

Research Article**Types of Culture Bound Belief, Its Intensity and Correlation with Educational Level and Socio-Economic Status****Milankumar Rokad^{*1}, Prakash Mehta², Kamlesh Patel³, Kaushal Shah⁴, Chetan Shah⁵, Naren Amin⁶**^{1,4,3}rd year Resident, Department of Psychiatry, C. U. Shah Medical College, Surendranagar, Gujarat, India² Professor and Head of Department, Department of Psychiatry, GMERS Medical College, Sola, Ahmedabad, Gujarat, India³ Professor and Head of Department, Department of Psychiatry, C. U. Shah Medical College, Surendranagar, Gujarat, India^{5,6} Assistant Professor, Department of Psychiatry, C. U. Shah Medical College, Surendranagar, Gujarat, India***Corresponding author**

Milankumar Rokad

Email: milan15888@gmail.com

Abstract: The present study was carried to evaluate the role of cultural belief and its intensity with education level and socio economical condition. Research was carried out at C.U. Shah medical college and hospital, Surendranagar. Patient attended the psychiatric department were evaluated about having cultural belief. The cultural belief, its intensity measured by the brown assessment of belief scale in 100 patients. In this research we found that Person who were illiterate and lower level of education were found to harbour such belief more compare to person with higher level of education and it was statistically significant. Though less numbers of patient from class 1 were found with belief, compare to lower class but the difference was not statistically significant. More work should be done in population with low educational level and regardless of socio economical level.**Keywords:** cultural belief, education, psychiatric division, Patient

INTRODUCTION

Mental illnesses or disorders are caused by multiple interacting biological, psychological, and social factors and consist of abnormal thoughts, emotions, behaviors, and relationships.

When cultural explanations of mental health and illness are considered, we often think of traditional cultural explanations. Culture refers to the shared patterns of beliefs, feelings and behavior and the basic values and concepts that members of the group carry in their minds as guides for the conduct. Many aspects of living contribute to the culture such as social relationships, economics, religion, philosophy, mythology, scriptures, technology and others. Culture is a constantly changing process that is transmitted from one generation to the next. All societies have culture though their styles vary [1].

Large numbers of patients get referred to the physician or psychiatrist of their cultural milieu as he/she can understand the patient and his psyche due to the understanding of cultural factors which influence the disease, treatment seeking behavior, healing process, drug compliance and outcome of the illness [2].

It has been scientifically studied in “Explanatory models of common mental disorders among traditional healers and their patients in rural south India”, found that different terms, concepts and treatments were used by traditional and faith healers. 42.3% satisfied the International Classification of Diseases-10 Primary Care Version criteria for Common Mental Disorders. The most common diagnosis was mixed anxiety depression. They concluded that an understanding of local patient perspectives of common mental disorders will allow modern practice to provide culturally sensitive and locally acceptable health care [3].

As our institute is in underdeveloped area and drainage from area with deeply rooted cultural milieu we face more patients with strong cultural milieu. This led us to study various cultural beliefs in details. This particular study focus on educational level and socio-economic condition

Aims and objective

- Exploration of types of culture bound belief.
- To access severity of the beliefs.

- Exploration of correlation between the belief with education level and socio economical condition

METHODOLOGY

Research was carried out at C.U. Shah medical college and hospital, Surendranagar. Patient attended the psychiatric department were evaluated about having cultural belief. Those patients were found to have such belief were given belief inventory after obtaining written consent and for the particular belief, its intensity measured by the brown assessment of belief scale. Patient with acute psychosis were excluded from study. Total 100 patients were included in the study.

Materials used

Belief inventory

For conducting the research we have prepared an inventory about various cultural beliefs which were found to be more prevalent in this part of India. We have divided inventory in 6 parts according to their common factors for convenience.

BABS (The Brown assessment of belief scale)

The Brown Assessment of Beliefs Scale (BABS) is an efficient, seven-item; semi-structured, clinician-administered scale that measures insight/delusional thinking in a variety of mental illnesses [4]. It assesses the following components of insight/delusional thinking: conviction, perception of others’ views, explanation of differing views, fixity of beliefs, attempts to disprove beliefs, insight (recognition that the belief has a psychiatric/psychological cause), and referential thinking (referential thinking is not included in the total score). The BABS has strong psychometric properties, including sensitivity to change, inter-rater and test-retest reliability, internal consistency and convergent validity with other insight measures. This scale is copyrighted [3]. Permission was taken through email.

RESULTS

Total 100 patients were included in the study. Statistical software for social sciences 10.0 was used for the analysis in that chi square method was used.

Type of belief	No. of patients	Percentage
1	66	47.83
2	3	2.17
3	24	17.39
4	21	15.22
5	15	10.87
6	9	6.52
		100.00

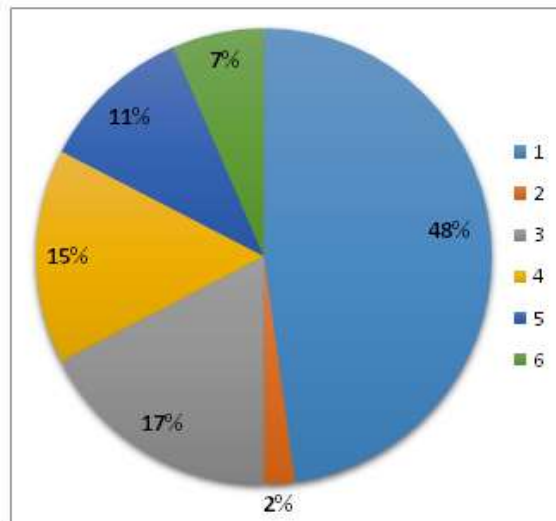


Fig. 1: Various types of culture bound beliefs (n=100)(multiple choice answer questions)

Out of 6 types of beliefs in the belief inventory, type 1 belief was found in highest frequency (48%). Among the subjects’ type 3 and type 4 were also

found in relatively more frequently compare to others. Rest of the beliefs ranged from 2 to 11%.

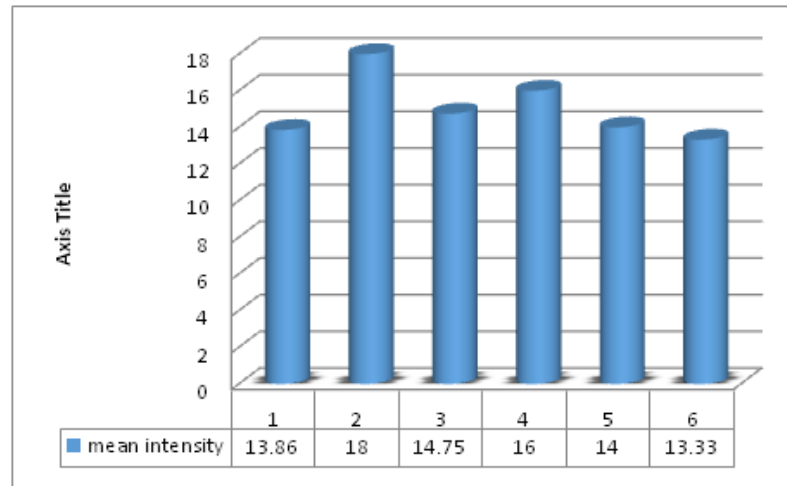


Fig. 2: Mean intensity of various culture bound beliefs (n=100)

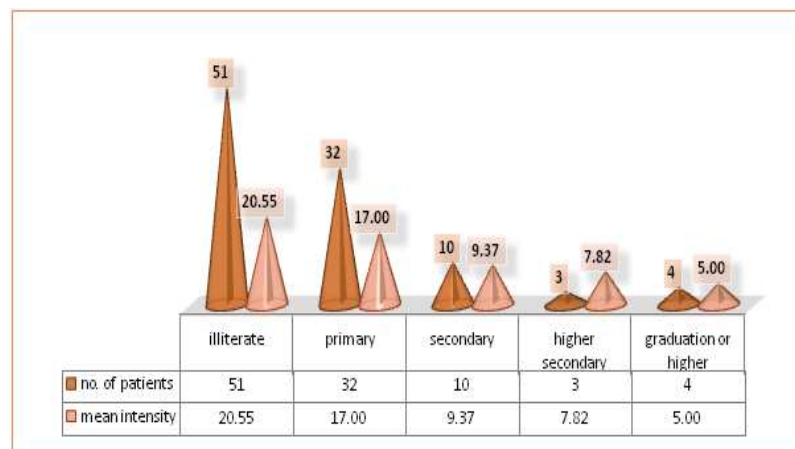


Fig. 3: Correlation of education level with belief and its intensity

When the presence of belief and its intensity were correlated with the level of education, it was found that number of patients and intensity of the beliefs were

more in illiterate patients, and reduced with level of education and it was statistically significant (chi-square=10.33, D.F. =4, p=0.035).

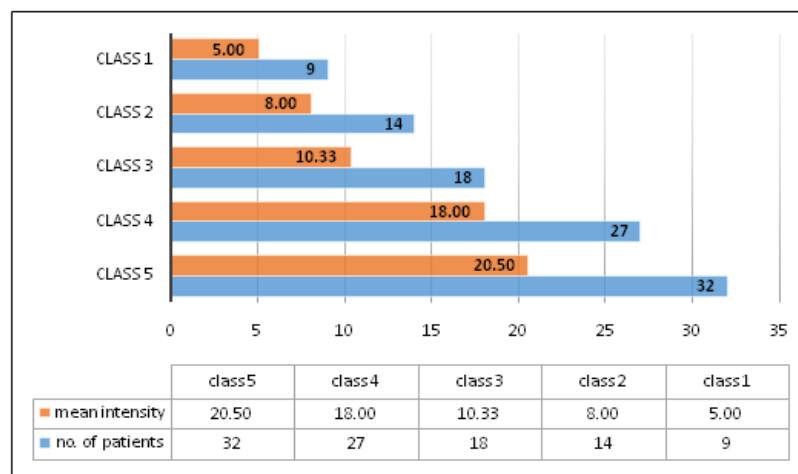


Fig. 4: correlation of socio economical status with belief and its intensity

While looking at the socio economic status of the subjects and correlation with the number of the patient and intensity of the beliefs, though we found more no. of patients class 5 to harbour the belief

compared to class 1 but this difference was not found to be statistically significant (chi-square=0.182, D.F. =4, P=0.99).

DISCUSSION

Though we found many study on faith healing and its influence but few studies have researched any particular belief system in detail. In our study we found that culture bound beliefs were correlated with educational level but it has no correlation with socio economical status. It does not mean that only illiterate patient had such beliefs, 17% patients with secondary or higher education also had such beliefs.

Like our study in research title "Healing practices in psychiatric patients" illiterate patient were significantly more in the healing group which reflects their ignorance towards realization that psychiatric problems are not caused by demons and devils. Thus, deep rooted cultural beliefs and superstitions along with higher expenditure of modern treatment are the important factors [5].

One research found that a substantial number of patients suffering from severe mental disorders seek non-professional care [6]. Another study stated seeking religious help for mental disorders is often a first step in the management of mental disorders as a result of cultural explanations for the illness. This behavior also has social sanctions [7].

Developing insight in such local beliefs likely to provide edge for consulting regardless of their specialty in delivering the treatment and maintenance compliance.

CONCLUSION

In this research we found that the type 1 belief was found in highest intensity among the subjects. Person who were illiterate and lower level of education were found to harbour such belief more compare to person with higher level of education and it was statistically significant. Though more numbers of patient from class 1 were found with belief, compare to lower class but the difference was not statistically significant. More work should be done in population with low educational level and regardless of socio economical level.

The limitations of our research study were smaller sample size. We conducted the research in only in one district. Large multicentre study would be more informative and applicable in this unexplored domains of medical practice.

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