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Research Article

STUDY TO ASSESS KNOWLEDGE AND ATTITUDE REGARDING MENTAL ILLNESS AMONG TRIBAL POPULATION

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INTRODUCTION

Reddy NG (1992) stated that mental health is about enhancing competence of the individuals and community and enables them to achieve their self-determined goal. Mental health should be a concern for all of us, rather than only for those who suffer from a mental disorder.¹

The prevalence of various mental disorder in India revealed that 2% of people suffer with mental illness, neurosis and psychosomatic disease (3%), mental retardation (1%) and psychiatric disorder of children (2%). Similarly in a year around 3.63 million people visits government hospital and 2.6 million people visit private hospital for mental health care services.²

The world health organization had chosen the theme on mental health “young people and mental health in a challenging world”. World mental health day theme focuses on the adolescents and the mental health problems that they deal with. WHO Estimate that an about 7.5% person suffers from some mental disorder and predicts that by end of this year roughly 20% of India will suffer from mental illnesses. According to the numbers, 56 million Indians suffer from depression and another 38 million Indians suffer from anxiety disorder.³

The National Institute of Mental Health and Neuro-Sciences reported that in India 70 million people suffer from mental ailments and yet, 50-90 percent of them are not able to assess corrective services due to less awareness and negative attitude or stigma towards mental illness.^{4,5} In line with awareness program contributed to a modest improvement in public knowledge on mental illness and depression or suicide.⁶

MATERIAL AND METHODS

Descriptive and co-relational approach was used for the study as objective of the study was to assess knowledge and attitude regarding mental illness among the people residing at tribal area of Bhandardara village, Ahmed Nagar district, Maharashtra. Sample size was calculated using openepi, open

source calculator SSCC. The estimated sample size was 100. Tribal people were selected by using purposive sampling technique, based on inclusion and exclusion criteria of selection. The people of 18 years or older, and willing to participate were included, wherein people who were migrants and actually ill were excluded from study.

An ethical approval was obtained from institutional ethical committee of Pravara Institute of Medical Sciences (deemed to be university) Loni (BK). Written informed consent was taken from tribal people. The structured questionnaire and rating scale was used to gather data, it consist of section A- Socio demographic characteristic (10 items), section B- Knowledge questionnaire (25 items), and section C – rating scale (20 items). The investigator personally visited each person and introduced self. The purpose of study explained to the people, and instruction related to tool was given to facilitate co-operation and participation. Printed Questionnaire and rating scale was given to samples and instruct to fill the tool as per their best knowledge. Sufficient time was provided for the successful completion of the tool approximately 60 min, immediately after the completion; the tool was collected from the samples by the researcher with appreciation.

RESULTS

Description of socio-demographic variable

A total 100 tribal people were participated in Study, and baseline data revealed that highest percentage (37%) were in the age group of above 36, more than (56%) were males wherein majority (84%) were married, (50%) were no formal education and above, (84%) were Hindus, (48%) had Agricultural work and (51%) had monthly family income of <Rs. 3001-6000.

Awareness on mental illness among tribal people

majority (60%) of tribal people believed that lower socioeconomic class increases risk of having psychiatric disorder, followed by 68% people believed that risk of

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psychiatric problem increases in people who are sad unhappy mostly, and 66% believed that daily alcohol drinkers are more prone to mental disorder. It was interesting note that 65% people believed that religious ceremonies and witchcrafts helps a patient to come out from mental illness, half 50% people know the symptoms of mental illness such as lack of sleep, talkativeness and wondering behavior ect and only 45% of them know that psychotherapy can be effective treatment for people with mental health problem.

Assessment of knowledge and attitude regarding mental illness

Finding revealed that overall knowledge score was (13.51±5.42), mean attitude score was (62.65±5.13) of the total score. It indicates the tribal population had a good knowledge about mental illness and had favorable attitude toward mental illness.

Area wise comparison of mean, SD of knowledge score on mental illness N=100

S. No.	Awareness area	Max. score	knowledge score	
			Mean	SD
1	Introduction to mental illness	5	2.68	1.26
2	Causes of mental illness	5	2.91	1.18
3	Sign and symptoms of mental illness	5	2.39	1.03
4	Treatment of mental illness	5	2.65	0.82
5	Prevention of mental illness	5	2.88	1.14
Overall		25	13.51	5.43

Area wise comparison of mean, SD attitude regarding mental illness N=100

S. No.	Attitude area	Max. score	attitude score	
			Mean	SD
1	Rating scale	100	62.65	5.13

Association between knowledge score with selected demographic variable

Chi square values were calculated to find out the association between awareness score with demographic variables of tribal population. the findings revealed that their Was significant association between knowledge score and socio demographic variables like age gender and education, whereas there was no significant association between knowledge score and socio demographic variables like type of family, source of knowledge on mental illness. Hence the stated null hypothesis (HO₂) was rejected as there was significant association between awareness score and their selected socio demographic variables.

DISCUSSION

In the present study of 100 subjects, majority of (37%) were in the age group of 36 and above, 26% were in the age group of 25-30yrs. (56%) was male and remaining 44% was female participant, wherein majority (84%) were married, interestingly half (50%) did not had formal education and above, (84%) were belongs to Hindu religion, and their primary occupation was Agriculture (48%) and (51%) participant had monthly family income of <Rs. 3001-6000.

The finding of the study was coincide with the study by Sinu E and Mahadevan U, and AO P D that majority of (66%) were illiterate, and 45% were engaged with agricultural work.^{8,9} in line with tribal population has inadequate knowledge on health and illness including the mental illness. Still people believe that the mental illness is caused by evil spirit or black magic.

Similarly in current study too, it was noted various wrong perception that unmarried person are less likely to develop mental illness, “mental illness are mainly caused by evil spirit, demons witchcrafts, and “person suffering with mental illness never be normal, this finding are in line with Shaista A, Madhavi M, Pradeep S, Chinnayya, Sujatha and Shyamala studies that the general awareness and knowledge of sign and symptom and cause of mental illness were not sufficient.^{10,11}

There was significant association found between knowledge score with demographic variables such as age, gender, educational status. It was similarity with study by desai N G, Tiwari S C, Nimbi S, Shah B finding shows the significant association was found between age, education with level of knowledge

CONCLUSION

Mental illness often generates misunderstanding, prejudice, confusion and fear. Some people with mental illness report that the stigma can at times be worse than the illness itself. People may be less willing to offer support and empathy if someone is suffering from a mental illness rather than a physical health problem. The finding revealed that people having moderate level of knowledge regarding mental illness and favorable attitude towards mental illness and its treatment. People having positive relationship between knowledge and attitude.

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