
A QUANTITATIVE STUDY ON MENTAL HEALTH AMONG RURAL POPULATION

Nikita Bisht¹

¹Research Scholar, Department of Sociology, Soban Singh Jeena University, Almora, Uttarakhand, India

DOI: <https://www.doi.org/10.58257/IJPREMS36131>

ABSTRACT

This paper explains the level of mental health awareness among the people of rural areas and the difference of understanding of mental health. It highlights disparities and differences in mental health awareness level and also contributes for improving mental health education and support in rural communities. Despite growing medical facilities and awareness somewhere the rural population lag in understanding the mental health, its barriers and awareness. This study aims to bridge the gap by analyzing the contemporary conditions faced by the people in the context of mental health awareness in rural settings. Review of study, points towards the level of awareness among rural communities, the difference and overall view of mental health awareness. The researcher purposively collected the primary data of 30 people from the rural population areas.

Index Terms – Mental Health, Awareness, Rural population, disparities.

I. INTRODUCTION

According to world health organization (W.H.O) “A state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of the life, can work productively and fruitfully, and is able to make a contribution to his or her community (WHO,2022). The definition elaborates the sense that mental health is not only the absence of mental disorders but a positive state of mental and emotion well-being of a person, which includes the mental life’s obstacles, productivity of work and contribution of one to the society. It is historically low prioritized by the people in the communities but the emphasizes of mental health awareness can build up a harmony in society. Rural populations face unique challenges on the grounds when it comes to the awareness of mental health, with lack and lag of mental health information they live under the shade of geographic location, limited resources and social stigmas which act as hindrances to the process of overall accessing information.

Research indicates that the mental health literacy in rural areas is low than in urban settings, the rural areas of Liuyang has low knowledge compared to urban areas in China (Lyons et al., 2015), which suggests that the rural population lacks in knowledge of mental health as compared to individuals living in urban areas. Social stigma has been a very significant factor in contributing to the lag and lack of mental health awareness among rural people, studies asserts that the stigma can stop individuals from accessing mental health services and cause more sufferings; the older adults in rural areas are likely to be rated higher levels of public and self-stigma which not only shows the low level of psychological openness but also lowers the access of mental health services by them (Mehrotra et al., 2017; Stewart et al., 2015).Geographical isolation of the location may cause transportation and other related activities to be lagging in the rural places that can work as a barrier in the spread and use of awareness of mental health, Research asserts such barriers impacting mental health awareness and service access in the rural populations, (Coombs et al. 2021) shows that the transportation challenges, lack of emergency resources, and also the language act as barriers in the rural society.

The binary gender which is a social construct as male and female influences the mental health awareness and disparities, the conditions of knowledge level of information about the mental health and related contexts have the differences among male and female in rural settings. Research finds women tend to have greater level of awareness and understanding of mental health problems (Myers, 2018) Research contribute, how there is limited understanding of cultural beliefs and practices of rural areas which significantly impact the mental health awareness among different genders. Along with socio- cultural barriers the digital technologies do contribute to influence gender disparities in mental health awareness, the digital health technology helping in improving mental health awareness among men and women are still unexplored in rural areas, they lack the basic digital facilities, the research asserts the mental health awareness gap investigations can be given a solution if provided good reliance of technology for solving mental health problems.(Schueller et al., 2019).

2. NEED OF THE STUDY

Rural health and rural population are issues of concern for the betterment of developing countries like India. As the advancement of technologies is increasing the high population living in rural areas need to be joined to the resources of the awareness of mental health among rural population for a better India. The disparities forming the hurdles in way of

advancing the literacy of mental health in the life of rural profiles, the social stigma that do not allow people to seek for help, sufferings of several other differences that lead to problems. Hence, the present study will analyse the awareness level and social disparities in the rural population.

3. OBJECTIVES OF THE STUDY

- To analyse the level of awareness of mental health among rural people.
- To investigate the difference between male and female literacy level of mental health awareness.
- To understand the overall dimensions of mental health awareness with respect to gender health.

HYPOTHESIS

- There would be a significant difference of stigmatization related to mental health awareness among male and female.
- There would be a significant difference in the level of mental health awareness among rural people.
- There would be a significant disparity in overall awareness level of mental health among rural population.

RESEARCH DESIGN

The present study is a quantitative study to investigate the level of awareness of mental health among the people living in the rural areas.

Participants and Procedure

The research consists of adults to aged. Total thirty participants selected for the study. The procedure of selection was by structured interview followed by purposive sampling.

4. RESULT

4.1 Descriptive Statistics

Familiarity with the word Mental Health	Not familiar	Slightly familiar	Moderately	Very familiar	
FREQUENCY- PERCENTAGE-	3 0.9%	8 2.4%	10 3%	9 2.7%	
First information about mental health received from	Healthcare professionals	Media	Community	Others	
FREQUENCY- PERCENTAGE-	1 0.3%	16 4.8%	6 1.8%	6 1.8%	
Rating the level of mental health awareness	Very Poor	Poor	Fair	Good	Excellent
FREQUENCY- PERCENTAGE-	0 0	2 0.6%	8 2.4%	13 3.9%	6 1.8%
Seeking help for mental health is stigmatized in your community	Not at all	Slightly	Moderate	Very much	
FREQUENCY- PERCENTAGE-	4 1.2%	10 3%	9 2.7%	7 2.1%	
Which gender is more likely to be stigmatized	Male	Female			
FREQUENCY-	20	10			

PERCENTAGE-	6%	3%			
Main cause for the difference in awareness level among male and female	Social stigma and Stereotypes	Lack of education	Lack of facilities	Others	
FREQUENCY-PERCENTAGE-	14 4.2%	10 3%	2 0.6%	4 1.2%	
Ever sought mental health related problem	Yes	No			
FREQUENCY-PERCENTAGE-	11(M-6) (F-5) 3.3%	19(M-8) (F-11) 5.7%			
People of rural areas have disparities in the awareness of mental health	Strongly Agree	Disagree	Neutral	Agree	Strongly agree
FREQUENCY-PERCENTAGE-	7 2.1%	1 0.3%	5 1.5%	13 3.1%	4 1.2%
Support the education of mental health if provided in rural community	Yes	No	Maybe		
FREQUENCY-PERCENTAGE-	27 8.1%	0 0	3 0.9%		
Views on, improvement of mental health for rural	Increased overall well-being	Reduced Stigma and Stereotype	Greater willingness to seek help	Community support and understanding	A quality life
FREQUENCY-PERCENTAGE-	10 3%	10 3%	2 0.6%	3 0.9%	5 1.5%

Table 4.1: Illustration of the investigation of the various aspects for research on level of awareness of Mental Health among rural population with frequency and percentage.

The present study investigation shows that the different views of thirty people living in the rural areas are having differences. It can be seen in the table 4.1 that the word Mental health has some level of familiar in which 3(0.9%) not familiar, 8(2.4%) slightly familiar, 10(3%) moderately and 9(2.7%) are very familiar with the word Mental Health. The information about Mental Health first received from which sources or resources was investigated that shows 1(0.3%) out of 30 says healthcare professionals, 16(4.8%) say media, 6(1.8%) say community and 6(1.8%) say other options were helpful for the purpose. The respondents were asked to rate their awareness level of mental health that shows 0% has very poor, 2(0.6%) poor, fair 8(2.4%) and 13(3.9%) good followed by 6(1.8%) excellent. Stigma in the community in seeking help for mental health is a believe or not was investigated and the research say that the 4(1.2%) believe not at all, 10(3%) slightly, 9(2.7%) moderately and 7(2.1%) believe in very much. The finds of the research say 20 out of 30 respondents believe which is 6% that male likely to be more stigmatized in terms of seeking help for mental health than female which is 10(3%). The problem of mental health sought by the respondents or someone they know was 6 male and 5 female out of 2.1% which 11/30 say yes while 19/30 (5.7%) say no that includes 8 male and 11 female

respondents. People in rural areas have disparities in the awareness level has a finding in which 7(2.1%) are strongly agree, 1(0.3%) disagree, neutral 5(1.5%), agree 13(3.1%) and 4(1.2%) say strongly agree. The education of mental health if provided in rural areas will get support or not was investigated and the findings shows, 27(8.1%) yes, 0% for no and 3(0.9%) for maybe. The overall improvement in mental health will improve what in the rural society was investigated that shows, 10(3%) say increased overall well-being, 10(3%) reduced stigma and stereotype, 2(0.6%) greater willingness to seek help, 3(0.9%) community support and understanding and 5(1.5%) say a quality life.

5. DISCUSSION

As the present research shows the percent of respondents and their frequencies it explains there are significant differences between male and female stigmatization, the maximum of the respondents say Male are more stigmatized in terms of mental health help seeking, 6% believe male and only 3% believe female, also the level of awareness has various causes behind this but the most rated is social stigma and stereotype (14/30 which is 4.2% respondents believe this is the main cause of difference among male and female in the level of awareness of mental health. The level of stigmatization was rated highest 2.7% for moderately. Mental health education and its lack can become a problem for lower level of awareness of mental health among rural population, in the findings 10 i.e, 3% people say the lack of education is the main cause of difference among male and female awareness level for the issue of mental health.

Different respondents had different level of familiarity with the word Mental Health less were likely to be unaware, which included 3/30(0.9%) for not being familiar at all and maximum responded has moderate 10(3%), which shows that the rural areas have some clues about word mental health but moderately. Followed by the rate of their mental health awareness 3.9% believe they have good awareness is the maximum while 0% opted for the very poor, which means rural people do have difference in level of awareness and requires more strategies to increase the level. In the gender both male and female respondents the overall resultants show differences and disparities, the question do they (respondents) think people around them in rural areas have disparities in the awareness of mental health have the 3.1% maximum respondents answering agree which is 13/30 and only 0.3% answered disagree which 1/30. The support for mental health education can be the good option for the rural areas to improve their education level for better understanding of mental health and the result of findings illustrate the same, maximum number of respondents 8.1% which is 27/30 say yes to the support of mental health education in rural areas followed by 0% for no option and 3(0.9%) say maybe.

This was reported that the rural population is thinking if their awareness level boosts up they would live a quality life with increased overall well-being, reduced stigma and stereotypes, greater willingness for seeking help for mental health related issues and also the community will be supporting and become understanding.

6. CONCLUSION AND SUGGESTION

The present study which is on the rural communities about their awareness level on the term Mental Health. In this study the researcher studied the difference in awareness level and the cause of disparities, with different rural people who participated in the study as respondents. The results findings show the difference between male and female regarding their level of awareness, the stigmatization they face and ratings of their mental health. Additionally, it was found that the improvement in the awareness level can be achieved through providing mental health education to the rural communities. Further the improvement in the facilities like medical professionals, transportation, technology, network and communication media if provided inside the rural areas in perfect phases so no rural will remain unaware of mental health, thus giving a quality life, mentally, physically and socially.

7. ACKNOWLEDGEMENTS

I would like to sincerely thank the respondents who gave their valuable time during my research, my guide prof. Akhilesh Kumar Shukla, who enlightened the researcher in me and my dearest elder sister Neha Bisht who supports and encourages me always.

8. REFERENCES

- [1] <https://www.who.int>
- [2] Lyons, A., Hosking, Warwick., & Rozbroj, Tomas. (2015). Rural-urban differences in mental health, resilience, stigma, and social support among young Australian gay men.. The Journal of rural health : official journal of the American Rural Health Association and the National Rural Health Care Association , 31 1 , 89-97 . <http://doi.org/10.1111/jrh.12089>
- [3] Mehrotra, A., Huskamp, H., Souza, Jeffrey M., Uscher-Pines, L., Rose, Sherri., Landon, B., Jena, A., & Busch, Alisa B.. (2017). Rapid Growth In Mental Health Telemedicine Use Among Rural Medicare

-
- Beneficiaries, Wide Variation Across States.. Health affairs , 36 5 , 909-917 .
<http://doi.org/10.1377/hlthaff.2016.1461>
- [4] Coombs, N., Meriwether, W. E., Caringi, James C., & Newcomer, Sophia R.. (2021). Barriers to healthcare access among U.S. adults with mental health challenges: A population-based study. SSM - Population Health , 15 . <http://doi.org/10.1016/j.ssmph.2021.100847>
- [5] Myers, Carole R.. (2018). Using Telehealth to Remediate Rural Mental Health and Healthcare Disparities. Issues in Mental Health Nursing , 40 , 233 - 239 . <http://doi.org/10.1080/01612840.2018.1499157>
- [6] Schueller, S., Hunter, John F., Figueroa, C., & Aguilera, Adrián. (2019). Use of Digital Mental Health for Marginalized and Underserved Populations. Current Treatment Options in Psychiatry , 6 , 243-255 . <http://doi.org/10.1007/s40501-019-00181-z>