BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SOCIAL SCIENCES AND HUMANITIES

DEPARTMENT OF SOCIAL WORK

RELIGIOUS ATTITUDES AND BARRIERS TOWARDS PEOPLE WITH MENTAL HEALTH PROBLEMS. A PERSPECTIVES OF CAREGIVERS IN SHAMVA WARD 20.

BY

CLARA JONGA

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CLARA JONAS 22 August 2025

Student Signature *Date*

22 August 2025

Supervisor Signature *Date*

28/08/25

Chairperson Signature *Date*

BINDURA UNIVERSITY OF SCIENCE EDUCATION
FACULTY OF SOCIAL SCIENCES & HUMANITIES
DEPARTMENT OF SOCIAL WORK
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PRIVATE BAG 1020, BINDURA, ZIMBABWE

APPROVAL FORM

I certify that I supervised Clara Jonga in carrying out this research titled: Religious attitudes and barriers towards people with mental health problems. A perspective of caregiver of people with mental illness in shamva ward 20. in partial fulfilment of the requirements of the Bachelor of Science, Honours Degree in Social Work and recommend that it proceeds for examination.

Supervisor

Name …… Signature…… Date……

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The departmental board of examiners is satisfied that this dissertation report meets the examination requirements and therefore I recommend to Bindura University of Science Education to accept this research project by Jonga Clara titled: Religious attitudes and barriers towards people with mental illness. A perspectives of caregivers of people with mental illness in shamva ward 20 partial fulfilment of the Bachelor of Science, Honors Degree in Social work.

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DEDICATION

I would like to dedicate this dissertation to my late grandmother Clara Jonga Snr.

ABSTRACT

This study explored religious attitudes and the barriers they create for individuals with mental health problems, using a qualitative approach to examine the intersection of faith-based beliefs and mental health stigma. A phenomenological design was employed, involving 13 participants, including religious leaders, mental health practitioners, and caregivers of individuals with lived experience of mental illness. Data was collected through key informant interviews and focus group discussions. Findings indicate many caregivers attributed mental illness to spiritual causes such as witchcraft, ancestral displeasure, spirit possession, or divine punishment, biomedical causes such as genetic, and substance induced causes. These views are often influenced by traditional African religion, Pentecostalism, Islam and other Christian movements in the region. The results highlight that these different beliefs about the causes of mental illness have various effects such stigmatization and discrimination, social exclusion, unemployment and poverty among others. The study had three key objectives which were to identify causes of mental illness as perceived by caregivers, effects of religious beliefs towards those with mental illness and to suggest possible measures that can be put in place to address negative attitudes and Barrier rooted in religious beliefs towards individual with mental illness in shamva ward 20. The study drew upon to examine how individuals with mental illness are perceived and treated within religious and social settings. This theory explains how people's existing beliefs and attitudes influence their acceptance or rejection of new ideas. In this context, religious communities often interpret mental illness through pre-existing spiritual or moral frameworks, placing information about mental health outside their latitude of acceptance. As a result, many individuals with mental illness face judgment, rejection, or indifference, especially when their condition contradicts dominant religious beliefs. The study's recommendation includes enhancing collaboration between mental health professionals and religious leaders to shift these attitudes over, strategies include public awareness campaigns, demystifying myths, and introductions of community project and vocational training.

Contents

LIST OF FIGURES

NGOs…… non-governmental organizations

UN…… United Nations

WHO…… World Health Organisation

SJT…… Social judgment theory

SIT…… Social identity theory

MI…… Mental illness

CHAPTER ONE

INTRODUCTION AND BACKGROUND

1.1 INTRODUCTION

Globally the importance of public health has been acknowledged and has attracted a lot of attention. Public health services are limited especially in Africa with mental health seriously compromised. Many African countries lack a holistic approach with regard to mental health challenges and services. Various institutions, including religious institutions have become players in the provision of mental health services. Religious establishments have diverse perspective regarding mental health causes and treatment. These perspectives are hinged on variegated faith-based and traditional beliefs. The study focused on the barriers and attitudes created by religious beliefs towards people with mental health issues. Chapter one presents the problem and its setting. The chapter covers the background of the study, statement of the problem, research aims, research objectives and research questions, significance of the study, delimitations of the study as well as definition of terms.

1.2 BACKGROUND OF THE STUDY

Mental health is a ubiquitous challenge, the greatest of which is the lack of mental health professionals. Ritchie and Roser (2018) asserts that the global burden of disease (mental illness) estimates that slightly more than one in ten people globally live with mental health disorders in 2017. According to the 2019 global burden of the disease estimate more than 970 million people live with mental illness, 66.7% of them live in low and middle sustainable development index countries. The world health organisation (WHO) indicates the critical shortage of professional by the presence of one psychologist for 2.5million and one psychiatrist for every 2 million in sub-Saharan African. The acute shortage of mental health practitioners or professionals has inevitably led to a monumental treatment gap in the diagnosis as well as treatment of illness. The mainstream mental health system is haemorrhaging and cannot adequately serve the increasing population with a deteriorating mental being. Euro-American treatment regimens of randomised controlled trails in the African countries" Taruvainga & Moyo (2020). Its accessibility to generality of the people

especially in agrarian societies is severely limited. Consequently, many people with no access of mental health institutions have turned to religion for interventions.

According to Munezvenyu, Chicago, lenJesa, Chingozho &Ngwenya (2023), there is a dearth of research on the nexus between spirituality and religiosity on one hand and mental wellbeing on the other hand. Existing studies on the relation between religion and mental health are mainly from affluent and developed nations, and better regions of developing or underdeveloped nations. Low mental health literacy is apparent in underdeveloped or developing world. Health centres are therefore perceived not to be ideal places for treatment of mental illness. Stigma associated with mental illness also act as a hindrance to accessing mental health service. As a result, many seek help for mental illness from religious establishments. This has led Okofer, ogewae, ohazurike and Ogunyemi (2022) to ruefully assert that 'Patients tendencies to use religion when coping with mental health related problems and the involvement of non-clinical party results in complex model of mental healthcare. Munezvenyu et al (2023) concludes that, religious beliefs impact on the perceptions, attitudes and management of mental health illness.

In Zimbabwe just as in any other low-income country has inadequate health services to address the scourge of mental illness. World Health Organisation 2011 estimated that there were 0.06 per 100 000 psychiatrists, 0.04 per 10000 psychologist and 2.86 per 100,000 nurses in the country. There is thus an urgent need to address the challenges confronting the health sector primarily the mental health sector. Zimbabwe is a pluralistic society embracing religious diversity .Patel and Klein man (2003) points out that Zimbabwe has extensive, private ,religious and traditional health care services and cultural diversity .While mental health services in Zimbabwe are provided for and regulated by the mental health act 1996 , mental health regulation 1999 ,2004 mental health policy and the Zimbabwe national strategic plan for mental health services, all emphasising on multidisciplinary management of mental illness at primary care ,religious establishments also provide mental health services from diagnosis to treatment . Zimbabwe has a high rate of mental illness or disorder. Its mental health system is both formal (government and private institution orhospitals) and non-formal (religious institutions). With acute shortage of personnel in the formal sector people turn to non-formal sector for interventions regarding mental health. Taruvinga & Moyo assets that health professional should not be blinkered by assuming a rigid set of professional principles when working within a cross-cultural society. Euro-American perspective of mental

illness differs fundamentally from the popular and conventional system approach of faith based and African traditional approaches. It was against this background that I sought to study the barriers and attitudes created by religious beliefs towards people with mental health issues in Shamva district of Mashonaland central, Zimbabwe.

1.3 STATEMENT OF THE PROBLEM

In Zimbabwe religious beliefs promotes misconception and stigma about mental health issues with symptoms being attributed to spiritual and supernatural influences. Resultantly, this creates barriers and attitudes imposed by religious beliefs towards people with mental health issues. Challenges in seeking treatment, dealing with discrimination, social exclusion and inadequate social support for individuals with mental illness is the norm. Those people suffering from mental illness such as depression, anxiety, psychosis among other are the most affected and this also include their families' members as they are their caregivers. This problem is created by a lack of mental health education, limited access to mental health services and religious interpretations and attitudes that discourage seeking professional help. If mental disorders are left untreated this leads to a number of effects as individual with mental disorder are at high risk of unemployment, they are discriminated upon and in severe instances they commit suicide. Mental health stigma creates a cycle of silence and suffering which prevents people from openly discussing about mental health issues. The effect of mental stigma goes beyond individual and families to communities affected the economic as it exacerbates poverty and reduces productivity. Therefore, this study investigated attitudes and barriers rooted in various religious beliefs that hinder seeking mental healthcare and look at the effectiveness of the already existing strategies to improve mental health literacy, reduce stigma and increase mental healthcare accessibility in Zimbabwe

1.4 AIM

The research study aimed at understanding and exploring attitude and barriers created by religious beliefs towards individuals with mental illness.

1.5 RESEARCH OBJECTIVES

The research sought to:

i. To identify the causes of mental illness from various religious beliefs as perceived by caregivers of people with mental illness in Shamva ward 20.

ii. To investigate the effects of religious beliefs and attitudes towards people with mental health problems as perceived by caregivers of people with mental illness in shamva ward 20.

iii. To identify possible measures that can be put in place to address negative attitudes and Barriers rooted in religious beliefs towards individual with mental illness as suggested by caregivers of people with mental illness shamva ward 20.

1.5.1 RESEARCH QUESTIONS

The study sought to address the following research questions:

i. What are the causes of mental illness from various religious beliefs as perceived by caregivers of people with mental illness in shamva ward 20?

ii. What are the effects of religious beliefs and attitudes towards people with mental health problems as perceived by caregivers of people with mental illness shamva 20?

iii. What possible measures that can be place to address the barriers and attitudes rooted in religious beliefs towards individuals with mental health illness as suggested by caregivers of people with mental illness shamva 20?

1.6 ASSUMPTIONOF THE STUDY

- Religious establishment have unique point of views, that encompasses beliefs and values that shape their understanding of mental illness.
- Atitudes towards certain mental illness vary because of religious perspectives.

1.6 JUSTIFICATION OF STUDY

The key purpose of study is to contribute to policy making by unpacking diverse barriers and attitudes created by religious beliefs towards people with mental health issues. The study will provide critical steps towards policy making and provide policymakers with critical information on mental health issues in Zimbabwe. They will result in the formulation or improvement of interventions strategies that capitalises on the information provided. The study can guide policy makers in developing programs that address specific mental health issue and foster community dialogue and awareness. The study will contribute significantly to the academic discourse by

examining the already strategies in order to determine their effectiveness in ameliorating the attitudes and barriers created by religious groups towards people with mental health issues. It also gives room to recommend other effective strategies that helps to revamp religious attitudes and deal with barriers created by religious beliefs towards people with mental health issues. The study also seeks to challenge certain religious beliefs and misconceptions regarding mental illness. Additionally, the civil society can benefit from this study but working in collaboration with religious initiatives to promote mental wellbeing and ensure the community have enough resources to support those with mental health issues.

1.7 DEFINITION OF KEY TERMS

Key term in this study are barriers, attitudes, and mental health

Attitudes: A relatively enduring and general evaluation of an object, person, group, issue, or concept on a dimension ranging from negative to positive. Attitudes provide summary evaluations of target objects and are often assumed to be derived from specific beliefs, emotions, and past behaviors associated with those objects. (Psychology dictionary 2018)

Barriers: A barrier is defined as an obstacle, fence or prevention if access. (Trayler 2007)

Mental health: According to the world health organization (2016) mental illness refers to all diagnosable mental disorders or health conditions that are characterized by alteration in thinking, mood or behavior associated with distress and impaired functioning, it has negative effects on various individuals as it hinders them to perform various tasks.

1.8 DISSERTATION OUTLINE

Chapter 1: Introduction and Background of the study

Chapter one details the background to the study as a whole. It also outlines the introduction, statement the problem, objective and significance of the study

Chapter 2: Literature Review

This chapter outlines the theoretical framework adopted for the study. Relevant literature is also reviewed in this chapter and also provides research gaps from the literature reviewed.

Chapter 3: Research Methodology

This chapter details research philosophy that informed this study. It outlines the methodology of the study. The chapter explores the research design and rationale for employing the design. The chapter also reviews the sampling procedures, the data collection methods used, data collection tools, ethical consideration, study setting area.

Chapter 4: Data presentation and Analysis

This chapter focuses on data presentation, the findings, analysis and discussion of the data collected through the use of qualitative methods.

Chapter 5: Summary, conclusion and recommendation

This chapter presents a summary of the whole dissertation and conclusions and also provides recommendation,

1.9 CHAPTER SUMMARY

The chapter focused on outlining the introduction and background of the study and also showing the significance of the study literature. It also outlines the problem which instigated the researcher to research on the topic that is the statement of the problem. It also gives the aims of the research, provide the dissertation outline of the study, the definition of terms. The next chapter is going to focus on reviewing.

CHAPTER TWO

LITERATURE REVIEW

2.0 INTRODUCTION

The preceding chapter articulated the research problem and traced its background. This chapter presents and explores the review of related literature on the barriers and attitudes created by religious beliefs towards people with mental health issues.

2.1 THEORETICAL FRAMEWORK

2.1.1 SOCIAL JUDGEMENT THEORY

The study is informed by the Social Judgment Theory (S.J.T) developed by Sherif and Hovaland (1961). According to Sherif and Hovaland the Social judgement theory states that individuals make judgments about a topic or message based on their pre-existing attitudes referred to as the anchor. Individuals make evaluations or judgments about the contents of a message based on their inherent attitudes or anchor. People's attitudes towards a certain issue or object are influenced by how that issue aligns with their existing religious belief. The SJT places a person's attitude into three broad categories namely. Latitude of acceptance, which includes all those ideas or range of positions on an issue that one finds acceptable, latitude of rejection, which includes all those ideas or range of positions on an issue that one do not agree with and find objectionable or unacceptable; and latitude of non-commitment which includes information which is neither acceptable nor objectionable and one has no opinion, that is one neither accepts nor rejects those ideas Sherif et al (1961).Mental illness might be marginalized or excluded from the social Group and this creates barriers as people might not feel comfortable discussing about mental illness due to fear of rejection and stigma.

It is important to note that an individual's inherent attitude or anchor is central to determining their acceptance, rejection or non-commitment to new information. According to Sherif and Hovaland if a message that falls within the audience's latitude of acceptance it is most likely to be viewed positively. Religious groups look up to prayer and religious leaders healing methods as part powerful solution for mental illness within their latitude of Acceptance but reject other form treatment. The contrast effect occurs when a message is perceived as further away from an individual's anchor. In this regard, messages which deviate from an individual's anchor are most

likely to be rejected. Another central concept is this theory is ego-involvement which defines the importance or centrality of an issue in a person's life Sherif, sheriff & Nebergall (1965). It follows that if a message or information is not important to an individual rejection or non-commitment may occur. Sheriff and Hovland (1961) sum up the main tenets of the SJT as follows, People have categories of judgment by which they evaluate argument, when people receive persuasive information, they use their categories of judgment to use it. People's level of ego involvement affects the size of our latitude. People generally distort incoming information to fit their categories of judgment. Small or moderate differences between people's anchor positions and the one being proposed will cause people to change large discrepancies formation. This theory is significant as it helps us understand the role of religious beliefs in shaping people's openness or resistance to various approaches to mental illness and underscores the importance of finding common ground between faith-based and clinical perspectives.

2.1.2 SOCIAL IDENTITY THOERY

Social identity theory was developed Tarjel and Turner in 1979.According to Turner and Tarjel groups like social class, Family and religious society that people belong to are important sources of pride and self-esteem. Social identity theory (SIT) explains the relationship between large social groups using and individual's sense of belonging to a group and the positive or negative feelings associated with that membership to the social group. Tarjel and Turner (1979) defined social identity as the part of the self-concept and they termed it- the self-image that is determined by social categories. This social identity theory is very significant in understanding how religious groups often engage in social categorisation, which can result in the stereotyping of mental illness. This division between in-group and out-group members may lead to the discrimination, stigmatisation, or exclusion of individuals with mental health issues, as they are viewed as other or outside the acceptable boundaries of the religious community. In-group discrimination brings out differences between in- group and out- groups.

Moreover, social identity theory notes that individual or group beliefs system contribute to group responses in certain situations therefore religious groups may interpret mental illness through their beliefs, viewing it as a moral failure, a spiritual trial, or a form of punishment. This perspective can contribute to negative attitudes towards those with mental health conditions and strengthen the perception that they belong to an out-group. On the other hand, some religious communities may

emphasise empathy and care for those suffering, encouraging more inclusive attitudes toward individuals with mental illness, depending on the community's approach to suffering and healing.

2.2 CAUSES OF MENTAL ILLNESS FROM VARIOUS RELIGIOUS PERSPECTIVE.

2.2.1 Witchcraft

Kajawu (2016) asserts that witchcraft issues cause a number of mental health problems and those who are bewitched (vakaroyiwa) and may become depressed, patients presenting with psychosis (kupenga). Witches are believed to be able to cast evil spells and cause mental illness (Muchinako 2013). According to a Zimbabwean study, schizophrenic Shona speakers believe that either witchcraft or spirits cause symptoms of mental illness (Chi-darikire et al., 2020). In Uganda, mental illness is said to be caused by witchcraft, unhappy ancestral spirits, a poor relationship with the dead, spirit possession, or failure to observe cultural traditions (Akol et al., 2018). This prove that people attribute mental illness to withcraft as believed by some people from different parts of the worlds.Bewitchment or witchcraft is one of the causes of mental illness as alluded by (Verginer & Juen, 2019). Mental health issues are among the most commonly perceived problems related to bewitchment or ancestors and religious advisors are viewed as experts in these realms (Apobi et al. 2019). There mental illness can be caused by witchcraft.

2.2.2 Refusal to respect Ancestral Calling

In African culture Ancestral calling is known to cause mental illness. Nonetheless, psychotic and mood-related symptoms have been reported to be common in individuals with an ancestral calling (Van der Zeijst et al. 2022). Usually the spirits of the ancestors, particularly if they have been neglected or are not remembered and properly treated, can become spirit agents that cause mental illness, which is commonly associated with bad spirits that could originate from rocks, lakes and rivers .Moreso ancestral calling and use of substances are noted as the cause of mental illness we by other authors from Ethiopia and Uganda in Africa (Verginer & Juen 2019).Muchinako (2013) asserts that ancestors can cause one to become mentally ill as a way of forcing them to carry out the ancestors' wishes, the Shona traditions have it that if the ancestors want a person to become a spirit medium (svikiro) they make the chosen person mentally ill. This shows that in the African tradition mental illness is seen as punishment for refusing to obey.He further notes that the person may seek medical treatment but will not recover until they accept to do the ancestors' wishes, by

following and performing the required rituals the person will be cured of the mental illness without taking any medication (Muchinako 2013). Additionally, supernatural causal explanations which include bewitchment or witchcraft, sorcery, evil spirits and an ancestral calling are believed to be the cause of mental illness, particularly psychosis, in this community in Africa. Additionally, supernatural causal explanations such as ancestral calling are believed to be the cause of mental illness, particularly psychosis, in this community in Africa.

2.2.3 Avenging spirits

In the shona traditional beliefs avenging or vengeful spirits cause mental illnesses. Goredema (2016) also note that if a person's life is deliberately taken away through cold-blooded murder, known as kupondwa in the Shona language, then the person's spirit will come back and fight for justice by haunting the offender or his or her family until reparations are made. Benyera (2015) argues that among the Shona people, when murder is committed and not acknowledged the spirit of the murdered returns to haunt the family of the murderer. The dialogue is critical as it leads to consensus, which enables the victim of crime to be healed through the payment of restitution and or compensation (Mangena, 2015). Moreover this support the view religious belief and value have an impact on how people view different issues. The spirit achieves this by causing misfortunes, mental illnesses and even killing members of the offending family. The offender and his family lives in fear and anxiety until they make amends and pay restitution. Once relatives of the offender acknowledge the crime and compensation is paid the spirit of the deceased will allow the offender and his family to live in peace (Goredema 2016). In the African context they believe in the appeasing the spirits of the dead .The Ngozi is appeased by first discovering the cause of its anger, followed by the appeasement. There are certain taboos that are relevant in health issues, for example, if you scoff at a sick person, you become sick (Mabvurira 2016).

2.2.4 Possession by Evil spirits

An Islamic view exists in which it is believed that mental health problems are a result of interventions from the Jinn (genie), black magic, and the effects of the evil eye (Rassool, 2019). the UAE, mental illness was attributed to the evil eye in 26%, black magic in 25%, and possession in 10% of the population studied (Adel et al., 2023). In different region of the world religious people when they face a calamity they mostly attribute it to evil spirits or demons. An Islamic view exists in which it is believed that mental health problems are a result of interventions from

the Jinn (genie), black magic, and the effects of the evil eye (Rassool, 2019). The muslim people have a different view , they note that misfortune or calamites are caused by a jinn. The same time, black magic is perceived as a malevolent force that can adversely impact one's well-being (Rassool 2019).

2.2.5 Biogenetic causes

Whereas biological factors were reported as the main causes of mental illness in the studies conducted in Tanzania. According to Cohen biogenetic explanations attribute mental illnesses to biological factors, including genetic predisposition, neurotransmitter imbalances, and functional abnormalities in the brain network. A biogenetic approach can reduce moral and punitive responses to patients by emphasizing that mental illness is unrelated to individual will or personality. Eastern populations generally consider mental disorders to originate from individual or family conflict, rather than as treatable medical problems with biological origins.Providing a biogenetic explanation might create a perception that mental illness is a deep problem in the brain of mentally-ill people, which is less likely to be treatable (Lebowitz 2014). The promotion of bio-genetic approach to etiological beliefs of mental illness has been considered as the most promising approach to reduce stigma; this is due to the higher association between this specific belief and perception of onset controllability (Larkings and Brown, 2018). Those many people believe in God and other causes of mental illness such as witchcraft they believe that mental illness can be biological. Arango (2018) is of the view that genetic, psychological, and environmental factors collectively referred to as Biopsychosocial causes or contribute to the development or progression of mental disorders Arango,2018Tanhan (2019) reported that Muslims hold both cultural and biomedical explanations of mental health issues, this proves that people around the world share the same sentiment about biological factors as the cause of mental illness.

2.2.5 Substance abuse

Colizzi (2015) notes that the use of cannabis increased the probability of having a psychotic disorder. There could be a gender effect with some studies reporting an increased risk of depression in female cannabis users although the reverse has also been reported. According to the national institute of drug abuse (2018) methamphetamine abuse and addiction lead to significant brain changes, which often occurs following chronic abuse, in particular areas involved with the dopamine system such as motor speed, verbal learning. It further notes that the symptomatology

may drive the drug of choice, it is possible, as others have argued, that the drug of use or abuse causes the specific psychological symptomatology. Di Forti, Marconi et al. (2015) studied patients with their first episode of psychosis and found that those using high-potency cannabis on a daily basis were five times more likely than nonusers to experience a psychotic disorder. Di Forti further assets that substance use increases the risk of psychotic illness. Substance users have a significantly increased risk of psychosis compared with nonusers, while two of the remaining three showed a trend in the same direction (Murray et al., 2016,). Jones et al (2018) is of the view that there is rise is symptom of psychosis in people who use both tobacco and cannabis. Further, the office of Substance Abuse and Mental Health Services Administration reported that persons who use and abuse drugs are more likely to have mental disorders. Individuals with severe mental illness are affected by substance abuse, while approximately a third of alcohol the abusers and half of all other drug abusers have at least one serious is mental illness

2.3 EFFECTS OF RELIGIOUS BELIEFS AND ATTITUDES TOWARDS PEOPLE WITH MENTAL HEALTH PROBLEMS.

2.3.1 Discrimination

Stigma is a widespread issue that affects people worldwide. Mental health stigma consists of the knowledge, attitudes, and behaviour toward those with mental illness. Thornicroft (2022) the religious stigma surrounding mental illness may undermine help-seeking and deter individuals from openly discussing their symptoms Zolezzi et al., (2018). It is this stigma that can act as a barrier for individuals seeking treatment from providers Corrigan et al (2014). Sickel et al. (2019) concurs with Corrigan and further asserts that stigma towards mental health predicted negative attitudes towards seeking treatment, with individuals reporting higher levels of anxiety and lower levels of general self-efficacy when mental health stigma was more severe. Stigmatising attitudes towards individuals diagnosed with mental health problems may promote social distance and impact treatment-seeking, media-labelling, discrimination and economic opportunities. The stigma towards mental health can have an array of physical, psychological, and emotional consequences for individuals that require mental health treatment (Henderson et al., 2014). Religious institutions a significant role in treatment options which mental health patients take. It is this stigma that can act as a barrier for individuals seeking treatment from provider (Corrigan et al 2014). A person may adapt to discrimination through a variety of coping strategies, which are

then generalised to experiences with other kinds of discrimination). Around 56% of family members kept the psychiatric diagnosis of family members secret to avoid discrimination, and 75% believed that discrimination would cause stress on family members (Zheng 2015). The most common experiences of discrimination included being shunned by people who were aware of their mental health issues (28.7%), difficulty in making and keeping friends (24.7%), discrimination by family members (22.9%), and discrimination by mental health staff (22.8%) Kindon (2016). Although small, the existing literature offers two competing perspectives on how experiencing multiple kinds of discrimination is related to health risk models that argue that experiencing multiple forms of discrimination is increasingly detrimental to one's mental health, and resilience models that suggest that experiencing multiple or a single kind of discrimination have a similar impact on mental health. Discrimination tends to disrupt rational thinking and attempts to make sense of the experience, further disempowering individual coping, especially in the absence of an opportunity to be part of collective action to counteract group-based.

2.3.2 Social Exclusion

Across countries, stigmatising beliefs often cast people with mental illness as dangerous, unpredictable and unintelligent; beliefs which are enacted through discriminatory and exclusionary behaviours (Clement 2015). Globally, many people with mental illness are excluded from employment (economic exclusion), denied legal rights to vote, marry or own land (political exclusion), and ostracized sociocultural exclusion .Mental illness and social isolation are both linked with early death through the direct and indirect pathways of chronic disease and lifestyle factors (Holt Lun stand 2015). Tanaka (2018) Some features of mental illness can make it difficult for unwell people to fulfil prescribed family and social roles e.g. lack of concentration and motivation may hinder reciprocal relationships with community member. Because of these unfulfilled social roles, community members may perceive people with mental illness negatively and keep social distance. He further notes that There is an emerging body of evidence related to social inclusion and exclusion of people with mental illness in Asia, but only a few studies have examined the perspectives of people with mental illness and their families, and even fewer have explored positive effects of inclusion. Social distancing towards people with mental illness is seen elsewhere in Asia, with a large study of 960 adults in India finding that participants reported more social distancing when they believed that people with mental illness were dangerous as stated (Mathias 2018).The closeness of the community, particularly in rural areas, increased community

members' exposure to and familiarity with people with mental illness, which has been found to reduce stigma and social distancing.

2.3.3 Lack of social support

Social isolation and lack of social support are becoming increasingly important factors affecting health (Levine 2018). People who suffer from diseases such as mental illness require a lot of support from family member, friends and community. In a study by Wang et al (2018) Those with weaker support face difficulties in depression recovery and social functioning. low social support has a significant association with the risk of antenatal anxiety (Cheng 2017). Lack of social support, context-specific mental health concerns, and severe mental health problems are connected, and this seems to reduce community integration and intensify both symptoms and suffering (Fallon et al 2018). Additionally, low support relates to higher depression, anxiety, and self-harm during pregnancy Bedaso et al., (2021), in this research Bedaso emphasized the that social support brings out about different other effects which further affect those who are ill.

2.3.4 Unemployment

Starnes et al. (2021) highlight that poverty not only acts as a risk factor for the development of mental disorders, but also depressive disorders can perpetuate poverty by affecting long term income. Mental illness may therefore cause long-run economic hardship by reducing school and college completion rates, worsening early career job placements and hindering skill| acquisition (Patton et al 2016). Mental illness predicts worse labour market outcomes later in life. After a diagnosis of depression or anxiety, employment rates and incomes have been estimated to fall by as much as half, relative to the no depressed or no anxious The review found that individuals with mental health problems have a lower probability of finding and Maintaining employment (Buggerman 2024).Frank et al (2024) the study highlighted that mental health problems are both a consequence of and a risk factor for poor employment status. Unemployment is associated with poverty, and the societal costs of lost productivity due to ill mental health are enormous. Elliott (2021) discusses how mental health problems can lead to poverty through mechanisms such as unemployment and social isolation. The article highlights the need for policies that address both mental health and socioeconomic factors to break this cycle.

2.5 POSSIBLE MEASURE THAT CAN BE PUT IN PLACE TO ADDRESS THE NEGATIVE ATTITUDES AND BARRIERS ROOTED IN RELIGIOUS BELIEFS TOWARDS INDIVIDUALS WITH MENTAL HEALTH PROBLEMS.

2.5.1 Awareness campaigns

Awareness Campaigns are an effective way to disseminate information about mental illness. Chandola et al (2020) asserts that using social media to raise mental health awareness is often a good idea to quickly connect with a huge number of individuals. In a study by Saha et al (2019) he notes that it is crucial for mental health advocates, public health officials, and other interested parties and stakeholders, including researchers and those who are affected by the issue, to be aware of the developing new media in which the public can share content ranging from practical resources and self-help tips to personal struggles with regard to illness and its stigmatization .So awareness campaign on mental health stigma, discrimination, social exclusion that is experienced by those with mental illness. According to Berry et al. (2017), provides a platform for eradicating stigma, spreading awareness, and providing a secure environment for expressing one's self-determination and building a feeling of community. Furthermore, this aligns with a study by Babinski et al (2016) showed similar findings in that they discovered that in America many advocacy organizations have devoted their time and resources to increase community awareness and this has helped to prevent school dropouts, this can also apply to mental illness. Moreover, an important finding is that electronic campaigns can achieve broad reach at a relatively low cost. Saha et al 2019 concurs with this and stated that a more sophisticated use of social media for enhancing mental health has emerged in recent years, involving trend forecasting, outreach, and increasing awareness.

2.5.2 Demystifying myths

There are many myths and misinformation surrounding the causes of mental illness, these myths are that one’s which leads to stigma, social exclusion and discrimination. In Europe there was introduction of many strategies to reduce myths there was introduction of the Myth and Fact strategy, these campaigns state common myth and then supply the correct information with the goal of amending the misinformation which leads to countries such as Canada to introduce Myths About Mental Illness program (Canadian Mental Health Association 2017).Government involvement in trying to dismiss myths is paramount as it help reduce the negative effects of these

myths on those with mental illness. Myths are ubiquitous but these myths affect how people view different issues and it can affect people in a negative way and demystifying them may help reduce stigma .According to Sampogna et al (2017) states that many of these programs involve public information, or marketing strategies, including England's Time to Change which also help in dismissing misinformation's about mental illness.

2.5.3 Collaboration among stakeholders

Collaboration among stakeholder is imperative in order to try and help those with mental illness copy with the effects caused by religious beliefs. Renz we al (2016) notes that during the last forty years, the number of government agencies contracting with nonprofit organisations to help with services has risen, this proves that there is need for collaboration between government and non-governmental organisation. He further posits that government contracting can impact how the nonprofit organisation runs its governance, program innovation, and the relationship of agencies to their local communities. Collaboration between, the government , community and NGOS help in raising awareness towards mental illness. Moreso, partnerships between NGOs and tertiary care centers would provide a platform for adapting and developing new approaches (Patil, 2022). the Indian introduced the skill India program overcome these challenges, the Government of India in collaboration with other stakeholders implemented programs, such as the Skill India program and other government-initiated skill training programs such as regional vocational skill training centres for women . This is imperative as it helps to reduce the effects of religious beliefs towards these with mental illness .More so Arvilla et al (2019) corroborated this idea and noted that non-governmental organisation have locally available microfinance self-help groups, can be utilised to help.

2.5.4 Vocational trainings

Community projects and vocational training is one of the strategies that can be used to help those with mental illness. In a study by Xu, Cai, & Zhou et al., (2018) identified that NGOs introduced different interventions and introduced centres specialise vocation-based skill training or transitional employment process, looking at the local resources and viable employment opportunities particular to that community. The community should encourage these people to gain skills as it also help them provide for themselves contributing to the development of the community.Also, occupational rehabilitation compensation therapy showed positive psycho-social

value significance in self-esteem, happiness, rehabilitation efficacy, social support, participation and compliance, relapse rate and medical costs reduction of chronic psychiatric patients Moreso, studies reported improvement in work performance, treatment adherence, self-esteem, quality of life and well-being of the participants (Gandhi et al., 2014). Trainings help those with the disease to be occupied which in turn can lessen the effects of religious beliefs on mental illness. The vocational or income generation activities included household consumables, paper products, textile products, handicrafts, food products, animal husbandry, had been proved that agricultural training therapy can improve the rehabilitation effect of schizophrenia patients in rural communities (Xu, Cai, & Zhou et al., 2018).

2.6 CHAPTER SUMMARY

The chapter was focusing on the theoretical framework which was the social judgement theory and social identity theory. literature was also reviewed and it was focusing on the study objective of the study. The following chapter focus on the research methodology.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter describes and justifies the qualitative research approach that was adopted to address the research questions raised in chapter one. The chapter covers the following issues, research philosophy, research approach, research design, study setting, target population, sampling technique and sample size, data collection methods and tools, research procedure, data analysis and trustworthiness of the research.

3.2 RESEARCH PHILOSOPHY

The study used the constructivism philosophical research philosophy. According to Yin (2011) constructivism is the view that social reality is a joint product, created by the nature of the external conditions but also by the person observing and reporting about these conditions. It is an ontological position that asserts that social phenomena and their meanings are continually being accomplished by social actors Bryman (2012). Constructivism enabled the religious congregants, the care givers and the key informants to create their social reality by talking about their religious beliefs through their own lenses. This paradigm is antithetical to objectivism Bryman (2012) thus, it is based merely on subjective meanings people attach to a phenomenon. The study observed that the religious leaders have key responsibilities of making meaning to their life experiences Bryman, (2012). The religious leaders and congregants established personal meanings toward mental illness the pandemic and its effects on them. The meanings were multiple thus this forced the study to undertake research to know more about these complex views from them. The questions used are more of open ended in order for the study to listen to the participants' experience of their life styles in their communities. People as they engage with the world or community, they construct meanings and as such studies tend to visit participants to gather such meanings basing on their cultural and social issues and as the study interpret the meanings

3.3 RESEARCH APPROACH

A research approach is a plan which comprises of the steps of broad assumptions to detailed methods of data collection, analysis and interpretation Pandey (2015). The research study employed the qualitative research approach to explore the barriers and attitudes of religious beliefs towards people with mental illness. According to Ritchie and Lewis (2003) qualitative research is a form of social inquiry that focuses on the way people interpret and make sense of their experiences the world in which they live. This research approach seeks to gain an understanding of the underlying reasons, opinions on motivations, feelings and experiences of the research participants Creswell (2007). In this study qualitative research approach helps to understand why the research participants held such perceptions towards mental illness. The focus of the qualitative research approach is to understand a phenomenon from the view point of the research participants rather than making predictions as in quantitative paradigm Creswell, (2007). This approach is imperative as it capture the perspectives of the of various religious beliefs of caregivers of people with mental illness, from different religions towards mental illness from their points of views. This was vital as Richie and Lewis (2003) argues that an understanding of participants' perspectives ensures the trustworthiness of the research finding. The researcher was further motivated to employ the qualitative approach because it utilises unstructured data collection methods an instrument. As results managed to probe more detail on why the various religious members held certain perceptions.

The qualitative research approach was selected and employed because of its naturalistic perspectives. According to Creswell (2007), the qualitative approach emphasises that research participants should be studied in their natural rather artificial settings as in some quantitative designs. Hence, religious leaders and caregivers of people with mental illness were interviewed in their homes. The naturalistic approach was adopted following the view by Richie and Lewis (2003) that, if research participants are studied in their natural setting for a prolonged period of their time their initially behaviour normally change with time. This problem of the Hawthorne Effect was minimised by studying the research participants for a prolonged period of time of three weeks.

3.4 RESEARCH DESIGN

According to Pandey (2015) a research design is a blueprint that is utilised by the researcher to execute a study, it serves as a guiding tool in carrying out a study. The phenomenological design

was adopted for the study to understand different religious beliefs based on participants description. According to Creswell (2012) a phenomenological study describes the meaning of several individuals of their lived experiences or phenomenon. The researcher put aside all prejudgements and collets data on how individuals make sense out of a particular experience or situation. The researcher sought to make sense of caregivers' perceptions on mental illness and their observed effects of these religious beliefs on those with mental illness. A phenomenological study understanding regarding the phenomenon is elicited and insight is gained by interviewing knowledgeable participants (Yin 2012). In this study the perceptions of religious leaders and caregivers of people with mental illness towards mental illness are their lived experience which shed lighter as they are described from the point of view of the research participants. The typical technique used in phenomenology design is to conduct long unstructured interviews with the informants directed towards understanding their perspectives on their everyday lived experience with the phenomenon (Ritchie & Lewis 2014). In-depth interviews and focus group discussions were conducted with the research participants to enable to describe in depth their perception towards mental illness.

3.5 STUDY SETTING

The study was conducted within specific parameters or boundaries which include geographic location and conceptual scope. The study was conducted in shamva district of Mashonaland central province in Zimbabwe. The cover within the district there are mainline churches apostolic churches Pentecostal churches, Islamic mosques, Registered African traditional healers and one organisation that offer mental health services. The study will focus on the barriers and attitudes created by religious beliefs towards people with mental illness.

3.6 TARGET POPULATION

Crewell (2018) the entire aggregation of respondents that meet the designated set of criteria is referred to as the target population. In context of this study, the researcher. The entire aggregation of respondents that meet the designated set of criteria is referred to as the target population (Creswell 2018). The populations for this study consist of religious leaders from the Christianity, Islamic and African traditional. Martinez and Mesa (2016) argue that the selection of a target population must consider the availability of participants, the rationale for selecting a particular group, cost involved and the risks and opportunities involved. The research participants of this

include caregivers of people with mental illness belonging various religious groups and key informants which include a religious leader, social worker and a village health worker. In this study, the target population fully meet the above consideration which made sampling feasible.

3.7 SAMPLING

3.7.1 SAMPLE SIZE

According to Creswell (2018), a sample is a subset of the target population that the study will examine in order to generalise finding about that community. According to Creswell (2018) sample size is an essential factor to consider and should determine prior to data collection. In this research on the barriers and attitude created by religious beliefs towards people with mental illness. The sample size consisted of thirteen primary participant which include ten caregivers of people with mental illness from various religions who are the primary participants and three key participant which include a religious leader, village health worker and a social worker. Moreover, a sample of three key informants will be integrated, consisting of a religious leader, village health worker and social worker. Zamboni (2018) notes, sample size allow researchers to better determine the average values of their data and avoid errors from testing a small number of possibly a typical sample.

3.7.2 SAMPLING TECHNIQUE

Sampling is the method of selecting a subset that represents the whole population subset of the population and it is known as a sample (Showkat et al 2017). A sampling technique is away to choose a portion of a population to research rather than the full population (Lohr 2019). A sampling method is a way of choosing members from a populace, (statistics Dictionary 2019). The research utilised two non-probability sampling technique participants. Non-probability sampling, according to Mohsin (2016), is the process of selecting a sample based only on the researcher's subjective assessment. The researcher sampled key informants such as religious leaders, village health workers and social workers using purposive sampling. More so primary participants such as caregivers of people with mental illness were sampled using convenience sampling.

3.7.2.1 Convenience sampling

Convenience Sampling is selecting participants because they are often readily and easily available (Hamed 2016). In this study convenience sampling was used for sampling primary caregivers

based on their availability, proximity and ease to access to the researcher. Convenience sampling is generally more popular among students than other sample approaches since it is less expensive and simpler to use. The study used convenience sampling approach using ten different primary participants

3.7.2.2 Purposive Sampling

Purposive sampling method is aimed a selecting or drawing a sample in line with the criterion being considered as key for the study (Pandey 2015). Purposive sampling is considered appropriate for key informants (Kumar 2014). The key informants were purposively sampled due to their knowledge by virtue of their expertise and experience about barriers and attitudes created by religious beliefs. The key informants' participants are sampled to provide rich information as they will elaborate more on the causes, effects, barriers and attitudes created by religious beliefs towards people with mental illness. A sample of three key informants was selected purposively for the study. The sampling technique is imperative as it is not time consuming and convenient

3.8 DATA COLLECTION METHODS

The process of obtaining and assessing information on relevant variable in a predetermined, methodical manner so as to address research question, test hypotheses and assess results is known as data collection (Kabir 2016). The researcher employed qualitative data collection approaches, such as key informant's interviews, to investigate barriers and attitudes created by various religious beliefs towards people with mental illness. Key informants' interviews were utilised to get deeper information and focus group discussion used for primary participants. This section of the study is going to look into the data collection and instrument that were used and how the researcher utilized them during research.

3.8.1 FOCUS GROUP DISCUSSSION METHOD

According to Villard (2011), Focus Group Discussions are carefully designed discussions which allow people to express their point of views in a group setting. Villard adds that questions discussed are unstructured and the research reacts as the facilitator of the discussion. Focus groups discussions data was collected from primary caregivers of people with mental illness in order to explore emerging issues in detail. The caregivers for people with mental illness opted to discuss in Chi Shona. The researcher accepted their decision because people usually express themselves clearly in their mother tongue. FGDs foster collective understanding of the complexities of human

interaction and help uncover layers and types of information that are not easily accessed through one-on-one interviews (Billson 2006). More so, participants stimulate each other in an exchange of ideas Villard (2011), resulting in a better understanding of their perceptions. In this study the researcher conducted focus group discussions in which ten participants who were conveniently sample and there were three different groups with three participants and one with four participants. The focus group discussion conversation was informal allowing individual to freely engage more so a focus group guide was used. A group setup, leads to group interactions that generates a typical insight on the phenomenon under study (Billson 2006). The religious group members reminded each other about some issues about mental health and in some instances actually elaborated issues raised by others. Although the focus group discussions lasted about one hour, they were worth conducting as issues raised were clarified discussed in detail

3.8.2 KEY INFORMANT INTERVIEW METHOD

Key informant interview known variously as informal conversational interviews, non-standardized interviews or ethnographic interviews. According to Sharma (2017) key informant interview are one on one dialogue that involve interviewing people who have particular informed perspectives on an Aspect of the program being evaluated. Key informant interviews, were conducted with key informant in order to gain an in-depth understanding of religious perceptions towards mental health illness, with each interview going for thirty minutes to an hour. Creswell(2013) argues that the researcher can conduct face to face interviews with key informants that involve loosely structured and generally open-ended questions that are few and intended to elicit views and sentiments from the key informants. The key informants' interviews were conducted in Chi Shona and recorded using cell phone. Key informant interview method was use to collect data which was later transcribed and translated into English. The researcher was able to probe for more information to achieve depth in terms of penetration, exploration and explanation on the barriers and attitudes created but religious beliefs towards people with mental health. The involvement of key informant interviews from increasing realisation within the research fraternity of the importance of understanding the lived experiences of the people from the affected people themselves and information reservoirs with societies McKenna and Denver (2013). The key informant interviews are time consuming but intention was to gain an in-depth understanding.

3.9 DATA COLLECTION TOOLS

The data collection tools that were utilised in this study were key informant interview guide and focus group discussion guide. Key informant interview guide and focus group discussion guide dwell much on open-ended questions to obtain opinions attitudes in explaining various religious beliefs towards mental health issues.

3.9.2 Focus Groups Discussions Guide

A focus group discussion guide was utilised by the researcher as a tool during data collection. The research asked questions to the participants and during this process the researcher was able to hear the voices of the participants. The focus group discussions guide will be used on three focus groups with two groups with three participants and one with four participants A consent form was first provided to the research informants before participating.

3.9.3 Key Informant interview Guide

The key informant interview guide was utilised to gain information from the key informants who are reservoirs of information in communities. A key informant interviews guide is a set of interview questions with people who have an in-depth understanding of what is happening within the communities (Marshall 1996), The key informant interview guide contained open ended question, the questions sought to understand the causes, effects, barriers and attitude created by religious beliefs towards people with mental illness(Guion et al 2012).The key informant set of question on the interview guide were the basis of an in-depth understanding of the causes, effects barriers and attitudes created by religious beliefs towards people with mental illness.

3.10 RESEARCH PROCEDURE

The researcher sought permission to conduct the study from Development aid people to people (DAPP) as Creswell (2013) notes that researches carried out in communities require one to seek for permission as the participants are under the authority of the people in charge. Thus, seeking permission from Development aid people to people to work with their beneficiaries and was granted permission to study the issue under research. The researcher also used the letter so as to explain the purpose of her research and why she wanted to carry out the research.

3.11 ENSURING TRUSTWORTHINESS

Trustworthiness entails that the findings of a research study provide a true picture of the phenomenon under study (Billson 2006). Dependability and reliability of data collected was ensured by the use of overlapping methods, focus group and in-depth interviews. The study was bolstered by member checking to ensure credibility relating to accuracy of the data and verification. Prolonged data collection ensured that the members or participants open up to the researcher. The following strategies to ensure trustworthiness:

3.11.1 Credibility

According to Lincoln and Guba (1985), credibility is the process, just like internal validity positivists recommended for the rigour of quantitative research. The qualitative researcher needs to spend more time with respondent and in context to identify and document themes, patterns, values and develop trust (Enworo 2023). The researcher spent three weeks getting to interact with participants and this helps improve credibility of the study. Member checking is a process of sharing data in report form and collecting participant feedback (Eryilmaz (2022). Member checking is imperative it ensure that the researcher has understood the participant perspectives and experience and it also give both the researcher and participants a chance to correct any misinterpretation and misconception. In this study the researcher gave the informants the mechanically recorded notes so that they can verify id what is recorded matches what they had said.

3.11.2 Transferability

Transferability refers to the external validity which can established by providing an elaborate account of the participant's responses and the researcher's interpretation (Stahl & King, 2020). A comprehensive study overview, including the procedures, setting, participant selection, and contextual details, must be furnished for the study to be transferable (Findley et al., 2021). According to Maxwell (2012) determining the study's transferability depends upon the researcher's comprehension of the details and their ability to apply or adapt the understanding to a similar scenario. The researcher used non-probability which is purposive sampling and convenience sampling which articulate the sampling process and criteria to justify the potential transferability of the findings.

3.11.3 **Dependability**

Dependability pertains to the sustainability of the findings over time (Korstjens & Moser, 2018). The documentation should include all the methods used, the data collection process, and the analysis. In order to ensure that the data collected is reliable the researcher mechanically recorded data. During in-depth interviews and focus group discussions the researcher recorded everything exactly without summarising or interpreting the information shared this helps minimise bias and maximise trustworthiness as participants are allowed to read the data recorded The study can be deemed dependable when it can be replicated following the detailed log of the study (Roberts et al 2019).The researcher thoroughly documented every step of the research process helps ensure transparency and this allows others to replicate the study or assess the dependability of the findings by following the same procedures and understanding the rationale behind decisions made.

3.11.4 Confirmability

Confirmability is the criteria by which the findings of a study are exclusively derived from the participants' responses, not influenced by the researcher's biases, motivations, interests, or views (Connelly, 2016). Confirmability is concerned with establishing that the researcher's interpretations and findings are clearly derived from the data, requiring the researcher to demonstrate how conclusions and interpretations have been reached (Tobin & Begley, 2004). Triangulation ensure confirmability, when a researcher investigates multiple accepts and multiple understanding perspective to conform to the complete investigation of the phenomenon (Atkinson &Delmont 2008). In this study the researcher combined in-depth interview data collection method and focus group discussion data collection method to provide an integrated understanding of the barriers and attitudes of religious beliefs of people with mental illness.

3.12 DATA PRESENTATION AND ANALYSIS

The Thematic data analysis approach (TDAA) was adopted for presenting and analysing data generated from in-depth interviews and FGDs. According to Braun and Clarke (2006), the thematic analysis Approach is a foundational method in qualitative analysis is used for identifying recurring and emerging themes or patterns within data. Thus, the purpose of the TDAA is to identify patterns of meaning across a data set that provide answers to the research problem. The thematic data analysis approach proposed by Braun and Clarke (2006) ensures that the findings are accurate. The approach has the following stages:

Familiarization: According to the six steps thematic analysis by Braun and Clarke familiarising with data is the first step. The main Purpose of going through all the data in such a way that it becomes fully immersed in the whole dataset collect initial points of interest Chamberlain (2015). The data was gathered from people residing in Shamva and the researcher became familiar with the material before generating initial Codes.

Generating Initial Codes: After familiarizing with data, the research focused on organising data in a meaningful and systematic way. Naeem and Ozuem (2023) posits that this stage entails identifying recurring patterns and key phrases, which are then transformed into codes. Creswell (2015) states that text data are dense data, and it takes a long time to go through them and make sense of them. The researcher retrieved concepts of great importance from in-depth interviews and focus group discussion which answers the research questions.

Searching for themes: A theme represents a patterned meaning within data as gained from data informing the research questions (Braun &Clarke 2006). Themes may include patterns, trends or relationships between different codes in thematic analysis and provide insight into research questions or phenomena being studied Creswell (2013). Different codes analysed could merged to form a theme. The researcher examined the data to find common patterns across the codes as the information came from different participants such as religious leaders, religious congregants, and families of people with mental illness.

Reviewing themes: The fourth stage is where by the themes will be reviewed and evaluate to see if they are in line with the research questions. This is significant as it ensures that the theme developed are relevant to the study answering research questions. The themes were evaluated to confirm their relevance to the study aim.

Defining and naming themes: This phase's main purpose was to define themes. This is the final refinement of themes and aim to identify the essence of that each theme is about Braun &Clarke (2006). The researcher named the final themes which linked to the research questions and providing definitions particularly the causes and effects of religious beliefs on people with mental illness.

Writing Up: The final stage as stated by Braun & Clarke is writing up the results of the research. Hence this step was undertaken in the next chapter of this research where the results were illustrated following all the stages and principles of thematic analysis.

3.13 LIMITATIONS OF STUDY

During data collection the research faced limitations due to the sensitive nature of the issue being investigated, as the participants may be reluctant to disclose some information due to fear of judgment and discrimination. This affects the accurateness of the data being obtained. The researcher also had limited time to probe for more information that could have helped more to findings of the research. Due to financial limitations, the study only focused on a sample hence the results procured could not be generalized.

3.14 ETHICAL CONSIDERATIONS

The research is much aware that both religious beliefs and mental health issues are sensitive so ethical considerations were put in place. Le-Compte and Schensul (2015:2) states that ethics are the principles that govern interactions between and among people with regard to their relationship with their surroundings. Therefore, ethics are regulations that control how research can be conducted by upholding the values and principles that protect participants of the research.

3.14.1 Informed Consent

The study ensures that the participants gave their consent to be in this study. Creswell (2009) defined an informed consent form as a statement that research participants endorse their signature before they participate in the research. The researcher gave the participants a consent form for the o sign and the researcher explained the information to them orally, so that they may allow her to get information from them.

3.14.2 Voluntary Participants

This involves research informant's participants in the research willingly without any coercion. Rose et al (2013) notes that individuals should volunteers on their own to participate in the study. In this study the researcher managed to ask the participants to volunteer willingly in participating in the study.

3.14.3 Confidentiality

The research participants were guaranteed full confidentiality is all issues that were discussed during the process of this research. According Babbie (2011) a research project guarantees confidentiality when the researcher can identify given persons response but promise not to do publicly. In this study Confidentiality was upheld names of the participants were not disclosed.

3.15 CHAPTER SUMMARY

The qualitative research approach and phenomenological design were adopted for the study. Data were generated using In-depth interviews and FGDs. The chapter also presented population and sampling procedures; data presentation and analysis procedure; strategies for ensuring trustworthiness and ethical considerations. The next chapters present and analyse the findings of the study

CHAPTER 4

DATA PRESENTATION AND ANALYSIS

4.1 INTRODUCTION

This chapter focuses on the presentation, interpretation, and discussion of findings of the study on the attitudes can barriers created by religious beliefs towards people with mental illness. The research is qualitative nature, key informant interviews as well as Focus Group Discussions, were utilised together information from participants. The findings are going to be presented in line with the objectives which are to investigate the causes of mental illness as perceived by caregivers of people with mental illness, the effects of religious beliefs on those suffering from mental health problems as perceived by caregivers of people with mental illness and to explore measures that can be put in place to reduce the effects of religious beliefs as suggested by caregivers of people with mental illness. Thematic analysis was used to evaluate data, grouping nearly identical responses under unified themes. It provided a systematic approach to identifying and emphasising significant content, leading to a deeper understanding of the participants' perspectives and experiences related to the research topic. By aligning participants' responses with these objectives, the investigator ensured the data collected was pertinent to the aims of the study and supported a comprehensive evaluation of the impact of the barriers and attitudes created by created by religious beliefs towards mental health problems. Except for key informants' responses, the researcher offered exact quotations in vernacular language, in this case Shona (which were later translated into English but retained their content).

4.2 DEMOGRAPHIC INFORMANTION

4.2.1 DEMOGRAPHIC INFORMATION FOR PRIMARY PARTICIPANTS

PARTICIPANT TITILE	AGE	GENDER	EXPERIENCE IN CAREGIVING (YEARS)
CAREGIVER 1	30YEARS	F	10 YEARS
CAREGIVER 2	26 YEARS	M	6 YEARS
CAREGIVER 3	45 YEARS	F	26 YEARS
CAREGIVER 4	35 YEARS	M	11 YEARS
CAREGIVER 5	60 YEARS	F	30 YEARS
CAREGIVER 6	27 YEARS	F	9 YEARS
CAREGIVER 7	50 YEARS	M	25 YEARS
CAREGIVER 8	42 YEARS	M	20 YEARS
CAREGIVER 9	29 YEARS	F	4 YEARS
CAREGIVER 10	38 YEARS	M	12 YEARS

4.2.2 DEMOGRAPHIC INFORMANTION OF KEY INFORMANTS

PARTICIPANT TITLE	AGE	GENDER	EXPERIENCE (YEARS)
RELIGIOUS LEADER	65	M	35 YEARS
VILLAGE HEALTH WORKER	40	F	20 IN THE MINISTRY OF HEALTH
SOCIAL WORKER	32	F	12 YEARS IN THE ORGANISATION

The study has a total number of 13 participants. Three key informants and ten Caregivers of people with mental illness. The participants are the caregivers of people with mental illness; they included five male and five females they are the one who take care of people who are mentally ill. The key participants include religious leader, village health worker and a social worker.

4.3 CAUSES OF MENTAL ILLNESS FROM VARIOUS RELIGIOUS BELIEFS AS PERCEIVED BY CAREGIVERS OF PEOPLE WITH MENTAL ILLNESS IN SHAMVA WARD 20.

4.3.1 SUPERNATURAL CAUSES

4.3.1.1 Witchcraft

The participants notes that witchcraft (*Kuroy*a) among the shona people is a leading cause of mental illness. Witchcraft or sorcery is believed to be able to cast evil spells and also causes mental illness, witches are driven by jealous of others achievements, conflicts within families and society or need for wealth. Witchcraft harm or target people through evil spells, (*chikwambo*) poltergeist spirit, (*zvitsinga)* magical charms and (*zvishiri)* goblins.

"The mental illness he has was caused by witchcraft. He was a learned person and successful, but one day he suddenly started talking to himself and eating everything. We eventually went to a traditional healer, where we were told that he had been bewitched. We can only assume that people were envious of his wealth." (caregiver 6)

Caregiver 1 elaborated that:

"These days, people believe that this person was bewitched, and his madness is truly a result of witchcraft. He grew up well, even going to school with others, but one day he suddenly started being struck by strange things, and that's when he began to lose his mind, and it has continued up to this day"

We often hear clients or families say, this is not mental illness its witchcraft. We don't dismiss it instead we try to work with their beliefs system while providing care. (Social worker)

The above findings reveal witchcraft as one of the causes of mental illness as it was mentioned by the respondents. This aligns a study by Apobi et al (2019) with mental health issues are among the most commonly perceived problems related to bewitchment or ancestors, and religious advisors are viewed as experts in these realms. Thus, it is plausible to state that mental health problems are caused by witchcraft. According to some respondents' witchcraft is done out of jealous, conflict, need for power and even revenge, causing the bewitched person to be mentally ill, they believe that it is through witchdoctors these individuals can be healed through rituals. This aligns with the social judgement theory by Sherif and Hovaland (1961) which articulates tat people's attitudes and

beliefs about a certain thing are directed by pre-existing religious beliefs. Studies in Uganda mental illness is said to be caused by witchcraft, unhappy ancestral spirits, a poor relationship with the dead, spirit possession, or failure to observe cultural traditions (Akol et al., 2018). These perceptions in turn leads to social exclusion with the community as they are afraid of those people who are associated with anything to do witchcraft.

4.3.1.2 Refusal to respect Ancestral Calling

The Shona traditional beliefs system involves ancestral spirits which are spirits or souls of deceased family members. Mental illness is perceived to be a result of refusal to acknowledge or honor ancestral calling.

"Mental illness can be caused by refusing to obey ancestral spirits. For example, the spirits may want you to become a traditional healer or a spirit medium in the family. If you refuse, the ancestral spirits may cause mental illness." (caregiver 3)

"This calling is believed to be a sacred responsibility passed down through generations, and responding to it is seen as a duty to one's lineage, community, and spiritual realm. So, refusal ancestral calling is disrespectful can lead to consequences such as mental illness." (caregiver 5)

"We don't dismiss what the clients or their family believes. If they say the illness is due to ancestral calling, we explore that as part of their lived reality" (social worker)

The above findings show that, those who believe in the shona traditional religion believe in different supernatural causes such as refusal to respect ancestral calling. Refusing such calling in the Zimbabwean cultures can cause a number of misfortunes such as mental disturbances. In a study by Verginer at al (2019) in Ethopia and Uganda in Africa noted that ancestral calling was one of the leading causes of mental illness in Africa. Ancestral spirits "*vadzimu"* are souls of deceased family members and they chose someone to be a traditional healer or spirits medium and they are expected to fulfill their role. The social Judgement theory by Sherif et al (1961) notes that interpretation about different thing including mental illness is based on their anchor point and in this setting the caregivers traditional cultural setting, anchor belief is that ancestors influence mind and behaviour. When people reject this calling they face consequences such death, loss wealth, mental illness or other sickness among consequences. Van der Zeijst et al (2022) notes that

psychotic and mood related symptoms have been reported to be common in individuals with an ancestral calling. Hence such beliefs about the causes of mental illness led to social isolation and unemployment as the employers would be afraid to anger the ancestors by employing some who refuse to the calling.

4.3.1.3 Avenging spirit

The participants emphasise vengeful or restless spirits as the causes of mental health problems. Vengeful spirits return to torment the living especially those who wronged, so they may cause mental illness.

"This illness was caused by an avenging spirit. His father was involved in an accident he ran someone over with a car and the person died but he did not compensate, so the people in their household are suffering or falling apart without anyone knowing." (caregiver 10)

"Mental illness is caused by avenging spirits; these are spirits seeking revenge for the wrong things done to them such being wrongfully killed, denied proper burial rites, or betrayed by close family members and they seek to be appeased.' (caregiver 7)

One key informant asserted that:

"Avenging spirits is one of the most believed caused of mental illness. the spirit of a wronged person returns to get justice for the wrongdoing done to them in their lifetime." (religious leader)

The above findings notes that, mental illness can result from avenging spirits. Several respondents stated that when an individual is sick because avenging spirits the treatment is appeasing ritual known as *"kupira Ngozi"*. More so witchdoctor's *n'anga* are the one responsible for the appeasing rituals and cleansing rituals**.** The study also emphasised on avenging spirits as the cause of mental illness. Research by Mabvurira (2016) suggest that avenging spirits are appeased by first discovering the cause of its anger, followed by the appeasement. Benyera (2015) argues that among the Shona people, when murder is committed and not acknowledged the spirit of the murdered returns to haunt the family of the murderer. The study findings shows that avenging and revengeful spirits mostly are spirits who have been wronged through being murder these spirits cause misfortunes, unexplained sickness and deaths of the murderer. This can only be solved through consulting a traditional healer who will explain the compensation and ritual to appease the spirits

and if these demands are not met the misfortunes will continue. Studies by Goredema (2016) shows that the shona people acknowledge Ngozi and notes that vengeful spirits cause a number a misfortune and come back to fight for justice. Thus, from the above perspective of different scholars and that of the study participants it is imperative to note that people believe in different causes of mental illness such as avenging spirit.

4.3.1.4 Possessions by evil spirits

The participants indicates that evil spirit possession can cause mental illness. The participants who belong to the Christian and Islam denomination believe that mental illness is caused by evil spirits. These evil spirits are mostly demons, fallen angels, goblins and even ghosts. During a focus participants reported the following:

"We were informed at church that this individual is suffering from mental illness due to being afflicted by spirits of darkness" (caregiver 2)

"This mental illness was caused by demons. He was known to avoid attending church from a young age and at one point, it was prophesied that if he continued refusing to seek prayer at, he would eventually lose his mind". (caregiver 4)

'Sometimes what looks like mental illness is actually spiritual warfare. Evil forces can disturb the mind and the person needs deliverance not just the pills". (religious leader)

The above findings reveal that mental illness is attributed to supernatural causes and this led those who are religious to attribute mental illness to evil spirits. More so this form of illness was believed to be treated through repentance, deliverance prayers and exorcism. Some of the key informants noted that those who are Christians or Muslims view mental illness as possession from evil spirits, rebellion against Gods wishes, though some of them believe that mental Illness can be biological because in the bible there are some people who were born with disabilities so they also believe it is biological. The social judgement theory supports this stating that these interpretations are socially reinforced often passed through generation and embedded in religious or spiritual narratives. Consistent with our findings, supernatural beliefs about the cause of mental illness have been reported in previous studies by (Sub et al., 2021). All these religious perception about the causes of mental illness have different effects on those who have the disease. The finding concurs with a study by Rassol (2019), an Islamic view that exists in which it is believed that mental health

problems are a result of interventions from the Jinn (genie), black magic, and the effects of the evil eye. People with mental illness are regarded as being possessed by evil spirits, being punished by God for their sins or being curse, these beliefs about mental illness are shameful and degrading. Therefore, those who are perceived to be possessed by evil spirits are viewed differently and others reluctant to interact with them for fear of spiritual contamination or bad luck, this view led to deep rooted stigma shaped by religious or cultural beliefs.

4.3.2 SUBSTANCE INDUCED CAUSES

4.3.2.1 Substances abuse

A number of participants recognised substance abuse as an emerging cause of mental illness as they alter behaviour. The participants note that abusing drugs and substances such as cannabis, alcohol, heroin, diazepam, crystal meth among other things these substances can alter human behaviour.

*"He started doing things like smoking marijuana and drinking alcohol excessively, and that's when he began to talk and hit people, even those he didn't know. We can only assume that the alcohol and marijuana are what caused this mental illness." (*caregiver 8)

"He has been suffering from a mental illness for three years. He started acting in a strange manner, constantly lying down and shouting, and eventually he was dismissed from his job because of his behaviour" (caregiver 9)

"We see cases where prolonged substance use especially stimulants or cannabis, induces psychotic symptoms that resemble schizophrenia. Sometimes even after stopping the drug, the symptoms persist" (religious leader)

The study findings show that, substance use, drug used for medicinal and treatment purposes are being used illegally for recreational purpose and these results in mental health problems. The over use of these drugs can alter behavior and this can result in mental illness. In a study by Jones et al (2018) he found that there is rise is symptom of psychosis in people who use both tobacco and cannabis Furthermore, substance abuse is believed to be a contributing factor to mental illness. Among the Zimbabwean one of the frequently used substances is crystal meth (*mutoriro)* which is regarded as a potential trigger for mental health disorders as noted by respondents. According to a study by national institute of drug abuse (2018) drug abuse and addiction lead to significant brain

changes. Misuse has been associated with mental illness of certain types of alcohol; excessive use of drugs and alcohol is perceived to increase the risk of developing symptoms associated with mental instability. This align with a study by Marconi et al. (2015) where they studied patients with their first episode of psychosis and found that those using high-potency cannabis on a daily basis were five times more likely than nonusers to experience a psychotic disorder. Hence, substance abuse is one of the main causes of mental problems.

4.2.3 BIOLOGICAL CAUSES

4.3.3.1 Biogenetic causes

Other participants believe that mental illness is caused by biological and genetic factors. They emphasize how mental illness is hereditary. Chemical imbalances in the brain or hormonal imbalances, prenatal damage and even brain defects cause mental illness as they change perception in behavior and thinking. The study shows that mental illness is genetic and can be passed from one person to another of the same bloodline.

"Many people in their family are born with this illness, so this illness is hereditary." (caregiver 1)

In support of this view a participants attested that:

"*This illness is something he was born with he has had it since birth. We once took him to various doctors because he would cry, couldn't settle, was slow to grow, slow to speak, and had difficulty walking. That's when one doctor told us that it might be a mental illness."* (caregiver 6)

The Social Worker was of the view that:

"Mental illness is caused by biological factors as strong genetic patterns, especially in schizophrenia and disorder are seen. And the environment still shapes how the predisposition plays out."

The above findings indicates that although people have religious beliefs about the causes of mental illness some of the individuals believe that mental illness can be caused by biological factors. Mental illness can run in families which shows that mental illness can genetic, imbalance of brain chemicals such dopamine and serotonin can affect mood and behavior. According to Arango (2018) Biopsychosocial causes or contribute to the development or progression of mental disorders. More so this view aligns with of Larkings and Brown (2018) view that promote the bio-

genetic approach to etiological beliefs of Mental illness. Additionally, causes like this there are effects which such as social exclusion and discrimination as they are labelled as drug addicts, treated unfairly or judged harshly because of their drug use.

4.4 EFFECTS OF RELIGIOUS ATTITUDES AND BARRIERS ON THOSE WITH MENTAL HEALTH PROBLEMS AS PERCEIVED BY CAREGIVERS OF PEOPLE WITH MENTAL ILLNESS IN SHAMVA WARD 20.

4.4.1 Discrimination

People with mental illness face discrimination. Participants emphasise how people are labelled as weak, dangerous or unstable. Religious beliefs also affect individual beliefs and these beliefs lead them to view individuals with mental illness in a certain way.

*Some of the challenges he faces include that the fact that people in the community do not understand this illness so they end up calling him derogatory name such as "madman". This is caused by the things they assume to be the causes of the illness.". (*caregiver 5)

The participants added that:

"In our communities, he no longer has the confidence to move around, and he eventually dropped out of school because of how he was treated by his peers and what others in the community were saying about him". (caregiver 4)

"People fear what they don't understand most of our community still be believe mental illness is a personal weakness and this isolates people and silences them." (village health worker)

The study findings indicates that, discrimination affect those suffering from mental illness, as it affects their self-esteem. Stigmatising and discriminating attitudes towards those with mental illness is created by religious and cultural beliefs. The Findings of this research prove that mental illnesses lead to internalised stigma and these leads to low self-worth, developing feelings of guilt hopelessness and this can worsen their mental state. In a study by Perez-Garin (2016) he notes that discrimination tends to disrupt rational thinking and attempts to make sense of the experience, further disempowering individual coping, especially in the absence of an opportunity to be part of collective action to counteract group-based discrimination. The Shona tradition beliefs that mental illness as caused by ancestral displeasure or witchcraft may lead individuals to avoid seeking help due to fear if judgment. The religious stigma surrounding mental illness may undermine help-

seeking and deter individuals from openly discussing their symptoms (Zolezzi et al.,2018). This religious-based stigmas cause a lot of people not to seek professionals help, thereby missing the chance for early intervention and rehabilitation.

4.4.2 Social Exclusion

The participants reported how those suffering from mental illness were excluded from opportunities and resources. The people in the community do not understand mental illness and instead of offering support they have negatives attitudes towards those with mental illness, which is created by religious beliefs. As caregiver 7 noted that:

"Since he started suffering from this illness, his friends have never come to play with him again."

He later elaborated that:

"There are many things that happen in the community that we are not invited to, even some things that happen in church itself, we are not invited." (Caregiver 7)

"Most of them are avoided by the people in the community both family and friends because they think mental illness is dangerous" (religious leader)

From the above findings, social exclusion emerged as one of the challenges faced by those with mental health problems. Social Exclusion involves the marginalization and isolation of those individual that are affected by mental illness. Religious attitudes that isolate individuals or discourage treatment reinforce this cycle by limiting access to education, health care, and employment. People with mental illness are often barred from church activities, leadership roles, and sacraments like communion. Mathias (2018) in his study stated that people with mental illness were considered dangerous so people kept their distance. In some sects, individuals are subjected to humiliating deliverance rituals in front of congregations, reinforcing the notion that they are spiritually unclean or cursed. This aligns with the social identity theory Tarjel and tunrer (1979) which notes mental illness often leads individuals to be perceived as part of an out-group which carries stigma leading to social exclusion from the in-group. Research by Ekwonye et al (2021) found that the social isolation from lack of religious gatherings and in-person meetings with friends and relatives contributed to overall feelings of depression and anxiety among the study

participants. Henceforth different religious beliefs about the causes of mental illness increase exclusion for those with the illness.

4.4.3 Lack of Social support

The findings shows that lack of social support for individuals with mental health from friends and community, these people need someone to talk to about their problems. Lack of assistance, rejection and loneliness worsen mental health symptoms and can also lead to social withdrawal.

"People in the community no longer support him, even the friends he used to play with no longer play with him which shows lack of support from the community because the different beliefs about mental illness" (caregiver 10)

"When my daughter was diagnosed friend and even family stopped visiting. They say its curse or bad spirit, we are alone." (caregiver 8)

"Lack of social support decreases the chances of individuals with mental illness getting the help, treatment, and recovery they need. This is because social support plays a vital role in encouraging individuals to seek professional help, adhere to treatment plans, and maintain emotional stability. When people with mental health problems feel supported by family, friends, and their community, they are more likely to recognise the importance of seeking help and attending follow-up sessions." (social worker)

The above mentioned findings show that, lack of social support as a problem faced by those with mental health challenge. This is one of the supported by research by Wang et al (2018) those with weaker support face difficulties in depression recovery and social functioning. Additionally, in research by Bedaso et al (2021) of pregnancy women he noted that, low support relates to higher depression, anxiety, and self-harm during pregnancy, in this research Bedaso emphasised the that social support brings out about different other effects which further affect those who are ill.

4.4.4 Unemployment

Participants indicated that those with mental illness are often unemployed. Employers often reject applicants with a history of mental illness, fearing they will be unreliable or disruptive. Moreso Employers who believe in different causes if mental illness such as evil spirits possession or curses may see hiring someone with a mental illness as a spiritual risk or moral compromise

"The days he started showing signs of mental illness, he immediately left his job. When he began feeling better after receiving treatment from a doctor, he couldn't get his job back because of the illness." (caregiver 3)

A participant in a focus group discussion indicated that:

"Since he started being ill, he hasn't been able to go to work. He did try to look for work, but because of his illness, he couldn't find any. Even I had to leave my job to take care of him, so things are really difficult, it's hard for us to take him to the hospital and to buy all the food we need". (Caregiver 4)

The Village health worker stated that:

"Those with mental are rendered incapable of following instruction, so most of them are not offered jobs because of their condition this is due to misinformation about the mental illnesses it causes and its type"

The above findings show that, the people with mental illness face challenges finding employment. Employers may refuse to hire or retain people with known or suspected mental health conditions, even if they are fully capable of working. Frank et al (2024) the study highlighted that mental health problems are both a consequence of and a risk factor for poor employment status. Poverty is a critical factor that affects both individuals with mental health problems and their caregivers, the lack of financial resources to meet basic needs such as food, shelter, healthcare, education, and transportation. In areas like shamva poverty is both a cause and a consequence of mental illness. In study by Buggerman (2024) reviews that individuals with mental health problems have a lower probability of finding and Maintaining employment. Mental illness may therefore cause long-run economic hardship by reducing school and college completion rates, worsening early-career job placements and hindering skill| acquisition (Patton et al 2016). Religious beliefs about mental create a barrier in employment acquirement, employers evaluated their employee before they give them jobs and those with mental illness a mostly deemed unsuitable, additionally beliefs such as ancestral calling or witchcraft will make the employers afraid of disobeying the ancestors or those with the charms of bewitchment and in turn, they won't employ those mentally ill because of these causes of mental problem. Consequently, people with mental illness tend to be unemployed and because of this most of them live in poverty.

4.5 POSSIBLE MEASURES THAT CAN BE PUT IN PLACE TO ADDRESS NEGATIVE ATTITUDES AND BARRIERS ROOTED IN RELIGIOUS BELIEFS TOWARDS PEOPLE WITH MENTAL HEALTH PROBLEMS AS SUGGESTED BY CAREGIVER OF PEOPLE WITH MENTAL ILLNESS IN SHAMWA WARD 20.

4.5.1 Raising awareness

During the focus group discussion some respondents pointed out that there is a need for government and other stakeholders to continuously conduct educational awareness campaigns that will teach the community about mental illness.

"I think people should be educated about the causes of mental illness, and how the attitudes towards those with this illness affect them" (caregiver 5)

Caregiver 1 added:

"People should be taught about mental illness because when my son was diagnosed with this illness I didn't know anything and it was hard for me of take care of him"

A key Informed noted that:

""Innovative ways to disseminate mental health information on social media platforms and radio are crucial in correcting the perception about mental illness and by using creative and accessible methods, such as infographics, videos, podcasts, and live discussions, these platforms can reach a wide audience and engage people in meaningful conversations. This do not only help in breaking the stigma surrounding mental health but also educates the public about the importance of mental well-being" (village health worker)

The above findings show that, raising awareness nationwide and at community level about mental health help reduce misconceptions, stigmatisation, social exclusion and discrimination. Awareness campaigns are used to educate, promote understanding, or knowledge about mental health problems. Educational awareness was identified as a key factor in changing how religious beliefs and attitudes affect those with mental illness. One key informant notes that these awareness campaigns should be led by respected members of the community, such as teachers, nurses, and traditional leaders. Mental health literacy initiatives and awareness campaigns aimed at educating the public about mental illness, its causes, and available treatments options are considered valuable

tools in the reduction of stigma and in the encouragement of more appropriate help-seeking behavior (Wahlbeck, 2015). This suggestion is based on the idea that people are more likely to change their beliefs when the message comes from someone they trust. Therefore, the messenger is just as important as the message itself when it comes to changing community perceptions and attitudes. These findings align with Harries (2012), who emphasised the value of working with religious and community figures to build trust. Trust helps create an environment where people are open to new ways of thinking. Recommended ways of sharing this information included the use of radio, newspapers, and public awareness events. However, context matters for example, Jones et al. (2013) suggested using websites to share information, but this might not work well in rural communities like Shamva where internet access is limited. Instead, social media and radio were often mentioned as more practical and widely used tools for communication in the area. Hence educational campaigns focused on educating people on how religious beliefs and attitudes towards people with mental health problems help reduce the effects face by those with mental illness.

4.5.2 Demystifying the myths

There are myths which are believed about the causes of mental illness. These myths promote fear and exclusion rather than compassion and care, challenging these false misconceptions and false beliefs break the stigma, discrimination and neglect.

"Demystifying myths is an important strategy in transforming community attitudes, improving mental health outcomes." (cargiver 2)

"These religious beliefs cause of mental illness such as ancestral calling, as this will help in mental helping those with mental illness get treatment, witchcraft are just myths that should be dismissed and people educated about the causes of mental illness "(caregiver 9)

During a face-to-face interview one key participants submitted that.

"Religious institutions should take an active role in educating their congregants about mental health, helping to dispel harmful myths that associate mental illness with demonic possession or supernatural causes. It is important to raise awareness about the symptoms and realities of mental health conditions. Spiritual leaders, including pastors, should also receive proper training to better understand mental health issues. While faith is important, it should not replace medical

knowledge. Communities must be taught that pastors, while respected, are not infallible, and their guidance should be complemented with professional support. True healing often comes from a balance between spiritual faith and practical action after all, faith without works is dead." (religious leader)

The above findings show that, addressing and correcting myths is another important strategy for improving public understanding. This involves directly confronting false beliefs, such as the idea that mental illness is caused by witchcraft or ancestral spirits for refusal of ancestral calling. However, a logical examination shows some of those affected by this illness can get better when they are on medication or goes to counseling. Therefore, linking witchcraft or ancestral calling with mental illnesses does not hold up to scrutiny. Since the mental illness is a ubiquitous and people around the world have different religious beliefs even some who are atheists, it weakens claims that mental illnesses are caused by witchcraft, ancestral calling among other beliefs. This broader impact on the whole world helps to dispel different religious myths about causes of mental illnesses. Wharton et al (2018) report that increased awareness of the mental illness and stigma associated with mental illness demystifies the disease thus increasing wellness among those who suffer from it. This approach aligns Social Judgment Theory which recognise that belief change is a process, it calls for strategic communication, culturally sensitive messaging, and trusted community figures to gradually shift perceptions. In try to dismiss myths the Canadian government introduced myth and Fact strategy to reduce myths and correct information (Canadian Mental Health Association 2017). Thus, this approach is more effective than confrontation, especially in rural or traditional communities such as shamva where myths are rooted in identity, history, and social norms.

4.5.3 Collaboration among Stakeholders

Collaborations among all the stakeholders who deal with mental health and the Community helps in reducing the problem which those people with mental illness face.

"Collaboration and unity are crucial in supporting mental health. This involves a diverse range of people such as caregivers, family members, doctors, religious leaders, prophets or traditional healers, as well as community members, working together to support individuals

Caregiver 6 in a focus group discussion stated that:

"The collaboration family, community and various organisations at large is essential in caring for those who are mentally ill. This helps in offering vital social support for the mentally ill, access food, education and even food support"

"Collaboration between the government, other stakeholders and those from religious should work together in providing social support for the mentally ill. And this also help involving those suffering from the illness in different activities" (village health worker)

The above mentioned findings indicates that, collaboration between government, nongovernmental organisation, other stakeholders, and even the community help to reduce the effects of the religious attitudes towards those with mental health problems. As a research Renz we al (2016) notes that there is need for collaboration and cooperation between government and non-governmental organisation. Furthermore, in a study by Thekkumkara, Jagannathan, & Siva Kumar, (2021), the Indian government introduced the skill India program overcome these challenges, the Government of India in collaboration with other stakeholders implemented programs, such as the Skill India program and other government-initiated skill training programs such as regional vocational skill training centers for women. Thus, it is imperative for government, nongovernmental organisation, mental health committees and the Community to collaborate is dealing with effects caused religious attitudes and barriers towards those with mental illness.

4.5.4 Vocational trainings

The participants mentioned skills training allows individuals to earn an income, contributing to household needs and reducing dependency on caregivers. Vocational training involves imparting hands-on, income-generating skills to individuals, allowing them to engage in productive work even outside the formal economy. During the discussion caregiver 1 said:

"Vocational training is particularly valuable for individuals facing mental illness as it provides them with access to opportunities outside the formal economy. Furthermore, vocational training encourages innovation and entrepreneurship, helping individuals with mental health challenges to create their own income-generating businesses".

Another participant also supported the above view saying:

"Through vocational training, we are providing individuals with mental illness a sense of purpose, financial independence, and a pathway to recovery and personal growth. Through these initiatives,

individuals gain skills that help them overcome the challenges they face, not only in employment but also in their daily lives." (caregiver 6)

A social worker noted that:

"Vocational trainings in piggery production, mushroom production, among others should be implemented for people with mental illness in order to give them a sense of purpose. They should be taught different skills so that they can fend for themselves."

The above findings show that, vocational skills training equip those with mental illness with practical abilities and income-generating opportunities that support both their immediate and long-term survival. It also recognises that for the most part of life, people face adversity, become resilient and resourceful and learn new strategies to overcome attending adversities (Pulla, 2017). Therefore, the skills acquired can evolve into sustainable livelihoods, enabling these individuals to cope. The vocational or income generation activities included household consumables, paper products, textile products, handicrafts, food products, animal husbandry, had been proved that agricultural training therapy can improve the rehabilitation effect of schizophrenia patients in rural communities (Xu, Cai, & Zhou et al., 2018). Life skills training helps improve their quality of life and prepares them to handle future challenges more effectively. As one key informant noted, this kind of support fosters independence and strengthens those with the illness the ability to recover and thrive in the face of adversity. Thus, having such skills is imperative for those affected by the problem as it helps them in the long run.

4.6 CHAPTER SUMMARY

The chapter was focusing on a presentation of data; the study findings were discussed and analysed basing on the literature reviews and the theoretical framework adopted for the study. The chapter covered the causes of mental illness as perceived by religious beliefs, the effects created by these attitudes and beliefs towards hose with mental illness and possible strategies used to curb effects created by the beliefs towards those with mental illness. The findings were compared and contrasted to previous studies by other researchers.

CHAPTER 5

SUMMARY, CONCLUSION AND RECOMMENDATION

5.0 INTRODUCTION

This chapter presents an in-depth summary, final conclusions, and recommendations based on the study's findings concerning religious attitudes and barriers towards people with mental Health problems. It Summarises the finding from these from data presentation and analysis. The chapter Highlights the main findings of the research.

5.1 SUMMARY

The study scope was to examine the religious attitudes and barriers towards people with mental health problem form the perspective of the caregivers of people with mental illness. The first chapter outline the background of the study, objectives of the study the statement of the problem which described the issue which the research is trying to address. More so the second chapter focused on the theoretical framework which informed the study and also reviewed literature of studies and researches related to the topic. the third chapter focused on research methodology which are the approach, methods and tools which were you to carry out research, it also explains why the methods, tools were choose and how the research was conducted.

5.1. Causes of mental illness from various religious beliefs as perceived by caregivers of people with mental illness in shamva ward 20.

The study findings established that people have different views about the causes of mental illness and these views are influenced by religion. The caregivers of those with mental illnesses gave different views about the causes of mental. Many caregivers of people with mental illness believed mental illness to be caused by supernatural causes such as witchcraft, Ancestral Spirits, avenging spirits among other causes. These beliefs about different causes of mental illnesses affect those with mental illness as they are stigmatised, discrimination, excluded from the community.

5.1.2 Effects of religious attitudes and barriers towards people with mental health problems . A perspectives of caregiver of people with mental illness in shamva ward 20.

Mental illness is misunderstood with many communities or religious groups attributing it to supernatural causes rather than a medical condition. Those affected by the illness are labelled called derogatory names such as the madman. More so they are discriminated through being marginalised, Isolated or subjected to harmful treatment. In some cases, individuals with mental illness are excluded from social events for some times hidden away because of different causes of mental illness such as possession by Evil spirits. Religious leaders and members may lack accurate knowledge about mental health, perpetuating harmful stereotypes. Many religious people believe mental illness as Possession by evil spirits this leads to people isolate those with mental illness because they believe that they are not morally upright so as a result hose with mental illness are excluded from social programs, they are not supported by the they are often refused employment among other effects caused by religious beliefs and barriers.

5.1.3 Possible Measures that can be put in place to address the effects of negatives attitudes and barriers rooted in religious beliefs towards people with mental health problems as suggested by caregivers of people with mental illness in shamva ward 20.

Furthermore, there are measures that were suggest to curb the effects caused by religious beliefs such as awareness campaigns, to educate people about the causes of mental health, and about how different attitudes increase different effects of those who are mentally ill. In order for those who are mentally ill to be able to take care of themselves they need to have skills so the government should offer vocational training and also initiate community projects to help those with mental illness to fend for themselves. More so the government should work on demystifying myths through educating people and dismissing some of the myths which people go to when it comes to causes of mental ill ness.

5.2 CONCLUSION

The study discovered various religious cause of mental illness as understood through various religious beliefs by caregivers of individuals with mental illness. Through this exploration, it became evident that many caregivers interpret mental illness through deeply rooted religious lenses. The commonly mentioned causes include spiritual possession, avenging, ancestral

displeasure, witchcraft among others. This is supported by Apobi et el (2019) who noted that mental health issues are among the most commonly perceived problems related to bewitchment or ancestors. These beliefs often influence the initial responses to mental illness, such as seeking spiritual or traditional healers before turning to medical or psychological support. Mangena (2015) notes that perceived causes of mental illness will determine the possible treatment options that will be considered by the guardians. Understanding these perceived causes is crucial for mental health professionals and policymakers, as it helps in designing culturally sensitive awareness campaigns and interventions that align with local belief systems, while also promoting evidence based mental health care.

Religious belief about mental illness create attitude and barriers towards mental health problems . The social judgmental theory notes that individuals' judgments a about a topic is based on their pre-existing attitude, in addition the theory offers the that attitudes and perception a of caregivers on mental illness. The findings reveal that some religious beliefs reinforce stigma, discrimination, and isolation. This aligns with a study by Cyrus (2017) he indicated that people with mental illness face discrimination from friends, community members and even other family members. Mental illness is sometimes seen as a result of sin or moral failure, which can lead to the marginalisation of affected individuals within religious communities. Clement (2015) states that mental illness is considered dangerous in most religious context and this create exclusionary tendencies. This underscores the need for targeted education within religious institutions to promote a more informed and empathetic view of mental health issues, reducing stigma and encouraging supportive environments for both caregivers and those suffering from mental illness.

The study further identifies practical measures that can be implemented to address negative attitudes and religious-based barriers to mental health support. Caregivers highlighted the importance of, increased mental health awareness within religious settings, and collaboration between health professionals, religious leaders, and community members. Chandola et al (2020) note that raising mental health awareness is often a good idea as it changes how people treat those with mental health problems. Suggestions included workshops, awareness campaigns led by both medical and religious figures, and the integration of faith-based support with clinical care. This aligns with a study by Zhou et al 2018, which notes that vocational trainings or income generation activities had been proved that agricultural training therapy can improve the rehabilitation effect

of schizophrenia patients in rural communities (Xu, Cai, & Zhou et al., 2018). By leveraging the influential role of religious institutions and leaders, it is possible to challenge harmful stereotypes and promote more inclusive attitudes. These measures can help create a more supportive environment for individuals living with mental illness, enabling them to access the care they need without fear of stigma or exclusion.

5.3 IMPLICATIONS FOR SOCIAL WORK

The study is of paramount importance as it brings issues that are key to the social work profession. Understanding the intersection of religion, mental illness, and social attitudes has important implications for social work both in practice and policy advocacy. Social workers frequently encounter clients for whom religious beliefs are central to their identity, coping mechanisms, and decision-making processes. Therefore, addressing religious barriers and attitudes toward mental illness is essential for ethical and effective practice. Social workers can act as educators and bridge builders between mental health services and religious institutions. Schools of social work should integrate religious and spiritual literacy into the curriculum. Social workers should actively engage with religious communities to build culturally and spiritual respectful mental health intervention; by educating religious leaders, challenging stigma and incorporating faith into recovery plans, we create inclusive, empathetic environment where individuals with mental illness are accepted, supported and treated with dignity.

5.4 RECOMMENDATIONS

In accordance with the research findings, the researcher has provided a number of recommendations to the government, stakeholders, social work department among other entities.

5.4.1 Policy

- The Department of mental health should also introduce mental health awareness programs in clinics, hospitals, television and in schools in collaboration with the Department of Education, to destigmatize and demystify mental illness.

- Develop and implement mental health literacy programs targeting religious leaders and congregants to dispel myths and reduce stigma.

5.4.2 Community

- There is a need for community-based projects and vocational skill trainings that can help those with mental illness to get into the economic market in order to take care of themselves and their caregivers, community leaders and governments implement these projects and skills training with the help of the of non-governmental organisations.

5.4.3 Social work

- Social work education must be restructured to meet current demands. Integrating content on spirituality, cultural competence, and the role of faith communities can help future social workers navigate religious beliefs that may either support or hinder mental health treatment, fostering more inclusive and effective care.

5.4.4 Stakeholders

- Collaboration is warranted between government agencies, mental health committees, NGOs, communities and caregivers so that by sharing knowledge, resources, and aligning efforts, a more comprehensive approach to reducing effects of religious attitudes towards those with mental illness.
- Government and non-governmental organisations should sponsor or implement educative programs that address effects caused by religious attitudes and barriers towards those with mental illness. Awareness campaigns that involve many stakeholders should conducted to dissocialise the discriminatory perception and prejudice that can help clients use of their faith as a source of strength without reinforcing harmful stigma.

5.4.5 Families of people with mental illness

- It is important for families to educate themselves about mental health in order to understand the symptoms, causes and treatment options for mental health conditions.
- Additionally, families should seek support for themselves through community programs, family counselling and family support groups to better understand their role and cope with emotional challenges.

5.5 AREAS OF FUTURE STUDY

- The Impact of religious beliefs on mental health seeking behavior.
- Effectiveness of faith-based practices in mental recovery in Zimbabwe.
- Explore how religious copying styles affects mental health outcomes and willingness to seek help.
- Examine the role of religious education in shaping mental health attitudes towards therapy and psychological problems.

5.6 CHAPTER SUMMARY

The chapter focused on the summary and conclusion of the whole study and it was presented in line with the objectives of the study. Implication of the research to social work practice was also provided within the chapter. Recommendations were also provided in the chapter and areas for future studies.

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APPENDICES

APPENDIX 1: CONSENT FORM

BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SOCIAL SCIENCE AND HUMANITIES

DEPARTMENT OF SOCIAL WORK

INTRODUCTION

My name is Jonga Clara. I am a fourth year at Bindura University of science Education pursing bachelor of science honors Degree in Social work .As part of the requirement of the degree, the student is required to carry out research project, As part of the requirements of the degree, the student is required to carry out a research project, which I kindly invite you to participate in. Before you decide to participate in the research, you are free to talk to anyone you feel comfortable about the research. If there may be some words, you do not understand you are free to ask, and I will explain. I am therefore kindly asking you to help me in carrying out my research by taking a few minutes of your time to respond to the following questions as openly and freely as you can. Your cooperation and support are greatly appreciated.

Title of the study

Religious attitudes and barriers towards people with mental health problems .A perspective of caregiver of people with mental illness in shamva 20.

Purpose of the study

To understanding and exploring attitude and barriers created by religious beliefs towards individuals with mental illness.

.

Ethical considerations; privacy, confidentiality and voluntary participation

Be reminded that your participation in this study and in this interview is confidential. Your responses will be treated with confidentiality and will ONLY be used for the purposes of this research. Your participation is based on voluntary basis. Therefore, you have the power to decide whether you feel comfortable or not to be interviewed. You may decide to withdraw from the interview at any moment.

Contact details

If you have any other questions, you can contact me on the following details

Email: clarajonga30@gmail.com

Phone number;

If you are willing to partake and contribute to and in the study, you can kindly fill your details in the spaces below.

Participant signature (pseudonym) ……

Signature of researcher…….

Date…….

With thanks

Jonga Clara

APPENDIX 2: FOCUS GROUP DISCUSSION GUIDE

BINDURA UNIVERSITY OF SCIENCE EDUCATION
FACULTY OF SOCIAL SCIENCE AND HUMANITIES
DEPARTMENT OF SOCIAL WORK

INTRODUCTION

My name is Clara Jonga. I am a fourth-year student at Bindura University of Science Education studying Social Work. As part of completing the degree program, students are required to conduct individual research. Therefore, I am conducting a research study on the topic **"Religious attitudes and barriers towards people with mental health problems. A perspective of caregiver of people with mental illness in shamva ward 20**". You are kindly requested to participate in this study. Be reminded that your responses will be kept confidential and anonymous and will be used strictly for academic purposes. Also, your participation in this study is voluntary. I am going to engage you in an interview that will not last for more than 30 minutes as part of data collection. You may choose to excuse yourself at any time during the interview.

SECTION A: Biography

1. What is your name?
2. How old are you?
3. How long have you been a caregiver?
4. Which religion denomination do you belong to?

SECTION B: Causes of mental illness

5. In your opinion what are the causes of mental health problems?
6. How do community members view individuals with mental health problems from a religious perspective?
7. What do people around you say are the causes of mental illness?

SECTION C: Effects of religious attitudes and beliefs towards people with mental health problem.

8. What effects of religious beliefs towards people with mental heal problems?
9. How do religious beliefs contribute to stigma or discrimination against individuals with mental health issues?
10. What barriers do people with mental health encounter when attempting to access services and how do these barriers affect the quality of care provided?

SECTION D: Measure that can be put in place to address negative attitudes and barrier rooted in religious beliefs.

11. What measure can be put in place to reduce the effects is religious beliefs on mental health problems?

APPENDIX 3: KEY INFORMANTS INTERVIEE GUIDE

BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SOCIAL SCIENCE AND HUMANITIES

DEPARTMENT OF SOCIAL WORK

INTRODUCTION

My name is Clara Jonga. I am a fourth-year student at Bindura University of Science Education, pursuing a Bachelor's degree in Social Work. As part of completing the degree program, students are required to conduct individual research. Therefore, I am conducting a research study on the topic that says **'religious attitudes and barriers towards people with mental illness. A perspective of caregivers of people with mental illness in shamva ward 20.'** You are kindly requested to participate in this study. Be reminded that your responses will be kept confidential and anonymous and will be used strictly for academic purposes. Also, your participation in this study is voluntary. I am going to engage you in an interview that will not last for more than 30 minutes as part of data collection. You may choose to excuse yourself at any part during the interview.

SECTION A: Biography

1. Could please give your name and job title?
2. How long have you been in your field?
3. What is your religious denomination?

SECTION B: Causes of mental illness

4. What is you understanding of mental illness?
5. In your opinion what are the cause's mental illness?
6. What are the common religious explanations for mental health conditions among clients, congregants and patients?

SECTION C: Effects of religious attitudes and beliefs towards people with mental health problems.

7. What challenges do people with mental illness with mental illness face?
8. What are the social, cultural and economic barriers faced by people with mental illness?
9. What are the causes of these barriers?
10.

SECTION D: Measure that can be put in place to address negative attitudes and barrier rooted in religious beliefs.

11. How can these negative effects can be addressed?
12. Based on your experience, what services or programs are still lacking in your area for people with mental illness?
13. How can we inspire communities to show greater understanding and support for people with mental health issues?

APPENDIX 4 : RESEARCH LETTER

FACULTY OF SOCIAL SCIENCES & HUMANITIES
DEPARTMENT OF SOCIAL WORK

P. Bag 1020
BINDURA, Zimbabwe

Tel: 263 - 71 - 7531-6, 7621-4

Fax: 263 - 71 - 7534

BINDURA UNIVERSITY OF SCIENCE EDUCATION

Date: 17 FEBRUARY 2025

TO WHOM IT MAY CONCERN

RE: REQUEST TO UNDERTAKE RESEARCH PROJECT IN YOUR ORGANISATION

This serves to introduce the bearer: JONGA CHIRA
Student Registration Number: B2009038 who is a BSc SOCIAL WORK student at Bindura University of Science Education and is carrying out a research project in your area/institution.

May you please assist the student to access data relevant to the study, and where possible, conduct interviews as part of a data collection process.

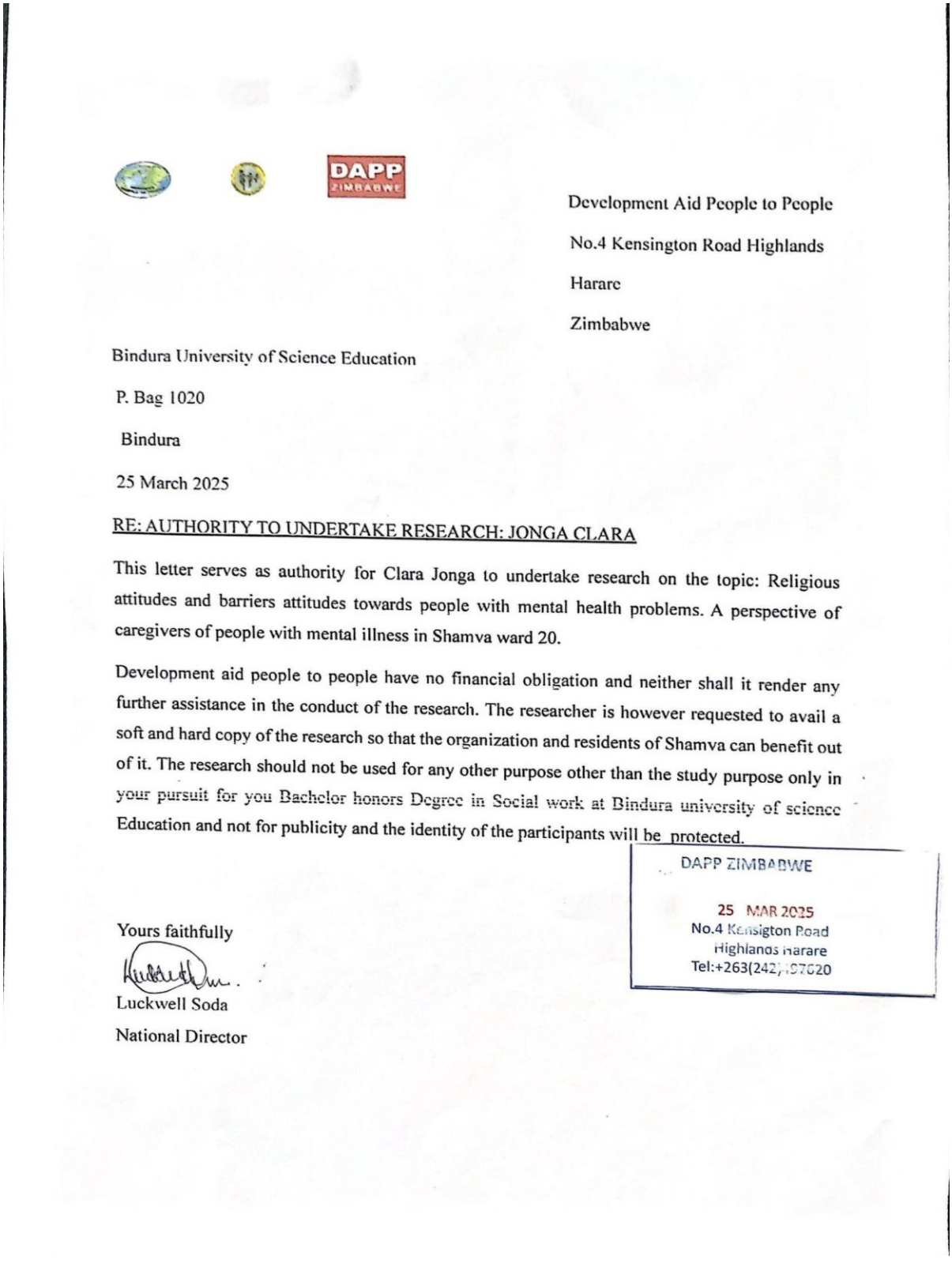
Yours faithfully

MS E.E. CHIGONDO
CHAIRPERSON

BINDURA UNIVERSITY OF SCIENCE EDUCATION
SOCIAL WORK CHAIRPERSON
17 FEB
16 JAN 2025
FACULTY OF SCIENCE EDUCATION
PRIVATE BAG 1020, BINDURA, ZIMBABWE

DAPP ZIMBABWE
25 MAR 2025
No.4 Kensigton Road
Highlands Harare
Tel:+263(242) 07020

APPENDIX 5 : APPROVAL LETTER



Development Aid People to People

No.4 Kensington Road Highlands

Harare

Zimbabwe

Bindura University of Science Education

P. Bag 1020

Bindura

25 March 2025

RE: AUTHORITY TO UNDERTAKE RESEARCH: JONGA CLARA

This letter serves as authority for Clara Jonga to undertake research on the topic: Religious attitudes and barriers attitudes towards people with mental health problems. A perspective of caregivers of people with mental illness in Shamva ward 20.

Development aid people to people have no financial obligation and neither shall it render any further assistance in the conduct of the research. The researcher is however requested to avail a soft and hard copy of the research so that the organization and residents of Shamva can benefit out of it. The research should not be used for any other purpose other than the study purpose only in your pursuit for you Bachelor honors Degree in Social work at Bindura university of science Education and not for publicity and the identity of the participants will be protected.

DAPP ZIMBABWE

25 MAR 2025

No.4 Kensigton Road

Highlands Harare

Tel:+263(242)

Yours faithfully

Luckwell Soda

National Director