A Comparative Study to Assess the Knowledge on Myths and Misconceptions about Mental Illness among Adults (18-35yrs) in Selected Rural and Urban Community of Gurugram with a View to Develop Information Booklet

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Abstract

Background: Mental Health is vital for the growth and productivity of every society and for a healthy and happy life. Mental disorders account for nearly 12% of the global burden of disease. By 2020 they will account for nearly 15% of disability-adjusted life-years lost to illness. The burden of mental disorders is maximal in young adults; the most productive section of the population. However, they can affect anyone regardless of age, race, religion or income. About one in four adults experiences a diagnosable mental disorder in a given year. Mental illness is believed to be associated with myths and misconceptions.

Objectives: 1. To assess the level of knowledge on myths and misconceptions about mental illness among adults in selected rural and urban community of Gurugram. 2. To compare the level of knowledge on myths and misconceptions about mental illness among adults in selected rural and urban community of Gurugram. 3. To find out the association between the level of knowledge on myths and misconceptions about mental illness among adults with selected demographic variables. 4. To develop and validate an information booklet on myths and misconceptions about mental illness based on the identified needs.

Material and Method- A research approach for the study was quantitative approach; and comparative descriptive research design was selected for the study. The study was conducted at Budhera village and Farukhnagar of Gurugram, Haryana. The population of the study consisted of adults 18-35 years. Non probability convenient sampling technique was used to collect the data. The data was collected from 100 samples using structured knowledge questionnaire and the collected data was analyzed by using descriptive and inferential statistics.

Results: The study findings revealed that the majority of the adults of urban community i.e. 96% had good knowledge followed by 4% average and no one had poor knowledge on myths and misconception regarding mental illness. It also shows that the majority of the adults of rural community i.e. 74% had average knowledge followed by only 26% had good knowledge and no one had a poor knowledge on myths and misconception regarding mental illness.

Conclusion: It was concluded that adults of urban community had good knowledge and the adults of rural community had average knowledge on myths and misconception about mental illness.

Keywords: *Mental Illness, Myths and misconception, Knowledge, Adult, Urban and Rural community, Information booklet.*

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Introduction

According to the World Health Organization (WHO), mental health is “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”

Mental illnesses are common and universal. Worldwide, mental and behavioural disorders represented 11% of the total disease burden in 1990, expressed in terms of disability-adjusted life years (DALYs) (WHO 2001b). This is predicted to increase to 15% by 2020. Mental health problems also result in a variety of other costs to the society (WHO 2003)[1].

Mental health refers to cognitive, behavioral, and emotional well-being. It is all about how people think, feel, and behave. People sometimes use the term "mental health" to mean the absence of a mental disorder. Looking after mental health can preserve a person's ability to enjoy life..Conditions such as stress, depression, and anxiety can all affect mental health and disrupt a person's routine.[2]

Mental illnesses are health conditions involving changes in emotion, thinking or behavior (or a combination of these). Mental illnesses are associated with distress and/or problem`s functioning in social, work or family activities. People with mental health problems say that the social stigma attached to mental ill health and the discrimination they experience can make their difficulties worse and make it harder to recover[3]

Behavioural health disorders impact the lives of millions of people every single day. Unfortunately, there is a societal stigma about mental health that contributes to the spreading of misconceptions. These harmful ideas can make it difficult for people to seek treatment. It is vital for everyone to realize that mental health conditions are nothing to be ashamed of and that those suffering deserve treatment. That's why it's so important to dispel these myths and misconception.[4]

Mental illness is illness just like any other, such as heart disease, diabetes, and asthma. Mental illness may recur throughout their lives and require ongoing treatment. This is the same as many physical illnesses, such as diabetes and heart disease. Like these other long-term health conditions, mental illness can be managed so that individuals live life to the fullest.[5]

Mental health problems are a cause of great concern in India as per the WHO statistics (2017) and the recent survey (2015 - 2016) conducted by the Bengaluru-based National Institute of Mental Health and Neuro Sciences (NIMHANS) in 12 states, covering 34,802 people. The NIMHANS study reveals 10 per cent of the population has common mental disorders and 1.9 per cent of the population suffers from severe mental disorders [6,7]

Around 70–80% of the population in India currently live in rural settings without access to good quality healthcare facilities. The establishment of primary health centres (PHCs) has helped improve affordability and accessibility of healthcare to some extent, for some conditions, but it has been largely ineffective in addressing the needs of people suffering from or at risk of non-communicable disorders including mental disorders.[8]

Studies have shown that low rates of seeking psychiatric help are mainly due to poor knowledge of mental health disorders (MHD)[8] that includes information about mental disorders, symptoms, and psychiatric treatments[9].

"Stories Against Stigma*:* walking tour of NIMHANS aimed to address the stigma around mental health. The program intended to tell people not only about the history of NIMHANS and the services available but also break the myths and misconceptions that the general public hold towards mental illness, mental health institutes, and mental health professionals. The walking tour is one of its kind initiated by the Department of Mental Health Education, NIMHANS.[10]

The burden of mental, behavioral and substance use disorders are enormous but the resources to tide over the situation are nominal. Inadequate number and/or uneven distribution of human resources is a major hurdle in the successful implementation of National Mental Health Programme (NMHP) by Central or State Government. Treatment facilities for the persons with mental illness in our country are very few. Limited availability of psychiatric beds, poor accessibility to good treatment facilities, lack of awareness and stigma attached to mental illness create a huge treatment gap.[11,12]

A report by the World Health Organisation (WHO) revealed that 7.5 per cent of the Indian population suffers from some form of mental disorder. Mental illnesses constitute one-sixth of all health-related disorders and India accounted for nearly 15% of the global mental, neurological and substance abuse disorder burden. The treatment gap, which is defined as the prevalence of mental illnesses and the proportion of patients that get treatment, is over 70 per cent. WHO also predicts that by 2020, roughly 20 percent of India will suffer from mental illness and to cater to this demographic, we have less than 4,000 mental health professionals.[13,14,15]

In our country, the discovery of a mental illness is

often followed by denial and hesitation to seek help. Not only do we need to actively foster awareness about mental health, we also need to create awareness about the absurdity of the stigmas attached to mental health, in order to eradicate them. Knowledge can have a tremendous impact on how individuals, societies and the public health community deal with mental disorders.

Keeping in view the trends and problems experienced by patients, It was decided to focus on the myths and misconceptions regarding the mental illness present in rural and urban community.

Material and Method

For the present study quantitative approach and Comparative research design was used. The study was conducted at Budhera and Farukhnagar village of district Gurugram. Administrative permission was taken to conduct the study. The target population of the present study was the Adults (18-35) years of age. Non probability convenient sampling technique was used to select 100 adults as samples. The data were collected using structured questionnaire which was divided into two parts: Section I consisted of items related to demographic data including age, gender, religion, family pattern, educational status, occupation, income, marital status, source of information and any history of mental illness in family. Section II consists of 30 structured knowledge questionnaire to assess myths and misconceptions about mental illness. Content validity of the tool was established from experts of various fields of specialization. The collected data was analyzed by using Descriptive and Inferential Statistics.

Results

The data presented in the table 1 indicates that majority of adults in urban and rural community belong to the age group 26-30 years were 40 % & 38% respectively. Acc to Gender, majority were males i.e. 52% in urban community whereas 54% in rural community respectively. Acc to religion, majority were Hindu i.e. 94% in both Urban and Rural community. Acc. to family pattern, majority of the adults in urban belong to Nuclear family i.e. 64% whereas 62%.in rural community. Acc to education, majority of adults in Urban were Graduates i.e. 54% while in rural 28% were Matric pass. Acc to occupation, majority of adults in Urban 32% belong to private job and in rural 26% were labourers. Acc to family income, In Urban community 32% had income of 10000-250000 whereas in rural 52% had income of>10000. Acc to marital status, majority of adults in urban 56% were married and in Rural 52% were married. Acc to source of information, in urban 56%had information through print media and in rural 70% had information through AV aids. Acc to history of mental illness, majority of adults in urban community do not have any history of mental illness i.e. 88% & 86% rural community.

Table 1: Frequency and Percentage distribution of subjects by their sample characteristics n=100

S.No.	Variables	Categories	Urban n=50		Rural n=50	
			f	%	f	%
1.	Age (in years)	18-25 26-30 31-35	16 20 14	32 40 28	17 19 14	34 38 28
2.	Gender	Male Female	26 24	52 48	27 23	54 46
3.	Religion	Hindu Muslim Sikh Christian	47 0 2 1	94 0 4 2	47 2 1 0	94 4 2 0
4.	Family pattern	Nuclear Joint	32 18	64 36	19 31	48 62
5.	Education	Illiterate Matric level Sr. Secondary Post graduate	0 4 10 27 9	0 8 20 54 18	9 19 10 9 3	18 28 20 18 6

S.No.	Variables	Categories	Urban n=50		Rural n=50	
			f	%	f	%
6.	Occupation	Unemployed	12	24	11	22
		Government	14	28	7	14
		Private	16	32	9	18
		Business	8	16	10	20
		Labor	0	0	13	26
7.	Family income (in Rs/-)	<10000	12	24	26	52
		10000-25000	16	32	17	32
		26000-40000	15	30	7	14
		>40000	7	14	0	0
8.	Marital status	Married	28	56	27	52
		Unmarried	20	40	20	40
		Divorced	2	4	2	4
		Widowed	0	0	1	2
9.	Source of information	Print media	28	56	12	24
		AV aids	22	44	35	70
		Health Professional	0	0	3	6
10.	History of mental illness	Yes	6	12	7	14
		No	44	88	43	86

Table 2 depicts that majority of adults i.e. 48 (96%) in Urban community had good level of knowledge followed by 2 (4%)had average level of knowledge whereas majority of adults i.e. 37 (74%)in rural community had average level of knowledge followed by 13(26%) had good level of knowledge. No subject was found to have poor knowledge in Urban and Rural community.

Table II: Distribution of knowledge score among adults of urban and rural community about mental illness n=100

S.No.	Level of knowledge	Urban (n=50) F (%)	Rural (n=50) F (%)	Total (n=100)
1.	Good (21-30)	48(96%)	13(26%)	61
2.	Average (11-20)	2(4%)	37(74%)	39
3.	Poor (0-10)	0	0	0

Table III depicts the comparison of knowledge on myths and misconceptions about mental illness in Urban and Rural community. The mean of urban community was 23.60 and SD was 1.96 and in rural community mean was 19.50 and SD was 2.42. Hence it was concluded that there is significant association between urban and rural community on knowledge score on myths and misconceptions about mental illness.

Table III: Mean knowledge score and standard deviation among adults residing in urban and rural community and the test of significance using independent t test

S.No.	Groups	Mean± SD	t-value	p-value	S/NS
1.	Urban	23.60± 1.96	9.32	0.00001	S*
2.	Rural	19.50± 2.42			

The chi square values obtained to seek the association between knowledge among adults of urban community and selected demographic factors showed that there is significant relationship between knowledge score and selected factors like education and occupation. There is no significant relation between knowledge and selected factors like age, gender, religion, family pattern, family income, marital status, source of information and history of mental illness.

The chi square values obtained to seek the association between knowledge among adults of rural community and selected demographic factors showed that there is significant relationship between knowledge score and selected factor like education. There is no significant relation between knowledge and selected factors like age, gender, religion, occupation, family pattern, family income, marital status, source of information and history of mental illness.

Discussion

In the present study, findings show that majority of adults i.e. 96% in Urban community had good level of knowledge followed by 4% had average level of knowledge whereas majority of adults i.e. 74% in rural community had average level of knowledge followed by 26% had good level of knowledge. There is a significant difference between level of knowledge regarding myths and misconceptions among adults of rural and urban community towards mental illness.

The mean of urban community was 23.60 and SD was 1.96 and in rural community mean was 19.50 and SD was 2.42. There is a significant difference between level of knowledge regarding myths and misconceptions among adults of urban and rural community towards mental illness.

These findings were consistent with the study conducted by S. Babita, S. Rakesh, S.K. Kushal(2013) found that the knowledge of the adults residing in the urban community regarding mental illness was higher than that of the adults residing in the rural community. The findings suggest that the information booklet and various mass media should be developed to enhance their knowledge.[15]

Conclusion

The study concludes that the knowledge of the adults residing in the urban community regarding mental illness was higher than that of the adults residing in the rural community. Adults must be providing knowledge regarding myths and misconceptions regarding mental illness. It will be beneficial to enhance the mental illness treatment especially in the community. This will also help in promotion of mental health and help them to be more socially productive individuals. Further there is a need of intensive research in the area of educating the adults on myths and misconception about mental illness and managing mentally ill people at home to promote recovery from illness and also to prevent relapse.

Ethical Clearance: Taken from the University Ethical Committee as well as the permission to conduct study from the councilor and sarpanch of the respective communities.

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