World Journal of Pharmaceutical Sciences
ISSN (Print): 2321-3310; ISSN (Online): 2321-3086
Published by Atom and Cell Publishers
Available online at: http://www.wjpsonline.org/
Original Article

Perception of mental illness by the Tarok people of Plateau State, Nigeria

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Received: 17-04-2015 / Revised: 28-05-2015 / Accepted: 30-05-2015

ABSTRACT

The study was carried out among the Tarok people of Plateau State, Nigeria. It aimed at assessing their knowledge, attitudes and perceptions to mental illness. Participants were asked to complete a questionnaire which was designed specifically for that purpose; 200 questionnaires were distributed to the respondents, out of which 176 were returned (88%). This survey showed a poor knowledge about the cause and nature of mental illness; and negative attitude towards people with mental illness by the Tarok people. There is need for well-coordinated public education, and increased accessibility of effective mental health care among the Tarok people of Plateau State, Nigeria with the view of fostering community acceptance of people who are mentally ill from all sections of the community, especially among the rural residents and the younger population.

Keywords: Mental illness, Tarok People, Perception, Knowledge, Psychology.

INTRODUCTION

In the past, people with psychopathological problems were looked upon as being possessed by evil spirits and demons. Many believed, even as late as the sixteenth and seventeenth centuries that the bizarre behavior associated with mental illness could only be an act of the devil himself. [1] To remedy this, many individuals suffering from mental illness were tortured in an attempt to drive out the demon. Most people knew of the witch trials where many women were brutally murdered due to false belief of possession. When the torturous methods failed to return the person to sanity, they were typically deemed eternally possessed and were executed. [1] By the eighteenth century mental illness was beginning to be looked at differently. It was during this period that mental illness was beginning to be seen as an illness beyond the control of the person rather than the act of a demon. [2]

Understanding mental illness as a condition which has psychological roots stems back to the eighteenth century when mental illness was seen as a condition which caused individuals to engage in "irrational thinking". A variety of psychological theories have attempted to explain abnormal behavior. Each of these theories has a different point of emphasis when approaching the core psychological questions of why, how, and what. [3, 4] According to the American Heritage Dictionary [5], mental illness is any conditions characterized by impairment of an individual's normal cognitive, emotional, or behavioral functioning, and caused by social, psychological, biochemical, genetic, or other factors, such as infection or head trauma. Cultural differences, subjective assessments, and competing professional theories all affect how "mental health" is defined. [2]

There are increased burden of mental illness in developing nations, and because of limited researches going on in these areas, information on the disease is limited. [6] The disorder account for an enormous global burden of disease that is largely underestimated and underappreciated. In a given year, about 30% of the populations worldwide are affected by a mental disorder and over two thirds of those affected do not receive the care they need. [7] About 14% of the global disease burden is attributed to neuropsychiatric disorders, mostly depression, alcohol-substance abuse and psychoses. [8] Individuals with these disorders are at greater risk for decreased quality of life, educational difficulties, lowered productivity and

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poverty, social problems, vulnerability to abuse, and additional health problems [9, 10]; the families of the patients are also affected socially. [11] Studies have also shown that infants given birth by mentally ill patients are at increased risk of low birth weight, childhood health problems, and "incomplete immunization", all of which are risk factors for childhood mortality. [12]

A review of ethno-cultural beliefs and mental illness stigma by Abdullah *et al*. [13] highlights the wide range of cultural beliefs surrounding mental health. Many studies have reported other significant differences in attitudes towards mental illness among ethnic groups in the United States. [14] Several studies have shown that knowledge of public attitude to mental illness and its treatment is a vitally important prerequisite to the realization of successful community-based programs. [15] Studies have also shown that people's beliefs regarding mental illness and the purpose of their beliefs should be known and understood and such attitudes and beliefs about the illness can only be studied within a cultural context.

Although the knowledge and perception of mentally ill patients and their relatives regarding mental illness has been reported from Southwest and Northern Nigeria [15], to date, not much studies have been documented regarding this subject matter among the Tarok people from Langtang, Plateau State in North-Central Nigeria, hence the need for this study; to examine the knowledge, attitude and beliefs about causes, manifestations and treatment of mental illness among the Tarok people of Langtang, Plateau State in North-Central Nigeria.

MATERIALS AND METHODS

The Research Setting: Though Tarok people are found principally all over the Southern zone of Plateau State of Nigeria, part of Kanke in Plateau state, and some part of Nasarawa and Taraba state; the survey was conducted in Langtang North which is their main town or headquarter.

Sampling of Participants: In this study, the stratified random sampling method was adopted among the Tarok people. This is because the stratified random sampling method is based on the theory that a homogenous population is more likely to produce a sample with a smaller sampling error than a heterogeneous one. The major reason for using the stratified random sampling was to ensure adequate or proportional representation of the different categories and types of elements that makes up the population in the selected sample. 200 participants were used for the study; with a total of 50 participants randomly selected from each zone (Zone A = Kufen, Zone B = Gazum, Zone C =Bwarat, and Zone D = Pil –Gani). Both sexes were included in the study and children below the age of 15 years were excluded from the study.

Instruments: The material used for the collection of data was a structured self-administered questionnaire. The Likert Scale was used to measure statements which were clearly favourable or unfavourable with regards to the concept or perception of mental illness by the Tarok people. The questionnaire included sections on sociodemographic data, previous contact with people with mental health problems, etiology of mental illness, knowledge of people with mental illness and attitude towards people with mental health problems, and management of people with mental health problems. The questionnaire was designed in English with translators into the Tarok language who aided in reading the questions to those who could not read and write.

Ethical Approval: General approval for consultation with community members was obtained from the local chiefs in the study areas prior to approaching individuals, and verbal consent was also obtained from each participant prior to administration of the questionnaires.

Procedure: In designing the questionnaires, provision for names was not included on the questionnaire so that a high level of reliability would be attained, hence validity. The procedure adopted in this study was in three major phases:

a) Questionnaires were pre-tested among five (5) respondents,

b) Questionnaires were then dispatched to respondents within the zones and

c) Filled questionnaires were then retrieved and coded for analysis.

Data Analysis: After a concise rechecking procedure, questionnaires were then encoded and analyzed using the statistical package for social sciences (SPSS) version 20.

RESULT

176 questionnaires out of the 200 distributed were returned, that is, about 88% response rate was recorded.

Table 1: Sociodemographic Information of the Respondents (N=176)

Parameters	Factors	Number	Percentage (%)
Sex	Male	95	54.0
	Female	81	46.0
Age	>15 years	8	4.6
	16-25 years	50	28.4
	26-35 years	60	34.1
	36-45years	34	19.3
	>46 years	24	13.6
Marital status	Single	78	44.3
	Married	80	45.5
	Divorced	7	4.0
	Widow/Widower	11	6.3
Educational Qualification	None	0	0
	Primary	9	5.1
	Secondary	48	27.3
	OND/NCE	72	40.9
	Degree	35	19.9
	Masters	12	6.8
	PhD	0	0
	Others	0	0
Occupation	Civil servant	92	52.3
	Business	43	24.4
	Farmer	41	23.3
Income	< N5,000/Month	42	23.9
	N6,0000-10,0000	37	21.0
	N11,000-20,000	21	11.9
	N21,000-25,000	13	7.4
	>N26,000	63	35.8
Contact with mentally ill person			
	Family	32	18.2
	Friends	20	11.4
	Neighbours	27	15.3
	Coworkers	15	8.5
	School	8	4.6
	Public/street	74	42.1

Table 2: Respondents' Perception of the Causes of Mental Illness (N=176)

	Agree	Somewhat Agree	Neutral	Somewhat Disagree	Disagree
Mental illness is inherited	42	30	15	22	67
Mental illness is caused by substance abuse	94	46	15	8	13
Mental illness is caused by bad things that happened to you	47	49	18	31	31
Mental illness is God's punishment	21	19	17	19	100
Mental illness is caused by brain disease	70	57	18	13	18
Mental illness is caused by poverty	25	24	14	32	81
Mental illness is caused by lack of good nutrition	28	23	26	27	72
Mental illness is caused by accidents	72	65	19	9	11
Mental illness is caused by magic	33	24	25	28	66

Table 3: Respondents' Perceptions of People with Mental Illness (N=176)

	Agree	Somewhat Agree	Neutral	Somewhat disagree	Disagree
Positive perception					
Capable to work	36	54	13	20	53
Anybody can have mental Illness	72	38	18	22	26
Negative perception					
Blame for own condition	34	39	19	30	54
Tell by physical appearance	90	43	18	9	16
Usually dangerous	81	55	15	16	9
Not capable of true friendship	78	46	13	19	20

Table 4: Attitude Toward People with Mental Illness (N=176)

	Agree	Somewhat agree	Neutral	Somewhat Disagree	Disagree
Positive perceptions					
I could maintain friendship with someone with mental illness	31	32	21	34	58
I could marry someone with mental illness	19	9	21	24	103
Person with mental illness should have same rights	47	27	14	39	49
People generally caring and sympathetic towards people with Mental illness	103	19	18	25	12
Negative perceptions					
Mentally ill person should be prevented from having children	59	37	19	23	38
Mentally ill person should not get married	65	38	23	21	29
Mentally ill person should not be allowed to make decisions	77	36	23	18	22
Should avoid contact with mentally ill	48	51	16	25	26
Afraid of having conversation with mentally ill person	62	56	15	15	28
I would be upset and disturbed working on same job as mentally ill person	63	41	24	19	29
I would be ashamed if family member diagnosed with Mental illness	30	21	19	24	82
I would not want people to know if suffering from mental illness	36	29	21	32	58

Table 5: Respondents' Attitudes Towards Care and Treatment of People with Mental Illness (N=176)

	Agree	Somewhat agree	Neutral	Somewhat disagree	Disagree
Positive perceptions					
Mental illness can be treated outside a Hospital	50	31	9	11	75
Majority of people with mental illnesses Recover	79	34	17	18	28
I would feel comfortable discussing a mental health issue of family member or myself with someone at PHC	34	19	16	21	86
Negative perceptions					
One should hide mental illness from family	14	12	9	33	108
Mental illness cannot be cured	34	19	16	21	86
Mentally ill people should be in an institution to be under supervision and control	117	18	12	8	21
Mental Health Service availability					
Information about mental illness is available at my PHC	39	15	24	19	73
Mental health services available in my Community	28	23	18	21	80
PHC clinics can provide good care for mental illnesses	75	38	25	18	20

DISCUSSION

This survey shows that there was a high level of contact with people with mental illness through the public/street, which may reflect a high prevalence of disorder, poor services or the community's acceptance of mentally ill people, or a combination of all the three as reported by Sabah *et al*. [16] The outcome of the survey showed that a high percentage of the respondents were educated, and previous studies of selected groups in Nigeria have suggested that negative attitude to mental illness may be less pervasive among the well-educated. [17]

Attitudes towards people with mental illness in Tarokland was found to be varied, with many of the population holding stigmatizing attitudes towards people with mental illness in relation to marriage, having children, decision making, work, treatment and recovery; with high percentage believing that mentally ill person are identified by their appearance and are usually dangerous. About 14% of the respondents admitted that poverty was a possible cause of mental illness which was higher than the one reported in similar work conducted by Mohammed *et al*. [15] The negative impact of stigmatization on individual and the community have been widely reported. [2, 18] The negative views expressed by respondents were indicative of the degree of tolerance they might have with mentally ill people. In particular, views such as those of dangerousness and low intelligence have been found to fuel community resentment of people with mental illness. [19] In a society in which poor health facilities and poverty make the care of people with mental illness a major burden for both patients and their families, the degree of stigma experienced by individuals with mental illness suggest an unusual level of illness-related burden.

It was also observed that the population had a fair understanding of the etiology of mental illness, with high percentage agreeing that the condition was caused by substance abuse, accident and brain diseases in that order; genetic factors, negative life events were viewed as some of the causes of mental illness, although God's punishment and personal weakness were also viewed as some of the factors. Many of the respondents were of the view that mentally ill people should be in an institution so that they could be under supervision and control; though it was observed by the respondents the unavailability of mental health services and information at the PHC, despite the believed of some of the respondents that their PHC clinics could provide good care for mental Illnesses.

In the survey, substance abuse was ranked highest among the respondents as a perceived cause of mental disorders than most of the other traditional etiologies. This finding may not be unconnected with the increasing use of illicit drugs among the youth in developing countries. Although drug abuse was acknowledged by Iliyasu and Last [20] in their work on mental illness in Kano, northern Nigeria as a leading cause of drug dependent psychosis; Holzinger and colleagues reported that drugs and alcohol was not considered by schizophrenia patients or their relatives to be a common cause of mental illness. [21]

CONCLUSION

From the survey conducted, it was seen that there was a poor knowledge about the cause and nature of mental illness by the Tarok people, though substance abuse was ranked highest among the respondents as the perceived cause of mental disorders. There was also a high negative attitude towards people with mental illness, which may impair the social integration of those with the disease.

RECOMMENDATIONS

1. This study should be carried out across Plateau State and beyond, given the rising cases of mental illness to be able to identify the cause of the illness and also find ways of controlling the situation.
2. Government and parents should rise to the challenge by engaging youths that are not schooling into hand work.
3. Public education should be encouraged on the subject matter with the aim of reducing the incidence in our society.
4. Accessibility to effective mental health care through establishment of primary health care centres with qualified personnels to treat mental illness.

ACKNOWLEDGEMENT

The authors wish to appreciate the assistance of the Dungum family and Domsing for data collection and the respondents for ensuring that the study was a reality.

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