



A Comparative Study of Knowledge and Attitude towards Mental Illness among Urban and Rural Adults of Vadodara District, Gujarat

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ABSTRACT

Mental health is a state of mental well-being that enables individuals to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community. Mental illness is a specific condition where individuals are unable to control their emotions and fail to take sound judgments as well as emotional problems. One of the most neglected areas of public health is mental illness. These situations are burdensome and are seriously threatening for nations' economies, social interactions, and health. Assess the knowledge and attitude, compare the knowledge and attitude score and find association between knowledge and attitude score of urban and rural adults towards mental illness with selected demographic variables. A comparative descriptive research design was used to conduct this study among adults of rural and urban areas of Vadodara district. By using a nonprobability convenience sampling technique, 400 adults from urban and rural areas were selected. Data were gathered using a structured knowledge questionnaire and a modified form of the Prabhu scale (1983) for orientation towards mental illness. The result revealed that in urban area the majority 53.5% of adults had good 40.5% had average and 6% had poor knowledge whereas in rural area 34% had poor, 38% had average and 45% had good knowledge about mental illness. The majority 40% of rural adults had favourable attitude towards mental illness whereas in urban, majority of 49.5% adults had most favourable attitude towards mental illness. The mean rank of knowledge was higher in urban adults (213.82) compared to rural adults (187.19). Then, the mean rank of attitude was higher in urban adults (214.84) compared to rural adults (186.16). There was significant association of previous exposure with mentally ill patient ($p=0.027$) with knowledge score of rural adults and occupation ($p=0.021$) with attitude score of urban adults. It is considered that urban adults were having a good level of knowledge compares to rural adults. The majority of urban adults having most favourable attitude compare to rural adults towards Mental illness.

Keywords: Mental illness, Knowledge, Attitude, Adults

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INTRODUCTION

Mental health is just as significant as physical health. The importance of everyone's mental health goes far beyond the sheer absence of a mental health disorder. Many interconnected elements, such as the physical, psychological, social, cultural, and spiritual dimensions, have an impact on mental health [1]. Mental illness develops when there is a mental health disturbance. Mental Illness refers to a variation of psychiatric disorders, and they can range in severity just like illnesses that affect other body parts [2]. Mental illness is characterized by the alteration of mental impairments, including learning problems, biological brain injury, and mental retardation. One of the most frequently disregarded aspects of public health is mental illness. These conditions are burdensome and are seriously threatening both developed and developing nations' economies, social interactions, and health.³ The frequency of mental disorders is rising and the treatment gap is widening as a result of the general disregard for mental health and mental illness among the majority of the world [4]. Everyone should be concerned about mental illness since it frequently results in misunderstanding, discrimination, bewilderment, and fear, not just in individuals who are experiencing it [5]. Mental illnesses are the least understood of all health issues by the general public. Mental and behavioural disorders are a growing portion of the world's health problems, despite the fact that they are drastically underrepresented in conventional public health statistics [6].

Worldwide, the fifth most common cause of DALYs (7.4%) is mental health. By 2030, it is expected that the global cost of mental illness would exceed \$6 trillion. According to a study, neuropsychiatric disorders caused 31.7% of all years lived with disability; the five main causes were dementia (16%), alcohol use disorder (13.8%), schizophrenia (2.8%), bipolar depression (2.4%), and unipolar depression (11.8%) [7].

According to the WHO, 7.5% of Indians are thought to have a mental ailment, and by the end of this year, 20% of Indians are expected to have mental illnesses. The statistics show that 38 million Indians and 56 million Indians, respectively, suffer from anxiety problems [8].

For every age group, awareness of and attitudes toward mental illness are crucial. Due to a variety of factors, including family issues, work pressure, economic issues, a lack of employment, drought, and other issues, the majority of adults in India's rural and urban communities suffer from various types of mental illnesses. In order to raise awareness of mental illness and the of mental health care services for the community, it is crucial to understand the knowledge and attitudes of adults in rural and urban communities regarding mental illness.

MATERIAL AND METHODS

A quantitative research approach was adopted to conduct this study and the design was comparative descriptive research design. The study was conducted in urban and rural area of Vadodara district. The sample of the study comprised adults of rural and urban area those who are in the age group between 21 – 60 years and who expressed readiness to contribute to the study were selected for the study. Exclusion criteria of the study was adults those who critically ill patient and adults who were not willing to participate in the study. A total of 400 adults were selected from urban (200) and rural (200) area by using nonprobability convenience sampling technique. Data was collected by using structured knowledge questionnaire consists of 20 items to assess the knowledge and modified form of orientation towards mental illness scale (prabhu-1983) to assess the attitude. The knowledge score reliability was $r = 0.93$ and modified form of orientation towards mental illness scale reliability $r = 0.97$. Data was also analyzed by descriptive statistics (frequency and percentage), Mann Whitney u test used for comparison of knowledge and attitude score and chi square (χ^2) test used for to find the association between sociodemographic variables and knowledge and attitude score of the urban and rural adults.

RESULT

Demographic characteristics of 200 rural and 200 urban people surveyed on knowledge and attitude about mental illness. In that out of 200 rural adults most participants 31.5% were between 21-30 years, 65% were male, 68.5% were Hindus, 59% were married, 29.5% were from primary and higher secondary education, 55.5% were from private job, 79% were from nuclear family, 95.5% had no contact with mentally ill person and 79% had no any family member in health care department. In that out of 200 urban adults most participants 28% were between 31-40 years, 62% were male, 75% were Hindus, 54.5% were married, 41.5% were from higher secondary education, 72% were from private job, 94.5% were from nuclear family, 90% had no contact with mentally ill person and 76% had no any family member in health care department.

Data presented in Table No 1 depicts knowledge scores of rural and urban participants. It is worth noting from data that, in Rural participants 34(17%) had Poor Score, 76(38%) had Average Score and 90(45%) participants had good knowledge, whereas in the Urban participants 12(6%) had Poor Score, 81(40.5%) participants had Average knowledge and 107(53.5%) had good knowledge.

Table 1: Findings Related To Knowledge Of Participants Regarding Mental Illness.

n=400

| Knowledge Score | Rural | Urban |
|-----------------------|---------------|---------------|
| | Frequency (%) | Frequency (%) |
| Poor Score (1-7) | 34(17%) | 12(6%) |
| Average Score (8- 14) | 76 (38%) | 81(40.5%) |
| Good Score (15 – 20) | 90(45%) | 107(53.5%) |
| Total | 200(100%) | 200(100%) |

Data presented in Table No 2 depicts attitude scores of rural and urban participants. It is worth noting from data that, in Rural participants 42(21%) had unfavourable attitude, 80(40%) had Favourable attitude and 78(39%) participants had Most-favourable attitude, whereas in the Urban participants 18(9%) had unfavourable attitude, 83(41.5%) had Favourable attitude and 99(49.5%) participants had Most-favourable attitude.

Table 2: Findings Related to Attitude of Participants Regarding Mental Illness (n=400)

| Attitude Score | Rural | Urban |
|--------------------------------|---------------|---------------|
| | Frequency (%) | Frequency (%) |
| Unfavourable (≤ 80) | 42(21%) | 18(9%) |
| Favourable (81- 105) | 80(40%) | 83(41.5%) |
| Most-favourable (≥ 106) | 78(39%) | 99(49.5%) |
| Total | 200(100%) | 200(100%) |

Table 3 indicates data of comparison between urban and rural adults' knowledge regarding mental illness. Comparison calculated using Mann – Whitney U Test which indicates that there is higher level of knowledge that is 213.82 mean rank among urban adults as compare to the rural adults which is 187.19 mean rank. p-value is 0.018 which is significant. Hence, the H1 was accepted and conclude that there was significant difference of knowledge score regarding mental illness among adults between urban and rural area.

Table 3: Findings Related To Comparison of Knowledge Score Regarding Mental Illness between Urban and Rural Adults n=400

| Sr. No | Knowledge | Mean rank | P value |
|--------|-----------|-----------|---------|
| 1 | Urban | 213.82 | 0.018 |
| 2 | Rural | 187.19 | |

Table 4 indicates data of comparison between urban and rural adults' attitude regarding mental illness. Comparison calculated using Mann – Whitney U Test which indicates that there is higher level of attitude that is 214.84 mean rank among urban adults as compare to the rural adults which is 186.16 mean rank, and p-value is 0.012 which is significant. Hence, the H1 was accepted and conclude that there was significant difference of attitude score regarding mental illness among adults between urban and rural area.

Table 4: Findings Related To Comparison of Attitude Score Regarding Mental Illness between Urban and Rural Adults (n=400)

| Sr. No | Attitude | Mean rank | P value |
|--------|----------|-----------|---------|
| 1 | Urban | 214.84 | 0.012 |
| 2 | Rural | 186.16 | |

According to Table 5's Chi-square analysis, which showed that the calculated p-value 0.027 was less than 0.05 level of significance hence, there was a significant association between rural adults' knowledge towards mental illness and socio-demographic variables like any previous exposure to mentally ill patients.

Table 5: Findings Related To the Association between Selected Socio Demographic Data and Knowledge Score of Rural Adults (n=200)

| Sr. No. | Demographic Variable | F | Knowledge score (Rural) | | | χ^2 Value | df | p-value |
|---------|-----------------------|-----|-------------------------|---------|------|----------------|----|--------------------|
| | | | Poor | Average | Good | | | |
| 1. | Age | | | | | 3.704 | 6 | .717 ^{NS} |
| | 20 - 30 Years | 63 | 10 | 26 | 27 | | | |
| | 31- 40 Years | 61 | 14 | 20 | 27 | | | |
| | 41- 50 Years | 43 | 6 | 15 | 22 | | | |
| | 51 - 60 Years | 33 | 4 | 15 | 14 | | | |
| 2. | Gender | | | | | 1.814 | 2 | .404 ^{NS} |
| | Male | 130 | 21 | 46 | 63 | | | |
| | Female | 70 | 13 | 30 | 27 | | | |
| | Other | 00 | 00 | 00 | 00 | | | |
| 3. | Religion | | | | | 1.503 | 4 | .826 ^{NS} |
| | Hindu | 137 | 25 | 51 | 61 | | | |
| | Muslim | 49 | 6 | 19 | 24 | | | |
| | Christian | 14 | 3 | 6 | 5 | | | |
| | Others | 00 | 00 | 00 | 00 | | | |
| 4. | Marital status | | | | | 2.321 | 6 | .888 ^{NS} |
| | Single | 74 | 12 | 31 | 31 | | | |
| | Married | 118 | 21 | 41 | 56 | | | |
| | Divorced | 5 | 1 | 2 | 2 | | | |
| | Widow | 3 | 0 | 2 | 1 | | | |
| | Education | | | | | | | |

| | | | | | | | | |
|----|---|-----|----|----|----|-------|---|--------------------|
| 5. | Primary | 59 | 12 | 21 | 26 | 3.302 | 8 | .914 ^{NS} |
| | Secondary | 58 | 11 | 23 | 24 | | | |
| | Higher secondary | 59 | 9 | 22 | 28 | | | |
| | Undergraduate | 13 | 2 | 5 | 6 | | | |
| | Postgraduate | 0 | 0 | 0 | 0 | | | |
| | Illiterate | 11 | 0 | 5 | 6 | | | |
| 6. | Occupation | | | | | 4.245 | 6 | .644 ^{NS} |
| | Government Job | 3 | 0 | 2 | 1 | | | |
| | Private Job | 111 | 17 | 41 | 53 | | | |
| | Own business | 47 | 7 | 18 | 22 | | | |
| | Unemployment | 39 | 10 | 15 | 14 | | | |
| 7. | Type of Family | | | | | 0.144 | 2 | .931 ^{NS} |
| | Nuclear Family | 158 | 27 | 59 | 72 | | | |
| | Joint Family | 42 | 7 | 17 | 18 | | | |
| 8. | Do you have any previous exposure with mentally ill patient? | | | | | 7.206 | 2 | .027 ^S |
| | No | 185 | 31 | 66 | 88 | | | |
| | Yes | 15 | 3 | 10 | 2 | | | |
| 9. | Do you have any family member in health care department? | | | | | .312 | 2 | .856 ^{NS} |
| | No | 158 | 28 | 60 | 70 | | | |
| | Yes | 42 | 6 | 16 | 20 | | | |

[NS = No Significant, S = Significant]

P≤0.05 level of significance According to Table 6's Chi-square analysis, the calculated p-value was greater than 0.05, indicating that there was no significant association between rural adults' attitudes towards mental illness and socio-demographic variables.

Table: 6 Findings Related To the Association between Selected Socio Demographic Data and Attitude Score of Rural Adults (n=200)

| Sr. No. | Demographic Variable | F | Attitude score (Rural) | | | χ^2 Value | df | p-value |
|---------|-----------------------|-----|------------------------|------------|-----------------|----------------|----|--------------------|
| | | | Unfavourable | Favourable | Most-favourable | | | |
| 1. | Age | | | | | 5.870 | 6 | .438 ^{NS} |
| | 20 - 30 Years | 63 | 9 | 29 | 25 | | | |
| | 31- 40 Years | 61 | 13 | 24 | 24 | | | |
| | 41- 50 Years | 43 | 13 | 12 | 18 | | | |
| | 51 - 60 Years | 33 | 7 | 15 | 11 | | | |
| 2. | Gender | | | | | 1.010 | 2 | .603 ^{NS} |
| | Male | 130 | 26 | 50 | 54 | | | |
| | Female | 70 | 16 | 30 | 24 | | | |
| | Other | 00 | 00 | 00 | 00 | | | |
| 3. | Religion | | | | | 3.421 | 4 | .490 ^{NS} |
| | Hindu | 137 | 29 | 56 | 52 | | | |
| | Muslim | 49 | 8 | 21 | 20 | | | |
| | Christian | 14 | 5 | 3 | 6 | | | |
| | Others | 00 | 0 | 0 | 0 | | | |
| 4. | Marital status | | | | | 4.070 | 6 | .667 ^{NS} |
| | Single | 74 | 20 | 25 | 29 | | | |
| | Married | 118 | 21 | 51 | 46 | | | |
| | Divorced | 5 | 1 | 2 | 2 | | | |
| | Widow | 3 | 0 | 2 | 1 | | | |
| 5. | Education | | | | | 11.148 | 8 | .193 ^{NS} |
| | Primary | 59 | 15 | 27 | 17 | | | |
| | Secondary | 58 | 16 | 17 | 25 | | | |
| | Higher secondary | 59 | 10 | 24 | 25 | | | |
| | Undergraduate | 13 | 1 | 7 | 5 | | | |
| | Postgraduate | 0 | 0 | 0 | 0 | | | |
| 6. | Occupation | | | | | 10.662 | 6 | .099 ^{NS} |
| | Government Job | 3 | 1 | 2 | 0 | | | |
| | Private Job | 111 | 22 | 49 | 40 | | | |
| | Own business | 47 | 6 | 16 | 25 | | | |
| | Unemployment | 39 | 13 | 13 | 13 | | | |

| | | | | | | | | |
|--------------|---|-----|----|----|----|-------|---|--------------------|
| 7. | Type of Family | | | | | | | |
| | Nuclear Family | 158 | 32 | 63 | 63 | .350 | 2 | .839 ^{NS} |
| Joint Family | 42 | 10 | 17 | 15 | | | | |
| 8. | Do you have any previous exposure with mentally ill patient? | | | | | | | |
| | No | 185 | 40 | 72 | 73 | 1.308 | 2 | .520 ^{NS} |
| Yes | 15 | 2 | 8 | 5 | | | | |
| 9. | Do you have any family member in health care department? | | | | | | | |
| | No | 158 | 33 | 62 | 63 | .260 | 2 | .878 ^{NS} |
| Yes | 42 | 9 | 18 | 15 | | | | |

P≤0.05 level of significance [NS = No Significant, S = Significant]

According to Table 7's Chi-square analysis, which showed that the calculated p-value was more than 0.05 level of significance hence, there was no significant association between urban adults' knowledge towards mental illness and chosen socio-demographic variables.

Table 7: Findings Related To the Association between Selected Socio Demographic Data and Knowledge Score of Urban Adults (n=200)

| Sr. No. | Demographic Variable | F | Knowledge score (Urban) | | | χ ² Value | df | p-value |
|---------------|---|-----|-------------------------|---------|------|----------------------|----|--------------------|
| | | | Poor | Average | Good | | | |
| 1. | Age | | | | | | | |
| | 20 - 30 Years | 53 | 2 | 21 | 30 | 6.097 | 6 | .412 ^{NS} |
| | 31- 40 Years | 56 | 3 | 20 | 33 | | | |
| | 41- 50 Years | 49 | 3 | 26 | 20 | | | |
| 51 - 60 Years | 42 | 4 | 14 | 24 | | | | |
| 2. | Gender | | | | | | | |
| | Male | 124 | 9 | 51 | 64 | 1.110 | 2 | .574 ^{NS} |
| | Female | 76 | 3 | 30 | 43 | | | |
| Other | 00 | 00 | 00 | 00 | | | | |
| 3. | Religion | | | | | | | |
| | Hindu | 150 | 10 | 58 | 82 | 4.166 | 4 | .384 ^{NS} |
| | Muslim | 30 | 1 | 11 | 18 | | | |
| | Christian | 20 | 1 | 12 | 7 | | | |
| Others | 00 | 0 | 0 | 0 | | | | |
| 4. | Marital status | | | | | | | |
| | Single | 79 | 5 | 32 | 42 | 2.728 | 6 | .842 ^{NS} |
| | Married | 109 | 7 | 43 | 59 | | | |
| | Divorced | 8 | 0 | 5 | 3 | | | |
| Widow | 4 | 0 | 1 | 3 | | | | |
| 5. | Education | | | | | | | |
| | Primary | 9 | 1 | 0 | 8 | 16.401 | 10 | 0.89 ^{NS} |
| | Secondary | 54 | 3 | 25 | 26 | | | |
| | Higher secondary | 83 | 4 | 28 | 51 | | | |
| | Undergraduate | 45 | 4 | 22 | 19 | | | |
| Postgraduate | 6 | 0 | 5 | 1 | | | | |
| 6. | Occupation | | | | | | | |
| | Government Job | 14 | 0 | 6 | 8 | 3.874 | 6 | .694 ^{NS} |
| | Private Job | 144 | 9 | 61 | 74 | | | |
| | Own business | 37 | 2 | 13 | 22 | | | |
| Unemployment | 5 | 1 | 1 | 3 | | | | |
| 7. | Type of Family | | | | | | | |
| | Nuclear Family | 189 | 12 | 78 | 99 | 2.006 | 2 | .367 ^{NS} |
| Joint Family | 11 | 0 | 3 | 8 | | | | |
| 8. | Do you have any previous exposure with mentally ill patient? | | | | | | | |
| | No | 180 | 11 | 73 | 96 | .048 | 2 | .976 ^{NS} |
| Yes | 20 | 1 | 8 | 11 | | | | |
| 9. | Do you have any family member in health care department? | | | | | | | |
| | No | 152 | 10 | 62 | 80 | .456 | 2 | .796 ^{NS} |
| Yes | 48 | 2 | 19 | 27 | | | | |

P≤0.05 level of significance [NS = No Significant, S = Significant]

Table 8 indicates the results of the Chi-square analysis, which showed that the calculated p-value 0.021 was less than 0.05 level of significance hence, there was a significant association between urban adults' attitudes towards mental illness and socio-demographic variables like occupation.

Table 8: Findings Related To the Association of the Demographic Variables with the Attitude Score of Urban Participants

| Sr. No. | Demographic Variable | F | Attitude score (Urban) | | | χ^2 Value | df | P-value |
|--------------|---|-----|------------------------|------------|-----------------|----------------|----|--------------------|
| | | | Unfavourable | Favourable | Most-favourable | | | |
| n=200 | | | | | | | | |
| 1. | Age | | | | | | | |
| | 20 - 30 Years | 53 | 2 | 29 | 22 | 8.110 | 6 | .230 ^{NS} |
| | 31- 40 Years | 56 | 5 | 19 | 32 | | | |
| | 41- 50 Years | 49 | 7 | 17 | 25 | | | |
| | 51 - 60 Years | 42 | 4 | 18 | 20 | | | |
| 2. | Gender | | | | | | | |
| | Male | 124 | 14 | 53 | 57 | 2.846 | 2 | .241 ^{NS} |
| | Female | 76 | 4 | 30 | 42 | | | |
| | Other | 00 | 00 | 00 | 00 | | | |
| 3. | Religion | | | | | | | |
| | Hindu | 150 | 16 | 67 | 67 | 7.000 | 4 | .136 ^{NS} |
| | Muslim | 30 | 2 | 10 | 18 | | | |
| | Christian | 20 | 0 | 6 | 14 | | | |
| | Others | 00 | 0 | 0 | 0 | | | |
| 4. | Marital status | | | | | | | |
| | Single | 79 | 7 | 38 | 34 | 4.005 | 6 | .676 ^{NS} |
| | Married | 109 | 11 | 40 | 58 | | | |
| | Divorced | 8 | 0 | 3 | 5 | | | |
| | Widow | 4 | 0 | 2 | 2 | | | |
| 5. | Education | | | | | | | |
| | Primary | 9 | 0 | 5 | 4 | 11.26 | 10 | 0.33 ^{NS} |
| | Secondary | 54 | 4 | 30 | 20 | | | |
| | Higher secondary | 83 | 7 | 27 | 49 | | | |
| | Undergraduate | 45 | 6 | 17 | 22 | | | |
| | Postgraduate | 6 | 1 | 3 | 2 | | | |
| Illiterate | 3 | 0 | 1 | 2 | | | | |
| 6. | Occupation | | | | | | | |
| | Government Job | 14 | 2 | 3 | 9 | 14.91 | 6 | .021 ^S |
| | Private Job | 144 | 8 | 64 | 72 | | | |
| | Own business | 37 | 6 | 16 | 15 | | | |
| | Unemployment | 5 | 2 | 0 | 3 | | | |
| 7. | Type of Family | | | | | | | |
| | Nuclear Family | 189 | 18 | 77 | 94 | 1.563 | 2 | .458 ^{NS} |
| | Joint Family | 11 | 0 | 6 | 5 | | | |
| 8. | Do you have any previous exposure with mentally ill patient? | | | | | | | |
| | No | 180 | 15 | 76 | 89 | 1.116 | 2 | .572 ^{NS} |
| | Yes | 20 | 3 | 7 | 10 | | | |
| 9. | Do you have any family member in health care department? | | | | | | | |
| | No | 152 | 15 | 59 | 78 | 2.052 | 2 | .358 ^{NS} |
| | Yes | 48 | 3 | 24 | 21 | | | |

P<0.05 level of significance [NS = No Significant, S = Significant]

DISCUSSION

Study conducted by Prasad Patil, Prajakta Panaskar et al. a comparative study to assess the knowledge and attitude towards mental illness among adults in selected urban and rural area in Solapur district. The

study result shows that, there was marked significant differences between rural and urban adults' knowledge and attitude regarding mental illness. In the present study, among rural area participants' majority of 39(78%) had poor, 08(16%) had an average, and only 3(6%) had a good knowledge regarding mental illness and among the urban area participants' majority of 41(82%) had good, 7(14%) had an average, and only 2(4%) had a poor knowledge regarding mental illness. Thus, majority 86% of rural adults had negative attitude and 14% had positive attitude towards mental illness whereas in urban, majority of 94% adults had positive attitude and 6% adults had negative attitude towards mental illness. The mean knowledge score in urban adults (16.16) was higher as compared to rural adults (7.78). regarding attitude mean score among adults, there as higher mean score in urban adults (81.2) compared to rural adults (33.7). There was significant association between family income, education, occupation, exposure with mentally ill patient, and participation in mental awareness programme with knowledge level. There was significant association between family income, education, occupation, exposure with mentally ill patient and participation in mental awareness programme with attitude score.²

CONCLUSION

From the findings of study, it is considered that urban adults were having a good level of knowledge compares to rural adults. Majority of urban adults having most favourable attitude compares to rural adults towards Mental illness. It is also found that the rural adults' knowledge is associated with the demographic variables such as previous exposure with mentally ill patient. Attitude of urban adults towards Mental illness is also associated with demographic variable such as occupation.

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