



Original Research Article

Public Attitude toward Persons with Mental Illness: A Case Study of Amassoma Community in Bayelsa State, Nigeria

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ABSTRACT

Background: The study examined the public attitude towards person with mental illness: A case study of Amassoma Community, Bayelsa State. **Objective:** The study set out to assess the perception and misconceptions of the community about mental illness. **Methodology:** Data were collected with the aid of questionnaire from 500 participants from 20 compounds using convenient sampling technique regardless of occupation, gender, marital status or educational qualification but the participants must not be below 18 years of age. The data were analyzed using frequency distribution, simple percentages and chi-square method of statistical analysis. **Results:** The results revealed that majority (57.4%) of the participants were stereotyping, 29.5% agreed with stigmatization of mentally ill of which 55% were females. **Conclusion:** Public enlightenment on mental health-mental illness must be urgently embarked upon to change their negative views about mental illness and every effort to reduce the patients' stigmatization should be done so that the patients can have sense of worth and belongingness.

Key words: Mental disorders, mental health, public attitude, stereotyping, stigmatization,

INTRODUCTION

A universal concept of mental illness is difficult to define because of the inherent cultural factors; some cultures are quite liberal in the range of behaviours that are considered acceptable while others have little tolerance for behaviours that deviate from the cultural norms. However, certain elements are associated with individual's perceptions of mental illness regardless of cultural origin. Townsend ^[1] identified two

of these elements as incomprehensibility and cultural relativity.

Incomprehensibility relates to the inability of the general population to understand the motivation behind the behaviour. When observers are unable to find meaning in behaviours, they are likely to label that behaviour as mental illness. The element of cultural relativity considers that these rules, conventions and understandings used to interpret behaviours are considered

within an individual's own particular culture. Behaviour is categorized as "normal" or "abnormal" according to one's cultural or societal norms. Therefore, a behaviour that is recognized as evidence of mental illness in one society may be viewed as normal in another and vice versa. To Kumar,^[2] urban community dwellers showed more positive attitude to persons with mental illness than rural dwellers. The study further concluded by suggesting a need to improve the knowledge of community people regarding mental disorders and its related aspects.

Corrigan^[3] asserted that stigma related to mental illness can pervade the lives of people with mental health problems in many different ways, it diminishes self-esteem and robs people of social opportunities such as employment or accommodation denial because of their illness. Stigma in the form of social distancing has been observed when people are unwilling to associate with a person with mental illness which might include not allowing the person to provide childcare or declining the offer of a date (Corrigan et al,^[4]).

The Amassoma people of Southern Ijaw Local Government of Bayelsa State attributes mental illness to various things and it is against this background that investigation on their attitude toward persons with mental illness was carried out in order to promote best practices in mental health.

Purpose of Study

The aim of this study was to assess the attitude of Amassoma Community towards mentally ill individuals in their society.

Objectives

This study was carried out to assess:

- The knowledge of Amassoma Community to mental illness.
- Their perception and attitude to mental disorders.

- Their misconceptions about mental illness.
- Stigmatization and discrimination against mental disordered individuals in the Community.

Research Questions

The following research questions were used for the study:

1. Who does the public perceive to be persons with mental illness?
2. What do the public believe are the causes of mental disorders?
3. How are the mentally ill stigmatized?

Significance of Study

The study will greatly reduce or eradicate misconceptions and stigmatization associated with mental illness. Information that will correct negative views of the public about mental illness will be provided and means of coping with the individual affected and family with mental disorder will also be provided.

Limitation of the Study

The setting of the study was a localized area and a suburb area in Bayelsa State, Nigeria making generalization quite tentative rather than explicit.

METHODOLOGY

Research Design

This research is descriptive in nature which involves the use of questionnaires.

Research Setting

The study was carried out after the ethical approval from the Faculty of Nursing Ethical Committee and the Ama-in-Council (the Head of the Amassoma Community and his Compound Chiefs) gave their approval for the study. Amassoma Community is in Southern Ijaw Local Government Area of Bayelsa State. Amassoma Community is located in the Niger Delta. The estimated population of the people in Amassoma was 28,717 based on the 2006 census population count (National Population^[5]).

Amassoma is made up of 22 compounds. Inhabitants are mainly IZONS, other major ethnic groups resident in the area includes Igbos, Hausas, Yoruba, Urhobos and non-Nigerians. Majority are Christians and few others in other faiths. Petty traders form the greatest bulk of the population with civil servants, farmers, fishermen/women as well as students cohabiting in the community respectively.

Research Population

The target population used for the study were members of the community residing in Amassoma from 16 years of age regardless of their gender, educational level, social class, religion or ethnicity but must have resided in the community for the last five years.

Sample and Sampling technique

500 adults were conveniently selected from 10 compounds out of the 22 compounds in Amassoma community. The 10 compounds used for the study were selected by balloting to enable the researchers carry out the study with ease. The researchers further applied a convenient sampling method to select any 50 participants per compound i.e. $50 \times 10 = 500$ participants.

Data Collection

Structured questionnaire was used to elicit for the required information. A modified version of questionnaire, Opinions about Mental Illness in the Chinese Community (OMICC) developed by Ng and Chan [6] was adopted to determine the attitude of Amassoma Community towards persons with mental illness. 10 research assistants were employed for the study, they were trained by the researchers so that they could be well guided on how to administer the questionnaire most especially the non-literates that require interpretation of the items. Each research assistant was allocated a compound so that they could administer

the questionnaire the same day in all the compounds.

The questionnaire was made up of A and B. A consisted of personal data (socio-demographic data) of the participants while B focused on the public view of mental illness which has six (6) categories i.e. separation, restrictiveness, benevolence, pessimistic prediction, stereotyping and stigmatization. The researchers used the 5-point Likert Scale of measurement.

Validity and Reliability of the Instrument

The Attitude of Mental Illness Questionnaire was adopted from Ng and Chan. [6] Pilot study was carried out in two (2) compounds chosen by balloting from among those compounds not selected for the real study.

For reliability of the instrument especially being a foreign instrument, a test re-test of the instrument was conducted with a result of 0.74.

Procedure for Data Collection

Amassoma community located in the Southern Ijaw Local Government has 22 compounds headed by an Amananowei (King). Official letter was written to the Community Head to conduct the study who gave appointment to the researchers to meet the Oba-in-Council in a joint meeting with all the Compound Heads. This meeting was held as scheduled and it was a beautiful opportunity for the researchers and Oba-in-Council to interact. The researchers explained the purpose and procedure of the study to them and the required assistance from everyone. Various questions were asked by the Oba-in-Council on the study, all the questions were reasonably attempted and at the end, they all gave their consents through the King who also solicited for the assistance of all the compound heads for the success of the study. Each compound head was also instructed to hold meeting with their members so that they can be prepared for the assignment. A date of administration

of the questionnaire was fixed at the meeting and all the research assistants were introduced to the Oba-in-Council with their allotted compound. During the interactive session, time was created for the research assistants to socialize with the compound heads they worked with and preparation required before the day of administration.

On the day of distribution of questionnaire, the research assistants met the Compound Heads at 9.00am, who allocated two men to lead them to the compounds for the distribution of questionnaires. Each participant was expected to spend about 20 minutes to respond to the items except those that were non-literates that took a little longer time. All administration of questionnaires was completed by 3.00pm at each location.

Data Analysis

The data obtained from the study was analyzed using simple percentages, frequency distribution and Pearson Product Moment Correlation Statistics for associated variables and the Social Sciences Statistical Package (SPSS) version 21 was used to analyze the results.

Ethical Consideration

A formal letter was written to the Head of Amassoma Community (King) to seek permission for the conduct of study who also arranged for a meeting with all the Heads of the Compounds. At the meeting, their free consents were given and on behalf

of their subjects. On the day of distribution of questionnaires by the research assistants, consent of each participant was also sought as participation was voluntary and after informed consent must have been taken.

RESULTS

Table 1: Demographic responses of the participants (n=500).

Variable	F	%
Gender		
Male	180	36
Female	320	64
Total	500	100
Age		
16-28	254	50.8
29-38	120	24.0
39-48	70	14.0
49-58	30	6.0
59 and above	26	5.2
Total	500	100.0
Educational Qualifications		
Primary	130	26.0
Secondary	90	18.0
Tertiary	40	8.0
Non-literate	240	48.0
Total	500	100.0
Religion		
Christianity	280	56.0
Moslem	40	8.0
Traditional/Others	180	36.0
Total	500	100.0
Marital Status		
Single	130	26.0
Married	105	21.0
Widow/Widower	65	13.0
Separated	200	40.0
Total	500	100.0
Occupation		
Student	80	16.0
Trading	140	28.0
Civil servant	60	12.0
Farming/fishing	220	44.0
Total	500	100.0

Table 2: Summary of Pearson Correlates of the overall Variables (n=500)

Category	Separation	Restrictiveness	Benevolence	Pessimistic Prediction	Stereotyping	Stigmatization	Attitude
Separatism	1.000						
Restrictiveness	.017	1.000					
Benevolence	.013*	-.01	1.000				
Pessimistic Prediction	.00	0.14	0.019	1.000			
Stereotyping	0.14*	0.06	0.00	0.05	1.000		
Stigmatization	0.210*	0.03	0.01	0.101	0.02	1.000	
Attitude	0.6	0.17	0.3	0.652	0.03	0.12	1.000

*P<.05, **P<.01, df = 483

500 participants were used for the study and interviewed. 180(36%) were males and 320(64%) were females. 130(26%) had primary education, 90(18%) had secondary education, 40(8%) had tertiary education while 240(48%) were non-literates. 280(56%) were Christians, 40(8%) were Moslems and 180(36%) practices traditional/other religions. 130(26%) were singles, 105(21%) were married, 65(13%) were either widows or widowers and 200(40%) were separated. 80(16%) were students, 140(28%) were traders, 60(12%) were civil servants and 220(44%) were into either farming or fishing respectively.

The results of correlation analysis in Table 2 showed that the most important of all the correlation coefficients is the correlation between public attitude toward persons with mental illnesses and Pessimistic Prediction in which $r=0.652$. This is statistically significant at 0.05 level two tailed test ($r=0.652$, $p<0.05$). And that of correlation between public attitude toward persons with mental illnesses and stigmatization in which $r=0.210$ is also statistically significant at 0.05 level ($r=0.210$, $p<0.05$) respectively.

DISCUSSION

One major finding of this study is the Public Pessimistic Prediction about individuals with mental illnesses when the individual with mental illness found it difficult to be fully admitted into the society before the occurrence, friends desert him/her, they are discriminated, stigmatized in the society and highly prejudiced.

Adewuya and Makanjuola^[7] in their study of social distance towards people with mental illness amongst Nigerian University students reported that social distance towards the mentally ill is higher amongst Nigerian University students than expected and that this challenges the notion that stigma and negative attitude towards the

mentally ill are less severe in Africa than in Western cultures. Hence, the need for intensive public awareness, effective stigma-reducing educational programmes and more research in this area.

The stigma of the label mental illness is pronounced, it has become generally acknowledged that, within a psychiatric hospital where most patients are sent against their will, inmates seldom share the rights, liberties and satisfaction that civilians enjoy. Upon their return home, they often find that being an ex-mental patient is more of a liability than being an ex-criminal in the pursuit of housing, jobs and friends. Mental patients have for years been regarded with more distaste and less sympathy than virtually any other disabled group in our society, and in fact their handicaps are partly attributable to public attitudes of rejection and avoidance (Petty, Wegener & Fubrigar^[8]).

The overall public attitudes as is commonly suspected, the mentally ill are regarded with fear, distrust and dislike by the general public. The stigma associated with mental illness was found to be very general, both across social groups and across attitude indicators, with little relation to demographic variables such as age and education. Aged and young people, highly educated people and those with little formal training, all tend to regard the mentally ill as relatively dangerous, dirty, unpredictable and worthless (Saddock & Saddock^[9]).

The findings further confirmed the study of Pescosolido et al^[10] who stated that public perception and/or negative reaction to and treatment of people with mental illness play a role in the public's unwillingness to interact with people with mental illness.

Bird,^[11] in the study conducted by the Mental Health Foundation in the United Kingdom found out that vast majority of the participants remain supportive of the

integration of those with mental illness into the community.

The findings went further that three out of four participants were of the view that no one has the right to exclude people with mental health illness from their neighbourhood. The best therapy is for the clients to be part of the community, live in the community and that mental health services should be largely community-based.

Implication of Study to Nursing Practice

The study has the following implications on nursing practice.

Nurses have to allow their knowledge acquisition to moderate their behaviours toward the mentally ill individuals, they must be empathetic, understanding and self-committed to rendering qualitative nursing care to this group of patients.

Nurses need to be models in creating awareness on the causes and prevention of mental illness. They should not discriminate these patients and not to stigmatize them rather show love and concern.

Nurses should be involved even being the vanguard for massive mobilization of the community to enlighten the misconceptions against mental illness and for the society to reabsorb the mentally ill individuals back to the society.

CONCLUSION

Mental illness is a major public health issue in many parts of the world. This is due to the ill treatment and stigmatization associated with this group of persons. The public believes that mentally ill has unpredictable behaviour and should be feared, that after treatment, it is difficult for the mentally ill to return to the community, prejudiced against, they should be separated from the society and people should not interact or associate with them. These misconceptions never exonerated even the

elites so it continues to be a subject of concern that more concerted efforts must be ensured by all stakeholders in our society at different levels.

Recommendations

The researchers hereby make the following recommendations:

Health campaign should be carried out at every stratum of the society to enlighten the populace to reduce the stigma and discrimination associated with mental illness.

Government, non-governmental organizations and spirited individuals should provide a long term support to the people with mental health problems for better rehabilitation.

Adequate education on the causes and prevention of mental illness should be done to eradicate various misconceptions in this regard and to educate people on the fact that no one is immune to mental illness.

REFERENCES

1. Townsend MC. *Essentials of Psychiatric Mental Health Nursing*, 5th Ed., Philadelphia: F.A.Davis Company, 2011, 1-12.
2. Kumar R. Attitude to People with Mental Illness: A Mental Health Literacy Survey from Punjab State. *IJHSR*.2013; 3(12): 135-145.
3. Corringan P.How Stigma interferes with mental health care.*The American Psychologist* ; 2004; 59(7): 614-625.
4. Corringan P et al. Prejudice, social distance and familiarity with mental illness, *Schizophrenia Bulletin*, 2001; 27: 219-226.
5. National Population, *Bayelsa State Population Commission* (www.bayelsastate.org), 2006.
6. Ng A and Chan A. Opinion about Mental Illness in the Chinese Community among Secondary

- Schools in Hongkong. *International Journal of Social Psychiatry*, 2000, 46(2): 79
7. Adewuya AO and Makanjuola ROA. Social Distance towards People with Mental Illness amongst Nigerian University Students. *Social Psychiatry and Psychiatric Epidemiology*, 2007,40(11):931-936.
 8. Petty RE, Wegener TT and Fabrigar, LR. Attitude and Attitude Change. *Annual Review of Psychology*, 1997, 48:609-647.
 9. Saddock BJ and Saddock VA. *Synopsis of Psychiatry: Behavioural Sciences/Clinical Psychiatry*, 9th Ed. Baltimore: Lippincott Williams and Wilkins, 2003.
 10. Pescosolido BA, Martin JK, Link BG, Kikuzawa S, Burgos G, Swindle R and Phelan J. *Americans' View of Mental Health and Illness at Century's End : Continuity and Change. Public Report on the MacArthur Mental Health Module, General Social Survey*, The Indiana Consortium of Mental Health Services Research , Indiana University, 1996, 10-13.
 11. Bird L. Public Attitudes towards Mental Illness Remain Broadly Sympathetic :The Fundamental Facts. *The Mental Health Foundation. AQ*, 2007, Tuesday, 10 July. <http://www.dh.gov.uk>, <http://www.medicalnewstoday.com/releases/76281.pl>.

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