

Overall mean and SD of community with related to knowledge aspects

- From the above discussion, it showed that the aspect wise mean scores of stigma and misconception
- It is seen from the results that the highest mean score noticed in the aspect of stigma and misconception is 8.6

**Objectives II:** To associate the existing levels of stigma and misconception on adult regarding mental illness with selected demographic variables.

The association between demographic variables in relation with stigma misconception, It is showed the no difference between knowledge aspects with age, sex, residency, religion, marital status, educational status, family income at  $p$  value  $< 0.05$  level of significance, with regard to hypothesis  $H_0$  stated was accepted.

### Summary and Conclusion

- **The study was conducted in** community area Poonjeri [village] Kanchipuram [dist], Tamilnadu. 30 samples were selected by Non randomized convenient sampling method, collected information on demographic characteristics of adults, and assessed the stigma and misconception among community people, by using Structure questionnaire Schedule.
- The data collected on the above sections was analyzed using descriptive inferential statistics and further interpreted in terms of the objectives formulated for the study. The findings revealed that the moderate positive attitude among mental illness has statistically no significant difference at  $<0.05$  level and all aspects showed no significance.
- The hypothesis  $H_0$  was accepted suggesting that there is no significant difference in stigma and misconception of adults regarding mental illness. It is evident from statistical  $\chi^2$  test that the association found no significant between stigma and misconception of adult with the selected demographic variables regard to the hypothesis  $H_0$  stated was accepted ( $p > 0.05$ ).
- Thus the research found no difference in stigma and misconception among adults regarding mental illness,

Further, recommendations have been stated expecting for an improved study with wider generalizations.

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