Understanding predicting factors of Mental Health Problems among Egbura people of Toto Local Government Area of Nasarawa State, Nigeria

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Abstract
The study investigated the influence of culture and gender in predicting mental health problems among Egbura people of Toto L.G.A of Nasarawa State, Nigeria. The total number of 2,050 subjects participated in this study. They represent the total population of the study areas, they are drawn from five communities of Toto local government areas (Tudu-uku, Gadabuke, Shafan-kotto, Ugya and Umasha). The participant consists of people within the age of 30 years and above, and which are residing in the locality for not less than 10years and can understand and write in English language. Occupation and religions are not barriers in this study. Convenient sampling method was adopted for selecting the participant. Two hypotheses were tested. First, there will be a significant effect of culture on the perception of mental health among Egbura people of Toto locality in Nigeria. Secondly, there will be a Gender difference in the perception of culture and mental health among Egbura people of Toto locality in Nigeria. The results obtained revealed a significant positive perception of mental health on perception of depression (MD = 13.18; SD = 6.11 P<.05); perception on paraphilia (MD = 16.34; SD = 2.61 P<.05); perception on stress (MD = 12.11; SD = 3.71 P>.05); but significant negative perception on the use of substances for cure (MD = 12.86; SD = 3.15 P<.05); as well as perception on neurosis (MD = 17.23; SD = 7.16 P<.05); on the mental health. This partially confirms the stated hypothesis, hence, was retained in this study. Second result revealed that there is no significant difference (t= -.43; df=72; p >.05) between Men (M=34.71) and Female (M=34.24) on the perception of cultural practice on mental health among the participants. Base on the result therefore, the hypothesis is rejected.

Keywords: Egbura people, **c**ultural practice, mental illness, mental health

Introduction

It is a common sense that cultural practices are assumed to relate and influences people mental health which constitutes emotional, psychological, and social well-being of every individual. It affects how we think, feel, and act. It also helps to determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood. In fact, over the course of your life, if one experience mental health problems, his thinking, mood, and behaviour could be affected. Though many factors such as biological factors (genes or brain chemistry), life experiences (trauma or abuse), and family history of mental health problems determined the individual make-up. Mental health problems are common and highly neglected, people with mental health problems can get better if it is early detected. It includes things we do not take them too important to have an influence on our behaviour. This includes; eating or sleeping too much or too little, pulling away from people and having bad, low or no energy for usual activities, feeling numb or like nothing matters, having unexplained aches and pains, feeling helpless or hopeless, smoking, drinking or using drugs more than usual, feeling unusually confused, forgetful, on edge, angry, upset, worried, or scared,

yelling or fighting with family and friends, experiencing severe mood swings that cause problems in relationships, having persistent thoughts and memories you can't get out of your head, hearing voices or believing things that are not true, thinking of harming yourself or others and inability to perform daily tasks like taking care of your kids or getting to work or school, including our business places. These are things today that we cannot separate them from our culture and traditional tendencies.

Mental health problem ranges from the worries we all experience as part of everyday life to serious long-term conditions. The majority of people who experience mental health problems can get over them or learn to live with them, especially if they get help early on. Discussion of mental health has not been given the required attention when professionals are finding solution for our mental health problems in order to refer people for appropriate care and treatment. Though some diagnoses are controversial in the sense that people are too often treated according to or described by their label. This can have a profound effect on their quality of life. Nevertheless, diagnoses remain the most usual way of dividing and classifying symptoms into groups, and this diagnoses most be based on our cultural practices otherwise, it will be a wasted effort. Most mental health symptoms have traditionally been divided into groups called either 'neurotic' or 'psychotic' symptoms. 'Neurotic' covers those symptoms which can be regarded as severe forms of 'normal' emotional experiences such as depression, anxiety or panic. Conditions formerly referred to as 'neuroses' are now more frequently called 'common mental health problems'.

Less common are 'psychotic' symptoms, which interfere with a person's perception of reality, and may include hallucinations such as seeing, hearing, smelling or feeling things that no one else can. Mental health problems affect the way you think, feel and behave. They are problems that can be diagnosed by a doctor, not personal weaknesses. Mental health problems are very common. About a quarter of the population experience some kind of mental health problem in any one year. Anxiety and depression are the most common problems, with around 1 in 10 people affected at any one time. Anxiety and depression can be severe and long-lasting and have a big impact on people's ability to get on with life. Between one and two in every 100 people experience a severe mental illness, such as bi-polar disorder or schizophrenia, and have periods when they lose touch with reality. People affected may hear voices, see things no one else sees, hold unusual or irrational beliefs, feel unrealistically powerful, or read particular meanings into everyday events. Although certain symptoms are common in specific mental health problems, no two people behave in exactly the same way when they are unwell. Many people who live with a mental health problem or are developing one try to keep their feelings hidden because they are afraid of other people's reactions.

The concept of culture refers to the 'way of life' of a group of people, meaning the way they do things. It constitutes an integral pattern of human knowledge, belief, and behaviours such as our outlook, attitudes, values, morals goals, and customs that we shared within the community. Culture simply means our way of life that is built with societal values, beliefs, customs, languages and traditions. It reflects our history, our heritage and expression of our ideas and creativity. Our culture measures our quality of life, our vitality and the health of our society. Through our culture, we develop a sense of belonging, personal and cognitive growth and the ability to empathize and relate to each other. To cut it short, direct benefits of a strong and vibrant culture include health and wellness, self-esteem, skills development, social capital and economic return.

Egbura Ethnic group of Toto Local Government Area of Nasarawa State of Nigeria has its ways of life peculiar that differentiate them from other ethnic groups in Nigeria and the world at

large. This is so because what constitutes culture are found in the environment. In the process of growing up, individual are learnt many things that inform their actions or behaviours. Part of these cultural factors is introduced into children by their parent who serves as ambassador of those cultural phenomena. The issue of normality and abnormality depend on cultural interpretation. What are 'normal' are those things that are acceptable in the culture. And what is 'abnormal' is that thing that is uncultured. The issues of mental health problems are not excluded from the culture.

The majority of the people in our community today appear to perceive their families as cohesive, organized, achievement-oriented and emphasizing on the cultural-moral and religious issue with minimal conflict. So, features of these families may influence mental health and their entire behaviour, although, males and females may differ in perception of their cultural values (Aday, 1994). Attitudes toward mental illness vary among individuals, families, ethnicities, cultures, and countries. Cultural and religious teachings often influence beliefs about the origins and nature of mental illness and shape attitudes towards the mentally ill. Therefore, understanding individual and cultural beliefs about mental illness are essential for the implementation of effective approaches to mental health care. Although each individual's experience with mental illness is unique, some studies have offered a sample of cultural perspectives on mental illness.

A review of ethnocultural beliefs and mental illness stigma conducted by Abdullah & Brown (2011), they stated that the wide range of cultural beliefs is surrounded by mental health problems. They further revealed that, while some American Indian tribes do not stigmatize mental illness, others stigmatize only some mental illnesses and other tribes stigmatize all mental illnesses. That in Asia, where many cultures value "conformity to norms, emotional self-control, and family recognition through achievement, mental illnesses are often stigmatized and seen as a source of shame.

However, the stigmatization of mental illness can be influenced by other factors, such as the perceived cause of the illness. In a 2003 study, Chinese Americans and European Americans were presented with a vignette in which an individual was diagnosed with schizophrenia or a major depressive disorder. Participants were then told that experts had concluded that the individual's illness was "genetic", "partly genetic", or "not genetic" in origin, and participants were asked to rate how they would feel if one of their children dated, married, or reproduced with the subject of the vignette. Genetic attribution of mental illness significantly reduced unwillingness to marry and reproduce among Chinese Americans, but it increased the same measures among European Americans, supporting previous findings of cultural variations in patterns of mental illness stigmatization.

Many studies have reported other significant differences in attitudes towards mental illness among ethnic groups in the United States. Carpenter-Song, Drake, Nestadt, Romanoski, Ross, Royal & Stine (2010) conducted an intensive 18-month observation-based ethnographic study of 25 severely mentally ill individuals living in inner city Hartford, Connecticut. The European American participants frequently sought care from mental health professionals and tended to express beliefs about mental illness that were aligned with biomedical perspectives on the disease. In contrast, African American and Latino participants were more likely to emphasize "non-biomedical interpretations" of mental illness symptoms. Although participants of all three ethnic groups reported experiencing stigma due to their mental health, stigma was a core component of the African Americans' responses but was not highly emphasized by European

Americans. While European Americans tended to view psychiatric medications as "central and necessary" aspects of treatment, African American participants reported frustration over mental health professionals' focus on medication. Furthermore, Latino participants often viewed clinical diagnoses as "potentially very socially damaging", preferring to describe their mental health conditions more generally as nervous, which was perceived to hold fewer stigmas. Because African Americans and Latinos in the U.S. are significantly less likely to seek and receive mental health care compared to European Americans, investigating possible cultural contributions to this usage pattern may help efforts to increase uptake of mental health care services.

The families in general and parents, in particular, have often been deemed to be the most important support system available to the child. The strongest factor in moulding a child's personality or behaviour is his relationship with his parents, if his parents love him with a generous, non-possessive affection and if they treat him to have a love for others, they may have both rights and responsibilities, then the chances of developing normally. But if they diverge from this, the child's development may be distorted making him difficult to adapt to the situation outside his family environment because adolescents have a poor reputation of getting along poorly with their families, they may be faced with serious problems of adjustment when there is a difference of opinions, ideas and attitudes with their parents and that may affect their mental health and as such conflicts may arise between the adolescent and the parents that may be difficult to resolve if neither is willing nor able to compromise. According to Kirmayer & Young (1998) it takes all the fact and understanding of parents to handle their son or daughter at the adolescent stage, this is because of families of delinquent or uncontrollable adolescents may be characterized by poorer family relationships and less social connectedness. In general, these families maybe lower on cohesion and independence and higher on conflict and control.

The growing concerns among mental health care professionals, parents, government, and other individuals in the society regarding the increasing rate of influence of cultural beliefs on mental health has not been well explored. This has given the impression that the cause is not adequately understood. Some blame the parent or environment for the problems, while some blame either professionals in mental health for not properly understand and prepare a proper solution to tackle the problem. Not just that but also.

In fact, culture has to some extent limited our thinking of mental health. Today many people put culture first in anything they are doing, even when it involves the issue of health. So these have generated a very serious concern in our society today which required empirical investigation for more understanding and further action. Below are questions that prompted this study:

- Does a cultural practice influence mental health problems?
- Does gender difference in cultural activities have any influences on the mental health problem?

The goal of the study is to examine the influence of cultural practice and gender differences on mental health problems. More specifically, the researchers' interest is geared towards achieving the following: This study aimed at achieving the following objectives:

- To investigate the influence of culture on development of mental health problem.
- To investigate the effects of gender on the culture as it influences our mental health.

The findings of the study have added into existing theories on the culture and mental health which will be of great importance to health professionals (Psychologists, social workers, community health workers and others) and the entire public.

It has also, identify critical areas of improvement in mental health profession through organizing seminars, production of pamphlets, health talk, and media presentation to communities in the world. Lastly, the study has identified areas of improvement in mental health profession.

Hypotheses

In order to ensure focus, the following hypotheses were tested.

1. There will be a significant influence of culture on the people perception of mental health problems among Egbura in Toto locality in Nigeria.
2. There will be a significant gender difference in people perception of culture and mental health problems among Egbura people of Toto locality in Nigeria.

Method

Design

This research was in three phases. Phase one was a qualitative study which consisted of Focus Group Discussions (FGD) In-depth-interviews (IDI) and Key Informant Interviews (KII).

The second phase was the pilot study where items in the scales were validated with the themes that emerged from the qualitative study and then pilot tested.

The research design adopted for the quantitative study was the cross-sectional design making use of Ex-post facto to examine the role of culture as predictors of mental health problems among Egbura people of Nasarawa State. The independent variables were considered at only one level. The study employed a sample survey design. The reason because opinion is obtained or source for the subject matter from a relatively large sample.

The first stage of phase one was in the form of Focus Group Discussions (FGD) with 50 participants who were resident of Abaji Area Council of Abuja, 4 In-depth-interviews (IDI) and 4 Key Informant Interviews (KII) that consisted of two Egbura people of Nakuse town of Toto LGA. This enabled the researchers to determine if the participants have detailed qualitative information about the concept of culture and mental health variables that guided the entire study. The results of the qualitative study generated some items from the themes of FGDs, IDIs and KIIs which the researcher developed into a scale to know if the items needed to be reworded for clarity. Consequently, the end of this process led to the next phase which was the pilot study phase.

Study Phase Two (Pilot Study)

The initial validated 30 items Self-Assessment on Culture and Mental Health (SACMH), were modified with the themes which emerged from a qualitative study. The products were shown to some lecturers in the Department of psychology in Nasarawa State university keffi for validity and later re-administered to a sample of 50 (26 males, 24 females) in Sofio of Toto local Government of Nasarawa State using convenience sampling. The participants' age ranged between 30 years and above ($\bar{x}$ 22.96±3.53). Their responses were subjected to item total analysis in order to determine Cronbach's alpha for their internal consistency or reliability using SPSS

(version 22.0). Consequently, the SACMH had 21 reliable items for the scale of culture and mental health.

Study Phase Three (Main Study)

Design

The cross-sectional survey design that examined the role of cultural and gender as predictors of mental health problems among Egbura people in selected town in Toto Local Government Area of Nasarawa state of North Central Nigeria. The study examined cultural activities (way of life of people under study) as the independent variables while mental health problems were used as the dependent variable.

Setting

The setting for this phase was at the various joints ("Majalisa" as it traditionally is known) of the selected Communities in the local government Area. These communities are Tudu-uku, Gadabuke, Shafan-kotto, Ugya and Umasha.

Participants

The subjects for this study are drawn from five villages in Toto Local Government Area of Nasarawa State (Tudu-uku, Gadabuke, Shafan-kotto, Ugya and Umasha) which were not part of the pilot study. The participant consists of people within the age of 30years and above, which has resided in the locality for not less than 10years and can understand and write in English language. Occupation and religions are not barriers in this study. Purposive and convenient sampling method was adopted for selecting the participant. The reason is that the participants most reside in the locality and must be above 30 years of age and must be convinced and willing to participate in the study.

Participants for this phase were 2050 Egbura, ethnic group. Out of 2,760 participants who responded in the study, only 2,050 participants' that represents a response rate of 77% were good enough for the study.

Sample size

Sample size was determined using Slovin (2010) sample size calculation method. This number (sample size) also conforms to social sciences research recommendation which stipulated a minimum of 1000 participants for survey research.

Sampling Methods

Multistage sampling was adopted. In the first stage, cluster sampling technique was used to select the Toto LGA from the thirteen local governments in Nasarawa state while Tudu-uku, Gadabuke, Shafan-kotto, Ugya and Umasha communities were randomly selected from the communities in Toto local government in Nasarawa States in the North central of Nigeria.

Since we have towns that are predominantly Egbura speaking ethnic language in the local government, in the second stage, cluster/stratified sampling was also used to group the communities into the various clusters/strata of Egbura, Gade and Gbagi ethnics group. The specific communities were selected purposively from each cluster/strata of communities selected until 5 communities that represent the Egbura speaking language was adequately represented.

The third stage involved the use of simple random technique to pick 3 streets from each community. This shows: (5 communities x 3 streets) which produce 15 streets altogether.

Finally, an accidental sampling technique was used to obtain at least 136 participants from each of the streets from all the selected communities. However, only 2050 questionnaires were correctly filled and completed by the participants and this, therefore, represents the final sample size for the third phase of the study.

Procedure

To start with, approval with reference number HR/EC/03/0214 was issued by the ethics committee of Local government human Research Ethics Committee's before the commencement of the study. Permission and approval were also duly obtained from the chairman of the local government through the Director of human resource and subsequently Village heads of various community of study were contacted and informed of the study. Thereafter, the residents that met the inclusion criteria were approached; the purpose, risk and benefits of the study were explained to them. Potential participants were assured of their confidentiality, and that their life will not be tied to their decision to participate or not to participate in the study. Informed consent processes were duly followed.

Willing participants were administered the questionnaire after an adequate explanation that had been offered. The questionnaire required approximately 45minutes to 1 hour to complete. Of the 2760 questionnaires administered, only 2050 were correctly completed and returned, representing 77.1% response rate. The returned questionnaires considered adequate for data analysis were coded, stored and analysed using the SPSS 22.0 version of computer software package

Instrument

A structure questionnaire was designed to collect data for this study. The data assortment throughout this study was strictly designed in section A and B with a total of 21 items:

Section A: Demographic variables.

Section B: Self-Assessment on Culture and Mental Health

Self-Assessment on culture and Mental health – SACMH (Shafa and Usman, 2019) is a modified version of a questionnaire developed by John, Lukums and Kusiju, 2013) which was used to assess participant's cultural practice and Mental health. It has 25 items with response options ranging from Strongly Agreed, Agreed, Disagreed and Strongly Disagreed. The items include; I cannot do without Alcohol, I can do everything in the name of culture. It has five sections of assessment of culture and mental health – Alcohol drinking habit, cultural food, occupation, mode of dressing, and nature of the treatment of abnormal behaviour. The scale was revalidated with Nigerian samples. The analysis of the norms showed mean = 59.0 ± 9.17 for the study sample and internal consistency showed Cronbach's alpha of 0.91.

Choice of Statistical Analysis

The mean and variance for each scale was calculated; the norms for the dependent variables were put together and established, zero order correlation of all the variables in the study using Pearson Moment Correlation Order.

For the first research hypothesis which states that there will be a significant influence of culture on the perception of mental health problem among Egbura people of Toto locality in Nigeria, was tested with multiple regression analysis and the result is presented in Table 1 below:

Table 1: Multiple Regression Summary Table Showing Cultural Practice as Predictors of Mental Health Problem

Criterion	Predictors	β	t	P	R	R^2	F	P
	Drinking Alcohol	.05	.72	<.05				
	Cultural Food	-.11	-1.02	<.05				
Mental Health Problem	Mode of Dressing	.16	1.50	>.05	.201	.09	35.87	<.01
	Occupation	.26	4.35	<.01				
	Mode of Treatment	-.01	-.06	>.05				

* Significant at 0.05

Table 1 presents results on the influence of Cultural Practices (drinking alcohol, cultural food, mode of dressing, occupation, moral style), on mental health problem among Egbura people of Toto LGA. It is shown that Cultural Practices (drinking alcohol, cultural food, mode of dressing, occupation, moral style) had a significant joint influence on Mental health problem [R = .201; R^2 = .09; F (2047) = 35.87; P<.01]. When combined, Cultural Practices (drinking alcohol, cultural food, mode of dressing, occupation, moral style) accounted for about 9% variance in mental health problem. However, only drinking alcohol (β = .05; t = .72; P<.05), cultural food (β = .-.11; t = -1.02; P<.05) and occupation (β = .26; t = 4.35; P<.01) had independent influence on mental health problem. This partially confirms the stated hypothesis.

For the second hypothesis which states that Male participants will significantly score higher on mental health problem than their female counterparts. This was tested using t-test for independent samples and the result is presented in Table 2 below:

Table 2: Summary of T-test Table Showing Gender Difference in the Perception of Mental Health Problem

Dependent	Gender	N	Mean	SD	t	df	P
	Male	1040	14.99	6.61			
Mental health problems					.89	2048	>.05
	Female	1010	14.29	5.68			

Table 2 presents results on gender difference in mental health problem among the residence of Toto local government. It is shown that there exists no significant gender difference in mental

health problems among the participants [t (2048) = .89; P>.05]. This negates the stated hypothesis, hence was rejected in this study.

Discussion of Findings

The results of this study confirm that there is a high rate of ignorance of what mental health problems are among the people of Toto local government areas of Nasarawa State. Participants that score high on mental health problems do that to comply with cultural practices and see it as not a problem. This means that most people are not fully aware of what it takes to cause a health problem, meaning that they are not well educated on what constitutes mental health. There many things people do in the name of culture or usual practice or even way of life, but consequently directly or indirectly affect our health.

Zakariya in our study expressed the belief that mental health problems are caused by the loss of family and friends, family issues, and moving to a different place. We further discovered that migration and relocation involve a series of stressful experiences, and these experiences of migration can shape individuals' perceptions of reality in life, this is obvious as they communities involved in this study were experiencing communal crises, this has prompted for people migrating from one community to other. And migration may only take a relatively short amount of time, but its effects can be profound and long lasting. The experience of migration transcends the actual physical move. Relocation is a transitional experience that affects the individuals' behaviours, feelings, values, and cognitions, and it is a pervasive condition that influences the family system and generations after. Migration can play a critical role in the culture and influences health beliefs. For example, a subgroup of Ugya people believes that dementia is a result of migrating to a new local government or state. It even has an effect for the scattering of family members.

This is in line with the finding of Orache and James (2008) that provides preliminary findings that help to inform how patients with psychosocial problems such as substance abuse from different cultures view mental illness. By understanding patients' health beliefs, clinicians may be in a position to address the needs of their patients in a culturally sensitive manner. Accommodating the values and preferences of individuals facilitates shared health care decision-making and ongoing participation in treatment. This can be especially helpful in engaging minority patients that have historically underutilized mental health services. By not taking into account these cultural values, the healthcare systems are likely to perpetuate pre-existing health disparities, among ethnic minority.

Conclusion and Recommendations

In view of the findings of this study, the following conclusions were drawn: From the above results, it is clear that cultural factor exist and are predictors of mental health problems. Professionals' (Psychologist, psychiatrists, social workers and co) should take into consideration variable used in this study to prevent half way treatment of mental health problems.

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