



# Pre-service Teachers Perception, Knowledge and Attitudes toward Stigmatization of Mentally Ill Patients in Obafemi Awolowo University, Ile- Ife, Osun State, Nigeria

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## Authors' contributions

The study was an extract from a post-graduate diploma project. Both authors were deeply involved in the study. Author AQI was a post-graduate student under the supervision of author BAA. Both authors read and approved the final manuscript.

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## ABSTRACT

The study investigated the pre- service teachers' perception, knowledge and attitudes towards stigmatization of mentally ill patient in Obafemi Awolowo University, Ile- Ife, Osun State, Nigeria. It further examined the perceived causes of stigmatization, effect of stigmatization on mentally ill-patients as well as the measure that can be adopted to reduce and eliminate stigmatization of mentally ill patients in our society. It further investigated the influence of gender on pre- service teachers' perception and attitude towards stigmatization of mentally ill patients on one hand and the influence of gender on pre- service teachers' knowledge of mental illness on the other. The study adopted the descriptive survey research design. The population consisted of all pre- service teachers in the Faculty of Education. The sample comprised 400 pre- service teachers randomly selected across four departments in the faculty. Data for the study were collected using a

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questionnaire titled "Questionnaire on Pre- service Teachers Perception, Knowledge and Attitudes towards Stigmatization of Mentally Ill- Patients". Data collected were analysed using frequency counts, percentages, Relative Significance Index and chi- square statistical method of analysis. The results showed the major causes of stigmatization with their respective Relative Significance Index (RSI) values as perceived dangerous and unpredictable behaviour of mentally ill patients (RSI=0.75); lack of recognition of mental illness as other illness (RSI=0.71); inability to live independently (RSI=0.71). It is concluded that the perception of pre-service teachers towards stigmatization of mentally ill patients as well as adequate knowledge of mental illness did not reflect on their attitude towards the phenomenon.

*Keywords: Pre-service teachers; mentally ill patients; knowledge; attitude; stigmatization.*

## 1. INTRODUCTION

The universality of harmful beliefs and subsequent negative attitude towards the mentally ill is not in doubt. Many studies have demonstrated that person's labelled as mentally ill are perceived with more negative attributes and are more likely rejected regardless of their behaviour. This is often due to poor knowledge of mental illness which mostly inhibits the mentally ill, the decision to seek help and provide holistic care [1]. Generally, public views about mental illness usually evolves a feelings of fear, embarrassment or even disgust, fostering negative attitude towards the mentally ill people which remain largely unfavourable. The mentally ill people are often blamed for bringing on their own illness, whereas others may see them as victim of unfortunate fate, religious and moral transgression or even witchcraft [1].

African societies have a peculiar attitude towards the sick or mentally ill people and this is evidence in the rejection, scornful disposition and a negative perception of the sick individual [2]. Often times, mental illness is seen as a disease condition that affect an individual and the society where he or she lives which is deemed undesirable for both because adversely, it affect the normal functioning of mental, Psychological and emotional state of these individuals, which makes the capacity for insight, orientation, judgment, thought, mood, perception blurred [1].

According to [3], stigma is described as an occurrence in which the society labels someone as tainted or less desirable. When a person is labelled, they are seen as part of a stereotyped group. Stigma brings experiences and feelings of shame, blame, hopelessness, distress, misrepresentation in the media, and reluctance to seeking / accepting necessary help. Families are also affected by stigma, leading to a lack of support. For mental health professionals, stigma

means that they themselves are seen as abnormal, corrupt or evil, and psychiatric treatments are often viewed with suspicion and horror [4]. A study conducted in 2006 in Australia revealed that nearly one quarter of people surveyed felt depression was a sign of personal weakness and would not employ a person with depression, around a third would not vote for a politician with depression and 42% thought people with depression unpredictable. One in five surveyed reported that if they had depression they would not tell anyone. The stigmatising attitudes were much higher towards people with schizophrenia. Nearly two thirds of people surveyed thought people with schizophrenia unpredictable and one quarter felt that they were dangerous. Furthermore, some groups of people are subjected to multiple types of stigma and discrimination at the same time, such as people with an intellectual disability or from a cultural or ethnic minority [4].

Stigma continues to be a huge problem for people living with mental illness. It undermines a person sense of self-relationship, wellbeing and prospect for recovery. Stigma is a major barrier to recovery for people with mental illness as it interferes with community living and attainment of resources and damages of self-esteem [5]. During the past decades, several groups have become concerned about the harmful effect of stigma on people with mental illness. In an effort to change public attitude, some advocates have called for equating mental disorders with other medical disorder. Although this equation seems to have face validity, a view of the evidence that might support the slogan for education efforts that seeks to diminish stigma is mixed [6]. According to [7], it was discovered that mental illness is one of the stigmatized conditions in our society. People with mental illness experience all of the key features of the stigma process; they are officially tagged, labelled, set apart, connected to undesirable characteristics and

broadly discriminated against as a result of these, several sources of negative attitudes toward people with mental illness ranging from acceptance and tolerance to negativity and fear [8].

Individual perception, knowledge and attitude variables seem to constitute significant factors which influence individuals' reaction or disposition to a particular phenomenon. Perception is awareness of the elements of environment through physical sensation as well as physical sensation interpreted in the light of experience [9]. It signifies quick, acute, and intuitive cognition: appreciation, a capacity for comprehension. Knowledge is the ability to generate an appropriate response (connection weight) to a particular input. It is the fact or condition of knowing something with familiarity gained through experience or association, acquaintance with or understanding of a science, art, or technique [9]. Attitude is a relatively enduring system of evaluative, affective reactions based upon and reflecting the evaluative concepts or beliefs which have been learned about the characteristics of a social object or class of social objects.

Ajayi and Olayiwola [10] define attitude as affective, cognitive, and behavioural components that correspond, respectively, to one's evaluations of, knowledge of, and predisposition to act toward the object of the attitude. According to this definition, attitude has three components of affective, cognitive, and behavioural. The affective component refers to the feelings and emotions (likes and dislikes) that an individual holds towards a given environmental object. The cognitive component according to [11] refers to the interpretation of a particular attitude projected at a person, object, or event as well as ideas, experiences and beliefs that the attitude-holders holds about the attitude object while the behavioural component refers to individual's actions and tendencies towards the attitude object.

However, it must be emphasized that attitude itself is not behaviour or something that a person does. According to [12], attitude refers to the evaluation of some object, idea, situation, group, or person as a preparation for behaviour, a predisposition to respond in a particular way to the attitude object. Perception, knowledge and attitude are inextricably linked. Individual's level of knowledge of a particular phenomenon or object could influence his/her perception and

attitude whereas; someone's attitude could foster or hinder individual level of knowledge. Knowledge and attitude towards stigmatization of the mentally ill is rank low as people have poor knowledge about mental illness leading to poor perception which affect their attitude by stigmatizing the mentally ill patients [13]. As observed by [14], poor community knowledge of causes and the presentation of mental disorders have sometimes been advanced as reasons for stigmatising attitudes. These authors further see negative attitudes, discrimination, and stigma experiences of the mentally ill, coupled with poor knowledge of causes of mental illness, as likely factors that can contribute to this disease burden. As observed by [15] a few studies have shown that negative feelings against the mentally ill are prevalent in Nigerian communities. Therefore, there is need to explore more on the phenomenon.

### **1.1 Statement of the Problem**

The sufferers of mental illness are part of the society but are viewed differently by the society of the stigmatization. Knowledge of the public on concept of mental illness is poor there by making people's attitude towards stigmatization of mentally ill to be negative. Teaching is regarded as a noble profession with great impact on the enlightenment and development of the populace. The views of the practitioners on any matter of public importance like stigmatization in the society become imperative as major stakeholders in the society. Studies have not focused on those still receiving professional training in various higher institutions in the country on the said issue; therefore the need for a study focusing on the pre-service teachers becomes imperative.

### **1.2 Purpose of the Study**

The main purpose of this study was to investigate the pre-service teachers' perception, knowledge and attitudes towards stigmatization of mentally ill patients in Obafemi Awolowo University, Ile-Ife, Osun State, Nigeria. Specifically, the objectives of the study were to:

1. Determine the pre-service teachers perception, and attitude towards stigmatization of mentally ill patients,
2. Examine the knowledge of pre-service teachers of mental,
3. Examine the pre-service teachers perceived causes of stigmatization of mentally ill patients,

4. Investigate the perceived effect of stigmatization on mentally ill-patients,
5. Examine the measure that can be adopted to reduce and eliminate stigmatization of mentally ill patients in our society,
6. Investigate the influence of gender on pre-service teachers perception, and attitude towards stigmatization of mentally ill patients; and
7. Investigate the influence of gender on pre-service teachers' knowledge of mental illness.

### 1.3 Research Questions

#### 1.3.1 Research question 1

What is the perception, knowledge and attitude of pre-service teachers towards stigmatization of mentally ill patients?

#### 1.3.2 Research question 2

What is the knowledge of pre-service teachers of mental illness?

#### 1.3.3 Research question 3

What are the causes of stigmatization of mentally ill patients as perceived by pre-service teachers in Obafemi Awolowo University, Ile-Ife?

#### 1.3.4 Research question 4

What are the perceived effects of stigmatization on mentally ill-patients?

#### 1.3.5 Research question 5

What are the measures that can be adopted to reduce and eliminate stigmatization of mentally ill patients in our society?

### 1.4 Hypotheses

**H<sub>01</sub>:** Pre-service teachers gender will not significantly influence their perception and attitude towards stigmatization of mentally ill patients.

**H<sub>02</sub>:** Pre-service teachers' gender will not significantly influence their knowledge of mental illness.

## 2. METHODOLOGY

The design of the study was survey research which involves the collection of data from the

population. This design entails the process of gathering information from a representative sample of a population and making deductions that are generalizable to the entire population. The study population consisted of all pre-service teachers in the Faculty of Education, Obafemi Awolowo University, Ile-Ife in Osun State. The sample size comprised four hundred (400) pre-service teachers in the Faculty of Education. Multistage sampling procedure was used in selecting the sample size. From the existing seven departments in the Faculty of Education, four departments were selected using simple random technique. In each of the selected departments, twenty five (25) pre-service teachers were randomly selected in each level making 100 pre-service teachers per department.

### 2.1 Population and Sampling Techniques

The research instrument used to collect data for the study was a self-designed questionnaire prepared by the researchers titled "Questionnaire on Pre-Service Teachers Perception, Knowledge and Attitudes towards Stigmatization of Mentally Ill Patients". This instrument consisted of two sections. Section "A" addressed the socio demographic information of the pre-service teachers which includes department, sex, age, level as well as course of study. Section "B" consisted of the items that measure the intended constructs. This questionnaire contained 47 items drawn to measure pre-service teachers' perception, knowledge, and attitudes towards mental illness and mentally ill patients. Study participants were required to respond to each item of the scale on a four-point Likert scale ranging from "Strongly Agree to Strongly Disagree", except for items measuring their knowledge that have "Agree" and "Disagree" response.

In order to determine the content and construct validity of the instrument, the instrument was given to experts in health sciences as well as experts in Test and Measurement for scrutiny. This becomes necessary so that the essentials of the construct were not left out and also to ensure that the right response pattern is provided. Prior the actual administration of the questionnaire, the questionnaire was administered on a sample of 40 pre-service teachers from other department apart from the selected departments. This questionnaire has six subscales with their reliability coefficient as follows: Items b1-b10 measured perception with Cronbach alpha of 0.64; items b11-b20 measured knowledge with

Cronbach alpha of 0.72; items b21-b30 measured attitude with Cronbach alpha of 0.73; items b31-b35 measured causes with Cronbach alpha of 0.33; items b36-b41 measured the effects of stigmatization with Cronbach alpha of 0.51 while items b42-b47 measured measure to reduce and eliminate stigmatization with Cronbach alpha of 0.82.

The process of data collection for the study took two weeks. The questionnaires were administered on the pre-service teachers by the researcher and also with the help of the trained research assistant. The researcher through the help of the course representatives of the pre-service teachers was able to reach the target students. Before the proper administration, the researcher explained the purpose of the exercise and informed the participants that participation in the study is purely on volition. As students were responding to the items in the questionnaire, the researcher took extra time to check through the filled box(es) during the submission and immediately called the attention of the respondents to any box(es) in case of any incomplete response. This was done to reduce the occasion of "no response" to some items in the instrument. The researcher ensured that all administered questionnaires were responded to and collection was done in the same day of administration.

## **2.2 Procedures**

The questionnaires were given and retrieved from the respondents by the researchers and the data obtained were analysed using frequency Counts and percentage, Relative Significance Index and Chi-square methods of statistics. Frequency counts and percentages were used to answer the research questions while Chi-square was used to test the stated hypotheses.

## **3. RESULTS**

### **3.1 Research Question 1**

What is the perception and attitude of pre-service teachers towards stigmatization of mentally ill patients?

In order to answer this research question, items b1 through b10; and items b21 through b30 which measured perception and attitude respectively were scored such that "Strongly Agree" response was allotted 4, "Agree" response, 3, "Disagree" response 2 and

"Strongly Disagree" response was allotted 1. However, items b1, b2, b3, b4, b4, b6, and b9; and items b21, b23, b24, b25, b26, b27, b28, b29 and b30 were reversed in scoring such that higher scores represent unfavourable perception and negative attitude respectively. The respective responses to each item were then computed such that for perception, scores of 10 to 25 were adjudged as favourable perception while scores of 26 to 40 were adjudged as unfavourable perception. For attitude, scores of 10 to 25 were adjudged as positive while scores of 26 to 40 were adjudged as negative. The result is presented in Table 1.

Table 1 shows the perception, and attitude of the pre-service teachers in Obafemi Awolowo University, Ile-Ife towards stigmatization of mentally ill patients. It can be observed that 22.1% of the pre-service teachers had favourable perception towards stigmatization of mentally ill patients whereas, 77.9% of them had unfavourable perception towards stigmatization of mentally ill patients. Their attitude shows that 57.3% of the pre-service teachers had negative attitude towards stigmatization of mentally ill patients while 42.7% of them had positive attitude. There is an indication from these results that while the majority of the pre-service teachers exhibited unfavourable perception towards stigmatization of mentally ill patients, more than half of the sampled pre-service teachers in Obafemi Awolowo University, Ile-Ife exhibited negative attitude towards the same phenomenon.

### **3.2 Research Question 2**

What is the knowledge of pre-service teachers of mental illness?

In order to answer this research question, items b11 through b20 which measured knowledge of mental illness were scored such that "Agree" response was allotted 1, and "Disagree" response, 0. Individual responses to these items were then summed up to build a measure of knowledge. In this subscale, scores ranged from 0 to 10. On this measure, scores of 0 to 4 were adjudged as low, scores of 5 to 7 as partial while scores of 8 to 10 were adjudged as adequate. The result is presented in Table 2.

Table 2 shows the knowledge of mental illness of the pre-service teachers in Obafemi Awolowo University, Ile-Ife. It can be observed that 7.1% of the pre-service teachers in Obafemi Awolowo University, Ile-Ife had low knowledge of mental

**Table 1. Perception and attitude of pre-service teachers towards stigmatization of mentally ill patients**

Perception	Perception		Attitude	Attitude	
	f	%		f	%
Favourable	87	22.1	Negative	225	57.3
Unfavourable	306	77.9	Positive	168	42.7
Total	393	100.0	Total	393	100.0

**Table 2. Pre-service teachers' knowledge of mental illness**

Knowledge	F	%
Low	28	7.1
Partial	95	24.2
Adequate	270	68.7
Total	393	100.0

illness, 24.2% of them had partial knowledge while 68.7% of the pre-service teachers had adequate knowledge of mental illness. There is evidence from this result that considerable majority of the pre-service teachers in Obafemi Awolowo, Ile-Ife had adequate knowledge of mental illness.

### 3.3 Research Question 3

What are the causes of stigmatization of mentally ill patients as perceived by pre-service teachers in Obafemi Awolowo University, Ile-Ife?

Table 3 shows the causes of stigmatization of mentally ill patients as perceived by pre-service teachers in Obafemi Awolowo University, Ile-Ife. As indicated in this table, "Mentally ill patient are dangerous with unpredictable behaviour" is considered as the foremost cause of stigmatization of mentally ill patients with the highest value of Relative Significance Index of 0.75. In addition, 29.0% and 51.7% of the pre-service teachers respectively strongly agreed and agreed to this cause while 13.2% and 3.3% of them disagreed and strongly disagreed. However, 2.8% of them declined response to this item. "Lack of recognition of mental illness as other illness" and "Mentally ill patient cannot live independently" both had RSI values of 0.71. While 24.4% and 51.4% of the pre-service teachers respectively strongly agreed and agreed to the former, 21.9% and 51.1% of the pre-service teachers respectively strongly agreed and agreed to the latter. Also, while 13.2% and 5.3% of the pre-service teachers respectively disagreed and strongly disagreed to the former, 19.6% and 4.6% of the pre-service teachers respectively disagreed and strongly disagreed to the latter. However, 5.6% and 2.8% of the pre-

service teachers respectively declined response to the items. Next is "Mentally ill patient cannot make significant contribution to the community" with RSI value of 0.64 while the least among the causes of stigmatization of mentally ill patients as perceived by the pre-service teachers is "Mental illness is "incurable" with RSI value of 0.43.

### 3.4 Research Question 4

What are the perceived effects of stigmatization on mentally ill-patients?

Table 4 shows the perceived effects of stigmatization on mentally ill-patients among the pre-service teachers in Obafemi Awolowo University, Ile-Ife. The foremost effect is the fact that mentally ill patient feel inferior to have mental illness. This item recorded the highest Relative Significance Value of 0.72. This is closely followed by "Mentally ill patient are ashamed and embarrassed because of the illness" with RSI value of 0.71 while "Mentally ill patient are less competent and could not be offered job" had RSI value of 0.62. Other perceived effects include "Mentally ill patient are not productive and resourceful" with RSI of 0.55; "Mentally ill patient could isolate themselves from the society" with RSI of 0.53 while the least effect as perceived by pre-service teachers in Obafemi Awolowo University, Ile-Ife is "Mentally ill patient should not be given good health services" with RSI value of 0.41.

### 3.5 Research Question 5

What are the measures that can be adopted to reduce and eliminate stigmatization of mentally ill patients in our society?

Table 5 shows measures that can be adopted to reduce and eliminate stigmatization of mentally ill patients in our society from the perspective of the pre-service teachers in Obafemi Awolowo University, Ile –Ife. It can be observed that “Mentally ill patient need societal support from family and the society” could be recognized as the first measure with Relative Significance Index of 0.90. Next is the need for mentally ill patient to

have quality health care services with RSI of 0.87 while the clamour for them to be rehabilitated by the government had RSI value of 0.85. Other measures include the need for them to be treated like members of the society with RSI value of 0.84; there should be anti-stigma campaign on mental illness with RSI of 0.81; and there should be legislative law backing mental illness concept with 0.81.

**Table 3. Causes of stigmatization of mentally ill patients as perceived by pre-service teachers in Obafemi Awolowo University, Ile-Ife**

Causes	SA		A		D		SD		NR		RSI
	f	%	f	%	F	%	f	%	f	%	
1 Lack of recognition of mental illness as other illness	96	24.4	202	51.4	52	13.2	21	5.3	22	5.6	0.71
2 Mentally ill patient are dangerous with unpredictable behaviour	114	29.0	203	51.7	52	13.2	13	3.3	11	2.8	0.75
3 Mentally ill patient cannot live independently	86	21.9	201	51.1	77	19.6	18	4.6	11	2.8	0.71
4 Mentally ill patient cannot make significant contribution to the community	74	18.8	128	32.6	138	35.1	43	10.9	10	2.5	0.64
5 Mental illness is incurable	29	7.4	48	12.2	111	28.2	190	48.3	15	3.8	0.43

**Table 4. Perceived effects of stigmatization on mentally ill-patients**

Perceived Effects	SA		A		D		SD		NR		RSI
	f	%	f	%	F	%	f	%	f	%	
1 Mentally ill patient feel inferior to have mental illness	100	25.4	183	46.6	75	19.1	28	7.1	7	1.8	0.72
2 Mentally ill patient are ashamed and embarrassed because of the illness	83	21.1	202	51.4	70	17.8	33	8.4	5	1.3	0.71
3 Mentally ill patient should isolate themselves from the society	32	8.1	74	18.8	203	51.7	79	20.1	5	1.3	0.53
4 Mentally ill patient are not productive and resourceful	44	11.2	86	21.9	177	45.0	81	20.6	5	1.3	0.55
5 Mentally ill patient are less competent and should not be offered job	66	16.8	133	33.8	130	33.1	57	14.5	7	1.8	0.62
6 Mentally ill patient should not be given good health services	44	11.2	24	6.1	78	19.8	240	61.1	7	1.8	0.41

**Table 5. Measures that can be adopted to reduce and eliminate stigmatization of mentally ill patients in our society**

Measures	SA		A		D		SD		NR		RSI
	f	%	f	%	f	%	f	%	f	%	
1 Mentally ill patient need societal support from family and the society	280	71.2	88	22.4	9	2.3	12	3.1	4	1.0	0.90
2 They should be treated like members of the society	193	49.1	163	41.5	24	6.1	8	2.0	5	1.3	0.84
3 They should have quality health care services	253	64.4	99	25.2	25	6.4	12	3.1	4	1.0	0.87
4 There should be anti-stigma campaign on mental illness	180	45.8	153	38.9	34	8.7	20	5.1	6	1.5	0.81
5 There should be legislative law backing mental illness concept	172	43.8	169	43.0	37	9.4	10	2.5	5	1.3	0.81
6 They should be rehabilitated by the government	227	57.8	121	30.8	22	5.6	18	4.6	5	1.3	0.85

**3.6 Hypotheses**

**H<sub>01</sub>:** Pre-service teachers gender will not significantly influence their perception and attitude towards stigmatization of mentally ill patients.

Table 6 shows the influence of gender on perception and attitude of pre-service teachers towards mentally ill patients. It can be observed that gender has no significant influence on the perception of pre-service teachers towards stigmatization of mentally ill patients,  $\chi^2$  (n = 385) = .786, df= 1; p=.375; whereas; there exists a significant influence of gender on attitude of pre-service teachers towards stigmatization of mentally ill patients,  $\chi^2$  (n = 385) = 4.202, df= 1; p=.040. The results therefore conclude that while gender has no significant influence on the perception of pre-service teachers towards stigmatization of mentally ill patients, such

significant influence is observed between the gender and attitude of the pre-service teachers towards stigmatization of mentally ill patients.

**H<sub>02</sub>:** Pre-service teachers' gender will not significantly influence their knowledge of mental illness.

Table 7 shows the influence of gender on knowledge of mental illness among the pre-service teachers in Obafemi Awolowo University, Ile-Ife. It can be observed that a Chi-square test indicated a non-significant influence of gender on knowledge of mental illness among the pre-service teachers,  $\chi^2$  (n = 385) = .848, df = 2, p = .654. Since the p-value is greater than .05 thresholds, we therefore do not reject the stated null hypothesis. This result concludes that there is no significant influence of gender on knowledge of mental illness of the pre-service teachers in Obafemi Awolowo University, Ile-Ife.

**Table 6. Chi-square analysis of the influence of gender on perception and attitude towards stigmatization of mentally ill patients**

Gender	Perception			$\chi^2$	df	P
	Favourable	Unfavourable	Total			
Male	40	125	165	.786	1	.375
Female	45	175	220			
Total	85	300	385			
Gender	Attitude			$\chi^2$	df	P
	Negative	Positive	Total			
Male	84	81	165	4.202	1	.040
Female	135	85	220			
Total	219	166	385			

**Table 7. Chi-square analysis of the influence of gender on knowledge of mentally illness among the pre-service teachers**

Gender	Knowledge			Total	$\chi^2$	df	P
	Low	Partial	Adequate				
Male	14	37	114	165	.848	2	.654
Female	14	55	151	220			
Total	28	92	265	385			

#### 4. DISCUSSION OF FINDINGS

The result of the first research question showed that most of the pre-service teachers had what could be described as unfavourable perception as well as negative attitude towards stigmatization of mentally ill patients. There is a need to explain the outcome of this result further. Having an unfavourable perception and negative attitude towards stigmatization is an indication of condemnation of perpetration of such act. This result, however, contradicts the reports of Mental Health Situation Analysis in Nigeria (2012) that found that negative perception and attitude on the causes of mental illness still abound among the mentally ill, their relatives and members of the public. [13] also reported that social perceptions of mental problems are dominated by negative stereotypes and the mentally ill people are often thought to look strange, behave in bizarre fashion. In a similar study on secondary school teachers' attitude to mental illness in Ogun State, [16] found out that the majority of the teachers expressed negative attitudes in close social situations and job entrustments towards former mentally ill persons. It must be emphasized here that the level of education of the pre-service teachers could be among others factors which influenced their knowledge about the cause of mental illness thereby influencing their reactions towards the issue of stigmatization of the mentally ill patients in the society.

The results of the second research question showed that majority of the pre-service teachers in Obafemi Awolowo, Ile Ife had adequate knowledge of mental illness. This is reflected in their perception as well as attitude towards stigmatization of mentally ill patients. Since one of the reasons for negative attitudes towards people with mental illness, according to [17], is poor knowledge about mentally ill patients and this could exert a significant influence on people reactions towards these vulnerable individuals in the society. However, there must be caution in generalizing the findings of the study conducted among knowledgeable population to the general

populace as this may not actually represent the general opinion of the people in the society. For instance, findings of [18] revealed poor knowledge about the causes of mental illness with wide spread negative views about the mentally ill people in a representative community sample in Nigeria.

On the causes of stigmatization of mentally ill patients were mentally ill patient, the results showed that mentally ill patient are dangerous with unpredictable behaviour; lack of recognition of mental illness as other illness; mentally ill patient cannot live independently; and mentally ill patient cannot make significant contribution to the community. This finding corroborates that Joint Commission on [19] and [20]. Their findings see lack of recognition of mental illness as illness and the characteristics of unpredictability and lack of accountability existing in psychiatric patients.

The results on effects of stigmatization on mentally ill-patients as perceived by the pre-service teachers include mentally ill patient feel inferior to have mental illness; mentally ill patient are ashamed and embarrassed because of the illness; and mentally ill patient are less competent and should not be offered job. This finding is similar to that of [21] who opined that social rejection causes diminished self-efficacy, lead to social withdrawal. Hopelessness and lack of prospect are factors in the high suicide rate of people with severe mental health difficulties. Individuals with mental illness usually faced with two unhelping situations in the society, one is the ailment itself while people reaction is another. The latter has been even recognised as the most influential towards the recovery of the mentally ill patients because people reaction to the patient could negatively affect help seeking. The results on measures showed that support from both the family and society, access to quality health care services as well as proper rehabilitation by the government as some of the ways to reduce and eliminate stigmatization of mentally ill patients in our society.

The result of the hypothesis one showed that gender had no significant influence on the perception of pre-service teachers towards stigmatization of mentally ill patients whereas; such significant influence was found between the gender and attitude of the pre-service teachers towards stigmatization of mentally ill patients. This result partially in line with finding of [22] who found no significant difference in peoples' perception and attitude towards mental illness on the basis of gender, age, educational background, and occupation. However, it contradicts the findings of [23] who found that gender has significant influence on the perception of stigmatization of mentally ill. [24] also found a significant difference between the attitudes of males and females towards mental illness while [16] reported that significantly more female than male teachers would not agree to their child\children marrying former mentally ill persons. The reason for such contradiction is not far-fetched. In the first, there is need to consider the respondents that participated in the study since the pre-service teachers are expected to be more enlightened in the society than just ordinary members of a particular community. They could not be termed as ignorant of the subject matter to the extent that that could reflect in their reaction to a phenomenon under consideration.

The result of the second research hypothesis showed that gender had no significant influence on knowledge of mental illness of the pre-service teachers in Obafemi Awolowo University, Ile-Ife. This result is an indication that both males and females segment of the pre-service teachers had relatively equal knowledge of mental illness.

## 5. CONCLUSION

The study has established that the pre-service teachers had what could be described as unfavourable perception as well as negative attitude towards stigmatization of mentally ill patients. It can be concluded that unfavourable perception and negative attitude towards stigmatization of mentally ill patients is a reflection of pre-service teachers' level of knowledge of mental illness. As a result, there is a need for deliberate efforts so that their knowledge about mental illness reflects in their actual behaviour towards people with mental illness.

The study also concluded that gender had no significant influence on the perception of pre-

service teachers towards stigmatization of mentally ill patients whereas such significant influence was found between the gender and attitude of the pre-service teachers towards stigmatization of mentally ill patients.

## 6. RECOMMENDATIONS

Pre-service teachers should change their attitude towards stigmatization of mental ill patients in the society. They should lend their helping hands in advocating for the right of place for mental ill patients. They should also make efforts in their little capacity to enlighten both the learners and other members of the society when opportunity is given. The government should rise to the help of the mental ill patients though enabling legislation that could protect their fundamental right in the society. A befitting and functional rehabilitation homes should be made available to assist in bringing the mental ill patients back to normal life.

## COMPETING INTERESTS

Authors have declared that no competing interests exist.

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