

A comparative study to assess the knowledge and attitude towards mental illness among adult in selected urban and rural area of Chhattisgarh

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Abstract—Mental health is a positive state in which one is responsible for self-awareness, self-directive, reasonable worry free and can cope with usual daily tensions. Such individual's functions well in society are accepted within a group and are generally satisfied with their lives. There are various criteria of Mental health those criteria are adequate contact with reality, control of thoughts and imagination, efficiency in work and play, social acceptance, positive self-concept, a healthy emotional life. If the individuals cannot able to fulfill these criteria will lead s to mental illness. Mental health is an ability to cope, manage changes, life's events and transition such as bereavement or retirement. All human being have mental health needs, no matter what the state of their psyche.

Result: In relation to overall analysis of knowledge score, in urban area, majority 21 (70%) adults had average knowledge, 9 (30 %) had good knowledge score. While in rural area in majority 15 (50%) adults had average knowledge, 8(26.66%) had good knowledge score and only 7(23.33%) had poor knowledge score towards mental illness. As per the overall analysis of attitude score in urban area, majority 19 (63.33%) adults had neutral attitude, 6(20%) had positive attitude and only 5(16.66%) had negative attitude. While in rural area in majority 12 (40%) adults had neutral attitude, 10 (33.33%) had negative attitude and only 8 (26.66%) had positive attitude towards mental illness. In the comparison of knowledge score between urban area and rural area adults towards mental illness, in urban area adults mean score is 6.66 and rural area adults mean score is 5.2. This clearly show that there was significant difference between the urban area and rural area adults knowledge and score. While comparison of attitude score in the urban area adults and rural area adults, in which mean score is 5.66 and rural area adults mean score is 3.33. This clearly show that there was significant difference between the urban area and rural area adults attitude score towards mental illness.

Conclusion: The above result is concluded that in domain of knowledge and attitude the higher score get from urban area adults as compare to rural area adults towards mental illness.

Index Terms—Knowledge, Practice, Mental illness, Adults.

I. INTRODUCTION

Mental health is a positive state in which one is responsible for self-awareness, self-directive, reasonable worry free and can cope with usual daily tensions. Such individual's functions well in society are accepted within a group and are generally satisfied with their lives. There are various criteria of Mental health those criteria are adequate contact with reality, control of thoughts and imagination, efficiency in work and play, social acceptance, positive self-concept, a healthy emotional life. If the individuals cannot able to fulfill these criteria will lead s to mental illness. Mental health is an ability to cope, manage changes, life's events and transition such as bereavement or retirement. All human being has mental health needs, no matter what the state of their psyche.

World Health Organization (WHO) Mental health and physical and social health are closely interwoven fibers that are vital for every individual. Mental health extends beyond diagnosed mental disorders. According to it encompasses personal well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence, and recognition of the ability to realize one's intellectual and emotional potential. Mental health is essential for the overall well-being of individuals, societies, and countries. Despite being imperative for human existence, in

many countries, unlike the importance given to physical health, mental health has been relegated. This could partly be due to the myths and misconceptions surrounding mental illnesses in many parts of the world.

Mental illness a condition that disturbed a person thinking, mood, ability to relate to other and daily functioning. People who fail to fulfill their roles and carryout responsibilities or whose behavior is inappropriate to the situation are viewed as Mental Illnesses. Predisposing factors determine an individual's susceptibility to mental illness. Mental illness are very common, one fifth of American are suffer from mental disorder in a year and one fifth of school age children are also affected by these diseases. Mental illness may be manifested in various ways such as in effective problems solving, poor reality testing and impaired cognitive functioning. These factors are operating from early life that determines a person's vulnerability to cause the illness. Mental health problems refer to the more common struggles and adjustment difficulties that affect everybody from time to time. These problems tend to happen when people are going through difficult times in life, such as a relationship ending, the death of someone close, conflict in relations with family or friends, or stresses at home, school or work. Feeling stressed or having the blues is a normal response to the psychological or social challenges most people encounter at some time or another.

II. MATERIALS AND METHODS

Review of relate research and non-research literature helped the investigator to formulate the conceptual framework based on "Stufflebeam's evaluation model" and to adopt suitable methodology for the study. The literature review further enables the investigator to develop the tools for data collection. Comparative research design was adopted to conduct the study. Target population was adults. A purposive sampling was used for selecting 60 sample of adults from Urban area Kohka Bhilai Durg Rural area Jeora Durg (C.G.) To obtain necessary data for the study, the tool was developed which included self-structured socio demographic data and self-structured knowledge questionnaire and attitude checklist. And self-structure questionnaire consist of 20 questions and Attitude checklist consist of 15 question.

Data analysis was done using descriptive and inferential analysis. The Reliability was tested in order to establish the reliability of the tool it was administered to total 6 adults (3 from Urban area Ramnagar Bhilai Durg and 3 from rural area Kutelabhata Durg).

The reliability of the tool was calculated by split half method. The reliability was calculated and found to be **0.91**. The **pilot study** was conducted in the Urban area Ramnagar Bhilai, Durg and rural area Kutelabhata Durg ,Chhattisgarh. Pilot study conducted in 10% of sample of the study to compare knowledge level of urban and rural area adults regarding mental illness. And in the **Main study** the data was collected from Urban area Kohka Bhilai Durg Rural area Jeora Durg (C.G.). according to planned schedule. The collected data was organized, analyzed and interpreted in term of objective and hypothesis of the study.

III. RESULT

Overall analysis to assess the level of knowledge towards mental illness among adult in selected urban and rural area

Level of knowledge score	URBAN AREA		RURAL AREA	
	(n)	(%)	(n)	(%)
Poor (0-7)	0	0	7	23.33
Average (8-14)	21	70	15	50
Good (15-20)	9	30	8	26.66

Depicts that in urban area, majority 21 (70%) adults had average knowledge ,9 (30 %) had good knowledge score. While in rural area in majority 15 (50%) adults had average knowledge, 8(26.66%) had good knowledge score and only 7(23.33%) had poor knowledge score towards mental illness.

SECTION-III

Overall analysis to assess the attitude towards mental illness among adult in selected urban and rural area.

Level of attitude Score	URBAN AREA		RURAL AREA	
	(n)	(%)	(n)	(%)
Negative (0-5)	5	16.66	10	33.33
Neutral (6-10)	19	63.33	12	40
Positive (11-15)	6	20	8	26.66

Depicts that in urban area, majority 19 (63.33%) adults had neutral attitude, 6 (20%) had positive attitude and only 5(16.66%) had negative attitude. While in rural area in majority 12 (40%) adults had neutral attitude, 10 (33.33%) had negative attitude and only 8 (26.66%) had positive attitude towards mental illness.

SECTION-IV

Analysis to compare level of knowledge and attitude towards mental illness among adult in selected urban and rural area in selected urban and rural area.

VARIABLES		Urban area			Rural area		
		n	%	Mean	N	%	Mean
Knowledge score	Poor (0-7)	0	0%	6.66	7	23.33%	5.2
	Average (8-14)	21	70%		15	50%	
	Good (15-20)	9	30%		8	26.66%	
Practice score	Negative (0-5)	5	16.66%	5.66	10	33.33%	3.33
	Neutral (6-10)	19	63.33%		12	40%	
	Positive (11-15)	6	20%		8	26.66%	

Depicts that in the comparison of knowledge score between urban area and rural area adults towards mental illness, in urban area adults mean score is 6.66 and rural area adults mean score is 5.2. This clearly shows that there was significant difference between the urban area and rural area adults knowledge score.

While comparison of attitude score in the urban area adults and rural area adults, in which mean score is 5.66 and rural area adults mean score is 3.33. This clearly shows that there was significant difference between the urban area and rural area adults attitude score towards mental illness.

IV. DISCUSSION

This study was consistent with the comparative study conducted by H. Mrinal (2023) to assess the knowledge regarding mental illness among adults population at Bangalore. 60 adults were selected by using purposive sampling technique. The study instrument was a pretest structured interview questionnaire. The study results revealed that majority of urban area adults had (66%) had good knowledge score and 24% had excellent score on knowledge regarding mental illness and the rural area adults (67%) had poor knowledge and (23%) had average knowledge regarding mental illness. The study concluded that urban area adults had higher knowledge as compared to rural area adults.

The above study is supported by study done by G. Konnur (2022) to assess the attitude of adult's population regarding mental illness. A comparative research design was selected for the study. In urban area attitude score of adults majority 53 (88.33%) had negative attitude, 7(11.66%) had neutral attitude score. However, in rural area, attitude score increase, majority 50 (83.33%) had positive score and 10(16.66%) had neutral attitude score regarding mental illness.

The above study is supported by study done by L. Krishnamurti (2022) conducted a comparative study to assess the knowledge level of adults regarding mental illness. The present study reveals that, in the urban area most of the subjects 25 (83.33%) had very high knowledge; 2(6.7%) high level of knowledge, 3(10%) scored average level of knowledge. And in rural area 18(60%) adults had low level of knowledge, 8 (26.7%) had average level of knowledge, 4 subjects(13.3%) had very low level of knowledge and none of the subjects had high, and very high knowledge. Respectively and Standard Deviation of the urban area and rural area was 12.33 and 10.66 respectively. Hence study data concluded the urban area adult's knowledge score is higher than

rural area adults' knowledge score regarding mental illness.

V. CONCLUSION

In the comparison of knowledge score between urban area and rural area adults towards mental illness, in urban area adults mean score is 6.66 and rural area adults mean score is 5.2. This clearly show that there was significant difference between the urban area and rural area adults knowledge score. While comparison of attitude score in the urban area adults and rural area adults, in which mean score is 5.66 and rural area adults mean score is 3.33. This clearly show that there was significant difference between the urban area and rural area adults attitude score towards mental illness. The above result is concluded that in domain of knowledge and practice the higher score get from urban area adults as compare to rural area adults towards mental illness.

REFERENCES

- [1] Biria N Mental Health in India: 7.5% of Country Affected; Less Than 4,000 Experts: The Economic Times. 2019Last accessed on 2020 Feb 16
- [2] Sneha CR, Reddy MM, Nongmeikapam M, Narayana JS. Awareness and attitude toward mental illness among a rural population in Kolar Indian J Soc Psychiatry. 2019; 35:69–74
- [3] Parajuli S, Chalise M, Pathak G, Chauhan HS. Assessment of knowledge on mental illness and its determining factors among people aged 25–40 years in Pokhara Valley, Nepal Int J Health Sci Res. 2015;5:355–36
- [4] Poreddi V, Ramachandra Nagarajaiah, Reddemma K, Math SB. Attitude and response of a rural population regarding person with mental illness Dysphrenia. 2012; 4:42–8
- [5] Gureje O, Lasebikan VO, Ephraim-Oluwanuga O, Olley BO, Kola L. Community study of knowledge of and attitude to mental illness in Nigeria Br J Psychiatry. 2005; 186:436–
- [6] Allen J, Balfour B, Bell R, Marmot M. Social determinants of mental health Int Rev Psychiatry. 2014; 26:392–407
- [7] Rickwood D, Deane FP, Wilson CJ, Ciarrochi J. Young people's help-seeking for mental health problems Aust J Adv Ment Health. 2005; 4:218–51
- [8] More VP, Jadhav PB, Puranik R, Shinde VS, Pakhale S. Study of knowledge and attitude concerning mental illness in adults Int J Health Sci Res. 2012;2:1–6
- [9] Neog M, Khanikar MS. Knowledge and attitude towards mental illness - A comparative study among rural and urban college students IJHRMLP. 2017; 3:69–72
- [10] Chandramouli C. Census of India 2011 Provisional Population Totals; 2011Last accessed on 2020 Feb 10
- [11] Salve H, Goswami K, Sagar R, Nongkynrih B, Sreenivas V. Perception and attitude towards mental illness in an Urban Community in South Delhi - A community-based study Indian J Psychol Med. 2013;35:154–
- [12] Kumar D, Kumar P, Singh AR, Bhandari SS. Knowledge and attitude towards mental illness of key informants and general population: A comparative study Dysphrenia. 2012; 3:57–64
- [13] Taylor SM, Dear MJ. Scaling community attitudes toward the mentally ill Schizophr Bull. 1981; 7:225–40
- [14] Hammer JH, Spiker D. Mental Help Seeking Intention Scale J Couns Psychol. 2018;65:394–401
- [15] Majuli District in Assam (India). Last accessed on 2020 Aug 17
- [16] Subravgoudar PL. Descriptive study to assess the knowledge regarding mental illness among rural adults in selected Area, at Kolhapur, Maharashtra Int J Nurs Educ Res. 2019;7:101–9
- [17] Basu R, Sau A, Saha S, Mondal S, Ghoshal PK, Kundu S. A study on knowledge, attitude, and practice regarding mental health illnesses in Amdanga block, West Bengal Indian J Public Health. 2017; 61:169–73
- [18] Bagchi A, Sarkar P, Basu R. Knowledge, attitude and practice towards mental health illnesses in an urban community in West Bengal: A community-based study Int J Community Med Public Health. 2020; 7:1078.
- [19] Lakdawala BM, Vankar GK. Study on community attitudes towards the mentally ill among youth in Gujarat Indian J Ment Health. 2016; 3:473–85

- [20] Jalali N, Tahan S, Moosavi SG, Fakhri A. Community attitude toward the mentally ill and its related factors in Kashan, Iran Int Arch Health Sci. 2018;5:140–4
- [21] Yu Y, Liu ZW, Hu M, Liu HM, Yang JP, Zhou L, et al Mental health help-seeking intentions and preferences of Rural Chinese Adults PLoS One. 2015;10: e0141889
- [22] Yeap R, Low WY. Mental health knowledge, attitude and help-seeking tendency: A Malaysian context Singapore Med J. 2009;50:1169–76
- [23] Abolfotouh MA, Almutairi AF, Almutairi Z, Salam M, Alhashem A, Adlan AA, et al Attitudes toward mental illness, mentally ill persons, and help-seeking among the Saudi public and sociodemographic correlates Psychol Res Behav Manag. 2019; 12:45–54
- [24] Ganesh K. Knowledge and attitude of mental illness among general public of southern India Natl J Community Med. 2011; 2:175–8