

# PERCEIVED STIGMA TOWARDS MENTAL ILLNESS AMONG COLLEGE STUDENTS OF WESTERN NEPAL

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## ARTICLE INFO

### Article History

Received : 24 November, 2017

Accepted : 06 December, 2017

Published : 31 December, 2017

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## Citation

Pokharel B, Pokharel A. Perceived Stigma Towards Mental Illness Among College Students of Western Nepal. BJHS 2017;2(3)4:292 - 295

## ABSTRACT

### Introduction

Stigma of people towards mental illness is still prevailing in our country due to lack of awareness. General public's view about mental illness remains largely unfavourable. The topic of mental illness itself evokes a feeling of fear, embarrassment or even disgust fostering negative attitudes towards mental illness and mentally ill people. There is paucity of articles on this topic from our country.

### Objective

To investigate college students' stigma towards mental illness and factors associated with the stigma.

### Methodology

This prospective study was done in College students studying Bachelors of Science. A randomly selected sample of students were explained and asked to fill two forms: First containing socio-demographic data and Second Discrimination Devaluation scale (D-D scale). Data collected were analyzed with SPSS software. Descriptive analysis and Chi-square tests were done. P value less than 0.05 was considered significant.

### Results

There were 78 students included in the study among which 43.6% (n = 34) had high level of stigma towards mental health. This stigma was not significantly associated with age, gender, year of study among the graduating students, rural or urban background, history of mental illness, or knowing someone with mental illness.

### Conclusion

Stigma towards mental illness is common even in the educated group of people in the country. With the same level of education, stigma to mental health is not significantly associated with other demographic variables.

## KEYWORDS

College students, mental illness, perceived stigma

## INTRODUCTION

Stigma is any persistent trait of an individual or group which evokes negative or punitive responses.<sup>1,2</sup> It is considered an amalgamation of 3 related problems: a lack of knowledge (ignorance), negative attitudes (prejudice), and exclusion or avoidance behaviours (discrimination).<sup>3</sup> Perceived stigma relates to the extent to which an individual perceives the public to hold stigmatizing attitudes towards those with mental illnesses.<sup>4,5</sup>

Mental disorders are widely recognized as a major contributor (14%) to the global burden of disease worldwide and are among the most stigmatizing conditions worldwide.<sup>3,6,7</sup> Although some nations have been successful in fighting stigma and increasing acceptance of the mentally ill, lack of awareness is very evident in developing countries including Nepal. General public's view about mental illness remains largely unfavourable. The topic of mental illness itself evokes a feeling of fear, embarrassment or even disgust fostering negative attitudes towards mental illness and mentally ill people.<sup>8</sup>

Stigma of people towards mental illness is still prevailing in our country, Nepal. Students are most productive and educated population of nation. Society is mostly influenced by their attitude and values. So, we intended to find out attitude and stigma of college students. Further, this type of study has not been significantly conducted in our country. In order to contribute to this small body of international literature, the aim of this study was to investigate college students' stigma towards the mental ill and the factors associated with the stigma.

## METHODOLOGY

It was a prospective observational analytical study done from June 2017 to August 2017 on students studying Bachelor of Science (B.Sc) in Tribhuvan Multiple Campus (TMC) of Tansen, Palpa. There were a total of 194 students. Using Slovin formula i.e.  $n = N/(1 + Ne^2)$ , and then applying formula for finite population i.e.  $N_0 = Nn/N+n-1$ , a sample size of 78 was randomly selected from 194 students. In the formula,  $n$  is sample size after Slovin formula,  $N$  is total number of available participants,  $e$  is margin of error (5%),  $N_0$  is final sample size. A list of all students with serial number from one to 194 was formulated. Then, a list of 78 non-repeating random numbers between one and 194 were generated. Students corresponding these random numbers were included in the study.

The study was approved by Institutional Review Committee (IRC) of Lumbini Medical College and a written permission from Chief of the Campus was obtained. Verbal consent from each participants was taken.

### 1. Measurement:

- Structured questionnaire for socio-demographic data was developed.

- Discrimination Devaluation scale (D-D scale) was used to measure perceived stigma of the participants towards mental illness: D-D scale is a 12-item validated scale used to measure perceived stigma and was developed by Link and Colleagues.<sup>9</sup> As in original scale, the answer choices were on a six point likert scale from one to six as strongly agree, agree, somewhat agree, somewhat disagree, strongly disagree respectively. Scores of all 12 questions were added and then divided by 12 to calculate the final score of each participant. Mean of final scores of all participants was calculated. Scores below the mean were considered as 'Low stigma' and scores of mean and above were considered as 'High stigma'.

Both the scales were in English and reliability was tested on a separate sample of 10 students.

### 2. Data collection:

Data was collected during the month of July 2017. On the days of data collection, the researchers went into each classroom and established a rapport and explained the purpose of the study to the participants. The participants were to fill in the forms themselves without their names. Questionnaire were distributed to the respondents individually and were collected after two hours.

Data entry, coding, processing, and analysis was done in SPSS (Statistical Package for the Social Sciences) version 21.

### 3. Data analysis:

Descriptive statistics were presented as frequency, percentage, mean, and standard deviation. Relationship between variables was shown with Pearson correlation test, Student t-test, ANOVA test, and Chi-square tests. P value less than 0.05 was considered statistically significant.

## RESULTS

There were a total of 78 participants. There were 50 (64.1%) male and 38 (35.9%) female respondents. Age of the participants ranged from 17 to 23 years with median age of 19 years. There were 26 (33.3%) students each from first, second, and third year course. Students from urban background consists of 52.6% ( $n = 41$ ) as compared to 47.4% ( $n = 37$ ) from rural background. Only two (2.6%) students had history of mental illness whereas 30 (38.5%) had a friend or a family member with mental illness.

Among all the participants, 44 (56.4%) had scores indicating low stigma and the rest 34 (43.6%) had scores indicating high stigma. Pearson's correlation test was done to see the relationship between age of participants and stigma score. There was a negative correlation indicating a reciprocal relationship i.e. as age increased, stigma score decreased. However, this relationship was not statistically significant ( $r = -0.05, p = 0.67$ ).

There were 27 (54%) male with low stigma and 23 (46%)

with high stigma. Similarly, there were 17 (60%) female with low stigma and 11 (40%) with high stigma. Chi-square test of independence showed that the relationship was not significant ( $\chi^2[N=78, df=1] = 0.33, p = 0.57$ ). Thus, there was no relation between gender and level of stigma.

There were 11 (42.3%) students from first year with low stigma score and 15 (57.7%) with high stigma score. From second year, 15 (57.7%) had low score whereas 11 (42.3%) had high score. Similarly from third year, 18 (69.2%) had low score whereas 8 (30.8%) had high score. Chi-square test showed the difference was not statistically significant ( $\chi^2[N=78, df=2] = 3.86, p = 0.15$ ). Thus, there was no relation between year of Bachelor study and level of stigma.

Urban or rural background of the participants was not significantly related to the level of stigma ( $\chi^2[N=78, df=1] = 0.27, p = 0.61$ ). Among the participants coming from urban background, there were 22 (53.7%) with low stigma and 19 (46.3%) with high stigma. Among those coming from rural background, 22 (59.5%) had low stigma and 15 (40.5%) had high stigma.

There were two participants with history of mental illness. Both of them had low stigma score. Among those who did not have history of mental illness, 42 (55.3%) had low stigma and 34 (44.7%) had high stigma. Fisher exact test showed the relationship between history of mental illness and level of stigma as statistically non-significant ( $p = 0.5$ ).

Among the participants who had a friend or a family member with mental illness, low stigma was present in 15 (50%) and high stigma was present in another 15 (50%). Among those who did not know anyone with mental illness, 29 (60.4%) had low stigma and 19 (39.6%) had high stigma. The relationship between these two variables were not statistically significant ( $\chi^2[N=78, df=1] = 0.82, p = 0.37$ ).

## DISCUSSION

This study was aimed to assess perceived stigma towards mental illness among college students of Western Nepal and study its association with selected demographic variables. Nearly half of the participants had high perceived stigma towards mental illness.

We found that 56.5% ( $n = 44$ ) of the respondents had low perceived stigma towards mental illness and the rest 43.6% (34) had scores indicating high stigma. A similar result was found in a study by Alonso J. et al.<sup>10</sup>

Among the participants, 61.1% ( $n = 50$ ) were male. Similar finding (55.9%) was there in a study by Thapa L. et al.<sup>11</sup> This finding may be explained in terms of gender inequality. Still in many parts of our country, females are deprived of studies or they may have limited access to the studies far away from their home. The campus where we did our study is located in the capital town of Palpa district and most of the students come from various villages and small towns far

away. However, among those who were pursuing their higher education, there was no difference in the level of stigma among male and female. This fact suggest that education may be an important factor in reducing stigma towards mental health. This fact is supported by a study where there no significant relationship between gender and perceived stigma among college students.<sup>4</sup> There was a contradictory finding in a study conducted by Eisenberg D. et al. showing women had slightly lower perceived stigma ( $p < 0.01$ )<sup>12</sup>

Over just a half (52.6%) of the participants were from urban background and we did not find a significant relationship between stigma level and rural or urban background. This finding is supported by the study done by Yannawar BP. et al. with 73.3% participants from urban background and no significant relationship between these variables ( $p = 0.1$ ).<sup>13</sup> These findings highlight the fact that education is important to bridge the gap of mental health related stigma between rural and urban areas.

The majority of respondents had no history of mental illness (76%) but 38.4% knew someone among friends or family members with those illnesses. We did not find significant association between history of mental illness and perceived stigma ( $p = 0.53$ ). These findings were supported by research done by Lally J. et al. where majority of respondents had no history of mental illness (88%) and many knew someone with mental illness (28.6%).<sup>4</sup> They did not find significant association between history of mental illness and perceived stigma ( $p = 0.178$ ). However, few studies found a significant relationship between those variables ( $p = 0.001$  in both studies).<sup>14,15</sup> Low stigma is expected in one who is familiar with mental illness in self or in a friend or relative. However, this study showed that the level of stigma was not associated with familiarity of mental illness in self or a close friend or relative. Similar level of education among the participants might be playing a role in reducing stigma in those who were not familiar with mental illness.

## CONCLUSION

Among college students, nearly half (43.6%) had high level of perceived stigma whereas the remaining 56.4% had low level of perceived stigma. None of the factors among gender, urban or rural background, history of mental illness, relative or friend with mental illness alone were significantly related to the level of perceived stigma among the college students during their graduation studies. It may be the similar level of study that bridged the gap of difference in the stigma level in students with different socio-demographic factors.

## LIMITATION OF THE STUDY

We did not measure whether stigma for mental illness was present or absent in each participant. Moreover, it was a

single centric study done in students of one batch of a subject. These are a few weaknesses of our study.

## ACKNOWLEDGEMENT

We would like to acknowledge all respondents for their support, time and participation, without them this study wouldn't have been possible.

## CONFLICT OF INTEREST

None declared

## FUNDING STATEMENT

No fund was available for the study

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