



WOLKITE UNIVERSITY

COLLEGE OF EDUCATION AND BEHAVIORAL SCIENCE

DEPARTMENT PSYCHOLOGY

**ASSESSING THE KNOWLEDGE, PERCEPTION AND ATTITUDE OF
MENTAL ILLNESS IN CASE OF ABA FERANSA SECONDARY AND
PREPARATORY STUDENT**

**A SENIOR ESSAYSUBMITTED TO DEPARTMENT OF PSYCHOLOGY IN
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IN PSYCHOLOGY**

PERPAIRED BY:

SAMUAL HAILE

ADVISOR: Mr. CHERAMLAK F.

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Approval Sheet of the Research

As an examining member of the final research defense program, we certify that we have read and evaluated the research prepared by Samuel Haile entitled: : “assessing the knowledge, perceptionandattitude of mental illness in case of aba feransa secondary and preparatory student” and recommended that it is accepted as fulfilling the research requirements for BA degree in psychology.

Approved by Department head:

Name ----- Signature -----Date-----

Approved by Adviser

Name----- Signature----- Date-----

Approved by Examiner

Name----- Signature----- Date-----

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Abstract

The main objective of this study was to assess students' knowledge, perceived casual beliefs and attitude towards mental illness in case of Gubrye aba feransa secondary and preparatory student. To conduct this study the researcher used cross sectional design and data collect use quantitative method. The population was taken by simple random technique total population are 2,157 researchers took 100 students as a sample. The researcher data obtained from questionnaire analyzed and change to table and percentage based on quantitative approach the researcher tire to give conclusion of the respondent are negative attitude toward mental illnessand poor knowledge to ward mental illness. Recommendation of this study training and education that can solve this problem should be provided because the community does not have enough knowledge and understanding about mental illness.

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CHAPTER ONE

INTRODUCTION

1.1 Back ground

Mental disorders are generally characterized by some combination of abnormal thoughts, emotions, behaviors, and relationships with others {WHO, 2020}.

Today, mental health problem is recognized as a public health problem in develop and developing countries [Deribew A 2005

Many Cultures have varied mental illness as a form of punishment of demonic possession. In ancient Egyptian, India, Greek and Roma writers, mental illness was categorized as a religious or personal problem. In the 5th B.C Hippocrates was a pioneer in treating mentally ill people with techniques was not rooted in religion or superstition, instead the focus on changing a mentally ill path environment or occupational or administering retain substance do medication during the middle ages.

Studies on mental illness in Africa and Ethiopia highlight the role of supernatural/spiritual explanatory models in conceptualizing mental illness (Geil, 1968; Jacobson &Merdassa, 1991; Madu&Ohaeri, 1989; Malvaer, 1995).

These supernatural conceptualizations emphasize the importance of understanding the causes of symptoms which could include spirit possession, being the victim of a bad spell or not being protected spiritually in order to develop the most appropriate treatment approach (e.g., appeasing spirits through ritual, performing exorcism or seeking spiritual protection) (Monteiro & Wall, 2011). Remedies are then classified by type of supernatural cause, symptom constellation and patient characteristics (Collignon&Gueye, 1995).

According to Jorm et al. introduced the term ‘mental health literacy’ and have defined it as “knowledge and beliefs about mental disorders which aid their recognition, management or prevention”. Mental health literacy consists of several components, including: (a) the ability to recognize specific disorders or different types of psychological distress; (b) knowledge and beliefs about risk factors and causes; (c) knowledge and beliefs about self-help interventions; (d) knowledge and beliefs about professional help available; (e) attitudes which facilitate recognition and appropriate help-seeking; and (f) knowledge of how to seek mental health information [Jorm AF] 2000.

Traditionally, it is believed that mental illness can be caused by the malevolent wishes of evil-minded people, bad spirits, the evil eye (buda) and the hostile feelings, ill will and envy of common people. Although these causes are external, the sufferer is believed to bear some responsibility for the problem, for example by offending spirits or provoking envy (Hodes, 1997).

The backdrop of traditional Ethiopian ideas about illness is a worldview in which spirits, words and intentions are all interconnected and believed to influence the outcome of events (Giel, 1968).

Traditional beliefs also distinguish between temporary and permanent ‘insanity’. For example, some behaviors, such as walking naked, begging, wandering around aimlessly and talking to oneself, are labeled cases of incurable mental affliction (Kahana, 1985). Mulatu (1999) speaks to the multidimensional character of Ethiopians’ illness causal beliefs that ‘reflect the sociocultural context in which they occur’ (p. 547).

Similarly, Madu and Ohaeri (1989) discuss developing a broader understanding of mental illness perceptions, as they predict gradual decline in supernatural explanations for mental illness in traditional societies such as Ethiopia.

1.2 Statement of the Problem

In Ethiopia and beyond mental illness is becoming a devious health problem. In Ethiopia it was estimated that 2.6. Million adult and 3 million children are suffered from mental disorders. The above number indicates that how much mental illness is a savior problem WHO (2003).

In Ethiopia, mental illness is the leading non-communicable disorder in terms of burden. According to WHO Country Cooperation Strategy (CCS) 2012–2015, in ethiopia there is an increasing trend of mental health problems.

Most work on community attitudes has been done in West Africa and has demonstrated poor knowledge regarding causation, widespread negative views towards mental illness and an overwhelming majority believe that those with mental illness are dangerous and unsuitable for normal social contact (Gureje O,) 2005 Persons with mental illness may face different stigma and they are assumed totally abnormal. Assumed as they are led by some evil spirit.

Thus, they are dangerous to others and for themselves. Though the existence of the problem is lack of awareness about mental illness and this is one reason for the increasing or expansion of the number of peoples living with mental health problem.

Therefore, this research increases the awareness about mental illness in our society and also minimizes the problems that persons who are mentally ill are facing in day to day activities. Indirectly this research uses to create awareness to the society how to treat or understand mentally ill persons and decrease psychological problem in the society.

The study was conduct assess knowledge perceived casual beliefs and attitude toward mental illness there are previous researchers who have been mentioned the issue but still there is a gaps because the previous information is inadequate to reflex the problem and this research was the first study to be studied in this area or gubrye aba feransa secondary and preparatory school.

This study aimed to assess the knowledge, perceived casual beliefs and attitude towards mental illness in Gubrye Aba Feransa secondary and preparatory School.

1.3 Research Questions

1. What is/are student's attitude for mental illness?
2. What is perceived casual beliefs of high school students about mental illness?
3. What is the knowledge of student for mental illness?

1.4. Objective of the study

1.4.1 General Objective

- The general objective of this research is to assess student knowledge, perceived casual beliefs and attitude toward mental illness.

1.4.2. Specific Objectives

- To assess students' attitude toward mental illness.
- To assess student perceived causal, believe toward mental illness.
- To assess the knowledge of student for mental illness.

1.5. Significance of the Study

This study was helping a serve as source those who want study more knowledge, attitude and perceived casual beliefs to ward mental illness. The reader increase awareness about mental

illness and it show student level of understanding mental illness. It improves the attitude of students towards mental illness. It shows students level of understanding about mental illness.

1.6. Scope of the study

This study will be delimited to gubrye aba feransa secondary and preparatory student assess the knowledge and perception attitude toward mental illness.

1.7. Operational definition

Attitude: -One's view, interpretation of mental illness

Knowledge refers to the understanding of mental illness, which includes causes, its symptom (manifestation), treatment, management and risk factor.

Mental illness: - Behavioral malfunction in day to day activity that may cause genetically or socioeconomic disturbance.

1.8. Limitation of the study

The student researchers have faced some problems while collecting data. These include shortage of time for distributing the questionnaires, time limitation to conduct the research as efficiently as possible. Because of the above reason unstructured interview was not used.

CHAPTER TWO

REVIEW LITERATURE

Mental illness is behavioral or psychological manifestations and impairment in functioning that result from genetic biological, physical /chemical, psychological or social disturbance (Murray, 1998) until mid-twentieth century, a large proportion of people who were classified as mental issues and admitted to mental hospital were actually suffer in from physical ailment like epilepsy and brain damage (tumors) (Grob, 1985). Mental illness are also significant behavioral or psychological pattern or syndrome.

Attitudes of people towards persons with Mental illness appear to be improving in the world. The large proportion of people with positive attitude towards mental illness in the world might result from a stigma campaigns and greater attention awareness and understandings of mental illness (Wilson, 1989).

Persons with mental illness generally are able to have successful lives particularly they receive proper treatment and support. To reduce the effects of stigma, public health and mental health attitude about mental illness. Negative attitudes about mental illness often underlies stigma, which can cause affected person to deny symptoms and delays treatment understanding people attitude towards mental illness could help target initiatives to reduce stigma (John, 1798).

2.1. Perception and belief of mental illness

Throughout the world there is an increasing awareness of mental illness a significant cause of morbidity. This awareness has increased with the steady of morbidity due to nutritional disorder. Especially countries undergoing epidemiologically transition (1472-698x/4/3). Mental and behavioral disorder are common affecting more than 25% of all people at some during their lives they are also universal affecting peoples of all countries and society regardless of age gender and income.

The role of the community in the prevention and care of the mental handicapped has now been widely acknowledged and regarded as the most appropriate basis for the development of mental health programs. The recognition of mental disorder also customer within the individual's cultural environment. Furthermore, community attitude and beliefs a role in determining self-saving behavior and successful treat mentally ill form seeking appropriate

help people that to have strong beliefs about the mentally ill.(
(<http://www.biomedcentral.com>)

Thus this research is going to be conducted to understand the students' knowledge perception of causal believe and attitude towards persons with mental illness in the society .and then this research will be used to increase positive attitudes towards mentally ill persons in our society and to decreased stigma and discrimination of persons with mental illness. This leads to make on environmental comfortable for them.

2.2 Public attitude and perception of people with mental illness

Few studies conducted in Africa have suggested that the experience of stigma by people with mental illness may in fact be common [Kapungwe A and Cooper S 2010].

Results from the study in Zambia revealed that stigma and discrimination towards mental illness and those affected are ubiquitous and insidious across Zambian society [Kapungwe A and Cooper S 2010].

In Iraq, one study aimed to assess public perception of mental health. Their results revealed that around half of respondents believed people with mental illness should not get married and have children. While just under half believed people with mental illness should be limited and have no contact with others [Sadic S 2010].

There are similar results reported from Tehran, Iraq which all respondents (n = 123) reported that they had experienced feelings of alienation, discrimination, and social withdrawal [Ghanean H 2011].

In Africa also suggested that stigma is a common experience faced by people with mental illness. The Agaro, Ethiopia study showed that there was a positive attitude concerning the four mental health problems by respondents towards work opportunities, marital prospects, chance for education and cure by modern medicine. Epilepsy was considered as the most serious problem, followed by schizophrenia. The least serious problem was the major depressive disorder [Tibebe A].

In Nigeria, People with mental illness were believed to be mentally retarded, to be a public nuisance and to be dangerous [Gureje O 2004].

Similar Nigerian study in 'Karfi' village ascertained that the majority of the respondents harbored negative feelings towards the mentally ill, mainly in the form of fear and avoidance. Literate respondents were seven times more likely to exhibit positive feelings towards the

mentally ill as compared to non-literate subjects [OR=7.6, 95% confidence interval = 3.8–15.1]. One study conducted in Uganda showed that a strong interrelationship exists between poverty and mental illness, with stigma playing a crucial mediating role [Ssebunnya J 2009].

More of our sample attributed mental illness to Gods punishment compared to participants in West Africa (21.9% in Malawi compared to 9.3% in Nigeria). In Nigeria, religious-magical views of causation have been found to be more associated with negative and stigmatizing attitudes to the mentally ill compared with biological explanations [Gureje O2005].

Spiritual explanations have also been found for mental states due to physical illness such as delirium in this region [Ola BA 2006].

These beliefs may also explain why many cases of mental illness in Sub-Saharan Africa are treated punitively or outside of the Western Health care systems, for example, via traditional or faith healers. Our findings regarding drugs and alcohol and spiritual matters as the most popular causes of mental illness are therefore a concern, as they reflect a potential for discrimination and non-medical treatment or at its worst, maltreatment

2.3 Knowledge and beliefs about the etiology of mental illness

Most work on community attitudes has been done in West Africa and has demonstrated poor knowledge regarding causation, widespread negative views towards mental illness and an overwhelming majority believe that those with mental illness are dangerous and unsuitable for normal social contact [Gurejio O 2005]

Study conducted in Agaro, Ethiopia to assess how mental health problems perceived by a community, a significant number of people implicated supernatural powers as causing mental health problems which is in agreement with other studies conducted in Ethiopia. Such traditional notions whereby supernatural powers are attributed to controlling the wellbeing of an individual's mind are widespread in all ethnic or religious groups in Ethiopia. Similar results were also observed in other African studies [Deribew A 2005].

In developing countries like India and Morocco a vast majority of people attributed the schizophrenic symptoms to supernatural phenomena, drug use, stressful life events, and heredity or personality deficiencies [Zafar SN 2008].

As shown in another study conducted in Iraq, the population did have a fairly reasonable understanding of the etiology of mental illness, citing genetic factors, negative life events,

brain disease and substance abuse as key causes although God's punishment and personal weakness were also viewed as major factors [Sadik S 2010].

Evidences from rural Cameroon shows that Christians (22.7%) had a greater tendency to associate epilepsy to witchcraft with respect to Muslims (13%). However, the difference was not statistically significant. Regarding gender differences in knowledge and belief about the etiology of mental illness, findings indicates that more women than men believed that mental illness is due to possession by evil spirits [Bener A 2010].

In another study conducted in Iraq to assess public perception of mental health, around half of respondents thought people with mental illness should not get married, and that people with mental disorders should not have children while just under half thought one should avoid all contact with people with mental illness. Just over half thought they could maintain a friendship with someone who had a mental illness, but less than one fifth thought they could marry someone with mental illness [Sadik S 2010].

Similar results were reported from Tehran, Iraq, all respondents (n=123) reported that they have experienced feelings of alienation, discrimination, and social withdrawal [Ghanian H 2011].

2.4. Knowledge and attitude of health workers concerning mental disorders

Primary care of mental disorders is crucial in all parts of the world because of the sheer scale of psychiatric morbidity, and especially in sub-Saharan Africa where specialist expertise is very scarce [Tefera's 2012]. Literacy survey results from developing countries indicate a lack of basic mental health training associated with a failure to recognize mental health problems, restricted knowledge concerning psychotropic drug therapy, and an inability to visualize practical forms of mental health care which could be introduced at primary care level [SALVE, H 2013].

In study to assess KAP of primary health care workers, the majority of the sample did however hold some stigmatizing attitudes about depression, [believing that becoming depressed is a way that people with poor stamina deal with life difficulties] which may contribute to the difficulty which some experience in differentiation between unhappiness and clinically significant depressive illness [Suma P 2002]. Several respondents of one Ugandan qualitative study indicated that the psychiatric hospital itself is a major source of stigma [SALVE, H 2013].

2.5. Public recognition of mental disorders

Studies from [Ethiopia and Nigeria] countries concerning public recognition of mental disorders have been consulted. Respondents in study from Ethiopia recognized only overt psychotic symptoms such as talking to oneself excessive talkativeness and aggression as signs of mental health problem [Deribew A 2005].

Similarly, the most common symptoms proffered by respondents in the Nigerian study as manifestations of mental illness included aggression/destructiveness [22.0%], talkativeness [21.2%], eccentric behavior [16.1%], and wandering [13.3%] [Kabir M 2004].

Study designed to look into the experience of internalized stigma in mentally ill persons in Tehran, many expressed a concern about being recognized as having a mental illness causing problems in their family. Many told that they tried to conceal the fact that they were mentally ill from their family and from those close to them in order to avoid problems for themselves, their relatives, and those near to them.

Another issue was the feeling that mentally ill people are considered 1 KAP: knowledge, attitude and practice violent and dangerous—a recurring theme in studies of perceptions of the mentally ill worldwide. Their willingness to talk about their situation strongly suggests that further qualitative studies would be of great interest to enable us to find out more about how people view mental illness and the mentally ill, and the consequences for those with a mental illness [Ganesh K 2011].

2.6. Mental health literacy in developing countries

Jorm et al. introduced the term ‘mental health literacy’ and have defined it as “knowledge and beliefs about mental disorders which aid their recognition, management or prevention” [Jorma AF 2000]. The need for the public to have greater mental health literacy is highlighted by the high lifetime prevalence of mental disorders (up to 50%), which means that virtually everyone will either develop a mental disorder or have close contact with someone who does [Jorma AF 2000].

In some developing countries where more than half of the population may be illiterate the dimensions of mental health literacy are totally different from those in Western countries [Mubbashar MH 2001].

Supernatural causes of mental disorders are more widely held and traditional sources of help, such as spiritual healers, are preferred over medical advice for a range of mental health problems in these countries [Mubbashar MH 2001].

CHAPTER THREE

3. RESEARCH METHODS

This part of the study deals with the research design, sample and sample technique, data collection instruments, procedures and methods of data analysis.

3.1. Research design

Descriptive cross-sectional survey design used to gather information, present summarize, interpret and its help describe use number.

This study assess knowledge, perception and attitude toward mental illness was used Descriptive Cross-sectional survey design number and word.

3.2. Study area

This research is conducted at gubrye specifically aba feransa secondary and preparatory school. Gubrye is located in the southern nation nationalities regional state in Gurage zone 168km southwest of the capital city Addis Ababa on the Jimma it is situated at Gubreye sub city 13km away from Wolkite town of the Gubreye.

3.3. Population

The total population are grade 9, 10, 11 and 12 student Gubrye aba feransa high school student. Population of gubrye aba feransa high school students are 2157 female's student are 990 males are 1167 in 2013 years in E.C.

3.4. Sampling technique

To conduct the study the researchers used simple random sample technique because given equal chance participant and the sampling size should be 20% of the total population and when calculating 20% it is going to 431 participants then the researcher forced to reduce the sample size into 100 because shortage of finance, time and easy to work more detail and briefly

3.5. Data sources

The data collected from primary and secondary source. Secondary sources are different reference books in library and different internet websites. Mainly primary sources will be used because the information from primary source is original and more detail to the research.

3.6. Participants

Participants of the study were students of aba Feransa School. thus are 9th, 10th, 11th and 12th student. The participants selected based on study grade different, sex difference, age, religion and residence difference.

3.7. Data collection instrument

The researcher used questionnaire to collect the data. The questionnaires translate Amharic version and distribute to participant.

3.8. Data Collection procedure

Before the researcher collects data, the participant asks for their willingness to participate in the study. First the researcher give adequate orientation to the samples and told the samples the information they give only used for the study purpose and secondly the researcher distributed questionnaires to the samples of the study in face to face manner and then the distributed questionnaires collected by the researcher and the questionnaire prepare initially in English version and then translate in to Amharic language.

3.9. Data analysis

The collect data in questionnaires and present by different tables and tabulation by sex, study grade level and residence.

3.10. Ethical consideration

The researchers form to the participants about the purpose of information they give. This is to avoid confusion in participants to give their idea. Then permission of participants asked to give their own answer for the questions. Also, the participants informed about confidentiality of the information that they gave to the researchers.

CHAPTER FOUR

4. DATA ANALYSIS AND INTERPRETATION

The main purpose of this chapter is to analyze and interpret the knowledge perceived causal belief and attitude towards mental illness based on the responses of the selected samples

The demographic table of respondents that show sex age residence religion family education and family occupation

Table 1 Sex composition

sex	No of respondents	Percentage %
male	36	36%
Female	64	64%
total	100	100%

Note; 64(64%) of the respondents were females and 36(36%) of the respondents 'were male. This implies that the percentages of female respondents are greater than the percentage of male respondents.

Table 2 Age composition

age	No of respondents	Percentage %
14-18	45	45%
18-22	47	47%
Above 22	8	8%
total	100	100%

Among the respondent's majority students are the age of eighteen up to twenty-two that cover 47% the other respondents are found between were fourteen up to eighteen 45% the least of them are above age of twenty-two 22%.

Table 3 Grade composition

grade	No of respondents	Percentage%
9	30	30%
10	27	27%
11	18	18%
12	25	25%
total	100	100%

As it mentioned in the above table 3 the respondent's grade 9 are, they cover 30 (30%) of the total respondents. The respondents were grade 10 are 27(27%), the respondents were grade 11 are 18(18%), The respondents were grade 12 are 25(25%).

Table 4 Grade composition

religion	No of respondents	Percentage %
orthodox	28	28%
Muslim	41	41%
catholic	12	12%
protestant	19	19%
other	0	0
total	100	100%

As it mentioned in the above table 4the respondents were 28(28%) are orthodox,42(42%) of respondent are Muslim, 12(12%) of respondent are catholic, 19(19%) of respondent are protestant.

Table 5 Residence compositions

residence	No of respondents	Percentage %
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urban	54	54%
rural	46	46%
total	100%	100%

Among the respondent's majority of the students are living urban 54% and living the rural cover 46% from the total participant.

Table 6 The following table shows the respondent's response to attitude towards mental ill.

Items	Response	N=100	Percentage
I am not willing to work with and to be a friend of a person with mental illness	Strongly Agree	10	10
	Agree	20	20
	Undecided	15	15
	Disagree	40	40
	Strongly disagree	15	15
	Total	100	100
The mentally ill are not burden to society	Strongly agree	30	30
	Agree	35	35
	Disagree	15	15
	undecided	8	8

	Strongly disagree	12	12
	Total	100	100.0
A woman would be foolish to marry a man who has suffered from mental illness, even though he seems fully recovered	Strongly agree	13	13.0
	Agree	10	10
	Undecided	14	14
	Disagree	40	40
	Strongly disagree	23	23
	Total	100	100.0
I would able to live next door like nay others to someone who has been mentally ill	Strongly agree	20	20
	Agree	36	36
	Undecided	18	18
	Disagree	12	12
	Strongly disagree	14	14
	Total	100	100.0
If have had a family member with mental illness, I would allow him play and form a friendship with other	Strongly agree	40	40
	Agree	35	35
	Undecided	6	6.0
	Disagree	11	11.0
	Strongly disagree	8	8

	Total	100	100.0
Mental illness is curable	Strongly agree	25	25
	Agree	37	37
	Undecided	10	10
	Disagree	19	19.0
	Strongly disagree	9	9
	Total	100	100.0
The mentally ill are far less of a danger than most people suppose	Strongly agree	15	15
	Agree	15	15
	Undecided	35	35.0
	Disagree	25	25
	Strongly disagree	10	10
	Total	100	100.0
I feel individuals with mental illness are punished by god or other spirits	Strongly agree	20	20
	Agree	28	28
	Undecided	30	30
	Disagree	15	15

	Strongly disagree	7	7
	Total	100	100.0
Mental illness may exist naturally	Strongly agree	35	35
		40	40
	Agree		
	Undecided	9	9
	Disagree	10	10
	Strongly disagree	6	6
	Total	100	100.0
Mental illness may exist due to socio environmental causes	Strongly agree	20	20
		45	45
	Agree		
	Undecided	15	15
	Disagree	11	11.0
	Strongly disagree	9	9
	Total	100	100.0

The above table 6 shows that responses of the participants related to the attitude towards mental illness.

As the data collected in the above table shows 10% (n=10) of respondents strongly agree that they are willing to work with and to be friend of a person with mental illness, 20%(n=20)of the respondents are agree 15%(n=15) undecided to this agreement, 40%(n=40)of the participants are disagreed on the argument, 15%(n=15) of the participants are strongly disagreed.

30% of the participants strongly agree that the mentally ill are not burden of a society, 35%(n=35) of the participants are agree, 15%(n=15) undecided, 8%(n=8) are disagreed on this issue, 12%(n=12) are strongly disagreed. Only 13%(n=13) of the respondents strongly agree that a woman would be foolish to marry a man who has suffered from mental illness even though he seems fully recovered, the other 10%(n=10) of respondents are agree, 14%(n=14) undecided, most of the respondents that is 40%(n=40) were disagreed to the argument, 23%(n=23) were strongly disagreed to the argument.

20%(n=20) are strongly agree that they would able to live next door like any others to someone who has been mentally ill, 36%(n=36) of respondents are agree, 18%(n=18) undecided, 12%(n=12) were disagreed, 14%(n=14) of the respondents were strongly disagreed on the issue.

40%(n=40) were strongly agree if they had a family member with mental illness, they would allow him play and form a friendship with others, 35%(n=35) of respondents were agree 6%(n=6) undecided to this argument, 11%(n=11) of the respondents were disagreed on the issue, 8%(n=8) of the respondents were strongly disagreed on the issue.

As the data shows in the above figure 25%(n=25) of participants in this research were strongly agree that mental illness is curable, 37%(n=37) of the respondents were agree, 10%(n=10) undecided in this issue, 19%(n=19) of the respondents were disagree, 9%(n=9) of the respondents were strongly disagree. 15%(n=15) of respondents were strongly agree on the mentally ill are far less of danger than most people, 15%(n=15) of the respondents were agree, 35%(n=35) undecided on this idea, 25%(n=25) of respondents were disagree on the issue, 10%(n=10) of respondents were strongly disagree on the issue.

20%(n=20) of the respondents are strongly agree that individuals with mental illness are punished by God or other spirit, 28%(n=28) were agree, 30%(n=30) undecided to feel like this, 15%(n=15) of respondent are disagree, 7%(n=7) of respondent are strongly disagree.

35%(n=35) of respondents in this research data strongly agreed on the idea that mental illness may exist naturally, 40%(n=40) of respondents in this research data agreed some others were

undecided on this issue that is 9%(n=9) respondents, 10%(n=10) were disagree on this issue,6%(n=6) were strongly disagree on this issue.

In this research 20%(n=20) were strongly agree on that mental illness may exist due to socio-environmental causes, 45%(n=45) of the participants in this research also agree15%(n=15) of the participants undecided in this issue, 11%(n=11) disagree on socio-environmental causes for mental illness,9%(n=9) disagree on socio-environmental causes for mental illness.

Table 7 The following table shows the participants responses of causal belief of mental illness

Items	Respondents	N	percentage
Excessive worrying	Responsible	34	34.0
	Somewhat responsible	27	27.0
	Not responsible	39	39.0
	Total	100	100.0
Damage the brain or other body parts	Responsible	63	63.0
	Somewhat responsible	32	32.0
	Not responsible	5	5.0
	Total	100	100.0
Too much education	Responsible	34	34.0
	Somewhat responsible	37	37.0
	Not responsible	29	29.0

	Total	100	100.0
Punishment by God (Allah	Responsible	31	31.0
	Somewhat responsible	24	24.0
	Not responsible	45	45.0
	Total	100	100.0
Evil eye and curse	Responsible	34	34.0
	Somewhat responsible	27	27.0
	Not responsible	39	39.0
	Total	100	100.0
Magic or curse	Responsible	34	34.0
	Somewhat responsible	37	37.0
	Not responsible	29	29.0
	Total	100	100.0
Infection by germs	Responsible	19	19.0
	Somewhat responsible	19	19.0
	Not responsible	62	62.0
	Total	100	100.0
Lack of body essentials e. g food	Responsible	32	32.0

	Somewhat responsible	30	30.0
	Not responsible	38	38.0
	Total	100	100.0
Chronic illnesses	Responsible	39	39.0
	Somewhat responsible	37	37.0
	Not responsible	24	24.0
	Total	100	100.0
Lack of medical care	Responsible	40	40.0
	Somewhat responsible	44	44.0
	Not responsible	16	16.0
	Total	100	100.0

As the data in the above table 7 shows 34 % (n=34) of the respondents assume that excessive worry is the responsible cause for mental illness, 27 % (n=27) of respondents believe that this is somewhat responsible cause for mental illness and the rest 39% (n=39) were believe that this cause is not responsible cause for mental illness.

Most of the respondents in this research believe that damage to the brain or other body parts is responsible factor for mental illness, the remaining 39% (n=39) of respondents believe that this factor is not responsible cause for mental illness.

As the data collected shows that 34% (n=34) of participants assume that too much education is responsible factor for the problem, 27% (n=27) of these participants believe that this factor is somewhat responsible for mental illness and the rest 29% (n=29) of respondents believe this factor as it is not cause for the problem

31%(n=31) of respondents assume that mental illness is punishment by God/Allah, 37%(n=37) believe it is somewhat factor for the disorder and the remaining or the most respondents believe it is not cause for mental illness.

34%(n=34) of participants believe evil eye as cause of mental illness, some respondents that is 27%(n=27) were assume that it is somewhat responsible cause for mental illness. the remaining 39%(n=39) of respondents argue that this factor is not cause for mental illness.

As the data collected shows 34%(n=34) of respondents were believe that magic or curse is responsible cause for mental illness , 37%(n=37) of respondents assume that this factor is somewhat responsible cause for mental illness and the remaining 29%(n=29) of respondents think this is not cause for the problem.

As the data collected shows that only 19%(n=19) of respondents believe that infection by germs is cause for mental illness, others 19%(n=19) of them were also think that this factor is somewhat responsible cause for the problem , most of the respondent believe this factor is not responsible factor of mental illness.

32%(n=32) of respondents in the data collection thinks that lack of body essentials is responsible factor for the problem,30%(n=30) of the respondents assume this is somewhat responsible factor and 38%(n=38) of respondents believe this not responsible factor.

Most of the participants of research that is 39%(n=39) think mental illness is a chronic illness, 37%(n=37) of respondents were believe that mental illness is somewhat a chronic illness and the remaining 24%(n=24) assume this is not chronic illness.

40%(n=40) of the respondents in the study believe the responsible cause for mental illness is lack of medical care, 44%(n=44) of the respondents think that this factor is somewhat responsible cause and the rest 16%(n=16) believe this is not cause for mental illness.

Table 8 The following table shows the participants responses of causal belief of mental illness

Items	Respondents	N	percentage

Most psychological problems are due to morally incorrect (inappropriate) thinking	YES	42	42%
	No	58	58%
	Total	100	100.0
A variety of physical discomforts are common symptoms of psychological problems	YES	63	63%
	No	37	37%
	Total	100	100.0
For some psychological/psychiatric problems it is necessary to constantly use medication	YES	70	70%
	NO	30	30%
	Total	100	100.0
Depression is one of the common psychological problems in the elderly	YES	41	41%
	NO	59	59%
Total	100	100.0	
Most psychological problems are not treatable	YES	38	38%
	NO	62	62%
	Total	100	100.0
There is no way to prevent	YES	60	60%

psychological/psychiatric problems	NO	40	40%
	Total	100	100.0
Heavy drinking is a psychological problem	YES	22	22%
	NO	78	78%
	Total	100	100.0
Medications used to treat psychological problems are harmful or addictive	YES	47	47%
	NO	53	53%
	Total	100	100
Persons with diabetes are much more likely to develop depression than others	YES	66	66%
	NO	34	34%
	Total	100	100.0

the data in the above table 8 shows 42 %(n=42) respondent are yes Most psychological problems are due to morally incorrect (inappropriate) thinking, 58 %(n=58) of respondents are no. 63 %(n=63) of respondent are yes A variety of physical discomforts are common symptoms of psychological problems, 37 %(n=37) respondent are no. 70 %(n=70) most respondent are yes For some psychological/psychiatric problems it is necessary to constantly use medication, the rest 30 %(n=30) of respondent are no. 41 %(n=41) of respondent are Depression is one of the common psychological problems in the elderly, 59 %(n =59) of respondent are no. 38 %(n=38) respondent are yes most psychological problems are not treatable, 62 %(n=62) of respondent are no. 60 %(n=60) respondent are yes There is no way to prevent psychological/psychiatric problems, 40 %(n=40) respondent are no. 22 %(n=22) respondent are yes Heavy drinking is a psychological problem, 78 %(n=78) respondent are no. 47 %(n=47) respondent are yes Medications used to treat psychological problems are harmful or addictive, 53 %(n=53) respondent are no. 66 %(n=66) respondent are yes Persons with diabetes are much more likely to develop depression than others, 34 %(n=34) respondent are no.

CHAPER FIVE

5. DISCUSSION

As past researches show that these positive attitude towards mental illness was developed to reduce (stigma jhon, 1978. We can say now positive attitude towards persons with mental illness is developing. The living conditions those who are mentally ill being good.

In the present study many of the participants accept or believe that damage to the brain or other bodies parts lack of medical care, infection by germs are the main cause mental illness. The data is related to any damage to brain cause mental disorder. The brain is control system for the nervous system and the rest of the body according to Susan, 2004 as biological causes. Study by Tibebe in northern Ethiopia (65%) of the participants were able to recognize drug addiction as a mental health condition, but the current study is only 22% the current level of respondent's knowledge is very low about mental illness this because of knowledge gap.

Study by Tibebe in northern Ethiopia (43.5%) of the study participants recognized depression as a mental illness but current study show (41%)so the result is approximately similar to the current. Excessive worry is also perceived as a main cause of mental illness. The participants are responses in this research. This idea is related to the past that is psychological stressors may cause mental illness.

Study by Crabb 2012 Only 9.3% respondent punishment of God perceived causal believe of mental illness in Nigeria) but the current study shows 31% it shows big different, because in Nigeria, religious-magical views of causation have been found to be more associated with negative and stigmatizing attitudes to the mentally ill compared with biological explanation.

Lack of body essentials like food also assumed as cause for mental illness as this study's participant responded. As the past researches show that there is a direct correlation between mental illness and poverty. Lower the socio-economic status of an individual, the higher risk of mental illness. Impoverished people are actually two or three times more likely to develop mental illness. These causes of mental illness are also perceived as cause for mental illness as the data collected shows.

CHAPTER SIX

6. SUMMARY, CONCLUSION AND RECOMMENDATION

This chapter consists of two parts. These are conclusion and recommendation which is provided based on results found from the Data analysis and interpretation.

6.1. Summary

The main objective of this study was to assess students' knowledge, perceived casual beliefs and attitude towards mental illness.

This study was attempted to answer the following basic research question.

1. What is/are student's attitude for mental illness?
2. What is perceived casual beliefs of high school students about mental illness?
3. What is the knowledge of student for mental illness?

To conduct this study the researcher used cross sectional design and data collect use quantitative method. The population was taken by simple random technique total population are 2157 researcher took 100 students as a sample. The researcher data obtained from questionnaire analyzed and change to table and percentage based on quantitative approach.

Based on the analyzed and result of the study, the research summarized the main content of the study and gave conclusion. Finally, depending in the result of the study, the researchers also give recommendation to minimize the problem in the future.

6.2. Conclusion

Based on the analysis and interpretation of the data made based on the response of respondents the following findings were obtained.

The result clearly shows that majority of respondents were disagree A woman would be foolish to marry a man who has suffered from mental illness, even though he seems fully recovered.

Majority of respondents are strongly agreeing if have had a family member with mental illness, I would allow him play and form a friendship with other.

Majority of respondents are strongly agreeing Mental illness may exist naturally

Majority of respondents were responsible to mental illness damage the brain or other body parts Majority of respondents were not responsible for mental illness Infection by germs

Majority of respondents were yes for some psychological/psychiatric problems it is necessary to constantly use medication.

The majority of respondents were no heavy drinking is a psychological problem

The majority of respondents Persons with diabetes are much more likely to develop depression than others

So according to this study majority of the respondent are they are insufficient knowledge negative attitude toward mental illness.

6.3. Recommendation

Based on the conclusion the following points are recommended.

- ✓ Highly educated persons in the society should create awareness about persons with mental illness.
- ✓ The government or other concerned body should move to increase this awareness and knowledge of community for mental illness
- ✓ Positive attitude towards persons with mental illness should be developed.
- ✓ According to this research their knowledge of mental illness is insufficient so all stakeholders are required to educate the community.
- ✓ The government should provide the necessary support on this topic.
- ✓ Training and education that can solve this problem should be provided because the community does not have enough knowledge and understanding about mental illness.
- ✓ Other researches should be conducted based on this finding in order to unclean

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APPENDEX

WOLKITE UNIVERSITY

COLLEGE OF EDUCATION AND BEHAVIORAL SCIENCE DEPARTMENT

PSYCHOLOGY

This research questioners are purpose to assess knowledge perception causal believe and attitude towards mental illness among high school students. This research will be valid when the participant gives genuine information and this information participants gave will only be used for fulfill this research paper. Every information is gathered from participant will be kept confidentially. So, the participants should not write their name and address. Voluntarily, you can provide information and you can leave if you do not agree.

Thank you for your participation

Part one

Background information

Age.....

Sex male female

Study grade 9 10 11 12

Religion orthodox Muslim catholic protestant

other specify

Residence urban rural

Part two

Questionnaires designed to collect information about attitude to mental illness Please give appropriate response put tick (√) mark in the box based on your choice.

Strongly agree Agree Undecided Disagree strongly disagree

Sin	Items	Strongly agree	agree	Undecided	disagree	Strongly disagree
1	I am not willing to work with and to be friend of persons with					

	mental illness					
2	The mentally ill are not burden to society					
3	A woman would be foolish to marry a man who has suffered from mental illness, even though he seems fully recovered					
4	I would able to live next door like any other to someone who has been mentally ill					
5	If I had a family member with mental illness, would allow him play and form friendship with others					
6	Mental illness is curable					
7	The mentally ill are far less of a danger than most people suppose					
8	I feel individuals with mental illness are punished by God or other spirit					

9	Mental illness may exist naturally					
10	Mental illness may exist due to socio environmental causes					

Part three

- Questionnaires designed to collect information about perception to causal belief of mental illness. Please give appropriate response put tick (√) mark in the box based on your choice.

Responsible somewhat responsible not responsible

Sin	Items	responsible	Somewhat responsible	Not responsible
1	Excessive worry			
2	Damage to the brain or other body part			
3	Too much education			
4	Punishment by God (Allah)			
5	Evil eye and or curse			
6	Magic or cure			
7	Infection by germs			
8	Lack of body essentials. E.g. food			
9	Chronic illness			
10	Lack of medical care			

- Items for Mental illness Knowledge Questionnaire. Please give appropriate response put tick (√) mark in the box based on your choice.

• Yes

No

1. Most psychological problems are due to morally incorrect (inappropriate) thinking

Yes

No

2. A variety of physical discomforts are common symptoms of psychological problems

Yes

No

3. For some psychological/psychiatric problems it is necessary to constantly use medication

Yes

No

4. Depression is one of the common psychological problems in the elderly

Yes

No

5. Most psychological problems are not treatable

Yes

No

6. There is no way to prevent psychological/psychiatric problems

Yes

No

7. Heavy drinking is a psychological problem

Yes

No

8. Medications used to treat psychological problems are harmful or addictive

Yes

No

9. Persons with diabetes are much more likely to develop depression than others

Yes

No

II.

በጥብቅ መስማማት መስማማት ያልተወሰነ አለመስማማት በጥብቅ
አይስማሙም

ስለ የአእምሮ ህመም አመለካከት መረጃ ለመሰብሰብ የተነደፉ መጠይቆች ናቸው።

ተቁ	ጥያቄ	በጥብቅ መስማማት	መስማማት	ያልተወሰነ	አለመስማማት	በጥብቅ አለመስማማት
1	የአእምሮ ህመም ካለባቸው ሰዎች ጋር ለመሥራት እና ጓደኛ ለመሆን ፈቃደኛ አይደለሁም					
2	የአእምሮ ህመም ለኅብረተሰብ ሸክም አይደለም					
3	ምንም እንኳን ሙሉ በሙሉ የተመለሰ ቢመስልም አንዲት ሴት በአእምሮ ህመም የተሠቃየውን ሰው ማግባት ሞኝነት ነው					
4	እኔ እንደማንኛውም ሰው በአእምሮ ህመም ለታመመ ሰው እንደ ጎረቤት መኖር እችል ነበር					
5	የአእምሮ ህመም ያለበት የቤተሰብ አባል ቢኖረኝ እሱ እንዲጫወት እና ከሌሎች ጋር ጓደኝነት እንዲመሠርት እፈቅድለታለሁ					
6	የአእምሮ ህመም የሚድን ነው					
7	የአእምሮ ህመምተኞች ብዙ ሰዎች ከሚገምቱት አይጋ በጣም ያነሱ ናቸው					
8	የአእምሮ ህመም ያለባቸው ግለሰቦች በእግዚአብሔር ወይም በሌላ መንፈስ እንደሚቀጡ ይስማማኛል					
9	የአእምሮ ህመም በተፈጥሮ ሊኖር ይችላል					
10	በማህበራዊ አካባቢያዊ ምክንያቶች ምክንያት የአእምሮ ህመም ሊኖር ይችላል					

III.

እነዚህ መጠይቆች መረጃን ወደ ስለ የአእምሮ ሕመም ምክንያት ያላቸው ግንዛቤና እምነት ለመሰብሰብ የተነደፉ ናቸው።

ሃላፊነት

በመጠኑ ሃላፊነት

ተጠያቂ አይደለም

ተቁ	ጥያቄ	ሃላፊነት	በመጠኑ ሃላፊነት	ተጠያቂ አይደለም
1	ከመጠን በላይ መጨነቅ			
2	በአንጎል ወይም በሌላ የሰውነት ክፍል ላይ የሚደርስ ጉዳት			
3	በጣም ብዙ ትምህርት			
4	በአላህ /በእግዚአብሔር ቅጣት			
5	ክፉ ዓይን እና ወይም እርግማን			
6	አስማት ወይም ፈውስ			
7	በጀርሞች ኢንፎክሽን			
8	የሰውነት አስፈላጊ ነገሮች እጥረት። ለምሳሌ ምግብ			
9	ሥር የሰደደ ሕመም			
10	የሕክምና እንክብካቤ እጥረት			

IV.

ስለአእምሮ ህመም ያላቸው እውቀት ለመገምገም የተዘጋጁ ናቸው ።

1. አብዛኛዎቹ የስነልቦና ችግሮች በሥነ ምግባር ስህተት (ተገቢ ያልሆነ) አስተሳሰብ ምክንያት ናቸው

አዎ አይ

2. የተለያዩ የአካላዊ ምቹት ችግሮች የስነልቦና ችግሮች የተለመዱ ምልክቶች ናቸው

አዎ አይ

3. ለአንዳንድ የስነልቦና/የአምሮ ችግሮች መድሃኒት ያለማቋረጥ መጠቀም ያስፈልጋል

አዎ አይ

4. የመንፈስ ጭንቀት በአረጋውያን ላይ ከተለመዱት የስነልቦና ችግሮች አንዱ ነው

አዎ አይ

5. አብዛኛዎቹ የስነልቦና ችግሮች ሊታከሙ አይችሉም

አዎ አይ

6. የስነልቦና/የአምሮ ችግሮችን ለመከላከል የሚያስችል መንገድ የለም

አዎ አይ

7. ከባድ መጠጥ የስነልቦና ችግር ነው

አዎ አይ

8. የስነልቦና ችግሮችን ለማከም የሚያገለግሉ መድኃኒቶች ጎጂ ወይም ሱስ የሚያስይዙ ናቸው

አዎ አይ

9. የስኳር በሽታ ያለባቸው ሰዎች ከሌሎች ይልቅ የመንፈስ ጭንቀት የመያዝ ዕድላቸው ሰፊ ነው

አዎ አይ