KNOWLEDGE AND PRACTICES ON MENTALNESS AMONG

COMMUNITY MEMBERS OF BUWENGE TOWN COUNCIL

JINJA DISTRICT

A RESEARCH REPORT SUBMITTED TO

UGANDA NURSES AND MIDWIVES EXAMINATIONS BOARD

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE AWARD OF A DIPLOMA IN NURSING

ISAAKWA NATHAN

RESEARCH STUDENT

MAY, 2018

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ABSTRACT.

Introduction

A study was carried out in Buwenge Town Council, Jinja District with the purpose of assessing the knowledge and practices on mental illness among community members.

A descriptive cross sectional study design and quantitative in nature was used. Convenient sampling method was used to recruit 40 respondents for the interview.

Results

Results indicates that general knowledge on the causes of mental illness was poor as majority 32(82.5%) attributed to witch craft and 30(70%) attributed to curses as the major causes of mental illness. However, respondents had a good knowledge on the signs and symptoms of mental illness as most 30(75%) mentioned talking to self and destruction respectively as the signs of mental illness and knowledge on the preventive measures was also good with majority 33(82.5%) of the respondents said proper treatment of infections and 30(75%) mentioned avoiding alcoholism and drug abuse as one of the preventive measures of mental illness.

Although most respondents had a good level of knowledge about mental illness, this was not adequately translated into good practices towards mental illness, and most poor practices included 18 (45%) of respondents recommended discriminating mentally sick people, 9 (22.5%) isolating mentally sick people from others and 6(15%) recommended denial of jobs.

Conclusion

In conclusion, the study found out that although most community members in Buwenge Town Council, Jinja District possessed some knowledge about the true causes of mental illness. This was not adequately translated into good practices. The key recommendations included provision of community outreach and sensitization on mental illness as well as increasing use of hospitals for screening and treatment of mental illness.

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DEDICATION

This research report is dedicated to my beloved mother Ms. Kadaali Betty and my Fiancé Kaava Shamina.

ACKNOWLEDGEMENT

Praise and glory goes to the almighty God for he has allowed my existence up to this point and has enabled me to finish this piece of work. May his name be praised forever.

Work of this magnitude could not have been done on my own, I would like to thank my friends and colleagues especially AgabaDison, Katureebe Simon and Natumanya Medard for their ideas and guidance in the initial stages of the research and throughout the process of writing this report.

Special thanks go to my supervisor Ms. Nagaba Ritah who has been patient with me and guided me throughout the research proposal development and report writing.

My appreciation goes to local authorities of Buwenge Town council for making data collection possible among the community members.

Words alone cannot describe my gratitude, Am deeply grateful to my family and above all to my Fiancé Ms. Kaava Shamina for the much love, support, guidance and a shoulder to lean on when times were tough.

I will always be indebted to all of you.

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DEFINITION OF TERMS

Mental illness: Is the mal adaptive response to the stresses and inability to mobilize resources resulting into increased tension that overwhelms the or is the failure of an individual's mind to adapt positively to the stressors of life events.

Knowledge: This refers to the information, facts or knows how an individual possesses about the causes of mental illness.

Practices: This refers to activities carried out by community members to assist mentally ill people in the community.

Community members:

This refers to people living in the some geographical area having the same interest, beliefs and facing the same challenges.

ABBREVIATIONS

AIDS	**:**	Acquired Immune Deficiency Syndrome
HIV	**:**	Human Immunodeficiency Virus
PTSD	**:**	Post Traumatic Stress Disorder
TASO	**:**	The Aids Support Organization
UNMEB	**:**	Uganda Nurses and Midwives Examinations Board
WHO	**:**	World Health Organization

CHAPTER ONE: INTRODUCTION

1.0 Introduction

This chapter presents the background of the study, problem statement, and purpose of the study, specific objectives, research questions and justification of the study.

1.1 Background of the study

Mental illness is defined as the mal adaptive response to the stresses and inability to mobilize resources resulting into increased tension that overwhelms the person. Or is the failure of an individual's mind to adapt positively to the stressors of life events. That is to say, an individual fails to mobilize the external and internal resources within the environment to minimize tension Churchill, L.(2006), Mental illness impose unique demands on the patient, the community and the health care provider (Jorm,A. F., *et al*, 2014).

Although everyone gets worried, anxious, sad or stressed sometimes, with mental illness, these feelings do not go away and are severe enough to interfere with one's daily life Kirkbride, J. B.,*et al*, (2014). The illness can make it hard for one to make and keep friends, hold a job or enjoy life. A person with mental illness may have trouble coping with stress, anger and handling responsibilities (Sirey, J. A.,*et al*, 2012).

Globally, research in countries like United States and Australia has shown that populations of areas with greater material deprivation have higher rates of psychoses. Urban areas have a greater risk of psychoses compared to rural areas (Allardyce, J., and Boydell, J. 2013)**.**

According to a research carried out in South Africa, mental illness was more prevalent in areas of low social economic status. Poverty and ethnicity of the individual played a big part in causing mental illness (Kirkbride, J. B.,*et al*, 2014).

The prevalence of psychiatric disorders in people with HIV/AIDS attending the AIDS Support Organization (TASO) clinic at Mulago Hospital Kampala, the total prevalence of mental illness was 82.6%, and HIV/AIDs was found to be a major cause of mental illness among the population. Further analyses revealed that community knowledge and attitudes towards mental illness were influenced by cultural beliefs and misperceptions about the illness (Petrushkin, H.,*et al*, 2012)**.**

According to the Uganda National Health Policy and Draft Mental Health Policy (2000–2015), mental illness is prioritized because it is the major contributor to the country's disease burden and it states that a person with one or more of the following symptoms should be evaluated by a psychiatrist or other physician immediately, including a person with marked personality change, inability to cope with problems and daily activities, strange ideas and excessive anxiety, prolonged depression, change in eating or sleeping patterns, extreme highs and lows, abuse of alcohol or drugs, excessive anger, hostility, or violent behaviour and suicidal tendencies.

1.2 Problem Statement

It has been estimated that mental illness will increase by 50% worldwide by the year 2020 (WHO, 2017).The prevalence of mental illness remains high at 60% as reported in Jinja District (DHMIS form II- 2017)

Stated that studies on mental illnesses have shown that some of these mental illnesses copied treated with prompt and effective medication and although successive advances in the scientific understanding of abnormal behaviour have dispelled myths, there remain a number of popular misconceptions in communities about mental illness (Sharma, D.,*et al*, 2012).

Despite the government's interventions of handling mental patients at lower levels that is to say, provision of psychiatric nurses and psychiatric clinical officers at health centre IVs. There remain a huge number of psychiatric patients coming to Buwenge health Centre IV disfigured. However if properly handled, psychiatric patients can live a normal life just like others.

Since mental illness cases keep on increasing in Jinja district, this study will be carried out in Buwenge Town Council to assess the knowledge and practices on mental illness among community members.

1.3 Objective of the study

1.3.1 Main Objectives

The objective of the study was to assess the knowledge and practices on mental illness among community members of Buwenge Town Council, Jinja.

1.3.2 Specific Objectives

1) To assess the knowledge on mental illness among community members of Buwenge Town Council, Jinja District.
2) To identify the practices towards mental illness among community members of Buwenge Town Council, Jinja District.

1.3.3 Research questions

1) What knowledge do community members of Buwenge Town Council, Jinja District have about mental illness?

2) What are the practices towards mental illness among community members of Buwenge Town Council, Jinja District?

1.4 Significance of the study

1.4.1Nursing Research

The study provided a valuable point of reference for researchers carrying out similar studies in future and also contributed to the available body of literature on the knowledge and practices of community about the causes of mental illness.

1.4.2 Nursing Education

This study will help nurses to identify the knowledge gap and practices on mental illness among community members. This will act as a basis for outreaches to health-educate community members.

1.4.3 Nursing Practice

This study served the purpose of identifying the current knowledge and practice gaps of community members towards mental illness. The findings may also assist the health planners and policy makers as well as the Ministry of Health by identifying the potential areas which still require policy improvements as well as the development of national sensitization programs about mental illness.

1.5 Justification of the study

Mental illness remains a serious challenge globally, in developed and developing countries of which Uganda is not an exceptional. It is associated with many short and long term effects which negatively impact the health, will being, development and quality of life of the mentally ill people. This situation could be improved upon if community members were in possession of adequate knowledge about the causes of mental illness.

This study will serve the purpose of identifying the correct knowledge and practice gap of community members towards mental illness. This will also assist health workers and concerned authorities in Buwenge Town Council, Jinja District to know where to start in coming up with appropriate ways of sensitizing community members about mental illness.

The study will also provide valuable point of references for researchers carrying out similar studies in future and also contribute to the available body of literature on the knowledge and practices of community members about the causes of mental illness.

The study will help the researcher in accomplishing the course as it the partial requirement to be fulfilled for the award of a diploma in nursing

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter describes the literature review cited by other scholars about the knowledge and practices of community members about mental illness. The literature was presented according to the specific objectives of the study and it commenced with the knowledge on mental illness among community members.

2.1 Knowledge on mental illness among community members

The study to assess the knowledge, attitude and practices of family members on clients with mental illness, findings showed that the majority of respondents had inadequate knowledge regarding the causes and factors leading to onset of mental illness (Vimala, D.,*et al*, 2014).

According to the study about public knowledge and practice towards psychiatric illness and treatment, findings showed that the majority of respondents had a poor level of knowledge about mental illness, 97% of respondents stated that mental illness is not curable with medication. (Angermeyer, M. C.,*et al*, 2012).

Phillips, D. (2011), states that in a study about rejection among mental illness patients and its possible consequence of seeking help for mental disorders, findings showed that the majority of respondents interviewed had a poor level of knowledge about mental illness. About more than 80% of the respondents said they would not allow the mentally ill patient to attend social gatherings or visit public places.

The study about the prevalence of alcoholism and mental illness in a rural community in Dominica, findings showed that the majority of respondents had a poor level of

knowledge about mental illness. This was attributed to lack of educational interventions which were deemed necessary to improve the general knowledge of the community members regarding mental illness. (Sharma, D.,*et al*, 2012).

Similarly, in a study about community knowledge and attitudes to mental illness, findings showed that the majority of respondents had insufficient knowledge towards mental illness and this was generally attributed to the lack of sensitization and awareness programs on mental health in the community (Wolff, G.,*et al*, 2016).

Research by Crabb, J.,*et al*, (2012) revealed that most people in Sub-Saharan Africa associate mental illnesses to cultural beliefs. In contrast, a research conducted in America to determine knowledge, attitudes and perceptions of various groups of people towards mental illness and mentally ill patients, demonstrate that the general public attribute mental illness to stress, family related matters and biological factors such as trauma to the brain, illicit drug use, dysfunction of the brain and vulnerability to mental illness (Gateshill, G.,*et al*, 2010).

Despite the knowledge people have on mental illnesses, cultural beliefs often outweigh the mental health literacy as society tend to hold on to cultural beliefs more (Bener, A., & Ghuloum, S., 2011).

In a study about community attitudes and knowledge of mental illness in South Africa, findings revealed that the majority of respondents did not have sufficient knowledge about mental illness and this was noted to lead to stigma and misinformation regarding mental illness, which further influenced preferred treatment modality and help-seeking behaviour about mental patients (Olshansky, S., and Ekdahl, M., 2012).

However, Martin, J. L.,*et al*, (2015), in a study to assess the general community's knowledge of mental illness and personal experience of people with mental illness, findings showed that the majority of respondents had sufficient knowledge about mental illness. This was associated with having known a person with mental illness which facilitated more intimate relationships with people with a mental illness. Most respondents who had been in contact with the mentally ill held informed and enlightened views about mental illness.

According to a research carried out in South Africa, mental illness was more prevalent in areas of low social economic status. Poverty and ethnicity of the individual also played a big part in causing mental illness, and community knowledge, attitude and practices were found to be deficient which was attributed to the misperceptions towards the illness (Kirkbride, J.,*et al*, 2014).

2.2 Practices towards mental illness among community members

In a study of mental health attitudes and practices of Soviet immigrants, findings showed that the majority of respondents had good practices towards mental illness and patients suffering from it. Results showed that the community was actively involved in connecting patients with suspected mental illness to doctors and psychiatrists (Levav, L., 2013).

The study to assess the knowledge, attitude and practices of family members of clients with mental illness, findings showed that the majority of respondents had negative practices towards mental illness and patients with mental illness in general. Findings showed that the majority of respondents had conversation with suspected mental illness patients with an uncomfortable mind and broke off their relationship with a friend who suddenly became mentally ill. They continuously viewed mentally ill patients as a burden to society (Vimala, D.,*et al*, 2014).

In a survey of employment experiences of patients discharged from three state mental hospitals, findings showed that the majority of respondents, including employers had poor practices towards mental illness. Results from the study showed that employees who reported a prior episode of mental illness were usually subjected to further questioning and assessment which usually made them ineligible to be hired (Olshansky, S.,*et al,* 2012).

According to Farina, A., and Feliner, R. D. (2013), in a study about the employment interviewer reactions to former mental patients, findings revealed that the majority of respondents had poor practices towards mental illness and patients who suffered mental illness. Analysis demonstrated that the majority of employment interviewers were generally against hiring someone with a history of mental illness.

The study about the perceived and measured stigma among workers with serious mental illness, findings showed that most of the respondents had encountered a lot of stigma at their workplace which pointed at negative practices of the community towards mental illness and patients suffering mental illness (Baldwin, M. L.,*et al,* 2013).

The study about the beliefs about mental illness and willingness to seek help, findings showed that the majority of respondents had negative practices towards mental illness and patients suffering mental illness. Findings showed that the majority of respondents would not bother to director recommend the patient to be examined by a doctor or psychiatrist (Segal, D. L.,*et a*l, 2015)

CHAPTER THREE: METHODOLOGY

3.1 Introduction

This chapter presents the introduction, study design and rationale, study setting and rationale, study population, sample size determination, sampling procedure, inclusion criteria, definition of variables, research instruments, data collection procedure, data management, data analysis and presentation, pilot study, ethical consideration, limitation of the study and dissemination of results.

3.2 Study Design and rationale

The study was descriptive cross-sectional employing quantitative data collection methods. This study design was selected because it assisted in easily getting the required data for the study.

3.3 Study setting and rationale

The study was conducted in Buwenge Town Council, Jinja District which is found in Busoga Sub region, Eastern Uganda and it has an estimated population of 320,500 people (2012 estimate) while Buwenge Town Council has an estimated population of 34,000 people. Jinja District is bordered by Kamuli district to the North, Luuka district to the east, Mayuge district to the south east, Buvuma district to the south, Buikwe district to the west and Kayunga district to the northwest. Buwenge Town Council is located approximately 96 kilometers (60 miles) by road, east of Kampala City. The study area was selected because the problem of mental illness was reported to be prevalent on the ground the main language spoken here was mainly Lusoga, main food stuffs included: Matooke, maize,

Beans, Millet, meat and major activities were; business that included sale of clothes, farm produce, and main type of transport was by motorcycles (Boda boda transport).

3.4 Study Population

The study included male and female community members above 18 years residing or working in Buwenge Town Council, Jinja District.

3.4.1 Sample Size

According to the VHT reports, 45 cases were reported in the last three months.

Using the formula,

$$N = \frac{N}{1+N(0.05)^2}$$

$$N = \frac{45}{1+45(0.05)2}$$

$$N = \frac{45}{1.1125}$$

N = 40

Where n= number of respondents

The sample size was 40 respondents, including 20 male and 20 female respondents residing or working in Buwenge Town Council, Jinja District.

3.4.2 Sampling procedure

The researcher used convenient sampling method which is non-probability sampling method that involved selecting respondents that were easily accessible to participate in the research.

3.4.3 Inclusion criteria

The study included only male and female respondents above 18 years who worked or resided in Buwenge Town Council who were present during the data collection period and were free and willing to voluntarily consent to participate in the study.

3.5 Definition of Variables

The independent variables for the study included:

Mental illness

The dependent variables for the study included:

Knowledge of community members of Buwenge town council Jinja District.

Practices of community members of Buwenge town council Jinja Districts.

3.6 Research Instruments

Data was collected using an approved semi-structured interview guide which consisted of both open and closed ended questions. This tool was selected because the study involved mixed groups of respondents, whereby some respondents were literate while others were illiterate and thus unable to read, write and understand English used to develop the interview guide.

3.7 Data Collection Procedure

The researcher interviewed one respondent at a time. The researcher administered interview guides to male and female respondents from their various homesteads or workplaces in Buwenge Town Council. This improved efficiency and confidentiality during data collection. The researcher sampled 10 respondents per day for a total of 40 respondents.

3.7.1 Data management

Completed questionnaires were checked for accuracy, any missing data and completeness on a daily basis after data collection at the of the study. This was followed by coding and

entry of the data using Epi 3.4.1 software for windows and double entry into statistical package for social scientists (SSPS) version 16.0 software

3.7.2 Data analysis and presentation

The collected data was analysed by descriptive statistics using SSPS version 16.0 software and presented in frequency tables, pie charts and bar graphs.

3.7.3 Pilot Study

The interview guide was pretested among 6 male and 6 female community members in another town council to enable the researcher to assess its clarity, accuracy and reliability and make the necessary adjustments.

3.8 Ethical Considerations

A letter of introduction was obtained from Kampala International University introducing the researcher to the local council administration of Buwenge Town Council and seeking permission to carry out the study. After permission was granted, the local council administrator escorted and introduced the researcher to the respondents. Respondents were assured of maximum confidentiality and only numbers instead of names were used to identify the respondents. The study only commenced after the objectives of the study had been well explained to participants and they had consented to participate in the study.

3.9 Limitation of the study

The researcher encountered financial constraints in gathering information from the internet and libraries and printing costs. The researcher overcame this limitation by drawing up a budget which was strictly followed to utilize the available means.

The researcher also encountered time constraints in the course of the study, balancing the research study and other demanding course works. The researcher overcame these limitations by drawing up a timetable which was strictly followed to overcome the time barriers.

The researcher also faced difficulty in obtaining information from some un-co-operative respondents due to the sensitive nature of the study. The researcher explained the objectives of the study to the participants such that they felt free to open up and gave the required information for the study.

3.10 Dissemination of results

The results were forwarded to Kampala International University, a copy was submitted to UNMEB, and another copy was given to the local council administration of Buwenge Town Council and the researcher also retained a copy for ownership.

CHAPTER FOUR: DATA ANALYSIS AND PRESENTATION

4.1 Introduction

This chapter presented results from respondents. The researcher gathered data from questionnaires. The findings were analysed and presented and in form of frequency tables, figures and graphs. The study interviewed a sample of 40 respondents.

4.2 Section A: Demographic Characteristics

From table 1 below, majority 14 (35%) of respondents were between the ages of 26 – 35 years compared to 6 (15%) who were more than 46 years.

The distribution of the respondents were all equal both male and female had a total of 20(50%), the majority 26 (65%) of respondents were married, while the least 4 (10%) attained tertiary level education.

Table 1: shows demographic characteristics **n=40**

Age of respondents in years	**Frequency(n)**	**Percentage (%)**
18-25	12	30
26-35	14	35
36-45	8	20
More than 46	6	15
Gender		
Female	20	50
Male	20	50
Marital status		

Single	10	25
Married	26	65
Divorced	4	10
Level of education		
Non formal education	6	15
Primary level	17	42.5
Secondary level	13	32.5
Tertiary level	4	10
Total	**40**	**100**

4.3 Section B: Knowledge of community members about mental illness

A table2 showing responses from community members on knowledge about the causes, signs and preventive measure of mental illness (n= 40)

	Responses				
Causes of mental illness	**Strongly agree n (%)**	**Agree n (%)**	**Don't know n (%)**	**Disagree n (%)**	**Strongly disagree n (%)**
Accident	10 (25%)	15(37.5 %)	5(12.5%)	0(0%)	10(25%)
Poor feeding	10(25%)	10(25%)	0(0%)	2(5%)	18(45%)
Infections	4(10%)	8(20%)	16 (40%)	8(20%)	4(10%)
Physical stress	18 (45%)	3(7.5%)	1(2.5%)	10(25%)	8(20%)
Alcohol and drug	32 (80%)	0(0%)	8(20%)	0(0%)	0(0%)

use					
Demons	16 (40%)	14(35%)	8(20%)	2(5%)	0(0%)
Over thinking	20 (50%)	4(10%)	6(15%)	0(0%)	10 (25%)
Curse	30 (75%)	4(10%)	3(7.5%)	1(2.5%)	2(5%)
Corporal punishment	8 (20%)	10(25%)	22(55%)	0(0%)	0(0%)
Witchcraft	32 (80%)	3(7.5%)	4(10%)	0(0%)	1(2.5%)
Signs of mental illness					
Talking to self	30(75%)	8(20%)	2(5%)	0(0%)	0(0%)
Destruction	30(75%)	2(5%)	3(7.5%)	4(10%)	1(2.5%)
Isolation	25(62.5%)	5(12.5%)	0(0%)	5(12.5%)	5(12.5%)
Neglecting body hygiene	28(70%)	6(15%)	0(0%)	5(12.5%)	1(2.5%)
Un coordinated speech	28(70%)	7(17.5%)	2(5%)	1(2.5%)	2(5%)
Preventive measures of mental illness					
Controlling accidents	20(50%)	9(22.5%)	1(2.5%)	2(5%)	8(20%)
Proper treatment of infection	33(82.5%)	5(12.5%)	0(0%)	0(0%)	2(5%)
Good feeding	2(5%)	20	3(7.5%)	6(15%)	9(22.5%)

		(50%)			
Avoiding child abuse	28(70%)	0(0%)	2(5%)	5(12.5%)	5(12.5%)
Delivery from hospital	10(25%)	0(0%)	3(7.5%)	4(10%)	23(57.5)
Avoiding alcohol abuse	30(75%)	4(10%)	0(0%)	2(5%)	3(7.5%)

The finding in the table below, respondents had varying knowledge on various aspects that were assessed

From the results, respondents had poor knowledge on the actual causes of mental illness as most attributed to witchcraft and curses. Respondent had good knowledge on the signs and symptoms of mental illness as most of them mentioned talking to self and destruction and also demonstrated good knowledge on the preventive measures of mental illness.

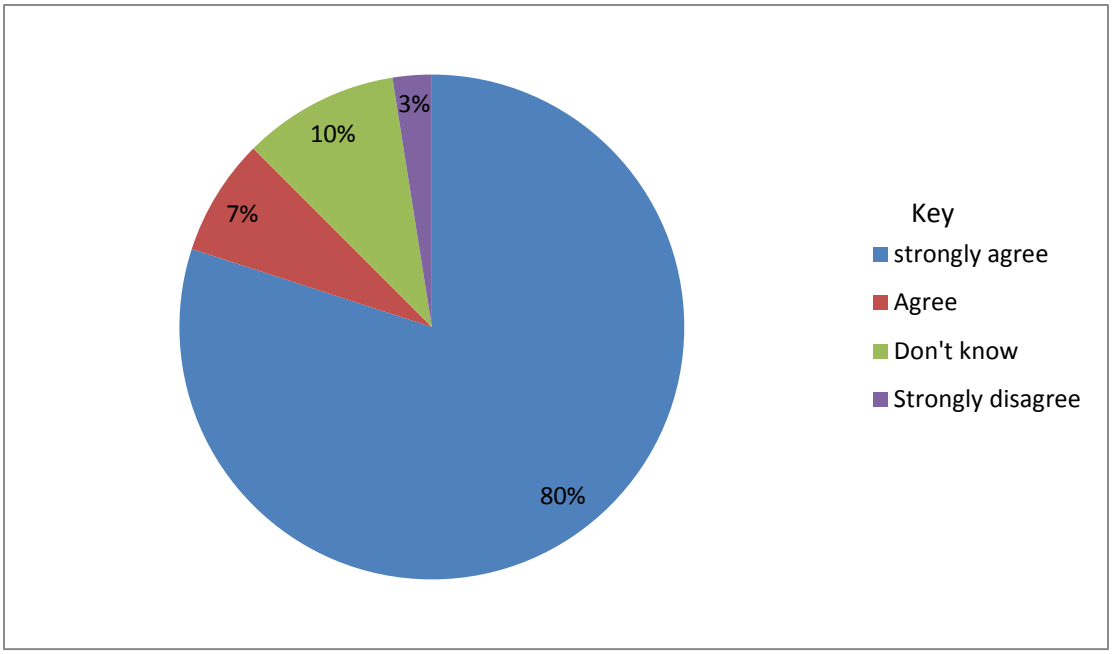

Figure 1 showing the number of responses from respondents on witch craft as a cause of mental illness (n=40)

From the figure 1 above, most 32 (80%) of the respondents reported witch craft was the cause of Mental illness compared to 1(3%) who disagreed that witch craft was the cause of mental illness.

n=40

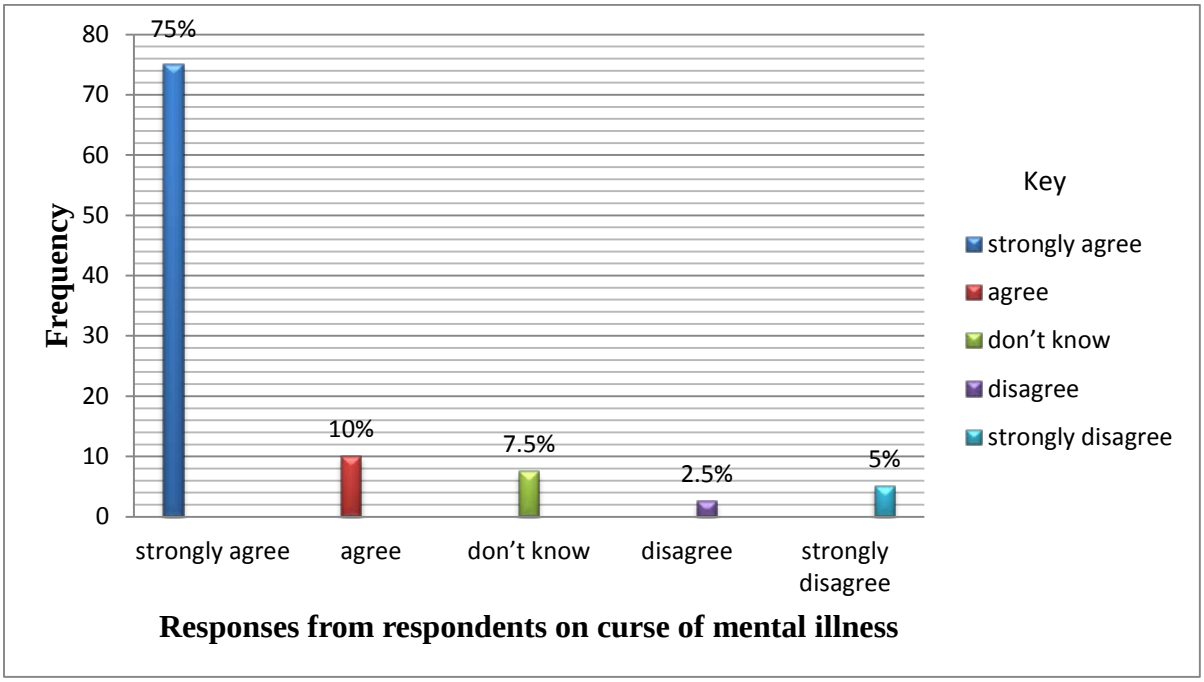

Figure2 showing responses from respondents on curse as a cause of mental illness. (n=40)

From the table above in the causes of mental illness, majority 32(80%) of respondents strongly agreed that alcohol and drug abuse are the major causes of mental illness compared to 8(20%) who did not know.

n=40

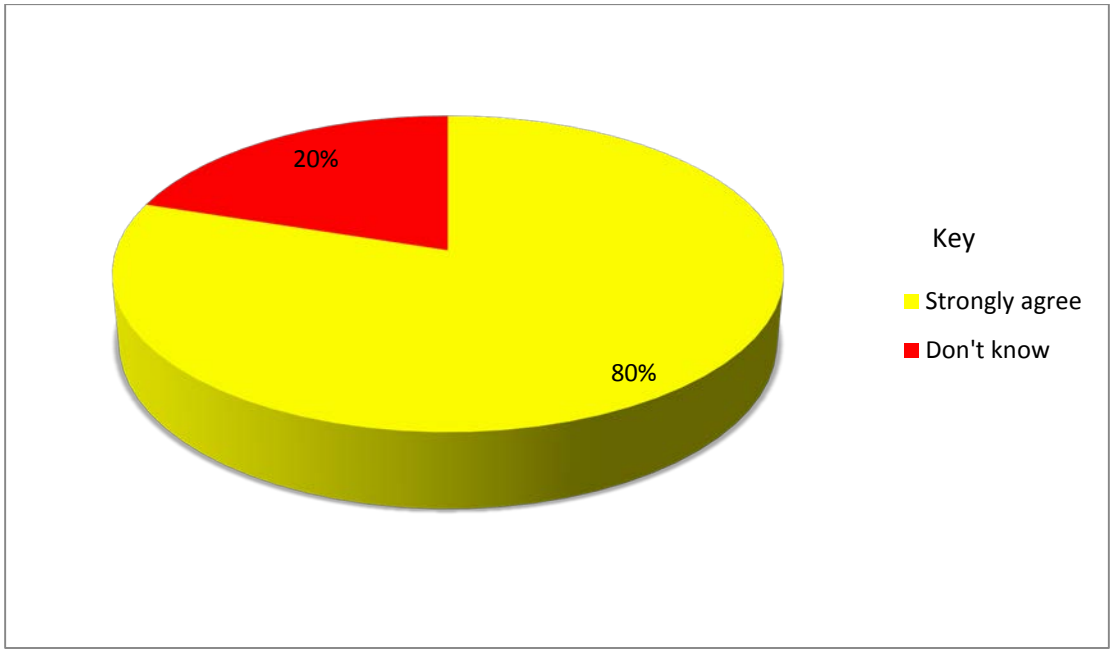

Figure 3 showing number of responses from respondents on alcohol and drug abuse as a cause of mental illness (n=40)

The results in table 3 below on the sign and symptoms of mental illness, most 30(75%) of the respondents strongly agreed that talking to self and destruction respectively are the signs of mental illness while 2(5%) did not know about talking to self as sign and 1(2.5%) strongly dis agreed with destruction.

Table 3 showing number of responses from respondents on talking to self and destruction as signs and symptoms of mental illness. (n=40)

	Responses				
Signs	**Strongly agree**	**Agree**	**Do not know**	**Disagree**	**Strongly disagree**
Taking to self	**30(75%)**	**8(20%)**	**2(5%)**	**0(0%)**	**0(0%)**
Destruction	**30(75%)**	**2(5%)**	**3(7.5%)**	**4(10%)**	**1(2.5%)**

The findings in table 2 above in the preventive measures, show that majority 33(82.5%) of the respondents interviewed, mentioned proper treatment of infection as a way of preventing mental illness compared to 2(5%) who strongly disagreed .

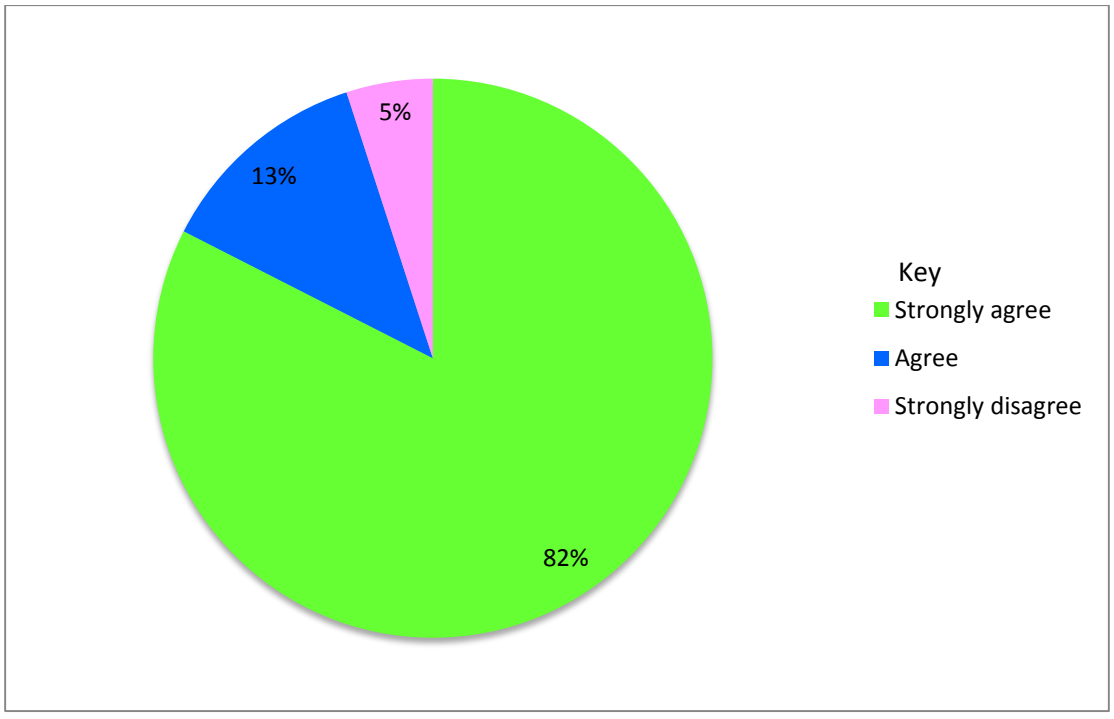

Figure 4 showing the number of responses from respondents on proper treatment of infections as a preventive measure. (n=40)

According to the study findings, majority of the respondents studied 33(82%) strongly agreed that proper treatment of infections was a preventive measure of mental illness compared to 2(5%) who strongly disagreed that proper treatment of infections was a preventive measure of mental illness.

4.4Practices of community members towards mental illnesses

Table 4: shows preventive practices of mental illness in your area n=40

Responses	**Yes**	**No**
preventive practices of mental illness		
Avoiding stigma among patients to avoid re-occurrence	10(25.5%)	30(75%)
Proper treatment of infection early	4(10%)	36(90%)
Supporting people with mental illness	8(20%)	32(80%)
Counselling	3(7.5%)	37(92.5%)
Avoiding child abuse	6(15%)	34(85%)
Avoiding drug abuse	5(12.5%)	35(87.5%)
Eradication of poverty	4(10%)	36(90%)
Early treatment	20(50%)	20(50%)
community practices regarding mentally sick people		
Denial of jobs	6(15%)	34(85%)
Denial of education	4(10%)	36(90%)
Discriminating them	18(45%)	22(55%)

Provision of equal opportunity	3(7.5%)	37(92.5%)
Isolation	9(22.5%)	31(77.5%)
Early treatment	20(50%)	20(50%)

According to the table above, results show that majority 10(25%) of the respondents recommended avoiding stigma among patients to prevent re occurrence compared to 3(7.5%) who recommended counselling as a preventive practice.

From the table above in the community practices regarding mentally sick people, most 18(45%) of the respondents interviewed reported discriminating mentally ill people as a community practice towards mentally ill compared to 3(7.5%) who mentioned provision of equal opportunities as a practice.

Findings in the table above in the community practices regarding sick people, half 20(50%) of this respondent interviewed mentioned early treatment as a preventive measure.

CHAPTER FIVE: DISCUSSION, CONCLUSION, RECOMMENDATIONS AND NURSING IMPLICATIONS.

5.0Introduction

This chapter presented the discussion of findings, conclusions and recommendations of the study which were obtained after data analysis.

5.1 Discussion.

According to the findings of the study, a majority14 (35%) of the respondents were between the ages of 26 – 35 years, implying that they mostly participated in the study, the distribution of male and female respondents was similar at 20 (50%),this was done specifically as it gave the researcher an opportunity to view the perspectives of both men and women about epilepsy, the majority of respondents 26 (65%) were married, which implied that they would be able to count on and receive support from their partners to ensure provision of adequate care to the mentally ill patients. More of the respondents 17 (42.5%) attained primary level education, which implied that due to the low level of education, respondents' knowledge and awareness of mental illness could be limited as was found among most respondents in the study setting.

Knowledge of community members about mental illness

The findings of the study show that most respondents 32 (80%) interviewed strongly agreed that mental illness could be caused by witchcraft and the results of the study are in line with the research by Crabb, J., *et al*, (2012) which revealed that most people in Sub-Saharan Africa associate mental illnesses to cultural beliefs and sometimes people with mental illness are associated with witchcraft and works of evil spirits. The results might be due to the fact that the majority of the sample was deeply rooted in cultural/ethnic beliefs as found amongst most Africans.

Results show that majority 30(75%) of the respondents mentioned curse as a cause of mental illness and this was in line with Bener, A., & Ghuloum, S.(2011), whose study findings revealed that despite the knowledge people have on mental illness, cultural beliefs often outweighs the mental health literacy as society tends to hold onto cultural believes more.

findings of the study most of the respondents 32(80%) interviewed strongly agreed that mental illness can be caused by alcohol and drug abuse. this results was not in line with Sharm, D., *et al*, (2012), whose study findings on the prevalence of alcoholism and mental illness in communities of Dominica found out that majority of the respondents had a poor level of knowledge about mental illness which could be attributed to lack of educational interventions.

The majority of respondents 30(75%) strongly agreed that talking to self is a sign and symptom of mental illness of which the study finding was consistent with the Uganda National Health Policy and Draft Mental Health Policy (2000–2015) which states that a person with one or more of the following symptoms should be evaluated by a psychiatrist or other physician immediately, including a person with marked personality change, inability to cope with problems and daily activities, strange ideas, talking to self, destruction and excessive anxiety, prolonged depression, change in eating or sleeping patterns, extreme highs and lows, abuse of alcohol or drugs, excessive anger, hostility, or violent behaviour and suicidal tendencies.

Results showed that 33 (82.5%) respondents mentioned proper treatment of infections as a way of preventing mental illness and this study finding was not in agreement with Anger Meyer., *et al*, (2012), whose study findings showed that majority of respondents stated

that mental illness was not curable with medication and almost a third accepted that they used physical restraint to keep the ill client under control. This could be because the respondents were aware of the various ways through which mental illness was prevented due to the active sensitization of the people about mental illness by the government health programs over the different mass Medias.

Practices of community members towards mental illnesses

Results showed that 10 (25%) recommended avoiding stigma among patients to prevent re-occurrence, which is in line with Baldwin, M.L.,*et al*, (2013), whose study revealed that most of the respondents had encountered a lot of stigma at their workplace which pointed at negative practices of the community towards mental illness and patients suffering mental illness. This could be attributed to poor knowledge about mental illness.

Results showed that 18 (45%) respondents reported discriminating mentally sick people as a practice in the community which is in line with Olshansky, S., Grob, S., and Ekdahl, M. (2012) who conducted a study in South Africa which revealed that the majority of respondents did not have sufficient knowledge about mental illness and this was noted to lead to stigma and misinformation regarding mental illness, which further influenced preferred treatment modality and help-seeking behaviour about mental patients. This demonstrated that mentally ill people were discriminated against which lead to more psychological problems.

The findings show that half of the respondents 20 (50%) agreed that early treatment of mental illness could prevent it from worsening and this study was not in line with Levav, L., Kohn, R. (2013), whose findings showed that the majority of respondents had good practices towards mental illness and patients suffering from it and this also showed that

the community was actively involved in connecting patients with suspected mental illness to doctors and psychiatrists

5.2 Conclusion

The study found out that respondents had varying levels of knowledge about mental illness. Most of them had had adequate knowledge about mental illness, most reported potential causes of mental illness were witchcraft, curses, alcohol and drugs, demons, accidents and infections. Furthermore, most respondents were aware of the signs and symptoms of mental illness including talking to self, uncoordinated speech, neglecting body hygiene, destruction and isolation had about the prevention, most of the respondents had adequate knowledge about mental illness and including proper treatment of infections, avoiding alcohol abuse, avoiding drug abuse, teaching people about mental illness among others.

Although most respondents had a good level of knowledge about mental illness, this was not adequately translated into good practices towards mental illness. Although most respondents reported that they have a family member who suffered from mental illness which demonstrated that mental illness is highly prevalent in the study setting, and most recommended avoiding stigma among patients to prevent re-occurrence, supporting people with mental illness and avoiding child abuse among others, most reported taking their patients to the traditional healer for treatment instead of hospitals. Other poor practices included discriminating mentally sick people and isolating mentally sick people from others all of which perpetrated mental illness.

5.3 Recommendations

Recommendations to the Ministry of Health

The Ministry of Health should improve upon their sensitization programs about mental illness, its causes as well as what could be done to improve care of mentally ill patients in the community.

The Ministry of Health should improve upon the coverage of mental health services in an effort to make them more accessible and easy to reach by all who choose to give assistance to mentally ill persons in the community.

Recommendations for health workers in Buwenge Town Council

Health workers in Buwenge Town Council should sensitize community members about mental illness and its causes in an effort to reduce the prevalent misperceptions about the causes of mental illness.

Health workers should encourage community members to give assistance to mentally ill patients and avoid negative behaviours and practices such as isolation, rejection, abandonment and stigmatization as this perpetuates the illness.

Health workers should also encourage community members to give assistance to mentally ill persons within the community and not to fear the mentally ill as this is also another medical condition which can be medically treated.

Recommendations for community members in Buwenge Town Council

Community members in Buwenge Town Council should endeavour to offer support to mentally ill persons in the community and avoid stigmatization, isolation and rejection of these patients.

Community members should also get sensitized about the true causes of mental illness to reduce the prevalence of misconceptions about the illness.

5.4 Implications to nursing practice

The implications of these findings to the nursing practice include the following:

Health workers, especially those working in Buwenge Town Council have prime and paramount roles to play in improving the knowledge of community members about the causes of mental illness as well as the care given to mentally ill persons in the community. This could be done through adequate sensitization and health education of community members about the true causes of mental illness as well as how they could care for the mentally ill persons.

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Appendix I: Consent Form

My name is **Isaakwa Nathan**, a student of Kampala International University. I am carrying out a study to assess the knowledge and practices on mental illness among community members of Buwenge Town Council, Jinja District. You have voluntarily consented to participate in the study and all the information you give will be kept confidentially. You are under no obligation to participate in the study, and refusal to participate will not block your access to any services in the town council.

I have explained the study the purpose and objectives of the study to the participant, and they have understood and voluntarily consented to participate in the study.

Researcher's

Signature…….Date…….

(RESEARCHER)

The topic and its objectives have been fully explained to me, and I have understood and voluntarily agreed and consented to participate in the study.

Respondents

Signature……Date……

(RESPONDENT)

Appendix II: Interview Guide

My name is **Isaakwa Nathan**, a student of Kampala International University. I am carrying out a study to assess the knowledge and practices on mental illness among community members of Buwenge Town Council, Jinja District. You have voluntarily consented to participate in the study and all the information you give will be kept confidentially.

Section A: Socio-demographic characteristics

1) Age

(a) 18 – 25 years ☐

(b) 26 – 35 years ☐

(c) 36 – 45 years ☐

(d) 46 years and above ☐

2) Gender

(a) Male ☐

(b) Female ☐

3) Marital Status

(a) Single ☐

(b) Married ☐

(c) Divorced ☐

(d) Widow/widower ☐

4) Level of Education

(a) No formal education ☐

(b) Primary ☐

(c) Secondary ☐

(d) Tertiary ☐

Knowledge of community members about mental illness

5) What causes mental illness? (probe for multiple responses)

Causes	Strongly agree	Agree	I do not know	Strongly disagree	I disagree
Accident					
Poor feeding					
Infections					
Physical stress					
Alcohol and drug use					
Demons					
Over thinking					
Curse					
Corporal punishment					
Witchcraft					

6) How can you tell someone has mental illness? (tick as many as they apply)

Signs	Strongly agree	Agree	I don't know	Strongly disagree	Disagree
Talking to self					
Destruction					
Isolation					

Neglecting body hygiene					
Uncoordinated speech					
Preventive measures of mental illness					
Controlling accidents					
Proper treatment of infection					
Good feeding					
Avoiding child abuse					
Delivery from hospital					
Avoiding alcohol abuse					

Practices of community members towards mental illnesses

7) What are the practices of preventing mental illness in your area? (Tick all that apply)

Preventive practices	Yes	No	Others
Avoiding stigma among patients to avoid reoccurrence			
Proper treatment of infections early			
Supporting people with mental illness			
Counselling			
Avoiding child abuse			
Avoid drug abuse			
Eradication of poverty			
Community practices regarding mentally sick people			
Denial of jobs			

Denial of education			
Discriminating them			
Provision of equal opportunities			
Isolate them from others			

Thanks for your Co-operation

Appendix III: Introductory Letter

BUWENGE TOWN COUNCIL

Office of the Town Clerk
P.O .Box 4809,
Buwenge – Jinja.
Email: *buwengetc@yahoo.com*

Ref: CR/TC/164/1 *Date: 13th February, 2018.*

To .....
.....

RE: ISAAKWA NATHAN

The above mentioned is a student of Kampala International University, Bushenyi – School of Nursing sciences undertaking a Diploma in Nursing Science - Extension.

This is therefore to recommend him carry out his data collection exercise within Buwenge Town Council under the topic "**KNOWLEDGE AND PRACTICES ON MENTAL ILLNESS AMONG COMMUNITY MEMBERS OF BUWENGE TOWN COUNCIL, JINJA DISTRICT".**

Any Assistance accorded to him will be highly appreciated.

Wish you the best of luck.

TOWN CLERK
BUWENGE TOWN COUNCIL

Naigaga Priscilla Kapere,
FOR: TOWN CLERK - BUWENGE TOWN COUNCIL.

C.c. RESEARCH COODINATOR – KIU, BUSHENYI, ISHAKA

Appendix IV: Map of Uganda showing Jinja district

Appendix V: Map showing BuwengeTown Council