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Original Research Paper

Psychiatry

A STUDY TO ASSESS THE MYTHS, BELIEFS AND PERCEPTIONS ABOUT MENTAL DISORDERS AND HEALTH-SEEKING BEHAVIOR AMONG ADULTS IN KONASEEMA, ANDHRAPRADESH.

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ABSTRACT

Background:- The burden of mental disorders is maximal in young adults, the most productive section of the population. Stigma and discrimination in relation to mental illnesses have been described as having worse consequences than the conditions themselves. Objective of the study are to assess the myths, beliefs and perceptions about mental disorder in general population and medical professionals of Konaseema, Andrapradesh. **Materials and Methods:** A cross-sectional study was carried out with a sample of 436 subjects (360 subjects from urban and rural communities of Delhi and 76 medical professionals working in different organizations in Delhi). A pre-tested questionnaire consisting items on perceptions, myths, and beliefs about causes, treatment, and health-seeking behavior for mental disorders was used. The collected data were statistically analyzed using computer software package Epi-info **Result :** The mental disorders were thought to be because of God's punishment for their past sins (39.6% rural, 20.7% urban, 5.2% professionals), and polluted air (51.5% rural, 11.5% urban, 5.2% professionals). More people (37.7%) living in joint families than in nuclear families (26.5%) believed that sadness and unhappiness cause mental disorders. 34.8% of the rural subjects and 18% of the urban subjects believed that children do not get mental disorders, which means they have conception of adult-oriented mental disorders. 40.2% in rural areas, 33.3% in urban areas, and 7.9% professionals believed that mental illnesses are untreatable. Many believed that psychiatrists are eccentric. Only 15.6% of urban and 34.4% of the rural population reported that they would like to go to a psychiatrist when they or their family members are suffering from mental illness. **Conclusion:** It can be concluded from this study that the myths and misconceptions are significantly more prevalent in rural areas than in urban areas and among medical professionals, 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.

KEYWORDS : Myths, believes, perceptions, mental disorder and adults

INTRODUCTION

Mental and behavioral disorders are present at any point in time in about 10% of the adult population worldwide. The burden of mental disorders is maximal in young adults, the most productive section of the population. Neuropsychiatry conditions together account for 10.96% of the global burden of disease as measured by disability-adjusted life years (DALYs). Projections estimate that by the year 2020, neuropsychiatric conditions will account for 15% of disabilities worldwide, with unipolar depression alone accounting for 5.7% of DALYs and will stand second in top 10 leading causes of disability.[1] The total economic costs of mental disorders are substantial in terms of gross national product (GNP) loss. In most countries, families bear a significant proportion of these economic costs because of the absence of public funded comprehensive mental health service networks

In India, the prevalence of mental disorders ranges from 10 to 370 per 1000 population in different parts of the country.[34] The median conservative estimate of 65 per 1000 population has been given by Gururaj et al.[5] The rates are higher in females by approximately 20-25%[6] It is found that current treatment coverage ranges from 15 to 45% only and there is, therefore, gross underutilization of services.[7–9] Many factors contribute to such underutilization of services. The attitude of individual patient toward his or her mental disorders is important as far as health seeking is concerned. Adverse attitude toward psychiatry and psychiatrists has been observed among medical professionals,[10] which could be another hindrance in providing adequate mental health services. It is pertinent to study the perceptions, myths, beliefs, and health-seeking behavior for mental health of population.

OBJECTIVES:

1. To asses the perception of people on mental health and disorders.
2. To analyze the beliefs of people towards myths on mental illness.
3. To determine the view of people on consulting a psychiatrist.

METHODOLOGY:

Study Design: It is a community based cross sectional study.

Setting: 192subjects from urban and 158 subjects from rural community in Andhra Pradesh.

Subjects: Persons in the age group of 15-60 years of either sex.

Sample Size: 350 subjects.

Time period: 30 days (15 february 2025 -15March 2021)

Study Tool: pre tested, semi structured, multiple choice questionnaire.

Inclusion Criteria

Participants of aged between 15-60 years old during random Community house survey in konaseema, Andhra Pradesh.

EXCLUSION CRITERIA

1. Patient who are not willing to give consent
2. Patient who are not able to communicate

Data Collection Procedure —After Getting

Informed consent from the participants data was collected in face to face Interview using a pre-designed, semi structured questionnaire.

Confidentiality —Particulars and details of all articipants was kept Confidential throughout the study only summary of the details was used for declaring the result.

RESULTS

The sample from urban and rural areas and medical professionals were significantly different when their age groups, socioeconomic status, and family size were comparedHowever, gender-wise distribution of study subjects in different samples was not significantly different. Rural sample was much younger in age, belonged to middle class and bigger family size as compared to urban and medical professionals.

Table 1: Socioeconomic Haracteristics Of The Study Population

	Subjects from urban area		Subjects from rural area		Medical professional	
	n=180	%	n=180	%	n=76	%
Gender						
Male	70	38.9	90	50	45	59.2
Female	91	61.1	90	50	31	40.8

Age in years						
15-25	47	26.1	111	61.7	10	13.2
26-35	42	23.3	36	20	34	44.7
36-45	49	27.2	11	6.1	27	35.5
46-55	24	13.3	5	2.8	3	3.9
56 and above	18	10	17	9.4	2	2.7
Socioeconomic status						
Lower	5	2.8	5	2.8	0	0
Lower middle	27	15	32	17.8	0	0
Middle	124	68.9	103	57.2	13	17.1
Upper middle and above	24	13.3	40	22.2	63	82.9
Family size						
4 and less	78	43.3	48	26.7	46	60.5
5 and above	102	56.7	132	73.3	30	39.5

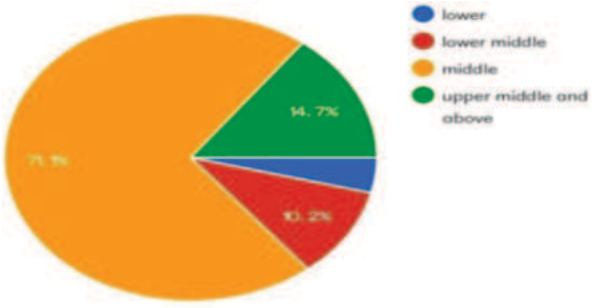


Table 2 Attitude, Beliefs, Myths, And Perception Toward Psychiatric Disorders

	urban area %	rural area%	medical profession%
mental illness is a disease	49.2	31.6	82
opposing marriage with mental ill patient	36.9	76.6	69.7
comfortabely talking	59	76.6	69.7

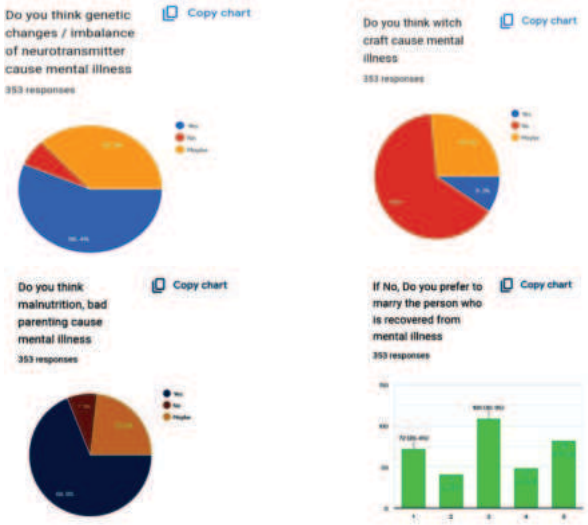
Half of the urban subjects had considered mental illness as a disease, as compared to just 31.6% people from rural area. Despite this, 76.6% of rural respondents claimed that they would feel comfortable talking to a person with mental disorder, but only 59% of urban respondents agreed to this. More medical professionals (69.7%) agreed to be comfortable.Attitude towards mentally ill peopleCauses of psychiatric disorders

A significantly higher proportion of rural subjects (34.7%) believed that loss of semen/vaginal secretion is a cause of mental disorder, as compared to 8.4% of urban subjects and 1.3% of professionals . Similarly, 52% of rural population believed that polluted air causes mental illness, as compared to 11.8% urban subjects and 5.3% professionals who thought so . Similarly, significantly higher proportion (39.4%) of rural respondents believed that mental illness is the punishment given to patients by God for their past sin, as compared to urban subjects and professionals.

Biological reasons such as genetic and imbalanced neurotransmitters were also mentioned by the respondents to be the cause of mental disorders .

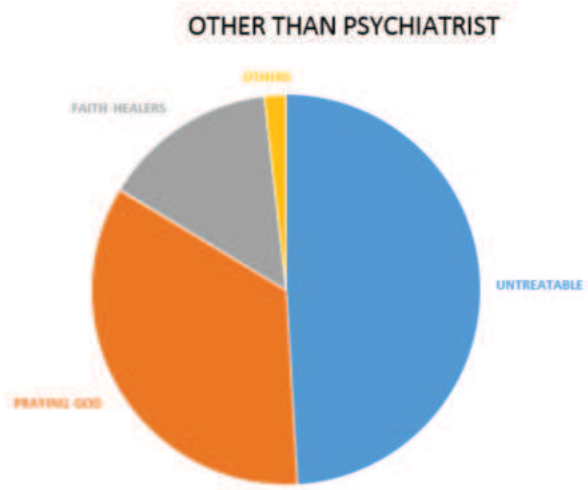
Table 3: Perception Towards Cause Of Mental Illness

Causes	N=76 (%)
Genetically inherited	48 (63.1)
Punishment from God	4 (5.2)
Abnormal family	52 (68.4)
Social circumstances	52 (68.4)
Poor diet	14 (18.4)
Polluted air	4 (5.2)
Loss of semen	1 (1.3)
Imbalance of neurotransmitters	63 (82.9)



Pie Chart Showing Opinion On Cause Of Mental Illness

Attitude Toward Treatment Of Psychiatric Disorders



The results of their attitudes toward treatment of mental disorders highlighted the ignorance prevailing in Indian society and urgent need of awareness among people. 33.7% subjects in rural areas and 40% in urban areas and 8% of the professionals believed that mental illnesses are untreatable.

26.1% in rural areas, 31.6% in urban areas, and 11.8% of the professionals believed that the disease can be treated by faith healers or tantriks . This could be due to having an adverse attitude toward psychiatrists because 18.6% of the urban population believed psychiatrists to be eccentric, as

compared to about 47% of the rural population. Very high proportion of professionals also believed the same (37.9%).

Regarding cultural and religious beliefs, significant differences were seen between the three communities [Table 5]. A large number of people in all three groups believed that daily worshipping and keeping fasts can reduce the bad effects. A significant proportion of people believed that destiny or work started on an auspicious day can be the only factors behind one's successes. 39.4% people in rural areas, 34.4% in urban areas, and 4% of the professionals believed in bad effects of ghosts/devil/witches. 25% of the rural respondents even claimed to have come across a person getting cured this way, but only 14% of the urban respondents believed so.

Table 5: Including Psychiatristreasons Given By Subjects For Visiting A Psychiatrist

Treatment	
Untreatable	6 (7.9)
Well treated by faith healers	9 (11.8)
Improved by leaving the patient alone	5 (6.6)
Only relieved but not cured using medicine	23 (30.3)
Improved by change of weather	13 (17.1)
Less disabling than treatment itself	6 (7.9)
Psychotherapy is an essential part of treatment of all psychiatric disorders	64 (84.2)
Psychotherapy is a waste of time	4 (5.3)
ECT is inhuman and cruel	9 (11.8)
ECT should be banned	4 (5.3)

Health-seeking behavior was assessed in urban and rural sample only. The health-seeking behavior of people yielded highly unfavorable results as less than 30.8% of people said that they would prefer going to a psychiatrist when they feel sad or anxious and 25% would prefer the same when they feel out of control.

These proportions of mental health seeking except for feeling sad were significantly more in urban population than in rural population.

DISCUSSION

In the present study, 36.9% of rural subjects, 43.2% of urban subjects, and 44.7% of the medical professionals reported that they would oppose marriage with a person recovered from mental illness. One-third of the subjects stated that they would not be comfortable talking to a recovered person. In both low-income and high-income countries, the stigmatization of people with mental disorders has persisted throughout history. Stigma is manifested as bias, stereotyping, fear, embarrassment, anger, rejection, or avoidance. For people suffering from mental disorders, there have been violations of basic human rights and freedoms, as well as denials of civil, political, economic, and social rights, in both institutions and communities. Physical, sexual, and psychological abuses are everyday experiences for many people with mental disorders. They face rejection, unfair denial of employment opportunities, and discrimination in access to services, health insurance, and housing. Much of this goes unreported, and therefore the burden remains unquantified.[17]

Generally, people do not sympathize with a mentally ill person because they impart value to the patient and believe that the person lacks the will power to pull himself or herself up and is just not making an effort.[18] Many times patients are ignored, isolated, or taken to sorcerers and faith healers, and treated with rituals rather than with appropriate medications. It is also recognized that labeling such people, and then drugging them, is destructive and morally wrong.[18] Problem is lying in the society that lacks knowledge of coping methods. Gadit and Reed[19] reported that only 5% people in Pakistan came to the attention of a psychiatrist. This difference could be due to the cultural and religious differences existing and lack of availability of adequate number of psychiatrists in Pakistan.
It was found that faith healers are important health care providers, especially with regard to treatment in less-privileged and less-resourceful people. This finding correlates with the finding of a study conducted by Jiloha and Kishore.[20] The present study also revealed that many people have belief in supernatural powers as the causative agents of mental illness, which has remained the same more than three decades after Neiki[21] had reported. In our study, the majority of patients who believed in supernatural agents as the causative factors of their illness were from rural areas having low socioeconomic status. These findings are similar to the documented findings of Sethi et al. and Trivedi and Sethi.[22–24]

When it comes to urban India, even university graduates and some patients who did not finally believe in supernatural causes of mental illness had consulted faith healers. A similar practice was observed by Kua et al. and Rizali et al.[2526]

There are various other myths regarding the causes of mental illness. Bad parenting, air pollution, loss of semen, poor diet, past sin, curse of God, and evil eye are some of the important myths related to its causation. People usually do not accept the medical reasons for mental disorders. That is why, they always criticize medical treatment modalities, particularly, electroconvulsive therapy. Many people believed that children and adolescents do not develop severe illness as frequently as adults.

The present study indicates that large numbers of subjects have belief that prayer or pooja or hawan can reduce the bad effects and that ghost can be removed by tantriks/ojha. Such belief systems in all sections of the society prevent the patients from coming forward to seek psychiatric help when they suffer from abnormal behaviors. Another reason of not seeking help is having the adverse attitude toward psychiatry and psychiatrists. In the present study, a large proportion of subjects, particularly from rural area, believed that psychiatrists are eccentric and do nothing.

There are some positive outcomes as well from our study, such as that more people now recognized mental illness as a disease (49.2% urban, 31.6% rural, and 82.4% professionals). More people were comfortable talking to a patient who

recovered from mental illness, among rural (76.6%) than urban subjects (59%) and medical professionals (69.7%). This could be due to the acceptance of mentally ill person in the rural society.

CONCLUSION

It can be concluded from this study that the myths and misconceptions are significantly more prevalent in rural areas than in urban areas and among medical professionals, 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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