Attitude Towards Mentally Ill People Among University Students in Baghdad

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ABSTRACT:

BACK GROUND:

Recent literature show a high prevalence of stigma in Iraq toward mental illness, discrimination towards people suffering from mental illness is still common in Iraqi society and this can negatively affects the attitudes of university students to ward patients with mental illness and till now the publications of stigma among youth is scarce.

OBJECTIVE:

To estimate the prevalence of stigma against mental illness among university students.

SUBJECTS & METHODS:

A total of 405 university students from different governorates in Iraq. They were randomly selected from colleges of Engineering, Arts, Education and Science. Stigma was measured by community attitude toward mental illness questionnaire (CAMI) scale. CAMI consists of four subscale: authoritarianism (oppressive attitude), benevolence (sympathetic attitude), social restrictiveness (belief that mentally ill patients are threat to society) and community mental ideology (CMH1) (community oriented care for mentally ill patients.

RESULTS:

The age of participants in the study sample was 21.3 ± 2.5 year giving male: female ratio of 0.58:1. Students from Baghdad were 370 (91.1%), and 154 (38.0%) were living in houses of > 2 crowding index.

Stigma was clearly noticed in 307 (75.8%) students. Three hundred ten (76.5%) were Authoritarians, 23 (5.7%) were benevolent, social restrictiveness was noticed in 298 (73.5%) and negative CAMI was seen in 320 (79.0%). Out of males, in the study (77.9%) and out of females 191 (74.6%), are showed stigma toward mentally ill patients, no significant role in developing stigma between sex and educational stages (p=0.4 for both). Both those with crowding index > 2 and ≤ 2 have no significant effect on stigma (p=0.2).

CONCLUSION:

High prevalence of stigma was noticed among university students.

KEY WORD:stigma, mental illness, iraq, university students.

INTRODUCTION:

Recent publications show a high prevalence of mental disorders in Iraq[1]. Although the knowledge about mental disorders increased over the last decades, Iraqis continue to fear from psychiatric patients [2]. Moral judgment against psychiatric patients was developed according to traditional etiology of mental disorders[3].

Stigma is defined as a mark of shame, disgrace or disapproved which results in an individual being rejected, discriminated against and excluded from participating in a number of different areas of society [4].

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Publication on stigma in Iraq is scarce[2] which the impetus to report on it. The aim of this study was to estimate prevalence of stigma among university students in Baghdad, and some determinants of it.

MATERIALS AND METHODS:

A total of ٤٠٥ university students was included in the study. They were from different governorates from Iraq. They were select randomly from colleges of Engineering, Arts, Education and Science for the period from 4th Nov. 2016 to 28th Feb. 2017.

In addition to the sociodemographic data of the students, the attitude towards mental illness (stigma) was measured by the Community Attitude toward Mental Illness (CAMI) scale [5]. It was recently used in assessment of attitude of medical students towards mentally ill patients.[2]

CAMI scale composed of 40 statements and response demonstrated in Likert scale. CAMI scale is of four subscales: authoritarianism (oppressive attitude), benevolence (sympathetic attitude), social restrictiveness (belief that mentally ill patients are a threat to society) and community mental health ideology (CMHI) (community orientated care for mentally ill patients).

The personal subset that affect attitude toward mentally ill patients were considered. Socioeconomic status was measured by crowding index (CI).[6]

Chi square was used to examine the association of stigma (dependent variable) with sex, education level and socioeconomic status (independent variable). Student's t test was done to examine the differences in age between those with and without stigma. P value < 0.05 was considered significant.

RESULTS:

Figure.1 demonstrated the distribution stigma score among the studied university students. The distributions are similar in the four years of the study in university.

The age of participants was 21.3 ± 2.5 year giving male: female ratio of 0.58:1.

Three hundred seventy (91.1%) students were from Baghdad, and 154 (38.0%) were living in houses of > 2 crowding index. These findings are shown in Table 1.

Stigma was clearly noticed in 307 (75.8%) students. Three hundred ten (76.5%) were Authoritarians, 23 (5.7%) were benevolent, social restrictiveness was noticed in 298 (73.5%) and negative CAMI was seen in 320 (79.0%) (Table 2).

The age of students showing stigma was 21.3 ± 2.6 year and those showing no stigma was 21.4 ± 2.2 year. There was no significant difference in age between those with and without stigma (t=0.5, d.f.=403, p=0.5).

Out of males in the study, 116 (77.9%) and out of female, 191 (74.6%) showed stigma toward mentally ill patients. Sex was not associated with stigma (χ^2 = 0.5, d.f.= 1, p = 0.4).

Through stages of studying in university, 81 (75.7%), 83 (79.8%), 73 (77.7%), and 70 (70.0%) of 1st, 2nd, 3rd , and 4th year, respectively, showed stigma toward mentally ill patients. The educational stage in university had no significant role in developing stigma (χ^2 = 2.9, d.f.= 3, p = 0.4).

From those with crowding index >2, 112 (72.7%) and from those with crowding index ≤ 2, 195 (77.7%) demonstrated stigma. Crowding index had no significant effect on stigma (χ^2 = 3.1, d.f.= 1, p = 0.2). These findings are shown in Table 3.

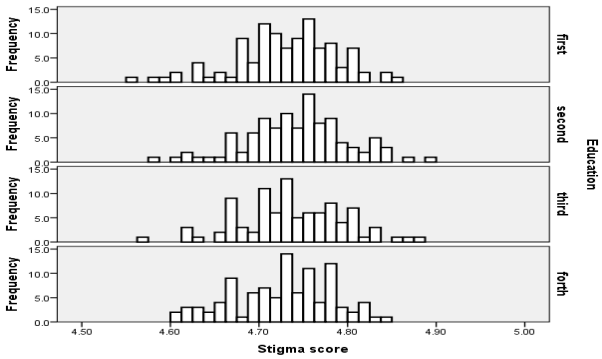

Figure 1 :Stigma score distribution among university student in the studying years

Table 1: Characteristics of the studied sample.

Variable	No.	mean	SD
Age	405	21.3	2.5
		No.	%
sex	male	149	36.8
	female	256	63.2
governorate	Baghdad	370	91.1
	Other governorates	35	8.6
Crowding index	≤ 2	251	62.0
	>2	154	38.0

Table 2: Distribution of stigma and its measurements.

Variable	No.	%
Stigma	٣٠٧	٧٥,٨
Authoritarian	310	76.5
Benevolence	23	5.7
Social restrictiveness	298	73.5
Negative CAMI	320	79.0

Table 3: Distribution of stigma according the studied factors.

Variable		Stigma			
		Positive		Negative	
		mean	SD	mean	SD
Age		21.3	2.6	21.4	2.2
		t = 0.5, d.f.= 403, p = 0.5			
		No.	%	No.	%
Sex					
	Male	116	77.9	33	22.1
	Female	191	74.6	65	25.4
		307	75.8	98	24.2
		χ^2 = 0.5, d.f.= 1, p = 0.4			
Education level					
	First	81	75.7	26	24.3
	Second	83	79.8	21	20.2
	Third	73	77.7	21	23.3
	Fourth	70	70.0	30	30.0
	Total	307	75.8	98	24.2
		χ^2 = 2.9, d.f.= 3, p = 0.4			
Crowding index					
>2		112	72.7	42	27.3
≤2		195	77.7	56	22.3
		χ^2 = 3.1, d.f.= 1, p = 0.٢			
Residence					
Baghdad		282	76.2	88	23.8
Others		25	71.4	10	28.6
		χ^2 = 0.4, d.f.= 1, p = 0.5			

DISCUSSION:

The finding that 75.8% of the university students were authoritarians is in agreement with that of Al-Hemiary[2]. He reported a high level authoritarianism among student in the college of Medicine and attributed that to collectivist society in Iraq. Collectivistic culture endorses traditional conservative values than do individualistic societies.[7] A person's beliefs about the appropriate relationship between a group and its members is a continuum from authoritarianism (subordination of personal needs and values to promote group cohesion) to autonomy (sacrifice of group cohesion for the autonomy of individuals)[8]. Authoritarians are concerned with integrity of the group, they particularly prejudiced toward people who challenge group norms. Mentally ill patients regarded as a challenge to the group. It was suggested the presence of an authoritarian personality[9] and authoritarian syndrome (conventionalism, absolutism, obedience and authority)[10]. Al-Hemiary [2] reported an increase of authoritarian as medical student climbing the years of study.

The sentiment in benevolence were the responsibility of society for the mentally ill, the need for sympathy, kindly at attitudes, willing to be personally involved and anti –custodial feeling. Surprisingly 5.7% of the university students showed these emotions and attitudes. Al-Hemiary[2] reported a low level of benevolence among students of college of Medicine and attributed that to defects in the curriculum. It seems a general phenomenon in Iraq (5.7% of university students in Baghdad showed benevolence toward mentally ill patients).

Up to my best knowledge, factors affecting authoritarian (controlling, commanding and punishing) and benevolent (helping, forgiving and protecting) are not studied in Iraq yet. It might be affected by the exposure to conflicts since childhood.

Social restrictiveness tapped themes on dangerous of mentally ill, maintaining the social distance and lack of responsibility. This study showed that 73.5% of the sample believed that mentally ill patients are dangerous and a social distance should be kept between them and society. It is a poor perception of mental illness. Similar findings reported in Ethiopia [11] and Nigeria [12].

CMHI was referring to the therapeutic value of community, the impact of mental health facilities on residential neighborhood, the danger of local resident posed by mental ill and acceptance of principle of deinstitutionalization care. This study revealed that 79.0% of students showed a negative CMHI i.e. no therapeutic value for community, mental health facilities were dangerous on neighborhood and refusal of deinstitutionalization. This might be explained by the discrepancy between virtual and actual attributes. The virtual attribute might be created by local community leaders in Iraq which were affected by conflicts in the community and even civil war [13]. It might be postulated that conflicts in Iraq after 2003 introduce a firm virtual identity which is far away from the actual one of mentally ill patients.

High prevalence of stigma was observed (76.8%) which is consistent with that reported in Iraq [2] and developing countries [11,12].

In the line of that reported [2,11,12], age, sex, educational level and socioeconomic status were not significantly associated with stigma.

CONCLUSION:

High prevalence of stigma was noticed. Authoritarians were dominating rather than benevolent. Social restrictiveness and negative CAMI were prominent.

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