
UITM's Student Knowledge, Attitude and Practice Towards Mental Health

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ABSTRACT

Growing awareness is the essential role for mental health plays in development goals on overcoming mental health problems. Knowledge, attitude, and practice (KAP) surveys are used to define criteria, challenges, and obstacles for enhancing quality and accessibility. The purpose of this study is to analyze the level of knowledge, attitude, and practice (KAP) of UiTM students towards mental health. There are 364 respondents among UiTM Perlis students from 7 faculties agreed to volunteer answering questionnaire by using Google Form to participate in this study. KAP survey questions adopted from (World Health Organization, 2008) was used. Descriptive analysis such as frequency and percentage were used to identify the highest answer for each section of KAP and Pearson Correlation to correlate between knowledge, attitude, and practice towards mental health. The scoring of the KAP survey by UiTM students for knowledge is 52.1% (fair), attitude is 37.4% (poor) and practice is 34.6% (poor). Based on the research findings, the result of the correlation coefficient between knowledge with attitude was a low positive correlation, ($r = .452$, $N=364$) while the correlation between knowledge with practice and attitude with practice were negligible, ($r = -.068$, $N=364$) and ($r = -.035$, $N=364$). In conclusion, we can conclude that the level of knowledge, attitude, and practice towards mental health among UiTM students were fair and poor based on the frequency of answered questionnaires. Public education about mental health awareness and having strong relationships between family and friends can help to improve better knowledge, attitude and practice.

Keywords: *Mental health, college student, knowledge, attitude, practice*

INTRODUCTION

Globally, the second biggest contributor to years lost to disability in 2013 is mental disorders (Gibson & Walcott, 2016). The burden of illness as stated by the World Health Organization (WHO) ranges from the economic difficulties faced by the mentally ill person and their families (discrimination against carrying out any livelihood activities) to emotional reactions to the disease, stress of coping from breach of the peace, disruption of household routine and restriction of participating in social activities. Knowing mental illness does not always reduce the stigmatizing attitudes of primary health care workers (Ndetei, Khasakhala, Mutiso, & Mbwayo, 2011). Mental disorders are widely recognized as a major contributor to the global disease burden worldwide (14%). The World Health Organization (WHO) reported that 154 million people suffered from depression worldwide in 2002, 25 million from schizophrenia, 91 million from alcoholic and 15 million from drug use (Ganesh, 2011). Not only does a mentally ill person become a burden to society, but at the same time it is also becomes a potential threat to society as they are quite often prone to antisocial activities (Basu et al., 2017). Knowledge, attitude, and practice (KAP) surveys may recognize the differences in information, cultural values or behavior patterns that can promote understanding and action. The study can recognize commonly known details, and commonly held attitudes. KAP surveys may be used

to identify program delivery needs, problems, and barriers as well as the solutions to improve service quality and accessibility. KAP study measures the knowledge, attitude and practices in a community. It serves as an educational diagnosis of the community. Community's acknowledgement is also helping to contribute improving people with mental illnesses attitude and a perception whereas mental disorders can be treated with promote early care – seek and encouraging for a better result (Ganesh, 2011). Lack of knowledge and awareness among the students are associated with negative community attitudes to mental illness (Jyothi et al., 2015). The purpose of this study is to analyze the level of knowledge, attitude, and practice (KAP) of UiTM students towards mental health.

METHODOLOGY

Respondents and procedures

This descriptive study was carried out randomly among UiTM Perlis students. A representation of 364 sample student by faculty for diploma student and degree student were randomly selected for this study. The study was used a quantitative analytical descriptive research design methodology to summarize the mental health of students' knowledge, attitudes, and practice towards mental health. The respondents are mostly from diplomas and degrees students within 7 faculties (N = 364) by using sample size (Krejcie & Morgan, 1970). According to Krejcie & Morgan, 1970, the number population size is 7000 and the sample size is given are 364. Table 1 was the demographic of participants.

Table 1: Demographic data of participants

	Percentage (%)
Gender	
Male	26.6
Female	73.4
Age	
18 – 21	48.4
22 – 25	50.8
26 – 29	.5
30 and above	.3
Education	
Diploma	37.1
Degree	62.9
Faculty	
Faculty of Computer Science and Mathematics	13.5
Faculty of Applied Science	19.2
Faculty of Sports Science and Recreation	20.1
Faculty of Plantation Agrotechnology	9.3
Faculty of Accounting	11.0
Faculty of Business Management	11.0
Faculty of Architecture, Planning and Surveying	15.9

The KAP Questionnaire link was randomly distributed to the students. The students took approximately 10 minutes to complete the questions. The questionnaire is distributed in Google form by a link via WhatsApp application.

Instrumentation

After reviewing several knowledge, attitude and practice instruments used by others to study mental health, there are 22 – item questionnaires. The most common question about KAP and other items related to symptoms, diagnosis, and management of mental health are added. The questionnaire is divided into four

sections; The first section consists of sociodemographic information about UiTM Perlis students (Q1- Q4). The second part is mental health knowledge (Q5 – Q10). The third part is mental health attitude (Q11 – Q14). The last part is mental health practice (Q15 – Q22). There were three different types of questions based on the responses that are possible. The type of marking scored based on the question. The question for “yes” or “no” considered as 1 mark for “yes” and 0 mark for “no” and multiple – choice questions considered as 1 mark for each answer the respondent’s ticks. The last type of question is the Likert scale from “strongly disagree”, “disagree”, “neutral”, “agree” and “strongly agree” considered the mark from 1 to 5 marks. The result of the scoring determined when the marks are below than 50% counted as a poor, from 51% until 69% counted as a fair, 70% and above counted as good. This study has been the pilot study for the reliability of the questionnaire. The Cronbach’s Alpha coefficient for the survey was .744. According to Gabriëlsson, Engström, & Gustafsson, (2019) a Cronbach’s alpha value above > 0.70 is considered acceptable.

Statistical Analysis

All data in this study were analyzed using Statistical Package for the IBM SPSS statistical version 25. The descriptive variable will express as mean, standard deviation and percentage used to report the demographic and descriptive of KAP’s data of the study. This research also used the Pearson Correlation test to correlate between knowledge, attitude, and practice towards mental health. If the probability is lower than 5% ($P < 0.05$) the correlation coefficient is statistically significant.

RESULT

Figure 1 show the descriptive result scoring of KAP UiTM student. The results for KAP survey towards mental health in knowledge were (52.1%) and considered as a fair, the result for attitude and practice towards mental health were (37.4%) and (34.6%) respectively considered as a poor.

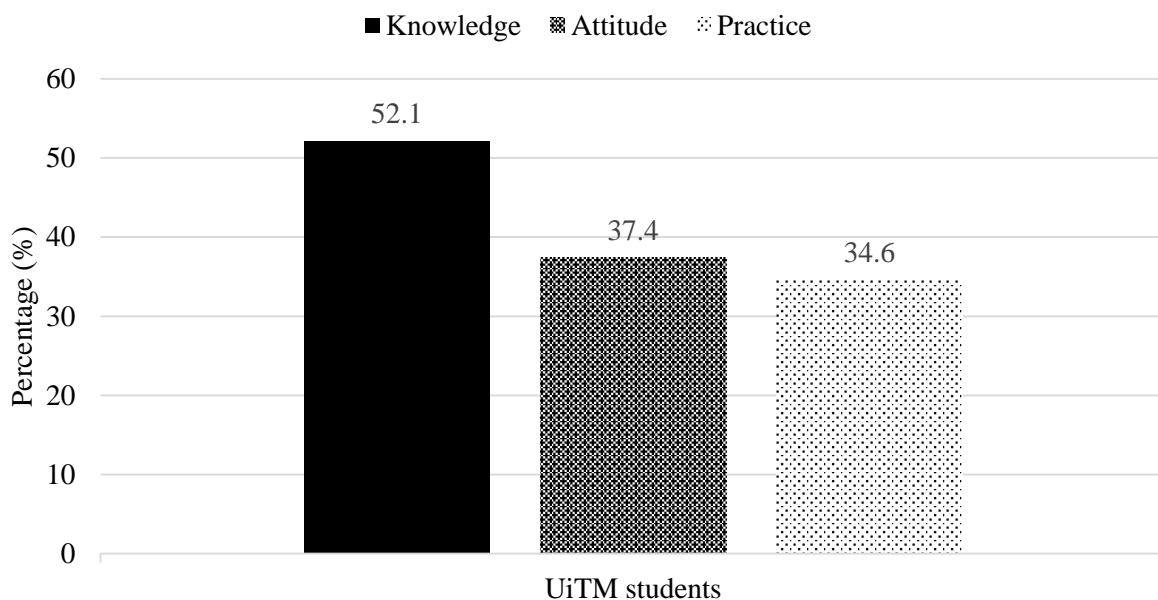


Figure 1: Descriptive result scoring of KAP UiTM student

The highest result for knowledge scored by Faculty of Computer Science and Mathematics, (53.6%) and the lowest result for knowledge scored by Faculty of Plantation and Agrotechnology, (50.6%) as showed in figure 2. The highest result for attitude scored by Faculty of Computer Science and Mathematics, (39%) and the lowest result for attitude scored by Faculty of Accountancy, (36.3%) as showed in figure 3. The highest result for practice scored by Faculty Architecture, Planning and Surveying (38.8%) and the lowest result for practice scored by Faculty of Sports Science and Recreation, (29.2%) as showed in figure 4. Based

on these results, it can conclude that the results for pieces of knowledge scored by each faculty was fair while the result for attitude and practice scored by each faculty were poor.

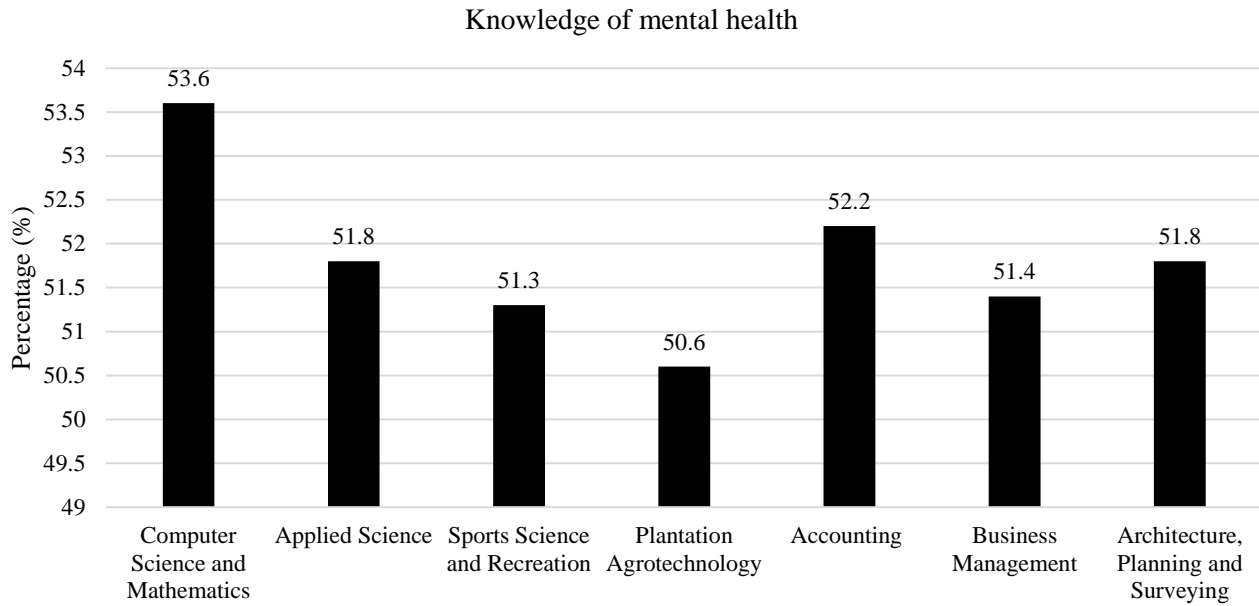


Figure 2: Descriptive of knowledge by faculty

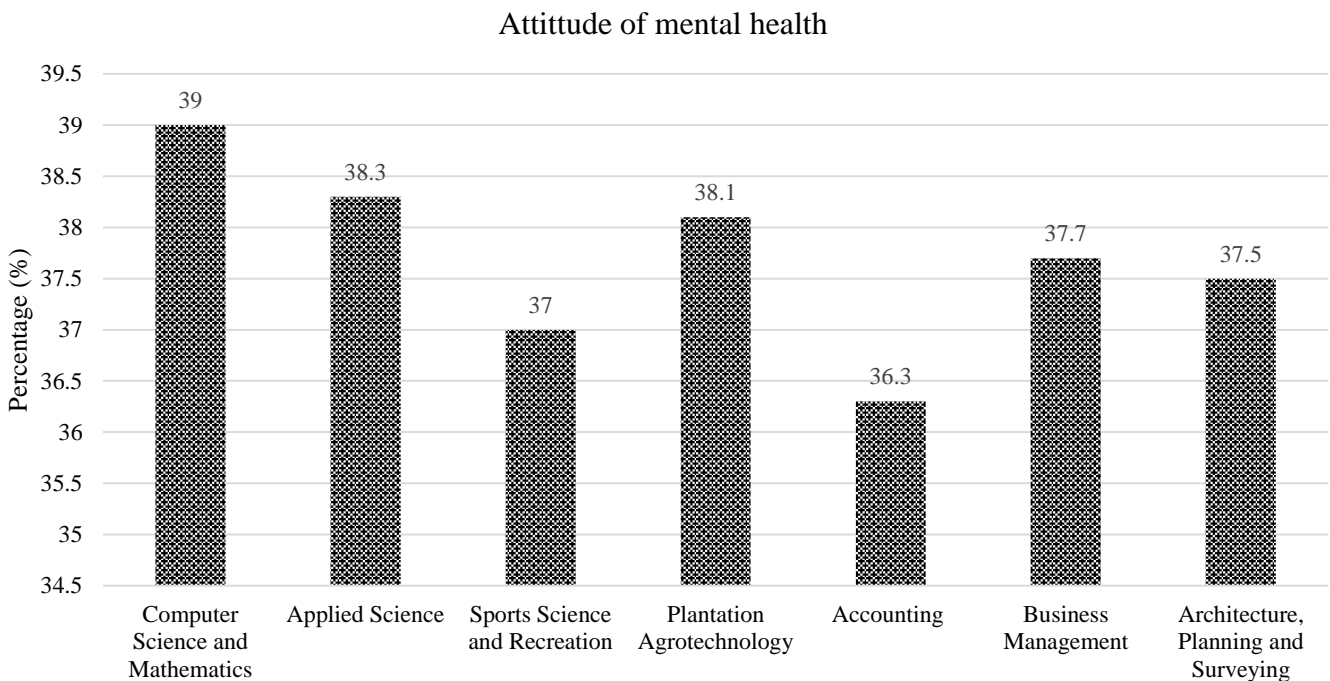


Figure 3: Descriptive of attitude by faculty

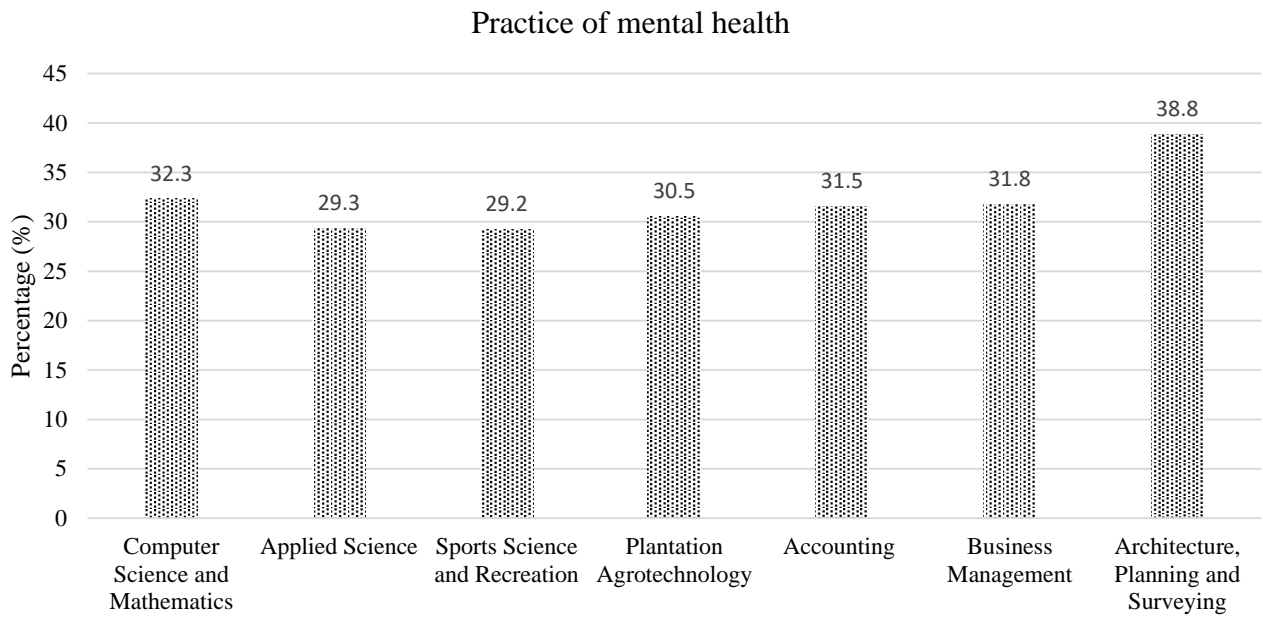


Figure 4: Descriptive of practice by faculty

Table 2 indicate the Pearson correlation between knowledge, attitude, and practice towards mental health among UiTM students. There were significant differences in knowledge – attitude towards mental health. If $r = .00$ and above, the result was significant and below the result was not significant. We can conclude the Pearson correlation coefficient which was ($r = .452$, $N = 364$, $p < .01$), the result is significant. The hypothesis was accepted. The result for correlation knowledge – practices and attitude – practices were not significant because less than $p < .01$. The result for was ($r = -.068$, $N = 364$, $p < 0.01$) and ($r = -.035$, $N = 364$, $p < .01$)

Based on Guildford's rule of thumb, there was low positive correlation between knowledge's mental health and attitude's mental health while there was negligible correlation between knowledge's mental health and practice's mental health, attitude practice and practice's mental health.

Table 2: Pearson correlation for KAP towards mental health

		Knowledge	Attitude	Practice
Knowledge	Pearson Correlation	1	.452**	-.068
	Sig. (2-tailed)		.000	.197
	N	364	364	364
Attitude	Pearson Correlation	.452**	1	-.035
	Sig. (2-tailed)	.000		.510
	N	364	364	364
Practice	Pearson Correlation	-.068	-.035	1
	Sig. (2-tailed)	.197	.510	
	N	364	364	364

***. Correlation is significant at the 0.01 level (2-tailed).*

DISCUSSION

Increasing acknowledgement of the important role mental health plays in achieving global development goals. According to Ganesh, (2011), when the population has a better knowledge, it can contribute to improved attitude and perception towards mental health. Based on the result scored by UiTM students, the result of knowledge, attitude and practice were not good as well. The highest knowledge and attitude from the Faculty of Computer Science was only 53.6% and 39% only. It can be seen from the previous study by Rathor et al., (2017) when the population has good knowledge, it also has a good attitude. On the other hand, when the population has inadequate knowledge, it also has bad knowledge. These findings related to the hypothesis, there was a sign of knowledge among UiTM students towards mental health. The highest level of practice is from Faculty Architecture, Planning and Surveying but the result is still poor according to the scoring form, it only 38.8%. It can be seen in the previous study in East Africa, practice is not correlated with knowledge and attitude because of the personnel problem. The finding that there was a difference in knowledge of mental illness and knowledge of psychology, in general, would mean that these workers were not exposed to the practice of treating psychiatric conditions (Ndetei et al., 2011). Other than that, based on the result, the lowest result for practice scored by Faculty Sports Science and Recreation, 29.2%. It was supposed that the Faculty of Sports Science and Recreation should score a good and higher percentage than the other faculty because this faculty has learned and experienced about mental health and psychology but this faculty scored the lowest among other faculties. Thus, the hypothesis also accepted that there were no signs of attitude and practice among UiTM students towards mental health.

Based on this study, the future researcher should continue the pre-and post-questionnaire to get more accurate results. The previous study showed a statistically significant difference in vignette case identification of primary health care workers pre-and post-training (Ayano et al., 2017). In future research, they need to be more specific population to get more specific result of a KAP survey. The questionnaire needs to be more specific by following the situation of the population in attitude and practice. Thus, future research can make this study for another UiTM campus and help the parties involved in mental health's problem among students. There is limitation of commitment from the student to answer the questionnaire due to this pandemic Covid-19 as main reason that affected this study. The use of a structured questionnaire does not make it difficult to discuss a situation such as the one under review in specific among UiTM students.

In conclusion, the study confirmed that knowledge, attitude and practice surveys can identify the level of the population about mental health. These were proven when the Faculty of Business Management had a good level of knowledge, attitude, and practice while Faculty Sports Science and Recreation had a good in knowledge and attitude but low in practice.

REFERENCES

- Ayano, G., Assefa, D., Haile, K., Chaka, A., Haile, K., Solomon, M., . . . Jemal, K. J. I. j. o. m. h. s. (2017). Mental health training for primary health care workers and implication for success of integration of mental health into primary care: evaluation of effect on knowledge, attitude and practices (KAP). *11*(1), 1-8.
- Basu, R., Sau, A., Saha, S., Mondal, S., Ghoshal, P. K., & Kundu, S. J. I. j. o. p. h. (2017). A study on knowledge, attitude, and practice regarding mental health illnesses in Amdanga block, West Bengal. *61*(3), 169.
- Gabrielsson, S., Engström, Å., & Gustafsson, S. J. B. n. (2019). Evaluating reflective practice groups in a mental health context: Swedish translation and psychometric evaluation of the clinical supervision evaluation questionnaire. *18*(1), 1-7.
- Ganesh, K. J. N. J. C. M. (2011). Knowledge and attitude of mental illness among general public of Southern India. *2*(1), 175-178.
- Gibson, R., & Walcott, G. J. W. I. M. J. (2016). Are primary care physicians equipped to help persons with depression? an exploration of knowledge, attitudes and practices in Kingston, Jamaica. *189*.
- Jyothi, N. U., Bollu, M., Ali, S. F., Chaitanya, D. S., Mounika, S. J. J. o. P. S., & Research. (2015). A questionnaire survey on student's attitudes towards individuals with mental illness. *7*(7), 393.
- Krejcie, R. V., & Morgan, D. W. (1970). Determining sample size for research activities. *30*(3), 607-610.
- Ndetei, D., Khasakhala, L., Mutiso, V., & Mwayo, A. J. A. j. o. p. (2011). Knowledge, attitude and practice (KAP) of mental illness among staff in general medical facilities in Kenya: practice and policy implications: original.

14(3), 225-235.

Rathor, M. Y., Shahar, M. A., Omar, A. M. B., Shah, A. S., Hasmoni, M. H., Draman, C. R., & Han, T. M. J. B. J. o. M. S. (2017). Assessment of Knowledge, attitude and practices of Epilepsy Patients towards their illness and treatment in a tertiary care hospital in Kuantan Pahang Malaysia. *16*(4), 545-553.

World Health Organization (2008). *Strengthening national and subnational departments for human resources development* (Vol. 1): World Health Organization.

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