

Lunatics on the streets of Benin City, Nigeriaa social burden.

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ABSTRACT

Purpose:

To investigate the prevalence of lunatic and its burden on the streets of Benin City, Nigeria.

Method:

Structured questionnaires were distributed randomly among three hundred residents in the three different local government areas of Benin City, Nigeria.

Results:

Among the sampled 300 residents in the area, twenty-one lunatic cases were reported. The male-female ratio was 1:1.7, estimated ages 32±3.14years (mean±SD). There was a significant difference in the possible etiologies and risk factors $P<0.05$. Accident was claimed by 42% respondents as the most common cause of death especially being knocked down by vehicles. Some lunatic women were impregnated unknown individuals seeking for spiritual powers. High Incidences in women 71% were more related to myth and beliefs on spirits, witchcraft, retribution and divine punishment, while male incidences were linked to substance abuse. Sources of food and shelter were from waste bins and food items thrown at them. Stray movement was observed in thirteen cases, while eight cases inhabit tree shades and hideouts. Three of them were battered with suspected leg sores. Sixteen of the lunatics were reported to be irrational and easily irritable. Seventeen were on rags and two were naked. They were found commonly in market places. Common health status were poor hygiene, unkempt long hair, poor feeding habit, rag wares and absence of foot wears.

Conclusion:

The situation seems glaring. Health policies should be directed towards reducing the burden on the streets. The government and other corporate agencies should strengthen effort by adopting health policies to curb the incidence minimally.

Key words:

Lunatics, perception, etiologies, prevalence.

Introduction:

The term “lunatic” originates from the Latin word *lunaticus*, which was originally referred to epilepsy and madness, as diseases thought to be caused by the moon [1,2]. This chronic mental illnesses has been reported

to affect different classes of individuals globally [3]. Its prevalence varies globally, even within countries and localities [4-6]. The prevalence and outcome also vary in developing countries [4, 7, 8]. The environment has been saddled with different chronic neurological illnesses such as lunatic. They are commonly called “mad persons” on the streets. Few studies of psychiatry illness has only included lunatics in the scope [9, 10]. Despite these few studies, their methodologies have been faulted [3]. Some of the etiologies have been thought to be genetically linked [10-16]. Other causes has also been suggested be multi-factorial [9, 17-19]. Risk-exposure can also vary in this region due to different cultural backgrounds and socio-economic status. Drug interventions have proven difficult due to diverse neurotransmitters implicated [20,21]. Interventions can prove difficult in this kind of environment due to non adherence resulting from chronic therapies and the use of herbal medication in conjunction with conventional therapies. Diverse approaches have been employed to reduce the burden through public enlightenment in patient waiting areas of hospitals, schools, churches, markets, radio, television and other gatherings. In the past, the state government and other corporate organizations also recently enforced that lunatic persons should be cleared from the streets. Curbing the situation seems not enough since some cases of lunatic persons were still prominent in some streets. Due to the numerous challenges in reducing the burden, it became necessary to assess the pattern of lunatic distribution, perception among residents, prevalence, etiologies and characteristic features some of these cases in the streets of Benin City, Nigeria.

Method

Benin City has a population of about 1,676,000 persons in the south-south region of Nigeria. The environment is occupied with human and vehicular activities. There are tertiary, secondary and primary health institutions owed by the government and private individuals that render health-care services to the residents. Prior to the study, thirty persons were recruited from the three local government areas of the city. These persons were trained on how to identify lunatic persons on the street in a focus group discussion. The survey commenced the same period to avoid overlapping. Structured questionnaires were designed and distributed systematically among three hundred persons resident in the three different local government areas of Benin City, Nigeria. Identified lunatic persons that were homeless on the streets were targeted and profiles were generated for each one. Those at home and in the hospital were excluded from the survey. All information gathered during the study were keep confidential.

Statistical analysis:

The data were analyzed using Graph Prism Version 6, San Diego, USA. Where necessary, data were computed as percentage frequencies, mean ± standard deviation. They were further grouped and analyzed using Chi-square test. P -values less than 0.05 were regarded as significant.

Results:

Three hundred residents sampled lunatic persons in the streets of Benin City. Participants were male-female ratio was 1:1.7, aged 32±3.14years (mean±SD). They reported twenty-one lunatics of male-female ratio 3.2:1, estimated age 21±1.60years (mean±SD). There was a significant difference in the perception of possible causes as relayed by different respondents ; 42% claimed that the cause could be associated with herbal medication, most especially cannabis, others claims were 25% for spiritual, 10.31% for hereditary, 7% for trauma, 5% for orthodox drugs, 1% for psychological and 10% for unknown cause ($P<0.05$). Risk factors were also statistically different ($P<0.05$); accident was claimed by 42%

Most of the women are impregnated by unknown men that might have sought for spiritual powers. Women incidences are more related to myth and beliefs on spirits, witchcraft, retribution and divine punishment. Some respondents claimed that they suddenly inhabit their areas two years ago. Other features were un-kept hair, poor feeding habit, no foot wears and long finger nails. The only human relationship was staring by onlookers and throwing different food Other sources of food and shelter were from

the waste bins. Thirteen were on stray movement, while eight were stationed under shades and hideouts. Three were battered with suspected leg sores. Sixteen were irrational and easily irritable. Seventeen were on rags and four were naked. They were found commonly in market places. Typical example of lunatic case is shown in figure 1.

Table 1: RESULTS OF RESIDENT PERCEPTION AND FEATURES, ETIOLOGIES, RISK EXPOSURES OF TWENTY –ONE LUNATIC PERSONS IN THE STREETS OF BENIN CITY, NIGERIA.

	SUMMARY					STATISTICS
RESPONDENTS [300] LUNATIC PERSONS [21]	300 21					[male-female ratio] 1:1.7 [male-female ratio] 3.2:1
RESPONDENT AGE RANGE	32±3.14years [mean±SD].					
ESTIMATED AGE [years]	21±1.60years [mean±SD].					
PERCEPTION AND FEATURES [FREQUENCIES]	E	O	I O	TOTAL	%	STATISTICS
POSSIBLE CAUSES [PERCEPTION]						<i>P</i> <0.05 [χ^2 test]
HERIDITARY	82	31	49	162	10.31	
SPIRITUAL	114	96	189	399	25.41	
ORTHODOX DRUGS	42	39	24	105	7.00	
HERBAL	209	199	251	659	42.00	
TRAUMA	6	7	-	13	8.28	
PSYCHOLOGICAL	51	23	5	79	5.03	
UNKNOWN	71	61	21	153	10.00	
SOURCES OF FOOD						<i>P</i> <0.05 [χ^2 test]
SOURCE OF FOOD	174	73	241	488	83.85	
WASTE BIN RESIDENTS AND PASSERS BY	41	17	36	94	16.15	
POSSIBLE RISK OF EXPOSURE						<i>P</i> <0.05 [χ^2 test]
POOR HYGIENE	112	109	206	427	40	
ACCIDENT	171	87	189	447	42	
HUNGER	61	96	27	184	18	
VIOLENCE	5	7	4	16	76.19	
HABITATION						<i>P</i> <0.05 [χ^2 test]
SHADES	3	4	1	8	38.10	
MARKET PLACE	6	5	2	13	61.91	
STRAY	7	4	2	13	61.91	
PREGNANCY	1	-	-	1	4.76	

N: NUMBER OF LUNATIC PERSON. E, O,IO :EGOR,OREDO, IKPOBA OKHA LOCAL AREAS SAMPLE



Fig. 1. TYPICAL LUNATIC MALE ON THE STREET OF BENIN CITY, NIGERIA

Discussion:

The study has shown classical cases of lunatic persons on the street of Benin City Nigeria which constitutes embarrassment to residents thus posing socio-economic burden to the populace. Despite the effort by the government to withdraw them from the streets for free treatment in the health institutions twenty-one cases were still seen. This can be attributed to total neglect by relatives. There was more prevalence among males than females. Although no significant difference was documented in a systematic review [22], males were found more likely to develop psychiatry illness than females [23]. This is contrary to previous finding due to differences in localities and cultures. Onset of symptoms has been identified to occur in young adulthood as documented previously [22], which is similar to the estimated age range as shown in the table 1. Although commencement of symptoms was not included in the survey, onset in childhood has been noted to be rare and peak stages of onset are 20-28 years for males and 26-32 years for females [24-26]. Symptoms may have been difficult to distinguish because most of the respondent had little or no knowledge of psychiatry illness diagnosis and assessments were based on perception. Perception of respondents in this study cannot be totally ignored because they can serve as a clue for interpretation of societal burden and belief as previously expressed [10]. The situation can be considered embarrassing and it is ill-burden due to the uncontrollable situation that is dominated by stray movement. The spread among the sampled three hundred residents in the three different local government areas of the city was done to ensure reliability of cases captured and to see if there were influences on prevalence in terms of locality. The city is dominated by the *Binis*; there are other tribes from neighboring states resident in the city, it is quite difficult to conclude whether only the *Binis* were most afflicted since their demographic background were indistinguishable from other affected individuals. No statistically difference has been reported in terms of urban certain [22]. Benin City being considered an urban centre with three local government areas, one cannot easily distinguish the characteristics of the afflicted in the localities because the share almost the same culture. However, higher incidences have been documented in urban centers than rural areas [23]. The environment is occupied with human and vehicular activities. Due to their irregular movement of some of these afflicted persons and their poor cognitive activities they may be knocked down by moving vehicles as claimed by respondents. Exposure to such hazard can lead to their death. The only rescue to further hazard is that their corpses of casualties are cleared from the streets by community efforts and government officers.

These corpses are buried without post-mortem due to cultural beliefs and cost implications. Other risk factors such as poor hygiene, hunger and leg ulcers reported in this study need to be explored to know their contributory effect in lunatic mortalities. Interventions have been carried out with special focus on drug abuse/misuse, drugs in criminal activities, adverse drug reaction incidences, poisons, drug utilization and other pharmacovigilance activities since the year 2005 through health initiatives. The effect may not be appreciated because of limited facilities in measuring their outcome. In the last couple of months, the state government recently enforced that lunatic persons should be cleared from the streets. Despite the effort to curb the situation, lunatic cases were still seen on the streets. This may be due to influx of newer cases from neighboring cities and villages. Failures in the reduction of prevalence may be due to inadequate enforcement of certain laws regulating the activities of illicit drugs. It is worthy to note that many persons use the cultivation of cannabis in rural areas as a source of generating income for self-sustenance. Herbal psychoactive substances cultivation may be common in the rural areas where regulatory officers may not access. Lunatic persons on the street pose a social health problem in the society. The relationship between intentional violence is a contentious phenomenon. Current research indicates that the percentage of people who are lunatic commit violent acts is higher than the percentage of people without any disorder, but lower than is found for disorders such as alcoholism, and the difference is reduced or not found in same-neighborhood comparisons when related factors are taken into account [9,27]. Glaring situations are experienced in our environment when resident and passersby are chased indiscriminately by lunatic persons. This attitude is certainly due to poor cognitive feature as reported [28]. Moreso, it may be due to positive symptoms rather than negative symptoms as differentiated [29]. These symptoms may be difficult to distinguish for cases found on the street. Etiologies can be said to be multi-factorial as reported by some authorities [9, 17-19]. Examples reported in this study are not new. Herbal medication, most especially cannabis was more commonly claimed to be abused by male by respondents. This is similar to earlier report in the environment [9]. Rare cases of acceptance of opioid abuse were observed, this could be due to cost and inaccessibility. Alcohol is commonly available and consumed in the environment. It may not be the primary cause of chronic mental illness but rather it can aid worsening the situation. Hereditary as a claimed cause has been suggested to be gene implicated [10-15]. Other features observed were stray movement, habitation of shades and hideouts, battered leg sores, irritability and nakedness.

Others claimed such as spiritual, hereditary, trauma, orthodox drugs, psychological were significantly different in location. Women were reported to be impregnated by unknown men that may have sought for spiritual powers. Women incidences were believed to be related myth, spirits, witchcraft, retribution and divine punishment which some author suggested as influential practices [18,19]. These were also observed in this study. It is a general perception in the area that women are characteristically involved in odd practices therefore they represent higher incidences. The usefulness of all these etiologies as shown in table 1 has been suggested to influence presentation, management and treatment outcomes [10].

Human relationship by throwing different food items and cloth at them could have served as means of survival. Meanwhile, waste bins were identified as other sources. Habitation under shades and hideouts of uncompleted building were sources of shelters. Many of them were found commonly in market places. Habitation of these areas can be attributed to as an easy access to waist bin as a source of food. Leg sores may be associated with poor hygiene coupled with indiscriminate exposure to cut and bites in the environment. Rags as a major source of clothing could reflect some level of varied imbalances among afflicted seventeen persons compared to the two that were naked. This is a reflection of some

levels of cognitivity. Typical example of this is shown in fig 1. The only rehabilitation center that is located in some kilometers from the on the city would have been sufficient to sustain the afflicted individuals. Few of them are fortunate to get to such centers because of rejection by relatives. From the foregoing, one can say that the policy put up by the government and other organization should be well restructured by spreading out into subgroup that will be reasonably clear the affected persons from the street.

Conclusion:

Lunatic persons seen on the streets of Benin City, Nigeria remain a social hazard. It is therefore recommended that government agencies and other corporate bodies should make concrete effort in reducing the burden. Also curbing of the street prevalence can be achieved by adhering to policies that are introduced from time to time.

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