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Adult Perspectives on Mental Health: A Comparative Study of Knowledge and Attitudes in Urban and Rural Areas of Jalgaon, Maharashtra

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ABSTRACT:

Mental health has become a central theme of global health discussions, yet misconceptions, stigma and cultural prejudices continue to shape societal attitudes toward mental illness. This study explores adult perspectives on mental health in the urban and rural regions of Jalgaon, Maharashtra, by examining the correlation between knowledge, attitudes and demographic factors such as education and economic status. A sample of 200 participants aged 18–40 was surveyed using a structured questionnaire designed to measure knowledge and attitudes toward mental illness. The findings reveal a striking disparity in awareness levels, with urban participants reporting significantly higher knowledge scores compared to their rural counterparts. Correlation analysis highlights a strong positive relationship between knowledge and favorable attitudes toward mental illness, especially in rural areas where awareness directly influences perceptions. Additionally, education and economic status were found to significantly impact both knowledge and attitudes, reinforcing the importance of targeted interventions. The study concludes that misconceptions and stigma remain major barriers to mental health awareness and acceptance, particularly in rural settings. To address this, educational campaigns, community dialogues and socioeconomically inclusive initiatives are recommended to foster a more compassionate and informed approach toward mental well-being.

KEYWORDS: Mental Health; Stigma; Knowledge and Attitudes; Urban-Rural Comparison; Jalgaon; India; Education; Socioeconomic Factors.

1.INTRODUCTION

The conversation that surrounds mental health has grown increasingly important in today's culture as more and more people become aware of the widespread impact that it has. This research endeavors to investigate the viewpoints of adults towards mental health, with the objective of delving into the complex web of knowledge and attitudes that contribute to the formation of individuals' understanding of mental disease. Misconceptions and societal prejudices are frequently the root causes of the stigma that surrounds mental health, which in turn contributes to the unwillingness of individuals to engage in open conversations about their mental well-being. The purpose of this inquiry is to expose the complex relationship that exists between the acquisition of knowledge and the formation of attitudes with regard to mental health issues. This will be accomplished by analysing the perspectives of different adults. Because we are about to embark on this journey, it is of the utmost importance that we acknowledge the possible



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ramifications that these viewpoints may have on the whole landscape of mental health. Our goal is to cultivate a society that is more compassionate and well-informed in its response to mental illness. In addition to attempting to gain a knowledge of the prevalent perspectives, the purpose of this research is to make a contribution to the larger conversation about mental health by cultivating an atmosphere that encourages comprehension, acceptance and support for individuals who are struggling with issues related to their mental health.

1.1 Background

In recent years, there has been a significant shift in the views that society has towards mental health, which is indicative of a growing realization of the relevance of understanding mental health in contemporary discourse. A greater knowledge of the substantial and pervasive impact that mental illness may have on individuals, communities and society as a whole is a significant factor that contributes to this shift. In the past, mental health issues were consigned to the background of society consciousness; but, as more individuals become aware of the deep links that exist between mental well-being and overall quality of life, these issues are now gaining center stage. Additionally, this heightened awareness is not just confined to the area of healthcare; rather, it affects various aspects of society, such as education, employment and interpersonal interactions. As a consequence of this, the discussion that surrounds mental health is no longer regarded as a specialized problem; rather, it is recognized as an essential component of the larger public health agenda. The acceptance of mental health as an essential component of well-being is a significant step towards the development of a society that is more compassionate and inclusive and that recognizes and resolves the obstacles that are connected with mental illness.

1.2 Rationale for the Study

This study was motivated by the ubiquitous impact of stigma, which serves as a formidable barrier that prevents open conversations about mental health. The aim of this study is to investigate the impact of stigma. People who are struggling with mental health issues may be reluctant to publicly discuss their troubles because stigma, which is frequently deeply embedded in the attitudes of society, creates an environment that encourages this behaviour. This reluctance can be ascribed to the fear of being judged, discriminated against, or marginalized, which contributes to the perpetuation of a culture of silence around concerns related to mental health. In order to provide a supportive environment in which individuals feel empowered to communicate their mental well-being without fear of societal repercussions, it is essential to first comprehend and then overcome the stigma that associated with mental health.

A second factor that contributes to the reluctance to treat mental well-being is the prevalence of myths and assumptions held by society. It is possible that these misunderstandings are the result of a lack of correct information or the perpetuation of stereotypes around mental health conditions. It is possible for individuals to be discouraged from seeking assistance or exposing their troubles



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due to the hostile environment that can be created by common beliefs and cultural attitudes that equate mental illness with a lack of strength or personal failure. It is essential to investigate these misunderstandings in order to break down barriers and cultivate a community that is more informed, more compassionate and in recognition of the fact that mental health is a valid and multifaceted component of overall well-being.

This study aims to explore the underlying causes that lead to the reluctance to discuss mental health in an open manner. Its purpose is to remove both stigma and misconceptions regarding mental health. This is done with the intention of informing strategies and interventions that are capable of effectively challenging these barriers, which will ultimately promote a more inclusive and understanding approach to mental well-being on the part of society.

2. OBJECTIVES

- To The moment it comes to mental illness, the perspectives of people living in urban and rural parts of Jalgaon, Maharashtra, are compared.
- To Learn more about the intricate connections that exist between mental health knowledge and different mindsets.
- To On the basis of the synthesis of qualitative and quantitative data, inform targeted actions and awareness campaigns.

3. REVIEW OF LITREATURE

The meta-synthesis by Adu et al. (2023) explores the complex experiences of people with mental illnesses and the widespread influence of stigma within the family. Using qualitative research from high-income nations as a starting point, the study offers a thorough picture of the difficulties faced by people dealing with mental health issues in family settings. The integration of qualitative research results provides insightful information about people's actual experiences, advancing our knowledge of the complex network of social dynamics and stigma related to mental health.

The study by Akol et al. (2018) investigates traditional healers' opinions in Uganda and looks at how they feel about working with the official Child and Adolescent Mental Health System. Through a distinct cultural lens, the research illuminates the cohabitation of modern mental health systems and traditional healing practises. The results underscore the significance of acknowledging and incorporating customary healing viewpoints into the wider mental health conversation, encouraging cooperation towards more comprehensive methods of mental health treatment in many sociocultural environments.

The study by Allen et al. (2023) focuses on how university students in Europe fared mentally during the COVID-19 pandemic. Through an examination of perspectives regarding the epidemic and official reactions, the study provides insightful information about the psychological effects of the worldwide catastrophe on a particular group of people. The results highlight the significance of comprehending the distinct obstacles encountered by college students and offer a foundation



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for customising mental health therapies to cater to their requirements within periods of social turmoil.

The study by Andrews et al. (2019) focuses on older persons and how they feel about using digital technology to keep their mental health in check. By means of an interactive group study, the research illuminates the viewpoints of a demographic that is frequently marginalised in conversations about technology and mental health. The results demonstrate the potential advantages of digital tools for promoting older individuals' mental health. The study's main contribution to a more inclusive approach to mental health assistance is its emphasis on the significance of taking this population's preferences and needs into account when developing technology-based therapies.

The paper by Dean et al. (2023), which was released in BMC Psychiatry, explores the complex relationships that surround the discussion of mental illness between parents and children. The qualitative study offers a thorough examination of the barriers and enablers that mound these important talks and it is situated in a subdistrict of Mpumalanga, South Africa.

4. MATERIAL AND METHODS

4.1 Methodology of the Research and Participants:

- carried out in Jalgaon, Maharashtra, including participation from both rural and urban groups within the area.
- The target population consisted of two hundred community members between the ages of 18 and 40, with an equal number of participants coming from rural and urban locations.

4.2 Constructing a Questionnaire:

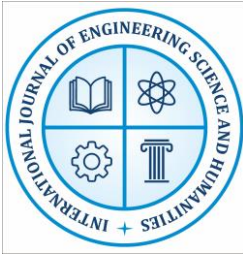
- Items that pertain to knowledge concerning mental illness were included, including common mental diseases, attitudes, aetiology, signs and symptoms, management, prevention and rehabilitation.
- Although attitudes were graded between 5 and 25, knowledge was evaluated on a scale that ranged from 0 to 20.

4.3 Obtaining Information:

- Participation in the study was required from one adult from each family who was chosen at random.
- a structured questionnaire that is used for interviews, with a scoring system that determines knowledge and attitude scores using a ranking system that ranges from one for correct to zero for incorrect.

4.4 Criteria for Scoring:

- The range of knowledge scores was from 0 to 20, which indicated the degree of correctness on issues relevant to mental health.



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- There was a range of scores from 5 to 25 for attitudes, which were used to evaluate people's viewpoints on mental illness.

4.5 An Examination of Statistics:

- Included both descriptive and inferential statistics in the analysis.
- The data were analysed using the 'Z' test as well as the Chi-square test.

4.6 Correlation for the Demographics:

- A study was conducted to investigate the relationships between knowledge and attitude scores and demographic characteristics such as age, gender, religion affiliation, education level and economic situation.
- We investigated the relationship between the level of information and attitudes that adults have regarding mental illness.

5. DATA ANALYSIS AND INTERPERTATION

For the purpose of this study, a comparison is made between the knowledge scores and attitudes of adults living in rural and urban areas regarding mental illness. The average score for those living in rural areas was 7.78, while the score for those living in urban areas was 16.16.

The mean knowledge score of adults living in rural areas was significantly different from that of adults living in urban areas.

This table provides the results of a comparison study that was conducted between those living in rural areas and those living in urban areas with regard to their levels of knowledge regarding mental illness. In order to have a better knowledge of the discrepancies in mental health awareness and comprehension, the research project that was conducted included a sample size of one hundred people from both rural and urban areas.

It was discovered that the mean score for knowledge in the rural sample, which consisted of one hundred participants, was 10.13, with a standard deviation of 3.59. The value of 't' that was calculated was 15.2 and the p-value that was linked with it was less than 0.05; however, this aspect of the information was specifically not disclosed. The 't' value that was produced, which is significantly different from zero, indicates that there is a significant difference in the knowledge scores of participants who live in rural areas and those who live in urban areas. This observation is further supported by the low p-value, which indicates that the difference in knowledge scores corresponds to a correlation that is statistically significant.

On the other hand, the urban sample, which likewise consisted of one hundred people, displayed a significantly higher mean knowledge score of 18.21, with a standard deviation of 4.12. The large gap in mean knowledge scores implies that there is a distinct distinction between urban and rural individuals in terms of their awareness and understanding of mental health. This is despite the fact that the 't' value and the p-value are not explicitly stated.



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The following table presents the results of a comparative study that compared the levels of knowledge on mental illness among people living in rural and urban areas. The study included a sample size of one hundred individuals from each place of residence. It has been found that the average score for knowledge among participants from rural areas is 40.2, with a standard deviation of thirteen. There is a big and statistically significant difference in the knowledge scores of people living in rural areas and those living in urban areas, as indicated by the computed 't' value of 19.28 and the accompanying p-value, which is not being presented explicitly.

The urban group, on the other hand, demonstrates a much higher mean knowledge score of 77.2, with a standard deviation of 14.2 points. The 't' value, on the other hand, is not included in the information that has been provided. In spite of this, the fact that there was a significant difference in the mean knowledge scores between rural and urban participants indicates that there is a major gap in awareness and comprehension of mental health, with urban inhabitants demonstrating a significantly greater level of knowledge.

Both the rural and urban samples had the same standard deviation, which is 13.9 and 14.2 respectively. This is an interesting fact to take into consideration. Because of this consistency, it may be deduced that the degree of heterogeneity in knowledge scores observed among rural and urban groups is very comparable.

In a nutshell, the findings highlight a striking disparity in the levels of knowledge regarding mental illness that existed between people living in rural areas and those living in urban areas, with urban participants displaying a much higher mean knowledge score. Despite the fact that the actual 't' value and p-value are not supplied directly, the reported averages and standard deviations clearly suggest that there is a significant statistical significance in the differences that were found. These findings highlight the necessity of focused educational programmers and awareness campaigns, with interventions being tailored to address the distinct informational gaps that are prevalent in both rural and urban groups.

5.1 Adults living in urban and rural areas have a statistically significant association between their knowledge and attitude scores.

The link between knowledge and attitude scores for participants who were from rural and urban areas is shown in the table. The knowledge and attitude scores in the urban sample had a positive correlation coefficient of 0.62, indicating a moderately good association. This suggests that those who score higher on mental health knowledge also have a tendency to have more favourable attitudes on mental disease in urban environments. The correlation's intensity, which ranges from 0 to 1, suggests that knowledge and attitude scores in an urban setting have a noticeable but imperfect relationship.

On the other hand, the knowledge and attitude scores in the rural group show a significantly larger positive link, with a value of 0.91. The strong positive link indicated by this significant correlation



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suggests that people with higher knowledge scores in rural areas also have more favourable attitudes regarding mental illness. The coefficient's near-perfect correlation with 1 indicates that knowledge and attitude ratings among participants from rural areas are significantly and almost perfectly correlated.

The results of the statistical analysis indicated a strong positive link between the knowledge and attitude scores of adults living in metropolitan areas. Adults living in rural areas had significant knowledge and attitude relationships.

5.2 Adults' knowledge scores on mental illness were significantly correlated with demographic factors like economic status and educational attainment.

The data that is displayed looks at the relationship between knowledge scores about mental illness and two demographic variables: education and economic status. The statistically significant relationships found in both cases by the Chi-square statistic and matching p-values suggest that these demographic parameters are not unrelated to people's mental health knowledge.

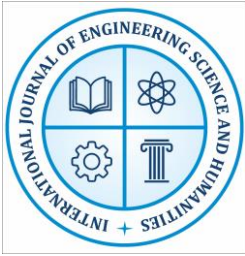
A very significant p-value of 0.001 and a Chi-square value of 51.262 are observed for Economic Status. This shows that participants' knowledge ratings on mental illness and their economic status are significantly correlated. The lower p-value highlights the significance of economic factors in influencing people's awareness of mental health by implying that the observed correlation is unlikely to be the result of coincidence.

Likewise, for Education, a significant p-value of 0.001 is observed along with a Chi-square value of 30.251. This suggests that there is a significant correlation between the participants' knowledge scores on mental illness and their educational attainment. The notion that education significantly influences people's knowledge and comprehension of mental health is supported by the great statistical significance.

5.3 Adults' attitudes towards mental illness were significantly impacted by the demographic variables of economic status and education.

The table displays the findings of an investigation into the correlation between knowledge scores about mental illness and two demographic variables: education and economic status. For both demographic variables, a sample size of one hundred people is used.

A p-value of 0.001 and a Chi-square value of 51.412 are found for Economic Status. The results indicate that there is a statistically significant correlation between the participants' knowledge scores on mental illness and their economic level. The low p-value highlights the impact of economic variables on people's knowledge levels about mental health by indicating that the observed link is unlikely to be the result of random chance. This emphasizes the necessity of focused initiatives that take into account economic inequalities in order to raise awareness of mental health issues.



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In the same way, a p-value of 0.001 and a Chi-square value of 30.812 are reported for the Education example. This result suggests that there is a substantial correlation between the educational attainment of the participants and their knowledge scores on mental illness. The significance of educational programmers in raising awareness and understanding of mental health concerns is highlighted by the low p-value, which also highlights the impact of educational attainment on mental health knowledge.

6. CONCLUSION:

This study highlights the significant differences in mental health knowledge and attitudes between adults in rural and urban Jalgaon. Urban participants demonstrated greater awareness and more positive perspectives, while rural participants exhibited limited understanding and stronger stigma toward mental illness. A statistically significant correlation between knowledge and attitudes suggests that increased awareness directly improves perceptions, particularly in rural areas where attitudes are more closely tied to informational gaps. The analysis also revealed that education and economic status play a pivotal role in shaping knowledge and attitudes. Better-educated and economically stable individuals were more likely to demonstrate higher awareness and supportive attitudes toward mental health. These findings underscore the urgent need for targeted awareness campaigns that address the cultural, educational and socioeconomic disparities contributing to misconceptions and stigma. Overall, the study concludes that dismantling stigma and misinformation requires sustained efforts through community-based education, open dialogue and policy-driven initiatives. A comprehensive strategy that incorporates rural-specific interventions, educational outreach and inclusive economic development can pave the way for a society that recognizes mental health as an integral part of overall well-being.

6.1 Recommendation

The following suggestions are made to raise awareness of mental health issues and encourage supportive attitudes in light of the investigation of adult perspectives on mental health, with an emphasis on knowledge and attitudes towards mental illness

Educational seminars and Campaigns: Start extensive educational seminars and campaigns to raise public awareness of mental health issues. These programmers can debunk misconceptions, offer factual details on mental diseases and advance knowledge of the elements that affect mental health.

Encourage Open Dialogue and Communication: At the individual and community levels, promote open dialogue and communication regarding mental health. Creating conversation areas that are safe can aid in eradicating the stigma associated with mental health issues. Conversations can be facilitated by open forums, discussion groups and community events that raise awareness of mental health issues.



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