



## FACTORS ASSOCIATED WITH COMMON MENTAL DISORDERS AMONG WOMEN OF REPRODUCTIVE AGE IN SUMAILA LOCAL GOVERNMENT AREA, KANO STATE

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### ABSTRACT

The study was conducted to evaluate the factors associated with common mental disorders among women of reproductive age in Sumaila Local Government Area of Kano state. Cross-sectional descriptive design was used. A total of 163 women were recruited for the study using multi-stage sampling technique. A close-ended structured questionnaire was used for data collection. Data collected were organized and analyzed with Statistical Package for the Social Sciences (SPSS) version 20.0 and results were presented using frequency distribution and percentages, and mean±standard deviation. Chi-square analysis was used to test for association between factors associated with and development of common mental disorders at 5% level of significant within 95% confidence interval. Findings from the study revealed that 28.4% of the respondents had Common Mental Disorders, awareness of the respondents were low as most of them believed that demonic possession (73.5%) and witchcraft (58.6%) were the causes of mental illness. Significant association was found between factors associated with common mental disorders and age at first marriage ( $\chi^2=3.395$ ,  $p=0.048$ ) and low social integration ( $\chi^2=5.414$ ,  $p=0.020$ ), of the women. The study concluded that common mental disorders in rural communities are mostly related to age at first marriage. It is recommended that mental health personnel should conduct advocacy to traditional and religious leaders, also the male parents in rural areas on the influence of early marriage on mental disorders and clear their misconceptions on its causes, for early prevention and improved mental health seeking behaviour.

**Keywords:** Awareness, Common mental disorders, Factors, Rural community, Women of reproductive age

### INTRODUCTION

Mental disorders are among the most important public health issues as it contributes to 14% of the global burden of disease (Abraham *et al.*, 2018). The term Common Mental Disorders was coined by Goldberg and Huxley to describe commonly encountered disorders in community and primary-care settings, and whose occurrence signals a breakdown in normal functioning (Husain *et al.*, 2016).

Gender influence the occurrence of mental disorders, in which, women are more likely than men to develop the disorders (Ansuman *et al.*, 2014; Sathyanarayana & Manjunatha, 2019). Women were found to have two to three times more risk than in males; higher risk is seen among divorced or widowed female or those who were exposed to intimate-partner violence (Husain *et al.*, 2016; Kingsbury, 2017). In Nigeria, an estimated 20%-30% of our population are believed to suffer from mental disorders and more than half of this percentage is reported to be women (Onyemelukwe, 2016). The percentage is quite significant in an estimated population of over 200 million. Unfortunately, the attention given to mental health issues in Nigeria is so

minimal, results in empirically poor the level of awareness among public and give more rooms for the misconceptions of mental health issues to continue to flourish in 21<sup>st</sup> century (Suleiman, 2016). Moreover, people living in rural communities have acute shortage of mental health professionals and limited access to mental health care services, thus, women living in rural areas with low education levels are less likely to seek care for mental illnesses due to the relatively low levels of awareness about mental disorders compared to women living in urban areas (Ajay, 2012; Parreira *et al.*, 2017). Moreover, women experiences marginalization and poverty are at greater risk of having mental disorders (Ajay, 2012; Centre for Disease Control, 2017). Also, the World Health Organisation (2018) reported that, national policies, social protection, standards of living, working conditions, and community support, stress, hereditary, nutrition, perinatal infections and exposure to environmental hazards are determinants of mental health and mental disorders.

There are various bio-psycho-social factors increase the vulnerability of women to poor mental health as a result of multiple points of intersection between mental health and

reproductive health (Sathyanarayana & Manjunatha, 2019). Maternal mental health problems are often under diagnosed with core features such as tiredness or poor sleep being interpreted as within societal expectations of motherhood. The risks of Common mental disorders however are significant and may contribute to self-neglect and higher rates of physical illness, as well as suicidal tendencies (Husain *et al.*, 2016).

The awareness about mental health or mental illness and the interpretation varies from culture to culture. In spite of these, lack of public knowledge concerning mental illnesses, and the help-seeking behaviour of mentally ill person is widely affected by public awareness about mental illnesses (Kabir *et al.*, 2004). Moreover, people have various beliefs on the causes of mental illnesses. According to Chikomo (2012) reported possession of evil, witchcraft, or curse, Khan *et al.* (2011) added supernatural agents. Read and Doku (2012) reported that anxiety, tension, feeling of guilt and self-reproach, feelings of sadness and loss of interest and enjoyment. Kabir *et al.* (2004) added that aggression/destructiveness, loquaciousness, eccentric behaviour and wandering as the clinical features of mental illness with the respondents opted for orthodox medical care.

In addition to rural labour, these women often do the household work, in fact, that may worsen their physical and mental conditions. Therefore, it is essential to value the health of the rural population considering their different life and work conditions. Common mental disorders are the frequently seen mental health problems in the community and primary health care, and most of the researches are conducted in hospitals or schools leading to a dearth in studies conducted in the community (Forte *et al.*, 2008; Husain *et al.*, 2016; Kingsbury, 2017; Tessema *et al.*, 2019; Negash *et al.*, 2020). In line with this, the study sort to identify the incidence of common mental disorders, factors associated with common mental disorders and awareness of common mental disorders among women of reproductive age in Sumaila Local Government Area of Kano State.

## MATERIALS AND METHODS

**Study setting:** The study was conducted in Sumaila Local Government Area, in Kano State with headquarters in Sumaila. Sumaila Local Government Area is located within the Kano South Senatorial District with an area of 1,250 km<sup>2</sup>. The local government area is bounded to the north by Garko local government area, to the east by Takai local government area, to the south by Bauchi State, and to the west by Tudun Wada local government area. Districts and wards under Sumaila are Sitti, Masu, Magami, Kanawa, Gediya, Gani, Gala, Rimi, Sumata, Rumo, Sumaila and Garfa

**Research design:** A cross sectional descriptive research method was used to identify the incidence of mental

disorders, factors associated with common mental disorders and awareness of common mental disorders among women of reproductive age in Sumaila Local Government Area, Kano State.

**Study Population and Sampling:** The study population consists of women of reproductive age, between the ages of 16-49 years in Sumaila Local Government Area, Kano State. Women from Sumaila Ward were selected using multi-stage sampling method. Convenient sampling was used to administer the questionnaire.

A total of 163 women were recruited for the study based on common mental disorders prevalence rate of 10.8% Jenkins *et al.*, (2012), using the formula  $n = z^2 p(1-p)/e^2$  (Kirkwood, 2003).

**Research Instruments, Validity and Reliability:** Youth survey questionnaire was adapted from WHO (2017). The questionnaire was administered to the women of reproductive age. The response rate was 99.38% (162). Face and content validity of the adapted instrument were assured by the expert in the field. Internal Consistency Reliability was also assessed in which Cronbach's alpha value of 0.75 was obtained.

**Data Analysis:** Data was analysed using Statistical Package for the Social Sciences (SPSS) software program 20.0 version. The data were summarized using frequency distribution tables and percentages. Mean and standard deviation were used for continuous variables, while frequencies and percentages were employed for discrete variables. Chi-square analysis was used to test for association between factors associated with and development of common mental disorders. Level of significance was set at 5%, within 95% confidence interval.

**Ethical consideration:** Ethical approval was given by Kano State Health Management Board and Sumaila Local Government granted approval for the study. An informed consent from the respondents was obtained and confidentiality was assured.

## RESULTS

### Socio-demographic Characteristics of Respondents

Table 1 showed that the mean age of the respondents is 25.77 ± 7.57. Majority of the respondents (61.7%) practiced Islam as a religion. Majority of the respondents were married (71.0%), while 62.3% had non-formal education. Most (33.9%) of the respondents were Housewives, some (25.9%) Traders, few (14.2%) were farmers. Most (62.3%) of the respondents were from monogamous homes while others (37.7%) were from polygamous homes. Half of the respondents 81 (50.0%) had a family size of six to ten members. Majority of the respondents (46.3%) had an average monthly income of <del>N</del>2,000, few of the respondents (9.9%) had an average monthly income of <del>N</del>6,000.

**Table 1: Socio-Demographic Characteristics of the Respondents (n = 162)**

<b>Variables</b>	<b>Frequency</b>	<b>Percentages (%)</b>
<b>Age</b>		
Mean (25.77 years)		
Standard Deviation ( $\pm 7.57$ )		
<b>Religion</b>		
Islam	100	61.7
Christianity	60	37.2
Others	2	1.1
<b>Marital Status</b>		
Single	39	24.1
Married	115	71.0
Divorced	3	1.9
Widowed	5	3.1
<b>Educational Status</b>		
Non Formal Education	101	62.3
Primary	18	11.1
Secondary	29	17.9
Tertiary	14	8.6
<b>Occupation</b>		
Housewife	55	33.9
Trader	42	25.9
Farmer	23	14.2
Student	20	12.3
Civil Servant	14	8.6
Unemployed	5	3.1
Others	3	1.8
<b>Family Type</b>		
Monogamous	101	62.3
Polygamous	61	37.7
<b>Average Monthly Income (Naira)</b>		
Less Than 2,000	75	46.3
3,000- 5,000	62	38.3
6,000-10,000	16	9.9
11,000-20,000	5	3.1
20,000 And Above	4	2.5

**Incidence of Mental Illness**

Table 2 showed that less than three quarter of the respondents 116 (71.6%) Do not have common mental disorder while greater than one quarter of the respondents 46 (28.4%) have common mental disorders.

**Table 2: Incidence of Mental Illness (n = 162)**

Variable	Frequency	Percentage %
Absence of Mental Disorder	116	71.6
Presence of Mental Disorder	46	28.4

**Relationship Between Factors Associated with and Development of Common Mental Disorders**

Table 3 showed that majority of the respondents indicated that, substances abuse (84.8%), less than seventeen years as the age of first marriage (52.2%), and poor living condition (56.5%) as factors associated with common mental disorders. Statistically significant association was found between factors associated with common mental disorders and age at first marriage ( $\chi^2=3.395$ ,  $p=0.048$ ) and low social integration ( $\chi^2=5.414$ ,  $p=0.020$ ), of the women.

**Table 3: Relationship Between Factors Associated with and Development of Common Mental Disorders (n = 162)**

Factors	Frequency	Percentage (%)	$\chi^2$	P Value
<b>Substance Ever Used</b>				
Never Ever Used	39	84.8		
Alcohol Ever Used	4	8.7	4.338	0.227
Marijuana Ever Used	2	4.3		
Alcohol and Marijuana Ever Used	1	2.2		
<b>Substance Currently Used</b>				
Not Used at All	39	84.8		
Alcohol	5	10.9	6.524	0.089
Marijuana	2	4.3		
<b>Age at First Marriage</b>				
Not Ever Married	9	19.6		
≤ 17 Years	24	52.2	3.395	0.048
≤ 18 Years	13	28.3		
<b>Clinical Characteristics</b>				
Chronic Medical Illness	13	28.3	0.543	0.762
Family History of Mental Illness	12	26.1	2.006	0.157
<b>Socio Economic Factors</b>				
Poor Living Conditions	26	56.5	0.424	0.515
Inability to Have Three Square Meals	19	41.3	1.549	0.213
Inability to Make Decisions Independently	13	28.3	3.457	0.063
Low Family Support	12	26.1	2.006	0.157
Low Social Integration	13	28.3	5.414	0.020
<b>Intimate Partner Violence</b>				
Does Your Husband Beat You	5	10.9	0.198	0.656

**Respondents' Awareness on Common Mental Disorders**

Majority of the respondents 121(74.7%) believed that mental illness is a condition where a person wears tattered clothes and eats rubbish from the streets. Most of the respondents believed that demonic possession 119(73.5%) and witchcraft 95(58.6%) were the cause of mental illness. Most of the respondents agreed that coming out naked (74.1%), and dressing in rags (66.0%) were critical signs of mental illness. Most of the respondents preferred hospital (61.7%) and traditional healers (31.5%) as the preferred place for mental illness treatment. Although, their major sources of information were peer group (59.9) and mass media (31.5%).

**Table 4: Respondents' Awareness on Common Mental Disorders (n = 162)**

Variables	Frequency	Percentage (%)
<b>Mental Illness Means?</b>		
A condition where a person wears tattered clothes and eats refuse from the streets	121	74.7
A set of condition that affects a person's temper, thoughts and behaviour	41	25.3
<b>Causes of Mental Illness:</b>		
Drug Abuse	48	29.6
Family Issues	58	35.8
Loss of Loved Ones	55	34.0
War	7	4.3
Witchcraft	95	58.6
Demonic Possession	119	73.5
Income and Stress Related	21	13.0
Others	1	0.6
Can An Individual Be Born With Mental Illness	Yes 110	No 52 67.9 32.1
<b>Signs of Mental Illness:</b>		
Dressing in Rags	107	66.0
Always Locked Up Inside	55	34.0
Behaving Confused	34	21.0
Lack of Interest in What the Individual Enjoyed Before	58	35.8
Talking To Themselves All The Time	42	25.9
Coming Out Naked	120	74.1
Lack of Respect to Elders	45	27.8
Fighting with Everybody	36	22.2
None of The Above	3	1.9
Others	5	3.1
<b>Preferred Place for Treatment of Mental Illness</b>		
Hospital	100	61.7
Mosque	29	17.9
Church	18	11.1
Chemist	4	2.5
At Home	4	2.5
Traditional Healer	51	31.5
They Cannot be treated	25	15.4
<b>Source of Information</b>		
Peer group	97	59.9
Mass Media	51	31.5
Hospital	11	6.8
Classroom	4	2.5

## DISCUSSION

Majority of the respondents were at youthful age (15-25 years). This could be attributed to the fact early that marriage is common among the rural communities in the northern Nigeria. Majority of the respondents were Muslims with non-formal level of education. This is due to the fact that, Islamic is the predominant religion in the region and girl-child education has not really gained sway in the rural, northern communities of Nigeria.

Findings from this study indicated that, there are women of reproductive age with mental disorders in the study setting. The finding is similar to the study conducted in Ethiopia by Abraham *et al.* (2018). However, contrasting findings were reported in Lagos, south west Nigeria by Jenkins *et al.* (2014). This could be attributed to the fact that these respondents had a high level of education and a good health seeking behaviour.

The result of this study revealed that, substances abuse, less than seventeen years as the age of first marriage, poverty, chronic medical illness and poor living condition as the major factors associated with common mental disorders. The study report is in line with the findings Ajay (2012) and Daud *et al.* (2008) who identified poverty, while Husain *et al.* (2016) reported chronic physical illness and poor living conditions. Also, Farah *et al.* (2011) and Abraham *et al.* (2018) variously reported early age at first marriage as the factor associated with common mental disorders. The study findings also revealed that, there is statistically significant association between factors associated with common mental disorders and age at first marriage ( $\chi^2=3.395$ ,  $p=0.048$ ) and low social integration ( $\chi^2=5.414$ ,  $p=0.020$ ), of the women. The study report conforms to the finding of Patel *et al.* (2006) in Pakistan who identified that there was significant association of being married at earlier age and Common mental disorders. This could be due to the fact that, early pregnancy poses great health risks for young women and these risks are exacerbated by inadequate access to maternal and child health services, inadequate mental health workers, irregular income, financial and educational disadvantages and having more children. Also, Winters *et al.* (2010) reported that low social integration is related to the mental health development. This is factual because women could easily develop depression as a result of isolation, being unhappily married, and as a complete house wife.

Majority of the respondents believed that mental illness is a condition where a person wears tattered clothes and eats refuse from the streets. This shows that respondents have limited awareness about meaning of mental illness as their preferred option only seen when condition became chronic. Most of the respondents believed that demonic possession, Loss of Loved Ones, family problems and witchcraft were the cause of mental illness. The study report is in line with the findings of Chikomo (2012) and Khan *et al.* (2011) who variously reported possession of evil, witchcraft and supernatural agents as the causes of mental illness. This revealed respondents' poor awareness on the causes of mental

illness ranges from hereditary, social, psychological, emotional and environmental. Most of the respondents agreed that coming out naked and dressing in rags were critical signs of mental illness. This could be due to the fact that most respondents have non-formal education. The findings are not in line with the result of Kabir *et al.* (2004) who reported that aggression/destructiveness, loquaciousness, eccentric behaviour and wandering as the clinical features of mental illness. Most of the respondents preferred hospital and traditional healers as the preferred place for mental illness treatment. Kabir *et al.* (2004) in their study reported that respondents opted for orthodox medical care when asked about their preferred treatment option. Although, this study reported that, the major sources of information were peer group and mass media. This is factual because the women were rural dwellers and have no access to or failed to be enrolled in formal educational system.

## CONCLUSION

There is presence of mental disorder in the community which is connected to substances abuse, years as at the age of first marriage, poverty, chronic medical illness and poor living condition as the major factors associated with common mental disorders. This is a huge gap to health workers and policy makers in advocating, planning and provision of care to the populace. This could also affect reportage of the disorder and influence the health-seeking behaviour of the community.

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