



# IMPACT OF AWARENESS PROGRAM ON KNOWLEDGE REGARDING TREATMENT OF DEPRESSION AMONG ADULTS IN SELECTED RURAL AREA AT DISTRICT GWALIOR (M.P.)

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## Abstract

The current study has been undertaken to assess knowledge score regarding Treatment of depression among adults by awareness program in selected rural area of Gwalior. The research design used for the study was pre-experimental in nature. The tool for study was self-structured knowledge questionnaire which consists of 2 parts- PART- I consisted of questions related to Socio-demographic data; PART-II consisted of self -structured knowledge questionnaire to assess knowledge score regarding Treatment of depression among adults. The data was analyzed by using descriptive & inferential statistical methods. The most significant finding was that 25.0% of adults were having average knowledge regarding Treatment of depression whereas 75.0% had good knowledge after post-test. It was suggested that nurses must educate adults regarding Treatment of depression.

**Keyword-** Awareness program, Treatment of depression, adults.

## 1. Introduction

Depression is a mood disturbance characterized by exaggerated feelings to sadness despair, lowered self-esteem, loss of interest in former activities and pessimistic thoughts. The incidence of increased depression among the elderly is influenced by the variables of physical illness, functional disability and cognitive impairment (C. Kockrow, 2006).

Depression is the most common disturbance of mood experienced by elderly. It is a pathological mood disturbance characterized by feelings, attitudes and beliefs the person has about self and his environment, such as pessimism, Hopelessness Helplessness, low self-esteem and a guilt feeling (Bimla Kapoor, 2009)

It's important to remember that depression is treatable. But if depression is not treated, children will be affected.

Other things in a woman's life may make the depression worse, such as financial or marital problems, or a very stressful life event (such as the death of a loved one).

Depression can cause adults to be inconsistent with the way they care for their children. They may be loving one minute and withdrawn the next. They may not respond at all to their children's behavior or they may respond in a negative way. Depending on how old children are, they will be affected by their mother's depression in different ways.

A mother who is depressed may have trouble responding to her baby in a loving and caring way all the time. This can lead to an 'insecure attachment', which can cause problems during infancy and later in childhood.

## 2. Objective of the study

1. To assess the pre-test & post-test Knowledge score regarding Treatment of depression among adults.
2. To assess impact of awareness program on knowledge regarding Treatment of depression among adults.
3. To find out association between pre-test knowledge score regarding Treatment of depression among adults with their selected demographic variables

### 3. Hypotheses:

**RH<sub>0</sub>:** There will be no significant difference between pretest & post-test knowledge score on Treatment of depression among adults.

**RH<sub>1</sub>:** There will be significant difference between pretest & post-test knowledge score on Treatment of depression among adults.

**RH<sub>2</sub>:** There will be significant association between pre-test score on Treatment of depression among adults with their selected demographic variables.

### 4. Assumption

1. Adults may have deficit knowledge regarding Treatment of depression.
2. Awareness program will enhance knowledge of Adults regarding Treatment of depression.

### 5. Methodology

An evaluative approach was used and pre-experimental one group pre-test post-test research design was used for the study. The samples consisted of 44 Adults selected by Non probability convenient sampling technique. The setting for the study was selected rural area of Gwalior. Data was gathered with help of demographic variables & administering a self-structured knowledge questionnaire by analyst prior & after awareness program. Post-test was done after seven days of pre-test. Data were analysis using descriptive & inferential statistics.

### 6. Analysis and interpretation

**SECTION-I Table -1 Frequency & percentage distribution of samples according to their demographic variables.**

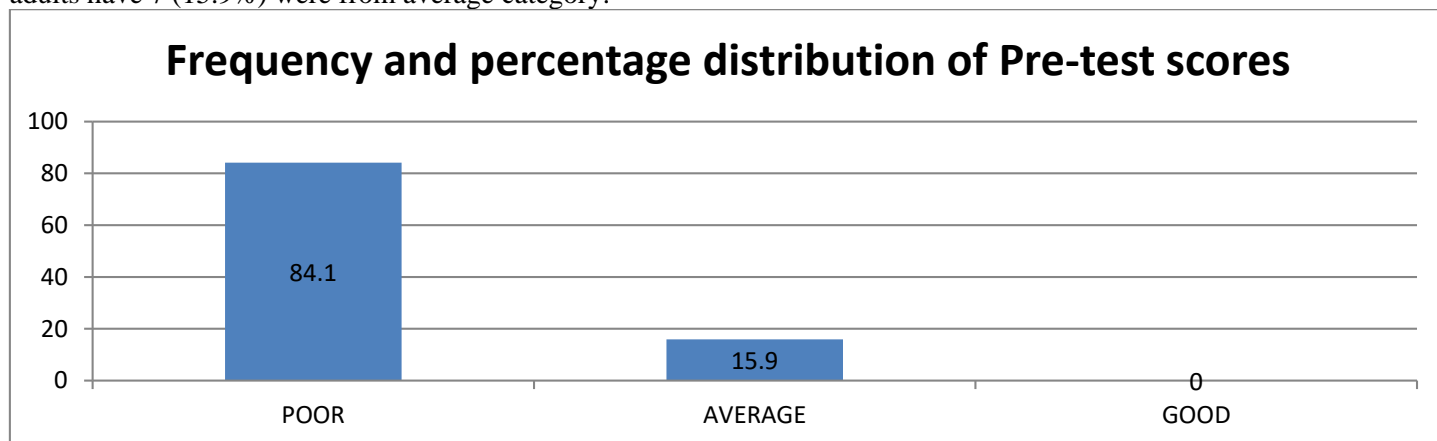
n = 44

S. No	Demographic Variables	Frequency	Percentage
<b>1</b>	<b>Age in Years</b>		
a.	21-25	11	25.0
b.	26-30	26	59.1
c.	31-35	6	13.6
d.	36-40	1	2.3
<b>2</b>	<b>Educational Status</b>		
a.	No formal education	6	13.6
b.	Primary	5	11.4
c.	Secondary	15	34.1
d.	Higher secondary	17	38.6
e.	UG & PG	1	2.3
<b>3</b>	<b>Family income</b>		
a.	10000-15000	12	27.3
b.	150001-20000	13	29.5
c.	Above 20000	19	43.2
<b>4</b>	<b>Type of family</b>		
a.	Nuclear	29	65.9
b.	<b>Joint</b>	10	22.7
c.	Extended	5	11.4
<b>5</b>	<b>Previous knowledge related to Treatment of depression</b>		
a.	Yes	37	84.1
b.	No	7	15.9

**SECTION-II- Table- 2.1.1- Frequency and percentage distribution of Pre-test scores of studied subjects:**

Category and test Score	Frequency (N=44)	Frequency Percentage (%)
POOR (1-10)	37	84.1
AVERAGE (11-20)	7	15.9
GOOD (21-30)	0	0.0
TOTAL	44	100.0

The present table 2.1.1 concerned with the existing knowledge regarding Treatment of depression among adults were shown by pre-test score and it is observed that most of the adults 37 (84.1%) were poor (01-10) knowledge & some adults have 7 (15.9%) were from average category.

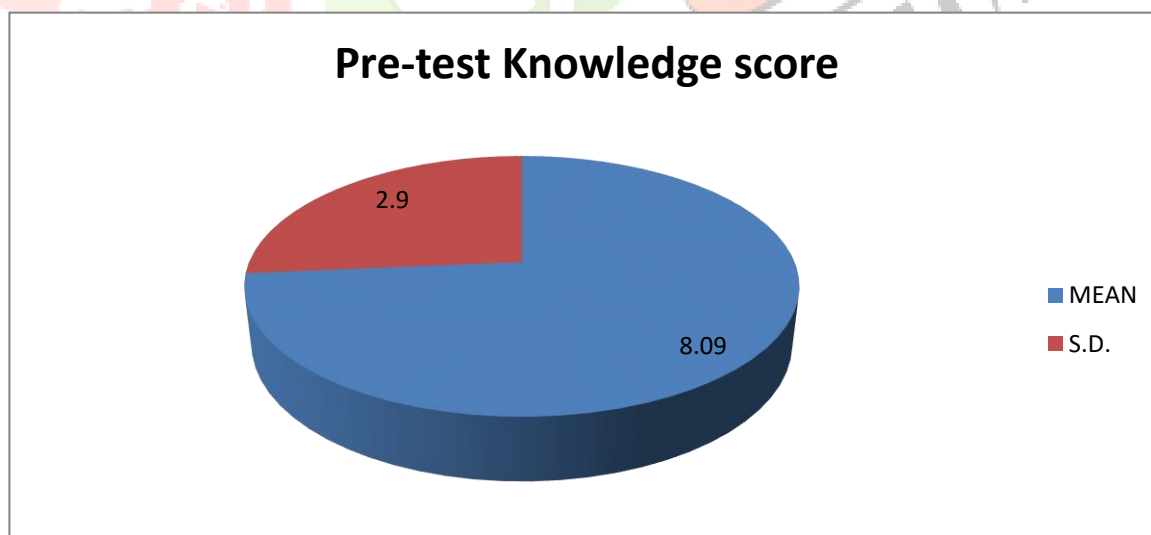


**FIG.-2.1.1- Frequency and percentage distribution of Pre-test scores of studied subjects**

**Table-2.1.2. - Mean ( $\bar{X}$ ) and standard Deviation (s) of knowledge scores:**

Knowledge Pre -test	Mean ( $\bar{X}$ )	Std Dev (S)
Pre-test score	8.09	2.90

The information regarding mean, percentage of mean and standard deviation of test scores in shown in table 2.1.2 knowledge in mean pre-test score was  $8.09 \pm 2.90$  while in knowledge regarding Treatment of depression among adults in in selected rural area of Gwalior.

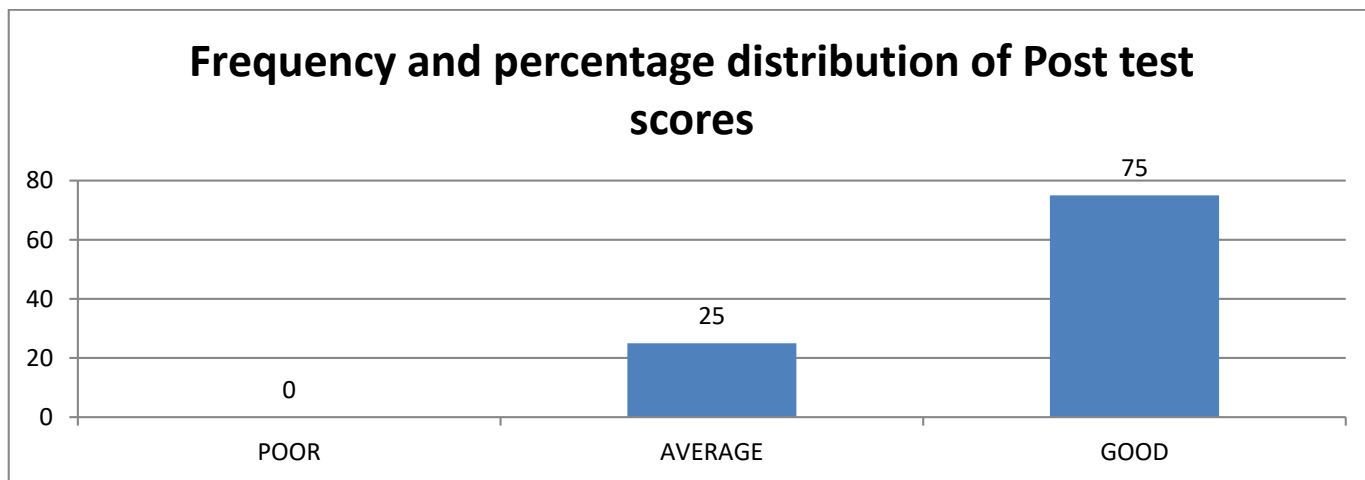


**FIG.-2.1.1. - Mean ( $\bar{X}$ ) and standard Deviation (s) of knowledge scores**

**Table-2.2.1- Frequency and percentage distribution of Post test scores of studied subjects:**

Category and post-test Score	Frequency (N=40)	Frequency Percentage (%)
POOR (01-10)	0	0.0
AVERAGE (11-20)	11	25.0
GOOD (21-30)	33	75.5
TOTAL	44	100%

The present table 2.2.1 concerned with the existing knowledge regarding Treatment of depression among adults was shown by post test score and it is observed that most of the adults 33 (75.0%) were **GOOD** (21-30) knowledge & other Adults have 11 (25.0%) category which are **AVERAGE** (11-20) posttest knowledge score in present study.



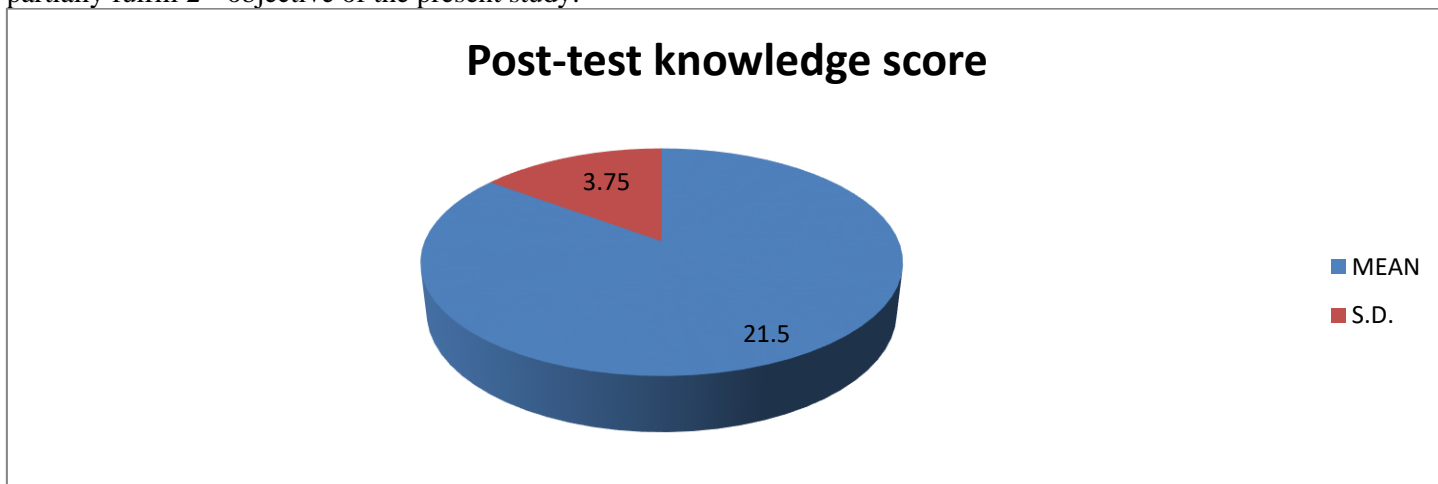
**FIG.-2.2.1- Frequency and percentage distribution of Post test scores of studied subjects**

**Table-2.2.2. - Mean ( $\bar{X}$ ) and standard Deviation (s) of knowledge scores:**

Knowledge Test	Mean ( $\bar{X}$ )	Std Dev (S)
Post-test score	21.50	3.75

The information regarding mean, percentage of mean and SD of post test scores in shown in table 2.2.2 knowledge in mean post test score was  $21.50 \pm 3.75$  while in knowledge regarding Treatment of depression among adults in in selected rural area of Gwalior.

Hence, it is confirmed from the tables of section-II that there is a significant difference in mean of test scores which partially fulfill 2<sup>nd</sup> objective of the present study.



**FIG.-2.2.2. - Mean ( $\bar{X}$ ) and standard Deviation (s) of knowledge scores:**

**TABLE 2.2.3: Impact of awareness program by calculating Mean, SD, Mean Difference and ‘t’ Value of Pre-test and Post-test knowledge.**

Knowledge Score of Adults	Mean ( $\bar{X}$ )	S. D. ( $s$ )	Std. Error of Mean	D. F.	t-value	Significance
Pre-test	8.09	2.90	0.71	43	-19.05	P<0.05
Post-test	21.50	3.75				

When the mean and SD of pre-test & post-test were compared & ‘t’ test was applied. It can be clearly seen that the ‘t’ value was -19.05 and p value was 0.05 which clearly show that awareness program was very effective in enhancing the knowledge of adults.

### SECTION-III Association of knowledge scores between test and selected demographic variables:

**Table- 3.1 Association of age of adults with pre-test scores:**

Age (in years)	Test scores			Total
	POOR (1-10)	AVERAGE (11-20)	GOOD (21-30)	
21-25	10	1	0	11
26-30	20	6	0	26
31-35	6	0	0	6
36-40	1	0	0	1
<b>Total</b>	<b>37</b>	<b>7</b>	<b>0</b>	<b>44</b>
X= 2.70                          p>0.05 (Insignificant)				

The association of age & test scores is shown in present table 3.1. The probability value for Chi-Square test is 2.70 for 3 DF which indicated insignificant value (p>0.05). Hence, it is identified that there is insignificant association between age & test scores. Moreover, it is reflected that age isn’t influenced with current problem.

**Table- 3.2 Association of educational status with pre-test scores:**

Educational status	Test scores			Total
	POOR (1-10)	AVERAGE (11-20)	GOOD (21-30)	
No formal	4	2	0	6
Primary	5	0	0	5
Secondary	12	3	0	15
Higher sec.	15	2	0	17
UG & PG	1	0	0	1
<b>Total</b>	<b>37</b>	<b>7</b>	<b>0</b>	<b>44</b>
X= 2.90                          p>0.05 (Insignificant)				

The association of educational status & test score is shown in present table 3.2. The probability value for Chi-Square test is 2.90 for 4 degrees of freedom which indicated educational status and test scores. Moreover, it is reflected that educational status isn’t influenced with present problem.

**Table- 3.3 Association of family income with pre-test scores:**

Family income	Test scores			Total
	POOR (1-10)	AVERAGE (11-20)	GOOD (21-30)	
10000-15000	10	2	0	12
15001-20000	11	2	0	13
Above 20000	16	3	0	19
<b>Total</b>	<b>37</b>	<b>7</b>	<b>0</b>	<b>44</b>
X=0.008		p>0.05 (Insignificant)		

The association of family income & test score is shown in present table 3.3. The probability value for Chi-Square test is 0.008 for 2 degrees of freedom which indicated family income and test scores. Moreover, it is reflected that family income isn't influenced with present problem.

**Table- 3.4 Association of types of family with pre-test scores:**

Types of family	Test scores			Total
	POOR (1-10)	AVERAGE (11-20)	GOOD (21-30)	
Nuclear	25	4	0	29
Joint	7	3	0	10
Extended	5	0	0	5
<b>Total</b>	<b>37</b>	<b>7</b>	<b>0</b>	<b>44</b>
X= 2.52		p>0.05 (Insignificant)		

The association of types of family & test score is shown in present table 3.4. The probability value for Chi-Square test is 2.52 for 2 degrees of freedom which indicated types of family and test scores. Moreover, it is reflected that those types of family isn't influenced with present problem.

**Table- 3.5 Association of previous knowledge related to Treatment of depression with pre-test scores:**

Previous Knowledge	Test scores			Total
	POOR (1-10)	AVERAGE (11-20)	GOOD (21-30)	
Yes	3	2	0	5
No	34	5	0	39
<b>Total</b>	<b>37</b>	<b>7</b>	<b>0</b>	<b>44</b>
X= 2.44		p>0.05 (Insignificant)		

The association of previous knowledge & test scores is shown in present table 3.5. The probability value for Chi-Square test is 2.44 for 1 degrees of freedom which indicated previous knowledge & test scores. Moreover, it is reflected that previous knowledge isn't influenced with current problem.

### 7. Results

The result of this study indicates that there was a significant increase in post-test knowledge scores compared to pre-test scores of Treatments of depression. The mean percentage knowledge score was observed  $8.09 \pm 2.90$  in pre-test & after implementation of awareness program post-test mean percentage was observed with  $21.50 \pm 3.75$ .

### 8. Conclusion

Thus, after the analysis and interpretation of data we can conclude that the hypothesis RH1 that, there will be significance difference between pre-test knowledge score with post-test knowledge score among adults at ( $P < 0.05$ ) is being accepted. Furthermore, awareness program related to Treatment of depression among adults may consider as an effective tool when there is a need in bridging & modifying knowledge.

### 9. Limitations

- This was limited to in selected rural area of Gwalior.
- This was limited to 44 Adults.

### 10. References

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