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Social factors contributing to the occurrence of mental illness among the youth in Mityana General Hospital, Mityana district. A cross-sectional study.

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Abstract

Background:

Mental health is recognized as a serious public health problem. Empirical evidence suggests that a substantial proportion of all lifetime cases of mental disorders begin to occur early in life. These age groups constitute an estimated 80% of the Ugandan population. This study aimed to determine the social factors contributing to the occurrence of mental illnesses among the youth attending Mityana General Hospital in Mityana District.

Methodology:

The study employed a cross-sectional descriptive design with a quantitative approach for data collection. Forty (40) patients were sampled conveniently during data collection with questionnaires. Data was analyzed quantitatively using Microsoft excel that helped to generate figures and tables.

Results:

Overall, the majority of respondents (23) 57.5% were female, while (17) 42.5% were male. 65% were single, (9) 22.5% were married, (4)10% were divorced, and (1)2.5% were widowed. In addition, (23) 57.5% had reached secondary, followed by primary (8) 20%, then tertiary (7) 17.5%, and lastly (2) 5% had not attended any school. Social factors, which included poverty (24) 60%, social stigma (27) 67.5%, and poor parenting style (22) 55%. Further, culture, as manifested by most of the respondents, 65% was strongly associated with the occurrence and development of mental illness.

Conclusion:

Social stigma, culture, poor parenting style, stress, racial discrimination, early motherhood marriage, sexual violence, and major losses were the main causes of mental illness among the youth.

Recommendation:

There should be a comprehensive review of mental health, an increase in the budget on mental health; reduce the paucity of mental health care providers, and a referral system that includes traditional and spiritual healers for early identification.

Keywords: *Mental illness, Mityana General Hospital, Psychology, Genetics, Chronic physical illness, Social factors.*
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Background

According to the 2013 Mental Health Care Bill, mental illness is a condition affecting a person's mood, thinking, memory, or perception of reality. It is characterized by significant personal distress or a reduced ability to handle daily responsibilities. This definition covers issues related to substance abuse but specifically excludes intellectual disabilities (intellectual disability).

A study conducted in the U.S. (2019) by Reuters Health stated that Children and young adults with chronic conditions like asthma, diabetes, and ADHD may be more likely to develop mental illness than youth who don't have physical health problems. Similarly, in a cohort study (2019), Harvard Medical School, by Adams Johns, to determine mental illness among youth with chronic physical conditions, stated that Youth with chronic physical conditions (CPCs) and physical impairments in children are associated with an increased vulnerability to chronic psychological conditions and restricted participation in age-appropriate milestones. Contrary to a study conducted by Izabela Jurewicz (2015) on mental health in young adults and adolescents, which stated that in the era of an ageing population, young adults on medical wards are quite rare, as only 12% of young adults report a long-term illness or disability.

It was projected that by 2020, the burden of mental health disorders would reach 15%, which would disable more people than complications associated with AIDS, heart disease, and traffic combined (2016).

In Africa, mental illness is a pressing and growing issue, more especially in Sub-Saharan Africa, where mental and substance use disorders contribute 6.8% to the total DALYs

in the Sub-Saharan Africa belt (Demming, Gastfriend, Holleran, & Wang, 2018). In East Africa, 20-30% of the youth were found to present with mental health-related disorders such as major depression and post-traumatic stress disorders (WHO, 2018).

In Uganda, mental health is recognized as a serious public health problem. Data from Mityana Hospital highlights a sharp increase in mental health issues over the last few years. Currently, 8% of all patients at the facility present with mental health conditions. Specifically among youth, records from the Health Information Management System (HIMS) show a rapid upward trend: the percentage rose from 7.5% in 2018 to 12.6% in 2019, reaching 15% by 2020.

Despite the WHO strategies for overcoming barriers to access mental health services and reducing the burden of mental disorders in Uganda, like training and capacity building for current mental health staff as well as a stepped care approach to mental health services, mental illness is still highly prevalent among the youth in Mityana district (Kane et al., 2016). This study aimed to determine the social factors contributing to the occurrence of mental illnesses among the youth attending Mityana General Hospital in Mityana District.

Methodology

Study design

The study used a cross-sectional descriptive design with a quantitative approach of data collection.

Study setting

The study was conducted in Mityana General Hospital, located in the central business district of the town of Mityana, about 82 kilometers (51 mi) east of Mubende Regional Referral Hospital and 77km away from Kampala City. It is the main health care facility serving over 600,000 people in the district parliamentary constituencies of Mityana North, Mityana South, Mityana municipality, Busujju, and neighboring districts of Mpigi, Kiboga, and Gomba. It is a 100-bed capacity hospital. In December 2013, the Government of Uganda, using funds borrowed from the World Bank, began an update and renovation of the institution, which concluded in 2015. The chief economic activity near the hospital is trade, and the predominant tribe is Baganda. The place was chosen due to the increasing number of youths with mental health challenges attending the outpatient unit of the hospital.

Study population

The study focused on all youth, both female and male, aged between 12 and 30 years, attending the mental health unit of Mityana General Hospital in Mityana district.

Sample size determination

Forty youths, both female and male was considered to be appropriate to form the planned sample size. This was determined from the total number of 120 youth visiting the mental health outpatient clinic. The proposed sample was sufficient and a representative of the general population, given the overall population of youth and the time for data collection.

Sampling procedure

A convenient sampling technique was used to select the right respondents to participate in the study. 5 respondents who were eligible and willing to participate in the study were targeted per day of attendance. There was an explanation and self-introduction to the sample clients, about the objectives of the study, and whoever accepted and had a sound mind was considered. However who denied participation were left out. The data collection process took a total of 8 days to collect data from 40 participants. On each data collection day, an average of 5 participants were interviewed. The same process was followed for each of the 8 data collection periods until a total of 40 participants were interviewed. For each of the sampled clients, informed written consent was sought and secured before the actual data collection interview.

Inclusion criteria

The study included all youth, both female and male, aged between 12 and 30 years with mental health challenges attending the mental health clinic in Mityana general hospital during the time of study, and had consented to participate in the study.

Dependent variable

Occurrence of mental illness among the youth.

Independent variables

Social (poverty, religion, education, location, culture, socioeconomic status) factors contribute to the occurrence of mental illness among the youth.

Research instruments

Questionnaires were used as research instruments for collecting data from youth, both male and female, attending the mental health clinic in Mityana General Hospital. The questionnaire was designed in line with the specific objectives, literature review, and under the guidance of the supervisor. The tool contained closed-ended questions.

Data collection procedures

After approval of the proposal by the supervisor, the principal investigator obtained an introductory letter from St. Michael Lubaga Hospital Training Schools that was used as an entry in Mityana General Hospital. After receiving permission from the Chief Administrative Officer, the letter was presented to the head of the mental health clinic at Mityana General Hospital. The principal investigator was introduced to clients and informed them about the study, and

obtained verbal consent on their willingness to participate in the study. The clients were then informed about the rationale, background of the study, and procedures. The clients were told to respond to questions regarding biological, social, and psychological factors contributing to the occurrence of mental illness among the youth. 5 participants were sampled per day of attendance, up to a total of 40 participants for 8 days. After consenting, the questionnaires were distributed to the respondents who were able to read and write, fill them, and those who were not able were interviewed using guided questionnaires.

Data management

Data was managed and kept under strict supervision. Questionnaires filled during data collection were checked for completeness and edited for accuracy. The half-filled questionnaires were forwarded back to their respective respondents to be completed before leaving the area of study.

Data analysis

The collected data were entered into the computer, cleaned, corrected, clarified, and analyzed using the Statistical Package for the Social Sciences (SPSS). Univariate analysis was done for categorical variables using frequency and proportion, and displayed in tables and bar charts. Continuous variables were summarized in median, mean, and standard deviation.

Ethical consideration

A letter of introduction was obtained after the research ethics committee of St Michael Lubaga Training Schools reviewed the proposal regarding its relevance to the research ethics and approval to conduct the study, introducing, and seeking permission to carry out the study from Mityana General Hospital. The participants were given complete and clear information about the study being conducted to enable them to make an informed consent about their participation in the study. Consent was obtained from clients who had qualified for the study. Privacy and confidentiality were ensured as stipulated in nursing research ethics.

Results

Demographic characteristics of respondents

Table 1: Demographic characteristics of respondents

		(n=40)
Sex	**Frequency (f)**	**Percentage (%)**
Male	17	42.5
Female	23	57.5
Total	**40**	**100**
Marital status		
Single	26	65
Married	9	22.5
Divorced	4	10
Widowed	1	2.5
Total	**40**	**100**
Education level		
None	2	5
Primary	8	20
secondary	23	57.5
Tertiary	7	17.5
Total	**40**	**100**
Location		
trading center	12	30
town council	16	40
Village	12	30

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Total	**40**	**100**
Age		
12-16	2	5
17-21	9	22.5
22-26	23	57.5
27 and above	6	15
Total	**40**	**100**

Findings from table 1 show that the majority of respondents (23) 57.5% were female, and a minority (17) 42.5% were male. This implies that female respondents dominated the study, and this could be due to the fact that females are very sensitive to their lives and seek medical attention more than males.

Still, findings from Table 1 show that (26) 65% respondents were single, (9) 22.5% were married, (4)10% were divorced, and (1)2.5% were widowed. This implies that more than half of the respondents were single because they had a mental illness.

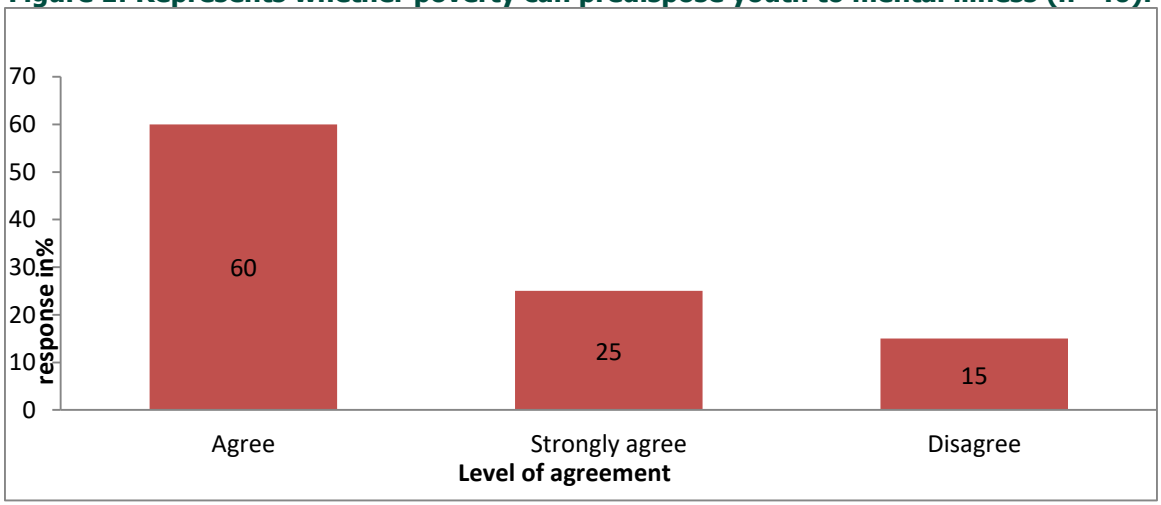
Table 1 shows that more respondents (23) 57.5% had reached secondary, followed by primary (8), 20%, then tertiary (7) 17.5% and lastly (2), 5% had not attended any school. This shows that most people with mental health conditions do not succeed with their studies.

Furthermore, Table 1 shows that most of the respondents (16) 40% stayed in the town council, those who stayed in the trading center were (12), 30%, and in the village were also (12), 30%. This implies that city living is associated with high risks of mental illness.

Lastly, Table 1 shows that the majority of respondents (23) 57.5% were in age brackets of 22-26, followed by (9) 22.5% were in 17-21, then (6) 15% around 27 and above, few (2) 5% were in 12-16. This implies that people in age brackets of 22-26 face a lot of challenges that predispose them to mental illness

Social factors contributing to the occurrence of mental illness.

Figure 1: Represents whether poverty can predispose youth to mental illness (n=40).



Findings in figure 1 show that most of the respondents (24) 60% agreed that poverty was associated with occurrence of mental illness while (6) 15% disagreed with that statement.

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Table 2: Showing religion and mental illness

		(n=40)
Religion	**frequency(f)**	**Percentage (%)**
agree	16	40
strongly agree	5	12.5
disagree	19	47.5
Total	**40**	**100**

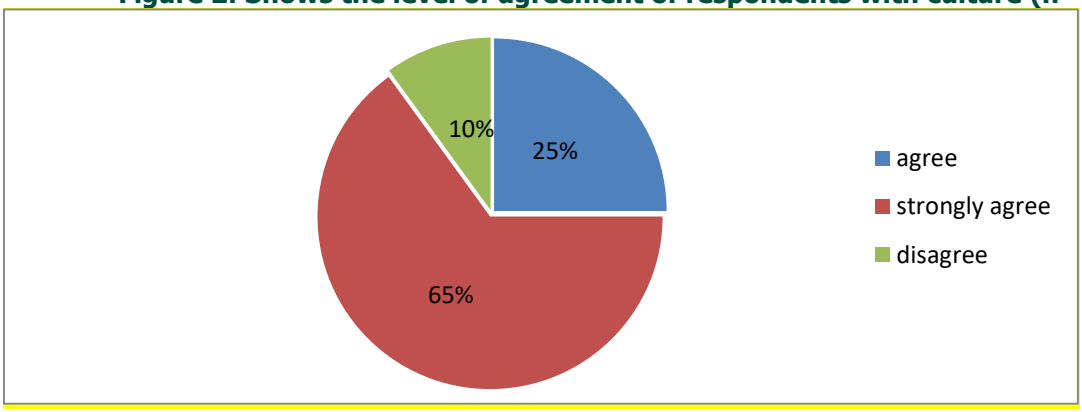
Table 2 shows that majority of respondents (19) 47.5% were in disagreement with the statement that one's religion can predispose him to the occurrence of mental illness while (16) 40% were in agreement with that statement.

Table 3: Level of agreement of respondents about social stigma and mental illness.

			(n=40)
variable	**category**	**Frequency(f)**	**Percentage (%)**
social stigma	agree	27	67.5
	strongly agree	11	27.5
	disagree	2	5
	Total	**40**	**100**

From the tab, the 3 results show that most of the respondents (27) 67.5% agreed that social stigma was associated with the occurrence of mental illness among the youth, and (11) 27.5% strongly agreed, while the least (2) 5% disagreed.

Figure 2: Shows the level of agreement of respondents with culture (n=40).



Findings from Figure 2 show that many of the respondents (26) 65% strongly agreed that culture was associated with the development of mental illness among the youth, while (4) 10% were not in accordance with that statement.

Table 4: Where do people rush to seek help?

		(n=40)
Where do people go for help?	**Frequency (f)**	**Percentage (%)**
hospital	14	35
tradition healers	20	50
spiritual healers	5	12.5
none	1	2.5
Total	**40**	**100**

table 4 shows half of the respondents (20) 50% stated that most people first rush to traditional healers, while (14) 35% run to hospitals when they develop some weird behaviors.

Figure 3 represents the response to an individual's income status.

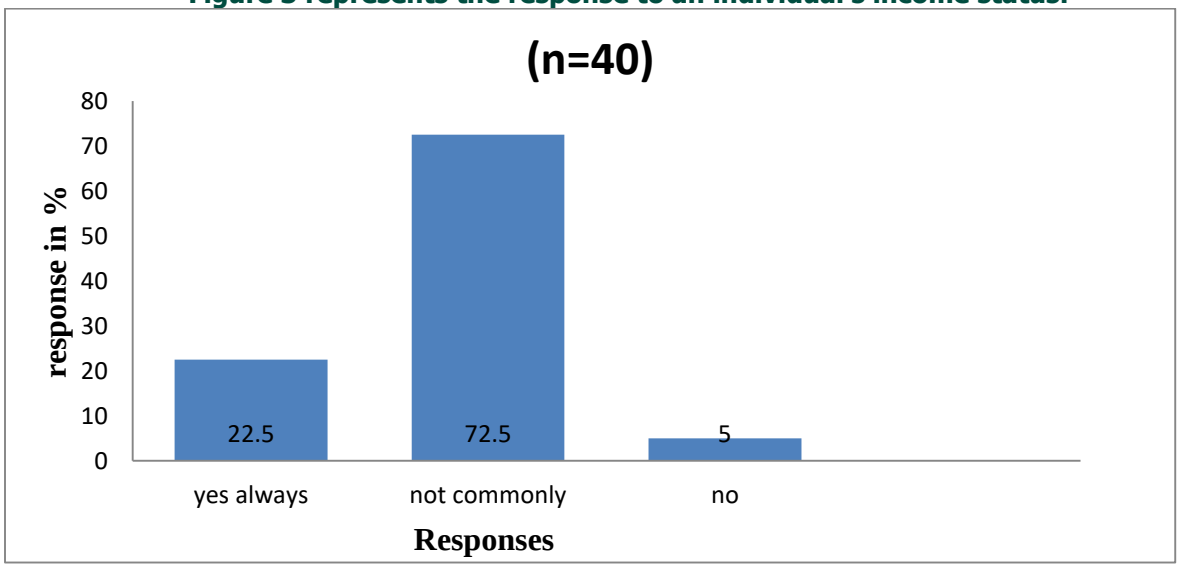


Figure 3 shows that the majority of respondents (29) 72.5% said that an individual's income status could not commonly predispose them to a mental illness, while a minority 2(5%) said it can't.

Table 5: Represents parenting style and mental illness.

			(n=40)
Variable	**Level of agreement**	**Frequency(f)**	**Percentage (%)**
Children's poor parenting predisposes them to mental illness.	Agree	15	37.5
	Strongly Agree	22	55
	Disagree	3	7.5

Total		**40**	**100**

Table 5 shows that most of the respondents (22) 55% were in strong agreement with the statement that poor parenting was associated with the occurrence of mental illness among the youth, compared (3) 7.5% who were not in agreement with the same statement.

Discussion

Social factors contributing to the occurrence of mental illness among the youth

The results reveal that most of the respondents (24) 60% agreed that poverty was associated with the occurrence of mental illness, while (6) 15% disagreed with that statement. This was because people living in poverty are limited in life due to health support and other demands of daily life. This was connected to Amuyunzu Nyamongo's (2013) findings about social and cultural aspects of mental illness in African societies, which stated that poverty remains one of the major causative agents of mental illness. It is notable that poverty and mental health are closely related, implying that people living in poverty are more vulnerable to mental illness.

The findings showed that majority of respondents (19) 47.5% were in disagreement with the statement that one's religion can predispose him to the occurrence of mental illness while (16) 40% were in agreement with that statement. This is why most people attend churches nowadays when they are faced with health challenges. This statement is in line with that of Chen Ying, Tyler J Vander Weele (2018), who claimed that empirical research suggests that religion is associated with better health and well-being in young adults.

Findings showed that most of the respondents (27) 67.5% agreed that social stigma was associated with the occurrence of mental illness among the youth, and (11) 27.5% strongly agreed, while the least (2) 5% disagreed. This explains what these people go through in their societies about stigmatization. The findings were similar to those of Woodgate and others (2020) in Canada, which revealed that stigma contributes to the burden of mental illness in youth. The prevalence of mental illness may be even greater than indicated, as survey respondents are more likely to under-report mental health challenges than other health conditions due to societal stigma placed on mental illness (Bharadwaj et al., 2017).

According to findings, it was discovered that culture was associated with the occurrence of mental illness as it was manifested by most of the respondents (26), 65% strongly agreeing that culture was associated with development of mental illness among the youth while (4) 10% were not in accordance with that statement. This implies that rituals, norms, values, and myths around culture contribute much towards the occurrence of mental illness among the youth. The finding was similar to that of Subudhi (2014) in India, which revealed that every society has its own culture that regulates the individual's perception and treatment procedure of mental illness. People believe in supernatural causation; mental illness was due to supernatural power, magical spirit (like witchcraft or demonic), or possession by evil spirits, which disrupted the mind.

Findings also reveal that half of the respondents (20) 50% stated that most people first rush to traditional healers, while (14) 35% run to hospitals when they develop some weird behaviors. This is because most people believe in supernatural causation of mental illness, and given that traditional healers are easily accessible. This was in line with Akol Angela (2018), who stated that traditional healers were often consulted by patients with mental illness, and in Uganda, up to 60% of patients attending traditional healers have moderate to severe mental illness, which they ascribed to spiritual and cause.

Findings show that the majority of respondents (29) 72.5% said that an individual's income status was not a factor that could commonly predispose them to a mental illness, while a minority 2(5%) said it couldn't. This implies that most people are low-income earners, discontented, but their minds remain intact. In contrast to Forry, Ashaba, & Rukundo's (2019) findings, who argued that the income status of an individual was highly associated with the occurrence of mental disorders among the prisoners in Mbarara district, South-Western Uganda.

According to findings, most of the respondents (22) 55% were in strong agreement with the statement that poor parenting was associated with the occurrence of mental illness among the youth, compared (3) 7.5% who were not in agreement with the same statement. This is because most of the time, when children are poorly brought up face challenges of behavioral and conduct disorders during adulthood. This was in line with Lewin, Laura M. Garcia, and others (2015) in California, who stated that Dysfunctional parenting was shown to be related to a variety of forms of psychopathology. Schema Theory proposes that when children's core developmental needs are unmet ("toxic parenting"), Maladaptive views of self and others (Early Maladaptive Schemas; EMS) develop. These EMS represent a cognitive vulnerability to future psychopathology.

Conclusion

Based on the findings of the study, social factors which included poverty (24) 60%, though religion (16) 40% was not so certain, social stigma (27) 67.5%, culture (26) 65%, individual's income status (29) 72.5%, and poor parenting style (22) 55%.

Recommendation

To achieve effective integration of mental health services in PHC in Ugandan communities, including Mityana, there is a need for some health system changes in the following areas: modification of the education system for health workers to make the training in mental health more comprehensive and practical.

The search still recommends health promotion, which is a holistic approach to community health care through strategies and actions directed at strengthening the skills of individuals, changing social, environmental, and economic conditions.

The Ministry of Health, through programs like community-based health rehabilitation services, should reach out to people with mental disabilities to reduce the burden.

There is a need to reduce the paucity of mental health care providers to intensify service provision, which includes sensitization on the causes of mental illness and how to avoid them.

The government should make new reforms and policies that integrate the traditional healers and spiritual healers in a referral system of Uganda for early identification and treatment of mental illness.

Acknowledgement

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List of abbreviations

AIDS: Acquired Immune Deficiency Syndrome
DALYs: Disability-Adjusted Life Years
HIV: Human Immune Virus
MOH: Ministry of Health
SDGs: Sustainable Development Goals
WHO: World Health Organization

Source of funding

The study was not funded.

Conflict of interest

The author declares that there was no conflict of interest.

Author contributions

PK- Developed and investigated the study.
CM- Supervised the study.
JFN- Supervised the study.

Data availability

Data is available upon request.

Informed consent

Written informed consent was obtained from all participants before their inclusion in the study. Participants were informed about the purpose of the study, procedures involved, potential risks and benefits, and their right to withdraw at any time without penalty.

Author biography

Peter Kayiza is a student at St. Michael Lubaga Hospital Training Schools, pursuing a diploma in nursing.

Clare Mukomuzibu is a tutor and research supervisor at St. Michael Lubaga Hospital Training Schools.

Donatus Kimera is a research supervisor at St. Michael Lubaga Hospital Training Schools.

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