

FLEXIBLE GENDER RELATIONS AS A SOCIAL FACTOR IN MEN'S RECOVERY FROM SCHIZOPHRENIA IN NORTHERN NIGERIA

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ABSTRACT

Background

Schizophrenia is a severe mental health condition that impacts more heavily on men. In Nigeria, studies on men and health have mainly focused on sexual health, in contrast, men's experience of schizophrenia and the role of gender in influencing beliefs about their recovery has rarely been studied. This study explored men's perceptions of developing schizophrenia in northern Nigeria and what emerged as facilitating factors in their recovery.

Method

This qualitative study utilized semi-structured interviews with 30 male outpatients with a previous diagnosis of schizophrenia and 10 mental health professionals. All were recruited through Nigerian psychiatric hospital clinics. A thematic approach informed analysis of the data collected.

Results

A commitment to flexibility in gender-relations emerged as a key finding. Within household members, the meeting of financial needs was talked about interchangeably. This flexible gender-relations was then associated with household poverty reduction, which was previously seen as influencing the men's recovery from the mental illness. In particular, providing for family needs became a shared responsibility, with departure from traditional gender expectations imposing fewer family hardships. This was also reported as having a bearing on the men's willingness to access services, which aided recovery.

Conclusion

The influence of flexible gender-relations demonstrated in this study has practice implications for understanding men's management of recovery from schizophrenia. Community-focused gender transformative programs for the men and those involved in their care in Nigeria could help engage participants in discussions relevant to facilitate changes in gender expectations.

Keywords: *schizophrenia, gender flexibility, recovery, mental health, Nigeria.*

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BACKGROUND

Schizophrenia is a disabling condition that can have a marked effect on a person's ability to live a full and fulfilling life.^{1,2} Although the overall prevalence rates tend to be similar between the sexes, incidence of schizophrenia is higher in men³⁻⁶ with globally around 12 million males affected compared to 9 million females.⁷

Men tend to have a higher mortality than women as a result of poorer lifestyle, an increased risk of cardiovascular disease, and suicide, which may be linked to developing the condition earlier and having more pronounced symptoms.^{2,4,8-10} Within Africa, studies suggest that men with schizophrenia have a lower life expectancy than men elsewhere and experience more marked social disadvantage.¹¹⁻¹³

The causes of schizophrenia are still being elucidated, with biological factors (genetics, pregnancy complications, infections), substance abuse and environmental factors all implicated.⁶ Stress has also been recognised as a risk factor for developing schizophrenia and for aggravating its development.^{5,6,14} Such stress is often associated with the social determinants of health, with unemployment, poverty and poor housing conditions all identified as important contributors to the high rates of schizophrenia in African men in the United Kingdom¹⁵ and across African countries, such as Ethiopia¹⁶ South Africa¹⁷ and Nigeria.^{18,19} What has not been explored is the role of gender and gendered expectations on men's increased risk of schizophrenia in African men.

In traditional African societies, studies such as those by Morrell and Ouzgane,²⁰ and Barker and Ricardo,²¹ suggest that there is an expectation that men will be the primary financial provider for the family and will hold the role as head of the household, taking all the major decisions. In a changing Africa, this narrow view leaves many men struggling to fulfil such gendered expectations and is often associated with increases in men's risk of illness, including threats to their mental health and wellbeing. This is compounded in men with schizophrenia as they tend to experience greater family disengagement and hostility, because they are less likely to be able to gain useful employment or to be married.⁵

Many relics of traditional views of manhood still exist in Africa, but there has been a shift toward more

flexibility in gender-relations. Nicoleau et al.²² suggests that many tasks performed by men and women have become more interchangeable, in contrast to previously rigidly assigned or traditionally fixed roles. Their work suggests that such flexible gender-relations were important to how 21 heterosexual families in the United States of America met the financial needs of the household. The findings from Evans' study²³ also noted how economic insecurity has catalysed increased flexibility in gender norms among households in Zambia, where men with traditional gender views who previously opposed their wives going out to work, moved away from their earlier entrenched positions because of the economic difficulties their families had faced.

In Nigeria, Eboiyehi et al.²⁴ and Ayenibiowo et al.²⁵ have also suggested that the need for meeting the financial needs of the family led many traditional male provider households to explore flexible gender-relations. In addition, their findings are congruent with those of Williams et al.'s²⁶ study among 46 African Caribbean fathers in the United Kingdom, which identified a shift from traditional notions of fatherhood as primarily being a breadwinner role to one where parents complement responsibility for meeting the financial needs of the family.

This growing acceptance of flexibility within family roles has added importance when the male partner is ill. In this situation female support for the families financial needs is required to ensure family health and wellbeing at a time when their male partner cannot perform breadwinner tasks traditionally defined as masculine.²⁷

Understanding the challenges men with schizophrenia face is an important step in helping reduce its impact on them and their families and the wider society. The study aim, therefore, was to explore the role that gender plays in the men's experience of their mental health condition in an evolving society.

METHODS

Study Design

Qualitative research methods are an appropriate approach to gain insights into the lived experiences portrayed by the participants. As Creswell and Creswell²⁸

suggest, this approach allows data collection in the participants own settings and is therefore useful in exploring and understanding the socio-cultural meanings individuals or groups ascribe to the phenomenon of recovery.

Study Area

The primary setting of data collection was Kaduna located in northern Nigeria, within the north-west geopolitical zone, with a population of about 6 million people, and of nearly equal numbers of males and females.²⁹ The inhabitants of the city where the study took place are mainly Christians and Muslims. The former consists of members of local tribes together with migrants from south Nigeria; mainly Igbo and Yoruba. In contrast, the Muslims in this community are mainly of Hausa ethnicity.

Study Participants

The study participants' were 30 male outpatients with a diagnosis of schizophrenia and 10 mental health professionals. Table 1 provides details of the participants. It shows that the largest age group was aged 30 to 39 years, and the average age of participants' was 33 years. All 30 patients were male, whilst the 10 mental health professionals comprised 5 males and 5 females. A majority of the participants stated that they were employed. With reference to the two types of religion practiced in Nigeria, namely Christianity and Islam, 28 were Christians, and 12 Muslims.

Participant Recruitment

Participants were selected using purposive sampling.³⁰ As Patton³¹ suggests, the rationale for employing a purposive strategy relates to the study aim, and necessities the inclusion of individuals who may have a unique, different or important perspective on the phenomenon addressed. The specific purposive sampling therefore included male outpatients with previous diagnosis of schizophrenia, recruited among those who attended the psychiatric hospital outpatient's clinics for medical follow-up. Those with acute symptoms that could impact on their abilities to participate in the study, as assessed by the psychiatrist, were excluded. Also, purposively recruiting hospital staff with experience of supporting such men, added useful insights into how the men managed their condition and their recovery.

TABLE 1 Demographics Characteristics of Study Participants

	Male Patients		Health Professionals	
	No	%	No	%
Age				
20–29	11	36.7	1	10.0
30–39	13	43.3	6	60.0
40–49	5	16.7	3	30.0
50–59	1	3.3	–	–
Sex				
Male	30	100	5	50
Female	–	–	5	50
Religion				
Christian	24	80	4	40
Muslim	6	20	6	60
Marital status				
Married	18	60	8	80
Single	12	40	2	20
Occupation				
Employed	22	73.3	10	100
Retired	1	3.3	–	–
Student	4	13.3	–	–
Unemployed	3	10.1	–	–

After identifying participants through the outpatient's clinics, an initial approach was made by a psychiatrist for invitation to take part in the study. Potential participants were provided with a letter inviting them to take part, along with the participant information sheet explaining the study. Those who agreed to take part were asked to return the reply slip to the researcher in the pre-paid envelope provided and contact was made to further discuss the study, answer any questions, and arrange a suitable time for an interview. Written consent from study participants

was then obtained before commencement of the interview.

Data Collection

Data from the participants (both the male outpatients and their mental healthcare professionals) was collected through the use of semi-structured interviews.³² As Mann³³ suggests, face-to-face interviews are an appropriate technique in the field of qualitative research, being useful in unravelling the deep seated socio-cultural meanings attached to the recovery phenomenon being explored. All interviews were conducted in English (which is the official language of Nigeria) and took place in the hospital setting in a private room. Interviews lasted between 45 minutes and an hour. A semi-structured interview guide was used and all interviews were audio recorded and subsequently transcribed using Express Scribe Pro V5.55 a computer aided transcription program.³⁴

Data Analysis

Pseudonyms were assigned and all identifying information was removed from the transcripts before they were uploaded to NVivo 10 data analysis software.³⁵ In order to gain understanding and allow for interpretation of the men's experiences, a thematic analysis was conducted on the data collected. This thematic approach followed the six steps outlined by Braun and Clarke.³⁶ These include familiarising oneself with the data (involving reading through all of the transcripts repeatedly), generating initial codes, searching for themes common to study participants (highlighting the experience of the recovery phenomenon), reviewing the themes, defining and naming themes, and finally writing up of the findings.

Ethical Review

Ethics approvals for the research study was granted by the Faculty of Health and Social Sciences Research Ethics Committee of [blinded for peer review], United Kingdom (Research ethics application 260). The hospital in Nigeria also provided written permission for the study.

Results

The findings of this study suggest that traditional gender views involved stressful challenges which

seemed to increase the men's risk of schizophrenia. In contrast, the presence of a flexible approach to roles and responsibilities within the home was one less stressor that gave the men a better chance of recovery.

Definitions of Gender and Views about How Traditional Gender Can Exacerbate Schizophrenia

The majority of the participants understood gender as being associated with tasks, roles or expected behaviours within the domestic sphere. As one participant said:

When we talk about gender, to me it is clear that we are talking about what the male and female in the house can do. In the household, that is in every family house, where the family live together, you find that there are certain types of tasks that the society expect from each other. So, every household and the family members that help the house can begin to divide these tasks, where you find that what is expected of the male can be different from the female (Bauchi 27).

One way in which this traditional notion of gender was practised within families, was in recognising the man as the main financial provider. In contrast, the woman was expected to focus on domestic issues such as cooking. This repeats the long-recognised public (paid work outside the home), private (unpaid domestic work) gender division of labour.³⁷

Lagos describes this:

To me, it is like the men have to bring money, while the women have to take care of the home like cooking. It is the men who are expected to bring the money to the woman, so that the woman can begin to take care of the house. When the man goes out to get the money, then the wife can stay at home to take care of the children. So, in a way, men are the people to provide for the family (Lagos 22).

For many men, they felt pressure to perform as the household 'head' and to be the main provider financially for family needs. For example, Delta, had to provide for family accommodation:

But it is our tradition in Nigeria, you know that all of us expect the wife and the children and family as living in the man's house (Delta 37).

In the case of Ondo, this meant he had to pay children's school fees:

And the schooling of the children, the man is responsible for paying their school fees. As a man he is definitely responsible for his children fees. So, when he is paying their school fees they can be able to attend school properly. The man has children and they need to go to school, so he is the one that is responsible to pay their school fees (Ondo 36).

Similarly, Anambra, indicates that this included responsibility for medical bills:

If my children are sick, I cater for my children when they are sick. If my children are sick, I use to carry them to hospital and the doctor will tell me and write down medicine for me and I go and buy for my children (Anambra 37).

Such responsibilities increased the men's burden and made them more vulnerable to stress and anxiety:

The things that resulted into my problem are triggered by these burdens. I am the only son of my parent. When you are the only son of the family, it means that responsibilities for everything falls onto you. In the Nigerian context, you know that means a lot of things that you are expected to do (Kogi 31).

So, I normally wake up early. When I wake up early, I will not go back to bed. Every day, I have to wake up early. That is what you have to do when you have all these responsibilities, because you need to wake up early to go to work. And when I go to my shop, I would not come back until after midnight. Even, if I am at shop and these symptoms come, I will still remain at work and this is stressing me up (Adamawa 30).

Several of the health practitioners concurred with these views:

I think we are beginning to see many examples of mental illness caused by stress. Because they present to hospital highly restless and when you try to find out from them about what is happening, you will see that is due to the stress from not knowing how to have money to meet family responsibilities (Health professional, Abuja 40-44).

However, for others the differentiation in how tasks within traditional households were performed by men and women were talked about interchangeably, with some Nigerian men, household expectations increasingly becoming more flexible:

Before you are expected to do one thing as you are a man, but nowadays that is changing. In this our society

most of the roles are changing. Nowadays it is like what a man can do, a woman can do too. So, everything is more flexible these days. Previously when you look at it, you can say it is one thing for the man to do for his family, and it is another thing for the woman to do. Things are changing and these roles are changing in the house as well (Kwara 42).

Suggested Influence of Gender Flexibility on Men's Health

Traditional gender role expectations for women and men remain a part of Nigerian society, but some societal/social changes are taking place. One of the most notable changes regards women's educational achievement. Data here supports this view, with some men indicating that women are engaging in educational studies previously recognised as the exclusive preserve of men:

These days, you see that education is changing things. This is because females are going into new education. Before you can say that the type of education that women study, is to help with her role in taking care of home. Especially, you see that they are encouraged to learn of cooking. So they go to learn cookery courses for example. But these days, some of them are learning about engineering or medicine, which was like what the men were studying (Ogun 55).

This development has facilitated an improved status for women based on their new found knowledge and skills. Consequently, there are increased employment opportunities, which have allowed women in contemporary Nigerian society to become more involved in paid work than was previously the case. As one of the study participants indicated:

It is when my wife completed the course, that she was doing she got a job as an engineer. Before everybody was thinking what is she going to do. But after finishing the course, it made it possible to have a job. That time the company was looking for someone who is qualified, and as she was qualified, it was possible to get the job. So, education is important, as it can help to get a job (Ondo 36).

As discussed earlier, traditional views of gender describe a model of household relations which embodies ideas about the role of the male provider. However, with these increased education and concomitant employment opportunities women are becoming increasingly

important for the family's financial well-being. As Benue comments:

We are happy in the family. When someone cannot do something and the other person can do them everybody will feel happy. I was very happy when my wife started to do small business to bring little money. It was a small business that she started because everybody see that it is very difficult for me. When it's difficult for a person and the other person can start business then it is very good. It is a small business, but she started going to the market to sell foodstuffs and with the money she was making we are trying to help everyone in the family (Benue, 30).

As Benue indicates, such sharing of the financial burden can often be a relief for these men when the stress on the male as primary financial provider impacts on their mental wellbeing and limits their mental health recovery.

Changes in traditional gender expectations of meeting financial needs in the African family system are clearly emerging. When some of the participants talked about the importance of embracing flexibility in gender-relations, in contrast to traditional gender practices, they often highlighted the link between flexible gender-relations and its positive influence on their recovery from schizophrenia.

Interviewer: What if you are unwell and need help?

Participant: When the man is not feeling well, and wants to go this doctor, he can. The man will be happy to go and get help as he knows that his wife will also be happy to provide for the children (Katina, 27).

It seems that a departure from the traditional male provider expectations within families can reduce family hardships, and alleviate pressures, when working out how best to provide for family needs becomes more of a shared responsibility.

Before it was me as the man of the house who provided for my wife and for my children who are living inside my house. But I can say for me, and for some families too, things are changing in our country and, because when all of these things were hard for me, it was my wife who is helping me and our children. It is when by wife started to help that you as the man will be happy to go to hospital and begin to consider that the family will be okay if you are away (Bauchi 27).

This study provides insights into the role that traditional views of gender appear to play in schizophrenia in Nigerian society. In addition, the data demonstrates a shift in gender-relations and shows how flexible gender-relations can work to help men in Nigeria recover from mental illness.

DISCUSSION

The study findings suggest that traditional views of gender involve stressful challenges for men with schizophrenia in Nigeria. The expectations for these men to be the primary financial provider for their family, and to act as the head of the household heightens their difficulties in managing their condition and acts as a barrier to recovery. In contrast, the study results suggest that households which adopt a more flexible approach to their gender-relations are more likely to engage in complementary roles, which emerged as a facilitating factor in men's recovery.

In essence, as the study results suggest, the departure from the traditional male provider expectations led to fewer financial family hardships. When providing for a family, needs becomes more of a family responsibility. This has bearing on the men's willingness to access mental healthcare services and uptake of treatment. This view was also reflected in the work of Odimegwu and Adedini with Igbo men in south-east Nigeria,³⁸ where participants expressed a willingness to influence their recovery through, for example, participation in health programmes. However, the opportunity to do so was influenced by other factors such as partners' ability to support the financial needs of the family.

Even though women's position in society is changing, a major tension associated with the practice of gender flexibility both in the global North and South is whether through these social changes, women have additional burdens in taking on many or all of the household tasks. This is not necessarily the case, as households which adopt flexible gender-relations, compared to those with traditional expectations, are more likely to engage in complementary roles among all household members. In the Nigerian context, a study by Ayenibiowo et al.²⁵ examining household gender practices, shows that cooking and cleaning of the house, which were previously seen as domestic tasks performed by women, are now perceived as

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appropriate for either male or female. Therefore, women were not just adding to their traditional domestic roles, rather the influence of flexible gender-relations was related more to how men and women mutually support each other.

Within the men's help-seeking and health service utilisation literature, Addis and Mahalik³⁹ suggest that men are influenced by traditional forms of masculinity to maintain role expectations. However, the adherence to traditional masculine role expectations, may also act as a barrier to men appropriately accessing and using health services. Subsequently, poor health-seeking behaviour may result in poor health care use among men, which limits their access to information and restricts opportunities for health promotion interaction.^{40,41} In contrast, the presence of flexibility in gender-relations, as the results of this current study suggest, was significant for women's involvement in meeting financial needs of the family, which, in turn, had a bearing on Nigeria men's willingness to utilise healthcare services, linked to their recovery from schizophrenia.

The results of this study suggest that social change is taking place in northern Nigeria, which is transforming traditional gender identities. Some of the social changes reported in this study reconstruct and renegotiate how household needs are met and who meets these needs. Consequently, flexibility in gender-relations has a broader societal impact including poverty reduction, especially in the African context, where there is an absence of Social Security programs such as those practiced in the United Kingdom and elsewhere across the world.

This study is reflective of what Meisenbach⁴² sees as a wider social movement in the United States, where flexibility in gender roles point to shifts from traditional views of the man as primarily a financial provider to one who shares this responsibility with his partner. Similarly, more locally, in a study among households in south-western Nigeria, Akanle et al.⁴³ observed that changes in gender-relations were occurring resulting in greater female involvement in meeting the financial needs of their family in modern day Nigeria. It is through such flexibility in gender roles that there is scope for household poverty reduction, which in turn, has significance for reductions in some of the

psychosocial pressures that were seen as instrumental in causing schizophrenia among the men.⁴⁴

As Unterhalter et al.⁴⁵ found, some of the contextual factors preventing girls from achieving desired levels of education in the African context are being addressed. This includes transformation in societal practices, especially traditional attitudes towards early marriages resulting in an increased opportunity for girls to enrol in public schools. Choice, of course, also plays a significant role. For instance, Nwosu explored the factors influencing the changing role of women in Nigerian society.⁴⁶ The findings suggest that the choice of courses of study has shifted, with enrolment figures in departments of higher educational institutions in contemporary Nigeria showing rising female participation in previously male dominated courses such as engineering. In another Nigerian study, Oluwatomipe et al.⁴⁷ revealed that the belief in *Purdah* - a religious practice in northern Nigeria where a woman's major household role is related to domestic sphere and therefore excludes women from education - is also changing reflecting an increasing support for female educational attainment.

A further implication of these social changes, is that increased opportunity for girls' inclusion in educational institutions in contemporary Nigeria, provides them with the skills required to participate in employment opportunities. Arguably, as more women have access to employment, in all sectors of the Nigerian economy, this increases the capacity of women to complement the financial needs of their families. The gap and level of gender disparity between men and women in terms of income generation also diminishes in such circumstances. Flexibility in gender-relations leads to increased opportunities for females, which contributes to the erosion of gender inequality. This recognition of social change affecting Nigerian women's participation in employment activities and its impact on poverty reduction was also stressed in Chuku's work among communities in southeastern Nigeria.⁴⁸ Detailing how traditional societal expectations associated with the role of man as the primary financial provider were changing, the author reported that flexibility of gender-relations aided Igbo women to play an important role in meeting the financial needs of the family. Admittedly, too, as a

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result of the trading opportunities, some of Igbo women were reported to assume household responsibilities as family breadwinner.

Globally too, gender equality and women's empowerment is an important theme with gender equality improving with flexibility in gender-relations. For example, Bussemakers et al.'s⁴⁹ recent study of women's educational attainment–employment connection in 74 developing and developed countries from 1995–2014, found that around the world policy efforts, including the 1995 Beijing Declaration on women's empowerment⁵⁰ and the Millennium Development Goals set by the United Nations in 2000,⁵¹ played a major role in the promotion of women's employment and empowerment.

As discussed, a number of social changes within northern Nigeria are influencing the shift from traditionally fixed gender roles to increasing commitment to flexibility in gender-relations. The flexible gender-relations that was linked to erosion of gender inequality, through increasing opportunities for female participation in meeting household financial needs, has a broader impact including poverty reduction. This has implications for Nigerian men's help-seeking and health service utilisation for mental health condition which impacted on their road to recovery.

LIMITATIONS OF THE STUDY

A limitation of the study is that all the participants were drawn from a single psychiatric hospital in northern Nigeria. In order, to generalise the results for larger groups, future studies should involve more participants at different sites. The study did not include men who identified themselves as homosexual, which is a limitation. However, it is important to recognise the context of disclosing such information in Nigeria is problematic due to the high risk of persecution. Another potential limitation relates to the effect of not having any family members among the study sample. Including family members or partners might provide different views. However, the considerable time commitment by the male outpatients who took part, alongside the health care professional data, has provided useful insights into how men were managing their recovery from mental health condition in northern Nigeria.

CONCLUSIONS

These findings present new evidence about how Nigerian society is changing regarding attitudes towards traditional male provider roles and previously accepted gendered division of labour. The presence of flexible gender-relations within the household signifies a transformation in men's and women's roles reflecting opportunities for emancipation of women in society that may also benefit recovery for men with schizophrenia.

The hegemonic gender construct of man as household head is predominantly related to expectations that men should provide financially for family sustenance in many traditional societies both in the global North and South. In contrast, when household members embrace a more flexible position with regard to gender, this has the potential of reducing the stress on the man and provides the space for them to address their mental illness thus facilitating their pathway to recovery.

These findings could offer those involved in the care of men recovering from schizophrenia with extended or alternative understandings about what could aid such recovery. Therefore, there is the need for gender awareness programmes for those involved in their care. Community-focused gender transformative programs are required to engage service users and their families in discussion relevant to facilitating change in traditional gender expectations around men and women's roles in society and to help promote more gender equitable relations between men and women that could benefit both.

Further research is needed within the wider African context, there is also a need to explore the role of gender for men as a factor in recovery from schizophrenia in the United Kingdom and elsewhere.

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