

## KNOWLEDGE REGARDING STIGMA TOWARDS MENTAL ILLNESS AMONG ADULTS IN SELECTED URBAN COMMUNITY

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### Abstract

*Background and objectives:* “Stigma towards mental illness” is a major health problem in the community. Stigma is a barrier for achieving life goals in those with mental illness. Stigma impedes mental health treatment seeking, erodes self-esteem, limits one’s social network and employment opportunities and it also reduces the wellbeing of persons experiencing mental health problems. Stigma towards mental illness can be prevented by mainly three approaches such as education, contact and protest, which is best possible by conducting awareness programmes. *Methods:* A descriptive approach with purposive non- random sampling technique was used to collect data from 60 adults of selected urban community who are residing at Attur, Yelahanka, Bengaluru. *Results:* The knowledge level reveals that maximum mean score (44.63% and SD of  $4.01 \pm 1.95$ ) is in the area of mental illness and problems related to the stigma of mental illness. The majority 31 (51.67) of the adults have average knowledge, 15 (25%) have good knowledge, 11 (18.33%) have poor knowledge, and 3 (5%) have very good knowledge regarding stigma towards mental illness. *Interpretation and conclusion:* The findings of the study conclude that the majority of the respondents have average knowledge regarding stigma towards mental illness. The study also reveals that there is a significant association between knowledge score regarding stigma towards mental illness and selected demographic variable i.e. educational qualification of adults in the selected urban community. A mental health awareness programme was conducted among the respondents. The investigator concluded that the adults needed to be provided with more information, therefore reducing stigmatizing attitude towards mental illness.

**Keywords:** Knowledge of urban adults; stigma; mental illness; awareness programme

### BACKGROUND OF THE STUDY

Mental illness is maladjustment in living. It produces a disharmony in a person’s ability to meet human needs comfortably or effectively and function within a culture. A mentally ill person loses his ability to respond according to the expectations he has himself and the demands that the society has for him. “Mental and behavioural disorders are understood as clinically significant conditions characterized by alteration in thinking, mood (emotions) or behaviour associated with personal distress and / or impaired functioning” (WHO, 2001)<sup>1</sup>

Mental illnesses are not the result of personal weakness, lack of character or poor upbringing. Mental illness is a medical condition that disrupts a person's thinking, feeling, mood, ability to relate to others and daily functioning. Just as diabetes is a disorder of the pancreas, mental illnesses are medical conditions that often result in a diminished capacity for coping with the ordinary demands of life. Mental illnesses are treatable. Most people diagnosed with a serious mental illness can experience relief from their symptoms by actively participating in an individual treatment plan. Mental illnesses can affect persons of any age, race, religion or income. According to statistics released by Mental Health Foundation, 1 in 4 people experience some kind of mental health problem in the course of a year<sup>4</sup>.

“Mental illness is an equal opportunity illness. Every one of us is impacted by mental illness. One in five adults is dealing with this illness, and many are not seeking help because the stigma prevents that” (Margaret Larson) 5.

Stigma is a Greek word that in its origin referred to a type of mark or label that was cut or burned into the skin of criminals, slaves or traitors in order to visibly identify them as blemished or morally polluted persons. Literally, stigma means being marked or branded. Stigma is an unfavourable attitude and beliefs directed towards someone or something. It happens when others devalue a person or a group of people because they are associated with a certain disease, behavior or practice. The World Health Organization defined stigma as “a process whereby certain individual and group are unjustifiably rendered shameful, excluded and discriminated against”. It has its root in fear and misunderstanding. Many people hold negative opinions towards people with mental health problems because they do not understand the issues involved and rely on myths and misconceptions. Stigma is a barrier for achieving life’s goals in those with mental illness. Stigma impedes mental health treatment-seeking, erodes self-esteem, and limits one’s social network and employment opportunities. Stigma towards mental illness may also reduce the well-being of persons experiencing mental health problems 6.

## OBJECTIVES

1. To assess the level of knowledge regarding stigma towards mental illness among adults in selected urban community.
2. To find the association between the knowledge score regarding stigma towards mental illness and selected demographic variables of adults.
3. To conduct a mental health awareness programme in the selected urban community, Bengaluru.

## MATERIALS AND METHODS

A descriptive design was selected to carry out the study. In this study, a non-experimental descriptive research design was used to assess the knowledge regarding stigma towards mental illness among adults in selected urban community, Bengaluru, with a view to conduct an awareness programme. A purposive non-random sampling technique was adopted. The sample size for the study consisted of 60 adults. The tool developed and used for data collection was a self-structured knowledge questionnaire consisting of section A and section B. Section A consisted of 9 items related to demographic variables. Section B consisted of 36 items related to knowledge regarding stigma towards mental illness. After obtaining the content validity from the experts, the reliability of the tool was computed by using split-half technique with raw score using Spearman Brown prophecy formula. The ethical aspect of research was maintained throughout the period by getting permission from the authorities as well as the subjects. A pilot study was conducted at Kodigehalli, Bangalore to check the validity and reliability of the tool and feasibility of the study. The main study was conducted in the months of February and March 2016 at Attur, Yelahanka, in the north zone of Bengaluru. The data collected were analysed by descriptive and inferential statistics, and interpreted and discussed based on the objectives of the study, hypothesis, theoretical framework and relevant studies from the literature reviewed. Research variable: Knowledge regarding stigma towards mental illness, among adults (20- 60 years). Attribute variable are age, sex, religion, educational status, occupation, marital status, family income, type of family, and any relative suffering from mental illness. An intensive review

of the literature, experts' opinion, suggestions of the research panel, researchers' professional experience and informal interview with people provided basis for the construction of structured questionnaire. Description of Tool: Section A: socio demographic proforma consist of 9 items include age, sex, religion, educational status, occupation, marital status, family income, type of family, and any relative suffering from mental illness. Section B: A self-structured knowledge questionnaire regarding stigma towards mental illness. A self-structured knowledge questionnaire was prepared consisting of 36 items regarding stigma towards mental illness. The items were developed to cover different areas like Mental illness (9 items), Stigma towards mental illness (9 items), Problems related to stigma of mental illness (9 items), prevention of stigma towards mental illness (9 items). Before the data collection, Formal administrative permission was obtained from the Principal and PHC. Content validity of the tool was taken by experts' opinion regarding the relevance, significance, clarity, construction and organization of questions. Reliability of the structured questionnaire was computed by applying split half (odd-even) method and was calculated by Karl Pearson's co-efficient correlation and Spearman Brown Prophecy formula and was found reliable with the value of  $r'=0.78$ . Prior to the data collection the subjects were approached, the purpose of the study was explained to them and their consent for participation was obtained.

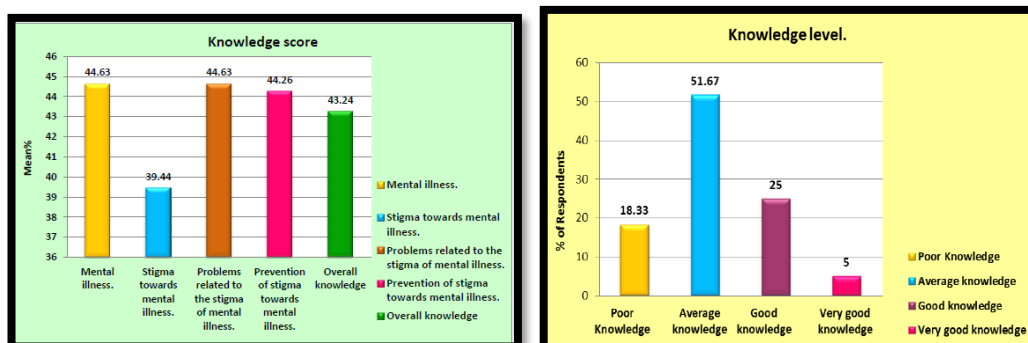
## RESULTS

### Findings related to sample characteristics

A majority (27) 45% of the adults belong to the age group 20-30 years, (36) 60% are females belongs to (49) 81.7% Hindu religion. The most of them (22) 36.7% have Pre-University Course (PUC) as educational qualification. (25) 41.7% of adults are unemployed. (25) 41.7% of the adults belong to the family monthly income of Rs 5001-Rs 10000. (46) 76.7% of the adults are married and (34) 56.7% of the adults belong to the nuclear family. A majority (50) 83.3% of the respondents have no relative suffering from mental illness.

### Findings regarding the level of knowledge of adults in the selected urban community:

A majority 31 (51.67) of the adults in the selected urban community have average knowledge, 15 (25%) have good knowledge, 11 (18.33%) have poor knowledge, and 3 (5%) have very good knowledge regarding stigma towards mental illness.



The maximum mean score percentage (44.63% and SD of  $4.01 \pm 1.95$ ) is in the area of mental illness and problems related to the stigma of mental illness. The minimum mean score percentage (39.44% and SD of  $3.55 \pm 1.88$ ) is in the area of stigma towards mental illness. The overall knowledge score of adults in the selected urban community regarding stigma towards

mental illness is 43.24% with SD  $15.56 \pm 6.57$ .

### **Findings related to significant association between the knowledge score regarding stigma towards mental illness and selected demographic variables of adults.**

There is a significant association between knowledge regarding stigma towards mental illness and selected demographic variable, i.e. educational qualification. (Fig1).

The hypothesis H1 stating that “There will be a significant association between knowledge regarding stigma towards mental illness and selected demographic variable of adults in the selected urban community, at  $p < 0.05$  levels of significance” is accepted.

### **DISCUSSION**

The present study findings are also supported by a community-based, cross-sectional study conducted in Southwest Ethiopia, to measure public stigma against people with mental illness. Data were collected from 845 randomly selected respondents. The result showed that the respondents had significantly higher stigma scores (std.  $\beta = 0.61$ ,  $P < 0.005$ ). A statistically significant relationship was found between the level of education and degree of stigma (std.  $\beta = 0.14$ ,  $P < 0.05$ ). The study concluded that the respondents showed higher levels of stigma. Stigma against people with mental illness was lower in people with an explanatory concept about the causes of mental illness and a higher level of education.

### **NURSING IMPLICATIONS**

The investigator observed that the following implications drawn from the study have a vital concern for nursing education, practice, administration and research which provide a way towards the improvement in knowledge of adults in the selected urban community regarding stigma towards mental illness and reduce the level of stigma by conducting a mental health awareness programme as an effective teaching strategy.

### **RECOMMENDATIONS**

Based on the findings of the study following recommendation are made:

- A replication of present study can be conducted on a large sample; thereby findings can be generalized to a larger population.
- A similar study can be conducted in a rural population with a planned teaching programme.
- A comparative study can be conducted among rural and urban community to compare the level of knowledge regarding stigma towards mental illness.
- A study can be conducted to find out the attitude towards mental illness.

### **CONCLUSION OF THE STUDY**

This study shows that adults of the selected urban community have an average knowledge (51.67%) regarding stigma towards mental illness. The study findings also shows that there is a significant association between knowledge regarding stigma towards mental illness and selected demographic variable i.e. educational qualification of adults in the selected urban community. Therefore the study concludes that conducting a mental health awareness programme was very effective in improving knowledge of adults regarding mental health and mental illness, characteristics of a mentally healthy and mentally ill person, stigma towards

mental illness, its prevention and control.

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