

Original Research Article

**A study on awareness of depression amongst patients attending a rural health centre in Kancheepuram, Tamilnadu, India.**

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**Abstract**

**Introduction :** Depression has turned out to be one of the most important public health concerns of today. WHO statistics concluded that mental disorders affect at least 25% of the individuals once in their lives of which depression is the most common, Depression was ranked as the fourth leading cause of global disease burden and expected to reach second place in the ranking of disability adjusted life years calculated for all ages by the year 2020. **Methodology:** A cross sectional study was conducted amongst patients attending the outpatient department of rural health centre of SRM medical college & RC at kancheepuram. Data were collected between January to March 2017 for a period of about 2 months in the rural health centre. **Results:** Of the 150 participants who participated in the study 57 (38%) were males and 93 (62%) were females. About 52% of the study subjects were aware of the disease called depression and about 36% of the subjects admitted that they were not aware of the disease called depression. Most of the individuals (44%) believed that depression is a result of god's wrath due committing sins in the past and 21.8% of the individuals did not have any idea if depression is a result of god's wrath. About 52.5% of the individuals felt that depression needs medical attention 37.5% felt that it does not require any treatment. **Conclusion:** Depression happens to be one of the important causes of DALY across the globe and Asian countries are one of the significant contributors of the world's burden of depression. Information dissemination strategies specifically targeting the people living in rural areas should be devised and implemented for the betterment of knowledge and awareness regarding depression.

**Keywords:** Depression Awareness, RHTC patients.

**Introduction**

Depression has turned out to be one of the most important public health concerns of today. WHO statistics concluded that mental disorders affect at least 25% of the individuals at least once in their lives of which depression is the most common, Depression was ranked as the fourth leading cause of global disease burden and expected to reach second place in the ranking of disability adjusted life years calculated for all ages by the year 2020<sup>1</sup>.

An estimated 3-4% of India's 100 crore plus population suffers from major mental disorders and about 7-10% of the population suffers from minor depressive disorders. In the southeast Asian region, 11% of DALYs and 27% of YLDs are attributed to neuropsychiatric disease. Global Burden of Disease (GBD) study (GBD 1990 Study) launched by the WHO in the 1990s showed that Depressive

disorders account for 3.7% of total DALYs and 10.7% of total YLDs. GBD 2000 study (WHO 2001) showed that depression accounts for 4.46% of total DALYs and 12.1% of total YLDs. This clearly highlights a trend of increasing burden of disability secondary to depression<sup>2</sup>.

Depression is a debilitating condition with considerable emotional, physical and socioeconomic consequences, but often goes unrecognized and untreated and one reason for this is that there is lack of mental health literacy on this part of the public. Moreover, negative attitudes and beliefs about depression hamper the health seeking behaviour among lay individuals<sup>1</sup>. This study was intended to evaluate the knowledge and awareness about depression amongst the patients attending a Rural Health centre located at Mamandur village in Kancheepuram district.

**Materials and methods**

A cross sectional study was conducted amongst patients attending the outpatient department of rural health centre of SRM medical college & RC at kancheepuram. Data were collected between January to March 2017 for a period of about 2 months in the rural health centre.

A total of 150 patients were included for this study. One fifty patients who attended the OPD between January to March 2017 and gave consent were selected as study subjects. Each subject was approached individually and an informed consent was obtained and all the study subjects were assured of confidentiality, patients who were not willing to participate and did not give consent were excluded from the study. Patients who were already diagnosed as cases of depression were excluded from the study.

A pretested semi structured questionnaire comprising questions regarding the knowledge and awareness about depression was used. Data were entered on excel sheet spread sheet. Descriptive statistics were used and results were expressed as proportions.

**Results**

Of the 150 participants who participated in the study 57 (38%) were males and 93 (62%) were females. Majority of the study subjects (43%) were in the age group between 30-60yrs, about 38% of the individuals were in the age group above 60yrs and a minority of the study subjects (19%) were in the age group between 18-30yrs. Mean age of the study participants was 37.2± 0.93. Majority of the study subjects 56% were farmers by occupation and a proportion of about 23% were daily wagers, rest of the study subjects belonged to other variety of employment categories which has been mentioned as miscellaneous in the present study. Amongst the female study subjects most of them 77% were not employed and the rest of the female study subjects 23% were employed (refer Table.1)

About 52% of the study subjects were aware of the disease called depression and about 36% of the subjects admitted that they were not aware of the disease called depression. Most of the individuals (44%) believed that depression is a result of god's wrath due committing sins in the past and 21.8% of the individuals did not have any idea if depression is a result of god's wrath. About 52.5% of the individuals felt that depression needs medical attention 37.5% felt that it does not require any treatment. Majority of the study subjects 42% felt that the disease depression is curable and 34% felt that depression cannot be cured.

Table.1- Socio-demographic variables (n=150)

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s.no	Variable	No	Percentage
<b>1 Sex</b>			
	Male	57	38
	Female	93	62
<b>2 Age</b>			
	18-30yrs	28	19
	30-60yrs	65	43
	>60yrs	57	38
<b>3 Occupation</b>			
	Farming	31	56
	Daily wagers	15	23
	Miscellaneous	11	21

Table.2- Knowledge, Awareness and beliefs regarding depression (n=150)

s.no		No	Percentage
1	Ever heard of depression before?		
	Yes	54	36
	No	78	52
	Not sure	18	12
2	Depression is a god's punishment for sin?		
	Yes	66	44
	No	51	34.2
	Not sure	33	21.8
3	Do you think there is stigma attached with depression?		
	Yes	91	60.7
	No	26	17.2
	Not sure	33	22.1
4	Are you aware of a psychiatric facility nearby?		
	Yes	33	22
	No	106	70.7
	Not sure	11	7.3
5	Do you think depression needs medical attention?		
	Yes	79	52.5
	No	56	37.5
	Not sure	15	10
6	Do you think depression is curable?		
	Yes	63	42
	No	51	34
	Not sure	36	24

A proportion of about 60.7% felt that there is some form of stigma attached to the treatment seeking behaviour of depression and 22.1% of the individuals had if there is any stigma attached to seeking treatment for depression. Majority of the study subjects in the present study had no idea where the nearest mental health facility was located and only 22% of the individuals knew where the nearest mental health facility was located. Regarding the causes of depression, about 18.30% of the individuals

felt that the important cause for depression is social, it was felt by 29.14% of the individuals that the cause for depression is financial. About 6.23% of the individuals felt that depression is caused do to stressful work atmosphere and 33.20% of the individuals felt that old age causes depression.

## Discussion

The present study shows that 36% of the study subjects were aware of the disease depression and 52% of the individuals had not heard about the disease depression, about 12% of the individuals were not sure if they had heard of the disease depression before. A similar study conducted by Sadia R S et amongst the adult population of Aligarh, Uttar Pradesh demonstrated a higher awareness of 87.2% which is comparatively higher than the awareness level of the study subjects in the present study<sup>3</sup>. This difference could be due to the urban population tend to have higher level of awareness when compared to rural population due to ease of access to information through mass media. About 52.5% of the individuals felt that depression needs medical attention and it needs to be treated and only minority of them felt that depression does not need any medical attention.

In the present study 42% of the individuals believed depression is a curable disease and 32% of the individuals felt that it is not a curable illness. In an analysis done and published by Reddy M S found that the community had a similar belief in this regard<sup>4</sup>. Regarding the stigma and misbeliefs about depression, majority of the study subjects felt and believed that there is some sort of stigma attached with depression and getting treated for the same(refer Table.2). A study done by Subudhi C in the central university of Tamilnadu displayed similar results and they are found to be consistent with the findings of our present study<sup>5</sup>. Some of the reasons for these misbeliefs are due to poor knowledge and awareness about the disease and difficulty in access to information since it is a rural area.

Majority of the study subjects were not aware of where the nearest mental health facility was located and only about 22% of the subjects were aware of the location of the nearest mental health facility. This reflects on the poor awareness regarding depression and in particular the health seeking behaviour of the population in regard to mental health. Some of the important reasons for developing depression according to the study subjects are not having a very good social environment to live in, poor economy, old age and loneliness. Minority of the study subjects also did feel that not having a health work place environment could also contribute to developing depression. Sadia S R et al's study amongst the adult

population of Aligarh presented with similar results and are consistent with the findings of the present study<sup>3</sup>.

**Conclusion:** Depression happens to be one of the important causes of DALY across the globe and Asian countries are one of the significant contributors of the world's burden of depression. Depression takes a toll on the lives of people who suffer of it and often goes unnoticed and untreated. Though the population is aware of the disease depression, complete understanding and awareness about the illness is poor. Overall the treatment seeking behaviour of the study population is poor and there is some stigma attached to it.

**Recommendations:** There is a need to provide essential knowledge about depression to the general population. Programs meant to improve the general awareness on depression, its causes, symptoms and treatment seeking behaviour can be supplemented along with the National program for mental health and other programs related to mental health in India. Information dissemination strategies specifically targeting the people living in rural areas should be devised and implemented for the betterment of knowledge and awareness regarding depression.

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