PERCEPTION OF THE ISHAKA – BUSHENYI MUNICIPALITY COMMUNITY TOWARDS MENTALLY ILL PATIENTS

BY

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KAMPALA INTERNATION UNIVERSITY

WESTERN CAMPUS

P.O BOX 71

ISHAKA BUSHENYI

DECLARATION

I GUMA EDGAR INNOCENT declare that this work is of my own effort and in case of any consultation the references are quoted.

Signature……..Date……

SUPERVISOR'S SIGNATURE DATE

…….. ……. …….

DEDICATION

I dedicate this document to my father.

Acknowledgement

I acknowledge; KIU-WC faculty of clinical medicine and dentistry Teaching Staff, and my supervisor

Definition of terms

AMREF – Africa Medical Relief Fund

WHO – World Health Organization.

NGOs – Non Governmental Organization

KIUTH – Kampala International University teaching Hospital.

KIU-WC – Kampala International University Western Campus.

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CHAPTER ONE

1.1 INTRODUCTION/BACKGROUND INFORMATION

Mental illness, although there is no exact definition to the term, has been defined by researchers and publications as any disturbance of emotional equilibrium, as manifested in maladaptive behavior and impaired functioning, caused by genetic, physical, chemical, biological, psychological and social and cultural factors. Its also known as mental disorders/emotional illness/psychiatric disorders. (Health psychology – Shelley E. Taylor 2nd Edition 1999).

Mental and behavioral disorders are common, affecting more than 25% of all people at some time during their lives (WHO 2001). They are also universal, affecting people of all countries and societies, regardless of age, gender and income. The point prevalence of mental illness in the adult population at any given time is about 10% (WHO 2001). Similarly, around 20% of all patients seen by primary health care providers have one or more mental health disorders (WHO 2001).

The mental ill patient also due to psychological or physiological vulnerability compounded with exposure to situations resulting into “ware and tare” of the body systems, the community, thins that such fellows are bewitched, others tend to isolate such fellows, and others take their relatives who have the same mental problem to mental hospital for treatment. But most people have negative attitude towards mental ill patients. But most of these can be overcome by appropriate measure put in place to reduce or eliminate them, and health educate the community to have positive attitude towards mentally ill patients (Geddes and Grosse 1996)

Several studies have shown that knowledge of public attitude to mental illness and its treatment is a vitally important prerequisite to the realization of successful community-based programs (Wolff 1996). The recognition of mental disorder also depends on a careful evaluation of the norms, beliefs and customs within the individual's cultural environment. Furthermore, community attitude and beliefs play a role in determining help-seeking behavior and successful treatment of the mentally ill.

Unarguably, ignorance and stigma prevent the mentally ill from seeking appropriate help.

1.2 STATEMENT OF THE PROBLEM.

Mentally ill patients have been observed to be a major problem among the human population. It generally destabilizes good human interaction of the world population with the environment. More than 90 percent of the world population under goes stress in one way or the other but when its not controlled or managed well will lead to mental illness that is according to WHO mental health (Web.www.who. int/mental health). It goes ahead to say that of this 90 percent of the population over 60 percent fall within the age bracket of 16 – 46 years. This is where most of the youth fall. Its upon this background that its necessary to establish the perception of the community to mental ill patients, because most of the youth are the back bone for the development of the society and the country at large. Mental illness was found to be the leading cause of engaging bad habits such as; substance abuse, dropping out of school, unwanted pregnancies and rise in crime among others. Therefore after all this happening in the community what's the community perception of mental ill patients? Although the knowledge and perception of mentally ill patients and their relatives regarding mental illness has been reported in many parts of the world, to date there is little research on public attitudes towards mental illness from Ishaka-Bushenyi.

1.3 SIGNIFICANCE OF THE STUDY.

- This study will help the government of Uganda to determine the best way to educate the community about the mental illness.
- For academic award, a requirement for fulfillment for the award of degree in medicine and surgery.
- For further research to be carried out on the same topic.

1.4 OBJECTIVES OF THE STUDY

1.4.1 BROAD OBJECTIVE

To establish / find out the Ishaka – Bushenyi municipality community perception toward mental ill patients.

1.4.2SPECIFIC OBJECTIVES

- To establish knowledge of the community on the causes of mental illness.
- To establish perception of the community towards mental illness.
- To determine the effect of the mental illness in the community.
- To establish the preventive measures against mental illness.

1.5 RESEARCH QUESTIONS

What is the knowledge of the community towards mentally ill patients?

What is the perception of the community towards mentally ill patients?

What are the preventive measures against mentally ill patients?

CHAPTER TWO

2.0 LITERATURE REVIEW

Mental illness is a common problem in the community due to many factors, and it has several effects to the community, among the effects that are pronounced and seen in the community includes; unstable families or break up of families, people who are mentally ill are exposed to dangers like infection of dangerous diseases, death, lose of respect and dignity and affects the income of the caretakers and guardians (Benjamin 1999).

Most mentally ill patients have their brain damaged. Hence they have no ability to judgment and decision making. Most of the crime and antisocial actions are committed by mentally ill patients. Most of them appear to be normal and even the community thinks that they are normal until they undergo mental check up or until the problem is severe that attracts the attention of people around the person. The antisocial acts includes; Rape, urinating in public places, fighting and quarreling, murder and many others. This s due to brain damage/failure to function properly and make sensible and correct judgment. (Bolger 1996)

Mental illness has many causes, others are genetically related, infections can also lead to mental illness, accidents that cause the brain damage also lead to mental illness, dangerous infection / diseases like HIV/AIDS also cause or predisposes a person to mental illness especially late stages of HIV/AIDS. In our African Community we believe that even witchcraft also causes mental illness. And above all the most predisposing factor to mental illness among the youth is drug abuse**.** (Peter 1997).

The community perception/attitude towards mental illness differs from different people. Most people perceive mental illness in relation to poverty, others in terms of witchcraft and currently they associate with HIV/AIDS infection as a sign of late stage of HIV/AIDS (Pat Haward 2003).

Mental ill patients when not well managed by specialists in special units can lead to death. Most people are in third world countries and cannot afford to manage such patients because the facilities and health services needed are too expensive and due to poverty they cannot afford, and such patients die or they don't recover from these mental status at all**.** (Harter 1998).

When resources at a person's disposal are required it results into stress. Stress is one of the predisposing factors if cannot be managed well. Stress is harmful to an individual because it disrupts emotional and psychological functioning and can cause medical problem especially with prolonged exposure to stressors. The community perception about mentally ill patients is different, and coping with the challenges is different too. Some of the challenges include death of such patients, financial constrains, young females are raped and end up with unwanted pregnancy, and leads to end of their studies etc.(Taylor 1999).

The mentally ill patient also due to psychological or physiological vulnerability compounded with exposure to situations resulting into "ware and tare" if the body systems, the community, thinks that such individuals are bewitched, others tend to isolate such fellows, and others take their relatives who have the same mental problem to mental hospital for treatment. But most people have negative attitude towards mental ill patients. Most of these can be overcome by appropriate measures put in place to reduce or eliminate them, and health educate the community to have positive attitude towards mentally ill patients (Geddes et al 1996).

CHAPTER THREE

3.0 METHODOLOGY

3.0.1 STUDY AREA

The study area was Ishaka – Bushenyi Municipality which is a town is located in Igara county, Bushenyi District, in south Western Uganda. It is located approximately 76Km from Mbarara the largest city in the sub region

3.1 STUDY DESIGN

Data was collected by Cross-sectional prospective design where by the questionnaires were availed to the respondents to fill or guided by a research assistant.

3.2 STUDY POPULATION

The participants were residents of Ishaka – Bushenyi Municipality, there population by 2011 was 26800 people and with different marital status, religion, level of education and occupations.

3.3 SAMPLE SIZE

The sample size was calculated by the use of Kish and Leslie formula was used to calculate the sample size for the research. It is given by: $n= (Z^2\alpha/2 \times P (1-P)) /D^2$

Where $Z^2\alpha/2$ is the standard normal value at the 95% CI level = 1.96,

n is the sample size,

D is the precision of 5% =0.05,

which is formula where the sample size was already calculated basing on the study population.
P is the previously reported prevalence of attitudes towards mental illness in Uganda. . Using the national estimates of 20% in a study by the Uganda Bureau of Statistics (**UBOS 2011**) =0.2

A sample size of **100** was reached by using the formula above.

3.4 SAMPLING TECHNIQUE

Groups of participants were chosen to represent the entire population under study. The participants were achieved through simple Random selection whereby the researcher visited every odd numbered home in

a line out count and whoever was present at time of visit was interviewed and requested to fill the questionnaires.

3.5 INCLUSION AND EXCLUSION CRITERIA

3.5.1 Inclusion criteria

The criteria which were employed to determine those who would be included in the study included:

All respondents living in ishaka town permanently

3.5.2 Exclusion criteria

All persons not living in ishaka ie. Just visiting

3.6 DATA COLLECTION

Data was collected concerning the community perception about mentally ill patients.

3.7 PRE-TEST

The test questionnaires were first given to KIU students to assess the acceptability of data collection tool, (questionnaire) to the participants and necessary adjustments were made to ensure adequate data quality.

3.8 RESEARCH ETHICS

To ensure acceptability research ethics clearance was obtained from KIU-WC. The researcher and assistants also maintained high levels of confidentiality and anonymity during the data collection process.

3.8 STUDY ANALYSIS

The data was analyzed and presented in form of tables, and Pie charts. The data was analyzed using SPSS version 16.

3.10 LIMITATIONS

Though the research was conducted and one hundred respondents achieved, the target participants there were a number of limitations which included:

- Man power was limited
- Time was limited
- Language barrier
- Insufficient funds

3.11 DISSEMINATION OF RESULTS

The findings of this study will be disseminated to:

- Kampala International University Western Campus through the Faculty of clinical medicine, University Library and the e-laboratory.

Other avenues of dissemination of the results will be journals and research dissemination conferences.

3.12 QUALITY CONTROL

- Each file was analyzed by two people i.e. the researcher and the records assistant in order to ensure accuracy in capturing the respondents information.

4.2 ETHICAL CONSIDERATIONS

Permission was sought from research and ethics committee Kampala International University-Western Campus (KIU-WC) and from the LC. chairman

CHAPTER FOUR: STUDY FINDINGS

4.1 INTRODUCTION

This chapter consists of results of data collection, which were analyzed in terms of tables, pie charts and bar graphs. It involved editing coding and tabulation of data.

4.2 AGE OF RESPONDENTS

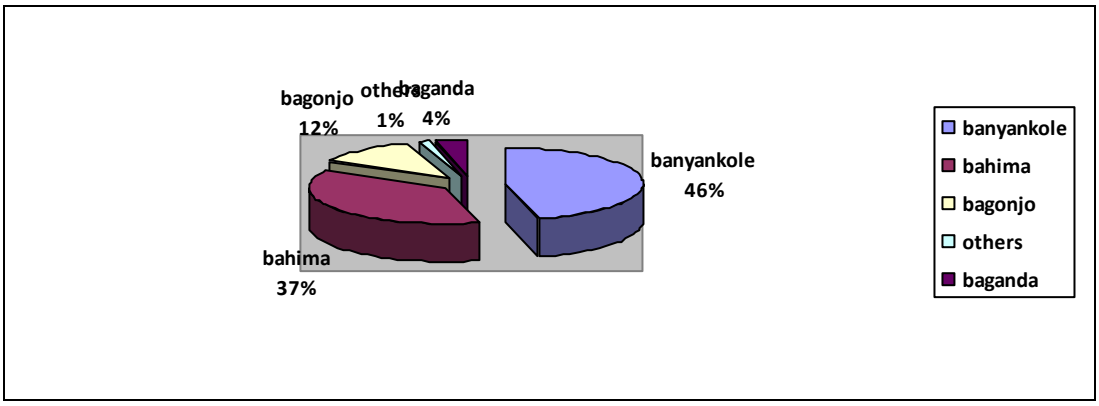
Table 1; Age distribution of the respondents

AGE IN YEARS	NUMBER OF RESPONDENTS	PERCENTAGE%
15-24	12	12
25-34	40	40
35-44	24	24
45-54	24	24
TOTAL	100	100

According to the table above, most of the respondents were aged between 25-34(40%), followed by the age range of 35-44(24%) and ages between 45-54, (24%) of the total respondents, while others were within 15-24, (%)

4.3 TRIBE OF RESPONDENTS

Figure 1; Tribe of the respondents



Most of respondents by tribe were Banyankole 46 (46%) followed by Bahima, 37(37%), Bagonjo, 12(12%), Baganda 4(4%), and lastly others 1 (1%).

4.4 LEVEL OF EDUCATION

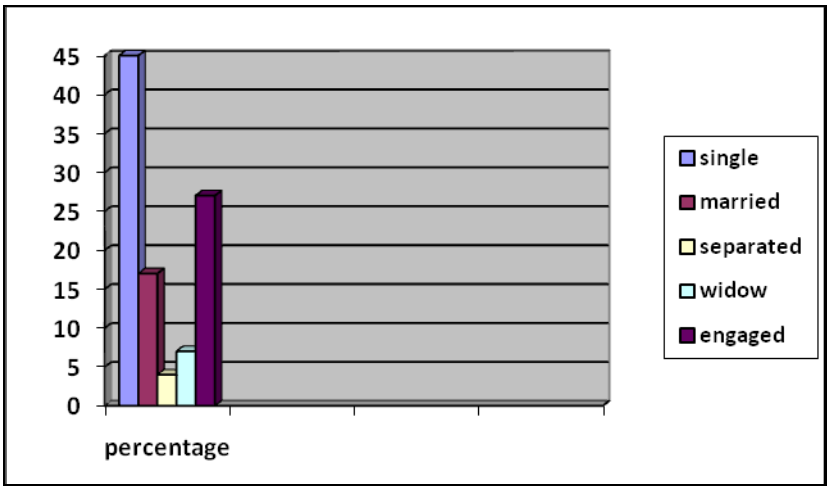
Table 2: level of education of the respondents

EDUCATION LEVEL	FREQUENCY	PERCENTAGE (%)
No formal education	16	16
Primary	40	20
Secondary	24	24
Tertiary	20	40
TOTAL	100	100

The table above shows that the majority of the respondents 40(40%) had primary status of education, 24(24%) who had the secondary school education, 20(20%) had a tertiary level of education and finally 16(16%), Who never had any formal education.

4.5 MARITAL STATUS

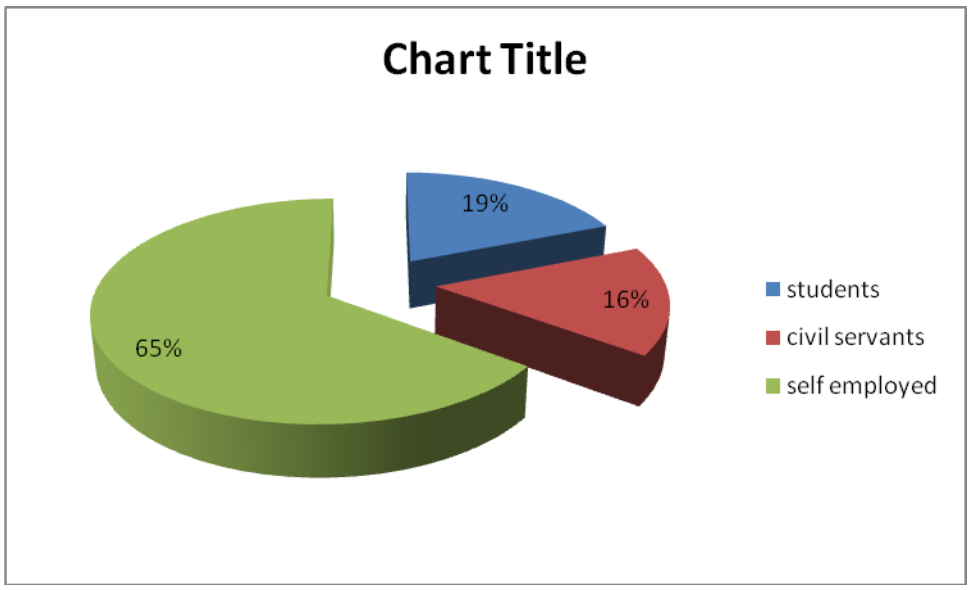
Fig. 2: Marital status of the respondents



From the findings, most of the respondents were young who were single 24(24%) followed by the engaged respondents who were 20(20%), the third category were the married who were 20(20%), the other category was the widowed female who were 18(18%) and finally we had those who separated from their partners and they represented 18(18%).

OCCUPATION OF THE RESPONDENT

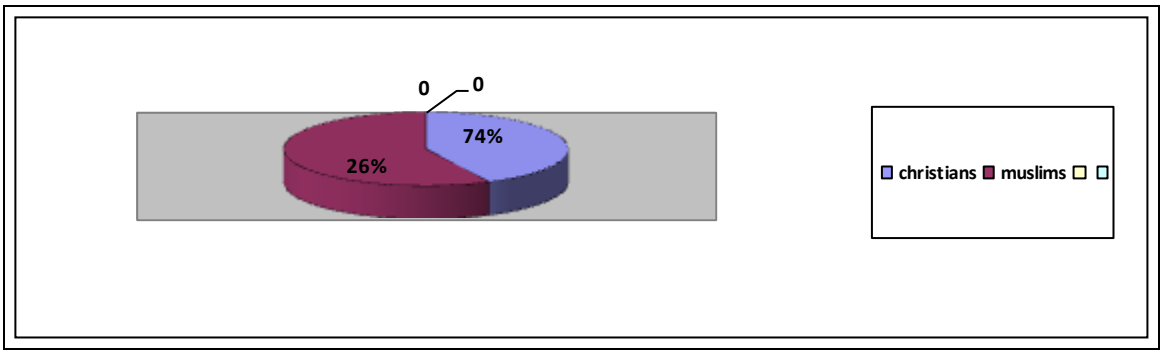
Fig. 3: respondent's occupation



Most of respondents 65(65%) were self employed followed by the 19(19%), students and finally 16(16%) were civil servants who were interviewed.

4.7 RELIGION OF RESPONDENTS

Fig. 4 Respondent's religion



The majority of respondent by religion 74(74%) were Christians while the minority 26(26%) were Muslims.

PART B: OCCURANCE OF TYPE OF HEALTH CONDITIONS PRESENT IN MENTALLY ILL PATIENTS .

Table 3. Respondent by health conditions that leads to mental illness.

CONDITIONS	FREQUENCY	PERCENTAGE (%)
Cerebral Malaria	40	40
Smoking marijuana	40	40
Drinking crude alcohol	8	8
Others	12	12
TOTAL	100	100

The table above shows the distribution occurrence of health conditions that leads to mental illness. During the period of research shows that Cerebral malaria 40(40 percent) and smoking marijuana 40(40 percent) are the main cause of mental illness, others were drinking crude alcohol like Uganda waragi 8(8 percent) and finally other conditions 12(12 percent).

4.8 OCCURRENCE OF OTHER HEALTH CONDITIONS

Fig 5: DISTRIBUTION OCCURRENCE OF OTHER HEALTH CONDITIONS

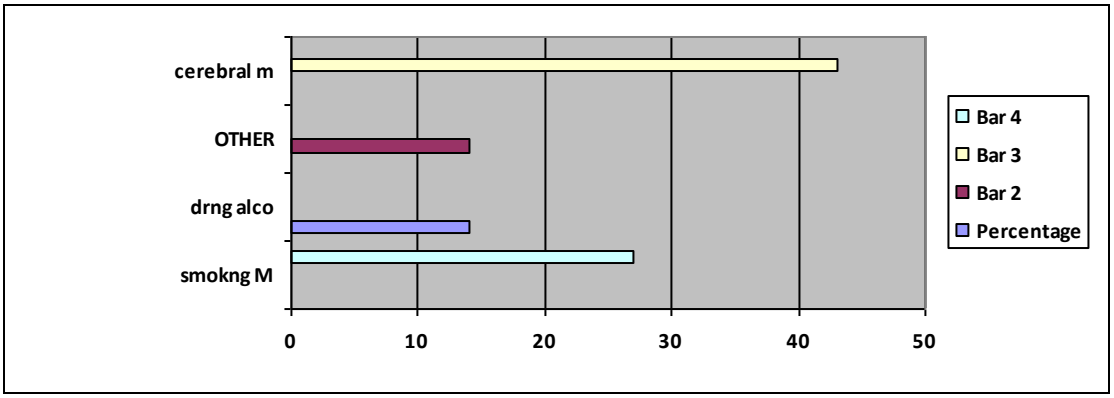


Table 4. Showing the some of the solutions

Solutions	Frequency	Percentage
Health education on the effects of drug abuse.	80	80
Provide treatment to affected patients	20	20
Total	100	100

Majority of the respondents 80 (80 percent) are aware of causes of mental illness and said that the ministry of health should provide health education to the public of effects of drug abuse while 20(20 percent), said that the affected persons/patients should be treated of the condition.

Table FIVE. Predisposing factor to mental illness mentioned by the respondents

lack of employment,
drinking crude alcohol like waragi,
lack of health education on the use of drugs,
Peer influence.
poverty
lack of disease diagnosis and treatment.

CHAPTER FIVE

DISCUSSION OF THE FINDINGS, CONCLUSION AND RECOMMENDATION.

This chapter discusses the study finding. According to the study findings in chapter four respondents by age indicates that majority of respondents 40(40 percent) were between the ages of twenty five to 34 years of age because this is the age which is active and most of them are pre exposed to mental illness because of drug abuse, work related stress, some luck proper support systems. then thirty five to 44 years were 24(24 percent) and lastly age of between fifteen and 24 of whom most are not married and are also exposed to mental illness because of peer group influence to use drugs, luck of coping skills due to their inexperience in handling stressful situations due to their young age and luck of spousal support .

The respondents by sex indicated that all respondents , 100 (100 percent) who both male and females are equally exposed to mental illness because they are facing the same challenges. Most of respondents by tribe were Banyankole 46 (46%)), because they are the habitants of the area of study followed by Bahima, 37(37%), Bagonjo, 12(12%), Baganda 4(4%), and lastly others 1 (1%). Respondents by education level shows that most of respondents 40(40 percent) had primary education meaning these had little or no knowledge on mental illness and its predisposing factors, followed by 24(24 percent) who had secondary education, which shows that they had some knowledge on mental illness and its predisposing factors, tertiary level of education were 20(20 percent) which shows that at least they have ever heard of mental illness, and knew if its causes and management and finally without formal education were 16(16 percent) which means that they might not have had knowledge on mental illness, causes and management. Respondents by occupation shows that majority of respondents 65(65percent) were self employed followed by students 19(19 percent) and 16(16 percent) were civil servants who had knowledge on mental illness and its causes and management. From the findings, most of the respondents were young who were single 24(24%) followed by the engaged respondents who were 20(20%), the third category were the married who were 20(20%), the other category was the widowed female who were 18(18%) and finally we had those who separated from their partners and they represented 18(18%).

Respondents by religion shows that most of respondents 74(74 percent) were Christians, followed by 26(26 percent) of the respondent were Muslims, this shows that most of the

residents are Christians who are either pre – exposed to mental illness or its complication, or are victims of complications of mental illness. During the period of research shows that Cerebral malaria 40(40 percent) and smoking marijuana 40(40 percent) are the main conditions related to mental illness, others were drinking crude alcohol like Uganda waragi 8(8 percent) and finally other conditions 12(12 percent). other causes includes frustrations and lack of employment and finally peer influence.

CONCLUSION

Majority of respondents more than 70 percent had knowledge on what mental illness is, the possible causes and its complications. The respondents believe that mental illness is as a result, of, drug abuse, diseases like cerebral malaria and luck of proper support systems among other things. they said that in their community there are situations and conditions that have exposed people especially youths to mental illness.

They mentioned some of the predisposing risk factors to mental illness, including;

- Poor living standards.
- Poverty (no money).
- Lack of employment.
- Lack of regular medical check ups.
- No health education on drug abuse.
- Lack of proper family support systems

RECOMMANDATION.

Government should encourage health education on causes and prevention and control mental illness and its complications during gatherings and assembles through health workers and community leaders.

People should be medically checked regularly in mental clinics.

People should use recommended drugs that r properly prescribed.

People should be treated of other conditions like that could cause mental illness.

People should strengthen family ties and seek counseling when in need .

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QUESTIONNAIRE.

Your participation is voluntary and the information you give is confidential. You may also stop the interview at any time you wish. I am hoping that this information will be used in improving the welfare of our children in the future.

NB: Tick the correct answer and answer where necessary.

SECTION: SOCIAL DEMOGRAPHIC CHARACTERISTICS.

1. Age of the respondent.

2. Marital status of the respondent

(a) Single ( )

(b) Married ( )

(c) Widowed ( )

(d) Separated/divorced ( )

3. Educational level of the respondent.

(a) None ( )

(b) Primary ( )

(c) Secondary ( )

(d) Tertiary/University ( )

4. Occupation of the respondent

(a) House wife ( )

(b) Civil servant ( )

(c) Self employed ( )

(d) Peasant/farmers ( )

5. Main occupation of the respondent.

(a) Farmer ( )

(b) Civil servant ( )

(c) Businessman ( )

(d) Unemployed ( )

(e) Others ( )

6. Tribe of the respondent.

(a) Munyankore ( )

 ( )

(b) Muganda

(c) Mukonjo ( )

7. Religion of the respondent.

(a) Catholic ( )

(b) Protestant ( )

(c) Muslim ( )

8. Do you know any body that has mental problem?

A). Yes ( )

b) No ( )

SECTION B, Knowledge on causes of mental illness

1. Have you ever heard about mental illness?

(a) Yes [ ]

(b) No [ ]

2 .What is mental illness?

……

3. Do you think that mental illness have any effect in the community/family?

(a) Yes ( )

(b) No ( )

If no give reasons?

……

SECTIONC; DETERMINING PERCEPTION TOWARD MENTAL ILLNESS IN THE COMMUNITY

What is your tribe? ……

What are the causes of mental illness?

……

Can the mental illness prevented or cured?……

……

What is the effect of mental illness in the community?

……

7. What do you do if you're culture does not allow the mental ill patient to be taken to hospital?

……

SECTION D. PREVENTIVE MEASURES.

How do you prevent the mental illness from occurring in the society after knowing the causes?

……

…….

How do you protect those who have not affected from the effects of mental illness/exposure to mental illness?

……

……

THANKS.

APPENDIX III

MAP OF BUSHENYI DISTRICT


N
RUBIRIZI
KYAMUHUNGA
KYABUGIMBI
KAKANJU
NYABUBARE
BUSHENYI-ISHAKA MC
KYEIZOBA
BUMBAIRE
RUHINDA
SHEEMA
Legend
District Boundary
County Boundary
Sub county Boundary
Parish Boundary
Road
0
5
10KM

APPENDIX IV

MAP OF UGANDA