

PERCEIVED CAUSAL ATTRIBUTION OF PSYCHOLOGICAL DISORDERS AND TREATMENT SEEKING BEHAVIOR IN GONDAR, NORTHWEST ETHIOPIA

MENGESHA ENDALEW SHEBABAW¹, DANIEL TSEHAY SEWASEW², KELEMU FENTA GEBEYEHU³, BIRHANU MEKONNEN WOLDEMESKEL⁴, GEBEYEHU BEGASHAW ABATE⁵, MISSAYE MULATIE MENGESTIE⁶, YEMATAW WONDIE YEHUALESHE⁷

^{1,4,5,6} Lecturer, ²Assistant Professor, ⁷Associate Professor Department of Psychology, ³ Lecturer, Department of Sociology, School of Sociology and Social Work, College of Social Science and the Humanities, University of Gondar, Post Box 196, Gondar, Ethiopia

Email: menpsycho@gmail.com

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ABSTRACT

Beliefs hold by the community about the causes of psychological disorder has remarkable impact on their treatment seeking behavior. The main purpose of this study was to appraise perceived attribution to causes of psychological disorder and treatment seeking behavior among the public, in Gondar town, North West Ethiopia. One way ANOVA and t- test were used in all the factors after ensuring no violations of the assumptions of the tests. A cross sectional survey design with quantitative approach was used. Using multistage cluster sampling technique 371 Participants from the Public were selected. The mean score of the factors were computed to identify the most rated factors. On perceived attribution to causes of psychological disorder, psychosocial factor was most rated than supernatural causes whereas in the treatment seeking behavior; psychosocial factor followed by family care was most favored by the public but no treatment factor was least favored. The researchers found out that attribution to causes of psychological disorder and treatment seeking behavior was not statistically significant across sex, age and educational level of the respondents. Difference in mean score on no treatment factor by sex and mean score difference in medical factor and folk medicine and religious healers by educational level of the respondents was statistically significant whereas the remaining factors were insignificant. At last the researchers conclude that psychosocial causes are believed to be the cause of psychological disorder and psychosocial support and family care as a means for treatment.

Keywords: Supernatural Causes, Psychosocial Causes, No Treatment Factor, Folk Medicine and Religious Healers, Family Care, Medical Factor, Psychosocial Factors.

INTRODUCTION

Though the American Psychiatric Association's (2005) and Diagnostic and Statistical Manual of Mental Disorders fourth edition (DSM-IV) conceptualizes the term mental illness as clinically significant behavioral and psychological syndrome or pattern that occurs in a person that associated with present distress (painful symptoms) or disability (impairment in one or more important areas of functioning) or increased risk of suffering death, pain, disability or an important loss of freedom, there are many misperceptions about mental illness.

To this end, there is evidence that Stone Age cultures used trephination- a primitive form of brain surgery, to treat abnormal behavior. Further, people of early societies also sought to drive evil spirits by exorcism. Early people of the Middle Ages believed that the mentally ill were possessed by the devil, therefore, the exorcists physically tortured the mentally ill to drive the evil spirit out of their bodies because of the beliefs hold by the community about mental illness and that in turn influences treatment seeking behavior (Mahlalele, & Osiki, 2009).

As indication above, in the past various religious group leaders in Ethiopia have also negative attitudes towards modern psychiatric services. Such negative attitude arises from the belief that mental phenomena and thereby mental illness emanates from a spiritual process which is believed to be totally under the control of supernatural power (Ataly A., Jacobson, Mesfin A., Kebede D. & Kulgren. 1999).

This implies that religious beliefs may play important role perceptions of mental illness which cannot be overlooked. Many religions advocate witchcraft and spirit possession-all of which are thought to influence the behavior of a person so as to resemble that of a mentally ill individual. (Yaseen & Sumaya, 2007). Likewise,

Jacobsson & Merdasa (1991) added that, in Ethiopian, regardless of diversity of religion and socio-cultural background there is general perception about mental illness. Especially in regard to mental disturbance even the "educated" accept traditional ways of thinking.

With Regard to various religion and cultural groups, people with severe mental illness are considered as being possessed by evil spirits (Jacobsson et al., 1991). Jacobsson et al., (1991) found out that, evil spirits are believed to attack their victim because the victims have broken rules, mistreated their guardian spirits and committed sins. In addition, mental illness can be caused accidentally if the victims do not pray enough or just pass a place where the spirits are particularly dangerous. According to Jacobsson et al., (1991), 70% to 90% of the victims are women because of possession of spirits.

Moreover beliefs in supernatural factors and the misuse of psychoactive substances are the most prevalent causes of mental illness. There exist differences in understanding causations of mental illness across socio-demographic variables. Urban dwelling, higher educational status and familiarity with mental illness correlated with belief in biological and psychosocial causation. On the other hand; older age, rural dwelling, and lack of familiarity with mental illness is correlated with a belief in supernatural causation. Educational status had no effect on the belief in supernatural causation (Adewuya & Makanjuola, 2008).

A study similar to Liza, (2007) by Razali SM, Khan UA & Hasanah CI, (1996) on aetiology of mental illness in 134 participants revealed that about 53% of the patients attributed their illnesses to supernatural agents. This research also indicates witchcraft and possession by evil spirits were regarded as common causes of illness. In addition this research found that belief in supernatural

causes of mental illness was not significantly difference with age, gender, level of education or occupation of the patients.

Another study by Mohammed, Zubair, Isa & Muktar, (2004) revealed that belief in demons as the cause of mental health problems is a well-known phenomenon in many cultures of the world but according to this study, the above mentioned factor was ranked 3rd place by respondents (18% of the responses).

So far different research findings have been discussed about the possible causes of psychological disorders. There are also different researches about the treatment modalities of psychological disorders and whether it can be treated or not. For example, study by Alvidrez, (1999) reveals that people believes that mental illness is not curable and epidemic and thereby considers marriage to be the solution to it. In addition, individuals believe that mental illness is caused by sorceries and sins of the past life and people with mental illness are considered as dangerous and incorrigible.

Cultural factor may influence the use of mental health services. It is because of beliefs about causes of mental illness. This is because those who identify causes consistent with those exposed to mental health professionals may be more likely to seek mental health services than those who endorse more discrepant views. Compared to European Americans, ethnic minority populations of European Americans more strongly endorse folk beliefs, such as the view that imbalance in hot-cold forces causes illness (Castro, Furth, & Karlow, 1984), cited in Alvidrez, (1999). In addition to this, European American ethnic minority population believes that supernatural, spiritual, or mystical issues as causes of mental illness. (Landrine & Klonoff, 1994; Millet, Sullivan, Schwebel & Meyers, 1996) cited in Alvidrez (1999).

Individuals who hold the view that mental illness is the result of sin, moral transgression, or personal weakness or shortcomings might be more reluctant to seek professional mental health help for their mental health problems (Alvidrez, 1999). So the present study will address the extent of the treatment preferences of the participants. In support of this a study conducted on public perception of mental illness by Al-Adawi, S., Atsu S., Suad S., Dalal A., Balquis Z., Ahmed A., David T., Mrugeshkumar K., Harith G. & Suma P. (2002) show that the public rejects genetic factors as the cause of mental illness they favor instead the role of spirits as aetiological factors.

People suffering from mental health problems very often delay seeking professional help because of different factors like fear of being diagnosed as suffering from mental illness, lack of confidence in mental health professionals and lack of resources to cover the expense. In addition the individual's perception of the severity of the illness and its cause affects their help seeking behavior (Lia van der Ham, Pamela W., Thang, V., Vuong D., & Jacqueline E., 2011).

Though mental illness has been long believed to be highly prominent in developed countries today it is recognized now as a public health problem in both developing and developed countries as well. In the earlier notion mental health problems are considered to be less common in low income countries than in developed countries but in the existing situation it is no longer indicated, which is the base for the present study (Desjarlias, Eisenburg, Good & Kleinman 1995). On top of this, attitudes and perceptions towards mental illness are colored by one's cultural values and beliefs. However, in non-Western countries there are few studies about public perceptions and attitudes toward mental illness (Chong,S., Swapna, V., Janhavi, A., Yiong, H. & Lai, Y. (2007). Therefore, as Ethiopia is one of the developing countries it is worth to conduct research on perceived attribution to causes of psychological disorders and treatment seeking behavior.

Currently, like other developing countries, mental illness is recognized as significant problem in Ethiopia, though there is limited accessibility of mental health professionals. Mental illness affects every segment of the population impacting on the national development of the country. Furthermore, the belief hold by the community about the causes of mental illness has tremendous impact on treatment seeking behavior. There is limited accessibility of professional mental health services and awareness about

scientific understanding of the causes of mental illness in Ethiopia. This resulted many people to suffer from mental illness and lack of consultations by professional mental health workers. Consequently, it very apt to study perceived attribution to causes of psychological disorders and treatment seeking behavior among publics in Gondar town, North West Ethiopia.

METHODS

A cross-sectional survey design was employed because the researchers' aim was to describe the perceived attribution to causes of psychological disorders and treatment seeking behavior held by the public in Gondar, Ethiopia. Quantitative data were collected using structured questionnaire and analyzed using quantitative data analysis methods.

Sample and Sampling Techniques

In this research the total numbers of participants were 384. To select these participants probability sampling specifically, a multistage cluster sampling technique was used. This is because the researchers has no a sampling frame of all cases in the population or not all members of the population were easily identified. In addition, random sampling was not possible because without a list the researchers cannot locate potential participants or specify the probability that a particular case will be included in the sample. For this reason, cluster sampling was used. To obtain a cluster sample, the researchers first sampled not individual participants but districts which served as clusters in this study.

To select the final respondents, the households were taken using systematic sampling technique. Since there may be more than one person who is 18 years and above that meets the inclusion criteria in the households, it is important to use again simple random sampling technique, specifically the lottery method. Thus, one respondent was taken from a single household.

Socio- Demographic Background of Respondents

In this study various variables were addressed. Among these, the following socio-demographic variables were used in the final analysis. The summary of these socio- demographic variables are indicated as follows.

Table 1: Socio- Demographic Background of Respondents

Categories	N	Percent
Sex	Female	178 48.0%
	Male	193 52.0%
Age	18-25 years	237 63.9
	>25 years	134 36.1
Educational level	Secondary school and below	139 37.5
	Diploma	154 41.5
	Degree and above	78 21.0

Study variables

Perceived attribution to Causes of psychological disorder and treatment seeking behavior were the dependent variables where as sex, age and educational level were independent variables.

Data Collection Instruments

Adapted instruments were used to collect the data except the demographic variables. The data collectors rated the response of the participants whether the participants are educated or illiterate to avoid bias of using different methods of data collection procedures.

Questionnaires were employed to assess the perceived attribution to causes of psychological disorders and treatment seeking behavior among the public in Gondar, Ethiopia. The questionnaires were adapted from Hirai, M. (1999), the questionnaires used have the following parts with its description of scoring methods.

Attribution to Causes of Psychological Disorder (ACPD) was employed to assess the attributed causes of psychological disorder which includes 18 items. In this scale there were two factors; psychosocial (like loss of relatives and interpersonal conflict) and super natural causes (like sins, curse by people whom we offended, punishment of God). Each item has got Likert scale ranging from

0 (completely disagree) to 5 (completely agree). High score in the items reflects higher level of attribution to the stated causes of psychological disorder in each item.

Treatment Seeking Behavior (TSB) was also another scale used to assess the treatment seeking behavior of the public if they thought that they had psychological disorder. In this scale there was 16 Likert scale items ranging from 0 (completely disagree) to 5 (completely agree). In this scale there were 5 factors; no treatment, folk medicines and religious healers, psychosocial treatment, medical treatment and family care. High score reflects higher level of requiring such type of treatment.

Data Analysis Methods

Independent t-test was computed to assess the difference on perceived attribution to causes of psychological disorder and treatment seeking behavior across sex and age. One way ANOVA was used to see variance in perceived attribution to causes of psychological disorder and treatment seeking behavior across educational background. SPSS version 20 was employed to analyze data and alpha 0.05 levels were determined for all significant tests.

Research Procedures

The researchers collected different articles that were done in the context of Ethiopia, Africa and beyond. Then some selected literatures found relevant to the present study were taken. Half day training was given for data collectors on way of approaching respondents, about the nature of the instruments and each of the scorings given to the instrument. The educational levels of the data collectors were 1 diploma and 4 degree holders from professions of psychology, nurse and management who are dwellers of Gondar town.

Quality Measures of the Instruments

Pilot study was done to determine the reliability of the items on 46 samples by using Cronbach alpha. In addition, content validity of the questionnaire was checked by Psychology Department staffs before the final data collection. The reliability of each instrument was also checked in the 371 final participants which were found to be 0.84 for perceived attribution to causes of psychological disorder and 0.72 for treatment seeking behavior. As a result no item was deleted but some kind of modification was done to some of the items in treatment seeking behavior.

Ethical Considerations

Participants were informed about the nature and the purpose of the study before interview and questionnaires administration. This was to make sure the participants understood the study before deciding to participate. The researchers informed the participants that all information they would give would be kept confidential. The researchers also eliminated any negative consequences that participants will face after participating in the research by making the information collected anonymous. The records were maintained in such a way that nobody can identify which respondent is associated with which data.

RESULTS

Preliminary analysis was checked to make sure that no violation of the assumptions of use of t- test and one way ANOVA like normality, homogeneity of variance/equality of variance and independent observation.

Table 2: Means Scores of Factors of Perceived Attributed Causes of Psychological

Disorder and Treatment Seeking Behavior

Variables	M	SD
Attribution to causes of psychological disorder		
Super natural causes	1.89	0.92
Psychosocial causes	3.00	0.88
Treatment seeking behavior		
No treatment factor	1.86	0.99
Folk medicine and religious healer factor	2.15	0.94
Medical factor	3.72	0.99
Psychosocial factor	3.95	0.94
Family care	3.79	1.22

M (Mean), SD (Standard Deviation).

In perceived attributed causes of psychological disorders there are two factors that include supernatural causes and psychosocial causes. As table 2 above indicated psychosocial causes are believed to be the causes of mental illness than supernatural causes of psychological disorders among the public of Gondar Town, Ethiopia. Table 2 above also reveals five of treatment seeking behavior factors. Table 2 showed that psychosocial treatment factor is the most favored treatment preference followed by family care factor. In contrast, no treatment factor was the least rated treatment preferences of the participants.

Perceived Attribution to the Causes of Psychological Disorder and the Factors

Table 3: Perceived Attribution to Causes of Psychological Disorder and the Factors by Sex

Variables	Female (N=178)		Male (N=193)		T	df	p-value
	M	SD	M	SD			
Attribution to causes of psychological disorder	48.76	14.23	46.17	13.54	1.79	369	0.07
Super natural	11.70	5.75	11.06	5.34	1.12	369	0.26
Psychosocial	37.05	10.05	35.11	10.57	1.75	369	0.08

***. The mean difference is no significant at the 0.05 level, M (Mean), SD (Standard Deviation).**

As table 3 above specify, there is no statistically significant mean difference between males and females in attribution to causes of psychological disorder (t (369) =1.79, p>0.05.) The table also indicates that the mean score of females and males respondents on attributed cause of psychological disorder was 48.76 (n=178) and 46.17 (193) respectively which mean score of females are a little beat greater than males though it is statistically insignificant. This implies that sex of the participants has no role in their perceived

attributed causes of psychological disorder.

As table 3 also shows, there is no statistically significant difference in the supernatural and psychosocial subscale of perceived attribution to causes of psychological disorder between males and females. This is to mean that being male or female is not related with the perceptions hold among the publics' about cause of psychological disorder.

Table 4: Age Difference on Attribution to Psychological Disorder and Factors

Variables	18-25 years (N=237)		>25 years (N=134)		t	df	p-value
	M	SD	M	SD			
Attribution to causes of psychological disorder	47.38	13.40	47.46	14.85	0.06	369	0.97
Super natural	11.16	5.38	11.74	5.83	0.97	369	0.33
Psychosocial	36.33	10.22	35.72	11.47	0.43	369	0.66

***. The mean difference is no significant at the 0.05 level, M (Mean), SD (Standard Deviation).**

Table 4 shows that there is no statistically significant mean difference on attribution to causes of psychological disorder by the specified age brackets ($t(369) = 0.06, p > 0.05$) indicating that age does not influence in perceived attribution to causes of psychological disorder of the participants. Moreover, the mean score is 47.38 ($n=237$) and 47.46 ($n=134$) for late adolescence - early adulthood and adulthood - old age respectively which indicates very little difference. As table 4

also shows, there is no statistically significant mean difference between late adolescent -early adulthood and adulthood - old age on supernatural and psychosocial subscale of perceived attribution to causes of psychological disorder. This implies that age of the respondents is not related with the beliefs hold about the causes of psychological disorders.

Table 5: Perceived Attribution to the Causes of Psychological Disorder and the Factors by Educational Level

Variables	Secondary (N=139)		Diploma (N=154)		Degree and above (N=78)		F	p-value
	M	SD	M	SD	M	SD		
Attribution to causes of psychological disorder	47.96	13.50	47.34	14.50	46.56	13.60	0.26	0.77
Supernatural	11.73	5.18	11.47	5.77	10.51	5.68	1.25	0.28
Psychosocial	36.24	10.61	35.86	10.98	36.05	10.23	0.05	0.96

*. The mean difference is no significant at the 0.05 level, M (Mean), SD (Standard Deviation).

As table 5 shows, the mean score of the respondents in attribution to causes of psychological disorder who have secondary school and below educational level was 47.96 ($n=139$), diploma 47.34 ($n=154$), and degree and above 46.56 ($n=78$) which shows very little difference. In addition table 5 indicates, there is no statistically significant difference on attribution to the causes of psychological disorder across different educational level of the respondents ($F(2, 368) = 0.26, p > 0.05$). Beside this, table 5 shows that there is no

statistically significant difference on supernatural and psychosocial subscale of attribution to causes of psychological disorder across educational levels of the respondents. This implies that educational level of the respondents has no role on the perceived causes of psychological disorder.

Perceived Treatment Seeking Behavior of Psychological Disorder and the Factors

Table 6: Perceived Treatment Seeking Behavior of Psychological Disorder and the Factors by Sex

Variables	Female (N=178)		Male (193)		t	df	p-value
	M	SD	M	SD			
Treatment seeking behavior	49.28	10.52	48.35	9.15	0.90	369	0.37
No treatment	6.04	3.11	5.21	2.83	2.72*	369	0.00
Folk medicine and religious healers	8.75	3.74	8.49	3.82	0.65	369	0.52
Medical	8.59	2.10	8.93	1.62	1.74	369	0.08
Psychosocial	12.56	2.93	12.66	2.89	0.34	369	0.74
Family care	7.66	2.53	7.53	2.40	0.53	369	0.60

*. The mean difference is significant at the 0.05 level, M (Mean), SD (Standard Deviation).

As table 6 showed, there is no statistically significant mean difference in the treatment seeking behavior of psychological disorder between males and females ($t(369) = 0.90, p > 0.05$). The mean score is 48.35 ($n=193$) and 49.28 ($n=178$) for males and females respectively which indicates very little difference.

males and females. The mean score of females and males is 6.04 ($n=178$) and 5.21 ($n=193$) respectively that shows females will not seek treatment if they have psychological disorder than males. However table 6 showed no statistically significant mean difference between males and females on folk medicine and religious healers, psychosocial, medical and family care subscale of treatment seeking behavior.

To this end table 6 showed statistically significant mean difference on no treatment subscale of treatment seeking behavior between

Table 7: Perceived Treatment Seeking Behavior and the Factors by Age

Variables	18-25 years (N=237)		>25 years (N=134)		t	df	p-value
	M	SD	M	SD			
Treatment seeking behavior	49.10	9.63	48.25	10.19	0.79	369	0.43
No treatment factor	5.69	3.09	5.46	2.83	0.71	369	0.48
Folk medicine and religious healers factor	8.73	3.65	8.40	4.00	0.81	369	0.42
Medical factor	8.75	1.99	8.79	1.64	0.20	369	0.84
Psychosocial factor	12.65	2.89	12.53	2.93	0.40	369	0.69
Family care factor	7.72	2.46	7.37	2.45	1.34	369	0.18

*. The mean difference is no significant at the 0.05 level, M (Mean), SD (Standard Deviation).

As table 7 shows, there is no statistically significant difference on treatment seeking behavior of the public across age ($t(369) = 0.79, p > 0.05$). The mean score of late adolescent-early adulthood and adulthood-old age is 49.10 ($n=237$) and 48.25 ($n=134$) respectively which shows almost no difference indicating that age does not has

impact in treatment seeking behavior of the participants. Table 7 also shows that there is no statistically significant difference on all the subscale of treatment seeking behavior between late adolescent -early adulthood and adulthood -old age. This entails that age of the respondents are not linked with their perceived treatment need.

Table 8: Perceived Treatment Seeking Behavior and Factors by Educational Level

Variables	Secondary and below (N=139)		Diploma (N=154)		Degree and above (N=78)		F	p-value
	M	SD	M	SD	M	SD		
Treatment seeking behavior	49.31	10.60	48.69	9.50	48.09	9.08	0.40	0.67
No treatment factor	5.81	3.05	5.62	2.87	5.23	3.09	0.92	0.39
Folk medicine and religious healer factor	9.23	3.94	8.25	3.54	8.23	3.86	2.98*	0.05
Medical factor	8.38	2.27	9.05	1.57	8.90	1.50	4.95*	0.00
Psychosocial factor	12.53	3.13	12.66	2.87	12.64	2.56	0.08	0.92
Family care	7.73	2.51	7.38	2.47	7.77	2.34	0.97	0.30

*. The mean difference is no significant at the 0.05 level, M (mean), SD (Standard Deviation).

educational status and familiarity with mental illness correlated with belief in biological and psychosocial causation. On the other

Table 8 shows the mean and standard deviation score of participants on treatment seeking behavior of psychological disorder across educational level. In addition the table makes known mean and standard deviation of no treatment factor, folk medicine and religious healers' factor, medical factor, psychosocial factor and family care factor visa-verse educational level.

Table 8 illustrate one way ANOVA result in which there is no statistically significant difference in treatment seeking behavior of the respondents across educational level ($F(2, 368)=.40, p>0.05$). This implies that level of education of the participants has no impact on treatment seeking behavior. Beside to this table 8 shows, no statistically significant mean difference on no treatment, and psychosocial and family care subscale of treatment seeking behavior across educational level of the public.

Moreover, table 8 shows statistically significant mean difference on folk medicine and religious healer subscale of treatment seeking behavior across educational level of the public's ($F(2, 368)=2.98, p=0.05$). The Bonferroni post hoc test revealed that participants from secondary school and below tend to prefer folk medicines and religious healers than diploma and degree and above qualified respondents.

On top of this, table 8 shows statistically significant difference on medical subscale of treatment seeking behavior across educational level of the public's ($F(2, 368)=4.95, p<0.05$). Bonferroni Post hoc result shows statistically significant mean difference between secondary school and below and diploma as well as statistically significant mean difference between secondary school and below and degree and above on medical subscale of treatment seeking behavior across educational level of the public. This implies that diploma and degree and above qualified respondents tend to prefer medical treatment than participants from secondary and below educational level.

DISCUSSION

Attribution to Causes of Psychological Disorder

In the present study t -test and one way ANOVA has been used to check whether there is statistically significant difference on attribution to causes of psychological disorder among the public across sex, age and educational level. The t- test result revealed that there was no statistically significant difference on attribution to causes of psychological disorder by sex and age.

The one way ANOVA also showed no statistically significant difference on attribution to causes of psychological disorder across educational status. This might be because the participants' level of understanding about the causes of psychological disorder is similar since majority of the respondents do have similar characters such as their way of life and their accessibility to information. In addition almost there is the same cultural influence on the participants that might result no difference on attribution to the causes of psychological disorder. Likewise a study by Adewuya & Makanjuola, (2008) reveals differences in understanding causations of mental illness across socio-demographic variables. Urban dwelling, higher

hand; older age, rural dwelling, and lack of familiarity correlated with a belief in supernatural causation.

Adewuya & Makanjuola, (2008) also revealed that educational status had no effect on the belief in supernatural causation. This supports the present study since it was conducted in urban area and almost educated participants that results no statistically significant difference by sex, age and educational level of the public with regard to causes of psychological disorder. In the present study perceived attribution to causes of psychological disorder has two factors: psychosocial causes and supernatural causes. In the supernatural factor there was no statistically significant difference in sex, age and educational level. Likewise, a study by Razali SM, Khan UA & Hasanah CI, (1996) on etiology of mental illness revealed that belief in supernatural causes of mental illness was not significantly different with age, gender, level of education or occupation. To sum up the finding of the present study shows no statistically significant difference on both factors: psychosocial or supernatural subscale of attribution to causes of psychological disorder across sex (male and female), age (late adolescent-early adulthood and adulthood old age) and educational level (secondary school and below, diploma and degree and above). This possibly will be the characteristics of the participants are almost similar, all are urban dwellers and the majority are also educated.

Treatment Seeking Behavior

Another objective of the present study was to assess treatment seeking behavior of the participants if they thought that they had psychological disorder. The t -test result revealed no statistically significant difference on treatment seeking behavior of the respondents across sex and age. In addition the computed ANOVA shows no statistically significant difference on treatment seeking behavior across educational level of the public.

Though, the present research revealed no statistically significant difference on treatment seeking behavior across age, another research found that young adults prefer psychological interventions than their older counterparts (Furnham & Wardley, 1990; Trute & Loewen, 1978; Trute, Tefft, & Segal, 1989), Cited in Lisa Mori, (2007). This contrasting result might be because of sample size difference between late adolescence-early adulthood and adulthood -old age in the present study.

A research conducted by Eshetu & Markos in Ethiopia, (2011) on patterns of treatment seeking behavior for mental illnesses in Southwest Ethiopia reveals that being in the age group 31-40 years had a statistically significant association with delayed treatment seeking behavior. But in the present study age was not found statistically significant perhaps because the majority of the respondents are in late adolescent-early adulthood age range.

But a study by Yuri, J., David A., Chiriboga, A. & Sumie O (2009) revealed that in the mean-level assessment, younger and older adults were found to hold similar attitudes toward mental health services which support the present study. In line with the present

study, a study conducted by Segal, D., Coolidge, F. Mincic, M. & O'Riley, A. (2004) examined beliefs about mental illness and willingness to seek professional help among younger and older persons. An independent t-test result of this research indicates there was no difference on willingness to treatment seeking behavior of older adults and younger adults. With regard to sex, in the present study there is no sex difference in treatment seeking behavior of psychological disorder which is supported by Holzinger A, Floris F, Schomerus G, Carta MG, Angermeyer MC (n.d) that revealed no difference on both genders in their willingness to seek help for mental illness.

In the present study t-test was computed in each of the five factors; no treatment, folk medicine and religious healers, medical, psychosocial and family care that showed no statistically significant difference except no treatment subscales across sex. The difference in no treatment subscale of treatment seeking behavior between male and female might be explained by the cultural influences on females that preach females to stay behind closed doors as compared to males.

A study by Holzinger A, Floris F, Schomerus G, Carta MG, Angermeyer MC (n.d) revealed that Women seem more ready to recommend professional help than men do. Women also evaluate treatment outcomes more favorably. But in the present study there is no sex difference about medical and psychosocial treatment. This might be again because of participants' orientation about mental illness due to them being urban dwellers that might have equal access to different information.

ANOVA results also revealed no statistically significant difference on treatment seeking behavior across educational level of the public. In contrast to this, education level has demonstrated a positive relationship with opinions of psychological disorders and treatment (Furnham & Wardley, 1990; Trute & Loewen, 1978; Trute, Tefft, & Segal, 1989), Cited in Lisa Mori, (2007). But in the present study there is no statistically significant difference on treatment seeking behavior across educational level of the public which might be because the majority of the participants have had at least some primary education which might help them to understand about different treatment modalities of illness.

One way ANOVA was computed on each of the factors on treatment seeking behavior. Of these factors the computed one way ANOVA showed no difference in no treatment, psychosocial and family care subscale of treatment seeking behavior across educational level. This might be because of the same cultural practice of the respondents and the respondents might believe that psychological problems may have multiple modalities of treatment.

But there was a statistically significant difference on medical and folk medicine and religious healers' subscale of treatment seeking behavior. The difference on the medical subscale of treatment seeking behavior of the respondents between secondary school and below and diploma as well as secondary and below and degree and above might be because of their level of educational difference that in turn will affect their knowledge of medical treatment of psychological disorder. The present study is supported by research conducted on perception and attitude in relation to the mentally ill that was found to be predominantly positive, especially among individuals with a higher educational or socioeconomic level. The community mostly recommends treatment with health professionals (Érica de Toledo, Peluso, P, & Blay, S., 2004).

CONCLUSIONS

The present research concluded that there is no difference across sex, age and educational level of the public with regard to perceived attributed causes of psychological disorder. In attribution to causes of psychological disorder, psychosocial and supernatural factors there were not also statistically significant across sex, age and educational level of the respondents. Age of the respondents was not also related with the perceived treatment seeking behavior.

Finally perceived treatment seeking behaviors of the public were assessed. In this regard, there was no statistically significant difference across sex of the public. In addition, there was no

statistically significant mean difference in folk medicine and religious healers, medical, psychosocial and family care factors of perceived treatment seeking behavior of psychological disorder across sex. But there was a statistically significant mean difference in the no treatment factor of perceived treatment seeking behavior implying that males tend to seek treatment than females.

Educational level of the public also did not result differences in treatment seeking behavior of psychological disorder. But in medical factor and folk medicines and religious healers' factors, educational level reveals difference. For the rest of the factors educational level does not result in a difference.

Limitation of the study

Though it was nice to assess the perceived attributed causes of psychological disorder and treatment seeking behavior of all the population in each district toward mental illness, dwellers of all districts were not sampled. It was also difficult to get appropriate literature that was conducted in Ethiopian context. The researchers recommended that other interested researchers should assess the perception of the public about mental illness considering the variables not addressed in this study and including many participants.

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