Knowledge and attitude on mental disorder among adults in Putalibazar Municipality of Syangja district of Nepal

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ABSTRACT

Purpose: To assess knowledge and attitude on mental disorder among adults in Putalibazar Municipality of Syangja district.

Materials and methods: A descriptive cross-sectional study was conducted among adults of the aged group (18-64 years) in Putalibazar Municipality of Syangja district of Nepal. A semi-structured questionnaire was prepared for data collection. Similarly, the Likert scale was used to assess respondent's attitude levels. SPSS 20 version and MS-Excel were used to analyze the data. The questionnaire was translated into the Nepali language during data collection.

Results: The majority (57.3%) respondents responded mental disorder is a health condition involving changes in feeling and emotions. More than half (54.7%) respondents were having poor knowledge and the rest (45.3%) respondents were having a good level of knowledge on mental disorders. Respondents involved in a private job, government job and NGO/INGO have the highest, and housewives have the lowest level of knowledge regarding the mental disorder. Three-fifth respondents (59.7%) were having a negative attitude and the rest two-fifth respondents (40.3%) were having a positive attitude towards mental disorders. Also, the level of knowledge was having a statistically significant relationship with the education (p=0.02) and occupation (p=<0.001) of the respondents. The level of attitude was having a statistically significant relationship with the level of knowledge of the respondents (p=0.004).

Conclusions: Good level of knowledge regarding mental disorders was lagging among respondents and a negative attitude seems high. There is an urgent need for public awareness among the adults living in this location. Mass media and anti-stigma campaigns can equally play a vital role to bring change in the attitude level of the respondents.

Keywords: Mental disorder, mental health, adults

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INTRODUCTION

WHO (World Health Organization) defines mental health as "a state of well-being in which every individual realizes his or her potential, can cope with the normal stresses of life, can work productively and fruitfully, and can contribute to her or his community." This definition emphasizes that mental health is more than the absence of mental illness [1].

Mental health is an individual and personal matter. It involves a living human organism or more precisely, the condition of an individual human mind [2].

Already, mental disorders represent four of the 10 leading causes of disability worldwide. More than 40% of countries have no mental health policy and over 30% have no mental health program. Over 90% of countries don't have mental health policy that includes children and adolescents [3].

As many as 450 million people suffer from a mental disorder. Nearly 1 million people commit suicide every year. It is estimated that one in four families has at least one member currently suffering from a mental disorder. Family members are often the primary caregivers of people with mental disorders. The extent of the burden of mental disorders on family members is difficult to assess and quantify and is consequently often ignored. In addition to the health and social costs, those suffering from mental illnesses are also victims of human rights violations, stigma, and discrimination, both inside and outside psychiatric institutions [4].

A recent study conducted by the World Economic Forum estimated that the cumulative global impact of mental disorders in terms of lost economic output will amount to US$ 16 trillion over the next 20 years, equivalent to more than 1% of global gross domestic product (GDP) over this period [5].

For childhood mental health problems alone, the lifetime costs to the USA are expected to exceed US$ 2 trillion as a result of diminished educational achievement and earnings [6].

In Nepal, 10% of adults were having a mental disorder in their lifetime and 4.3% of adults were currently living with any forms of mental disorders [7]. The study aims to assess the knowledge and attitude on mental disorders among adults in Putalibazar Municipality of Syangja district of Nepal.

Statement of the problem

Mental health problem in Nepal have occupied 12-13 percent of total diseases while more than 4 million Nepalese people are suffering from any sort of mental illness.

According to the annual reports of Department of Health Services - DoHS 2065/2066, there were 19596 cases of depression, 20732 cases of anxiety (neurosis) and 6391 cases of psychosis [8].

Among the country's youth, suicide is a significant problem in Nepal, where 340,000 adolescents attempt suicide every year [9].

A recent finding shows that; in Nepal, Lifetime and current mood disorders among adults were found to be 3% and 1.4% respectively. Neurotic and stress-related disorders among adults were found to be 3%. Also, the prevalence of lifetime mental disorders was highest among adults in Province 1 (13.9%), among 40-49 years olds (13.3%), and males (12.4%). Also, the prevalence of current mental disorders was highest among adults in Bagmati province (5.9%), among 40-49 years olds (6.3), and females (5.1%) respectively [7].

Rationale of the study

Very few research studies on mental disorders have been conducted in Nepal. The area of mental health literacy has been neglected in comparison to physical health. Till now the views of adults regarding mental disorders are still less known.

However, it is important to know the concept of mental disorders among adults to change their misconception.

There is a stigma around the mental disorder. A person with mental disorders is often discriminated against by the community and their family and often not treated sympathetically by health workers.

This study attempts to throw some light on the magnitude of the problem so that some sort of community-based interventional program can be launched in near future. So it is necessary to assess the knowledge and attitude regarding the mental disorder.

MATERIALS AND METHODS

Study Design

Study design was descriptive cross-sectional study.

Study Method

Quantitative research method was used in this study.

Study Population

The study population was the adult aged (18-64 years of age).

Study Area

The study area was Putalibazar Municipality which was located in Syangja district of Nepal. Putalibazar municipality consists of 13 wards.

Sample Size

The sample size for this study was determined by following equation:

$$n=Z^2pq/d^2$$

Where:

n = desired sample size;

Z = Standard normal variable at 95% confidence level (1.96);

p = prevalence of mental illness in Nepal among children and adult; 24% i.e. 0.24% [8];

q = 1- 0.24 = 0.76.

By using formula = $(1.96)^2$ x 0.24x0.76/ $(0.05)^2$ = 280. Assuming 5% non-response rate sample size was 300.

Sampling Technique

The sample was chosen by multistage sampling.

Stage 1: 6 wards (1, 4, 6, 7, 9, and 11) were selected by simple random method (lottery method).

Stage 2: The study population from each ward was selected conveniently.

SELECTION CRITERIA

Inclusion Criteria

The study had included all adults who were residing (both permanently and temporary) in Putalibazar municipality.

Exclusion Criteria

The study excludes adults who refused to participate in the study and those having any defect/ physically handicapped.

Study Period

The study was carried out in between 4 months (October 2020 to January 2021).

Data Collection Tools

The data collection tools were a semi-structured questionnaire that includes socio-demographic information of the respondents, knowledge, and attitude-related questions.

Structured questions were used to find the attitude level towards mental disorder which is finally assessed by the use of the Likert scale.

Statistical analysis

The data were entered and analyzed using SPSS version 20. Chi-square to test the association between dependent and independent variables was used for analysis.

Regarding the level of knowledge, it was categorized by using arbitrary scales.

Respondents who secured below 50% of the total score were categorized under poor knowledge similarly respondents who secured above 50% of the total score were under good knowledge.

Attitude level is categorized by using the Likert scale on a structured questionnaire.

The respondent who secured less than the mean score was categorized as a negative attitude. Respondents who secured more than the mean score were categorized as those having a positive attitude.

Reliability and Validity

Reliability was checked by using Cronbach's alpha for the Likert scale tool during pretesting which was conducted in 10% (n=30) of the total sample size in Galyang Municipality. The Cronbach's alpha was found to be 0.82 which is sufficient to carry out the research. Validity was checked by converting the questionnaire into the Nepali language during data collection and is checked by the team of experts.

Ethics

From the outset of the study, the principles of the Helsinki Declaration were applied and ethical permission was obtained from the District Health Office (DHO) Syangja to conduct research.

The participants were both verbally and in a written form informed that the study is anonymous and that there are no correct or incorrect responses.

Withdrawal from the study at any time was acceptable.

Before the participants were asked to fill out the questionnaires, they were asked to fill out the consent form and to read the information sheet.

RESULTS

Table 1 elucidates, maximum respondents (37.3%) falls within the age group of 25-34 years whereas male represents 56.3% followed by Hindu 87.7%, Janajati 55.7%, student 51%, respondents with nuclear family 71.7%, 69% respondents having educational qualification of bachelor level while married respondents represent 70% and most respondents 40.3% were having the family monthly income (NPR) 21,000-40,000 respectively.

Table 2 shows the majority of respondents (57.3%) responded mental disorder is a health condition involving changes in feeling and emotions followed by 32% problems functioning in social, work, or family activities, 14% doing unusual activities (weep, laugh), 8.7% looking aggressive/calm, 4.7% to consume the narcotic drug and rest 2.7% answered inability to maintain a healthy relationship with friends/relatives respectively.

Table 1. Distribution of respondent by background information (n=300)

Variables	No. of respondents (n)	Percentage (%)
Age		
15-24 Years	32	10.7
25-34 Years	112	37.3
35-44 Years	69	23
45-54 Years	63	21
54-64 Years	24	8
Gender		
Male	169	56.3
Female	131	43.7
Religion		
Hindu	263	87.7
Buddhist	29	9.7
Christian	7	2.3
Muslim	1	0.3
Ethnicity		
Janajati	167	55.7
Brahmin	67	22.3
Dalit	36	12
Kshetri	30	10
Occupation		
Student	153	51
Agriculture	49	16.3
Housewife	38	12.7
Business	29	9.7
Private job	14	4.7
Government job	13	4.3
NGO/INGO	4	1.3
Family type		
Nuclear	215	71.7
Joint	79	26.3
Extended	6	2
Educational qualifications		
Primary level	10	3.3
Higher secondary level	72	24
Bachelor level	207	69
Master's level or above	11	3.7
Marital status		
Married	210	70
Unmarried	80	26.7
Widowed	10	3.3
Family Monthly Income (NPR - Nepalese Rupee)		
<=20,000	59	19.7
21,000-40,000	121	40.3
41,000-60,000	83	27.7
>60,000	37	12.3
Mean income NPR 42380.00, SD ± 19672.700, Min. NPR 10,000 Max NPR 80,000		

Table 2. Distribution of respondents towards concept on mental disorder (n=300)

Mental disorder	**Frequency (n)**	***Percentage (%)**
Health condition involving changes in feeling and emotions	172	57.3
Problem functioning in social, work or family activities	96	32
Doing unusual activities(weep, laugh)	42	14
Looking aggressive/calm	26	8.7
To consume narcotic drug	14	4.7
Inability to maintain healthy relationship with friends/relatives	8	2.7
Total	**358**	**119.4**

*****Multiple responses

Attitude related information

Table 3 reveals that the majority of the respondents (49.3%) agreed that people with a mental disorder are always aggressive. Interestingly, half of the respondents (49%) disagreed with the statement 'psychotherapy can improve mental well-being' and most respondents (37.7%) disagreed that there is no treatment for a mental disorder.

Table 3. Distribution of respondents by their attitude towards mental disorder (n=300)

	Statement	**Strongly Agree**	**Agree**	**Uncertain**	**Disagree**	**Strongly Disagree**
1.	People with mental disorder are always aggressive.	70 (23.3%)	148 (49.3%)	44 (14.7%)	30 (10%)	8 (2.7%)
2.	Mentally disorder people have lower intelligent level.	50 (16.7%)	145 (48.3%)	54 (18%)	38 (12.7%)	13 (4.3%)
3.	Mental health condition affects mood, thinking and behaviour.	87 (29%)	114 (38%)	51 (17%)	38 (12.7%)	10 (3.3%)
4.	Mental disorder is not a sin.	162 (54%)	91 (30.3%)	31 (10.3%)	12 (4%)	14 (4.7%)
5.	People with mental disorder have the same rights as everyone.	167 (55.7%)	101 (33.7%)	27 (9%)	4 (1.3%)	1 (0.3%)
6.	Anyone can have mental disorder.	12 (4%)	171 (57%)	27 (9%)	74 (24.7%)	16 (5.3%)
7.	Psychotherapy can improve mental well being.	26 (8.7%)	16 (5.3%)	22 (7.3%)	147 (49%)	89 (29.7%)
8.	There is no treatment for mental disorder.	25 (8.3%)	32 (10.7%)	42 (14%)	113 (37.7%)	88 (29.3%)

Table 4 explores that most (54.7%) of respondents were having poor knowledge and the rest (45.3%) respondents were having a good level of knowledge regarding the mental disorder. Similarly, three-fifth of respondents (59.7%) were having a negative attitude and two-fifth of respondents (40%) were having a positive attitude towards mental disorders.

Table 4. Distribution of respondents by their knowledge and attitude level (n=300)

	No. of respondents (n)	**Percentage (%)**
Knowledge level		
Poor	164	54.7
Good	136	45.3
Attitude level		
Negative	179	59.7
Positive	121	40.3

Association between Variables

Table 5 shows a good level of knowledge regarding mental disorders among 30% of respondents with a primary level of education, 33.3% among respondents with higher secondary level education, 48.8% among Bachelor level, and 72.7% among masters and above. A good level of knowledge increased with the level of education of respondents. There was a significant relationship between the level of knowledge and education (p>0.02).

Similarly, a good level of knowledge regarding mental disorder among 46.9% of respondents involved in agriculture followed by 34.5%, 78.6%, 76.9%, 75%, 15.8%, and 47.7% among respondents engaged in business, private job, government job, I/NGO job, housewife and student respectively. There was a significant relationship between the level of knowledge and occupation of the respondents (p=<0.001).

Table 5. Association between education and occupation of respondents with their knowledge level (n=300)

Education of respondent	**Level of knowledge**						**Test of significance**	**p value**
	Poor (n=164, 55%)		**Good (n=136, 44%)**		**Total**			
	n	**%**	**n**	**%**	**n**	**%**		
Primary level	7	70	3	30	10	100		
Higher secondary level	48	66.7	24	33.3	72	100	χ_3^2= 9.46	0.02*
Bachelor level	106	51.2	101	48.8	207	100		
Masters and above	3	27.3	8	72.7	11	100		
Occupation	**n**	**%**	**n**	**%**	**n**	**%**		
Agriculture	26	53.1	23	46.9	49	100		
Business	19	65.5	10	34.5	29	100		
Private job	3	21.4	11	78.6	14	100	χ_6^2= 28.06	<0.001**
Government job	3	23.1	10	76.9	13	100		
I/NGO job	1	25	3	75	4	100		
Housewife	32	84.2	6	15.8	38	100		
Student	80	52.3	73	47.7	153	100		

$\chi 2$ =Likelihood ratio **Highly significant at P <0.001 level *Significant at p<0.05 level

Table 6 elucidates positive attitude regarding mental disorder 32.9% among respondents with a poor level of knowledge and 49.3% among respondents with a good level of knowledge. A positive level of attitude was high among those with a good level of knowledge. The level of attitude was having a statistically significant relationship with the level of knowledge of the respondents (p=0.004).

Table 6: Distribution of respondents by association of their knowledge and attitude level (n= 300)

Level of knowledge	**Level of attitude**						**Test of significance**	**p-value**
	Negative attitude n=179 (59.7%)		**Positive attitude n=121 (40.3%)**		**Total**			
	n	**%**	**n**	**%**	**n**	**%**		
Poor	110	67.1	54	32.9	164	100	χ_1^2= 8.25	0.004*
Good	69	50.7	67	49.3	136	100		

$\chi 2$ = Pearson chi-square *Significant at *P*<0.05 level

DISCUSSION

The finding of the study showed the majority of respondents (37.3%) falls within the age group of 25-34 years followed by 23% in the age group 35-44 years, 21% in age group 45-54years, 10.7% in the age group 15-24 years and 8% in the age group 54-64 years respectively. The majority (56.3%) respondents were male and the rests (43.7%) were female. More than half (51%) respondents were students whereas 16.3% respondents were involved in agriculture, 12.7% were housewives, 9.7% respondents involved in the business, 4.7% were private jobholders, 4.3% government job holders, and few (1.3%) involved in I/NGO. Most of the respondents (69%) have educational qualifications of Bachelor level.

This study results found dissimilarities with the cross-sectional study conducted in Pokhara valley of Nepal by Parajuli S [9] which revealed that (47.2%) respondents were between the age of 25 to 30 years followed by 30.6% and 22.2% within the group of 36-40 and 31-35 years. Also, 61.1% of total respondents were female and the rest 38.9% were male. As well 42.2% of respondents were engaged in non-governmental service; about one-fourth were involved in some kind of business followed by labor, governmental service, student, agriculture, and housewife respectively. Also, 45.6% of respondents had completed graduation level of education. This discrepancy in the findings may be linked to the difference in the selection of study method and also due to variation in tools and techniques used for data collection.

In this study majority of respondents (54.7%) were having poor knowledge and the rest of the respondents (45.3%) were having a good level of knowledge on mental disorders. Similarly, three-fifth (59.7%) of respondents were having a negative attitude and two-fifth of respondents (40%) were having a positive attitude towards mental disorders. In contrast, a study conducted by More VP [10] revealed that among the rural participants 78% of respondents were having poor knowledge and 86% were having a negative attitude. Also, among the urban area participants, 82% were having good knowledge and 94% were having a positive attitude towards mental illness which is much higher than this study.

This study result showed the level of knowledge having a statistically significant relationship with the attitude of respondents ($p>0.004$). It was found similar with the study conducted by Singh B [11] in Jhapa District of Nepal which showed a positive significant correlation between the knowledge of adults regarding mental health and mental illness and their attitude towards mental health and mental illness.

In the present study majority (57%) respondents agreed to the statement "Anyone can have a mental disorder". The study carried out by Executive HS [12] in Ireland showed most (58%) of people interviewed agreed that "Anyone can experience a mental health problem" which is similar to this study.

This study revealed that a good level of knowledge on mental disorders increased with the level of education of the respondents. Also, the level of knowledge was having a statistically significant relationship with the education ($p=0.02$) and occupation of the respondents ($p=<0.001$). This study finding contradicts the finding of Ganesh K [13] which revealed that knowledge score was not having any significant association with education status ($p=0.936$) and occupation ($p=0.556$) of the respondents.

CONCLUSION

A good level of knowledge regarding mental disorder was lagging among respondents and negative attitude was high.

There is an urgent need for public awareness among the adults living in this location.

Mass media and anti-stigma campaigns can equally play a vital role to bring change in the attitude level of the respondents.

Advocacy through health workers/professionals seems equally important.

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Conflicts of interest

The authors declare that they have no conflicts of interest.

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REFERENCES

1. Gilmour H. Positive mental health and mental illness: Statistics Canada;2014.
2. Jahoda M. Current concepts of positive mental health. 1958.

3. Organization WH. The World Health Report 2001: Mental health: new understanding, new hope: World Health Organization;2001.
4. Organization WH. Investing in mental health. 2003.
5. Bloom DE et al. The global economic burden of noncommunicable diseases. Geneva: World Economic Forum; 2011.
6. Smith JP, Smith GC. Long-term economic costs of psychological problems during childhood. Social Science and Medicine 2010;71:110–15.
7. National Mental Health Survey (Factsheet adults), Nepal,2020;1-7.
8. Jha A, Ojha S, Dahal S, Rajendra Kumar B, Jha B, Pradhan A, et al. A report on pilot study of national mental health survey. Kathmandu, Nepal: Nepal Health Research Council 2018.
9. Parajuli S, Chalise M, Pathak G, Chauhan HS. Assessment of Knowledge on Mental Illness and Its Determining Factors among People Aged 25-40 Years in Pokhara Valley, Nepal.
10. More VP, Jadhav PB, Puranik R, Shinde VS, Pakhale S. Study of knowledge and attitude concerning mental illness in adults. Int J Health Res. 2012;2(5):1-6.
11. Singh B, Singh R, Singh KK. Knowledge and attitude towards mental health and mental illness: An issue among rural and urban community of Jhapa District of Nepal. Int J Health Sci Res. 2013;3(9):29-34.
12. Executive HS. Mental Health in Ireland: Awareness and Attitudes. Health Service Executive Dublin; 2007.
13. Ganesh K. Knowledge and attitude of mental illness among general public of Southern India. Natl J Community Med. 2011;2(1):175-8.