



“A Comparative study to assess the knowledge and attitude towards mental illness among adults of urban and rural area of Kheda District, Gujarat.”

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Article History

Received: 11 March 2023

Revised: 21 August 2023

Accepted: 05 October 2023

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Abstract

Introduction: Mental illness has always been significant challenge and is becoming more and more relevant in today's fast paced world. According to the world Health organization 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.” Whereas mental illness refers collectively to health conditions involving significant changes in emotion, thinking or behavior or a combination of there and associated with distress and/or problems function in social work or family activities. There is a misconception that people with mental illness are violent, which contributes to the significant of mental illness. **Material and Method:** A Quantitative non-experimental, comparative approach used in this research study. Sample size for the present study was consisting of 100 adults. The instrument used for the data collection is self structured knowledge questionnaire and Likert scale for attitude questionnaire. The data analysis was done by using descriptive and inferential statistical in terms of mean, mean percentage, standard deviation and chi square. **Result:** The result revealed that, In knowledge regarding mental illness urban adults (mean=10.38) have more knowledge as compare to rural adults (mean=6.04) and In attitude regarding mental illness urban adults (mean=43.66) have more attitude as compare to rural adults (mean=30.42). **Conclusion:** The study concluded that Urban adults have more knowledge as compare to Rural adults. Urban adults have more positive attitude as compare to rural adults.

Keywords: Assess, Knowledge, Attitude, Adults, Mental illness, Urban, Rural

Introduction:

Mental illness has always been significant challenge and is becoming more and more relevant in today's fast paced world. According to the world Health organization 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.” Whereas mental illness refers collectively to health conditions involving significant changes in emotion, thinking or behavior or a combination of there and associated with distress and/or problems function in social work or family activities¹. Cities are associated with higher rates of most mental health problems compared to rural areas: an almost 40% higher risk of depression, over 20% more anxiety, and double the risk of schizophrenia, in addition to more loneliness, isolation and stress². Contributing to the community lack of knowledge, it has also been found that the public cannot recognize different types of psychological distress and mental illness, thus influencing treatment negatively. This emphasis that lack of knowledge in the community can lead to negative attitude towards people suffering from mental illness. It is further expected that communities are the essential components in giving primary care for people suffering from mental illness, but often they require knowledge³.

Need of the study:

The knowledge and attitude toward mental illness is a key factor for every age group. In India, majority of adults residing in rural and urban communities face different kinds of mental illness due to various factors such as family problems, work pressure, economical issue, lack of employment and drought etc. Hence, it is an important to understand the knowledge and attitude of adults in the rural and urban community regarding mental illness in an order to spread the awareness about mental illness and availability of mental health-care services for the community⁴. Attitudes of patients and public towards mental illness and treatment is very influencing factor. A comprehensive review of public attitudes toward mental illness is important to educate the public as well, in view of the fact that public also play an important role in helping the patients to overcome their illness⁵. There is a misconception that people with mental illness are violent, which contributes to the significant of mental illness⁵. According to the MENTAL HEALTH OF AMERICA (2022) 19.86% of adults are experiencing a mental illness, 4.91% are experiencing a severe mental illness⁶. In India (Sep-2023) 60 to 70 million people in the country suffer from common and sever mental disorder⁷.

Objectives of the study:

1. To assess the knowledge towards mental illness among adults of urban and rural areas of kheda district.
2. To assess the attitude towards mental illness among adults of urban and rural areas of kheda district.
3. To compare the knowledge and attitude score towards mental illness among adults of urban and rural areas of kheda district.
4. To find association between knowledge towards mental illness with their selected demographic variables.

Methodology:

Research Approach: A Quantitative non-experimental, comparative approach used in this research study

Research Design: In this study we used Comparative research design.

Variables: Research Variable: Knowledge and attitude towards mental illness.

Demographic variable: Demographic variable for adults such as age, gender, religion, marital status, residential status, education, occupation, socio-economic status, family type and knowledge.

Research Setting: The study was conducted in selected urban and rural area of kheda district, Gujarat.

Target Population: In this study the target population consisted of adults age between 21-40 year who are living in the selected urban and rural areas of kheda district, Gujarat..

Sampling Technique: The sample was selected through a Non- probability sampling technique.

Sample size: The sample consists 100 adults of urban and rural area of kheda district.

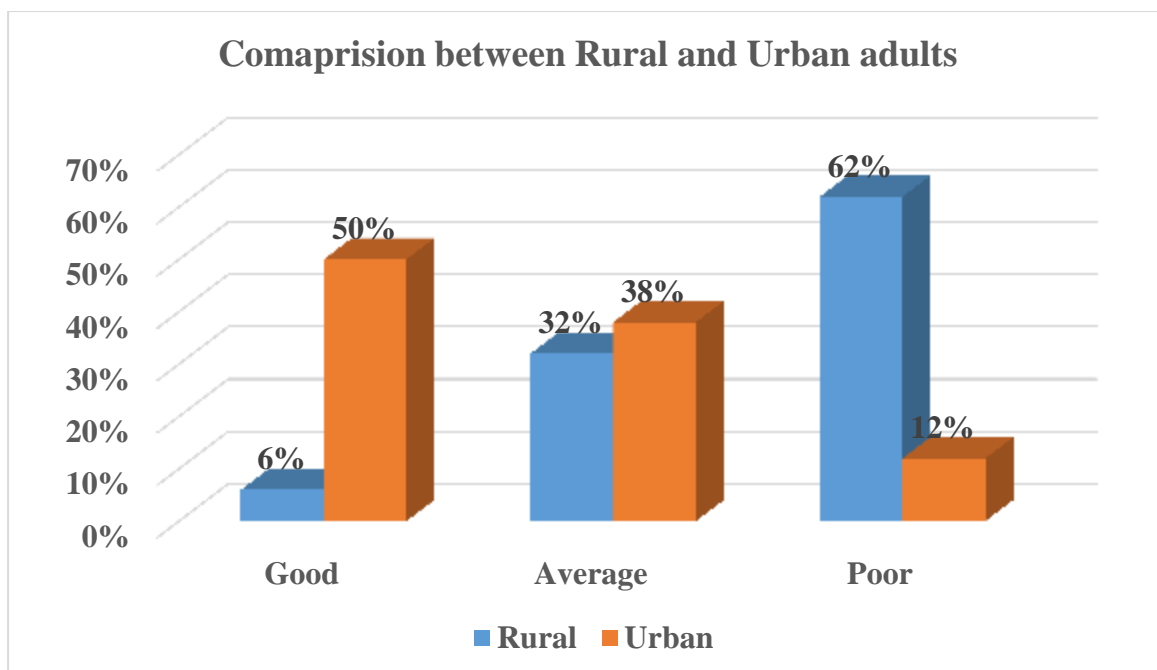
Result:

SECTION-I ANALYSIS AND INTERPRETATION OF COMPARISION BETWEEN RURAL AND URBAN AREA ADULTS KNOWLEDGE IN KHEDA DISTRICT.

Table: 1 Comparison of area of resident and knowledge among adults. (50 = rural, 50 = urban area adult)

Score	Frequency		Percentage(%)	
	Rural	Urban	Rural	Urban
Good Knowledge	3	25	6%	50%
Average Knowledge	16	19	32%	38%
Poor Knowledge	31	6	62%	12%
Total	50	50	100%	100%

Table No.1 shows that comparison of scoring on mental illness among rural and urban area shows that 3% rural adults have good knowledge and 50% urban adults have good knowledge, 32% rural adults have average knowledge and 38% urban adults have average knowledge, 62% rural have poor knowledge and 12% urban have poor knowledge.



Graph: 1: Bar graph showing comparison between Rural and Urban area adults of knowledge.

Table: 2 Mean score and standard deviation of knowledge of rural and urban area adults. (50 = rural, 50 = urban area)

Sr. No	Sample population	Mean	Standard deviation
1.	Rural	6.04	2.39131
2.	Urban	10.38	2.80635

Table No. 2 showed that the population wise analysis of mean, mean percentage and SD of knowledge score of mental illness among rural and urban adults, the mean score of rural adults is 6.04 (SD=2.39131) whereas the mean score of urban adults is 10.38(SD=2.80635). The findings revealed that the urban adults have high mean percentage knowledge score (10.38) and rural adults have low mean percentage knowledge score (6.04) in the area of mental illness.

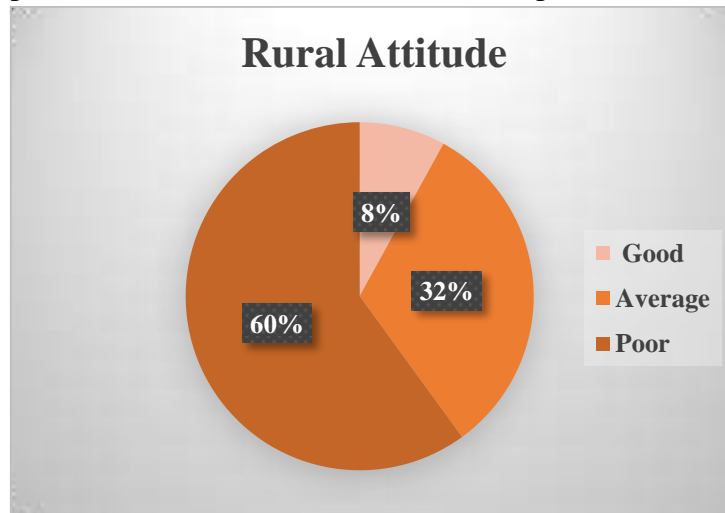
SECTION-II ANALYSIS AND INTERPRETATION OF COMPARISON BETWEEN THE RURAL AND URBAN AREA ADULTS ATTITUDE IN KHEDA DISTRICT.

Table:3: Comparison of area of resident and attitude among adults. (50 = rural, 50 = urban area adults)

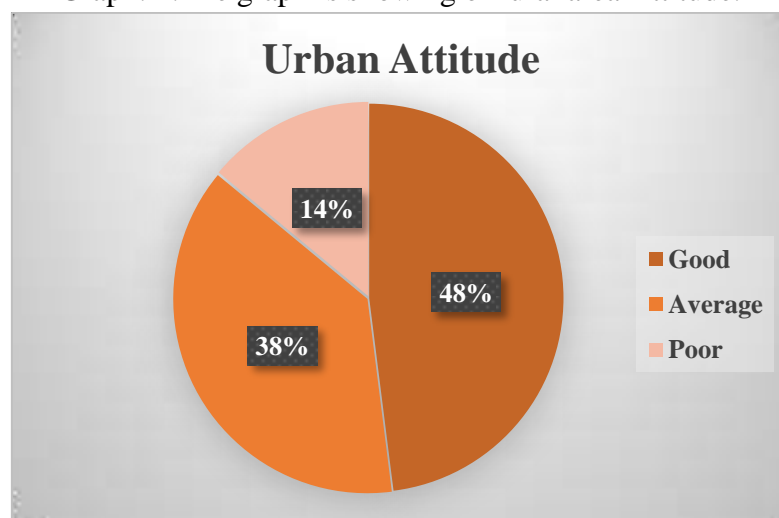
Sr.no	Score	Frequency		Attitude in percentage(%)	
		Rural	Urban	Rural	Urban
1	Good attitude	4	24	8%	48%
2	Average attitude	16	19	32%	38%

3	Poor attitude	30	7	60%	14%
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Table No.3 shows that comparison of attitude scoring on mental illness among rural and urban area shows that 8% rural adults have good attitude and 48% urban adults have good attitude, 32% rural adults have average attitude and 38% urban adults have average attitude, 60% rural adults have poor attitude and 14% urban adults have poor attitude.



Graph: 2: Pie graph is showing of rural area Attitude.



Graph: 3: Pie graph is showing of Urban Attitude

Table: 4 Mean score and standard deviation of attitude of rural and urban area adults. (50 = rural, 50 = urban area)

Sr. No.	Sample population	Mean	Standard deviation
1.	Rural	30.42	10.25688
2.	Urban	43.66	11.67623

Table No.4 shows that the population wise analysis of mean, mean percentage and SD of attitude score of mental illness among rural and urban adults. The mean score of rural is 30.42 (SD=10.25688) whereas the mean score of urban is 43.66 (SD=11.67623). The finding

revealed that the urban adults have high mean percentage attitude score (43.66) and rural adults have low mean percentage attitude score (30.42) in the area of mental illness.

SECTION-IV COMPARISION OF KNOWLEDGE AND ATTITUDE SCORE OF URBAN AND RURAL AREA.

Table: 5 Independent Sample T-Test.

Variable	Urban Mean	Urban SD	Rural Mean	Rural SD	Mean Difference	T-Value	DF	P-Value	Interpretation
Knowledge	10.38	2.80635	6.04	2.39131	4.34	8.3234	98	0.0001	Significant
Attitude	43.66	11.67623	30.42	10.25688	13.24	6.0239	98	0.0001	Significant

Table 5 presents the comparison of knowledge score and attitude score of urban and rural area adults.

T-Value: The t value is a statistic calculated from the means, standard deviations, and sample sizes of two groups. It is used to determine whether the observed differences are statistically significant For “Knowledge,” the t value is 8.3234 and for “Attitude,” it is 6.0239.

P-Value: The p-value is crucial statistics in hypothesis testing. It measures the probability of obtaining the observed results if there is no true difference between the groups. For “Knowledge”, the p-value is 0.0001, and for “Attitude,” it is 0.0001.

Interpretation: This column provides an interpretation of the statistical significant of the results. In both cases, “Significant” is noted, indicating that the observed differences in knowledge and attitude series between urban and rural area are statistically significant at the 0.05 significant level. In other words, there is strong evidence to suggests that the urban and rural adults significantly differ in these two variables based on the given data.

SECTION-IV ANALYSIS AND INTERPRETATION OF DATA RELATED TO ASSOCIATION OF KNOWLEDGE SCORE WITH THEIR SELECTED DEMOGRAPHIC VARIABLES.

Table 6: Analysis and interpretation of association of rural area knowledge score with selected demographic variables. (50 = Rural area)

Sr.no	Demographic variables		Knowledge score			Chi square value	DF	p value	Association
			G	A	P				
1.	Age	21-25	2	3	7	5.278	6	0.5087	Not significant
		26-30	1	6	7				
		31-35	0	4	11				
		36-40	0	3	6				
2.	Gender	Male	0	6	11	1.663	2	0.7974	Not significant
		Female	3	10	20				
		Transgender	0	0	0				

3.	Religion	Hindu	3	8	13	4.965	4	0.5483	Not significant
		Muslim	0	7	12				
		Christian	0	1	6				
		Other	0	0	0				
4.	Marital status	Unmarried	1	10	21	3.646	6	0.7245	Not significant
		Married	2	5	10				
		Widow	0	0	0				
		Divorce	0	1	0				
5.	Education	Primary	0	0	5	16.789	6	0.0101	Significant
		Higher Secondary	1	8	21				
		Graduation	1	8	4				
		Post Graduation	1	0	1				
6.	Occupation	Government Employee	0	2	4	8.833	6	0.1832	Not significant
		Private Employee	0	1	7				
		Self Employee	0	7	5				
		Other occupation	3	6	15				
7.	Socio economic	<5000	0	2	0	8.34	6	0.2142	Not significant
		5001-10000	1	2	3				
		10001-15000	1	8	11				
		>15001	1	4	17				
8.	Family type	Joint	1	9	13	1.076	2	0.8982	Not significant
		Nuclear	2	7	18				
		Single Parent	0	0	0				
9.	Knowledge	Social Media	0	2	4	1.335	6	0.9697	Not significant
		Family	0	1	2				
		Friends	0	2	3				
		Others	3	11	22				

***Significant association at 0.05 level**

Table No. 6 Presents the association for the knowledge scores among Rural adults with their selected demographic variables.

Regarding age, the chi square is 5.278; the probability value is 0.5087 which is not significant. Regarding the gender, the chi square is 1.663; the probability value is 0.7974 which is not significant. Regarding the religion, the chi square is 4.965; the probability value is 0.5483 which is not significant. Regarding the marital status, the chi square is 3.646; the

probability value is 0.7245 which is not significant. Regarding the education, the chi square value is 16.789; the probability value is 0.0101 which is Significant. Regarding the occupation, the chi square value is 8.833; the probability value is 0.1832 which is not significant. Regarding the socio economic status, the chi square value is 8.34; the probability value is 0.2142 which is not significant. Regarding the family type, the chi square value is 1.076; the probability value is 0.8982 which is not significant. Regarding the knowledge gain, the chi square value is 1.335; the probability value is 0.9697 which is not significant.

Table 7: Analysis and Interpretation of association of Urban area knowledge score with selected demographic variables. (N =50 Urban Area adults)

Sr.no	Demographic variables		Knowledge score			Chi square value	DF	p value	Association
			G	A	P				
1.	Age	21-25	6	7	1	3.361	6	0.7624	Not significant
		26-30	6	5	1				
		31-35	8	3	3				
		36-40	5	4	1				
2.	Gender	Male	13	9	1	2.456	2	0.6525	Not significant
		Female	12	10	5				
		Transgender	0	0	0				
3.	Religion	Hindu	21	16	6	1.11	6	0.9811	Not significant
		Muslim	4	3	0				
		Christian	0	0	0				
		Other	0	0	0				
4.	Marital status	Unmarried	6	4	0	8.781	4	0.1863	Not significant
		Married	19	15	5				
		Widow	0	0	1				
		Divorce	0	0	0				
5.	Education	Primary	5	6	2	3.248	6	0.7771	Not Significant
		Higher secondary	11	7	1				
		Graduation	5	5	2				

		Post Graduation	4	1	1				
6.	Occupation	Government Employee	2	2	1	2.666	6	0.8494	Not significant
		Private Employee	3	2	0				
		Self Employee	10	6	1				
		Other Occupation	10	9	4				
7.	Socio economic	<5000	4	6	0	3.779	6	0.7066	Not significant
		5001-10000	7	4	2				
		10001-15000	9	6	2				
		>15001	5	3	2				
8.	Family type	Joint	15	13	4	0.354	2	0.9861	Not significant
		Nuclear	10	6	2				
		Single parent	0	0	0				
9.	Knowledge	Social Media	12	1	4	13.509	6	0.0356	Significant
		Family	2	1	1				
		Friends	2	4	0				
		Others	9	13	1				

***Significant association at 0.05 level**

Table No. 7 presents the association for the knowledge scores among urban adults with their demographic variables.

Regarding age, the chi square is 3.361; the probability value is 0.7624 which is not significant. Regarding the gender, the chi square is 2.456; the probability value is 0.6525 which is not significant. Regarding the religion, the chi square is 1.11; the probability value is 0.9811 which is not significant. Regarding the marital status, the chi square is 8.781; the probability value is 0.1863 which is not significant. Regarding the education, the chi square value is 3.248; the probability value is 0.7771 which is not significant. Regarding the occupation, the chi square value is 2.666; the probability value is 0.8494 which is not significant. Regarding the socio economic status, the chi square value is 3.779; the probability value is 0.7066 which is not significant. Regarding the family type, the chi square value is 0.354; the probability value is 0.9861 which is not significant. Regarding the knowledge gain, the chi square value is 13.509; the probability value is 0.0356 which is Significant.

Conclusion:

From the finding it was consider that Urban adults have more knowledge as compare to Rural adults. Urban adults have more positive attitude as compare to rural adults.

Recommendation:

1. A similar study may be conducted in small-scale population.
2. A similar study can be replicated on a large sample covering the different state of India. So that findings can be generalized for a large population.
3. A study can be conducted by using other teaching strategies like pre test and post test.
4. A descriptive study may be conducted on mental illness.
5. A true experimental study mat be carried out the standardize the planned teaching program on mental illness.

Conflict of interest:

The authors certify that not be involved in any organization or entry with any financial or Non-financial interest in the subject matter or materials discussed in this paper.

Funding source: Self Funded

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