



“A PRE- EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED TEACHING ON KNOWLEDGE REGARDING MYTHS AND MISCONCEPTIONS ABOUT MENTAL ILLNESS AMONG 17 TO 19 YEARS OF ADOLESCENTS FROM SELECTED COLLEGE.”

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Abstract: Health is a state of physical, mental, social and spiritual wellbeing of a person and not merely the absence of disease and infirmity. Most people believe that mental disorders are very rare and it is not going to be affected by a child. In fact, mental illness is very common and widespread. An estimated 13.7% of Indian people are affected with mental illness and 54 million Americans are affected in a year. Objectives: 1) To assess the pre-test level of knowledge regarding myths and misconceptions about mental illness among 17 to 19 years of adolescents from selected college. 2) To assess the post-test level of knowledge regarding myths and misconceptions about mental illness among 17 to 19 years of adolescents from selected college. 3) To determine association between the knowledge regarding myths and misconceptions about mental illness among 17 to 19 years of adolescents from their selected demographic variables. Methodology: Pre-experimental one group pre-test post-test research design involves the manipulation of independent variable to observe the effect on dependent variables. These designs have an element of manipulation but at least one of the other two properties that characterize true experiments. These designs are generally used to establish the causality in situations where researchers are not able to randomly assign the subjects to group or for various reasons like no control group is available for an experimental study Results: In Pre-Test, Majority 60% of subjects had average level of knowledge, 27% had good level of knowledge 13% had below average level of knowledge and 0% had very good and excellent level of knowledge. Mean knowledge in pre-test of the subjects was 8.74 ± 2.776 . Minimum knowledge in pre-test was 01 and maximum knowledge in pre-test was 14. The overall mean pre-test and post-test knowledge of subjects which reveals that post-test mean knowledge was higher 19.64 with SD of ± 1.567 when compared with mean pre-test knowledge which was 8.74 with SD of ± 2.776 .

I. Introduction

Health is a state of physical, mental, social and spiritual wellbeing of a person and not merely the absence of disease and infirmity. Most people believe that mental disorders are very rare and it is not going to be affected by a child. In fact, mental illness is very common and widespread. "A state of wellbeing in which the individual realises his or her own abilities, can cope with the normal

stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" is how the World Health Organisation (WHO) defines mental health.

A. Background

Mental illness is mal adjustment in living. It creates discord in the individual's capacity to work within a society and comfortably or successfully meet human needs

B. Need of the study

Mental and behavioural diseases now affect about 450 million individuals. World Health Organization (WHO) states that stigma, neglect and discrimination are the reason for delay care and treatment from reaching people with mental disorders. In India 80% of the population still depends on indigenous treatments consisting of religious treatments, prayers, fasting. So, it is clear that education is very important to reduce the negative misunderstandings of mental health disorders.

¹³The investigator observed that people are having these attitudes deeply rooted in the society. The concept of mental illness is often associated with fear of potential threat to mental illness among people. Due to all these observations the researcher got interest to create awareness regarding myths and misconceptions about mental illness.

C. Title of the study

A pre- experimental study to assess the effectiveness of planned teaching on knowledge regarding myths and misconceptions about mental illness among 17 to 19 years of adolescents from selected college.

D. Objectives of the study

1. Primary Objective:

To evaluate the effectiveness of planned teaching on knowledge regarding myths and misconceptions about mental illness among 17 to 19 years of adolescents from selected college.

2. Secondary Objectives:

- To assess the pre-test level of knowledge regarding myths and misconceptions about mental illness among 17 to 19 years of adolescents from selected college.
- To assess the post-test level of knowledge regarding myths and misconceptions about mental illness among 17 to 19 years of adolescents from selected college.
- To determine association between the knowledge regarding myths and misconceptions about mental illness among 17 to 19 years of adolescents from their selected demographic variables.

E. Operational definitions

ASSESS: In this study, it refers to organized, systematic and continuous process of collecting and analyzing the data related to knowledge myths and misconceptions about mental illness among adolescents before and after implementation of planned teaching.

EFFECTIVENESS: In this study, it refers to significant gain in knowledge regarding myths and misconceptions among adolescents

PLANNED TEACHING: In this study, it refers to a systematically organized teaching plan to provide information to college students regarding myths and misconceptions of mental illness

KNOWLEDGE : In this study, it refers to sum of what is known regarding myths and misconceptions about mental illness among adolescents

MENTAL ILLNESS: In this study, it refers to a wide range of condition that affects mood, thinking, and behavior.

ADOLESCENTS: It is a unique stage of human development and an important time for laying the fundamental of good health.

MYTHS: In this study, it refers to some bad beliefs or thinking of peoples regarding mental illness.

MISCONCEPTIONS: In this study, it refers to some wrong ideas or understanding regarding mental illness.

F. Hypothesis

Will be tested at 0.05 level of significance

1. H_0 : There is no significant difference between pre-test and post-test knowledge regarding myths and misconceptions about mental illness among 17 to 19 years of adolescents from selected college which is measured at $p < 0.05$ level of significance.
2. H_1 : There is significant difference between pre-test and post-test knowledge regarding myths and misconceptions about mental illness 17 to 19 years of adolescents from selected college which is measured at $p < 0.05$ level of significance.

G. Delimitation

- 1 This study was limited to those adolescents who were in age group of 17 to 19 years and readily available in selected college.
- 2 The sample size was limited to 100 subjects

H. Ethical Aspects

1. Prior permission was obtained from the institutional ethics committee.
2. Prior permission was obtained from the concerned college authorities.
3. Informed written consent was obtained from study subject.
4. Anonymity and confidentiality of the information taken from subject was maintain

I. Review of literature

In the present study the literature reviewed has been organized into the following categories:

- Literature related to pre-valences regarding mental illness.
- Literature related myths and misconceptions about mental illness.
- Literature related to effectiveness of planned teaching on myths and misconceptions about mental illness.

J. Conceptual Framework

The conceptual framework for the study based on "General System Theory". General system theory serves as a model for viewing as people as interacting with environment. The theory was developed by Ludwig Von Bertalanffy in 1968. General system theory was meant to provide a common language and a set of common concept to assist the scientists from diverse discipline, to speak and learn from each other.

II. Material and method

A. *Research approach*: Quantitative research approach

a) *Research design*: Pre-experimental one group pre-test post-test research design

B. *Research setting*: Selected rural areas of the city

C. *Variables*

- 1) *Independent variable*: planned teaching on myths and misconceptions about mental illness.
- 2) *Dependent variables*: knowledge regarding myths and misconceptions about mental illness among 17 to 19 years of adolescents from selected college.
- 3) *Demographic variable*: In this study the demographic variables are Age, Education, Occupation, Monthly family income, Religion, Type of family, Order of the child.

D. *Population*: All adolescents

1) *Target population*: it includes the adolescents of selected college.

2) *Accessible population*: it refers to adolescents in selected college meeting the inclusion and exclusion criteria.

E. Sampling

a) *Sample size:* 100 adolescents b) *Sampling technique:* Non probability convenient sampling technique.

F. Sampling criteria

1) *Inclusive criteria:*

- Adolescents who wear willing to participate in the study
- Adolescents who wear present at the time of data collection

2) *Exclusive criteria:*

- Adolescents below 17 years were excluded from the study.
- Adolescents who were not willing to participate in the study

G. Description of Tools

1) *Section A:* Demographic variables

2) *Section B:* Questionnaire to assess the level of knowledge regarding the myths about mental illness

3) *Section C:* Questionnaire to assess the level of knowledge regarding the misconceptions about mental illness

H. Validity

To obtain the content validity of the tool, the prepared tool with the synopsis, planned teaching on myths and misconceptions about mental illness, evaluators response sheet and content validity certificate were submitted to 11 experts in the field of psychiatric nursing and psychiatry.

I. Reliability

The reliability was established by Split half method. So, in split half method the KR-20 formula was applied to find out the reliability. The reliability for structured knowledge questionnaire was $r = 0.8208$. It was reliable to the instrument.

J. Pilot study

Pilot study was conducted for a period of 7 days. The purposes of the usefulness of the study were explained to the concerned authorities before taking permission. The investigator carried out the pilot study for the total 10 subjects. The non-probability convenient sampling technique was used for the selection of the sample.

Data collection

- *The main study data was gathered from 21/10/2024 to 27/10/2024.*
- *Permission was obtained from the principal of the college was obtained before conducting the study.*
- *The samples were approached in small groups on a daily basis.*
- *Before giving the questionnaire, self-introduction was given by the investigator and the purpose of the study mentioned.*
- *Consent of the samples were taken.*
- *The pre-test questionnaires were distributed and collected back after 45 minutes.*
- *After the pre-test, planned teaching was conducted on myths and misconceptions about mental illness*
- *After 7 days post test was taken on the same subjects.*

III. Result*Section I: DISTRIBUTION OF SUBJECTS IN RELATION TO THEIR DEMOGRAPHIC VARIABLES.*

Table IV: Distribution of subjects in relation to their demographic variables.

(n=100)

Demographic Variables	Frequency (f)	Percentage (%)
Age in Years		
b) 17 Years	00	00
c) 18 Years	70	70
d) 19 Years	30	30
Gender		
a) Male	45	45
b) Female	55	55
c) Others	00	00
Education		
a) Art	00	00
b) Science	100	100
c) Commerce	00	00
Residential area		
b) Urban	25	25
c) Rural	68	68
d) Semi Urban	07	07
Religion		
a) Hindu	41	41
b) Christian	16	16
c) Muslim	07	07
d) Other	36	36
Type of Family		
a) Nuclear	48	48
b) Joint	47	47
c) Single	05	05
Parents Income		
a) Below 15000	25	25
b) 15001-30,000	27	27
c) 30,001-45000	39	39
d) Above 45,001	09	09

SECTION II- ASSESSMENT OF KNOWLEDGE REGARDING MYTHS AND MISCONCEPTIONS ABOUT MENTAL ILLNESS AMONG 17 TO 19 YEARS OF ADOLESCENTS FROM SELECTED COLLEGE.

Table V: Distribution of subjects in relation to knowledge regarding myths and misconceptions about mental illness among 17 to 19 years of adolescents from selected college. (n=100)

Level of knowledge score	Score Range	Percentage score	Pre-test Knowledge Score		Post-test Knowledge Score	
			Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Below Average	0-5	0-20%	13	13	00	00
Average	6-10	21-40%	60	60	00	00
Good	11-15	41-60%	27	27	01	01
Very Good	16-20	61-80%	00	00	71	71
Excellent	21-25	81-100%	00	00	28	28
Mean \pm SD knowledge score			8.74 \pm 2.776		19.64 \pm 1.567	
Mean % knowledge score			34.96%		78.56%	
Minimum score			01		15	
Maximum score			14		24	

Section III: ASSESSMENT OF EFFECTIVENESS OF PLANNED TEACHING ON KNOWLEDGE REGARDING MYTHS AND MISCONCEPTIONS ABOUT MENTAL ILLNESS AMONG 17 TO 19 YEARS OF ADOLESCENTS FROM SELECTED COLLEGE.

IV. 3: Table VI: Significance of difference between knowledge in pre-test and post-test

(n=100)

Overall	Mean	SD	Mean Difference	t-value	p-value
Pre-Test	8.74	2.776	10.90 \pm 3.323	32.805	0.0001
Post-Test	19.64	1.567			S. P<0.05
P<0.05 level				*significant	

Section IV: ASSOCIATION OF PRE-TEST KNOWLEDGE REGARDING MYTHS AND MISCONCEPTIONS ABOUT MENTAL ILLNESS AMONG 17 TO 19 YEARS OF ADOLESCENTS FROM SELECTED COLLEGE WITH SELECTED DEMOGRAPHIC VARIABLES

Table VII: Association of knowledge in relation to their age in year.

n=100

Age in Year	No. of subjects	Below Average	Average	Good	Very Good	Excellent	χ^2 -value p-value
17 Years	00	0	0	0	0	0	1.013 df=2
18 Years	70	10	43	17	0	0	0.603 NS,
19 Years	30	3	17	10	0	0	P>0.05
S- Significant		NS- Non-Significant		df-degree of freedom			

IV. Table VIII: Association of knowledge in relation to their gender.

V. n=100

Gender	No. of subjects	Below Average	Average	Good	Very Good	Excellent	χ^2 -value p-value
Male	45	3	29	13	0	0	2.902 df=2
Female	55	10	31	14	0	0	0.234 NS,
Others	00	0	0	0	0	0	P>0.05
S- Significant		NS- Non-Significant		df-degree of freedom			

Table X: Association of knowledge in relation to their religion.

n=100

Religion	No. of subjects	Below Average	Average	Good	Very Good	Excellent	χ^2 -value p-value
Hindu	41	4	30	7	0	0	10.529
Christian	16	3	5	8	0	0	df=6
Muslim	07	2	3	2	0	0	0.104
Other	36	4	22	10	0	0	NS, P>0.05
S- Significant		NS- Non-Significant		df-degree of freedom			

Table XI: Association of knowledge in relation to their type of family.

n=100

Type of Family	No. of subjects	Below Average	Average	Good	Very Good	Excellent	χ^2 -value p-value
Nuclear	48	4	30	14	0	0	3.573
Joint	47	8	26	13	0	0	df=4
Single	05	1	4	0	0	0	0.467
S- Significant		NS- Non-Significant		df-degree of freedom			

Table XII: Association of knowledge in relation to their parent's income.

n=100

Parents income	No. of subjects	Below Average	Average	Good	Very Good	Excellent	χ^2 -value p-value
Below 15000	25	4	16	5	0	0	5.015
15,001-30,000	27	4	14	9	0	0	df=6
30,001-45000	39	5	22	12	0	0	0.542
Above 45,001	09	0	8	1	0	0	NS, P>0.05
S- Significant		NS- Non-Significant		df-degree of freedom			

VI. Discussion

The findings of the study show that the mean pre-test score was 8.74 with the standard deviation of 2.776, where in posttest it was 19.64 with the standard deviation of 1.567. The mean difference in the pre-test and post-test 10.90 ± 3.323 . The calculated “t” value was 32.805. It shows that the calculated “t” value was higher than the tabulated “t” value. It shows that there was a significant improvement in the knowledge of adolescents after planned teaching. Thus, the research hypothesis (H₁).” There is significant difference between pre-test and post-test knowledge regarding myths and misconceptions about mental illness among 17 to 19 years of adolescents of selected college. which is measured at $p < 0.05$ level of significant.” Was accepted.

VII. Conclusion

Hence, based on the above finding, it was concluded undoubtedly that the written prepared material by the investigator in the form of planned teaching helped the adolescents of selected college to improve their knowledge regarding myths and misconceptions about mental illness.

VIII. Acknowledgement

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