

A Study on Mental Health Literacy of Unmarried Male Youth from Eight Villages of Aurangabad District Maharashtra, India

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Abstract

Mental health literacy in various parts of the globe among young adults showed identified depression and about a quarter shown psychoses. Around the world mental and developmental disorders in adolescent age is dramatically increasing including India.

Marathwada is one of the regions of Maharashtra which is predominately drought prone and has seen rise in higher mental health issues and suicides in the past years.

Our present research study attempted to assess the mental health literacy, mental health status of unmarried male youth from rural villages of Aurangabad district, Maharashtra, India. We also aimed to assess their help seeking behaviour and the general beliefs and attitudes they hold towards mental health. We hypothesized that mental health literacy among unmarried male youths is poor and help seeking behaviour among this group is less. The beliefs and attitudes of this group towards mental health conditions towards both gender is poor.

Keywords: Adult, Depression, Help seeking, Male, Mental Health literacy, Unmarried youth.

Background

Mental and Behavioural problems are increasing the global burden of disease. (WHO2016)

Approximately 70% to 75% adult mental health problems and mental health disorders start to manifest during adolescence or early adulthood (Costello EJ)

Globally, mental disorders make up about 1/3 of the burden of illness in adolescences and young adulthood. (WHO methods and data sources for global burden of disease estimate, 2000-2011, 2013)

Research shows that worldwide between 70%-80% of young people and adults do not received the mental health care they need (Leaf PJ, 1996)

Untreated mental health problems and disorders in adolescents and young adults are strong predictors of poor vocational achievements problematic interpersonal and family functioning as well as reduced life expectancy due to associated medical conditions such as diabetes, heart diseases and stroke respiratory conditions and suicide (Bhatia, 2007)

Mental health Literacy is a significant determinant of mental health and has the potential to improve both individual and population health.

Evidence shows that improved knowledge about mental health and mental health disorders, and a better awareness of how to seek help and treatment as well a reduction in stigma against mental illness at an

individual, community and institutional levels may promote early identification of mental disorders, improve mental health outcomes and increase the use of health services (Rusch N, 2011)

Maharashtra is the third largest state in India. It has four regions, Western Maharashtra, Vidharbha, Kokan and Marathwada. We conducted our research in the Aurangabad district of Marathwada region. Aurangabad comprises nine teasels and 1368 villages; located in a total geographical area of 10107sq km. Agriculture is largely dependent on monsoon rainfall.

We are working in three areas in Aurangabad district, Aurangabad, Phulambri and Gangapur. Phulambari tehsil comes under the Central Maharashtra plateau zone and Gangapur tehsil comes under Western Maharashtra dry or scarcity zone. Within these two agro-climate zones we are working in the Khamkheda and Ambegaon clusters.

Our previous study conducted in May, 2015 revealed that about 25% of the families are addicted and presently the addiction in farming families is increasing continuously.

In the past few years in our study area, the population of unmarried youth has increased and they are all are facing marriage related problems. The reason for these problems is that the girl's family does not want their daughter to marry an unemployed, idle, addicted youth especially one residing in a drought prone region.

These issues impact and influences unmarried male, farmers and their families and increase their burden of health as well as their mental and emotional problems.

On the basis of these issues we conducted the study to understand the mental health literacy and mental health status of these unmarried male youths and their help seeking behaviour believes, attitudes towards mental health conditions

Objective

1. To Study Mental health literacy of unmarried male youth.
2. To Study Mental health status of unmarried male youth
3. To Study mental help seeking behaviour (intention
4. To Study beliefs and general attitudes about mental health condition of unmarried male youth.

Hypothesis

1. Mental Health literacy of unmarried male youth is poor and help seeking behaviour is less.
2. Mental health status of unmarried male youth is poor.
3. Beliefs and attitudes on mental health conditions of unmarried male youth is poor
4. Beliefs and attitudes on mental health conditions of unmarried male youth towards both genders are poor.

Methodology

A Cross – Sectional purposive study was conducted on 100 unmarried male youth from eight villages in Aurangabad district. All of them belong to a farming background. The participants range from 18-30 years.

First we interviewed the participants in order to asses their mental health literacy, help seeking behaviour and their beliefs attitudes towards mental health conditions.

We used research based Smartphone app WhatsMyM3 consumer version of My Mood Monitor (29 Questionnaire) check list to calculate the risk of having depression or an anxiety disorder. PTSD in primary care was used to assess level of mental health status.

We used the following scales to assess our participant’s mental health literacy, help seeking behaviour and their attitude towards mental health:

The Help Seeker Stereotype Scale *Stigma and Health*. (HSSS) developed by Hammer,J.H., Vogel,D.V. The HSSS is a 12-item instrument designed to measure the overall strength of respondents’ endorsement of negative stereotypes (e.g., unstable, needy, incompetent) about people who seek help from a psychologist. A higher score indicates stronger endorsement of negative help seeker stereotypes.

Mental Help Seeking Intention Scale (MHSIS) developed by Hammer,J.H., Vogel,D.V The MHSIS is a 3-item instrument designed to measure respondents’ intention to seek help from a mental health professional if they had a mental health concern. A higher score indicates greater intention to seek help

Results

Participant’s responses were converted in to percentages.

Findings

Table 1

| Education | WhatsMyM3 Scored Above 33(Depression, Anxiety,PTSD, Mood) Mental Distress | WhatsMyM3 Scored Below33 (Depression, Anxiety,PTSD, Mood) Stable |
|-----------|---|--|
| Total | 38% | 62% |
| Above12th | 71% | 75.8% |
| Below12th | 28.9% | 24.2% |

Figure 1

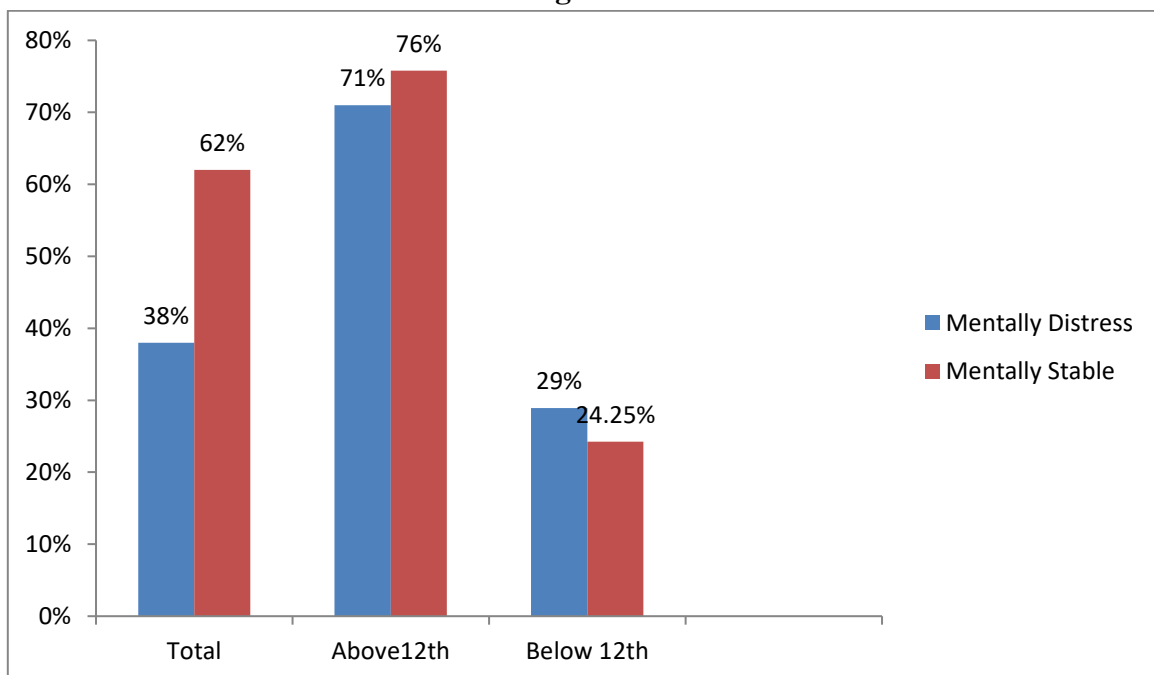


Table 2

| | | |
|------------------------|---|--|
| Education | WhatsMyM3 Scored Above 33 (Depression, Anxiety,PTSD, Mood) Mental Distress | WhatsMyM3 Scored Below33 (Depression, Anxiety,PTSD, Mood) Stable |
| Above 12 th | 50 % responded on scale of 5 | 75% responded on scale of 5 |
| Below 12 th | 50% responded on the scale 5 | 25% responded on the scale 5 |

Figure 2

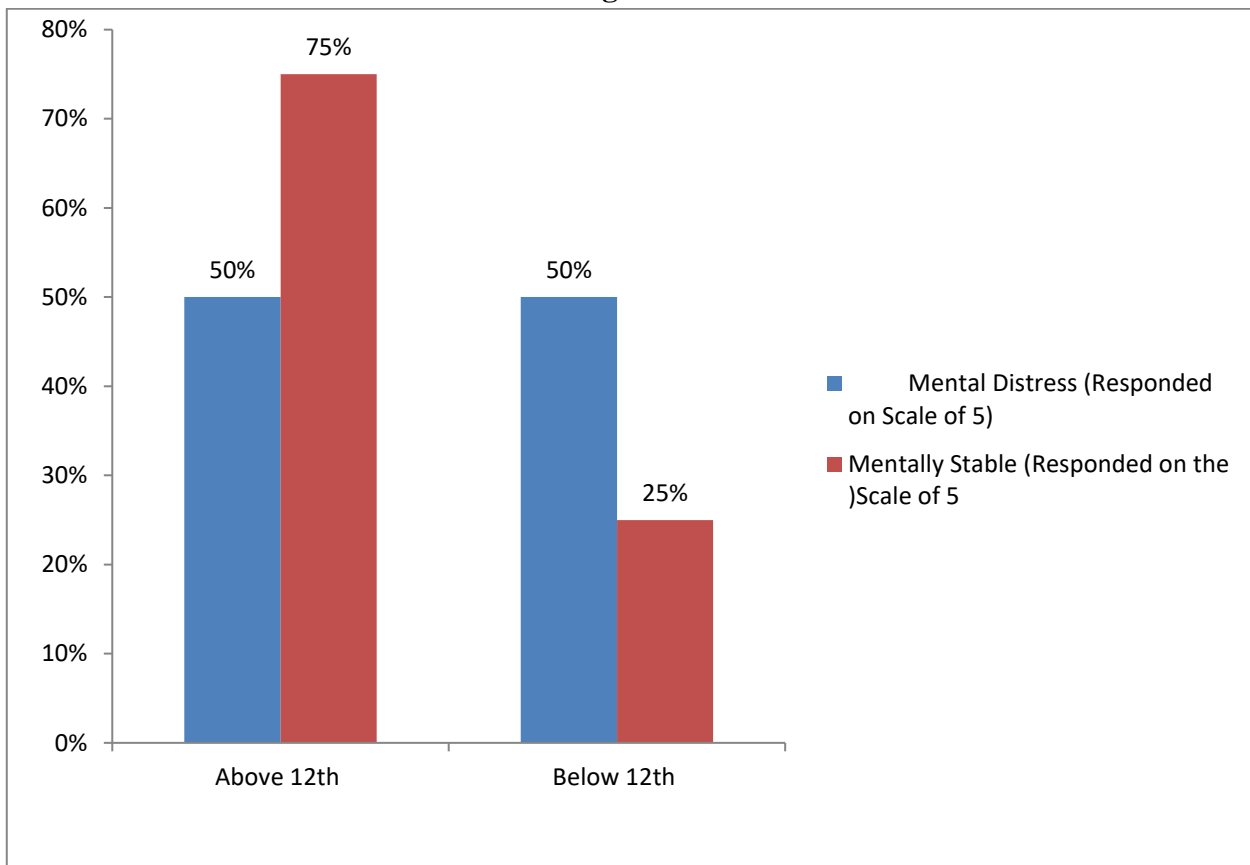


Table 3

| | | |
|--|--|--|
| Mental Help Seeking Intention scale (MHSIS) | whatsmym3 Above 33 (Depression ,Anxiety,PTSD, Mood) (MENTAL DISSTRESS) | whatsmym3 Below 33 (Depression ,Anxiety,PTSD, Mood) (STABLE) |
| Extremely Likely/Strongly Disagree/Definitely True | 33.3% are highly responded on scale of 7 | 66.7% highly responded on s |
| Less Unlikely /Strongly Disagree/Definitely True/ | 80% responded on scale 3 | 30% responded on scale |

Figure 3

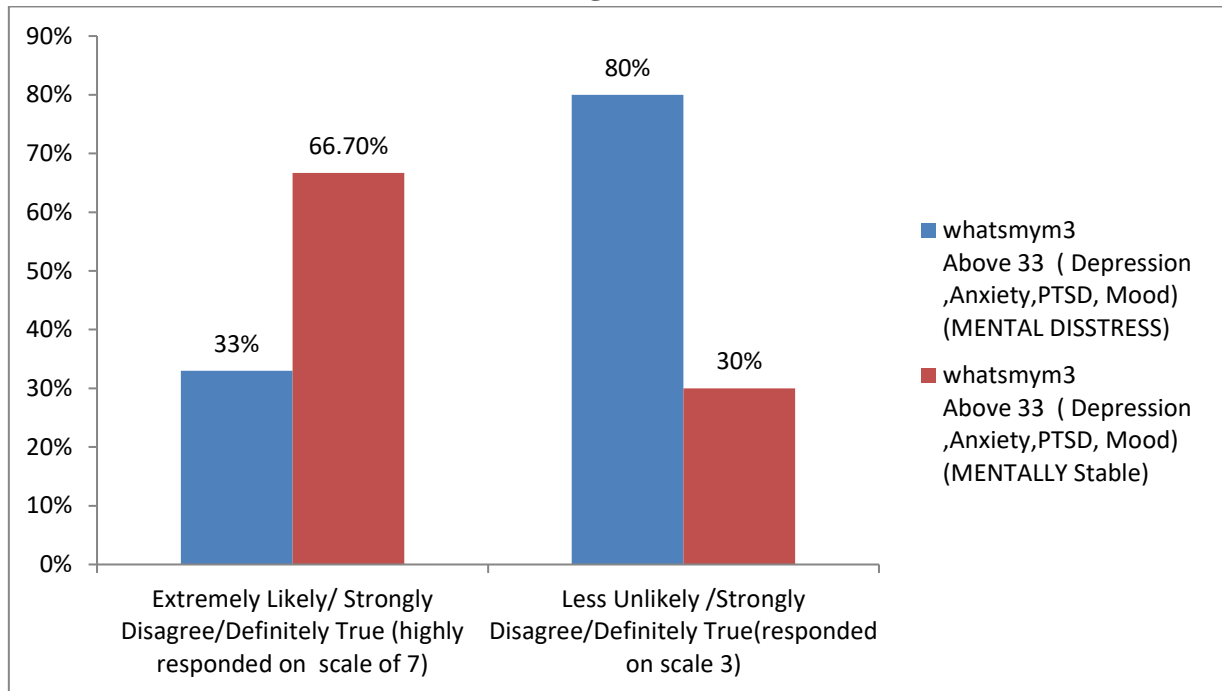
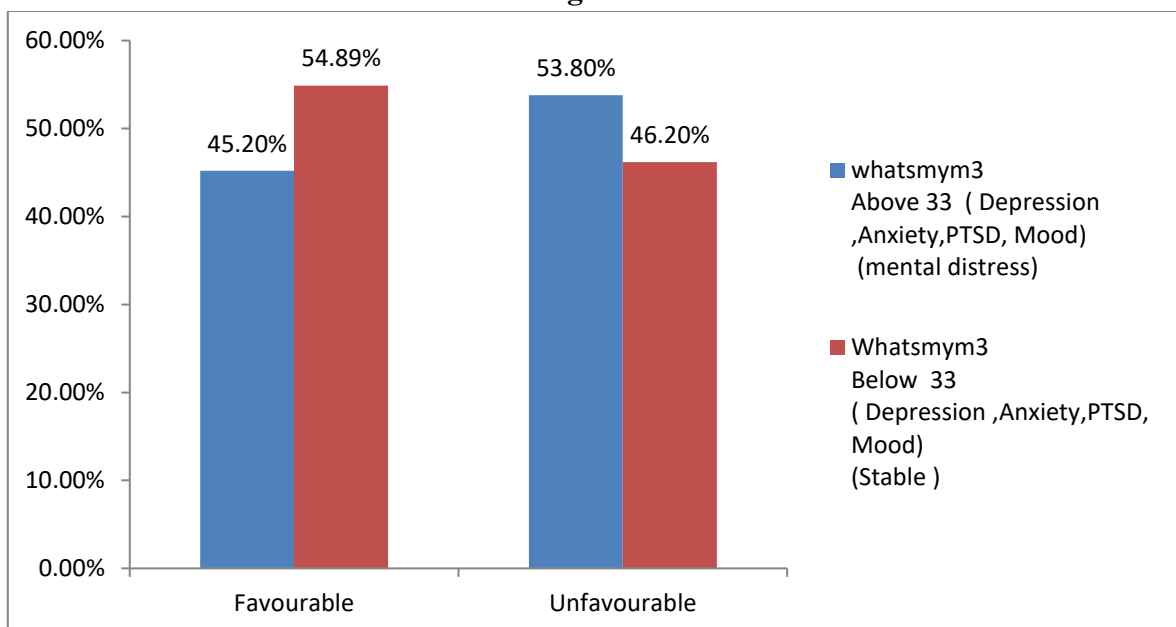


Table 4

| Responses (MHSAS) | whatsmym3 Above 33 (Depression ,Anxiety,PTSD, Mood) (mental distress) | Whatsmym3 Below 33 (Depression ,Anxiety,PTSD, Mood) (Stable) |
|--------------------|--|--|
| Favourable | 45.2% | 54.8% |
| Unfavourable | 53.8% | 46.2% |

Figure 4



Discussion

Our results suggest that around 38% unmarried males are under mental distress (the risk of having depression, anxiety disorder, PTSD in primary care (research based on app check list) and 62% are stable on the whatsmym3 mood meter. Unmarried male who are in mental distress around 71.1% are educated above 12th and 28.9% below 12th. This indicates that higher the level of education more the mental distress.

The Help seeker stereotype scale results suggests around 50% unmarried males who showed mental distress and educated above 12th responded on the scale of 5% of response were given by unmarried of educated below and reflected an endorsement of negative stereotype

The Mental health help seeking intention scale (include issues ranging from personal difficulties (e.g. loss of love one) to mental illness(e.g. anxiety, depression) measures their intention / trying to seek help/ and planning to seek help) results suggests that 33.3% unmarried male who were in distress responded high on extremely dislike to intent/try /or plan to take help from mental health professional and around 80% who are educated below 12.

The Scale of help seeking attitude which measures respondents over all evaluation on (unfavorable attitude vs. favorable attitude) help from mental health professional if they found themselves to be dealing with mental health concern. The results of this scale suggest that unmarried male who were in distress around 45% showed favourable attitude and 53.8% unmarried male showed unfavourable attitude towards those who were in distress. Results also show that unmarried male having unfavourable attitude for mental health concerns.

Conclusion

Conducting this survey brought to light many issues that need to be addressed. It highlighted the unmarried youth's poor vocational achievement, problematic interpersonal and family functioning as well as increased morbidity due to associated conditions such as diabetes, heart diseases and stroke respiratory conditions and suicide. The participants of this study show limited knowledge regarding mental health issues. This impacts negatively not only on their help seeking behaviour but also on decisions making skills.

We would like to suggest that if social marketing campaigns were effective at improving knowledge and positive attitudes they would result in increased intentions towards help seeking. Furthermore by introducing mental health education and empowering vulnerable youth to identify and seek help early for possible mental health disorders, we may be able to promote early identification of mental disorders. Moreover, this would promote and improve mental health outcomes and increases the use of health services.

References

1. Bhatia S. Childhood and adolescent depression. Am Fam Physician. 2007;75(1):73. [\[PubMed\]](#)
2. Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR. Lifetime prevalence and age of-onset distributions of DSM-IV disorders in the national comorbidity survey replication. Arch Gen Psychiatry. 2005;62(6):593–602. doi: 10.1001/archpsyc.62.6.593. [\[PubMed\]](#) [\[Cross Ref\]](#)
3. Leaf PJ, Alegria M, Cohen P, Goodman SH, Horwitz SM, Hoven CW, et al. Mental health service use in the community and schools: results from the four-community MECA study. J Am Acad

- Child Adolesc Psychiatry. 1996;35:889–97. doi: 10.1097/00004583-199607000-00014. [[PubMed](#)] [[Cross Ref](#)]
4. Rusch N, Evans-Lacko S, Henderson C, Flach C, Thornicroft G. Public knowledge and attitudes as predictors of help seeking and disclosure in mental illness. *Psychiatr Serv*. 2011;62(6):675–8. doi: 10.1176/ps.62.6.pss6206_0675. [[PubMed](#)] [[Cross Ref](#)]
5. World Health Organization. WHO methods and data sources for global burden of disease estimates 2000–2011. World Health Organization. 2013. http://www.who.int/healthinfo/statistics/GlobalDALYmethods_2000_2011.pdf?ua=1. Accessed 13 Aug 2015.