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Knowledge on myths and misconceptions about mental illness among adults (18-35 yrs)

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Abstract

Mental illness is an age-old problem of mankind as recorded in the literature of the oldest civilizations. The public view towards mental illness has been considered as negative, stigmatized, uninformed and fearful entity right from the ancient time till date which varies according to age, race, ethnicity, religion, culture, tradition and education of the different community. Mental illness is believed to be associated with myths & misconceptions. Myths & misconceptions are any ill belief, mistaken thought, idea or notion and incorrect information regarding mental illness and its treatment. The study was conducted at Budhera and Farukhnagar, Gurugram. The population of the study consisted of adults (18-35years). A quantitative approach Non-Probability convenient sampling technique was used to select the sample of 100 adults (50 adults in rural and 50 adults in urban community) residing in Budhera and Farukhnagar respectively, Gurugram, Haryana. The collected data was analyzed by using descriptive and inferential statistics. The result shows that the adults of urban community have 0% poor knowledge, 4% average knowledge and 96% good knowledge on myths and misconceptions about mental illness. It also shows that adults of rural community have 0% poor knowledge, 74% average knowledge and 26% good knowledge on myths and misconceptions about mental illness. Hence, it was concluded that adults of urban community have good knowledge and adults of rural community have average knowledge on myths and misconceptions about mental illness.

Keywords: mental illness, myths and misconceptions, adults, knowledge

Introduction

Mental illness is believed to be associated with myths & misconceptions. Myths & misconceptions are any ill belief, mistaken thought, idea or notion and incorrect information regarding mental illness and its treatment. People assume that mental illness is caused by moral weakness and possession of evil spirits. Public often segregate the mentally ill from rest of the society believing that they can cause harm to others. Mentally ill are sometimes stigmatized and may be given stereotypical names such as, lunatics, mad man, and psycho. Many people with serious mental illness are challenged doubly. On one hand, they struggle with the symptoms and disabilities that result from the disease. On the other, they are challenged by the stereotypes and prejudice that result from misconceptions about mental illness. As a result of both, people with mental illness are robbed of the opportunities that define a quality life: good jobs, safe housing, satisfactory health care, and affiliation with a diverse group of people. Although research has gone far to understand the impact of the disease, it has only recently begun to explain stigma in mental illness. Much work yet needs to be done to fully understand the breadth and scope of prejudice against people with mental illness. In the global scenario, the prevalence of psychiatric disorders is 58.2 per thousand and which means that there are about 5.7 crore people suffering from some sort of psychiatric disturbance. Out of this, 4 lakh people have organic psychoses, 26 lakh people have schizophrenia and 1.2 crore people have affective psychosis thus there are about 1.5 crore people suffering from severe mental disorders, besides 12,000 patients in government mental hospital. Initial estimates suggest that about 450 million people today suffer from mental or neurological disorders or from psychosocial problems such as those related to alcohol and drug abuse and placing mental disorders among the leading causes of ill-health and disability worldwide. Many of them suffer silently and many of them suffer alone. Beyond the suffering and beyond the absence of care lie the frontier stigma, shame, exclusion and more often than we care to know death. In our society, the persons with psychiatric illness often perceived as unwanted elements, and societal stigma prevents them from seeking help and treatment. In recent years the awareness about mental illness has been changed a lot, even if the misconceptions about mental illness still present in society.

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Many studies done by WHO and other agencies point the need of awareness program in the society for eradicating stigma. Recently the Erwadi incident in Tamil Nadu points the need of proper mental health awareness in communities. The Indian mental health act, 1987, is an amendment of the Indian lunacy act, 1912. The present act recognizes the crucial role of treatment and care of mentally ill persons. But still in some part of our country mental illnesses are considered as sins and witchcraft, and these beliefs prevent them from seeking medical help. Mental health professionals can play a major role in prevention of misconception among communities.

Material and methods

A non-experimental research approach with comparative descriptive design was used 100 adults (50 adults in rural and 50 adults in urban community) residing in Budhera and Fharukhnagar respectively, Gurugram, Haryana were selected for the study. Non-Probability convenient sampling technique was used to select the sample. A structured knowledge questionnaire was prepared for assessing the knowledge regarding myths and misconception about the mental illness. Structured knowledge questionnaire consist of 30 items related to the knowledge and myths.

Data collection procedure

Data collection was done from 6th January 2018 to 17th January 2018. The sample consisted of 100 samples adult 18-35 yrs age. Non-Probability convenient sampling technique was used to select the sample. VPO Budhera and

Counselor of Faharukhnagar, Ward No. 2, Gurugram, Haryana. The average time taken by each respondent was 15-20 minutes.

Result and discussion

The result of current study showed that adults have good knowledge regarding myths and misconception of mental illness. Similarlay the findings of current study conducted by Kaur S *et al.* (2016) conducted a descriptive study to assess the knowledge on myths & misconceptions of Mental Illness on 100 healthy adults residing in selected area of Ludhiana city selected by convenience sampling technique. Structured questionnaire was used to assess myths & misconceptions of mental illness and health seeking behavior towards mental illness. The findings revealed that out of 100 adults, maximum number of adults i.e. 84% had low level of myths and misconceptions and 16% subjects had high level of myths and misconceptions of mental illness. In urban community, there is no significant relationship between knowledge score and selected demographic variables like age, gender, religion, family pattern, family income, and marital status, source of information and history of mental illness. Thus, the knowledge of adults are not influenced by age, gender, religion, family pattern, family income, and marital status, source of information and history of mental illness. In rural community, there is significant association between knowledge score and selected demographic variables like education.

Tables and figures

Table 1: Frequency and Percentage Distribution of knowledge score among adults of Urban and Rural Community N=100

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

*Significant at $p < 0.05$

Table 1 depicts that majority of adults in urban community had 96% good knowledge followed by 4% average knowledge and no adults had poor knowledge where as

majority of adults in rural community had 74% average knowledge followed by 26% good knowledge and no adults had poor knowledge.

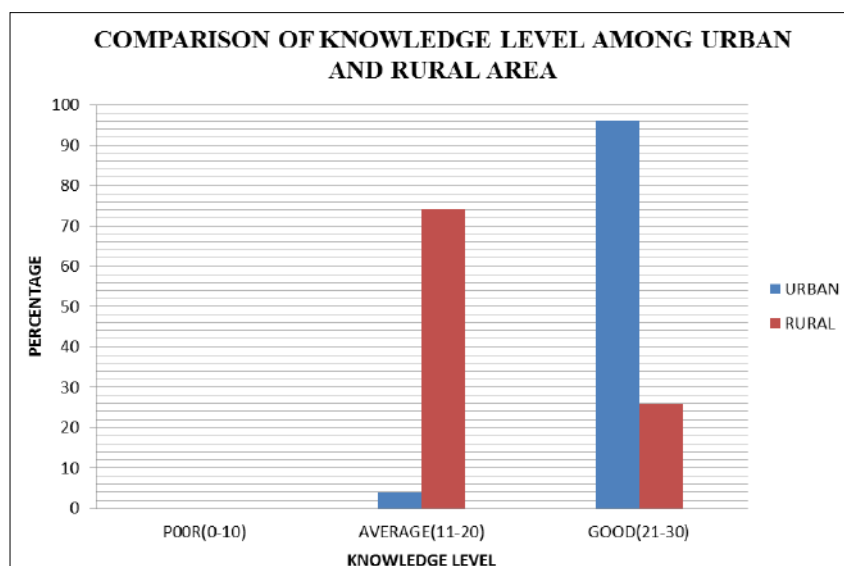


Fig 1: showing comparison of percentage distribution of adults in term of level of knowledge score in urban and rural community

Table 2: Mean knowledge score among study groups and the test of significance using independent t test N=100

No	Groups	Mean±SD	t-value	p-value	S/NS
2	Rural	19.50±2.42	9.32	0.00001	S*

*Significant at $p < 0.05$

Df (99) = 1.6660 at 0.05 level of significance.

Table 2 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 3: Chi-square showing the association between the knowledge score and selected demographic variables among adults on myths and misconceptions about mental illness in urban community. N=50

No	Variables	Categories	Knowledge levels				df	Test of significance		S/NS
			Poor	Average (f)	Good (f)	Total (n)		χ^2 value	Table value	
1	Age (Years)	18- 25	0	1	15	16	2	0.07	5.99	NS
		26-30	0	1	19	20				
		31-35	0	1	13	14				
2	Gender	Male	0	1	25	26	1	0.50	3.814	NS
		Female	0	2	22	24				
3	Religion	Hindu	0	3	44	47	3	0.20	7.81	NS
		Muslim	0	0	0	0				
		Sikh	0	0	2	2				
		Christian	0	0	1	1				
4	Family Pattern	Nuclear	0	2	30	32	1	0.92	3.814	NS
		Joint	0	1	17	18				
5	Education	Illiterate	0	0	0	0	4	13.21	9.49	S*
		Matric Level	0	0	4	4				
		Sr. Secondary	0	4	6	10				
		Graduates	0	7	20	27				
		Post-Graduates	0	3	6	9				
6	Occupation	Unemployed	0	10	2	12	4	9.72	9.49	S*
		Government	0	5	9	14				
		Private	0	6	10	16				
		Business	0	2	6	8				
		Labor	0	0	0	0				
		>10000	0	1	11	12				
7	Family income (in Rs)	10000-25000	0	2	14	16	3	2.72	7.81	NS
		26000-40000	0	0	15	15				
		<40000	0	3	7	7				
		Married	0	2	26	28				
8	Marital status	Unmarried	0	1	19	20	3	0.23	7.81	NS
		Divorced	0	0	2	2				
		Widowed	0	0	0	0				
		Print media	0	2	26	28				
9	Source of information	AV Aids	0	1	21	22	2	0.70	5.99	NS
		Health Professional	0	0	0	0				
		10	History of Mental Illness	Yes	0	0				
No	0			3	41	44				

*Significant at $p < 0.05$

Table 3 shows the association of knowledge score of adults in urban community with age, gender, religion, family pattern, education, occupation, family income, marital status, source of information and history of mental illness. The findings depicted that chi-square value between knowledge score like education and occupation were found

to be statistically significant at 0.05 level of significance and the chi-square value between knowledge score and selected demographic variables like age, gender, religion, family pattern, family income, marital status, source of information and history of mental illness were not found to be statistically significant.

Table 4: Chi-square showing the association between the knowledge score and selected demographic variables among adults on myths and misconceptions about mental illness in rural community. N=50

No	Variables	Categories	Knowledge levels				df	Test of significance		S/NS
			Poor	Average (f)	Good (f)	Total (n)		χ^2 value	Table value	
1	Age (Years)	18- 25		8	9	17	2	5.19	5.99	NS
		26-30		15	4	19				
		31-35		11	3	14				
2	Gender	Male		18	9	27	1	0.83	3.814	NS
		Female		16	7	23				
3	Religion	Hindu		31	16	47	3	1.50	7.81	NS
		Muslim		2	0	2				
		Sikh		1	0	1				

		Christian		0	0	0				
4	Family Pattern	Nuclear		12	7	19	1	0.56	3.814	NS
		Joint		22	9	31				
5	Education	Illiterate		6	3	9	4	9.72	9.49	S*
		Matric Level		13	6	19				
		Sr. Secondary		7	3	10				
		Graduates		8	1	9				
		Post-Graduates		3	0	3				
6	Occupation	Unemployed		8	3	11	4	2.65	9.49	NS
		Government		3	4	07				
		Private		6	3	09				
		Business		7	3	10				
		Labor		10	3	13				
7	Family income (in Rs)	>10000		19	7	26	3	2.39	7.81	NS
		10000-25000		12	5	17				
		26000-40000		3	4	7				
		<40000		0	0	0				
8	Marital status	Married		18	9	27	3	3.12	7.81	NS
		Unmarried		14	6	20				
		Divorced		2	0	2				
		Widowed		0	1	1				
9	Source of information	Print media		9	3	12	2	2.11	5.99	NS
		AV Aids		22	13	35				
		Health Professional		3	0	3				
10	History of Mental Illness	Yes		6	1	7	1	1.17	3.84	NS
		No		28	15	43				

Table 4 shows the association of knowledge score of adults in rural community with age, gender, religion, family pattern, education, occupation, family income, marital status, source of information and history of mental illness. The findings depicted that chi-square value between knowledge score like education was found to be statistically significant at 0.05 level of significance and the chi-square value between knowledge score and selected demographic variables like age, gender, religion, family pattern, occupation, family income, marital status, source of information and history of mental illness were not found to be statistically significant.

Conclusion

On the basis of above reported findings of the study the conclusion can be drawn that adults in urban community had good knowledge as comparison to adults in rural community. So the information booklet was used to elevating the knowledge regarding the myths and misconception about the mental illness among adults.

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