Original Article

Knowledge and Attitude Regarding Mental Illness among People Residing in Selected Ward of Biratnagar

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ABSTRACT

Introduction: For all people having a healthy mind, body, and social life is essential and intricately connected to one another. But in most of the countries mental health are given less importance than physical health. Due to the COVID-19 pandemic the number of people who suffer from anxiety and depressive illnesses greatly increased in 2020. Lack of public awareness is a potential barrier for the early detection, diagnosis and treatment of mental illness. This study was conducted with objective to assess knowledge and attitude regarding mental illness among people residing in selected ward of Biratnagar.

Methods: Descriptive cross-sectional study design with probability sampling technique (simple random lottery method) was used to select ward out of 19 wards of Biratnagar and non-probability convenience sampling technique was used to select the sample which was 154. People who were critically ill and were unable to speak and hear at the time of data collection were excluded. Face to face interview using structured questionnaire was used for data collection. Data were analyzed by using descriptive as well as inferential statistics.

Result: The study showed that 64.9% of respondents had good knowledge and 61.7% had favorable attitude towards mental illness. Finding showed association between community people's knowledge about mental illness with their religion and educational status and their attitude with educational status.

Conclusion: Majority of the respondents had good knowledge and attitude towards mental illness. Furthermore, the study found a statistically significant association between knowledge and religion, educational status, and attitude with educational status toward mental illness. To further increase knowledge and attitude regarding mental illness there is need of conducting awareness program among community people.

Keywords: Attitude, Community people, Knowledge, Mental illness

INTRODUCTION

The traditional/religious healing methods still remain actively practiced, specifically in the field of mental health.[1] Mental health issues are still seen as shameful by some people and appears to them to be a sign of inferiority. If mental illness affects their kids, they believe it reflects their own shortcomings as parents.[2]

In a study conducted in Dang District of Nepal, in 51.1% of participants 22.7% mentioned fear and insecurity, and poor reputation.[3] Numerous studies have shown that, notwithstanding their actions, people suffering from mental illnesses have higher probability to be viewed negatively and to be rejected.[4] In Western Ethiopia, 37.5% have poor perception regarding mental illness.[5] Similarly inadequate understanding and a negative attitude on mental disorders were found in a study of caregivers of mentally ill patients.[6]

Although there are excellent therapies for mental disease, many people still think they are incurable.[7] Despite their complete recovery from mental illnesses, the patients nevertheless face stigma and

discrimination in their communities and workplaces due to their past experiences.[8]

Mental Health is 5th leading cause of all Disability-Adjusted Life Year (DALYs) (7.4%) worldwide. The global burden of mental illness is estimated to rise above 6 trillion by 2030. Moreover, health plans frequently do not cover mental and behavioral disorders at the same level as other illnesses, creating significant economic difficulties for patients and their families.[5]

Due to the COVID-19 pandemic the number of people who suffer from anxiety and depressive illnesses greatly increased in 2020.[9]

In some of the correlation study between urban and rural community urban people has higher knowledge and positive attitude compared to rural people.[5] According to a West Bengal research, 71% of respondents think that taking medication can heal mental illness, and 94.9% of respondents are ready to sharing a home with someone who has a mental disease.[10]

Despite of different challenges in mental health, attention of people towards mental health and illness is increasing day by day. The people are being aware about the need of medical attention rather than traditional healer. There is still need of conducting awareness program in the developing country like Nepal to improve the knowledge and attitude regarding mental illness among community people.

METHODS

A descriptive cross-sectional study was carried out in Biratnagar Municipality's Ward No. four. Ethical approval from The Institutional Review Committee of the NMCTH was taken. Informed consent was obtained from each respondent.

A probability sampling technique (simple random lottery method) was used to select ward out of 19 wards of Biratnagar and non-probability convenience sampling technique was used for selecting the sample. Using the equation n= Z 2pq /d2, the sample was calculated to be 154. Face-to-face interviews using a structured questionnaire was done. There are 3 distinct sections: Age, sex, religion, marital status, degree of education, occupation, and information source in Part I sociodemographic data. In Part II, there are Yes/No questions to assess knowledge regarding mental illness. The knowledge regarding mental illness was measured in terms of Good knowledge: >66.6%, Fair knowledge: 33.3-66.6%, Poor knowledge: <33.3%.[11]

Part III consists of five-point Likert scale to assess attitude regarding mental illness among people which included 12 statements in which 1,3,5,7,10 reflects positive statements and 2,4,6,8,9,11,12 reflects negative statements. Each item was simultaneously assessed on a five-point Likert scale of 1 (strongly disagree), 2 (disagree), 3 (neutral), 4 (agree), and 5 (strongly agree). Positive statement was scored as 1,2,3,4,5 and 5,4,3,2,1 for negative statements respectively. The score was ranged from 12-60. Attitude regarding mental illness was measured in terms of Positive attitude: ≥50% and Negative attitude: ≤50%.[12]

Data was analyzed using SPSS (Statistical Package for Social Science). Frequency, percentage, mean, and standard deviation were computed for descriptive statistics. The Chi square test for inferential statistics was used to determine the association between knowledge and attitude with selected demographic variables.

RESULTS

Table1: Socio-demographic Characteristics of Respondents n=154

Characteristics	Frequency	Percentage
Age in years		
30-39 years	70	45.5
40-49 years	39	25.3
50-60 years	45	29.2
Mean age in years± SD	**42.92±0.852**	
Gender		
Male	80	51.9
Female	74	48.1
Religion		
Hindu	127	82.5
Christian	19	12.3
Buddhist	8	5.2
Marital status		
Married	128	83.1
Unmarried	26	16.9
Education status		
Can read and write	128	83.1
Cannot read and write	26	16.9
If can read and write		
Informal	45	29.2
Basic (1-8)	50	32.5
Secondary (9-12)	19	12.3
University (above 12)	40	26.0
Occupation		
Homemaker	44	28.6
Private	25	16.2
Government	14	9.1
Self employed	60	39.0
Student	11	7.1
Source of information		
Radio/ TV	90	58.4
Friends/ Relatives	85	55.2
Newspaper	52	33.8
Health worker	30	19.5

Table2: Level of Knowledge of Respondents Regarding Mental Illness n=154

Level of Knowledge	Frequency	Percent
Poor Knowledge	3	1.9
Fair Knowledge	51	33.2
Good Knowledge	100	64.9

Table 3: Attitude of Respondents Regarding Mental Illness n=154

Level of attitude	Frequency	Percent
Negative Attitude	59	38.3
Positive Attitude	95	61.7

Table 4: Association between Respondents knowledge and Selected Socio-demographic variables n=154

Characteristics	Level of Knowledge			P value
	Poor N (%)	Fair N (%)	Good N (%)	
Age in years				
≤39	0 (0.0)	23 (32.9)	47 (67.1)	0.273
≥40	3(3.6)	28 (33.3)	53 (63.1)	
Gender				
Male	3 (3.8)	31 (38.7)	46 (57.5)	0.055
Female	0 (0.0)	20 (27.0)	54 (73.0)	
Religion				
Hindu	1 (0.8)	46 (36.2)	80 (63.0)	0.023*
Non-Hindu€	2 (7.4)	5 (18.5)	20 (74.1)	
Marital status				
Married	3 (2.4)	41 (32)	84 (65.6)	0.627
Unmarried	0 (0.0)	10 (38.5)	16 (61.5)	
Educational Status				
Can read and write	3 (2.3)	49 (38.3)	76 (59.4)	0.006*
Cannot read and write	0 (0.0)	2 (7.7)	24 (92.3)	
Occupation				
Employed©	0 (0.0)	34 (34.3)	65 (65.7)	0.062
Unemployed ®	3 (5.5)	17 (30.9)	35 (63.6)	

Note: *p- value significant at <0.05 (chi square test), €= Christian, Buddhist, ©=Self-employed, Government, Private, ®= Homemaker, Student

Table 5: Association between Attitude and Selected Socio-demographic variables n=154

Characteristics	Attitude		P value
	Negative N (%)	Positive N (%)	
Age in years			
≤39	31 (44.3)	39 (55.7)	0.164
≥40	28 (33.3)	56 (66.7)	
Gender			
Male	32 (40.0)	48 (60.0)	0.654
Female	27 (36.5)	47 (63.5)	
Religion			
Hindu	51 (40.2)	76 (59.8)	0.307
Non-Hindu[€]	8 (29.6)	19 (70.4)	
Marital status			
Married	49 (38.3)	79 (61.7)	0.986
Unmarried	10 (38.5)	16 (61.5)	
Educational status			
Can read and write	57 (44.5)	71 (55.5)	0.01*
Cannot read and write	2 (7.7)	24(92.3)	
Occupation			
Employed[©]	37 (37.4)	62 (62.6)	0.748
Unemployed	22 (40.0)	33 (60.0)	

DISCUSSION

Level of Knowledge regarding Mental Illness

Out of 154 respondents, more than half (64.9%) of respondents had good knowledge level while more than one fourth (33.1%) of respondents had fair knowledge and only 1.9% of respondents had poor knowledge regarding mental illness. This finding is supported by many other studies conducted in Nepal in 2021 which reported that 97.8% had adequate knowledge level[12] and abroad in 2020 which showed that 32% had scored good knowledge whereas 32% average knowledge.[13] On the contrary, study conducted by Mojiminiyi in 2020 revealed that half of the respondents (51.2%) had poor knowledge.[11]

Level of Attitude regarding Mental Illness

The descriptive statistical analysis of the present study showed that out of 154 respondents more than half (61.7%) of the respondents had positive attitude while more than one fourth (38.3%) of the respondents had negative attitude regarding mental illness.

The descriptive statistical analysis showed that out of 154 respondents more than half (61.7%) had positive attitude while about one third (38.3%) had negative attitude regarding mental illness. Study by Chand and Dixit among 100 adults supported the findings which revealed that 95% had positive attitude toward mental illness.[14] Also, it is supported by Mojiminiyi who stated that 90.0% had a positive attitude.[11] Whereas Jha and Mandal showed the contrast result in a study conducted among 92 community people where 54.7% had negative attitude on mental illness.[12]

Association between Knowledge with Selected Socio-demographic Variables

Knowledge on mental illness was found to be substantially associated with religion (0.023) and educational status (0.006) at the 0.05 level of significance. This finding was supported by the study conducted by Sinha et.al. in 2020 which showed association of knowledge with education status.[13] Similarly, the study by Mojiminiyi in 2020 among 242 adults showed that there wasn't significant association of knowledge with religion (0.374).[11] Likewise, in a study by Yongsi in 2015 among

944 people revealed that there wasn't significant association of knowledge with educational status.[15]

Association between Level of Attitude with Selected Socio-demographic Variables

The recent study showed that attitude regarding mental illness was associated only with educational status of community people which is similar to different studies by Sinha et.al[13] (2020) and Chand and Dixit (2020)[14] whereas on contrary, other study revealed no association with educational status.[4]

CONCLUSION

The study concluded that most of the respondents had good level of knowledge and positive attitude regarding mental illness. Also, the study showed that there was statistically significant association between knowledge regarding mental illness with religion and educational status whereas attitude regarding mental illness with educational status. Findings can be used by nurse educator to educate students to upgrade their knowledge regarding mental illness as well as to plan and organize teaching programs for nursing students to implement it on community.

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