PSYCHOLOGICAL BURDEN AND SOCIAL STIGMATIZATION DUE TO LYMPHATIC FILARIASIS IN BUNZA LOCAL GOVERNMENT AREA OF KEBBI STATE, NIGERIA.

Abstract

Background: Lymphatic filariasis (LF) is associated with both physical and psychological disability. The psychological burden of disability and stigma was not been given proper attention, to the detriment of those affected in the study area.
Aim: This study aimed at assessing the psychological burden and stigmatization status of lymphatic filarias in Bunza LGA of Kebbi State.
Method: Quantitative and qualitative techniques using semi-structured questionnaires and interview, schedules were used to obtain the needed information from participants.
Results: Out of 400 participants (32 affected and 368 unaffected), majority 390 (97.5%) would not propose marriage to someone with physical disability of lymphatic filariasis. However, if their spouse contact the disease after marriage, majority, 236(59.0%) would not divorce their partner. Most of the community and family members 346 (86.5%) would associate with sufferers. Though stigmatization was minimal the psychological impact was deep as affected individuals felt sad (31.3%), shame (25.0%), abnormal 928.1%) and suicidal, 1(3.1%). Many of them (34.4%) believed that it ruins marriage, destroys sexual relationship with partner (62.5%).
Conclusion and Recommendation: It was concluded that isolation and stigmatization was minimal, however the psychological burden on the sufferers was deep. Morbidity management should therefore be taken seriously to reduce the sufferings of affected people in the communities.

Keywords: Lymphatic filariasis, Psychological Burden, Stigmatization, Bunza, Kebbi State.

INTRODUCTION:

Lymphatic filariasis is a parasitic infection transmitted by mosquitoes and can lead to severe swelling and enlargement of the limbs, genitals and breasts [1].

People affected by this disease are often stigmatized due to the visible and disfiguring symptoms of the disease. They suffer social exclusion and discrimination, and are often being shunned by their communities and even their families. The stigma can also impact their mental health leading to depression, anxiety and feelings of shame and isolation.

[2] likened life for people living with chronic physical symptoms of lymphatic filariasis as carrying 10 to 20kg of dead weight on the foot or arm everyday of their lives and still being stigmatized for it, loosing dignity, respect and ability to work. The deformity and the resulting disability caused by the disease appears to be the main reasons for the discrimination and stigmatization.

Stigma is also an important social determinant of the effectiveness of disease control through its effect on help-seeking and treatment adherence [3].

Depression and emotional consequences is significant on the sufferers. According to [4] between 8.5% and 97% of people with lymphatic filariasis were found to experience, depression or related problems, such as feelings of inferiority.

According to World Health Organization estimates, at least 36 million people remain with the chronic disease manifestations, 25 million men with hydrocele and over 15 million people with Lymphoedema [5]. Studies on the psychological burden, isolation and stigmatization due to lymphatic filariasis is scanty in the study area and need to be given proper attention.

MATERIALS AND METHODS

Study Area

The study was conducted in Bunza Local Government Area of Kebbi State, which is situated between latitudes 11^{0}59ˈN and 12^{0}20ˈN and longitude 3^{0}40ˈE and 40^{0}05ˈE. The LGA has a main annual temperature of 21^{0}C, though it sometimes fluctuates, the highest mean annual rainfall is about 1000mm. [6] the major ethnic groups are Hausa, Fulani and Zarbarmawa. The people are farmers, cattle rearers and fishermen, there are also traders, artisans and those who engage in numerous skills such as sewing, driving, etc.

Fig 1: Map of Kebbi State showing the study area.

Source: [6]

Study Population/Design

The study population consisted of males and females aged 7years and above [7] resident in Bunza LGA of Kebbi State. It is a cross-sectional, descriptive study, conducted in the field, from April – September, 2018.

Sampling Technique

Random sampling technique was applied in selecting six villages from the LGA. All the villages were listed and selected by balloting. Affected and unaffected people who volunteered were included in the study.

Data Collection Technique

To collect data, both quantitative and qualitative techniques were used.

Quantitative Method: Collection of data was done using semi-structured pre-tested questionnaire that contain mostly closed ended questions. It consist of three sections, first section sought information on the respondents demographic data. The second section south information on psychosocial and matrimonial impact of the disease. This was for both sufferers and non-sufferers.

Qualitative Method: Qualitative data was collected for only those with visible signs of the disease. They were interviewed on psychological impacts of the disease.

Ethical Clearance: Permission was obtained from Kebbi State Ministry of Health before the administration of questionnaire. Permission was also sought from the LGA authorities and village heads. Informed verbal consent was also obtained from each individual. All information obtained was treated with utmost confidentiality.

Data Analysis

Data clearing for errors, consistency and compleness checks were done. Information collected were analyzed and presented using frequency tables, and percentages.

Results

The results obtained in this research are presented in Tables 1-3.

Demographic characteristics of study population:

A total of 400 participants (32 affected and 368 unaffected) took part in this study. Two Hundred and Thirty-Three (58.3%) were males while 167(41.7%) were females. The age characteristics were $\leq$ 10 (17.5%), 11-20(35.0%), 21-30(10.3%), 31-40(16.5%), 41-50(6.3%), 51-60(9.8%) and $\geq$ 61(4.8%) with regard to educational level, those with no formal education were 163(40.7%), primary school, 88(22.0%), secondary school, 79(19.8%) and tertiary institution, 70(17.5%). Based on marital status, 180(45.0%) were married, 26(6.5%) were widow(er), while 194(48.5%) were single. Demographic data of sampled villages were: Bunza 68(17.0%), Maidahini, 68(17.0%), Raha, 68(17.0%), Sabon Birnin, 62(15.5%), Salwai, 68(17.0%) and Zogirma, 66(16.5%). Details of the demographic information of the study population are shown in Table 1.

Table 1: Sociodemographic Characteristics of the Population

Gender	**Affected (N=32) n%**	**Unaffected (N=32) n%**	**Total (N-400) n%**
Males	21(65.6)	212957.6)	233(58.3)
Females	11(34.4)	156(42.3)	167(41.7)
Age (y)			
≤ 10	0(0.0)	70(19.0)	70(17.5)
11-20	0(0.0)	140(38.0)	140(35.0)
21-30	3(9.4)	38(10.3)	41(10.3)
31-40	6(18.8)	60(16.3)	66(16.5)
41-50	5(15.6)	20(5.4)	25(6.3)
51-60	9(28.1)	30(8.1)	39(9.8)
> 61	9(28.1)	10(2.7)	19(4.8)
Education Level			
No. Schooling	18(56.2)	145(39.4)	163(40.7)
Primary School	7(21.8)	81(22.0)	88(22.0)
Secondary School	6(18.7)	73(19.8)	79(19.8)
Tertiary Institution	1(3.1)	69(18.8)	70(17.5)
Marital Status			
Currently married	28(87.4)	52(41.3)	180(45.0)
Widow(er)	2(6.2)	24(6.5)	26(6.5)
Single	2(6.3)	192(52.2)	194(48.5)
Village			
Bunza	0(0.0)	68(18.5)	68(17.0)
Maidahini	7(21.9)	61(16.6)	68(17.0)
Raha	6918.7)	62(16.8)	68(17.0)
Sabon Birnin	10(31.3)	52(14.1)	62(15.5)
Salwai	9(28.1)	59(16.1)	68(17.0)
Zogirma	0(0.0)	66(17.9)	66(16.5)

Perceived beliefs on some Psycho-social consequences of lymphatic filarasis.

Table 2 shows respondents views on proposing marriage to someone with the disease, divorce and association with an affected person.

Out of 400 respondents (both affected and unaffected), 390(97.5%) of the respondents would not propose marriage to someone with visible physical sign of the disease, 10(2.5%) were not sure.

However, if their marriage partner contacts the disease while already married to them, majority, 236 (59.0) were of the opinion that they would not divorce their spouse while 126 (31.5%) would opt for divorce. However, 28 (9.5%) were undecided. As regards association with an infected person, 346(86.5%) respondents said they will associate with the sufferer while 50(12.5%) will not. Four (1.0%) were not sure whether they will associate or not.

Table 2: Respondents views on marriage proposal, divorce and association with affected persons

Variables	Responses	Affected (N=32) n%	Unaffected (N=32) n%	Total (N-400) n%
Marriage proposal to affected persons	Yes	0(0.0)	0(0.0)	0(0.0)
	No	30(93.8)	360(97.8)	390(97.5)
	Don't know	2(6.32)	8(2.2)	10(2.5)
	Total	**32(100.0)**	**368(100.0)**	**400(100.0)**
Divorce of affected spouse	Yes	0(0.0)	126(34.3)	126(31.5)
	No	28(81.5)	208(56.5)	236(59.0)
	Don't know	4(12.5)	34(9.2)	38(9.5)
	Total	**32(100.0)**	**368(100.0)**	**400(100.0)**
Association with affected persons	Yes	31(96.9)	315(85.6)	246(86.5)
	No	0(0.0)	50(13.6)	50(12.5)
	Don't know	1(3.1)	3(0.8)	4(1.0)
	Total	**32(100.0)**	**368(100.0)**	**400(100.0)**

Result of qualitative interview with affected persons.

Participants with visible signs of lymphatic filariasis were interviewed on psychological, psychosocial and matrimonial aspects of the disease.

Table 3 shows the deep psychological feelings of the respondents. With regard to their feelings about their condition, 10(31.3%) felt sad, 8(25.0%) felt shame, 9(28.1) felt abnormal, 1(3.1%) felt like committing suicide and 4(12.5%) simply answered that they don't know.

The respondents views on whether the disease makes them think less of themselves, 24(75.0%) of the respondents though less of themselves while 5(15.6%) did not. However, 3(9.4%) did not offer any comment. On their views on whether their condition affects their acceptance in their family and community, 8(25.0%) believed it did. However, 6(18.7%) did not offer any responses.

As regards the views of the affected persons on consequences of the disease on family, marriage and marriage prospects. The affected individuals had high level of awareness of the disease consequences on family and marriage. Eleven (34.4%) of the respondents believed that it ruins marriage, 20(62.5%) were of the opinion that it destroys sexual relation with spouse while 1(3.1%) agreed that it leads to divorce. Views on the consequences of the disease on prospect of marriage, majority of the sufferers, 23(71.9%) agreed that it leads to difficulty in finding marriage partner, 7(21.9%) believed that it hinders marriage prospect of unaffected family members. However, 2(6.2%) agreed it has no effect on marriage prospect.

Table 3: Affected person's feelings on living with lymphatic filariasis, thoughts about themselves, acceptance in the family/community, matrimonial consequences

Variables	Responses	Frequency	Percentage
Feelings	Sad	10	31.0
	Shame	8	25.0
	Abnormal	9	28.1
	Suicidal	1	3.1
	Don't know	4	12.5
	Total	**32**	**100.00**
Think less of themselves	Yes	24	75.0
	No	5	15.6
	Don't know	3	9.4
	Total	**32**	**100.00**
Views of on being Accepted	Well accepted	18	56.3
	Not well accepted	8	25.0
	Not sure	6	18.7
	Total	**32**	**100.00**
Opinions on matrimonial consequences	Ruins marriage	11	34.4
	Destroys sexual relation with partner	20	62.5
	Leads to divorce by spouse	1	3.1
	Total	**32**	**100.00**
Consequences of disease on marriage prospects	Difficult to find a spouse	23	71.9
	Hinder marriage prospect of family members	7	21.9
	Has no effect on marriage prospect	2	6.2
	Total	**32**	**100.00**

Discussions

Lymphatic filariasis causes not only physical disability but also psychological disability that tend to be unrecognized. In this study, there were diminished marriage prospects but majority of the respondents (both affected and unaffected) will not divorce their partners if they contact the disease while already married to them. Majority will also associate with affected patients. This is similar to the report of [8] in Kano State. This is probably due to religious belief that everything that happens is an act of God. However, [9] reported high stigmatization n Port Harcourt metropolis.

Affected respondents, in this study felt sad, shame and abnormal. Though stigmatization and isolation was not high, they were angry, bitter and depressed about their condition. This is likely due to their reduced productivity, unattractiveness and sexual dysfunction. Similar negative feelings were reported by [10] in Plateau State, Nigeria, and [11] in India.

A good number of the affected individuals indicated that the disease affects marriage and destroys sexual relation with partners; however, it does not lead to divorce. This is because people from Northern Nigeria are polygamous and instead of divorcing their affected wife, resort to marrying more wives, but women whose husbands were affected after marriage do not abandon them. Strong religious belief by northern Muslims that the health condition is an act of God also plays a part. Some studies however reported that divorce and isolation were common [12, 13].

Conclusion:

The psychological burdens of lymphatic filariasis morbidities on the sufferers were deep, however stigmatization and isolation experiences were minimal in the study area.

Recommendation:

We recommend that sufferers, family and community members should be trained on morbidity management by the government to alleviate the sufferings of the affected people.

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