ISSN : 2350-0743

www.ijramr.com

International Journal of Recent Advances in Multidisciplinary Research
Vol. 06, Issue 07, pp. 5101-5106, July, 2019

RESEARCH ARTICLE

HEALTH SEEKING PRACTICES AMONG PATIENTS, FROM TRADITIONAL HEALERS PRIOR TO REPORTING IN PSYCHIATRY OUT PATIENT CLINIC OF CH. REHMAT MEMORIAL TRUST AND JINNAH HOSPITAL LAHORE

***Razia Chaudhry, Farrukh Shehzad and Rafia Dastgirs**

Medical Teacher at Continental Medical College, Pakistan

ARTICLE INFO

Article History:
Received 01st May, 2019
Received in revised form
21th May, 2019
Accepted 15th June, 2019
Published online 31st July, 2019

Keywords:
Patients with Mental Illnesses, Traditionahealers Psychiatry OPD.

ABSTRACT

Objective: To investigate traditional and alternative health seeking behavior for mental illnesses, among patients before visiting psychiatry department of Ch Rahmat Memorial Trust and Jinnah Hospital Lahore. **Methods, Patients and setting:** This cross-sectional multi-method study was conducted from May2017 to Sep. 2017 at two tertiary care and teaching hospitals in Lahore, and comprised patients with sample size 80 presenting with different mental illnesses at psychiatry OPD. Patients were interviewed through a Questionnaire 'The ***Short Explanatory Model Interview (SEMI)*** to answer the research questions. Questionnaire was consisted of both Qualitative, Quantitative, closed and open ended questions. Patients were both male and female genders. Starting age was 16-18 yrs. and then onwards. Statistical analysis was performed using SPSS 20. **Results:** Mean age of the patients was 27.91 yrs with SD ± 10 yrs While 47were male and 33 were females and 95% were muslims Psychiatrist was the first choice in 45% of the patients. While rest 55% followed the non-psychiatric physicians, traditional and religious faith healers. Important reasons to seek help from different non-psychiatric sources included easy accessibility, beliefs in the system and particular healers and good reputation. Mean duration of treatment from traditional healers variedfrom2-3 months while from psychiatric physician was16.6 months. The mean expenditure per visit to get a service from psychiatrist was higher as compared to alternative traditional healers. **Conclusion;** About half of the patients with mental health problems seek help from psychiatrist. While other equal half go to the alternative traditional system practitioners as faith and spiritual healers. Patients and relatives justify their visits to these traditional healers by multiple reasons. So it is important to sensitize the general and non-psychiatric physicians with early identification and referral of these cases to Psychiatrists

INTRODUCTION

Mental disorders are commonly encountered in community settings, and whose occurrence signals a breakdown in normal functioning. Common Mental disorders encompass a wide variety of clinical presentations that manifest with symptoms of anxiety, depression and other 'neurotic' phenomenon. They are often associated with disability and about half of them become chronic. They are a common cause of morbidity worldwide and are a significant public health problem. In many developing countries, including Pakistan, the majority of the population live in rural areas and the psychiatric services are located in towns and cities. Consequently, traditional healers, who often live and practice in villages, are often the first stop in the pathway of health seeking for these illnesses (Goldberg, 2009). The research conducted in Uganda, according to doctors patient had *hallucination, but the patient view was that he had been encounterd with some supernatural stuff (*Goldberg, 2009*). It is obvious because of this spiritual experience which leaves physical marks. That's where the doctors come in, they treat whatever marks, whatever scars exist* (James, 2014).

***Corresponding author:** Razia Chaudhry,*

It is not unusual for a psychiatric patient to discount his psychiatric diagnosis and attribute his illness to supernatural causes. In fact, in Jamaica for decades there has been a controversial debate as unlike their patients, western medical practitioners, view traditional medicine as harmful and are not inclined to recommend this treatment to their patients. For these patients traditional medicine has a strong cultural tie representing a part of their African heritage and is held in high esteem (Beaubrun, 2016). The patients' perception of the causes of mental disorders is relevant as it will impact on the patients' help-seeking behaviors and response to treatment. For example in Malaysia the belief that one's mental illness is caused by supernatural forces resulted in greater use of traditional healers and less compliance with the medication provided by Western biomedical sciences (Razali, 2017). A similar pattern was also found in South Africa where psychiatric patients who believed that their illness was due to supernatural forces were more likely to seek spiritual and herbal healing for the treatment of their ill health (Sharif SA and Ogunbanjo GA., 2013). Patients in developing countries appear to seek traditional medicine as a part of their treatment regime not only because they believe that their illness is as a result of supernatural forces but also because they believe in the effectiveness of traditional treatments (Peltzer, 2016). It has

medicine along with western biomedicine into their treatment. This is to gain a holistic treatment of the physical mental and spiritual. Traditional medicine is needed for the spiritual, whereas western biomedicine is needed for the physical (Rowe, 2015). The spiritual dimension forms an integral part in the individual's worldview that conditions the person's interpretation, comprehension and reaction to life experiences. This would explain why individuals will turn to their religious faith when ill (Rowe, 2018). In some societies that have a strong heritage, psychiatric patients simultaneously seek treatment from the traditional healers alongside medical practitioners. Traditional medicine is practiced in secrecy and is frowned upon by those who are unaware of the nature of its practice. The lack of knowledge in traditional medicine is further prevented because it is illegal to utilize traditional medicine (Peltzer, 2017). The research conducted as type of traditional healing practices sought by Muslim psychiatric patients treated at public hospitals of Lahore city, Pakistan.

The patients self-reported on the Case History Interview Schedule that they had sought diverse traditional healing methods, including Homeopathy, Naturopathy (Tibb), Islamic Faith Healing, and Sorcery, for their psychiatric disorders prior to their current treatment from licensed psychiatrists, with the majority indicating they had sought more than one of these traditional healing practices. Patients with different psychiatric disorders sought multiple traditional healing methods for the treatment of their mental disorders: somatoform (73%); personality/conduct disorders (73%); schizophrenia (70%); affective disorders (68%); and anxiety disorders (55%). Proportionately more male than female patients used multiple traditional healing practices. The male patients showed a higher number of visits per week to traditional healers than their female counterparts. These different help-seeking practices may be attributed to gender discrimination in mobility and taboos attached to women's consultation of male traditional healers. The study demonstrates Islamic religious traditions and Pakistani cultural norms affected the health care choices of Pakistani psychiatric patients (Farooqi, 2014). A case was encounterd in Karachi Psychiatric Hospital. (A 40-years-old admitted patient who was diagnosed with schizophrenia believed that she was under the influence of black magic. For this, she consulted both western medicine as well as spiritual healers for treatment. As the family held a strong belief in spiritual healing, they credited her recovery to these faith-healers in spite of her being treated with modern medicine) Keeping in view the case history of this patient a survey was conducted at Community Health Center of Aga Khan University Hospital among 387 patients who visited the center and had used spiritual healer services, found to constitute a ratio of 11.6%. Many cases also reported use of dangerous methods in their treatment. Use of these services are highly prevalent in Pakistan, therefore it is necessary to address this issue within the community. However, a number of factors are linked with help-seeking behavior from faith-healers. Strong beliefs play a significant role in directing people towards traditional healers—especially in our society, where people habitually believe in the evil eye and black magic (Bashir, 2016). The aim of this study was to investigate traditional and alternative therapy for mental illness among patients who attend the Psychiatry deptt. of this hospital. Research questions included: How do psychiatric patients conceptualize their own mental illnesses? And what are their attitudes towards Traditional healers for their mental illness.

MATERIALS AND METHODS

Design: *This was a cross-sectional analytic mixed method study, which incorporated both quantitative and qualitative methods of research. A sample of 80 psychiatric patients was interviewed by a Questionnaire consisting on both open and Close ended questions. The* Short Explanatory Model Interview (SEMI) *was used to answer the research questions.*
Sample and procedure: patient participants: Psychiatric patients were selected from Ward and out patients clinic of above mentioned hospitals These were selected by convenient sampling technique.

Sample Size: Epi Info Version 6 has been used. With 40% proportion of all mental illnesses, 15 % margin of error and 95 % confidence Interval, calculated sample size was 92 patients. But we interviewed 80 patients, attending the facility during data collection period (one month). All patients both male and females starting from ages 16-18 & onwards were selected.

Inclusion Criteria: These patients with psychiatric illnesses were include both inpatients and outpatients and had a diagnosis of one of the following disorders: schizophrenia, brief psychotic disorder, affective disorders as anxiety, depression or mixed anxiety and depression, obsessive compulsive disorders (OCD) or any other mental illness. Only those Patients were included in the study who were indicated by the head psychiatry deptt. as being psychologically oriented (that is the psychiatric illness would not affect the validity of their responses) to engage in interview. They were able to read or give the informed consent which was read to them after which they signed with a witness present. Ethics approval was obtained from the college ethical committee. Interviewees were encouraged to talk openly about their attitudes towards and experience of current mental illness with the aim of eliciting beliefs held. Specific probes were then employed to confirm any beliefs mentioned in response to the open-ended questions and to explore areas in which comments had to be volunteered. The interviews were not audio recorded as it may be felt culturally too sensitive and could adversely affect the study participation. Therefore interviews were noted verbatim.

Data Collection Tool: Recent anthropological studies have documented the importance of understanding the relation of culture to the experience of mental illness. The use of interviews that elicit explanatory models has facilitated such research, but currently available interviews are lengthy and impractical for epidemiological studies. This paper is a preliminary report of application of a brief instrument to elicit explanatory models for use in mental illness health seeking from traditional healers. The *Short Explanatory Model Interview* was used which is an open-ended questionnaire consisting of ten semi-structured questions. The interview was divided into five sections to cover 1) the subject's background i.e Socio-Demographic, economic and cultural data. 2) nature of presenting problem, 3) help-seeking behaviour, 4) interaction with physician/healer and 5) beliefs related to mental illness. The individuals' beliefs related to the nature of the presenting problems are examined in detail and include the reason for consulting the practitioner, the name of the problem, the perceived causes, consequences and severity, and its effects on body, emotions, social network, home life and work. The SEMI also evaluates help-seeking behaviour, especially contact with alternative non-medical sources and the details of the interaction with the physician/healer in terms of

expectation and satisfaction. As the name implies it is short and simple and the patient can provide short answers that are easily coded. Its format also allows for qualitative and quantitative analysis. In addition, demographic and diagnostic characteristics of patients are assessed.

Data analysis: The Statistical Package for Social Sciences (SPSS version 18.0 was used for data analyses. Descriptive statistics was used for frequency analyses from psychiatric patients The qualitative data from the Short Explanatory Model Interview (SEMI) was coded using the coding manual. Data from the SEMI was analyzed using the recommended procedure. (were converted into numerical codes by the method of stepwise reduction of data to discrete categories and was entered in to a SPSS spread sheet). Simple descriptive statistics was obtained for continuous variables and frequency distributions was determined for categorical variables. The significance of the associations between variables was tested using Chi-squared test.

RESULTS

Mean age of 80 study subjects was 27.91yrs with SD of ± 9.39 yrs. Forty seven (47) were male and 33 females. As long as religion was concerned 76 (95%) were muslims and 4 subjects were from other religions.

Table 1. Socio-Demographic and Economical Data

Variables	Frequency	Percentage(%)
1.Age(yrs)		
14-24	36	(45)
24.5-34.5	28	(35)
35-45	13	(15)
46 & >	03	(10)
2.Gender		
Male	47	(58.8)
Female	33	(41.3)
3.Religion		
Islam	76	(95.0)
Any other	04	(5.0)
4.Education		
Illiterate	06	(7.5)
Prim. to U.Mat.	22	(27.5)
Mat.& above	30	(37.5)
Graduation&Mast	22	(27.5)
5.occupation		
- G.Employee	09	(11.3)
- Businessmen	23	(03.8)
- Students	27	(33.8)
- Priv. sector	22	(27.5)
- H.Wives	12	(15.0)
-Unemployed	07	(08.8)
6.marital status		
- Married	23	(28.7)
- Un-married	49	(61.3)
- Widow	02	(02.5)
- Divorcee	06	(07.5)
7.monthly income		
- Rs < 15000	16	(20.2)
- 15000-30000	14	(17.5)
- 31000-45000 &>	16	(20.0)
- Nil	33	(42.3)
8.Average.F.size	6.1	Range;1-17 -

Only 6 patients were illiterate, rest all were in education group of Matric to Masters. Twenty seven (33.8%) were students,11.3% govt.employees, only 3% were Business men and 9% were un-employed. Among married women 15% were house wives and rest were students. Sixty one % of the subjects both male and female were unmarried, 28.7% married and 10 % were widows and Divorcee. 41.3% of the subjects had monthly income <6000/month, rest all had monthly income between Rs. 15000- 45000. 41.3% subjects were diagnosed having Anxiety and Depression, 26.3% as Mood disorders, 10 % had obsessive compulsive Disorders , 8.8% were Schizopherenic and 6.3 % were with other disorders. In our study 81.3 % of the patients really perceived their illness as mental, 7.5% believed it as black magic, 1.3% by Ginnat, 2.5% perceived that it is the result of physical disease, 2.5% said that it due to our sins and 5% perceived it as result of Bad Eye

DISCUSSION

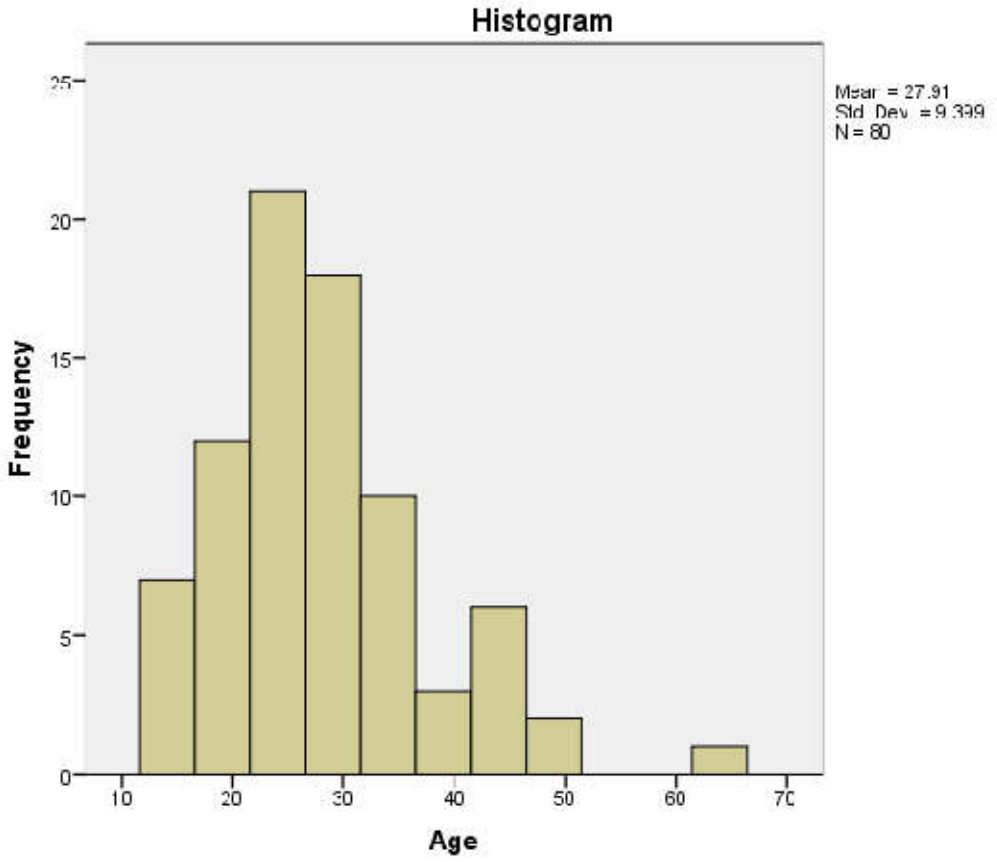
An understanding of the way in which people seek care for mental disorders is important for planning mental health services, for the organization of training and for organization of referrals to psychiatrists from other sources of health and social care. Descriptive studies regarding this issue demonstrated that people with psychiatric problems follow a variety of pathways before they reach mental health professionals. Ilyas Mirza, Rana Hassan and Haroon Chaudhary and their pathways are influenced by various factors including traditional faith healers (all types) and other sources of help and the availability of and accessibility to mental health facilities and other helping agencies. The study among psychiatric patients in Jamaica found that more than a third of the participants expressed the belief that the overall cause of their mental illness was as a result of supernatural factors (23 out of 60). The study among western trained practitioners found that although they acknowledged that traditional medicine plays a major role in the treatment of mental illness among psychiatric patients the treatment was not advantageous.

These results are almost similar to our study. For the most part when all three traditional approaches were examined alternative medicine seemed more favourable than traditional healing and traditional herbal treatment. Traditional herbal treatment was the least favourable amongst the three. Western practitioners have noted that patients were more inclined to initiate discussions on their use of traditional medicine and its potential benefits. Western practitioners tended to have a negative view of traditional medicine as they perceive this treatment modality to be harmful when treating mental illnesses. Currently the majority of western practitioners is not open to patient's use of this mode of treatment, but would be inclined to be open if provided with more information and scientific evidence that it works. In our study generally the majority of patients felt that their perception of problems did not concur with the traditional practitioner, which in turn caused distress for these patients. In this case for those who seek both traditional and psychiatric medicine, there was a difference in patients' relationship with the traditional practitioner. Patients expressed that when interacting with the traditional practitioner, they felt that they have been listened to and that they had the opportunity to speak about the problems they have been experiencing. If the causes of their problem are congruent with that of the practitioner's explanation, they are more inclined to feel pleased about their interaction and the treatment they receive. Among psychiatric patients in south India it was found that an average of 30% of patients claimed some benefit from healer consultation, although the majority (91%) had discontinued such treatment at the time of the hospital attendance. Study on mental illnesses handled by

traditional healers in Ugand found that patients with moderate done in our country where poverty and low education are big

Table 2. Relationship between Psychiatric diagnosis, Health seeking behavior & Type of treatment;

Variables	Frequency	Any Alternative H. Seeking Beh	P Value
Psy. Diagnosis	54 (67.66)	Yes. No.	
1.AffectiveDisorders	08 (10.22)	43 11	
2.Obsesv.Compulsive Disorders.		04 04	0.004
3.Halluci./illusions & others	18 (22.12)	07 11	
Type of T/m	Total	Yes No	
1.Psychiatrst	26	16 10	0.0002
2.slamicFaith healing	45	32 13	
3.Tibb,Sorcery,Yuga,	13	06 07	
Meditation,			
Prime Reasons for consultation	Frequency	Percentage	
1.worriedabout mental health	33	(41.3)	
2.About social health	36	(46.6)	
3. About phys. health	11	(13.1)	
Type of T/M BY;	15	(15.0)	
1.Counselling by G/P	25	(25.0)	
2.Medicine	25	(25.0)	
3. Taveez	15	(15.0)	
4. Effect of Jinnat			
Action against	yes	No	
Jinnat	06	09	
1.wereaskedtobepresent & leave the person			0.03
2. In the presence of family member?	05	10	
Were these T/Ms advantageous for you? or you were satisfied?	Yes 60	No 20	



services and traditional healers. Mental health professionals therefore need to come up with ways to co-operate with traditional healers for the benefit of their patients. To our knowledge, this is the multi center study of pathways to psychiatric care in Pakistan. Our study provides a rough sketch of referral pathways to psychiatric care and some information about delays (and factors that influence them), treatments and psycho-education given to the patients. Limitation of our

The common presenting problems were somatic symptoms, depressive symptoms and anxiety symptoms. This is also similar to findings or previous pathways studies in developing and developed countries. Direct access to mental health professionals has both advantages and disadvantages General practitioners are expected to function as "gate keepers" to apportion patients with a more severe form of illness to higher levels of specialisation by keeping milder patients at lower

psychiatrists to concentrate on patients with more severe forms of illness. Direct accessibility to mental health professionals may lead to wasteful use of the time of highly specialized professionals who would treat milder forms of illness which could be very well done by general practitioners. Such an arrangement would thus increase the cost of care and deteriorate medical economical efficiency. On the other hands, direct accessibility to mental health professionals may shorten the total delay between the onset of symptom and arrival at mental health professionals for patients who may have milder symptoms in the beginning of their illness but who do not recover as well when treated by general practitioners. There are two types of delay in reaching psychiatric care. The first type of delay is the delay between the onset of the problem and the contact with the first career. The length of this type of delay depends on the process of patients' recognition of the problem and their readiness to seek help. The second type of delay is that caused by contacting a career who is not a mental health professional. This delay depends on the time that careers take before they recognise a patient's problem or discover that their treatment of that problem was not successful, which makes them refer the patient to a mental health professional.

Our study showed that the delay between the onset of the symptom and contact to mental health professionals was the shortest among the patients who firstly accessed general hospitals, compared with those among the patients who accessed private practitioners or directly accessed mental health professionals. Patients tends to access general hospital or private practitioners more quickly than they access mental health professionals ($p < 0.1$). However, the advantage of early visit to the first career is offset by the delay between the first career and the mental health professionals; therefore total delay in this pathway becomes not significantly different among GH pathway, PP pathway and direct access. This is so for patients who did not improve under treatment by the non-mental health professionals, or were not immediately recognised as having a mental illness. Compared to patients with anxiety, patients with depressive symptoms are more likely to first seek care by contacting non-mental health professionals. Prior pathway studies suggest that psychotic feature lead to shorter delays. Our study didn't support this, presumably due to small sample size Compared with prior pathway studies, our study is unique in that we surveyed whether patients were told what their diagnosis was and explored care given to patients prior to the visit of mental health professionals. In our country, patients were rarely told their diagnosis and rarely received appropriate treatments from non-psychiatrists. Private practitioners were more likely to prescribe psychotropics compared with physicians in general hospitals, but were less likely to tell patients their diagnosis.

Limitation of study

- First, small sample size makes it difficult to evaluate the effect of variation in diagnoses and characteristics of participating facilities.
- Second, participating centers were biased in their characteristics and locations. Psychiatric outpatient clinics (without wards) were not included in our study. The distribution of the diagnoses may have been influenced by unevenness in numbers and types of patients seen in the participating centers.
- Third, information gathered in this study is based on the willingness of patients to acknowledge their previous source of care. Thus, patients may have been reluctant to disclose contacts with carers (such as religious or traditional healers) or deny previous psychiatric treatment.
- Finally, as mentioned in previous reports, this study gives no account of those who do not reach mental health services.

Despite these limitations, this study is noteworthy in that this is a multi -center study on pathway to psychiatric care in Pakistan. We hope that this study will generate hypotheses and studies focused on ways of improving the mental health care system in Pakistan

Conclusion

Research work was done on psychiatric patients of Ch. Rehmat Ali and Jinnah hospital Lahore. we conclude that most of the patients seek help fromislamic faith healesr, after that homeopathy is on top. Some of them use naturopathy, patients in OPD of Jinnah hospital which are from periphery have a greater portion of believer of sorcery. Very less amount of patient seek help by doing yoga practices. Majority of patient which have some mental disorder have a firm believe on bad eye and other traditional believes like black magic. Patients have injuries on their body like scars and burnt area which are produced by traditional healers of jinnat and black magic. It is important to sensitise various non- psychiatric physicians with early identification and optimum management of mental disorde

REFERENCES

Bashir S. Spiritual Healing—A Traditional Way of Recovery in Mental Illness, JPMS April 7, 2016

Beaubrun MH. 2016. Psychiatric education for the Caribbean. *West Indian Med J.,* 15:52–62. [PubMed]

Farooqi, Yasmin Nilofer. 2014. Traditional Healing Practices Sought by Muslim Psychiatric Patients in Lahore, Pakist. *International Journal of Disability, Development & Education*, v53 n4 p401-415 Dec.

Goldberg, D. and Huxley, P. 2009. Common Mental Disorders: A Biosocial Model. London: Tavistock/Routledge.

Ilyas Mirza, Rana Hassan, Haroon Chaudhary, Eliciting explanatory models of common mental disorders using the Short Explanatory Model Interview (SEMI) Urdu adaptation - a pilot study. Rachel Jenkins1Institute of Psychiatry1, de Crespigny Park, Denmark Hill, London, Qasim Clinic, Wazir Ali Road, Lahore, *Fatima Jinnah Medical College, Lahore.*

James C., Weaver S., Morgan K. 2014. Psychiatric patient's evaluation of the efficacy of traditional medicine versus western medicine. Kingston, Jamaica: *The University of West Indies*; Master's thesis.

Lioyd KR., Jacob KS., Patel V. St Louis l., Bhugra D., Mann AH. 2011. The develop- ment of Short Explanatory Model Interview (SEMI) and its use among Primary care attenders with common mental disorders. *Psychol Med.,* Sep; 28 (5):1231-7.

Peltzer K, Machleidt W. 2016. A traditional (African) approach towards the therapy of schizophrenia and its comparison with western models. *Therapeutic Communities*.13:4–18

Peltzer K. 2017. Attitudes of physicians toward traditional healing, faith healing and alternative medicine in rural

South Africa. Geneeskunde — *The Medicine Journal*. 43(7):35–42.

Razali K., Hasanah A. 2017. The patients' perception of the causes of mental disorders. *Malasyan Journal of psychiatry*.

Rowe MM., Allen RG. 2015. Spirituality as a means of coping with chronic illness. *Am J Health Stud*., 19(1):62–66

Rowe MM., Allen RG. 2018. Spirituality as a means of coping with chronic illness. *Am J Health Stud*. 19(1):62–66.

Sharif SA., Ogunbanjo GA. 2017. Non-compliance to treatment among patients suffering from psychiatric illnesses in Mmametlhake health district, *South Africa. S Afr Family Practice*.45(4):10–13.

****