

# A Study to Assess the Myths, Beliefs and Perceptions about Mental Disorders among Adults in Selected Community at Gonda, Uttar Pradesh

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**Abstract:** *The burden of mental disorders is maximal in young adults, the most productive section of the population. Objective of the study are to assess the myths, beliefs and perceptions about mental disorders among selected community at Gonda, Uttar Pradesh and to associate the values of myths, beliefs and perceptions about mental disorder with the demographic variables of selected community at Gonda, Uttar Pradesh. The study involved quantitative approach and non-experimental descriptive design with non-probability convenient sampling technique. To collect the data from respondents, questionnaire on myths, beliefs and perception was administered to 100 peoples were for this study. Non-probability convenient sampling was used. The inclusion criteria are the peoples who are willing to participate, peoples who are able to write and read Hindi and both male and females were included. Exclusion criteria are those who were not willing to participate and sick. Socio Demographic data and questionnaire on myths, believes and perception was used to collect the data. The respondents were assured that the confidentiality of the information provided by them. It took 2 minutes for introduction and rapport building and 15 minutes for filling the questions. The data collection procedure was done.  $\chi^2$  test was used to determine the significance of relationship of myths, believes and perceptions about mental disorder with demographic variables. Maximum 58% of adults in selected community at Gonda, Uttar Pradesh were having Moderate satisfactory level of myths, beliefs and perceptions, 27% were having Unsatisfactory and 15% was having Satisfactory level of myths, beliefs and perceptions. There is a significant association between myths, beliefs and perceptions scores of gender, religion and mental disorder in family as the chi-square value is higher than the tabulated value. Therefore, the  $H_1$  is accepted.*

**Keywords:** Myths, believes, perceptions, mental disorder and adults

## 1. Introduction

Mental illnesses are widespread around the world and affect more than 25 percent of all people at some point in their lives. About 20 percent of patients that seek first-step health services have one or more mental illness. Peoples from various segments of society are believed to meet the condition of being educated and are seen to bear traces of the beliefs about mental illness from their expanding environment. 1 Myth is a folklore genre consisting of narratives that play a fundamental role in society, such as foundational tales. The main characters in myths are usually gods and on the mental problems. 2

Perception is the organization, identification, and interpretation of sensory information in order to represent and understand the mental disorders persists in the society. 3 Mental health issues are expanding and are disturbing in pretty much all aspects of the world, and thus ordering this review gives a chance to comprehend the distinctive perspectives viewing regarding mental disorders and problems. 4 Students need to learn about mental disorder. Students are the future of our country and they are going to teach others, therefore there is a need to assess the students' level of understanding on mental disorders.

One of the perceived causes of mental problems are the low level of mental health literacy. 5 According to Jorm et al. introduced the term 'mental health literacy' and have defined it as "knowledge and beliefs about mental disorders which aid their recognition, management or prevention". Mental health literacy consists of several components, including: (a) the ability to recognize specific disorders or different types of psychological distress; (b) knowledge and

beliefs about risk factors and causes; (c) knowledge and beliefs about self-help interventions; (d) knowledge and beliefs about professional help available; (e) attitudes which facilitate recognition and appropriate help-seeking; and (f) knowledge of how to seek mental health information. 6

### 1.1 Problem Statement

"A study to assess the myths, beliefs and perceptions about mental disorders among adults in selected community at Gonda, Uttar Pradesh

### 1.2 Objectives of the Study

- To assess the myths, beliefs and perceptions about mental disorders among selected community at Gonda, Uttar Pradesh.
- To associate the values of myths, beliefs and perceptions about mental disorder with the demographic variables of selected community at Gonda, Uttar Pradesh.

### 1.3 Hypothesis

**H<sub>1</sub>**- There is a significant association between the values of myths, beliefs and perceptions about mental disorder and the demographic variables of selected community at Gonda, Uttar Pradesh.

### 1.4 Assumptions

The study helps to understand the people's myths, beliefs and perceptions about mental disorders.

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1.5 Limitations

The study will be limited to 100peoples in selected community at Gonda, Uttar Pradesh.

2. Methodology

The conceptual frame work of the present study was developed using the concepts from ground general system’s theory (Von LudwingBertalamffy 1956). A descriptive study was used to find the myths, believes and perceptions about mental disorder. The present study was conducted in Bhadhvaat Gonda. 100peoples werewere for this study. Non-probability convenient sampling was used. The inclusion criteria are the peoples who are willing to participate, peoples who are able to write and read Hindi and both male and females were included. Exclusion criteria are those who were not willing to participate and sick. Socio Demographic data and questionnaire on myths, believes and perception was used to collect the data. The final format of the structured questionnaire comprises of two parts. Part I consists of items describing the demographic variables of the sample like age, gender, family, income, religion and mental disorder in family members. Part II consistsof 30 items in 5-point scale starts from 0 to 4. Minimum 0 and maximum 120 marks. The pilot study was conducted on 6samples. The reliability of the tool was computed by using split half technique. The reliability co-efficient found to be 0.85 and validity coefficient worked out to be 0.98 revealing that the tool is feasible for conducting the main study. The respondents were assured that the confidentiality of the information provided by them.It took 2 minutes for introduction and rapport building and 15 minutes for filling the questions. The data collection procedure was done.  $\chi^2$  test was used to determine the significance of relationship of myths, believes and perceptions about mental disorder with demographic variables.

3. Results

Table 1: Frequency and percentage distribution of socio demographic variables, n=100

S.No	Socio Demographic Variables	Frequency	Percentage
1	<b>Gender</b>		
	a. Male	31	31
	b. Female	69	69

Table 3: Area wise min, max, range, mean percentage and standard deviation, n=100

S.NO.	Attitude Level	Statement	Minimum	Maximum	Range	Mean	S. D	Mean %
1	Myths on Mental Disorders	10	0	40	0-39	21.85	8.874	54.6
2	Belief on Mental Disorders	10	0	40	1-36	22.28	8.503	55.7
3	Perceptions on Mental Disorder	10	0	40	1-37	22.09	8.240	55.2
	Overall	30	0	120	2-96	66.22	24.110	55.2

The myths, beliefs and perceptions score of adults in selected community at Gonda, Uttar Pradesh had obtained highest score in the aspect of “Belief on Mental Disorders” with range of 1-36 mean 22.28±8.50 with mean percentage 55.70;“Perceptions on Mental Disorder” with range of 1-37

2	<b>Age in years</b>		
	a. 20-30	26	26
	b. 30-40	57	57
	c. 40-50	17	17
3	<b>Type of family</b>		
	a. Nuclear family	61	61
	b. Joint family	39	39
4	<b>Family income per month in Rupees</b>		
	a. Below 10000	33	33
	b. 10000 to 20000	41	41
	c. Above 20000	26	26
5	<b>Religion</b>		
	a. Hindu	61	61
	b. Muslim	26	26
	c. Christian	6	6
	d. Other religion	7	7
6	<b>Mental disorders in family</b>		
	a. Yes	18	18
	b. No	82	82

The above table 1 shows that the maximum 69 (69.0%) adults are females, the remaining all 31 (31.0%) were males. Maximum 57 (57.0%) adults are aged between 30-40 years, 26 (26.0%) of them were in 20-30 years, 17 (17.0%) of them were in 40-50 years. Maximum 61 (61.0%) adults were from nuclear family other 39 (39.0%) of them fromjoint family. Maximum 41 (41.0%) adults’ family income per month was 10000 to 20000 Rupees, 33 (33.0%) adults’below 10000 Rupees, 26 (26.0%) adults havingaboveRupees 20000. Maximum 61(61.0%)adults belongs to Hindu religion, 26 (26.0%) of them fromMuslim religion, 7 (7.0%) of them from Other religion and 6 (6.0%) of them in Christian religion. Maximum 82 (82.0%) adults were not having the mental disorder in their family and 18 (18.0%) adults’ some of the family members having mental disorder.

Table 2: Level of myths, beliefs and perceptions

Level	Frequency	Percentage
Unsatisfactory	27	27%
Moderate satisfactory	58	58%
Satisfactory	15	15%
<b>Total</b>	<b>100</b>	<b>100</b>

Maximum 58% of adults in selected community at Gonda, Uttar Pradesh were having Moderate satisfactory level of myths, beliefs and perceptions, 27% were having Unsatisfactory and 15% was having Satisfactory level of myths, beliefs and perceptions.

mean 22.09±8.24 with mean percentage 55.23;“Myths on Mental Disorders” with range of 0-39 mean 21.85±8.87 with mean percentage 54.63.

**Table 6:** Association between socio demographic values with level of myths, beliefs and perceptions, n=100

Demographic variables	Level		N	df	X <sup>2</sup>	P-value	P<0.05
	Below Mean	Above Mean					
1 Gender							
a Male	16	15	31	1	4.12	3.84	S
b Female	21	48	69				
2 Age in years							
a 20-30	6	20	26	2	5.64	5.99	NS
b 30-40	21	36	57				
c 40-50	10	7	17				
3 Type of family							
a Nuclear family	19	42	61	1	2.30	3.84	NS
b Joint family	18	21	39				
4 Family income per month							
a Below 10000	11	22	33	2	2.86	5.99	NS
b 10000 to 20000	19	22	41				
c Above 20000	7	19	26				
5 Religion							
a Hindu	21	40	61	3	8.05	7.82	S
b Muslim	7	19	26				
c Christian	5	1	6				
d Other religion	4	3	7				
6 Mental disorder in family							
a Yes	3	15	18	1	3.89	3.84	S
b No	34	48	82				

S=Significant; NS=Nonsignificant

There is a significant association between myths, beliefs and perceptions scores of gender, religion and mental disorder in family as the chi-square value is higher than the tabulated value. Therefore, the  $H_1$  is accepted.

#### 4. Discussion

##### Major findings were

Maximum 69 (69.0%) adults are females, the remaining all 31 (31.0%) were males. Maximum 57 (57.0%) adults are aged between 30-40 years, 26 (26.0%) of them were in 20-30 years, 17 (17.0%) of them were in 40-50 years. Maximum 61 (61.0%) adults were from nuclear family other 39 (39.0%) of them from joint family. Maximum 41 (41.0%) adults' family income per month was 10000 to 20000 Rupees, 33 (33.0%) adults' below 10000 Rupees, 26 (26.0%) adults having above Rupees 20000. Maximum 61(61.0%) adults belongs to Hindu religion, 26 (26.0%) of them from Muslim religion, 7 (7.0%) of them from Other religion and 6 (6.0%) of them in Christian religion. Maximum 82 (82.0%) adults were not having the mental disorder in their family and 18 (18.0%) adults' some of the family members having mental disorder. Maximum 58% of adults in selected community at Gonda, Uttar Pradesh were having Moderate satisfactory level of myths, beliefs and perceptions, 27% were having Unsatisfactory and 15% was having Satisfactory level of myths, beliefs and perceptions. There is a significant association between myths, beliefs and perceptions scores of gender, religion and mental disorder in family as the chi-square value is higher than the tabulated value. Therefore, the  $H_1$  is accepted.

A supportive study was found. This study was conducted by Jugal Kishore et al (2011). In this study the researcher said there was significant poor knowledge on peoples, therefore need of awareness program. 7 Another study on "Stigma and attitudes toward patients with psychiatric illness among postgraduate Indian physicians" conducted by

Susmita Chandramouleeswaran et al., (2017). This study says that there was a significant relationship between knowledge level and the sociodemographic variables (chi-square,  $P = 0.05$ ). this is similar to our study. 8

#### 5. Ethical Consideration

Written permission was taken from the District medical officer, Gonda. Written Informed consent was taken from each study sample.

#### 6. Conclusion

It can be concluded from this study that the myths, beliefs and perceptions are significantly more prevalent among adult peoples, and the people need to be communicated to change their behavior and develop a positive attitude toward mental disorders so that health-seeking behavior can improve.

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