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Factors Influencing the Attitude of Urban Residents Toward People Living with Mental Illness in Northwest, Nigeria

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Abstract:

Objectives: *The study investigated respondents' attitudes toward people living with mental, illness the relationship between attitude toward those individuals and socio-demographic characteristics, and factors influencing attitude toward those individuals among urban residents of North-western Nigeria.*

Methods and Material: *An analytic cross-sectional design adopted to interview 435 respondents recruited using multistage sampling technique. A structured interviewer-guided questionnaire was used to obtain data, organized and analyzed with SPSS version 20. The data were summarized using frequency distribution tables and percentages. Chi-square was used to test the relationship* between attitude scores on *people with mental health issues* and socio-demographic characteristics *at 5% level of significance, within a 95% confidence interval.*

Results: *Half (50.8%) of respondents had a positive attitude toward people living with mental illness. Statistically, significant association was found between attitude toward those individuals and age (χ^2=403.026, p=<0.0001), gender (χ^2=158.303, p=<0.0001), religion (χ^2=65.527, p=<0.0001), ethnicity (χ^2=230.851, p=<0.0001), educational status (χ^2=268.044, p=<0.0001) and occupation (χ^2=293.922, p=<0.0001) of the respondents. Factors influencing attitude to people with mental health issues were gender (84.7%), literacy level (72.0%), age (76.4%) and severity of illness (76.4%), previous encounters with individuals living with mental illness (77.6%) as well as fear of individuals with mental illness (86.0%).*

Conclusions: *Approximately half of the respondents indicated negative attitude towards people with mental health issues. Thus, advocacy for, and educating community members toward individuals with mental illness might improve positive attitudes toward mental health issues. Further exploring cultural perspectives will aid in improving positive attitudes towards people with mental health issues.*

1.0 Introduction

Mental illnesses are common worldwide, with the global burden of mental illnesses being projected to reach 15% by the year 2020 (Ngui *et al.,* 2010). In 2019, one in every eight people, or 970 million people around the world were living with a mental illness (WHO, 2022). Mental illnesses affect a significant proportion of any population, regardless of age, gender, culture, ethnicity, or social class (Bedaso *et al.,* 2016). Mental health is a public health challenge in Nigeria, with significant institutional neglect and widespread stigma (Labinjo *et al.,* 2020). This supported Onyemelukwe (2016)'s finding that an estimated 20%-30% of Nigerians suffer from mental illnesses, with a large portion going unnoticed and untreated. This will likely influence attitudes toward the people living with mental illness in many communities, irrespective of their socio-cultural or educational background. of all health-related issues, mental health issues are the most poorly understood by community members (Stuart & Arboleda-Flórez, 2001). In spite of progress in mental well-being literacy social community members tend to socially distance themselves from individuals who live with mental health issues (Okpalauwaekwe *et al.,* 2017).

Negative public attitudes have been associated with the presenting behaviours of the individual who has the mental illness (Gough *et al.,* 2012; Bedaso *et al.,* 2016). Thus, persons with mental illness are frequently believed to be a source of risk to selves and others, and described as dangerous, suspicious, unstable, unreliable, irresponsible, and homicidal (Abasiubong *et al.,* 2007). These negative attributes towards those with mental health issues are also reported by medical professionals (Eissa, *et al.,* 2020). Additionally, the majority of research on public attitudes of people who live with mental illness in Africa was conducted in hospitals and schools (Blaise, 2013; Anyebe et al., 2019; Gabra et al., 2020).

Enhancing better-quality mental health care in Nigeria is reliant on some extent to positive and supportive public attitudes toward mental health issues (Abasiubong *et al.,* 2007). Community negative attitudes will adversely impact the help seeking of those with mental health issues (Ogueji & Okoloba, 2022). However, in some country's community attitudes towards those with mental health issues is not always negative. In Iraq, Sadik *et al.* (2010) reported 50% of the population had a positive attitude toward individuals living with mental illness. They also found that 20% believed that people living with mental illness were dangerous. More studies from Nigeria and Indonesia highlight high levels of negative community attitudes toward those who live with mental health issues (Adewuya & Makanjuola, 2008; Audu *et al.,* 2013; Jombo & Idung, 2018; Puspitasari *et al.,* 2020).

Several factors influence community attitudes towards individuals living with mental illness. In North America, Shea and Yeh (2008) found that among Asian American students, age (40%), cultural factors (20%), and gender (30%) are factors that influence one's attitude towards individuals who have a mental illness. Rossetto *et al.,* (2014) and Aboulfotouh *et al.,* (2019) found that a higher level of education, younger age group, female gender, and duration of contact with individuals living with mental illness are predictive of positive attitudes. From these studies it can be hypothesized that socio-demographic characteristics should be a significant determinant of attitude toward those with mental health issues. Our hypothesis is that there is a statistical relationship between respondents' socio-demographic characteristics and their attitude toward people living with mental illness, is premised on these previous assertions.

To promote mental health support, it is important to investigate community attitudes towards those who have a mental illness including those factors that are associated with different attitudes. Most studies in Africa conducted on public attitudes towards those who live with a mental illness were hospital and school-based (Blaise, 2013; Anyebe *et al.,* 2019; Gabra *et al.,* 2020). Stigmatization of people with mental illness is still rampant in our community in Nigeria, where mentally ill people are chained and left outside in all weather conditions, and then beaten up on from time to time in order to "heal," and where some unscrupulous mental health professionals issue diagnoses without due investigation (Gureje *et al.,* 2005; Audu *et al.,* 2011: Onyemelukwe, 2016). It is against this backdrop that the researchers carried out the study in the general population among residents Dutse local Government Area, Jigawa State Nigeria.

2.0 Materials and Methods

2.1 Study setting: The study was conducted in the Gyadi-Gyadi community of Tarauni a Local Government Area in Kano State, Nigeria. The Local Government Area is part of the Kano Metropolitan Area. It is a multi-ethnic and multi-religion Local Government that constitutes a population of 221,367 as of the 2006 Nigerian census.

2.1.1 Research design: An analytic cross-sectional study design was used in assessing the attitude, the relationship between community attitude and socio-demographic characteristics and factors influencing community attitudes to those living with mental illness, among residents of Gyadi-Gyadi Arewa ward Tarauni Local Government Area of Kano state, Nigeria.

2.1.2 Study Population and Sampling: The study population encompassed both male and female individuals aged 18 and above in the Gyadi-Gyadi Arewa Ward Tarauni Local Government Area of Kano state. Inclusion criteria include any respondent that

consented, and those more than 18 years old. While that were excluded are those that have mental illness in the community and any person with severe physical illness, currently diagnosed and on treatment.

A multistage sampling technique was used for the study.

2.1.3 Stage one: In the first stage, one political ward out of the ten political wards in the Tarauni Local Government Area was randomly selected to serve as the study setting using the paper basket method.

2.1.4 Stage two: second stage, the houses in the selected ward were numbered, 407 houses were selected from the three quarters (Jaoji Quarters, Unguwar Gano & Kasuwar Dare) using a table of random numbers and seven households from each quarter formed the sampling interval.

2.1.5 Stage three: In the third stage, one household was selected, that met the inclusion criteria, using balloting, where more than one household was found in a house.

2.1.6 Stage four: In the fourth stage, one respondent was selected at random from each household for the interview. A total of 435 participants were approached but data of 407 (93.6% response rate) were utilized for data analysis. The reasons for non-response included stopping the interview as they have other urgent business to attend to; feel not important to answer such questions; and undisclosed reasons.

2.1.7 Research Instruments, Validity, and Reliability: Data were collected using a sociodemographic questionnaire that obtained information about age, sex, marital status, educational level, ethnicity and employment status. A structured interviewer-guided questionnaire modified from the Social Distance Scale was used to assess attitude of the community towards people with mental illness (Adewuya & Makanjuola, 2008). Respondents were asked to respond to a series of 8 questions about their social distances toward people with mental health issues. Questions were grouped into 'interaction with person with mental disorder, 'Able to associate with person with mental illness' and 'interaction with individual with that have recovered from mental illness'. A single question on the first group was 'Is there a person in your community with mental illness?' The two other groups included the following items representing social relationship: friendship, conversation, working together, sharing a meal and marriage. For each item, respondents were asked to indicate how often they behaved positively on a Likert scale based on the questions asked (Always=1, Sometimes =2, Rarely=3, Never=4). Attitude was scored by adding the numbered responses of the individual items. Higher scores indicate a negative attitude. The total score of the attitude ranges from 1 – 32. Positive attitudes were considered to be in the range of 1-16 (low social distance) while negative attitudes were in the 17-32 range (high social distance). In these questions, labels like 'previous hospitalization' which may foster high social distance were excluded, as label may play an important role in how former patients with mental illness are perceived (Link et al., 1987).

A pilot study was conducted using the split-half reliability method and a correlation coefficient of 0.76 was obtained. Face and content validity were ensured by three experts from the field of specialty.

2.1.8 Data Collection Procedure: Data were collected by the principal author and five trained research assistants across the three quarters (Jaoji Quarters, Unguwar Gano & Kasuwar Dare) for the period of six weeks on working days (between October and November, 2019). Fifteen to twenty minutes were spent collecting the information from each respondent.

2.1.9 Data Analysis: Completed questionnaires were checked for errors, consistency and completeness and cleaned. A total of three Quarters from Gyadi-Gyadi Arewa were assessed and 407 respondents participated in the study with a response rate of 100%. Data were entered into a computer and analyzed using Statistical Package for Social Sciences (SPSS) software version 20. The data were summarized using frequency distribution tables and percentages and mean values. Chi-square was used to test the relationship between attitude scores on PLWMI and socio-demographic characteristics. The level of significance was set at 5%, within a 95% confidence interval.

2.10 Ethical consideration: Ethical approval was obtained from the health research ethics committee of the ministry of health Kano state (Ethical Clearance Reference No: MOH/Off/797/T. I/1512). District Head of Gyadi-Gyadi Arewa.

3.0 Results:

3.1 Socio-Demographic Characteristics

Table 1 indicated that about one-third (49.1%) of respondents were between the ages of 18-27 years. Males made up the larger proportion (71.7%), the majority of the respondents (86.2%) practiced Islam, and about two-third (64.4%) of the respondents are Hausa by the tribe. More than one-third of respondents (34.2%) had secondary education and 56.5% were self-employed.

3.1.1 Respondents' Social Distance Rating toward Individuals with mental health issues

All respondents (100%) indicted that there was individual who lived with mental illness in their community. The majority of respondents (86%) maintained friendship social distance, and more than half (59.0%) claimed they could not work with individuals who have a mental illness. The majority of the

respondents (89.7%) disclosed that they could not eat with individuals who have a mental illness. However, close to all respondents (96.6%) reported that they could interact with individual if "cured" Their attitudinal dispositions were categorized as shown in the next section.

3.1.2 Respondents' Attitudes toward individuals living with mental illness

Based on the score categories of 1-16 (positive) and 17-32 (negative) respondents' attitude indicates almost a 50:50 ratio. 50.8% of respondents held positive attitudes and 49.2% held negative attitudes, towards individuals who have a mental illness.

3.1.3 Relationship between Socio-Demographic Characteristics and Attitude

Table 4 shows the relationship between socio-demographic data and attitudes toward individuals who live with a mental illness for those aged 18 to 27 years, negative attitudes appear to be absolute, as they all displayed complete negativity. Those between the ages of 28 and 37 held mostly positive attitudes (99.4%) towards people with mental illness while those aged 38 and above, all held positive attitudes toward mental illness. These differences were statistically significant (χ^2 =403.026; p <0.0001).

All females held positive attitudes towards those with a mental illness compared to 30.9% of males. This difference was statistically significant (χ^2=158.3, p<0.0001).

In summary, a statistically significant association was found between attitude and age (χ^2=403.026, p=<0.0001), gender (χ^2=158.303, p=<0.0001), religion (χ^2=65.527, p=<0.0001), ethnicity (χ^2=230.851, p=<0.0001), educational status (χ^2=268.044, p=<0.0001) and occupation (χ^2=293.922, p=<0.0001).

3.1.4 Factors Influencing Attitudes towards individuals living with mental illness

Respondents' opinions were sought on what factors they considered influenced attitudes toward people living with mental illness. Table 5 showed that the majority of the respondents considered gender (84.7%), literacy level (72.0%), age (76.4%), the severity of illness (76.4%), a previous encounter with a mentally ill individual (77.6%) as well as fear (86.0%) to be factors influencing attitude to those living with mental illness.

4.0 Discussion

The study investigated respondents' attitude toward those living with mental illness the relationship between attitudes and socio-demographic characteristics, and factors influencing attitudes among urban residents of North-western Nigeria.

Respondents were predominantly younger (49.1% of the respondents are between the ages of 18-27 years), males (71.7%), Muslim (86.2%) Hausa (64.4%) by tribe. This is because Islam is the dominant religion in the north and Hausa is the dominant tribe in northern Nigeria.

The 50.8% positive attitude toward people with mental health issues compared to 49.2% negative attitude indicates that ambivalent attitudinal dispositions to PLWMI sharply contrasts finding of higher percentages of negative attitudes as reported in other studies (Gureje et al. 2005; Jombo & Idung, 2018). Several explanations could be put forward for the difference. Firstly, Gureje et al., (2005) study was conducted about one and a half decades ago within which time the attitude towards PLWMI could have improved. Secondly, their study setting was in the southern part of the country whose disease and illness interpretation often differ from those of other parts of Nigeria (Jegede, 2010). Although, Audu et al. (2013) reported that in northern Nigeria, negative views about the mentally ill were also widely expressed resulting in discriminatory practices. Also, Angermeyer et al., (2013) reported poor attitudes toward people with mental illness amongst the public in Germany. Our current finding that almost half of the study participants hold negative views about PLWMI, which is higher than previous studies (Gureje et al., 2005; Jegede, 2010; Audu et al., 2013) seem to indicate the need for more vigorous de-stigmatization and health education efforts.

The study findings are similar to those from Sadik et al. (2010) in Iraq, where 50% of the population held positive attitudes towards those with a mental illness. Both studies included respondents with the same religious orientation (the northern part where this study was conducted is predominantly an Islamic setting just like Iraq). Religion has been found to influence attitudes towards people living with mental illness (Igbinomwanhia et al. 2013; Mohamed-Kaloo, 2014). Recently, Aboulfotouh et al., (2019) in Saudi Arabia, found 66.5% of the population had negative attitude towards people with mental health issues. Despite coming from a Muslim community, Aboulfotouh et al., (2019) believed that Saudi culture was the likely factor behind negative judgments about mentally ill persons as the community assumed that treatment of people with mental health issues is useless, costly, time-consuming, and even risky. Al-Adawi et al., (2003) summaries both views, which support the view that the extent of attitude varies according to the cultural and sociological backgrounds of each society.

All respondents reported having persons with mental illness (always and sometimes), they will, always or sometimes, maintain social distance (86%), be afraid of them (83.7%), and will never or rarely interact with them (50.6%). Similarly, respondents

predominantly disagree even working or eating with, and marrying individuals who have even recovered from mental illness. However, people are more willing to interact (always and sometimes) with those who have recovered from mental illness (96.6%) in this study. The discriminatory profile against persons with mental illness is high.

This study found that the older the community member, the more positive they were towards those with mental illness. A recent study from Ethiopia reported otherwise, stating that older age predicted a negative attitude to people with mental health issues (Gabra et al., 2020) whereas, Al-Adawi et al., (2003) in Oman found no relationship between attitudes age. it may be that of the native people of Gyadi-Gyadi of Kano State, the older people grow up to be more tolerant about many social and community issues including the sick irrespective of the type of illness. They seem to associate every human situation with the Almighty God and thus are less discriminatory. This view is supported by the findings of Mohamed-Kaloo (2014) from South Africa.

In this study, women held a more positive attitude towards people with mental health issues compared to males. Some studies reported the same findings (Ewalds-Kvist et al., 2013; Holzinger et al., 2012). One explanation for this gender difference could be from the contact theory (Pettigrew, 1998). This theory proposed that one might also expect greater tolerance in women, as they themselves were more likely to suffer from mental disorders and, thus, are more familiar with it. However, contrasting finding was reported from Oman by Al-Adawi et al. (2003) who did not find any relationship between attitudes towards persons with mental illness and gender.

Contrary to a number of studies by Gabra et al. (2020); Tesfamariam et al. (2018), our study did not show the effect that the better educated an individual is the more positive his or her attitude towards people with mental health issues. Our study also contrasts to a study done in Northern Nigeria that reported that literacy was found to be significantly associated with a positive attitude towards people with mental health issues (Kabir et al., 2004). A study from Hong Kong like our study reported that individuals that were better educated were more likely to have a negative attitude to people with mental health issues (Wolff, 1996). It has been noted that education, even psychiatric education may not change the attitude of individuals towards people with mental health issues (Al-Adawi et al., 2003; Lyons, 2014).

The majority of the respondents considered gender (84.7%), literacy level (72.0%), age (76.4%), the severity of illness (76.4%), a previous encounter with a mentally ill individual (77.6%) as well as fear (86.0%) to be factors influencing attitude to PLWMI. The link between the socio-demographic variables and attitudes toward people with mental health issues is further established in this study. These negative attributes have previously been established across diverse soci0demographic lines (Eissa, et al., 2020; Koutra et al., 2022). In addition to these very recent findings, previous views on the relations between socio-demographic characteristics and incidence of mental illness in other places including in America corroborates these findings (Shea and Yeh (2008), where factors like age, culture, gender and previous encounter with the mentally ill influence attitude of people toward people with mental health issues. It is the severity of mental illness that could influence the community members toward individuals living with mental illness, as individual with a less severe illness could relate more with community members than those with a more severe one. Also, patient educational status and age can play a role in promoting more positive mental health as Hausa society respect aged and educated people irrespective of their health status.

4.1 Limitations

The study did not look in-depth at religious and cultural factors influencing the attitude of individuals toward people with mental health issues. The structured interviewer schedule restricted the responses of the respondents without the qualitative aspect that may bring out other themes or factors that may influence attitude towards people with mental health issues. However, the strength of our study lies in the fact that it builds on studies that were done a decade ago in Nigeria considering the changes associated with societies with increasing number of young people.

5.0 Conclusion

About half of the community members indicated a negative attitude toward individuals living with mental illness. This shows a huge gap in providing psychoeducation to the community. Age, gender, and education level are factors that affect attitudes of communities toward people with mental health issues. There is a need for advocacy for and educating the community on mental disorders in order to improve positive attitude toward mental health challenges and reduce the factors influencing the negative attitudes to people with mental health issues.

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Conflicts of interest: None declared.

***Table 1: Respondents' Socio-Demographic Characteristics* (N=407)**

Variables	Frequency	Percentage (%)
Age (in years)		
18-27	200	49.1
28-37	153	37.6
38-and above	54	13.3
Mean age (SD): 28.1 ± 7.14		
Gender		
Male	292	71.7
Female	115	28.3
Religion		
Christianity	56	13.8
Islam	351	86.2
Ethnicity		
Fulani	89	21.9
Hausa	262	64.4
Igbo	5	1.2
Yoruba	10	2.6
Others	41	10.1
Educational status		
None formal	97	23.8
Primary	38	9.3
Secondary	139	34.2
Tertiary	133	32.7
Occupation		
Self-employed	230	56..5
Civil servant	116	28.5
Unemployed	57	14.0
Privately-employed	4	1.0

Table 2: Distribution of respondents according to attitude of Individuals Living with Mental Illness (N=407)

Variables	Always	Sometimes	Rarely	Never
Interaction with person with mental disorder				
There is person with mental illness in the community	206(50.8%)	201(49.2%)	0 (0.00%)	0 (0.00%)
Associate with the person with mental illness				
Social distance	230 (56.5%)	120(29.5%)	42(10.3%)	15 (3.7%)
I am afraid of them	174 (42.8%)	126(30.9%)	52 (12.8%)	55 (13.5%)
Interact with them freely	137 (33.7%)	64 (15.7%)	39 (9.6%)	167(41.0%)
Interaction with recovered individual with mental illness				
Work with an individual	60 (14.7%)	107(26.3%)	118(29.0%)	122(30.0%)
Eat with an individual	24 (5.9%)	18 (4.4%)	181(44.5%)	184(45.2%)
Married the person	43 (10.5%)	64 (15.7%)	167(41.0%)	133(32.7%)
Interact with them freely	251 (61.7%)	142(34.9%)	8 (2.0%)	6 (1.4%)

***Table 5: Factors Influencing Attitude toward* Individuals Living with Mental Illness (N=407)**

Variables	Yes	No
Gender	345(84.8%)	62 (15.2%)
Religion	93(22.8%)	314 (77.2%)
Culture	109(26.8%)	298 (73.2%)
literacy level	293(72.0%)	114 (28.0%)
Age of the patient	311(76.4%)	96(23.6%)
Severity of illness	311(76.4%)	96(23.6%)
Previous encounter	316(77.6%)	91 (22.4%)
Fear of individuals with mental illness	350(86.0%)	57 (14.0%)

Table 3: Grading on Respondents' Attitude toward Individuals Living with Mental Illness (N=407)

Variables	Frequency	Percentage (%)
Positive	206	50.8
Negative	201	49.2

Positive (1-16), Negative (17-32)

Table 4: Association between Socio-Demographic Data and Attitude to Individuals Living with Mental Illness (N=407)

Socio-Demographic Data	**Grading on Attitude to PLWMI**		**Chi-square Test**		
	Negative N (%)	**Positive N (%)**	χ^2	**df**	***p*-value**
Age (In years)					
18-27 (n=200)	200 (100)	0(0.0)	403.026	2	<0.0001
28-37 (n=153)	1(0.6	152 (99.4)			
38-and above (n=54)	0(0.0	54 (100)			
Gender					
Male (n=291)	201 (60.1)	90 (30.9)	158.303	1	<0.0001
Female (n=116)	0(0.0)	116 (100)			
Religion					
Christianity (n=56)	56(100)	0(0.00)	65.527	1	<0.0001
Islam (n=351)	145(41.3)	206 (58.7)			
Ethnicity					
Fulani (n=89)	89 (100)	0(0.00)	230.851	4	<0.0001
Hausa (n=262)	56 (21.4)	206 (78.6)			
Igbo (n=5)	5 (100)	0(0.00)			
Yoruba (n=10)	10 (100)	0(0.00)			
Others (n=41)	41(100)	0(0.00)			
Educational status					
None formal (n=97)	0(0.00)	97(100)	268.044	3	<0.0001
Primary (n=38)	0(0.00)	38 (100)			
Secondary (n=139)	68 (48.9)	71 (51.1)			
Tertiary (n=133)	133 (100)	0(0.00)			
Occupation					
Self-employed (n=230)	197 (85.7)	33(14.3)	293.922	3	<0.0001
Civil servant (n=116)	0(0.00)	116 (100)			
Unemployed (n=57)	0(0.00)	57 (100)			
Privately-employed (n=4)	4(100)	0(0.00)			

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