

SOCIAL DISTANCE TOWARDS PEOPLE WITH HIV-AIDS VERSUS MENTAL ILLNESS IN A SAMPLE OF ADOLESCENT SECONDARY STUDENTS IN LAGOS NIGERIA

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.

Method:

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.

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.

28 **Keywords:** Social distance, stigma, HIV-AIDS, mental illness, attitudes, adolescents

29

30 **INTRODUCTION**

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

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

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

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

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

73

74

75 **METHODS**

76 The study was conducted in Lagos, south-west Nigeria. Lagos is the largest
77 metropolis in Nigeria with an estimated population of 15 million.

78 **Study Design: Cross-sectional**

79 **Participants:** A total of 200 participants were recruited for the study. Only the
80 students whose parents consented were recruited into the study after obtaining their
81 **assent**. Ethical approval was also obtained from the Educational Division Authority in
82 charge of the schools **The participants were selected** from two private and two public
83 senior secondary schools in Lagos by **convenient sampling**. The first 50 students to
84 **return completed consent forms signed by the parents were recruited into the study**
85 **in each of the four schools**. **The inclusion criteria consisted of secondary school**
86 **students aged <20 years**. **Exclusion criteria consisted of positive history of**
87 **psychiatric disorder or HIV-AIDS.**

88 **Study instrument and Procedure:** Social distance towards individuals with mental
89 illness versus HIV-AIDS, at varying levels of intimacy of relationship, was measured
90 by the **modified Borgadus social distance scale [20]**. **This instrument has been widely**
91 **used in several countries including Nigeria, and found to be valid and reliable in**
92 **assessing social distance [8, 10, 16, 20]**. **The test-retest reliability of the scale during**
93 **a pre-test was satisfactory ($r=0.91$, $p<0.001$), while the internal consistency was**
94 **0.75.** **The modified Borgadus social distance scale was completed by self-report.** It
95 is a 6-item scale with responses on a 4-point scale where 1 represents 'definitely
96 not', 2 represents 'probably not', 3 represents 'probably so', and 4 represents
97 'definitely so'. The items enquired if: participants would be ashamed if people knew
98 someone in their family has mental illness versus HIV, participants would be afraid to

99 have a conversation with someone with mental illness versus HIV, participants would
100 be disturbed about working on the same job with someone with mental illness versus
101 HIV, participants would be unable to maintain friendship with someone with mental
102 illness versus HIV, participants would be upset with sharing a room with someone
103 with someone with mental illness versus HIV, and if participants could marry
104 someone with mental illness versus HIV.

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

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

118

119

120

121

RESULT

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 (Table1). 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 n (%)	Mental Illness n (%)	X	P
Ashamed to identify with affected relation	116 (68.2)	109 (64.1)	0.64	0.423
		(95% CI=-6.34 to -14.45)		
Afraid to converse with affected person	35 (20.6)	122 (71.8)	89.4	<0.001
		(95% CI=-41.10 to 60.01)		
Upset if in the same class with affected person	30(17.6)	127 (74.7)	111.2	<0.001
		(95% CI=-47.33 to 65.44)		
Unable to keep friendship with affected person	34 (20.0)	156 (91.8)	177.2	<0.001
		(95% CI=-63.24 to 78.60)		
Upset about sharing room with affected person	125 (73.5)	159 (93.5)	24.6	<0.001
		(95% CI=-11.94 to 27.98)		
Can't date an affected person	167 (98.2)	167 (98.2)	0.0	1.000
		(95% CI=-3.61 to -3.61)		

166 **DISCUSSION**

167 The high level of social distance towards individuals with mental illness in the
168 current study corroborates findings of previous studies of stigma among adolescents
169 [14, 21, 22]. In the current study, 71.8% of the adolescents reported that they would
170 be afraid to engage in a conversation with someone who has mental illness. This is
171 consistent with findings of a recent study among secondary school students in
172 southwest Nigeria that reported that 87.6% of the adolescents perceived that people
173 with mental illness were difficult to talk to; only 22.2% of the respondents asserted
174 that they would not feel afraid to talk to someone with mental illness [13]. Though
175 methodological differences precludes strict comparability, the level of social distance
176 desired by the school children appear to be higher than that reported among the
177 adult population in this environment [7, 8]. However, the more consistent finding
178 across studies is that the closer the intimacy required for the social interaction with
179 the stigmatised individual, the higher the desired level of distance by the community.

180 More importantly, this study found a significantly higher level of social distance from
181 individuals with mental illness in comparison with those with HIV-AIDS. This
182 suggests that mental illness attracts a higher level of stigma than HIV-AIDS among
183 the studied population. The strong desire for social distance towards mental illness
184 reflects prevalent misconceptions, ignorance and negative attitudes about mental
185 illness. This is in keeping with extant research that social distance and other
186 stigmatising attitudes correlates with mental health illiteracy, perceived
187 dangerousness of the mentally ill and expectations about a negative outcome [8, 16,
188 23-26]. Other misperceptions associated with social distance from mental illness
189 include beliefs that people with mental illness are unpredictable, 'weak but not sick'

190 and are to be blamed for their illness [15, 24]. On the other hand, personal
191 experience with mental illness is associated with lower level of social distance [27].

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

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

211 Social distance from individuals with mental illness may translate into alienation from
212 life opportunities including housing, work, social relationships and decent livelihood.
213 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.

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.

REFERENCES

1. Goffman E. Stigma. Notes on the management of spoiled identity. New York: Simon and Shuster, Inc; 1963
2. Cumming E, Cumming J. Closed ranks; an experiment in mental health education. Cambridge MA: Harvard University Press; 1957.
3. Jang H, Lim JT, Oh J, Lee SY, Kim YI, Lee JS. Factors affecting public prejudice and social distance on mental illness: analysis of contextual effect by multi-level analysis. J. Prev. Med. Public Health. 2012; 45: 90–97
4. Jorm AF, Wright A. Influences on young people's stigmatizing attitudes towards peers with mental disorders: national survey of young Australians and their parents. Br J Psychiatry. 2008; 192(2): 144–149.
5. Baumann AE. Stigmatization, social distance and exclusion because of mental illness: The individual with mental illness as a 'stranger'. International Review of Psychiatry. 2007; 19: 131–135
6. Lauber C, Nordt C, Falcato L, Rossler W. Factors influencing social distance toward people with mental illness. Journal of Community Mental Health. 2004; 40: 265-274

- 266 7. Gureje O, Lasebikan V, Ephraim-Oluwanuga O, Olley B, Kola L. Community study
267 of knowledge of and attitude to mental illness in Nigeria. *British Journal of*
268 *Psychiatry*. 2005;186: 436–441.
- 269 8. Adewuya AO, Makanjuola RO. Social distance towards people with mental illness
270 in southwestern Nigeria. *Australian and New Zealand Journal of Psychiatry*.
271 2008;42(5): 389–395.
- 272 9. Sartorius N. Fighting stigma: theory and practice. *World Psychiatry*. 2002; 1: 26–
273 27.
274
- 275 10. Jorm AF, Oh E. Desire for social distance from people with mental disorders: a
276 review. *Australian and New Zealand Journal of Psychiatry*. 2009; 43: 183-200
- 277 11. Koller M, Stuart H. Reducing stigma in high school youth. *Acta Psychiatr Scand*.
278 2016;134 (446):63-70
- 279 12. Kaushik A, Kostaki E, Kyriakopoulos M. The stigma of mental illness in children
280 and adolescents: A systematic review. *Psychiatry Res*. 2016; 243:469-94.
- 281 13. Oduguwa AO, Adedokun B, Omigbodun OO. Effect of a mental health training
282 programme on Nigerian school pupils' perceptions of mental illness. *Child Adolesc*
283 *Psychiatry Ment Health*. 2017; 7:11:19
284
- 285 14. Dogra N, Omigbodun O, Adedokun T, Bella T, Ronzoni P, Adesokan A. Nigerian
286 Secondary school children's knowledge of and attitudes to mental health and illness.
287 *Clinical Child Psychology and Psychiatry*. 2012;17(3): 336-353.
288
- 289 15. Yoshioka K, Reavley NJ, McKinnon AJ, Jorm AF. Stigmatising attitudes towards
290 people with mental disorders: results from a survey of Japanese high school
291 students. *Psychiatry Res*. 2014; 30: 215(1):229-36
292
- 293 16. Dietrich S, Beck M, Bujantugs B, Kenzine D, Matschinger H, Angermeyer M C.
294 The relationship between public causal beliefs and social distance toward mentally ill
295 people. *Australian and New Zealand Journal of Psychiatry*. 2004; 38: 348–354.
296
- 297 17. Ehiri JE, Anyanwu EC, Donath E, Kanu I, Jolly PE. AIDS-related stigma in sub-
298 Saharan Africa: its contexts and potential intervention strategies. *AIDS Public*
299 *Policy J*. 2005;20(1–2): 25–39.
- 300 18. Brimlow DL, Cook JS, Seaton R. Stigma and HIV/AIDS: A Review of the
301 Literature. US Department of Health and Human Services. 2003; Rockville, MD,
302 U.S.A.
303
- 304 19. Monjok E, Smesny A, Essien EJ. HIV/AIDS-related stigma and discrimination in
305 Nigeria: Review of research studies and future directions for prevention
306 strategies. *African Journal of Reproductive Health*. 2009; 13 (3): 21-35
307

- 308 20. Bogardus ES. Measuring social distances. *Journal of Applied Sociology*.
309 1925;12(11): 216–226
310
- 311 21. Pinfold V, Toulmin H, Thornicroft G, Huxley P, Farmer P, Graham T. Reducing
312 psychiatric stigma and discrimination: evaluation of educational interventions
313 in UK secondary schools. *British Journal of Psychiatry*. 2003;182: 342-346.
314
- 315 22. Watson AC, Miller FE, Lyons JS. Adolescent attitudes toward serious mental
316 illness. *Journal of Nervous and Mental Disease*. 2005; 193(7):69-72.
- 317 23. Wahl O. Depictions of mental illnesses in children's media. *Journal of Mental*
318 *Health*. 2003;12(3): 249-258.
- 319 24. Angermeyer MC, Matschinger H. The stigma of mental illness: effects of labeling
320 on public attitudes towards people with mental disorder. *Acta Psychiatry*
321 *Scand*. 2003;108: 304–309
- 322 25. Angermeyer, MC, Matschinger H, Corrigan PW. Familiarity with mental illness
323 and social distance from people with schizophrenia and major depression:
324 testing a model using data from a representative population survey.
325 *Schizophrenia Research*. 2004;69: 175-182.
- 326 26. Gureje O, Lasebikan VO, Kola L, Makanjuola VA. Lifetime and 12-month
327 prevalence of mental disorders in the Nigerian survey of mental health and
328 well-being. *British Journal of Psychiatry*. 2006;188(5), 465–471.
329
- 330 27. Angermeyer MC, Matschinger H. Social distance towards the mentally ill: results
331 of representative surveys in the Federal Republic of Germany. *Psychological*
332 *Medicine*. 1997;27(1): 131-141.
333
- 334 28. Babalola S, Fatusi A, Anyanti J. Media Saturation, Communication Exposure and
335 HIV Stigma in Nigeria. *Journal of Social Science & Medicine*. 2009;68(8):
336 1513-1520.
- 337 29. Fakolade R, Adebayo S, Anyanti J, Ankomah A. The impact of exposure to mass
338 media campaigns and social support on levels and trends of HIV-related
339 stigma and discrimination in Nigeria: tools for enhancing effective HIV
340 prevention programmes. *Journal of Biosocial Science*. 2010;42(3): 395-407.
- 341 30. Keating J, Meekers D, Adewuyi A. Assessing impact of a media campaign on
342 HIV/AIDS awareness and prevention in Nigeria: Results from the VISION
343 project evaluation. *BMC Public Health*. 2006;6: 123
- 344 31. Aina O. Mental illness and cultural issues in West African films: Implications for
345 orthodox psychiatric practice. *Journal of Medical Humanities*. 2004;30: 23–26.
346
- 347 32. Angermeyer MC, Matschinger H. Labeling–stereotype–discrimination: an
348 investigation of the stigma process. *Journal of Social Psychiatry*
349 *Epidemiology*. 2005;40: 391–395.

- 350 33. Yap M, Wright A, & Jorm A. The influence of stigma on young people's help-
351 seeking intentions and beliefs about the helpfulness of various sources of
352 help. *Social Psychiatry Psychiatric Epidemiology*. 2011;46(12): 1257-65
- 353 34. Corrigan PW, Green A, Lundin R, Kubiak MA, Penn DL. Familiarity with and
354 social distance from people who have serious mental illness. *Journal of*
355 *Psychiatry Service*. 2001;52: 953–958
- 356