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Research Article

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A SURVEY STUDY TO ASSESS THE EFFECTIVENESS OF GENERAL HEALTH QUESTIONNAIRE-28 (GHQ - 28) ON KNOWLEDGE REGARDING HEALTH STATUS AMONG PRE-UNIVERSITY LECTURERS OF SELECTED PRE-UNIVERSITY COLLEGE, HULKOTI, GADAG KARNATAKA INDIA

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ABSTRACT

Introduction: A survey research study was conducted to assess the effectiveness of general health questionnaire-28 (GHQ- 28) on knowledge regarding health status. **Methods:** A descriptive survey design was used among 10 pre-university lecturers through Probability simple random sampling technique and the Instruments used to measure the effectiveness are: demographic variables and general health questionnaire-28 (ghq)on various aspects of General health. **Results:** Findings revealed The pre-test knowledge scores of total trait were 60% average and the four sub scales with Somatic symptoms of 50% average, Anxiety and insomnia with 30% average and poor respectively, Social dysfunction with 70% poor, Severe depression with 20% average scores and were considered as 'possible cases'. **Conclusion:** This indicates that the pre-test knowledge scores of pre-university lecturers were low and need screening and education regarding health.

Keywords: General health questionnaire-28 (ghq), Health status, Pre-university lecturers, Somatic symptoms, Anxiety and insomnia, Social dysfunction, Severe depression.

INTRODUCTION

Teachers play a key role in today's society. They help students to learn by providing knowledge but also educate by conveying values and ethical standards. In this way, they support children, teenagers and young adults in their personal and professional growth as they become the future backbone of society. Therefore, the teaching profession is of paramount importance and each country should take care of the physical and mental health of their teachers. However, the reality is that teachers do not receive enough credit for their work and findings around the world have shown that the state of their (mental) health is seriously concerning.[1]Teaching is a stressful job, and as a result, teachers are more likely to experience negative emotions such as anger, anxiety, tension, frustration, and depression.

Furthermore, teacher stress can be defined in terms of the presence of risk and protective factors; it manifests itself when the presence of risk factors does not counterbalance by the presence of protective factors Due to the fact that teachers are considered to be a profession that provides both a high level of job satisfaction and a high level of stress in their job settings due to a variety of factors such as heavy workloads, long teaching hours, large class sizes, students' disciplinary problems, cramped classrooms, excessive administrative work, and soon.[2]

The General health questionnaire (GHQ) is a 28 item G.H.Q. Goldberg and Hillier (1979) used to screen individuals in the normal population for psychiatric disorders. This questionnaire is a scaled version of the 60 item self-administered screening questionnaire designed for use in consulting settings aimed at defecting those with a diagnostic psychiatric disorder (Goldberg, 1972). It concerns itself with two major classes of phenomena; inability to carry out one's normal "healthy" functions, and the appearance of new phenomena of a distressing nature. It is a quick and easy method to identify "possible psychiatric cases" in the community. Subjects are asked to respond to the questions in terms of their present and recent complaints. Not those that they had in the past. It consists of four sub scales with seven items each.

The questionnaire is presented to the clients, after rapport has been established and they have been assured of confidentiality. It is a self-administering inventory. Both counselor and clients should read the instructions on the first page. Any doubts raised should be cleared, and word meanings can be explained if required. There is no time limit.[3]

Table - 1

Sub scales	No. of items
Somatic symptoms	07
Anxiety and insomnia	07
Social dysfunction	07
Severe depression	07

GHQ consists of 28 items that are presented in statement format. Each item must be rated on a four point scale, ranging from never having a problem to usually having a problem. There are four choices. Report on how one has been feeling over the past one month. Each item is scored 0 if the response choice is (a) or (b). It is scored 1 if the response choice is (c) or (d). A score is derived for each of the four sub scales as follows Sub scale Item numbers Somatic symptoms1 to7, Anxiety and insomnia 8 to 14, Social dysfunction 15 to 21, Severe depression 22 to 28. The total score

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from all four sub scales gives the total GHQ score. Individuals with scores 5 and above on the total score are considered as 'possible cases'.[3]

OBJECTIVES OF THE STUDY

1. To assess the Health status of Pre-university Lecturers who will be exposed to the General health questionnaire-28 (GHQ).
2. To assess the knowledge regarding Health status of Pre-university Lecturers who will be exposed to the General health questionnaire-28 (GHQ).

Hypothesis

H_1: There will be a significant association between the pre-test Knowledge scores with their selected demographic variables

REVIEW OF LITERATURE

A survey study was conducted to assess the health status of 220 teaching staff from primary and secondary schools as well as lecturers from universities in the Klang Valley area, Pakistan. The General Health Questionnaire (GHQ-28) questionnaire was used to assess the health status. Snowball sampling method was used for data collection. The study results revealed that there was a significant difference in the level of health status at the $p<.05$ level for the three conditions [$F(2, 217) = 5.6$), $p = 0.04$]. The study concluded that the teaching staff has worst health status.[1]

A descriptive study was conducted to Screen mental health problems with GHQ28 among 972 non psychiatric community-dwelling people in Dudullu-Istanbul, Turkey. The data were collected by interviewing. The 28- item General Health Questionnaire (GHQ-28) was used as a screening tool for the detection of mental disorders.

The results revealed that the mean age of respondents was 36.84±13.22 with a range from 18 to 65 years. Most participants were female (82.5%), housewife (72.9%) and married (86.1%). Thirty two percent the people in the study (34% of the women and 22% of the men) were detected as likely cases. Females were 1.64 times more at the risk of mental disorders compared with males. Those who have any chronic diseases were two times more at the risk than those who haven't. The study concluded Female, those who have any chronic disease and no health insurance are at greater risk for mental health problems.[4]

MATERIALS AND METHOD

- Research approach: An evaluative approach was adopted
- Research design: Descriptive Survey design; one group concurrent pre-test design was selected for this study
- Variables under the study:

Independent variable	:	General Health Questionnaire-28
Dependent variable	:	Knowledge of PU lecturers regarding General Health

- Research setting: Swami Vivekanada PU college, Hulkoti, Gadag
- Research population: PU lecturers of Swami Vivekanada PU college, Hulkoti, Gadag.
- Sample: PU lecturers of Swami Vivekanada PU college, Hulkoti, Gadag.
- Sample size: Ten (10) PU lecturers. [n=10].
- Sampling technique: Probability simple random sampling technique
- Criteria for selection of samples:

Inclusion criteria:

PU Lecturers who were:

- ✓ Working in Swami Vivekananda PU college, Hulkoti, Gadag..
- ✓ Understanding English.
- ✓ Willing to participate in the study.

Exclusion Criteria: PU Lecturers who were;

- ✓ Sick at the time of data collection.

RESULTS

DISTRIBUTION OF SAMPLE CHARACTERISTICS ACCORDING TO SOCIO DEMOGRAPHIC VARIABLES.

Table No 2: Frequency and Percentage Distribution of Subjects

n=10

Sl No.	Demographic variables	Frequency (f)	Percentage (%)
01	**Age in years**		
	a. 30-35yrs	03	30
	b. 35-40yrs	05	50
	c. 40-45yrs	02	20
02	**Gender**		
	a. Male	05	50
	b. Female	05	50
03	**Religion**		
	a. Hindu	08	80
	b. Christian	01	10
	c. Muslim	01	10
	d. Others	00	0
04	**Habitat**		
	a. Rural	06	60
	b. Urban	04	40
05	**Marital status**		
	a. Married	09	90
	b. Unmarried	01	10
	c. Divorced	00	00
	d. Widow	00	00
06	**Educational qualification**		
	a. M.A	02	20
	b. M.Sc	08	80
	c. P.hD	00	00
	d. Others	00	00
07	**Annual income**		
	a. 3,60,000	03	30
	b. 4,20,000	00	00
	c. 3,84,000	01	10
	d. 4,80,000	06	60
08	**Dietary habits**		
	a. Vegetarian	02	20
	b. Mixed	08	80
09	**Substance abuse habits**		
	a. Smoking tobacco	01	10
	b. Alcohol consumption	01	10
	c. Others	00	00
	d. None	08	80
10	**BMI**		
	a. Underweight	02	20
	b. Normal	02	20
	c. Overweight	06	60

11	**Existing health issues**		
	a. Diabetes mellitus	02	20
	b. Hypertension	05	50
	c. Heart disorders	01	10
	d. Any others	00	00
	e. None	02	20
12	**Working experience in years**		
	a. 10 years	06	60
	b. 05 years	04	40
13	**Exposure to health related information**		
	a. Mass media	02	20
	b. Health professionals	01	10
	c. Peer group	01	10
	d. No information	06	60

ANALYSIS AND INTERPRETATION OF HEALTH STATUS OF PU LECTURERS WHO WERE EXPOSED TO GHQ-28.

Table No 3: Mean, Median, Mode, Standard Deviation and Range pre-test scores of subjects regarding &Subscale;.

n=10

Area of Analysis	Mean	Median	Mode	Standard Deviation	Range
Total traits	10	11	11	5.74	18
Somatic symptoms	3.4	02	02	4.01	10
Anxiety & insomnia	3.9	04	Trimodal 0,2,7	2.58	07
Social dysfunction	1.7	1.5	00	1.6	05
Severe depression	2.5	0.5	00	3.10	07

Table 04: Frequency and percentage distribution of knowledge scores of subjects regarding total traits.

n=10

Knowledge score	Pre-test	
	Frequency (f)	Percentage (%)
Good (15.74 & above)	2	20%
Average (4.26-15.74)	6	60%
Poor (4.26 & below)	2	20%

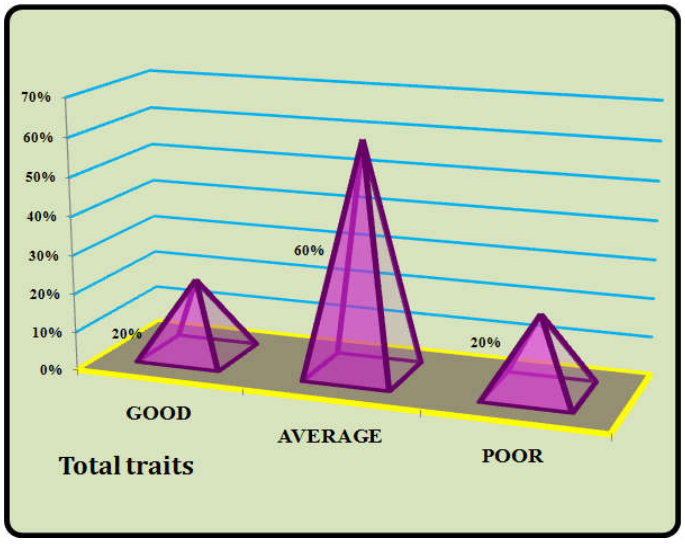

Fig - 1 The pyramidal graph represents the percentage distribution of the subjects according to their level of knowledge scores related to Total traits.

Table - 5 Frequency and percentage distribution of knowledge scores of subjects regarding Subscale; Somatic symptoms.

n=10

Knowledge score	Pre-test	
	Frequency(f)	Percentage(%)
Good (7.41 & above)	4	40%
Average (0.61-7.41)	5	50%
Poor (0.61 & below)	1	10%

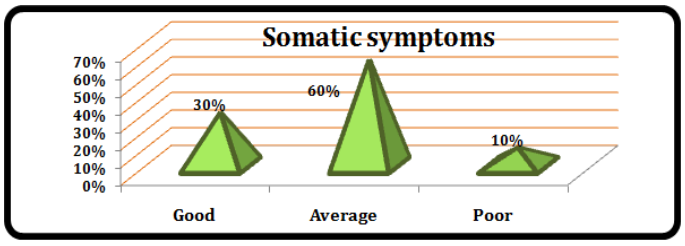

Fig – 2 The pyramidal graph represents the percentage distribution of the subjects according to their level of knowledge scores related to Somatic symptoms

Table: 6 Frequency and percentage distribution of knowledge scores of subjects regarding Subscale; Anxiety & insomnia.

n=10

Knowledge score	Pre-test	
	Frequency(f)	Percentage(%)
Good(6.48 & above)	4	20%
Average (1.32-6.48)	3	30%
Poor (1.32 & below)	3	30%

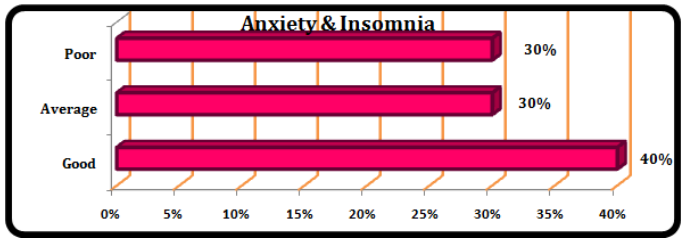

Fig - 3 The Bar graph represents the percentage distribution of the subjects according to their level of knowledge scores related to Anxiety & Insomnia

Table - 7 Frequency and percentage distribution of knowledge scores of subjects regarding Subscale; Social dysfunction.

n=10

Knowledge score	Pre-test	
	Frequency(f)	Percentage(%)
Good (3.3 & above)	1	10%
Average (0.1-3.3)	2	20%
Poor (1.32 &below)	7	70%

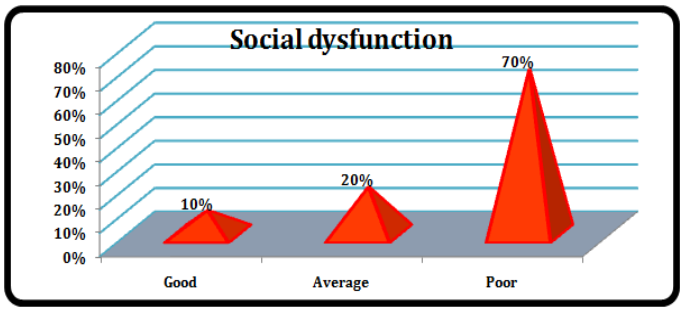

Fig - 4 The pyramidal graph represents the percentage distribution of the subjects according to their level of knowledge scores related to Social Dysfunction

Table No 8 Frequency and percentage distribution of knowledge scores of subjects regarding Subscale; Sever depression.

Knowledge score	Pre-test	
	Frequency (f)	Percentage (%)
Good (5.6 &above)	2	20%
Average (5.6-0.6)	6	60%
Poor (0.6 & below)	2	20%

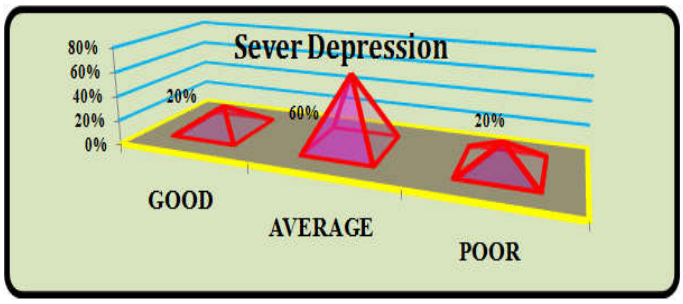

Fig - 5 The pyramidal graph represents the percentage distribution of the subjects according to their level of knowledge scores related to Sever depression

DISCUSSION

Maximum number of subjects 05(50%) were equally male and female which is contradictory to the study conducted by Wirawani Kamarulzaman and Wirawahida Kamarul Zaman where majority of the participants were female 192 (87.3%) and followed by male teaching staff 28 (12.7%).[1]

CONCLUSION

The study concluded that the knowledge regarding Health status of Pre-university Lecturers was low and need more awareness about their health status including regular health checkup.

Recommendations:

- This study can be replicated to a larger sample to generalize the findings.
- A similar study can be replicated in different settings with different samples respectively.
- A similar study can be conducted with teaching methods.
- To conduct intensive health education programs on awareness of General health among teachers.
- To conduct screening programs for the risk of developing diseases.

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