

THE INTERNATIONAL JOURNAL OF HUMANITIES & SOCIAL STUDIES

Public Perception and Attitude towards Mental Illness in Otukpo Town of Benue State

Terungwa Mpem

Lecturer, Department of Sociology, Benue State University, Makurdi, Nigeria

Abstract:

Background: Interventions aimed at management and rehabilitation of mental sickness should consider the perception and attitude of the public towards the sickness. This is because the attitude of the public towards the mentally sick is important in recovery outcome.

Aims: To analyze the attitude of the public towards mental illness and other issues involved.

Method: the study utilized a cross-sectional descriptive study using a simple random sampling to elicit data through administering a questionnaire to 150 respondents drawn from Otukpo town, Benue State, Nigeria.

Results: The result of the study revealed that there is a poor attitude towards those having mental sickness, as 65.3% would not have a mentally sick person as a co-tenant. The result also showed that 97.7% of the respondents would not marry a man/woman that has mental illness. Again, 47.7% of the respondents prefer taking their mentally ill relatives to spiritual centres for cure. Furthermore, 62.7% of the respondents identified substance abuse as their major cause of mental illness.

Conclusion: There is a need for educational programmes about the causes and treatment of mental sickness in the study area.

Keywords: Perception, attitudes, mental illness, Otukpo town

1. Introduction

Studies have shown that the role of the public in the care and management of mental illness is vital and is now regarded as the basis for the development of mental health programmes (Bhurga, 1989). This is because the public attitude to the disease has a harmful effect on treatment and recovery outcomes (Corrigan, 1988). It has direct implication on the prevention, treatment and rehabilitation and quality of life of those affected by the disease.

Mental illness is a health problem that affects how a person feels, thinks, behaves and interacts with other people (Ihaji et al., 2013). Mental illness encompasses a broad spectrum of disorders ranging from anxiety disorders, depression disorders and schizophrenia. Major disorders can be classified as either, substance abuse disorders, Alzheimer disease, disorders of childhood and adolescent eating disorder (The Centre for Psychiatric Rehabilitation, 1997). The basic manifestation of mental illness include inappropriate affect, bizarre behaviour, language irregularity, talking to oneself, poor social skills, alteration in thinking and acting (Corrigan, 2000). Other manifestations include aggression and destructiveness, loquaciousness, mood swing, dirty appearance, etc. This manifestation can be experienced short or long term.

Studies by Gureje et al. (1995), have shown that poor knowledge and negative attitude towards mental illness leads to stigmatization and discrimination. Members of the public hold such negative stereotypes "as mental patients are dangerous". "They cannot live on their own". Mental illness cannot be cured" (Corrigan, 2000). This negative stereotypes leads to prejudice and discrimination.

In Nigeria, negative perception and attitude on the causes of mental illness still abound among the mentally ill, their relatives and members of the public (Mental Health Situation Analysis in Nigeria, 2012 Report). It is generally believed that mental illness is caused by spiritual attack from the gods due to moral defects or weakness of the will (Garske and Steawart, 1999). It is also believed that mental illness is an affliction by the enemy. Because of this belief, treatment is sought from traditional health and spiritual leaders (Agara et al., 2008).

It has also been argued that in Nigeria the public sees the mentally ill as crazy, dangerous, often looked at with disfavor and as people not to interact with in close social situations (Awaritefe and Ebie, 1975). Some families cannot give their daughters out in marriage to a family that has a history of mental illness.

The situation is not different in Otukpo town where there have been negative attitude towards people with mental illness over the years. The mentally ill are isolated and stigmatized. Mentally sick people who have extreme symptoms of mentally illness are isolated and left to roam the street without food and clothing.

The World Psychiatric Association (WPA) has identified protest, contact and education as approaches that will help to fight negative perception and attitude against the mentally sick. Although, similar studies have been conducted in Bali and Tokyo (Kurihara et al., 2000), in South Australia (Eckert et al, 2006), Nigeria (Kabir et al., 2004) among the Tiv people of Benue State (Ihaji et al., 2013), to date there is no research on public perception and attitude towards mental illness in Otukpo town of Benue State. This study area has a distinct culture from other study areas where such research has been done. The study is therefore important because, it will be the first to evaluate the attitude of the public towards mental illness in the study area.

2. Methods

2.1. Design and Setting

The study was prospective and cross-sectional. The study was done in Otukpo town of Benue State. The town is the headquarters of Otukpo Local Government Area, and is also the headquarters of the Idoma nation. The town is divided into seven council wards. Most of the people in the area are the Idoma people. There are other tribes like the Tiv, Igede, Ibo and Hausas etc in the town. Most of the people in the town are civil servants, businessmen and farmers.

2.2. Sample Size and Sampling Technique

The samples for the study came from wards that make up the town. A total of 150 respondents were selected from the study made of 78 males and 72 females. The first stage consisted of random selection of 3 council wards in Otukpo town. This was followed by the selection of three districts from the council wards selected using the simple random sampling. A further random sampling was used to select three streets from each of the districts selected. After house numbering, two compounds each were selected from each of the streets using simple random sampling. Where there was more than one household in a compound, one household was selected using the balloting method. Finally, one adult was selected at random from each of the household for the interview. A final sample size of 150 adults was then selected for the study, made of 78 men and 72 women. All adults in the households who were 18 years and above were considered for the study, and they received explanation regarding the purpose of the study. Informed consent was achieved from traditional rulers, and the respondents. The respondents were asked whether they wished to participate in the interview. Only those who consented to participate were considered for the study.

2.3. Instruments of Data Collection

A pre-existing semi-structured questionnaire (Asuni et al., 1994) was used for the purpose of evaluating the perception and attitude of the people towards mental illness in Otukpo town. The questionnaire was divided into two parts. The first part elicited responses on the socio-demographic variable of the respondents. The second part elicited information on the perception and attitude of the people in Otukpo town towards mental illness.

The study instruments were validated by senior lecturers in the Department of Sociology and School of Health Sciences, Benue State University, Makurdi. Three students of the Department of Sociology and two students of the School of Health Sciences, Benue State University, Makurdi who are familiar with the language of the area were recruited and trained for two weeks, administered the questionnaire to the sample population.

2.4. Data Analysis

The collected data for the study was analyzed using SPSS software package. Simple percentages were also used and chi-square test was used to test the significance of the association.

3. Results

A total of one hundred and fifty respondents was issued with the questionnaire for the study, made up of seventy-eight males and seventy-two females. The ages of the respondents ranged from 18 to 80 years. Most of the respondents (58%) were aged 24 to 35 years and most (52%) of the respondents were not married. Civil servants were majority and constituted (49.3%). Majority (82.7%) of the respondents were Christians. Most (49.3%) attended a tertiary institution. Majority of the respondents (75.3%) were Idoma people. About (70%) of the respondents knew a person that has a mental illness. Most of the respondents (65.3%) would not have a mentally sick person as a co-tenant. Also majority (62.7%) of the respondents identified substance abuse as the major cause of mental illness. Most of the respondents (21.3%) also identified aggression/destructiveness as the most manifestation of mental illness. Majority of the respondents (97.7%) would not marry a man/woman that has a mental illness.

Furthermore, majority of the respondents (48.7%) would prefer taking their mentally ill relative for treatment at spiritual healing centres. When asked to state what can be done to change the negative attitude towards mental illness, most of the respondents (32.7%), recommended public enlightenment. High level of education has no influence on attitude change as majority of the respondents (71%) with higher education say they would not marry a man/woman having mental illness.

Variables	Frequency	Percent
Sex		
Male	78	52.0
Female	72	48.0
Marital status		
Single	78	52.0
Married	72	48.0
Occupation		
Farmer	12	8.0
Student	50	33.3
Civil servant	74	49.3
Others	14	9.3
Religion		
Christianity	124	82.7
Islam	22	14.7
Traditional	4	2.7
Educational status		
Not educated	22	14.7
Primary and secondary	57	38.0
Tertiary	71	47.0
Ethnicity		
Tiv	12	8.0
Idoma	113	75
Igede	15	10
Others	10	6.7

Table 1: Socio-demographic variables of respondents

Response	Frequency	Percent
Yes	4	2.7
No	146	97.3

Table 2: Would you marry a man/woman having mental illness?

Response	Frequency	Percent
Yes	105	70
No	45	30

Table 3: Do you know people that have mental illness?

Response	Frequency	Percent
Yes	52	34.7
No	98	65.3

Table 4: Will you have a mentally ill person as a co-tenant?

Causes of mental illness	Frequency	percent
Drug abuse	94	62.6
Wrath of God	7	4.7
Spiritual attack from enemies	38	25.3
Generational curse	4	2.7
Magic/spiritual possession	7	4.7

Table 5: Respondents views on causes of mental illness in the area

Response	Frequency	Percent
Fear	32	21.3
Avoidance	50	33.3
Anger	6	4.0
Suspicion	6	4.0
Mistrust	7	4.7
Hostile	33	22
Have sympathy on them	6	4.0
I can tolerate them	6	4.0
I care for them	4	2.7

Table 6: How do you behave when a person with mental illness come close to you?

4. Discussion

The study shows that most of the respondents (70%) know people that have mental illness around them; this is certainly because mental illness is fairly common in the study area. The attitude of the public towards mental illness is poor. When asked to respond to a 9-item variable that sought to know how they behave when a person with mental illness come close to them, most (33.3%) of the respondents say they would avoid contact with him. This type of attitude may promote social distance with people that have mental illness thus worsening their plight. Fear and avoidance of the mentally sick were also found among respondents in studies by Kabir et al. (2004) in Karfi village, Northern Nigeria.

The study also revealed that most people sampled (65.3%) would not co-habit with a mentally ill person in a compound/office. This may be due to the belief that people with mental illness are aggressive and dangerous. This kind of view was also found in studies conducted by Audu et al. (2011), Makinjuola and Abiudun (2005).

Furthermore, most of the respondents (97.7%) would not marry a man/woman that has a mental illness. This may be because of the prevailing belief in the area that mental illness is inherited through the family line and children born from such marriage may develop the sickness. Similar findings have been found in studies by Aghanwu (2004), who reported that most of the respondents in his studies were less willing to marry or employ a mentally ill person. However, positive attitude towards potential marriage to mentally sick men/women was found in studies by Barke et al. (2011) on the stigma of mental illness in Southern Ghana. Cultural differences among the study areas may be responsible for the divergent finding.

Furthermore, when the respondents were asked to identify their most preferred manifestation of symptoms of mental illness on a seven questionnaire item, (18.7%) of the respondents cited eccentric behaviour (strange behaviour). This shows poor knowledge of the manifestation of mental illness, since the only people that behave in a strange way will be identified as mentally sick people. Studies by Kabir et al. (2004) in Karfi village, Northern Nigeria identified aggression/destructiveness (22%) as the most preferred manifestation of mental illness by the respondents. The differences may be because of cultural variations among the two study areas.

The use of illicit drugs and cannabis was identified as the major cause of mental illness by most of the respondents (62.7%) in the study area. The implication of this finding is that the public in the area is likely to look at those suffering from mental illness with disdain. The public may likely withhold the sympathy and assistance they have for those with mental illness, believing that they are responsible for their problems. This finding is consistent with studies by Barke et al. (2010), Kabir et al. (2004).

Furthermore, majority of the respondents prefer taking their mentally sick relatives for treatment at spiritual centres. This may be because of lack of belief in the efficacy of the orthodox system in the cure of mental sickness. It is generally believed in the study area that mental sickness is caused by spiritual attack. The proliferation of new generation churches and their doctrinal teaching and the claim of miracle healing may be responsible for the preference of spiritual healing. Studies by Deribew and Tamirat (2005), in a rural community in Agaro town, Ethiopia indicate that modern medicine was preferred by a majority of the respondents for the treatment of mental illness.

5. Conclusion and Recommendation

This study was aimed at analyzing public perception and attitude toward mental sickness. The study shows that there is a negative public attitude towards mental sickness in the study area. There is, therefore, the need for possible interventions change the attitude of the public. This intervention will include educational programmes like workshops, seminars, advocacy, etc. This will be done in the local language and should be targeted at groups, associations and churches. Radio jingles should also be relayed in local languages. Street protest should also be carried out. The aim will be to change perception and attitude of the people in the study area. Intervention aimed at treatment and rehabilitation of mental sickness should incorporate the role of spiritual healing. This is necessary because most of the people in the study area prefer spiritual healing for the mental sickness.

It is also recommended that more empirical research should be carried out on the attitude of the people in the study area. Healthcare providers and the government will then use this as a basis for formulating sustainable policies on the treatment and rehabilitation of mental sickness in the study area.

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