Euro Mental Health 2017- Men’s recovery from schizophrenia in northern Nigeria- Bello Utoblo-Leeds Beckett University

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Abstract

Schizophrenia is a chronic and severe mental health difficulty that affects over twenty-one million people worldwide. In Nigeria, it is predictable that there are more men than women existing with schizophrenia. Though, there have been studies on men and health in Nigeria, these have focused on sexual health or strength. In contrast, men’s involvement of schizophrenia, and the role of gender in manipulating their beliefs about retrieval has not been voyaged.

The aim of this qualitative study was to explore the factors influencing men’s recovery from schizophrenia in northern Nigeria. Thirty male outpatients aged between 18 and 65 and ten mental health practitioners (psychiatrists and nurses) were purposively sampled and recruited from Nigerian psychiatric hospital outpatient clinics. Data were collected using separate interviews, and analysed through Braun and Clarke’s (2006) analytical framework. Results: The findings recommend that participants identified three themes on recovery from mental illness: western medicine, traditional medicine, and family support. Whilst, western medication aided relief of symptoms related with schizophrenia, costs and side effects of these medications hindered their utilisation. The participants’ also highlight the significance of religion to recovery, premised on the confidence that God is a naturopath, therefore the data suggests that many endowed the agency of their recovery to God. Alongside these, the role of family support was vital in easing participants’ links to healthcare. Cross cutting these themes is the notion of gender flexibility. Traditional masculinity expectations of being the head of the household involves stressful challenges that can increase the threat of emerging schizophrenia. In contrast, the presence of gender elasticity within household members, where their contributions changed over time, were seen as manipulating the men’s ability to become involved in salvage. In particular, providing for the family wants becomes a shared accountability, where the departure from traditional gender imposes fewer family adversities, thus aiding the men’s willingness to seek help, which rolls over to their retrieval.

In provide the justification for conducting this study. I begin by providing a meaning of schizophrenia and some data about its occurrence. In furthering discussion about the nature of schizophrenia, I highlight the impact of mental health problems on the individual and the burden of care among families of service users with mental health difficult. I then introduce the current research gaps in relation to the people who use facilities’ perceptions and experiences of schizophrenia and the role of gender inside this. In the last part of this chapter, the organisation and structure of the thesis is drew.

Background to this qualitative study

The Diagnostic and Statistical Manual of Mental Disorders-DSM 5 (American Psychiatric Association, 2013) and the International Classification of Illnesses (World Health Organisation, 2010), the main controllers used by health professionals to aid diagnosis of schizophrenia, highlight schizophrenia as a severe mental health problem, considered by symptoms and changes in the behaviour of the discrete. In one study of 1,080 patients, Baueret al. (2011) suggests that people with schizophrenia can presentation symptoms such as hearing or seeing things that are not there (hallucinations) or have false beliefs (delusions) that are external of reality and not experienced by others. Morrison (2014) also linked wandering or roaming the streets and sleeplessness with onset of the disorder.

It is perhaps understandable to focus on the men’s perceptions and experiences of schizophrenia and role of gender within this. Besides, some studies in Africa, such as those carried out by Jewkes and Morrell (2010) and Odimegwu and Okemgbo (2008) have optional that traditional notions of masculinity, has an influence on sexual health risks such as vulnerability to obtaining HIV/AIDS and health programs have been intended to address issues beneficial to these men and their associates. In contrast, there is a notable lack of research on understanding of the role of gender and its impact on service users’ insights and involvements of schizophrenia.

Aim of the research the aim of this qualitative study was to explore the factors that influence men’s recovery after schizophrenia in northern Nigeria.

Research questions

The two research questions in this study are:

(1)What are perceptions and experiences of developing schizophrenia in Nigeria?

(2)What factors influence recovery from schizophrenia in Nigeria? Objectives of the research

The specific objectives of this study are:

(1)To explore the perceptions and experiences about the causes of schizophrenia.
(2) To examine the meanings of recovery.
(3) To understand influences on men's recovery.

Structure of the thesis

In the body of this thesis, I explore involvements of developing schizophrenia and the factors that influence patients' recovery from the condition in northern Nigeria. The overall structure of the thesis including the introductory chapter takes the form of nine chapters. In chapter two, a literature review on conceptual issues of genders presented. The first part presents discussions on the meanings of gender. The second part of this episode focuses on concepts of masculine expectations, which highlights how gender is practised in the family including marriage and effort. The third part, discusses men's changing identity in modern Africa. This includes a discussion on post-colonialism in Nigeria, and the belongings of the changing economic condition and introduction of gender polices. In the last section of this chapter, the literature and related discussion focuses on the influence of gender on men's health. Chapter three presents a literature review and conceptual discussion relating to schizophrenia and its retrieval. The first part presents approaches that have been employed in the diagnosis of schizophrenia and the load associated with onset of the disorder.

Conclusion:

The influence of gender flexibility established in this study has implications for understanding the origins of schizophrenia and its repossession. This includes the need for gender educational awareness programmes for the men and those involved in their care. Future study is needed to explore in more factor how the conceptualisation of gender influences on men's mental health within the Nigerian and broader African context.

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