

## MENTAL ILLNESS AND THE PANACEA OF ORTHODOX MEDICINE PATRONAGE AMONG IBIBIO PEOPLE OF SOUTHERN NIGERIA

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### **Abstract**

*This research work examined how orthodox medicine on Mental Illness is preferred among Ibibio People in Akwa Ibom State, Southern Nigeria. The researcher made use of explanatory model as theoretical framework. Ibibio speaking local government areas were purposively selected, and clustered into the 3 existing senatorial districts. Study participants were randomly selected from 16 Ibibio clans from randomly selected Ibibio speaking local government areas. Fattermen Big-net approach was used to select study respondents who were engaged in interviews and their socio demographic data collected were presented using simple percentage method. Findings of the study were analyzed qualitatively in thematic analysis with excerpts from the study participants. Findings of the study revealed that Ibibio people have great belief that mental illness is spiritually influenced and priority is given to not given to orthodox treatment, orthodox medicine and orthodox treatment are considered by Ibibio people to be supplementary, and there is lack of knowledge of availability of orthodox treatment at health centres. It was concluded that, out of fear of being stigmatized; Ibibio people chose not to go to psychiatric hospitals for treatments to avoid the cultural implication of stigmatization which also contribute to the high dependency on faith healing and herbal treatments. The researcher among others recommended that the Ibibio people should be educated on mental health and illnesses in order to reduce the stigmatization and the belief in spiritual causes of mental illness which make them not to prioritize orthodox medicine for mental illness treatment.*

**Keywords:** *Mental illness, Orthodox Medicine, Health Centre and Ibibio People*

## 1. INTRODUCTION

Every human being is a constitution of both mental and physical states and the health and wellbeing of any individual is ultimately dependent on the inter-relationship that exist between the physical and mental health (Kolappa, Henderson and Kishore, 2013). The disharmony between the mental and physical states results in a condition called mental illness, and mental illness, also called mental disorder or psychiatric illness is a disorder characterized by psychological symptoms, abnormal behaviours, impaired functioning or any combination of these (American Psychological Association APA, 2005).

Mental illness refers to a wide range of mental health disorders that affect the mood, thinking, behaviour and one's ability to function in social, work or family activities (APA, 2018). Mental health disorders constitute the major causes of disabilities worldwide, accounting for 37% of all healthy life years lost through disease (Jack-Ide, Uys and Middleton, 2013). It is also universal, affecting people of all countries and societies, regardless of age, gender and income. The prevalence of mental illness in the adult population at any given time is about 10% (Cuijpers and Stam, 2003). Similarly, around 20% of all patients seen by primary health care providers have one or more mental health disorders.

Mental illness is a disabling, chronic condition that poses numerous challenges in its management and its risk factors for other health problems (Kabir, *et al.*, 2004). It bestows significant costs to the patient in terms of personal suffering, to the families as a result of the shift of burden of care and life-time loss of productivity, and on the society at large. It is reported that mental and behavioural disorders are common, affecting more than 25% of all people at some time (Kabir, *et al.*, 2004). The prevalence of mental illness or disorder in some communities around the world makes availability of mental health care service a necessity. According to Azeem (2014), there is the need for community-based services to be delivered in the primary care setting to provide accessible and humane mental health care. In low-income and middle-income countries, support for primary care services to enable them to identify and treat people with mental disorders, with training, assistance, and supervision by available specialist mental health staff is the best way to extend mental health care to the population (Desjarlais, Eisenberg, Good, and Kleinman, 1995).

There is an increasing awareness of mental illness as a significant cause of morbidity throughout the whole world (WHO, 1994). This awareness has increased with the steady decline of morbidity due to nutritional disorders, communicable diseases and other forms of physical illness, especially in countries undergoing epidemiological transition (Frenk, Bodadilla,

Sepulveda, and Lopez-Cervantes, 1999). Mental and behavioural disorders are common, affecting more than 25% of all people at some time during their lives (WHO, 2001). They are also universal, affecting people of all countries and societies, regardless of age, gender and income (Kabir, Iliyasu, Abubakar, and Aliyu, 2004). The point prevalence of mental illness in the adult population at any given time is about 10% (WHO, 2001). Similarly, around 20% of all patients seen by primary health care providers have one or more mental health disorders (WHO, 2001 cited in Kabir, *et al.*, 2004).

Having effective mental health delivery is challenged by several factors, and some of these factors may be governmental, some individual while some may be community or culture based. Nigeria has a very poor mental health report (Eaton and Agomoh, 2008). The parlous state of mental health services in Nigeria has been well documented (Eaton and Agomoh, 2008). Apart from very low budgetary allocation to the health sector, nay Mental Health, inadequate supply of trained personnel and medical facilities in the whole country have been identified as factors that can determine how the populace approaches their mental health challenges (Eaton and Agomoh, 2008). Nigeria's annual expenditure on health is just 3% of Gross Domestic Product (GDP), with mental health taking only a small part of this total health budget (Eaton and Agomoh, 2008). There are 0.4 psychiatric beds per 10,000 of the population, and this is grossly inadequate and cannot cater for the mental health needs of Nigerians effectively.

Other barriers to good mental health are identified and categorized into four categories of barriers: cognitive, affective, value orientations and physical (Leong and Lau, 2012). Cognitive, affective, and value orientations reflect cultural obstacles that impede an individual's intent to seek mental health services, and the fourth (physical) refers to practical barriers regarding the use of services. The practical barriers include a general lack of mental health awareness, cost of treatment, poor knowledge of how to access service, and waiting time (Kung, 2004).

Societies across the world have different explanatory perspectives as it relates to the nature, causes and interventions for mental health problems (Ahmed, San and Nazar, 2015). These perspectives are as a result of certain aspects of the cultural practices of the society, which is entrenched in the way the people think, reason, act, and speak (Ahmed, *et al.*, 2015). The role of the community in the prevention and care of the mentally handicapped has now been widely acknowledged and is regarded as the most appropriate basis for the development of mental health programmes (Kabir *et al.*, 2004). Several studies have shown that knowledge of public attitude to mental illness and its treatment are vitally important prerequisite to the realization of successful

community-based programmes. The norms, beliefs and customs within the individual's cultural environment, play a significant role in the recognition, care and management of mental disorder (Kabir *et al.*, 2004).

Help seeking behaviour is the critical link between the emergence of mental health issues and the provision of mental health care services (Mkize and Uys, 2004). Community attitude and beliefs play a role in determining help-seeking behaviour and successful treatment of the mentally ill (Kabir *et al.*, 2004). Unarguably, ignorance and stigma prevent the mentally ill from seeking appropriate help. The cultural aspects of a community needs be understood as regards mental health issues so as to help in planning Mental Healthcare for the community (Kabir *et al.*, 2004). Societies are made up of people from families and households living together and sharing similar ideas and dispositions. They conform to norms handed down through oral tradition and sometimes records. Every society has its culture and ethics (Mayhew, 2016). Cultural practices of people not only affect their health seeking behaviour but also affect all aspects of life including social relationships, contribution to societal functioning and disease condition (Ojua, Ishor and Ndom, 2013).

The health seeking behaviour of a community determines how health services are used and in turn the health outcomes of populations (Shaikh and Hatcher, 2005). Up to about 70% to 80% of the population of mentally ill belong to rural areas and first visit religious places and consult with the indigenous practitioner for their treatment (Subhudi, 2015). Factors that determine health seeking behaviour may be physical, socio-economic, cultural or political (Kroeger, 1983). Indeed, the utilisation of a health care system may depend on educational levels, economic factors, cultural beliefs and practices. Other factors include environmental conditions, socio-demographic factors, and knowledge about the facilities, gender issues, political environment, and the health care system itself (Ogunlesi, and Olanrewaju, 2010).

The Ibibio is the major tribe in Akwa Ibom State with a population of about 3.1 million which is about 60% of the state's population, going by the fact that the tribe forms about 16 of the 36 Local Government Areas of the state (Essien, 1990). The Ibibio is one of the oldest ethnic groups in Nigeria with its customs, culture, ethics and mores. These are determined by the belief system of the Ibibio people who are known for their distinct cultural belief on spirit beings and ancestors who live in the afterlife just like they in life (Essien, 1990). The belief also portrays the spirit being as having powers to influence human activities including health, economy, favour etc (Essien, 1990). Health challenges are usually associated with offences against the deities, gods and/or ancestors. This makes the appeasement of the gods or deities a necessity in health management in the history of Ibibio. The nature of the ailment is related

to symptoms assumed or heard of (Essien, 1990). Divinity is usually resorted to in the cause of diagnosis. All these depend on the cultural background of the Ibibio. Almost everything in Ibibio is woven around religion. From childbirth, fertility, health, fortune and even influence in the society is assumed to be controlled in the spiritual realm (Oreva, 2018).

Different kinds of healers and healthcare services exist in Ibibio land. In today's Ibibio land, several orthodox and unorthodox health facilities abound. However, those specifically delineated for mental health are very few. Despite these, when mental health challenges arise, people seek help and get what they assume as help. Sometimes and in some cases in Ibibio land, health challenge of one person in a family can disrupt the functioning of the entire family.

Mental illness is not alien to Ibibio culture and the Ibibio have attempted to demystify the problem so that permanent solution can be given to this illness which is assumed to affect the family members more than the mentally ill because Ibibio adage says "*Obut isi mummo Idat ase omum eyeneka Idat*" (The shame of madness does not bother the mad person, but members of his/her family). Various strategies have been adopted by different families to care, treat and manage the mentally ill with the desire of returning them to normalcy.

With parlous state of mental health services reported in Nigeria, people with mental health challenges are exposed to several problems in their drive to access healthcare. According to Jack-ide and Uys (2013), mental health institutions are located in big cities; individuals may not seek mental health care due to poor knowledge of available services, accessibility, cost, and negative perceptions about health care system. The low-income groups in both urban and rural areas who access care through public mental health clinics are therefore at greater risk of not receiving the needed mental health care. With the low level of orthodox mental healthcare delivery in Nigeria, the mentally ill seek other alternatives to solving their problems. Gureje and Lasebikan (2006) observed that the service gap left by orthodox mental health practice in Nigeria is filled by traditional, spiritual, faith healing and complementary medicine, the use of which is widespread in most communities, as lay perception of mental disorders are still rooted in super-natural belief systems especially among the Ibibio people, and therefore considered untreatable with western medicine. This has influenced the expected outcome of mental healthcare delivery as it appears that the more the investment in mental health sector, the more lunatics we have on the streets. Moreover, the stigma tied to mental disorders is also an obstacle to care.

Government of Akwa Ibom State has invested fortunes to care for and treat the mentally ill persons. The efforts of government include equipping and funding



Psychiatric Hospitals and empowering the Ministry of Women and Social Development to evacuate lunatics left on the streets for management. Despite the efforts of government, there seems to be an increase in the number of mentally ill people roaming the streets within most part of Ibibio land.

Moreover, in Ibibio there are many people with mental disorder who dot public spaces in city centres, rehabilitation homes, psychiatry hospitals and other traditional healing homes within the area. Some of the mentally ill are hidden out of public view in homes and under inhuman conditions. The families, after exhaustive attempts to find cure for the illness either grudgingly give up on their relatives thereby allowing them to wander away or keep them in closed captivity to avoid stigmatization. Families spend fortunes to treat, manage and cater for the mentally ill. Those who allow them to wander away face the shame and stigmatization associated with being related to a mentally ill person. Efforts meant to return the patient to health becomes almost abortive and wasted. Hence, some are left to wallow in refuse dumps, direct traffic abnormally and endanger their lives and that of others.

Most of the lunatics look tattered and show signs of prolonged incarceration. This tends to portray that they have been kept from public glare perhaps in a bid to obtain cure for their ailment. It is established from studies that people from Western and Northern Nigeria preferred alternatives to Western medicine for the treatment of mental illness (Kabir *et al.*, 2009). There may be cultural implications of this. With Ibibio in the South Southern part of Nigeria having a different culture, it is possible that their health seeking behaviour for the mentally ill may be different. The efficacy of the approaches taken by the Ibibio to tackle mental health challenges has to be investigated in the light of the somewhat increase in the number of lunatics on the street which may have defied any effort by government to bring sanity. Literatures (Mkize and Uys 2004; Kabir *et al.*, 2004; Ahmed, San and Nazar, 2015; etc.) have discussed in general terms and perspectives the issues of mental illness and health seeking behaviour at community level. The causes, nature, barriers to seeking treatments and factors responsible for mental health seeking behaviour are unveiled in literatures (Ojua, Ishor and Ndom, 2013; Shaikh and Hatcher, 200; etc.). This background provides the gap as in considering whether orthodox medical treatment is a preferred approach of mental healthcare among the Ibibio people, which this research work sought to fill.

## **2 THEORETICAL FRAMEWORK**

### **Kleinman's Explanatory Model of Illness Framework**

The psychiatrist and anthropologist Arthur Kleinman's theory of explanatory models (Ems, 1980) proposes that individuals and groups can have vastly different notions of health and disease. Patients' belief that health and illness are not merely the end result of individual's biology and behaviour. What people believe and experience when they are ill is usually something far more complex, deeply interconnected with their daily lives (Kandula, 2013).

Explanatory Model gives insight into what is most important to the patient, what the patient believes about health and illness and what they think will help them get better. Ems are influenced by people's social and cultural context and prior experiences (Tirodkar, Baker, Makoul, Khurana, Paracha and Kandula, 2011). It affects not only the type of healer patient will visit but also the course of treatment they may follow. Ems contain the following element; Aetiology, time and mode of onset of symptoms, pathophysiology, course of sickness and treatment. Kleinman (1988) recommended that a patient's explanatory models of illness should be elicited using a mini- ethnographic approach that explored their concerns: why me? why now? what is wrong? how long will it last? how serious is it? who can intervene or treat the condition?

Explanatory models of illness influence health seeking behaviour and health service utilization. Kleinman (1980) asserts that healing cannot be talked about in the abstract; it must be anchored in particular social and cultural contexts. In each society, there are beliefs about illness, choices of treatment alternatives, sick and practitioner roles, and health care-related institutions organized as a cultural system. Patients and relatives can resort to treatment alternatives based on what they believe to be the cause of mental illness and available mental health care related institution within their cultural system. This explains the choice of the theory by the researchers on the subject matter of the study and the geographical scope of the study. This explains the approaches, preferences, and choices of healthcare services as adopted by the Ibibio people of Akwa Ibom State in Southern region of Nigeria.

## **3. METHODOLOGY**

An ethnographic research design was adopted with a multi-stage type of data collection approach. Ethnographic research allows the researcher to immerse his or herself in the cultural practices of the people in order to close social distance and gain proper understanding of the social problem from the cultural context of the people. This type of research design facilitates a search for information to gain insight on substantial issues in the study because of its exploratory, descriptive, and explanatory potentials.

The study area was Akwa Ibom state. Akwa Ibom is a state in Nigeria, created on the 23<sup>rd</sup> of September 1987, with Uyo as its capital. Akwa Ibom is one of Nigeria's 36 states, with a population of over five million people (NPC, 2006). The study was conducted among the Ibibio people of Akwa Ibom State. The Ibibio people are a coastal people in southern Nigeria (Cole and Derk, 2012). They are mostly found in Akwa Ibom State, Cross River and on the Eastern Part of Abia. They are related to the Annang, Igbo and Efik peoples. During the colonial period in Nigeria, the Ibibio Union asked for recognition by the British as a sovereign nation (Offiong, 1983). The Annang, Efik,, and Oron share personal names, culture, and traditions with the Ibibio, and speak closely related varieties of Ibibio-Efik which are more or less mutually intelligible (Okon, 1984). Masks are a primary aspect of art made by the Ibibio.

The researchers adopted a big-net approach (Fatterman, 2010) to gather information from the study participants. Participant observation, in-depth interview (II), key informant interview (KII), and focus group discussions (FGDs) were used by the researchers to obtain primary data. Secondary data were collected through published materials and internet sources.

#### **4. FINDINGS**

##### **4.1 Socio-demographic Data of Participants**

The socio-demographic distribution of the sampled study implies that the total number of the study participants was 400, the males constituted of 303 (75.8%) and the females constituted 97 (24.2%). The analysis of this shows that the views being expressed in this study were representative of both male and female, with the male study participants being the majority. Under the age characteristics, the majority of study participants (122/30.5%) were between ages 41 - 50 years. In the same analysis, 102 (25.5%) of study participants were between the ages of 51 - 60 years, 72 (18.0%) of participants were 60 years and above, 56 (14%) were between the ages of 31 - 40years, and 48 (12%) were 21 – 30 years. This implies that majority of the study participants were of the older age of the study population's sample which satisfied the most targeted sample of the study.

Also observed was that under marital characteristics, that the highest in this category were the married with 203 (50.8%) of the study participants, this was followed by the widow/widowers with 78 (19.5%). The next in this category was singles with 45 (11.2%), 34 (8.5%) were divorced, 27 (6.8%) were co-habiting, while the least in this category were the separated with 13 (3.2%). Therefore, a large proportion of the study participants were the married, while the least part of the study population's sample was the co-habiting. Under the educational status of the study participants, those with secondary education (SSCE) were the highest in number with 213 (53.2%), those with primary



education (FLSC) were the second in this category with 91 (22.8%), this is followed with those with no formal education were 49 (12.2%), while the least in this category were those with tertiary education (NCE, OND, HND, BSc, and MSc) were 47 (11.8%). This implies that most participants in this study were of average educational status, and are educated enough to respond to the questions and give valid opinion on the subject matter under investigation as undertaken by the researcher.

Under religious affiliation, the result of the study participants shows that the highest group in this category 337 (84.2%) were Christians, 60 (15%) were traditional worshipers, none of the study participants was found to practice Islam, while 3 (0.8%) were into other form of religious practices. This further implies that the researchers had study participants that cut across large segments and varieties of socio-demographic characteristics which are important in obtaining a balanced and unbiased view from study participants.

#### **4.2 Orthodox Medical Treatment as First Option**

Arising from the findings of the study is the fact that there are different forms of orthodox treatment found among the Ibibio people of Akwa Ibom State. Emerging from gathered information from the study participants is that there are Primary Health Care Centres across Ibibio land, there is a Psychiatric hospital located within Ibibio geographical landscape, there exist good knowledge of availability of orthodox treatment at the psychiatric hospital for mental illness, but there also exist poor knowledge of mental illness treatment offered at health care centres, and though there is good knowledge of availability of orthodox treatment for mental illness among Ibibio people, the people do not depend completely on orthodox treatment as their only treatment option for mental illness.

According to the information gotten through discussion with the study participants, orthodox treatment is not always the first option when it comes to seeking treatment for mental illness. Orthodox treatment is considered by the people as effective in treatment of ailment other than mental illness. This is so because the majority of the people believed that mental illness has to do much with spiritual attack than biological or psychological disorder. Therefore, the majority of the study participants agreed that it is not wise to go for orthodox treatment as the first option when one is struck with mental disorder.

One of the key informants among the study participants aged 41 years in his narratives said that;

*When I discover that my wife started behaving abnormally after she had complained of her head for sometimes, I did not think of going to the hospital first because I knew it was an attack on her because since I knew her, for over 6*

*years I have never heard that she had a mental problem. So when this one started, I rushed down to our church for prayers, from our church, I was directed to another church outside my local government area. I went there and I saw many mad persons receiving treatment under his Man of God. He ministered to my wife. After some days, I went to Psychiatric hospital to collect some drugs for her which she took in addition to what the Man of God was ministering to her. She later became well and free for the problem and I took her home. At home I was to give her the drugs from the hospital though I have not done so for sometimes now, but she is okay (Okon 41, interviewed on 23/8/2020).*

Another male participant aged 50 years during discussion said that;

*You cannot go to hospital for madness it is foolishness because madness has to do with demons ministering to the soul. Therefore, tell me is there any drug that you can give to send demons away? No! I had a cousin who had mental problem; the parents took him to Psychiatric hospital and spent their money on him. The boy struggled with the illness till he died. He was a shame and a disgrace to our family. Though the parents tried what they could, the boy couldn't make it for long. Who will trust hospital for mental treatment? See, mental problem is not a drug-drug issue; it is an illness that needs spiritual powers to drive those demons away (Ekpe 50, interviewed on 23/8/2020).*

Gathered information revealed that among the Ibibio people, orthodox medical treatment or medicine is not mostly considered as a potent option for mental illness treatment. Reason was found to be the visible experiences of people with mental illness who are often refer to as mad people. This set of people in most cases do manifest great amount of power that is believed to be influenced by spiritual forces that are not subject to orthodox medicine or treatment. This makes the Ibibio people to believe that orthodox medicine or treatment cannot be the first option for mental illness treatment.

#### **4.3 Orthodox Medical Treatment as Supplementary Option**

Discussion revealed that mental illness as reported by the participants is a severe illness with deep spiritual influence that needs a serious and deeper treatment which at certain level, orthodox medicine cannot be trusted to handle such health situation. One of the study participants aged 61 years in his responses narrated that;

*Foreign drugs or hospital drugs' treatment is for head problem like severe headache but not serious mental illness especially like madness. I don't think that anybody who wants to depend on Western medicine alone is wise enough. This is because we all know that madness is more of spiritual than what*

*ordinary hospital medicine alone can handle* (David 61, interviewed on 23/8/2020).

Orthodox treatment according to discussion is a supplementary treatment to other treatments across the Ibibio land when it comes to mental illness. The majority of the study participants agreed they do not depend solely on orthodox treatment for mental illness, rather they seek mental illness when other treatment approaches demand the orthodox drugs for certain purpose. Orthodox medicine is acquired by the people as a supportive treatment to other forms of treatments.

According to one of the key informants;

*I remember when I was directed to take my wife to one church at Efa in Etinan Local Government Area, the people minister to her and she regained herself, but she couldn't sleep. So, I was directed by the Apostle to go to psychiatric hospital at Eket and collect drug for her that the drug will help her to sleep. I went and got the drugs. Those drugs help her to sleep and she was completely okay and I took her home and continue with the drugs on till she did not complain of any of anything or misbehave again* (Okon 41, interviewed on 23/8/2020).

It was gathered through the study participants that the majority of the Ibibio people combine both orthodox medical treatment and other forms of mental healthcare services especially the spiritualists or faith healers due to the vast belief among the people that mental illness is a spiritual illness that is control by satanic forces or powers which also required spiritual counter operation to bring about healing.

#### **4.4 Lack of knowledge on availability of psychiatric treatment at Health Centres**

Discussion revealed that there is poor patronage of orthodox treatment by the Ibibio people across Akwa Ibom State. Many factors are responsible for the poor patronage level of orthodox treatment in regards to mental illness. These factors include lack of knowledge on availability of psychiatric treatment for mental ill persons at the healthcare centres, high level of belief on spiritual influence in mental illness, stigmatization, and bad reports from mental illness cases from hospitals.

According to one of the study participants who work at healthcare centre;

*I don't think that people know about availability of mental illness treatment at healthcare centres where I worked at Abat. This is because I have never seen anybody come for mental illness treatment. Even when we try to tell some people to come for treatment when they have such challenge, it is very rare to*

*see people with mental illness condition come for treatment at the healthcare centre (Alice 33, interviewed on 23/8/2020).*

Another study participant aged 47 years, during interview narrated that;  
*Our people don't go to hospitals for mental illness treatment because they don't want people to know that their relative is mad. A lot of people feel that madness is a shameful sickness which nobody will want to be associated with. Because of this stigma, people prefer to take their relatives who are mentally ill out of their communities to the neighbouring communities, local government area or state (Sunny 47, interviewed on 23/8/2020).*

#### **4.5 Bad Experiences from Orthodox Medical Centres and Treatment**

Information gathered from interviews revealed that bad reports based on experiences from those who had mentally ill patients and had patronized orthodox treatments either by private physicians or psychiatric hospitals has added to poor level of patronage of orthodox treatment for mental illness among the Ibibio people of Akwa Ibom State. One of the study participants aged 49 years said that;

*We have heard of people returning their mad patients from hospitals to churches and herbalists so therefore, how can we trust orthodox treatment? Sometimes the report we received from people that attended this psychiatric hospital is bad and showed that when it comes to madness or what you call mental illness the white-man drugs cannot handle it. We have proven it with people who have gone there (Stephen 49, interviewed on 23/8/2020).*

From key informants, discussion and interviews, orthodox treatment is not the first option of treatment among the Ibibio people for mental illness. There are several factors which are responsible for low patronage of orthodox treatment for mental illness in Ibibio land. These factors include stigmatization; which make people refuse to go to hospitals for mental illness treatment, lack of knowledge of availability of mental health care at health care centres, and they believe that mental illness is more spiritual than biology and physical.

#### **4.6 Discussion of Findings**

Emerging findings from discussions and interviews show that mental illness is a known health condition with high degree of stigmatization among the Ibibio people in Akwa Ibom State. WHO (1994) gives credence to this finding, stating that; there is an increasing awareness of mental illness as a significant cause of morbidity throughout the whole world. This placed a great burden on the family of the mentally ill person. It is family responsibility to take care of the patient and take charge of all the cost and expenditure incurred through the process of seeking treatment for the patient. On general knowledge about

mental illness, findings show that Ibibio people consider mental illness to be caused by spiritual forces. There is a high level of belief that some spiritual forces are responsible for mental illness. This situation and belief system greatly affects the mental health seeking behaviour of the Ibibio people in Akwa Ibom State.

Emerging from the findings on orthodox treatment as a preferred treatment option for mental illness is poor patronage of orthodox medicine and treatment for mental illness among the Ibibio people of Akwa Ibom State. Findings showed that stigmatization pose a barrier in patronizing orthodox medicine. This is so because, Ibibio people out of fear of being stigmatized will choose not to take their mentally ill patients to psychiatric hospital in order not to reveal the fact that they have madness or lunatic spirit in the family. People who have mental illness patient are branded with the illness and other Ibibio people will not want their children or family member to marry from such family so that he or she will not transfer the spirit of insanity to their family.

Another reason for poor orthodox medicine and treatment patronage for mental illness is lack of knowledge of availability of psychiatric health services at the various health care centres across the Ibibio land. Findings showed that the majority of the people do not know go to health care centres for mental health care because they do not have any knowledge of the availability of such care provisions. This finding agrees with Kung (2004) who posits that the practical barriers include a general lack of mental health care awareness, cost of treatment, poor knowledge of how to access service, and waiting time (Kung, 2004). Further findings showed that most of the Ibibio people do not patronize orthodox treatments for mental illness because of the existence and increase reports of mentally ill patients being withdrew from psychiatric hospitals to faith healers and traditional herbalists for cure. A key reason for poor patronage of orthodox treatments for mental illness is because the majority of the people consider mental illness to be a spiritual case rather than physical.

## **5. CONCLUSION**

The main objective of this study was to investigate mental illness and orthodox medicines health seeking behaviour of Ibibio people in Akwa Ibom State, Nigeria. Mental illness to the Ibibio people is spiritually controlled ailment which needs spiritual intervention for successful and effective treatment. The orthodox medicine is not the most preferred treatment for mental illness among the Ibibio people. There is high degree of stigmatization among the Ibibio people in Akwa Ibom State in relation to mental illness. Therefore, out of fear of being stigmatized they will choose not to take their mentally ill patients to



psychiatric hospital in order not to reveal the fact that they have madness or lunatic spirit in the family. Ibibio people are said to be afraid of getting married to or allow their children get married to members of family that has mentally ill patients. This is because of the fear that mental illness can be inherited or is in blood line. The majority of the people does not know or go to health care centres for mental health care because they do not have any knowledge of the availability of such care provisions. In Ibibio land where there is madness or mental illness treatment and cure is, nobody in that community is found to be sick of or suffer such ailment.

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