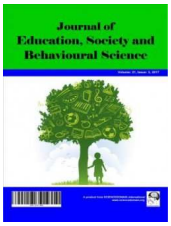

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Social Distance towards People with HIV-AIDS versus Mental Illness in a Sample of Adolescent Secondary Students in Lagos Nigeria

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Authors' contributions

This work was carried out in collaboration between all authors. Author IIA designed the study, wrote the protocol, first draft of the manuscript and managed the statistical analysis. Authors OF and SA supervised the collection of data and contributed towards the literature review. All authors read and approved the final manuscript.

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ABSTRACT

Introduction: Stigma is a major barrier to help seeking among adolescents with mental disorders. HIV-AIDS is also a highly stigmatised chronic disorder among youths. In contrast with HIV-AIDS, there is scarcity of large scale interventions targeted at reducing mental illness related stigma in Nigeria.
Aim: This study determined the social distance of a sample of secondary school students in Nigeria towards individuals with mental illness, as compared with those with HIV-AIDS.
Methods: Using a cross-sectional study design, adolescent secondary school students (n=170) in Lagos, Nigeria completed the modified Borgadus Social distance Scale by self-report. Data was analysed with SPSS 16.

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Results: About seven out of ten (71.8%) and 20.6% of the participants would be afraid to have a conversation with someone who has mental illness and HIV-AIDS respectively (p<0.001). Participants were also more likely to be upset about being in the same classroom, sharing a bedroom or maintaining friendship with individuals affected by mental illness than HIV-AIDS (p<0.001).
Conclusion: The findings suggest that secondary school students in Nigeria desire a higher level of social distance from individuals with mental illness than those with HIV-AIDS. Interventions targeted at reducing the stigma associated with mental illness among school children require priority attention.

Keywords: Social distance; stigma; HIV-AIDS; mental illness; attitudes; adolescents.

1. INTRODUCTION

Stigma has been defined as a deeply discrediting attitude which reduces the bearer's status to a tainted one on account of the possession of an attribute which is considered deviant by the society [1]. Stigma is associated with misperceptions and discriminatory responses, constituting a 'border' between the 'marked' individual and the rest of the society. Stigma is a multifaceted concept with social distance being one of its core components [2-4].

Social distance refers to the distance one desires to have between one's self and another person in a social situation [5]. It may also be defined as the willingness to engage in relationship of varying intimacy with a person [6]. Social distance is a multidimensional construct influenced by cultural background, socio-economic factors, knowledge and attitude towards mental illness and its consequences [6]. Children and adolescents have also been shown to demonstrate negative attitudes, discriminatory behaviour, social distance and other elements of stigma, which persist into adulthood.

Research has shown that mental illness is associated with high levels of stigma and desire for social distance [7-10]. This finding has been substantiated in various studies conducted among young people in North America [11-12], Africa [13-14], Asia [15], Australia [10], and Europe [16]. Similarly, HIV-AIDS is another highly stigmatised chronic disorder with attendant negative implications for prevention and interventions [17,18].

Stigma has dire implications for help-seeking, access to interventions, and consequently, outcomes among stigmatised individuals. For instance, the associated negative consequences of HIV stigma may lead to denial, a delay or outright refusal of treatment by infected individuals with HIV-AIDS. This has been adjudged to be a major barrier to the achievement of the goal of "Universal access to HIV prevention, treatment and support by the year 2010" in Nigeria [19]. Likewise, stigma was identified as the most formidable barrier to mental health help-seeking among young people in a systematic review of 22 studies on this subject [10]. Furthermore, stigma limits access to housing, work, social relationships, decent livelihood and other opportunities with consequent negative impact on quality of life.

In Nigeria, campaign against HIV-related stigma is in the mainstream with high visibility in the electronic and print media as well as community based campaigns. On the contrary, large-scale effort to tackle the stigma associated with mental illness is virtually non-existent. Young people have a potentially strategic role in anti-stigma campaign because of their contact with wide social networks, thereby facilitating the dissemination of information to peers, schoolmates, friends, family and the community. A handful of studies have reported negative attitudes towards mental illness among adolescent school children in Nigeria [13,14]. However, there is scarcity of data on the stigma associated with HIV-AIDS in comparison to mental illness. The current study determined the social distance towards individuals with mental illness, as compared with those with HIV-AIDS, in a sample of adolescents attending secondary school in Lagos, Nigeria.

2. METHODS

2.1 Study Location and Participants

The study was conducted in Lagos, south-west Nigeria. Lagos is the largest metropolis in Nigeria with an estimated population of 15 million. A total of 200 participants were recruited for the study. Only the students whose parents consented

were recruited into the study after obtaining their assent. Ethical approval was also obtained from the Educational Division Authority in charge of the schools. Participants were selected from two private and two public senior secondary schools in Lagos by convenient sampling. The first 50 students to return completed consent forms signed by the parents were recruited into the study in each of the four schools. The inclusion criteria consisted of secondary school students aged <20 years. Exclusion criteria consisted of positive history of psychiatric disorder or HIV-AIDS.

2.2 Study Design

The study was conducted using a cross-sectional study design.

2.3 Study Instrument and Procedure

The modified Borgadus social distance scale was used to measure social distance towards individuals with mental illness versus HIV-AIDS, at varying levels of intimacy of relationship [20]. This instrument has been widely used in several countries including Nigeria, and found to be valid and reliable in assessing social distance [8,10, 16,20]. The test-retest reliability of the scale during a pre-test was satisfactory ($r=0.91$, $p<0.001$), while the internal consistency was 0.75. The modified Borgadus social distance scale was completed by self-report. It is a 6-item scale with responses on a 4-point scale where 1 represents 'definitely not', 2 represents 'probably not', 3 represents 'probably so', and 4 represents 'definitely so'. The items enquired if: participants would be ashamed if people knew someone in their family has mental illness versus HIV, participants would be afraid to have a conversation with someone with mental illness versus HIV, participants would be disturbed about working on the same job with someone with mental illness versus HIV, participants would be unable to maintain friendship with someone with mental illness versus HIV, participants would be upset with sharing a room with someone with someone with mental illness versus HIV, and if participants could marry someone with mental illness versus HIV.

The 3rd item on the questionnaire 'working on the same job...' was modified to 'being in the same classroom with...', while the sixth item '...marry someone with mental illness' was modified to '...dating someone with mental illness' in keeping with participants' age appropriate social context. Responses to the items were dichotomised; 'definitely so' and 'probably so' were merged into yes, while 'definitely not' and 'probably not' were collapsed into 'No'. Response of 'yes' to item 1 to 5 or 'no' to item 6 indicates social distance for each of the items. The age and gender of the participants were also documented in the questionnaire.

2.4 Statistical Analysis

The study design was a cross-sectional descriptive study. The data was analysed with the SPSS version 16. Frequencies and percentages of each item on the questionnaire were calculated. Test of proportion compared proportion of participants endorsing the desire for social distance towards mental illness and HIV-AIDS for each item on the Borgadus social distance scale.

3. RESULTS

Of the 200 questionnaires administered, 170 were adequately completed (85% response rate). Age ranged from 14 to 18years (mean age 15.8 ± 1.2 years). There were more female participants (52.4%) than males (47.6%).

About two-thirds of the participants would be ashamed if people knew someone in their family has mental illness or HIV-AIDS (Table 1). Approximately seven out of ten (71.8%) and 20.6% of the participants would be afraid to have a conversation with someone who has mental illness and HIV-AIDS respectively ($p<0.001$). Those unwilling to be in the same classroom with a student that has mental illness and HIV/AIDS were 74.7% and 17.6% respectively ($p<0.001$).

Less than a tenth (9.4% and 6.5%) could maintain friendship or share a room with someone who has mental illness respectively. About four out of 5 respondents (80%) were willing to keep friendship with a person known to have HIV-AIDS. However, only a quarter (26.5%) could share a room with someone with HIV-AIDS. There was a tie between those who endorsed their willingness to date an individual with mental illness and HIV-AIDS (1.8%).

Table 1. Social distance towards individuals with mental illness versus HIV-AIDS

Variable	HIV	Mental illness	X^2	p	95% CI
	n (%)	n (%)			
Ashamed to identify with affected relation	116(68.2)	109(64.1)	0.64	0.423	-6.3-14.5
Afraid to converse with affected person	35 (20.6)	122 (71.8)	89.4	**<0.001**	41.1-60.0
Upset if in the same class with affected person	30(17.6)	127 (74.7)	111.2	**<0.001**	47.3-65.4
Unable to keep friendship with affected person	34 (20.0)	156 (91.8)	177.2	**<0.001**	63.2-78.6
Upset about sharing room with affected person	125 (73.5)	159 (93.5)	24.6	**<0.001**	11.9-27.9
Can't date an affected person	167 (98.2)	167 (98.2)	0.0	1.000	-3.6-3.6

4. DISCUSSION

The high level of social distance towards individuals with mental illness in the current study corroborates findings of previous studies of stigma among adolescents [14,21,22]. In the current study, 71.8% of the adolescents reported that they would be afraid to engage in a conversation with someone who has mental illness. This is consistent with findings of a recent study among secondary school students in southwest Nigeria that reported that 87.6% of the adolescents perceived that people with mental illness were difficult to talk to; only 22.2% of the respondents asserted that they would not feel afraid to talk to someone with mental illness [13]. Though methodological differences precludes strict comparability, the level of social distance desired by the school children appear to be higher than that reported among the adult population in this environment [7,8]. However, the more consistent finding across studies is that the closer the intimacy required for the social interaction with the stigmatised individual, the higher the desired level of distance by the community.

More importantly, this study found a significantly higher level of social distance from individuals with mental illness in comparison with those with HIV-AIDS. This suggests that mental illness attracts a higher level of stigma than HIV-AIDS among the studied population. The strong desire for social distance towards mental illness reflects prevalent misconceptions, ignorance and negative attitudes about mental illness. This is in keeping with extant research that social distance and other stigmatising attitudes correlates with mental health illiteracy, perceived dangerousness of the mentally ill and expectations about a negative outcome [8,16, 23-26]. Other misperceptions associated with social distance from mental illness include beliefs that people with mental illness are unpredictable, 'weak but not sick' and are to be blamed for their illness [15,24]. On the other hand, personal experience with mental illness is associated with lower level of social distance [27].

Interestingly, slightly greater numbers of participants were willing to identify with a family member with mental illness than HIV-AIDS. However, this difference was not statistically significant. This suggests that the participants may be more tolerant towards family members with mental illness than strangers [27]. On the other hand, the adolescents may perceive that identifying with a relative with HIV may attract stigma as they could be perceived as being at risk of contacting the illness too due to their close contact with the family member [17-19].

The relatively lower desire for social distance towards individuals with HIV-AIDS reflects lower stigmatising attitudes towards the illness. There is evidence that attitudes and knowledge could be influenced by media consumption. Previous research has suggested that the consistent exposure to mass media education about HIV over the past decade has resulted in more accepting attitudes towards people living with HIV in Nigeria [28-30]. While the mass media has been positively utilised to improve literacy about HIV-AIDS, the negative stereotypic portrayal of individuals with mental illness as 'unkempt, naked, dangerous, eating from the dustbin' in the movies and media continue to engender negative attitudes towards mental illness, especially among young people [14,31]. For instance, a study found a positive correlation between watching television and desire for social distance from mental illness [32].

Social distance from individuals with mental illness may translate into alienation from life opportunities including housing, work, social relationships and decent livelihood. It may also hinder access to health care and desirable interventions thereby worsening clinical outcomes in victimised individuals. Greater social distance has also been related with less intention to seek help from informal sources and more negative beliefs about receiving help [33]. These negatively impacts on the access of individuals with mental illness to treatment and rehabilitation [33].

The findings of a stronger desire for social distance from mental illness highlights the need for interventions to combat mental illness related stigma. In the light of this finding, the neglect of anti-stigma efforts by policy makers cannot be justified. Mental health literacy, contact with affected individuals, protests and other anti-stigma campaigns have been shown to be effective in tackling the stigma associated with mental illness [34]. The population of Nigeria is predominantly youthful and mental illness commonly onset before adulthood. Furthermore adolescents have contact with wide social networks thereby facilitating widespread exchange of information with peers, schoolmates, friends, family and the community through direct contact and via social media. Therefore, young people have an important strategic role in anti-stigma campaign.

The current study is limited by convenient sampling from a selected school and the sample size was limited. This may limit generalisation of the results to the general population of Nigerian adolescents. Secondly, the reaction of participants in real-life situations may not be consistent with their responses to the vignette based questionnaire, and case vignettes may not reflect the complexity manifested in real life. Furthermore, socially desirable responses cannot be ruled out. However, participants were assured of the anonymity and confidentiality of their responses. The use of case vignette has also been shown to facilitate communication of the adolescent's opinion with minimal interference from the researcher. In addition, the use of a similar methodology to previous studies conducted in other parts of the world facilitated comparison of our results with extant literature.

5. CONCLUSION

In conclusion, adolescent students in the studied population demonstrated desire for greater social distance towards individuals with mental illness than those with HIV-AIDS. Widespread public education and anti-stigma campaigns have led to less stigmatising attitudes about HIV-AIDS in Nigeria. Similar interventions could target mental illness-related stigma, with the view of improving outcomes among affected individuals. School-based mental health literacy may play a part in addressing the negative perceptions about mental illness. Provision of counselling services in schools is also desirable.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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