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“A STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED TEACHING PROGRAMME OF KNOWLEDGE REGARDING HUMAN RIGHTS OF MENTALLY ILL PEOPLE AMONG STUDENTS OF SELECTED PU COLLEGES OF ANKOLA, KARNATAKA.”

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**INTRODUCTION:** Everyone with mental illnesses has the right to live, work, and receive treatment in the community, as far as possible. Mental health care should be based on internationally accepted ethical standards. Each patient's treatment plan should be reviewed regularly with the patient. There shall be no misuse of mental health skills and knowledge. Medication should meet the health needs of the patient and shall not be administered for the convenience of others or as a punishment. 1

**Method:** The research design was Pre experimental one group pre- test post-test Design. Random Sampling Technique is used to collect data. Random sampling technique is used to collect the data from 80 PUC Students inselected PU colleges of Ankola, Karnataka. Pre tested, validated self-administered tool was used to collect the data.

 **Results:** The mean post-test knowledge score obtained (16.63) was higher than the mean pretest knowledge score (11.4). Testing of hypothesis for evaluation of effectiveness of planned teaching programme among students regarding human rights of mental illness on knowledge (tcal=15.55, tab=1.9904, p<0.05) regarding human rights of mentally ill peoples, proved that planned teaching programme was effective teaching method for creating awareness regarding mental health and mental illness. There is no significant association between demographic variables and pretest knowledge scores among students regarding human rights of mentally ill people at 0.05 level of significance.

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**INTRODUCTION**

Human rights are rights inherent to all human beings, regardless of race, sex, nationality, ethnicity, language, religion, or any other status. Human rights include the right to life and liberty, freedom from slavery and torture, freedom of opinion and expression, the right to work and education, and many more. Everyone is entitled to these rights, without discrimination.2

People with mental health problems are among the least likely of any group with a long- term health condition or disability. Stigma and discrimination can also make some one’s mental health problems worse, and delay or stop them getting help. 3

Mentally ill people have been avoided and abandoned by their families and public authorities for hundreds of years. Present day abandonment includes the deployment of professionals from patients to paper; the destruction of availability and effectiveness of institutional facilities; the obfuscation of mental illness by captious, sematic criticism; the aspirations of paramedical and paraprofessional groups; and the subordination of the primary purpose of institutions and physicians to other objectives.4

All people are entitled to receive the best mental health care available and be treated with humanity and respect. There should be no discrimination on the grounds of mental illness. All people with mental illness have the same rights to medical and social care as others. Everyone with mental illnesses has the right to live, work, and receive treatment in the community, as far as possible.5

**NEED FOR STUDY**

The National Commission on Macroeconomics and Health in 2005 reported that nearly 5% of India’s population suffers from common mental disorders, such as depression and anxiety. As per the review of epidemiological studies conducted in 2000, the prevalence of mental disorders in India was 70.5 per 1000 in rural and 73 per 1000 in urban population. 6

The problems faced by mentally ill person in society is social isolation, lack of understanding by family, friends, coworkers, or others.7 Fewer opportunities for work, school or social activities or trouble finding housing, bullying, physical harassment or violence, health insurance that doesn't adequately cover your mental illness treatment, the belief that you'll never succeed at certain challenges or that you can't improve your situation, reluctance to seek to help or treatment and less likely to stay with people .7

Mental disorders are now among the top leading causes of health burden worldwide, with no evidence of global reduction since 1990. In 2017, an estimation of the burden of mental health conditions for the states across India revealed that as many as 197.3 million people required care for mental health conditions. This included around 45.7 million people with depressive disorders and 44.9 million people with anxiety disorders. The situation has been exacerbated due to the covid-19 pandemic ,making it a serious concern worldwide. 8

**STATEMENT OF THE PROBLEM**

A study to assess the effectiveness of planned teaching programme on knowledge regarding human rights of mentally ill people among students of selected PU colleges of Ankola, Karnataka.

### OBJECTIVES OF THE STUDY

* To assess the level of knowledge of PUC students regarding human rights of mentally ill people.
* To conduct planned teaching program regarding human rights of mentally ill people.
* To assess the effectiveness of planned teaching programme on knowledge regarding human rights of mentally ill people.
* To find out association between pretest knowledge score of students regarding human rights of mentally ill people with selected demographic variable at selected PU College of Ankola ,Karnataka.

### OPERATIONAL DEFINITIONS

**Assess:** It refers to descriptive analysis of human rights of mentally ill people

**Effectiveness:** Effectiveness is the capacity of producing a desired result or the ability to produce desired output.

**Planned teaching programme :** It refers to teaching plan containing information regarding rights of mentally ill patients.

**Knowledge:** It refers to the awareness or level of understanding of human rights of mentally ill people among students on the basis of score obtained by questionnaire on various aspects of human rights of mentally ill people.

**Rights**

Rights are legal, social, or ethical principles of freedom or entitlement. That is, rights are the fundamental normative rules about what is allowed of people or owed to people according to some legal system, social convention, or ethical theory.

**Human rights**

Human rights are the basic rights and freedoms that belong to every person in the world, from birth until death.

**Mental illness**

According to WHO mental illness is an alternation in thinking, emotion or behavior associated with personal distress or impaired Functioning.

### HYPOTHESISOFTHESTUDY

**H1:** There will be no significant association between pre-test and post-test knowledge score among PUC students regarding human rights of mentally ill people.

**H2**: There will be significant association between pre-test knowledge scores and selected demographic variables at 0.05 level of significance.

**RESEARCH METHODOLOGY**

Research Approach: An Evaluative approach was adopted in this study.

Research Design: Pre experimental one group pre-test post-test design was adopted research design was adopted to carry out the present study.

Research setting:

The setting selected for the present study includes selected PU colleges of Ankola, Uttar Kannada District, Karnataka. The setting was selected on the basis of availability of the samples and feasibility of conducting the study.

**Population:**

The study population comprises the students of selected PU colleges of Ankola, Uttar Kannada District, Karnataka.

**sample and sample size:**

In this study, sample consists of 80 students of KLE ‘S PU college of Ankola, Uttar Kannada District, Karnataka.

**Sampling technique:**

The sampling technique used for the present study is random sampling technique which was considered appropriate for the study.

### DATA COLLECTION INSTRUMENT

The data collection tool for this study consists of 2parts.

**SectionA**: Demographic data

**Section B:** Knowledge rating scale for assessing the knowledge of PU students regarding the human rights of mentally ill.

The reliability of the tool was found to be 0.73 for knowledge questionnaire which indicated that the tool was reliable.

The pilot study was conducted in PoornaPrajna Karuna PU college Ankola. From 18/08/2022 to 28/08/2022 with selected 10 samples by Random sampling technique.

### DATA COLLECTION PROCEDURE

The main study was conducted at KLES’S science and commerce PU college Ankola from between 03/09/2022 to 10/09/2022.

**RESULTS**

Section I: Findings related to socio demographic variables of students regarding human rights of mentally ill people at KLE’s PU college of Ankola.

**Table1:Frequency and Percentage of distribution of the sample characteristics.**

|  |  |
| --- | --- |
|  | n=80 |
| **SI.NO** | **Socio demographic** | **Frequency** | **Percentage variable** |
| **1** | **Age in years** |  |
| 15 | 1 | 31.25 |
| 16 | 31 | 38.75 |
| 17 | 42 | 52.5 |
| 18 | 5 | 6.25 |
| 19 | 1 | 1.25 |
| **2** | **Gender** |  |  |
| Male | 38 | 47.5 |
| Female | 42 | 52.5 |
| **3** | **Religion** |  |  |
| Hindu | 57 | 71.25 |
| Muslim | 23 | 28.75 |
| Christian | 0 | 0 |
| **4** | **Area of resident** |  |  |
|   | Urban | 29 | 36.25 |
|   | Rural | 51 | 63.75 |
| **5** | **Type of family** |  |
| Joint | 29 | 36.25 |
| Nuclear | 51 | 63.75 |
| Extended | 0 | 0 |

**Section II: Analysis and Interpretation of knowledge scores.**

**Table 2: Mean, Median, Standard deviation and Range of knowledge scores regarding human rights of mentally ill people among students of KLE PU College Ankola, Karnataka.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Areaof****analysis** | **Mean** | **Median** | **Mode** | **Deviation(SD)** | **Range** |
| Pre-test | 11 | 12 | 13 | 2.022 | 11 |
| Post test | 16 | 17 | 16 | 1.969 | 9 |
| Difference | 5 | 5 | 3 | 0.053 | 2 |

n=80

**Table 3: Frequency (f) and Percentage (%) distribution of knowledge scores regarding human rights of mentally ill people among students of KLE PU College Ankola, Karnataka.**

|  |  |  |  |
| --- | --- | --- | --- |
| **n =80knowledge****Score** | **Score****Range** | **Pre-test** | **Post-test** |
|  |  | F | % | f | % |
| Very poor | 0-5 | 1 | 1.25% | 0 | 0 |
| Poor | 6-10 | 25 | 31.25% | 0 | 0 |
| Average | 11-15 | 53 | 66.25% | 20 | 25% |
| Good | 16-20 | 1 | 1.25% | 60 | 75% |

**Table 4:Pre-test and post-test knowledge scores regarding human rights of mentally ill people among students of KLE PU College Ankola, Karnataka.**

|  |
| --- |
| **Mean % of Knowledge scores regarding human rights of mentally ill people** |
| SI.NO | Items No. | Total score | Pre-test(x)% | Post-test(y)% | Gain in knowledge(y-x)% |
| 1 | 20 | 1600 | 57% | 83.18% | 26.18% |

**Table5:Mean difference(d),Standard error of difference(SED) and paired values of knowledge scores among students.**

|  |  |  |
| --- | --- | --- |
| **Mean Difference (d)** | **Standard Error Difference (SED)** | **Paired 't' test values** |
| **Calculated** | **Tabulated value at 79 degrees of freedom** |
| **5.237** | **0.336** | **15.55** | **1.9904** |

### \*(P<0.05)

**Table5**: Association between the pre-test knowledge scores regarding human rights of mentally ill people among students and demographic variables.

**H2:** There will be a significant association between pre-test knowledge scores and selected demographic variables at 0.05 level of significance.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  | n=80 |
| **Socio demographic Variable** | **Good** | **Average** | **Poor** | **Very poor** | **X2cal Val** | **X2****tab** | **DF** |
| Age in years |   |   |   |   |   |   |   |
|   | 15 | 0 | 0 | 1 | 0 | 6.1 | 21.02 | 12NS     |
| 16 | 0 | 19 | 11 | 1 |   |   |
| 17 | 1 | 30 | 11 | 0 |   |   |
| 18 | 0 | 3 | 2 | 0 |   |   |
| 19 | 0 | 1 | 0 | 0 |   |   |
| Gender |   |   |   |   |   |   |  |
|   | Male | 0 | 25 | 12 | 1 | 2.01 | 7.81 | 3NS |
|   | Female | 1 | 28 | 13 | 0 |   |   |
| Religion |   |   |   |   |   |   |   |
|   | Hindu | 1 | 35 | 20 | 1 | 2.44 | 12.59 |  6NS  |
|   | Muslim | 0 | 18 | 5 | 0 |   |   |
|   | Christian | 0 | 0 | 0 | 0 |   |   |
| Area of resident |   |   |   |   |   |   |   |
|   | Urban | 0 | 23 | 6 | 0 | 3.93 | 7.81 |  3NS |
|   | Rural | 1 | 30 | 19 | 1 |   |   |
| Type of family |   |   |   |   |   |   |   |
|  | Joint | 1 | 19 | 8 | 1 | 3.15 | 7.81 |  3NS  |
|   | Nuclear | 0 | 34 | 17 | 0 |   |   |
|   | Extended | 0 | 0 | 0 | 0 |   |   |

* + **Assessing the level of knowledge and effectiveness of planned teaching programme in terms of gain in knowledge regarding human rights of mentally ill people.**

Data analysis for level of knowledge revealed that pretest score among students. The mean pre-test knowledge score was 11.4 with standard deviation 2.022, median 12, mode 13 and range 11. Among the total sample (n=80), 53(66.25%) had average knowledge, 1(1.25%) had good knowledge, 25(31.25%) had poor knowledge and 1(1.25%) had very poor knowledge. Testing of hypothesis for evaluation of effectiveness of planned teaching programme among students regarding human rights of mental illness on knowledge(tcal=15.55,tab=1.9904,p<0.05) regarding human rights of mentally ill peoples proved that planned teaching programme was effective teaching method for creating awareness regarding mental health and mental illness.

The findings of the study as supported by the study of by Ms.Rintu.Chaturvedi to assess the knowledge of GNM students towards human rights of mentally ill person at National Institute of Nursing, Sangrur in Punjab on April 2018.There were 60 GNM student were selected as study sample. By Using simple random sampling technique and Self-structured questionnaire was administered in this study. The study findings revealed that 34(56.6%) students had highly adequate knowledge 26(43.3%) had adequate knowledge and none of them had inadequate knowledge. This study was concluded that there was no significance association found between the demographic variables and the level of knowledge except with the income. 9

* **Association of knowledge among students regarding human rights of mentally ill people with selected demographic variables.**

Chi square test was computed to find out the association between knowledge among students regarding human rights of mentally ill people with selected demographic variables. Test results were, the computed chi -square at df (12) for age in years was (6.1038),gender at df(3) was (2.0148), religion at df(6) was (2.4441),area of residence at df (3) was (3.931), type of family at df (3) was (3.158). Chi square calculated value is less than chi square table value so there is no significant association between demographic variables and pretest knowledge scores among students regarding human rights of mentally ill people at 0.05 level of significance. H2 is rejected.

* This study supported by the study of Vijayalakshmi P, Ramachandra, Konduru Reddemma et al. To compare persons with psychiatric illness and their caregivers' perceptions regarding the human rights status of people with mental illness in the community. Asymptomatic psychiatric patients and their caregivers (N=200) at a tertiary care centre were randomly selected as a study sample. Receiving equal information and encouragement about career opportunities' (χ(2)=10.779, P<0.029), 'Opposing discriminatory actions, slurs'(χ(2)=9.472,P<0.050)' Resolving the conflicts with people with mental illness through nonviolent ways' (χ(2)=27.091, P<0.000), 'Responding to the complaints of harassment or discrimination against the people with mental illness' (χ(2)=18.697, P<0.001), 'Encouraged to continue their education' (χ(2)=13.029, P<0.023) 'Exploitation by the community members' (χ(2)=18.653, P<0.001) and working under fair conditions (χ(2)=13.470, P<0.009). 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 legislations.10

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