

# Impact of Prejudice on Caregivers of People with Mental Illness in Uasin Gishu County, Kenya

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Received: July 29, 2022

Accepted: August 30, 2022

Available online: September 9, 2022

doi:10.11114/ijsss.v10i5.5663

URL: <https://doi.org/10.11114/ijsss.v10i5.5663>

## Abstract

Negative beliefs and preconceived opinions on mental illness, which are not based on reason or actual experience, play a significant role in determining treatment and health-seeking behaviour by caregivers of people with mental illness. This paper assesses the influence of prejudice on caregivers of people with mental illness in Uasin Gishu County. The study was anchored on the health-seeking behavior theory and targeted 480 respondents drawn from Uasin Gishu County. This was achieved through purposive sampling. Data from the caregivers was collected using a structured questionnaire and focus group discussions, while data from health care providers was collected using an interview schedule. Data from the questionnaire was analyzed using descriptive and inferential statistics, while data from the focus group discussions and interviews used themes. The study revealed that prejudice ( $b=-0.332$ ,  $p<0.05$ ), had negative and significant influences on health-seeking behavior of caregivers. The study concluded that prejudice was an element of the cultural construction of mental illness that negatively influenced health-seeking behavior among caregivers of people with mental illness. It is recommended that future studies should seek to use data collection approaches that integrate feelings and emotions of the people who have mental illness in addition to widening the geographical scope of the study.

**Keywords:** prejudice, mental illness, health seeking behaviour, caregiver

## 1. Introduction

### 1.1 Background to the Study

Although a lot of effort is being expanded to improve the focus on care of people living with mental disorders (Wainberg et al., 2017), mental illness is often overlooked as a public health issue. This is despite its profound effects on individuals' social and physical well-being, quality of life, and economic productivity (Ritchie & Roser, 2018). Besides, it has been reported that health seeking behavior among caregivers of patients with mental illness is sub-optimal (Monnapula-Mazabane & Petersen, 2021). Reasons given for the low levels of health seeking behavior include stigma, prejudice, poor access, poverty, lack of support, and cultural lineage (Bourne, 2009).

Health seeking behavior is often approached from a bi-dimensional perspective. The first dimension perceives health care seeking behaviour from a utilization of the system perspective. Proponents of this approach posit that in most cases the desired health seeking behavior is where an individual responds to an episode of illness by prioritizing a trained allopathic doctor in a recognized formal health care setting while seeking help. Ahmed et al (2003) mentions that health seeking behaviour and particular influence in the community deters due to prejudice, more so in developing countries. Evidence shows that for some illnesses like mental illness, people choose village homeopaths, traditional healers, or untrained allopathic doctors (WHO, 2019). Various factors including social, economic, cultural, and contextual are often associated with the preference of traditional approaches to health seeking.

Kenya like other African countries has a diverse culture which is manifested through various ethnicities. Kenya is ethnically diverse and has at least 42 tribes (Osborn et al., 2020). These ethnic groups differ in their comprehensions of the meaning of mental illness, causes and its management. The Bukusu sub-tribe of Bungoma District for instance defines mental illness basing on their culture, as the wildest insanity (Maithya, 1992). Maithya points out that as a result of comprehending mental illness in this manner; mental illness is received with a negative attitude within the sub-tribe. Such

an attitude determines choice of preferred therapy for which, traditional healing is recognized as the source of effective health care. Although Maithya's findings could have been overtaken by time, recent studies continue to confirm that the negative attitude towards mental illness among the Bukusu still persists (Nandikove & Ng'ambwa, 2020).

From the foregoing discussion, it is clear that other nations including Kenya have a large number of people with mental illness who do not seek mental health care. This comes about due to people's cultural belief and practices aggravated by their diversity which brings about different cultural beliefs regarding mental illness. In this case prejudice results to obstacle to health seeking behaviour.

This background explores how mental health and prejudice on caregivers of people with mental illness are viewed in communities. Prejudice and stigma have harmful effects and are a major barrier for individuals with mental illness and their caregivers. In this case, caregivers choose not to seek treatment. Attitudes, stereotype, prejudice and discrimination have been associated with negative effects on health-seeking for mental illness in existing literature. These stigma constructs need to be differentiated (Corrigan et al., 2011). Kotadia et al (2018) noted in the Institute of medicine that stereotyping and prejudice plays an important role in persisting healthcare disparities; Other literature on the topic include: Maithya, (1992), Bukusus attitudes towards the mental illness and the mentally ill; Musyimi et al; (2017) and Discrimination to remigration due to mental illness. (Nandikore & Ng'ambwa, 2020).

### *1.2 Theoretical Foundation of the Study*

This study was anchored on constructivism theory. Constructivism is based on the work of Jean Piaget who argued that humans make meaning depending on their experiences through interaction development. According to (Vygotsky & Cole, 1978) constructivism is the way a community or a group of people reflect and constructs their own methods of doing things. People constructs new knowledge on the foundation of the existing knowledge determined by people's experiences (Elliott et al. 2000). In this case, already known information influences any new experiences learnt. According to Dewey (1938) learning is done through interaction with each other and people in the community play a major role in "making meaning," constructs how individuals think and what they think about.

The study covers the theoretical philosophy, Cognition, and social issues embedded among the communities in Uasin Gishu County and it is for the above reason that it was brought on board to construct the variable of Mental illness.

Constructivism theory states that motivation to do something is socially negotiated by the people on the ground. It focuses on culture and social interaction in individual within different communities. Constructivism theory also states that knowledge is constructed by learners rather than passively taking in information. The learners are more active in the creation of meaning and knowledge to aim at adaptation in the environment and the process to acquire knowledge depends on an individual's experience.

Constructivism is criticized to attempt to make something out of nothing, since little is known about how to take care of mentally ill patient, it says little about the nature of the training people in the community get and then use to assist in health seeking behaviour.

This study follows sociocultural constructivism which is a sociological theory in which human development is socially situated and knowledge constructed through interactions with others.

The theory poses that what the individual believes is true, it is true indeed. An American sociologist who contended that "if men define situations as real, they are real in their consequences". If you believe that mental illness is contagious then you act accordingly to avoid the mentally sick or those associated with them (Golberstein et al., 2013)

Caregivers of mental illness develop an understanding within the community that permits them to act in a positive way as they are taking care of the mentally ill people, and this justifies the use of constructivism theory in this study.

## **2. Methodology**

This Study was conducted at the Moi Teaching and Referral Hospital (MTRH) Mental Health Unit in Eldoret town Uasin Gishu County, Kenya. MTRH is the biggest referral hospital situated in the western region of Kenya. The Hospital is used for the training of health care providers encompassing: -medical doctors, nurses, environmental health specialists, public health managers, pediatricians, internists, surgeons, and family medicine specialists.

The target population of the study comprised of caregivers of people with mental illness attending mental health services at the MTRH drawn from Uasin Gishu County and health care service providers drawn from the Mental Health Unit of the hospital. In this case unit of analysis were individual caregiver of mentally ill patients who accompanied patients to the mental health unit, as well as the health care providers at the mental health unit. Nevertheless, it was noted that the actual number of people with mental illness in the County was not documented and therefore the target population of caregivers of these people was therefore deemed as infinite.

Permission to carry out the study was sought and granted having been approved by the Institutional Research and Ethics

Committee (IREC-MTRH- Moi University) and National Commission for Science Technology and Innovation (NACOSTI). Ethical principles were exercised.

This primary data collected from caregivers of people with mental illness and healthcare service providers was mainly used. It is postulated that; primary data relates to data which is collected firsthand from original sources. Three research instruments were employed to collect the required primary data. They included a structured questionnaire for caregivers of the mentally ill; a discussion guide for focus group discussion with caregivers; and an interview schedule for healthcare providers chosen as key informants. Self-developed questionnaire guide was the main data collection instrument that focused on prejudice as a cultural construction of mental illness.

Focus group discussion guide was the second instrument used to collect data in this study. The discussions involved caregivers of people with mental illness who had no opportunity to participate through the questionnaire approach and whether there were case examples that could be used to justify construction of mental illness as a cultural perspective. The questions were open ended to allow for wider latitude of response from participating caregivers.

Key informant interview schedule focused on the healthcare service providers targeted, and a neighbour to one family with mentally ill patients. The key informants' interview schedule had four questions that participants were required to respond to. The first question sought views of key informants with regards to common perceptions about mental illness among communities under study. The second question sought to get views of key informants who experts were, on how mentally ill patients ought to be treated within families, in the community and in the hospital. Finally, key informants were asked to shed some light on challenges which caregivers of people with mental illness have encountered.

The researcher took the responsibility of moderating focus group discussions with selected caregivers and conducting interviews with key informants. In the case of focus group discussions, the researcher first identified two groups of eight caregivers each, agreed with them on discussion modalities and dates, and identified an assistant to take discussion notes.

Data were first screened and cleaned for missing data and outliers. This was subsequently followed with a descriptive analysis that explored the background characteristics surrounding the patient and illness, and prevailing status of indicators of cultural construction of mental illness within the study context. Next, thematic analyses were conducted using the FGD and interview data with the aim of identifying emerging themes regarding cultural construction of mental illness and mental health seeking behaviour. The final phase of data analysis examined the direct effects of cultural construction of mental illness indicators on health seeking behaviour among caregivers of people with mental illness and moderation effects of contextual factors on the relationship between cultural construction of mental illness indicators and health seeking behaviour. Hayes Macro 'PROCESS' Model 1 which, is incorporated in the statistical packages for Social Sciences (Hayes, 2017) was employed to ascertain direct and moderation effects.

### 3. Findings

#### 3.1 Univariate Outlier Check for the Prejudice Variable

Prejudice was conceptualized as a cultural construction of mental illness among caregivers of people with mental illness in Uasin Gishu County. Ten items were employed to measure prejudice. The box plot generated revealed that there were no univariate outliers in data for the variable since the variables are within the expected population

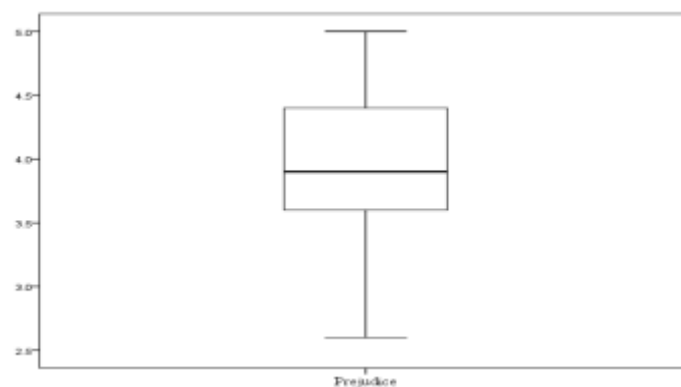


Figure 4.1. Outlier check for the prejudice variable

#### 3.2 Prejudice Among Communities

The objective of this study was to assess the influence of prejudice on mental health seeking behaviour by caregivers of people with mental illness in Uasin Gishu County. Ten items were used to examine presence of prejudice against people with mental illness among the communities under study. Caregivers were asked to indicate their levels of agreement on

the items in relation to patients with mental illness under their care.

From the results, there were small values of standard deviations, indicating consistency in caregivers' responses towards the items. High proportions of agreements as displayed in Table 2, confirmed that incidences of prejudice against persons with mental illness are experienced among communities in the study area. More precisely, strong proportions of agreements and strong agreements indicated dominant prejudices such as: persons with mental illness should mostly be avoided; they often did unexpected things; they should not be allowed to have children; are unsafe to interact with; ought to be feared; and that mentally ill people should be controlled at all costs.

Table 2. Descriptive statistics for the prejudice variable

Prejudice indicators	SD	D	MA	A	SA	$\bar{X}$	s
1. Most people avoid my patient	0.0%	3.1%	18.9%	34.4%	43.6%	4.18	.846
2. Some people fear interacting with my patient	0.0%	1.3%	26.7%	43.6%	28.4%	3.99	.778
3. People feel unsafe being around my patient	0.0%	4.0%	24.4%	39.3%	32.2%	4.00	.853
4. People perceive mental illness as an avenue for avoiding difficulties in everyday life	2.0%	8.4%	25.1%	39.1%	25.3%	3.77	.986
5. Some people argue that people with mental illness should be left to tend for themselves	0.4%	7.6%	25.6%	39.8%	26.7%	3.85	.918
6. It is perceived that mental illness is for the genetically inferior	4.2%	7.1%	26.9%	36.4%	25.3%	3.72	1.053
7. The society believes that mentally ill people should be controlled by any means	0.0%	4.2%	25.3%	38.4%	32.0%	3.98	.862
8. The society believes that mentally ill people should be forced to have treatment	0.0%	5.8%	26.4%	44.9%	22.9%	3.85	.839
9. The society feels that mentally ill people should not be allowed to have children	0.4%	2.4%	21.8%	40.9%	34.4%	4.06	.835
10. Mentally ill people are perceived as often doing unexpected things	0.7%	7.3%	17.6%	35.6%	38.9%	4.05	.958

### 3.3 Prejudice and Health Seeking Behavior

The hypothesis posited that prejudice against people with mental illness had no significant influence on health seeking behavior of caregivers. From multiple regression results, prejudice was also found to have a negative and significant effect on health seeking behavior among caregivers of people with mental illness,  $b = -0.332$ ,  $t(445) = -7.781$ ,  $p < 0.05$ .

## 4. Discussion

### 4.1 Univariate Outlier for Prejudice Variable

The results imply that the univariate outliers are within the cell outliers, which in this case shows that the variables are socially accepted or desirable. This is a case where there are valid and legitimate scores (Osborne & Overbay, 2014) given that there was consistency in caregivers responses.

### 4.2 Prejudice Among Communities

The implication of the results in table 2 indicates that prejudice towards persons with mental illness among communities in Uasin Gishu County comes in a diversity of forms. The study reflects findings by (Kenny et al., 2018), who have demonstrated that four factors namely, malevolence, fear/avoidance, unpredictability and authoritarianism underlie prejudice towards the mentally ill. This is expected considering that cultural construction of mental illness is a function of social dominance orientation, and right-wing authoritarianism which are ideological beliefs which predispose people to prejudice (Sibley & Duckitt, 2008). It is further argued that social dominance orientation leans towards non-egalitarianism and predicts prejudice towards people seen to be inferior (Duckitt & Sibley, 2010).

### 4.3 Prejudice and Health Seeking Behaviour

Study results indicate that that a unit increase in prejudice against people with mental illness has the potential to reduce health seeking behavior among caregivers by 0.332 units. This essentially means that prejudice is a barrier to health seeking behavior. Indeed, evidence in existing literature confirms that prejudice against people suffering from mental illness is among the factors which contribute to treatment avoidance (Henderson, Evans-Lacko & Thornicroft, 2013). Interestingly, prior research has shown that reluctance to seek medical health care among patients with mental illness is compounded by prejudice from mental health service providers (Nemec, Swarbrick & Legere, 2015). As a matter of fact, Knaak, Mantler and Szeto (2017) demonstrated that prejudice against people with mental illness by healthcare practitioners themselves was a major concern and remains to be one of the barriers for help seeking. Besides, (Tesfaye et al., 2022) established that in most communities, people with mental illness are often accorded unfavorable attitude, and in most cases, they are usually avoided and therefore mostly prefer non-medical treatment approach.

## 5. Summary

### 5.1 Prejudice Against People with Mental Illness and Health Seeking Behavior

The study sought to determine the influence of prejudice on health seeking behavior among caregivers of people with mental illness among communities living in Uasin Gishu County. The descriptive analysis of the caregiver's responses on questionnaire items revealed that, prejudice towards mental illness that manifests in the forms of fear or avoidance, unpredictability, and benevolence were common among the communities under study. Indeed, avoidance and fear were also reflected in FGD results, in which some caregivers confirmed that they had occasionally felt excluded on the strength that the mentally ill patients under their care had weird behavior and needed to be avoided.

The multiple regression analysis results confirmed that prejudice against people with mental illness had a negative influence on the potential for caregivers to seek mental health for them. Consequently, an increase in prejudicial tendencies significantly brought down health seeking behavior among caregivers. Such finding showing the negative impact of prejudice against people with mental illness on health seeking behavior among caregivers was consistent with previous findings reported in existing literature.

### 5.2 Conclusions

In view of the specific findings made and the subsequent discussions of the findings basing on the existing literature, the following conclusions were drawn in line with the objective.

Conclusion arising from the findings of this study is that prejudicial behaviour extended towards people with mental illness such as: the need for people with mental illness ought to be avoided, that they should not be allowed to have children, that they ought to be feared, and that they are not safe to interact with, are cultural constructions which are being experienced among communities living in the County. These prejudicial tendencies are having a negative effect on health seeking behavior among caregivers of people with mental illness and are suppressing the desire for health seeking among the caregivers of people with mental illness in the County.

Meanwhile, the finding showing that prejudice manifests in the forms of unpredictability and avoidance, requires that the practice of medical anthropology and in particular mental health should look towards strategies that can correct misinformation and contradict negative beliefs and attitude. Such strategies can include mental health literacy campaigns and peer services, directed towards minimization or elimination of prejudicial tendencies. Evidence shows that basic education directed towards improving mental health literacy has had effectiveness in reducing stigma (Wei et al., 2013). Meanwhile, use of peer service is bound to improve identification of problems and coping strategies.

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