International Journal for Multidisciplinary Research (IJFMR)
E-ISSN: 2582-2160 ● Website: www.ijfmr.com ● Email: editor@ijfmr.com

Effectiveness of an Information Booklet on Knowledge Regarding Causes and Early Symptoms of Depression Among Rural Adults in Haryana: A Quasi-Experimental Study

Mr. Rahul Yadav

Assistant professor, Mental Health Nursing, PDM College of Nursing Bahadurgarh, Hr.

ABSTRACT

Background: Depression remains a leading global cause of disability, particularly in underserved rural areas. Lack of awareness regarding its causes and early symptoms delays diagnosis and treatment.

Objective: To evaluate the effectiveness of an information booklet in improving knowledge regarding causes and early symptoms of depression among rural adults in a selected community of Haryana.

Methodology: A quasi-experimental one-group pre-test and post-test design was used. A total of 100 rural adults aged 35–60 years from Jhajjar district were selected using purposive sampling. A structured knowledge questionnaire consisting of 27 items was used to assess pre- and post-intervention knowledge levels. The intervention included distribution and explanation of an information booklet. Post-test assessment was conducted on the 14th day.

Results: In the pre-test, 56% of participants had poor knowledge, 31% had good knowledge, and 13% had excellent knowledge. After the intervention, a statistically significant improvement was observed in knowledge scores ($p < 0.05$). There was also a significant association between knowledge levels and variables such as age, education, occupation, income, and previous information about depression.

Conclusion: The information booklet significantly improved the knowledge of rural adults about depression, highlighting the importance of low-cost, culturally tailored educational interventions in rural mental health promotion.

Keywords: Depression, Information Booklet, Knowledge, Rural Adults, Mental Health, Education, Haryana

INTRODUCTION

Depression is one of the most common and disabling mental health disorders globally, affecting people across all ages, genders, and cultural backgrounds. The World Health Organization (WHO) estimates that over 300 million people are currently living with depression, and by 2030, it is projected to become the leading cause of disease burden worldwide. Depression often coexists with other chronic illnesses and significantly impairs the quality of life, particularly in under-resourced and rural communities.

Globally recognized events such as World Mental Health Day, initiated by the World Federation for Mental Health in 1992, have played a vital role in raising awareness. The theme for the 20th anniversary of this campaign was “Depression: A Global Crisis,” highlighting the growing concern. Despite

increased visibility, awareness levels remain low, particularly in rural India, where cultural stigma, lack of access to care, and misconceptions about mental health continue to prevent timely diagnosis and treatment.

In India, the National Mental Health Survey and reports by Basic Needs International suggest that only 1 psychiatrist is available per 300,000 people, with over 50 million individuals suffering from depression or related conditions. Rural populations—especially adult women—are disproportionately affected due to factors such as poverty, social isolation, limited education, and constrained access to healthcare. Women in rural areas face additional psychosocial stressors, including gender-based violence, high caregiving burdens, irregular income, and hormonal fluctuations related to menstruation, pregnancy, and menopause. Studies indicate that rural women have nearly **twice the rate of depression** as their urban counterparts.

Moreover, these women serve as the primary caregivers and health decision-makers in their families, positioning them as both at risk and central to any solution. Yet, the stigma around mental illness often silences their suffering. Common symptoms of depression—such as persistent sadness, loss of interest, fatigue, and hopelessness—are frequently overlooked or normalized as part of daily hardship, delaying both recognition and intervention. Such delays can lead to chronic mental health deterioration, increased physical morbidity, and in severe cases, suicide.

The risk is further compounded for rural women with disabilities, who experience poorer health outcomes, lower educational attainment, and reduced autonomy in accessing healthcare. Studies show that over 26% of women in rural India live with some form of disability, and 30% of these women are further burdened by depression, compared to 8% of their non-disabled counterparts.

Despite the urgent need, mental health literacy remains minimal. One of the most accessible and cost-effective methods to improve awareness is through **targeted health education tools**, such as information booklets. These can empower individuals with the knowledge to recognize symptoms, understand causes, and seek timely support.

Given these realities, there is a pressing need to implement community-level educational interventions that are culturally appropriate and designed for rural populations. This study addresses that gap by evaluating the effectiveness of an information booklet on enhancing knowledge regarding causes and early symptoms of depression among rural adults in Haryana. By increasing awareness at the grassroots level, such interventions have the potential to reduce stigma, promote early identification, and improve mental health outcomes in vulnerable communities.

The objectives of the study were:

- To assess the pre-intervention knowledge of rural adults regarding causes and early symptoms of depression.
- To evaluate the post-intervention knowledge after distribution of the information booklet.
- To identify the association between knowledge levels and selected socio-demographic variables.
- To develop and implement a culturally appropriate information booklet.

METHODOLOGY

- **Design:** Quasi-experimental one-group pre-test/post-test design
- **Setting:** Selected rural community of Jhajjar, Haryana
- **Sample Size:** 100 rural adults aged 35–60 years

- **Sampling Technique:** Purposive sampling
- **Tool:** Structured knowledge questionnaire (validated, reliability = 0.82)
- **Intervention:** Distribution of a researcher-developed information booklet on causes and early symptoms of depression
- **Data Collection:** Pre-test conducted on Day 0, intervention administered, followed by post-test on Day 14
- **Data Analysis:** Descriptive and inferential statistics using SPSS (frequency, percentage, chi-square test, paired t-test)

RESULTS

Pre-Test Knowledge Levels:

- Poor knowledge: 56%
- Good knowledge: 31%
- Excellent knowledge: 13%

Post-Test Results:

There was a significant improvement in mean knowledge scores ($p < 0.05$). The gain in knowledge demonstrated the effectiveness of the booklet.

Association with Demographics:

Significant associations were found between knowledge levels and:

- Age
- Education
- Occupation
- Monthly income
- Previous exposure to mental health information

Section 1: Demographic Characteristics of the Participant

Age Distribution

- The majority (33%) were aged 29–30 years, followed by 27% in the 20–22 age group, 20% in the 26–28 group, and 18% in the 23–25 group. Only 2% were over 30 years of age.

Educational Status

- 36% were educated up to Pre-University, 26% up to Higher Secondary, 23% up to Primary school, and only 15% were graduates.

Occupation

- 30% were students, 28% were private employees, 21% were daily wage workers, and others included government employees (12%), self-employed (6%), and farmers (3%).

Monthly Income

- A significant proportion (51%) earned less than ₹5,000 per month. Others earned between ₹10,001–₹15,000 (26%), ₹5,001–₹10,000 (12%), and ₹15,001–₹20,000 (11%).

Religion

- The majority were Muslims (53%), followed by Hindus (33%) and Christians (14%).

Marital Status

- 84% of respondents were married, 12% were widows, and 4% were single.

Type of Family

- 54% lived in joint families, and 46% in nuclear families.

Source of Information on Depression

- 71% had no prior information on depression. Mass media (24%) was the most common source among those with prior exposure, followed by health professionals (4%) and relatives (1%).

Section 2: Pre- and Post-Test Knowledge Analysis

Aspect-Wise Knowledge Scores

N=100

SL. NO	Area wise	No. of items	Mean	S. D	Mean %
1	Causes	13	12.120	4.4501	48.48
2	Symptoms	14	13.760	4.5905	55.04
3	Overall, Knowledge	27	25.880	8.4987	51.76

Knowledge was slightly higher regarding symptoms compared to causes of depression.

Pre-Test Knowledge Levels

S. No	Level of knowledge	Frequency	Percentage
1.	Poor knowledge <50%	56	56.0
2.	Good knowledge 50-75%	31	31.0
3.	Excellent knowledge	13	13.0
Total		100	100

Post-Test Knowledge Levels

S. No	Level of knowledge	Frequency	Percentage
1.	Poor knowledge <50%	7	7.0
2.	Good knowledge 50-75%	35	35.0
3.	Excellent knowledge	58	58.0
Total		100	100

A marked improvement in knowledge was observed after the intervention, with excellent knowledge increasing from 13% to 58%, and poor knowledge decreasing from 56% to just 7%.

Section 3: Association between Age, Education, Occupation, Income, Religion.

N=100

S.No	Variables	Poor		Good		Excellent		df	
		N	%	n	%	n	%		

										X^2
1.	Age	20-22	4	4%	14	14%	9	9%	8	58.756*
		23-25	3	3%	12	12%	3	3%		
		26-28	16	16%	3	3%	1	1%		
		29-30	31	31%	2	2%	0	0		
		Above 30	2	2%	0	0	0	0		
2.	Education	Graduate	1	1%	8	8%	6	6%	6	50.793*
		High school	22	22%	4	4%	0	0		
		Pre university	11	11%	18	18%	7	7%		
		Primary School	22	22%	1	1%	0	0		
		Illiterate	0	0	0	0	0	0		
3.	Occupation	Daily wages	25	25%	1	1%	0	0	10	62.452*
		Student	21	21%	3	3%	1	1%		
		Private	4	4%	16	16%	8	8%		
		Government	1	1%	7	7%	4	4%		
		Farmer	3	3%	0	0	0	0		
		Self	2	2%	4	4%	0	0		
4.	Income	<5001	46	46%	3	3%	1	1%	6	62.144*
		5001-10000	2	2%	17	17%	8	8%		
		10001-15000	1	1%	6	6%	4	4%		
		15001-20000	7	7%	5	5%	0	0		
		>20000	0	0	0	0	0	0		
5.	Religion	Christian	1	1%	7	7%	6	6%	4	$22.006^{N}s$
		Hindu	18	18%	11	11%	4	4%		
		Muslim	37	37%	13	13%	3	3%		

*: Significant NS: Non-significant

Summary of Findings

- A significant number of rural adults initially demonstrated poor knowledge regarding depression.
- The information booklet significantly improved their understanding of both causes and symptoms.
- Socio-demographic factors such as age, education, occupation, income, and information exposure were significantly associated with knowledge levels.

- Interventions such as low-cost, locally appropriate information booklets can bridge the mental health knowledge gap in rural populations.

REFERENCES

1. World Health Organization. Depression and other common mental disorders: global health estimates. Geneva: WHO; 2017.
2. Pirraglia PA, Rosen AB. Cost-utility analysis studies of depression management: a systematic review. Am J Psychiatry. 2010;167(2):2155–62.
3. Stuart GW, Laraia MT. Principles and Practice of Psychiatric Nursing. 8th ed. Missouri: Mosby Publications; 2015. p. 330–6.
4. Chhajer C. Depression – A Complete Health Book Series. 1st ed. New Delhi: Fusion Books; 2009. p. 13–14.
5. Arroll B, Goodyear-Smith F, Kerse N, Fishman T, Gunn J. Diagnosis of depression in general practice. Br J Gen Pract. 2010;60(580): e347–53.
6. Simon GE, Savarino J, Operskalski B, Wang PS. Suicide risk during antidepressant treatment. Am J Psychiatry. 2016;163(1):41–7.
7. Khanna P, Wadhwa AK, et al. Prevalence and pattern of depression among adults in rural areas. Indian J Psychiatry. 2016;48(4):243–52.
8. Desai HD, Jann MW. Major depression in women. Scand J Public Health. 2010;36(6):589–97.
9. Amin G, Shah S, Vankar GK. The prevalence and recognition of depression in primary care. Indian J Psychiatry. 2016;58(4):364–9.
10. Grover S, Dutt A, Avasthi A. Global burden of depressive disorders and implications for primary care in India. J Soc Psychiatry Psychiatric Epidermal. 2011;46(6):290–6.
11. Sharan P. Anxiety and depression in women in India. Women's Health and Education Centre; 2009.
12. Smith M, et al. Depression in women: Causes, symptoms, and treatment. HelpGuide.org. 2011 Oct;35(6):123–7.
13. Polit DF, Hungler BP. Nursing Research: Principles and Methods. 5th ed. Philadelphia: Lippincott Williams & Wilkins; 2011.
14. Mental Health Week 2012 [Internet]. World Federation for Mental Health. Available from: http://www.worldfederationformentalhealth.org