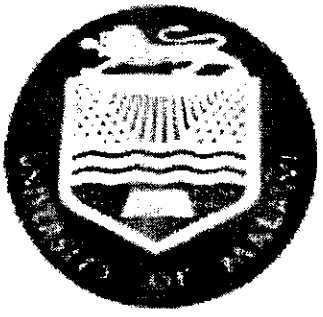


THE UNIVERSITY OF MALAWI

KAMUZU COLLEGE OF NURSING

KNOWLEDGE AND PERCEPTIONS OF SECONDARY SCHOOL ADOLESCENTS ON CAUSES AND PREVENTION OF MENTAL ILLNESS AT KATOTO DAY SECONDARY SCHOOL IN MZUZU

PRESENTED BY:

GAD MICHEAL NTALIMANJA KUMWENDA

A RESEARCH DISSERTATION SUBMITTED TO THE FACULTY OF NURSING IN PARTIAL FULFILLMENT FOR THE AWARD OF BACHELOR OF SCIENCE DEGREE IN NURSING

SUPERVISED BY: MRS. C.CHIHANA

4th December,

ABSTRACT

Adolescents' mental health is influenced by many factors which are usually overlooked by adolescents themselves and policy makers. These factors include HIV&AIDS, poverty, Orphanhood, unstable families, excessive alcohol consumption, cannabis, anxiety and stress. Therefore, this descriptive qualitative study sought to describe knowledge and perception of adolescents on causes and prevention of mental illness. The study was aimed at identifying gaps in adolescents' knowledge and perception on causes and prevention of mental illness so that appropriate interventions can be developed for them. The knowledge will also be used to identify problem areas on which nurses ought to emphasize when giving health education to adolescents on mental health. The study was conducted at Katoto secondary school, the researcher chose this site because it is close to Mzuzu city and felt that this may predispose these adolescents to mental illness. The study used descriptive qualitative design. A purposive sample of ten male and ten female students was used. Data was collected using interview-guide comprising of open-ended and closed-ended questions and was analyzed manually using content analysis. Consent forms were signed by participants after explaining to potential participants what the study was all about such as the purpose, benefits, risks and significance so that potential participants make an informed decision whether to participate or not. Confidentiality and privacy was ensured by using codes instead of students' names and interviews were conducted in a private room. Participants were also allowed to make their own decisions and choices throughout the study process such as withdrawing from participation in the study without reprisal. The results have shown that adolescents do not have adequate knowledge about causes and prevention of mental illness. Beliefs and myths have also shown that they influence adolescents' knowledge and perceptions about mental illness. The researcher intends to disseminate study findings to KCN library, Katoto secondary school and mental hospitals.

DECLARATION

I hereby declare that this research study is entirely the result of my own toiling and effort. To the best of my knowledge it has not been presented for any degree and is not currently being submitted for any other degree.

Candidate Name: Gad Michael Ntalimanja Kumwenda

Signature..... Date.02/12/2009

Supervisor : MRS. C. Chihana

Signature..... Date.02/12/2009

DEDICATION

This research study is dedicated to all adolescents in Malawi who are doing everything possible to promote their mental health and prevent mental illness.

Gad Michael Ntalimanja Kumwenda.

ACKNOWLEDGEMENT

There are a lot of people who have helped me both directly and indirectly to ensure that this copy of dissertation is completed. Firstly I would like to thank the Almighty God in His infinite love and mercy for the gift of life and good health that enabled me toil in an endeavor to complete this dissertation.

My sincere thanks go to Mrs. C. Chihana for her support, guidance and constructive criticisms throughout the period of the study.

I would also like to specially thank all the students who took part in this study and the deputy Headteacher of Katoto Secondary School for his assistance during data collection.

My appreciations also go to the library staff at Kamuzu College of Nursing (KCN), Lilongwe campus for their untiring support given to me especially during literature search.

I also thank my family members especially Mrs. Kumwenda, T. Kumwenda and Judith Yvonne Mtegha for their psychosocial and financial support they have been giving me.

Lastly though not least, I thank my classmates who have been very supportive and encouraging throughout the period I have been writing this dissertation.

May the Almighty God reign forever and bless them all!!!!!!!!!

ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CCAP	Church of Central African Presbyterian
DCU	Drug Control Unit
DSM-IV	Diagnostic Statistic Manual -IV
EPD	Epidemic Psychological Disturbances
HBM	Health Belief Model
HIV	Human Immunodeficiency Virus
KCN	Kamuzu College of Nursing
MHR	Mental Health Report
MoE	Ministry of Education
MoH	Ministry of Health
SDA	Seventh Day Adventist
USA	United States of America
WHO	World Health Organization

TABLE OF CONTENTS.

CONTENTS:

3.0 CHAPTER THREE: CONCEPTUAL FRAMEWORK

5.0 CHAPTER FIVE: PRESENTATION OF FINDINGS

1.0 CHAPTER ONE: INTRODUCTION

1.1 INTRODUCTION

Malawi has a population of about thirteen (13) million people according to the Malawi Population and Housing census of 2008, and mental illness among children and adolescent is estimated at 3.8%(MHR,2003).

Adolescents (individuals aged between eleven through twenty-one years) are believed to be the most vulnerable age group to mental illness because they are still exploring life experiences (Stanhope & Lancaster, 2004)

Mental illness refers to maladaptive behaviour and impaired functioning caused by genetic, physical, chemical, biological, psychological, social and cultural factors (creek, 2004)

WHO, (2003) estimated mental illness as a global burden standing at 25% with 15% being adolescents and youths suffering from one or more diagnosable mental disorders.

The most common mental disorders affecting adolescents are schizophrenia, anxiety disorders, mood disorders and disruptive behavioral disorders. The most significant factors contributing to mental illness in adolescents' life are found in their environment and in the choices they make such as alcohol consumption, stress, smoking, orphan hood, poverty (Thiedel et al 2002).

It has been observed from clinical experience that most people only know the major causes of mental illness, such as cannabis smoking, diseases such as, severe malaria, meningitis, epilepsy, while neglecting other causes of mental illness that are encountered in every day life, such as stress, anxiety, poverty, orphanhood, alcohol abuse, unstable families, and prolonged bereavement.

The researcher is of the view that adolescents lack adequate information on the causes and prevention of mental illness, as such; they are more likely to engage in activities that may predispose them to mental illness. This has prompted the researcher to study adolescents' knowledge and perceptions on the causes and prevention of mental illness so that their knowledge deficit can be established and interventions can be designed in order to equip them with adequate and accurate information about mental illness.

1.2 BACKGROUND

Since ancient times, mental illness has been recognized and various attempts have been made not only to explain its origin but also to prevent and treat it. In ancient Egypt and Greece and among the Jews in Palestine, efforts were made to describe and classify mental illness (Jegede, 2000).

The Bible has also accounts of persons who were afflicted with madness. By 300AD, it was recognized that the brain is of fundamental importance in the development of mental illness (Gureje&Lasebik, 2003).

From the earliest times there has been a tendency to believe that mental illness is caused by supernatural forces such as demons or by the position of the stars in the solar system (Jegede, 2000). Consequently, both demons and stars are used in the course of traditional treatment of mental illness. In Malawi, the first clients with mental illness were recognized in early twentieth century at Zomba Central Prison.

In Malawian setting, most mental disorders are believed to be caused by cannabis smoking. Between 1995 to 2003, annual admissions at Zomba mental hospital of clients with mental disorders caused by cannabis and alcohol abuse ranged between 143 and 326(National Drug Control, 2003). Mental health in adolescents is influenced by many factors that are usually overlooked by policy makers. These factors include HIV& AIDS, poverty, orphanhood, unstable families, excessive alcohol consumption and stress; unlike in other countries such as Iraq where major causes of mental illness in adolescents are factors like traumatic war experience, political instability and drug abuse. Mental illness among adolescents in Malawi is estimated at 3.8 %(MHR, 2003).

1.2.1 STATEMENT OF THE PROBLEM

Cases of mental illness in Malawi are on the rise, especially among adolescents and youths due to drug abuse, such as cannabis, alcohol abuse and tobacco (NDCMM, 2005-2009). According to the Drug Control Unit (DCU) (2005-2006) hospital records of mentally ill clients at Zomba Mental hospital between 1995 and 2003 ranged between 143 and 326 annually. The majority of these clients were adolescents and youths.

Unfortunately the majority of adolescents think that only cannabis is the cause of mental illness, thereby neglecting some aspects of their everyday lifestyle and other environmental factors, such as, alcohol abuse, stress, anxiety, poverty, unstable families and orphanhood that may predispose them to mental illness. This research therefore seeks to identify gaps in adolescents' knowledge and their perceptions on causes and prevention of mental illness so that appropriate interventions can be developed for them.

1.2.2 SIGNIFICANCE OF THE STUDY

In every country, the youth, the group under which adolescents fall, is considered to be the future leaders for all area of development. If these youths are indeed to become future leaders, their mental health needs to be protected and promoted by providing them with accurate and adequate information on causes and prevention of mental illness. Results from this study will help clinical nurses, nurse educators and other health care workers gain more knowledge on adolescents' mental health and mental illness.

This knowledge will consequently be used to identify problem areas on which nurses ought to emphasize when giving health education to adolescents on causes and prevention of mental illness thereby increasing knowledge base in adolescents. The study will also increase the body of knowledge in nursing research as gaps will be identified that will act as a basis for further research. The results of this study will also be a useful tool for health workers at mental hospitals.

1.3 OBJECTIVES OF THE STUDY

1.3.1 BROAD OBJECTIVE

To describe knowledge and perception of secondary school adolescents on the causes and prevention of mental illness.

1.3.2 SPECIFIC OBJECTIVES.

1. To describe the adolescents' knowledge on causes and prevention of mental illness
2. To describe adolescents' perception toward mental illness
3. To examine if there is a relationship between cultural beliefs, myths and causes of mental illness

2.0 CHAPTER TWO: LITERATURE REVIEW

2.1 INTRODUCTION:

Literature review is an organized written presentation of what has been published on a topic by scholars (Burns &Grooves, 2005).This is an important area in research because it helps to develop a comprehensive picture of the level of knowledge on the topic and it also helps the researcher to know what studies have already been conducted on the topic.

Literature review also outlines gaps in current knowledge, thereby showing the significance of the new study and how it will contribute to the existing knowledge. This chapter will give information on studies that were done in Malawi and in other countries in relation to adolescents' mental health and mental illness. This chapter will also highlight how and where these studies were done as well as the findings from the studies.

2.2 PREVALENCE OF MENTAL ILLNESS IN MALAWI

In the past years some studies have been done in Malawi on adolescents' mental health and mental illness but in recent years there is little known about mental illness in adolescents .Mental Health report of 2003 estimated mental illness prevalence among adolescents and youth to be 3.8%.

Maluwa Banda et al (2005) conducted a study in social change among girls at one of catholic secondary school in Malawi to describe Epidemic Psychological Disturbances (EPD). A sample of 110 pupils at a catholic girl secondary school was selected. The study aimed at describing outward and inward Epidemic Psychological Disturbances(EPD) behaviours. Outward Epidemic Psychological Disturbances (EPD) behaviours included screaming, continuous laughing, crying loudly, falling down and rolling, violently threatening classmates and speaking gibberish while inward Epidemic Psychological Disturbances included refusing to eat, withdrawal, hallucinations, hypersensitivity to noise and headache at the base of the skull.

The study showed that most of the affected pupils recovered when sent home. The study results showed that possible causes of Epidemic Psychological Disturbances (EPD) are physical, psychological, traditional institutions and political factors. The study concluded that the present cases of Epidemic Psychological Disturbances (EPD) reflect a defense and protest

against certain aspects of the rapid social and political changes which Malawi has witnessed over the past few years.

Mkandawire et al (2007) conducted a study in the southern region of Malawi to study the impact of living with HIV&AIDS or of being affected by it in relationship to mental illness. The study was done with twelve groups of secondary school students, orphans and vulnerable children, teenage mothers and out of school youths in urban and rural settings. The study also explored the link between mental health problems among adolescents and subsequent HIV-risk behaviour.

The study showed that some adolescents recognized the mental health sequel of HIV&AIDS as impacting upon many aspects of their lives and also showed a two way interaction between HIV&AIDS and mental illness, indicating that the latter can increase the thoughts of suicide and HIV risk-taking behaviour.The study concluded that being infected or affected by HIV&AIDS increased the risk of developing mental illness.

2.3 STUDIES DONE IN OTHER COUNTRIES

Another study was conducted by Al-Jawad et al (2007) conducted in Mosul city, Iraq to determine the prevalence of mental illness in adolescents in relation to war and violence. A cross-sectional study design was adopted. Four Primary Health Centers were chosen consecutively as study settings with a sample size of 3079 adolescents. These adolescents were continuously assessed and the results showed that 1152 adolescents had mental illness giving a point prevalence of 37.4% with a male to female ratio of 1.2 to 2.1. The ten common mental disorders among the examined adolescents were post-traumatic stress disorder (10.5%), enuresis (6.0%), and separation anxiety (4.3%), and specific phobia (3.3%), refusal to attend school (3.2%) learning and conduct disorder (2.5%), stereotypic movements (2.3%) and feeding disorder (2.0%). The study results concluded that mental illness among adolescents in Mosul city was highly prevalent in adolescents age from 11 to 15 years.

In Kenya Carrigan W. (2005) conducted a study to assess how adolescents perceived the stigma of mental illness in relation to the causes. A total of 303 adolescents completed a revised version of Attributed Questionnaire that represented four vignettes each describing a

different peer; a peer with mental illness, peer with mental illness secondary to a brain tumor, peer with mental illness secondary to alcohol abuse and a peer with mental illness secondary to leukemia. The results of the study showed that adolescents stigmatized peers who abuse alcohol most severely, followed by those with mental illness; peers with leukemia were treated more benignly than the other groups. Having a brain tumor mediated the stigmatizing effect of mental illness.

Medina –Mora et al (2005) conducted a study in Mexico City to describe prevalence and treatment seeking behaviour among adolescents. Household face to face survey was conducted with a probability sample of 3005 adolescents aged 12 to 17years residing in Mexico city metropolitan area.

The prevalence of mental health disorders and the use of service were assessed with a Computer-Assisted Adolescent Version of the world mental health composite international diagnostic interview. The study revealed that one in seven adolescents with mental illness used any mental health services. Respondents with substance use disorder reported the highest prevalence and use of mental health services, and those with anxiety disorder were the lowest. The study also concluded that approximately one in every two respondents receiving any mental health services received treatment that could be considered minimally adequate.

Another study was conducted by Muula S. et al (2004) to assess the prevalence and associated factors of suicidal ideation among school going adolescents in Guyana. Out of 1197 of adolescents who took part in the study18.4% reported having seriously considered committing suicide in the previous twelve months of the study. Males were less likely to seriously consider committing suicide than females. Subjects who reported having been bullied were more than twice as likely to contemplate committing suicide as those who had not been bullied. History of depression was positively associated with suicidal ideation while having a close friend and understanding parents were negatively associated with suicide ideation.

The results of the study concluded that suicidal ideation was a significant public health issue among in-school adolescents in Guyana that require attention and intervention.

Pillai A. et al (2008) conducted an epidemiological study in the state of Goa in India to describe the current prevalence of mental illness among adolescents aged between 12 and 16

years in relation to non-traditional lifestyle such as frequent partying, going to the cinema, having a boy friend or girlfriend and shopping for fun. A sample of 2048 adolescents was randomly selected from six urban ward and four rural communities. All adolescents were also interviewed on social-economic factors of mental illness such as peer and sexual relationships, parental relations substance abuse and neighbourhood.The study results indicated that the prevalence of an Diagnostic Statistics Manual-IV (DSM-IV) diagnosis was 1.81%.The most common diagnoses were anxiety (1.0%),depressive disorder (0.5%),behaviour disorder(0.4%) and attention-deficit hyperactivity disorder(0.2%).The final multivariate model found an independent association of mental illness with an outgoing non-traditional lifestyle and that having ones family as the primary source of social support was associated with a lower prevalence of mental illness.

2.4 CONCLUSION OF LITERATURE REVIEW

Literature review has shown that although mental illness is a global problem among adolescents, very little is being done in Malawi to protect the adolescents from mental illness. At international level, a lot of studies have been done on adolescents' mental health and mental illness such as the relationship between mental illness and HIV&AIDS,
political violence and mental illness and perception of adolescents on stigma associated with mental illness.
In general, a lot of studies have been done on factors that influence adolescents' mental health. However literature review has shown that no study has been done to find out if adolescents themselves know that these factors influence their mental health hence the relevance of this study.

3.0 CHAPTER THREE: CONCEPTUAL FRAMEWORK

3.1 INTRODUCTION

Conceptual framework is an abstract, logical structure that guides the development of the study and enables the researcher to link the findings to the body of knowledge understudy (Burns & Grooves, 2001).This chapter will describe the Health Belief Model (HBM), give a diagrammatic presentation of the model and the application of the model in relation to the topic understudy.

3.2 DESCRIPTION OF THE HEALTH BELIEF MODEL (HBM)

Health Belief Model (HBM) was initially a psychological model developed by Rosenstock in 1966 for studying and promoting the uptake of services by psychologists. In 1988, amendments were made to the model to accommodate evolving evidence generated within the health community about role that knowledge and perceptions play in personal health responsibility (Kozier, 2008).

The model explains that individual's perceived susceptibility and severity of the disease or illness determines a perceived threat that increase the likelihood of adopting a preventive action or participate in health interventions to decrease or lessen that perceived threat (Kozier, 2008).Individual's knowledge of perceived susceptibility and severity of the disease or illness determines whether or not that person will realize that he /she is at risk. Perceived susceptibility and severity of the condition combine to determine the total perceived threat of the condition or disease.

The model also has modifying factors which modify the person's perception of the condition. These modifying factors include level of knowledge, age, sex, race, and lifestyle. Modifying factors affect perceived benefits and barriers to health action. Sociopsychologic variables such as social or peer pressure affect individual's ability to adopt preventive health behaviour, for example, a peer with friends who drink alcohol excessively is also more likely to engage in excessive beer drinking to conform to the group. The likelihood of a person taking recommended preventive health action depends on the perceived benefit of the action minus the perceived barriers to action. Perceived benefits of the action, for example, in order for a person to prevent mental illness one refrain from excessive alcohol consumption while perceived barriers to action may be peers who drink alcohol excessively (Kozier, 2008)

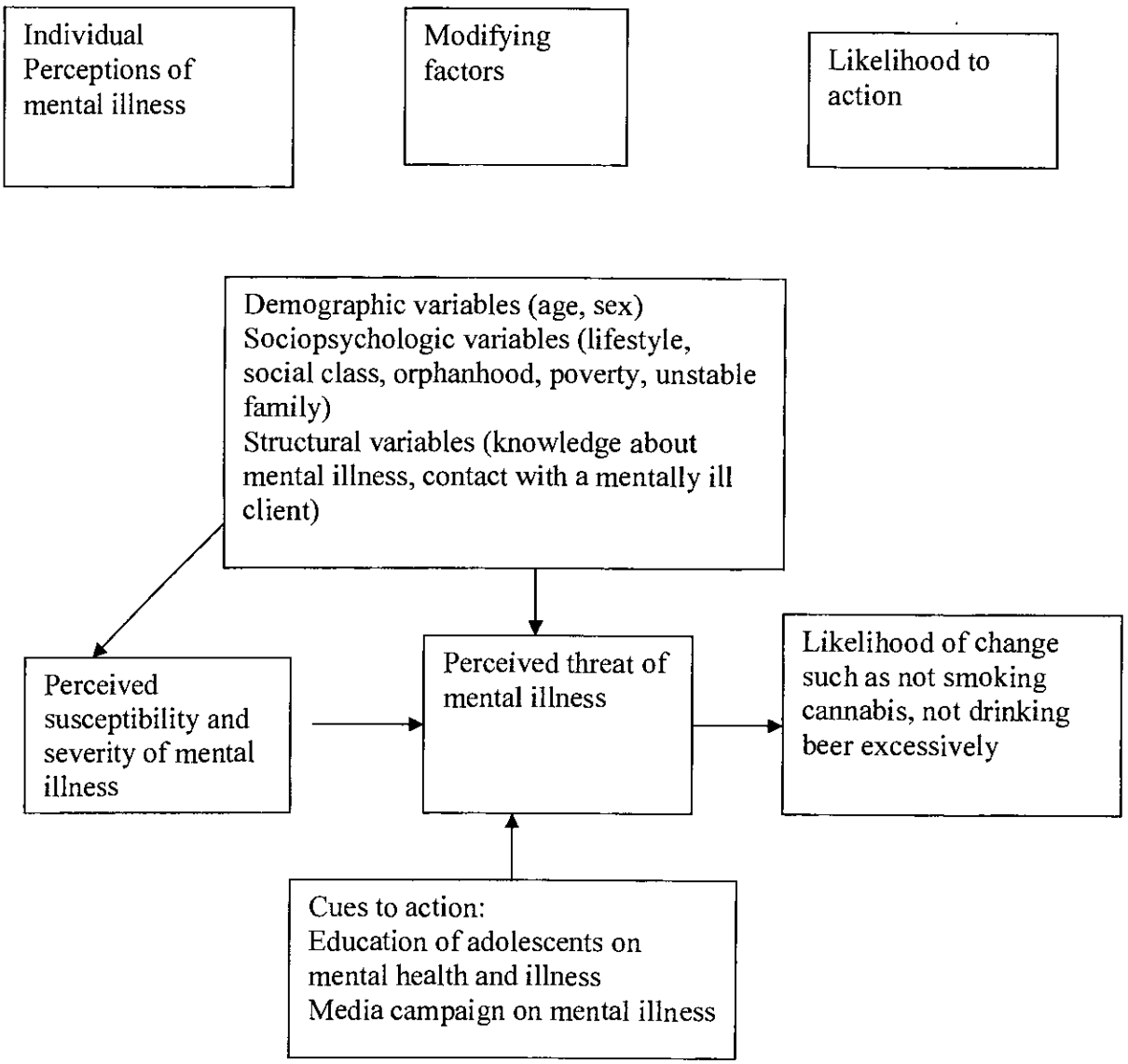
Cues to action are strategies or means that activate action. Cues to action can either be external or internal. External cues include peers, magazines, newspapers, family member with mental illness while internal cues includes thoughts about the condition, symptoms, and feelings of uncomfortable. These help to motivate clients to take preventive health measures, for example, nurse educator can be a source of information to adolescents. In conclusion, Health Belief Model (HBM) helps to determine whether an individual is likely to participate in disease prevention and health promotion activities. Health Belief Model (HBM) also helps to predict which individuals would or would not use preventive measures.

3.3 APPLICATION OF THE MODEL

It is difficult for adolescents to prevent mental illness unless they perceive their susceptibility to it and seriousness of the condition. This will determine their likelihood of taking preventive measures such as avoiding smoking cannabis, excessive alcohol consumption.EUAP (1998) as cited in Kunyeri (2002) emphasizes that unless individuals have adequate knowledge of the condition and prognosis they cannot make a decision to take a health action. Health education given to adolescents by nurse educators will influence adolescent's perception of the threat of developing mental illness thereby being motivated to take preventive measures such as not smoking cannabis. In conclusion, Health Belief Model (HBM) is a framework for motivating people to take positive health actions in order avoid negative health consequences.

3.4 DIAGRAMATIC APPLICATION OF HEALTH BELIEF MODEL (HBM)

FIGURE 1



Source: Will J. & Naidoo J. (2000).Health Promotion: Foundation to Practice (2nd Edition), Edinbough, Tindall Co.

4.0 CHAPTER FOUR RESEARCH METHODOLOGY

4.1 INTRODUCTION

Methodology refers to the plan that describes how, when and where data will be collected and how it will be analyzed (Polit &Hungler,2001). This chapter describes the methodological approach that was employed by the Researcher in conducting this study. It describes the research design, the study setting, sampling, instrumentation, pre-testing, data collection method, data analysis and ethical consideration.

4.2 RESEARCH DESIGN

Refers to the researcher's overall plan for obtaining answers for the research questions or for the testing of the research hypothesis. To obtain information on knowledge and perceptions of secondary school adolescents on causes and prevention of mental illness, a qualitative descriptive method was used. Qualitative methods are concerned with in-depth study of human phenomena and experiences in order to understand the nature and meaning they have for individuals involved(Cormac,1991).Qualitative method was chosen and used in this study because of its relevance to this study, that is, to describe and determine secondary school adolescents' knowledge and perceptions towards causes and prevention of mental illness. This study design helped adolescents to easily describe their knowledge and their perceptions on causes and prevention of mental illness according to their experiences.

4.3 STUDY SETTING

Setting is the physical location and conditions in which data collection takes place in the study (Polit&Hungler, 2001).The study was conducted at Katoto day Secondary school in Mzuzu. This school was chosen because it is located in the heart of Mzuzu city which the Researcher felt had an influence on adolescent's lifestyle and subsequently their mental health.

4.4 SAMPLING

Sampling is the process of selecting a portion of the population to represent the whole population (Polit &Hungler, 2001).The study was conducted with secondary school adolescents aged between eleven and twenty- one years. A purposive sample of ten male and female adolescents was selected. A Purposive sampling is a type of non-probability sampling method in which the researcher selects participants for the study on the basis of personal judgment about which ones will be most representative of the population under study.

Eligibility of the subjects was based on age,that is, between eleven through twenty one and ability to speak and comprehend English. Participants with these specification were very helpful because they were a true representation of adolescents and were able to express themselves clearly. They also had a good understanding of the research questions.

4.5 INSTRUMENTATION

In-depth interview guide was used to collect data. The interview guide contained both open-ended and closed-ended questions. The interview guide was prepared in English. English was chosen because the researcher believed that since these students are in secondary school they will be able to understand English clearly without problems.

4.6 PRE-TESTING

The interview guide was pre-tested for validity and efficacy prior to data collection with the main subjects. Pre-testing was done at Yamba Community Day Secondary school.

4.7 DATA COLLECTION

It refers to the gathering of information to address a research problem (Polit&Hungler, 2001).Data was collected using a face-to-face in-depth interview using interview guide comprising of open-ended and closed- ended questions. Interview was conducted by the researcher alone in a private room with one participant at a time. Each interview took less than twenty minutes and the whole data collection process took three days. Notes were also taken during interview.

4.8 DATA ANALYSIS

Data analysis is the process of organizing and integrating the collected data to make meaning (Burns & Grooves, 1991).

Data was analyzed manually using content analysis that involves developing codes, isolation of themes, checking for themes in all transcripts then grouping similar themes for description. Frequencies and percentages were used to summarize the data and then presented in tables.

4.9 ETHICAL CONSIDERATIONS

This study used human beings (students) as study subjects. Care was exercised by taking ethical issues into consideration. The rights of the students involved was protected and respected by adhering to ethical rules. Participants were told about what the study was all about, purpose, significance and benefits. The study did not have associated risks, as such, students were assured of their safety. Subjects were also told that participating in the study does not have direct benefits. Participants were assured of absolute confidentiality and

privacy. In order to ensure confidentiality and privacy, codes were used instead of student's names. The researcher assured and ensured participants that their participation or the information they might give to the researcher will not be used against them in any other way. Participants were also treated as autonomous beings capable of making independent decisions and choices. The researcher ensured that participants after being given full information about the study decide voluntarily whether to participate in the study or not without being forced. The participants were told that they will be free at any time to withdraw from the study should they feel uncomfortable to continue participating. The above information enabled participants to make an informed choice whether to participate or not. After giving full information on the study and ensuring that all participants have understood the information and have accepted voluntarily to participate in the study, each participant was requested to sign consent form prior to the interview.

4.10 LIMITATION OF THE STUDY

The researcher feels that since the study was done at one secondary school there is a need to do more of the same studies in different secondary schools so that the findings can be generalized to adolescents in Malawi.

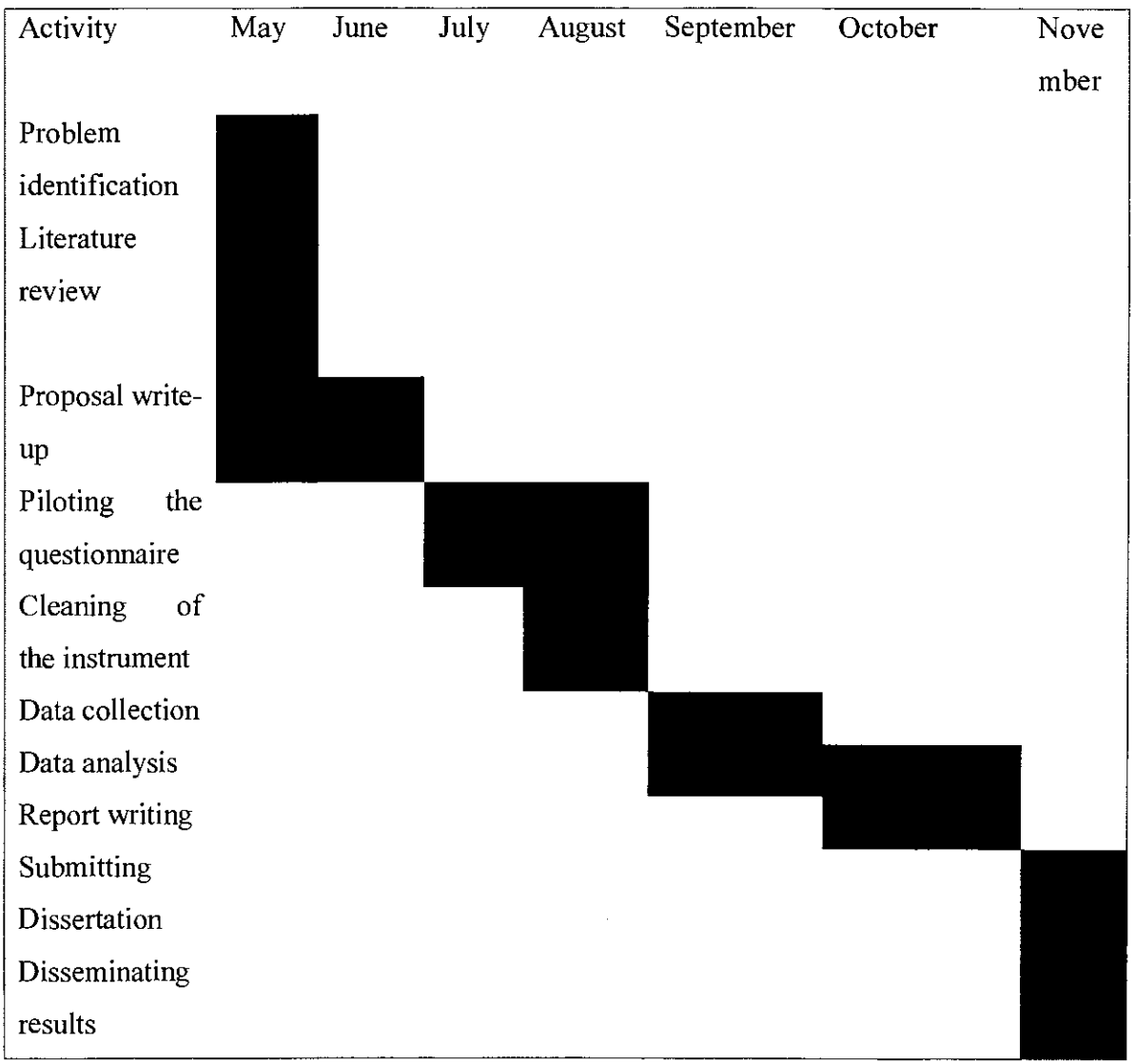
4.11 DISSEMINATION OF THE RESULTS

The researcher intends to disseminate the findings of this study through written report to Katoto Secondary school, KCN Library and to the District Education Manager of Mzuzu.

5.0 TIME FRAME OF THE STUDY

Below is the graphic presentation of activities that are going to take place during research period from May to November, 2009.

TIME IN MONTHS



6.0 BUDGETARY ESTIMATES FOR THE RESEARCH PROPOSAL AND DISSERTATION

ITEM	COST	TOTAL
2 Reams of paper	K800 each	K1600.00
4 pens	K20.00 each	K 80.00
2 pencils	K10.00 each	K 20.00
2 envelopes	K30.00 each	K 60.00
1 file	K400.00 each	K 400.00
1 rubber	K15.oo each	K 15.00
TOTAL COST		**K 2185.00**
PRINTING SERVICES		
Printing of questionnaire 20 copies	K10.00 each	K 200 00
Printing two copies of proposals	K500.00 each	K1000.00
Printing four copies of dissertations	K600.00 each	K2400.00
Binding two copies of proposals	K250.00 each	K 500. 00
Binding four copies of dissertations	K250.00 each	K1000.00
Internet services	K300.00	K 300.00
Other printing services	K700.00	K 700.00
2 Flash disks	K2500 each	K5000.00
Transport to Mzuzu,going and back	K2400.00	K2400.00
Audio tape recorder	K4000.00	K4000.00

8 Blank tapes	K100.00 each	K 800.00
TOTAL COST		**K17800.00**
Contingency 5%	K890.00	**K890.00**
GRAND TOTAL		**K20875.00**

6.1 JUSTIFICATION OF THE BUDGET

Stationary stated in the budget will be used during the research process for printing, writing rough work and saving of information of the research study. The researcher will also require flash diskettes for saving typed information. He will require traveling money as he will be traveling from Lilongwe to Mzuzu to collect data, hence money will be needed to carter for traveling expenses.

Audio tape recorder and blank tapes will be required for recording information from the subjects since it will not be possible for the researcher to write all the information the subjects will be giving.Contigency money amounting to K890.00 will be used to top-up budget the in case of inconveniences not budgeted for.

5.0 CHAPTER FIVE: PRESENTATION OF FINDINGS

5.1 INTRODUCTION

The main objective of this study was to describe knowledge and perceptions of secondary school adolescents on causes and prevention of mental illness. The study was conducted at Katoto secondary school among students age range of eleven through twenty-one years. Twenty students, ten female and males were voluntarily recruited into the study. Data was collected using interview guide with open and closed-ended questions and has been presented in a qualitative method of data interpretation.

5.2 DEMOGRAPHIC DATA

Demographic data was analyzed using descriptive statistics mainly frequencies and will be presented in tables. Demographic variables such as age, sex, religion, tribe, family structure and class were assessed and will be presented in tables with calculated frequencies and percentages.

FIG 2

AGE DISTRIBUTION OF THE PARTICIPANTS

AGE RANGES IN YEARS	NUMBER OF PARTICIPANTS (FREQUENCY)	PERCENTAGES
11-13	2	10%
14-17	11	55%
18-21	7	35%

The age of the respondents ranged from 11 through 21. 10% (n=2) of the respondents were aged between 11-13 years, 55% (n=11) of respondents were between 14-17 years and 35% (n=7) of respondents were between 18-21 years. The table also show that majority, 55%

(n=11) of the respondents were between age of 14-17 years. This means that most of the respondents were middle aged adolescents.

FIG.3

SEX DISTRIBUTION OF THE PARTICIPANTS

SEX	NUMBER OF PARTICIPANTS (FREQUENCY)	PERCENTAGES
MALE	10	50%
FEMALE	10	50%

Fig.2 above indicates the sex distribution of the respondents. It indicates that 50% were males and 50% were females.

FIG.4

RELIGIOUS DISTRIBUTION OF THE RESPONDENTS

RELIGION	NUMBER OF PARTICIPANTS (FREQUENCY)	PERCENTAGES
Islam	0	0%
Roman Catholic	3	15%
Rastafarian	0	0%
CCAP	10	50%
Church of Christ	1	5%
SDA	2	10%
Others	4	20%

Fig. 3 above show that 50% of the respondents belong to Church of Central African Presbyterian (CCAP).

FIG.5

TRIBAL DISTRIBUTION OF THE RESPONDENTS

TRIBE	NUMBER OF RESPONDENTS (FREQUENCY)	PERCENTAGES
Chewa	7	35%
Tonga	1	5%
Tumbuka	9	45%
Ngoni	0	0%
Others	3	15%

Fig.4 show tribal distribution of the respondents. It indicates that majority 45% (n=9) of the respondents were of Tumbuka tribe.

FIG.6

RESPONDENTS GUARDIANSHIP

PARENTS/GUARDIAN	FREQUENCY	PERCENTAGE
Both parents	12	60%
Mother alone	4	20%
Father alone	O	O%
Aunt	2	10%
Uncle	1	5%
Grandmother	1	5%
Grandfather	0	0%
Others	0	0%

Fig.5 shows respondents' guardianship. It indicates that 60% (n=12) of the respondents were living with their biological parents, 20% (n=4) of the respondents were living with their mothers only, 10% (n=2), 5% (n=1) and 5% (n=1) of the respondents were living with their Aunt, uncle and grandmother respectively. The table show that majority 60% (n=12) of the respondents were living with their biological parents.

FIG. 7

OCCUPATION OF RESPONDENTS'PARENTS/GUARDIAN

OCCUPATION	FREQUENCY	PERCENTAGES
Employed	14	70%
Business	4	20%
Farming	2	10%
Others	0	0%

Fig. 6 shows the occupation of respondents parents/guardians. It indicates that 70% (n=14) of the respondents were living with parents/guardians who were working, 20% (n=4) of the respondents were living with parents/guardians who were doing business, 10% (n=2) of the respondents were living with parents/guardians who were farmers. The table also indicate that majority 70% (n=14) of the respondents were living parent (s)/guardian(s) who was employed.

FIG. 8

FAMILY SIZE

NUMBER OF CHILDREN	FREQUENCY	PERCENTAGES
Not more than 2	2	10%
Not more than 4	6	30%
Not more than 6	8	40%
More than 6	4	20%

Fig. 7 show family sizes of the respondents. It indicates that 10% (n=2) of the respondents were less than two in their family, 30% (n=6) were less than four, 40% (n=8) were less than six while 20% (n=4) were more than 6 in their family.

The respondents were also asked if they have ever suffered from any form of mental disorder. Most 100% (n=20) revealed that they have never suffered from any form of mental illness.

5.3 DESCRIPTION OF RESPONDENTS KNOWLEDGE ABOUT MENTAL ILLNESS

Below are the study findings on adolescents' knowledge on causes and prevention of mental illness. The level of knowledge was assessed by asking respondents in the following areas; simple definition of mental illness, source of information, causes, signs and symptoms, common mental disorders and prevention of mental illness.

5.4 DEFINITION OF MENTAL ILLNESS

The study findings show that majority 100% (n=20) of the subjects were able to define mental illness in simple term as *"abnormal functioning of the brain which result in abnormal behaviour in the affected person."*

5.5 SOURCE OF INFORMATION ABOUT MENTAL ILLNESS

This question was aimed at finding out the source of information participants had about mental illness in order to assess the reliability of the sources. Majority 60% (n=12) of participants acquired knowledge from school, 15% (n=3) acquired knowledge from hospital, 15% (n=2) acquired knowledge from friends and 10% (n=2) acquired knowledge from home. A significant finding on the source of information about mental illness was that majority 85% of respondents had reliable sources of information except 15% who got information only from friends.

5.6 CAUSES OF MENTAL ILLNESS

On this question participants were asked to mention causes of mental illness. Majority 100% (n=20) of respondents mentioned chamba (cannabis) smoking, drug abuse and excessive

alcohol consumption as some of the causes of mental illness while 10% (n=2) indicated that stress can also result in mental illness. Though not scientific, majority 100% (n=20) of respondents also mentioned witchcraft and use of traditional medicine as some of the causes of mental illness.

One respondent said "*some parents use the brain of their children to get rich. They consult witchdoctors who advise them to sacrifice their children and it is seen that once the child is mad the family become very rich.*"

Another respondent said that'' *some people visit witchdoctors to get rich but failure to follow instructions from the witchdoctor result in mental illness*".

Significant findings about respondents knowledge on the causes of mental illness was that students lack knowledge of some important major causes of mental illness such as HIV&AIDS, poverty, orphanhood and unstable families.

5.7 SIGNS AND SYMPTOMS OF MENTAL ILLNESS

Most 100% (n=20) of the participants showed knowledge of the obvious signs of mental illness such as drooling, eating food from trash bins, poor dressing ,public nudity, violence, displaying bizarre social behaviour, keeping long unkempt hair and talking to themselves but could not identify signs and symptoms of disturbances in mood and feelings.

5.8 COMMON MENTAL DISORDERS

This question aimed at establishing respondents' knowledge on common mental disorders. Most 100% (n=20) of respondents lack knowledge about common mental disorders.

5.9 PREVENTION OF MENTAL ILLNESS

Most of the respondents showed some knowledge on prevention of mental illness depending on the responses on causes of mental illness. Avoiding chamba (cannabis) smoking, drug abuse, excessive alcohol consumption and stressors were some of the preventive measures given.

5.10 PERCEPTIONS OF RESPONDENTS ABOUT MENTAL ILLNESS

5.11 AT RISK POPULATION

Majority 90% (n=18) of the respondents believe that the at risk group for developing mental illness are those who smoke chamba (cannabis),abuse drugs and drink alcohol excessively.10% of the respondents acknowledged that they are also at risk of developing mental illness because of stress associated with school.

5.12 RESPONDENTS FEELINGS TOWARDS MENTALLY ILL PERSONS

Majority 85% (n=17) of respondents said that they feel sorry for mentally ill persons regardless of the cause while 15% (n=3) of the respondents said that they don't feel sorry for mentally ill persons because most of them develop mental problems because of chamba (cannabis) smoking, drug abuse and excessive alcohol consumption.

5.13 WHAT RESPONDENTS HATE ABOUT MENTALLY ILL PERSONS

Majority 100% (n=20) of respondents expressed hatred towards mentally ill persons' behaviour and appearance. Respondents said that most mentally ill persons are violent, abusive, and destructive to property, thieves, smell bad and walk naked.

One of the respondents said *"I hate mentally ill persons because sometimes they walk naked and as young people we are not supposed to see the nakedness of adults".*

Another respondent said. *"I hate mentally ill person because they like touching girls' breasts and buttocks as a girl I do not like people touching my breasts and buttocks".*

5.14 HOW MENTALLY ILL PERSONS ARE TREATED IN OUR SOCIETIES

Majority 85% (n=17) said that mentally ill persons are treated badly in their societies such being beaten, mocked, given leftovers and discriminated against while 15% (n=3) said that in their society mentally ill person are treated well and taken to Saint John of God mental hospital for treatment. Respondents also indicated that they would have loved to see mentally ill persons treated fairy but the community has negative attitude towards them.

5.15 BELIEFS AND MYTHS ASSOCIATED WITH MENTAL ILLNESS

5.16 BELIEFS ASSOCIATED WITH MENTAL ILLNESS

The study findings have also revealed that although respondents know that chamba smoking, drug abuse, excessive alcohol consumption and stress cause mental illness they strongly believe that witchcraft and use of traditional medicine can also cause mental illness.

5.17 TREATMENT SEEKING BEHAVIOUR OF RESPONDENTS

Majority 65% (n=13) of the respondents said that they would take a mentally ill person to mental hospital rather to a traditional healer because at the mental hospital there are well trained health personnel to treat and cure mental illness. 35% (n=7)said that they would take a mentally ill person to a traditional healer because at the hospital health personnel cannot cure witchcraft related mental illness.

6.0 CHAPTER SIX: DISCUSSIONS OF FINDINGS,CONCLUSION AND RECOMMENDATIONS

6.1 INTRODUCTION

This chapter presents a discussion of findings of a study on knowledge and perception of secondary school adolescents on causes and prevention of mental illness. Analysis and presentation of major findings will be presented. The discussion will mainly focus on demographic data, knowledge on mental illness, perception of students on mental illness and beliefs and myths associated with mental illness.

6.2 DEMOGRAPHIC DATA

A total of 20 respondents were voluntarily recruited into the study, 10 females and 10 males for easy comparison of their knowledge on mental illness. In this study there was no significant difference in the level of knowledge between female and male respondents. Majority 55% of the respondents were aged between 14 and 17 years. This means that majority of the respondents were middle aged adolescents hence the right sample for the study. Adolescence stage exerts a lot of peer pressure making them to engage in risky behaviours such as drug abuse which might affect their mental health and consequently develop mental illness (Morgan,2000).

On religion, all 100% of the respondents were Christians. This was encouraging because religion plays a bigger role as far as health issues are concerned. There are some religious beliefs and values which are dangerous to the mental and physical well being of individuals. Rastafarian denomination encourages its followers to be smoking chamba (cannabis) as part of their religious belief but chamba (cannabis) has damaging effects on the brain of a person using it. Therefore, adolescents should be taught and counselled that some religious beliefs are harmful to their mental health.

The study findings also revealed that majority 45% of the respondents were of Tumbuka tribe. This could be attributed to the fact the study was done in the northern region and in a district dominated by Tumbuka people. Some cultural beliefs negatively influence the behaviour of adolescents which might predispose them to mental illness. In the culture of the ngoni

children start drinking beer at a tender age which might predispose them to mental illness. According to the American Academy of Paediatrics (2000) states that unless a part of deeply rooted cultural tradition of moderation, early age of alcohol initiation is associated with greater risk of alcohol related problems and greater frequency of future drug use. Delaying initiation of alcohol use until adulthood is the most healthy choice during adolescence.

The study findings have also revealed that most 100% (n=20) of the respondents do not smoke, drink beer or abuse drugs. This might be due to strict rules at school or fear that researcher would report to the school authority. The students may not be engaging in these risky behaviours because of their knowledge of the risk involved.

The study results also showed that majority of the respondents were living with their biological parents. Living with relatives or adopted parents predisposes adolescents to abuse which may affect them psychologically. According to Bellamy (2004) stated that for adolescents the experience of loss of parents meant the loss of important safety nets against abuse, violence, discrimination and exploitation. This also gives chance to adolescents to misbehave and get involved in bad behaviour such as chamba (cannabis) smoking, drug abuse and excessive alcohol consumption. Staying with relatives also exposes the adolescents to different styles of parenting or raising children and some adolescents fail to cope with new people and environment especially if they are ill-treated and not given enough support (Compass,1993). The adolescent may feel rejected and not love in such a new environment and might suffer from depression.

Another important finding was that most of the adolescents lived with parents or guardians who had a means of earning a living. Majority 70% of the respondents' parents/guardian were employed, 20% were into business while 10% were local farmers. Family socio-economic status influences its members' physical and mental health. Low socio-economic status negatively affects the mental health of its members because parents are unable to provide the required support to their children. Patel et al (1999) found that adolescents from poor families of low socio-economic status in the United States of America (USA) suffer more often from mental illness because of stress in the family.

6.1.3 KNOWLEDGE OF ADOLESCENTS ABOUT MENTAL ILLNESS

The study findings have revealed that 100% of adolescents have ever heard of mental illness. Knowledge of the illness is very important as it sets the floor for further discussion. Majority 60% of the respondents indicated that they had learnt about mental illness at school, 15% at the hospital through youths groups, 10% learnt at home and 15% learnt from friends. The writer feel that health workers are not doing much in transmitting messages on mental health and illness as it is supposed to be. Health workers have increased chance of meeting people thereby equally giving them a chance to disseminate information about mental health and mental illness. The health workers ought to utilize every opportunity they come into contact with adolescents to teach them about mental health and mental illness. According to (Brooks,2000,p.14) better health comes from the acquisition of health knowledge and its application. Living a healthy life depends on what we know and what we do. Following the findings in this study the researcher feel that it high time health professionals intensified the campaign against mental illness in order to have health adolescents in Malawi who will be able to develop the country.

On causes of mental illness majority 100% of adolescents knew more than one cause of mental illness. Adolescents mentioned chamba (cannabis) smoking, drug abuse and excessive alcohol consumption as some of the causes of mental illness while only 10% also mentioned stress. The study findings have revealed that adolescents have some knowledge on the causes of mental illness which is important for them to protect themselves from mental illness. The writer feels that although adolescents are equipped with some knowledge about mental illness they need to be equipped with more accurate information in order for them to be able to protect themselves from mental illness. The researcher also feels that the secondary school teachers should intensify teaching students' mental health and mental illness so that they are well equipped with information.

On signs and symptoms of mental illness, 100% of adolescents had knowledge of overt disturbances in action behaviours such drooling, eating food from trash bins, poor dressing, public nudity, displaying bizarre social behaviours and keeping long unkempt hair. The reasons adolescents are able to identify overt signs and symptoms of mental illness could be because mentally ill persons with overt signs and symptoms room the street most often. The study findings revealed that adolescents are unable to identify disturbances of mood and

feelings which are also indicative of mental disorders. Disturbances in mood and feelings such as somnolence, insomnia, hypersomnia, recent poor academic performance, solitary behaviour, failure to initiate social contact and interaction. The researcher feels that these signs and symptoms of mental illness should also be taught to adolescents so that they are able to identify mental disorders without overt manifestations for early intervention.

On common mental disorders, most 100% of adolescents lacked knowledge. This could be due to educators putting much emphasis on mental illness in general and not focusing on individual mental disorders. Focusing on general mental illness may interfere with prevention because different mental disorders can be prevented differently. The researcher is of the view that health workers should be teaching adolescents different mental disorders so that they are able to easily grasp the preventive measures relevant to that particular mental disorder.
The study results have shown that adolescents know some preventive measures such not smoking chamba, abusing drugs, drinking alcohol excessively and avoiding stressors. However, adolescents do not have adequate information on prevention of mental illness hence the need for health workers, teachers and other means of communication to adolescents to intensify education on mental health and mental illness. Lack of knowledge about preventive measures would mean that adolescents will continue to engage in activities that could predispose them to mental illness.

The study findings have shown that 65% of the respondents know that mental illness can be treated and cured at a mental hospital while 35% said that the disease cannot be cured. The respondents who said that mental illness is curable could have seen someone cured from mental illness. As for those who reported that mental illness is incurable may have seen someone with mental problem which was not cured but they did not know the reasons. Mental illness may not be cured because of a number of reasons such as poor drug compliance, congenital and chronic mental disorders and continued abuse of drugs while receiving treatment. The 35% of adolescents considering mental illness incurable might be lacking knowledge on mental illness management and societal belief that mental illness is caused by witchcraft. This belief is unhealthy because it makes people to seek help from witchdoctors instead of the hospital which may lead to chronicity of the condition.

6.1.4 PERCEPTION OF ADOLESCENTS ON MENTAL ILLNESS

The result of the study has shown that 90% of the respondents thought that the at risk group of people are those who smoke chamba, abuse drugs and drink alcohol excessively. Only 10% of the respondents acknowledged that adolescents are also at risk of developing mental illness because of stress associated with school. This could result in adolescents not taking preventive measures to protect themselves from mental illness. According to (Jackson &Goossens, 2004, p.294) failure to acknowledge susceptibility to an infection or disease is among the greatest predictors of vulnerability to that illness.

Many factors increase adolescents' susceptibility to mental illness. Most of these factors are found in adolescents immediate environments such as at home and school. A positive family history of alcoholism increases the risk of alcoholism in adolescents about four times (American Academy of Peadiatrics,2002,p.5). Involving adolescents in parental alcohol and drug use behaviours such as allowing adolescents to light a cigarette and serve alcoholic drinks influence the development of attitudes favourable to alcohol and drug use and contribute to risk of early initiation of drug use. When parents use good family management practices and refrain from involving their children in their drug and alcohol use inhibit alcohol and drug use in adolescents (Jackson & Goossens,2004,p.294). As such, it is important that health professionals educate parents on their role in the prevention of mental illness because some of the parental practices, attitudes and relationships influence adolescents' mental health negatively. Parents should be made to know that adolescents are especially sensitive to inconsistencies in what parents say compared with what they do or did.

The results also indicated that majority 85% felt sorry for the mentally ill persons regardless of the cause while 15% of the respondents said that they do not feel sorry for mentally ill persons because most of them develop mental problems because of chamba smoking, excessive alcohol consumption and drug abuse. Adolescents who felt sorry for mentally ill persons may have done so because of thinking that the illness was due to witchcraft. Feeling sorry for mentally ill persons could form a basis for helping them while the respondents who did not feel sorry for mentally ill persons could equally not help them.

The study results also revealed that most 100% of the respondents disapproved of the behaviour and appearance of mentally ill persons. The respondents deplored behaviours such

as violence, theft, abusive, bad smell, eating leftovers and wearing of dirty clothes as some of the disapproved behaviours. As such, it is important that health workers sensitize our communities to adopt a positive attitude towards mentally ill persons so that they can positively contribute to their well being.

The study findings have also shown that mental ill persons are badly treated in their societies such as being beaten, sexually abused, mocked, given leftovers and discriminated against. This could be attributed to the fact the society perceive mentally ill persons as violent and unwanted. As such, health professionals should take an active role in sensitizing the communities to actively get involved in care and support of mentally ill persons instead of treating them like outcast.

6.1.5 BELIEFS AND MYTHS ASSOCIATED WITH MENTAL ILLNESS

The study has shown that 100% of the respondents know that mental illness is caused by chamba smoking, drug abuse and excessive alcohol consumption while only 10% of the respondents included stress in their responses on the causes of mental illness. In addition to these responses ,100% of the respondents also mention witchcraft as one of the causes of mental illness. It is disheartening to note that 100% of the respondents hold on to the belief that mental illness is caused by witchcraft. When asked about treatment seeking pattern 65% indicated that they would take their mentally ill relatives to mental hospital while 35% preferred taking their mentally ill relative to a traditional healer or witchdoctor.

Odetele & Aweda (1993,p.63) stated that,'' Traditionally people have different beliefs and myths associated with different diseases in their societies''. The fact that 100% of the respondents mentioned witchcraft as one of the causes is not surprising in a Malawian context. In Malawi people have the belief that mental illness is caused by witchcraft. These findings closely correlates with the study findings of Nyando (1995) whose study on factors that influence rehabilitated schizophrenic patients prefer traditional medicine to western medicine revealed that 61.7% (n=35) of his subjects believed that their illness was caused by witchcraft.

According to Odetele & Aweda (1993) asserted that in many African countries lay people and even educated people take their mentally ill relatives to a witchdoctor first then to the hospital

later after they have tried so many traditional healers without improvements its when they come to the hospital with their sick relatives.

Orley (1999) stated that in Uganda people believe that not following instruction from a witchdoctor may lead to mental illness and even death. In this study 23.3% of the respondents said that their fellow youths were mentally ill because they visited a witchdoctor in order to become rich but did not follow the instructions they were given and they ended up being mentally ill.

The belief that mental illness is caused by witchcraft and failure to follow witchdoctor's instructions may interfere with preventive measures as people may feel helpless against witchcraft and witchdoctors. This belief also affects treatment seeking behaviour of the patients and their relatives as they first seek treatment from traditional healers and not to the mental hospital. When the patient has not improved at the traditional healer they then take the patient to a mental hospital at the time when the illness has become chronic thereby difficult to treat and cure.

6.2 CONCLUSION

6.2.1 INTRODUCTION

The purpose of this study was to describe knowledge and perceptions of adolescents on causes and prevention of mental illness. The following passage presents the conclusion of this study and relates the findings to literature review.

The findings of this study have shown that adolescents do not have adequate information about mental illness to enable them successfully prevent mental illness. This is not surprising because literature review has also shown that most of the studies that were done focused on factors that influence adolescents' mental health and prevalence of mental illness among adolescents and not assessing adolescents' knowledge about mental illness. A lot of areas with shortfalls have been identified hence the need to increase adolescents knowledge base through health education for effective prevention of mental illness.

The study has revealed that adolescents do not know most of the causes of mental illness, can't detect disturbances in mood and feelings in mentally ill person and completely lack knowledge of common mental disorders. The findings in this study have shown that adolescents know only four causes of mental illness, that is, Chamba (cannabis) smoking,

drug abuse, excessive alcohol consumption and stress. It was also noted with great concern that most adolescents do not know common mental disorders such conduct disorder, anxiety disorder, depressive disorder, attention deficit hyperactivity disorder, personality disorder and schizophrenia.

The study has also revealed that adolescents are more conversant with overt disturbances in action behaviour such as drooling, poor dressing, public nudity than disturbances in mood and feelings such as somnolence, insomnia, hypersomnia and solitary behaviour. The findings have also shown that adolescents do not consider themselves at risk of developing mental illness instead they think that the at risk group of people are only those who smoke Chamba (cannabis), abuse drugs and drink alcohol excessively. Cultural beliefs and myths have also shown that they influence adolescents' knowledge and perceptions about mental illness. Most of the adolescents listed witchcraft as one of the causes of mental illness.

6.3 IMPLICATIONS OF THE STUDY AND RECOMMENDATIONS

6.3.1 INTRODUCTION

This chapter discusses the implications and recommendations of the study. Implication will be discussed in relation to nursing education, practice and research.

(1) NURSING EDUCATION

The findings will be useful to nurse educators in teaching nurse students on the areas of importance when teaching adolescents' mental health and illness.

(2) NURSING PRACTICE

The findings of this study will be most useful to psychiatric nurses when dealing with adolescents' mental health. Since it has been established by this study that adolescents have misconceptions, beliefs and myths about mental illness, these findings will help psychiatric nurses in discouraging these misconceptions, beliefs and myths. The findings will also help psychiatric and community nurses to sensitize and intensify education of adolescents in schools about mental illness in order to prevent mental illness and promote and maintain mental health.

(3) NURSING RESEARCH

The gaps identified in this research will be variable for further studies. There is also need for the same research to be done in different secondary schools so that the results can be generalized to the adolescents' population in Malawi.

6.3.2 RECOMMENDATIONS

In view of the literature, study findings and conclusion of this study, it has become evident that adolescents lack information on the causes and prevention of mental illness. The following are therefore the recommendations to all those endowed with the responsibility of promoting and maintaining adolescents' mental health:

- The Ministry of Health (MoH) should intensify school health programs where adolescents' mental health and illness should be taught.

- The Ministry of Health should also be using radio, television in providing information on mental health and illness.
- The Ministry of Education (MoE) should include in the curriculum topics on adolescents mental health and illness.
- Parents should be sensitized on their role in the prevention of mental illness

6.3.3 AREAS FOR FURTHER RESEARCH

Based on literature review and study findings, areas for further research are:

- Prevalence of substance abuse and dependence among adolescents in secondary schools in Malawi
- Parental attitudes, practices and relationships as contributing factors to high levels of mental illness in Malawi
- Anticipatory guidance and prevention of mental illness: The role of parents/guardians of adolescents
- Psychosocial risk factors associated with adolescents' drug consumption
- Prenatal exposure to maternal alcohol and substance abuse: Maternal knowledge of the effects on the developing child and future mental development

12.0. REFERENCE

- Al-Jawad A. and Abdul-Rhiman (2007).Prevalence of mental illness secondary to war trauma and violence, Journal of public health, volume 7, Number21, 2October, 2007.
- American Academy of Paediatrics.(2002)
- Bisika T., Konyani S., AND Chamangwana I. (2004).Drug Abuse and HIV&AIDS in Malawi: Results from rapid situation assessment, Balaka, Montfort Media.
- Burns N.& Grooves S. (2001).Understanding Nursing Research (2nd Edition),Philadelphia,W.B. Saunders Co.
- Carrigan W. (2005). Assessment of how adolescents perceive the stigma of mental Illness. Journal of Psychiatry, volume354:2303, Number 21, 25 May, 2005.
- Cormac D.F.S.(1991).The Research Process in Nursing; (2nd Edition),Blackwell, Blackwell scientific publication.
- Creek J. (2004). Occupational Therapy and Mental Health, (3rdEdition), Philadelphia, J.B. Lippincott.
- Food & Drug Administration Research Centre (1980). Analysis of anti-depressants medications.Paper presented to the US food administration conference, USA.
- Gureje O. & Lasebik O. (2003).Psychiatry for health Professions, (3rd Edition),Oxford,Blackwell Co.
- Holloway I. and Wheeler S. (2002).Qualitative Research in Nursing (2nd Edition), Oxford, Blackwell Co.
- Jackson & Goosen (2004). A hand of adolescents development, New York, Tylor & Francis Co.
- Jegede J.(2000).Psychiatric Nursing in the Community,New York,Offset Printing Co.

- Kozier B.(2008).Fundamentals of Nursing:Concepts and Practice(7th Edition),New Jersey,Pearson Education.

- Kozier B, Erb G, Berman and Syned J. (2004) Fundamentals of Nursing: Concepts and Practice (7th Edition), New Jersey, Pearson Education.

- Maluwa Banda (2005).Description of Epidemic Psychological Disturbances; Journal of Health Psychology, volume 7, Number 1.

- Medina-Mora(2005). in Prevalence and Treatment of Mental Disorders for Adolescents Mexico city:Journal of Affective Disorders,Vol 83,Number 10:accessed from http://www.sciencedirect.com/science?-ob=ArticleURL&udi=B6T2X-4w6m on 18 May,2009.

- Ministry of Home Affairs and Internal Security,Interministerial Committee on Drug Control(2005-2009).National Drug Control Master Plan for Malawi,Lilongwe,Image printingwork.

- Malawi Government, Ministry of Home Affairs and Internal Security and Interministerial Committee on Drug Control (2004).Results of Cannabis Survey in Malawi, Lilongwe, Image printing works.

- Mkandawire A.(2007).Young Malawians on the interaction between mental health and HIV&AIDS. African journal of research, vol 6,No 297:retrieved from http://www.popline.org.docs/1779/323317.html on 7 May, 2009.

- Muula A.S.(2004).Prevalence and Associated factors of suicidal ideation among school-going adolescents in Guyana:Journal of clinical practice and epidemiology in mentalhealth,vol3,No13:retrivedfromhttp:/www.pubmedcentral.nih.govt/articlerender.fcgi?pmid=17716374 on 3 June, 2009.

- Nyando M.C. (1990).Factors that influence rehabilitated schizophrenic patients prefer traditional medicine as opposed to western medicine, Unpublished.

- Odetele &Aweda D.A. (1995). Man & society in Africa, An introduction to sociology,Lagos,Longman group.

- Orley J.H. (1985). East African studies: Culture & mental illness, East African publishing house

- Patel V. (2001). Poverty Inequality , Mental Health & Developing Countries, Oxford, Oxford university

- Patel V., Araya R. & Lina M. (1999). Women , Poverty and Common Mental Disorders in Four Structuring Societies, Medicine journal, vol. 49

- Pillai A.(2008).Non-Traditional Lifestyle and Prevalence of Mental Disorders in Adolescents in Goa,India:The British journal of psychiatry: vol 192,No 45-51:retrieved from http.//bsp.rcpsych.org/cgi/content/abstract/192/1/45 on 26 May.

- Polit D.F. and Hungler B.F. (2001).Nursing Research: Principles and Methodology (3rd Edition), Philadelphia, J.B. Lippincott Co.

- Stanhope M. and Lancaster J. (2006).Community and Public Health nursing (6th Edition), St Louis, Mosby Co.

- Thiedel et al (2002).Journal of adolescents and youths mental health, Melbourne, Chapman and Hall Co.

- WHO (2005).Newsletter of World Health Statistics, WHO Library.

- WHO (2004).Mental Health fact sheet

- WHO (2003).Mental Health Report, WHO Library.

- WHO (2002).Adolescents mental Health and Wellbeing in the 21st century: A global perspective, WHO, Library.

APPENDIX A CODENUMBER.....

INTERVIEW GUIDE

An interview guide to describe knowledge and perception of secondary school adolescents on causes and prevention of mental illness.

INSTRUCTIONS: Do not mention your name

Tick the answer which you think is correct in section A where applicable

Ask probing question if subject is no clear

DEMOGRAPHIC DATA

SECTION A

1. Age

(a) 11 years to 13 years [ ]

(b) 14 years to 17 years [ ]

(c) 18 years to 21 years [ ]

2 Sex

(a) Male

(b) Female

3 What class are you?

(a) form 1

(b) form2

(c) form3

(d) form4

4 Religion

(a) Islam

(b) catholic

(c) Rastafarian

(d) CCAP

(e) Church of Christ

(f) SDA

(g) Others, specify

5 What tribe are you?

(a) Chewa

(b) Tonga

(c) Tumbuka

(d) Ngoni

(e) Others, specify

6 Do you drink beer, smoke or use any drug?

Yes [ ] No [ ]

7 If yes to (6), when did you start?

---

8 Have you ever suffered from mental illness?

Yes [ ] No [ ]

9 Who do you stay with at home?

(a) Both parents

(b) Mother only

(c) Father only

(d) Aunt

(e) Uncle

(f) Grandmother

(g) Grandfather

(h) Others, Specify----------

10 What is the occupation of your parent (s)/ guardian (s)?

(a) Employed

(b) Business

(c) Farming

(d) Others, Specify----------

11 How many are you in your family?

(a) Not more than 2

(b) Not more than 4

(c) Not more than 6

(d) More than 6

ADOLESCENTS KNOWLEDGE ON MENTAL ILLNESS

12 What is mental illness?

13 Where did you learn about mental illness?

(a) School

(b) Hospital

(c) Friends

(d) Radio

(e) Church

(f) Others, Specify----------

14 Explain some causes of mental illness?

15 Mention some signs and symptom of mental illness?

16 Mention some common mental disorders?

17 Do you think mental illness is curable?

18 Mention some preventive measures of mental illness

ADOLESCENTS' PERCEPTION ON MENTAL ILLNESS

19 Who do you think is at risk of developing mental illness?

20 How do you feel when you see a mentally ill person?

21 What is it that you hate about mentally ill persons?

22 How are mentally ill persons treated in your society?

23 How would you like mentally ill persons to be treated?

BELIEFS AND MYTHS ASSOCIATED WITH MENTAL ILLNESS

24 In your society what are commonly held beliefs and myths about mental illness?

25 Where would you prefer taking a mentally ill person for treatment, between a mental hospital and a traditional healer or witchdoctor?

26 Why to (25) ----------?

Appendix B

University of Malawi
Kamuzu College of Nursing (KCN)
Private Bag 1
Lilongwe
26th May, 2009

The Chairperson
K.C.N.Research and Publications Committee
Private Bag 1
Lilongwe.

PERMISSION FOR CLEARANCE TO CONDUCT RESEARCH STUDY

I am a fourth year Generic student pursuing a Bachelor of Science Degree in nursing. In partial fulfillment of the Programme am required to do a research study in my area of interest and submit a dissertation at the end of the study.

The title of the study is 'Knowledge and perceptions of secondary school adolescents on causes and prevention of mental illness.Therefore,the purpose of this letter is to request for clearance to enable me conduct this study at Katoto Secondary school.

Looking forward to your assistance and consideration.

Yours faithfully,

(Gad Kumwenda).

Appendix C

University of Malawi
Kamuzu College Nursing (KCN)
Private Bag 1
Lilongwe
26th May, 2009.

The Head teacher
Katoto Secondary school
P.O.Box
Mzuzu

Dear Sir/Madam,

REQUEST TO USE KATOTO SECONDARY SCHOOL AS A SITE FOR RESEARCH STUDY:

I am a fourth year student at Kamuzu College of Nursing (KCN) pursuing a Bachelor of Science in nursing degree programme. In partial fulfillment of the programme ,I am required to conduct a research study in the area of my interest.

The purpose of this letter is therefore to ask for permission to conduct a study at your school. The study topic is 'Knowledge and perceptions of secondary school adolescents on causes and prevention of mental illness.

The participants of the study will only be adolescents aged eleven through twenty-one years who will be required to answer questions on mental illness using the structured questionnaire.

I will be grateful should my request meet your favourable consideration.

Yours Faithfully,

GAD KUMWENDA.

Appendix D

University of Malawi
Kamuzu College of Nursing (KCN)
Private Bag 1
Lilongwe
26th May 2009.

Dear Participant

INFORMED CONSENT

I am a Generic student pursuing a Bachelor of Science in Nursing Degree programme and in my fourth year. The purpose of this letter is to request for your consent to participate in the above mentioned research study. In participating in the, study you will be required to respond to questions that will take a maximum of one hour and you are expected to answer the questions freely and truthfully. No harmful procedures will be done on you and you are free to participate or withdrawal any time and your withdrawal will not result in any penalty.

Everything you are going to say will be confidential and no one will have access to the information without your consent. The rights to privacy, anonymity and confidentiality will be respected in this study, for example, names of participants will not be used instead code numbers will be used. Your participation in the study will not have direct benefits to you, but the findings will be useful to clinical nurses, nurse educators and health workers at Mental hospitals on how best they can educate adolescents on causes and prevention of mental illness.

Thanks in advance for participating in the study.

---------- ----------

(Student's signature) (Researcher's signature)

University of Malawi
Kamuzu College of Nursing

RESEARCH AND PUBLICATIONS COMMITTEE

APPROVAL CERTIFICATE

TITLE: Knowledge and Perceptions of Sec. Sch. Adolescents on Causes and Prevention of Mental illness

INVESTIGATOR(S): ~~GAD~~ Kumwenda

YEAR OF STUDY: 4th (Govern)

REVIEW DATE: 11/07/09

DECISION OF THE COMMITTEE: Approved

SIGNATURE: .....**DATE** 11/07/09

DEAN OF POSTGRADUATE STUDIES AND RESEARCH

CC: supervisor: Mrs C. Chikhana

DECLARATION OF INVESTIGATOR(S)

I/We fully understand the conditions under which I am/we are authorized to carry out the above mentioned research and I/We guarantee to ensure compliance with these conditions. In case of any departure from the research procedure as approved, I/We will resubmit the proposal to the committee.

DATE 11/08/2009 **SIGNATURRE(S)** G. Kumwenda