INTERNALIZED STIGMA AND QUALITY OF LIFE AMONG PEOPLE WITH MENTAL ILLNESS AT JIMMA UNIVERSTIY SPECIALIZED HOSPITAL, SOUTHWEST ETHIOPIA.

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A RESEARCH THESIS TO BE SUBMITTED TO DEPARTMENT OF PSYCHIATRY, COLLEGE OF HEALTH SCIENCES, JIMMA UNIVERSITY, IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR DEGREE OF MASTER OF SCIENCE (MSc) IN INTEGRATED CLINICAL AND COMMUNITY MENTAL HEALTH.

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Abstract

Background: - Mental illness is an important determinant of quality of life of individuals. The stigma associated with mental illness can potentially be a reason for lower quality of life among people with mental illness. However, only few studies are available on the effect of stigma on quality of life of people with mental illness in Ethiopia.

Objective: - To determine the association between stigma and quality of life among people with mental illness.

Methods: Facility based cross-sectional study design was employed. The data were collected by using an interviewer administered questionnaire on a total of 422 psychiatric outpatients. Quality of life was measured using quality of life assessment tool Short Form, Version -2 (SF-36) while self-stigma was measured using Internalized Stigma of Mental Illness(ISMI)Scale which was validated and used in many other similar settings. Study participants were drawn using consecutive sampling method. Data analysis was done by using SPSS version -20. Multiple linear regression was used to test the association between stigma & quality of life, and to control for potential confounders, P-value of <0.05 was considered as statistically significant.

Result: The prevalence of self-stigma was 26.1%. Regarding QoL of people with mental illness, 50.1% were experiencing lower QoL. As stigma increases by one unit in studied participants of PWMI, quality of life of them decreases by 2.5%.but this association is not significant.($\beta 1$=-0.025,95% C.I :-0.085,0.035). In this study self-stigma and QoL were inversely correlated (r=-0.032) which indicates stigma worsen QoL of people with mental illness.

Conclusion and Recommendation: The results of the this study revealed that, the studied participants had apparently high feeling of self-stigma regarding mental illness associated with lower quality of life. This finding used as the screening internalized stigma by empowering people with mental illness regarding internalized stigma . Over a quarter of persons with mental illness on treatment suffer from low quality of life. This also intern result in improved quality of life among people with mental illness which could be done at clinic by clinician counselors and clinical psychologists by health education, counseling and psycho education.

Key words; stigma, quality of life, mental illness

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Table of contents

List of figures

List of tables

.

List of Abbreviation

BP: Bodily Pain

DALY: Disability Adjusted Life Years

GHP: General Health Perception

ISMH: Internalized Stigma of Mental Illness

JUTH; Jimma University teaching Hospital

MH: Mental Health

PF: Physical Functioning

PWMI: People with Mental Illness

QoL: Quality of life

RIEP: Role Impairment due to Emotional Problem

RIP: Role Impairment due to Physical Problem

SF: Societal Functioning

SF-36: Short Form tool for measuring of QoL.

V: Vitality

WHO: World Health Organization

WHOQOL: World Health Organization Quality of life

Chapter 1: Introduction

1.1. Background

Mental illness is a behavioral or psychological syndrome or pattern that occurs in an individual that reflects an underlying psychobiological dysfunction and the consequences of which are clinically significant distresses or disability. It must not be merely an expectable response to common stressors and losses or a culturally sanctioned response to a particular event (for example, trance states in religious rituals) & that is not primarily a result of social deviance or conflicts (1).

Worldwide around 450 million people are suffering from mental disorders and it is associated with high disease burden, disability and premature death (2, 3). People with mental illness (PWMI) have double problem facing them associated with their illness. These include stigma. Stigma is a mark (labeling) to a person based on his/her psychiatric illness or taking psychotropic medication (4). It is unjustifiably held belief, feeling and behavior by public toward PWMI (5, 6). Stigma results from a process by which certain individuals (groups) unjustifiably are rendered shameful, excluded & discriminated (6). Stigma has three divisions which each include three further concepts of stigma. These are public, perceived & internalized stigma (5).

Public stigma is the general public view and assumption about PWMI with respect to stereotype, prejudice and discrimination. But self-stigma is internalizing and accepting public stigma in adherence with the three concepts of stigma to sustain in his/her life (3, 5, 6). Quality of life (QoL) is multidimensional concept and it comprises subjective experience and objective components (15). Subjective experience entails Happiness, satisfaction & well-being while objective concepts include social functioning & living condition that affect these subjective experiences. The latter involve education, employment, finance, housing, leisure activities etc. (40). Quality of life of PWMI has been found to be lower compared to control groups (7, 8).

1.2. Statement of problem

Mental illness is a widespread problem which impose great crisis in lives of affected groups (6, 11). Worldwide, 450 million of individuals is affected by this illness and its consequences. It affects all segments of population including children and old ages. However, it rampantly affects young and reproductive population resulting in negative consequences in economic, social, political and psychological aspects (11). These consequences include impairment in social and occupational functioning, disability, stigma, discrimination, economic crisis and premature death (3, 12). When compared to general population QoL of people with mental illness is lowered and impaired (13). For this low QoL of PWMI, different factors are suggested by studies done in different settings. These include psychological domains including stigma, physical domains including physical illness, social relationship including support from family, independence and socio-demographic factors. Nowadays, the attention given for mental health is getting better than past decades. Despite the attention given for mental illness, stigma has remained a huge obstacle for successful outcomes (14, 15).

QoL in PWMI is lower compared to general population. In studies possible factors for this undermined QoL of psychiatric patients include psychosocial issues such as stigma, physical issues such as co morbidity and socio demographic issues such as level of education 25). Stigma is one of the psychosocial predictors of QoL of PWMI (9, 10). Stigma affected peoples with mental illness in multidimensional aspect of their lives including poor help seeking behavior, social exclusion, being unemployed, economical & social ruin and premature death (4, 16).

The possible factors for high prevalence of stigma are ignorance, fear of injury, derived by social conformity, internalization, cultural facts about causation of mental illness, actual (perceived) absence of treatment and preventive modalities and lack of information system to educate professional and general population (6). To combat stigma and to improve overall health, some solutions are suggested by different published & unpublished researches, reports and opinions. Some of these solutions include creating awareness about mental illness to public, information, communication, expanding treatment and counseling services etc. (17, 18, 19). Although some effort tried to reduce stigma against PWMI, stigmatization & discrimination toward PWMI is still persistent.

In Ethiopia, there is widespread mental illness (2) and associated deep-rooted stigma towards PWMI (2, 16). And no research has done on impact of stigma on QoL of PWMI in Ethiopia. This research will narrow this huge gap and will serve as baseline for further researches to be undertaken on the subject matter.

1.3 Significance of the study

Although there are efforts attempting to reduce stigma against PWMI, stigmatization & discrimination toward PWMI is still persistent, widespread and impeding the recovery of people with mental illness. In addition, stigma has been found to be one of the determinants of quality of life of PWMI in other settings. However, there is little research on the potential effect of stigma on the QoL of PWMI in Ethiopia.

This study will narrow this knowledge gap and guide future research in the area. This study will also guide in the development of strategies to improve QoL of PWMI. Last but not least, this study will identify which factors that affect the QoL of PWMI.

Chapter2: Literature review

2.1. Concepts about mental illness

Worldwide around 450 million people suffer from mental disorders and mental disorder cover 13% of global diseases burden (2, 12). Depression is the 3rd leading cause diseases burden worldwide comprising 4.3% DALYS & 10% of total YLD (3). One out of 4 members of family has at least one form of mental disorder (3). In Ethiopia mental illness is the leading non communicable diseases burden comprising 11% of the total disease burden (20). PWMI have paramount health crisis, social crisis, stigma and discrimination as some of consequences (6, 22). Despite this burden & crisis of mental illness, There is less acceptance and attention given comparing with physical illness by individuals, professionals, community and concerned bodies (6).In conclusion, despite many studies report that mentally illness is wide spread and have extensive crisis on areas of life, on combating it and preventing as well as treatment strategic little is achieved (2,3,12).

2.2. Quality of Life among persons with Mental illness

Quality of life of PWMI showed to be lower compared to control groups (23, 24). In a reviewed article of cross-sectional assessment of quality of life of schizophrenic patients in southern Nigeria, studied subjects are enjoying low quality of life (23). In this study socio demographic factors & illness related factors are seen as significantly affect quality of life of participants. In other study done in Finland, most participants named health, family, leisure activities, work (study) & social relationship as major areas of QoL (7).

2.3. Stigma among people with mental illness

Stigma is a widespread problem word wide having great crisis and impact on PWMI (6). In the study done in 138 study subjects in 3 selected psychiatric hospitals in Iran showed internalized stigma was high (40%) and the possible factors were socio demography & diagnosis, education and religion as major influencing factor of internalized stigma.(20,25). In stigma reported from Switzerland, PWMI were excluded from work opportunities, employers were unwilling to hire PWMI. Reduced personal & family income due to low wage as they hired by discount due to their status of illness was a burden. This stigma in turn impedes treatment seeking, adherence, recovery & rehabilitation capacity to PWMI (5). This report suggests possible factors that

impede treatment and non-adherence is poor quality of care & low health professional commitment.

One other study done in south west Ethiopia Jimma on public stigma toward people with mental illness showed it was widespread *(On a range of 1 to 5 score, the mean stigma score was 2.16 (±0.49)*. And it was higher among rural community and those with high income and it is low among educated & religious participants. From all identified stigmatized beliefs, self stigma or internalized stigma is more deleterious.

2.4 Factors affecting quality of life of people with mental illness

QoL of PWMI is affected by vast multidimensional factors (4, 19). Possible factors that have correlation with the level of QoL of PWMI include psychological domains (psychiatric symptoms, sides effect of medication, low self-efficacy, low self-esteem, perceived stigma, poor coping strategies, weak problem solving ability, negative attitude toward antipsychotics), physical domains (physical symptoms), level of independence (psychosocial dysfunction, high level of unmet need, low number of daily activities, being admitted, many previous admission, alcohol abuse), social relationships (poor social support, loneness, unsatisfactory relationship with the family members), environment (unemployment, dissatisfaction with the work situation, insufficient financial means, meaningless leisure activities, few leisure activities, poor personal safety, being a victim of crime). (7,8). These objective domains of QoL affect subjective experience (happiness, satisfaction, wellbeing) of QoL (7). QoL is affected by plenty of factors. But little was done to elucidate how stigma affects QoL despite it is being a widespread problem among PWMI (6).

2.5. Impact of stigma on quality of life of people with mental illness

QoL of persons with mental illness is affected by many dimensions and stigma is one (7). Research finding on concepts & constructs of stigma in Switzerland 2012 showed that many PWMI are excluded from work opportunities, employers are unwilling to hire PWMI or hired by lower income compared with that of controls (5, 27). This public stigma further worsen the illness and will lead to not seeking help treatment, non compliance & premature discontinuation of medication which in turn erode personal health& fasten premature death (5,26).

A technical consensus statement by WHO 2002 in Geneva notified that stigma toward PWMI resulted exclusion from work place, social care institutions, public policy, legal practice, good quality of care and poor quality of life in general (6). A cross-sectional study done on impact of stigma on schizophrenia patients in Maryland, USA showed that many participants prefer social exclusion and to hardly seek help and not expose their status to other due to stigma prevailing there (16).

Research paper produced by European commission stated that stigma & discrimination worsen mental illness and leads to social exclusion, inability to participate in important life activities and poor tendency to seek treatment which last hampers one major dimension of QoL (10). Study done in Athens University Greece revealed despite modern medicine, disapproval & rejection from social opportunities still exists. The study reports due to stigma there is poor treatment behavior, high prevalence of disability and economic burden (28).

In one study undertaken on effect of service & stigma on QoL, QoL is significantly influenced by service but no direct association between stigma & QoL. It found instead stigma affected self-concept & mastery of patients which in turn affect association of service & QoL (30). On other study in Tanta University, Egypt on role of internalized stigma & depression on QoL of patients with schizophrenia showed that QoL of PWMI is a complex issue and it include different factors such as aware of illness (insight), internalized stigma and depression (2).

2.6. Conceptual frameworks on correlates of QoL

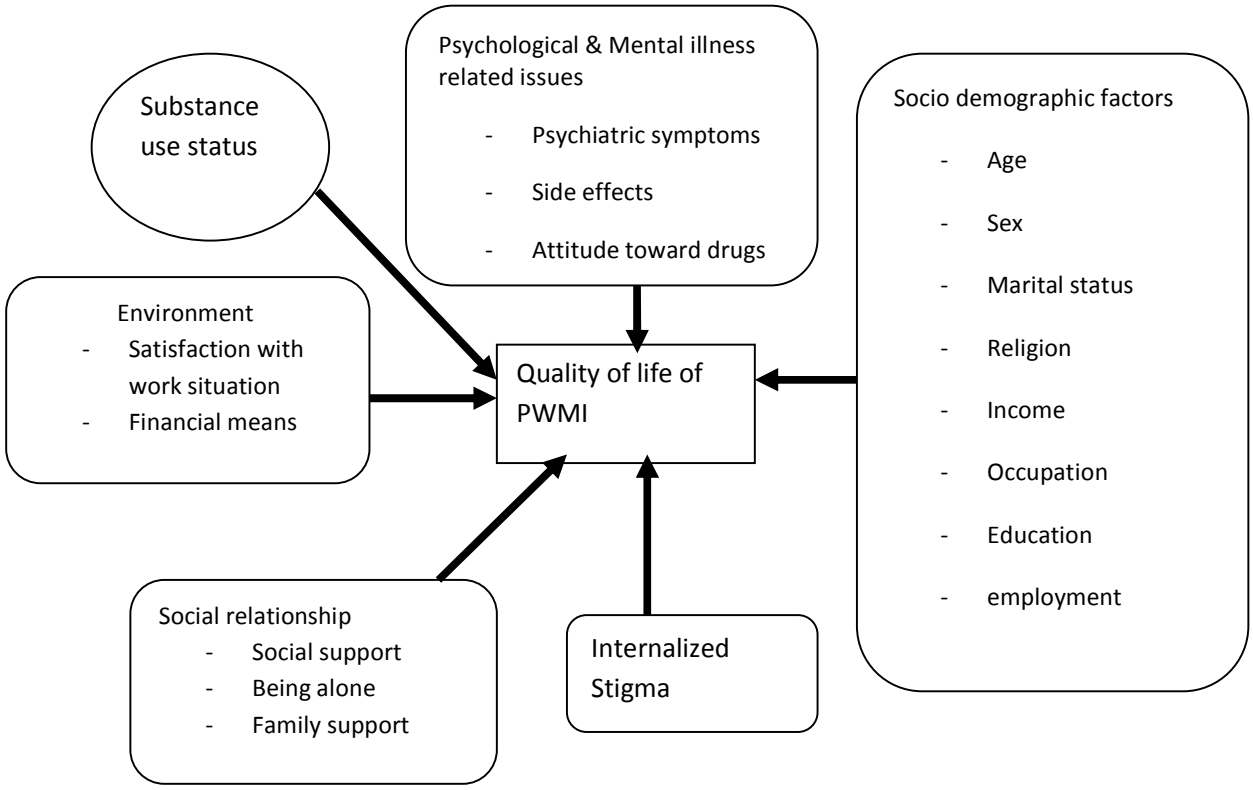

Figure1. Conceptual frame work affecting Quality of life and Self stigma of PWMI adapted after reviewing literature.

Chapter 3: OBJECTIVES

3.1 General objectives

- To describe stigma and quality of life, and investigate the association between them among people with mental illness

3.2 Specific objectives

- ✓ To assess the level of QoL of people with mental illness
- ✓ To determine magnitude of stigma among people with mental illness
- ✓ To investigate the association between the level of self-stigma and QoL of people with mental illness

Chapter 4: Methods and materials

4.1. Study area and period

The study was conducted from October 1st – December 30th 2014 at Jimma University Teaching Hospital (JUTH). JUTH is one of oldest public hospitals in the country. It was established in 1930 E.C by the Italian invaders for service of their soldiers. Geographically, it is located in Jimma city which is located at 357km from Addis Ababa. The City is divided in to 19 kebeles. JUTH is the only teaching & referral hospital in south west of the country having 450 total beds. It provides annual service for 9000 inpatient and 80,000 outpatients (31). It has also follow-up clinics for chronic illness. Psychiatry is among the 15 clinical services in the hospital serving psychiatric patients coming from Jimma area as well as patients referred from other health institutions in the southwestern region of the country. Over one thousand outpatients receive psychiatric care monthly. It also provides inpatient and outreach services (33).

4.2. Study design

Hospital based cross-sectional study design was employed.

4.3. Source population

All adult people with mental illness who have follow up treatment at JUTH psychiatry clinic were considered as a source population.

4.4. Study population

All sampled adult people with mental illness who are attending outpatient department of psychiatry clinic of Jimma University teaching hospital during the study period.

4.5. Study unit

Every individual in the sample who actually participated in the study were considered as a study unit.

4.6. Inclusion criteria

All adult people with mental illness aged 18years or older were included to the study.

4.7. Exclusion criteria

Severely ill (uncommunicative, unconscious, and inattentive) patients and those who were not cooperative to the interview were excluded from the study.

4.8. Sample size determination

Sample size was calculated by using single population proportion formula since there is no previous study on the subject matter in general population, by assumption 50% was taken as the proportion of poor quality of life among who experienced self-stigma with 95 of confidence interval and 5% margin of error.

d = acceptance Margin of error (precision of measurement)

Z = Standard variant (1.96) which correspond to 95% confidence level

P = Assumption proportion of poor QoL among PWMI who experienced stigma.

$N = \frac{Z^2\, p\,(1-p)}{d^2}$, $n(\text{sample}) = \frac{(1.96)^2\ 0.5 \times 0.5}{(0.05)^2}$

= 384

On calculated sample size 10% was added to compensate for non response. Therefore, the final sample, NF = 384 + 0.10x384 = 422

4.9. Sampling procedure

Consecutive sampling technique was implemented. When patient was found ineligible (based on the inclusion and exclusion criteria). The next patient was considered.

4.10. Variables

A) Dependent variables

- **Level of QoL of people with mental illness**

B) Independent variables

a. Internalized stigma among people with mental illness

C) Potential confounders

a. Socio demographic factors

- Age
- Sex
- Ethnicity
- Religion
- Marital status
- Educational level
- Income
- employment

b. Psychological& mental illness related issues

- Psychiatric symptoms
- Side effect of drug
- Attitude toward drugs

c. Environmental factors

- Satisfaction with work situation
- Financial status

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4.11. Instrument and data collection procedures

4.11.1 Data collection tool

Two independent tools were used; One for stigma and the other for QoL. For QoL assessment the Medical Outcomes Study Short Form 36, Version 2 (SF-36) was used. The SF-36 is widely used and has been found to have acceptable psychometric properties across different illness and age populations. The SF-36 has been utilized in monitoring health out- comes in patients with a variety of illnesses including mental illness as well as a wide range of diseases and chronic conditions. It is scale of 36 items with eight domains and in each domain certain types of questions from the 36s are included (23, 24). Cultural validity and reliability of items on the tool was done in Ethiopia on eight sub domains. The domains are: **Physical Functioning (SF)** which contains 10 items, **Role Impairment due to Physical Problem (RIPP**) which contains 4 items, **Role Impairment due to Emotional Problems (RIEP)** which contains 3 items, **Bodily Pain (BP)** which contains 2 items, **Vitality (V)** which contains 4 items, **Societal Functioning (SF)** which contains 3 items, **Mental Health (MH**) which contains 5 items, and **General Health Perception (GHP)** which contains 5 items. In this survey item internal consistency was high (Cranach's alpha>0.7) and item discriminate variability was low for all items except for vitality which varied between 0.28 and 0.61 (50).

To measure self-stigma, the Internalized Stigma of Mental Illness (ISMI) Scale (34) was used. The scale has been used in several studies (34, 35). The ISMI scale have a total of 29 items on a 4-point Likert (1=strongly agree to 4=strongly disagree) measure containing five subscales; Alienation (6 items), Stereotype Endorsement (7 items), Discrimination Experience (5 items), Social Withdrawal (6 items), and Stigma Resistance (5 items). **Alienation** is "the subjective experience of being less than a full member of society". The **Stereotype Endorsement** is "the degree to which patients agreed with common stereotypes about people with a mental illness". The **Discrimination Experience** measures "respondents' perceptions of the way they tend to be treated by others". The **Social Withdrawal** measures the self-exclusion from social events/situation due to mental illness". The **Stigma Resistance** subscale is "a person's ability to resist stigma" (34).Unlike the above four subscales, higher score in this subscale indicated lower stigma resistance. A study in Iran showed that the ISMI subscales had reliability values

(Cranach's alpha) of (alienation =0.84, stereotype endorsement = 0.71, discrimination e experience = 0.87, social withdrawal = 0.85 and stigma resistance = 0.63). In the current study, the following reliability values (Cranach's alpha) were found: alienation =0.86, stereotype endorsement =0.85, discrimination experience = 0.76, social withdrawal = 0.81, stigma resistance =0.71, over all self-stigma = 0.74.The overall score was obtained by summing the scores of the five subscales. Higher score showed higher self-stigma. Open& closed ended questions are included to assess subjective experience and exploration psychological issues.

4.11.2 Data collection methods

The data was collected using structured questionnaires through face to face interview methods. When the selected patient refused participation, the next eligible respondent was interviewed. Trained interviewers conducted the interview.

4.11.3 Pretest

Pretest of the questionnaire was carried out on 25 respondents whose socio demographic factors are similar to the main study participants. During the pretest the interviewers & supervisors assessed clarity, understandability of the questionnaire, and some corrections & changes were made as necessary based on result of pretest.

4.12. Data quality management

Data quality were ensured during the development of the instrument, data collection, coding, enter and analysis. The questionnaire was translated to Amharic & Afaan Oromo versions and then back to English by using different translators to ensure semantic equivalence. The data collectors were trained on how to administer the questionnaire, how to approach the participants & role plays by trainees was conducted to strengthen the skills of administration of questionnaire to the participants.

The instrument was tested on 25 respondents and correction was taken accordingly. During data collection questionnaire was checked for its completeness on daily basis by immediate supervisors. Incorrectly a filled or incomplete questionnaire was sent back to the respective data collectors for corrections & supervisors submitted the filled questionnaire to the principal investigator after checking its completeness & consistency. The investigator again rechecked the completed questionnaire to maintain the quality of data. There was discussion with data collectors & supervisors accordingly if there was any problem encountered during data

collection. Data quality was also ensured during data coding, cleaning entry to computer & during analysis.

4.13. Data processing, analysis & presentation

After the data collection, data was checked manually for completeness & consistency. It was entered, cleaned & rechecked for its completeness, anomalies & consistency again and stored in to Epidata and then was exported to SPSS window versions 20 for analysis.

Descriptive statistics was done to summarize the dependent and independent variables. Bivariate & multiple linear regressions were done to explore the association of socio demographic factors & other independent variables with QoL of PWMI after total scores calculated for stigma & QoL. Variables with p-value <0.25 in bivariate analysis were selected as candidates for multivariate analysis. The backward procedure was used for selection of variables. This criterion consisted of initially selecting all the variables which in the univariate analysis showed a p-value ≤0.25.with the exception of gender, age, and time of psychiatric treatment, which entered into model regardless of the respective p-value, since they have been described in the literature as important predictors of quality of life (21, 22, 23). Finally variables with a p-value <0.05 were considered as having significant association with the dependent variable.

4.14. Ethical consideration

After approval of the proposal, ethical clearance & formal letter was obtained from research ethics committee of Jimma University. Informed consent was obtained from participants after explaining the purpose of the study. Participants were assured that their names would not be stated. Data was kept confidential & anonymous and it was used only for research purpose.

4.15. Dissemination plan

The findings of the study will be disseminated to the college of health sciences& the department of psychiatry. It will be presented at various seminars and workshops and for publication in international journals.

4.16. Operational definition of terms

- **QoL (Quality of life)** = subjective experience of happiness, satisfaction & wellbeing as successful realizing independent variables objectively. It is measured by scoring 8 domains of 36 total items. High score indicates high Qol which is above the mean score and low score indicates low QoL which is exactly the mean or below it.
- **Stigma** = negative attitudes toward PWMI unjustifiably. It is measured by ISMI of 29 items. High score indicates high stigma and low score indicates low stigma. Low score is which is 2.5 or below (cut of point) as previous studies repeatedly confirmed it and high stigma score is 2.5 and above this score as explained by previous exhaustive findings of studies.
- **Internalized Stigma=**the negative view held by PWMI about their illness and accepting negative attitude of public about PWMI and as result feeling of inferiority,discriminating themselves from other people without mental illness and perceiving other people are avoiding them and not be closer as result of such belief.
- **Coping strategies** = the ability to adjust peacefully or badly with negative life experiences
- **Co morbidities** = physical illness that occur simultaneously with mental illness.
- **Stereotype** = negative expectation of PWMI.
- **Prejudice**= negative feeling about PWMI.
- **Ignorance**=misconception about the nature of mental illness
- **Discrimination**= excluding & Holding opportunities from PWMI
- **Self-efficacy** = believe in one's ability to be or to do something
- **Self-esteem** = being or doing life event based on internal belief to be or to do it.
- **Physical functioning=**limitation in physical activities such as impaired walking.
- **Role physical=**problems with work or other daily activities as result of physical problems
- **Role emotional=**problems with work or other daily activities as result of emotional problems
- **Bodily pain=**limitation due to pain
- **Vitality=**assess energy and tiredness
- **Social functioning=**the effect of physical and emotional health on normal social functioning.
- **Mental health=**measure happiness, nervousness and depression

Chapter 5: RESULTS

5.1. Socio demographic characteristics of studied participants

The studied samples are consisting of 422 psychiatric follow up patients with a mean age of 33.60 and with standard deviation of 9.59 years. The response rate was 100%. Nearly one-third (32.5%) were in the age range 25- 34 year old, while 28% were age 35- 49 year old, 15% were age above 49 years. As for sex, 60.3% of the studied participants were males. The data also reveals that, 15.7% of the participants were illiterate while 36.3% doped out from elementary school and 29% of studied participants were educated to college and above level.

As regards to occupational status, 27.6% of the studied participants were farmers, 11.2% were unemployed, while students and merchants each cover 12.4% of the studied participants. Considering marital status, 56.5% of the studied participants were married, 41.6% of the studied participants were single, and 1.7% of the studied participants were divorced. About 56.5% of the studied participants were from urban area. As for ethnicity, the majority of the studied participants (54.9%) were Oromo followed by 20% Amhara participants.

Concerning religion of the studied participants, majority of them (58.9% and 27.6%) were Muslims and Orthodox Christians respectively. As regards to the income of the participants, 26.4% of the participants earn 500Ethiopian Birr (ETB) or less monthly, while 25.4% and 20.7% earns 1200-3000 and 501-1200ETB monthly, respectively.

With regard to habit of visiting religious places, 58.2% of the studied participants had habit of visiting and praying sometimes, 24% of the studied participants visit religious places usually, 10.2% of the studied participants visit religious places always and the rest which cover 7.6% of the studied participants do not visit religious places at all. **(Table 1)**

Table 1: Socio-demographic characteristics of PWMI study participants of stigma and QoL at JUTH, SOUTH WEST ETHIOPIA, 2015. (N=422)

Variable	Frequency (%)	Variable	Frequency (%)
Sex		Orthodox	116(27.6)
Male	254(60.3)	Protestant	51(12.1)
Female	167(39.7)	Others	6(1.4)
Age(in years)		**Marital status**	
18-24	101(24)	Single	175(41.6)
25-34	137(32.5)	Married	238(56.5)
35-49	118(28)	Others	8(1.9)
Educational status		**Income**	
Illiterate	66(15.7)	<500 BIRR	111(26.4)
Elementary	153(36.3)	>500 BIRR	311(73.6)
High school	80(19.0)	**Occupation**	
College and above	122(29.0)	Unemployed	47(11.2)
Religion		Student	52(12.4)
Muslim	248(58.9)	Farmer	116(27.6)
Orthodox	116(27.6)	Governmental worker	98(23.3)
Protestant	51(12.1)	**Ethnicity**	

Others	6(1.4)	Oromo	231(54.9%)
Marital status		Amhara	84(20%)
Single	175(41.6)	Guragie	47(11.2%)
Married	238(56.5)	Tigray	16(3.8%)
Others	8(1.9)	Others	43(10.3%)

5.2 Support system of studied participants

Concerning family support of study participants, three-quarters (74.6%) received support from the family but the rest did not get any support. With regard to social support, the majority of the studied participants (51.1%) do not have any social support. **(Table 2)**

Table 2: support system of studied participants of QoL and stigma at JUTH, SOUTH WEST ETHIOPIA, 2015. (N=422)

Variable	**Frequency (%)**
Whom do you live with?	
Alone	41(9.7)
With family	331(78.6)
With relatives	26(6.2)
With friend	23(5.5)
Do you get support from your family?	
Yes	314(74.6)
No	107(25.4)

What type of support you get from your family?	
Moral support	138(32.8)
Physical support	86(20.4)
Financial support	77(18.3)
Food support	11(2.6)
Do you get support from social area?	
Yes	208(48.9)
No	212(51.1)
From which social group you get support?	
From friends	114(27.1)
From relatives	11(2.6)
From religion	15(3 .6)
From government	6(1.4)
From neighbours	2(0.5)

5.3. Medication related characteristics of study participants

Concerning drug side effect, majority of the respondents did not report it comprising 58.9%. With regard to drug side effect 10.5%, 9.3%, 7.8% and 3.8% of the studied participants reported sexual problem, tremor, sedation and gait abnormality respectively**. (Table 3)**

Table 3: medication related characteristics of study participants at JUTH, South west Ethiopia (n=422)

Variable	FREQUENCY (%)
Duration of treatment	
Less than 2 years	50(11.9)
2-5 years	77(18.3)
6-10 years	117(27.8)
>10 years	176(41.8)
Do you take your medication?	
Yes	171(40.6)
No	248(58.9)
If not how often you miss it?	
Every 3 days	5(1.2)
Every week	12(2.9)
Every months	30(7.1)
Others	
Do you experience any side effect associated with medication?	
Yes	171(40.6)
No	248(58.9
If so what is this side effect?	
Weight gain	33(7.8)
Tremor	39(9.3)
Sexual problem	44(10.5)
Sedation	33(7.8)
Gait abnormality	16(3.8)
Others	9(2.1)

5.4. Internalized stigma among people with mental illness

The mean for the overall self-stigma score is 2.36(SD=0.49).Among the total respondents, 26.10% of them showed 2.5and above self-stigma score. **(Figure: 2)**

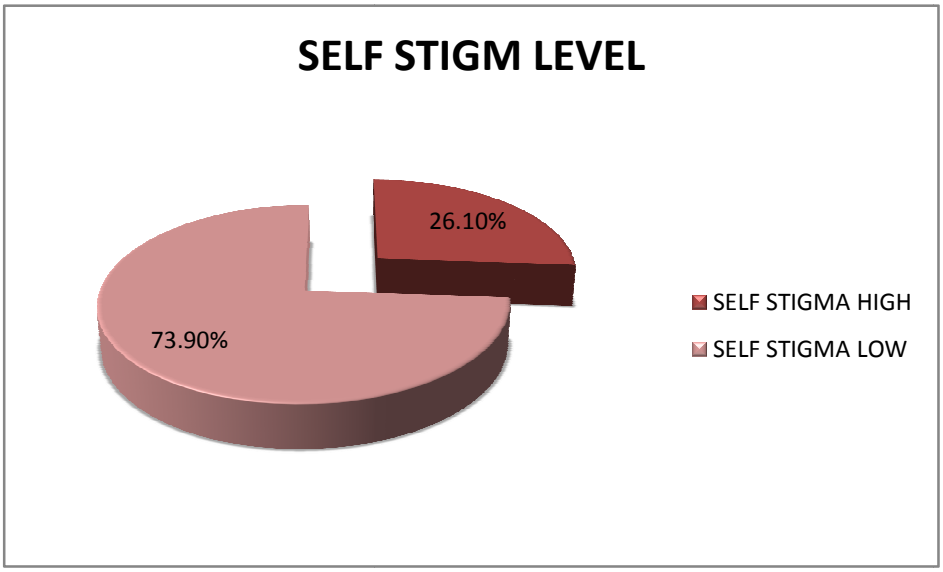

Figure 2: level of internalized stigma level of PWMI at each domain at JUTH psychiatric clinic, 2015

Regarding level of internalized stigma of studied participants, 49.4%, 29.9%, and 19.2%, had high self-stigma with respect to alienation, stigma endorsement, and societal discrimination while 36.8% and 42.8% had high self-stigma for societal withdrawal and stereotype domains of stigma, respectively **(Table 4**).

Table 4: level of internalized stigma of study participants of the study JUTH, SOUTH WEST ETHIOPIA, 2015 (N=422)

Variable	Frequency (%)
Alienation level	
High	208(49.4)
Low	213(50.6)
Stigma endorsement	
High	126(29.9)
Low	295(70.1)
Discrimination experience	
High	81(19.2)
Low	340(80.8)
Societal withdrawal	
High	155(36.8)
Low	266(63.2)
Stereotype	
High	180(42.8)
low	241(57.2)
0verall stigma	
High	110(26.1)
low	311(73.9)

5.5. QoL of people with mental illness

With regard to level of quality of life, 50.8% and 46.8% of the studied participants have low quality of life in area of physical domain and role impairment of physical problem while 45.6% and 6.7% of the studied participants experienced low quality of life due to role impairment of emotional problem and pain experience, respectively. In addition, 56.8%, 63.7% and 50.8% of the studied participants were also exhibiting low quality of life in social aspect, with respect to energy, and with respect to social life. Greater than two-thirds (41.6%) of the studied participants had low quality of life related to general health**(Figure 3).** Over all, half of the studied participants had lower than the mean QoL score (≤60.5).

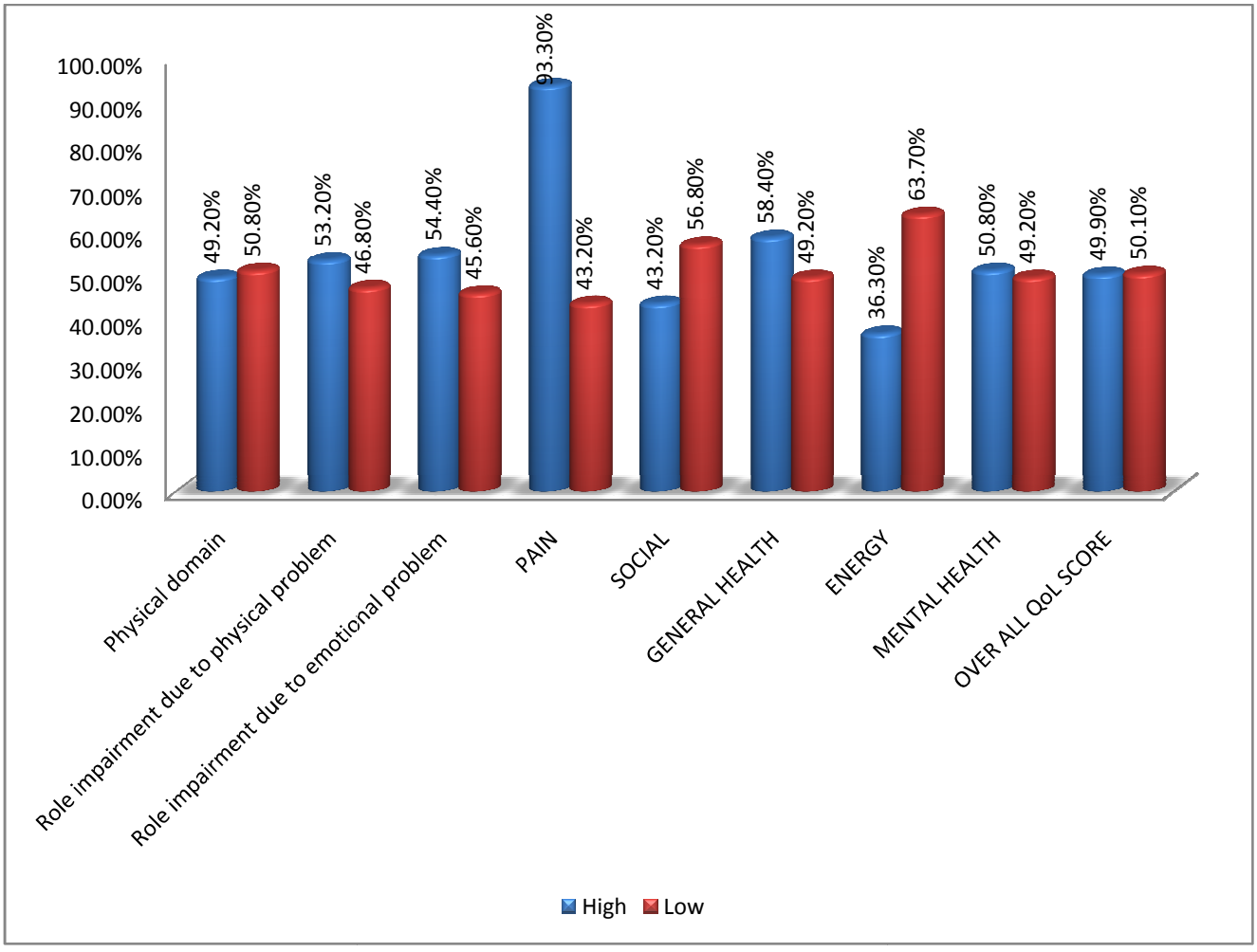

Figure 3: domains of quality of life of respondents (n=422) from score of 100%

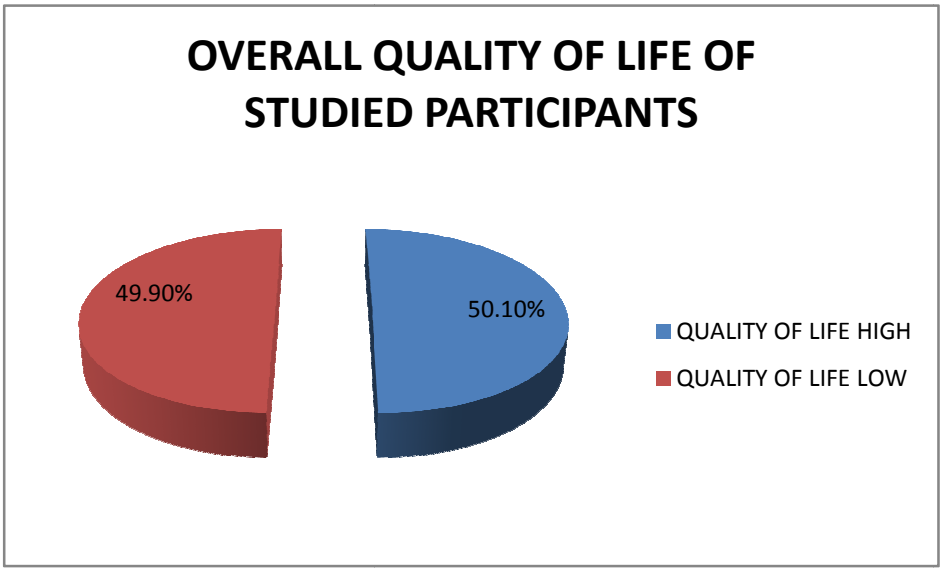

Figure 4: overall quality of life of studied participants (n=422)

5.6 Relation between self-stigma and QoL among PWMI

As the stigma score increased by one unit in studied participants of PWMI, quality of life scores of them decreased by 2.5%. However, this association is not statistically significant (β_1=-0.025,95% CI :-0.085,0.035).Stigma was entered in final model; multiple linear regression by controlling confounding factors. However, the association did not reach statistical significance. Regarding correlation between QoL and stigma, the self-stigma scores were inversely correlated with QoL scores (r=-0.032) **(Table 5).**

Table 5: **correlation between QoL and internalized stigma of studied participants (N=422)**

Study Variables	QoL		Stigma	
	R	P	r	p
QoL	-	-	-0.032	0.507
Stigma	-0.032	0.507	-	-

Figure 5: Histogram showing distribution of QoL of studied participants

5.7 Other Factors affecting Quality of Life of studied participants

As depicted in table 6**,** multiple linear regressions were done to identify the association of stigma with quality of life of people with mental illness controlling for potential confounders. With regard to sex of respondents, quality of life of females was lower than their male counter parts β_1 =-1.31, 95% C.I:-2.4,-0.82). Those who got family support were found to have better quality of life than those who did not get support (β_1 =-3.91, 95%C.I: -5.53,-2.29). Regarding societal support of respondents, those who get societal support had increased score of quality of life compared to those who had no societal support. (β_1 =-2.57, 95%C.I: -4.16,-1.00)

Study participants who had a better educational level were found to have a better QoL than those with lower educational level. Respondents who have completed high school had higher QoL than those who were only educated up to elementary (β_1 =3.24, 95% C.I:1.23, 1.87). Respondents who were college and above level in their educational career were found to have higher QoL compared with respondents who are elementary school completed (β_1 =3.91, 95% C.I:-1.53, 2.45). Participants who were adherent to their medication had better quality of life compared with those who do not take medication (β_1 =-2.32, 95% C.I:-3.91,-0.73).

Table 6.Bivariate linear regression for factors associated with QoL of PWMI at JUTH (N=422)

Explanatory characteristics	Quality of life		Unstandardizedcoefficients	P- VALUE	95% CI for ß
	Low	High			
Stigma index			-0.025	0,41	(-0.085,0.035)
Sex					
Male*	121(28.7)	133(31.5)			
Female	90(21.3)	77(18.3)	-1.26	0.06	(-2.58,0.06)
Marital status					
Married*	132(31.3)	106(25.1)			
Single	115(27.3)	60(14.3)	-1.77	0.008	(-3.07,-0.47)
Divorced	5(1.2)	3(0.7)			
Educational level					
Illiterate	31 (7.4)	37(8.8)	-1.3	0.144	(-0.45,3.05)
Elementary*	35(8.3)				
high school	43(10.2)		3.24	0.001	(1.72,4.23)
College and above	79(18.8)		3.91	0.001	(2.34,5.48)
	64(15.2)				
	74	(17.6)			
	58(13.8)				
Do you get support from your family?					
Yes*	157	(37.3)			
No	54(12.8)		-4.72	0.001	(-6.33,-3.10)
	156	(37.1)			
	53(12.6)				
Do you get support from social area?					
Yes*	57(13.5)	151(35.9)			
No	127(30.2)	85(20.2)	-2.18	0.006	(-3.74,-0.63)
Do you take medication regularly					
Yes*	193(45.8)	183(43.5)			
No	17(4.0)	26(6.2)	-0.30	0.001	(-0.46,-1.41)
Duration of treatment	12(2.9)				
	38(9.0)				
Less than 2 years	28(6.7)	49(11.6)			
			-2.58	0.19	(-4.60.-0.413)
2-5 years	38(9.0)	79(18.8)			
		73(17.3)	1.53	0.07	(-0.13,3.19)
6-10 years	103(24.5)				

>10 years*				

*=reference group of dummy variable

Table 7: Multiple linear regression model for factors affecting QoL of PWMI at JUTH, Southwest Ethiopia, 2015

Explanatory characteristics	Quality of life		Unstandardized coefficients=β_1	Standardized coefficients=β_2	P-VALUE	95% CI for ß
	Low	High				
Sex Male* Female	121(28.7) 90(21.3)	 133(31.5) 77(18.3)	 -1.31	 -1.08	 0.007	 (-2.4,-0.82)
Educational level Illiterate Elementary* high school College and above	31(7.4) 35(8.3) 79(18.8) 74(17.6)	37(8.8) 43(10.2) 64 (15.2) 58(13.8)	 3.24 3.91	 1.32 2.76	 0.001 0.010	 (1.23,1.87) (1.53,3.45)
Family support? Yes* No	157(37.3) 156(37.1)	54(12.8) 53(12.6)	 -3.91	 -0.22	 0.001	 (-5.53,-2.29)
Social support Yes* No	57(13.5) 127(30.2	151(35.9) 26(6.2)	 -2.57	 -1.5	 0.001	 (-4.16,-1.00)
Take medications regularly? Yes* No	 193 (45.8) 17(4.0)	 183(43.5) 26(6.2)	 -2.32	 -0.22	 0.004	 (-3.91,-0.73)

*=reference group of dummy variable others=divorced, separation, widowed

Chapter 6: Discussion

The total of 422 studied participants who are PWMI were involved in the study to predict relationship of their QoL and stigma they internalize. In this study sex, educational level, support system, medication adherence and stigma were found to be predictors of QoL of studied subjects. Being female, lower educational achievement, lack of support system and medication non adherence were factors associated with lower QoL.

Regarding the overall quality of life, a high percentage of the studied participants demonstrated low level of QoL. This is in line with study findings done in turkey in 2010(7) with the overall mean QoL score of patients was 61.5 (range 24.6 - 89.6, SD 17.4) suggesting that patients' QoL was impaired.

The finding is also revealed that there was high prevalence of self-stigma which was 26.1%. This result is consistent with the findings of the study on self-stigma among people with mental illness in southern west Ethiopia in 2013 (42). This finding is also supported by findings of countering stigma and discrimination among people with mental illness in Europe which indicated that there is rampant self-stigmatization and discrimination in different areas of life activities due to one or more severe mental illness in 2002 (20). but the current finding is incongruent with findings of previous studies done in Iran, Nigeria and India(16,21,43).This inconsistent finding may be happened due to different in severity of mental illness since the current study have been done on all mental illness which include less severe form of mental illness while the former ones have been done on severe form of mental illness which stigma is considered higher than that of less severe form of mental illness. Considering relationship between stigma and quality of life of PWMI, it was hypothesized that stigma will erode quality of life of PWMI, however, such a relationship is not confirmed by this data. Although different research findings done on relation between stigma and QoL of PWMI using various methods revealed significant relation but small or non-significant relation was shown using snapshot evaluation of studied participants using crossectional method over short period of time (48). The current study does not support that internalized stigma has significant negative impact on quality of life of people with mental illness. The finding indicated that internalized stigma may not be an important predictor of quality of life of PWMI in this study may be attributing to shortcomings

of short period of data collection using crossectional method of assessing study participants. This result was congruent with findings of study done in Cairo in 2012 (44), who reported that stigma is negatively associated with quality of life. Additionally the impairment in social and leisure functioning associated with concerns about stigma has implications for the health and well-being of persons diagnosed as having bipolar illness. Despite this unwelcoming finding that contradict with my hypothesis of" significant relationship of stigma with QoL of PWMI", the study did find negative correlation relationship between internalized stigma and QoL of PWMI(r=-0.032). This finding is in line with some studies (48, 58). But the finding is in congruent with findings of plenty of studies. This contradict findings may be due to there is better stigma reduction strategies and better awareness about mental illness there than in Ethiopia.

Considering other confounding factors affecting QoL of studied participants, the following arguments are entertained: being female was significantly related to lower quality of life than their counter parts. This finding is consistent with the findings of the studies done in Jordan2000 (45) which elaborates that women's psychosocial background in their limited acess to resources, their limited status in culturally countries like Ethiopia, low role and option in mental health service seeking behavior and compliance with treatments. This consensus paper justified that co morbidity increases in prevalence and severity and will lead to high level of disability in female than males. This study finding is also consistent with findings of study in Egypt 2004 (48) which rectified that women are more likely to seek help from and disclose mental health problems in their primary health facilities where mental health professionals are not staffs while men are likely to seek mental health specialist in referral clinics which intern facilitate to take targeted medication that is one of positive predictors of QoL of PWMI in this study. In addition to this sounded justification from (45) stressed that identified gender as a factor that may affect feeling of stigma which intern explained that females were more stigmatized than males for identical behavior. And using this justification as a base and since stigma and quality of life are inversely correlated in my particular finding, this finding is also soundly acceptable.

the finding of this study is also supported by study done in WHO conference in 2005(34) which conclude that being male is associated with higher Quality of Life with respect to physical component, social component, and mental components comparing to females. The possible reasons forwarded by authors are that females are greater dependent on their family and their poor adaptability to influences by their hormonal fluctuation by nature. The finding is also concomitant with study done in Sweden 2006 (13) which showed that males have better QoL with all domain of QoL measuring tool and the concepts forwarded behind this finding is that quality of life is centered on societal and cultural environment of the individuals which females are more prone to these burdens as influence of their biological nature and culture. This study is also in line with the study done in India in 2012(57) which showed that males had better QoL than females.

Regarding educational status of studied participants, respondents who are higher educated are living higher QoL than those who educated lower are experiencing higher quality of life. This finding is in line with a study done in Egypt in 2011 (52) which concluded emotional and mental health of PWMI is enhanced in higher educational achievement than the lower education by justification that education can develop mental capacity and skills to cope up with mental illness vulnerability and to lower complication of mental illness which inturn reduce disability and enhance quality of life.

The finding of this study is consistent with study done by World Health Organization (WHO) in 2001 (10,52) which stressed on the fact that education in PWMI will improve social and cognitive abilities, boosts self-stem and widened social networks and intern all these support people ability to live independently and to have a decent income. This may be due to that educated mental ill individuals acquire different skills and abilities which can refresh from their mental discomfort and to get relief from symptoms and ultimately without education and employment, PWMI face poverty, alienation, increased risk of addiction, isolation, deteriorating mental and physical health of QoL. This finding is also supported by the study done in Luxemburg (53) which stated that QoL of young PWMI which comprised emotional well-

being(happiness, confidence), psychological wellbeing (autonomy, sense of mystery), social wellbeing (interpersonal relationship).

And many other domains are integral outcomes from lifelong learning which overall aim is that key competencies contribute to one's personal fulfillment, social inclusion, active citizenship and employability.

Considering family and social support of studied participants, the finding of this study reveal that individuals who get support from family and from the society in general are enjoying better quality of life than those studied participants who do not get support. This finding is consistent with findings from Switzerland, Geneva in 2008 (8, 13) which reported that people with mental illness who are receiving care from their family by reducing expressed emotion and who are getting friendly approach from outside society in line with their family experienced better quality of life and resulted to better general health and dramatic improvement for their societal functioning. This finding is also in line with findings of study done in Morocco in 1998 (55) which notified that families have great role by understanding, caring and affording needs for PWMI which inturn lead to better quality of life.

Regarding compliance of studied participants to medication, those who are consistently take their medication are experiencing better quality of life compared to those who are not adherent. The finding of this study is consistent with study finding in Greece in 1998 (28) which showed that poor theruptic conditions such as bad experience on initial mental health contact and not taking medications lead to long term problems in which clients suffer from emotional, social and mental domains of QoL and this in turn lead to restrained by family members and make patients home bounded impaired their independency to enjoy other domains of quality of life which ultimately result to lower overall quality of life. Other variables such as marital status, ethnicity, residence, occupation, income, duration of treatment and with who studied participant live with had no statically significant relationship with QoL of studied participants in this study. This finding is supported by previous findings done in Egypt, Turkey, India (7, 11, 48).This consistent finding indicated that socio demographic characteristics of studied participants has less impact on QoL than other factors like support system and psycho social factors

6.1. Strength and Limitation of the study

Strength of this study is inclusion of all types of psychiatric patients and relatively large sample size. The first limitation of this study is that the study was not prospective (enables a temporal cause to effect understanding). The second limitation of this study is being crossectional (had no possibility to ascertain the information recalled by studied participants).

The third limitation of this study is that its exclusiveness of self-stem which greatly affected both stigma and QoL being mediator. The other limitation of this study that survey relies on self-report which are prone to recall and social desirability biases. Patients who did not come to outpatients and those who were found restrained and home bounded would have high level of self-stigma and lowered QoL than interviewed patients in this study.

Chapter 7: Conclusion and Recommendations

7.1 Conclusion

Over a quarter of persons with mental illness on treatment suffer from low quality of life. However, internalized stigma is not associated with low quality of life of PWMI. Strong factors associated with lower QoL of studied participants were being female, lackof support,lower educational level and non-compliance with medication.although stigma had negative correlation with QoL, in this study it was not significant predictor of QoL.

7.2. Recommendations of the study

Based on the current findings, the following recommendations are suggested

- **For Jimma University**

  Expertise and talent individual's in department of psychiatry at Jimma University should do great effort to incorporate the research findings as input for policy making and modification on mental health and to expand training program which could empowerpeople with mental illness toward stigma.

- **For FMOH and its subordinates**

  Planning and implementation of public health awareness programs to raise the orientation toward the nature of psychiatric disorders, this programs should reach all social classes and cultures in: schools, universities social clubs, religious institutions and mass media through outreached health education program.

- **Psychiatric institutions**

  These should do more roles not only in medical management of patients but also in promotion of their social life.This Increase patient's awareness to certain issues could protect against more feelings of stigma like their role in relapse prevention, adequate social skills, and assumption of responsibility in life that can be achieved through rehabilitative activities in psychiatric institutions.

- **Mass media** should play role in de-stigmatization of psychiatric patients and psychiatric illness as well. Ministry of health should do much on mental illness awareness creation, stigma prevention and expansion of mental health services to the groundlevel. Assure family members to sustain their help for PWMI by understanding symptoms of mental illness.Acknowledging of the family members by mental health providers that caring mental ill individuals is not easy but giving support has significant effect on improvement of their illness.

- **For Psychiatric professionals and Psychologists**: Provide psycho education to family members on nature of mental illness and awareness creation giving support and avoiding alienated acts and expressed emotion to improve quality of life PWMI.

- **For researchers**: Further research related to improving QoL of patients with PWMI is needed to gather more evidence on this field.

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Appendix Questionnaire, consent and information sheet

Consent and Information sheet

Questionnaire to assess the impact of perceived stigma on Quality of life of persons with mental illness in JUSH, southwest Ethiopia, 2015

Greetings: Hello, how are you?

My name is _____. I am working in the research team of postgraduate thesis of Jimma University.

I would like to interview you questions about your perception and experience on stigma .quality of your life and to see your card for important information for the study. The objective of this study is to assess perceived stigma among

Persons with mental illness and how it affects their life, which is important to know whether the person is suffering from perceived

Stigma of mental illness or not, and how much their life is impaired comparing with from those who are relatively free from mental illness and with lower stigmatized. Finally the result helps how to improve and how to prevent stigma during continuing psychiatric services, so that it facilitates the healing process of the illness.

Your cooperation and willingness for the interview is helpful in identifying problems related to stigma. Your name will not be

Written in this form and all information that you give me will be kept confidential. You are not forced to answer any question you do not wish to answer.

If you are not still feel discomfort with the interview please feel free to drop it at any time you want.

Do I have your permission to continue?

1 – If yes, continue

2 – If no, skip to the other participant

Thank you

Respondent ID_____ Card number_____ Respondent signature _____

Date of interview _____ Time started_____ Time finished_____

Supervisors name _____signature _____

Part 1 1.Socio-demographic questionnaire

NO	Item	
1	Sex	male female
2	-Age	- Years old
3	Address	1.rural 2.urban
4	What is your religion?	1.Muslims 2.Ortodoxs 4.Catholic 3.Protestants 5.Others
5	What is your occupation?	1.Jobless 2. Farmer 3.Trader 4.Student 5.Governmentally employed 6. NGO employed 7. Daily labourer 8. Housewife 9. Pension 10. Others

6	What is your ethnicity?	1. Oromo 2. Amhara 3. Gurage 4. Tigrai 5. Kefa 6. Dawro 7. Yem 8. Others
7	What is the average monthly Income of the household	_____ Birr
8	With whom are you living?	1. Alone 2. With Family 3. With relative 4. With friend
9	Do you have support from your family, from Your spouse and from your children?	1.yes 2.no…..11 question will continue

10	If your answer to	1. Moral support	5. Food support

	question no.9 is yes, What type of support are you getting?	2. Financial support 3. Physical support 4. Income generating	6. Legal support 7. Spiritual support 8. Others _____
11.	Do you get support out of your family?	1. Yes	2. No … to no. 13
12.	If your answer is yes to question no.11, From where are you getting the support?	1. From friends 2. NGO 3.From religious Organization	4. From governmental organization 5. From neighbours 6. Others _____

2. Psychological, mental illness medication related questions.

NO.	Items	Answer	answer
13.	Duration of treatment in health facility	1. _____ days 2. _____ weeks	3. _____ months 4. _____ years
14.	Do you take the ordered medication Regularly	1. Yes … to ques. no. 16	2. No
15.	If your answer for question no.14 is no, how many times did you miss taking Medication?	1.Within 3 days_____ 2. Within 7 days_____	3. Within the last one Month _____.

16	Do you have side effect	1. yes	2. No ...to ques. No.

	of the treatment?		18
17	If your answer for question no. 16 is yes, What are the side effects?	1. Weight gain 2. Tremor 3. Sexual problem 4. Sedation	5.Gait abnormality 6.GI problems 7. Restlessness 8. Others_____

Part two: Internalized (self) stigma related Question by using ISMI inventory scale.

A. Alienation Questions

No	Item	Response	response	response	Response
		Strongly agree	agree	Dis agree	Strongly disagree
1	I feel out of place in the world because I have a mental illness				
2	Having a mental illness has spoiled my life				
3	People without mental illness could				

	not possibly understand me				
4	I am embarrassed or ashamed that I have a mental illness				
5	I am disappointed in myself for having a mental illness				
6	I feel inferior to others who don't have a mental illness				

B. Stereotype endorsement Questions

No	Item	Response	response	response	response
		Strongly agree	Agree	Dis agree	Strongly disagree
7	Stereotypes about the mentally ill				

	apply to me				
8	People can tell that I have a mental illness by the way I look.				
9	Mentally ill people tend to be violent				
10	Because I have a mental illness, I need others to make most decisions for me.				
11	People with mental illness cannot live a good, rewarding life.				
12	Mentally ill people shouldn't get married				
13	Ican't contribute anything for the society because I have mental illness				

C] Discrimination experience Questions

No	Item	response	response	response	response
14	People discriminate against me because I have mental illness.				
15	others think that I can't achieve much because I have mental illness				
16	People ignore me or take me less seriously just .because I have mental illness.				
17	People often patronize me, or treat me as a child just because I have mental illness.				
18	Nobody would be interested in getting close to me because I have mental illness.				

D] Societal withdrawal experience Questions

No	Items	response	response	response	response
		Strongly agree	agree	disagree	Strongly disagree
19	I don't talk much about myself because I don't want to burden others with my mental illness.				
20	I don't socialize as much as I used to because my mental illness might make me look or behaved ''wired''				
21	I stay away from societal situations in order to protect my family or friends from embarrassments.				

22	Negative stereotypes about mental illness keep me isolated from ‘’normal’’ world				
23	Being around people who don’t have mental illness make me out of place or inadequate				
24	I avoid getting close to people who don’t have mental illness to avoid rejection				

E] STIGMA RESSISTANCE QUESTIONS (reverse encoded items)

No	Items	response	response	response	response
		Strongly agree	agree	Disagree	Strongly disagree
25	I feel comfortable being seen in public with obviously mental ill person				
26	In general I’m able to live a life the way I want.				
27	I can have a good, fulfilling life despite my mental illness.				
28	People with mental illness make important contributions for the society				
29	Living with mental illness made me a tough survivor				

Part: 3 the Rosenberg Self-stem scale

No	Items	response	response	response	response
		Strongly agree	agree	disagree	Strongly disagree
31	I feel that I am a person of worth, at least on an equal with others				

32	I feel that I have a number of good qualities				
33	All in all, I am inclined to feel that I am a failure				
34	I am able to do things as well as most other people				
35	I feel I do not have much to be proud of				
36	I take a positive attitude toward myself				
37	On the whole, I am satisfied with myself				
38	I wish I could have more respect for myself				
39	I certainly feel useless at times				
40	At times I think I am no good at all				

Part-VI: RAND 36-Item Health Survey		
✓ The following questions ask about the GHP and the MOS (HRQoL) PLWMI so respond by circling among the given alternatives for each question.		
S.No.	**Questions**	**Response**
601	In general, would you say your health is?	1. Excellent 2. Very good 3. Good 4. Fair 5. Poor
602	Compared to one year ago, how would you rate your health in general now?	1. Much better now than a year ago 2. Somewhat better now than a year ago 3. About the same as one year ago 4. Somewhat worse now than one year ago 5. Much worse now than one year ago
F_3.	The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?	
		Response

	Questions	Yes, limited a lot.	Yes, limited a little.	No, not limited at all.
603	Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports.	1	2	3
604	Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?	1	2	3
605	Lifting or carrying groceries.	1	2	3
606	Climbing several flights of stairs.	1	2	3
607	Climbing one flight of stairs.	1	2	3
608	Bending, kneeling or stooping.	1	2	3
609	Walking more than one mile.	1	2	3
610	Walking several blocks.	1	2	3
611	Walking one block.	1	2	3
612	Bathing or dressing yourself.	1	2	3
F_4.	During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?			
613	Cut down the amount of time you spent on work or other activities?	1. Yes 2. No		
614	Accomplished less than you would like?	1. Yes 2. No		
115	Were limited in the kind of work or other activities	1. Yes 2. No		
116	Had difficulty performing the work or other activities (for example, it took extra time)	1. Yes 2. No		
F_5.	During the past 4 weeks	have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?		
617	Cut down the amount of time you spent on work or other activities?	1. Yes 2. No		
618	Accomplished less than you would like	1. Yes 2. No		
619	Didn't do work or other activities as carefully as usual	1. Yes 2. No		
620	During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal	1. Not at all 2. Slightly		

	social activities with family, friends, neighbors, or groups?	3. Moderately 4. Quite a bit 5. Extremely
621	How much bodily pain have you had during the past 4 weeks?	1. Not at all 2. Slightly 3. Moderately 4. Quite a bit 5. Extremely
622	During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?	1. Not at all 2. Slightly 3. Moderately 4. Quite a bit 5. Extremely
F_5.	These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. ✓ How much of the time during the past 4weeks.	

	Questions	**Response**					
		All of the time	**Most of the time**	**A good bit of the time**	**Some of the time**	**A little of the time**	**None of the time**
623	Did you feel full of pep?	1	2	3	4	5	6
624	Have you been a very nervous person?	1	2	3	4	5	6
625	Have you felt so down in the dumps nothing could cheer you up?	1	2	3	4	5	6
626	Have you felt calm and peaceful?	1	2	3	4	5	6
627	Did you have a lot of energy?	1	2	3	4	5	6
628	Have you felt downhearted and blue?	1	2	3	4	5	6
629	Did you feel worn out?	1	2	3	4	5	6
630	Have you been a happy person?	1	2	3	4	5	6
631	Did you feel tired?	1	2	3	4	5	6
632	During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?	1. All of the time 2. Most of the time 3. Some of the time 4. A little of the time 5. None of the time					
F_6.	How TRUE or FALSE is each of the following statements for you?						

	Items	Definitely true	Mostly True	Don't know	Mostly false	Definitely false
633	I seem to get sick a little easier than other people					
634	I am as healthy as anybody I know					
635	I expect my health to get worse					
636	My health is excellent					

Did someone help you to fill out this form?.....

How long did it take to fill this form out?.....

Do you have any comment?

THANK YOU FOR YOUR HELP

መጠይቅየአማርኛውትርጉም

ዓለምእስከዚያእባላለሁ፡፡በጅማዩኒቨርሲቲየጥናትናምርምርቡድንአባልስሆንአድሎናመገለልበ አእምሮህሙ.ማንላይየሚያደርሰውንተፅኖለመገምገምነው፡፡የጥናቱአላማምመገለልናመድሎበአ እምሮህሙ.ማንአጠቃላይየጤናሁናቴላይየሚያደርሰውንተፅዕኖበጥልቀትየሚዳስስሲሆንመገለል ናመድሎንለመከላከልየሚረዱየመፍትሄአቅጣጫውችንየሚጠቁምይሆናል፡፡የዚህጥናትውጤት በተጨማሪምየአእምሮህሙ.ማንንጤንነትለማሻሻልየሚረዱየመፍትሄእርምጃዎችንአመላካችይ ሆናል፡፡በመሆኑምይህጥናትየሚመለከታቸውአካላትበዚህመጠይቅውስጥየተካተቱትመገለልና መድሎንእናተያያዥየጤናሁኔታመጠይቆችበሙሉየሚጠየቁይሆናል፡፡

ለዚህጥናትይረዳዘንድየናንተንቀናትብብርእናተሳትፎበአክብሮትእንጠይቃለን፡፡የሚሰጡንማን ኛውምመረጃበሚስጥርየሚያዝሲሆንስምዎትምበዚህመጠይቅላይአይካተትም፡፡

እናመሰግናለን፡፡

በጥናቱለመሳተፍፍላጎትዎነው

1.አዎ

2.አይደለም

የተሳታፊውመ.ቁ.....

ካርድቁጥር……

ፊርማ……

ቀን……

የተጀመረበትሰዓት……

ያለቀበትሰዓት……

መረጃሰብሳቢውስም……

ፊርማ……

ክፍል1. የማህበራዊጥያቄዎች

ተ.ቁ			
1	ያታ	ወንድ	ሴት
2	እድሜ		
3	አድራሻ		
4	ሃይማኖት		
5	ስራ		
6	ብሄር		
7	የገቢመጠን		
8	አብረውየሚኖሩትሰው		
9	ከቤተሰብእርዳታያገኛሉ		

ክፍልሁለትስነልቦናን',ህመምንእናመድሀኒትንየተመለከቱመጠይቆ

ተቁጥር	ጥያቄ	መልስ	መልስ
10	ህክምናላይምንያህል ጊዜቆየህ	……ቀን 2)……. ሳምንታት	3)…….. ወራት 4) ……አመታት
11	መድሀኒትህንበአግበብትወስዳለህ	1)አወ	አልወስድም
12	መልስዎአልወስድምከሆነምንያህል ጊዜይረሳሉ	1) በ 3 ቀን …… 2) በ7ቀን……. ……	3) በወር…… ……
13	መድሀኒቱጉዳትአምጦበወታል	1) አወ	2)አላመጣብኽም
14		1)ክብደትመጨመር2)ማንቀጥቀጥ 3)የወሲብችግር	4)አረማመድላይ 5)መቁነጥነጥ 6)የሆድመረበሽ

ከፍልሁለትየአዕምሮህመምተኞችእራሳቸውንየማግለልሁኔታ

ጥያቄ	
እራስንከሌሎችለይቶየማየትሁኔታ	
የአዕምሮህመምተኛስለሆኑእራስዎንየማይረባናበምድርላይቦታየሌለውሰውአድርገውያያሉ፡፡	
የአዕምሮህመምተኛመሆንዎህይወትዎንየተመሰቃቀለአድርጎታል፡፡	
የአዕምሮህመምተኛያልሆኑግለሰቦችበእርግጠኝነትእኔንአይረዱኝም፡፡	
የአዕምሮህመምተኛበመሆንዎበራስዎያፍራሉወይምይሸማቀቃሉ፡፡	
የአዕምሮህመምተኛበመሆንዎበራስዎይከፋሉ/ይበሳጫሉ	
የአዕምሮህመምተኛካልሆኑሰዎችአንፃርአራስዎንየበታችአድርገውይመለከታሉ	
እራስላይየሚደረግየተሳሳቱድምዳሜዎች/የማግለልሁኔታዎች	
ማህበረሰቡበአዕምሮህሙማንላይያለውየተሳሳቱድምዳሜዎችበእኔምላይይሰራሉ	
አሁንያለሁበትንሁኔታበማየትብቻሌሎችሰዎችየአዕምሮህመምተኛእነደሆንኩማወቅይችላሉ	

	የአዕምሮህመምተኞችሁሉአስቸጋሪዎች/አመጸኞችናቸው
	የአዕምሮህመምተኛስለሆንኩልሎችሰዎችበእኔምትክውሳኔዎችንእንዲወስኑልኝእፈልጋለው
	የአዕምሮህመምተኞችምልካምየሚባልእናአስደሳችኑሮሊኖሩአይችሉም
	የአዕምሮህመምተኞችትዳርመያዝየለባቸውም
	የአዕምሮህመምተኛስለሆንኩለማህበረሰቡምንምማበርከትአልችልም
	የመድሎገጠመኞች/ልምዶች
	ሌሎችሰዎችየአዕምሮህመምተኛስለሆንኩብቻመድሎይፈጽሙብኛል
	ሌሎችሰዎችየአዕምሮህመምተኛስለሆንኩብቻበኑሮዬስኬታማአይሆንምብለውያስባሉ
	ሌሎችሰዎችየአዕምሮህመምስላለብኝብቻትኩረትአይሰጡኝምወይምከቁምነገርአይቆጥሩኝም
	የአዕምሮህመምተኛበመሆኔብቻሌሎችሰዎችአብዛኛውንጊዜዝቅአድርገውይመለከቱኛል ወይምእንደህጻንይቆጥሩኛል
	የአዕምሮህመምተኛበመሆኔማንምሰውከእኔጋርየቀረበግንኙነትእንዲኖረውአይፈልግም

	አራስንከማህበራዊነገሮችማግለል
	ሌሎችንበእኔየአዕምሮህመምሳቢያላለማስጨነቅበማሰብስለራሴብዙምአላወራም
	በአዕምሮህመሜሳቢያእንግዳ/ያልተለመዱባህሪያትን/ሁኔታዎችንላሳይስለምችልየአዕምሮህመምተኛከመሆኔበፊትእንደነበረውከሌሎችሰዎችጋርማህበራዊግንኙነትየለኝም
	ቤተሰቦቼወይምጓደኞቼበእኔምክንያትሃፍረትእንዳይሰማቸውበማለት ከማህበራዊሁኔታዎች/ግንኙነቶችእራሴንአገላለው
	ስለአዕምሮህመምበማህበረሰቡዘንድያሉየተሳሳቱግንዛቤዎች/ ድምዳሜዎችከተለመደውየአኗኗርሁኔታእራሴንእንዳገልአድርገውኛል
	የአዕምሮህመምተኛባልሆኑሰዎችዙሪያመገኘትምቾትእንዳይሰማኝወይምእንደማይገባኝይሰማኛል
	መገለልንለማስወገድበሚልየአዕምሮህመምተኛካልሆኑሰዎችጋርብዙአልቀርብም/አልግባባም
	ማግለልንየመቋቋምሁኔታ
	በሌሎችሰዎችዘንድበግልጽየሚታይ/የሚታወቅየ አዕምሮህመምምልክቶችያለበትሰውሆኖመታየቴምቾትይሰጠኛል

	በአጠቃላይመኖርየምፈልገውንአይነትኑሮእየኖርኩነው
	የአዕምሮህመምተኛብሆንምመልካምየሚባልናየተሟላኑሮመኖርእችላለው
	የአዕምሮህመምተኛችለማህበረሰቡመልካምየሆነአስተዋፅኦያበረክታለ
	የአዕምሮህመምተኛመሆኔበኑሮዬጠንካራእንድሆንአድርጎኛል

ክፍል 3 ስለአእምሮህሙ.ማንህይወትበተመለከተመጠይቅ.

ክፍል 6፡ጠቅላላ የጤና እሳቤ እና የህክምና ዉጤት ሁኔታ ዝርዝሮች(ኤስ ኤፍ 36)		
የሚከተሉት ጥያቄዎች ጠቅላላ የጤና እሳቤን እና የህክምና ዉጤትን ሁኔታ የሚጠይቁ ናቸዉ ስለሆነም ለእያንዳንዱ ጥያቄ ምርጫዎችን ይከበቡ፡፡		
ተ.ቁ	ጥያቄዎች	ምርጫዎች
601	በአጠቃላይ ስለ ጤና ሁኔታህ ምን ትላለህ?	6. እጅግ በጣም ጥሩ 7. በጣም ጥሩ 8. ጥሩ 9. መጠነኛ 10. ዝቅተኛ
602	በአጠቃላይ ከአንድ አመት በፊት የነበርዉን የጤና ሁኔታ ከአሁኑ ጋር ስታነፃፅርዉ ምን ይመስላል?	1. ከባለፈዉ አመት የተሸለ ነዉ 2. በመጠኑ ከባለፈዉ አመት የተሸለ ነዉ 3. ከባለፈዉ አመት ጋር ተመሳሳይ ነዉ 4. ከባለፈዉ አመት የባስ ነዉ
F2.	የሚከተሉት ጥያቄዎች የአንተን የእለት ተእለት እነቅስቃሴን የሚጠይቁ ናቸዉ፡፡ የጤናህ ሁኔታ እነዚህን የአንተን የእለት ተእለት እነቅስቃሴህን የሚገድቡ ናቸዉ? ከሆነ በምንያህል መጠን?	
	ጥያቄዎች	ምርጫ አዎን በከባድ ገድቧታል በመጠኑ [illegible] አልገድበዉታል

603	ከባድ እንቅስቃሴዎችን ለምሳሌ ሩጫ፤ከባድ እቃዎችን ማነሳት፤ጠንካራ ስፖርቶች ላይ መሳተፍ፡፡	1	2	3
604	መካከልኛ እንቅስቃሴዎችን ለምሳሌ ጠረጴዛን ማንቀሳቀስ፤ ካስ ማንጠር ጨዋታ	1	2	3
605	እቃዎችን ማነሳት ወይንም መሸከም	1	2	3
606	ወደ ላይ ብዙ ደርጃችን መዉጣት	1	2	3
607	ወደ ላይ አንድ ደርጃችን መዉጣት	1	2	3
608	መተጣጠፍ፤በጉልበት ማረፍ፤ በጀርባ ተኝቶ ትከሻና እራስን ማቃናት	1	2	3
609	ከአንድ ማይል በላይ መጋዝ	1	2	3
610	ብዙ ህንፃዎችን መዉጣት	1	2	3
611	አንድ ህንፃዎ መዉጣት	1	2	3
612	በራስህ መታጠብና መልበስ	1	2	3
F_3.	ባለፉት አራት ሳምንታት ዉስጥ በአካላዊ ጤንነትህ ምክንያት ከዚህ በታች ከተዘረዘሩት ችግሮች በስራህ ላይ ወይም በሌሎች የእለት ተእለት እነቅስቃሴህ ላይ ተከስተዉ ነበር?			
613	በስራ ላይ የምታሳልፈዉን ጊዜ አቃርጠሃል?	3. አዎን 4. አይደለም		
614	መስራት ከምትፈልገዉ በታች አድርገህ ነበር?	1. አዎን 2. አይደለም		
115	ስራህን ወይም የእለት ተእለት እነቅስቃሴህን ቀንሰህ ነበር	1. አዎን 2. አይደለም		
116	ስራህን ወይም የእለት ተእለት እነቅስቃሴህን ችግር ገጥሞህ ነበር(ብዙ ጊዜ ይወስድብህ ነበር)	1. አዎን 2. አይደለም		
F_4.	ባለፉት አራት ሳምንታት ዉስጥ ስሜታዊ ጤንነትህ ምክንያት ከዚህ በታች ከተዘረዘሩት ችግሮች በስራህ ላይ ወይም በሌሎች የእለት ተእለት እነቅስቃሴህ ላይ ተከስተዉ ነበር?			
617	በስራ ላይ የምታሳልፈዉን ጊዜ አቃርጠሃል?	1. አዎን 2. አይደለም		
618	መስራት ከምትፈልገዉ በታች አድርገህ ነበር?	1. አዎን 2. አይደለም		
619	ራህን ወይም የእለት ተእለት እነቅስቃሴህን እንድተለመደዉ በትክክል አትሰራም ነበር	1. አዎን 2. አይደለም		
620	ባለፉት አራት ሳምንታት ዉስጥ አካላዊ ፤ስሜታዊ ጤንነትህ ከቤተሰቦችህ፤ ከጋደኞችህ፤ከጎረቤቶችህ ጋር በማህበራዊ እንዉስቃሴህ ላይ ያስከተለብህ ተፅኖ?	1. ምንም አይፈጥርም 2. በትንሹ ይፈጥራል 3. መካከለኛ ይፈጥራል 4. በመጠኑ ይፈጥራል		

		5. በጣም ይፈጥራል
621	How much bodily pain have you had during the past 4 weeks? ባለፉት 4 ሳምንታት ዉስጥ ምን ያክል የሰዉነት ህመም ተሰምቶዎታል?	1) ምንም አይፈጥርም 2) በትንሹ ይፈጥራል 3) መካከለኛ ይፈጥራል 4) በመጠኑ ይፈጥራል 5) በጣም ይፈጥራል
622	ባለፉት 4 ሳምንታት ዉስጥ የህመም ስሜትዎ በሚሰሩትን የእለት ስራ(ከቤት ዉጭም ሆነ ከቤት ዉስጥ ስራዎት) ላይ ችግር ይፈጥራል ?	1. ምንም አይፈጥርም 2. በትንሹ ይፈጥራል 3. መካከለኛ ይፈጥራል 4. በመጠኑ ይፈጥራል 5. በጣም ይፈጥራል
F_5.	የሚከተሉት ጥያቄዎች እርስዎ ባለፉት 4 ሳምንታት ዉስጥ ምን ስሜት እንዳለዎት ና ነገሮች እንዴት እንደነበሩ የሚገልጹ ናቸዉ::ለእያንዳንዱ ጥያቄ እርሰዎ የነበሩበትን ስሜት የሚገጸዉን መልስ ይምረጡ:: ✓ ባለፉት 4 ሳምንታት ዉስጥ ምን ያክል ጊዜ	

	ጥያቄዎች	የመልስ ምርጫዎች					
		ሁልጊዜ	አብዛኛዉን ጊዜ	መካከለኛ ጊዜ	በተወሰነ ጊዜ	በጣም ትንሽ ጊዜ	እኸል አይፈጥርም
623	የሙሉነት ስሜት ተሰመቶዎት ያዉቃል?	1	2	3	4	5	6
624	በጣም ብስጩ ሰዉ ነበሩ ?	1	2	3	4	5	6
625	የዝቅተኝነት ስሜት ና ይህን ለማስወገድ የሚከብድ ስሜት ተሰምቶዎት ያዉቃል?	1	2	3	4	5	6
626	ሰላምና የረጋ ስሜት ተሰምቶዎት ያዉቃል?	1	2	3	4	5	6
627	ብዙ ሀይል ነበረዎት?	1	2	3	4	5	6
628	የመከፋት ና የድብርት ስሜት ተሰምቶዎት ያዉቃል?	1	2	3	4	5	6
629	ከጥቅም ዉጭ የመሆን ስሜት ይሰማሃል?	1	2	3	4	5	6
630	የምትደሰት ሰዉ ነበርክ/ሽ?	1	2	3	4	5	6
631	የድካም ስሜት ይሰማሃል?	1	2	3	4	5	6

632	ባለፉት 4 ሳምንታት ዉስጥ በአካላዊ ወይም ስነ አእምዕሮ የጤና ችግሮች ምክንያት በማህበራዊእንቅስቃሴ ጊዜዎት ላይ(ለምሳሌ፤ጓደኛ ፤ ዘመድ ፤ ወዘተ ማየት) ምን ያክል ችግር ፈጥሮ ያዉቃል?	6. ሁልጊዜ 7. አብዛኛዉን ጊዜ 8. አንዳንድ ጊዜ 9. በጣም ትንሽ ጊዜ 10. ምንም እክል አይፈጥርም

F_6.	የሚከተሉት ጥያቄዎች ለእርሰዎ ምን ያክል እዉነት ወይም ሀሰት ናቸዉ?					
	ጥያቄዎች	በትክክል እዉነት	ብዙዉን ጊዜ እዉነት	አላዉቅም	ብዙዉን ጊዜ ሀሰት	በትክክል ሀሰት
633	ከሌሎች ሰዎች እኔ በትንሹ የምታመም እመስላለሁ					
634	እንደማዉቃቸዉ ጤነኛ ሰዎች እኔም ጤነኛ ነኝ					
635	የጤናየ ሁኔታ እየባሰ ይመስለኛል					
636	ጤናዬ በጣም ጥሩ ነዉ					

ለትብብርረዎክልብአመሰግናለሁ.

Gaafachuu hiikkaa afaan oromootiin.

Alem Iskezan jedhama.Jimma university keessatti miseensa gamtaa qorattootaa (riiserchii) yommuun ta'u miidhaa qaaniin (namootarraa adda of baasuun) namoota dhukkuba sammuu qabanirraan ga.u qorachuufidha.Kaayyoon qorannoo kanaas miidhaa qaaniin fayyaa namoota dhukkuba sammuu qabanirraan ga.u qorachuu fi karaalee qaanii ofirraa ittisuuf gargaaran Kan ibsu ta.a.Firiin qorannoo kanaa dabalataan ragoolee fayyaa namoota dhukkuba sammuu qabanii fooyyessuuf

gargaaran Kan ibsu ta.a. Kanaafuu qorannoon Kun namoota ilaallatu gaaffii kana keessatti Kan ibsaman qaanii fi isa faana kan wal qabatan haal fayyaa kan gaafatan hunda kan gaafatan ta'a. Kanaaf qorannoo kana hojjechuuf gargaarsaa fi hirmaannaa keessan kabajaan isin gaafanna.Ragaaleen isin nuuf laattann hunduu icciitiidhaan Kan eegamu yommuu ta'u maqaan keessan waraqaa gaaffii kanarratti hin katabamu.

Galatoomaa.

Qorannoo kanarratti hirmaachuuf fedha qabda?

1. **Eeyyeen**
2. **Fedha hin qabu**

Id. Hirmaataa/ttuu……

Lakkofsa kaardii…….

Mallattoo……

Guyyaa……..

Sa'aa itti eegale…….

Sa'aa itti xumurame……

Maqaa Nama daataa funaanee…….

Mallattoo……..

Kutaa 1. Gaaffii hawaasummaa

Lakk.	**Qabiyyee**		
1	**Saala**	**dhiira**	**dhalaa**
2	**Umurii**		

3	**Teessoo**		
4	**amantii**		
5	**Hojii**		
6	**Gosa**		
7	**galii baatiitti argattu**		
8	**nama waliin jiraattu**		
9	**maatiirraa gargaarsaa ni argatta?**		

Kutaa 2ffaa.

Gaaffii ilaalcha namaa, dhukkubaa fi dawaa ilaalchisee

Lakk.	**gaaaffii**	**deebii**	**deebii**
10	yeroo hagamiiif yaalamaa turte	**Guyyaa…….** **torbee……**	**baati…….** **waggaaa……**
11	**dawaa haala gaariin fudhattaa?**	**1) eeyyeen**	**hin fudhanne**
12	**Deebiin keessan hin fudhanne too ta'e yeroo akkam**	**1) Guyyaa sadiin ……2)torbeetti…….**	**3)baatiitti…….**

	irraanfattu?		
13	**dawaan miidhaa isinirraan ga'eeraa?**	**1) eeyyeen**	**2. hin geessisne**
14	**Deebiinkeessan Eeyyeen yoo ta'e**	**1.ulfaatina dabaluu** **2. urgufamuu** **3. rakkoo qaama/fedha quunnamtii saalaa**	**4. rakkoo deemsaarratti** **5. boqonnaa dhabuu** **6. rakkoo garaa keessaa**

Kutaaa 2ffaa.

Gaaffii qaanii ilaalchisee ISMI gargaaramuun.)

C. /gaaffii of ceepha'uu ilaalchisee

lakk.	**yaada**	**deebii**	**deebii**	**deebii**	**deebii**
		sirriittin amana	**nan amana**	**hin amanu**	**sirriitti itti hin amanu**
1	addunyarratti bakka hin qabu jedheen yaada dhukkuba sammuu waan an qabuuf				
2	dhukkuba sammuu qabaachuunkoo jireenyakoo				

	balleesseera				
3	namni sammuun isa nagaa ta'e bakka naaf hin qabu				
4	dhukkuba sammuu qabaachuunkoo na qaanesseera				
5	dhukkuba sammuu qabaachuukootiin jireenyakootti hin gammanne				
6	ani namoota sammuunsaanii nagaa ta'eetiin gaditti of ilaala				

D. gaaffii irra deddeebi'aan yaaduu

Lakk.	yaada	deebii	deebii	deebii	deebii
		sirriittan itti amana	nan amana	itti hin amanu	sirriitti itti hin amanu
7	sammuun dhibamuukootti irra deddeebi'een yaada				
8	namoonni				

	akkasumaan na ilaalanii sammuun dhibamuukoo na beeku				
9	**namoonni sammuu dhibaman nama sodaachisu**				
10	**waanan dhukkuba sammuu qabuuf jireenyi koo namoota biroorratti kan hirkate dha**				
11	**naamni sammuu dhibamaan jireenya gaarii hin jiraatu**				
12	**sammuu dhibamaan fuudhuu hin danda'u**				
13	**sammuu**				

	dhibamaa waanan ta'eef uummata keessatti gatii hin qaqbu				

C] gaaffii uummataan qoqqoodamuu ilaalchisee

lakk.	**Yaada**	**deebii**	**deebii**	**deebii**	**deebii**
14	sammuu dhibamaa ta'uukoof uummanni adda na baasu				
15	**namoonni akka ani waan tokko hojjechuuf hin dandeenyeetti yaadu sammuu dhibamaa waanan ta'eef**				
16	**namoonni akka gad aanaatti na ilaalu**				
17	**namoonni akka daa'imaatti na ilaalu sammuu dhibamaa waanan ta'eef**				
18	**namoonni natti dhiyaachuu sodaatu**				

D] Gaaffii uummatarraa adda of baasuu ilaalchisee

lakk.	gosa gaaffii	deebii	deebii	deebii	deebii
		sirriitti itti nan amana	itti nan aqmana	itti hin amana	sirriitti itti hin amanu
19	waa'ee koo baayyee haasa'uu hin barbaadu sababni isaas dhukkubakootiin warra kaan rakkisuu hin barbaadu				
20	namootatti baayyee hin siiqu sababni isaas dhukkubni koo akkan amala hin taane agarsiisu na gochuu danda'a				
21	namootatti hin siiqu sababnisaas warrikoofi hiriyyoonni koo akka waa'eekoof hin qaanofnen barbaada				
22	yaadni waa'ee dhukkubakoo irra				

	deddeebi'ee natti dhaga'amu akkan namootarraa maqu na godheera				
23	**yeroon warra fayyaa bira ga'u nan qaaana'a**				
24	**warra fayyaatti siiquu hin barbaadu sababnisaas isaan akka adda na hin baasne ofiikoo adda of baasuun naa wayya jedheen**				

E] **(gaaffii qaanii damdamachuu/qaaniirraa of qusachuu ilaalchisee**

lakk.	**gosa gaaffii**	**deebii**	**deebii**	**deebii**	**deebii**
		sirriitti ittin amana	**ittin amana**	**itti hin amanu**	**sirriitti itti hin amanu**
25	**uummata keessatti warra dhukkuba sammuu qaban keessatti ilaalamuukootiif nan gammada**				
26	**walumaa galatti akkan jiraachuu barbaadutti jiraachuu nan danda'a**				
27	**yoon rakkoo sammuu**				

	qabaadheyyuu jireenya barbaachisu jiraachuu nan danda'a				
28	**namoonni mataa dhukkubsatan uummataaf bu'aa buusuu danda'u**				
29	**dhukkuba sammuu qabaachuunkoo jiraataa cimaa na taasiseera**				

Garee VI: gafii 36 qoranoo fayyaa

Deebii sirii ta'etti marii

Gaafi guuca qooranno buu'a hordoofii fayaa ilaalu ilaalu dha.		
Lak.	**Gaafii**	**Deebii**
601	**Walii gallatii, fayyaan koo akkana jeetta?**	**11. Bayyee bayyee gaariidha** **12. Baayee gariidha** **13. Gariidha** **14. Giduu galeessa** **15. Yaraadha**
602	**Yoo waagaa tokkoon duraan dorgomisiifitu fayaan kee ammaa waluma galatti akkamii**	**6. Gariidha hamma wagaa tokoon duuraa** **7. Waa xiqoo gariidhaWagaa tokoo asii** **8. Waali fakkata** **9. waa badaadha wagga tokoo asii** **10. Baayee baadaadh wagaa tooko asii**
F2.	**Gaffi kana gadii hoojii kee guuyya irratti fayaan kee hojii sidhorkeeraa**	
		Deebii

	gaafii	Eyyee,baayee naadho	Eyyee,xiqoo naadho	Lakki,humaa naahin
603	Wojii yeroo fayaa rawataamu fkn. Fiiguu,waabaacuu hojii jabina qaama hojeechu.	1	2	3
604	Hojii giduu galeessa fkn tesso kaasu,dhiibuu k.k.f	1	2	3
605	Suukii dhaquu , nyaata hojechuu	1	2	3
606	kaabaa waltajii tookko baa'u daandeessa	1	2	3
607	Kaabaa tookko baa,ufi bu.u	1	2	3
608	Gadijeechuu,jillbenfachuu,dhaabbachuu	1	2	3
609	Millan kilo metira tokkofi cinaa demmitta	1	2	3
610	Kaabaa bayee deemu dandessaa	1	2	3
611	Blokii tokko deemitta	1	2	3
612	Dhaqiinna dhiqaacuuf,hucuu uffacuu	1	2	3
F_3.	Torbaan 4 darbban rakoowaan kunii hojiikeerati ykn hoojii yeroo hundaa sabaaba faayaa qaama keetiitin ga'e jiraa.			
613	Yeeroo hoojii koorra fi hoojii birraa irra naakuteera	5. eyyee 6. lakii		
614	Haamman hojeechuu qaabuu gaadii nataasisee jira	3. eyyee 4. lakkii		
615	Hoojii kootiif sochii qaamaa irrattii na dhorkeera	3. eyyee 4. lakki		
616	Hoojii hulfaata hojeechu ykn sochiibiraa fkn. Hummina danuu waanfudhatan	3. eyyee 4. lakkii		
F_4.	Torbaan 4 darbaan rakoowan kaan qabiidda miraa samuun waliiqabaatan(gadda,draaramuu,haarii)			
617	Yeroo Woojjii irratti dabarsiitu fi soochii irra sikutuu	1. eyyee 2.lakki		
618	Amma dandeesuu gadii wojeetta	1) eyyee 2) lakkii		
619	Akka durratti hoojii koo siriitti hinraawadhu	1) eyyee 2) lakkii		
620	Torbban 4 darbaan rawwii hoojii keeti hammile waliqaabtee maatii, hirriyaa,oolla ,garee wajiin	1) huumaa iyyuu 2) xiqoo 3) gidduu galeess 4) baayee xiqoo 5) baayee guudda		

621	Qaamma kee haammamii sidhuukuba baatiiwaan torbban 4 darbban	1.huumaa iyyuu 2. xiqoo 3.gidduu galeess 4.baayee xiqoo 5.baayee guuddaa
622	Torbban 4 darbban hammamam hoojiikee yeeroo maraa(hojii maannaafi hojii allaa siidhoorke)	1.huumaa iyyuu 2. xiqoo 3.gidduu galeess 4.baayee xiqoo 5.baayee guuddaa

F_5.	Gaafiiwan kaana guuti toorbaan 4 darbaan waantoon hunidii siifaana akkami						
	Gaafiiwan	filaannoo					
		Yeroo huundda	Darbbe darbee	Waa xiqoo gariidha	Yeroo tokko ...	yerooxiqoo	Yeeroo kaamii'iyuu
623	Daadhabiin sammuu qaabdaa	1	2	3	4	5	6
624	Naamaa baayee aruu dha?	1	2	3	4	5	6
625	Baayee hin gammaduu waanti sigaaddisiisu jiraa?	1	2	3	4	5	6
626	Caalisuuf nageeyn sittii dhagaa'amaa?	1	2	3	4	5	6
627	Huuminaa baayee qaabiddaa ?	1	2	3	4	5	6
628	Gaadii baayee sitti dhaaga'maa ?	1	2	3	4	5	6
629	Waan midhaamitte sitti fakaataa ?	1	2	3	4	5	6
630	Namaa gammadaadhaa?	1	2	3	4	5	6
631	Daadhabiinsii siiti dhaaga'ama ?	1	2	3	4	5	6
632	Torbaan 4 darbbab fayaan qaamaafii sammuu kee hariiroo sidhoowaan fkn (hiriiyaa firraa gaafachuu k.k.f.)	11. yeeroo huunda 12. yeroo took tookoo 13. yeroo baayee 14. Yeeroo xiqoo 15. Yeroo kaamiyuu					
F_{11}.	Hangaam dhugaa ykn sobaa gaaffiwaan asiigadii siif ?						

	Gaafiiwaan	Siriiti dhuugaadha	Bayeen issadhuugaadha	hiinbeekuu	Baayee nissaa sobaa	Siitii sooba
633	Warraa kaan yoon ilaalu ana salphaa naadhukuuba					
634	Akkumaa warra kaanii fayuumma natii dhaga'amma					
635	Dhiibeenii koo bayyee ciimeera					
636	Fayaani koo baayee siiriidhaa					

Gallatoomaa !!!

Declaration

I,the undersigned, declare that this research thesis is my original work, has not been presented for a degree in this or other university and that all sources of materials used for this have been acknowledged.

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