IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

"A Study To Assess The Misconception And Stigma Regarding Mental Illness Among Adults In A Rural Community Of Sonapur, Kamrup (Metro), Assam."

Author – Ms Juri Saikia, Dept. of Mental Health Nursing, Regional College of Nursing
Dr. Anjali Hazarika, Assistant Professor, Dept. of Child Health Nursing,
Regional College of Nursing
Dr. Kalpana Nath, Lecturer, Dept. of Mental Health Nursing
Regional College of Nursing

ABSTRACT

Background: Mental health can be described as a healthy mind. Mental illness is a state of dysfunction in overall health of an individual. Misconception and stigma is closely related to mental illness since human civilization. Though the perception on mental health and mental illness keeps on changing but the misconception and stigma is still somewhere associated with it. The present study was undertaken to assess the misconception and stigma regarding mental illness among adults in a rural community of Sonapur, Kamrup (Metro), Assam. The study was aimed to assess misconception and stigma regarding mental illness and find out the association of misconception and stigma regarding mental illness and sociodemographic variables. Methods: Two hundred and seventy subjects were selected from six selected villages of Sonapur, Kamrup (metro), Assam, by using multistage sampling technique. Structured tool was developed to assess the misconception and stigma regarding mental illness among adults and the data were analyzed by using the software package, SPSS 20 version. Results: Majority of the adults i.e., 115 (42.6%) had moderate misconception regarding mental illness, 80 (29.6%) of the adults had low misconception and remaining 75 (27.8%) had high misconception regarding mental illness. With regard to subareas, highest misconception of the adults was observed in the recovery (Mean%=95.25) followed by symptoms (Mean%=92.75), causes (Mean%=75.45) and lowest misconception was recorded in treatment (Mean%=74.36). Majority of the adults i.e., 178 (65.9%) had moderate stigma regarding mental illness, 62 (23%) of the adults had low stigma and remaining 30 (11.1%) had high stigma regarding mental illness. With regard to subareas, highest stigma of the adults was observed in the vi prejudice (Mean%=66.58) followed by discrimination (Mean=64.08) and lowest stigma was recorded in stereotype (Mean=51.63). The calculated value of correlation coefficient, 'r' has found to be 0.653, P value <.001, which is significant at 0.001 level of significance, which signifies that there is a strong correlation between the misconception and stigma regarding mental illness among adults. Respondent's misconception regarding mental illness was insignificantly associated with all the sociodemographic variables i.e., age, sex, education, occupation, monthly family income, marital status, religion, type of family and family history of mental ilness. Respondent"s stigma regarding mental illness was also insignificantly associated with all the selected sociodemographic variables.

Interpretation and Conclusion: The findings clearly suggest that majority of the adults had misconception and stigma on mental illness. Therefore appropriate measures should be adopted based on the need of the people in the community setting to eliminate the existing misconception thereby to remove stigma in order to bring a drastic change in the perception of people towards mental illness in the near future.

INTRODUCTION

"Mental illness is nothing to be ashamed of, but stigma and bias shame us all." -Bill Clinton (2015)

Mental health can be described as healthy state of mind which regulates the well-functioning an individual in the society. Mental illness should be a concern for all of us as it is a state of dysfunction in normal flow of life. Mental illness is more common than communicable and non- communicable diseases. Mental disorders contribute to a significant load of morbidity and disability, even though few conditions account for an increasing mortality. As per Global Burden of Disease report, mental disorders accounts for 13% of total DALYs lost for Years Lived with Disability (YLD) with depression being the leading cause. Mental illness is maladjustment in living. It produces a disharmony in the 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 for himself and the demands that society has for him. The consideration of mental health and mental illness has its basis in the cultural beliefs of the society in which the behavior takes place.

NEED OF THE STUDY

The stigma associated with mental illness is probably as old as human civilization itself. However it is in recent times that stigma has attained importance owing to the way it interferes with the care of the individuals suffering from mental illness and their human rights. It is accepted that stigma is one of the key but often hidden barriers to care seeking among people suffering from mental illnesses. The World Health Report mentioned that about 450 million people suffer from mental illnesses worldwide, but only a small fraction received treatment. Between the suffering and possible care was the barrier of stigma, prejudice and discrimination (WHO, 2001).

Many mentally ill people are the victims of stigma and misconceptions. This leads to additional suffering and humiliations. Moreover negative stereotypes and prejudicial attitudes against them are often reinforced by their media representation as unpredictable, violent and dangerous. Hence the importance of the study of these misconceptions helps in the management of the mentally ill in our society. Just as the media can have a negative impact, it can also be used as a tool to educate and change public opinion by ensuring that accurate information is reported in a rational and sensitive manner. In order to achieve this, scriptwriters, journalists and newspaper editors need to be educated on mental health issues.

In our society the persons with psychiatric illness often receives as unwanted elements and social stigma prevents them from seeking help and treatment. In recent years the awareness about mental illness has been changed a lot, even still the misconceptions about mental illness still present in society. Many studies done by WHO and other agencies point the need of awareness programs in the society for eradicating stigma. The Indian Mental Health Act, 1987, is an amendment of the Indian Lunacy Act, 1912 recognize the crucial role of treatment and care of mentally ill persons. But still in some part of our country mental illness considered as a sins and witch craft, these beliefs prevent them from seeking medical help. Medical health professional can play a major role in prevention of misconceptions among communities.

It is estimated that over 1.1 billion people worldwide had a mental disorder in 2016. A study reported in WHO, conducted for the NCMH (National Care of Medical Health), states that at least 6.5% of the Indian population suffers from some forms of the serious mental disorder. In the most areas of the world, mental health and mental illness are neglected. This ignorance is increasing the burden of mental disorders in society. In community, people less discuss about mental health and mental illness. Mental disorders are considered as a taboo by the community. The stigma and misconceptions related to mental illness is the main hurdle to provide care for community people suffering with mental illness.

Community's perception of mental health varies across the culture, and there are various stigma and misconceptions regarding mental health. The conceptualization and perceived cause of mental illness vary from community to community. Accordingly, people with mental health problem get different names in different societies.

Several studies show that people's belief regarding mental illness is also the main factor which leads to stigmatization and labeling. Stigma against people with mental illness remains a significant barrier to positive outcomes across cultures and nations, related to the threat value of mental symptoms, intolerance for diversity, and inaccurate conceptions of mental disorder.

Misconception of mental illness in different community contributed to low treatment seeking and stigmatization of people with mental illness. They often go to hospitals after they have tried all options and after the symptom has got worse and this in turn negatively affect the prognoses of treatment. The stigma, misunderstanding and fear surrounding mental illness are related to both the people and agencies providing mental health services and the people receiving these services. Unlike physical illness, which tends to evoke sympathy and the desire to help, mental disorders tend to disturb people and keep them away.

As such, beliefs and attitudes about mental illness influence how people interact with those with a mental illness, as well as how they experience and express their own emotional problems and psychological distress and whether they disclose these symptoms and seek care. In mental illness, stigma is one of the main factors that inhibit people from seeking help. Stigmatization occurs globally and is prevalent not only among the general public, but even among health care professionals.

In India, research on mental health stigma became popular during the past two decades. The various forms of stigma and misconceptions, experiences among men and women, among rural and urban populations, and various cultural influences on stigma have all been researched. From this it is clear that stigma affects mankind universally. Research studies related to stigma of mental illness is extremely important and the relevant activities need to begin at home with psychiatrists leading the initiative. Taking cues from research findings of the developed world, promising evidence exists for intervention to reduce stigma. Thus efforts at diminishing stigma and misconceptions needs to be effective and sustained which will be possible only with continuous studies regarding the same.

Prior research studies have generally revealed continued misconceptions about mental disorders amongst various populations. In their review of population studies, Angermeyer and Dietrich (2006) found that a significant proportion of the public were unable to recognize specific mental disorders and their respective causes. They also perceived people with mental disorders as unpredictable and dangerous. These perceptions contributed to increasing desire to distance themselves from people with mental disorders. Notably, research has also shown the presence of a hierarchy of stigma within mental disorders diagnoses where more stigmatizing attitudes are directed towards people with schizophrenia as compared to other mental disorders such as mood or anxiety disorders (Griffiths et al., 2006).

Social exclusion takes other forms as well. For example, people report being unwilling to spend an evening socializing, work next to, or have a family member marry a person with mental illness (Martin, Pescosolido & Tuch, 2000). Lack of direct contact caused by different forms of social exclusion further perpetuates negative attitudes. Stigma can reduce access to health care (Desai, Rosenheck, Druss, & Perlin, 2002) inhibit persons at risk from using mental health services and decrease adherence to treatment regimes (Sirey et al., 2001). Research has suggested that many people choose not to pursue mental health services because they do not want to be deemed a "mental patient" or suffer the prejudice and discrimination the label brings (Ben-Zeev, Young,& Corrigan, 2010).

Mental illness tends to be attributed to supernatural causes and the pathway to care is often shaped by doubts about mental health services and treatments options (Lauber & Rossler, 2007). In a study on myths, beliefs and perceptions about mental disorders and health-seeking behaviour in India, Kishore J, Gupta A, Jiloha R C and Bantman P (2011) found a large number of participants to believe that prayer could alleviate mental illness and that ghosts could be removed by a "tantrik" or "ojha". The attitude towards psychiatrists, particularly in participants from rural areas was negative. Cultural factors further influence people's beliefs and attitudes. In Asian cultures the emphasis on conformity to norms and emotional self-control leads mental illnesses to be seen as a source of shame (Abdullah & Brown, 2011).

Benti M., Ebrahim J, Awoke T, Yohanis Z and Bedaso A (2016) conducted a study to assess community perception towards mental illness among Gimbi town residents from which they reported that significant proportions of the community in Gimbi town have poor perception of mental illness. Poor perception is common

among old aged, less educated, private workers, those unable to access mental health information, and those with no family history of mental illness.

From all these evidences and also form researcher's own experiences it had been observed that most of the community people definitely had some misconception, negative attitude, preoccupied beliefs regarding mental illness. It was also seen that people often develop stigmatize attitudes toward mentally ill individual because of this misconception. Therefore, the researcher felt the need to carry out a research study to assess the misconception and stigma regarding mental illness in selected villages of Sonapur, Kamrup (Metro), Assam. Findings of the study may help in developing awareness campaign and taking some other necessary measures relating to promotion of mental health which can be beneficial for the society.

Problem Statement

A study to assess the misconception and stigma regarding mental illness among adults in a rural community of Sonapur, Kamrup (Metro), Assam.

Objectives

- To assess the misconception regarding mental illness among the adults.
- To assess the stigma regarding mental illness among the adults.
- To find out the correlation between misconception and stigma regarding mental illness among adults.
- To find out the association between misconception regarding mental illness with selected socio-demographic variables.
- To find out the association between stigma regarding mental illness with selected socio-demographic variables.

Hypotheses

- H1: There is significant relationship between misconception and stigma regarding mental illness among adults in a rural community.
- H2: There is significant association between misconception regarding mental illness among adults in a rural community and selected demographic variables.
- H3: There is significant association between stigma regarding mental illness among adults in a rural community and selected demographic variables.

ASSUMPTIONS

- Adults in the rural community may have some stigma and misconceptions regarding mental illness.

DELIMITATIONS

The study was delimited to:

- Adults in the age group of 18 to 65 years.
- The people who were free from diagnosed mental disorders.
- The people who understands English, Hindi and Assamese.

METHODOLOGY

Research approach - Descriptive Quantitative approach was used for the present study

Research design - Descriptive Cross sectional research design was adopted for the present study

Settings of the study - The study was conducted in selected villages namely Dhorbam, Uloni, Majkuchi, Bamunikhat, Sakhini and Bishnupur of Sonapur, Kamrup (metro), Assam.

Study population - In the present study population consisted of the adults in the age group of 18 to 65 years

residing in the selected 6 villages of Sonapur, Kamrup (Metro), Assam

Sample and Sample size - In the present study, the sample consisted of 270 adults residing at the selected villages of Sonapur, Kamrup (Metro), Assam, fulfilling inclusion criteria of the study, during the researcher's data collection period.

Sampling Technique - A multistage sampling technique was used for the selection of the samples. The people who met the sampling criteria included in this study were taken as a sample for the study.

CRITERIA FOR THE SELECTION OF SAMPLE

Inclusion Criteria

The study included:

- Adults who were present at home at the time of data collection.
- Adults who were willing to participate in the study.

Exclusion criteria

The study excluded:

- Adults having mental illness.
- Adults who were very sick at the time of data collection.

Variables

The variables for the study were:

- Research variables: Misconception and stigma regarding mental illness
- Demographic variables: Age, sex, education, occupation, family income, marital status, religion, type of family, family history of mental illness.

DESCRIPTION OF THE TOOL

Based on the objectives of the study, the tool was developed and divided into three sections

Section A: Structured questionnaire on socio-demographic proforma of the adults like age, sex, education, occupation, monthly family income, marital status, religion, type of family, family history of mental illness.

Section B: Structured questionnaire was prepared to assess the misconception regarding mental illness among adults in a selected rural community. It consisted of 22 statements, both positive and negative. This scale was a "yes-no" questionnaire. Each positive statement was assigned a numerical score (yes=1, no=2) and each negative statement was assigned a numerical score (yes=2, no=1). The maximum score of the scale was 44 and minimum score was 22.

PLAN FOR DATA ANALYSIS

The collected data were analyzed by using descriptive and inferential statistics such as frequency, percentage, mean, standard deviation, Pearson's correlation and chi-square.

ANALYSIS AND INTERPRETATION OF DATA:

TABLE 2.1: Frequency and percentage distribution of the samples in relation to "age"

Variables		N	%
Age	18-27 years	59	21.9
	28-37 years	89	33
	38-47 years	68	25.2
	48-57 years	52	19.3
	58 years and above	2	0.7
Sex	Male	38	14.1
	Female	232	85.9
Education	Illiterate	11	4.1

	Primary school passed	22	8.1
	Middle school passed	88	32.6
	HSLC passed	78	28.9
	HS passed	60	22.2
	Graduate	11	4.1
Occupation	Government job	7	2.6
	Private job	21	7.8
	Business	14	5.2
	Farmer	9	3.3
	Housekeeper/ Housewife	195	72.2
	Student	12	4.4
	Others	12	4.4
Monthly family income	Rs. 26355 – Rs. 52733	15	5.6
	Rs. 19759 – Rs. 26354	48	17.8
	Rs. 13161 - Rs. 19758	16	5.9
	Rs. 7887– Rs. 13160	157	58.1
	Rs. 2641- Rs. 7886	34	12.6
Marital status	Unmarried	29	10.7
	Married	217	80.4
	Widower/ widow	24	8.9
Religion	Hindu	221	81.9
	Christian	49	18.1
Type of family	Nuclear family	157	58.1
	Joint family	107	39.6
	Extended family	6	2.2
Family history of mental illness	Yes	54	20
	No	216	80

Objective 1: To assess the misconception regarding mental illness among the adults

Table 2: Frequency and percentage distribution of respondents according to level of misconception regarding mental illness

n=270

Misconception level	**Range**	**Frequency**	**Percentage**	**Mean**	**SD**
Low	<33	80	29.6	32.00	0.00
Medium	33-36	115	42.6	34.14	0.94
High	37-39	75	27.8	37.88	0.89
Total	32-39	270	100.0%	34.54	2.38

Objective 2: To assess the stigma regarding mental illness among the adults

Table 3: Frequency and percentage distribution of respondents according to level of stigma regarding mental illness

n=270

Stigma level	Range	Frequency	Percentage	Mean	SD
Low	27-28	80	29.6	32.00	0.00
Medium	29-34	115	42.6	34.14	0.94
High	35-38	75	27.8	37.88	0.89
Total	27-38	270	100.0%	34.54	2.38

Objective 3: To find out the correlation between misconception and stigma regarding mental illness among adults.

H1: There is significant relationship between misconception and stigma regarding mental illness among adults in a rural community.

Table 4: Descriptive Correlational Statistics between misconception and stigma

Variables	Mean	SD	r value
Misconception test score	34.54	2.38	0.634^{**} ($p<.001$)
Stigma test score	31.64	3.05	

** Significant p<.001

Bivariate Scatter pot of Stigma Score by Misconception Score

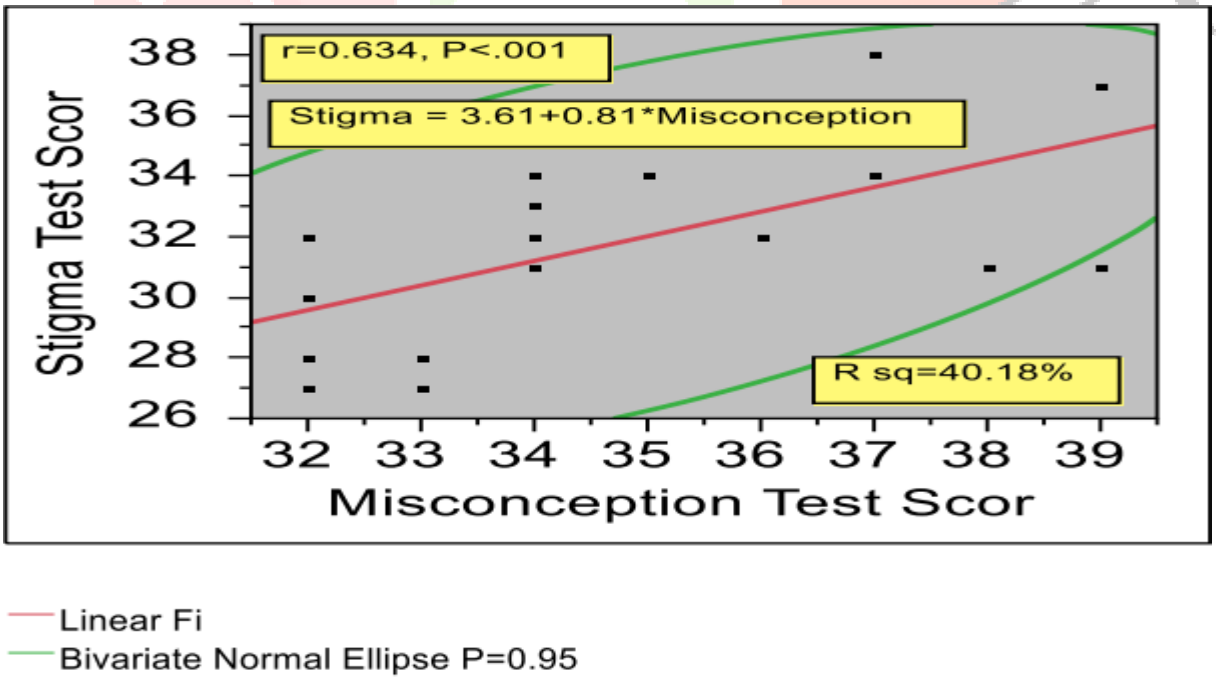

Figure: Scatter diagram showing positive correlation between Misconception and stigma regarding mental illness among adults

Objective 4: To find out the association between misconception regarding mental illness with selected socio-demographic variables

H2: There is significant association between misconception regarding mental illness among adults in a rural community and selected demographic variables.

Table 5.1: Chi square test for association between the misconception score of adults and age

n=270

Age (Years)	Misconception Level			Total	Chi sq. (χ^2)	df	P-Value
	Low	Medium	High				
18-27	17	24	18	59	4.86	8	.773[NS]
28-37	23	37	29	89			
38-47	21	32	15	68			
48-57	19	21	12	52			
> 57	0	1	1	2			
Total	80	115	75	270			

[NS] Not Significant at P> .05

Table 5.2: Chi square test for association between the misconception score of adults and gender

n=270

Sex	Misconception Level			Total	Chi sq. (χ^2)		df	P-Value
	Low	Medium	High					
Male	8	16	14	38	2.41		2	.300[NS]
Female	72	99	61	232				
Total	80	115	75	270				

[NS] Not Significant P>.05

Table 5.3: Chi square test for association between the misconception score of adults and education

n=270

Education	Misconception Level			Total	Chi sq. (χ^2)	df	P-Value
	Low	Medium	High				
Illiterate	1	4	6	11	7.64	10	.664 [NS]
Primary school passed	7	10	5	22			
Middle school passed	26	38	24	88			
HSLC passed	27	29	22	78			
HS passed	15	30	15	60			
Graduate	4	4	3	11			
Total	80	115	75	270			

[NS] Not Significant P>.05

Table 5.4: Chi square test for association between the misconception score of adults and occupation

n=270

Occupation	Misconception Level			Total	Chi sq. (χ^2)	df	P-Value
	Low	Medium	High				
Govt. job	0	5	2	7	6.31	12	.899[NS]
Private job	7	8	6	21			
Business	3	8	3	14			
Farmer	2	4	3	9			
Housewife/ Housekeeper	62	78	55	195			
Student	3	6	3	12			
Others	3	6	3	12			
Total	80	115	75	270			

[NS] Not Significant at P>.05

Table 5.5: Chi square test for association between the misconception score of adults and monthly family income

n=270

Monthly family income	Misconception Level			Total	Chi sq. (χ^2)	df	P-Value
	Low	Medium	High				
Rs. 26355 – Rs. 52733	4	8	3	15	8.22	8	.413[NS]
Rs.19759 – Rs. 26354	14	21	13	48			
Rs. 13161 - Rs. 19758	3	8	5	16			
Rs. 7887– Rs. 13160	54	63	40	157			
Rs. 2641- Rs. 7886	5	15	14	34			
Total	80	115	75	270			

[NS] Not Significant, P>0.5

Table 5.6: Chi square test for association between the misconception score of adults and marital status

n=270

Marital status	Misconception Level			Total	Chi sq. (χ^2)	df	P-Value
	Low	Medium	High				
Unmarried	9	12	8	29	4.16	4	.385^{NS}
Married	68	89	60	217			
Widow/ Widower	3	14	7	24			
Total	80	115	75	270			

^{NS} Not Significant, P>0.5

Table 5.7: Chi square test for association between the misconception score of adults and religion

n=270

Religion	Misconception Level			Total	Chi sq. (χ^2)	df	P-Value
	Low	Medium	High				
Hindu	68	93	60	221	0.78	2	.677^{NS}
Christian	12	22	15	49			
Total	80	115	75	270			

^{NS} Not Significant P>.05

Table 5.8: Chi square test for association between the misconception score of adults and type of family

n=270

Type of family	Misconception Level			Total	Chi sq. (χ^2)	df	P-Value
	Low	Medium	High				
Nuclear	54	65	38	157	7.05	4	.133^{NS}
Joint	23	48	36	107			
Extended	3	2	1	6			
Total	80	115	75	270			

^{NS} Not Significant P>.05

Table 5.8: Chi square test for association between the misconception score of adults and family history of mental illness

n=270

Family History	Misconception Level			Total	Chi sq. (χ^2)	df	P-Value
	Low	Medium	High				
Yes	16	17	21	54	4.96	2	.084^{NS}
No	64	98	54	216			
Total	80	115	75	270			

^{NS} Not Significant P>.05

OBJECTIVE 5: To find out the association between stigma regarding mental illness with selected socio-demographic variables.

H3: There is significant association between stigma regarding mental illness among adults in a rural community and selected demographic variables.

Table 6.1: Chi square test for association between the stigma score of adults and age

n=270

Age (Years)	Stigma Level			Total	Chi sq. (χ^2)	df	P-Value
	Low	Medium	High				
18-27	15	39	5	59	6.46	8	.596^{NS}
28-37	17	59	13	89			
38-47	18	43	7	68			
48-57	12	36	4	52			
> 57	0	1	1	2			
Total	62	178	30	270			

^{NS} Not Significant P>.05

Table 6.2: Chi square test for association between the stigma score of adults and sex

n=270

Sex	Stigma Level			Total	Chi sq. (χ^2)	df	P-Value
	Low	Medium	High				
Male	6	24	8	38	4.98	2	.083 ^{NS}
Female	56	154	22	232			
Total	62	178	30	270			

^{NS} Not Significant P>.05

Table 6.3: Chi square test for association between the stigma score of adults and education

n=270

Education	Stigma Level			Total	Chi sq. (χ^2)	df	*P*-Value
	Low	Medium	High				
Illiterate	2	6	3	11	7.07	10	.719[NS]
Primary school passed	3	16	3	22			
Middle school passed	24	53	11	88			
HSLC passed	16	54	8	78			
HS passed	14	42	4	60			
Graduate	3	7	1	11			
Total	62	178	30	270			

[NS] Not Significant P>.05

Table 6.4: Chi square test for association between the stigma score of adults and occupation

n=270

Occupation	Stigma Level			Total	Chi sq. (χ^2)	df	P-Value
	Low	Medium	High				
Govt. job	0	7	0	7	10.98	12	.531[NS]
Private job	6	13	2	21			
Business	4	9	1	14			
Farmer	3	3	3	9			
Housewife/ Housekeeper	43	131	21	195			
Student	3	8	1	12			
Others	3	7	2	12			
Total	62	178	30	270			

[NS] Not Significant P>.05

Table 6.5: Chi square test for association between the stigma score of adults and monthly family income

n=270

	Stigma Level	Total		df	

Monthly family income	Low	Medium	High		Chi sq. (χ^2)		P-Value
Rs. 26355 – Rs. 52733	5	9	1	15	7.35	8	.500[NS]
Rs.19759 – Rs. 26354	7	35	6	48			
Rs. 13161 - Rs. 19758	5	10	1	16			
Rs. 7887– Rs. 13160	38	104	15	157			
Rs. 2641- Rs. 7886	7	20	7	34			
Total	62	178	30	270			

[NS] Not Significant P>.05

Table 6.6: Chi square test for association between the stigma score of adults and marital status

n=270

Marital status	Stigma Level			Total	Chi sq. (χ^2)	df	P-Value
	Low	Medium	High				
Unmarried	7	19	3	29	0.75	4	.945[NS]
Married	48	144	25	217			
Widow/ Widower	7	15	2	24			
Total	62	178	30	270			

[NS] Not Significant P>.05

Table 6.7: Chi square test for association between the stigma score of adults and religion

n=270

Religion	Stigma Level			Total	Chi sq. (χ^2)	df	P-Value
	Low	Medium	High				
Hindu	50	146	25	221	0.11	2	.947[NS]
Christian	12	32	5	49			
Total	62	178	30	270			

[NS] Not Significant P>.05

Table 6.8: Chi square test for association between the stigma score of adults and type of family

n=270

Type of family	Stigma Level			Total	Chi sq. (χ^2)	df	P-Value
	Low	Medium	High				
Nuclear	37	104	16	157	1.62	4	.806^{NS}
Joint	24	69	14	107			
Extended	1	5	0	6			
Total	62	178	30	270			

^{NS} Not Significant P>.05

Table 6.9: Chi square test for association between the stigma score of adults and family history of mental illness

n=270

Family History	Stigma Level			Total	Chi sq. (χ^2)	df	P-Value
	Low	Medium	High				
Yes	11	32	11	54	5.86	2	.053^{NS}
No	51	146	19	216			
Total	62	178	30	270			

^{NS} Not Significant P>.05

DISCUSSION

Section I: Findings related to assessment of misconception regarding mental illness among the adults

In the present study it was found that majority of the adults i.e., 115 (42.6%) had moderate level of misconception, 80 (29.6%) of the adults in the community had low level of misconception and 75 (27.8%) had high level of misconception regarding mental illness.

Section II: Findings related to assessment of stigma regarding mental illness among the adults

In the present study it was found that majority i.e., 178 (65.9%) of the adults in the rural community had moderate level of stigma, 62 (23%) had low level of stigma and 30 (11.1%) had high level of stigma regarding mental illness.

Section III: Findings related to relationship between misconception and stigma among adults regarding mental illness –

In the present study, the results showed that there is a strong positive correlation between misconception and stigma regarding mental illness among adults aged 18 to 65 years of age.

Section IV: Findings related to association between misconception regarding mental illness with selected socio-demographic variables

The present study results showed that there was no significant association between misconception of adults in the rural community regarding mental illness and the selected demographic variables.

Section V: Association between stigma regarding mental illness with selected socio-demographic variables

The present study results showed that there was no significant association between stigma of adults in the rural community regarding mental illness and the selected demographic variables.

IMPLICATIONS, LIMITATIONS AND RECOMMENDATIONS

Implications for the study

Implications in Nursing Practice

- Enable the nurse practitioner to develop insight into the importance of health education on mental health and mental illness in clinical practice to enhance their knowledge.
- Different types of awareness activities such as psychodrama, street play and rally can be done on different areas of misconception and stigma to create awareness among general population.

Implications in Nursing Education

- The student nurses need to have sound knowledge about misconceptions and stigma regarding mental illness to impart their knowledge to people in the community.
- The finding also recommends that in nursing curriculum, topic related to misconception and stigma should be included so that the nursing students should be well equipped with the knowledge to handle the same in practice.

Implications in Nursing Administration

- Help the nurse administrators to make policies, protocols and to plan programs for reducing misconception and stigma of mental illness among adults in the community.
- Enable the district public health nurses to plan awareness program on mental health and mental illness, to organize misconception and stigma reduction campaign for the community adults to improve the overall health.

Implications in Nursing Research

There is a continued need of research activities to reduce misconception and eliminate stigma regarding mental illness among the general population. Many research studies can be conducted in various aspects of misconception and stigma and the findings can be published.

Limitations of The Study – The study had some limitations:

1.The study was limited to 270 respondents who did not represent the whole population.

2. The study was conducted only in the selected villages of Sonapur area, Kamrup (metro) district, Assam, which cannot be generalized for the whole population.

3. The tool was structured and hence responses were limited.

Recommendations

On the basis of the present study, the following recommendations have been made for further studies:

- The present study may be replicated on a larger sample, thereby findings can be generalized for the large population.
- The similar study can be conducted in different settings.
- The similar study can be conducted among doctors, nurses and other health care professional.
- A comparative study can be done between urban and rural community settings.

BIBLIOGRAPHY

1) Parihar V K. Perception regarding mental illness in a rural community in Rajasthan: a community based study. International Journal of Nursing Education and Research. 6 (1), January-March, 2018. 47-50. DOI: 10.5958/2454-2660.2018.00012.1 Available from: www.anvpublication.org

2) National mental health survey of India, 2015-16, summary. [online]. Available from: www.indianmhs.nimhans.ac.in/summary/pdf

3) Sreevani R; A Guide to Mental Health & Psychiatric Nursing; 3rd edition, 2010; Published by Jaypee Brothers Medical Publishers (P) Ltd, New Delhi-110002, India. Pp- 2-3.

4) Townsend Mary C. "Psychiatric mental health nursing",8th edition, 2015, published by Jaypee publishing house, New Delhi, 110002; Pp- 12. 113. 120

5) Elder R, Evans K, Nizette D, Trenoweth S; "Mental Health Nursing A Manual for Practice". First UK edition 2014. Published by Elsevier. Pp.- 92-95, 260-261

6) Kalaivani S, Kirubavathi M, Tamilselvi K, Ajitha, Lakshmi L and Malathi V. A descriptive study to assess the stigma and misconception regarding mental illness among adults in a selected community Poonjeri, Kanchipuram district, Tamil Nadu. International Journal of Applied Research 2017; 3(10): 107-110. Available online at: www.allresearchjournal.com

7) Zolezzi M, Bensmail N, Zahrah F, Khaled S M, El-Gaili T. Stigma associated with mental illness: perspectives of university students in Qatar. Neuropsychiatric disease and treatment. May 2017:13. 1221-1233.

8) Nishanthi R, V Revathi. Misconceptions Regarding Mental Illness Among General Population. International Journal of Pharmaceutical and Clinical Research. 25th October 2017; 9 (10): 645-648. Available online at: www.ijpcr.com

9) WHO | Mental disorders affect one in four people- World Health Organization [online] cited on 19/7/2020. Available online at: https://www.WHO.int/whr/2001/media_centre/press_release/en/