



Original Research Article

Knowledge and Attitude towards Mental Health and Mental Illness: An Issue among Rural and Urban Community of Jhapa District of Nepal

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ABSTRACT

Introduction: For all individuals, mental, physical and social health is vital strands of life that are closely interwoven and deeply interdependent. As understanding of this relationship grows, it becomes ever more apparent that mental health is crucial to the overall wellbeing of individuals, societies and countries. Unfortunately, in most parts of the world, mental health and mental disorders are not regarded with anything like the same importance as physical health. Instead, they have been largely ignored or neglected.

Methods: The correlational comparative study was carried out among 75 adults aged 20-60 years each residing in the rural and urban community of Jhapa district in eastern region of Nepal (i.e.150 in total) by using pre-tested structured interview schedule. Data were analysed by using SPSS and MS Excel.

Results: The study concludes that the knowledge of the adults residing in the urban community regarding mental health and mental illness was higher than that of the adults residing in the rural community. The attitude of the adults residing in the urban community towards mental health and mental illness were more favourable as compared to the adults residing in rural community. There was a positive significant correlation between the knowledge attitude towards mental health and mental illness among adults in both the community.

Conclusions: The findings suggest that the information booklet and various mass media should be developed to enhance their knowledge and change their attitude towards mental health and mental illness. Similar study should be replicated on larger samples.

Key Words: Knowledge, attitude, mental health and illness, adults, rural and urban community.

INTRODUCTION

For all individuals, mental, physical and social health is vital strands of life that are closely interwoven and deeply interdependent. As understanding of this

relationship grows, it becomes ever more apparent that mental health is crucial to the overall wellbeing of individuals, societies and countries.

Unfortunately, in most parts of the world, mental health and mental disorders are not regarded with anything like the same importance as physical health. Instead, they have been: largely ignored or neglected.

When a person is affected by physical illness he/she cannot carry out his normal role. He assumes the role of sick person. This benefits him in two ways: first it permits him to give up his usual responsibilities, and secondly, he becomes the focus of the care and attention of members of the family and society. On the contrary, when a person suffers from mental illness he is not treated in the same way as when he has physical illness.

Partly as a result, the world is suffering from an increasing burden of mental disorders, and a widening "treatment gap". Globally, many are victimized for their illness and become the targets of stigma and discrimination.

Already, mental disorders represent four of the 10 leading causes of disability worldwide. This growing burden amounts to a huge cost in terms of human misery, disability and economic loss.

Mental and behavioural disorders are estimated to account for 12% of the global burden of disease, yet the mental health budgets of the majority of countries constitute less than 1 % of their total health expenditures. More than 40% of countries have no mental health policy and over 30% have no mental health programme. Over 90% of countries have no mental health policy that includes children and adolescents. Moreover, health plans frequently do not cover mental and behavioural disorders at the same level as other illnesses, creating significant economic difficulties for patients and their families. And so the suffering continues, and the difficulties grow. ⁽¹⁾

In 2001 WHO reported that 1 in 5 of world's youth suffer from mild to severe

mental disorders. It is estimated that there are currently about 18 million people worldwide with Alzheimer's disease. This figure is projected to double by 2025 to 34 million. ⁽¹⁾

A Nationwide survey of mentally retarded individuals carried out by Shrestha (1989) found out the prevalence of Mental Retardation to be 3-5% of the total population. This condition is a chronic lifelong functionally and socially disabling condition". ^(2,3)

The objectives of the study were to assess and compare the knowledge and attitude of adults about mental health and mental illness and to find out the correlation between them in selected rural and urban community of Nepal.

MATERIALS AND METHODS

The co-relational comparative study was carried out among 75 adults aged 20-60 years each residing in the rural and urban community of Jhapa district in eastern region of Nepal (i.e.150 in total). The sample size was determined on the basis of prevalence of mental retardation to be 5% of the total population as per the study conducted by Shrestha (1989). ⁽³⁾ Multistage random sampling technique was adopted to select the adults for data collection. A total of seventy-five adults from both the settings were interviewed from 25.12.2009 to 15.01.2010 by using pre-tested structured interview schedule which was developed in consultation with nine experts in the respective fields. The data were compiled and analysed by using SPSS and MS Excel and appropriate statistical tests were performed to draw the inference.

RESULTS

The findings revealed that majority of the adults 84% in the urban community and 77.3% in the rural community were in the age group of 20 to 39 years. Majority of

the adults 74.7% in the urban community and 72% in the rural community were female. Regarding education, most of the adults 48% in the urban community and 46.7% in the rural community were educated up to secondary level. 37.3% adults in the urban community and 30.7% in the rural community were educated up to higher secondary and above.

Data shown in table 1 indicates that the most of the adults residing in the urban community have more knowledge regarding mental health and mental illness as compared to the adults residing in rural

community. The data presented in the table 2 shows that there was significant difference ($t=7.41$) between the mean knowledge score of the adults in the urban community (33.3) and the rural community (26.9). This also shows that the adults in urban community had more knowledge about mental health and mental illness as compared to adults in rural community. Data presented in table 3 indicates that the mean attitude score was higher in adults of urban community (47.12) as compared to that of the rural community (43.16) towards mental health and mental illness.

Table 1: Frequency and percentage of the knowledge score of the adults residing in urban and rural community. N=150

Class interval Of Knowledge score	Urban community n=75		Rural community n=75	
	Frequency	Percentage	Frequency	Percentage
0-10	0	0	01	1.3%
11-20	0	0	09	12%
21-30	18	24%	45	60%
31-40	57	76%	20	26.7%
41-50	0	0	0	0

Table 2: Comparison of knowledge score of adults of urban community and rural community regarding mental health and mental illness. N=150

Area	Mean	SD	Mean D	SED	't' value
Knowledge score of adults residing in urban community (n=75)	33.3	4.29	6.45	0.87	7.41*
Knowledge score of adults residing in rural community (n=75)	26.9	6.21			

*significant at 0.05 level, df (148), $t=1.96$, $p<0.05$

Table 3: Mean, median and standard deviation of attitude score of adults residing in urban and rural community towards mental health and mental illness. N=150

Area	Mean score	Median	Standard Deviation	Range of Obtained Score
Urban community (n=75)	47.12	46	6.44	31-59
Rural community (n=75)	43.16	45	9.43	22-58
Maximum possible score = 68				

The data presented in the table 4 shows that there was significant difference between the mean attitude score between the adults of rural and urban community. It also shows that the adults in urban community had more favourable attitude towards mental health and mental illness as compared to adults in rural community.

Table 4: Comparison between attitude score of adults of urban and rural community towards mental health and mental illness. N=150

Area	Mean±SD	Mean D	SED	't' value
Attitude score of adults residing in urban community (n=75)	47.12±6.44	3.96	1.82	2.17*
Attitude score of adults residing in rural community (n=75)	43.16±9.43			

*significant at 0.05 level, df (148), t=1.96, p<0.05

The data presented in table 5 shows that 'r' obtained was 0.23 which was found to be statistically significant at 0.05 level. This indicates there was a positive significant correlation between the knowledge of adults residing in the urban community regarding mental health and mental illness and their attitude towards mental health and mental illness. This suggests that the adults residing in urban community not only have more knowledge but also possess a positive attitude towards mental health and mental illness. The data presented in table 6 shows that 'r' obtained was 0.51 which was found to be statistically significant at 0.05 level. This indicates there was a positive significant correlation between the knowledge of adults residing in the rural community regarding mental health and mental illness and their attitude towards mental health and mental illness. This suggests that the adults residing in rural community not only have inadequate knowledge but also possess less favourable attitude towards mental health and mental illness.

Table 5: Correlation between knowledge and attitude towards mental health and mental illness in urban community. N=75

Area	Variables	Maximum score	Mean score	S.D	'r'
Urban community	Knowledge	43	33.3	4.29	0.23*
	Attitude	68	47.12	6.44	

*significant at 0.05 level, df (73), r=0.21, p<0.05

Table 6: Correlation between knowledge and attitude towards mental health and mental illness in rural community. N=75

Area	Variables	Maximum score	Mean score	S.D	'r'
Rural community	Knowledge	43	26.9	6.21	0.51*
	Attitude	68	43.16	9.43	

*significant at 0.05 level, df (73), r=0.21, p<0.05

and mental illness was higher than that of the adults residing in rural community. Similarly, the attitude of the adults residing in the urban community towards mental health and mental illness were more favourable as compared to adults in rural community. These findings were consistent with the study findings of Gureje, et al (2005) which concluded that poor knowledge about mental illness seemed to pervade all segments of community especially that in rural Nigerian community. They also mentioned that liberal attitude to mental illness is there in people residing in urban areas. Public enlightenment to foster community acceptances of people who are mentally ill is required for all sections of community especially for residents of rural areas. (5)

There was a positive significant correlation between the knowledge of adults residing in urban and rural community regarding mental health and mental illness and their attitude towards mental health and

DISCUSSIONS

The findings of the study showed that most of the adults (80.7%) were in the age group of 20-39 years. Most of them (73.3%) were female. These findings are similar with the findings reported by Natalia and Bryan (2002) in which 69% of the adults were in age group of 15 to 45 years and 54.5% were female. (4)

The findings of the study also showed that the knowledge of adults in the urban community regarding mental health

mental illness. These findings are in conformity with the findings of Fan (1999) who mentioned that the amount of knowledge about mental illness was associated with either positive or negative attitude towards mental illness. ⁽⁶⁾ Hamre, et al (1994) and Wolff, et al (1996a) observed that negative views of mental illness were associated with lack of knowledge. ^(7,8) Yang, et al (1989), Hannigan (1999), Ng and Chan (2000) also reported that the lack of knowledge of mental illness was correlated with more controlling attitude to mental illness. ⁽⁹⁻¹¹⁾ Wolff, et al (1996b) also reported that the negative attitudes are fuelled by a lack of knowledge. ⁽¹²⁾

CONCLUSIONS

The study concludes that the knowledge of the adults residing in the urban community regarding mental health and mental illness was higher than that of the adults residing in the rural community. The attitude of the adults residing in the urban community towards mental health and mental illness were more favourable as compared to the adults residing in rural community. There was a positive significant correlation between the knowledge of adults residing in both urban and rural community regarding mental health and mental illness and their attitude towards mental health and mental illness.

The findings of the study suggest that the information booklet and various mass media should be developed to enhance their knowledge and change their attitude towards mental health and mental illness. Similar study should be replicated on larger samples, to validate the findings and make generalizations. Epidemiological approach can be adopted to survey and assess the incidence of mental illness in Nepal especially in community setting as no such data are available at present. Study can be conducted among nursing professionals and

peripheral level health workers throughout the country to assess their knowledge, attitude and practice regarding mental health and mental illness so that a nationwide health education programme may be launched.

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REFERENCES

1. WHO global status report, 2003.
2. Shrestha DM. Development of mental health services in Nepal. *Journal of the Nepalese Medical Association*. 23; 1:247-56.
3. Shrestha DM, Pach A, Rimal KP. A social and psychiatric study of mental illness in Nepal. Kathmandu, Nepal: United Nations Childrens Fund; 1983.
4. Natalia S, Bryan A. A comparison of Russian and British attitudes towards mental health problems in the community. *Int J Soc Psych hiatry*. 2002 Dec; 48(4):266–278.
5. Gureje O, Lasebikan VO, Ephraim OO, Olley BO, et al. Community study of knowledge of and attitude to mental illness in Nigeria. *British Journal of Psychiatry* 2005; 186:436-441.
6. Fan C. A comparison of attitudes towards mental illness and knowledge of mental health services between Australian and Asian

- students. *Community Mental Health J.* 1999 Feb; 35(1):47-56.
7. Hamre P, Dahl AA, Malt UF. Public attitudes to the quality of psychiatric treatment, psychiatric patients and prevalence of mental disorders. *Nordic Journal of Psychiatry* 1994; 48:275-281.
 8. Wolff G, Pathare S, et al. Community attitudes to mental illness. *British Journal of Psychiatry* 1996a; 168(2):183-190.
 9. Yang JQ, Gu CY, Yin SR. The report of epidemiological survey of mental disorders of Uighurs in Xinjiang. *Chinese Journal of Psychiatry* 1989; 22:366-368.
 10. Hannigan B. Mental health care in the community: An analysis of contemporary public attitudes towards, and public representations of mental illness. *Journal of Mental Health* 1999; 8: 431-440.
 11. Ng P, Chan KF. Attitudes toward people with mental illness: Effects of a training program for secondary school students. *International Journal of Adolescent Medical Health* 2002; 14:215-224.
 12. Wolff G, Pathare S, et al. Community knowledge of mental illness and reaction to mentally ill people. *British Journal of Psychiatry* 1996b; 168(2): 191-198.

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