

## **Influence Of Beliefs Held By Care Givers On Help Seeking Behavior In The Treatment Of Mental Illness Among Mentally Ill Patients In Nakuru Municipality Kenya.**

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**Abstract:** Beliefs, attitudes, gender and counselling play an important role in the health of a people. They influence every aspect of life including government, economy, art, music, education, religion, technology and health. The purpose of the study was to examine how beliefs held by care givers influence help seeking behavior in the treatment of mental illness in Nakuru municipality Kenya. The Descriptive Survey research design was used in this study. The study was carried out in Nakuru Municipality, Kenya amongst caregivers of mentally ill patients and mental health professionals. The study population was caregivers of mentally ill patients in Nakuru Municipality who were approximately 793 at the time of the study. Purposive sampling procedure was used to select the population of study. The snowball sampling technique was used to identify persons suitable for the study. The table recommended by Kathuri & Pals helped to determine the sample size of 269 caregivers and 10 mental health professionals. The research data was collected using 2 questionnaires which were considered reliable after yielding cronbach coefficient of 0.7 in a pilot study. Data collected was analyzed using both qualitative and descriptive statistics with the aid of computer based program of Statistical Package for Social Sciences (SPSS) computer program version 18. The study found out that the caregivers in the study held various beliefs and attitudes towards mental illness and expressed that they would freely recommend counseling in the treatment of mental illness. The caregivers in the study believed most on psychiatrists, followed with spiritual healers as far as the treatment of mental illness was concerned yet they did not believe in traditional healers. The study recommends formulation of sensitization program.

]s to provide the public with knowledge on mental illness in order to eradicate traditional beliefs on causes of mental illness and to demystify mental illness. It also recommends that the study be replicated in other parts of Nakuru County and other Counties in Kenya

**Key words:** beliefs, care givers, help seeking behavior, treatment, and mentally ill patients

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### **I. Introduction**

Mental illness is defined as a health condition that changes a person's thinking, feelings or behavior and which causes the person distress and difficulty in functioning. Mental illness is severe in some cases and mild in others. Individuals who have mental illness don't look like they are sick, especially if their illness is mild. Other individuals may show more explicit symptoms such as agitation, confusion or withdrawal (Desjarlais, 1995). People with mental illness cannot always communicate their thoughts clearly or understand what others are saying to them (Barker, 1999). Others have grandiose ideas and cannot make sound judgments. Sometimes they leave home or other secure surroundings, and they become homeless or missing for days, weeks, months or years. Often they leave behind distraught families and caregivers, who are desperate to know their whereabouts.

Help seeking behavior is a form of social behavior emitted to seek assistance from others (World Health Organization, 2006). Early recognition of the signs and symptoms of mental health disorders is important because early intervention is critical to restoring the mental as well as the physical and the social health of an individual (WHO, 2006). Patients' and care givers' beliefs and attitudes towards role of various factors in causation and treatment in mental disorders shape their help seeking behaviour. Traditional beliefs that attribute mental illness to moral transgression and misconstrue the dangerousness of patients lead to feelings of shame and fear of persons with mental illness. Such community beliefs and attitudes influence help seeking behaviour, treatment outcomes, and even determine the way mental health is practiced (Nguyen, 2003).

Treatment is categorized as either somatic or psychotherapeutic. Somatic treatments include drug therapy and electroconvulsive therapy. Psychotherapeutic treatments include individual, group, or family and marital therapy. In order to understand the onset, manifestation, cause and outcome of mental illness it is important to understand a people's belief system and attitudes. In most countries, families bear a significant proportion of these economic costs because of the absence of public funded comprehensive mental health service networks. Families also incur social burden of looking after mentally sick family members, diminished

quality of life for carers, social exclusion, stigmatization, and loss of future opportunities for self-improvement (World Health Organization, 2003).

For centuries in Africa, health and disease has been the domain of the traditional healer and the religious man (Asuni & Schoenberg & Swift, 1994) and their omnipotence was seldom questioned. Education is slowly replacing superstition, ignorance and fear but people still access traditional healers. The traditional healers share the same world view with the bulk of the population in their communities. Because of their knowledge of the ways of their people and the power conferred on them by the people, they can often find peace of mind and give a feeling of protection to the distressed (Asuni *et al.*, 1994).

A common element in the African belief system is that physical and mental illness is the result of distortions or disturbance in the harmony between the individual and the cosmos, which may mean his family, society, peers ancestor or a deity (Tsala, 1997). It is important to take these views into consideration when dealing with mental illness. This is because even those Africans who appear to have been exposed to western scientific education fall back on this cosmic view when faced with crises. Asuni states that another factor which influences mental illness and help seeking behavior is the relationship between the individual and his group. In most African countries the emphasis on the individual is much less than in the developed countries. This has important implications for prevention, early diagnosis and help seeking behavior for mental illness.

Comprehensive surveys of beliefs among people throughout Africa as to the causes of abnormal behavior, thinking and feelings have been undertaken. Most of these beliefs are quite inclusive such as those held by the Shona of Zimbabwe (Gelfand, 1964). The Shona identify four general causes of mental illness to be: an ancestral spirit that has been angered for some reason, a witch who has cast a spell or a certain ghost, natural causes such as worry or strain due to someone having stolen something or improper development of the brain. Breslford (1957) in a study among the Bemba of Zambia found explanations of madness or insanity to include inheritance, heat stroke, smoking cannabis, omitting certain ceremonies, sorcery, breach of taboos, incest and the spirit of a relative who had committed suicide. Ndeti (1984) found that in Kenya after many years of psychiatric practice, spirits, witchcraft, ill disposed ancestors, wrath of the gods, and break of taboos, evil eye and failure to perform customary rites were regarded as important factors in the treatment of mental illness. These factors are important in this study since they will help in understanding help seeking behavior in the treatment of mental illness among persons with mental illness in Nakuru municipality, Kenya.

An "attitude" is defined as "a mental predisposition or inclination to act or react in a certain way" (Barker, 1999). The attitude of individuals regarding the seeking of formal mental health services is defined as those individuals' perceptions and feelings that cause them to respond either favorably or unfavorably toward the seeking of services or consultation for mental or emotional health concerns.

Within the East African region these beliefs and attitudes persist. This can be demonstrated by the journey taken by East Africans to Loliondo to receive the magical herbal concoction that was being administered by a retired Lutheran pastor Ambilikile Mwasapile. He administered the herb to an average of 10,000 people per day (Gatonye, 2011). The sick were accompanied by relatives and well wishers for treatment. He held special prayers before administering the drug and claimed to treat chronic diseases such as diabetes, tuberculosis and HIV AIDS among others. Despite warning from the public health minister in Kenya to people not to visit Loliondo for the miracle cure, Kenyans from all walks of life were flocking the village in North Eastern Tanzania for the cure.

The recognition of mental disorder also depends on a careful evaluation of norms, beliefs and customs within the individual's cultural environment. Furthermore community attitudes and beliefs play a role in determining help seeking behavior and successful treatment of persons with mental illness. People's beliefs regarding mental illness should not only be known but the purpose of their beliefs should be understood. Such attitudes and beliefs about mental illness can only be studied within a cultural context (Prince, 1964). It is therefore against this background that the study will set out to ascertain the beliefs and attitudes held and how they influence help seeking behavior in the treatment of mental illness among adults in Nakuru municipality, Kenya.

The various branches of the social sciences including psychology, understand that neither health nor ill health occur randomly within populations (Todd & Bohart, 1999). Both are rooted in social processes such as the pattern of social interactions and norms which help perpetuate patterns of mental health and help seeking behaviour. It is therefore important to recognize the role played by beliefs and attitudes in the onset, manifestation, cause and outcome of mental illness. Beliefs and attitudes as a fundamental constitute of mental health deserve to be understood as anthropological, historical, social, and political concepts. Rovalleti (1996) affirms one does not become crazy as he wishes, but is rather influenced by beliefs and attitudes held. At the heart of neurosis or psychosis, through which people try to escape, beliefs and attitudes still, tell them what personality of substitution they should adopt. Cross-cultural studies have greatly improved the understanding of beliefs and attitudes and their influence on help seeking behavior in mental illness (Sloan, 2001). Beliefs about causes of mental illness may influence patients' beliefs about effective treatment and consequently influence

help seeking behavior (Kleinman, 1991). The common element in African belief system is simply that physical and mental illness is as a result of distortions or disturbance in the harmony between the individual and the cosmos which may mean his family, society, peers, ancestors or a deity (Eze, 1998). According to Lambo (1978), the African way of thinking does not draw a line between the living and non living, natural and supernatural, material and immaterial, conscious and unconscious. These sets of phenomenon which in the West are conceived as opposites are understood in Africa as unities.

Africans believe in animism or spirits as the cause of their emotional imbalance and may be Visualizing and hearing deceased relatives. Traditional western psychotherapist attribute such symptoms to psychosis and employ counseling techniques and medication that focus on the symptomatology (the "hallucination") to treat the underlying psychosis. Indigenous healing methods would approach the same symptoms from a cultural context and incorporate the concept of the deceased relative and spirit as an important and relevant personal communication that may contribute to the stabilization of the individual and possibly the entire family (Pedersen, Draguns, Lonner & Trimble, 2008).The key elements of the believes analyzed included; where the caregivers take their sick relatives, beliefs on traditional healers, beliefs about spiritual healers, beliefs on Psychiatrists. Therefore mental illness caregivers were requested to state their observations about their beliefs on traditional, spiritual and psychiatric healing process of the mentally ill patients.

## II. Research Design

This study used *descriptive* research design. This design is used to determine and report the way things are. It is a process of collecting data in order to answer questions concerning the current status of the subjects (behavior, attitudes, values and characteristics) in a study. (Mugenda & Mugenda, 2003). This study examined the influence of beliefs and attitudes on help seeking behavior in the treatment of mental illness in Nakuru municipality Kenya. The design was therefore appropriate and useful in exploring the influence of these selected factors on help seeking behavior in the treatment of mental illness among adults in Nakuru municipality.

The population of study was mentally ill patients in Nakuru municipality. The accessible population was approximately 793 persons who attend outpatient clinic at the provincial general hospital, Nakuru(PGH records,2012) Persons with mental illness have behavior pattern thought to cause distress and disability that is not expected as part of normal development. For this reason they are often not responsible for their own treatment hence the role of caregivers is crucial. In this study caregivers include relatives of persons with mental illness who are involved in their treatment, and professionals in the area of mental health (psychiatrist, psychiatric nurses and medical social workers).

Data was collected using a structured questionnaire. The questionnaire sought to find out the respondents attitudes and beliefs towards the treatment of mental illness how gender influences help seeking behavior in the treatment of mental illness.

Data collected was accurately and consistently scored and coded for ease of analysis using the statistical package for social sciences (SPSS) version18.0 for windows. Most of the variables were grouped together for ease of analysis. Descriptive statistics such as frequencies, percentages and means were used to describe the data. Chi square was used to establish associations between the variables.

## III. Results And Discussions

The objective was to examine how beliefs held by care givers influence help seeking behavior in the treatment of mental illness in Nakuru municipality Kenya.

### Caregivers' Understanding of Traditional Treatment of Mental Illness

The caregivers were asked to indicate their beliefs about the treatment of mental illness categorized in terms of causes, counseling skills, being human and affordability of services. The findings are as shown in table 1 below:

**Table 1: Traditional Treatment of Mental Illness**

Treatment	SA	A	D	SD
Understand Causes of the disease	8.6	17.6	26.7	47.1
Good counseling skills	8.6	12.9	26.9	51.6
Being human	12.9	21.9	24.4	40.8
Affordable	12.9	21.5	26.9	38.7

N=279

The study established that the majority of care givers 206(73.8%) believed that traditional healers did not understand the causes of mental illness compared to 70(25.2%) who believed. The majority of the caregivers 219(78.5%) believed that traditional healers did not have good counseling skills to the mentally ill patients

compared to 60 (21.5%) who believed. The majority of the caregivers 182(65.2%) believed that traditional healers were not humane and did not have time for the mentally ill patients compared to 97(34.8%) who believed. The majority of the caregivers 183(65.6%) believed that traditional healers treating mentally ill patients were expensive and that their services were not affordable compared to 95 (34.1%) who believed. This finding shows that although majority of care givers use psychiatric and spiritual methods of treatment, there are those who take their sick relatives for traditional methods of treatment. This is similar to what (Ndetei, *et al*, 2011) which showed that traditional healers are used in the treatment of mental illness, they use counseling as a mode of treatment, and that their services are expensive. Ndetei and his colleagues also found out that traditional healers understand the causes of mental illness hence they are able to recognize the illness.

According to (Chung& Kagawa-Singer, 1993 and Chung & Lin, 1994), the cultural conceptualization of mental illness encompasses the symptom manifestation, help seeking behavior and expectations of treatment outcome. In the case of Africans who come from a belief system where deceased ancestors continue to provide wisdom and guidance for the living, they may present symptoms of pain in the head or insomnia that may be explained as upsetting the ancestral spirits. They therefore tend to seek help from individuals who respect and honor their cultural belief system, such as traditional healers who can assist in communicating with the ancestors to establish the cause of the problem and subsequent solution. Similar complaints and symptoms are found across beliefs and value systems. However they may appear in different patterns and attributed to different causation (Kirmayer, 1989; Philips & Draguns, 1969), making it important for the therapist to be aware, understand and accept the impact of beliefs and attitudes and their complexity in the construction of mental illness/mental health as it relates to diverse clients. This finding is important for this study because it shows that a proportion of the population of caregivers in Nakuru Municipality use traditional methods of treatment for persons with mental illness due to their cultural beliefs on causes of mental illness.

### Caregivers' Understanding of Spiritual Treatment of Mental Illness

The caregivers were asked to respond on their belief on spiritual treatment of mental illness. This was to help find out the importance of spiritual healers in the treatment of mental illness.

**Table 2: Spiritual Treatment of Mental Illness**

Treatment	SA	A	D	SD
Understand Causes of the disease	20.4	39.8	23.7	16.1
Good counseling skills	13.3	44.1	29.0	13.6
Being human	20.1	45.9	20.4	13.6
Affordable	25.4	41.6	22.2	10.8

N=279

The study established that the majority of care givers 168 (60.2%) believed that spiritual healers understood the causes of mental illness compared to 111(39.8%) who did not believe. The majority of the caregivers 160(57.4%) believed that spiritual healers had good counseling skills to the mentally ill patients compared to 119(42.6%) who did not believe. The majority of the caregivers 184(76.0%) believed that spiritual healers were humane and had time with the mentally ill patients compared to 95(34.0%) who did not believe. The majority of the caregivers 187(67.0%) believed that spiritual healers treating mentally ill patients were cheap and that their services were affordable compared to 97(34.8%) who did not believe. This finding indicated that caregivers in the study believed that spiritual healers of mentally ill patients understood the causes of the disease, they had good counseling skills, they were humane to the patients and also had enough time with the patients and lastly their services were cheap and affordable.

### Caregivers' Understanding of Psychiatrists Treatment of Mental Illness

The respondents were asked to respond on their beliefs in psychiatrist's treatment of mental illness. This was to help understand beliefs held by caregivers in Nakuru municipality regarding psychiatric treatment of mental illness. The findings are listed in table 14

**Table 3: Psychiatrists Treatment of Mental Illness**

Treatment	SA	A	D
Understand Causes of the disease	48.7	47.0	4.3
Good counseling skills	60.6	37.3	2.1
Being human	59.9	37.6	2.5
Affordable	48.1	48.4	3.5

N=279

The study established that the majority of care givers 267( 95.7%) believed that psychiatrists' healers understood the causes of mental illness compared to 12(4.3%) who did not believe. The majority of the caregivers 273(97.9%) believed that psychiatrists' healers had good counseling skills to the mentally ill patients compared to 6(2.1%) who did not believe. The majority of the caregivers 272(97.5%) believed that psychiatrists'

healers were humane and had time with the mentally ill patients compared to 3(2.5%) who did not believe. The majority of the caregivers 96.4% believed that psychiatrists healers treating mentally ill patients were cheap and that their services were affordable compared to 3.5% who did not believe.

This finding indicated that caregivers in the study believed that psychiatrists' healers of mentally ill patients understood the causes of the disease, they had good counseling skills, they were humane to the patients and also had enough time with the patients and lastly their services were cheap and affordable.

Comparison of Beliefs of Caregivers on the Treatment of Mental Illness

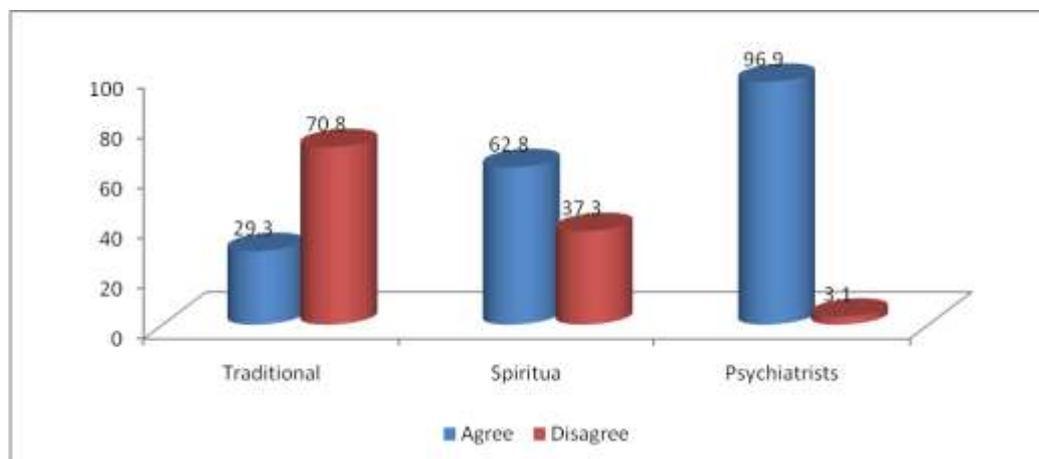


Figure 1: Comparison of Beliefs of Caregivers on the Treatment of Mental Illness

Fig. 1 indicates a shift in the caregiver's beliefs on how traditional, spiritual and psychiatrists treated mentally ill patients. The finding indicated that the caregivers believed most on psychiatrists, followed with spiritual healers as far as the treatment of mental illness was concern yet they did not believe in traditional healers. This finding is consistent with Guarnaccia & Rogler, (1999) who found out that variations exist in the symptomatic expression of mental disorders by beliefs, values, attitudes, perceptions and locality. Each belief system has established a set of interpretive behavior that its group members can accept and use with each other to describe what is wrong. Symptomatic expressions are also known as idioms of distress (Nitcher, 1981). However these believes may appear in different patterns and attributed to different causation (Kirmayer, 1989; Philips & Draguns, 1969), making it important for the therapist to be aware, understand and accept the impact of beliefs and attitudes and their complexity in the construction of mental illness/mental health as it relates to diverse clients. It is critical for the therapist to bring diagnosis and interventions in line with the client's belief system, values, and healing practices.

**Table 4 Difference on the type of Mental illness Treatment**

Type of Treatment	N	Minimum	Maximum	Mean	Std. Deviation
Traditional Treatment	279	1	4	3	0.925
spiritual Treatment	279	1	4	2	0.855
psychiatric treatment	279	1	3	2	0.524

Table 4 was used to analyze differences on type of healing the care givers preferred. According to Likert Scale used in the study, minimum represented the minimum value which according to the scale was strongly agree whereas maximum represented the maximum value which according to the scale represented strongly disagree, the mean was the respondents mean difference between strongly agree and strongly disagree and the standard deviation was the deviation between the assumed mean and actual mean. The study established that the care givers agreed that they believed on both spiritual and psychiatric treatment of the mentally ill patients at the Rift valley Provincial General Hospital. They were not sure of the use of traditional methods in the treatment of mentally ill patients. This finding support Kirmayer, (1989); Philips & Draguns, (1969) who found out that treatment may appear in different patterns and attributed to different causation, making it important for the therapist to be aware, understand and accept the impact of beliefs and attitudes and their complexity in the construction of mental illness/mental health as it relates to diverse clients. It is critical for the therapist to bring diagnosis and interventions in line with the client's belief system, values, and healing practices.

#### **IV. Conclusion and Recommendations**

Beliefs held by caregivers heavily influence help seeking behavior in the treatment of mental illness. This is because the belief in cause of illness influences where help is sought. Despite not having faith in traditional healers in the treatment of mental illness, they still maintain cultural beliefs such as mental illness can be caused by witchcraft, failure to pay dowry angry ancestors or curse from the gods.

The study concludes that caregivers of persons with mental illness in Nakuru Municipality hold diverse views on causes of mental illness and that they view mental illness through a cultural lens.

The study recommends formulation of sensitization programs to provide the public with knowledge on mental illness in order to eradicate traditional beliefs on causes of mental illness and to demystify mental illness. It also recommends that the study be replicated in other parts of Nakuru County and other Counties in Kenya

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