Knowledge attitude and practice towards mental illness among community members in Kiziranfumbi Subcounty, Hoima District.

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TABLE OF CONTENTS

List of tables

DEFINITION OF TERMS

Attitude: This refers to feeling that one has about something and may be positive or negative.

Community : This is a group of people living together with a common goal.

Knowledge: This is the information or understanding that one has in mind towards something and it may either be high or low.

Mental illness: Its any of the various disorders in which a person's thoughts , emotion or behaviours are so abnormal to cause suffering to him self, herself and other people.

Practice: this means action taken which may be either positive or negative.

Abstract

Mental illness is common today affecting 25% of people at some time during their lives and accounting for 14% of global burden disease. However, the mentally ill people continue to suffer harassment, stigma, and discrimination. There fore it is from this back ground that the researcher wished to assess knowledge, attitude and practices of mental illness among community members of Kiziranfumbi Subcounty, Hoima District.

The study was descriptive and cross-sectional in nature and employed both qualitative and quantitative methods of data collection. Data was collected by using self-administered questionnaire with open and closed ended questions.

The sample size of 100 respondents was used in this study. The study attracted both females than males. Most of the respondents had low knowledge on the meaning of mental illness that is 76(76%), there was also poor knowledge on treatment of mental illness78 (78%), and there was good knowledge on causes of mental illness. There was negative attitude towards the mentally ill and most practices such as taking mentally ill to traditional healers, discrimination 75 %(75%).

Mental illnesss remains a problem among the community members in Kiziranfunbi Sub county Hoima district. Therefore it is from this background that I urgue the leaders of kiziranfumbi subcounty and Hoima district at large to work hand in hand with the government to put in place intervations like sensitizing the public,train and recruit more health workers to provide information and help the community acquire adquate knowledge, postive attitude and good practices so as to close the gap present about mental illness.

CHAPTER ONE:

1.1 Introduction

Mental illness refers to the state of an individual being unable to realise her own abilities, cope with the normal stresses of life, and work productively and fruitfully, unable to make a contribution to his or her community (WHO 2001).

Also, it can be defined as any of various disorders in which person's thoughts, emotion or behaviours are so abnormal as to cause suffering to himself, herself or other people (Collins discovery encyclopaedia 2005).

According to the Global burden of disease World Health Organisation (2001) report, the disability burden of disease neuropsychiatry disorders (both mental and neurological disorders) was approximately 14% and predicted to increase. This burden is for both developed and developing countries.

In Uganda for example a study carried out in 2005 in 15 districts, found the burden of depression to be eight to 50 at the primary health care level. Other studies have found that on average the burden of depression some where between 20-30% in the general community.

According to Luwudde(2009) , despite the fact that mental health problems are common, affecting 25% of people at sometime during their lives and accounting for 14% of global burden of disease, the mentally ill continue to suffer harassment, Stigma and discrimination.

There are different effects brought about by mental illness which include loss of a job, marriage breakdown, increased government expenditure, and reduced productivity, reduced education levels and many others.

Mental illness can be caused by very many different risks and vulnerabilities that include infections, injuries, tumours, socio and economic factors among others. These factors can be categorised as biological factors, psychological factors and social stressors. The biological factors include heredity, chemical substances, infections, brain trauma, and excessive and or pronged consumption of alcohol, abnormal growths, aging, and malnutrition. The psychological factors may include personality, poor upbringing of children and many others. The socio and environmental stressors may include natural and man made disaster like wars, floods, abuses like sexual abuse, domestic violence, unwanted pregnancies, broken marriages or homes, losses like of a beloved one, job, property and status, poverty, isolation and many others (Basic needs 2001)

Mental illness can be managed by using chemotherapy, psychotherapy, group therapy, family therapy, individual therapy, occupational therapy among others.

During the management of mental illness there are differed health rights of people with mental illness which include: a right to community based treatment, right to refuse treatment, right to non discrimination, right to free and in humane and degrading treatment, protection from scientific and medical experimentation and right to participate. According to the UN principle for the protection of persons with mental illness and the improvement of mental health care (1991), the universal declaration of human rights (1948), declaration on the rights of mentally retarded persons (UN 1971), African charter on Human and people's rights (1981) and constitution of the republic of Uganda (1995).

A lot of efforts has been put in place in the management of mental illness which include: According to the National health policy (1999-2009), mental health is one of the components of the Uganda National minimum Health Care Package (NMHCP).

The ministry of health has also come up with strategies that would ensure that mental health care is easily accessed by the whole population. One of these strategies is to have all health workers trained in the recognition and management of mental health problems in the community.

Mental health has also been involved in many curricular, there has also been integration of mental health in other services, and some NGOs have also come up to promote mental health and many others. All in all, with all the above efforts to promote mental health, mental illness is still increasing. My worry is what is the knowledge, attitude and practice of community members of Kiziranfumbi towards mental illness?

1.2 Statement of the problem

Mental illness is common today affecting 25% of people at some time during their lives and accounting for 14% of global burden disease (Luwedde 2009).

However, the mentally ill people continue to suffer harassment, stigma, and discrimination. This could be due to people lacking knowledge on factors leading to mental illness.

In Kiziranfumbi, mental disorders are also very common affecting both sexes, ages to mention but a few. Take an example; in a village of 500 households one can find that 50 families have a member or members with mental illness. With all this number, still they are discriminated, locked in houses, bitten, put in cell and very many others.

So, the researcher intends to find out the knowledge, attitude and practice of people in the community towards mental illness so as to improve the mental health status among the people of kiziranfumbi sub county hoima district.

1.3 Purpose of the study.

To find out the knowledge, attitude and practice of people in the community towards mental illness so as to improve the mental health among the people of Kiziranfumbi sub county, Hoima District.

1.4 Specific objectives:

1. To determine the knowledge possessed by the community of Kiziranfumbi, Hoima district about mental illness.
2. To find out the attitudes of community towards mental illness in Kiziranfumbi Hoima District.
3. To identify the practices of the community towards mental illness in Kiziranfumbi Hoima District.

1.5 Research Questions.

1. What knowledge do people of Kiziranfumbi community Hoima District possess towards mental illness?
2. What is the attitude of Kiziranfumbi community Hoima District towards mental illness?
3. What practices are employed by the community of Kiziranfumbi Hoima District towards mental illness.

1.6 Justification of the study

Knowledge influences behaviour and in turn may affect the individuals attitude. Therefore a study on knowledge, attitude, and practice is crucial in order to identify prescription for the people of Kiziranfumbi to bridge this gap.

This will assist policy makers to come up with focussed policies to address the mental illness. The patients and relatives of the mentally sick are to benefit from the recommendations that will target the burdens met by the community on mental illness of Kiziranfumbi.

And to the counsellors and health workers, will helped to know more of the causes, effects and management of mental illness so that can also be able to pass on the information during activities like health education and during counselling sessions so as to improve mental health.

CHAPTER TWO:

LITERATURE REVIEW

This chapter consists of different information from different sources on knowledge, attitude and practice of different communities towards mental illness as we shall see:

2.1 Knowledge of community towards mental illness:

People have different knowledge on causes, effects regarding mental illness:

According to a study by Baylor University researchers (2008), found out that clergy in the U.S often deny or dismiss the existence of mental illness and always the church pastors tell their crowds that the cause of mental illness was solely spiritual in nature. Such as personal sin, lack of faith or demonic involvement. Knowledge of mental illness among the Arabic speaking population of Qatar was Quite poor (Abdulbari 2007). It was also found out that 84.7% believed that substance abuse like alcohol or other drugs could result into mental illness, 48.3% believed that mental illness could result from a punishment from God. To make it worse 72.5 % of studied population could not recognise any of the common mental disorders.

In South Africa, misinformation regarding mental illness exist influencing preferred treatment modality and help. And even some people are not aware there is effective treatment towards people with chronic or severe mental illness and so this prevents such people from seeking appropriate help. (Soc psychiatry 2003, Nerv 2010). Some people identify poverty as a major risk for mental illness and was reported to be an imported cause of distress that might result in significant mental health problems. It's also said that poor and unemployed people especially the un educated, attempt to cope with their frustrations and social problems by resorting to alcohol and other illicit

drugs which make them more susceptible to mental health problems. (Kleinman 2003).

In Uganda, a research done in Soroti town, low knowledge of mental illness was obtained. It was found out that 82% believed that mental illness was due to witch craft, 42% due to curse and 39.5% believed that mental illness was due to being intelligent. (Onen 2009).

A research carried out in kawempe division, Kampala district showed that there was low knowledge about mental illness and its causes in the community, the majority of the participants did not appreciate the concept of mental illness and believed that it was due to witchcraft. (Lewedde 2009)

2.2 Attitude of community towards mental illness

In the Yoruba- speaking parts of Nigeria/ negative attitude of mental illness were wide spread with as many as 95.55% believing that mentally ill people are dangerous because of their violent behaviour. Most would not tolerate even basic social contacts with a mentally ill person, 82.7% would be afraid to have a conversation with a mentally ill person and even some would not marry any one from such a back ground. Also negative attitudes of mental illness may be fuelled by notions of causations that affected people are in some way responsible for the illness. (British Journal of psychiatry 2005).

According to (shibre et al 2001) negative attitudes to mental illness are common in the community.

There is strong stigma among the community of the mentally ill. This is because of the belief that mental illness doesn't recover, also due to a high percentage who

believe that they are likely to do something violent. (Community mental health journal 2003). Also the stigma manifested in the tendency that mental illness is a permanent condition and those with the condition can never recover which makes it hard for them to access financial services such as loans from micro finance institution. (Smith 2002: , Kibir et al 2004)

A local survey by Basic needs Uganda (2005) revealed that many families do not want to be identified with the mentally ill in the society and they think and suggest that the mentally ill should not be allowed to stay in the community. (Nabirye 2009).

Practice in different communities towards mental illness

There are several practices performed by different people in the community in regard to mental illness. Some individuals fear to seek for help due to the worry of rejection especially with school going children like the Americans who believe that children with depression are more prone to violence and if a child receives help for a mental disorder, rejection at school is likely. (Eileen 2007)

In south Africa, data shows that stigma regarding mental illness exist influencing preferred treatment modality and help seeking behaviour. This prevents them from seeking help. (Corrigan and Watson 2002: Crisp A.H 2000). There is great harassment to the mentally ill people in the community. Since negative beliefs often lead to discrimination. There is little wonder that studies have also shown that people with mental illness problems living in he community experience rampart harassment (Berzins et al 2003). A research done in Nigeria, showed that 46% 0f the respondents opted for orthodox medical care when asked about preferred source of treatment for

the mentally ill, 34% believed in spiritual healing and 18% do practice traditional herbal medicines (Muktar.H 2004).

In Uganda, a research carried out in Soroti showed that, most of the mentally sick persons are treated with by traditional and spiritual healers. They are segregated by their family members and the community, and they are left to care for themselves. (Onen 2009).

CHAPTER THREE:

METHODOLOGY.

3.1 Introduction

This chapter focuses on the description of methodology that was employed in answering the research objectives and questions. It is sub divided into research design, and rationale, study setting and rationale, study population, sample size, data collection, data management, data analysis, ethical considerations, Dissemination of results. The study is intended to assess knowledge, attitude and practice of community towards mental illness.

2 3Study design and rationale:

The study was cross- section and description in nature involving both quantitative and qualitative data.

Cross sectional in that data collection will last for a short period of time.

And descriptive in that it will provide in depth data on knowledge, attitude and practice in community towards mental illness.

3.3 Study setting and rationale

The study was carried out in Kiziranfumbi sub county Hoima district. Kiziranfumbi is in a rural setting, the language spoken is Runyoro, and the economic activity is agriculture. There are different government health centres, schools and others .The rationale is because Kiziranfumbi is accessible to the researcher; since it's a rural setting it becomes easier to identify a family than in urban setting.

3.4 Study population.

The study will involve adults 18 years and above both male and female who are residents of Kiziranfumbi sub county Hoima district.

3.5 Sample size determination

The desired sample size is 100 and the researcher collected data from these 100 respondents who consented to participate in the study.

3.6 Sampling procedure

Using simple random sampling, two parishes were selected and from each parish one village was selected by simple random sampling and equal numbers from each village was involved in the study.

The list of house holds from the L.C chairperson was used to determine the sampling interval. Then sample random sampling was used to determine the starting point by the use of rolled papers.

3.7 Definition of variables

Knowledge is the information or understanding one has in mind on metal illness. It can either be high or low.

Attitude can be feelings that one has over metal illness. And it can be positive or negative.

Practice can mean actions taken regarding management of mental illness which may be good or bad.

3.8 Research instrument

Data was collected using a self administered questionnaire. This is preferred because it can collect data from both the literate and illiterate.

3.9 Data collection

Data was collected using a questionnaire which was pretested in 10 people from Buhimba Subcouty Hoima District and corrections were done accordingly.

3.10 Data management

Data was recorded in the spaces provided and every after interview I was checking for completeness.

3.11 Data was analysed using Data analysis

Excel computer programme to give the percentages and then presented in tables and narrative.

3.12 Ethical considerations

Permission from the University was obtained, from the head of department of faculty of Distance learning authorizing me to collect data which was presented to the LC of Kiziranfumbi Sub county.

3.13 Limitations of the study

Some respondents may be concealed and it was solved by assuring them that their information was handled with confidentiality.

3.14 Dissemination of Results

Information from the study was compiled into a research report and copies of research reports were made and submitted to the faculty of long Distance of Kampala International University, another , copy to the study area and finally the last copy to the researcher.

CHAPTER FOUR:

ANALYSIS AND PRESENTATION OF DATA

The study collected data from 100 respondents who were residents of kiziranfumbi.

4.1 demographic characteristics

Table 1: Demographic characteristics of respondent

n=100

Variable	Categories	Frequency	Percentage
Age	15-19	5	5%
	20-24	16	16%
	25-29	16	13%
	30-39	46	46%
	40-49	20	20%
Tribe	Toro	20	20%
	Nyoro	51	51%
	Nyankole	29	29%
Religion	Catholics	35	35%
	Protestants	21	21%
	Moslem	15	15%
	Pentecostals	29	29%
Marital status	Single	31	31%
	Married	50	50%
	Widowed	5	5%
	Separated	14	14%
Occupation	Civil servants	38	38%
	Peasants	48	48%
	Self employed	19	19%
Education	Primary	21	21%
	Secondary	35	35%
	Tertiary	44	44%

The table above illustrates the demographic characteristics of respondents. Most of the respondents were of age between 30-39 years with the percentage of 46%, Banyoro by the tribe with the percentage of 59%, Catholics by religion a percentage of 35% were married with a percentage of 50%. Most of them were peasants with the a percentage of 43% most of them had gone up to tertiary level that is 44%

4.2. Knowledge

Out of 100 respondents, 76(76%) of the respondent defined mental illness wrongly and 24(24%) gave correct meaning of mental illness.

Table 2: Respondents reported causes of mental illness n=100

Variable	Frequency	Percentage
Intelligence	26	26%
Punishment from God	25	25%
Alcohol	37	37%
Witch Craft	27	27%
Honesty	19	19%
Course	21	21%
Drug abuse	45	45%
Lack of education	6	6%
Disease like cerebral malaria AIDS	11	11%

NB

From table above total percentage is greater than 100 because respondents were giving 1 or more responses.

Out of the 100 respondents 26% of them said that mental illness is due to intelligence, 25% to them mental illness is caused by punishment from God, 27%of them said it is due to witch craft, 19% of the respondents said that the cause of mental illness is Hereditary, 21% cause was curses, this was wrong knowledge. However some had quite good knowledge like, 37% of them said mental illness is due to alcohol, 45% was due to drug abuse, 6% of the respondents mental illness was due to

lack of education, 11% the cause to them is due to diseases like cerebral malaria and HIV/AIDS.

Table 3. Respondents reported characteristics of a mentally ill person

n=100

	Frequency	Percentage
Dirty	52	25%
Aggressive	20	20%
Happy	27	27%
Talkative	57	57%
(others) Nakedness	2	2%
Walk place to place	4	4%
Destructive	2	2%
Careless	2	2%

From the above table percentage is more than 100 because respondents were giving one or more responses.

Most of the respondents characterized a mentally ill person as being talkative with 57%, then 52% who said that they are always dirty, 20% characterized them as being aggressive ,and others include walk place to place 4% always naked 2%, destructive 2% and careless 2%

The above table percentage is more than 100 because respondents were giving 1 or more responses.

Table 4. Respondents reported effects of mental illness

n=100

	Frequency	**Percentage**
Marriage breakdown	56	56%
Reduced productivity	50	50%
Increased governance	15	15%
(other) spread of diseases	3	3%
Increased criminal like rape	1	1%
Loss of a job	4	4%

From the above table also the percentage greater than 100 because respondent were giving 1 or more responses.

Accordingly to the table above, most of the respondent gave the effect of mental illness as being marriage breakdown with 56%, followed by reduced productivity with 50%, then increased government expenditure with 15%, loss of job (unemployment) 4% spread of diseases 3% and finally increased crime rates like rape was 1%.

Table 5. Respondents reported treatment modalities of mental illness

n =100

	Frequency	**percentage**
Drugs	58	58%
Herbs	25	25%
Praying	45	45%
Witch doctors	8	8%
Counselling	5	5%

NB

From the table above total percentage is greater than 100 because respondent were giving 1 or more responses.

According to the above, respondent had different ways of how mental illness can be treated where by 58% knew that mental illness is treated with drugs, 45% through praying, 25% by using herbs, 8% knew that when one taken to witch doctors can be the best treatment and finally 5% of the respondent gave counselling as the treatment of mental illness.

4.3. Attitude

Table 6. Responses to the statement that the mentally ill should be kept alone

n=100

Responses	number	%
Strongly agree	25	25
Agree	24	24
Undecided	11	11
Disagree	23	23
Strongly disagree	17	17

The majority of respondents allowed that the mentally ill should be kept alone where by 25% strongly agreed and 24% agreed which mounts to 49%. However the 11%was undecided and the 40% were not in line with the statement where by 23% disagreed and 17% strongly disagreed.

Table 7. Responses to the statement that the mentally ill have violent behaviors

n=100

Responses	Number	%
Strongly agree	26	26
Agree	30	30
Undecided	17	17
Disagree	21	21
Strongly disagree	6	6

The highest percentage of the respondents were in line with the statement in that 20% strongly agreed, 30% agreed bringing the total of 56%. This was followed by 27% who did not agree with the statement. However there was the 17% who failed to decided and remained un decided on the statement.

Table 8. Responses to the statement that I cant marry from a family with a mentally ill person

n=100

Responses	Number	%
Strongly agree	24	24
Agree	21	21
Undecided	14	14
Disagree	26	26
Strongly disagree	15	15

The majority of the respondents were in line with the statement as 45% agreed and strongly agreed to the statement. 26% were not in line with the statement and there fore they disagreed. However 14% neither agreed nor disagreed to the statement and there fore were un decided

Table 9. Responses to the statement that community members should not associate with the mentally ill.

n=100

Responses	Number	%
Strongly agree	33	33
Agree	12	12
Undecided	29	29
Disagree	16	16
Strongly disagree	10	10

The majority of the respondents that is 45% were in line with the statement and they did agree and strongly agree to the statement. This was followed by 29% of those who were undecided and 26% were contrary to the statement and they disagreed and strongly disagreed to the statement.

Table 10. Responses to the statement that a mentally ill person can never recover

n=100

Responses	Number	%
Strongly agree	7	7
Agree	4	4
Undecided	44	44
Disagree	40	40
Strongly disagree	27	27

The highest percentage that is 67% disagreed and strongly disagreed with the statement, This was followed by 22% of those who were undecided. However 11% were in line with the statement and they agreed and strongly agreed to it.

Table 11. Illustration of the mean on responses of the five attitudinal statements

n=500

Responses	Number	%
Strongly agree	115	23
Agree	91	18.2
Undecided	93	18.6
Disagree	126	25.2
Strongly disagree	75	15

The highest percentage in the five attitudinal responses that is 41.6% were on the positive side of the statement in that they agreed and strongly agreed. But the 40% were on the negative side and therefore they disagreed and strongly disagreed to the statement. However, 18% were undecided on all the five attitudinal responses.

4.4 Practices of respondents towards the mentally ill

The respondents were assessed of what they would do to the mentally ill and results are presented below.

Table 12: responses to the practices of respondents towards a mentally ill person

n=100

Practice	Response	
	Positive	Negative
Would be taken to hospital	74(76%)	26(26%)
Would be taken to church	28(28%)	72(72%)
Would be harassed	11(11%)	89(89%)
Would be discriminated	25(25%)	75(75%)
Would be taken to traditional healers	53(53%)	47(47%)

The positive responses given were by 74% of the respondents said that they would take the mentally ill to the hospital, 28% said that they would never take a mentally ill to church. 53% would not take him to the traditional healers, 25% would not discriminate him and 11% would not harass him.

From table 12, responses to the bad practices towards a mentally ill person in case one comes across the patient. 26% of the respondents said that they would never take the mentally ill to the hospital, 72% said that they would take a mentally ill to church. 47% would take him to the traditional healers, 75% would discriminate him and 89% would harass him.

CHAPTER FIVE:

Discussion, Conclusion and Recommendations

5.1 Introduction

The majority of the respondents were of age between 30-39 years with the percentage of 46%, Banyoro by tribe with a percentage of 59% ,Catholics by religion with a percentage of 35%, married with a percentage of 43 % and most of them their level of education was up to tertiary. This was because most of the population in that area are of this age and the area is mostly the land of Banyoro.

5.2 Knowledge

76% of the respondents defined mental illnesses wrongly. This is controlly with WHO (2001), who stated that mental illness refers to the state of an individual being unable to realize her own abilities, cope with the normal stresses of life and work productively and fruitfully, unable to make a contribution to his or her community. This could be due to the low levels of knowledge concerning mental illness among the respondents. Therefore there was low level of knowledge on meaning of mental illness among respondents.

The highest percentage of respondents knew the causes of mental illness whereby 45% said mental illness is caused by drug abuse, 37% alcohol, 19% heredity, 11% said it is due to disease s like cerebral malaria and HIV/AIDS. This is in line with Basic needs (2001) where its said that mental illnesses can be caused by very many risk vulnerability that include infections, injuries, heredity, chemical

substance, alcohol, abnormal growth, disasters and many others. This could be due to the educational level of some respondents.

However, some of them had poor knowledge in that 26% of the respondents said that mental illnesses is caused by intelligence, 25% said the cause is witchcraft, 21% that its due to curses and 6% that its due to lack of education.

This is in line with the study of Baylor University researchers (2008) where it was found out that clergy in the U.S often deny or dismiss the existence of mental illness and always the church pastors tell their crowds that the cause of mental illness is solely spiritual in nature such as personal sin, lack of faith or demonic involvement . it is also in lien with Onon (2009) who conducted a research in Soroti town where 82% believed that mental illness was due to witchcraft, 42% curses, and 39.5% due to being intelligent. And also with a research done in Kawempe, Kampala by Luwedde (2009) where most of the participants believed that mental illness was due to witchcraft. Its also in line with Abudulbari (2007) a research done by Arabic speaking population of Qatar whereby 48.3% believed that mental illness could result from a punishment from God.

The poor knowledge on causes of mental illness could be due to influence of religion of the respondents and the good knowledge could be due to the high education levels of the respondents.

Therefore the highest percentage of the respondents had a good knowledge on causes of mental illness. However some percentage of the respondents had poor knowledge. These are a risk because if they happen to have a relative with mental illness instead of taking him to a mental hospital they can opt to take him to church or shrine.

57% of the respondents said that the mentally ill person is always talkative, 52% dirty, 27% happy, 20% aggressive, 4% said that a mentally ill person presents by walking place to place, 2% nakedness, 2% destructive and 2% careless . However the respondents seemed not to know that depression is also one of the mental disorders because they believed that a mentally ill person is always talkative and yet depressed person is always in low mood. It could also be that most people are more scared about a manic patient because are usually aggressive and can easily harm people. So health workers should sensitize the community members about other types of mental illness including personality disorders.

The respondents had good knowledge on how a mentally ill person presents. Could be due to the presence of mentally ill people in their families and communities. But the respondents failed to mention clinical features of other mental illnesses like depression which is usually associated with suicidal ideas

The respondents knew the effects of mental illness whereby 56% of them said that mental illness can bring about marriage breakdown, 50% of the respondents believed that it can result to reduced production 15% said it result to loss of jobs, 3% said that mental illness can lead to spread of diseases and 1% said that mental illness can lead to cases like rape.

This could be due to relatively high education levels of the respondents. The other factor is that mentally ill patients are every where in the communities and people see what they do. Being educated they can also read news papers and get more knowledge on mental illness.

58% of the respondents said that mental illness can be treated using drugs and 5% said that its counselling that can be used in the treatment of mental illness.

This is in line with the unprincipled for the improvement of mental health care (1991) , where its said that mental illness can be managed by using chemotherapy, group therapy, psychotherapy, individual therapy, occupational therapy and family therapy.

This could be due to the fact they see patients being taken to hospital and come back with drugs and they are counselled even at home other therapies given in hospital may not be known by non medical personnel.

However 45% of the respondents said that mental illness can be treated by praying 25% that the best treatment is by use of herbs and 8% of the respondents said to them the most successful treatment of mental illness is going to the witch doctors. This was even higher than Muktar. H (2004) who conducted a research in Nigeria, where 34% of the respondents believed that the best treatment of mental illness was spiritual healing and 18% of the respondents believed in traditional herbal treatment.

Also in line with the research carried out in Soroti Uganda by (One 2009) where most of the respondents believed in treatment and spiritual healing. This is also in line with Nerve. (2010) who revealed that in South Africa where some people were not aware that there is effective treatment towards people with chronic or severe mental illness. Apart from organic mental illness others the real cause is not known and most people due to non compliancy to the therapies given they end up with relapses. That is why people try other alternatives like herbs and praying because of being desperate

This could be due to the influence of religion and maybe also due to influence of their cultures. But this could also be due to poor knowledge of the respondents on

causes of mental illness where 27% believe that mental illness is due to witchcraft and 21% due to curses.

5.3. Attitude

41.6% of respondents agreed that the mentally ill should be kept alone, that the mentally ill have violent behaviour that one can 't marry from a family with a mentally ill person, that also community members should not associate with the mentally ill and community members should not associate with the mentally ill and even a mentally ill person can never recover.

This is in line with Yoruba speaking parts of Nigeria where 95.5% believed that mentally ill people are dangerous because of their violent because most would not tolerate even basic social contacts with a mentally ill person, 82.7% would be afraid to have a conservation with a mentally ill person and even some would not marry anyone from such a background British Journal of Psychiatry (2005) .

It is also in line with Basic needs Uganda (2005), and Nabirye (2009) who revealed that many families do not want to be identified with the mentally ill in the society and they think and suggest that the mentally ill should not be allowed to stay in the community.

This could be due to poor knowledge on the causes and treatment of mental illness among the respondents. Yet mental illness can be cured except that some therapies are for a very long time even for life.

18.6%of the respondents were undecided on whether the mentally ill should be kept alone, whether they have a violent behaviour undecided on whether they can marry from a family with a mentally ill person or not. Also not decided on whether

community members should not , associate with the mentally ill or they should make it worse undecided on whether a mentally ill person can or can never recover. This could be due to the low education level of the respondents or could also be due to poor knowledge on what mental illness means, causes of mental illness, presentation of a mentally ill person, and poor knowledge on the treatment of the mentally ill among some respondents.

However, 40.2% of the respondents, disagree the beliefs that the mentally ill should be kept alone, that the mentally ill have violent behaviours , also disagreed on the beliefs that one can not marry from a family with a mentally ill person , they also disagreed the attitude that community members should not associate with the mentally ill and that a mentally ill person can never recover.

To them they said that mental illness, like any other illnesses kinds of illnesses and therefore the mentally ill should never be kept alone, that one can easily marry from a family with a mentally ill person and since they are also human beings so community members should associate with the mentally ill and that a mentally ill person can recover.

This could be due to high education levels of some of the respondents and could also be due to high knowledge on the meaning of mental illness, causes of mental illness and the treatment of mental illness among some of the respondents.

Therefore there was poor attitude of the respondents towards the mentally ill in Kiziranfumbi Subcounty. This attitude is not favourable for mentally ill people living in this community, more sensitization is required to dispute the myth they still hold against mental illness.

5.4. Practice

When respondents were asked what they would ever do to a mentally ill person in case they came across him , 26% had poor practices and said that they would never take him to hospital, would be taken to church or mosque72%, Would be taken to traditional healers75% that also such a person would be harassed 47%, and even discriminated89%. This could be due to the low education level of most of the respondents and being from a rural setting, this could limit their access to information on care of the mentally ill. This is in line with Luwedde (2009) who said that mentally ill continue to suffer harassment and discrimination, not only Lawedde but also Beizins et al (2003) found out that people with mental problems living in the community experiences rampant harassment.

Some respondents had positive practices, that is 74% said that in case they came across a mentally ill person they said they would simply take him to hospital,28% would not take him to church or mosque, 53% would never take him to the traditional healers,11% would not harass and 25% would not discriminate him. This is higher than Muktar (2004) who did a research in Nigeria and found out that 34% of the respondents believed in spiritual healing. This could be due to the influence of religion among respondents as the dominant religions were Catholics, Protestants and Muslims who emphasize western medicine than spiritual healing. Therefore, the respondents had negative practices towards the mentally ill people.

5.5 Conclusions

Most of the respondents had low knowledge on what mental illness is as most of them defined it wrongly, also there was poor knowledge on treatment of mental illness. However the respondents had quite good knowledge on causes of mental illness characteristics of a mentally ill person and the effects of mental illness.

There was negative attitude towards the mentally ill among the respondents.

Most of the respondents had poor practices towards the mentally ill,

5.6 Recommendations

I urgue the L.C III chairperson of Kiziranfumbi Subcounty Hoima district to come into contact with the District Health officer to organize and sensitize the community of Kiziranfumbi on matters concerning mental illness .This is because according to the findings, the community is ignorant about mental illness, most of the respondents had negative attitude towards the mentally ill and to make it worse most of the respondents had poor and bad practices to the mentally ill.

Also, the government to assist and train more counsellors and health workers and not only training but also recruit them so that they can be able to sensitize the public on the increasing rates of mental illness. Also the community, which still regards mental illness not to be like any other disease like malaria but as a disease with cultural attachment therefore they need a lot of information.

To the counsellors, we need to pass on information during the counselling session so as to improve the mental status of the public.

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Appendix 1 Consent form

I am a diploma student of Kampala International University. I am currently carrying out a study on knowledge, attitudes and practices of community members towards mental illness in Kiziranfumbi sub county Hoima District

You are being requested to take part in the study because I believe you are the right people who have the information as far as the study is concerned. The information got from you shall be treated with confidentiality but you are free to choose to participate or not since it is a voluntary exercise.

You have the right to participate in this study because no risks or costs are involved. So you are required to give the right information and please do not write your name onto the questionnaire for confidential matters.

Respondent's consent.

I.....certify that, to the best of my knowledge, have understood the information above and am willing to participate in the answering of the questions.

Participant

Sign.....

Date.....

Interviewer.

Sign.....

Date.....

APPENDIX II: QUESTIONNAIRE

A questionnaire to assess community knowledge, attitude, and practice towards mental illness in Kiziranfumbi sub County Hoima District:

Section A

Socio demographic characteristics

1. Age
   a. 15-19 ☐
   b. 20-24 ☐
   c. 25-29 ☐
   d. 30-34 ☐
   e. 35-39 ☐
   f. 40-44 ☐
2. Religion
   a. Catholic ☐
   b. Protestant ☐
   c. Moslem ☐
   d. Others (specify).....
3. Tribe
   a. Ganda ☐
   b. Toro ☐
   c. Nyakole ☐
   d. Nyoro ☐
   e. Others (specify).....

4. Marital status

   a. Single ☐

   b. Married ☐

   c. Widowed ☐

   d. Separated ☐

5. Level of education

   a. Primary ☐

   b. Secondary ☐

   c. Tertiary ☐

   d. Others

   (specify).....

6. Occupation

   a. Civil servant ☐

   b. Peasant ☐

   c. Others (specify) .....

   A. KNOWLEDGE:

7. What is mental illness?

   .....

   .....

The following Questions have alternatives choose an answer or answers you think are correct:

8. What are the causes of mental illness?

   Intelligence ☐

   Witch craft ☐

   Curses

   Drug abuse ☐

   Others (specify) .....

   .....

.....

.....

9. . How does a person with mental illness present?

Dirty ☐

Aggressive ☐

Happy ☐

Talkative

Others (specify) .....

.....

.....

.....

10. What are the effects of mental illness?

Marriage breakdown ☐

Reduced productivity ☐

Increased government expenditure ☐

Others (specify) .....

.....

.....

.....

11. What is the treatment of mental illness?

Drugs ☐

Herbs ☐

Praying ☐

Others (specify) .....

.....

.....

.....

B ATTITUDE

	Strongly agree	Agree	Un decided	Disagree	Strongly disagree
The mentally ill should be kept alone					
The mentally ill have violent behaviours					
I cant marry from a family with a mentally ill person					
A mentally ill person can never recover					
Community members should not associate with the mentally ill					

C. PRACTICE

12. In case you come across a mentally ill person, what would you ever do to him?

13. Would you take him to hospital?

Yes

No

14. Would you take him to church/ mosque

Yes

No

15. Would you harass him?

Yes

No

16. Would you discriminate him?

Yes

No

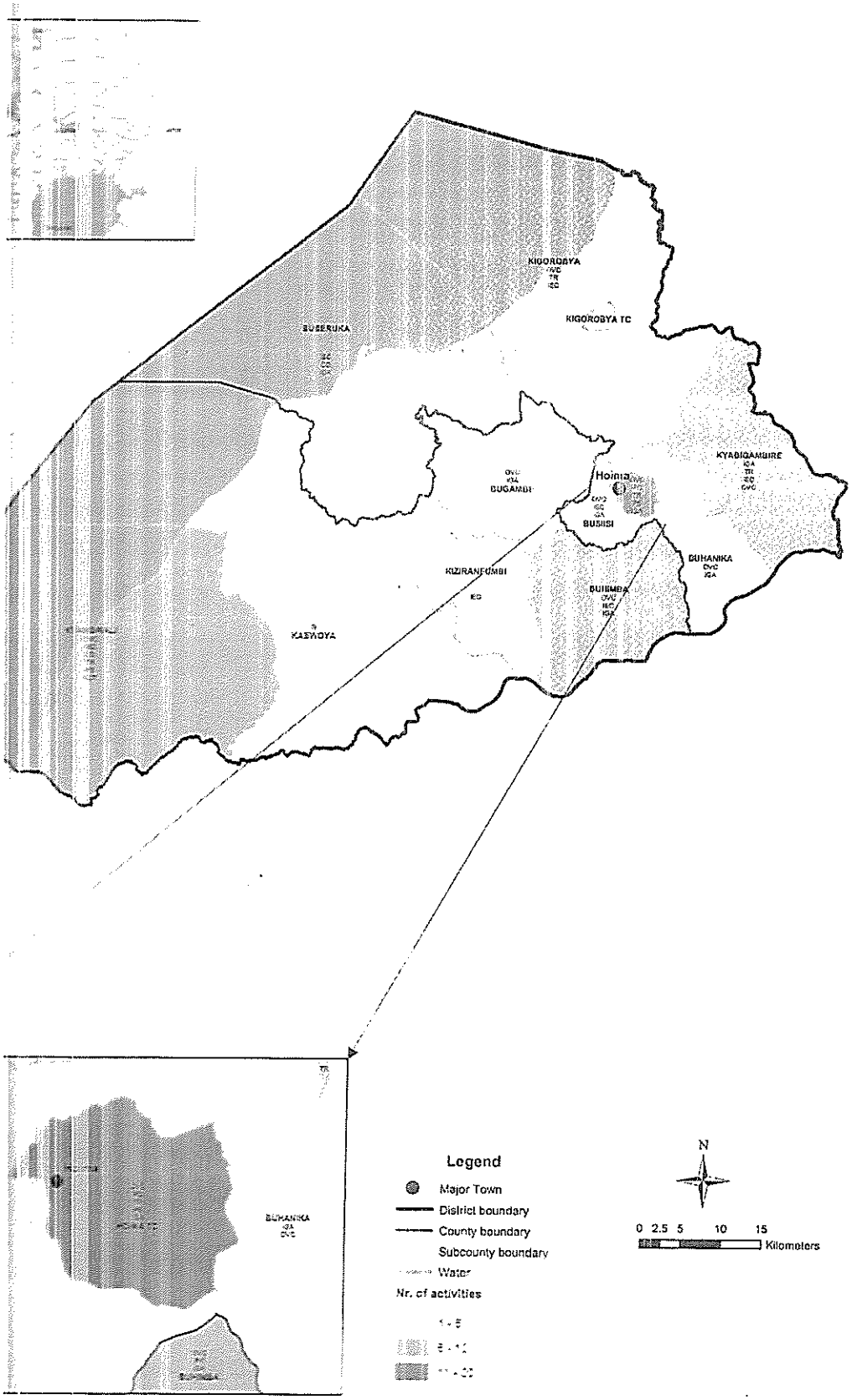
17. Would you take him to the tditionl healers?2616X

Yes

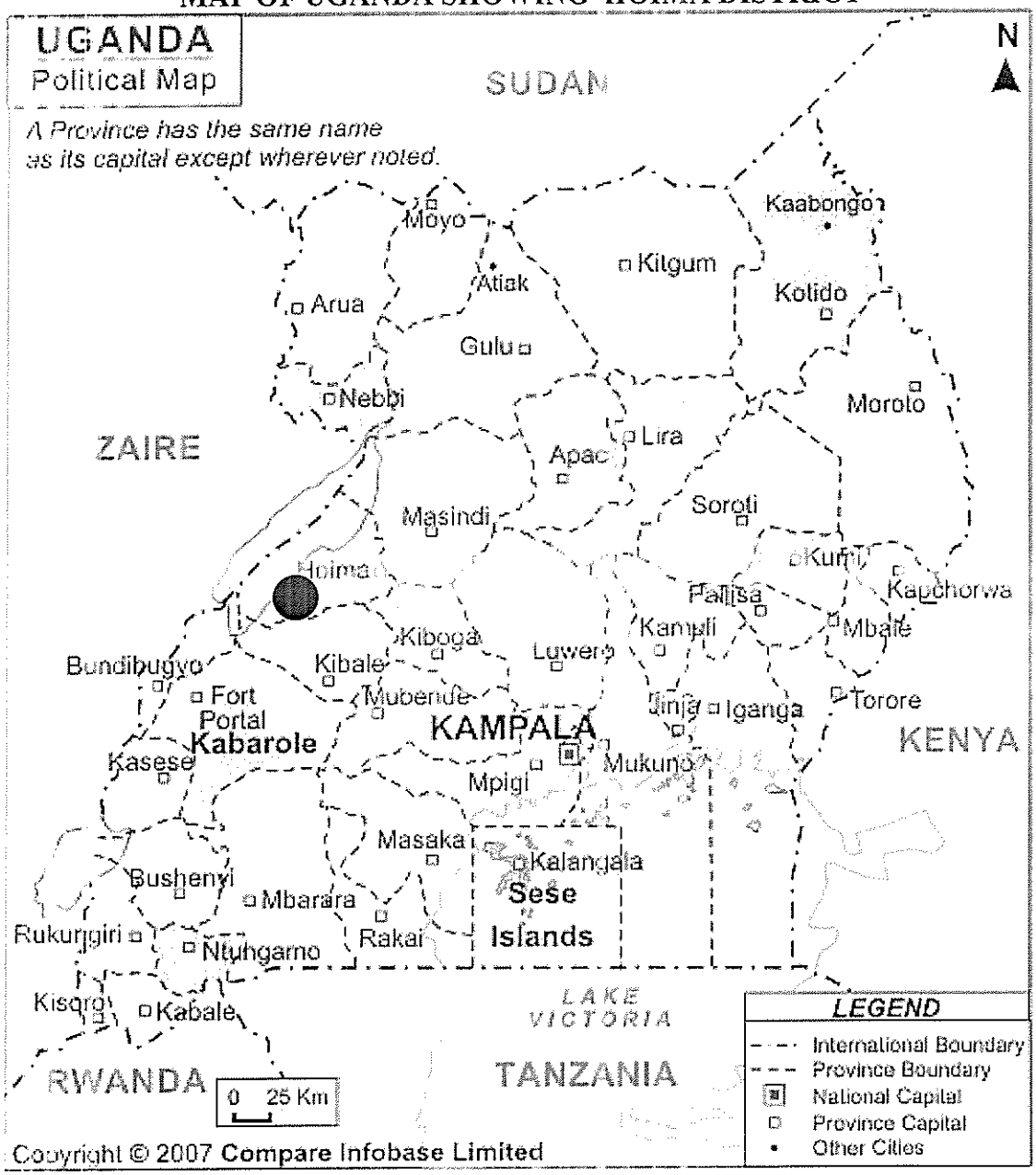
No

Others (specify)

MAP OF HOIMA DISTRICT



MAP OF UGANDA SHOWING HOIMA DISTRICT



HOIMA DISTRICT