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"A Descriptive Study to Assess Community Knowledge and Attitude towards Mental Health in Northern Ethiopia".

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Abstract

Background ;mental disorders include Anxiety, Depression and Somatoform disorders and they are characterized by symptoms such as insomnia, fatigue, irritability, forgetfulness, difficulty in concentrating and somatic complaints. Common mental disorders are the most prevalent mental disorders in the world. Although they are not as severe as psychotic disorders, they can pose a significant public health problem because of their high prevalence and serious effects on personal wellbeing, family, work and use of health services. In Ethiopia where mortality is still mostly the result of infectious diseases and malnutrition, the morbidity and disablement due to mental illness receive very little attention from the government. This study will assess and reverberate the mental health knowledge and attitude on general population.

Objective ;1) Assess the knowledge regarding mental health in general population 2) Assess the attitude towards the mental health

Materials and Methods ;Descriptive design was adopted and simple random sampling techniques were used and about 330 samples were included. Three sets of self-structured questionnaires are used to assess demographic variables , knowledge and attitude. Data analysis used in the study were descriptive statistics like mean, median , mode ,standard deviation, variance , range, frequency and percentage are used .

Results ; The study shows that , in 330 samples 161(48.8%) persons had poor knowledge regarding mental health and 169 (51.2%) persons had good knowledge regarding mental health. Whereas on assessing attitude 256 (77.6%) persons had poor attitude towards mental health and 74 (22.4%) had good attitude towards mental health .

Conclusion ;The study findings suggest that half of the sample population had a good knowledge towards mental health and mental distress. But when comes to attitude not nearly quarter sample population had good attitude towards the mental health. In spite of good knowledge there as been poor attitude towards the mental health.

Key words ;Mental health , Mental distress , Knowledge , Attitudes .

INTRODUCTION

Common mental disorders include Anxiety, Depression and Somatoform disorders and they are characterized by symptoms such as insomnia, fatigue, irritability, forgetfulness, difficulty in concentrating and somatic complaints . Common mental disorders are the most prevalent mental disorders in the world. Although they are not as severe as psychotic disorders, they can pose a significant public health problem because of their high prevalence and serious effects on personal wellbeing, family, work and use of health services. In Ethiopia where mortality is still mostly the result of infectious diseases and malnutrition, the morbidity and disablement due to mental illness receive very little attention from the government(3). Studies conducted in Kenya and South Africa reported that the prevalence of common mental disorders found to be 10.8% and 34.9% respectively . In Ethiopia, mental disorder is the leading non-communicable disorder in terms of burden. Among every five persons, one will be affected by mental disorders at some stage of his or her life .Ethiopia ministry of health formulated mental health strategic plan from 2012/13-2015/16 . According to WHO the prevalence of mental health issues in Ethiopia is 32.4% . Community based studies conducted using the same instrument reported that the prevalence of common mental disorders in Butajira, Addis Ababa and Hadiya district was 17.4%, 11.7% and 11.2% respectively. Moreover , poor mental health underlies risk behavior , includes smoking , alcohol , KHAT , and illiteracy . This lead to mental distress and mental

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health is very low in Ethiopia . The ministry of health formulated strategies to build mental health promotion . Therefore the aim of the study was to determine the prevalence of common mental disorder, to change perceived beliefs and to identify factors associated with them.

NEED FOR THE STUDY

In Ethiopia 32.4% of population is suffering from common mental distress . When we look closely at the prevalence of specific symptoms of CMD, the following were found to be highly prevalent: headaches (40.6%), poor appetite (39.4), fatigue (35.8%), difficulty sleeping (36.9%), feeling unhappy (37.6%), and feeling nervous or tense (32%), whereas symptoms like hand tremors (14.6%), trouble thinking clearly (19.3%), suicidal ideation (15%), problems with decision making (20%) and functional impairment (19.9%) were relatively less common.The prevalence of CMD we found in this study is higher than what has been reported in the general population in Ethiopia (both from rural and urban areas). The prevalence rates reported in these studies range from 5 to 22%, although different cut-off values were used. This suggeststhat Ethiopians are more likely to have symptoms related to CMD than the general population. Previous qualitative studies carried out in this population found that many Ethiopians experience sexual, physical and emotional abuse, starvation, imprisonment, and difficulty in religious and culture beliefs . Following these experiences, Ethiopia reported such symptoms as headache,stomachache, irritability, suicidal thoughts, pessimism and sadness.Mental illness is becoming an emerging issue in Ethiopia. In view of this, Ethiopian ministry of health formulated mental health strategic plan from 2012/13-2015/16. However, there is scarcity of information, especially from small towns, which assist policy maker's efforts in reforming mental health care.

OBECTIVES OF THE STUDY

1. Assess the level of community knowledge about mental health treatment around public facilities in Ethiopia .
2. Assess the attitude towards mental health in community

METHODOLOGY OF THE STUDY

Study area

desa is Ethiopia's sprawling in the highlands bordering the nile valley, is the country's commercial and cultural hub. The area is 28 km and the elevation of 1800m. it approximately lies in 48"north 38'44 east. And the esteemed population of 108,899. The study was conducted in religious places like churches and mosques .

Study design

descriptive design was adopted for this study since the investigators aimed to assess the perceived knowledge of community people and to assess the attitude of community towards mental health.

Sample Size and sample size determination

- Sample size is determined using standard formula for single population proportion based on the following assumptions.
- $$n = \frac{z\left(\frac{\alpha}{2}\right)2 * P(1-p)}{d^2}$$
- **Where;**

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- **n**= the desirable calculated sample size
- **Z (a/2)** =1.96 (95% confidence level of the survey)
- **P** =Proportion of community knowledge , perceived beliefs & associated factors about mental distress (assumed tobe 25.1%)
- **d =** degree error tolerated (5%)

From Formula, no= (1.96)2 (0.251) (1-0.251)/ (0.05)2=299

The minimum sample size for this study was **330** by adding 10% non-response rate, person who had mental distress less than one year based on the above assumptions.

Sampling Technique

Ethiopia is having many religious and traditional treatment for psychiatric problem. The total population of Ethiopia is 115,496,876 in 2020. In Northern part of Ethiopia(desa) approximately 108,899 and 83 to 135 cases of exorcism or spiritual healing in each month per religious center. Number of sample size will be allocated based on the number of adults attending traditional or religious treatment per month in various areas of Desa. The total sample will be consecutively enrolled in study based on their arrival at the spiritual centers .on based on the above classification descriptive study has 330 samples .

Description of Tool and Scoring procedure

Development of tool

Three sets of questionnaire were developed to assess demographic data, knowledge, and attitude .

The knowledge and attitude was assessed by using self-structured questionnaire. It consist of 20 question in which 13 questions was to assess knowledge (1,3,4,5,8,12,13,14,15,17,18,19,20) and 7 questions was to assess attitude (2,6,7,9,10,11,16). The data was collected by self-structured questionnaire method.

The score allotted were as follows;
Yes - 1
No - 0

The score for each subject was calculated and further categorized as follows ;
0 – 10 - poor knowledge and attitude
11- 20 - good knowledge and attitude
As this study is a descriptive study , the aim is only to assess knowledge and attitude.

Results:-
Socio-demographic variables
Table 1

DEMOGRAPHIC VARIABLE					
Age		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	<18 yrs	55	16.7	16.7	16.7
	18 to 30 yrs	124	37.6	37.6	54.2
	31 to 50 yrs	29	8.8	8.8	63.0
	>50 yrs	122	37.0	37.0	100.0
	Total	330	100.0	100.0	

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Sex					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	male	231	70.0	70.0	70.0
	female	99	30.0	30.0	100.0
	Total	330	100.0	100.0	
Religion					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	christian	138	41.8	41.8	41.8
	muslim	192	58.2	58.2	100.0
	Total	330	100.0	100.0	
ethinic group					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	amhara	256	77.6	77.6	77.6
	oroma	66	20.0	20.0	97.6
	tigre	8	2.4	2.4	100.0
	Total	330	100.0	100.0	
Education					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	uneducated	221	67.0	67.0	67.0
	primary schooling	51	15.5	15.5	82.4
	graduate holder	58	17.6	17.6	100.0
	Total	330	100.0	100.0	
Occupation					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	daily wager	189	57.3	57.3	57.3
	monthly incomer	83	25.2	25.2	82.4
	business	58	17.6	17.6	100.0
	Total	330	100.0	100.0	
type of family					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	nuclear family	85	25.8	25.8	25.8

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	joint family	245	74.2	74.2	100.0
	Total	330	100.0	100.0	
marital status					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	married	74	22.4	22.4	22.4
	unmarried	256	77.6	77.6	100.0
	Total	330	100.0	100.0	

Table 2 :-

Knowledge frequency table

Frequency		**Percent**	**Valid Percent**	**Cumulative Percent**
Poor Knowledge	161	48.8	48.8	48.8
Good Knowledge	169	51.2	51.2	100.0
Total	330	100.0	100.0	

Table 2 shows the distribution of subject regarding knowledge of mental health 161(48.8%) samples in the study states that they have poor knowledge regarding mental health and 169(51.2%) samples in the study states that they have good knowledge regarding mental health. It shows nearly half of the population had a good knowledge about the mental health.

Table 3 :-

Attitude frequency table

		Frequency	**Percent**	**Valid Percent**	**Cumulative Percent**
Attitude	**poor attitude**	256	77.6	77.6	77.6
	good attitude	74	22.4	22.4	100.0
	Total	330	100.0	100.0	

Table 3 shows the distribution of the subject regarding attitude towards mental health 256(77.6%) samples in the study states that they have poor attitude towards mental health and 74(22.4%) samples in the study states that they have good attitude towards mental health .

Discussion;

The study shows that the knowledge regarding mental health in northern Ethiopia region illustrate us that 51.2% are having good knowledge on mental health and 48.8% are having poor knowledge. This shows that, in northern Ethiopia people has good knowledge regarding mental health. But when we assess the attitude towards mental health 77.6% are having poor attitude and 22.4% having good attitude towards mental health. The study clearly states that

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regard of good knowledge , people have poor attitude towards mental health and psychiatry.

Conclusion ;

The study suggest that there is good knowledge regarding mental health in northern Ethiopia but there is poor attitude towards mental health. The subject were eager to know about the mental health during the study. The investigator strongly urges the health professionals to take various measures like community service and health education programs regarding mental health and psychiatry in various regions in Ethiopia to develop positive attitude towards mental health. And nurses who are considered as the primary health care professionals, we have the immense responsibility to educate our patients and fellow people regarding mental health and psychiatry.

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