

ATTITUDE OF PATIENTS / CAREGIVERS TOWARDS SEEKING PROFESSIONAL HELP AND FACTORS AFFECTING IT; A CROSS SECTIONAL STUDY

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ABSTRACT

Objective: To determine attitude of people towards opting a treatment modality for mental illnesses and factors affecting it in Psychiatric Outpatient department at Hamdard University Hospital, Karachi.

Design: Cross-sectional study.

Place and duration of study: This study was carried out at Psychiatric Outpatient department at Hamdard University Hospital, Karachi from 1st January 2008 to 31st May 2009.

Subjects and Methods: Patients/ caregivers presenting at Psychiatric OPD of Hamdard University Hospital, Karachi from 1st January 2008 to 31st May 2009 were interviewed according to a standard questionnaire. Consent was taken from each and every patient/caregivers. Data was analyzed using SPSS 16 version.

Results: The study comprised 531 patients of which 42.4% were males and 57.6% females. Mean age was found to be 32.1 years (S.D= +/-12.1). Regarding mode of treatment opted first, 64.4% resorted to medical treatments while 28.8 % used spiritual forms of treatment. 33.9% patients said that they consulted family physician for their problem first. 37.3% consulted a psychiatrist first followed by 18.7% who consulted various moulvis, Aalims and peers. Other forms of traditional healers consulted include hakims (6.8%) and homeopaths (3.4%). Only 17.1% patients said that they had psychiatric treatment alone. 65.7 % thought Rohani ilaaj to be part of religion or both religion and culture. And only 12% thought that Rohani Ilaaj has no role in treatment of mental illnesses.

Conclusion: Strong belief still exists in traditional healing in our society. Although psychiatric treatment is becoming increasingly popular and acceptable, work needs to be done to increase awareness.

Key words: Spritual healer, traditional healing, mental problem.

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INTRODUCTION

Mental disorders are common being diagnosed in a third of primary care attendees in Asian countries¹. However limited reliable data is available on the prevalence of mental disorders in Pakistan^{1,2}. The traditional healers along with psychiatric services are the main mental health service providers². Countries in Africa, Asia and Latin America use traditional medicine to help meet some of their primary health care needs³. In Africa, up to 80% of the population uses traditional medicine for primary health care³. However there is dearth of data on the use of traditional healing for psychiatric illnesses alone.

In Pakistan Mental illnesses are stigmatized and widely perceived to have supernatural causes². Despite its many successes and general acceptance throughout the world, the Western system of healing has not replaced indigenous health systems. This is because traditional healing is deeply embedded in wider belief systems and remains an integral part of the lives of most people. Thus, in most developing countries of the world, the traditional

medical system continues to exist beside with the modern system, and the majority of the population regularly consults both types of healers⁴.

Several different ways of treatment are being practiced in Pakistan. Main categories of healers people consult in Pakistan are religious leaders, Peers, Aamils/ jadugars, besides general practitioners and psychiatrists.

It was decided to study the attitudes, beliefs and compliance of patients/ caregivers towards choosing a treatment modality and main factors affecting it.

SUBJECTS AND METHODS

It was a cross sectional study and the sampling technique was non-probability, convenient. The study was conducted at outpatient department of psychiatry at Hamdard university hospital Karachi, a teaching hospital situated in the center of the city. All the patients reporting from 1st January 2008 to 31st May 2009 at outpatient department of Hamdard University Hospital psychiatric clinics having a psychiatric illness were included in the study. Patients diagnosed not to have a psychiatric illness were excluded. Those with severe intellectual disability were also excluded. Unreliable informants were not interviewed. Incomplete and inconsistent questionnaires were discarded. Patients paying more than a single visit during the course of study were only interviewed once.

Approval from Ethical Review Committee of the university was taken. As there was no previously available model a new questionnaire was designed consistent with the objectives of the study and sensitive to expected cultural and ethnic diversity.

A well informed consent was taken before the interview. Questions were asked with blunt expressions to encourage free expression of views and make the patients feel no hesitancy in responding to the answers. A mediator was used to communicate with the patients/

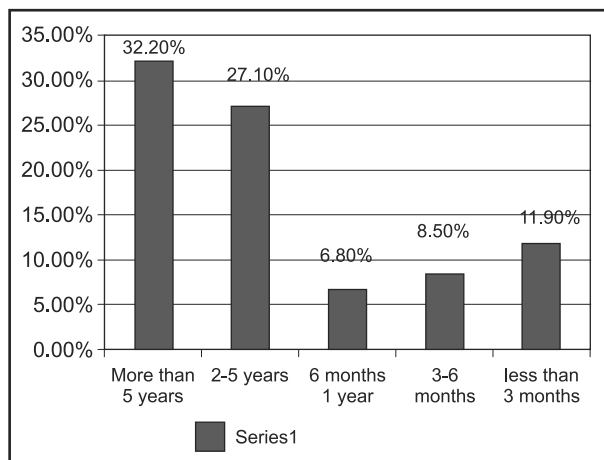


Fig. 1: Duration of the presenting problem

assistants in case of language barriers. The diagnosis of the patient was given by the consultant psychiatrist, according to ICD-10.

RESULTS

The study comprised 531 patients of which 42.4% were males and 57.6% females. 40% were diagnosed to have Affective disorders, 8.6% anxiety disorders, 12.9% from somatoform disorders, 15.7% schizophrenia and rest from other psychiatric disorders. Mean age was found to be 32.1 years (S.D= +/-12.1). Range from 16-62 years. 32.2% patients were having the presenting problem for more than 5 years, 27.1% had the problem for 2-5 years and only 11.9 % were having the presenting problem for less than 3 months. Rest was having the presenting problem for 3-6 months (8.5%), 6 months to 1 year (6.8%) and 1 year to 2 years (13.6%).

Largest proportion of patients belonged to Urdu speaking community (64.4%) while Sindhi speaking patients were second best represented community with 10.2%. Rest of the interviewed persons included Pashtu (5.1%), Punjabi (3.4%), Balochi (3.4%), Sareiki (1.7%) and others (11.9%, mainly Gujarati). Thus patients from all language backgrounds were represented in the study. 98.3% patients were Muslim rest included Hindus and Christian. Most of the patients were Barelvi (34.7%) followed by Deo Bandis (27.1%). A relatively a small proportion of patients (15.3%) were uneducated. Majority of patients / caregivers (61%) were intermediate or above. 35.6% had their monthly income between 5,000 – 10,000 rupees. 30.5 percent had monthly income between 10,000- 20,000 rupees where 18.6% earned Rs 5,000 or below.

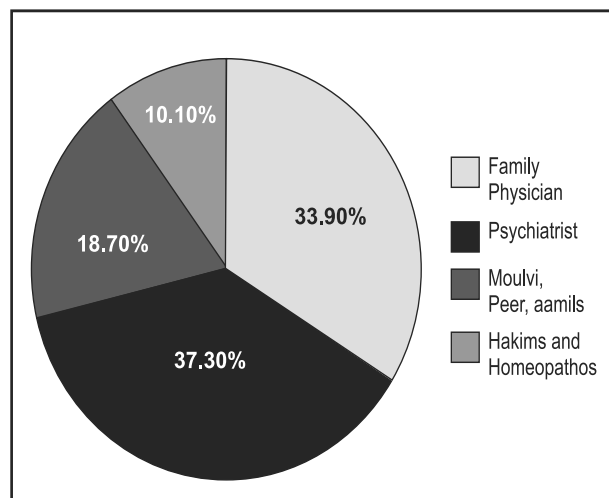


Fig. 2: Therapist first consulted

Regarding mode of treatment opted first, 64.4% resorted to medical treatments while 28.8% used spiritual forms of treatment. 33.9% patients said that they consulted family physician for their problem first. 37.3%

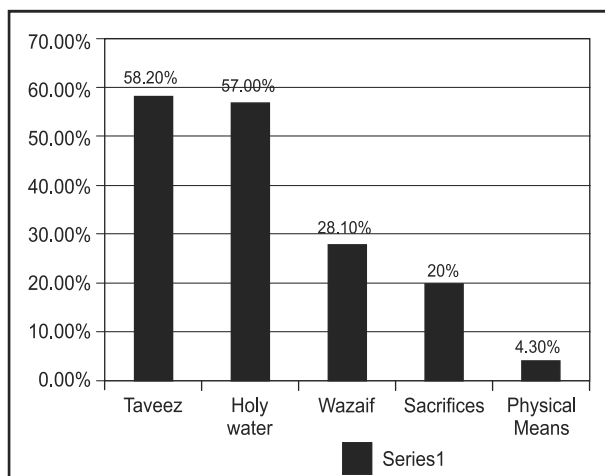


Fig. 3: Methods used in Rohani ilaaj

consulted a psychiatrist first followed by 18.7% who consulted various moulvis, Aalims and peers. Other forms of traditional healers consulted include hakims (6.8%) and homeopaths (3.4%).

However, 58.9% people used spiritual healing during the course of their illness. Methods and rituals employed in spiritual healing were Taveez (58.2%), Holy water (57.1%), Wazaif (28.6%) and sacrifices (20%). 4.3% patients were treated by methods involving physical touch/violence at some point in the course of their illness.

Only 17.1% patients said that they had psychiatric treatment alone. 37.3% claimed to have consulted a psychiatrist directly. Rest of the patients had consulted a therapist other than a psychiatrist before finally reaching one. 11.9% had tried 3-5 forms of treatment. 55.9% patients had spent either no or less than a 1,000 thousand rupees on other forms of treatment with 28.6% spending more than 5,000 rupees. Amounts were spent on spiritual treatment in regard of fee (15.3%), donations (23.7%)

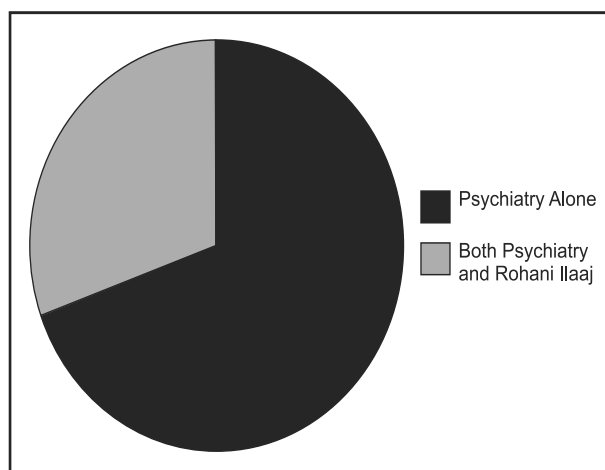


Fig. 4: Mode of treatment used currently

sacrifices (11.9%) buying something for treatment (10.2%) and others. 65.7% thought Rohani ilaaj to be part of religion or both religion and culture. 30.5% were still under spiritual treatment. Another 45.7% said that they will consult a spiritual healer if suggested by someone who they trust. However 64.5% would advise to have psychiatric treatment for similar problem where as 34.2% would suggest having both psychiatric and spiritual treatment. 57.1% said that improvement in their health was due mainly to psychiatric treatment while 32% said that both spiritual and psychiatric treatments had role. 30.5% were using both treatments because they thought medical treatment compliments Rohani ilaaj. 15.7% had been advised psychiatric treatment by their spiritual healer. 12.9% believed that Rohani ilaaj cannot cure illnesses.

DISCUSSION

WHO has defined traditional medicine as the sum total of knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures that are used to maintain health, as well as to prevent, diagnose, improve or treat physical and mental illnesses³. Several different ways of treatment are being practiced in Pakistan. Main categories of healers people consult in Pakistan are religious leaders, Peers, Aamils/jadugars, besides general practitioners and psychiatrists.

Religious Leaders: Religious scholars use revelations from Holy Quran by recitation or writing and accompanying the patient to heal the illness. Taveez is the term used to describe pieces of paper with excerpts of Holy book written on it given to keep with the patient. The term Wazaif is used for recitation of excerpts from Holy Quran in a certain way.

Aamils / Peers: They are the people thought to have special powers and a high degree of wisdom bestowed upon them by God. People seek continuous guidance from them in everyday life as well as for serious troubles. They pray, ask for sacrifice of animals, give taveez, touch the patient physically and do chillas. Chillas are rituals performed by the healers to relieve the influence of evil forces on human. Aamils exorcise the Jins and spirits and try to persuade them to leave the body. Torture the patient physically claiming that the harm is actually done to spirit or Jin. They usually charge heavy amounts of money in regard of fee and buying some costly articles used in the rituals

Jadugars: They treat by what they call magic. They claim to possess spirits and Jins.

Hakims: Hakims represent eastern school of medicine (Hikmat) and form a huge proportion of health care providers in Pakistan. Their mainstay is preparations derived from herbs and other naturally existing organic sources. Hikmat is being institutionalized in Pakistan.

Homeopaths: Homeopathy was introduced in Indian subcontinent during British Rule. (Homeopathic, Unani and Ayurvedic act 1937). 46,000 homeopath graduates are working all over Pakistan with another 15,000 studying in colleges⁵. Homeopaths thus form a significant proportion of health workers in Pakistan.

Other Traditional Healers: Other forms of traditional healers include Dais (those who conduct labors), Jirrahs (traditionally trained people conducting minor surgeries) Barbers (performing circumcision especially in villages) and pehalwans (dealing with fractures and dislocations).

We found that 58.9% resorted to spiritual healing during the course of psychiatric illness. This is 8.9% more than a similar study done in Tunisia on a sample size of 90 patients⁶. Results may well be influenced by the bias of carrying out the study in a medical facility. Karachi has highest literacy rate in Pakistan reported to be 65.6%⁷.

However the results do not seem to be affected by the level of education of patients or their caregivers. Same was observed in aforementioned study conducted in Tunisia⁶. Even a study conducted on South Asian population of UK found 28% patients to have used traditional healing⁸. More and more studies are being conducted worldwide to analyze the impact of traditional therapy on mental health problems. A national survey was conducted with 3651 adult South Africans between 2002 and 2004. A minority of participants with a lifetime DSM-IV diagnosis obtained treatment from Western (29%) or alternative (20%) practitioners. Traditional healers were consulted by 9% of the respondents and 11% consulted a religious or spiritual advisor. Use of traditional healers in the full sample was predicted by older age, black race, unemployment, lower education, and having an anxiety or a substance use disorder⁹. However the above factors were not found to be of high significance in determining the treatment opting behavior of patients in our study. However one should keep in mind that according to World Bank country classification July 2009, South Africa is an upper middle income country with a literacy rate of 75%. This alone sets it apart from other countries in Africa.

Effectiveness of traditional healing has come under scrutiny as well. A study has been conducted in India to analyze the impact of traditional therapy given in a Temple by Dr. R. Raguram¹⁰. A psychiatrist from the institute diagnosed paranoid schizophrenia in 23 patients, delusional disorders in 6 and manic episodes in 2. When the patients left after an average stay of five weeks, their symptoms as measured on a standard psychiatric ranking had dropped by an average of 20 percent¹⁰. In our study people showed a strong tendency towards religious forms of traditional healing with 30.5% continuing it along with psychiatric treatment and another 45.7% showing willingness to consult a spiritual healer. This

goes along with the fact that 65.7% considered it to be a part either of religion or both religion and culture. Study has revealed a unique collaboration between psychiatry and spiritual healing by the fact that 15.7% of those who were on both modes of treatment were referred by a spiritual healer. However there is some hint of dissatisfaction with traditional therapy as 64.5% said that they would advise psychiatric treatment alone to others having a similar problem. However a part of it may well be attributed to the fact that study was conducted in an environment that could lure patients to speak in favor of a psychiatrist.

Reasons for the strong affiliation with traditional healing may be multiple. It has been closely knit with Islam and religion remains the guiding force in the lives of most in Pakistan. When a person visits a psychiatrist in our community he gets the stigma of having a mental problem on the other hand visiting a spiritual healer (a religious leader) protects him from getting stigmatized.

In the views of Dr. Raguram "For mental healthcare, even in developed countries, the bottom line is affordability of care, and it's also about the de-stigmatization of mental illness. So a person who's chronically mentally ill might be much more at ease seeking free care from a source which is in congruence with their own belief systems"¹⁰. So no wonder traditional therapy has a high profile in a large number of communities.

We also found age, sex and profession not influencing the choice significantly. Same has been found in another study⁶. Economy is an important issue worldwide. And our population represented low to middle socioeconomic class with 44.3% saying that their income was 5000-10,000 rupees and another 28.9% having a range from 10,000- 20,000 rupees. Although Public sector provides quite an inexpensive care to the people yet it is widely regarded as more expensive as found in our study to be 100%. It's not that simple though because 28.6% claimed to have spent more than 5000 rupees on traditional healing. 15.3% of the patients spent their money in regard of fee. Other ways of expenditure were indirect e.g., 23.9% in the form of donations, 12.9% in offering sacrifices and 11.9% in other ways. 8.5% patients spent their money in more than one regard. There might be an increasing recognition on part of traditional healers that their patients need medical assistance as 15.7% patients were advised by the traditional healer to attend a psychiatrist.

CONCLUSION

People have strong faith in traditional healing when it comes to matter of mental health. Time span taken by patients in reaching a psychiatrist is long. Concerted efforts are needed to create awareness about nature of mental illnesses. Involvement of Press and Electronic Media may prove crucial.

Limitations of the study:

The study was conducted at a single center. There was bias in the fact that the study was being conducted at a medical facility rather than a neutral place. Sample size is not representative of the whole community.

Recommendations:

With the publication of the finding by International Pilot Study of Schizophrenia that persons diagnosed as schizophrenics in Ibadan, Nigeria, made a better recovery than similarly diagnosed people in 8 other countries (WHO 1997) international psychiatric interest has turned to traditional means of treating mental illnesses in Africa¹¹. There is more stress on finding cooperation between different modalities of treatment and WHO traditional medicine strategy is already addressing it. Examples already exist in other fields. In Sudan; traditional birth attendants were trained and utilized in a family planning program. They succeeded in increasing the use of contraceptives from 13% to 21%¹². In South Africa authorities are collaborating with traditional healers to control HIV/AIDS¹³. Similar program can be implemented in Pakistan utilizing Lady Health workers for example. 92,000 Lady Health Workers are working in almost every part of Pakistan and providing primary health care facilities to the community¹⁴. Besides Family Planning and Primary Health care if they are also educated about common mental health problems, provision of mental health care will become a lot easier.

Considering the fact that a large percentage of patients go to general practitioners (33.9%) first, measures should be taken to ensure that they are well equipped with the knowledge of common psychiatric illnesses. Implementing programs of continued medical education might be of great help in this regard.

All the traditional healing practices must be reviewed for their safety and effectiveness. For this studies need to be done at Traditional healing centers as well. Methods involving physical touch and violence need serious check. Countries elsewhere are also facing this problem. e.g., there are harmful practices of traditional healers which affect health, such as slashing and chaining and fasting of patients in Sudan¹⁵.

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