

## A SURVEY OF THE DISTRIBUTION AND PRACTICE OF MENTAL HEALTH CARE SERVICES IN IBADAN METROPOLIS, NIGERIA

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### ABSTRACT

*Traditional medicine is the most accessible and affordable healthcare to majority of people in rural and sub-urban areas of Nigeria. However, despite its high patronage, the methods used by TMHPs in diagnosing mentally ill patients remain crude due to the reliance on supernatural means for treatment. This practice has been adjudged to be unscientific and unsafe. A study was carried out to investigate the practice of mental health care centres in Ibadan Metropolis. Data were obtained through the administration of structured questionnaire to 64 purposively selected traditional mental health practitioners (TMHPs) across the 5 Local Government Areas of Ibadan Metropolis as well as through focus group discussions with 24 TMHPs. Data obtained were analysed using simple percentages and content analysis. Result showed that THMPs enjoyed considerable patronage from the common people, due to their numerical strength, easily accessible nature as they reflect the indigenous people's cultural perception. The result further showed that TMHPs were eager to attend seminar in order to improve on their skills. Since, TMHPs still play a major role in the treatment of mentally ill patients; the study suggests the need for routine seminar and workshop in order to create awareness concerning basic hygiene and treatment of mentally patients among TMHPs. If this is put in place, it may increase accessibility to mental healthcare thereby making the MDGs on health by the 2020 achievable.*

**Keywords:** Traditional Medicine, TMHPs, Distribution, Treatment, Ibadan, Mental Health Care, Location, Content Analysis

### INTRODUCTION

Access to health care facilities is one guarantee to healthy lifestyles. No matter how common or rare an individual problem may be, there should be easy access to the type of health care facilities and services. However, in developing countries, there is obvious gap in access to health care facilities between the rich and the poor. This is such that the poor who need care are not getting it either because they cannot afford it or, among other things, they do not have ready access to the health facility at the appropriate and convenient time or place. In addition, there is great dichotomy in the provision of health care facilities between the rural and urban areas. As revealed by the World Bank (1997), 70% of government spending on health in developing countries goes to urban based care, while 30% goes to rural areas. Also, about 70-80% of urban health-seekers compared to rural health-seekers live within 10km to available health facilities (World Bank, 1997; Okafor, 2008). The resultant effect of the above spatial distance is that the rural populace will have to travel over a long distance to secure health care delivery.

In order to provide a sustainable health care, which is affordable, accessible and appropriate utilization base, the world health organization (WHO) has adopted primary health care as a pivot for

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ensuring *Health for all by the 2020*. Although, there are many challenges that have posed a threat to the future achievement of this primary health care services, most especially in rural areas, and particularly in urban area of developing countries, where many existing health facilities are in dilapidated state. Several, authors (Odejide, 1980: Obembe, 1996: Makanguola Ogundele, 2006: Raheem, 2008) have suggested that orthodox medical practitioners should collaborate with traditional healers in order to achieve this health for all mission most especially in the area of illness that are perceived to be spiritual and psychiatrically. However, despite this clarion calls, not many empirical studies have been carried out to ascertain this fact. The study therefore, attempts to address the following:

- a. Determine the spatial distribution orthodox and traditional mental health practitioners.
- b. Determine the manpower size of traditional and orthodox mental health practitioners.
- c. Examine the attitude, knowledge, and practice of practitioners concerning mental health care.

## MATERIALS AND METHODS

### Study Area

The study was conducted in Ibadan Metropolis in August 2011. The Metropolis comprises five Local Government Areas (LGAs) which are within Ibadan City. The LGAs are Ibadan North, North West, North East, South West and South East. It is approximately 1189.28 square miles (3080km<sup>2</sup>) in size (Mamman, 1993). Ibadan metropolis has a population over 5 million (NPC report, 2006), the majority of whom are Yorubas, although people of other ethnic origins also reside there. There are many health facilities located in the 5 LGAs, but only the University College Hospital and some private hospitals render specialized services in psychiatry, as well as provide some first line level of mental health services.

### Data Collection Procedure

In order to achieve the set objectives, an actual count of the traditional mental health practitioners (TMHPs) practicing in the area was carried out (census survey). In addition, data was collected through the use of both quantitative (questionnaire) and qualitative (focus group discussions and observation method of data collection). A set of sixty four copies of structure questionnaire were distributed to respondents used for analysis (TMHPs). The questionnaire sought information on socio-demographic characteristics, knowledge, attitude and practice of TMHPs regarding mental health. In order to gather information which could not have been captured through the use of questionnaire, three FGDs were conducted at three different places among three sets of TMPHs. Each set of FGD comprised 8 TMHPs. The first FGD was conducted at Baido compound in Nalende area of Ibadan North Local Government. The second was carried out in Ayeye area of Ibadan, while the third in Mosebolatan centre for alternative medicine at Challenge, Ibadan south west Local Government area, with.

In the FGD discussion, following issues about TMHPs were discussed: knowledge, attitude, practice of traditional mental health care and willingness to collaborate with OMHPs. Similarly, in order to obtain further information which could have been omitted in the methods already discussed above, on spot assessment of clinic facilities and clinical practice of TMHPs was done. The observations were recorded with the aid of a checklist developed by the researcher. The checklist contained the following: number of TMHPs, type of buildings (mud or brick), modalities of treatment observed, availability of clinical.

## RESULTS AND DISCUSSIONS

### Socio-Demographic Characteristics of Respondents

The mean age of TMHPs was 51years. There were 61 males and 3 females. The low involvement of females in this aspect of healthcare delivery may attribute to that reliance on superstition means for treatment which entails a lot of trial and error. The study shows that 46(71.9%) were solely mental health practitioners, while 18(28.1%) practice mental health as a secondary occupation. 32(50%) of

the TMHPs had no formal education, 27(42.2%) had primary education, while 5(7.8%) had tertiary education. This information depicts that although most of the practitioners has education at different levels, yet this type of healthcare delivery has received less recognition due primarily to the problem of standardization

### Locational Analysis of Mental Healthcare Services

Locational analysis of mental healthcare services reveals that thirty four (53.1%) of the TMHP clinics were located in Ibadan North Local Government specifically in Oje, Boode, Beyerunka, Isale Alfa, Yemetu, Ogbere tioya, Baido and Kobomoje to mention a few. 10 (15.5%) in Ibadan Southwest, 8 (12.5%) of the practitioners were found in Ibadan South East, 7(10.9%) were located in Ibadan North East and 4 (6.25%) of them are in Ibadan North West. These results further indicate that most of the TMHPs clinics are located in peri-urban, traditional core and rural areas of Ibadan. These are areas occupied by low income groups who cannot afford the charges of western-type of healthcare services. This is further reflected in the distance they travelled for treatment. For instance minimum distance travelled by healthcare seekers to obtain healing from TMHPs is about 2km. the distance between the most centres in the area is about 1km. The result further indicates that even within the settlement healthcare seekers travelled varying distance for treatment. This however differs depending greatly on the type and severity of the illness. The study shows that the concentration of TMHPs clinics in Ibadan North could be due to the following factors.

- I. TMHPs tend to use their homes as their clinics.
- II. Ibadan North especially areas like Beere, Oje, Oja-oba, Odinjo, Oremeji Argugu, Beuerunle, Aperin, Inalende, Ayeye, Oniyanrin Opoyiosa, Orita-merin, Oke pade to mention a few is the traditional homes of the indigenes,
- III. Ibadan North is the most densely populated area of the city, and is characterized by low income people who are greatly attached to cultural beliefs
- IV. Other parts of the state lack essential health facilities and are low-income areas, as such people cannot afford high cost of patronizing OMHPs. Hence, to patronize TMHPs whom they believe is powerful due to their closeness with the gods.

### Practice of Traditional Mental Healthcare

The findings obtained in this study are not different from previous studies (Makanjuola, 1997, 2000). From our survey, the result reveals that diagnosis of mental illness by TMHPs starts with divination, the most common method being consultation of *Ifa* oracle as confirmed by one of the respondents during the FGD discussion (74.1%), others include *Erindinlogun*, *Yanrin tite* and the use of *Tira*. This process may or may not involve any form of physical examination and where there is, the examination is not tailored to meet standard medical practice. The findings on knowledge, attitude and practice of mental health care by TMHPs are not also in any way different from previous studies (Odejide, 1978, 1979, Oyebola, 1980, Ogunde, 2006, Makanjuola, 2008) in that, the method of diagnosing mentally ill-patients is still through oracle divination and commonest means of treatment is the use of herbs and concoction. This suggests that the concept of etiology of mental illness among TMHPs has not changed much in Nigeria over the years. Since knowledge of etiology of events largely determines the attitudes of an individual towards it. It is not surprising therefore that treatment of mental illness by TMHPs still involves use of divination, charms and sacrifice to gods. This cultural inherited means of treatment as put forward by (Nickel 2006; Adeniji, 2004) explains why many people in the area still patronize TMHPs. Other treatments regularly involves the use of herbs, charms, sacrifice, Quaranic verses, beating, incising, scarification marks, and use of concoction, prayers, counseling and some form of occupational therapy. Despite, the wide spread and utilization of TMHPs clinics by inhabitants of the area, the crude methods of treatment are not without complications as evident in this study. This study reveals that patients develop pains following use of chain to restrain patients, reddening of eyes due to incitements while others sleep excessively after consuming a concoction of “ewe asofeyejenu” (*Rauwalfia uanitria*)

**Table 1: Etiological factors of mental illness as among TMHPs**

Causes of mental illness	No of Respondent	Percentage
Genetics	6	9.3
Infections	8	12.6
Alcohols	7	10.9
Curse/punishment from gods	23	35.9
Hard drugs e.g cocaine, heroin.	10	15.6
Others (epilepsy, head injury)	10	15.6
Total	64	100

Author's Fieldwork, 2011

### Attitude of TMHPs toward patients with mental illness

The attitude of TMHPs towards the mentally ill and mental health practice can be said to be positive as 65% of TMHPs expressed the need to love, treat, and rehabilitate mentally ill patients, 15% of the TMHPs said mentally ill patients should not be subjected to brutal measures in the course of treatment, while 20% held the view that they should be put into any condition that will enhance speed recovery. This is captured in the verbal documentary held by one of the practitioners. He maintained thus:

*“Most of the mentally ill people have strong evil spirit (Adimeru) which fears cane. So as you beat the mad person, the evil spirit will feel it and automatically becomes restless. Although, you do not beat with ordinary cane; such a cane must have been subjected to high level of incantation in relation to sickness being exhibited by the mad person.”* (Male, TMHPs/62 years/ Ibadan North/ 23-08-2011)

### Opinions of Mental Health Practitioners towards Omhps

Majority, 44(68.8%) of the TMHPs expressed willingness to collaborate with orthodox mental health practitioners (OMHPs), and government specification while 20(31.2%) were not willing to do so, on the grounds that, TMHPs believe in supernatural causes of Mental illness, while OMHPs do not. This claim is essentially responsible for opposing mode of treatment. Here are some of the responses during FGD by one of the TMHPs

*“Most of the OMHPs are in-experienced as regards the main cause of mental illness especially those that are caused by curse, attack or spell from mankind. I don't think there is any technological instrument that can discover the handiwork of witches and wizard, except through a supernatural divination. Unfortunately many of the OMHPs do not know this because they feel they are educated. Several cases of issues being formally handled by OMHPs have been referrals, when the cases of mentally ill patient get worsened.”* (Male, TMHPs /68 years/ Ibadan North/ 25-08-2011)

Another respondent who has been a traditional mental practitioner also maintained thus:

*“The best form of drug most OMHPs can give is to sedate the patients, so that the more the patient sleeps, the more he/she is weakened, but this does not heal the patient.”*(Male, TMHPs/ 59 years/ Ibadan south west/17-08-2011)

### CONCLUSION/RECOMMENDATIONS

The study reveals that majority of the TMHPs are willing to collaborate with the government to ensure effective health care delivery in order to achieve MDGs if given due recognition. The study also shows that many healthcare seekers patronize TMHPs, yet the practice remains unscientific. The complete dependence on OMHPs alone could mean that the health for all vision of the United Nations by the year 2020 and beyond may be unrealizable, if this branch of health care is not integrated into the health sector. It is therefore the opinion of the researchers that the benefits of numerical size, acceptability and accessibility of TMHPs by the populace could be exploited and integrated into development through training on basic modern mental healthcare. The implication of this is that if

their ambit of the health sector is made safer, it will enhance collaboration with OMHPs for improved health care delivery especially in the rural areas.

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