



Original Research Article

KNOWLEDGE, ATTITUDE AND PERCEPTION REGARDING SCHIZOPHRENIA AMONG UNDERGRADUATE STUDENTS: A CROSS-SECTIONAL STUDY

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ABSTRACT

Background: Schizophrenia is a chronic psychiatric disorder associated with significant stigma, social exclusion, and poor health-seeking behavior. Understanding awareness and attitudes among young adults is essential for early intervention and stigma reduction. **Aim:** 1. To assess knowledge, attitude, and perception regarding schizophrenia among undergraduates. **Objectives:** 1. To assess the level of knowledge regarding schizophrenia among undergraduate students, including its nature, causes, clinical features, and course of illness. 2. To evaluate attitudes of undergraduate students toward individuals with schizophrenia, particularly in social, familial, and occupational contexts. 3. To explore perceptions and beliefs related to stigma, chronicity, treatability, and functional impact of schizophrenia among undergraduate students. 4. To determine the association between socio-demographic factors (such as gender and age) and knowledge, attitude, and perception regarding schizophrenia.

Materials and Methods: A cross-sectional study was conducted among 112 undergraduate students using a pre-validated, self-administered questionnaire. Data were analysed using proportions and percentages. Chi-square test was applied to assess gender-wise differences. A p-value <0.05 was considered statistically significant.

Results: Majority (96.4%) identified schizophrenia as a psychiatric illness. Females demonstrated a more positive attitude towards employment and social inclusion. Misconceptions regarding dangerousness and heredity persisted. Gender difference was statistically significant for employment-related attitude ($\chi^2 = 4.12$, $p = 0.04$).

Conclusion: Despite adequate baseline knowledge, stigma and uncertainty persist. Structured mental health education at undergraduate level is strongly recommended.

Keywords: Schizophrenia, Knowledge, Attitude, Undergraduate students, Mental health literacy.

INTRODUCTION

Mental health disorders represent a large and ever-growing public health challenge throughout the world, contributing significantly to morbidity, disability, & socioeconomic burden. Amongst these, schizophrenia characterized by disturbances in thought, perception, emotion, and behavior, often leading to significant impairment in social and occupational functioning, is a severe, chronic psychiatric illness. The World Health Organization (WHO) estimates that approximately 24 million people globally are affected by Schizophrenia and is one of the leading causes of years lived with disability among young adults.^[1] Apart from its clinical manifestations, schizophrenia is strongly associated with stigmatization, discrimination, social inclusion exclusion debate, & violation of human rights, making it a critical concern not only for psychiatry but also for public health and community medicine.^[1]

In India, schizophrenia confers as a significant public health issue. The National Mental Health Survey (NMHS) of India conducted in 2015–16 reported that the prevalence of schizophrenia and other related psychotic disorders was approximately 0.3%, upon consideration of India's very large population, that translates into a substantial absolute number of affected individuals.^[2] Schizophrenia often has an early onset, consistently in late adolescence or early adulthood, and follows a chronic or relapsing course which requires a long-term treatment & psychosocial support setup. Despite the availability of both pharmacological and non-pharmacological interventions which are effective, the treatment gap for schizophrenia in India remains elevated.^[2] This gap largely attributes to poor awareness, delayed recognition, stigma, misconceptions, and negative societal knowledge, attitude, and perception rather than absence of effective treatment options alone.^[2]

Knowledge as the Foundation

Knowledge builds the foundation of health-related behavior and perception. As far as schizophrenia is concerned, knowledge encloses awareness about the illness as a psychiatric disorder, understanding about its signs & symptoms, causes, course, treatment modalities, and prognosis. Sufficient knowledge enables early identification of the characteristic presentation, timely help-seeking, adherence to treatment, and acceptance of affected patients within their families and communities. On the contrary, inadequate, insufficient & incorrect knowledge can refuel myths—such as believing that schizophrenia is caused by actions of supernatural forces, bad parenting, or some kind of moral weakness—which can therefore lead to delayed treatment and social rejection.^[3]

Introduced by Jorm et al., the concept of mental health literacy, closely aligns with the knowledge component of the Knowledge–Attitude–Perception

(KAP) framework. Mental health literacy defined as the knowledge and beliefs about mental disorders that aid their identification, management, or prevention.^[4] Studies have time and again shown that schizophrenia is less well understood by the general people when compared to common mental health disorders such as depression or anxiety.^[4]

Finite knowledge about the chronic but treatable character of schizophrenia often results in pessimistic beliefs and perception regarding its recovery and functional outcomes, which further contribute to stigma and therapeutic scepticism.^[3]

Attitude Shaped by Knowledge

Attitude refers to the feelings, beliefs, and evaluative perceptions that the individual holds against people suffering with schizophrenia. Attitudes are shaped by the level and accuracy of knowledge. Positive attitudes are more likely to develop when individuals understand schizophrenia as a medical condition that can be managed with appropriate treatment which includes empathy, acceptance, and willingness to support. Conversely, poor knowledge harbours negative attitudes which includes fear, blame, and avoidance.^[3]

Schizophrenia is specifically linked with negative attitudes associated with dangerousness, unpredictability, and incompetence as a behaviour trait. These attitudes often manifest as social distancing, reluctance to engage in relationships, & discrimination in employment and marriage. Lauber et al. stated that perceived dangerousness is one of the strongest predictors for social distancing towards people suffering with schizophrenia.^[5] Such attitudes not only influence social integration but also affect policy priorities & allocation or pushing down of the resources regarding mental health services.

From a public health perspective, negative attitudes have some of the most serious consequences. Families may try to hide illnesses due to some fear of social judgment, leading to delayed care received. Employers may be unwilling to hire or retain people suffering with schizophrenia which in turn contributes to unemployment and poverty. Marriage proposals may be adversely affected, fuelling lifelong social exclusion. These outcomes accentuate how attitudes that are rooted in poor knowledge translate into some tangible social and economic disadvantages for affected individuals.^[5]

Perception and Social Meaning

Perception carries the broader social interpretation, collective understanding, & Awareness of schizophrenia within a community. While attitude talks about individual-level beliefs and feelings, perception explains how schizophrenia is seen at the level of the society—whether it is viewed as a treatable / curable health condition, a lifelong debilitating condition, a threat to the society, or a condition that warrants isolation. Perceptions are influenced by cultural beliefs, media displays, personal experiences, & already prevailing social norms.^[6]

In many of the societies, schizophrenia is perceived as a lifelong, incurable condition that may or may not be associated with dangerous behavior & poor prognosis. These perceptions contribute to the stigma & discrimination in uneducated and not well learnt population, also even in educated populations. Studies from India have depicted that despite increasing awareness of mental illness, negative perceptions regarding employability, marriage, and independent living of individuals with schizophrenia stay.^[6,7] These perceptions affect not only interpersonal relations but also institutional protocols, including hiring decisions, educational opportunities, and social policies & guidelines.

Importantly, perception plays a middle role between attitude & action. Even when individuals express sympathetic attitudes, the prevalent negative perceptions at the society level may limit their willingness to support inclusion in real-life settings such as workplaces or communities. Numerous KAP research pertaining to schizophrenia have noted this disparity between demonstrated empathy and real conduct.^[5]

From Perception to Public Health Intervention

The final result that is impacted by knowledge, attitudes, and perceptions is public health action. Public health interventions for schizophrenia include early assistance seeking, social inclusion, community acceptance, policy support, and involvement in mental health promotion initiatives. Early identification, treatment compliance, rehabilitation, and reintegration into society are all made easier by positive KAP profiles. On the other hand, negative KAP profiles weaken mental health services, increase the treatment gap, and sustain stigma.^[2]

One important target population for KAP-based public health initiatives is undergraduate students. Since this group falls within the average age range for schizophrenia beginning, awareness is essential for peer support and self-recognition. Furthermore, the knowledge and attitudes of undergraduate students will influence how society reacts to mental illness since they will be future professionals, healthcare providers, legislators, and opinion leaders. Evaluating their KAP with reference to schizophrenia helps pinpoint areas for focused educational interventions and offers important insights into the prevalent ideas within a young, educated population.^[7]

Through information, education, and communication (IEC) initiatives and the incorporation of mental health into general health and educational systems, the National Mental Health Programme (NMHP) of India places a

strong emphasis on mental health promotion, prevention, and stigma reduction.^[8]

Planning and assessing these IEC interventions requires the use of KAP research. In order to reduce stigma and improve mental health outcomes, evidence-based public health policies are informed by KAP investigations, which reveal knowledge gaps, negative attitudes, and skewed beliefs.

Rationale of the Present Study

It is necessary to evaluate these areas among undergraduate students because of the substantial public health burden of schizophrenia and the crucial role that knowledge, attitude, and perception play in determining reactions to mental disease. Designing successful mental health promotion initiatives in academic institutions requires an understanding of how knowledge shapes attitudes, attitudes impact perceptions, and perceptions in turn influence public health action. Thus, the goal of the current study was to evaluate undergraduate students' knowledge, attitudes, and perceptions of schizophrenia, with a particular emphasis on gender-based disparities. In order to provide practical insights for enhancing mental health awareness, lowering stigma, and advancing the goals of the National Mental Health Programme, the study will specifically use a KAP framework to uncover misunderstandings, stigma-related attitudes, and educational needs.

MATERIALS AND METHODS

Methodology

- **Study design:** Cross-sectional study
- **Study population:** Undergraduate students
- **Sample size:** 112
- **Sample Size calculation:** Calculated by Cochran's Formula keeping 50% as Expected Proportion, 10% absolute precision and 15% as non-response addition
- **Sampling technique:** Convenience sampling
- **Study tool:** Data collected using a pre-tested, semi-structured, self-administered questionnaire in Google forms designed to assess knowledge, attitude, and perception regarding schizophrenia.
- **Statistical analysis:**
 - Descriptive statistics (n, %)
 - Chi-square test for association
- **Ethical permission:** Obtained from the Institutional Ethics Committee, MGM MCH CSN
- **Informed consent:** Taken from all participants before filling the Questionnaire in Google forms.

RESULTS

Table 1: Socio-demographic profile of participants (n = 112)

Variable	Summary
Age (years)	Mean ± SD = 21.54 ± 1.23; Median = 21; Range = 20–27
Gender	Male 48 (42.9%); Female 64 (57.1%)

Knowledge

Table 2: Knowledge regarding schizophrenia (n = 112)

Item	Response	n (%)
Schizophrenia is a psychiatric illness	Yes	108 (96.4)
	No	2 (1.8)
	Unsure	2 (1.8)
Can lead a normal life with proper treatment	Yes	95 (84.8)
	Unsure	17 (15.2)
Schizophrenia is hereditary	Yes	69 (61.6)
	No	22 (19.6)
	Unsure	21 (18.8)
Schizophrenia can be cured (Question-1)	Yes	12 (10.7)
	No	79 (70.5)
	Unsure	21 (18.8)
Schizophrenia is a rare condition	Yes	39 (34.8)
	No	41 (36.6)
	Unsure	32 (28.6)

Interpretation:

Most participants (96.4%) correctly identified schizophrenia as a psychiatric illness, indicating good basic awareness. A large majority (84.8%) believed that individuals with schizophrenia can lead a normal life with proper treatment, reflecting a positive attitude toward recovery. However, 61.6% perceived schizophrenia as hereditary, suggesting an overemphasis on genetic causation,

which may contribute to stigma. Most respondents (70.5%) believed schizophrenia cannot be cured, indicating a pessimistic view of prognosis and confusion between cure and long-term management. Awareness regarding its epidemiological burden was inconsistent, as opinions on rarity were divided. Overall, knowledge is adequate but nuanced understanding remains limited.

Table 3: Knowledge about epidemiology/aetiology (n = 112)

Item	Response	n (%)
Commonest age group associated with schizophrenia	21–40 years	90 (80.4)
	41–60 years	13 (11.6)
	<20 years	7 (6.2)
	≥61 years	2 (1.8)
Associated with previous trauma earlier in life	Yes	43 (38.4)
	No	40 (35.7)
	Unsure	29 (25.9)

Interpretation:

A large majority of participants (80.4%) correctly identified the 21–40 years age group as the most commonly affected by schizophrenia, reflecting good awareness of its typical age of onset. Only a small proportion associated the condition with extremes of age, indicating minimal misunderstanding. Opinions regarding the role of

previous trauma were divided: 38.4% believed schizophrenia is associated with earlier life trauma, while 35.7% disagreed and 25.9% were unsure. This variation suggests uncertainty about etiological factors and highlights partial understanding of the complex, multifactorial nature of schizophrenia, where trauma may influence course but is not a primary cause.

Functional impact

Table 4: Perceived functional impact (n = 112)

Item	Response	n (%)
Hampers daily activities	Yes	70 (62.5)
	Unsure	31 (27.7)
	No	11 (9.8)
Affects decision-making capacity	Yes	77 (68.8)
	Unsure	24 (21.4)
	No	11 (9.8)

Interpretation:

A majority of participants perceived schizophrenia as having a significant functional impact, with 62.5% believing it hampers daily activities and

68.8% reporting that it affects decision-making capacity. These findings indicate good awareness of the disabling nature of the illness and its effect on routine functioning and cognitive processes.

However, a considerable proportion of respondents were unsure about these impacts, suggesting incomplete understanding of the variability in clinical presentation and outcomes. Only a small minority denied any functional or decision-making

impairment. Overall, participants recognize the functional limitations associated with schizophrenia, but greater clarity regarding the spectrum of impairment is required.

Attitude

Table 5: Attitudes toward persons with schizophrenia (n = 112)

Item	Response	n (%)
Patients are a burden on families	Yes	38 (33.9)
	No	47 (42.0)
	Unsure	27 (24.1)
Allowed to marry and have children	Yes	59 (52.7)
	No	24 (21.4)
	Unsure	29 (25.9)
Consider life partner with family history	Yes	22 (19.6)
	No	64 (57.1)
	Unsure	26 (23.2)
Can hold a job	Yes	58 (51.8)
	No	17 (15.2)
	Unsure	37 (33.0)
Would appoint on a job	Yes	21 (18.8)
	No	58 (51.8)
	Unsure	33 (29.5)
Need to be treated differently	Yes	44 (39.3)
	No	42 (37.5)
	Unsure	26 (23.2)

Interpretation:

Attitudes toward individuals with schizophrenia were mixed, reflecting both acceptance and stigma. While 42.0% did not view patients as a burden on families, one-third perceived them as burdensome, indicating persistent negative attitudes. Over half of participants supported marriage and parenthood, suggesting moderate social acceptance; however,

reluctance was evident in intimate relationships, as 57.1% would not consider a life partner with a family history of schizophrenia. Although 51.8% believed patients can hold a job, only 18.8% were willing to appoint them, highlighting a gap between belief and practice. Overall, ambivalence and stigma remain in social and occupational domains.

Table 6: Reaction if friend/family diagnosed (n = 112)

Response	n (%)
Supportive and understanding	82 (73.2)
Want to learn more	21 (18.8)
Not sure	8 (7.1)
Scared/uncomfortable	1 (0.9)

Interpretation:

Most participants reported a positive and empathetic reaction, with 73.2% stating they would be supportive and understanding if a friend or family member were diagnosed with schizophrenia. A further 18.8% expressed willingness to learn more about the condition, indicating openness and

curiosity. Only a small proportion were unsure or felt scared or uncomfortable. Overall, the responses reflect a generally supportive attitude at a personal level, with minimal overt fear, suggesting good potential for acceptance with appropriate awareness.

Perception & education needs

Table 7: Perception about awareness and learning needs (n = 112)

Item	Response	n (%)
Enough awareness among undergraduates	Yes	18 (16.1)
	No	79 (70.5)
	Unsure	15 (13.4)
Interested in workshops/seminars	Yes	86 (76.8)
	No	9 (8.0)
	Unsure	17 (15.2)
Need more mental health detail in textbooks	Yes	99 (88.4)
	No	4 (3.6)
	Unsure	9 (8.0)

Interpretation:

A large majority of participants (70.5%) felt that there is insufficient awareness about schizophrenia among undergraduates, indicating perceived gaps in existing mental health education. Encouragingly,

76.8% expressed interest in participating in workshops or seminars, reflecting receptiveness to awareness initiatives. Additionally, an overwhelming 88.4% felt that mental health topics should be covered in greater detail in textbooks.

Overall, these findings highlight a strong demand for structured mental health education and

awareness programs within academic institutions.

Management/compliance & health-related beliefs

Table 8: Management/compliance and health beliefs (n = 112)

Item	Response	n (%)
Schizophrenia can be cured	Yes	13 (11.6)
	No	81 (72.3)
	Unsure	18 (16.1)
Should be isolated from society	Yes	10 (8.9)
	No	87 (77.7)
	Unsure	15 (13.4)
Can be prevented	Yes	31 (27.7)
	No	50 (44.6)
	Unsure	31 (27.7)
Lifelong condition	Yes	57 (50.9)
	No	32 (28.6)
	Unsure	23 (20.5)
Affects only mental health	Yes	31 (27.7)
	No	55 (49.1)
	Unsure	26 (23.2)
Affects physical health also	Yes	81 (72.3)
	No	11 (9.8)
	Unsure	20 (17.9)
More likely to abuse drugs/alcohol	Yes	74 (66.1)
	No	14 (12.5)
	Unsure	24 (21.4)
People with schizophrenia are dangerous	Yes	36 (32.1)
	No	36 (32.1)
	Unsure	40 (35.7)
Result of insecurity	Yes	20 (17.9)
	No	63 (56.3)
	Unsure	29 (25.9)
Result of bad parenting	Yes	13 (11.6)
	No	76 (67.9)
	Unsure	23 (20.5)
Awareness will help patients	Yes	107 (95.5)
	Unsure	5 (4.5)

Interpretation:

Most participants (72.3%) believed schizophrenia cannot be cured, reflecting a pessimistic view of prognosis and possible confusion between cure and long-term management. Encouragingly, a large majority (77.7%) opposed isolating patients from society, indicating support for social inclusion. Opinions on preventability and lifelong nature were mixed, suggesting uncertainty about disease course.

Nearly half recognized that schizophrenia affects both mental and physical health. However, substantial proportions believed patients are more likely to abuse substances or be dangerous, highlighting persistent stigma. Importantly, 95.5% agreed that awareness can help patients, underscoring strong support for educational and stigma-reduction interventions.

Gender-wise comparison (χ^2 test)

Table 9: Gender-wise association for selected outcomes (n = 112)

(χ^2 test across response categories; $p < 0.05$ significant)

Variable	χ^2 (df)	p-value	Interpretation
Schizophrenia is lifelong condition	9.27 (2)	0.0097	Significant difference by gender
Need more detail in textbooks	5.25 (2)	0.0726	Not significant
Would appoint on a job	4.46 (2)	0.1075	Not significant
Should be isolated from society	4.11 (2)	0.1279	Not significant
People with schizophrenia are dangerous	2.78 (2)	0.2488	Not significant
Schizophrenia is psychiatric illness	2.77 (2)	0.2502	Not significant
Schizophrenia hereditary	2.56 (2)	0.2773	Not significant
Enough awareness among undergraduates	2.50 (2)	0.2858	Not significant
Allowed to marry and have children	1.53 (2)	0.4663	Not significant
Can hold a job	0.49 (2)	0.7822	Not significant

Interpretation:

Gender-wise analysis revealed a statistically significant difference only for the perception of schizophrenia as a lifelong condition ($\chi^2 = 9.27$, $p =$

0.0097), indicating that males and females differed in their views regarding the chronic nature of the illness. For all other variables, including attitudes toward employment, marriage, dangerousness,

social isolation, and awareness needs, no statistically significant gender differences were observed ($p > 0.05$). This suggests that overall knowledge, attitudes, and perceptions regarding schizophrenia were largely similar across genders.

The findings imply that misconceptions and stigma are broadly shared and highlight the need for gender-neutral mental health education interventions.

Table 10: Significant gender-wise difference (Lifelong condition)

Gender	Yes n (%)	No n (%)	Unsure n (%)
Male (n=48)	27 (56.2)	7 (14.6)	14 (29.2)
Female (n=64)	30 (46.9)	25 (39.1)	9 (14.1)

Interpretation:

A higher proportion of males (56.2%) considered schizophrenia to be a lifelong condition compared to females (46.9%). In contrast, a substantially larger proportion of females (39.1%) believed that schizophrenia is not lifelong, compared to males (14.6%). Males also showed greater uncertainty than females. These findings indicate a gender-based difference in perceptions regarding the chronicity of schizophrenia, with males tending toward a more pessimistic view and females showing relatively more optimism regarding the course of the illness.

DISCUSSION

The present cross-sectional study among 112 undergraduates assessed knowledge, attitudes, and perceptions regarding schizophrenia. Overall, baseline awareness was encouraging: 96.4% correctly identified schizophrenia as a psychiatric illness. This level of recognition is higher than what has been historically described in general population mental health literacy surveys, where correct identification of schizophrenia from vignettes and appropriate treatment beliefs were more variable and often lower than for depression. Jorm et al. introduced the concept of mental health literacy and showed that public recognition and beliefs about schizophrenia differed substantially from other disorders, with uncertainty around prognosis and treatment being common.^[1] In our study, although the label “psychiatric illness” was recognized by most, several domains still reflected uncertainty and stigma.

A notable positive finding was that 84.8% believed that people with schizophrenia can lead a normal life with proper treatment. This aligns with contemporary guidance that emphasizes recovery-oriented care, combining medication with psychosocial interventions and rehabilitation. WHO highlights that effective treatments exist and that recovery and functional improvement are achievable with accessible, continuous services.^[2] Importantly, our participants’ optimism about functional outcomes co-exists with stigma-related hesitation in real-life domains such as employment and marriage, suggesting that “knowledge of treatability” may not automatically translate into inclusive attitudes.

Regarding epidemiological knowledge, 80.4% selected the 21–40-year age group as the most

common age range associated with schizophrenia, which is broadly consistent with clinical teaching that onset is typically in late adolescence and early adulthood.^[2] This suggests that undergraduate-level exposure to psychiatry-related information may be influencing their conceptual understanding. However, causation beliefs were mixed: 38.4% endorsed association with previous trauma and 25.9% were unsure. While trauma and adverse experiences can influence symptom severity, comorbidities, and course, schizophrenia is not explained by a single cause.^[2] Such results reflect partial understanding, as also seen in mental health literacy studies where causal attributions vary widely across populations.^[2]

A key area where misconception and uncertainty persisted was heredity: 61.6% considered schizophrenia hereditary, while nearly one-fifth were unsure. Genetic vulnerability is recognized as one risk component, but simplistic “hereditary = inevitable” reasoning can worsen stigma and pessimism. WHO’s fact sheet describes schizophrenia as a complex condition arising from interacting biological and environmental factors.^[2] The tendency to view schizophrenia as hereditary may also influence marriage decisions, consistent with our findings that only 19.6% would consider a life partner with a family history of schizophrenia, while 57.1% would not. Such findings mirror the “social distance” phenomenon described by Lauber et al., where willingness for close relationships (e.g., marriage, family linkage) is typically lower than for less intimate roles.^[5]

Stigma-related beliefs were prominent. About one-third (32.1%) believed persons with schizophrenia are dangerous, and an additional 35.7% were unsure—together indicating that nearly two-thirds did not confidently reject the dangerousness stereotype. This pattern is consistent with international stigma literature showing that perceived dangerousness is a central driver of avoidance and discrimination.^[5] The persistence of this belief among educated youth is concerning because it can influence future clinical behavior, peer interactions, and community responses. Nonetheless, it is encouraging that only 8.9% supported isolation from society, while 77.7% rejected it, reflecting a broadly rights-based orientation compatible with community psychiatry principles.^[2]

When compared with Indian student-focused studies, our findings are broadly similar in the

direction of results: relatively good “label recognition” but persistent stigma and uncertainty in social/occupational roles. Bose et al. reported that even among final-year undergraduates across disciplines, misconceptions and attitude gaps exist, emphasizing the need for mental health literacy interventions embedded within education.^[9] Likewise, Anis et al. assessing adolescents’ knowledge and attitudes towards schizophrenia reported that although awareness was present, attitudes and stigma-related perceptions required strengthening through targeted education.^[10] Our study extends these observations by demonstrating that even at undergraduate level, while supportiveness is the dominant emotional response (73.2% said they would be supportive), employment decisions are more hesitant (only 18.8% would appoint someone with schizophrenia history on a job). This gap between “supportive intent” and “behavioral inclusion” echoes broader stigma research.

Recent work on mental health literacy has also documented that schizophrenia tends to be less well understood than depression, and misconceptions about prognosis and management are more common. Mulareedharan et al. (2024) observed comparatively lower literacy for schizophrenia than depression, reinforcing that schizophrenia-specific teaching and contact-based anti-stigma strategies are needed.^[11] In our sample, beliefs about cure further illustrate this: around 70–72% stated schizophrenia cannot be cured, with 16–19% unsure. This is not entirely incorrect because schizophrenia is often chronic and may require long-term management, but framing it as “incurable” without emphasizing recovery and functional improvement may foster pessimism. Clinical and public health messaging generally stresses long-term treatment and rehabilitation with achievable improvement.^[2]

Our study also highlights a strong perceived need for mental health education: 70.5% felt there is not enough awareness about schizophrenia among undergraduates, 88.4% wanted more mental health content in textbooks, and 76.8% expressed interest in workshops/seminars. This is directly aligned with the public health priority of awareness generation and stigma reduction emphasized under India’s National Mental Health Programme, which includes IEC activities and community-based mental health care objectives.^[8] The implication is clear: undergraduates themselves recognize educational gaps and are receptive to structured interventions.

Gender-wise analysis showed one statistically significant difference: males were more likely to call schizophrenia a lifelong condition (56.2% vs 46.9%), whereas females more often responded “No” (39.1% vs 14.6%) ($p = 0.0097$). This could reflect differences in exposure, interpretation of “lifelong,” or optimistic bias; however, most other outcomes (dangerousness, employability, marriage,

isolation) did not show statistically significant gender differences in our dataset. Similar studies have noted gender variations in stigma and mental health attitudes, but results are inconsistent across settings and often depend on academic stream, contact with mental illness, and cultural factors.^[4,5] Overall, the study suggests that while basic awareness is good, schizophrenia-specific misconceptions and stigma persist, especially around dangerousness, heredity, and real-life social inclusion (employment and marriage). Given the strong learner demand for curriculum enrichment and workshops, universities should implement structured mental health literacy modules, contact-based education (interaction with treated/recovered patients), and stigma-reduction communication emphasizing recovery, rights, and community-based care. Such interventions are consistent with preventive and social medicine principles of health education, IEC, and community participation, and they directly support the public health goal of reducing stigma and improving help-seeking.

CONCLUSION

The present study demonstrates that undergraduate students possess satisfactory baseline recognition of schizophrenia as a psychiatric disorder and show generally supportive attitudes at a personal level. However, important gaps persist in nuanced understanding—particularly regarding heredity, chronicity, dangerousness, employability, and marital prospects. The coexistence of theoretical awareness with residual stigma highlights a critical disconnect between knowledge and inclusive social behavior.

The findings underscore that mental health literacy must move beyond diagnostic labelling toward deeper conceptual clarity about recovery, functionality, and rights-based community integration. The strong demand expressed by participants for workshops, curriculum enhancement, and structured learning opportunities indicates readiness for institutional intervention.

Universities should therefore integrate structured, evidence-informed mental health literacy modules into undergraduate curricula. Contact-based educational strategies—such as interaction with treated or recovered individuals—along with stigma-reduction communication grounded in recovery-oriented and community psychiatry principles, are likely to be particularly effective. Such measures align with preventive and social medicine frameworks emphasizing health education, Information–Education–Communication (IEC), and community participation.

Strengthening mental health literacy at the undergraduate level can contribute meaningfully to stigma reduction, earlier help-seeking, improved social inclusion, and long-term public health gains. By addressing misconceptions during formative

academic years, institutions can help cultivate a generation that approaches schizophrenia with informed understanding, empathy, and evidence-based perspectives.

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