

ATTITUDE AND BELIEF TOWARDS DEPRESSION AMONG RESIDENTS IN MUKIM SALAK, SEPANG, SELANGOR

Sabariah A.H., Annessa F.A., Faridan D., Fakhira F.A., Nabila M.F., Suraya N.F.

Faculty of Medicine, Cyberjaya University College of Medical Sciences (CUCMS)
No. 3410, Jalan Teknokrat 3, Cyber 4
63000 Cyberjaya, Selangor, Malaysia

Corresponding Author:

Sabariah Abd. Hamid

sabar318@gmail.com, +6016 2089887

ABSTRACT

Depression is a common mental disorder that significantly contributes to the global burden of disease. It affects 350 million people in all communities across the world and is the leading cause of disability. However, there are still people with negative attitude and wrong believe in depression and seeking for help for depressive people. Therefore the purpose of this study was to determine the attitude towards depression and belief on complication and barriers in seeking help for depression among the respondents in Mukim Salak, Sepang. A cross-sectional study was conducted among respondents who were selected through a simple random sampling. They were interviewed using a set of questionnaire comprises of Depression, Stress and Anxiety (DASS-21) and Attitude and Believe towards depression. Data was analyzed using Statistical Package Social Sciences (SPSS) version 20 and Chi-square analyses for determining the association between variables. The study found that 61.5% of the respondents have have positive attitude towards depression and majority believed that family and friends can enhance the depression recovery process. Do not know the symptoms of depression and stigma were the main barrier for seeking help. More awareness on mental health can reduce public stigma about depression thus lifting the barriers for those who seek help for mental illnesses in general

Keywords: attitude, belief, depression, complication, seeking help

1.0 INTRODUCTION

Depression is a common mental disorder that significantly contributes to the global burden of disease and is estimated to affect 350 million people in all communities across the world (Marina, et al., 2012). More than four percent of the global population, were living with depression in 2015, which is an 18 percent increase over a 10-year period. It shows that depression was increasing worldwide and now was the leading cause of global mental and physical disability that can affect anyone, at any point in their lives (Lisa, S., 2017).

A study done in Penang, Malaysia reports that 38% of the population agreed the depression is a normal medical condition that subsides automatically (Tahir, et al. 2009). Whereas, although 86% of the respondents in another study thoughts that depression is a real medical condition, majority of them believe people with depression are responsible for their illness (Aromma, et al. 2011) and they are unpredictable (Evelien, et al., 2013). The significant barriers to seeking help for depression mentioned were the lack of awareness of the signs and symptoms, costly treatments and the stigma associated with a diagnosis of depression (Tahir, et al. 2009, Yeap & Low, 2009).

Thus, this study was designed to determine the attitude towards depression and belief on complication and barriers in seeking help for depression among the respondents of Mukim Salak, Sepang, Selangor.

2.0 METHODOLOGY

A cross-sectional study was conducted in two housing areas in Mukim Salak, Sepang, Selangor, where one area was comprised of terrace houses developed by developer and the other one was village homes. This area has been chosen as the community to be studied were multi-racial residents and is accessible.

Stratified random sampling has been used to classify the houses into two groups, terrace and village houses. Systematic random sampling was then used to pick the houses in each stratum accordingly and simple random sampling using drawing lots to choose the respondents in the house. Only Malaysians aged 15 years old and above, had been the residents for at least six were used as samples. Residents with mental disable, deaf and mute were excluded in this survey. Sample size

was 112 and data were collected through face to face interview session using structure questionnaire:

- i. DASS 21, to assess the depression level of the community (Gloster, et al., 2008).

Depression categories: Normal: < 7 , Depression: ≥ 7

- ii. Attitude and Belief towards depression, which the content and face validity of the questionnaire was approved by professionals in the discipline of social and administrative pharmacy at the University Sains Malaysia (USM) Department of Psychiatry and by the Department of Biostatistics, Penang General Hospital (Tahir, et al. 2009). There were six questions taken from this questionnaire which focused on attitude towards depression, belief on complication and barriers in seeking help.

Attitude categories: Positive: ≥ 3 , Negative: < 3

Data was analyzed using Statistical Package Social Sciences (SPSS) version 20. Chi-square test analyses the association between education level (independent variable) and attitude towards depression (dependent variable).

3.0 RESULTS

A total of 135 participants participated in this study, giving an overall 100% response rate.

Table 1: Attitude status towards depression among the respondents

Attitude status	n	%
Positive	83	61.5
Negative	52	38.5
Total	135	100

Majority (61.5%) of the respondents have positive attitude towards depression.

Table 2: Attitude status towards depression by socio-demographic

Socio-demographic	Attitude status				Total	
	Positive		Negative		n	%
	n	%	n	%		
Gender						
Male	43	58.9	30	41.1	73	100
Female	40	64.5	22	35.5	62	100
Age						
15-24	19	55.9	15	44.1	34	100
25-34	18	69.2	8	30.8	26	100
35-44	28	71.8	11	28.2	39	100
45-54	10	50.0	10	50.0	20	100
>55	8	50.0	8	50.0	16	100
Ethnicity						
Malay	80	62.5	48	37.5	128	100
Chinese	2	50.0	2	50.0	4	100
Indians	0	0	2	100	2	100
Melanau	1	100	0	0	1	100
Education						
No formal	3	33.3	6	66.7	9	100
Primary	6	50.0	6	50.0	12	100
Secondary	38	76.0	12	24.0	50	100
Tertiary	36	56.2	28	43.8	64	100
Occupation						
Not Working/Student	14	60.9	9	39.1	23	100
Government worker	13	61.9	8	38.1	21	100
Private sector worker	26	59.1	18	40.9	44	100
Self-employed	8	53.3	7	46.7	15	100
Housewife	16	80.0	4	20.0	20	100
Pensioner	6	50.0	6	50.0	12	100
Marital status						
Single	21	51.2	20	48.8	41	100
Married	60	65.9	31	34.1	91	100
Divorced /widowed	2	66.7	1	33.3	3	100

Table 2 showed among male, ages between 35 to 44 years old, working in private sector and married respondents, there were higher prevalence of positive attitude towards depression (58.9%, 71.8%, 59.1% and 65.9% respectively).

However, there were higher prevalence of negative attitude towards depression among Indian and respondents with no formal education (100% and 66.7%, respectively).

Table 3 showed that majority (92.6%) of respondents agreed that “Family and friends can enhance the depression recovery process by providing more care and attention to the patient”, “Women and children are at more risk for depression” (66.7%) and “People suffering from depression must be treated with antidepressants” (54.1%).

Table 3: Attitude response towards depression among the respondents (N=135)

No	Attitudes	Responses	
		AGREE	DISAGREE
		n (%)	n (%)
1	Depression is a normal medical condition and it subsides automatically	55 (40.7)	80 (59.3)
2	Women and children are at more risk for depression	90 (66.7)	45 (33.3)
3	Family and friends can enhance the depression recovery process by providing more care and attention to the patient	125 (92.6)	10 (7.4)
4	People suffering from depression must be treated with antidepressants	73 (54.1)	62 (45.9)

However, more than 50% disagree that depression is a normal medical condition and it subsides automatically.

Table 4: Belief on complication of depression among respondents

No	Complications	No.	%
1	Loss of memory	61	45.1
2	Raised blood pressure	48	35.6
3	Heart attack	9	6.7
4	Sexual disorders	7	5.2
5	Do not know	7	5.2
6	Diabetes mellitus	2	1.5
7	Mental illness	1	0.7
TOTAL		135	100

Majority of the respondents believed that loss of memory (45.1%), raised blood pressure (35.6%) and heart attack (6.7%) were the complications of depression (Table 4).

Table 5: Depression status among the respondents

Depression status	n	%
Yes	16	11.8
No	119	88.2
Total	135	100

Table 5 showed that majority (88.2%) of the respondents are not depressed

Table 6: Belief on barriers in seeking help among respondents

Barriers in seeking help	Depression status	
	Normal	Depression
	n (%)	n (%)
They don't want to know that they are depressed	34 (28.6)	4 (25.0)
They are not aware of the signs and symptoms	30 (25.2)	3 (18.8)
It's a stigma for them if they are diagnosed with depression	21 (17.6)	4 (25.0)
They don't think they are at risk	20 (16.8)	2 (12.4)
Because the treatment is expensive	14 (11.8)	3 (18.8)
Total	119 (100)	16 (100)

Among non-depressed respondents, most people believed that the barriers in seeking help for depression were "They don't want to know that they are depressed" (28.6%) and "They are not aware of the signs and symptoms" (25.2%).

Meanwhile, among the depressed respondents, most believed that the barriers in seeking help were "They don't want to know that they are depressed" (25.0%) and "It's a stigma for them if they are diagnosed with depression" (25.0%).

Table 7: Association between education level and attitude towards depression

Educational level	Attitude status		Total	P value
	Positive n (%)	Negative n (%)		
None	3 (33.3)	6 (66.7)	9 (100)	0.047
Low	44 (71.0)	18 (29.0)	62 (100)	
High	36 (56.2)	28 (43.8)	64 (100)	

$\chi^2 = 6.107$

Among the respondents with no formal education, 66.7% had a negative attitude towards depression, whereas among those with high education level, 56.2% had positive attitude (Table 7).

Statistically, there was significant association between educational level and attitude towards depression ($p < 0.05$).

4.0 DISCUSSION

Depression is a debilitating illness and has become a leading cause morbidity globally (Ng, 2014). The prevalence of depression among community in RTB Labu Lanjut and Desa Salak Permata was 11.8% which consistent with a study conducted by Wong, et al, (2011) in the East Coast of Peninsular Malaysia, where the prevalence of depression was 11.3%. However, our findings is inconsistent with the most recent national survey, National Health Morbidity Survey IV (NHMS IV, 2011), with the prevalence depression was only 1.8%. The variation in the prevalence rates was probably due to the different instruments, where NHMS IV used Mini International Neuropsychiatry Interview (MINI) and we only used DASS 21.

A study done in São Paulo shows that people with lower education have a higher tendency to attribute causes of a religious/moral and biological nature to depression (Peluso & Blay, 2008). Other studies from Finland and Hungary also report that negative attitudes towards depression mainly associates with lower educational level (Aromaa et. al., 2011, Coppens, et al, 2013). It is consistent with our findings, where majority with negative attitude towards depression have lower education level. Hence, the most probable cause of this resemblance, might be due to less exposed towards knowledge on depression.

Our findings showed that majority of each age groups have a positive attitude towards depression while split 50.0 % of respondents in age group of 45 years or more having positive and negative attitudes towards depression. This could be due to older respondents were much more firm belief in traditional customs believing that depression or mental illnesses were caused by supernatural causes. A study in Saudi Arabia states that 75% of respondents said that depression would not occur if 'one was close to God' and more than half (57.66%) blamed 'black magic' or the 'evil eye' (Nader, et al., 2016). Jang Yuri et al. (2009) in their research in adults of Korean-American community show that in the older adult sample, more negative attitudes were observed among those who believed that depression is a sign of personal weakness and that having a mentally ill family member brings shame to the whole family.

A study among students in China shows male students had higher scores reflecting more stigmatising attitudes compared with the female students (Rong Ye, 2011) and another study done by Evelien, et al. (2013) in Hungary also states that more negative attitudes were found and were associated with male gender, older age, lower educational level and living alone, which were inconsistent with our finding. However, a study done in British population states that women were more sympathetic toward the male vignette [having depression] than men but there was no significant difference between women and men's sympathy for the female vignette (Swami, V., 2012).

Although depression is a global condition, its awareness is limited in developing countries (Nader, et al., 2016). Nearly half (40.7%) of our respondents agreed that depression is a normal medical condition and it subsides automatically which correlates with research by Tahir, et al. (2009) in Penang, where more than one-third of the respondents perceived depression as a normal medical condition and believed that it subsides automatically.

However, 54.1% of our respondents believed that depression must be treated with antidepressants, whereas only 16.3% of respondents in the study carried out by Hankins, T. (2007), belief towards the use of medications, the use of therapy and the utilisation of natural therapies in treating depression and anxiety. These difference might be due to different in sample groups. Our sample was derived from a rural community with a few background of psychology whereby the respondents in the study by Hankins had an academic background such as psychology or social work; both are fields that focus on understanding and assisting mental health issues to some degree.

The majority of the beliefs generated were actually concentrated on the prevalence and influence of depression within society (24.4%). Examples of these beliefs are "depression is more common than people realise" and "depression is a major problem within society."

Majority (92.6%) of our respondents also agreed that family and friends can enhance the depression recovery process by providing more care and attention to the patient. This was consistent with Tahir, et al. (2009), where majority (79.2%) of their respondents agreed with the same statement.

Of the 160 respondents who were asked to elaborate on the reasons for not seeking help, 20.1% respondents did not want others to know of their condition (Yeap and Low, 2009), which consistent with our results where most depressed and non-depressed respondents belief that barriers in seeking help among those who are depress is because they belief it is a stigma for them if they are diagnosed with depression (25% and 17.6% respectively). In addition, Tahir, et al. (2009) report that slightly more than half of the respondents (50.7%) believed that the most important hindrance in the help-seeking process is that depressed people do not think that they are at risk of depression. However, this result is inconsistent with our finding and the difference may be due to the difference in sample size as they have a bigger sample size (582). This is based on a study by Faber & Fonseca (2014), where too small a sample may prevent the findings from being extrapolated and too large a sample may amplify the detection of differences and emphasizing statistical differences.

A study done by Wayne, et al., (2007) to look for association between depression and anxiety with chronic medical illnesses report significantly higher numbers of patients with chronic medical illness and comorbid depression or anxiety compared to those with chronic medical illness alone. Frederick & Steinman (2007) and Snowden, et al., (2009) in their studies also show that depression complicates chronic conditions such as heart disease, diabetes and stroke; and can also show higher complication towards mortality from suicide and cardiac disease. These were consistent with our study, where majority of the respondents believed that depression may leads to hypertension and heart attack.

5.0 CONCLUSION

Overall, majority of the respondents have positive attitude towards depression. There was a different belief in barriers in seeking help for depression among normal and depressed respondents while many believed that loss of memory was the main complication of depression. As there was an association between attitudes towards depression with level of education, therefore it is important to increase mental health literacy among Malaysians.

In future, more studies need to be done amongst multiracial community which could give more general views on attitudes towards depression and barriers in seeking help for depression. More awareness on mental health could also reduce public stigma on depression thus lifting the barriers for those who seek help for mental illnesses in general.

ACKNOWLEDGEMENTS

We acknowledge and are grateful for the financial help furnished by Cyberjaya University College of Medical Sciences (CUCMS). We are also acknowledging the residents of Mukim Salak, especially Taman Desa Salak Permata and RTB Labu Lanjut, Sepang as the respondents of this study as well as the students of Group 5 Batch 2014 CUCMS in Community Medicine posting, as the data collectors.

References

- Aromaa E., Tvanen A., Tuulari J., Wahlbeck K. 2011. Predictors of stigmatizing attitudes towards people with mental disorders in a general population in Finland. *Nordic Journal of Psychiatry* 65, 125–132.
- Evelien Coppens, Chantal Van Audenhove, Gert Scheerder, Ella Arensman, Claire Coffey, Susana Costa, Nicole Koburger, Katrin Gottlebe, Ricardo Gusmão, Rory O'Connor, Vita Postuvan, Marco Sarchiapone, Merike Sisask, András Székely, Christina van der Feltz - Cornelis, Ulrich Hegerl. 2013. Public attitudes toward depression and help-seeking in four European countries baseline survey prior to the OSPI-Europe intervention. *Journal of Affective Disorders*. 150, 320–329.
- Faber J., Fonseca L.M. 2014. How sample size influences research outcomes. *Dental Press J Orthod*. 19(4): 27–29.
- Frederic JT, Steinman LE. 2007. Community-based treatment of late life depression: an expert panel - informed literature review. *Am J Prev Med*. 33(3).
- Gloster, A., Rhoades, H., Novy, D., Klotsche, J., Senior, A., Kunik, M., Wilson, N., Stanley, M. 2008. Psychometric properties of the Depression Anxiety and Stress Scale-21 in older primary care patients. *Journal of Affective Disorders*, 110(3), pp.248-259.
- Hankins, T. 2007. Attitudes towards Depression and Anxiety. *Edith Cowan University Research Online*. (online) http://ro.ecu.edu.au/theses_hons/1253
- Jang Yuri Chiriboga, David A., Okazaki, Sumie. 2009. Attitudes towards mental health services: Age differences in Korean- American in adults. *Aging & Mental Health*. 13(1): 127-134.
- Lisa Schlein. 2017. WHO: Depression Largest Cause of Disability Worldwide. *VOA News*. February, 23, 2017.
- Marina Marcus, M., Taghi Yasami, Mark van Ommeren, Dan Chisholm, Shekar Saxena. 2012. Depression: A Global Public Health Concern. *WHO Department of Mental Health & Substance Abuse*. October, 10, 2012. 7-9.
- Nader Alrahili, Fahad Almatham, Haifa Bin Haamed, Mohammad Ghaziuddin. 2016. Attitudes to depression in Saudi Arabia: a preliminary study. *International Journal of Culture and Mental Health*. 9(3):255-260.

- National Health and Morbidity Survey IV, 2011. Institute for Public Health (IPH) 2011b, Volume II: Non-Communicable Diseases, Institut Kesihatan Umum, Kementerian Kesihatan Malaysia; 2011.
- Ng, C.G. 2014. A review of depression research in Malaysia. *Med J Malaysia*. SupplA. **42**(5).
- Peluso ETP, Blay Sl. 2008. Public perception of depression in the city of São Paulo. *Rev Saúde Pública*. **42**(1): 41-48.
- Rong Ye, Glozier N, Luscombe G M, Davenport TA, Huang Yueqin, Hickie Ian B, 2011. Improving Knowledge and Attitudes towards Depression: a controlled trial among Chinese medical students. *BMC Psychiatry*. **11**(36).
- Snowden M, Steinman L, Frederick, J., Wilson, N. 2009. Screening for depression in older adults: recommended instruments and considerations for community – based practice. *Clin Geriatr*. 1799):26-32.
- Swami, V. 2012. Mental Health Literacy of Depression: Gender Differences and Attitudinal Antecedents in a Representative British Sample. *PLoS ONE*. **7**(11).
- Tahir M Khan, Syed A Sulaiman, Mohamed A Hassali, Humera Tahir. 2009. Attitude toward depression, its complications, prevention and barriers to seeking help among ethnic groups in Penang, Malaysia. *Mental Health Family Medicine*. **6**(4): 219–227. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2873878>
- Wayne, H.B Lin, Kroenke. 2007. The association of depression and anxiety with medical symptom burden in patients with chronic medical illness. *General Hospital Psychiatry*. **29**(2): 147 – 155.
- Wong, S.Y., Lua, P.L. 2011. Anxiety and depressive symptoms among communities in the East Coast of Peninsular Malaysia: A rural exploration. *Malays J Psychiatry* **20**, 7978–83.
- Yeap, R., Low, W.Y. 2009. Mental health knowledge, attitude and help-seeking tendency: a Malaysian. *Singapore Med J*. **50**(12): 1169 1-8.