Asian Journal of Research in Social Sciences and Humanities
ISSN: 2249-7315 Vol. 12, Issue 04, April 2022 SJIF 2022 = 8.625
A peer reviewed journal

THE FOUR-TIERED HEALTH SYSTEM AND HELP-SEEKING BEHAVIOUR OF YOUNG PEOPLE IN MUDZI DISTRICT, ZIMBABWE

Innocent Chizhande*

*Adventist University of Africa,
Kenya, Harare, ZIMBABWE
Email id: chizhandei@aua.ac.ke

DOI: 10.5958/2249-7315.2022.00142.3

ABSTRACT

Health service provision proved to be the responsibility of three providers—medical, traditional healers, and the church. The state of mental health in Zimbabwe is dire, with one in four mentally ill. The service provision from the medical side is in a sorry state with only nine mental hospitals with only two having psychiatrists. It was prudent to understand the help-seeking behaviour of young people concerning the various service providers. Young people cannot not seek help. The matter comes as to where they get the assistance. The church has a critical role in improving and maintaining the mental well-being of its young people. The church has instead remained divorced from the mental well-being of young people and concentrated on spirituality alone. Mudzi District proved to have a four-tiered health system instead of three—the social, medical, traditional, and spiritual.

KEYWORDS: *Health, Four-Tiered, Three-Tiered, System, Help-Seeking, Behaviour.*

1. INTRODUCTION

Health delivery in any country has a critical role in the wholistic wellness of the populace. The health system needs to be the best possible and should seek to provide service to all the community members without challenges. Zimbabwe as a nation has ten provinces, and Mudzi District belongs to Mashonaland Province with nine districts (European Country of Origin Information Network, 2017). According to the Zimbabwe National Statistics Agency (2012), Mudzi District had a population of 133,252 as of 2012. In a country with a mortality rate of 64 deaths per 1000 live births, Mashonaland Province had the highest crude death rate at 11.6 in the country.With such statistics, it is unfortunate that the District had a paltry twenty-eight Health Centers, including Kotwa District Hospital at Kotwa Growth Point, according to the United Nations Office for the Coordination of Humanitarian Aid (2008).

The mental health status of Zimbabweans has been severely affected by decades of economic meltdown (Kadirire, 2016). With a national population of almost 14 million, 3,5 million Zimbabweans have suffered some mental health condition.The national mental health statistics reported by Tazviinga (2019) suggested that"one in every four Zimbabweans has suffered from a mental health condition, yet in most cases, there is little or no acknowledgementof how to deal with the conditions."Chibanda (2019) supported this state of things at a Davos presentation. He said that one in four Zimbabweans suffers a common mental disorder. Unfortunately, only nine mental health institutions are available in the country, with only two of them having a psychiatrist.

The status quo in the country in terms of medical health service provision is so dire. In another study, Dr Machinga (2011) suggests that Zimbabweans make use of a "three-tiered health system…the traditional healers, the prophets from "Churches of the Spirit,"and western-style hospitals and clinics for health and healing."As far as mental health is concerned, Kidia et al.

(2017) discovered that most Zimbabweans believe mental illness had “a spiritual cause” and were not necessarily a medical problem.If the community believes in using other service providers and not just the medical ones, service providers are more than just the medical ones. If help seeking statistics only come from the medical service provider, the figures will not be correct and reliable.

Though the Mudzi community regarded the Adventist Church as a health service provider, as a church, the church had remained indifferent, ill-equipped, and nonchalant about that role in the society. If the church stands aloof, it loses significant ministry opportunities, thus failing to fulfil its mission mandate. The community and some church members haveinstead sought other sources of help in place of the church.

A. Research Questions

This study gathered the shared and lived experiences of young people, and it sought to answer the following questions:

1) What are the health service providers in Mudzi District?
2) How does other service providers' domineering and segregating position affect help-seeking and service provision?

B. Significance of the Study

The study added to the body of knowledge on the issue of health service providers in Mudzi District and how they have contributed to the populace's well-being. It also contributed by bringing a new understanding of other service providers' roles, thereby improving help-seeking. The following benefit from the study:

1) ***The Church***—the church will get to understand better what is expected of it by the community in terms of mental health service provision and help it position itself as a key player as expected by the community.
2) ***The Medical Professionals***—the medical fraternity will improve its way of operations by acknowledging the role of and empowering the other health service providers to serve in conjunction with it for the clients' well-being.
3) ***The Service Providers***—by educating them that they each have capabilities and limitations lest they cause harm to clients.

2. LITERATURE REVIEW

Mudzi District hada significant youth presence with 41% young people below 15 years of age, while only 4% of the population is over 65 years old, according to Zimstats (2012). The state of things in the country, including the health service provision, has a bearing on the mental health andhealth-seeking behaviour of young people in Mudzi. This section presents the mental health status quo in Zimbabwe and Mudzi District, particularly the three-tiered health system and mental health education, awareness, and literacy.

The Status Quo

The economic meltdown of 2004 to date has impacted the wholistic well-being of young people. Even health workers find themselves with too much work for their salary and strenuous working hours per day. The church, too, has a torrid task with 25% of its membership with a diagnosable common mental disorder needing attention. How will spirituality be preserved in such a sorry state?"The suicide rate for males is 10.6 per 100,000 population and for females is 5.2 per 100,000 population. In Zimbabwe, neuropsychiatric disorders are estimated to contribute to 3.1% of the global disease burden" (World Health Organization, 2011).Since there has not been any improvement in the economic state of things, the statistics might have worsened.

Mental health service is free in Zimbabwe. The World Health Organization (2017) reported that the government budget per Zimbabwean stood at USD 0.07.Kidia et al. state that some of the key drivers "of depression, anxiety disorders, post-traumatic stress disorders, and suicide" are trauma, political violence, and financial stress.Unfortunately, clinicians find themselves overwhelmed and unable to handle the situation due to "apaucity of training and available treatments" (Kidia et al.…).The state of things needs significant intervention to make things better for both clinicians and the patients.

The Three-Tiered Health System

Health service provision in Zimbabwe has remained the duty of "multi-sectors" (Machinga, 2011).The church, traditional healers, clinics, and hospitals have dominated the space and served the populace. Church leaders have been engaged by the members and community members for mental health services mostly because many believe mental illness is spiritual more than it is medical. Traditional healers have come in handy for some who need such help due to their belief systems. Others believe it is bad luck or misfortune.

Machinga (2011) discovered that "visiting the traditional healers for treatment is common in the traditional Shona culture. Families visit the traditional healers searching for a holistic and complete cure."Jaju (2009) posited that traditional healers should refer clients "who do not fall into their 'therapeutic framework.'"Unfortunately, traditional healers may feel otherwise. Some clients believe in the traditional healers or prophets only and may rather get worse while being assisted than try other service providers.

Some clinicians believe in the critical role that traditional healers have in health service provision. They may not officially refer clients to traditional healers, but they may infer a referral. According to Machinga (2011), "some hospital clinicians also do not see a conflict between science and traditional practices; therefore, they suggest that patients visit traditional healers if they so wish." Traditional and faith healers need training in mental health work in order for them to understand their limitations. That is the only way they can actively serve in the medical health system. Despising them will not change people's views, especially those that have received much assistance from them.

Education, Awareness, and Literacy

The *Zimbabwe National Strategy for Mental Health Services* outlines the government's plans for accomplishing a mentally healthy nation. Yearly commemorations to change behaviours and focus on mental health, like World No Tobacco Day, World Mental Health Day, and Day against Drug and Alcohol Abuse (Department of Mental Health Services, 2014).The involvement and inclusion of some community leaders and influencers would go a long way in impacting the communities for life change. Such influencers include people like traditional leaders, youth leaders, and faith healers.

2.1 Young People and Mental Health

Young people are the nation's future, but they are more than that. These young people have a crucial role to play today too. They are the present. We need not care about their future well-being but their here and now. The nations' planning, policy-making, and activities need to consider that they are contributors today.

Their World

The phrase "storm and stress" has been used to describe what young people go through in adolescence. Another phrase used is 'all gas but no brakes', which "is arguably one of developmental psychology's most vivid metaphors" (Payne, 2012). The young one of young

people between 18 and 35 years are still in the period of experimentation, risky behaviour, and substance abuse while at the same time making crucial life decisions related to career and lifetime partner, marriage. This period calls for a sober mind to make decisions for the common good. Though fantasy may be part of their experience, they face reality as they step into adult life. Wholistic health for stable mental well-being is crucial to help them celebrate life in its fullness.

Common Mental Disorders

Young people in Mudzi and the rest of Zimbabwe have endured a brand of mental strain due to the protracted economic crisis. Though the rubble of stress and depression has buried some, othersrose anddusted themselves, forging ahead with life and facing their challenges. Depression, low self-esteem, suicidal ideation, stress, tense family relationships, alcohol use, and drug abuse have affected many young people (Rajan and Ngullie, 2017).In the Zimbabwe setting, in the Shona language, psychological terms like "'kusuwisa' (deep sadness)" (Chibanda, 2019), "'kufungisisa' (thinking too much) and 'moyo unorwadza' (burdened heart) were regarded by participants as far more prevalent than classic symptoms seen in high-income countries, such as depression, anxiety, or sadness" (Kidia et al., …).

3. THEOLOGICAL FOUNDATIONS FOR CHURCH MINISTRY

The church has a critical role in the well-being of the populace, its members and non-members. If the church is divorced from the community's daily life, like salt, it loses its savour. The Bible is rich with guidance on handling life issues, including mental health matters. Instead of shying away, the church should stand in the gap for the mentally sick. What does the Bible tell the church about mental illness? Is there a relationship between sin and mental illness?

Mental Illness in the Bible

3 John 2 wrote about the critical role of health to the soul's well-being when he said, "dear friend, I pray that you may enjoy good health and that all may go well with you, even as your soul is getting along well" 3 John 1:2. A believer's soul cannot prosper in an unhealthy body or when the mind is unwell. The study of the Bible may not help the student discover ways and means to identify mental disorders, but the Book narrates how some of God's people suffer and thereby experience psychological stress. Elijah is a perfect example of a mental case at the winding down of his ministry—he pleaded for death after being threatened by the woman Jezebel (1 Kings 19:4).

Poverty (Deut 24:19-22; 15:7; Zech 7:10) is more than the lack of food, clothing, or shelter; it often leads one to be mentally strained and destitute, socially outcast, and an emotional abysmal. Jonah's mental distress emanated from his bitterness towards God's sympathy for Nineveh's genuine repentance. What a psychological red flag! Job's eventful life story left him destitute like no other. The depth of his psychological distress exposes when he longed for death or never was born (10:18,19).

Nehemiah felt the impact of stress on the people who were left and were

"in great affliction and reproach: the wall of Jerusalem also is broken down, and the gates thereof are burned with fire" (1:3). King Artaxerxes noticed that Nehemiah's countenance was fallen, sad, and unusual. In his comment, the king mentioned that Nehemiah was not sick and what he was experiencing was "sorrow of the heart" (Neh 2:1-3), heartache, if not depression. This account testifies that the sorrows and afflictions of others may have a toll on those observing or witnessing them.

The book of Daniel outlines how king Belshazzar's countenance was negatively changed as his joints loosed and his knees bumped one to another. All these are physiological signs of mental disturbance, turbulence, and instability. As he sought a solution from the wise men and could not

find one, king Belshazzar was “greatly troubled, and his countenance was changed in him, and his lords were astonished” (Dan 5:6-10). Mysteries of life without solutions lead to psychological stress. Feelings of lack of charge over life situations leave us in psychological deeps.

Sin and Mental Illness

The body, as the hardware, and the mind—the software, are united and interrelate, functioning with empathy for each other. White (1905) postulates that a sick mind often leads to sickly bodies. The obvious results of sin are guilt, sadness, anxiety, and grief.Mental depressors tend to lead to indigestion and affect blood circulation and proper liver function (White, 1977).Sin leads to death and decay (White, 1905).White (1898) declares that “the sinner's thoughts are his accusers; and there can be no torture keener than the stings of a guilty conscience, which give him no rest day nor night."Sin does more than separate from God—it can detach one from family and friends andproper daily functioning. The mental well-being of an individual is surely a victim of sin.

Whatever sin touches, it destroys—the mind, body, and soul. The mind can revitalise the body and soul for wholistic health. Since sin makes God turn away from the sinner, Jesus experienced the anguish of the soul because of the burden of sin upon Him (White, 1977).

4. METHODOLOGY

Research Design

According to Akhtar (2016), research design plays a crucial role in binding together all the elements of the research project. The research design provides effectiveness to the researcher. It serves to make the research more professional and properly organised. Qualitative research was useful in this study as they were “exploratory” and explained the phenomenon in the study.

Population

Population identification was critical for this study since "lack of clarity in the population definition may lead to misunderstanding and dissatisfaction among survey participants," according to Murphy (2016). Mudzi district served as the general population while Masarakufa was the target population and the ten young people were the accessible population as categorised by Asiamah et al. (2017).

Purposive Sampling

Since it is not easy to get information from participants, purposive sampling suggested by Umar and Magudu (2015) proved most appropriate. This sampling method would be best to make the purpose of the research help "convince respondents" and choose “only those who [had] relevant view on the issue at hand.”

Data Collection and Analysis

Data collection ensured the study findings and conclusionswere factual and accurate. Interviews were most appropriate for this study as they served as one of the data collection instruments in a qualitative study.Two young people, 18 to 35 years old of both genders, pretested the data collection instrument. The young people also filled out the consent forms to ensure they were understandable and clear for usefulness. Data collection took place from five young people (Creswell, 2009) recording with an iPhone. Data transcription followed and which produced four to five pages of data. Coding followed, which elicited two themes from the interviews.

5. RESULTS

The themes from this study were two: a four-tiered mental health system and youth help-seeking behaviour.

Four-Tiered Mental Health System

The Mudzi District health system proved to be diverse, with four service providers. The most popular providers are faith healers— "pastors…white garment apostolic sects," traditional healers, conventional medical centres (Medical Professional 1), and the community social support—the family and the community (Youth 3, 4, 5). The nuclear family has been the first point of help before any other, according to Medical professional 1. This they seem to do because "the service providers are not local and readily available," says Youth 2. According to Youth 5, some "potential helpers do not show love, some are too aggressive and scare us away." Love is characteristic of helping young people get from their family members.

In Zimbabwean, families are not demarcated by nuclear or extended. "Close relatives" come in handy to help in ailment situations, according to Medical Professional 1. These can be people they "trust" (Youth 2), have lived closely with or relatives by totem and not by blood that know some herbs, shrubs, or roots that may be useful for the ailment.

Though few of the young people proclaimed ignorance on the availability of traditional healers in their community, and Medical Professional 1 said "they are very less influential," about half of the study participants admitted they are active and are consulted by many. Medical Professional 2 highlighted that some patients "may go via a prophet or traditional healer, but they do not say it." This route the Medical Professional discovered when prophets chose to follow up on their clients. Though their operations seem hidden and unpronounced, prophets and especially traditional healers serve many that visit them often in the middle of the night in fear of retribution from the fellow community, family, or some church members that do not believe in them.

Prophets, especially the traditional apostolic churches' white-garment ones, are becoming more popular. Unlike pastors that receive training, prophets receive no formal training in college (said Medical Professional 2), but they are good at referring and following up with their clients at clinics. Youth 4 suggested that the "church should be a key player in attending to mental health cases since many people prefer and belong to it."

Pastors "help us have a good relationship with God, other men, and ourselves," and prophets "also work to restrain us from evil ways that will lead to mental ill-health. They are invaluable in our society," says Youth 1. The church should help maintain and restore young people's mental health. It is ideal that the church is active and at the forefront of intervening and assisting those in a mental health crisis.

Conventional medical centres, with their origin from the west, are available in most parts of the country and are the major health service providers in Mudzi District, says the Prophet. So many have full faith in the rural health centres that serve them, yet others visit them only after a referral from their Pastor, prophet, or traditional healer, according to Medical Professional 2. The Prophet believes clinics "support our work … where we will have failed especially on illnesses, not from God."

Young people in Mudzi do not only depend on one service provider for their health needs. The four-tiered health system—families, faith healers, traditional healers, and clinics/hospitals—plays a critical role in achieving wholistic health for young people. In brief, each domain of development has its service provider of choice depending on the belief system of the young person concerned.

Youth Help-Seeking Behaviour

According to this study, an understanding of youth help-seeking behaviour proved that young people could not seek help. The participants agreed that young people always want to seek help, but not always do they find it. Youth 2 added that they "talk to someone I trust—but the other

potential service providers are not locally and readily available."

Sources of help that young people consider helpful in crisis moments go beyond what the mainstream media and other researchers consider. Youth 1 believed that there are three sources of help in times of mental health crisis— "pastors, traditional healers, and prophets." Medical Professional 2 believed that the data they compile and send for the compilation of national statistics is rarely accurate "if not including the other two service providers—faith and traditional healers."

Weirdly, the church seems to be failing to impact the lives of young people in their churches as young people raise failure alarm. Youth 5 said, "I do not know any service provider for my mental health problems." According to Medical Professional 1, "young people get help from their close relatives first" before seeking help elsewhere. Youth 2 said, "one youth committed suicide on the day he had mentioned it at church, and no one intervened to get him assisted. Several people heard his suicide threat but did nothing. They only testified after the person was dead already."

However, young people are almost always ready to seek help in a mental health crisis. Unfortunately, many deterring factors make it practically impossible for them to will and seek appropriate help. According to Youth 3, "the disobedient, once warned, cannot approach others for help" for fear of rebuke. Youths 4 and 2 believed there are no service providers, and they do not know where to get help when in need. "Lack of knowledge" of where to get help was cited by Medical Professional 1 as a key factor. Youth 5 said some "other potential helpers do not show love;" they "are too aggressive and scare us away."

In a nutshell, young people are ashamed (Youth 4), are affected negatively by peer pressure, are referred to the district hospital that is too far from them (Medical Professional 1), and end up visiting the nearest available helpers like traditional or faith healers (Medical Professional 2). While some leaders have a problem publicising what young people will have shared with them, other adults are unapproachable, and a majority are "not equipped enough to tackle these matters" (Youth 3). Though many young people believe mental illness results from being bewitched, the inadequacy of mental health facilities coupled with only one mental health nurse in the District makes it difficult for young people to access help, according to Medical Professional 1.

There is a critical need for a strategy to help improve young people's help-seeking behaviour and turn it into acquisition. Youth 2 suggested that the mental health service providers educate young people on mental health to dispel notions, beliefs, and superstitions around mental illnesses like that it is a result of being bewitched, as Medical Professional 2 highlighted. Youth 2 suggested that each village have counsellors "at least two women and two men per village depending on the size of the village." Youth 3 supported saying mental health service providers should be found at the village level because "we cannot travel to another village worse still to meet someone we do not even know at all—it is hard to develop trust to share my secrets."

The church is "a critical player" that is supposed to serve a critical purpose of preserving mental health and healing to mentally ill young people, according to Youth 4. Instead of leaving young people suffering within and outside, the church should "be a safe place for life preservation and not death. Training is to be done for pastors, faith leaders, and church members so that they do not take issues lightly," Youth 2 emphasised.

6. CONCLUSION

A four-tiered health system provides the community's physical and mental health care. The provision of mental health care should not be institutionalised but constituted in communities where the people are. Mental health training must occur in communities—in the general community members, church, traditional healers, and hospitals. If only the trained remained in

charge, with the apparent discrepancies, the mental health crisis would continue unabated leading to more victims and casualties.

It is not the role of any service provider to determine which service providers are the best. The clients determine and choose those they believe will be or have been helpful to them. It is difficult to denigrate or demean a service provider. A service provider that feels superior should prove themselves so by impacting and changing clients' lives.

Young people are always ready to seek help for their mental health needs from any four service providers. Interestingly, many of them believe mental illness results from being bewitched. Therefore, they often seek spiritual help for such. Unfortunately, the church is failing young people by being divorced and uninvolved. The church can satisfactorily achieve its ministry to the community youth by embracing mental health as a critical ministry or outreach tool like it does health expos.

REFERENCES

Chibanda, D. (2019). How Zimbabwe's grandmothers are turning the tide on mental health. World Economic Forum Annual Meeting;

Department of Mental Health Services. (2014). Zimbabwe National Strategic Plan for Mental Health Services 2014-2018. Ministry of Health and Child Care;

European Country of Origin Information Network. (2017). Zimbabwe District Map;

Jaju, S. (2009). Holistic Approach for Global Mental Health.The Indian Journal of Medical Research 129 (3);

Kadirire, H. (2016). 4 million Zimbabweans mentally ill.Harare: Daily News;

Kidia K., et al. (2017). Mental Health in Zimbabwe: Health Systems Analysis.Lancet Psychiatry 4, no. 11.

Machinga, M. (2011). Religion, Health, and Healing in the Traditional Shona Culture of Zimbabwe. Practical Matters, volume no. 4;

Payne, M. A. (2012). All Gas and No Brakes!: Helpful Metaphor or Harmful Stereotype? Journal of Adolescent Research 27(1);

Rajan, S. K., and Ngullie,T. (2017). Psychosocial Problems, Help-Seeking Behaviour and Resilience among Students in schools with no Psychologist. Guru Journal of Behavioral and Social Sciences Volume 5 Issue 1;

Tazviinga, L. (2019). Mental health: Dealing with the stigma.Harare: News Day.

United Nations Office for the Coordination of Humanitarian Aid.(2008). Mudzi District;

White, Ellen Gould. (1898). Desire of Ages. Mountain View, CA: Pacific Press Publishing Association.

White, Ellen Gould. (1905). the Ministry of Healing. Mountain View, CA: Pacific Press Publishing Association.

White, Ellen Gould. (1977). Mind, Character, and Personality Volume 2. Nashville, TN: Southern Publishing Association.

World Health Organization. (2011). Zimbabwe. Mental Health Atlas. Department of Mental Health and Substance Abuse.

World Health Organization. (2017). Zimbabwe. Mental Health Atlas. Member State Profile. Department of Mental Health and Substance Abuse.

Zimbabwe National Statistics Agency. (2012). Zimbabwe Census: National Report. Harare: Population Census Office.

Zimstats. (2012). National Report, Zimbabwe Census.