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Knowledge, Attitude and Practice Towards Stigma on Depression among Young And Middle-Aged Adults in Selangor, Malaysia

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Abstract
Due to the critical frequency, one in five Malaysian young adults experienced depression in 2020, the needs to identify the level of knowledge, attitude and practice among community, as aimed in this study, are highly demanded to strategize awareness raising, reducing stigma and hence tailoring efficient intervention. This cross-sectional study enrolled 172 young and middle-aged adults in Selangor, Malaysia via purposive sampling. The Depression Stigma Scale and Depression Literacy assessed stigma, attitude and practice towards depressive disorder. This study found that knowledge and some demographic factors (economic status, age, education) can influence the attitude and practice towards stigma on depression.

Keywords: Attitude; Depression Stigma; Knowledge; Practice

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1.0 Introduction

Depressive disorder and anxiety disorder are components of mental illness which among the two major psychiatric groups of common mental disorders (World Health Organization, 2017). Depression is characterized by sadness, lack of interest or enjoyment, feelings of sorrow or low self-worth, disrupted sleep or appetite, lethargy, and poor concentration. In the worst-case scenario, depression can lead to suicide (World Health Organization, 2017).

Scenario of mental illness in Malaysia was indicated exceed heart disease incidence as the second most frequent health problem in 2020 (Hassan, 2018). Stigma and prejudice could happen to anyone, regardless of age, gender, ethnicity, social status, or income, that would discourage these people from seeking clinical care and treatment as soon as possible (Public Health, 2015). It is critical to implement educational intervention programs in the area of mental health to enhance people's understanding, attitudes, and practices regarding depression (Mulango et al, 2018).

Based on the recent evidence indicated the rate of depression increased rapidly high as the COVID-19 pandemic progressed into its second year (Wong et al, 2021). During the pandemic period, there is a significant rise in the prevalence of common psychiatric diseases and suicide (Kathirvel, 2020). These findings emphasize the necessity of keeping an eye on mental health disorders in the general community throughout the COVID-19 pandemic and then providing tailored treatments to those who are at high risk, as identified

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in this study (Wong et al, 2021). Hence, this study aimed to identify the knowledge, attitude and practice towards stigma on depression among young and middle-aged adults in Selangor.

2.0 Literature Review

Mental health awareness among Malaysian general population has a poor perception towards mental illness (Swami et al, 2008 from Loo and Furnham, 2012) where the majority of respondents could barely name half of nine typical depressive symptoms (Khan et al, 2010). This indicated knowledge could somehow influence attitude and practice towards depression stigma.

Ibrahim et al (2019) quoted that negative mental help-seeking behaviors were linked to higher self-stigma among younger age students from low-income families. The higher self-stigma on depression were believed due to lower mental health literacy among those respondents. Hence, this scenario increases the potential of experiencing mental health issues among themselves that resulted from restraints to obtain information about depression through education due to socioeconomics factors that usually the higher class does (Ibrahim, 2020).

Effect from the lack of knowledge on depressive disorder disrupts symptom diagnosing process and later hinder adequate care and treatment strategies (Loo & Furnham, 2012 from Jorm et al, 2000). This image is complicated further by cultural conceptions of depression and mental disorders in general, which are more common in developing Asian countries (Loo & Furnham, 2012). According to Loo & Furnham (2012), depression knowledge is described as the awareness, values, and attitudes that help people recognize, handle, which could prevent depression.

Reflecting to the current scenario in local situation, in the past 3 years, Malaysia has reported the exist on the COVID-19 pandemic's effects on mental health, including sadness and anxiety. Stressors such as the COVID-19 pandemic, movement restriction and social limitation has worsened the adaptation and transition of overall population (Rhodes, Kheireddine & Smith, 2020). A study indicated difficulties in adjustment to motherhood likely contribute to postpartum depression (Baker & Yang, 2018). This issue will eventually worsen when the young adults act as caregivers to these mothers are unaware of the depressive disorder (Branquinho, Canavarro & Fonseca, 2019). As a result from the lack of information about depressive may lead to feelings of uncertainty, loneliness and difficulty expressing emotional challenges. At the end, it prevents from seeking professional treatment, which the symptoms will worsen over time and result in mortality (Di Florio, *et al,* 2017).

Yahya et al (2017) recommended an early stage for remedial actions should be applied to help people efficiently manage and cope with mental illness. As a result, a better understanding of the illness and early identification can help to lessen the number of people who suffer from mental health issues (Hassan, 2018). Evidence suggested early intervention can improve long-term outcomes for depression in teenagers (Naushad et al, 2014).

Thus, this study was conducted to determine the level of knowledge, attitude and practice towards depression stigma among community in Selangor while also identifying the association between knowledge with attitude and practice towards stigma on depression and some influence by demographic factors.

3.0 Methodology

3.1 Study design, location and sampling

A cross-sectional study design was enrolled in this study. There was n=172 respondents recruited through a purposive sampling among the community in Selangor. The study received UiTM Research Ethics Committee (REC/12/2021(UG/MR/1046). The respondent was given a detailed description of the study and the consent from the respondents were acquired first before they participated. All the data obtained was keep private and confidential.

3.2 Research instruments

The study instrument was divided into demographic data, Depression Literacy (D-LIT) and Depression Stigma Scale (DSS). According to Gulliver et al (2012), the strength of the Depression Literacy questionnaire is that it has good internal consistency $\alpha = .70$ ($n = 40$). D-Lit has good test-retest reliability $r = .71$, $p = .02$ ($n = 12$). The measurement of data is through their respective answers of interval scale either true, false or don't know. The higher the score indicates high literacy towards depression.

The Depression Stigma Scale (DSS) is used for assessing depression stigma in both the general public and persons who are depressed. The DSS has two 9-item subscales that are supposed to evaluate personal depression stigma (i.e., personal views of depression) and perceived depression stigma (i.e., public perceptions of depression) (ie, perceptions of how others perceive depression) (Zhu et al, 2019). Based on Boerema et al (2016), internal consistency was adequate (Cronbach's alpha =.70) and has good internal reliability with Cronbach alphas 0.78, 0.82, and 0.77 for the total, perceived and personal components. The measurement of data is through interval scale answers of the respondent which are based on a 5-point likert scale (1 = strongly agree, 2 = agree, 3 = neither

agree nor disagree, 4 = disagree, 5 = strongly disagree). The higher the score indicates a high attitude and practice of stigma related to depression.

3.3 Statistical analysis

This study used the IBM SPSS Statistics for Windows, version 26.0 to analyze the data. Normality testing for all the ratio data was being conducted. For this normality testing, Kolmogorov-Smirnov test was used due to no of respondent more than 100. Descriptive analysis for the demographic and scores obtained from the questionnaire was been analyzed using mean (SD) based on the data collection distribution. Inferential analysis was used to know the relationship and determine either to accept or reject the study's hypothesis. The type of inferential analysis used was depending on data distribution where the data normally distributed, so parametric testing which is one-way ANOVA was used. To identify the association between variables, a Pearson correlation (data is normally distributed) was been used. Lastly, descriptive statistics was used to express sociodemographic and clinical characteristic. All the data was be present using tabulation.

4.0 Findings

Table 1 shows demographic information of the respondent which n=172 who has participated in this study. Majority of the respondents are from 18-29 years old category, non- government workers, low-income group, attended to tertiary education and majority of the respondent has no mental issue.

Table 1. Demographic information of respondents

	Variables	n (%)
Gender	Male	74 (43.0%)
	Female	98 (57.0%)
Age	18-29	90 (52.3%)
	30-39	29 (16.9%)
	40-49	30 (17.4%)
	50-59	17 (9.9%)
	>60	6 (3.5%)
Occupation	Government	34 (19.8%)
	Non-government	69 (40.1%)
	Unemployed	25 (14.5 %)
	Student	44 (25.6%)
Income	Less than RM 4850.00	116 (67.4%)
	RM 4851.00-RM 10970.00	51 (29.7%)
	More than RM 10971.00	5 (2.9%)
Health issue	Yes	18 (10.5%)
	No	154 (89.5%)
District	Sabak Bernam	11 (6.4%)
	Hulu Selangor	11 (6.4%)
	Kuala Selangor	17 (9.9%)
	Gombak	23 (13.4%)
	Petaling	49 (28.5%)
	Hulu Langat	17 (9.9%)
	Klang	21 (12.2%)
	Kuala Langat	10 (5.8%)
	Sepang	13 (7.6%)
Marital status	Single	87 (50.6)
	Engaged	16 (9.3%)
	Married	66 (38.4%)
	Widowed	3 (1.7%)
Ethnicity	Malay	141 (82.0%)
	Chinese	17 (9.9%)
	Indian	11 (6.4%)
	Others	3 (1.7%)
Education level	Primary education	7 (4.0%)
	Secondary education	19 (11.0%)
	Tertiary education	146 (84.9%)
Mental issues	Yes	27 (15.7%)
	No	145 (84.3%)

4.1 Level of knowledge, attitude and practice towards stigma on depression among community in Selangor

Table 2 shows mean score on the level of knowledge using D-Lit (M=8.74, SD=4.83) while the Depression Stigma Scale (DSS) was used for assessing stigma, attitude and practice and also illustrate the mean score on the level of attitude (DSS-1) (M=20.10, SD=6.85) and mean level of practice (DSS 2) (M=23.73, SD=5.76). These results indicated the respondents has less literacy (knowledge)about depression and exhibit higher levels of depression stigma.

Table 2. Mean score of knowledge, attitude and practice among respondents in Selangor

	Mean (M)	Std. Deviation (SD)
Knowledge using D-LIT	8.74	4.83
Attitude using DSS	20.10	6.85
Practice using DSS	23.73	5.76

4.2 Association between knowledge (DLIT) with attitude (DSS-1) and practice (DSS-2) towards stigma on depression

Based on Table 3, the Pearson correlation analysis assessed the relationship between knowledge, attitude and practice toward depression among community in Selangor. Finding indicated there was a negative significance correlation between knowledge and attitude towards depression with *r* = -.241, *n*=172, *p*= .001, thus, it was suggested a significant association with high levels of knowledge associated to lower attitude. However, association of knowledge towards attitude and practice indicated positive correlation and not significance, *r* =.113, *n*=172, *p*=.140 and r =.118, n=172, p= .124, respectively.

Table 3. Correlations between knowledge towards attitude and practice on depression stigma.

		DLIT	DSS-1	DSS-2
Knowledge using D-LIT	Pearson Correlation		-.241	.113
	Sig. (2-tailed)		**.001****	.140
Attitude using DSS 1	Pearson Correlation	-.241		.118
	Sig. (2-tailed)	**.001****		.124
Practice using DSS 2	Pearson Correlation	.113	.118	
	Sig. (2-tailed)	.140	.124	

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

4.3 Difference between knowledge, attitude and practice towards depression stigma and demographic factors

4.3.1 Difference in gender with knowledge, attitude and practice towards depression stigma

Independent T-test was used to compare gender towards knowledge, attitude and practice towards depression stigma as illustrated in Table 4. The results indicated there was no statistical significant difference between gender towards knowledge on depression with (p = .847; 95%CI -1.62, 1.33) (t(170) = -.193). However, attitude and practice on depression stigma indicated statistically significant (p = 0.009; 95%CI .70, 4.80) (t(170) = 2.65) in which males has higher attitude than females, and (p = 0.035; 95%CI -3.60, -.14) (t(170) = -2.13) in which females has higher attitude than males.

Table 4. Difference between gender group and knowledge, attitude and practice of depression stigma

Variables	Male (n= 74)/ Mean (SD)	Female (n=98)/ Mean (SD)	Mean diff (95% CI)	t-stats (df)	*P* value
DLIT	8.66 (5.28)	8.80 (4.49)	-.144 (-1.62,1.33)	-.193 (170)	.847
DSS 1	21.66 (6.19)	18.92 (7.12)	2.74 (.70,4.80)	2.65 (170)	**.009****
DSS 2	22.66 (5.92)	24.53 (5.52)	-1.87(-3.60, -.14)	-2.13 (170)	**.035****

***significant value at P-value <0.05*

4.3.2 Difference in age factor with knowledge, attitude and practice towards depression stigma

Table 5 shows the difference of mean score of DLIT (knowledge) with age group. The one-way ANOVA test indicated there was no statistically significant difference since p-value >0.05 with F (*df, n*) = 1.27, *p*=.28. The difference of mean score of DSS-2 (practice) with age group also indicated the same finding with F(df,n)=.414, p=.798. Nevertheless, only the mean score of DSS-1 (attitude) with age group indicated statistically significant difference with F (df, n) = 7.38, p=.000. The mean between age group category indicated respondents aged more than 60 years old has higher attitude toward depression stigma with Mean=25.05, SD=6.77. While the lower attitude was among 18-29 years old, Mean=17.7, SD=6.69).

Table 5. Difference between age group and knowledge towards depression stigma

	Knowledge (DLIT)			Attitude (DSS-1)			Practice (DSS-2)		
Variables/ Type of occupation	n	Mean (SD)	F-stats (df) (P-value)	n	Mean (SD)	F-stats (df) (P-value)	n	Mean (SD)	F-stats (df) (P-value)
18-29	90	9.27 (5.26)	1.269 (.284)	90	17.77(6.69)	**7.38 (.000)****	90	23.83 (6.26)	.414 (.798)
30-39	29	9.38 (5.19)		29	22.17 (6.56)		29	23.17 (5.51)	
40-49	30	7.57 (3.98)		30	22.03 (5.88)		30	24.07 (4.84)	
50-59	17	7.35 (3.31)		17	24.06 (5.04)		17	22.77 (4.69)	
>60	6	7.67 (2.06)		6	25.50 (6.77)		6	25.83 (6.91)	
Total	172	8.74 (4.83)		172	20.09 (6.85)		172	23.73 (5.76)	

***significant value at P-value <0.05*

4.3.3 Difference in occupation with knowledge, attitude and practice towards depression stigma

Table 6 shows the difference of mean score of knowledge, attitude and practice with occupation group. The one-way ANOVA test indicated there was no statistically significant difference since p-value >0.05 in the total score of DLIT towards four occupation groups with F (df, n) = 1.527, p=.209. While, there was statistically significant difference in the total score of DSS-1 (attitude) towards four occupation groups with F(df,n)=9.31, p=.000. Respondents among government servants has higher attitude toward depression stigma

with Mean=21.79, SD=6.68. While the lower attitude was among students, Mean=15.70, SD=7.61. However, there was no statistically significant difference in the total score of DSS-2 (practice) towards four occupation groups with F (df, n) = .481, p=.696.

Table 6. Difference between occupation and knowledge, attitude and practice of depression stigma

	Knowledge (DLIT)			Attitude (DSS-1)			Practice (DSS-2)		
Variables/ Type of occupation	n	Mean (SD)	F-stats (df) (P-value)	n	Mean (SD)	F-stats (df) (P-value)	n	Mean (SD)	F-stats (df) (P-value)
Government	34	8.94 (4.78)	1.527 (.209)	34	21.79 (6.68)	**9.310**	34	23.26 (5.29)	.481
Non-government	69	8.60 (4.90)		69	21.46 (5.83)	**(.000)****	69	23.17 (5.68)	(.696)
Unemployed	25	7.16 (3.31)		25	21.76 (4.99)		25	24.07 (5.14)	
Student	44	9.70 (5.35)		44	15.70 (7.61)		44	22.77 (6.59)	
Total	172	8.74 (4.83)		172	20.09 (6.85)		172	23.73 (5.76)	

***significant value at P-value <0.05*

4.3.4 Difference in economic status with knowledge, attitude and practice towards depression stigma

Table 7 shows the difference of mean score of knowledge, attitude and practice towards economic status. The one-way ANOVA test indicated there was no statistically significant difference of knowledge, attitude and practice towards economic status. since p-value >0.05 in the total score of DLIT towards three economic groups with F(df) = 2.26, p=1.07, F(df) = 1.941, p=.147, and F(df) = 1.84, p=.832 respectively.

Table 7. Difference between economic status towards knowledge, attitude and practice of depression stigma

	Knowledge (DLIT)			Attitude (DSS-1)			Practice (DSS-2)		
Variables / Economic status	n	Mean (SD)	F-stats (df) (P-value)	n	Mean (SD)	F-stats (df) (P-value)	n	Mean (SD)	F-stats (df) (P-value)
B40	116	9.24 (4.60)	2.26 (.107)	116	19.47 (6.35)	1.941 (.147)	116	23.55 (5.76)	1.84 (.832)
M40	51	7.88 (5.18)		51	21.67 (6.92)		51	24.04 (5.70)	
T20	5	6.00 (5.24)		5	18.80 (14.31		5	24.60 (7.37)	
Total	172	8.74 (4.83)		172	20.10 (6.85)		172	23.73 (5.76)	

5.0 Discussion

5.1 Level of knowledge, attitude and practice towards stigma on depression among community in Selangor

The study findings indicated the level of knowledge is low, attitude and practice are good among community in Selangor. Cruz & Mariano (2019) indicated similar finding, reported their nurse respondents were lack of knowledge regarding the depressive disorder especially the sign and symptoms. Another study also agreed that general practitioners in Abu Dhabi reported lack in crucial knowledge about depressive disorder especially information required for the identification and treatment of anxiety and depression (Street & Center, 2006).

Next, this study found that attitude and practice among Selangor community are good which are similarly with the previous study. Majority of the nurse respondents demonstrated an overall favorable attitude regarding the assessment, care, functioning, and prognosis of patients with depressive illnesses (Cruz & Mariano, 2019). In contrast, study conducted by Deribew & Tesfaye (2005), they found that nurses with fewer than five years of experience shown unfavorable attitude toward mental health issues. Nevertheless, a study by Cruz & Mariano (2019) agreed nurses in the study have good practices towards depression patients resulted from majority of the nurses had frequent referral to physician and psychiatrist for appropriate treatments.

5.2 Association between knowledge (DLIT) with attitude (DSS-1) and practice (DSS-2) towards depression stigma

Mental health literacy can be defined as the general public's knowledge of and attitudes about mental illnesses that support early diagnosis, help-seeking, and prevention (Jorm et al, 1997; Khan et al, 2010). This study portrayed that decrease in knowledge will increase the practice and increase in attitude of stigmatizing towards mental illness in which it was parallel to the previous study, a better understanding of mental health literacy contributes to the creation of effective treatments to prevent and manage mental health issues (Kutcher Wei & Coniglio (2016); Husna et al, 2020). Knowing mental diseases in general is another aspect of mental health literacy that can assist reduce stigma associated with the condition or improve a person's ability to seek treatment and manage their own condition (Kutcher Wei & Coniglio (2016); Husna et al, 2020). Ibrahim et al (2019) agreed that the person's level of mental health literacy influence a person with mental health issues' attitudes in seeking help.

Ibrahim et al (2019) quoted that understanding the psychiatric diseases' manifestations and symptoms as well as the necessity to consult a specialist for the appropriate intervention is necessary for mental health literacy. However, the findings on help-seeking intentions and mental health literacy are inconsistent and need more investigation (Sayarifard & Ghadirian, 2013; Ibrahim et al, 2019). Thus, this shows that knowledge can influence the attitude and practice towards depression.

5.3 Differences between knowledge, attitude and practice towards depression stigma and demographic factors (gender, age, occupation, economic status)

Based on Selamat et al (2021), their comprehension of the causes was inadequate, and the lack of knowledge about depression contributes to the untreated state of this mental health condition and knowledge of mental health was also associated to a person's willingness to seek help for this issue. These findings are contra with study, it was discovered that senior college students had a better attitude toward obtaining mental help (Ibrahim et al, 2019). According to other studies by Rob et al, 2003 (Ibrahim et al, 2019), older persons had better attitudes toward asking for help than younger adults. This finding is also contra with research by Sabariah et al (2017), revealed that the majority of respondents in each age group had a positive attitude about depression, with 50.0 percent of respondents in the 45 years and older category having an both negative and positive attitude toward depression

Broad adverse consequences of work stress are felt by employees, organizations, communities, and the environment (Macklin, Smith & Dollard, 2006). Found that, government sector and student has better attitude and practice towards depression. Compared to employees in the public sector, those in the private sector experienced a higher prevalence of job insecurity, precarious employment, and poor mental health (MM & SS, 2019). Research done by Yahya et al (2017) reported that the environment stress is the most significant determinant of depression in adolescents the people especially student in Malaysia.

Many people's mental health has been impacted by the COVID-19 pandemic and the ensuing economic recession, and those who already struggle with mental illness or drug addiction now suffer additional difficulties (Panchal et al, 2020). This finding is contra with the study by Domènech-Abella et al (2018), that stated depression risk was significantly enhanced by low income and low education. Negative mental helpseeking behaviours were linked to higher self-stigma among younger age students from low-income families (Ibrahim et al, 2019). Decreased socioeconomic level is linked to lower education levels, poorer housing environment, jobless, and debt, all of which are linked to a rise in the frequency of mental illness (Ibrahim et al, 2019).

6.0 Conclusion& Recommendations

In summary, the level of knowledge is low, attitude and practice are good towards depression among the community in Selangor. Besides, there are relationship between knowledge, attitude and practice towards depression among the community in Selangor, in which the higher knowledge, the lower attitude towards depression stigma. Besides, there are differences between knowledge, attitude, practice towards depression and demographic factors such as gender, economic status, age, education level.

Some limitations have been identified such as smaller sample size enrolled in this study and localization in Selangor state may not be able to generalize the data to the whole Malaysian population. In addition, representation should consider both rural and urban community as well. As recommendation, the larger sample size would be ideal generalize the population, and further expand the potential sampling and population. Next, the instrument provided should be in bilanguage to enhance more participation among the community. In conclusion, it is essential to improve awareness and education among Malaysians by targeting specific population as indicated by the findings relating to demographic influence. Besides, the direction of this study could explore the risk of depression and the stigma among younger population such as school students, thus the ideal intervention such as awareness program and advocacy can be offered.

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Paper Contribution to Related Field of Study

This study will contribute to the area of occupational therapy, psychology study and relating to mental health area.

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