

A descriptive study to assess the knowledge regarding human rights of mentally ill among adults at selected rural areas of Moradabad with a view to develop an information booklet

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Abstract

Introduction: Human rights violations among the people with mental illness were not an uncommon occurrence. The present study was aimed to compare persons with psychiatric illness and their caregivers' perceptions regarding the human rights status of people with mental illness in the community. The study suggests that there is an urgent need to take necessary steps to protect, promote, and fulfill human rights of people with mental illness through providing care, educating the community, and strengthening the legislation.

Objectives:

- To assess the knowledge regarding human rights of mentally ill among adults.
- To find the association between knowledge regarding human right of mentally ill among adults with their selected demographic variable.
- To develop information booklet on human rights of mentally ill.

Material and Methods: A study was used to assess the knowledge regarding mid- day meal among the parents village manoharpur Moradabad (U.P). Data was collected from 80 samples. The samples were selected by using non-probability sampling technique by using structured questionnaires. The collected data was analysed using descriptive and inferential statistics and presents in the form of tables and figures.

Result: In relation to the sources of information 8.8% of parents for getting information from friends, 17.5% of them from relatives, 5% them from mass media, 18.8% of them from health personnel and 50% of them from school authority. 1.2% parents have good knowledge, 71.2% parents have average knowledge and 27.5% parents have poor knowledge.

Conclusion: There was a statistical significant association between the type of family, no. of family members and educational status and knowledge level of human rights of mentally ill at 0.05 levels and no statistical association could be established with other remaining demographic variable.

Keywords: human rights, mentally ill, adults, rural areas

1. Introduction

“Be A Lamp, A Life Boat And A Ladder, Help Someone? Soul Heals”

Mentally illness is characterized by impairment of individual normal cognitive, emotional, behavioral functioning and caused by social, psychological, genetics or others factors.

The Mental Health Declaration of Human Rights articulates the guiding principles and the standards against which human rights violations by psychiatry are relentlessly investigated and exposed.

1. The right to full informed consent, including
 - a) The scientific/medical test confirming any alleged diagnoses of psychiatric disorder and the right to refute any psychiatric diagnoses of mental “illness” that cannot be medically confirmed.
 - b) Full disclosure of all documented risks of any proposed drug or “treatment.”
 - c) The right to be informed of all available medical treatments which do not include the administration of a psychiatric drug or treatment.
 - d) The right to refuse any treatment the patient considers harmful.
 - e) The right to explain the nature of all medications

prescribed the reason for the prescription and the most common side effects and, if requested, the nature of any other treatment ordered.

2. No person shall be given psychiatric or psychological treatment against his or her will.
3. No person, man, woman or child, may be denied his or her personal liberty by reason of mental illness, so-called, without a fair jury trial by laymen and with proper legal representation.
4. No person shall be admitted to or held in a psychiatric institution, hospital or facility because of their political, religious or cultural beliefs and practices.
5. Any patient has:
 - 1) The right to be treated with dignity as a human being.
 - 2) The right to hospital amenities without distinction as to race, colour, sex, language, religion, political opinion, social origin or status by right of birth or property.
 - 3) The right to have a thorough, physical and clinical examination by a competent registered general practitioner of one's choice, to ensure that one's mental condition is not caused by any undetected and untreated physical illness, injury or defect and the right

to seek a second medical opinion of one's choice.

- 4) The right to fully equipped medical facilities and appropriately trained medical staff in hospitals, so that competent physical, clinical examinations can be performed.
- 5) The right to choose the kind or type of therapy to be employed, and the right to discuss this with a general practitioner, healer or minister of one's choice.
- 6) The right to have all the side effects of any offered treatment made clear and understandable to the patient, in written form and in the patient's native language.
- 7) The right to accept or refuse treatment but in particular, the right to refuse electroshock treatment, insulin shock, lobotomy (or any other psychosurgical brain Operation), aversion therapy, narcotherapy, deep sleep therapy and any drugs producing unwanted side effects.
- 8) The right to make official complaints, without reprisal, to an independent board which is composed of non psychiatric personnel, lawyers and lay people. Complaints may encompass any torturous, cruel, inhuman or degrading treatment or punishment received while under psychiatric care.
- 9) The right to have private counsel with a legal advisor and to take legal action
- 10) The right to discharge oneself at any time and to be discharged without restriction, having committed no offense.
- 11) The right to manage one's own property and affairs with a legal advisor, if necessary, or if deemed incompetent by a court of law, to have a State appointed executor to manage such until one is adjudicated competent. Such executor is accountable to the patient's next of kin, or legal advisor or guardian.
- 12) The right to see and possess one's hospital records and to take legal action with regard to any false information contained therein which may be damaging to one's reputation.

2. Need of the Study

Magnus Mfoafo -M' Carthy *et al.* (2014) A study conduct to the human rights violations experienced by individuals with mental illness on a global level. In addition, the intent is to explore how current legislation either reinforces or supports this violation. Individuals with mental illness are experiencing human rights violations on a global scale both within and outside of psychiatric institutions. These violations include denial of employment, marriage, procreation, and education; malnutrition; physical abuse; and negligence. Along with interpretations of current implications and suggestions for future research. It is evident that more supports need to be instilled, especially within the context of low- and middle-income countries lacking adequate Staffing and accessible services. Furthermore, legislation needs to be modified, updated, or created with relevant systems in place to make these laws enforceable. "In some countries, the basic human rights of people with mental illnesses are not realized, often in the institutions designed to care for them--the psychiatric hospitals.

3. Methodology

This chapter deals with the research methodology adopted for the study that includes the research design, variables, setting of the study, population, sampling technique, criteria for sample selection (inclusion and exclusion) data collection procedure and plan for data analysis.

3.1 Research Approach

A quantitative research approach was used.

3.2 Research Design

A descriptive research design was adopted for this study.

3.3 Population

a) Target population

The target population of the study consists of adults in selected rural area of Moradabad.

b) Accessible population

Accessible population of the study consists of adults in selected rural area of Moradabad.

3.4 Research Setting

The present setting is selected for the following reason:

- Availability of sample subject
- Time constraints
- Expected co-operation for the study
- Easy access to subject

3.5 Sample and Sample Size

In this study sample were adult in selected rural area of Moradabad. The sample size consisted of 100 adults based on the selection criteria.

3.6 Sample Technique

For the present study, Non-probability convenient sampling technique was used.

3.7 Criteria for Sample Selection

Inclusion criteria

Middle adults 30yrs to 50yrs selected rural area of Moradabad

- Middle adults available at the time of data collection.
- Middle adults who can read and speak Hindi and English
- People living in rural areas.

Exclusive criteria

- Middle adults who are not willing to participate.
- Middle adults who are emotionally unstable.
- People living in urban areas.

3.8 Variables

Research Variable

In present study, research variable is knowledge regarding human rights of mentally ill as it is observed in natural setting without manipulating it.

Demographic variable

The characteristic and attributes of the study subject are considered demographical variables, Age of adults, Type of family Educational status, Type of family, No. of family members, Monthly income.

3.9 Development of the Data Collection Tool

According to Polit and Beck (2010), a data collection instrument is a formal written document used to collect and record information.

The following step was adopted for the selection and preparation of the tools:

- i) An extensive review of literature.
- ii) Organization of the collected information and construction of the tools.
- iii) Validation by experts.
- iv) Consultation with experts in nursing

3.10 Description of the Data Collection Tool

The structured knowledge questionnaire comprised of 2 parts

Part I: demographic Performa: A demographic Performa (7 items) was developed to collect data

Part II: structure knowledge questionnaire: A structure knowledge questionnaire (30 items) was developed. All items are dichotomous questions, and the scoring pattern adopted was one mark for each correct answer and zero for every wrong answer. The maximum possible score is 30 and the minimum possible score is 0.

Section B: Human rights of mentally ill.

Reliability of the Tool

The reliability was calculated by using kuder Richardson 20 formula. Correlation score was 0.732 and found to be highly reliable.

Pilot Study

The researcher conducted pilot study among '10 adults ' rural area of Moradabad on 8st to 14th December 2014 after obtaining the written permission. The reliability was calculated by using correlation kuder Richardson 20 formula score was 0.732 and found to be reliable.

Section 1: Description of demographic variables of selected samples.

Section 2: Describe the level of knowledge regarding human rights of mentally ill.

Table 1: obtained range score, maximum score, mean, median, standard deviation and mean percentage on level of knowledge of middle adults

range of score	maxscore	mean	Median	Standard deviation	Mean percentage	level of knowledge
4-26	26	15	15	6.63	50%	POOR

N=100

The above table depict that the range of score 4-26

The maximum score was 26

The mean was 15 and median was 15

3.14 Data Collection Procedure for Final Study

Period of data collection the data was collected from 10/02/2015 to 18/02/2015 after got permission from pradhan of bagarpur Moradabad.

3.15 plans for data analysis and interpretation

The following plan of analysis was developed:

Descriptive statistic was used to find out

- Frequency and percentage distribution of the demographic characteristic of the middle adults.
- Mean, median and standard deviation of demographic variables

Inferential statistics was used to find out

Chi square test to determine the association between the selected demographic variable and the knowledge score regarding human rights of mentally ill among middle adults.

4. Data Analysis, Interpretation and Discussion

This chapter deals with the analysis and interpretation of data collected from 100 adults(30-50yrs) residing at geographical area of Moradabad U.P.to find the knowledge regarding human rights of mentally ill in Moradabad. The data were analyzed according to the objectives and hypotheses of the study, by descriptive and inferential statistics.

4.1 Sections for Analysis

- **Section I:** Description of demographic variables of respondents.
- **Section II:** Describe the level of knowledge regarding human rights of mentally ill among adults.
- **Section III:** Association between knowledge regarding human rights of mentally ill among adults.

The standard deviation was 6.63 and mean percentage was 50%

The level of knowledge was found to be poor.

Section 3: association between knowledge regarding human rights of mentally ill among middle adults.

Table 2: Association between Levels of Knowledge with Demographic Variables

Demographic variables		poor		Average		Good		df	χ^2	Level of significance
		F	%	F	%	F	%			
age (in year)	30-35	17	17	8	8	3	3	6	11.135	P<0.05 S*
	36-40	30	30	5	5	2	2			
	41-45	5	5	7	7	2	2			
	46-50	16	16	4	4	1	1			
sex	male	30	30	14	14	5	5	2	1.76	P<0.05 S*
	Female	38	38	10	10	3	3			
type of family	Nuclear	47	47	17	17	2	2	2	6.53	P>0.05 NS
	Joint	21	21	7	7	6	6			
	3-4	12	12	8	8	2	2			

	above 5	37	37	2	2	1	1			
	Illiterate	16	16	8	8	2	2	8	18.61	p>0.05 NS
	primary	10	10	5	5	2	2			
	High school	24	24	4	4	2	2			
	Graduate	17	17	4	4	1	1			
	Post graduate	1	1	3	3	1	1			
Religious	Hindu	62	62	21	21	5	5	6	7.47	P<0.05 S*
	Muslim	2	2	2	2	1	1			
	Christian	4	4	1	1	2	2			
	Others	0	0	0	0	0	0			
Monthly Income	Less than 5000	15	15	8	8	2	2	6	11.81	P<0.05 S*

Key notes: s*= significant ns= non significant
Poor (68), Average (24), Good (8).

Chi – square was computed to determine the association between knowledge regarding human rights of mentally ill among adults with their selected demographic variables at 0.05 level of significance.

4.2 Discussion

The findings of present study were based on the objectives, theoretical based literature and formulated research hypothesis.

Section II: find the association between knowledge regarding human rights of mentally ill among adults.

Table 10 shows that 68% adults have poor knowledge, 24% adults have average knowledge and 8% adults have good knowledge.

Major findings of the study was made under the following section

Section 1: Demographic variable of selected variable

- Table 1 show that 28%adults are between the age group of 30-35years, 37% adults are between the age group of 36-40 years and 14% adults are between the age group of 41-45years, 21% adults are between the age group of 46-50years.
- Table 2 shows that 49 % adults are male and 51 %adults are female.
- Table 3 shows that 66% adults are belong to nuclear family, and 34% adults are belonging to joint family.
- Table 4 shows that22% adults are having (2-3) family members,38% adults are having (3-4) family members, 40% adults are having (above 5) family members.

Section 2: Assessment of knowledge regarding human rights of mentally ill.

68% of adults having poor knowledge, 24% of adults having average knowledge, 8% of adults having good knowledge.

Section 3: findings related to Association between knowledge with selected demographic variables of knowledge regarding human right of mentally ill among adults with their selected demographic variable.

To find out the relationship between selected variable and knowledge scores of adults regarding human rights of mentally ill the chi –square was used and findings suggested that:

- The knowledge of adults regarding human rights of mentally ill was not related to age of adults.

- The knowledge of adults regarding human rights of mentally ill was not related to sex.
- The knowledge of adults regarding human rights of mentally ill was related to type of family.
- The knowledge of adults regarding human rights of mentally ill was related to number of family member.
- The knowledge of adults regarding human rights of mentally ill was related to educational status.
- The knowledge of adults regarding human rights of mentally ill was not related to religious.
- The knowledge of adults regarding human rights of mentally ill was not related to monthly income.

4.3 Summary

This chapter deals with the analysis and the interpretation of data. The data were analyzed according to the objectives and hypothesis of the study by descriptive and inferential statistics. It also includes discussion based on the results of the findings.

5. Conclusion

The following major conclusion was drawn on the basis of the finding of the study:

- The adults had average knowledge regarding human rights of mentally ill.
- There was significant relationship between the knowledge scores of adults had average knowledge regarding human rights of mentally ill.

Reference

1. Basavanthapa BT. Nursing Research, Jaypee Publication, 2007, 234-242.
2. House Janet. Nursing Research, Jones and Bartlet Publishers, USA, 2008, 76-80.
3. Kothari CR. Research Methodology Methods and Technoques, New Delhi, 2003, 156-162.
4. Nancy Burns, Grove K. Susan, Understanding Nursing Research, Hercout Pvt, Ltd; New Delhi, 2002, 130-136.
5. Pliot DF. Essentials Of Nursing Research, Lippincott Publication, USA, 2001, 166-168
6. Mary Townsend C. Psychiatric Mental Health Nursing, Jaypee Publication, 231-238.
7. Raju SM, Bindu Raju. Psychiatric Mental Health Nursing, Jaypee Publication, Pp 529.
8. Neerja KP. Psychiatric Mental Health Nursing, Jaypee Publication, 1:347-348.
9. Gail Stuart W. Psychiatric Mental Health Nursing,

- ELSEVIER publishers, 127-133.
10. Noreen Cavan Frisch, Lawrence Frisch E. Psychiatric Mental Health Nursing. Delmar Publishers, 137-141.
 11. Prema TP, Graicy KF. Principal and Practice of Psychiatric Nursing. Jaypee Publication, 283-284.
 12. Judith Ann Allender. Community Health Nursing. Lippincott Willian & Wilkins publication, 828- 865.
 13. Dr. B. Sridhar Rao, Community Health Nursing. 4th edition, Aitbs publication, 401.
 14. Tulchinsky Varavikova. The New Publication Health. 2nd edition, Elsevier publisher, 593-595.
 15. Ghai OP. Essential Pediatric Nursing. 7th edition, CBS publisher. 753-755.
 16. Suraj Gupta. Short Text Book of Pediatric Nursing. 11th edition, Jaypee publisher. 17-18.
 17. Terri Kyle. Essential of Pediatric Nursing. Lippincott Willian & Wilkins publication. 48-51.
 18. Dewit Kumagi. Medical Surgical Nursing. 2nd edition, Elsevier publisher, 1108.
 19. Rick Daniels Laura Nosek. Contemporary Medical Surgical Nursing. Delmar publisher, 98-100.
 20. Pamela Carter J. Lippincott, Essential for Nursing Assistance. 3rd edition, Lippincott Willian & Wilkins publication, 621.