Volume: 3, Issue: 5
Page: 1 - 12
2022

ISSN: 2709-9911 (Online), ISSN: 2710-236X (Print)
International Journal of Medicine, Nursing & Health Sciences (IJMNHS) ®
(IJMNHS.COM)

She's Not a Witch It's Dementia

Author(s), OGUNDIPE, Rahmot A. (RN, RM, BNSc),
OHAERI, Beatrice (RN, Ph.D), OJO, Iyanuoluwa O. (RN, Ph.D),
And
BABARIMISA, Oluwatoyin (RN, M.Sc.)

Abstract:

As the global population ages, Alzheimer's disease (AD) and dementia are becoming worldwide health priorities. The aging population increases those at risk of dementia. The anxiety of having dementia is recounted in some African countries where dementia is opined to be as a result of evil spirits. The issue of older women with dementia is disheartening because they easily accused them of witchcraft. Elderly women are one of the most susceptible members of society in sub-Saharan Africa, and at risk of being blamed for witchcraft or being a witch. The link between witchcraft accusations on people with behaviours that are not understood by local communities is not a new occurrence. One disease, which affects a person's attitudes that may be misjudged, is dementia. So this study critically examined the concept of dementia, classifications of dementia, public perception about dementia, health seeking behaviour for women with dementia, and the role nurses could play in providing dementia education. The results of this review identified the need to progress beyond a focus on the prevalence, incidence and risk factors of dementia in sub-Saharan Africa. There is now an emergency need to explore the diagnosis, treatment and care of people with dementia in sub-Saharan Africa.

IJMNHS
Accepted 15 October 2022
Published 22 October 2022
DOI: 10.5281/zenodo.7240390

Keywords: Dementia, Memory, Witch, Women,

About Author

Author(s): OGUNDIPE, Rahmot A. (RN, RM, BNSc)
Department of Nursing,
University of Ibadan, Ibadan, Nigeria.

OHAERI, Beatrice (RN, Ph.D)
Department of Nursing,
University of Ibadan, Ibadan, Nigeria.

OJO, Iyanuoluwa O. (RN, Ph.D)
Department of Nursing,
University of Ibadan, Ibadan, Nigeria.
and

BABARIMISA, Oluwatoyin (RN, M.Sc.)
Department of Nursing,
University of Ibadan, Ibadan, Nigeria.

Introduction

Every person do pray to get old in good health to enjoy the proceeds of their labour however aging is linked with degenerative process leading to dementia, a condition attributed to deterioration in memory, thinking behaviour and the ability to do everyday tasks. Dementia can make most elderly women to be at risk of being besieged by those who have inadequate information about this psychiatric disorder in the elderly and see them as witches. As the global population ages, Alzheimer's disease (AD) and dementia are becoming worldwide health priorities due to their growing incidence and prevalence (Prince et al., 2013; World Health Organization (WHO), 2011).

The global population is aging and in sub Saharan Africa it has been estimated that those above the age of 60 will grow from 46 million people in 2015 to 157 million people by 2050 (Aboderin & Beard, 2018, Ojo, et al., 2022). Nigeria has the leading population of older adults (60+ years) when compared with other Sub-Saharan African countries (Zaney, 2018). In 2015, around 5.6 million Nigerians were aged 60 and above. Demographers project a rise to 18.8 million by 2050 (He et al., 2016). Until now, Nigeria's high fertility rate has concealed the growth in elderly persons. Consequently, issues disturbing older people, such as high risk of dementia with advancing age, have been largely ignored (Velkoff & Kowal, 2006).

The aging population increases those at risk of dementia. The anxiety of having dementia is recounted in some African countries where dementia is opined to be as a result of evil spirits (Ogunniyi et al., 2015) or seen as God's punishment or other mystical powers that can be healed only by traditional healers (Khonje et al., 2015). Incidence and prevalence of dementia are hinged on several factors like genetic, biomedical, environmental and physical.

The issue of older women with dementia is disheartening because of the low status of women in sub Saharan Africa regions, it is elderly women who are crushingly accused of witchcraft or being a witch (Samber, et al., 2004). In Nigeria, a lot of traditional spiritual beliefs and customs include witchcraft. A precise definition of witchcraft is uneasy, as the concepts and beliefs differ across sub Saharan cultures (Crampton, 2013). A comprehension of witchcraft would need to comprise the act of witchcraft "harmful acts carried out by persons assumed to have access to supernatural powers" (Crampton, 2013) and the influence of witchcraft on the misfortune and loss, which has been mete out on to the person (Simmons, 1980). However, witchcraft is a concept of innovativeness that attends to tensions in the society, and gives an explanation for events, which have no logical reasons like illnesses, sudden death, misfortune, bad luck, and harvest failure (Crampton, 2013).

Elderly women are one of the most susceptible members of society in sub-Saharan Africa, and at risk of being blamed for witchcraft or being a witch, or are alleged to have survived their usefulness (Bastian, 2012). Community allegations of witchcraft is linked with direct or indirect injury to others like road accidents, unemployment, infertility, and physical and mental health challenges (Witchcraft and Human Rights Information Network [WHRIN], 2013). An accusation of witchcraft or being a witch has many negative implications, as those who uphold these beliefs, also believe that it is tolerable to dehumanise a witch and act cruelly towards them (Mouton & Southerland, 2017).

Elderly women believed to be witches become socially and physically secluded, often left unattended to by family members. These women encounter abuse via the lack of social

amenities, including food and healthcare, which eventually cause poor health and death (Atata, 2018). The link between witchcraft accusations on people with behaviours that are not understood by local communities is not a new occurrence. One disease, which affects a person's attitudes that may be misjudged, is dementia. The risk of dementia increases with age (Corrada et al., 2010), and neuropsychiatric symptoms of dementia, such as depression, anxiety, and irritability, are significantly more common in women than in men living in one of two countries in Central Africa (Yoro-Zhoun et al., 2019). Therefore, there is a strong possibility in sub-Saharan Africa that older women with dementia are at a greater risk of abuse and harm due to accusation of witchcraft. This risk is elevated due to a lack of awareness of dementia, and the neuropsychiatric symptoms of dementia in rural communities (Benade, 2012; de Jager, et al. 2015).

Concept of Dementia

The concept of dementia is as ancient as civilisations. Dementia or brain degeneration was viewed as a normal ageing process at the commencement stage, however with research and technological advancement, the medical community realised that illnesses could lead to great deterioration. Dementia is a degenerative brain problem that leads to a variety of diseases and injuries that primarily or secondarily affect the brain, such as Alzheimer's disease or stroke and affects memory, thinking, orientation, understanding, calculation, learning capacity, language, and judgment. The loss in cognitive function is mostly accompanied, and irregularly preceded, by worsening emotional control and social behaviour (WHO, 2020).

WHO (2016) described dementia as a disturbance of several higher cortical functions viz memory, thinking, orientation, comprehension, calculation, learning capacity, language, and judgment, though consciousness is not clouded. The impairments of cognitive function are commonly accompanied with deterioration in emotional control, social behaviour, or motivation. The occurrence of dementia in sub-Saharan Africa ranges from 2.3% to 21.6% (WHO, 2020). Dementia, also known as loss of mind or brain failure, is a clinical condition regarded as impairment in cognitive abilities (remembering things, orientation, language use, judgment, problem-solving abilities, abstraction etc.) that is capable of disturbing activities of daily living in the conscious and alert state. It is a very common degenerative disease of the nervous system and a leading reason for death and disability. Among neurological disorders, it is ranked the second after stroke as a leading cause of disability-adjusted life years. Dementia is an age-associated disorder, and with the rising percentage of the aged, referred to as the "greying revolution", the number of cases is projected to rise in the coming decades.

Dementia is the alteration or impairment in thinking, orientation, comprehension, calculation, learning capacity, language, and judgment. Most patients present with signs like inability to remember the name of frequently used object, repeating drugs they have taken prior or entering the room several time to take an object and coming back with nothing. Difficulty in processing instructions, time and place confusion, suspecting people around and depression are also symptoms of dementia. People in the later stages of dementia can have bowel and bladder incontinence and also an inability to communicate.

Dementia risk seems to be common in females in our environment and this has been attributed to their longer life span because dementia is an age-related condition. Also, social isolation seems to increase the risk of dementia. Other vascular risk factors like obesity and

physical inactivity have been recounted in some scholarly articles to increase dementia risk especially in mid-life. Unexplained weight loss in elderly persons should give reason to suspect the onset of dementia.

Dementia is uneasy to identify in the early stages when it may be confused with age-related alterations in brain function. However, when inopportune errors occur and the symptoms progress, the diagnosis will not be in doubt. The warning signs of dementia include: memory loss that affects job skills, difficulty performing familiar tasks, problems with language or use of words, getting lost (disorientation to time and place), inability to take decisions or poor judgment, loss of initiative, challenges with reasoning (abstract thinking), misplacing things, mood changes or behavioural and personality alteration.

Classifications of Dementia

There are different types of dementia hinged on the part of the brain affected. Dementia is an umbrella term for specific progressive and life-limiting diseases of the brain. The three most common types of dementia are Alzheimer's disease, vascular dementia and Lewy Bodies dementia (Goodman et al., 2017).

The most common type is Alzheimer's, which primarily affects an area of the brain called the hippocampus which deals with memory. It accounts for up to 70 per cent of diagnosed dementia cases globally (Hashim, 2020). The features are loss of memory, (inability to remember resent event) language difficulties which are progressive as disease progresses and patient eventually becomes dependent on others for activities of daily living. Clinical investigation usually shoes abnormal deposition of insoluble 'plaques' of a fibrous protein called amyloid and twisted fibres called 'neurofibrillary tangles' in the brain.

Vascular dementia is the second most occurring type of dementia. It often emanate from compromised blood supply to the brain as a result of arterial disease, which leads to reduced neuronal function and the death of brain cells eventually. Risk factors of vascular dementia are hypertension, stroke, hyperlipidaemia, diabetes, smoking, diet and obesity. Diabetes causes an increased risk of dementia via the cerebral deposition of compounds derived from the hormone amylin and vascular disease. Slow thinking processes, depression, and anxiety are also signs of vascular dementia.

Alzheimer's disease is the most common type of dementia and is implictated for between 50 and 75% of the cases. Next in order of is vascular dementia that follows stroke (cerebrovascular diseases). The other types that have been reported from Nigeria are: Lewy Body dementia, fronto-temporal dementia (old name: Pick's disease), Parkinson's disease dementia, Huntington's disease dementia and Dementia with Depression. These cases are chronic (long term) and are largely untreatable. However, there are reversible cases of dementia especially the one resulting from several medical conditions such as: blood collection inside the skull in elderly (chronic subdural haematoma), brain tumors, excess alcohol intake, use of certain drugs in the elderly, metabolic disturbances, normal pressure hydrocephalus and chronic infections. Of the latter, one must always remember the human immunodeficiency virus (HIV) infection and the acquired immune deficiency syndrome (HIV/AIDS) with HIV-associated dementia. This is not common in the older persons but should be considered wherever HIV infection is very common.

Public Perception about Dementia

People living in the community did not identify or comprehend the term dementia, and therefore the disease could not be described (Mushi et al., 2014). Similarly, faith healers and traditional healers did not understand the word dementia, although few knew the symptoms (Hindley et al., 2016). Nurses working in a care home also attested to a lack of understanding of dementia before to commencing their current role, however caring for people with dementia aided the development of their knowledge (Mkhonto & Hanssen, 2018).

Beliefs of dementia and the causes of dementia could be inconsistent and held simultaneously. Khonje et al. (2015) found participant's (n=100) believed dementia was linked to witchcraft (28%), punishment from ancestors (18%) or God (14%), although 87% accurately understood dementia to be a disease of the brain. Faith healers and traditional healers believed witchcraft, possession by devils, ancestral problems and punishment by god, causes dementia but also: aging, other diseases and stress do cause it too (Hindley et al., 2016).

Witchcraft was linked with people who displayed strange and abnormal behaviours according to community norms (Mkhonto & Hanseen, 2018). Informal family caregivers living in urban (68.4%) and rural (26.9%) areas recounted accusations of witchcraft against their relative, due to these accusations families encountered physical, psychological and financial abuse (Kehoua et al. 2019). When a person who had been accused of witchcraft is been diagnosed with dementia, they are seen as been dangerous, violent and should be avoided (Khonje et al., 2015). Beliefs of witchcraft also make people to fear people with dementia and fear for their property (Mkhonto & Hanseen, 2018).

The constant anxiety of not deserting a person with dementia alone needed to be prioritized balanced with keeping them safe and the need for the family caregiver to complete other activities outside of caring. The balance of keeping the person with dementia safe, while the family caregiver was not at home led to the person with dementia occasionally being inaccessible to the family home (Muschi et al., 2014).

In Nigeria, there is no word for dementia in its approximately 520 local spoken languages. This has led to confusions about dementia and the stigma of living with one. For example, words such as "madness," "witchcraft," and "unintelligent" are often used to define dementia symptoms (Adebiyi et al., 2016). Some may also say that dementia symptoms are a mode of punishment for actions performed earlier in life, are due to witchcraft or sorcery, or a part of normal aging (Khonje et al., 2015; Nwakasi et al., 2019). Uwakwe (2000) conducted a study in Anambra state, Nigeria, on the link between dementia patients' withdrawal from formal treatment and the impact of religious ministers on specialized dementia care seeking. He reported that all 10 religious leaders interviewed believed dementia is caused by evil spirits and nine did not believe orthodox medical practice was useful for those living with dementia. As such, people living with dementia may be blamed and stigmatized for their condition, resulting in lack of caregiver empathy and poorer care, and fears of caregivers being stigmatized themselves (Nwakasi, 2019).

Health Seeking Behaviour for Women with Dementia

Health seeking behaviours intertwine with participant's beliefs of dementia; 54% sought assistance from modern healthcare providers, 32% from faith healers, and 15% from

traditional healers (Mushi et al., 2014). Help from traditional and faith healers were more likely to be sought if their beliefs of the cause of dementia included witchcraft or punishment from God (Khonje et al., 2015). Traditional healers offered treatment with unknown herbs, whilst faith healers offered prayers and medication, and those who believed dementia was related to witchcraft reported an improvement in their symptoms, but not a cure (Hindley et al., 2018).

Health seeking behaviour was also pluralistic, 73% of people with dementia reported seeking help from more than one source, although modern care and faith healers were reported as being the most effective (Muschi et al., 2014). The pluralistic nature of healthcare was mentioned, as faith healers and some participants were concerned traditional healers would not support collaboration with modern care (Hindley et al., 2016). Traditional healers reported they would not send people with dementia to modern care because the cause of dementia was witchcraft and 'doctors cannot manage witchcraft'; this belief was congruent for some people with dementia and their family members (Hindley et al., 2016).

Need for Dementia Education: The Role of Nurses

Poor knowledge and misconceptions of dementia were identified in this review, and these were found amongst people with dementia, their families, nurses, faith and traditional healers. Contemporary research supports this finding, as participants from Africa and Asia had significantly less knowledge of cognitive decline and dementia compared to those from Europe, US and Canada, even when education levels were accounted for (van Patten & Tremont, 2018). Therefore, there is a need for education and training of nurses and other healthcare professionals to support diagnosis, treatment and care, alongside public awareness of dementia as a biological disease.

Health awareness and education of dementia needs to begin with the introduction of the term dementia, as there is no equivalent term in many of the local languages in subSaharan Africa (Muschi et al. 2014; Hindley et al. 2016). The introduction of the term of dementia and the symptoms of dementia from a modern healthcare perspective can begin to pinpoint the beliefs of dementia as a condition that is 'beyond human control' (Guerchat et al., 2017). Challenging cultural beliefs of dementia may occur to aid the understanding of dementia as a medical condition, which to be diagnosed, treated, and the implementation of long-term support from healthcare professionals.

The health education and promotion delivery in sub-Saharan Africa to channel public enlightenment and education of dementia is possible via previously applied frameworks. Currently health education has focused on providing knowledge to prevent diseases, such as cardiovascular disease, hypertension and diabetes (Abanilla et al., 2011; Cappuccio, et al., 2006). These health education interventions were positive because of their approach of engaging with local communities, Abanilla et al. (2011) implemented a cardiovascular disease prevention programme within faith-based organisations, while Cappuccio et al. (2006) obtained the endorsement of local chiefs and community leaders to support a programme to reduce salt intake. When considering how to improve public awareness and understanding of dementia, engagement with faith and traditional healers as well as local chiefs and community and Imam/church leaders is needed to support the awareness of dementia as a

biological disease, in communities' like sub-Saharan Africa, and commenced the process of disconnecting the symptoms of dementia with witchcraft.

An integrated approach depends on the education of traditional healthcare providers, with the emphasy on when it is appropriate and vital to refer patients to biomedical services (Audet et al., 2017). The education needs of traditional and biomedical healthcare providers as regards dementia are needed to address to aid an integrated pluralistic healthcare approach to support people with dementia and their families. An integrated pluralistic healthcare approach in dementia is especially vital including supporting the biomedical aspect of dementia and the psychosocial impact on the person with dementia and their relatives.

Abdulmalik et al. (2019) argued that the anticipateded budget line for mental health in the nation's annual national health budget has been consistently abysmal (<3.5%). This may explain the scarcity of mental health workers (e.g., nurses, social workers, psychologists, doctors, occupational therapists, psychiatrists), which is 0.9 per 100,000 Nigerians, and poor mental health financing (mostly out of pocket; see World Health Organization, 2014). Another explanation is likely the widely held perception that mental health disorders are caused by supernatural factors (e.g., evil spirits) or God's will/punishment (Labinjo et al., 2020). With these health system challenges, it is unsurprising that long-term care, especially dementia care, in Nigeria depends mainly on informal caregivers.

In addition, in Nigeria, although caring for a person living with dementia who may be exhibiting associated symptoms (e.g., inappropriate language, aggression) can be difficult, caregivers rarely seek external or professional help. This is likely due to problems with health care access and the unacceptance of formal long-term care mentioned earlier (Okoye, 2012), as well as the stigma associated with dementia (Adebiyi et al., 2016; Brooke & Ojo, 2019; Nwakasi et al., 2019; Spittel et al., 2019). As a result, care for people living with dementia in Nigeria is assumed to be substantially worse compared with developed countries (Ogunniyi et al., 2005). To further complicate matters, many adult children on whom families trust for care are also undergoing economic hardships such as unemployment (Akinyemi, 2014; Okoye, 2014), which can compound the stress of providing care.

Conclusion

The results of this review identify the need to progress beyond a focus on the prevalence, incidence and risk factors of dementia in sub-Saharan Africa. There is now an emergency need to explore the diagnosis, treatment and care of people with dementia in sub-Saharan Africa. This comprises the need for community aid via low-resource interventions such as CST, a pluralistic approach to providing healthcare and public education, all of which need to challenge cultural beliefs of dementia as witchcraft to aid the reduction in stigma and an increase in support for people living with dementia and their families.

Nigeria needs policies to help dementia awareness and to help guide the dignities and well-being of older Nigerians living with dementia and their caregivers. Increasing dementia education through channels such as advocacy programs aired over the radio, and dementia awareness in addition to religious organisations may help reduce the impact of dementia stigma in the country. Furthermore, there is need for policies that focus on supporting

dementia caregivers (i.e., the women) as their quality of life and that of persons with dementia may depend on such interventions.

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Cite this article:

Author(s), OGUNDIPE, Rahmot A. (RN, RM, BNSc), OHAERI, Beatrice (RN, Ph.D), OJO, Iyanuoluwa O. (RN, Ph.D), BABARIMISA, Oluwatoyin (RN, M.Sc.), (2022). "She's Not a Witch It's Dementia ", **Name of the Journal**: International Journal of Medicine, Nursing & Health Sciences, (IJMNHS.COM), P, 1 –12. DOI: www.doi.org/10.5281/zenodo.7240390 , Issue: 5, Vol.: 3, Article: 3, Month: October, Year: 2022. Retrieved from https://www.ijmnhs.com/all-issues/

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