

**A STUDY TO ASSESS THE KNOWLEDGE REGARDING MENTAL RETARDATION
AMONG THE ANTENTAL MOTHERS WITH A REFERENCE TO MANGLORE CITY**

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ABSTRACT

Maternal achievement research is a common rich need because of its impact on both maternal and child well-being. Despite the number of exploratory evaluations here and there, there is a smattering of framed articles produced, particularly from developing countries. As the need may arise, an attempt to coordinate continuing writing in this field clearly seems appropriate to study the readers progress of the field and to find titles for future examination. Persistent survey means to map association on maternal vital achievement and birth outcomes and its association with direct youth. In particular, syntheses have been prepared on mental well-being during pregnancy and in the post-pregnancy period and its impact on birth outcomes and youth direct. Not completely permanently established and given the critical evaluation of making continuous to see the opening in the association and propose the title for future evaluation.

With the declining pace of maternal mortality rates from one end of the world to the other, experts are also looking into the meaning of seeking sanity. In neither case was the association of maternal significant achievement found with maternal unpleasantness as a whole. In the last few years, mental depression among women of childbearing age is clearly generating examination consideration in view of its effects on the mother and her adolescent. 400 respondents were selected from Manglore city. All the respondent were selected by using random sampling method.

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1. INTRODUCTION

When thinking about the timing of basic achievement, and "protecting" women against mental issues, it is essentially based on the premise that some mental problems are normal during pregnancy. There are, in which the horrors are seen the most.

Hostility or close partner unkindness during pregnancy has likewise been thoroughly researched given the immense richness and further consequences on the mother and her life as a child. Besides, life as a parent is celebrated a lot of the time, which makes a pregnant woman or mother really sorry to experience the unhappy conclusion.

With a conclusive aim of continuing Blueprint, we limit our focus to studies about pertinent mental issues, for example, issues of depression and anxiety, and normal mental health during pregnancy and in the post-pregnancy period. grief. Research has shown that personal or family preparation for mental disorder or substance abuse, past secret history of sexual, physical or mental abuse, partner heartlessness or stress, energy social discomfort open gateways for poor mental flourishing during pregnancy. Reiterating the accountability of the plan for making suggestions. And not unintentionally well arranged weighty situations. Mental distress during pregnancy is related to lack of prenatal

consideration, low birth weight, and prematurity, while after pregnancy, it is related to low basic obligation, carelessness, and hostility toward the young.

The perinatal period, which defines both the pre-natal and post-pregnancy phases, is particularly tumultuous for both the mother and her child. Although the effect of maternal amenable well-being on child development begins early, research in the area of prenatal mental achievement has gained momentum of late. Nonstop making has traditionally been based on common mental problems such as anxiety and apprehension. The confirmation also suggests that significant prenatal clinical problems may be a precursor to mental health issues later in a woman's life.

"The deficit is one characterized by both enormous barriers to academic tasks and versatile ways to manage acting that cover various normative social and sensible cutoff points. This deficit begins before the age of 18". (US relations on quick and reform constraints). Hostility, self-injury and perspective issues are sometimes associated with deterrence. The reality of the signs and the age at which they first appear depend on the explanation. Children with mental retardation are markedly late in developmental achievement, suffering this handicap due to chromosomal or other genetic disorders. This is clearly evident from the very beginning.

Most of the customary problems of mentally retarded youth are; Decreased ability to meet educational needs, expressive language difficulties, difficulty appearing clearly, monitoring one's own movements, seizure, hopelessness, spasticity. "a janitor; a person who makes or provides corrections or supports and nurtures a young person; a general who takes on the role of parent". The expert has coordinated as a vital commitment to teaching youth. It is a remarkable obligation in any event, it is a wonderful ability for the children of the fathers to be equally accepted for the care of the children. Wonderful watchmen see responsibility with respect to the teen's overall improvement and guide the child in building solid areas critical to sound judgment through open correspondence and shared respect.

The most standard types of mother and father are mother, father and grandparents. A mother is "a woman to the extent that an adolescent or youth to whom she has given birth". How much it is socially acceptable to focus on the lifestyle of one's offspring varies from tradition to subculture, yet what little obligation appears is usually passed on to the child as

an excuse, While it is very concerned expect to be overprotective, wasteful, mindless or intrusive a portion of the time.

Mental retardation (MR) is a problem experienced in basically all pediatric clinical settings. Assessing a child with MR is a common interesting and across the board situation for pediatricians. The field of MR research is still a work in progress in how we can understand the condition, as well as in the language and cycles we use in naming, depicting and depicting MR. This article will give a typical assumption and a traditional approach towards MR. Stability rates for MR are variable across fragments and can be inferred from the assembly based on mixing and correction definitions and approaches to Titanic imaging systems. The etiology of MR is the same and the cement effects are different.

ASSESS THE KNOWLEDGE REGARDING MENTAL RETARDATION AMONG THE ANTEATAL MOTHERS

MR often presents as developmental deferrals during the early stages or preschool years. There is no universal system for the management of etiological work-up of mental retardation. The number of complications associated with MR that can be completely treated with medical methods is basically nothing. The pediatrician hopes to spread treatment goals of shorter and wider lengths as well as provide support to families dealing with MR.

MR is a problem experienced in essentially all pediatric clinical settings. This is last seen as the normal passage of the different chakras to the top chakras which change the workings of the central watertight framework. The field of MR research is still in a state of reformation as to how we can understand the condition, yet in addition to the language and cycles we use in nomenclature, endlessly depict MR. The name given to the condition continues extensively, and is joined by other related terms 'general learning problem', 'general handicap' and 'alert deficit'.

There is ongoing discussion about changing the name to MR which better portrays those affected. After all, at this time there is no appreciation. Along these lines, in this paper, MR will be used with respect to this condition.

MR was described by the American Association on Psychological Barriers as a practical deterrent that has all the time been existing with disasters, such as two suitable versatile

direct breaking point areas: correspondence, living in the home, neighborhood, Achievement and security, entertainment, self-care, sensible limits, self-course, utilitarian learning, and work. Since its arrangement, the request system has provided voice conversation, discussion and exploration. The results of these activities are completed in another definition.

Ongoing speculation is key when implementing this newfound importance of MR. At the outset, a comprehensive evaluation should consider social and phonetic variations in correspondence and key factors. Second, any evaluation should focus on a single's performance under normal plans and building conditions, not on a single's best execution.

Far from unreliable anyway, practical work is still best done by information level (grasping level) scores derived from valid assessment tools. The execution of two SDs is generally expected to end by means of a different get-together (for example, in age, culture, and setting) on an information trial. This is a score of less than 68 on the Stanford-Binet, Fourth Edition (SB:IV) or less than 70 on one of the Wechsler tests (i.e., the Wechsler Preschool and Fundamental Shape Information, Redesigned [WPPSI-R] ; Wechsler) Data Scale for Youngsters, 3rd Transport; Wechsler Grown-up Information Scale, 3rd Movement). In any case, it should be noted that both the SB:IV and the WPPSI-R are equally limited as to their ability to quantify MR culmination in children three years of age and older.

This is in light of the fact that at the early years' levels of the test, the floor (i.e., the most irrelevant possible score that can be obtained) elicits a greater degree of understanding than at the later years' levels. For example, on the WPPSI-R, at three years the most insignificant show level of data score is 66, and the most improbable verbal information level score is 71, however at age five the most improbable show information level is 47 and the most irrelevant potential Verbal Comprehension level is 48. Thus, in energetic, low-functioning youth, data level deficits on standardized measures from three to five years of age may not reflect serious deficits in functioning. Rather, they may give an impression of how the test was conducted. Thus, if a young child hangs most or everything on the SB:IV or WPPSI-R, further assessment of the adolescent's utilitarian limits is true.

The causes of MR are unique and integrate multiple influences. An assessment of specialists prescribing subspecialties to patients with MR revealed that there is an

overwhelming need to choose safety for MR. Locking down such an etiology may be important for families planning about delineation, emphasizing the stakes, and leaning toward techniques for open treatment.

Wounding success is clearly the most holistically viewed validation for fragile MR from one end of the world to the other, related to a variety of issues related to socio-cultural difficulty and urgency. In developed countries, the important explanations behind MR are excellent and heterogeneous and may remain undiagnosed in up to 66% of cases.

Those who are negligent in fulfilling their positions and responsibilities or whose leadership is unfaithful to the situation are seen as mental threats. Diagonal variables select the importance of solitude versus mental uncertainty. These factors are at work from early life which alone chooses the deficiency to cause the problem.

Mental health issues suggest the more general hassles and difficulties of change that affect everyone from time to time. These problems usually occur when people are going through a distressing time through normal everyday presence, for example, a relationship ending, the destruction of a close, estranged relationship with family or friends. Fight in, or stress at home, standard everyday presence. Feeling stressed or depressed is a normal response to psychological or social difficulties that a large number of people end up knowing.

Mental well-being is a positive state in which the individual is caring, self-seeking, bound to reasonable basic and can accommodate standard normal stresses. In the public eye, such a person's potential is seen within a party and they are largely satisfied with their lives.

The different directions of mental well-being are good contact with this ongoing reality, control of the thinking and imaginative frontal cortex, viability in work and play, social affirmation, positive self-view, a healthy spacious life. If individuals are not prepared to fulfill these principles, it will lead to mental imbalance.

Precious flourishing is the ability to regulate change, unusual circumstances, and progress such as distress or retirement. All individuals have profound health needs, with little attention given to the state of their brain. Mental maladjustment is a condition that disturbs a typical thinking, attitude, ability to cooperate with others, and customary functioning.

The pointless way of dealing with acting is surprisingly okay, with a fifth of Americans experiencing the debilitating effects of a mental disorder a year and a fifth of young

children affected by these issues. Mental illness can be manifested in different ways, for example, in solving reasonable problems, poor reality testing, and impaired mental function.

The effect of impotence and loss of control that initiates both a physical and mental response. These responses are essential pieces of change and the fragility to adapt to stress inside and outside creates increasing disease and filth lacking energy. There are various factors like genetic endowment, actual mental and social organ in early stages and adolescent working from childhood which deficiency alone choose to cause disease.

Direct impact on one out of every four social classes in the world, broken down by the World Prosper Report. Still no one is well because of defamation. Thus the issue of mental health is one of the issues of great achievement in the field. It was a general belief that mentally endowed problem clients were probably at risk.

To unlock clinical benefits that are too close within current resource constraints, this must be provided through significant achievement linkages. They are geographically closer to the customer further increasing the likelihood that people seek help with bat replacement in illness. Finally the very close elevation idea through fundamental achievement associations is more reasonable and economically prudent for both the higher concentrations and the recipients.

An agitated person loses his ability to respond as he has to the hypothesis for himself and what is said to him in society. Overall, the prevalence of mental disorders is 58.2 per thousand and this means that about 57 million people are suffering from psychological distress or effects. Out of this, 4 lakh people have traditional psychosis, 26 lakh people have schizophrenia and 12 million people have severe psychosis, similarly about 15 million people are facing undiagnosed mental issues, apart from 12,000 patients in the clinical office of government mental health clinics.

DATA ANALYSIS

400 respondents were selected from Manglore city. All the respondent were selected by using random sampling method.

The dietary practises of women depend on their family history, eating habits, cultural practises, affordability, and understanding of respondents about nutrients and its demands.

These factors all have a significant influence on the health of the mother and the developing baby. During the time leading up to their pregnancy, women are encouraged to make dietary adjustments. They should have a diet that is high in both calories and protein in order to satisfy the nutritional requirements of the mother and also to ensure the proper growth and development of the foetus.

Table 1 Awareness on Pregnancy and the Respondents

Awareness on pregnancy	Caste Categories				TOTAL
	ST	SC	BC	PC	
1. age for first pregnancy	14	38	39	8	99
a) Below 20 years	(66.67)	(31.67)	(29.10)	(32.00)	(33.00)
b) 20 -30 years	7 200	82	94	17	
	(33.33)	(68.33)	(70.15)	(68.00)	(66.67)
c) 36- 40 years	0 1	0	1	0	
	(0.00)	(0.00)	(0.75)	(0.00)	(0.33)
2. Danger signs during pregnancy					
	18	82	110	18	228
a) Abnormal swelling of face, hand and feet	(85.71)	(68.33)	(82.09)	(72.00)	(76.00)
b) Chest pain	1 16	10	3	2	
	(4.76)	(8.33)	(2.24)	(8.00)	(5.33)
c) Abdominal pain	2 (9.53)	26 (21.67)	18 (13.43)	5 (20.00)	(17.00)
		51			

d) Backache	0 (0.00) 5	2 (1.67)	3 (2.24)	0 (0.00)	(1.67)
3. Hours of sleep and rest	2	14	17	7	40
a) 7 hours at night and 1 hour in the Day	(9.52)	(11.67)	(12.69)	(28.00)	(13.33)
b) 7 hours at night and 2 hour in the day	9 (42.86)	22 (18.33)	36 (26.86)	11 (44.00)	78 (26.00)
c) 8 hours at night and 2 hour in the day	6 (28.58)	61 (50.83)	59 (44.03)	3 (12.00)	129 (43.00)
d) 8 hours at night and 3 hour in the Day	4 (19.04)	23 (19.17)	22 (16.42)	4 (16.00)	53 (17.67)
4. Preferred diet during pregnancy	1	1	4	0	6
High fatty food	(4.76)	(0.83)	(2.98)	(0.00)	(2.00)
Salt restricted diet	1 (4.76)	15 (12.5)	12 (8.96)	5 (20.00)	33 (11.00)
Balanced diet	9 (90.48) 260	103 (85.84)	118 (88.06)	20 (80.00)	(86.67)
Spicy diet	0 (0.00)	1 (0.63)	0 (0.00)	0 (0.00)	1 (0.33)
Total	21	120	134	25	400
Percentage	(100.00)	(100.00)	(100.00)	(100.00)	(100.00)

Source: 1. Field Data; 2. Figures in Parenthesis are percentages 3. Chi- Square value - 1= 12.940, (df = 6) significant at 0.100 level

2 = 11.065 (df = 9) not significant at .100 level

3 = 21.398 (df = 9) significant at .100 level

4 = 7.809 (df = 9) not significant at .100 level

Out of a total of 400 responses, 260 (86.67%) of the respondents told to take balanced diet, 33 (11%) respondents offer answer to take salt limited diet, 6 (2%) respondents give response to take diet heavy in fatty food, and 1 (0.33%) told spicy diet. According to the results of the casting call, out of the 21 Scheduled Tribes, respondents 19 ladies (90.48%) said balanced diet, out of 120 Scheduled Caste respondents 103 (85.84%) of the respondents, out of 134 Backward Caste respondents 118 (88.06%), and out of 25 Forward Caste respondents 20 (80%) said balanced diet. respondents given opinion to eat balanced diet. A healthy, well-balanced diet is recommended by the vast majority of responders (86.67%) for women who are pregnant.

Awareness on habits and Activities to be avoided during pregnancy

In order to have a healthy pregnancy, it is important to refrain from certain activities when one is carrying a child. The health of the woman and her unborn child is affected by a number of factors, including her exposure to radiation, her medicines, and her behaviours. Information gathered on people's opinions on activities that should be avoided while pregnant. The vast majority of respondents 249 (83%) were aware of the need to abstain from drinking, smoking, tobacco chewing, and gutka, bangi. Ten percent of women indicated that they should also abstain from eating tea 30 (10%), coffee 16 (5.33%), and chewing gum 5 (1.6%).

If pregnant women are exposed to radiation, the developing baby may have congenital abnormalities. Therefore, information on radiation exposure is crucial for the prevention of congenital deformity. From a total of 400 responses, 83.35 percent of those questioned had an understanding of the rationale behind avoiding radiation exposure. There are around 40 women who are unaware that they may be exposed to radiation. The response "deprived foetal growth" was selected by just a very small number of respondents (2.30%), while "loss of weight" was selected by only 1%. It has been observed that 95.23 percent of the respondents representing Scheduled Tribe, 82.50 percent of those representing Scheduled Caste, 82.84 percent of those representing Backward Caste, and 80 percent of those representing Forward Caste are aware that exposure to radiation causes congenital malformation to the developing foetus.

Information has been collected on the reasons why self-medication was avoided. Over one third of respondents (36.66%) are aware that it can negatively impact the health of both the mother and the unborn child.

Table 2 Awareness on Habits and Activities to be avoided during Pregnancy and the Respondents

Activities to be avoided during Pregnancy	Caste Categories				TOTAL
	ST	SC	BC	FC	
1.Habits to be avoided	0	13	11	6	30
a) Tea	(0.00)	(10.83)	(8.20)	(24.00)	(10.00)
b) Coffee	0	6	9	4	16
	(0.00)	(5.00)	(6.71)	(4.00)	(4.00)
c) Chewing gum	0	3	2	0	5
	(0.00)	(2.50)	(1.50)	(0.00)	(1.67)
d) Smoking, alcohol, tobacco chewing, gutka, bangi	21	98	112	18	249
	(100.00)	(81.69)	(83.59)	(72.00)	(83.00)
2.Reason for avoiding Radiation exposure	20	99	111	20	250
Causescongenital malformations to fetus	(95.23)	(82.50)	(82.84)	(80.00)	(83.35)
Not known	1	20	17	2	40
	(4.77)	(16.67)	(12.68)	(8.00)	(13.35)
Deprived foetal growth	0	0	5	2	7
	(0.00)	(0.00)	(3.73)	(8.00)	(2.30)
d) Loss of foetal weight	0	1	1	1	(1.00)
	(0.00)	(0.83)	(0.75)	(4.00)	
		3			
3.Reason for avoiding self medication	6	35	22	4	67
	(58.57)	(29.16)	(16.42)	(16.00)	(22.34)
a) It causes foetal abnormality					
b) It causes mother health problem	5	32	45	14	96
	(23.81)	(26.66)	(33.58)	(56.00)	(32.00)
c) Mother and foetal health problem	5	49	51	5	110
	(23.81)	(40.84)	(38.05)	(20.00)	(36.66)

d) Not known	5 (23.81)	4 (3.34)	16 (11.95)	2 (8.00)	27 (9.00)
Total	21	120	134	25	400
Percentage	(100.00)	(100.0)	(100.00)	(100.00)	(100.0)

Source: 1. Field Data;

1= 11.640 (df = 0) not significant at .100 level

2 = 13.569, (df = 9) not significant at .100 level.

Table 3 Awareness on Physical and Sexual Activities to be Avoided During Pregnancy and the Respondents

Activities to be avoided during Pregnancy	Caste Categories				TOTAL
	ST	SC	BC	FC	
1.Physical Activities to be avoided for safe pregnancy a) Climbing upstairs	3 (14.28)	40 (3334)	34 (2538)	4 (16.00)	81 (27.00)
	3	30	45	3	81
b) Swimming	(14.28)	(25.00)	(33.58)	(5.00)	(27.00)

	3	30	25	4	62
c).Dancing	(14.28)	(25.00)	(18.64)	(16.00)	(20.66)
	6	10	21	6	43
d).Lifting heavy objects	(28.58)	(8.33)	(15.67)	(24.00)	(14.34)
	6	10	9	8	33
e).Above all	(28.58)	(8.33)	(6.73)	(32.00)	(11.00)
2. Period of sexual inter course	3	17	11	6	37
avoided.	(14.28)	(14.16)	(8.20)	(24.00)	(12.34)
a).First Trimister					
	2	27	22	6	57
b).Second Trimister	(9.54)	(22.5)	(16.43)	(24.00)	(90.00)
	10	6	14	2	32
c).Third Trimister	(47.61)	(5.00)	(10.44)	(8.00)	(10.66)

	6	70	87	11	74
d).First& Third Trimester	(28.57)	(58.34)	(64.93)	(44.00)	(58.00)
Total	21	120	134	25	400
Percentage	(100.00)	(100.00)	(100.00)	(100.00)	(100.00)

Source: 1. Field Data; **2.** Figures in Parenthesis are percentages **3.** Chi- Square value -

1= 38.699 (df = 12) significant at .100 level

2= 43.323 (df = 9) significant at .050 level

The fundamental requirement for the relationship is the gratification of sexual desire.

Because women don't know the risks associated with engaging in excessive coitus in the early and later months of pregnancy, they end up having abortions, prematurely rupturing their membranes, and delivering their babies too early.

Therefore, having an awareness of sexual encounters is really crucial. It was found that 58% of women are aware that sexual activity should be avoided between the first and third trimesters of pregnancy; this is an encouraging statistic. The association between avoiding sexual intercourse and the Caste system is demonstrated by a chi-square value of 43.32 with 9 significant levels of significance at the .100 level.

Awareness on minimum investigations during Pregnancy and the Respondents

Antenatal investigations are required throughout pregnancy in order to detect any abnormalities that may be present at any time during the pregnancy and to determine what steps need to be taken. More than two fifths of the respondents 126 (42%) were aware of all the tests that need to be carried out during pregnancy. These investigations include testing for haemoglobin, blood grouping, urine for albumin, and HIV. About 75 (25%) of the respondents were aware of the haemoglobin test, 69 (23%) of women were aware of blood grouping, and a relatively low percentage (6%) of pregnant women were aware that

an HIV test was necessary. The significance of the association between knowledge of prenatal investigations and Caste was validated by a chi-square value of 42.20 at 9 degrees of freedom, which was statistically significant at the .100 level.

The pregnant woman should have her weight checked at each prenatal appointment in order to monitor the growth of the foetus and detect any abnormalities in the foetus. The weight of the pregnant woman should go up by around 12 kg during the course of the pregnancy. About 147 (49%) of those who participated in the survey were aware of the overall weight gain during

rise of weight during pregnancy 11 to 12 kg, and 121 (40.33%), know 9 — 10 kg, and 32 (10.67%), know 7 to 8 kg.

Table4 Knowledge of the Required Minimum Investigations During Pregnancy and the Individuals Who Responded to Them

Awareness about	Caste Categories				Total
	ST	SC	BC	FC	
1. Minimum Investigations needed for pregnancy	5 (23.82)	27 (22.50)	39 (29.12)	4 (16.00)	75 (25.00)
a).Hemoglobin					
b).Blood grouping	6 (28.57)	16 (13.33)	45 (33.58)	2 (8.00)	69 (23.00)
c).Urine for albumin	2 (9.52)	5 (4.18)	15 (11.19)	2 (8.00)	24 (8.00)
d).HIV Test	0 (0.00)	2 (1.66)	3 (2.23)	1 (4.00)	6 (2.00)
e).All the above	8 (38.09)	70 (58.33)	32 (23.88)	16 (64.00)	126 (42.00)
2. Additional Weight gain during pregnancy	3 (14.29)	12 (10.00)	13 (9.70)	4 (16.00)	32 (10.67)
a).7-8 Kg					

b)10 Kg	9 (42.86)	53 (44.17)	53 (39.55)	6 (24)	121 (40.33)
c).11-12 Kg	9 (42.85)	55 (43.83)	68 (50.75)	15 (60.00)	147 (49.00)
Total	21	120	134	25	400
Percentage	(100.00)	(100.00)	(100.00)	(100.00)	(100.00)

Source: 1. Field Data; 2. Figures in Parenthesis are percentages

3. Chi-square values

1=42.206 (df = 12) significant at .050 level

2= 4.343 (df = 6) not significant at .100 level

FINDINGS

The average number of people having parties such as 60 is almost certainly going to affect the 29 million chance of dementia. Psychological handicap is estimated to affect 100 million people in the mid-term future. Hopelessness will become one of the fundamental clinical problems to be addressed in the things to come, 340 million people are sensible who are going to be affected 8,00,000 deaths are attributed to fall as grief and this is more than men Affects women twice as much. Schizophrenia is sensible which is going to affect 45 million people early. The idea is to connect the 40 million people currently living with epilepsy from one end of the world to the other. Many cases can be demystified through control areas of strength for ante-natal care, safe transport, reduction of birth injury and parasitic diseases. The key idea providers have close contact with the customary people and have yet more perceptive entry to determine the above issues.

n India, number of cases exposed due to mental malformation stress 1-2%, psychosomatic illness 2-3%, mental illness 0.5-1%, mental disorder in adolescents 1-2%, transient split 3.63 million/yr in government setting 2.63 million/year, passing division systematically went to distressed workplaces, making up 15 to 20% of all help-seekers overall a flourishing relationship in both built and rural countries.

A framework was designed to study the motives for dysfunctional coping mechanisms acting out among 30 adults in selected general areas of Bangalore. The source of information came from relatives. Among 30 adults, 17 of them suffered mental instability due to guaranteed pressure and more responsibility and 13 of them suffered direct psychosocial stress such as loss of appreciation, loss of professions, broken associations due to distress.

Mental issues have been found to be the de facto norm with more than one in three people in different countries. WHO's overall graph shows that stress issues are the most common among all countries, followed by perspective issues among all countries, while substance issues and motivation control issues were reliably less common.

Attitude towards patients and public is very effective part of acting and treatment to deal with insignificant manner. A forward-looking outline of public attitudes towards broken vision is important to show individuals holistically, taking into account that in this way the public plays an essential role in helping patients overcome their anxiety. She expects The general representation of the studies conducted so far in India made its presence felt by the non-existence of data on mental flourishing and futile ways to deal with acting out and the tendency to shy away from the insane and make excuses for them.

There's a kind of judgment that people with psychiatric illness are terrible, which adds up to a silly way to deal with acting. By a long shot most people with mental weight are not unwell, and a tremendous piece of the wild show deals with someone who is not mentally ill.

CONCLUSION

Experts from their own experience feel that sometimes the lunatics are shunned, disregarded and generally disrespected because of the clearly handicapped belief that there is no answer to mental vulnerability and thus no responsibility to them. cannot be given. A mental patient is ideally left to think only of his past, living in his own universe of dreams, hallucinations and hallucinations. This social isolation alone is enough to disturb his outlook and make him neurotic with senseless disturbing thinking. For the most part he really anticipates that he attempts to struggle with the principles of an isolated and monotonous life.

REFERENCES

1. Mary.C. Townsend, Text book of Psychiatric Mental Health Nursing, 5th edition, Davis Company, 2016, Page No.265-271.
2. Vmd namboodiri, Text book of psychiatry, 2nd edition, India private limited, Elsevier, 2015, Page No. 345-346.
3. Lalitha K, Text book of Mental Health and Psychiatric Nursing, 2nd edition, Bangalore, Gajanana publishers, 2020, Page No. 244.
4. Hema Shah and Dr. LP. Shah, A hand book of psychiatry, 4th edition, Bombay, Vora medical publication, 2021, Page No.12-14.
5. Jnyas, Niraj, Ahuja, Text book of post graduate psychiatry, 2nd edition, New Delhi, Jaypee brothers medical publishers, 2019, Page No.121-129.
6. World Health Report, Life in the 21st Century- a vision for all, Geneva, 2018.
7. Gail Wiscan Stturart, Principles and practice of psychiatric nursing. 8th edition, Kundli Sanat Printers, 2015, Page No.236-242.
8. Vijay P. More, Pravinkumar B. Jadhav, Ravindra Puranik, Vitthal S. Shinde, SandeepPakhale. Study of Knowledge and Attitude Concerning Mental Illness in Adults. International Journal of Health Sciences and Research (www.ijhsr.org). Vol.2; Issue: 5; August 2019