

A DESCRIPTIVE STUDY TO ASSESS THE ATTITUDE TOWARDS DEPRESSION AMONG ADULTS AGED BETWEEN 21-40 YEARS RESIDING IN SELECTED URBAN COMMUNITY JAIPUR, RAJASTHAN.

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ABSTRACT

By assessing attitude of people towards depression, it is likely co-related prognosis of depression with reaction of significant others. The more favourable behaviour they exhibit the better outcomes. Hostile attitude towards depression are omnipresent, self-inflicted and other grave depression are unlikely to accessed prompt treatment unless significant others including health team members have thorough knowledge and positive attitudes towards depression. It is necessary on the part of public health personnel to conduct research in bringing out the epidemiological basis for such programmes. Responsibilities also lie with the social scientist to influence the government and public health work in order to have a broader view and better understanding for the problems related to mental health. In the India context, no proper research has been done to see the ways in which culture and religion influence depression and health. It is also clear that depression is a significant cause of disability in India, which has been largely ignored in health related development activities.

Key words: Attitude, Depression, adults aged 21-40 years, Urban community Jaipur.

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INTRODUCTION

Depression is a state of low mood and aversion to activity that can affect a person's thoughts, behaviour, feelings and sense of well-being. Depressed mood is not always a psychiatric disorder. It may also be a normal reaction to certain life events, a symptom of some medical conditions, or a side effect of some drugs or medical treatments. Depressed mood is also a primary or associated feature of certain psychiatric syndromes such as clinical depression. There have been tremendous advances in our understanding of the causes and treatment of depression. Most of these treatments can be provided effectively by a general or community health worker. Depression includes a broad range of health problems. For most people depression is a thought of as an illness associated with severe behavioural disturbances such as violence, agitation and being sexually inappropriate. Such disturbances are usually associated with severe mental disorders. However, the vast majority of those with a depression behaves and looks no different from anyone else. These common mental health problems include depression, anxiety, sexual problems and addiction.

By assessing attitude of people towards depression, it is likely co-related prognosis of depression with reaction of significant others. The more favorable behaviour they exhibit the better outcomes.

Hostile attitude towards depression are omnipresent, self inflicted and other grave depression are unlikely to accessed prompt treatment unless significant others including health team members have thorough knowledge and positive attitudes towards depression.

STATEMENT OF THE PROBLEM

“A Descriptive study to assess the attitude towards depression among adults aged between 21-40 Years residing in selected urban community Jaipur, Rajasthan.”

OPERATIONAL DEFINITIONS

1. **Attitude:** In this study attitude is defined as the perceived thinking and feeling of adults about depression.
2. **Depression:** In this study Depression is a state of low mood and aversion to activity that can affect a person's thoughts, behaviour, feelings and sense of well-being.
3. **Urban community:** In this study urban community refers to a group of adults resides in Jaipur City.
4. **Adult:** In present study adult refers to a person who is biologically grown and mature and their age is not below 21 year or not exceeds to 40 years.

METHODOLOGY

RESEARCH APPROACH

In the view of the nature of problem selected for the study and the objectives to be accomplished, a descriptive research approach was considered.

RESEARCH DESIGN:

In the present study non-experimental descriptive design for assessing the attitude of an adult towards Depression in selected urban community Jaipur, Rajasthan.

SETTING OF THE STUDY:

Study was conducted at selected urban community jaipur, Rajasthan.

POPULATION:

In the present study, the population includes an adult who resides selected urban community jaipur, and between 21 – 40 years of age.

SAMPLE:

A sample is a small portion of the population selected for observation and analysis. The sample for this study comprised of 600 and adults.

SAMPLING TECHNIQUE:

Convenient or purposive sampling is based on the belief of that a researcher's attitude about the population can be used to handpick the subjects to be included in sample.

DATA COLLECTION INSTRUMENTS:

In this study the purpose of the study was to assess the level of attitude about Depression, self administrated structured knowledge and attitude questionnaire were found appropriate.

DATA COLLECTION PROCESS:

A prior written approval was obtained from chief medical officers for study. Data collection was done from april 2018 After self-introduction, nature and objectives of the study were explained to the participants to extend maximum co-operation. Anonymity and confidentiality was assured to them and made them comfortable and obtained consent from the subjects for the study. Information was collected through structural interview schedule. On an average 4-5 an adults were interviewed daily and approximately 18 – 22 min. were taken for interview with each adult. The data collection process was terminated after thanking participants for their participation and co-operation.

RESULT

The data themselves do not provide us with answers to our research questions ordinary, the amount of data collected in a study is too expensive to be reliability described by mere-perusal.

In order to meaning fully answer the research questions, the data must be processed and analyzed in some order. Data analyze is described as "Categorizing, ordering, manipulating and summarizing the data to obtain answer to research questions". The purpose of analysis is to reduce the data to an intelligible and interpretable from so that the relation of research problem can be studied.

The term analysis refers to a number of closely related operations, which are performed with the purpose summarizing the collected data, organizing the data in such a manner that they answer the research questions.

Analysis and interpretation of the data collected from 600 adults from urban community at Jaipur, to assess their knowledge and attitude towards Depression. The analysis is based on the following objectives of the study.

A structured interview schedule pertaining to knowledge's and attitude was used.

Tool consisted of:

1. Socio-Demographic Data
2. Questionnaire to assess the knowledge.
3. A five point attitude scale.

Description of study subject by Socio demographic variables

Researcher analyzed and categorized the study subjects of study, into various groups based on the socio-demographic variables.

N=600			
S.No	Variables	Frequency	Percentage (%)
	GENDER		
1.	Male	390	65%
2.	Female	210	35%
	AGE		
1.	21 – 25 Years	60	10%
2.	26 –30 Years	300	50%
3.	31 – 35 Years	150	25%
4.	36 – 40 Years	90	15%
	EDUCATION		
1.	Secondary	60	10%
2.	Hr. Secondary	90	15%
3.	Graduate	270	45%
4.	Post Graduate	180	30%
	OCCUPATION		
1.	Daily Wages	60	10%
2.	Private Employee	240	40%
3.	Government Employee	210	35%
4.	Others	90	15 %
	INCOME / MONTH		
1.	< 5000 Rs.	120	20%
2.	5001 – 10000 Rs.	120	20%
3.	10001 – 15,000 Rs.	240	40%
4.	>15,000 Rs.	120	20%
	MARITAL STATUS		
1.	Married	360	60%
2.	Unmarried	180	30%
3.	Divorced	30	5%
4.	Widow	30	5%
	TYPE OF FAMILY		
1.	Joint	240	40%
2.	Nuclear	330	55%
3.	Separated	30	05%
4.	Other	00	00%

The data presented in the Table-1 depicts the distribution of respondents by demographic variables.

In the present study majority of 390 adults (65%) were male and 210 adults (35%) were female.

Regarding age, that is 300 (50%) adults out of 600 were in age group between 26 – 30 years. Followed by 150 adults (25%) in age group 31-35 years, 90 adults (15%) were in age group 36 – 40 years and 60 adults (10%) were in age group 21 – 25 years.

About basic education level, majority of respondents 270 (45%) were graduate, 180 (30%) were post graduate, 90 (15%) were Hr. Secondary and 60 (10%) were secondary.

In the present study majority that is 240 (40%) were private employee, 210 (35%) were government employee, 90 (15%) were others and 60 (10%) were daily wages employees.

In the present study majority that is 240 (40%) adults were 10001- 15,000 Rs. Income / Month, 120 (20%) adults were <5000 Rs. Income/ Month, and 120 (20%) adults were >15,000 Rs. Income and 120 (20%) adults were 5001-10000 Rs.

Regarding marital status majority of 360 (60%) adults were married, 180 (30%) adults were unmarried, 30 (5%) were divorced and 30 (5%) female were widow.

Regarding type of family majority of family 330 (55%) were nuclear, 240 (40%) were joint family, 30 (5%) were separated and 0 (0%) were other.

Table no: 2 Mean, Median and standard deviation of knowledge score of an adult. (N=600)

Knowledge Level	Mean \pm SD	Median (Quartile I/II/III)
Knowledge Score	19.63 \pm 3.130	19.00 (18/19/22)

Above table no 2 shows that the mean knowledge score of an adults regarding depression was 19.63 with the standard deviation of 3.13 with median score of 19.00. It was found that 25% adults having score less than 18, and 25% adults having score more than 22, however mean indicate (19.63) that the most of the adults having knowledge around 19.63.

CONCLUSION:

The conclusion were drawn on the basis of major findings of the study were as follows.

An adult had favourable attitude on depression.

Overall mean attitude of an adult on depression was 19.63 and 68.65 respectively.

Adults had higher knowledge score in role of 48.33% and no one had poor knowledge towards depression.

Adults had higher attitude score in role of adults 94.99% (favourable) and 5.01% unfavourable attitude towards depression.

There was no significant association observed between adults knowledge with socio-demographic variables.

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