

## Knowledge About Mental Health and Expectations of Nigerian University Students to Campaigns Promoting Their Mental Well Being

<sup>1</sup>Buhari Nimat Olubunmi, \*<sup>2</sup>Erubu Saad Ayodeji, <sup>3</sup>Fasiku Mojirola, <sup>4</sup>Bolu-Steve Foluke Nike, <sup>3</sup>Alatishu-Muhammed Biliqis Wuraola, <sup>1</sup>Ogunmodede Adebusola Jane, <sup>3</sup>Bolarinwa Akeem Oladimeji, <sup>4</sup>Adegoke Alfred Akinbo

### Affiliations

<sup>1</sup>Department of Behavioural sciences, University of Ilorin, P.M.B. 1515, Ilorin, Nigeria

<sup>2</sup>Department of Mental health, Afe Babalola University, PMB 5454, Ado-Ekiti, Nigeria

<sup>3</sup>Department of Epidemiology and Community Health, University of Ilorin, P.M.B. 1515, Ilorin, Nigeria

<sup>4</sup>Department of Counsellor Education, University of Ilorin, P.M.B. 1515, Ilorin, Nigeria.

\***Corresponding author** Erubu Saad Ayodeji, **Contact:** erubua@abuad.edu.ng, ayocerubu@gmail.com +2347030659980

### ABSTRACT

About three-quarters of all mental disorders are diagnosed before age 25 years. Only 1.5% of Nigerian youths consider seeking professional health care for mental illness. This study aimed to assess university students' prior knowledge about mental health and their expectations of campaigns to promote their mental well-being within the school environment. This was a descriptive cross-sectional pre-interventional study among 276 undergraduates. Questionnaires were administered prior to a mental health summit organized among tertiary institution students. Data were analysed using Statistical Package for Social Sciences (SPSS) version 22. The data from descriptive statistics were presented using frequencies and means. The mean age of respondents was  $20 \pm 2.1$  years, with a majority being female (76.4%) and first-year undergraduate students (50.7%). Most recognised drug abuse as a risk factor (98.2%) and supported hospital treatment (85.5%), although 13.4% attributed mental illness to spiritual causes. Additionally, 65.6% were unaware of local mental health services, while 64.9% were willing to volunteer for mental health campaigns. However, 26.8% believed that people with mental illnesses cannot lead normal lives. About 50.9% learned about the Tertiary Institution-Based Mental-Healthcare (TIM Healthcare) Programme through the Students' Union. Expectations from the mental health awareness campaign included learning about mental health, fighting stigma, and meeting specialists. The study highlights the importance of targeted campaigns and interventions, peer advocacy and institutional support in bridging mental health knowledge gaps and reducing stigma in tertiary institutions.

**Keywords:** Students' mental health, Mental health campaign, TIM Healthcare Programme, Mental health literacy.

## INTRODUCTION

Mental disorders are increasingly being recognised as a major health challenge worldwide, as they contribute significantly (about 14%) to the global burden of disease (GBD) (Eustache et al., 2017). About 32.4% of years lived with disability (YLDs), and 13% of disability-adjusted life-years (DALYs) can be accounted for by psychiatric illnesses. These disorders are quite prevalent among young people with rates of 10 to 20% globally (Vigo et al., 2016; Bruha et al., 2018).

Undergraduates' mental health is a significant public health concern. According to a study on youth mental health issues, undergraduate students frequently experience these issues, with about a third of them showing noticeable symptoms of a mental health condition such as depression, generalised anxiety disorder, or suicidality. It is also known that about three-quarters of all mental disorders are diagnosed before age 25 years (Oswalt et al., 2020). This coincides with the adolescence and young age bracket within which most university students fall, 16 to 25 years (Buhari et al., 2022).

Globally, the mental health literacy of the public is adjudged to be poor, leading to low recognition of mental disorders, delayed treatment, and subsequent increase in the years lived with disability in people with the disorders (Tay et al., 2018). The mental health knowledge of young people has been equally reported to be very inadequate. In the United States, for instance, according to a survey by Dyrbye et al., 2015, less than 27% of students with mental health disorders requiring consultation sought treatment from formal sources. In a similar vein, just one in five undergraduate students in Finland who experienced depression sought professional assistance, according to the report of a cohort study (Fröjd et al., 2007). The situation is worse in Africa, as portrayed by a study among

Nigerian adolescents, where only 1.5% of them considered seeking professional health care as a possible course of action for depressive illness (Buhari et al., 2022).

Despite the burden of mental illness in undergraduates and the appropriateness of tertiary institutions as a fertile environment for mental health literacy campaigns and enlightenment programmes, little is known about the perception and knowledge of the students on this subject matter. Therefore, this study aimed to assess the students' knowledge about mental health and what they expect of campaigns to promote their mental well-being within the school environment. This is towards developing an encompassing intervention for university undergraduates to promote their psychological wellness.

## METHODS

### Study design and setting

This was a cross-sectional quantitative pre-intervention study done among students of a tertiary institution in North-Central, Nigeria. It was a part of a multi-pronged mental health research and intervention programme, which included prior knowledge assessment for mental health campaigns.

Questionnaires were administered at onset of a mental health summit to students of University of Ilorin (Unilorin) who were present as snapshot needs assessment for subsequent students' mental health interventions and to encourage an atmosphere for open conversations about mental health on campus. Established in 1975, the University of Ilorin is a second-generation Nigerian tertiary institution located in Ilorin, North Central Nigeria. The institution has 118 academic departments within 15 faculties. It started academic work in October-1976 and since then, its core values have been rooted in teaching, research and community service (Omoniyi et al., 2018).

**Study population and eligibility**

The study population comprised undergraduate students of the university, who attended the well-publicised Mental health campaign/ summit organised by the Unilorin Tertiary Institution Mental (TIM Healthcare) Programme in August 2023.

Inclusion criteria included undergraduate students, from first year to fifth year, who had valid admission standing with the university at time of study and consented to participate in the pre-intervention survey, while students who were unwilling to participate survey were excluded. Non-consent from survey did not exclude them from participating in summit.

**Sampling**

The estimated minimum sample size of the study participants was determined using the formula for calculating sample size for cross sectional studies (Bolarinwa, 2020).

Using a significance level of 5% ( $p < 0.05$ ), a power of 80%, and a 95% confidence interval,

$$\text{Sample size (n)} = \frac{Z^2 pq}{D^2}$$

Z is the standard normal deviate; statistic corresponding to the level of confidence = 1.96 for confidence level of 95%.

p = proportion of university students with good knowledge of mental illness, as reported in a previous similar study (77.72%) (Kihumuro *et al.*, 2022).

$$q = 100 - p$$

D = precision or margin of error = 5%

$$n = \frac{(1.96 \times 1.96) \times 77.72 \times 22.28}{5 \times 5} = 266.08,$$

approximated as 266.

After anticipating an attrition rate of 5% (5% of 266 = 13.3, approximately 13), the adjusted sample size (n) was estimated as 266+13 = 279.

**Instrument and Data collection**

Data was collected using a self-administered questionnaire. The first section contained items such as socio-demographic variables while the second section collected data on knowledge of students on mental health, knowledge of hospitals with facilities for treating mental health problems, knowledge of available facilities/intervention for mental health within the university, sources of Information about TIM Healthcare mental health Group, and expectations for attending the programme/summit. The 9 item-questions on knowledge were scored on a yes or no bases. Four questions were reverse coded. Correct answers were given a score of 1. Higher scores suggest better knowledge and awareness. The scores were presented as percentages and total means score.

This was an assessment for subsequent students' mental health intervention which would include mental health literacy campaigns and to encourage an atmosphere for open conversations about mental health on campus. Members of the team assessed the face validity of the questions before agreeing to finally select the 9 items for the purpose of the research. Selected members of the research group distributed the questionnaires for the students and ensured that they were appropriately completed before retrieving them back.

The Cronbach alpha score was assessed for internal reliability and a score 0.79 was obtained which indicate acceptable internal consistency.

**Data analysis**

The data was entered into a spreadsheet and analysed using the Statistical Package for Social Sciences (SPSS) version 22. Descriptive statistics were generated. Frequency tables and a bar graph were generated and used to report descriptive statistics. Continuous variables were expressed as mean  $\pm$  standard deviation (SD), while frequencies

were expressed as percentages.

**Ethical approval** was obtained from the University of Ilorin's ethical review board, with reference number: UIL/UERC/SSE/PF/1821. Informed consent was obtained from all participants, the researchers adhered to the ethical principles outlined in the 1964 Helsinki Declaration (World Medical Association, 2013). All the concerns raised by the respondents regarding the research were addressed appropriately, and any misconceptions were cleared. The participants were assured that they had complete freedom to withdraw from voluntary participation at any time.

## RESULTS

### Sociodemographic data

Majority (62.3%) of respondents were between 19-22 years, a smaller proportion (23.6%) were  $\leq 18$  years while 14.1% were  $>22$  years. Mean age was  $20 \pm 2.1$  years. The majority of the participants were females (76.4%), Christians (51.1%) and of Yoruba ethnicity (86.2%). Most respondents were in first and second year (50.7% and 33.7% respectively).

### Knowledge of university students on mental health

More than half of the participants ( $n=152$ , 55.1%) stated that they had never interacted with someone with mental illness prior to the campaign, and nearly three-quarters believed that "students with mental health problems can live normal lives". About 85.5% agreed that "mental health problems can be treated in hospitals".

Table 2 further summarised respondents' knowledge on mental health, causes, treatment and stigmatisation of mental illness.

### Awareness of mental health facilities

Among the 95 respondents (34.4%) who were aware of mental health facilities available, 35 (36.8%), of the students were aware of Federal Neuro-Psychiatric Hospital Yaba, Lagos state, as having facilities for treating mental health problems, while 21 (22.1%) of respondents were aware of mental health facilities at the University of Ilorin Teaching Hospital, Ilorin, Kwara state, only 2 (2.1%) of respondents knew of mental health facilities at Kwara state General Hospital and Asmau Memorial Hospital, Ilorin, Kwara state.

Regarding how the respondents learnt about the mental health campaign group, Figure 1 reported respondents' sources of Information about TIM Healthcare Group.

### Expectations from campaign and willingness to volunteer

Table 3 revealed that 64.9% of respondents were willing to volunteer, 69.2% attended the campaign programme because they wanted more understanding of mental health, and only 0.4% aimed to fight stigmatisation.

## DISCUSSION

The aim of this study is to assess university students' knowledge about mental health and their expectations of campaigns to promote their mental well-being within the school environment. The study participants were mainly young adults, with majority of them being females, Christians, and of Yoruba ethnicity. This demographic distribution of young adult is reflective of the general composition of university populations in this region. The first-year undergraduate students constituted the largest proportion of participants and this suggests the importance of targeting mental health education

initiatives towards this group as they are at a critical stage of transition and development. Additionally, the under representation of students from the later years of study is a reflection of the system in the university where most of the courses of study end in 4<sup>th</sup> year except Medicine, Nursing, Law, Engineering among few others (Omoniyi *et al.*, 2018).

A study in Ethiopia, found a similar age distribution but a more balanced gender ratio with 55% being females, while our study had a higher female population (76.4%) (Dachew *et al.*, 2015). A mental health survey in Nigeria on adult population reported a higher female participation suggesting that females are more willing to discuss mental health issues (Gureje *et al.*, 2006).

Less than half of the students had a lack of direct interaction with individuals experiencing mental illness among the majority of participants. This differed from another study by Bsharat *et al.* (2023) that reported that more than half of the university students studied had experienced talking with someone with a mental health disorder. The disparity in these findings could be explained by the higher level of stigma associated with mental illness and even publicly discussing mental disorders in our study environment. People with various forms of mental illnesses rarely talk openly about their illness due to fear of prejudice and discrimination. As a result, not many students would have had direct interaction with people who have or have had mental illness (Armiya'u, 2015). Consequently, the poor interaction with individuals with mental illness in this study may lead to loneliness and social isolation, which could worsen mental health. However, if there is positive interaction, it can create a sense of belonging, mental well-being, and happiness (Campbell *et al.*, 2022). Despite the lack of direct interaction with individuals experiencing mental illness among the majority of participants, the students seem to have

a positive perception that individuals with mental health issues can live a normal life. This positive view about mental health problems could be a major starting point in fighting stigma against mental illness.

Participants of this study displayed good knowledge regarding the etiology of mental illness, with a high awareness of the role of substance abuse and a rejection of supernatural causes. This was different from a study in Bangladesh, where quite a number of the students believed that bad luck/fate was the main cause of most psychological and psychiatric problems (Siddique *et al.*, 2022). Another study in the US found a high awareness of biological causes but still persistent stigma towards mental illness (Jorm *et al.*, 2006). One possible reason could be because of the difference in the socio-cultural settings of the studies being compared.

Additionally, there is a predominant belief among the participants in this study that mental disorders can be effectively treated in hospitals. Also, most of them believed that many health problems are not better treated in spiritual/traditional homes. These are a positive sign. A similar study by Siddique *et al.* reported that the students believed in modern psychiatric treatment, although in contrast to this, almost half of the respondents had a general faith in both religious rituals and modern psychiatric treatment for mental disorders (Siddique *et al.*, 2022). Another study in Kenya, showed that about 30% of respondents combined medical and traditional treatments (Ndetei *et al.*, 2007). With these findings, the influence of religion on our belief system cannot be overemphasized. The deep-rooted belief in religious solution and intervention to all or numerous problems of life could have explained this.

The lack of awareness about specific facilities offering psychiatric care, as indicated by two-thirds of the respondents, suggests a gap in the knowledge regarding available mental health resources.

Furthermore, the data shows varying levels of awareness regarding facilities offering psychiatric care, with Neuro-Psychiatric Hospital Yaba, Lagos State, being the most recognised among the participants. Less than one-third of the students were aware of the mental health facilities within the university. This is similar to what was reported by a study conducted in Indonesia (Darmawati *et al.*, 2023). This study revealed that there is a relatively high awareness of the potential support that could be provided by faculty counsellors to help relieve mental health problems. This suggests that these individuals are crucial to students' mental well-being. This was corroborated by a study by Okunaiya *et al.* (2021) among Nigerian university students. The implication of many respondents in this study being unaware of nearby mental health services is that this can delay help-seeking behaviour. Increasing publicity of mental health facilities within and outside could improve access to care, this was part of the outcome measures anticipated following the mental health enlightenment campaign.

Less than one-fifth of the respondents had heard about the TIM healthcare group. Most of these sources of information about the TIM healthcare group were from the student union government (SUG), which helped sensitise students regarding the programme. This is not surprising because one of the roles of the student union government is to sensitise students about seminars, workshops, and other programmes designed to help students (Peter *et al.*, 2015). This highlights the role of student union bodies in mental health advocacy.

In this study, 64.9% were willing to volunteer supporting mental health awareness campaigns on campus although about a quarter still believed those with mental illness cannot live a normal life. This may be because only 44.9% of respondents had a prior contact with someone with mental illness, hence could be a plausible explanation for

this. Corrigan *et al.* (2014) showed that stigma decreases with direct contact with those with mental illness. A study in Canada by Stuart *et al.*, found that about 70% of students were willing to support mental health programs (Stuart, 2016). This was higher than what was found in this study.

Before the Mental Health Literacy Campaign was held, the most common expectation reported by students for attending the mental health literacy campaign was to better understand mental health and wellbeing, underscoring the importance of educational initiatives in addressing misconceptions and promoting awareness. Studies have equally supported that educational interventions, including mental health campaigns, are important strategies in educating students on mental health literacy and reduction of stigma (Buhari *et al.*, 2022; Darmawati *et al.*, 2023; Stuart, 2016). Other expectations included learning about mental health management, combating stigmatisation, and accessing specialised support services, reflecting diverse needs and interests among participants.

### LIMITATIONS

This was a cross-sectional study which was carried out with the aim of understanding student awareness of mental health and the perception to mental health campaigns on campus. and over a relatively short period of time. Notwithstanding, it was a quick and timely way to get a snapshot data and information for subsequent planned school mental health interventions. Also, it is noteworthy that this study only employed a quantitative method of data collection.

### CONCLUSION AND RECOMMENDATIONS

The findings from the diverse knowledge assessment on beliefs, misconceptions, treatment preferences and willingness to volunteer identifies key gaps to guide future campaigns and a strong foundation for peer-led mental health programs on

our campus and involvement of student led bodies to drive advocacy. The notable lack of direct experience with individuals with mental illness and limited awareness of specific facilities offering psychiatric also highlights the importance of targeted educational interventions to bridge these gaps in knowledge and experience.

#### ACKNOWLEDGEMENT

The authors acknowledge the University of Ilorin and students' union body for supporting the subsequent mental health campaigns

#### CONFLICT OF INTEREST

The authors declare no conflict of interest.

#### DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

#### REFERENCES

- Armiya'u A (2015). A Review of Stigma and Mental Illness in Nigeria. *Journal of Clinical Case Reports*. 05. 10.4172/2165-7920.1000488.
- Bolarinwa O (2020). Sample size estimation for health and social science researchers: The principles and considerations for different study designs. *The Nigerian Postgraduate Medical Journal*. 27(2):67-75.
- Bruha L, Spyridou V, Forth G and Ougrin D (2018). Global child and adolescent mental health: challenges and advances. *London Journal of Primary Care*. 10(4):108-9.
- Bsharat R (2023). Perceptions, Knowledge, and Attitude Toward Mental Health Disorders among Students in a West Bank Universities - Cross Sectional Study. *Volume 5:30-42*.
- Buhari O, Adegunloye O, Bolarinwa O, Ogunmodede A and Oguntayo R (2022). Mental Health Literacy Among the Undergraduate Students of a Nigerian University: A Pre-Intervention Study. *International Journal of Public Health and Clinical Sciences*. 9(3):53-66.
- Campbell F, Blank L, Cantrell A, Baxter S, Blackmore C and Dixon J (2022). Factors that influence mental health of university and college students in the UK: a systematic review. *BMC Public Health*.22(1):1778.
- Corrigan PW, Morris SB, Michaels PJ, Rafacz JD and Rüsçh N (2014). Challenging the public stigma of mental illness: A meta-analysis of outcome studies. *Psychiatric Services*. 63(10), 963-973.
- Dachew BA, Bisetegn TA and Gebremariam RB (2015). Prevalence of mental distress and associated factors among undergraduate students at the University of Gondar, Ethiopia. *PLoS ONE*. 10(3), e0119464.
- Darmawati R, Septin MK and Mujahid MUF (2023). Mental Health Issues in Higher Education: Increasing Awareness, Access to Therapy, and Campus Support. *West Sci Interdiscip Stud*.1:783-90.
- Dyrbye LN, Eacker A, Durning SJ, Brazeau C, Moutier C and Massie FS (2015). The impact of stigma and personal experiences on the help-seeking behaviors of medical students with burnout. *Academic medicine*. 90(7):961-9.
- Eustache E, Gerbas ME, Smith Fawzi MC, Fils-Aimé JR, Severe J, Raviola GJ, Legha R, Darghouth S, Grelotti DJ, Thérosme T, Pierre EL, Affricot E, Alcindor Y, Stack MB and Becker AE (2017). Mental health training for secondary school teachers in Haiti: a mixed methods, prospective, formative research study of feasibility, acceptability, and effectiveness in knowledge acquisition. *Glob Ment Health*

- (Camb). 4:e4. doi: 10.1017/gmh.2016.29. PMID: 28596905; PMCID: PMC5454794.
- Fröjd S, Marttunen M, Pelkonen M, Von der Pahlen B and Kaltiala-Heino R (2007). Adult and peer involvement in help-seeking for depression in adolescent population: a two-year follow-up in Finland. *Social psychiatry and psychiatric epidemiology*. 42:945-52.
  - Gureje O, Lasebikan VO, Ephraim-Oluwanuga O, Olley BO and Kola L (2006). Community study of knowledge of and attitude to mental illness in Nigeria. *British Journal of Psychiatry*.188(4), 436-437.
  - Jorm AF, Korten AE, Jacomb PA, Christensen H, Rodgers B and Pollitt P (2006). "Mental health literacy": A survey of the public's ability to recognize mental disorders and their beliefs about the effectiveness of treatment. *Medical Journal of Australia*. 166(4), 182-186.
  - Kihumuro RB, Kaggwa MM and Kintu TM (2022). Knowledge, attitude and perceptions of medical students towards mental health in a university in Uganda. *BMC Med Educ* 22, 730. <https://doi.org/10.1186/s12909-022-03774-0>.
  - Ndetei DM, Khasakhala LI, Mutiso V, Ongecha-Owuor FA and Kokonya DA (2007). Patterns of drug abuse in public universities in Kenya. *Substance Abuse*. 28(1), 1-6.
  - Okunaiya GA and Omovre CO (2021). Counselling Services and Mental Health Status of Nigerian University Students. *Covenant Int J Psychol* [Internet]. [cited 2024 Apr 6]; Available from: <https://journals.covenantuniversity.edu.ng/index.php/cijp/article/view/2639>.
  - Omoniyi JO and Abdulraheem JW (2018). Implications of Inflationary Trends on Collection Development at the University of Ilorin Library, 1976-1985, 2010-2014. *Journal of information and knowledge management*. Vol. 9 (4) Pg 26 - 34. 10.4314/ijikm.v9i4.3.
  - Oswalt SB, Lederer AM, Chestnut-Steich K, Day C, Halbritter A and Ortiz D (2020). Trends in college students' mental health diagnoses and utilisation of services, 2009–2015. *Journal of American college health*. 68(1):41-51.
  - Peter ZE and Ebimobowei ST (2015). Leadership and Student Unionism, Challenges and Solutions in The Nigerian Tertiary Education System (Colleges of Education, Polytechnics and Universities). *European Scientific Journal, ESJ*, 11(25). Retrieved from <https://ejournal.org/index.php/esj/article/view/6226>.
  - Siddique MAB, Ovi MR, Ahammed T, Chowdhury MAB and Uddin MJ (2022). Mental health knowledge and awareness among university students in Bangladesh. *Heliyon*. 8(10):e11084.
  - Stuart H (2016). Reducing the stigma of mental illness. *Global Mental Health*. 3(e17), 1-14.
  - Tay JL, Tay YF and Klainin-Yobas P (2018). Mental health literacy levels. *Archives of psychiatric nursing*. 32(5):757-63.
  - Vigo D, Thornicroft G and Atun R (2016). Estimating the true global burden of mental illness. *The Lancet Psychiatry*. 3(2):171-8.
  - World Medical Association (2013). Declaration of Helsinki. *JAMA*. 310(20):2191. Available from: <http://dx.doi.org/10.1001/jama.2013.281053>



Table 1: Socio-demographic characteristics of the respondents

N= 276

Variables	Frequency	Percentage
<b>Age group</b>		
≤18	65	23.6
19 – 22	172	62.3
>22	39	14.1
Mean ± SD	20 ± 2.1	
Range	14 – 27	
<b>Gender</b>		
Male	65	23.6
Female	211	76.4
<b>Religion</b>		
Christianity	141	51.1
Islam	135	48.9
<b>Ethnicity</b>		
Yoruba	238	86.2
Hausa	3	1.1
Igbo	11	4.0
Others (Edo, Idoma)	24	8.7
<b>Level</b>		
100	140	50.7
200	93	33.7
300	28	10.1
400	14	5.1
500	1	0.4

Table 2: Knowledge of university students on mental health

Response	Correct Answer	Yes	No
		n (%)	n(%)
Interacted with someone with mental health problem	Yes	124 (44.9)	152 (55.1)
Student with mental health problems can live normal lives	Yes	202 (73.2)	74 (26.8)
All mental health problems are due to careless living	No	22 (8.0)	254 (92.0)
Use of drug of abuse can result to mental health problems	Yes	271 (98.2)	5 (1.8)
Mental health problems can only occur in those with a family history	No	15 (5.4)	261 (94.6)
Mental health problems are caused by spiritual forces	No	37 (13.4)	239 (86.6)
Mental health problems can be treated well in the hospital	Yes	236 (85.5)	40 (14.5)
Many health problems are better treated in spiritual/traditional homes	No	41 (14.9)	235 (85.1)

Know of hospitals with facilities for treating mental health problems	Yes	95 (34.4)	181 (65.6)
---	-----	-----------	------------

Cronbach's 0.79

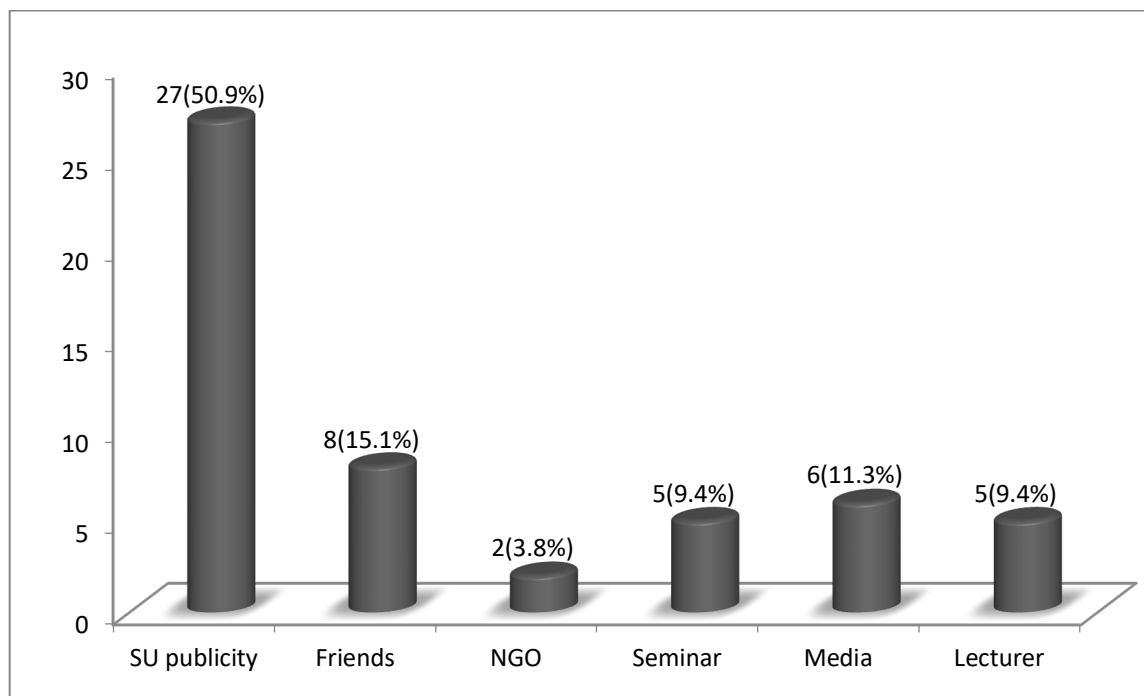


Figure 1: Sources of Information about TIM Healthcare Group

Table 3. Participants' expectations for attending the campaign and willingness to be a volunteer

Expectation for attending the programme	Frequency	Percentage
To have more understanding of mental health	191	69.2
To understand the management of mental health	17	6.2
To know how to fight against stigmatization	1	0.4
To get relieved of his/her mental health issues	2	0.7
To meet with a specialist in the field	1	0.4
To be able to assess his/her mental health state	3	1.1
To know about opportunities that people with mental health issues have	1	0.4
None	60	21.7
<b>Willing to be a volunteer</b>		
Yes	179	64.9
No	97	35.1