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# A study on mental health in urban versus rural community

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**SUMMARY** Reaching peaceful frontiers, after an exhaustive excursion, digging facts and scientific logical deductions about the situation of mental - ill - health in both rural and urban communities in Egypt, it is now ripe to condense the facts upon which the forthcoming recommendations will be founded. A systematic sample of 200 patients extracted from University Hospital out-patient clinics was exploited in that study, which included 103 urban and 97 rural patients from both Alexandria and Dakahlia Governorates. Rural and urban stratification was the main theme for investigation and discussion. However, an extensive review of literature was presented including a classification of mental disorders and the popular concepts about these diseases. A historical review was important to be included, as well as a survey of the ecological factors of mental illness (i.e., biological, psychological and sociological). Psychiatric therapy - being one of the primary lines of prophylaxis - was outlined with the purpose of being comprehensive. The statistical situation of mental health services in Egypt was given due consideration. Analysis of the field study results yielded the following demographic data: males constituted 54.5 % of the total group investigated, 54.3 % of urban patients and 54.6 % of rural patients. Females constituted the remainder. The average age of the total group was 31.7 ± 11.78 years. The average age for urban patients was 33.98 ± 7.47 years, whereas that of rural patients was 28.86 ± 6.14 and the difference was found to be statistically significant. Patients less than 15 years of age constituted 10 % of the total sample, 60 % of whom were males, as well as 60 (0 were rural patients. The age group 15 - 24 years had the highest frequency i.e. 28 % of the total sample, 57.1 % of whom were males and 51.8 % were rural patients. The age group 25 - 35 years constituted 24.5 % whereas the age group 35 - 45 years constituted 23.5 % and the age group 45 - 55 years constituted 16 % and the age group 55 - 64 years constituted 7.10 %. It was found that the majority of the investigated sample were below 45 years of age (77 %). The group of patients below legal age of marriage amounted to 25 patients, 20 of whom suffered from organic brain lesions and mental deficiency. Fifteen of these were rural patients. The married group constituted 35.4 % of the total sample, 53.2 % of whom were urban patients. Twenty-five married patients (45.1 %) were psychoneurotic, the majority of whom came from urban areas (71.4 %). Psychoses affected 22.6 % of the married patients, the majority of whom were rural victims (71.4 %). The "Single" group attained the highest frequency in the

sruple (37.1 %), most of whom came from ur-Ocill lualities (55.4 ~:~,). nSL''1.glei psychoneurotics consti''cuteu(36.9 %) of that group. In this and in more thanone item of analysis, the hypothesis that urbanizationpaves the way for psychoneurosis is further documented.The ''Single'' psychotics as well as the mental deficient--\_--- --- ----- 236 -exceed those 1,resent in other marital stij,tes.'l:h8''Divorc.ed-'' [j]l'oup in the sample amountedto 21.7 ~b of the total. ,lOst of the divo.rced were psychoneurotics(34.5 510) and the ],lo.J01- ity of psychoneuroticscame from urbali localities (69.7 50). Ps~'choticsconstituted (26.3 10) and the majority came from rurallocaHties (60 ~,,).The ''Vlidowed-''group constitute(l, 6.99 jo, mostof '.1homcame from rural localities (66.6 rn. Fifty percentof this group were rural patients affected with psychoneurosisand orgalllc brain lesions.The masculule modal age for ill8.rriaGe in ruralareas was 19.5 years where-as it is 25.4- years L''1 ur-bariaareas. The feminine modal age for marriage in ruralare::lB was 14- years, where-as it is 18.75 years in urbanareaB.Investigation of the educational level revea.lcd that illiteracy is wide - spread in both ruralarid urban patients. It amoun.ts to 4-9.4- ~:-in rural ----- 237 -victims and 36.9 ~''in urban ones. These rates differedsignificantly from genera.l rates of illiteracy. Psychoticsconstituted 27 50of illiterate rural patients, whereasPsyc::loneurosis -stand at the top of the list in urbanlocalities (36.8 %).A aizec.ble seGmentof r ura.Lj1atiEmts ''who canread and w'rite'' were affected with organic brain lesions(40.7 i'i). Rural psychotics ''who can read and write''constituted 37 ~'' of the total for that group. Psychoneurotj\_cs constituted 18.5 1:' of that educiitonal level.Rural }latients who attained primary education amountedto 13.6 ~o of the total. Urban patients of the same educationallevel constituted 25.2 roo It was evident thatpsychoneurosis stands high in this educational level inboth urban and rural residences. This arouses the attentionthat education c~~ be similar to urbanisation,as educated rural patients have similar proneness tothat disease. A finding which fortifies this assumptioni.s the distribution of rural patients amongotherfw:ther levels of education, where it is found that thosewhopassed to secondry schools and higher education ''fallunder' the category of ''psychoneurosis''.- 238 -The reflections of Occupation on mental health1;Jerevaried. In the sample investi[;atod 12 industrialworkers who lived in rural localities constituted 6 %of the total sample. It is observed that 41.7 ~o ofthese workers were affected with psychoneurosis as amanifestation of the city jobs practised by many ofthem. The urban industrial psychoneurotics constituted~;l.9 '/0 of urban L'1.dustrial workers. AgricUlturalwo:cLe1'samounted to 31.9 '}'o in rural patients, 61.3 70of ''hoillhad psychosis and organic brain lesions. Only4 (12,.7 %) had psychoneurosis. 'rwo-thirds of the agriculturalworlcers in the sample living in urban areaswere a.lfected with psychoneurosis.A sizeable segment (45.4 %) of rural patientswho)ractised aQ~lllstrative jobs were psychoneurotics.Psychbnour.otiSo-constituted two-thirds of all urbanadrrilllstrators. This denotes that the job of administrati.on predisposes to pSYChOI18urosisnt both :l.'esidences:urban and rural.It was fOllild that 71.9 % of urban sales workerswere psychotics, where-as 23 % of rural sales workers--- ----- 239 -suffered from trhe aane syndrome. Hifty percent of urban''housewives and others'' succumb to psycheneurosis.Mental deficiency

still high (44.4 %) in the group of students referred from schools, which appeared in the sample. Study of sources of referral of psychiatric patients, showed that general practitioners referred 7.2 % rural patients, and 10.7 % urban ones amounting to 9 % of all psychiatric individuals in the sample. The Group referred by relatives amounted to 35 % of the total, 42.3 % of whom were rural victims. The most prominent diagnosis for rural patients referred by relatives were psychosis and organic brain lesions. Urban patients referred by relatives constituted 28.1 % of all urban patients and the most prominent diagnoses for those patients were psychosis and psychoneurosis. Forty-two percent of urban patients seek psychiatric advice by themselves probably being aware of local problems and facilities, the majority of whom were psychoneurotics. Police - referred cases amounted to 7.5 %, two-thirds of whom were rural patients. The most prominent diagnosis for police - referred cases was psychosis. School - referred cases were mostly mentally deficient who amount to 72.4 % of all students referred by school. Rural, mentally deficient, school-referred patients constitute 57 % of the total for that source of referral. Stratification of psychiatric syndromes with respect to residence has revealed that psychoneurosis constitutes the most prevalent diagnosis in the total sample investigated having a rate of 35.5 %. More than two-thirds of these (69.1 %) were urban patients. Rural psychoneurotics constituted less than one-third of the total (30.9 %), Psychoneurotics constituted 7.6 % of total urban patients and 22.7 % of rural patients. Psychoses affected 20.5 % of the sample. Rural psychotics dominated urban psychotics having the following rates respectively: 58.5 % and 41.5 %. This showed that psychoneurosis is mostly an urban disease whereas psychosis puts itself as a rural one. Rural psychotics and urban psychotics constituted 24.7 % and 24.1 % respectively. Rural patients affected with organic brain lesions constituted 24.7 % from total rural patients, whereas urban victims constituted 11.7 % of all urban patients. Mentally deficient patients constituted 13.5 % of the sample, 51.8 % of whom were rural patients and 48.2 % were urban. Stratification of psychiatric syndromes with respect to age, has shown that patients below 15 years of age were exclusively affected with mental deficiency and organic brain lesions. Study of rural patients of the age group 15-25 years, has shown that 34.5 % of that age group were psychoneurotics. Organic brain lesions had the same rating. Rural psychotics of that age group constituted 17.2 %, whereas mental deficiency affected 13.8 % of that group. Two-thirds of the urban patients of that age group were psychoneurotics. Mental deficiency affected 25.9 %. Psychoneurosis affected a total of 50 % of both residences of that age group and therefore stands high - as a prominent disease of that age. The most frequent diagnosis of the age 25-45 years was psychoneurosis in urban patients (53.2 %) and psychosis in rural patients (60.3 %). The age group 45-65 still shows that psychosis (34 %) remains the dominant diagnosis in rural areas, whereas psychoneurosis (30.4 %) and psychosis (26 %) are the most frequent diagnoses in urban victims. Organic brain lesions were evident in those over 55 years of age (42.8 %). Stratification of psychiatric syndromes with respect to sex has shown that females are highly prone to psychoneurosis at all levels, rural, urban and total. Psychoneurotic rural females constituted 59 % of all rural patients affected with psychoneurosis and 14.4 % of all

rural patients in the sample. -,"romall rural femalesthey constituted 31.8 %.Psychoneurotic urban females constituted 55.1 :/,of all urban pCltients affected with psychoneurosis and25.2 50 of all urban patients in the sample and 57.4 )"from all urban females. Forty-five percent of all fomaloBin the investigated sample were psychoneurotics.----- 243 -Psychotic rural females exceeded rural malesnav ing the same disease (45.1 %). Psychotic urban femalesexceeded (52.9 %) urban males having the salliedisease.The percentabe frequency of psychotic femaleswas found to be 24.1 ;c from total fe,nales in the aamp Lcand tt.isgives the second position as a 'isychiatric hazardfor females, psychoneurosis being, the first.Organic brain lesions were the most prominentdiagnosis for rural males and amounted to 24.5 to for allrural maleS. Psychosis ~~d mental deficiency have ar-at o of 20.7 ;0 for each fron rural males. Psychoneurosisis8 not a significant hazard for rural males, asit oLfected only 15 'e of rural males. However urbanmales differ from rural males in the fact that psychoneurosisis their most prominent diagnosis, followedby organic brain lesio~s. Urban psychoneurotics constituted39.3 '/0 of all urban males. Urban patientshaving organic brain lesions amounted to 17.8 jb fromall c~ban males. Psychotic urban males and those affectedwith mental deficiency have the same rate(14.~;%) from all urban l!Jales.- 244 -Stratification of psychL,tric syndromes withreS)8ct to symptauatalagy hc'csshoi.n tt:.;tt r;omost fl'erluont symptoms were those of affectivity di,';c:'iers, forthe total sillnpleffildfor rural patients. Th( secondcategory of symptoms in frequency were sler;p disorderswith respect to the total group and for urbffilpatients.The third complaint as regards frequency ofoccurrence, is memory disorder at all levels: total, ruralffildurban. O,rientation disorders have got the leastfrequency for all levels. The most frequent symptomsin the age group ( - 15 years ) was found to be memorydisorders accou~ted for by mental deficiency and orgffilicbrain lesions as dominffiltsyndromes of that age group.The most frequent symptoms in the age group15 - 25 years were affectivity ffildsleep disorders. Inthe ,;30ijroup 25 - 45 years a.lee: , affectivity andthouD1t disorders predominated. Sex disorders progressin a linear fashion to attain a peak during 45 -55 yea~s of age. Durinb the (55 + years) age gr'oup,the mo st prominent disorders were those of memory andaffectivity.- 24-5 -In a broad consideration of the leading symptOlilSinpsychiatric syndromes it was fOilllth that porceptio:l disorders were more prevalent in psychoses andorganic brain lesions and is of negligible importancein psychoneurosis. It was fOillldthat 63.4- % of psychoticshave perception disorders a..ltdhet 50 '/0 ofthose affected with organic brain lesions have theSa;}8 symptoms.Thought disorders predominate in mental deficielcy,psychosis and organic brain lesions and isof ~egligible significffilce in psychcneurosis~ It wasfound that 88.8 % of all those affected with mentaldeficiency, 78 '/0 of psychotics and 58.3 '/0 of those affoctedwith organic brclin lesions have thought disorders.Affectivity disorders prevail in psychoneurosis,psychosis and organic brain lesions, as it affects87.3 ~ of psychoneurotics, 80.5 % of psychotics and 77.7 %of those having organic brain lesions. Sex disordersprevail in psychotics to a rate of 56.1 '/'".Sleep disorders are widespread but predominate