

ASSESSMENT OF KNOWLEDGE AND ATTITUDE TOWARDS MENTAL ILLNESS AMONG HARAMAYA UNIVERSITY COLLEGE OF HEALTH AND MEDICAL SCIENCE STUDENTS

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ABSTRACT

Background: Although the interest and knowledge of physical diseases among medical students is much higher than mental illness, it's prevalent that the knowledge about mental disorders has been comparatively neglected and ignored due to underestimation and poor attitude. There has been ignorance of mental health aspect of overall health maintenance; which leads to increase the rate of illness and burden on the mentally ill individual, family and country as a whole.

Objectives: To assess knowledge and attitude towards mental illness among Haramaya University, Health and Medical Science Student of Harar campus.

Methods: Institutional based cross-sectional study was conducted scheduled from February 25th to March 7th 2017 (GC). The tool used was structured questionnaire and administered to 524 participants. The sample were selected by multi stage sampling procedure and simple random sampling technique. The questionnaires include the basic demographic information, opinions about potential knowledge and attitude among Haramaya University Harar campus students towards mental illness. The data was analyzed by using SPSS version 20 software program to analyze the descriptive and inferential data, tables and graphs.

Result: All of the respondents (100%) had a general information about mental illness. And 30.4% samples had information from FM radio of health institution. About 27.3% From Television, 5.4% got it from friends and relatives, 5.6% from others like Magazine and religious institutes, As well as nearly half of respondents have good attitude toward mental illness

Conclusion: All of our respondents had good knowledge but nearly half of our respondent have poor attitude towards mental illness.

Keywords: Knowledge, Attitude, Mental Illness, Medical Science Student.

BACKGROUND INFORMATION

Mental disorder are widely recognized major contributor (14%) to the global burden of disease worldwide for instance the data according to World Health Organization reported that in 2005, 154 million people globally suffered from depression, 25 million people suffered from schizophrenia, 91 million people from alcohol use disorder and 15 million from drug use disorder (WHO, 2004).

Nearly 25% of individuals in both developed and developing countries develop one or more mental or behavioral disorders at some stage in their life (WHO, 2001). Above data signifies the total population suffering with the mental disorders is accountable to the societal burden. And hence, the rejection and isolation is the commonest tendency of public of society and patients themselves (self-rejection and self-isolation) due to inability in significant contribution to the society and country at large.

Although some countries around the world have managed to fight the stigma and increasing acceptance of the mentally ill, still there is gap in understanding the mental illness and the patients; for instance lack of awareness is very evident in India and other developed countries. Mentally ill people are labeled as different from other people and are viewed negatively by others. Many other studies have demonstrated that persons labeled as mentally ill are perceived with more negative attributes and are more likely to be rejected regardless of their behaviors (Arkarh, Ekar D 2000). Stigma remains a powerful negative attribute in all social relations. It is considered an amalgamation of three related problems: lack of knowledge (ignorance), negative attitude (prejudice) and exclusion or avoidance behavior (discrimination). As per the researchers understanding, in olden days; these amalgamated problems were well prevalent associated with tuberculosis, leprosy and other medical illnesses; as the medical science advanced and invented the appropriate treatment against the infection. Simultaneously, the stigma and prejudice associated with the infection was diminished in the influence of better understanding and rationalized facts. But, with regards to the person with mental illness it's not so; perhaps due to lack of treatment modalities to cure completely and invisible signs and symptoms of illness projects as purposeful and intentional/ faking of symptoms thus, it creates dilemma and controversies in understanding the basic psychopathology to the society.

Scheff TJ. Reported that people who are labeled as mentally ill associated themselves with societies negative conceptions of mental illness and that societies negative reactions contributes to the incidence of mental disorder. The social rejection result from this many handicap mentally ill people even further (Scheff TJ 1999).

A persistent negative attitude and social rejection of people with mental illness has prevailed throughout history in every social and religious culture. Of all the health problems, mental illness are poorly understood even by the health and medical science students. Such as poor knowledge and negative attitude

towards mental illness threatened the effectiveness of patient care and rehabilitation. This poor and inappropriate view about mental illness and negative attitude towards mental illness can inhibit the decision to seek help and provide holistic care. Better knowledge is often reported to result in improved attitude towards people with mental illness and a belief that mental illness are treatable can encourage early treatment seeking and promote better outcome (Stuart H 2000).

In Ethiopia 12% of people suffered from some form of mental health problems; of which 2% have severe forms of mental disorder (Abdullah H, Kebede D, H. M 2001). A problem is aggravated by poverty, unemployment and the presence of physical illness like HIV/AIDS. These are known risk factors for common mental health problems (Oxford University 1999). There is serious social stigma attached to mental disorders but the burden is likely to have under estimated because of inadequate appreciation of the connectedness between mental illness and other health conditions (Bedrihan T 1999). Discrimination and social exclusion related to mental illness are recognized as a major public health concern (WHO 2001).

In Ethiopia, there is a wide spread beliefs that severe mental illness are due to demon possession, bewitchment by evil spirit, ancestors spirits or the evil eye has existed for many years, this influence the attitude towards mental illness and practice associated with mental health problems (BrJ 2000). Most people in Ethiopia use traditional methods for treating mental illness and those who look for modern treatment do so having tried and failed several local means (Shibire T, Negash A 2002, Bishaw M 1999).

After having tried and failed the available local means, many families keep the patient at home under restraint until they are no longer aggressive and violent once the disruptive behavior is over they will be realized from chain and many of them become wanderers and homeless (Alem A, Desta M, Araya M).

Efforts to improve society's knowledge of mental disorder have been much less common than for cancer and heart disease, nevertheless a number of approaches have been tried; one is information campaign targeted at the general population the campaign showed some change in the knowledge and belief of the society about mental illness and help seeking (Paykl E. S, Hart. D & Priest RG 1998).

There are also attempt to improve the quality of information presented in the media through expert input but there is no research on the effects of involving mental health professionals in the media (Ester LG, Cooker PG & Ittenbach 1998, Shibire T 2002)

Despite the increased burden of mental health problems little known about knowledge and attitude of the health and medical science students toward mental health problems. Understanding the attitude of these students towards mental illness could help target initiatives to reduce stigma and enhance utilization of mental health service. Therefore, the result of these study will be used as a base line data for planning to improve knowledge and, attitude towards mental illness (Wolf. G, Pathare. S, Craig Tel 1996).

SIGNIFICANCE OF THE STUDY

The finding from this study will enable us to know the knowledge and attitude of the students towards Mental illness. Such information provides crucial support for increase the awareness on the prevalence of knowledge, and attitude towards mental illness among health and medical science students and also may be used as baseline information for those who wants to do their research on this related topic, may aid to develop strategies for improvement of knowledge and attitude towards mental illness.

Conceptual Framework

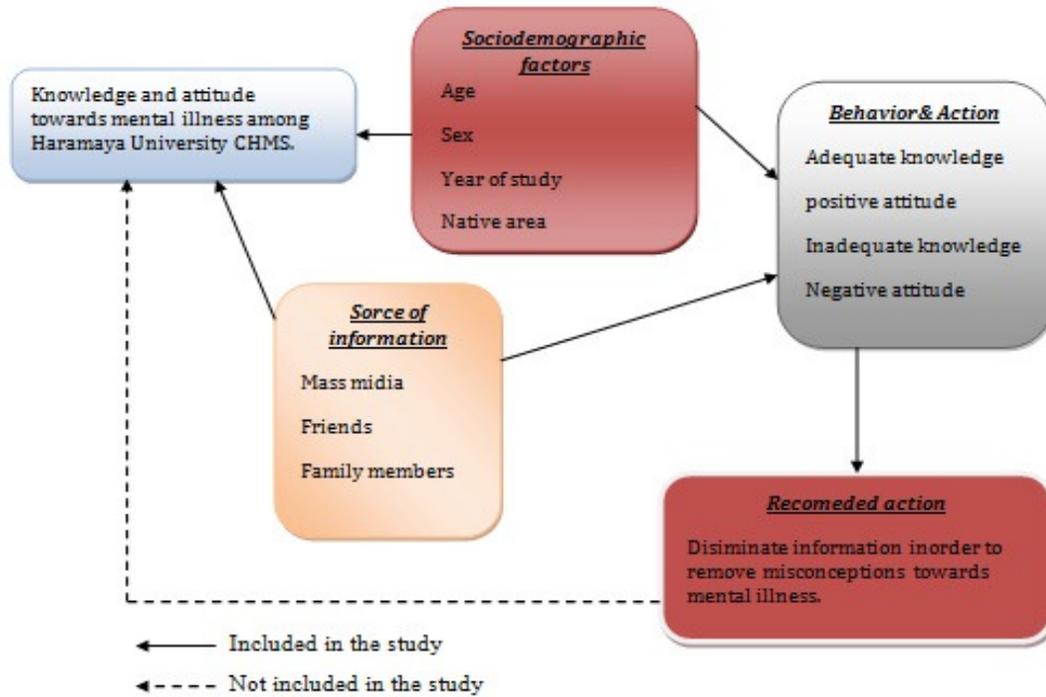


Figure 1: Schematic presentation of conceptual framework

MATERIAL & METHODS

Institutional based cross sectional study design was adopted. The source population consisting of all health and medical science students and the study samples were selected from All medical, medical laboratory, pharmacy and environmental health science students excluding the students who are severely ill and absent at the time of data collection. Multistage stratified simple random sampling technique was used to select the samples for the study. The total 483 samples were included based on the population proportion formula. The data was collected by self-administration of structured questionnaire which was designed and modified appropriately. The collected data was processed by using SPSS version 20 consisting of descriptive and inferential analysis, table, figure, frequency, percentages, and cross tabulation. Finally the finding of the study was summarized, presented, discussed based on the nature of questions. The letter of ethical clearance was obtained from Haramaya

University College of Medical and Health Science, School of Nursing and Midwifery Department of Psychiatry.

RESULT

Assessments of Socio-demographic characteristics

The responses of 483 students were analyzed .A total of 310(64.08%) were male, while 173(35.02%) were female.The ages of students ranged from 18 and 32 years. The majority of the students 209(43.3%) were between the age of 21 and 23 ,130(26.9%) were between the age of 24 and 26 years ,while 115(23.8%) were between 18 and 20 years of age. 24(5%) were between 27 and 29 and 5 (1%) were between 30 and 32 years.131 (27.1%) were Amhara , 232(48%) were Oromo , 18(3.7%) were Tigre and 102(21.2%) were others ethnicity 180(37.1%) were orthodox , while 215(44.5%) were Muslim and 76(15.6%) were Protestant . While 5(1%) were catholic and 7(1.4%) were others. 90(18.6%) Were first year, 84(17.7%) were second year, 94(19.5%) were third year, 111(23%) were fourth year, 50(10.4%) were fifth year and 54(11.2%) were sixth year students regarding the residency of the respondents 251(52.2%) Were rural, 232(48.8 %) were urban.

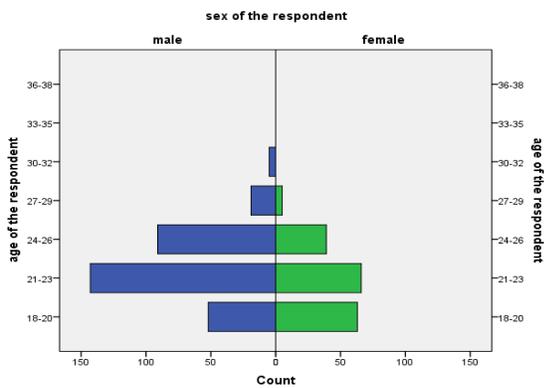


FIGURE 1:SEX AND AGE OF THE RESPONDENT

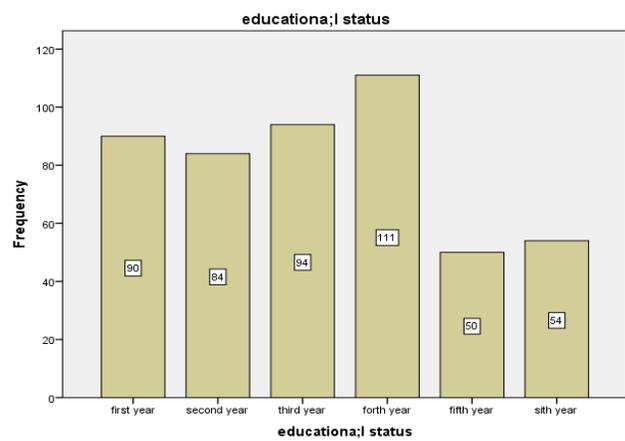


FIGURE 2:EDUCATIONAL STATUS ABOUT THE STUDENT

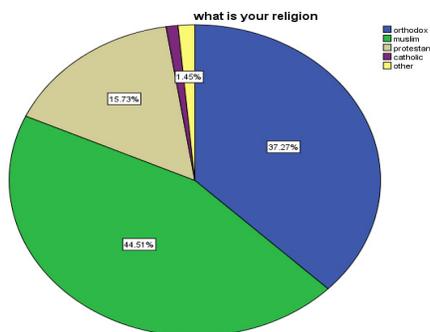


FIGURE 4: RELIGION OF THE STUDENT

Assessment of Knowledge regarding Mental Illness among Students

After the responses of all respondents were computed using the whole knowledge questionnaire 462(95.7%) had good knowledge, while 21(4.3%) had poor knowledge about mental illness.

TABLE 1: OVERALL KNOWLEDGE OF STUDENTS REGARDING MENTAL ILLNESS

N= 483		
Variable	Frequency	Percent
Good knowledge	462	95.7
Poor knowledge	21	4.3
Total	483	100

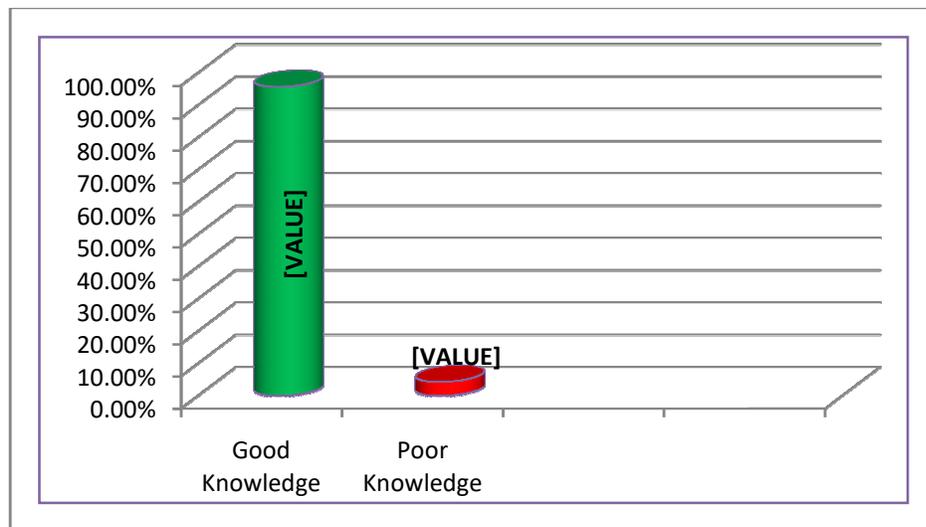


FIGURE 5: Overall knowledge of students regarding mental illness

When students were asked about their knowledge of mental illness and the source of their information all students 483(100%) had ever heard about mental illness. respondents heard information about mental illness 147 (30.4%) from health institution ; however 151(31.3%) radio,132(27.3%) got the information from Television,26(5.4%) got it from friends and relatives 12(2.5%) 5(1%) and 10 (2.1%) from thePersonal experiences of self and others,Magazine and Religious institution respectively.

Table2:Students were asked what they think caused the mental illness(N= 483)

No	Variables	Yes		No	
		Frequency	%	Frequency	%
1	Substance misuses like alcohol or drug causes mental illness	452	93.6	31	6.4
2	Genetic in heritance may be cause of mental illness	406	84.1	77	15.9
3	Head injury can be cause mental illness	442	91.5	41	8.5
4	Stress in daily life leads to mental illness	452	93.6	31	6.4
5	Physical illness like (diabetes HIV) can cause of mental illness	378	78.3	105	21.7
6	Mental illness caused by punishment form god	114	23.6	369	76.4
7	Evil spirit can be the cause of mental (illness)	289	59.8	194	40.2
8	Mental illness is curable	363	75.2	120	24.8
9	Mental illness is contagious	171	35.4	312	64.6
10	People with mental illness successfully treated with me dictation	388	80.3	95	19.7
11	People with mental illness successfully treated by discussing with health professionals	403	83.4	80	16.6
12	Psychiatric medication will cause addiction	338	70	145	30

ASSESSMENT OF STUDENTS ATTITUDE REGARDING MENTAL ILLNESS

Generally after the responses of all respondents were computed using the whole attitude questionnaires 259(53.6%) of the respondents had positive attitude towards mental illness while 224(46.4%) of them had negative attitude regarding mental illness.

TABLE3:Overall assessment of student’s attitude regarding mental illnessN=483

Variable	frequency	Percent
Good attitude	259	53.6
Poor attitude	224	46.4
Total	483	100

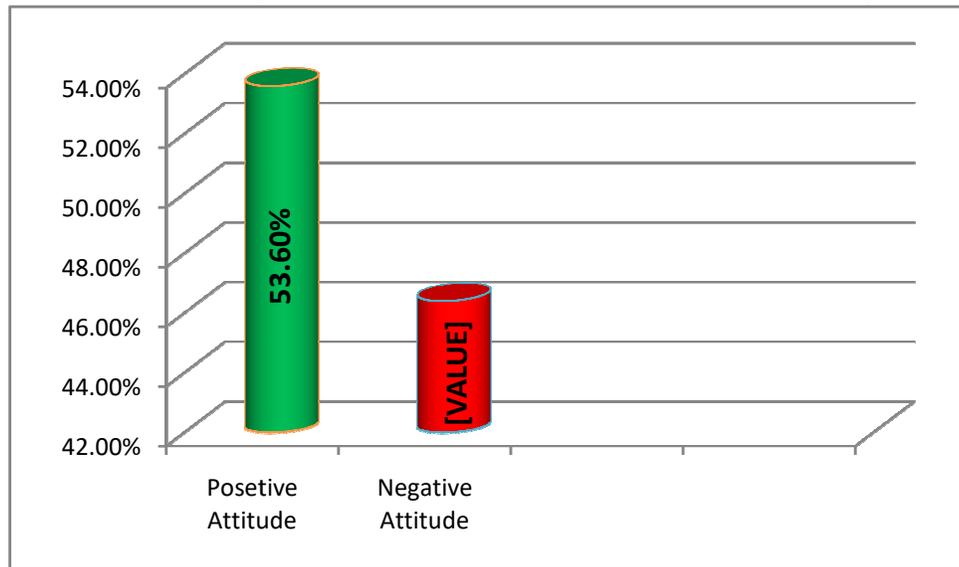


Figure 6: Overall assessment of student's attitude regarding mental illness

Correlation between knowledge and attitude among student

Findings of the present study revealed that, the students overall knowledge and attitude scores ‘r’ value is (0.244),thus there was positive correlation between knowledge and attitude among rural adults.

TABLE 1: Correlation between knowledge ant attitude among student(N =483)

Group	Between	“r” value	Interference
Students	Over all knowledge and attitude	0.244	Positive attitude

DISCUSSION

Our result showsthe different sign and symptomof mental illness described by students.Talking alone(93.8%),aggression (88.2%) laughing alone (91.90%) and self-neglect (87%) weresignandsymptoms described by our participants.

According to our study the sign and symptom of mental illness were ,Talking alone(93.8%),aggression (88.2%) laughing alone (91.90%),sleep disturbance(88%) and self-neglect(87%) were sign and symptoms described by our participants, According to study conducted in Agaro town, on how mental health problems are perceived by community, there were about 99.5% respondent rate in which a total of 728 people were interviewed . As this study showed, taking to one self, strange behavior, sleep disturbance and aggression were the most common perceived symptoms of mental illness. The concurrency of discrepancy may be the difference of sample size and study area.

According to Our study the cause of the mental illness were Substance misuse like alcohol or drug 452(93.6%), stress in daily life 452(93.6%) and head injury 442(91.5%), evil spirit 289(59.8%), physical illness 378(78.3%).God punishment 114(23.6%), the research that conducted in Malawi with a total of 210 participants showed that, about 95% of respondents were attributed mental disorder to alcohol and illicit drug abuse. It is followed by 92.8% (brain disease), 82.8% (spirit possession) and 76.1% (psychological trauma).The occurrence of little discrepancy b/n these study may be study area.

According to Our study the cause the mental illness were Substance misuse like alcohol or drug 452(93.6%), stress in daily life 452(93.6%) and head injury 442(91.5%), evil spirit 289(59.8%), physical illness 378(78.3%) .God punishment 114(23.6%), another study conducted in Nigerian University Most respondents were gave more than one possible answers. About 82.7% of respondents were believed traumatic life events as cause of mental illness, out of these respondents, which craft 95.2%), possession by evil spirit (44.2%) and punishment from God (30%) are causes of mantel illness.

The majority of study participants 154(31.9%) agreed with the statement that people with mental illness are dangerous. This finding is lower than the findings from Nigeria, which was 96.5 %;this variation may be attributed to the study setting and the sample size. The samples of 38.3 % of the respondents agreed that people with mental illness can work in regular jobs. This is higher in proportion when compared to study carried out in Nigeria which indicated that only (16.9%) of the respondents thought that people with mental illness can work in regular jobs. This variation may be explained by differences in the study setting and the populations. (38.5%) agreed with the statement that afraid to have conversation with someone with mental illness. These are lower when compared to study conduct in Nigeria which showed a higher proportion of respondents (82.7%) would afraid to have a conversation and would be disturbed to work with a person who have mental illness. This variation may be explained by differences in the study setting and the population. From our study result (40%) of respondents agreed with the statement that one can marry with a person having mental illness. This is higher in percentage when compared to study carried out in Nigeria which showed that (3.4%) of the respondents still would consider marrying a person having mental illness. the reason for this discrepancy may different in study seating and different population.

According to our study the correlation b/n knowledge and attitude of our respondents were positive,the correlation score is that(0.224); according to the research that done in India among 200 college students about knowledge and attitude of the students to ward mental illness were found to significant positive correlation has been found between the attitude& knowledge score($p=0.01$) .

CONCLUSION

All our respondents 483(100%) had ever heard about mental illness. Most of the respondents 31.1% and 30.4% got information about mental problem from radio and health institution respectively. Regarding students' knowledge and attitude, a total of 95.7% and 53.4% had good knowledge and attitude toward mental illness respectively. According to this study the correlation b/n knowledge and attitude show that nearly half of respondents have good knowledge, but they have poor attitude toward mental illness. This indicates the need for increasing students' knowledge on characteristics of mental illness.

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