

## PERCEPTION AND BELIEFS ABOUT MENTAL ILLNESS AMONG ADULTS IN BIRNIN KUDU METROPOLIS JIGAWA STATE

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### Abstract

*Misconceptions about causes and symptoms of mental illnesses remain major concern in northern Nigeria, resulting in making inappropriate treatments option for mentally ill patients. The study is aimed to find out the adults' belief on the causes of mental illness, perception on the symptoms and preferred place for the treatment of mental illness in Birnin kudu metropolis Jigawa state. Cross-sectional descriptive study design was employed in this study, which involved a random sample of 384 adults, recruited from Birnin kudu metropolis. A multistage sampling technique was adopted. Data were obtained using structured interview guided questionnaire. These were organized and analysed with SPSS version 23. The findings of the study revealed that brain disease (16.20%), domestic violence (14.52%), hereditary (13.13%), evil spirit (12.85%) and trauma (12.01%) were identified by the respondents as the major belief causes of mental illness. Sleep disturbances (13.95%), tension (13.06%), aggression and wandering (12.46%), suicidal thoughts (10.97%) and sadness and loss of interest (10.68%) were identified by the respondents as a major symptoms of mental illness. Also, the findings of this study indicated that respondents identified orthodox medicine (31.82%), traditional medicine (28.79%) and spiritual healing (25.76%) as the major preferred place for treatment of mental illness. There is need for mental health care personnel to collaborate with community members in changing the wrong perception and negative beliefs of mental illnesses through community sensitization and involvements.*

**Key words:** Belief, Community mental health, Mental illness, Perception

### Introduction

Mental health problems exist in all countries, in various stages of life among women and men irrespective of their social class, geographical location, settlement, ethnicity and race. As many as 450 million people worldwide are estimated to be suffering at any given time from some kind of mental or brain disorder (WHO, 2001). Worldwide it is estimated that life time prevalence of mental illnesses ranges from 12.2% to 48.6% and 12-month prevalence between 8.25% and 29.1% (WHO, 2008). It was reported that, mental illnesses can affect one out of every four people during their lives (Van der Ham, Wright, Van, Doan and Broerse, 2011). The World Health Organization (WHO) estimates that neurological, mental and behavioral disorders and self-harm contribute 12% of the global burden of disease (Murray, Vos, Lozano, Naghavi, Flaxman, Michaud, *et al.*, 2013).

The understanding of mental health and the interpretation varies from culture to culture. This cultural context is important when studying beliefs and perception regarding mental health. People's perception of illness explains their help-seeking behaviour or lack thereof (Dow, 2011). Mental health issues are increasing and are alarming in almost every part of the world,

including Nigeria (Klerman and Weissman, 1989 and Ngui, Khasakhala, Ndetei, Roberts, 2010). In spite of these, lack of public knowledge concerning mental illnesses, and the help-seeking behaviour of mentally ill person is widely affected by public perception and beliefs about mental illnesses (Kabir, Iliyasu, Abubakar and Aliyu, 2004). Moreover, negative beliefs and devastating perceptions about mental illnesses remain a concern in various countries of the world especially in developing countries (Chikomo, 2012). This has been found to be a key cause of devastating beliefs people have about causes of mental illnesses which include possession of evil, witchcraft, or curse (Chikomo, 2012) perception on symptoms of mental illness and preferred place for treating mentally ill patient.

People tend to have strong beliefs about the mentally ill, and many of these concepts are based on prevailing local systems of belief (Edlund, Wang, Berglund, Katz, Lin and Kessler, 2002). Beliefs about causes of mental illnesses may affect pattern of seeking help, follow up and responses to treatment (Kabir, Ilyasu, Abubakar and Aliyu, 2004). People equated the cause of mental illnesses to supernatural agents, possessions by spirit and witchcraft, these beliefs hinder help seeking behavior of mentally ill persons (Khan, Hassali, Tahir, and Khan, 2011). Moreover, the most often cause of mental illness was problem in interpersonal relationships (Chikomo, 2011). In western world, mental illnesses are usually believed to be caused by psychosocial factors like childhood experiences or social environment (Khan, Hassali, Tahir and Khan, 2011). Although, some studies imply that severe mental illnesses, are more likely to be caused by genetic factors (Jorm, 2000).

The negative stereotypes and stigmatizing attitudes society has towards mentally ill persons leads to behavior that worsens the mind of a sick person (Ndetei, Khasakhala, mutiso, Mwayo, 2011). Chikomo (2011), mental illness which symptoms are mostly characterized by behavioral or psychological impairment of functioning usually associated with distress, disease, response to a particular event or limited to social relation. Read and Doku (2012) reported that anxiety and tension were the core symptoms expressed, with 35% reporting feeling of guilt and self-reproach. Also, feelings of sadness and loss of interest and enjoyment were commonly reported. 40% reported somatic symptoms including headaches, bodily heat, and generalized body pain. A study done in Karfi village Kano state, Northern Nigeria found that the most common symptoms proffered by respondents as manifestation of mental illness included aggression/destructiveness (22.0%), loquaciousness (21.2%), eccentric behavior (16.16) and wandering (13.3%) (Kabir, Iliyasu, Abubakar, and Aliyu, 2004). Also, many people had a view that mentally ill people are worthless, dirty, senseless, dangerous and unpredictable (Ndetei, Khasa Khala, Mutiso, Mwayo, 2011).

There is also myth that, psychiatric treatment is likely to cause brain damage as evidence by patients robotic-like expression. These beliefs hinder help seeking behavior of mentally ill persons (Khan, Hassali, Tahir, and Khan, 2011). Kabir, Iliyasu, Abubakar and Aliyu (2004) also stated that, the majority of respondents (46.0%) opted for orthodox medical care when asked about preferred source of treatment for mentally ill in Kano state, Nigeria. Although, people often go to hospitals after they have tried all options of treatment and after the symptom has got worse and this in turn negatively affects the prognoses of treatment (Salve, Goswami, sagar, Nongkynrih and Screenivas, 2013).

In Northern-Nigeria there are few published studies identifying community's perception and beliefs towards mental illness and to the best of our knowledge no studies have been conducted in

Birnin Kudu town concerning this topic. The study has the potential to make great contributions in digging deep into adults' beliefs on causes, perception of symptoms and preferred treatment options regarding mental illness in Birnin Kudu metropolis. This should help in developing strategies improving the general mental health and in correcting possible misconceptions as found in some other communities.

### **Materials and Methods**

**Setting:** Birnin-kudu local government of Jigawa state created in 1976, situated within the sub-Saharan part of northern Nigeria. Birnin Kudu metropolis is predominantly Muslim, Hausa community with several traditional healers, engaged in farming, petty trading and numerous civil servants with a total of seventy-six quarters (Birnin Kudu Local Government Community Department, 2018). There are two hospitals in the metropolis; Federal Medical Centre, Birnin Kudu and General hospital, Birnin Kudu and one primary health care centre.

**Research design:** A cross-sectional descriptive research designs was employed to identify the belief on the causes of mental illness, perception on the symptoms of mental illness and preferred place of treatment of mental illness among adults in Birnin-kudu metropolis.

**Study population and Sampling:** The study population consisted of all adult residing in Birnin Kudu metropolis. A multistage sampling technique was employed for the study. In the first stage, five quarters out of the seventy-six in the metropolis were randomly selected. Second stage, involve house numbering, 384 houses were selected from the five quarters using a table of random numbers and five households from each quarters formed the sampling interval. Third stage, one household was selected, that met the inclusion criteria, using balloting, where more than one household was found in a house. Fourth stage, one respondent was selected at random from each household for the interview. A total of 384 adults were therefore obtained to serve as sample size.

**Research Instrument and method of data collection:** The Data were collected using structured interview guided questionnaire. The questionnaire was administered to the adults. Relevant data sections of the instrument were designed to seek information to meet the study objectives. Adults' socio-demographic, beliefs on the causes, perception on the symptoms and preferred place of treatment of mental illness were derived from the questionnaire. The five researchers met the respondents in their various residences. Thirteen questionnaires were distributed daily, having a total of ninety-six (96) questionnaires per week. Four weeks were spent for data collection.

**Data analysis:** Data were analysed using Statistical Package for Social sciences (SPSS) software version 23. The data were summarized using frequency distribution tables and percentages.

**Ethical consideration:** Ethical approval was obtained from Research and Ethic Committee, Jigawa State Ministry of Health, after which, approval was granted by the District Heads of Birnin Kudu. Informed consent was secured from each participants and all information obtained from the participants were kept confidential.

Result

Respondents’ Socio-demographic Characteristics

The findings from the study shows that majority of the respondents (46.9%) were within the age range of 20-25 years. Male constituted 64.6% of the adults; while female made up the rest (35.4%). Also, most (61.5%) respondents had tertiary level of education, 32.3% reported being civil servants and 10.4% farmers. Majority (99.0%) of them were Muslims (Table 1).

Table 1: Socio-demographic Characteristics of the Respondents (n= 384)

| Variables                     | Frequency | Percentage (%)  |
|-------------------------------|-----------|-----------------|
| <b>Age of the respondents</b> |           |                 |
| 20-25                         | 180       | 46.9            |
| 26-30                         | 128       | 33.3            |
| 31-35                         | 48        | 12.5            |
| 36-40                         | 24        | 6.3             |
| 41 and above                  | 4         | 1.0             |
|                               |           | Mean age = 28.5 |
| <b>Gender</b>                 |           |                 |
| Male                          | 284       | 64.6            |
| Female                        | 136       | 35.4            |
| <b>Marital status</b>         |           |                 |
| Married                       | 176       | 45.8            |
| Single                        | 196       | 51.0            |
| Divorced                      | 12        | 3.1             |
| <b>Educational level</b>      |           |                 |
| Primary                       | 20        | 5.2             |
| Secondary                     | 96        | 25.0            |
| Tertiary                      | 236       | 61.5            |
| Arabic                        | 32        | 8.3             |
| <b>Occupation</b>             |           |                 |
| Civil servant                 | 124       | 32.3            |
| Business                      | 92        | 24.0            |
| Farming                       | 40        | 10.4            |
| Housewife                     | 44        | 11.5            |
| Student                       | 84        | 21.9            |
| <b>Tribe</b>                  |           |                 |
| Hausa                         | 344       | 89.6            |
| Yoruba                        | 8         | 2.1             |
| Igbo                          | 4         | 1.0             |
| Fulani                        | 24        | 6.3             |
| Kanuri                        | 4         | 1.0             |
| <b>Religion</b>               |           |                 |
| Islam                         | 380       | 99.0            |
| Christianity                  | 4         | 1.0             |

**Belief on Causes of Mental Illness**

Table 2 indicates that respondents’ belief on the causes of mental illness were identified as brain disease (16.20%), domestic violence (14.52%), hereditary (13.13%), evil spirit (12.85%) and trauma (12.01%).

**Table 2: Respondents’ Belief on Causes of Mental Illness**

| Variables                 | Frequency | Percentages (%) |
|---------------------------|-----------|-----------------|
| Brain disease             | 232       | 16.20           |
| Domestic violence         | 208       | 14.52           |
| Hereditary                | 188       | 13.13           |
| Evil spirit               | 184       | 12.85           |
| Trauma                    | 172       | 12.01           |
| Infection                 | 148       | 10.33           |
| Misuse of drugs           | 108       | 7.54            |
| Witchcraft                | 96        | 6.70            |
| Supernatural agent        | 80        | 5.59            |
| Stressful life experience | 12        | 0.84            |
| Surgery                   | 4         | 0.28            |

NB: Multiple responses recorded thus, percentages represent proportions of responses obtained.

**Perceived Symptoms of Mental Illness**

Data revealed that most of the respondents identified sleep disturbances (13.95%), tension (13.06%), aggression and wandering (12.46%), suicidal thoughts (10.97%) and sadness and loss of interest (10.68%) as the major symptoms of mental illness (Table 3).

**Table 3: Perceived Symptoms of Mental Illness by the Respondents**

| Variables          | Frequency | Percentage (%) |
|--------------------|-----------|----------------|
| Sleep disturbances | 188       | 13.95          |
| Tension            | 176       | 13.06          |
| Aggression         | 168       | 12.46          |
| Wandering          | 168       | 12.46          |
| Suicidal thought   | 148       | 10.97          |
| Sadness            | 144       | 10.68          |
| Loss of interest   | 144       | 10.68          |
| Dirty              | 140       | 10.38          |
| Headaches          | 64        | 4.75           |
| Social isolation   | 8         | 0.59           |
| Irritability       | 4         | 0.29           |

NB: Multiple responses recorded thus, percentages represent proportions of responses obtained.

**Preferred Treatment option of Mental Illness**

The study finding shows that respondents identified orthodox medicine (31.82%), traditional medicine (28.79%) and spiritual healing (25.76%) as their major preferred treatment option for mentally ill patients (Table 4).

**Table 4: Preferred Treatment option of Mental Illness by the Respondents**

| Variable                    | Frequency | Percentage (%) |
|-----------------------------|-----------|----------------|
| Orthodox medicine           | 168       | 31.82          |
| Traditional medicine        | 152       | 28.79          |
| Spiritual healing           | 136       | 25.76          |
| Reluctant to seek treatment | 72        | 13.63          |

NB: Multiple responses recorded thus, percentages represent proportions of responses obtained.

### Discussion

The findings from the study shows that majority of the respondents (46.9%) were within the age range of 20-25 years. This finding is contrary to the findings of Tama and Dwims (2008) which states that majority of the respondents (58%) are within the range of 30-35years. Male constituted 64.6% of the adults; while female made up the rest (35.4%). Also, most (61.5%) respondents had tertiary level of education, 32.3% reported being civil servants and 10.4% farmers. this finding is contrary with the study done in Agaro Town (Deribew, 2005) who reported that most of the respondents were females (60%), Oromo (38.2%), Orthodox Christians (50.4%), married (71.7%) and housewives (37.7%). Majority (99.0%) of them were Muslims.

Respondents' belief on the causes of mental illness were identified as brain disease (16.20%), domestic violence (14.52%), hereditary (13.13%), evil spirit (12.85%) and trauma (12.01%). This report is in line with the study conducted by Katz (2012) and Jorm (2000) which identified genetics, Chikomo (2012) and Khan, Hassali, Tahir, and Khan, (2011) variously reported possession of evil as the major beliefs on the causes of mental illness. Although, supernatural causes by Adewale and Ogunlesi (2009) in southwest Nigeria, childhood experiences or social environment, witchcraft and supernatural causes by Khan, Hassali, Tahir, and Khan, (2011), problem in interpersonal relationships, witchcraft, or curse by Chikomo, (2012) were reported among major beliefs on the causes of mental illness which were inconsistent with the study findings. However, none of the studies identified brain disorders, domestic violence and trauma as the major beliefs on the causes of mental illness in their study communities. These could be attributed to the cultural differences among the study settings.

Data revealed that most of the respondents identified sleep disturbances (13.95%), tension (13.06%), aggression and wandering (12.46%), suicidal thoughts (10.97%) and sadness and loss of interest (10.68%) as the major symptoms of mental illness. This is factual, because respondents identified some of the symptoms of mental illness which could not be unrelated with their educational background as majority of them attended higher institution. This study finding is consistent with study findings of Kabir, Iliyasu, Abubakar, and Aliyu (2004) in Kano, which identified aggression/destructiveness (22.0%) and wandering (13.3%) while Read and Doku (2012) reported tension, feelings of sadness and loss of interest as the major symptoms of mental illness. Moreover, Read and Doku (2012) reported headaches, bodily heat, and generalized body pain whereas Kabir, Iliyasu, Abubakar, and Aliyu (2004) in Kano identified loquaciousness (21.2%) and eccentric behaviour (16.16) as among the major perception on the symptoms of mental illness, which were not in line with the study findings. Although the study identified suicidal thought as perceived symptom of mental illness which no other study revealed.

Respondents identified orthodox medicine (31.82%), traditional medicine (28.79%) and spiritual healing (25.76%) as their major preferred treatment option for mentally ill patients. This is congruence with the opinion of Katz (2012) who revealed that, most mentally ill peoples can be taken to the hospital and be given medication therapy and psychiatric counselling. The findings

of this study also goes in line with similar changes in the attitudes toward modern scientific approach regarding mental disorders as documented by the Alem *et al* (2010) from their study in Ethiopia and Iliyasu and last (2007) in Goron Dutse Kano.

### Conclusion

Majority of the adult of Birnin Kudu metropolis have the beliefs brain disease, domestic violence, hereditary, evil spirit and trauma causes mental illness, with sleep disturbances, tension, aggression and wandering, suicidal thoughts and sadness and loss of interest as it is perceived symptoms. Furthermore, most of the respondents preferred orthodox medicine, traditional medicine and spiritual healing as their preferred treatment option for mentally ill patients. This calls for concern as many had negative belief on evil spirit despite having orthodox medicine as preferred treatment option.

### Recommendations

Based on the findings of this study the following recommendation were made,

1. There is need for mental health care personnel to collaborate with community members in changing the wrong perception and negative beliefs of mental illnesses through community sensitization and involvements.
2. Government and Various Stakeholders in Health Sector needs to collaborate orthodox medicine and traditional medicine so as to penetrate the populace effectively thereby changing the various negative misconceptions and beliefs.
3. There is need for community members, especially those in Birnin-kudu, Jigawa state to have universal basic education, as illiteracy and ignorance contribute a lot towards negative misconceptions.

### Conflict of interest

The paper is original and conducted by the researchers. All authors agreed with all the segment of the article therefore, no conflict of interest declared.

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