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# Rural Mental Health and Psychological Myths

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## Abstract

**Background of the Research:** According to twentieth century psychiatrist Carl Jung, myth is a necessary aspect of the human psyche which needs to find meaning and order in a world. Human health is in the hands of self-believing about his/her health strongly that everyone who came to this earth will be alive with blessings of god/goddess when time comes, Eman the god will be with his rope to take the breath of human being which is stated as an etiology myth. This basic beliefs leads in every one mind set up to hope on each individual life ahead and to do their socio economic activities on daily basis. This leads to consumerism and an indirectly positive belief on life creates demand for goods and service from household economy to a national economy. So, basically good health of human being is the prime factor for every walk of their life to reach their desired socio economic destination.

**Aim of the Study:** Here, in this paper, the researcher made an attempt to find the nexus between mental health of rural inhabitants and their psychological myth.

**Research Methodology:** The methodology adopted for the research fact was field study by using an interview schedule as a tool for collecting the data from a district named Theni in Tamil Nadu. The sample size taken was 300. Targeted population was rural inhabitants in Theni district. A Purposive non random sampling was used in this study.

**Findings and Discussions:** The obtained results from the field level study categorized that 36.6 percentages of rural respondents who were in the age group of fifty to sixty had a strong belief in witchcraft or psychological myths like destroying a person's health and putting that person in bed with not able to do functioning of leg or hand by witchcraft (seivenai) and black magic. The same percentage or the same group of respondents had a belief in existing of ghost; Persons who died in accidents, suicide will penetrate into other body and exploit the health of host body. It's very hard to change the psychological myths because of strong beliefs in existing of unknown energy known as god of all religion. As a result of beliefs, a good amount of economic time and money is spent for their mental satisfaction by 36.6 percentages of sample respondents in the study area. Hence, Myths always exist in a corner of human psychology in rural population but a degree of variation in accepting the myths. The remaining percentage of rural respondents in the age group of below fifty were the believe in advancement of science and technology, for example increasing subscribers in smart mobile phone and using internet, sending their sons and daughters to higher education for the sake of individual family betterment in micro level and as in macro nation's betterment which is an another feature of the interviewed respondents. Among the ten respondents strongly three were believe in myths that were exclamatory to the artificial intelligence era. The aspects of money and time spend towards the myths may be taken as scope for further research in any geographical area if it exist.

**Keywords:** Rural Health, Psychological Myths, Mental illness, Health Status.

## Introduction

Mental illness is a disease and like any other medical condition, individuals need support, intervention and continued care to address their symptoms. There are so many myths moving around the reasons for mental sickness. As known knowledge, Myths are grouped into three main categories as (a) Etiological Myths, (b) Historical Myths and (c) Psychological Myths.

Etiological myths explain the origin of social customs and natural phenomena: Why do we sacrifice to the gods the way we do? Historical myths are told about a historical event, and they help keep the memory of that event alive. Ironically, in historical myths, the accuracy is lost but meaning is gained. Psychological myths try to explain why we feel and act the way we do. In a psychological myth, the emotion itself is seen as a divine force, coming from the outside, which can directly influence a person's emotions.

### Statement of the Problem

Individuals with mental health disorders (MHD) have worse physical health than the general population. The prevalence of physical health conditions (PHC) in individuals with MHDs is known to be elevated (De Hert et al.; Mitchell et al.; Prince et al.). The Mental Healthcare Act, 2017 - India states that persons with mental illness living below the poverty line, who are homeless, are entitled to free treatment and services at establishments run or funded by the government. Mental illnesses affect an estimated 10% of the population. Of this, up to 3% have severe psychotic conditions such as bipolar disorder or schizophrenia. According to World Health Organisation, the burden of mental health problems in India is 2,443 disability-adjusted life years (DALYs) per 1, 00, 00 population. The Lancet report of 2019 stated that the burden of mental disorders across the states of India: the Global Burden of Disease Study 1990–2017, stated that in 2017, about 197.3 million people had mental disorders in the country, including 45.7 million with depressive disorders and 44.9 million with anxiety disorders. The contribution of mental disorders to the total DALYs in India increased from 2.5 per cent in 1990 to 4.7 per cent in 2017, according to the Lancet report. It seems that the mental health is deteriorating in India. Regarding the supply side of mental health care system can be understood from the Indian Journal of Psychiatry statement that, there are only 0.75 psychiatrists for every 100,000 patients in India. A better ratio would be 3 to 100,000, the journal said.

In addition, the present speedy and e-media life (Emails, Face Book, Whatsapp, Skype, Vchat, etc.) it is very difficult to have a strong value system for

to go through the entire cycle of life as a human being. It is very clear from daily news of medias like son kills the mother for money, Father have the sex with small daughter, old lady killed by a donation collecting disabled person, teacher misbehave with student, a boy assaulted a girl who is not loving him in the class room, engineering students involved in economic crimes like cybercrime, stealing from Automated Teller Machine, dishonesty etc.... it only shows that the value system is not good or was never incorporated even which is why they are indulging in all kinds of bad deals. The desired socio economic destination of a person may be the pushing force in between the unlimited wants and needs of human being with limited scarce resources.

Moral lessons taught from the very early age in childhood by schools and parents which help the children tend to self-understand and like them better. In earlier days telling short stories is binding the relationship by the elders with mythology related or even the regular ones that will help them to understand the right and wrong immediately. It is always good to teach young ones what's right and what not so that they can easily differentiate between the two better which is lacking in daily routine life of every home of India. Hence, the researchers made an attempt to examine the relationship between health and psychological myths in rural areas by taking a district named Theni in Tamil Nadu, India.

### Review of Literature

Mythlore of India: "Tathastu" is a Sanskrit word meaning "so be it" or "may it be so". Tathastu Devatas are the gods who grant requests and blessings. Speaking good words will lead to goodness to the concern person. Simply, the good word spiting by a person spreads its positivity in opposite persons who is receiving the words. This was analyzed by a group of researcher in healthcare system. The suppliers of healthcare service personnel's are in need to speak the reality of the patient's conditions and their probability of saving the life of critical one. In their routine services, the suppliers of healthcare services are often encounter negative life events that can influence their psychological well-being. A group of researchers elucidated the connection between negative life events and the psychological

well-being of paramedical personnel by taking Multan City, Punjab, Pakistan. Authors found that the paramedical staff who experienced a higher frequency of negative life events reported lower levels of psychological well-being from a purposive sample of 196 paramedical staff (Bajwa et al.). The presence of negative emotions during an experience enhances the memory of that experience (Kensinger) because people are more likely to remember episodes.

Arthanareeswarar is a god who gave his left part to goddess is an etiological myth. In reality, most of the location or the society is rejecting transgender persons. This fact was explored by a group of author and found the relationship between social stigma and mental health among the transgender community in Lahore- Pakistan, and Delhi- India. The thematic analysis revealed several key themes: the pervasive impact of societal rejection, the psychological toll of discrimination, resilience in the face of adversity, and the quest for identity and acceptance. The stigma associated with their gender identity often resulted in discrimination in various spheres of life, including employment, healthcare, and social interactions, further exacerbating their mental health challenges and put them into vulnerable stage (Suleman et al.).

Myths are rooted in a religion or belief system. Some myths have their origins in something real like a place, or a group of people that existed historically, but a myth's purpose is to explain a natural phenomenon, and its content often contains supernatural or fantastic beings, gods, and demigods. (Mark) defined from the words of Scholar Joseph Campbell, seminal work, "The Hero with a Thousand Faces" as myth explains a phenomenon, tradition, place-name, or geological formation but it can also elevate a past event to epic and even supernatural significance and, most importantly, provide a role model for one's individual journey through life. The story of Harichandra in Tamil culture is a good example for keep speaking truth in walk of life.

(Nidhi) written about myth blasters of traditional medicine. The first statement of myth in author blog is tells about the myth of traditional healing is a pseudo-science. It is called the pseudo-science since it lacks the scientific evidences. But in reality different forms of traditional medicines were existed for much long

time. It is not merely a cluster of herbal medicines travelled down from ages to the current millennial world. Traditional medicines recommend a holistic approach. While the western concepts focus mainly on treating symptoms, traditional medicines address the root cause. Another myth is about traditional Medicines velocity of Cure which is at a Slow Pace, but addresses the root cause of the disease. According to Western Context, Traditional Chinese medicine (TCM) is an unfathomable mythological doctrine. Now, a lot of evidence of the efficacy and effectiveness of acupuncture beyond its use in pain therapy and allergy treatment broke the myth of TCM. In Recent years, there is an emerging for new medicines and prescriptions for (accompanying) treatments of infections, autoimmune diseases, cancer, metabolic illnesses, dermatological disorders, and gastrointestinal diseases.

### **Health Profile of the Study Area**

The district statistical Hand book of Theni 2021-2022 depicts that the supply of public health care system has 6 hospitals, 2 dispensaries, 41 PHC and 190 health sub centres for serving 338112 households (as per 2011 census). These sub centres are spread around the villages of the district, making it easily accessible for the villagers. However, these healthcare centres are staffed by 242 doctors and 587 nurses, VHN and ANM which might prove to be fairly inadequate for the district's inhabitants. The institute of mental health in Theni located at the renovated Theni district headquarters has 100 beds hospital which is the second one in Tamil Nadu specifically for mental health which is functioning from 2019 onwards. In addition there are 7 Hospitals and one dispensary for Indian medicine with 20 doctors functioning in Theni district. Further there is one Homeopathy hospital and 2 primary health centres with 3 doctors are serving to the community.

The existing various aspects health challenges of Theni district can be understood from the field study of various researchers at various point of time in the following paragraphs.

(Namperumalsamy et al.) done an Ocular examinations including visual acuity and anterior and posterior segment examinations were performed at preselected sites within clusters in Theni district

and found that Among the 25969 persons screened for diabetes mellitus (DM), 2802 (10.8%) (95% CI 9.3 to 12.2%) were found to have DM. DR was detected in 298 (1.2%) of 25 969 subjects. The age-gender-adjusted prevalence of DR is 0.05% (95% CI 0.04 to 0.06%) for rural and 1.03% (95% CI 0.89 to 1.12%) for urban areas. The overall age-gender-cluster adjusted prevalence of DR was 0.74% (95% CI 0.66 to 0.83%). Diabetic retinopathy was present in 12.2% (95% CI 10.4 to 14.1%) of the DM population.

The dengue cases documented in Theni district, constitute about 13% (777/6122) of the total dengue cases documented in the state of Tamil Nadu, which comprises very high proportion when compared with other districts in the year 2013. (Amudhan et al.).

A field study conducted by selecting agricultural workers as targeted population in Theni district resulted that (Sangamithra and Arunkumar) 92 percentage of respondents were affected from musculoskeletal problems, 72 percentage were affected by skin problems, 24 percentages of respondents were affected by Eyes related problems, 8 percentages of respondents were affected Thyroid problems, 12 percentages of respondents were affected by Gastrointestinal, Eczema and Endocrinology problems and 8 percentage of respondents were affected by Hematological, Ear, Nose and Throat and Neurologic problems.

### Research Methodology

The interview schedule is constructed based on the following criteria of World Health Organisation (WHO) which measures a person as having good mental health with the following criteria or Indicators of Mental Health:

- Must be aware of one's capabilities
- Must be able to deal with daily problems,
- Must be able to do the work satisfactorily and well, and
- Must contribute at least in some way to one's society.

The attributes for causes of challenges in mental health and related psychological myths are listed as follows:

- Not living in the present: Failure to live in the present with thoughts of the past or future

- Unexpressed emotions: Anger, frustration, love, guilt, swinging emotions
- Lack of self-acceptance: Not accepting one's appearance, abilities, weaknesses as one's own.
- Lack of proper meaning in life and actions: Not knowing the answers to the questions of why we live and why we do certain jobs.
- Being a prisoner of circumstances/past/habits: Blaming the circumstances and the past that I am the way I am, I am used to it, and I cannot change it, and
- The gap between your expectations and the reality of the world.

The collected primary data was based on purposive non random sampling techniques who took treatment for their health issues in public, private, and traditional healing health care system. The data was collected in the month of May and June 2023. Table one depicts the distribution of sample respondents in each block of Theni district. Selected villages have the Primary Health Centre where the rural inhabitants can access a zero priced health care services for their ailing.

**Table 1 Details of the Respondents Interviewed in Theni District**

Villages	No of Sample Respondents	Block
Veerapandi	10	Theni
Jangalpatti	10	
Kottur	10	
Govindanagaram	10	
Dombuchery	10	Bodinayakanur
Silamarathupatti	10	
Silamalai	10	
Meenatchipuram	10	
Kurangani	10	
Kombai	10	Uthamapalayam
Chindalacheri.T	10	
Thevaram	10	
Rayappanpatti	10	
Devadanapatti	10	Periyakulam
Genguvarpatti	10	
Melmangalam	10	
Vadapudupatti	10	
A.Pudupatti	10	

P.Tharumathupatti	10	Andipatti
Subbalapuram.T	10	
Subbalapuram.M	10	
Rajathani	10	
Erasakkanaicknoor	10	Chinnamanur
Odaipatti	10	
Kuppanasaripatti	10	
Kutchanur	10	
Gudalur	10	Cumbam
Kamayagoundanpatti	10	
Pudupatti.C	10	
Kumanantholu	10	Kadamalaikuntu
Total	300	8

Source: Primary Data

**Table 2 Indicator of Mental Health Status of Tamil Nadu**

Districts	Male	Female	Transgender	Total
Chennai City	2008	687	4	2699
Coimbatore City	293	97	0	390
Madurai City	271	117	0	388
Salem City	150	94	0	244
Thiruchirapalli City	129	63	0	192
Thirunelveli City	70	28	0	98
Thirupur City	238	99	0	337
Ariyalur	135	93	0	228
Chengalpattu	238	100	0	338
Coimbatore	562	208	0	770
Cuddalore	386	147	0	533
Dharmapuri	197	130	0	327
Dindigul	260	128	0	388
Erode	297	148	0	445
Kallakurichi	184	94	0	278
Kancheepuram	167	47	0	214
Kanniyakumari	538	108	0	646
Karur	167	79	0	246
Krishnagiri	331	171	0	502
Madurai	316	141	0	457
Nagapattinam	144	120	0	264
Namakkal	261	135	0	396
Perambalur	191	100	0	291
Pudukkottai	182	104	0	286
Ramanathapuram	216	82	0	298
Ranipettai	166	61	1	228

Salem	214	137	0	351
Sivagangai	269	110	1	380
Thenkasi	303	128	0	431
Thanjavur	461	209	0	670
The Nilgiris	192	59	0	251
Theni	308	148	0	456
Thiruvallur	272	121	0	393
Thiruvavur	265	101	2	368
Thoothukudi	470	210	1	681
Thiruchirapalli	218	134	0	352
Thirunelveli	315	128	0	443
Thirupathur	159	88	0	247
Thirupur	355	212	1	568
Thiruvannamalai	320	186	0	506
Vellore	179	102	0	281
Villupuram	277	111	0	388
Virudhunagar	326	145	0	471
RP Chennai	64	7	0	71
RP Thiruchirapalli	125	9	0	134
	13189	5726	10	18925

Source: Crime Records Review 2021: Tamil Nadu State Crime Records Bureau Chennai.

Table 2 depicted that 2.4 percentages of persons done the suicide in Theni district in 2021. Among the persons suicides 67.5 percentages were male and 32.5 percentages were female from Theni in 2021. Hence, there exist emotional imbalances, mental sickness in Theni district. Further this was checked by field study.

**Table 3 Socio Economic Status of the Respondents**

Variables	Categories	Frequencies	%
Age	25 to 35	33	11.0
	35 to 45	176	58.7
	45 to 55	91	30.3
	Total	300	100.0
Gender	Male	172	57.3
	Female	128	42.7
	Total	300	100.0
Religion	Hindu	213	71.0
	Muslim	38	12.7
	Christian	49	16.3
	Total	300	100.0

Education Qualification	Illiterate	36	12.0
	Upto Upper primary	74	24.6
	Upto Higher Secondary	133	44.4
	Diploma courses	8	2.7
	Graduation & above	49	16.3
	Total	300	100.0
Marital Status	Unmarried	51	17.0
	Married	247	82.3
	Widower	2	0.7
	Total	300	100.0
Family Status	Joint Family	79	26.3
	Nuclear Family	221	73.7
	Total	300	100.0
Family Size	Below 3 members	7	2.3
	3 members	61	20.3
	4 members	158	52.7
	Above 4 members	74	24.7
	Total	300	100.0

Source: Field Data

Table 3 stated that 69.7 percentages of respondents were in the potential age group who were contributing their labour force for their bread. The participation of respondents in answering the scheduled questions was 57.3 percentages of males and 42.7 percentages of females. The dominated religion of the selected respondents was Hindu as 71 percentages. 12 percentages of respondents still existed as illiterate in the study area. The marital status of selected respondents was 82.3 percentages as married and 73.7 percentages of respondents were leading nuclear family. The family size was four and above four together as 77.4 percentages.

**Table 4 Rural Health and Psychological Myths**

a) Are you comfortable with your Social Capital and their conversation?		
Self-Rating Current Mental Health Status	Frequency	%
Balanced, No issue (Aware of one's capabilities)	86	28.7
Heaviness inner soul (Deal with daily problems)	79	26.3
Angry on seeing happy persons (Self Satisfaction)	65	21.7

Emptiness (Contribution to the Society)	70	23.3
Total	300	100.0

b) How do you spend your leisure time at home?		
Leisure time Utilization	Frequency	%
Reading Newspaper/Magazine	69	23.0
Watching TV show and News, Hearing songs	73	24.3
Playing Traditional game	60	20.0
Sleeping	98	32.7
Total	300	100.0

c) What kind of relationship maintain by you with your Co-workers at our working site?		
Relationship with Coworkers	Frequency	%
Friendliness	139	46.3
Indifferent	89	29.7
Harsh	72	24.0
Total	300	100.0

d) Are you believe in witchcraft treatment for health issues? If So, State your kind of remedy from your experience		
If a baby cries taking to Mosque and do the treatment and tie the black rope with a small metal for protecting the babies from Kathu, Karuppu (Ghost)	110	36.6
If a person feels joint pain not able to move hand or walk , then go to traditional healers to get oil with prayers	112	37.3
If continuous sick, loss or issues in family, bringing a witchcraft person who clears by his Chanting and poojas...	114	38.0

e) Kindly State your recent days feelings (Psychological Myths like unlucky, Blaming by others for circumstance, Uttering words and action to spoil physical health by using god/ goddess name)			
Felt Depressed and feel to Suicide	Yes	120	40%
	No	180	
Felt Nervous and feel to Slap others	Yes	116	38.7%
	No	184	
Felt lonely and feel for Caring	Yes	100	33.3%
	No	200	



Not able to Sleep	Yes	112	37.3%
	No	188	
Difficulties in Concentration	Yes	101	33.6%
	No	199	On an average 36.6% affected

Source: Field Data

Table 4 attempted to briefly explain the mental health indicators and its factors with psychological myths from the field level data. Self-rating their health status is a method to reveal a person's mental staunch and his/her rational thinking. In that sense, the researcher put a question to the respondents to say about their current mental feelings (last one month) towards their social capital conversation. 28.7 percentages of respondents were balanced in their conversation with their relatives and friends without any issue. 26.3 percentage of respondents felt that not able to speak freely with their social capital and stated that, by looking their relatives itself, some of them felt heaviness in their inner soul. Not able to express, but wanted to be away from their social capital. 21.7 percentages of respondents said that, getting angry easily because of his/her relatives happiness mood. 23.3 percentages of respondents felt that emptiness, and feel the status of no change is going to be happened. The reasons for emptiness, angry, heaviness may be inability and inferior their socio-economic condition comparatively with their social capital. It may be due to their inability to do or imitate like theirs. But in general, approximately 71 percentages of respondents were affected mentally.

The major utilisation of leisure time was sleeping (32.7 percentage) in the study area. The second one was watching TV shows, news, songs by the 24.3 percentages of respondents. 23 percentages of respondents were stated that reading daily newspapers and magazine in their leisure time. 20 percentages of respondents told that their leisure time was passed or utilised by playing traditional games like ludo with dice and gambling cards. The respondents who utilise their leisure time for sleeping may be balanced in their daily routine life conversation with their social capital. Sleeping is a good medicine for any mental agony and mental sickness.

46.3 percentages of the respondents were friendly in their working places. 29.7 percentages of the respondents told that not able to be freely in their working place, behaving in an indifferent way. 24 percentages of respondents total that, showing a harsh behaviour with co-worker frequently. In total 54percentages of respondents were behaving unhappy in their working location with their co-worker. The efficiency of 54percentages of respondents may be lower than the respondents who were friendly with their co-workers.

36.6 percentages of rural respondents who were in the age group of fifty to sixty had a strong belief in witchcraft or psychological myths like taking the treatment in mosque for crying babies, 37.3 percentages of respondents stated that destroying a person's health and putting that person in bed with not able to do functioning of leg or hand by witchcraft (seivenai) and black magic, 38 percentages of respondents were believe in poojas of witchcraft for their family issues and challenges. The above kind of behaviors of respondents led a another set of questions to asks for evidences in the study.

40 percentage of respondents felt that to attempt Suicide now and then whenever a problem in family arise. 38.7 percentages of respondents were getting angry and felt to slap the opposite one standing one against their wish, decision, opinion and action.33.3 percentages of respondents were felt lonely and needs caring by family members and peer group.37.3 percentages of respondents told that their sleeping time is less and not able to have a good deep sleep. 33.6 percentages of respondents felt that they were not able to concentrate on their economic activities and daily family routine activities, felt insecure and fear about failure and not able to concentrate. On an average 36.6 percentages of respondents from Theni district reflects the symptoms of mental sickness. Tamil Nadu has one of the highest numbers of suicides in the Country.

### Conclusion

Every culture in the world has had, and still has, some type of mythology. Belief in psychological myths varies according to the behaviors of human being, their environments brought up and their origin of geographical area. Certainly there exist

an association between the mental health and psychological myths in every hailing of human kind and their geographical region which is understood from the field level study. Hence, It's an urgent need to create awareness and disseminate the facts of science, medical advancement to reach the root level human society in a reinforcing way and not to compromise the advancement of behavioral science with psychological myths as an obstacle in health of rural areas for to retain the potential labour force of every rural area of India.

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