A Study Of Attitudes Of Society Towards People With Mental Disorders In Limuru Sub County, Kiambu, Kenya

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ABSTRACT
In every society, there is a possibility of mental disorders having a negative impact on self and others, giving rise to stigma, discrimination and bad behaviour. The aim of this study was to determine the attitudes of the society towards people with mental disorders in Limuru Sub County, Kenya. A descriptive survey design was used to collect data from Limurucommunity. Data was analysed using inferential statistics and thematic analysis. The study had 382 respondents with an age range between 20-60 years, who were randomly selected from Limuru Sub County. The study utilized 40 items to determine the community's attitude towards people with mental disorders. Responses were analyzed using StatisticalPackage for Social Sciences SPSS, version 23. On CAMI scale, the community had a negative perception for authoritarianism (AU), with a score range between moderate AU (352) 94.6 % and benevolence (BE) subscale with a score range between moderate BE (325) 87.4%. In addition, the study registered negative attitude on social restrictiveness (SR) with the score ranging between Moderate SR (356) 95.7% and community mental health ideology (CMHI) subscale with the score range between moderate CMHI (349) 93.8%. Focus group discussion established that people with mental disorders were viewed as a burden and dangerous to the community. The results demonstrated higher levels of negative attitude towards people with mental disorders across all sub-scales with relative varying responseshowing a need for communityawareness to bring aboutsocialtransformation on the negative attitude levels to people with mental disorders in Limuru Sub County. The study recommend further research on the attitude of society toward people with mental disorders in any other Sub County in KiambuCounty, Kenya.

I. Background to the Study

The challenge of mental illness is a phenomenon which cannot be ignored in modern society. Farouk (2019) defines mental disorder as thoughts, behaviour and feelings whichimpede or influence individual reference to their ability to perform among homesteads, geographic point and in any specific surroundings. Therefore, mental disorder is the inability of normal human functions especially those that have an impact of the self, family and neighbourhood. Mental disorder also refers to the representation of disturbances to an individual's mental health which are always characterised by some combinations of negative thoughts, behaviour, emotions and relationships with others in community (Keynejad et al., 2018). Based on a study conducted by Stuart et al., (2014), mental disorders are a huge global burden with about 7.3% registering mental diseases.

The negative burden can be reduced if society would be positive in dealing with mental disorders. Mental disorder is a worldwide problem which affects people regardless of age or community. Any person can become biased in the acceptance and treatment of people with mental disorders. Mental health information contains the ability to recognize explicit disorders with the knowledge regarding the risks factors and causes of individual treatments and attitudes which encourages recognition and appropriate help seeking patterns (Chikomo, 2012). This is a possible challenge on society's ability to embrace progressive measures in the treatment of mental disorders.

Mental disorders are believed to be due to psychosocial factors such as childhood experience or social environment. In more developed countries in Europe biological factors are seen to have less influence on mental health as compared to environmental issues (Mahmoud et al., 2014). This indicates that from the onset of life, society can contribute to the increase or decrease of mental disorder. The world health organization estimates that mental illness (MI) prevalence in the world is about 25% affecting both developed and underdeveloped nations. More than 450 million people have been reported to have suffered some aspect of mental related disorders in their lifetime (World Health Organization, 2013). This shows the prevalence of mental health in the society hence a call of a study to access the situation.

In both developed and developing countries, people hold diverse views concerning mental disorders, particularly its fundamental available option for treatment. For example, every year, at least 26% of adults in the United States and Canada, about one out of every four individuals, suffer from diagnosable mental health problems (NIMH, 2012). This shows that the issue of mental disorder cuts across the globe. Stuart and Sartorius (2017) establish that in Europe about 50% of life long mental health begins by an early age of 14 and nearly 75% by the age of 24. The report reveals that across the societies negative views are also linked to mental health conditions and the way culture and practitioners portray mental health services. This is to say that across human beings whether wealthy or poor, educated or less educated have an attitude seen in every class of people.

People with mental illnesses are stigmatized in society as being unable to work, live independently, or form long-term relationships (Tiwari, 2015). Job opportunities will be offered to people who have been regarded as of sound mind without considering the aspect that all persons should be treated with equal opportunities. The misconception that mental disorders are not manageable can influence negatively the people living with disorders contributing to poor health seeking pattern and recovery (Ricciardelli, Carleton, Mooney &Cramm, 2020). People with mental disorders only need to be understood, accepted and taken to treatment. Research conducted by Albright et al., (2020) in Germany establishes that stigma and discrimination are rampant among mentally ill patients, and that early detection and intervention will increase the prognosis for mental health conditions. Stigmatization causes mentally ill persons to be left out to mature without getting help.

Mental health policy development in Africa is examined by Monteiro (2015), who found that knowledge about mental health approach includes explanatory and treatment models, such as recognizing multidimensional protective factors, strengthening community mental health, and exploring parallel systems to incorporate global health procedures that make standard treatment culturally responsive. A study by Ivanova et al., (2020) revealed that mental health is the positiveconcept, which is applicable to the social and emotional wellness of people in the societies. Mental wellness will affect society productivity or performance due to proper mitigation in the treatment of mental disorders. A study by Crab et al., (2012) on attitudes towards mental illness in Malawi establishes that there is a link between stigma and mental health as well as poverty. The findings indicate that mental disorders are linked to alcohol, illicit drug abuse and psychological traumas. Therefore, some disorders are caused by the abuse of substance, which alters the normal functions of the body. The study also presents that stigma and discrimination are correlated, people with mental disorders majorly suffering with disability and poverty (Crab et al., 2012).

A Study conducted in Ethiopia shows that nearly 11% of common health problems are influenced predominantly in rural areas of Ethiopia. The rural people may lack proper knowledge as compared with those living in the urban areas. The common disorders in Ethiopia include anxiety, depression, Schizophrenia demonstrating huge neglect of mental health in the country (Tibebe&Tesfay, 2015). In the contemporary society, mental health challenges are perceived as the public health burden in both developed and undeveloped nations in the worlds (Gebrekidan et al., 2018).

In Kenya, there could be many cases of mental disorder that have not been reported in hospital due to lack of knowledge or due to stigmatisation, poverty and discrimination in the society. Mutiso, et al., (2017) establishes that the public attitudes on mental health vary across all cultures influenced by myths and beliefs concerning mental health. The findings on attitudes indicates that negative attitudes contribute to undesirable conditions with negative impact on the lives of people as well as individuals with mental disorders, obesity, epilepsy, and stuttering. This is to say that a cultural belief on mentally ill people worsens mental health wellness and general health conditions. President Uhuru Kenyatta said during the 1st June 2019 Kenyan Madaraka Day celebrations that a nation's development is dependent on its citizens' well-being. He said that homicides and suicides were previously registered in Kenya due to depression among other problems.

Among the Limuru residents, individuals suffering from mental health are always stereotyped with various names hence affecting their attitudes. The aim of the study is to assess the society attitudes towards individuals with mental disorders in Limuru Sub County, KiambuCounty, Kenya, as an effort to explore the experiences of the affected groups in the community for possible mitigation measures to be initiated to help reduce such tensions in the society. Chikomo (2011) establishes that mental disorders awareness is correlated to positive attitude towards people with mental illness. Mutiso et al., (2018) reveals that positive attitudes improve knowledge, has the ability to enhance public attitudes towards mental illness affecting health seeking behaviour.

There is a majority of individuals in Limuru Sub County, for instance, within the villages of Ngarariga, Kibarage, and Murengeti, who suffer from mental illness. They are characterized by deep anxiety, social isolation, irritability, and low mood yet as ancient beliefs and cultural influences (Kinyua, 2019). Many people with mental illnesses in rural areas are unable to receive care due to severe poverty, a lack of mental health professionals, and government support (Kamau, 2015). A multi-faceted approach is needed to strengthen the Limuru Sub County's mental health care services. The aim of this study is to assess society's attitudes toward people with mental illnesses.

The impact of the negative attitude and limited knowledge towards people with mental disorder among the Limuru society has demonstrated to be a major challenge in the development of interventions to enhance mental health in Limuru. The reviewed literature has shown a limitation of basic knowledge regarding mental disorder related challenges and its contributing factors. The public attitude contributes largely in every phase of the mental illness from the onset through diagnosis to treatment and the outcome in turn influence the management of the mental disorders in society. On the other hand, there is a growing demand by the scholars that the continuous changing of individual perceptions of Limuru people towards mental disorders challenges will result in better and effective mental health care with the Sub County. Although previous research has shown that negative attitudes to people with mental disorders is prevalent in communities, there is no research that has been conducted in Limuru Sub County to show that the society attitudes contribute to escalation and chronicity of mental disorders. The issues of stereotyping mentally disorder patients influence help seeking patterns hence reducing chances to manage the escalation of mental illness in the community.

1.3. Statement of the Problem

The Kenyan constitution (2010) outline right to health as a fundamental human right that should be guaranteed to every citizen in the Republic. Limuru Sub County has proximity to the city of Nairobi where professionals who can deal with mental health issues can be found. However, Limuru Sub-County is characterized by poor infrastructure, lack of knowledge on mental disorders, shortages of health care workers, extreme poverty and social inequality, and high rate of morbidity has impacted negatively the welfare of the local community. The lack of information in the community and negative attitude towards individuals with mental disorders lead to an escalation of mental disorders in the community (Kinyua, 2019).

Studies on negative attitudes towards people with mental disorders have been conducted in various parts of the country. However, no known study has been conducted in Limuru Sub-County towards individuals with mental disorders. The lack of evidence on negative attitude towards individuals with mental disorders may lead to an escalation of mental disorders in Limuru. It is on this basis that the researcher carried out the study to determine attitudes toward people with mental disorders in Limuru Sub-County, Kenya.

1.5.1. General Objective

The study's main goal was to investigate the views of the residents of Limuru Sub County, Kiambu County, Kenya, toward those with mental problems.

1.5.2. Specific Objective

The study was guided by the following specific objective:
1.   To examine societalperception towards people with mental disorders in Limuru.

II.   THEORTICAL REVIEW
THE STUDY WAS GUIDED BY THE THEORY BELOW.
2.2.1. Attribution Theory

Attribution, according to Bernard Weiner (1972), refers to the assessment of the causes of an action or behaviour. Attribution also refers to the internal and external processes of interpreting and understanding what is behind our own and others' behaviour. This model can help unpack thecauses of stigma towards persons with mental disorders.

The model can assist the community understand some of the causes of negative behaviours and can help community develop knowledge and improve their reasoning or thinking concerning individual behaviours. This is because, the model makes an attempt to provide an explanation of some of the causes of the behaviours of an individual which influence their general wellness (Muschetto& Siegel, 2019). This theory helped the researcher to gain knowledge on the various ways through which individuals in the community with mental disorders can gain controland ability to manage stigma.

Attribution theory has been blamed for being too mechanistic and reductionist by making an assumption that people are rational, logical and systematic thinkers. At the same time, the theory has not been able to adequately provide solutions to social issues such as negative attitude of the public towards individual with mental disorders, as well as cultural understanding and historical issues which influence public perceptions related to mental health.

Bernard Weiner's attribution model proposes that three dimensions of causality are involved in perceptions, namely location, stability and controllability (Weiner et al., 1988). Location deals with whether the cause is internal, for instance, originating within the person or external. Stability deals with whether the behaviour is stable or unstable. Controllability refers to whether the cause is thought to be constant and fixed or unstable over time. The model provides an explanation of an occurrence which determines the causes of occurrence or behaviour. It begins with a concept that an individual is driven to understand the cause of the

occurrence or behaviour and thus the desire allegedly develops from an individual's wish to understand, foresee and even control the environment.

2.2. Research design

A research design is the overall plan that sets forth the broad concept and the essential aspects of the work to be done. A descriptive survey design was used in this study. Using a descriptive survey methodology, such as that proposed by Mugenda and Mugenda (2012), researchers can show the current state of affairs and gain a better knowledge of the phenomenon under study. As a result, the design is favoured since it entails gathering and analysing information from the intended audience. The design allows both quantitative and qualitative information to be gathered and analysed simultaneously, allowing for comparisons and contrasts between the data sets (Creswell, 2014).

According to Creswell et al. (2011), the contradictions or incongruent findings are highlighted or further probed in this design.The aim of adopting descriptive survey design was to enable the researcher obtain different but complementary data on the same topic to best understand research problem.

Sampling Techniques

Kombo and Tromp (2019) indicated that sampling design is significant in establishing the connection of a sample for generalization of any given population. The study used simple random and purposive technique to obtain respondents who was engaged in the study. Random purposive sampling was used to select community elders, church leaders, and social workers in the region and individual residents from various households within the sub county of Limuru in Kiambu County. The individuals from each stratum were selected to form a sample that ensured full representation of each ward and won't affect selection of another by selecting one ward at a time (Mugenda & Mugenda, 2012). This ensured that all different subgroups were adequately represented in this study.

The study findings were generalized beyond the target population. The Limuru Sub County formed a total population that was hoped by the researcher to be sufficient to collect detailed data, which was enough to give answer to study the problem.

Sample Size

Sample size refers to every single member in a population. It is also referred as a sampling unit (Orodho, 2014). According to Government census of 2019 the total population of Limuru is 159,314 from where the sample size was calculated. This study's sample size was 382 people, which was a representative of Limuru Sub County. The sample size was calculated using the Krejcie and Morgan formulae

The sample size is calculated as shown in the formulae:

S = to the required sample size

X2 = is the table value of chi-square for 1 degree of freedom at the desired confidence

Level (3.841).

N = Population size

P= is the population proportion (assumed to be 050 since this would provide the maximum sample size)

D = is the degree of accuracy expressed proportion (0.5)

$S = x^2 \ NP(1-P) \div d^2 (N-1) + X^2 \ P \ (1-P)$.

S=?

X^2=3.841

N= 159314

P = 0.50

D= 0.05

S= 3.841 x 159314 x 0.5(1-0.5) ÷ 0.05(159314 -1) +3.814 x 0.50(1-0.50)

S = 382 Respondents.

The main criterion that was used when making decisions about the sampling size was the extent to which the sample size represents the population being targeted. The study targeted 382 individual households across the five (5) Wards in Limuru Sub County as representations of the population being targeted for the study.

III.   Results

Attitudes toward people with mental problems are examined in the Limuru Sub-County in Kiambu County, Kenya, in this chapter. Demographic information on the study participants and findings derived from the study objectives are presented.From the 376 questionnaire that were distributed 4 were spoilt and therefore discarded. The remaining questionnaire which amounted to 372 was considered as valid and indicate 99% response rate.The focus group (FGD) constituted of 10 respondents and showed 100% response rate. Both quantitative data and qualitative response rate concurs with Mugenda and Mugenda (2012) who assert that 50%

of the response to the questions is sufficient for data analysis hence both 98.9% and 100% was sufficient, therefore the study achieved a higher response rate compared to the set baseline.

Demographic Details of Respondents

Table 1: Demographic Details

Age		
Age Bracket	Frequency	Percent
20-30	190	51.1
31-40	77	20.7
41-50	64	17.2
51-60	41	11.0
Total	372	100.0
Gender		
Gender	Frequency	Percent
Male	174	46.8
Female	198	53.2
Total	372	100.0
Locations		
Locations of respondents	Frequency	Percent
Ndeiya	31	8.3
Limuru Central	44	11.8
Limuru East	86	23.1
Tigoni- Ngecha	130	35.0
Bibrioni	81	21.8
Total	372	100.0

Respondents were sampled and their demographic information is shown in Table 1. In accordance with the sample's demographics, in Limuru Sub County residents the age distributions were between 20-60 years, female was 53% while male was 46.8%. This indicates that the number of females was more than male in the study across the 6 wards which included Tigoni,Bibrioni, Ngecha,Ndeiya, Limuru East and Limuru Central. The number participants ware high in Tigoni with the frequency of 35%, followed by Limuru East which had 23.1%.

Table 2: Scoring Scale

Levels	Measurements
40-50	High AU
20-39	Moderate AU
10-19	Low AU

Table 2 shows a maximum score of 50 and a minimum score of 10 is foreseen. A score of 40-50 would indicate High AU while a score of between 20-39 would indicate moderate AU and a score between 10-19 would indicate low AU. Similarly, the score of BE, SR and CMHI followed the same.

Societal Attitudes Towards people with Mental Disorders

This section presents the analysed data on societal attitude of the people of Limuru Sub County. The findings show the attitude presented by the local community of Limuru. Table 3 shows the community attitude score of Limuru Sub County followed by table 4 which show the results of individual county wards.

Table 3: Community SR by Sub County

Attitude Scores	Frequency	Percent
High SR	10	2.7
Moderate SR	356	95.7
Low SR	6	1.6
Total	372	100.0

Higher social restrictiveness score would mean community social openness towards people with mental illness. Table 3 shows that 2.7% of the field respondents had scored to be between High SR, while 95.7% had scored the range of which presented the Moderate SR, and the rest of field the respondents 1.6% scored the community to have acquired score between Low SR, the sub scales were drawn from the composite scores. The scoring of this nature demonstrate that people of Limuru Sub County had negative attitude towards people with the mental illness in the community.

Table 4. Community SR by Ward

Ward of the respondents		Frequency	Percent
Ndeiya	Moderate SR	30	96.8
	Low SR	1	3.2
	Total	31	100.0
Limuru Central	High SR	1	2.3
	Moderate SR	43	97.7
	Total	44	100.0
Limuru East	High SR	1	1.2
	Moderate SR	82	95.3
	Low SR	3	3.5
	Total	86	100.0
Tigoni-Ngecha	High SR	3	2.3
	Moderate SR	127	97.7
	Total	130	100.0
Bibrioni	High SR	5	6.2
	Moderate SR	74	91.4
	Low SR	2	2.5
	Total	81	100.0

Ideally in this variable, the higher social restrictiveness score would mean community social openness towards people with mental illness. Table 4 shows that at Ndeiya ward it was clear that 96.8% had shown Moderate SR while 3.2% had commented to have as score of the range between Low SR. At Limuru Central Ward it was indicated that 3.2% of the respondent had indicated High AU while 97.7% had shown Moderate SR. At Limuru East Ward, the field data has shown that 1.2% of the respondents had shown High SR while 95.3% had indicated Moderate SR with only 3.5% who had Low SR. At Tigoni-Ngecha Ward, the data has shown that 2.3% had shown High SR while 97.7% of the respondent indicated to have had Moderate SR. At BibrioniWard demonstrated that 6.2% of the respondent had High SR while 91.4 who were also the dominant group had indicated to have had Moderate SR and only 2.5% had Low SR. Through these composite scores it demonstrates the presence of the negative or poor attitude across the villages and wards towards people with mental illness hence lack tolerance and sympathy. The researcher conducted focus group discussion with 10 individuals' people with mental disorders within the sub county of Limuru regarding societal attitudes towards people with mental illness (SR). during the discussion, the respondents expressed the negative opinion about individual with mental illness in the community with 4 out 10 participants indicated that society regards mentally ill people as dangerous hence could easily create harm to the public.

During the focus group discussion one of the members of the community with mental illness echoed that: "sometime when I walk in the community. I just see people run away from me; I do guess they think I will

harm them even when I know I don't harm anyone including my family." Participant No.3. People with mental disorders indicated on the attitudes of society towards them with all the participants sharing the views that mentally ill patients are unpredictable. On the same perspective, another person commented: "I don't know why most of the people in my area do not trust me all the time, sometime even the children run away when they see me yet I have done nothing to any of them participant No.10"

However, some of the family members have positive attitude arguing that mentally ill patients should not be blamed as regards to their condition or situation as they are innocent and not even understand why they are in such condition by themselves, some of the participant belief that through proper treatment plan in the community. The poor believe and attitude that people with mental illness are harmful and should not be considered to be part of the normal eco system of the universe is dangerous hence making people with mental illness more vulnerable to the society. The researcher can conclude that the society attitudes are influence by negative cultural beliefs, social distance, lack of social support systems such as community neglect until these aspects of attitude are dealt with and contained hence the challenges and tension of mental illness could be arrested in the community and society at large

IV. Discussion

The study examined social restiveness to help establish the level of community social openness towards people with mental illness in Limuru Sub County. The study evaluated the societal attitudes towards people with mental disorders in Limuru both literature and analysed field data established that negative attitude by the society towards mentally ill patients is not acceptable. General views, knowledge, and attitudes to persons with mental diseases contribute largely in the mental health care. The general public can strengthen the agents for both interventions seeking and preventive to influence compliance behaviour. These thoughts were also shared by research carried by Girma et al., (2013) on public stigma against people with mental illness in the Gilgel Gibe Field Research Centre (GGFRC) in Southwest Ethiopia indicates that lack of mental health records for example, and psychological depression is a curse influenced by witchcraft and evil spirits, not a disease.

Mesocho (2020) assert that anxiety and stigma are linked with mental illness, according to Albarracin and Shavitt (2018), and have shown to be widespread and continue to be a problem in the management of people in society. About what types of interventions do the society of Limuru use towards people with mental disorders. According to Albarracin, and Shavitt, (2018)the public population concerns with all races, ethnic groups that include adults, children and from all the relevant stakeholders inclusive of families which may influence their growth and development.

V. Limitations

The study has various limitations. The study was limited to Limuru Sub County only, hence no any other information for the primary data was sought elsewhere. The study could have selective bias in terms of feedback resulting from only limited sauce and no from the whole county of Kiambu. In addition, the study was carried out at the time of covid-19 pandemic hence respondents were not only scared due to social distance as the majority were initially apprehensive on the intension of the research therefore, the research took much longer time than expected before they could fully grasp the actual intention of the research. Limuru sub county is large hence some of the villages to which the research was being undertaken was very far from the main road so was very tedious to access. Some of the locals were demanding payment of their time hence could not fully offer their time to fill in the questionnaire as they thought that the project was funded by some non-profit organization in seeking such sensitive information from them. This made them to remain hesitance in sharing their views and opinions with the researcher.

VI. Conclusion

The literature on attitudes of society towards people with mental disorders in Limuru has demonstrated that many people including scholars have presented that those individual persons in the society have negative views towards persons with mental disorders hence need immediate attention from the community stakeholders to help in its management. In addition, through the analysed data, it is clear that attitude plays huge role in influencing interventions to manage mental health condition in the community hence need much attention and awareness to help reduce the building tension between communities. It can be concluded that societal attitude towards mental illness is a serious issue in the area hence affect the health seeking behaviour among the local community in the region.

VII. Recommendations

1.   Regarding what are the attitudes of society towards people with mental disorders in Limuru. The study recommend that a campaign should be conducted through community public forums such as chief baraza, social media, WhatsApp and local radio using the local language which majority are able to follow and grasp without

problem. There is need to engage the youth, women group and all other policy shapers and main and relevant actors in the community at the grassroots levels.

2.   The studies present the relevance of the ongoing resources and continuous training for sustainability, focus on ethics and process to foster equitable partnership and policy reforms to encourage long lasting impact in the community and society at large.

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