

Magico-religious Beliefs, Stigma and Help-seeking Behaviour among the Caregivers of Persons with Schizophrenia

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ABSTRACT

Background: The cultural and traditional aspects of caregivers of people with mental illness have been seen widely, where the faith healers are the immediate source for treatment. Due to poor understanding of mental illness and stigma among caregivers, people often seek traditional help than modern medical treatment. **Aim:** To assess the Magico-religious beliefs, stigma and help seeking behaviour among the caregivers of persons with schizophrenia. **Methods and Materials:** Descriptive research design was used. Seventy caregivers of persons with schizophrenia attending the outpatient department of LGBRIMH, Tezpur, Assam were purposefully taken for the study. Socio-demographic datasheet, Family Interview Schedule (stigma section), Super Natural Attitude Questionnaire and General Help Seeking Questionnaire were administered. **Results:** Prevalence of the stigma was 100%. The majority (80%) of care giver's locality and community believe in *Jadu Tona*, 75.7% have performed *puja/ritual/jhad-phook*, 72.9% visited or consulted faith healer, 67.1% talk about or believe in *bhoot pret*, *Jadu Tona* (65.7%), *Opari kasar* (64.3%), 68.6% believed that performing *puja/rituals/jhad-phook* can change patient's behaviour. Majority 57.6% care giver showed high help-seeking behaviour while 42.4% showed low help-seeking behaviour. Majority of the caregivers seek help from the parents (5.47±1.20). **Conclusion:** Supernatural beliefs and stigma found to be common among the caregivers of persons with schizophrenia. Caregivers have higher help-seeking behaviour from informal groups than formal groups.

Keywords: Magico-religious beliefs, stigma, help-seeking behaviour

INTRODUCTION

Schizophrenia is a major mental illness; it is devastating imposing significant costs on a person suffering from their family members and the society (Awad, 2008). The community beliefs and attitudes may influence many facets of mental health care. Mental illnesses in India are understood as being intricately related to spiritual and religious factors, and this belief often influences the patient's recognition of illness and their care-seeking behaviours. As a result, traditional magico-religious healers are an important source of health-care for a significant proportion of mentally ill patients in India (Chadda *et al.*, 2001). "Help-seeking behaviour within the community was influenced due to the factors such as beliefs about the causes of mental illness, the nature of service delivery, accessibility, cost and stigma" (Nsereko *et al.*, 2011). "In India, with its cultural diversity and a mix of the rural and urban environment, the discriminating attitude towards mentally ill patients causes stigma to consult a psychiatric professional" (Srinivasan & Thara, 2000). The North-East region of India has been seen as rich ethnic diversity and well known for its cultural identity.

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The cultural and traditional aspects of caregivers of people with mental illness have been seen widely, where the faith healers are the immediate source for treatment. Due to poor understanding of mental illness and stigma among caregivers, people often seek traditional help than modern medical treatment hence, delaying the pathways to psychiatric care. Although various studies have been conducted in the other parts of India but there is a dearth of studies from the North-East region. Therefore, the present study is aimed to project how supernatural attitudes and beliefs, stigma and help-seeking behaviour of the caregiver have been influenced in the treatment of persons with schizophrenia.

To understand the broader area of the present study the researchers reviewed various existing studies. Kulhara, Avasthi and Sharma (2000) found that, “the majority of the patients had undergone magico-religious treatment (n = 23). Nearly 74% of the patients who had a delusional explanation in terms of paranormal phenomena had undergone magico-religious treatment”. Natasha *et al.* (2012) in their study found that, “the community believed in sorcery and other magico-religious phenomena they also believed that only performance of prayers was sufficient to improve their mental status. About one-fourth admitted that during recent episodes either they or their caregivers performed magico-religious rituals”. Ali and Jahan (2012) stated that, “There was a widespread belief in supernatural causation of mental illness in caregivers of persons with a mental disorder”. Nidesh *et al.* (2016) in their study found that, “The belief and performing rituals can improve patient behaviour and local belief in supernatural influences”. Nilamadhab Kar *et al.* (2008) hypothesize that, “A considerable proportion of patients and families found faith healing supportive, reassuring and more acceptable in the community”.

Schnyder *et al.* (2018) found that, “participants' negative attitudes towards mental health help-seeking and their stigmatizing attitudes towards people with a mental illness were associated with less active help-seeking”. Also, a significant association was seen with self-stigma while no association was found with perceived public stigma. Shibre *et al.* (2001) in the study found that, “75% of respondents perceived that they were stigmatized or had experienced some sort of stigma due to the presence of mental illness in the family”. Koschorke *et al.* (2017) study indicated that, “High caregiver stigma by a significant minority of caregivers (21%) and 45% felt uncomfortable to disclose their family member's condition. Caregiver stigma was also independently associated with higher levels of positive symptoms of schizophrenia”. Throughout the review of literature, it was evident that there is a lack of knowledge and understanding of beliefs, stigma and help-seeking behaviour among the caregivers of persons with mental illness in the context North-East.

Objectives

- To identify magico-religious beliefs among the caregivers of persons with schizophrenia,
- To study the stigma among the caregiver of the persons with schizophrenia,
- To describe the help seeking behaviour among the caregiver of persons with schizophrenia.

METHODS AND MATERIALS

The present study used a descriptive research design. The study was conducted at the outpatient department of LGB Regional Institute of Mental Health, Tezpur. The purposive sampling technique was used to take 70 samples of caregivers of a person with schizophrenia with their consent. Patients with the following inclusion criterion were

included: all who are above 18 years of age and educated up-to primary level and able to understand and comprehend having assisted living with patients from at least last 1 month. Caregivers with physical illness, which interferes with the assessment, psychiatric illness/intellectual disability (as per the informant's report) and those who score above the GHQ-12 cut off score were excluded. The following tools were used:

Socio-demographic Datasheet: It was prepared which includes age, sex, education, occupation, marital status, religion, caste, domicile, family income, duration of illness of the patient, etc.

Family Interview Schedule (stigma domain): It has been developed by Sartorius and Janca (1996), "Which consisted of 14 items rated on a four-point scale from 'not at all' rate 0, to 'a lot' rate 3, concerning stigma. A stigma sum score was computed by summarizing all positive responses (>0) for each of the 14 items to evaluate the distribution of stigma responses between groups".

Supernatural Attitude Questionnaire (SAQ): "It is a 28 items questionnaire focuses on the attitude and belief of the caregiver in various types of magico-religious and supernatural influences (4 items), the role of these factors causing mental illness or behavioural abnormalities in general (7 items), and their own patient (5 items) and help seeking behaviour based on such attitudes and beliefs (3 items). It explores the patient's attitude and belief towards these magico-religious and supernatural influences (7 items). It also explores the help seeking behaviour of patients based on these attitudes and beliefs (2 items)" (Kulhara *et al.*, 2000).

General Help Seeking Questionnaire: "It measures the future help seeking behavioural intentions. It measured through listing potential help sources and assisting participants to indicate how likely it is that they would seek help from that source for a specific problem on a 7-point scale which ranges from no intention to seek help to a very high likelihood of seeking help. Help-seeking intentions reported as three sub-scales: level of intention for seeking informal help; the level of intention for seeking formal help; the level of intention to seek help from no-one" (Rickwood *et al.* 2005).

The data was being used only for research purpose. Samples were selected voluntarily. Data was analysed with SPSS 25 for windows.

RESULTS

Socio-demographic Profile

The mean age of the caregivers was 41.5 ± 15.1 years and mean duration of the caregiving was about nearly 3 years (38.49 ± 81.95 months). The majority (74.3%) of caregivers were male. Majority of the caregiver were parents (38.6%) and completed primary schooling (44.3%), belonged to Hindu religion (74.3%), and general category (51.4%), Most of the caregivers were working as daily wage labourer (54.3%), belonged to rural area (82.95), and belonged to the upper-lower socio-economic background (52.9%).

Supernatural Attitude

Table 1 showed the majority (80%) of the caregivers' locality and community believed in *Jadu Tona* and such influences followed by 75.7% have performed *puja/ritual/jhad-phook*. The majority (72.9%) of the caregivers visited or consulted faith healers while 68.6% believed that performing *puja/rituals/jhad-phook* can change a patient's behaviour, while 68.6% of them visited faith healers with the patient's request. Majority i.e. 67.1% talked

about or believed in *bhootpret* and talked about it before falling ill. The majority (64.3%) of caregivers thought that mental illness can be caused due to the effect of dissatisfied or evil spirits. The majority (61.4%) of caregivers thought that a patient's behaviour or abnormal experience is due to *Grah-Nakchatra*.

Table 1: Item wise distribution of Supernatural Attitude Questionnaire

Variables	Yes	No
	N (%)	N (%)
Personal magico-religious beliefs		
Sorcery/Witchcraft (<i>Jaadu-Tona</i>)	34(48.6)	36(51.4)
Ghosts (<i>Bhoot-Pret</i>)	39(55.7)	31(44.3)
Spirit intrusion (<i>Opari Kasar</i>)	37(52.9)	33(47.1)
Aetiology of mental illness (Supernatural causes)		
Sorcery/Witchcraft (<i>Jaadu-Tona</i>)	41(58.6)	29(41.4)
Ghosts (<i>Bhoot-Pret</i>)	40(57.1)	30(42.9)
Spirit intrusion (<i>Opari Kasar</i>)	44(62.9)	26(37.1)
Divine wrath (<i>Devi Devta Prakop</i>)	41(58.6)	29(41.4)
Planetary influences (<i>Grah Nakchatra</i>)	43(61.4)	27(38.6)
Evil spirits (<i>Buri Atma</i>)	45(64.3)	25(35.7)
Bad deeds in a previous life (<i>Karma</i>)	40(57.1)	30(42.9)
Do you think the patient's behaviour is due to:		
Sorcery/Witchcraft (<i>Jaadu-Tona</i>)	41(58.6)	29(41.4)
Ghosts (<i>Bhoot-Pret</i>)	40(57.1)	30(42.9)
Spirit intrusion (<i>Opari Kasar</i>)	39(55.7)	31(44.3)
Divine wrath (<i>Devi Devta Prakop</i>)	39(55.7)	31(44.3)
Evil spirits (<i>Buri Atma</i>)	40(57.1)	30(42.9)
Planetary influences (<i>Grah Nakchatra</i>)	39(55.7)	31(44.3)
Treatment of mental illness		
Thought of Puja/rituals/ <i>Jhad-Phoonk</i>	48(68.6)	22(31.4)
Visit or consult faith healer	51(72.9)	19(27.1)
Performed puja/ritual/ <i>jhad-phoonk</i>	53(75.7)	17(24.3)
Does the patient believe in or talk about		
<i>Jadu Tona</i>	46(65.7)	24(34.3)
<i>Bhoot Pret</i>	47(67.1)	23(32.9)
<i>Opari Kasar</i>	45(64.3)	25(35.7)
<i>Devi Devta Prakop</i>	44(62.9)	26(37.1)
<i>Grah-Nakchatra</i>	44(62.9)	26(37.1)
<i>Evil spirits</i>	44(62.9)	26(37.1)
Talk about or believe in these things before falling ill	47(67.1)	23(32.9)
During illness, visit a faith healer	48(68.6)	22(31.4)
Magico-religious beliefs in the community	56(80.0)	14(20.0)
belong to any specific or special <i>tantric, spiritual or religious sect</i>	16(22.9)	54(77.1)

N (Number) =70; %= Percentage

Stigma Experienced

Table 2: The item wise distribution of stigma

Variables	Negative responses	Positive responses			
	Not at all	Sometimes	Often	A lot	Total
	N (%)	N	N	N	N (%)
Worry that neighbours would avoid	15(21.4)	36	13	6	55(78.6)
Spend time worrying	24(34.3)	35	10	1	46(65.7)
Need to hide the fact	31(44.3)	34	5	0	39(55.7)
Helped other people to understand	35(50.0)	32	3	0	35(50.0)
Effort to keep as a secret	33(47.1)	29	8	0	37(52.9)
Worry that neighbours would avoid	31(44.3)	30	8	1	39(55.7)
Explaining others that he/she is not crazy	39(55.7)	28	3	0	31(44.3)
Worry that you would be blamed	41(58.6)	27	1	1	29(41.4)
Worried marriage family members	0(0)	60	9	1	70(100)
Worried about taking him/her out	28(40.0)	38	4	0	42(60)
Ashamed / Embarrassed about it	28(40.0)	37	5	0	42(60)
Sought out families with a person with schizophrenia	34(48.6)	32	4	0	36(51.4)
Felt grief or depression	23(32.9)	41	5	1	47(67.1)
Felt it might be your fault	33(47.1)	35	2	0	37(52.9)

N (Number) =70; %= Percentage

Help-seeking Behaviour

Table 2 showed that at least one positive response to the items was regarded as having some sort of stigma. Distribution of positive response to stigma in the above diagram majority i.e 100% of caregivers worried that a person looking to marry would be reluctant to marry into a family which showed higher stigma among the caregiver, followed by 78.6% worried that neighbour would treat them differently followed by 67.1% felt grief or depression because they have a person with mental illness in their family. Subsequently, 65.7% used to spend time worrying about whether people would find out that they have a person with mental illness in their family.

Figure 1: Help-seeking Behaviour of the Caregivers

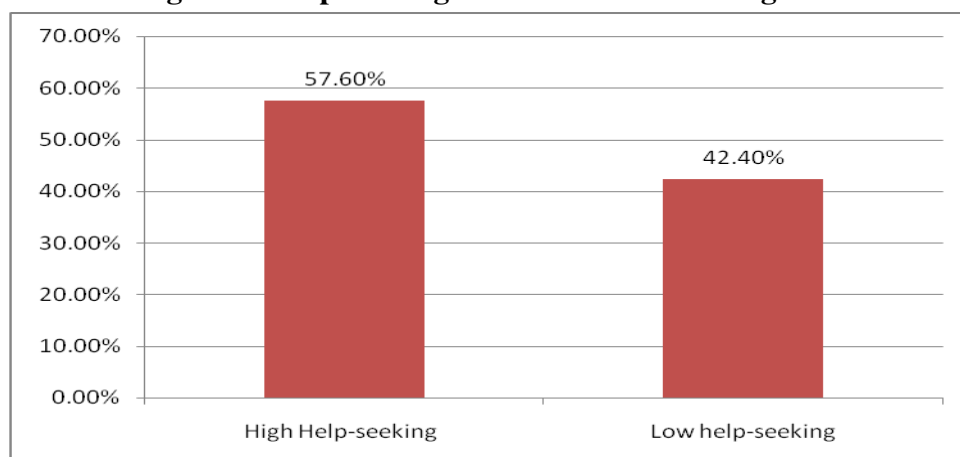


Figure 1 represents the help seeking behaviour of the caregivers. The present study showed that 57.6% of caregivers showed high help-seeking groups. The future help seeking behaviour was more towards parents.

DISCUSSION

The North-East region of India has been seen as a rich ethnic diversity with various cultural identities. Family members take most of the treatment decisions hence; understanding about their beliefs regarding the mental illness may be useful for planning management strategies. The present study evaluated beliefs of the caregivers of persons with mental illness and found the majority (80 %) believed in supernatural causation. The findings were consistent with the findings observed by Chakraborty *et al.* (2013) that nearly 96.8% of the family members of persons with schizophrenia had beliefs in supernatural causation. The beliefs extend to practices where the majority of caregiver had consulted *faith healer* (72.9 %) for the treatment of the patients and also performed *puja/ritual/jhad-phook* (75.7). The findings were supported by Shefer *et al.* (2013) which reported that when someone had an episode of mental illness, they had critical beliefs of supernatural causes of mental illness and of religious rituals aimed at removing possession by evil spirits. A study by Sapkata *et al.* (2013) also supported that 76% of the primary Caretaker visited faith healer.

In the present study, the prevalence of stigma was 100% which is somewhat similar to the findings of a study done by Ergetie *et al.* (2018) which suggested that the overall prevalence of perceived stigma was found to be 89.3% which showed higher stigma. The stigma found in the caregivers was that of marriage in the family, worried about how they would be treated by the neighbours. Same study line up with similar findings, Koschorke *et al.* (2017) suggested that 44% of caregivers worried a person looking to marry would be reluctant to marry into the family followed by 40% worried that neighbours would treat them differently. The study also shows of having a person with mental illness in the family developed grief or depression (67.1 %) among the caregivers. The findings are consistent with the similar findings by Thara and Srinivasan (2000) that highlighted 80% of the Caregivers felt grief or depression. However, how the caregivers' experience stigma are different from the other studies due to differences in cultural background.

High help seeking behaviour in our study was present towards the parents (mean of 5.47 & SD 1.20). Caregivers would prefer seeking help from the parents first then followed by family members, relatives, partner and friends. Similarly, 40% variation can be found in preference rates for parents with mental illness (Boldero & Fallon, 1995). A study by Umubyeyi, Morgen, Ntaganira and Krantz (2015) suggested that they sought help from the parents (8.0%), a partner (8.0%), a religious person (6.0%), a teacher (1.3%) or a traditional healer (6.7%). Kerebih *et al.* (2017) found that the most frequently visited source of Help was the Informal help sources (82.7%).

IMPLICATIONS

This study can be a primary source to understand the supernatural beliefs among caregivers of persons with schizophrenia in the north-east context. This study can encourage cultural formulation to understand the caregiver's beliefs, knowledge, and cultural manifestation of the mental illness and can help mental health professionals to formulate relevant interventions. The findings of the study will enable psychiatric social workers to develop intervention at the individual, family and community level such as awareness camp, prevention programs, etc., to deal with stigma, informal help seeking pathways and magico-religious beliefs.

LIMITATIONS

The study sample size was small hence; the results of the study cannot be generalized. The study used a quantitative approach where standardized scales/tools were used to collect data whereas; qualitative approaches such as in-depth interviews would have given more reliable and rich information. It was a hospital-based sample and the Help-seeking process, Stigma and Beliefs may be different in the community population. The role of various socio-demographic variables in Magico-religious Beliefs, Stigma and Help-seeking were not explored in a view of small sample size.

CONCLUSION

The present study assessed the magico-religious beliefs, stigma and help-seeking behaviour. Caregivers of persons with schizophrenia found to have beliefs in supernatural influences which can cause mental illness. In the magico-religious beliefs, majority of the caregivers believed in *Jadutona, Evil Spirits, Puja/ritual/jhad-phook, Oparik Asar, Devi/devata Prakop, bad deeds, Graha Nakshatra, etc., can cause mental illness*. The caregivers had a belief that *faith healing* can be taken as a treatment for people with schizophrenia. All the respondents reported the presence of stigma. Seeking help from Parents was high among Caregivers of people with Schizophrenia. Results showed that caregivers have higher help-seeking from the informal group than the formal group. Psychiatric social work professionals can take care of such supernatural beliefs, cultural diversities, stigma and pathways to help seeking while dealing with the caregivers.

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