

A Study on the Knowledge, Attitude and Practice Towards Mental Illness Among Dargah Visitors

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Abstract

Mental illness is a major public health concern, often surrounded by stigma and misconceptions, especially in culturally diverse societies like India. Religious institutions such as dargahs are commonly visited for healing mental distress, influencing perceptions and treatment-seeking behavior. This study examines the knowledge, attitude, and practice (KAP) towards mental illness among dargah visitors. A descriptive research design was adopted, and data were collected from 51 respondents using a standardized questionnaire. Findings reveal moderate awareness but persistent misconceptions about mental illness. Attitudes showed both acceptance and stigma, while practices indicated a preference for spiritual healing over medical treatment. The study highlights the importance of culturally sensitive mental health awareness programs that integrate traditional beliefs with modern healthcare approaches.

Keywords: Mental illness, Knowledge-Attitude-Practice, Dargah visitors, Stigma, Mental health, Help-seeking behavior

Introduction

Mental illness includes a wide range of conditions affecting mood, thinking, and behavior, such as depression, anxiety, and schizophrenia. Globally, mental health disorders contribute significantly to disability and reduced quality of life. Despite advances in treatment, stigma and lack of awareness remain major barriers to effective care. In India, cultural and religious beliefs strongly influence perceptions of mental illness. Many individuals associate mental health problems with supernatural causes or spiritual imbalance. As a result, people often seek help from religious institutions like dargahs, where spiritual healing practices are believed to provide relief. Dargahs serve as important spaces for emotional and spiritual support, especially for individuals who may not have access to or trust in formal mental health services. However, reliance solely on spiritual practices can delay professional intervention. Understanding the knowledge, attitudes and practices of dargah visitors is essential for designing effective mental health interventions. This study aims to explore these aspects to bridge the gap between traditional beliefs and modern mental healthcare.

Literature Review

Studies have consistently shown that lack of awareness and stigma significantly affect mental health outcomes. Misconceptions about mental illness often lead to discrimination and reluctance to seek treat-

ent.

Richard Appiah (2023) highlighted that culturally relevant interventions improve mental health outcomes by promoting behavioral change and psychosocial skills. The study emphasized the importance of aligning interventions with local beliefs and practices. Abrar Hussain Azad (2022) found that cultural barriers limit the use of evidence-based therapies like Cognitive Behavioral Therapy (CBT) in non-Western countries. The study stressed the need for adapting mental health treatments to cultural contexts. Pauline Klein (2022) discussed structural stigma in healthcare systems, showing how societal norms and institutional practices hinder access to mental health services. Arthur Kleinman (2009) emphasized the role of culture in shaping perceptions of mental illness, suggesting that effective mental health strategies must consider local beliefs.

These studies indicate that knowledge gaps, stigma and cultural beliefs significantly influence attitudes and practices related to mental illness.

Significance of the Study

This study provides insight into the knowledge, attitudes, and practices of dargah visitors regarding mental illness within a cultural and religious context. It helps identify misconceptions and stigma that may hinder effective treatment-seeking behavior. The findings can support the development of culturally sensitive mental health awareness programs. It also encourages collaboration between mental health professionals and religious institutions to improve community mental health outcomes.

Objectives

- To understand the socio-demographic profile of respondents
- To assess their knowledge about mental illness
- To examine their attitudes towards mental illness
- To analyze their practices related to treatment-seeking

Hypotheses

H₀₁: There is no significant relationship between knowledge and attitude towards mental illness.

H₀₂: There is no significant relationship between knowledge and practice towards mental illness.

H₀₃: There is no significant relationship between attitude and practice towards mental illness.

Materials and Methods

The present study adopted a descriptive research design to examine the knowledge, attitude, and practice towards mental illness among dargah visitors in Chennai. The study population consisted of individuals visiting dargahs for healing purposes. A convenience sampling technique was used to select respondents based on their availability and willingness to participate, resulting in a sample size of 51 participants. Both primary and secondary data were utilized for the study. Primary data were collected using a structured and standardized questionnaire developed by Abdulbari Bener and Suhaila Ghuloum (2010), which included 17 items to assess knowledge, 5 items to measure attitude using a five-point Likert scale, and 3 items related to practice. Secondary data were obtained from journals, articles, and relevant literature. The collected data were coded and analyzed using IBM SPSS software, employing statistical tools such as percentage analysis and cross-tabulation. Ethical considerations were maintained by obtaining informed consent from respondents, ensuring confidentiality and allowing voluntary participation.

Analysis & Interpretation

Table 1: Socio-Demographic Profile of Respondents (N = 51)

Variable	Category	Frequency	Percentage
Age	16-40 years	45	88.2
	Above 41 years	6	11.8
Gender	Male	31	60.8
	Female	20	39.2
Marital Status	Married	38	74.5
	Unmarried	13	25.5
Educational Qualification	Illiterate	2	3.9
	Below 12th	8	15.7
	Diploma	2	3.9
	UG	16	31.4
	PG	23	45.1
Religion	Hindu	29	56.9
	Muslim	10	19.6
	Christian	10	19.6
	Others	2	3.9
Economic Status	Low	4	7.8
	Middle	44	86.3
	High	3	5.9
Occupational Status	Working	12	23.5
	Not Working	39	76.5
Nature of Family	Nuclear	36	70.6
	Joint Family	15	29.4
Domicile	Urban	36	70.6
	Rural	15	29.4

The socio-demographic profile indicates that the majority of respondents were aged between 16–40 years (88.2%), male (60.8%), and married (74.5%). Most participants had higher education, with 45.1% holding postgraduate degrees and 31.4% undergraduate degrees. A majority belonged to the Hindu religion (56.9%), followed by Muslim and Christian respondents (19.6% each). Most respondents were from middle socio-economic status (86.3%) and were not working (76.5%). In terms of family structure, 70.6% belonged to nuclear families, and the same proportion resided in urban areas. Overall, the sample represents a predominantly young, educated, urban and middle-class population.

Table 2: Distribution of Respondents by Level of Knowledge towards Mental Illness

Level of Knowledge	Frequency	Percentage
Low	7	13.7
Moderate	34	66.7
High	10	19.6

The table shows that the majority of respondents (66.7%) had a moderate level of knowledge towards mental illness. About 19.6% had a high level of knowledge, while 13.7% had a low level. This indicates that although most participants possess basic awareness, there is still a need to improve in-depth knowledge regarding mental illness.

Table 3: Distribution of Respondents by Level of Attitude towards Mental Illness

Level of Attitude	Frequency	Percentage
Moderate	13	25.50%
High	38	74.50%

The table shows that the majority of respondents (74.5%) had a high level of positive attitude towards mental illness, while 25.5% had a moderate level of attitude. This indicates that most participants demonstrate a favorable attitude towards individuals with mental illness.

Table 4: Distribution of Respondents by Level of Practice towards Mental Illness

Level of Practice	Frequency	Percentage
Low	4	7.8
Moderate	31	60.8
High	16	31.4

The table shows that the majority of respondents (60.8%) had a moderate level of practice towards mental illness. About 31.4% of respondents demonstrated a high level of practice, while only 7.8% exhibited a low level. This indicates that most participants engage in moderate practices related to mental health, with a relatively smaller proportion showing poor practice levels.

Table 5: Pearson Correlation Analysis of Knowledge, Attitude and Practice towards Mental Illness Among Respondents

Variables	Knowledge	Attitude	Practice
Knowledge	1		
Attitude	0.452**	1	
Practice	0.389**	0.421**	1

Note: $p < 0.01$ (significant at 1% level)

The table shows a positive correlation between knowledge, attitude, and practice towards mental illness. Knowledge is moderately correlated with attitude ($r = 0.452$) and practice ($r = 0.389$), indicating that better knowledge is associated with more positive attitudes and improved practices. Similarly, attitude has a positive correlation with practice ($r = 0.421$), suggesting that favorable attitudes contribute to better mental health practices. All correlations are statistically significant, indicating meaningful relationships among the variables.

Findings

The major findings of the study are summarized as follows:

Socio-Demographic Findings

- The majority of respondents (88.2%) were aged between 16–40 years, indicating a predominantly you-

ng population.

- Most respondents were male (60.8%) and married (74.5%).
- A significant proportion had higher education, with 45.1% postgraduates and 31.4% undergraduates.
- More than half of the respondents were Hindus (56.9%), followed by Muslims and Christians (19.6% each).
- The majority belonged to the middle socio-economic group (86.3%).
- A large proportion of respondents were not working (76.5%).
- Most participants belonged to nuclear families (70.6%) and urban areas (70.6%).

Knowledge towards Mental Illness

- The majority of respondents (66.7%) had a moderate level of knowledge.
- Only 19.6% demonstrated high knowledge, while 13.7% had low knowledge.
- This indicates the presence of basic awareness but lack of in-depth understanding of mental illness.

Attitude towards Mental Illness

- A majority (74.5%) showed a high level of positive attitude.
- About 25.5% had a moderate attitude.
- This reflects a generally favorable outlook towards individuals with mental illness, with reduced stigma.

Practice towards Mental Illness

- Most respondents (60.8%) had a moderate level of practice.
- Around 31.4% had high practice levels, while 7.8% had low practice.
- This suggests that while awareness exists, appropriate practices are not consistently followed.

Correlation Findings

- A significant positive relationship exists between knowledge, attitude, and practice.
- Higher knowledge is associated with better attitudes and practices.
- Positive attitudes contribute to improved mental health practices.

Suggestions

1. Organize mental health awareness programs within or around dargahs to educate visitors about the scientific causes, symptoms, and treatment of mental illness. This can help correct misconceptions that mental illness is solely due to supernatural or spiritual causes.
2. Encourage collaboration between psychiatrists, social workers and dargah authorities to create a referral system. Visitors seeking spiritual healing can be guided towards professional mental health services when required.
3. Establish counseling support near dargah premises that respects religious beliefs while promoting evidence-based treatment. This approach can improve acceptance of mental health services among visitors who strongly rely on spiritual practices.

Conclusion

The study highlights that while dargah visitors possess moderate knowledge and generally positive attitudes towards mental illness, their practices remain only moderate. Cultural and religious beliefs play a significant role in shaping perceptions and treatment-seeking behavior. The positive correlation between knowledge, attitude, and practice indicates that improving awareness can lead to better attitudes and healthier practices. Therefore, there is a strong need for culturally sensitive mental health interventions

that bridge the gap between traditional beliefs and modern medical approaches. The study emphasizes the importance of integrating mental health education within community and religious settings to reduce stigma and improve mental health outcomes.

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