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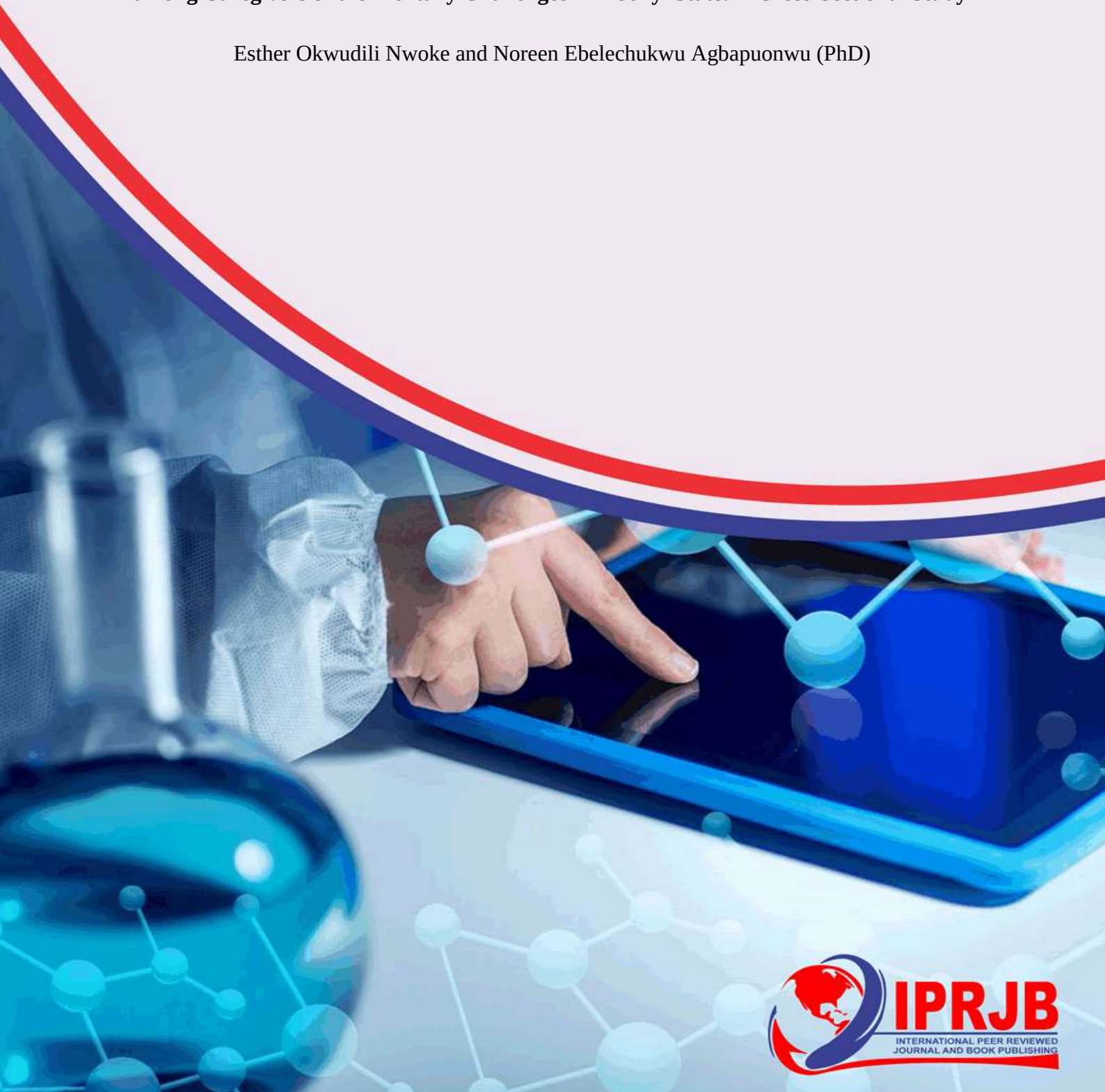

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Perception and Attitude about Utilization of Complementary and Alternative Medicine among Caregivers of the Mentally Challenged in Ebonyi State: A Cross-Sectional Study

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Abstract

Purpose: Mental health issues pose a great challenge to healthcare systems especially in developing countries, and having 35% global burden of sickness/disability, Nigeria shares 13% of it. Individuals, both the victims and relatives desperately try all they can to treat this condition. Informal caregivers including family members and friends play a major role in seeking help and choosing treatment regimen and most of them choose complementary and alternative medicine (CAM). CAM is popular in treating chronic illnesses including mental conditions in sub-Saharan African as stated by WHO. This study displayed both positive and negative perception and attitude of informal caregivers about CAM use for mental health challenges, characteristics of users, types and outcomes of use.

Methodology: The study is a quantitative, cross sectional study carried out from 15th February to 15th of November 2022, using self-structured questionnaires. Of 389 questionnaires administered, 381 copies were returned and properly filled (97.5% response). The informal caregivers of the mentally challenged were recruited using convenience sampling method. The participants have mean age and standard deviation of 33.5+/- 8.6years, whose mentally challenged relatives had used CAM for the past 12 months and some current users. The questionnaires included information on socio-demographic data, perception and attitude about CAM use, types in use, and outcomes of use. SPSS versions 25, student test, ANOVA, among others, were used to compare perception and attitude about use of CAM and socio-demographic data of the caregivers. 92% participants confirmed that their mentally challenged relatives use some forms of CAM in treatment. The therapies used included herbal drugs, spiritual intervention, and alternative medical system (homeopathic medicine).

Findings: The result revealed both positive and negative perception and attitude about CAM use and most caregivers could not identify any good effects of these therapies but still use them. The findings also showed that some socio-demographic factors affect CAM use. They noted that CAM use alone cannot cure, but also complicate mental illness.

Unique Contribution to Theory, Practice and Policy: It was concluded that research on effectiveness and safety of each CAM will help improve mental healthcare.

Keywords: *Perception, Attitude, Complementary and Alternative Medicine, Informal Caregivers, Mental Health Challenge*

INTRODUCTION

Many people are using different forms of healthcare services and products in the form of complementary and alternative medicine (CAM), to treat ailments especially chronic illnesses including mental health issues. Douthit (2017), in his study stated that WHO opined that the use of complementary and alternative medicine is on the increase and estimated that 40% to 60% of patients with mental health issues use CAM therapies globally, but not much is known about the CAM in use and the effects of these therapies in most developed and developing countries. National Center for Complementary and Alternative Medicine (NCCAM 2014), defined CAM as a group of various medical and health care system, practices, and products that are not presently considered to be an aspect of conventional medicine. CAMs are diverse including traditional medical system, biological therapy, mind body therapy, manipulative body therapy and energy therapy. Different forms of CAM are popular in different part of the country.

Some research studies showed that persons suffering from mental disorders use CAM more than those who suffer physical illnesses (Kemper, Gardiner, and Birdee, 2013, Lake, 2016). Lake and Turner, 2017, and WHO 2017, stated that poor mental health care services exist globally, leading to persons resorting to self-care (Foa 2011) and use of CAM. Experts have shown consistently that the overall functioning and productivity of individuals depend on mental health status. Mental illness contributed to functional disability and absenteeism from work which has great social and economic impact globally. It amounted to 35% disability burden of illness globally and Nigeria shares 13% of it (DALY, WHO, 2012, NCCAM, 2012). And WHO, 2017 opined that fewer than half of the affected mentally challenged ones receive quality mental health care services and it estimated in 2004 that ten to twenty million persons who were mentally unstable, attempted suicide and one million completed suicide. It then purported that by 2020s, depression will be the second leading contributory causes of disability worldwide, if nothing is done. As National Center for Complementary and Integrative Health,(2018) carried out survey on knowledge and attitudes towards utilizing CAMs in treatment by mental health practitioners, the result showed that even some mental health practitioners are using CAM unknowingly and lack evidence for effectiveness regarding its use for mental health symptoms. The choice of health care services use by the mentally challenged is usually made by the informal caregivers. Family caregivers are in the best position to give information on CAM use and subsequent outcomes of use by their relatives who are mentally challenged. They help in taking care of their physical, spiritual and social needs and give them drugs (both orthodox and complementary and alternative medicine). Their attitude and perception show whether they are comfortable with CAM use which always reflect on use. Study by Foley, Steel, Crammer, Wardle & Adams 2019, on disclosure of CAM use to medical providers, showed that more than half of CAM users do not inform their health care providers about use and this may be risky due to drug/herbs adverse interaction, and some cannot comply to taking their conventional therapy.

Gureje, et al, CAM (2015) study shows that traditional medicine and CAM are used to complement conventional mental health care services. The study also showed that both the uneducated and the elites in low-income/ middle income countries use traditional complementary and alternative medicine due to belief in spiritual causes of mental illness which they perceived cannot be treated with conventional medicine. Bahall and Edward 2015,

CAM study purported that some consumers perceived that some CAM therapies are good for mental illnesses.

Also, Sarris, Moylan, Camfield, and Pase, (2012) in their study on mental health care asserted that globally, some health consumer perceived that conventional medical care has failed to adequately treat mental challenges. They also stated that stigma, spiritual beliefs, nearness of CAM practitioners to consumers, side effects of anti-psychotic drugs made most patients divert to use of CAM. Studies by Lewis, Willis, Kokanovic, and Pirrota (2015), asserted that although conventional medicine remains the dominant model of care, traditional medicine and CAM use cannot be ignored because most individuals are reluctant to use conventional therapy alone because of disturbing side effects of most neuroleptics.. The refusal of the dominant model of health care practitioners to acknowledge the use of CAM in treatment did not stop the mentally ills from using traditional medicine/ CAM. Lake (2016), study claimed that CAM gives holistic care (i.e., treats both cause and symptoms).

The increasing acceptance of CAM treatment in developed world is the result of both scientific advances, social trends and evidence based research. But this is not so in most developing countries like Nigeria where research is sparse,(WHO, 2013), hence the study in Ebonyi State. The sick ones take most CAM substances because they believed that as long as it is plant products, or endorsed by NAFDAC, it is natural and safe. The result may include; consumption of unsafe products contained in these herbs and also, risk of herb/drug interaction **(**Mental Health System, 2018). These make the information about perception, attitude of caregivers about CAM use and outcomes of these therapies, a great importance.

Proper mental healthcare will only be possible when correct data on epidemiology and treatment success/failure are gotten. This suggests that the continued neglect of mental health issues is consequences of information gap in mental health care services and CAM use. This study can be a step to improving mental health care services in Ebonyi State. Shannon, in hand book of CAM insisted that conventional therapy is one approach to health care and that CAM is another approach. The aim of the study was to evaluate the perception and attitude of informal caregivers of the mentally challenged about CAM use in Ebonyi State, types and outcome of CAM use.

LITERATURE REVIEW

Review literature on CAM; depict that individuals, society and healthcare system predicate use. The socio-behavioral theory describes human behavior in seeking for help when ill. Anderson socio-behavioral theory has the assumption that healthcare use has relationship with propensity to use healthcare services, ability to access healthcare, and health status.(in conventional medicine only). This was modified by Foulabdakhsh and Stommel in 2007 to include CAM use also (CAM Model of Health Services). Studies done by some authors asserted that CAM complement conventional therapy (Wemrel and Oisson, 2020, Gabra et al, 2020) and cannot be used alone for cure. Also studies done on CAM use in most developed world showed that socio-behavioral factors(demographic characteristics,, enabling variables such as income and health insurance, health status variables such as evaluated and perceived health status need) play a role in use in most countries. High income earners, more educated, middle aged females use CAM in developed countries more than their counterpart (Hansen and Kristofferson, 2016: Hoffer et al, 2019). This is contrary to work done in some developing countries including sub-

Saharan African where mostly the poor, uneducated patronize unorthodox medicine. Culture and religion play a role on the type of CAM in use as seen in this study. .Herbal drinks and spiritual therapy are used mostly in Ebonyi, Nigeria but yoga, acupuncture, homeopathy, dietary supplement amongst others (Wang et al 2018) were used more. This displays disparity about CAM use in different regions and so conclusion about CAM cannot be made using one region.

MATERIALS AND METHODS

At Alex-Ekwueme Federal University Teaching Hospital outpatient clinic, 381 family caregivers of the mentally challenged persons participated in a quantitative cross-sectional study design. The hospital is situated in Ebonyi State- Abakaliki, South East Nigeria. The sample size was estimated using Cochran formula for unknown population. Recruitment was done from 15th February 2022 to 15th November 2022 when the researcher got the minimum sample using convenience sampling method. The participants gave written informed consent and were caregivers who were 20-59 years of age. The participants were given a semi structured questionnaire to complete and same was presented in a table for analysis.

Study Instrument

A semi-structured questionnaire divided into four sections was used to obtain data on demographic variables containing 10 items,, perception and attitude of informal caregivers about CAM use containing 12 and 5 items each, types of CAM /outcomes of use containing 6 items. The questionnaire for perception and attitude about CAM use was designed using four point likert scale of strongly agreed-4, agreed-3, disagreed-2, strongly disagreed-1. The mean score of 2.5 and above were regarded as good perception and good attitude for CAM use, otherwise it will be regarded as poor perception and poor attitude. Others were yes/no answer

Data Analysis

The generated data was analyzed using descriptive and inferential statistics with the aid of statistical package for social science (SPSS) version 25. Descriptive statistics of frequencies and percentages were used to analyze the socio-demographic data. Weighted mean and standard deviation were used to determine the perception and attitude about CAM use. The mean of 2.50 and above were regarded as good perception and good attitude for CAM use, otherwise, it will be regarded as poor perception and poor attitude. Frequencies and percentages were used to determine the most commonly used CAM. Anova and t-test were used to test association between socio-demographic characteristics, perception and attitude of CAM use as p-value less than 0.05 was considered significant.

RESULTS

The results obtained from data analysis with their interpretations were presented in this chapter. Out of the three hundred and eighty-nine (389) copies of questionnaire administered, three hundred and eighty-one (381) of them were returned and were properly filled and fitted for analysis giving response rate of 97.9%. The mean age and standard deviation of the students are 33.5±8.6years.

Table 1: Socio-Demographic Data of Respondent

Socio-demographic Variables	No of Respondents (N=381)	Percentage
Age (years)		
20-29	145	38.1
30-39	145	38.1
40-49	74	19.4
50-59	17	4.5
Sex		
Female	247	64.8
Male	134	35.2
Marital status		
Married	253	66.4
Single	85	22.3
Divorced	24	6.3
Widow/Widower	19	5.0
Level of education		
Non formal education	66	17.3
Primary	94	24.7
Secondary	91	23.9
Tertiary	130	34.1
Employment status		
Employed	187	49.1
Unemployed	145	38.1
Part time	30	7.9
Others	19	5.0
Household income per month (N)		
Less than 30,000	140	36.7
30,000 to <70,000	156	40.9
70,000 to <110,000	38	10.0
110,000 to <150,000	25	6.6
150,000 and above	22	5.8

The socio-demographic characteristics of the respondents showed that most of them 145(38.1%) were in ages 20-29 and 30-39 equally, while those in age 50-59 were the least 17(4.5%). About two-third of them 247(64.8%) were females, while same two-third 253(66.4%) also were married, and 85(22.3%) of them were single. Their level of education showed that most of them 130(34.1%) had tertiary education, while those with no formal education were the least 66(17.3%). About half 187(49.1%) of the respondents were employed, while the unemployed among them were 145(38.1%), and those on part time job were 30(7.9%). The average household income per month of the respondents showed that most of them 156(40.9%) had between ₦30,000 and ₦70,000, while those below ₦30,000 were 140(36.7%), and those of ₦150,000 & above were 22(5.8%).

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Table 2: Influencing Factor about Complementary Alternative Medicine (CAM) Usage

Items	No of Respondents (n=381)	Percentage
The cultural tradition that influences the decision about health care use		
Africa	302	79.3
British	26	6.8
Chinese	10	2.6
No influence	43	11.3
The religious tradition that influences the decision about the health care use		
Christianity	268	70.3
African traditional religion	68	17.8
Islam	10	2.6
None	35	9.2

The cultural tradition that influenced the respondents usage of complementary alternative medicine (CAM) was mostly Africa cultural tradition 302(79.3%), while 26(6.8%) and 10(2.6%) of them were influenced by British and Chinese cultural tradition respectively, and 43(11.3%) of them had no cultural tradition influence. Also, the religious tradition that influenced the respondents usage of complementary alternative medicine (CAM) was mostly Christianity 268(70.3%), while 68(17.8%) and 10(2.6%) of them were influenced by Africa traditional religion and Islam respectively, and 35(9.2%) of them had no religious traditional influence.

Table 3: Perception about Complementary Alternative Medicine (CAM) Usage (N=381)

Items	SA	A	D	SD	Weighted Sum	Weighted Mean	Standard deviation	Decision
CAM providers give good information on maintaining a healthy lifestyle	138	210	21	12	1236	3.24	0.70	Accepted
There is less side effect when taking natural remedies	62	213	82	24	1075	2.82	0.77	Accepted
CAM involves natural plant formulas which are more healthy than taking drugs by the medical doctor	120	142	86	33	1111	2.92	0.94	Accepted
CAM users are involved in their care than in conventional care	64	201	93	23	1068	2.80	0.79	Accepted
Adults believed that CAM build body's own defenses and promote self-training	80	167	110	24	1065	2.80	0.84	Accepted
Persons how believed in the physical, mental, and aspect of health arm or likely to us CAM	62	165	139	15	1036	2.72	0.78	Accepted
Persons who fear the discomfort of treatment from conventional therapy are more likely to use CAM	109	137	115	20	1097	2.88	0.89	Accepted
CAM use is unsafe and threat to public health	51	86	111	133	817	2.14	1.05	Rejected
CAM is effective for some mental health issues	68	170	107	36	1032	2.71	0.87	Accepted
Lack f scientific evidence is a barrier to CAM use	71	218	72	20	1102	2.89	0.76	Accepted
CAM use can lead to non-adherence to conventional therapy	73	134	135	39	1003	2.63	0.91	Accepted
Grand mean						**2.78**	**0.37**	**Accepted**

Out of the eleven (11) items on the perception about complementary alternative medicine (CAM) usage, ten (10) of them were accepted since their mean scores are greater than 2.5."Lack of scientific evidence is a barrier to CAM use", and "CAM use can lead to non-adherence to conventional therapy". The only items that was rejected in perception about complementary alternative medicine usage is that CAM use is unsafe and threat to public health" since their mean score is less than the cut-off point of 2.50. In general, the perception of the respondents has grand mean of 2.78.

Table 4: Attitude of Caregiver about the Use of CAM (N=381)

Items	SA	A	D	SD	Weighted Sum	Weighted mean	Standard deviation	Decision
I use CAM for mentally challenged relative	66	209	67	39	1064	2.79	0.85	Accepted
They are free of side effects	65	151	125	40	1003	2.63	0.89	Accepted
My relative use CAM with conventional therapy	68	197	89	27	1068	2.80	0.81	Accepted
My relative use CAM alone because it is more effective than conventional therapy	51	102	174	54	912	2.39	0.89	Rejected
I talk to my relative's physician about his/her CAM use	39	196	123	23	1013	2.66	0.74	Accepted
Grand mean						**2.66**	**0.55**	**Accepted**

Out of the five (5) items on the attitude of caregiver about the use of CAM, four of them were accepted since their mean scores are greater than the cut-off point of 2.50. They rejected that CAM alone is more effective than conventional therapy since their mean score is less than the cut-off point of 2.50. The grand mean of 2.66 is greater than the cut-of point of 2.50.

Table 5: Complementary and Alternative Therapy (CAM) Usage

	N=381	
Items	**No of Respondents**	**Percentage**
Have you used any CAM for		
Treating illness	149	39.1
Preventing illness	101	26.5
Promoting health	87	22.8
I have never used CAM	40	10.5
Others	4	1.0
What CAM therapy has your relative with mental challenges used in the past 12 months?		
Biological product	119	31.2
Mind and body therapy	118	31.0
Alternative medical systems	81	20.8
Manipulative body therapy	18	4.7
Energy health therapy	15	3.8
None	30	7.9
Does your relative who has mental challenges take conventional therapy with CAM?		
Yes	270	70.9
No	111	29.1
Do you have any problems about hospital medications given to your relative who has mental challenges		
No	173	45.4
It is very expensive	94	24.7
It is ineffective	80	21.0
Has a lot of side effects	34	8.9
Does your physician know that you use CAM for your mentally challenged relative?		
No	199	52.2
Yes	182	47.8
In comparison to when he/she started taking CAM, how has his/her health status been?		
Better	133	34.9
Somewhat better	131	34.4
About the same	89	23.4
Worse	28	7.3

Table 5 shows the complementary alternative utilization (CAM) usage. Greater percentage of the respondents (39.1%) claimed that they used CAM for treating illness, 26.5% of them had used it for preventing illness, 22.8% of them used it for promoting health, and 1.0% of them have used it for unknown reason.. However, 10.5% said that they used it in the past. 119(31.2%) of them had used biological product, while 118(31.0%) of them had used mind and body therapy. Also, 81(20,8%) of them had used alternative medical systems, 15(3.8%) of them had used energy health therapy, 18(4.7%) of them had used manipulative body therapy, while 30(7.9%) of them had not used any. Greater percentage of the respondents (70.9%) have relative who has mental challenges take conventional therapy with CAM, while 29.1% of them do not have relative who has mental challenges take conventional therapy with CAM. Most of

the respondents 173(45.4%) do not have any problems about hospital medications given to their relative who has mental challenges. However, 94(24.7%) of them said it is very expensive, 80(21.0%) of them said it is ineffective, while 34(8.9%) of them said it had a lot of side effects. Most of the respondents 199(52.2%) said that their physician do not know that they use CAM for their mentally challenged relative, while 182(47.8%) of them said that their physician know that they usbe CAM for their mentally challenged relative. In comparison to when he/she started taking CAM, most of the respondents 133(34.9%) and 131(34.4%) said his/her health status has been better and somewhat better respectively. However, 89(23.4%) of them said that his/her health status is about the same, while 28(7.3%) of them said that the health status worsened.

Hypothesis 1: There is no significant relationship between socio-demographic factors (age, gender, level of education and economic status) and perceptions of caregivers of mentally challenged about use of CAM in Ebonyi State.

Table 6: Relationship between Socio-Demographic Factors and Perception of Caregivers of Mentally Challenged about Use of CAM in Ebonyi State

Socio-demographic Variables	Perception Status		χ^2	P-value
	Poor (n=40)	Good (n=341)		
Age (years)				
20-29	15(10.3%)	130(89.7%)	7.389	0.060
30-39	20(13.8%)	125(86.2%)		
40-49	2 (2.7%)	72 (97.3%)		
50-59	3 (17.6%)	14 (82.4%)		
Sex				
Male	24(17.9%)	110(82.1%)	12.084	0.001
Female	16 (6.5%)	231(93.5%)		
Level of education				
Non formal education	10(15.2%)	56 (84.8%)	9.971	0.019
Primary	16(17.0%)	78 (83.0%)		
Secondary	5 (5.5%)	86 (94.5%)		
Tertiary	9 (6.9%)	121(93.1%)		
Household per month (₦)				
Less than 30,000	18(12.9%)	122(87.1%)	6.320*	0.157
30,000 to <70,000	13 (8.3%)	143(91.7%)		
70,000 to <110,000	6 (15.8%)	32 (84.2%)		
110,000 to <150,000	0 (0.0%)	25 (100%)		
150,000 and above	3 (13.6%)	19 (86.4%)		

*Fisher's exact test used

Null hypothesis was rejected for gender and level of education but accepted age and economic status. There is significant relationship between gender and level of education and perception of caregivers of mentally challenged about use of CAM in Ebonyi State ($P<0.05$). This implies that most female caregivers (93.5%) had good perception of mentally challenged about use of CAM in Ebonyi State when compare with the male caregiver (82.1%). Also, most caregivers with secondary education (94.5%) had good perception of mentally challenged about use of CAM in Ebonyi State when compare with the caregiver that had tertiary education.

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Hypothesis 2: There is no significant relationship between socio-demographic factors (age, gender, level of education and economic status) and attitude of caregivers of mentally challenged about use of CAM in Ebonyi State.

Table 7: Relationship between Socio-Demographic Factors and Attitude of Caregivers of Mentally Challenged about Use of CAM in Ebonyi State

Socio-demographic Variables	Attitude Status		χ^2	P-value
	Poor (n=40)	Good (n=341)		
Age (years)				
20-29	18(12.4%)	127(87.6%)	46.686	<0.001
30-39	63(43.4%)	82 (56.6%)		
40-49	38(51.4%)	36 (48.6%)		
50-59	7 (41.2%)	10 (58.8%)		
Sex				
Male	41(30.6%)	93 (69.4%)	0.572	0.450
Female	85(34.4%)	162(65.6%)		
Level of education				
Non formal education	21(31.8%)	45(68.2%)	17.953	<0.001
Primary	19(20.2%)	75(79.8%)		
Secondary	26(28.6%)	65(71.4%)		
Tertiary	60(46.2%)	70(53.8%)		
Household per month (₦)				
Less than 30,000	47(33.6%)	93 (66.4%)	56.144	<0.001
30,000 to <70,000	29(18.6%)	127(81.4%)		
70,000 to <110,000	22(57.9%)	16 (42.1%)		
110,000 to <150,000	11(44.0%)	14 (56.0%)		
150,000 and above	17(77.3%)	5 (22.7%)		

Null hypothesis was rejected for age, educational and economic status, but accepted for gender. Hence, there is significant relationship between socio-demographic factors (age, level of education and economic status) and attitude of caregivers of mentally challenged about use of CAM in Ebonyi State ($P<0.05$). This implies that the caregivers in age group 20-29 (87.6%) had good attitude towards mentally challenged about use of CAM in Ebonyi State while those in age group 40-49 had the highest poor attitude towards it (51.4%). Also, most caregivers with primary education (79.8%) had good attitude towards mentally challenged about use of CAM in Ebonyi State, while those with tertiary education had the highest poor attitude towards it. Lastly, the caregiver with average household income of ₦30,000 to <₦70,000 per month had best attitude towards mentally challenged about use of CAM in Ebonyi State (81.4%), while those with average household income of ₦150,000 and above had the worst attitude of mentally challenged about use of CAM in Ebonyi State (77.3).

DISCUSSIONS

This study evaluated the perceptions and attitudes of family caregivers of the mentally challenged individuals about CAM use, types, and characteristics of users and outcomes of use. This study showed that a good number of participants confirmed to using CAM by their mentally challenged relatives. About 92% of participants confirmed using complementary and alternative therapy for their mentally ill ones. This is in affirmation with Ghanaian CAM use for Schizophrenia and Bipolar in Debrah et al 2018 study. WHO, 2014, CAM use study in

sub-African region purported that about 73.5% of Nigerian psychiatric patients use CAM, as cited by James et al, 2018. Most CAM use study showed high rate use of CAM for mental disorders regardless of ethnicity except for the types of CAM (Jimoh et al.2018; Kemper et al 2013; Lake, 2016; Seet et al, 2020), This may be as a result of chronic nature of most mental illness, stigmas associated with admitting patients into mental homes, easy accessibility to CAM practitioners, and low costs. Most study participants' perception and attitude about CAM use for mental disorders is positive except the fact that there is no scientific evidence of safety and effectiveness. They accepted using it in good course and rejected that it is unsafe. This is in affirmation with Bahall and Edward, 2015, and Lake, 2016, CAM study which stated that CAM treats both cause and symptoms, of mental illness and hence, the importance of medical pluralism in management of mental health issues. The conventional health practitioners should win the trust of clients so that they reveal every treatment they receive as they are in the best place to give them best care and advice. Biological product e.g. Herbal drinks are the highest in use seconded by Mind body/ Spiritual therapy as affirmed by the study participants. Most studies done in sub-African region showed use of spiritual therapy more. In this study, the use of herbal drink exceeded the use of spiritual therapy by one participant, showing that they use both at almost the same rate. Plant based medications are perceived to be harmless by most CAM users as they are perceived to be natural as opined by Okoronkwo et al 2014. 56% believed that CAMs are free of side effects as NAFDAC has endorsed it. In Mcintyre et al 2016; Bahceci et al 2013; Jimoh et al 2018, CAM use for mental disorders study, herbal drinks were mostly used also. Most of these herbs lack scientific evidence of positive outcomes, except for some dietary supplements such as omega-3, zinc, gingko used for mental disorders. It remains a great concern to health care personnel, about the safety and effectiveness of most biological products used as CAM in in healthcare treatment.

The use of spiritual therapy is another popular therapy in treatment of mental disorders as asserted by the study participants. This can be associated with the general belief by most countries in sub-African region that mental illness is not ordinary sickness but spiritual. This makes spiritual / mind/body treatment the option. Caregivers are active players in seeking care from CAM practitioners. Most confirm going to faith healers and traditional medicine practitioners before going for conventional health care. Gureje et al, 2015, CAM use for mental disorders study, in sub-African region stressed that both the uneducated and elites use spiritual therapy at the same rate. Also, the study, showed that ethnicity plays a role in the types of CAMs in use (sub-Africans use prayer more than the west). Jimoh et al, (2018) study in Northern Nigeria opined that a little population of the mentally ill even prefers CAM. On the contrary, studies done in the developed countries show the use of other forms of CAM like Ayurveda, ,homeopathy, dietary supplement acupuncture, yoga etc. (Asadi-pooya and Emami 2014; Hansen and Kristofferson, 2016; Kazdim and Blaise, 2013; Min-jeong, et al; 2016; Wang, et al 2018).

Studies on perception, in relation to socio-demographic variables about use of CAM for mental disorders in most developed countries showed that users were more educated, rich, middle aged females (Hansen and Kristofferson 2016, Wang et al 2018). In this study, only sex and level of education have association with caregivers perception about use in Ebonyi State. The study, implies that most female caregivers have positive perception about CAM use than their male counterparts. This is in line with CAM use studies done in most developed countries(Hansen

& Kristofferson, 2016; Wang et al, 2018) Also, most caregivers with secondary education have positive perception about CAM when compared with those with tetiary education in Ebonyi state. The highly educated have poor perception about CAM use but most still use CAM. Gureje et al 2015; Hofer et al, 2019 cited that both the elites and illiterate in sub-Saharan region go for complementary and alternative medicine at the same rate.

Some participants especially the more educated fear the implication of no scientific evidence of safety and effectiveness of most CAM and non-adherence to conventional therapy which may occur. The findings revealed that more than 50% participants could not disclose the use of CAM to their physicians. This could lead to dangerous implications like herb/drug adverse reactions. The studies done by Debrah et al 2018, Sharma and Agrawal, 2015, Wemre and Oisson, 2020, affirmed the same. This is why it is necessary to take proper patient history about all drugs they take for their ill-health. Although Ennis, 2014 CAM use study opined that there is no association between non-adherence and use of CAM and conventional medicine but ethnicity and medication count do. Most participants perceived that it can lead to non-adherence to use of conventional therapy and can cause relapse of some psychiatric symptoms and complications.

More than 50% subjects admitted to not informing their physicians about CAM use to avoid being scolded, study done by Sharma and Agrawal, 2015 about CAM use also detected same. This could lead to psychiatric emergencies and death.

The study showed that caregivers. Age, level of education and income have association with their attitude about CAM use. The caregivers of ages 20-29 and 30-39 have good attitude while ages 40-49 and 50-59 years have poor attitude to use of CAM for the mentally challenged. The study is in line with one done by Jimoh et al, 2018 CAM use by psychiatric patients in North-west Nigeria, users were mostly 21-40years but contrary to studies done in developed countries by authors like, Hofer et al 2019; Wang et al 2018. This may be attributed to the elderly being probably tired of the situation. They may have used it without much success. In this study caregivers with primary and secondary education have good attitude about CAM use than those with tertiary education, although they still use CAM. But the study done by Bahceci et al 2013; Hansen and Kristofferson, 2016; Kemper et al 2016; showed that the highly educated use CAM more than the uneducated. This may not be unconnected with the fact that both the educated and the non-educated seek the help of CAM professionals in sub-African region at the same rate as suggested by Gureje et al 2015. The caregivers with low income of less than #70,000, use CAM most, in Abakaliki while those with #150,000 and above have poor attitude about use. This is in line with CAM use study done by Jimoh et al, 2018; Debrah et al, 2018. This may be connected to the fact that poverty may be one of the reasons for use of CAM in sub-African region as opined by WHO, 2014. Also, easy accessibility, poor attitude of conventional health care workers, and shortage of professional health workers can contribute to the CAM use. About 40% participants indicated they prefer using CAM alone instead of using it as a complementary management. This is in line with study done in Northern West Nigeria in Sokoto and this can be dangerous. .In this study, only about 34% participants said that CAM is effective whereas, 5% responded that the condition got worst, others could not identify any good effect of CAM. In study done in most developed countries where other forms of CAMs, like acupuncture, yoga, homeopathy, dietary supplement are used in most psychiatric symptoms, the authors recorded success. The in cooperation of these CAMs into our school

system may be necessary so as to determine the safety and effectiveness of these CAM in other to improve our mental health care system.

Conclusion

The study findings suggested that good number of persons having mental challenge resort to use of CAMs including, herbal drinks, spiritual therapy (going for prayers and fasting), in other to get well even when they cannot identify the benefits. Poor mental health services poverty and accessibility make use of CAM common. Most respondents envisage fear of drug/ herb interaction when using both CAM and conventional therapy and hence could not adhere to conventional drug regimen. The consequences may be disastrous. Most believed in spiritual cause of mental illness and cure, leading to taking them to prayer camps, where they suffer hunger and lack shelter. This suggests that poor mental health services care exists in Ebonyi state and is a great public health concern.

Recommendations

Including information about CAM in literature displaying both their positive and negative concepts may be necessary so as to avert health threatening behavior.

It may also be necessary to enforce policy to regulate CAM practitioners globally

Limitations of the Study

The study was conducted at a psychiatric unit of AE-FUTHA using convenience sampling method. This limits the generalizability of the result to all caregivers of mentally challenged persons in Ebonyi State.

Abbreviations

CAM: Complementary and alternative medicine

AEFUTHA: ALEX-Ekwueme Federal University Hospital Abakaliki

APA: American Psychological Association

SPSS: Statistical Package for Social Sciences

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