

PUBLIC'S BELIEFS ABOUT PSYCHOLOGICAL DISORDERS, GONDAR, ETHIOPIA

¹ MENGESHA ENDALEW SHEBABAW, ² KELEMU FENTA GEBEYEHU, ³ DANIEL TSEHAY SEWASEW

¹ Lecturer, ³ assistant professor, Department of Psychology, College of Social Sciences and the Humanities, University of Gondar, Post Box 196, Gondar, Ethiopia. ² Lecturer, Department of Sociology, School of Sociology and Social Work, College of Social Sciences and the Humanities, University of Gondar, Post Box 196, Gondar, Ethiopia. Email: menpsycho@gmail.com

Received: 30 May 2014, Revised and Accepted: 14 June 2014

ABSTRACT

Objective: The main purpose of this study was to assess beliefs hold by the publics about mental illness in the case of Gondar town. **Methods:** Data were collected from 371 participants on belief about psychological disorder from the public of some selected Kebeles of Gondar town. The participants were selected using multistage cluster sampling techniques. The data were analyzed using inferential statistics specifically t-test and one way ANOVA. **Results:** The study revealed that females have negative belief in psychological disorder than males while age and educational level of the participants does not influence belief about psychological disorder. In belief about psychological disorder there were three factors that include Dangerousness, Untrustworthiness and embarrassment and incurability factors. **Conclusion:** The research finding revealed that there exist statistically significant differences in beliefs about psychological disorder among the publics across sex and educational levels.

Keywords: Belief about psychological disorder, Dangerousness, Untrustworthiness and embarrassment factor and Incurability factors.

INTRODUCTION

In Ethiopia for many years psychiatric facilities were scarce. In 1993, few Ethiopian psychiatrists worked in the country. In addition to the scarcity of Psychiatrist, the number of Psychiatric beds was less than 500 in the country. This means that very few mentally ill people were offered psychiatric care. Instead they have been and will be treated and cared for in a traditional system [1].

According to [2], in both the developed and developing worlds, help seeking behavior are considerably affected by people's perception and awareness of mental illness. He added even in developed nations; United State Community survey showed that about 40% of individuals who had suffered from mental illness during one year follow up period had not consulted any health care services.

Studies conducted on perception of and attitude toward mental illness in Oman by [3] indicate that there was no relationship between attitudes toward a person with mental illness and demographic variables such as age, education level, marital status and sex. In a study conducted by [4] poor knowledge of causation of mental illness among the respondents was common. The research has shown that, negative views of mental illness were wide spread, with as many as 96.5% believing that people with mental illness are dangerous because of their violent behavior. Most of the respondents would not tolerate even basic social contacts with a person with mental illness, 82.7%.

Evidence indicates that older adults underutilize mental health services, but little is known empirically about the perceptions older adults have about mental illness and their attitudes about seeking professional help for psychological problems. This study examined beliefs about mental illness and willingness to seek professional help among younger and older persons. Older adults had generally similar perceptions of mental illness as younger adults, except that older adults were more likely to perceive the mentally ill as being embarrassing and having poor social skills. Older adults also did not report a lower willingness to seek psychological help [5].

On top of this, the research showed no age differences on the dangerousness or incurability subscales. Next, an independent t-test was used to assess the hypothesis that older adults would have a lower willingness to seek help compared to younger adults. This

hypothesis was not supported. The results suggest that older adults have similar perceptions as younger adults regarding the mentally ill with one exception older adults viewed the mentally ill as more lacking in social skills (with elements of being more embarrassing and more undesirable) but not more dangerous or incurable. The findings also indicate no differences with self reported willingness to seek help (and willingness levels were in fact quite high for both age groups), although actual help-seeking behaviors were not assessed [5].

Ethiopia as one of the developing country in the world mental health problems are less considered. Belief held by the public as well the patient toward mental illness has an impact about the quality of life of the patients, the treatment seeking behavior of the patients, the chance of patients participation in social affairs. Therefore, the main purpose of this research was to assess publics' belief about psychological disorders in Gondar town. The researchers also have addressed issues like the extent to which dangerousness of patients with mental illness, embarrassment and untrustworthiness of mental illness and incurability of mental illness held by the public.

Methods

In this research cross-sectional survey design was employed because the researcher's aim is to describe the perceptions of the public belief about mental illness at time. Quantitative data were collected using questionnaires from 371 respondents.

Sample and Sampling Techniques

Multistage cluster sampling was used to select 371 respondents because the researchers have not a sampling frame of all cases in the population or not all members of the population were easily identified. To obtain a cluster sample, the researchers first sampled not individual participants but districts which served as clusters of participants in this study. Hence 3 Kebeles were selected using simple random sampling technique, specifically lottery method. Then the households in each district were taken as sample. To get the final respondents, the households were taken using systematic sampling technique. Since there may be more than one person who meets the inclusion criteria in the households, it is important to use again simple random sampling technique, specifically the lottery method. Thus, one respondent was taken from a single household.

Instruments

Adapted instruments were used to collect the data. For those who cannot read and write the data collector read the questionnaires and rated their responses and questionnaires were given to those who can read and write as well understand the implications of the items. The questionnaires were translated into Amharic version and back translated to English to make sure that meaning was translated correctly.

Questionnaires were employed to assess the perception of the public about psychological disorder. The questionnaires were adapted from [6].

Belief about Psychological Disorder (BPD)

Belief about Psychological Disorder (BPD) has 24 items. This scale has three factors that include dangerousness, untrustworthiness and embarrassment and incurability. Each item has got Likert scale ranging from 0 (completely disagree to 5 (completely agree). High score in each item reflects higher level of negative belief about psychological disorder.

Research Procedures

Letter from the department was taken to the concerned body and oral consent from the respondents was assured. The researcher also collects different articles that were done in the context of Ethiopia, Africa and beyond. Then, some selected literatures found relevant to the present study were taken. Half day training was given for data collectors on way of approaching respondents, about the nature of the instruments and each of the scorings given to the instrument. The educational levels of the data collectors were 1 diploma and 4 degree holders from professions of psychology, nurse and management who are dwellers of Gondar town. Data gathered via questionnaires were analyzed by t-test and one way ANOVA.

Ethical Considerations

Participants were informed about the nature and the purpose of the study before questionnaires administration. This was to make sure the participants understood the study before choosing to participate. The researcher informed the participants that all information they would give would be kept confidential. The researcher also eliminated any negative consequences that participants will face after participating in the research by making the information collected anonymous. The records were maintained in such a way that nobody can identify which respondent is associated with which data.

Results

As table 1 below shows, there exists statistically significant difference in belief about psychological disorder between males and females ($t(369) = 2.01, p < 0.05$). The table also shows the mean score of females in belief about psychological disorder was 56.66 ($n=178$) which is higher than that of males 52.79 ($n=193$) implying that females have negative belief about psychological disorder than males.

In addition, the table shows that there was no statistically significant difference on dangerousness subscale between males and females ($t(369) = 0.98, p > 0.05$). The mean score of females and males on dangerousness subscale were 12.98 ($n=178$) and 12.45 ($n=193$) respectively which is nearly equal.

Moreover there was statistically significant difference on untrustworthiness and embarrassment subscale of belief about psychological disorder between males and females ($t(369) = 2.26, p < 0.05$.) The mean score of females and males on untrustworthiness and embarrassment subscale is 24.08 ($n=178$) and 21.97 ($n=193$) respectively which implies, females do not trust people with psychological disorder and feel embarrassment about people with psychological disorder than males.

As well, table 1 below shows that there is no statistically significant difference on the incurability subscale between females and males ($t(369) = 1.78, p > 0.05$). The mean score of females and males on incurability subscale of belief about psychological disorder is 14.92

($n=178$) and 13.90 ($n=193$) respectively that reveals very little difference. The data implies the both males and females believe that if appropriate treatment is given mental illness can be treated.

Table 1: t-Test on Belief about Psychological Disorder and Each Factor by Sex

Variables	Female (N=178)		Male (N=193)		t	df	p-value
	M	SD	M	SD			
Belief about psychological disorder	56.6	18.9	52.7	18.0	2.01	36	0.04
Dangerousness factor	12.9	5.40	12.4	4.92	0.98	36	0.33
Untrustworthiness and embarrassment factor	24.0	9.10	21.9	8.95	2.26	36	0.02
Incurability factor	14.9	5.71	13.9	5.39	1.78	36	0.07

*. The mean difference is significant at the 0.05 level.

As table 2 below indicates, there was no statistically significant difference in belief about psychological disorder in late adolescence- early adulthood and adulthood - old age ($t(369) = 0.99, p > 0.05$). The mean score of the late adolescence- early adulthood and adulthood-old age was 53.93 ($n=237$) and 55.91 ($n=134$) respectively which shows slight difference between the two groups. This implies age has no role about perceptions of mental illness among the participants.

Further, table 2 reveals that there was no statistically significant difference on dangerousness subscale of belief about psychological disorder between late adolescent -early adulthood and adulthood - old age ($t(369) = 0.46, p > 0.05$). The mean score of late adolescent - early adulthood and adulthood - old age was 12.98 ($n=237$) and 12.87 ($n=134$) respectively that shows almost no difference on dangerousness subscale of belief about psychological disorder. Both late adolescent -early adulthood and adulthood - old age believes that patients with mental illness are dangerous.

Beside this, table 2 shows that there was no statistically significant difference on untrustworthiness and embarrassment subscale of belief about psychological disorder by age ($t(369) = 0.81, p > 0.05$). The mean score of late adolescent -early adulthood and adulthood - old age is 22.70 ($n=237$) and 23.49 ($n=134$) respectively that shows very little difference on untrustworthiness and embarrassment subscale of belief about psychological disorder.

As table 2 also reveals, there is no statistically significant difference between late adolescent -early adulthood and adulthood - old age on incurability subscale of belief about psychological disorder ($t(369) = 1.42, p > 0.05$). The mean score of late adolescent -early adulthood and adulthood - old age on incurability subscale of belief about psychological disorder was 14.08 ($n=237$) and 14.93 ($n=134$) respectively that shows almost no difference.

Table 2: Age Difference on Belief about Psychological Disorder and the Factors

Variables	18-25 years (N=237)		>25 years (N= 134)		t	df	p-value
	M	SD	M	SD			
Belief about psychological disorder	53.9	18.6	55.9	18.4	0.9	36	0.33
Dangerousness factor	12.9	5.34	12.8	4.83	0.4	36	0.65
Untrustworthiness and embarrassment factor	22.7	8.91	23.4	9.35	0.8	36	0.41
Incurability factor	14.0	5.51	14.9	5.63	1.4	36	0.16

Table 3 below indicates mean score and standard deviation of respondents across their educational levels in belief about psychological disorder and each of the factors. The mean score of secondary school and below is 56.47(n=139), diploma 55.69 (n=154) and degree and above 49.33 (n=78) in belief about psychological disorder. From this figure there is mean difference between secondary school and below and degree and above qualified respondents than diploma qualified respondents.

Table 3 also indicates that there was a statistically significant difference in belief about psychological disorder across educational level of the participants ($F(2, 368) = 4.18, p < 0.05$). The Bonferroni post hoc test shows, a mean difference of the participants on belief about psychological disorder across different level of education. More specifically, significant mean difference was observed between secondary school and below and degree and above educational level. In addition, there was statistically significant mean difference between diploma and degree and above educational levels of the public. But there was no statistically significant difference between secondary school and below vis-à-vis diploma. This implies that secondary school and below and diploma qualified participants have negative belief in psychological disorder than those who are qualified degree and above.

However, as table 3 shows, there was no statistically significant difference on dangerousness subscale of belief about psychological

Table 3: Mean of Educational Level Difference on Belief about Psychological Disorder

Variables	Secondary and below (N=139)		Diploma (N=154)		Degree and above (N=78)		F	p-value
	M	SD	M	SD	M	SD		
Belief about psychological disorder	56.47	19.96	55.69	16.47	49.33	19.08	4.18*	0.01
Dangerousness factor	13.08	5.64	12.92	4.90	11.60	4.61	2.30	0.10
Untrustworthiness and embarrassment factor	23.68	9.68	23.65	8.24	20.42	9.35	4.00*	0.01
Incurability factor	14.86	5.68	14.62	5.25	13.08	5.824	2.84	0.06

* The mean difference is significant at the 0.05 level.

DISCUSSION

Belief about Psychological Disorder

One of the objectives of this study was to check whether there is a statistically significant difference on belief about psychological disorder across sex, age and educational status. The present study shows statistically significant difference on belief about psychological disorder between males and females. This result was found to be consistent with study conducted by [4]. Similarly a study by [7] revealed that with a few exceptions, women do not seem to display more favorable attitudes than men towards people with mental disorder.

In the present study there was no statistically significant difference in the age of the respondents on belief about psychological disorder. This was also supported by previous study showing that older adults had generally similar perceptions of mental illness as younger adults except that older adults were more likely to perceive the mentally ill as being embarrassing and having poor social skills [5].

The present study revealed that there is no statistically significant difference in dangerousness, embarrassment and untrustworthiness and incurability factors of belief about psychological disorder between late adolescence-early adulthood and adulthood -old age. Even though the present study is supported by a previous study by [5], on the dangerousness and incurability subscales with no difference by age, there was a contrasting result in the case of embarrassment and untrustworthiness subscale of belief about psychological disorder since the previous study revealed differences on embarrassment and untrustworthiness scale across age. This might be because of the majority of the respondents are in late adolescence-early adulthood period.

Likewise research by [8] on incurability indicates nearly all of the respondents 379 (98.7%) believed that mental illness can be cured with modern treatment which is also shown in the present study as

disorder of the public across their educational level ($F(2, 368) = 2.30, p > 0.05$).

In addition, table 3 shows the mean score of the public's having secondary school and below educational level is 23.68 (n=139), diploma 23.65 (n=154) and degree and above 20.42(n=78) with regard to untrustworthiness and embarrassment subscale of belief about psychological disorder. After the mean is computed the analysis of variance shows statistical significant difference on untrustworthiness and embarrassment subscale of belief about psychological disorder across educational level of the public ($F(2, 368) = 4.00, p < 0.05$). Since there was statistically significant difference in untrustworthiness and embarrassment factor, Bonferroni post hoc test was computed to specify the mean difference among different educational levels. As a result statistically significant mean difference was seen between secondary and below and degree as well as diploma and degree and above level of education. This implies that both participants who are below secondary school and diploma have no trust on people with psychological disorder and feels embarrassed about people with psychological disorder. But there was no statistically significant mean difference between secondary and below vis-à-vis diploma educational level of the participants.

there is no statistically significant difference across age about curability or incurability of mental illness taking into account of the mean scores on this subscale.

In the present study one way ANOVA reveals statistically significant difference in belief about psychological disorder across educational levels which was categorized into three group; secondary school and below, diploma and degree and above. In addition, Bonferroni post hoc test was computed to specify which educational level of the public results the difference. As a result, the difference was observed between secondary school and below and degree and above educational level. In addition there is difference between diploma and degree and above educational level. This might be because the general belief people hold on people with mental illness might affect their belief based on their own personal exposure/experience and level of understanding about the nature of the problem. In support of this, Perception and attitude in relation to the mentally ill are predominantly positive, especially among individuals with a higher educational or socioeconomic level [9].

CONCLUSION

Statistically significant difference was observed in belief about psychological disorder across sex and educational status of the respondents but there was no difference across age. In the dangerousness subscales and incurability sub scale there was no difference across sex of respondents where as there was statistically significant difference on untrustworthiness and embarrassment subscales across sex of the respondents. Of the above mentioned sub factors the t -test result revealed that there was no statistically significant difference across age groups of the respondents. At last the ANOVA result revealed statistically significant difference in the untrustworthiness and embarrassment subscales where as there was no statistically significant difference in the dangerousness and incurability sub scale.

Based on the findings of the study, the researchers recommended that since there is a difference in belief about psychological disorder, awareness raising works should be done by mental health and related professionals to educate the public about the nature of mental illness and treatment modalities of psychological disorder.

REFERENCES

1. Atlay L, Jacobsson, Menelik D. Traditional perception and treatment of mental disorder in Ethiopia. Berlin: VWB (1996).
2. Ataly A., Jacobson, Mesfin A., kebede D., Kulgren. How are mental disorders seen and when help sought in rural Ethiopian community, Acta psychiatrica scand, 1999.
3. Samir Al-Adawi, Atsu SS, Dorvlo S S, Al-Ismaily, D A. Al-Ghafry, B Al- Noobi, Ahmed Al-Salmi, David T B, Mrugeshkumar KS, Harith G and Suma PC. Perception of and Attitude towards Mental Illness in Oman; Int J Soc Psychiatry. 2002; 48(4):305-17.
4. Siow AC, Swapna V, Janhavi AV, Yiong HC, Lai Y W, Bee HH. Perception of the public towards the mentally ill in a developed Asian country; Soc Psychiatry Psychiatr Epidemiol, 2007; 42(9):734-9.
5. Segal DL, Coolidge FL, Mincic MS & O'Riley A. Beliefs about mental illness and willingness to seek help: A cross-sectional study, Department of psychology, University of Colorado at Colorado Springs, Colorado Springs, CO, USA, Aging & Mental Health, 2004; 9(4): 363-367.
6. Michiyo H. A Cross-Cultural Comparison of Factors Related to Help-Seeking Attitudes for Psychological Disorder; Blacksburg, VA 1999.
7. Holzinger A, Floris F, Schomerus G, Carta MG, Angermeyer MC.(n.d). Gender differences in public beliefs and attitudes about mental disorder in western countries: a systematic review of population studies. Department of Psychiatry and Psychotherapy, Medical University of Vienna, Vienna, Austria, Epidemiology and psychiatric science, 2012; 21(01), 73-85.
8. Eshetu G. and Markos T. Patterns of treatment seeking behavior for mental illnesses in Southwest Ethiopia: a hospital based study, *BMC Psychiatry*, 2011; 11-138.
9. Érica de T, Piza P · Sérgio LB. Community Perception of Mental Disorders A systematic review of Latin American and Caribbean studies; Dept. of Psychiatry Federal University of São Paulo, 2004; 39 (12) 955-61