

**EFFECTS OF SUPERSTITIONS SURROUNDING MENTAL HEALTH DISORDERS
ON HELP SEEKING BEHAVIOURS AMONG THE YOUTH OF KAMWOKYA
PARISH II**

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DECLARATION

I, Babirye Candy Joy, registration number 21/U/15535/PS, hereby declare that this research proposal titled ‘The effects of superstitions surrounding mental health disorders on help seeking behavior among the youth of Kamwokya Parish II’ is my original work. It has not been submitted to any other institution for academic credit. Where the work of others has been used, it has been duly acknowledged.

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APPROVAL

This is to certify that the research proposal entitled ‘the effects of superstitions surrounding mental health disorders on health seeking behavior among the youth of Kamwokya Parish II’ has been submitted with my approval as the supervisor.

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LIST OF ACRONYMS AND ABBREVIATIONS

- FGDG: Focus Group Discussion Guide
- IDI: In-Depth Interview
- KII: Key Informant Interview
- LC1: Local Council 1
- MHD: Mental Health Disorder
- SPSS: Statistical Package for the Social Sciences
- WHO: World Health Organization

ABSTRACT

This study investigated the effects of superstitions surrounding mental health disorders on help-seeking behaviors among youth in Kamwokya Parish II, Kampala, Uganda. The research aimed to explore prevalent superstitions, analyze their influence on choices for professional mental health services, and identify the roles of traditional and spiritual healers. Employing a qualitative research approach with a descriptive phenomenology design, the study utilized in-depth interviews, focus group discussions, and key informant guides. A total of 15 participants were involved: 10 youths (aged 18-30) who had personal or close observational experience with mental health disorders, and 5 key informants including mental health professionals, parents/caregivers, local leaders, and spiritual/traditional healers. Purposive and snowballing sampling techniques were used to select participants, ensuring relevance to the study objectives and facilitating access to hard-to-reach populations. Data analysis was conducted using the Statistical Package for the Social Sciences (SPSS).

The findings revealed that youth in Kamwokya Parish II predominantly attribute mental health disorders to supernatural causes such as witchcraft, ancestral punishment, and curses, leading to significant mistrust in biomedical treatments and a deep fear of social stigma. This resulted in considerable hesitation and delays in seeking professional mental health services, with a strong preference for culturally congruent traditional and spiritual healing modalities. Traditional healers and spiritual leaders played a pivotal role, offering accessible and affordable interventions like rituals, sacrifices, prayers, and exorcism, which were perceived as more aligned with the spiritual etiology of mental illness. Based on these findings, it's recommended that culturally sensitive community education campaigns be implemented to demystify mental illness, foster collaboration between formal healthcare providers and traditional/spiritual leaders to create referral pathways, and enhance the accessibility and affordability of youth-friendly mental health services. The conclusion emphasizes the profound impact of superstitions on help-seeking behaviors and the need for nuanced, integrated approaches to improve mental health outcomes among the youth in this community.

CHAPTER ONE: INTRODUCTION

1.1 Background

Mental health refers to the state of mental wellbeing that enables people to cope with the stresses of life, realizes their abilities, learn well and work well and contribute to their community (WHO,2022). Mental health disorders refer to a clinically significant disturbance in an individual's cognition, emotional regulation, or behavior. It was usually associated with distress or impairment in important areas of functioning (World Health Organization, 2022). Oxford Dictionary defined superstitions as widely held but irrational belief in supernatural influences especially as leading to good or bad luck, or a practice based on such a belief. Mental health disorders are a growing public health concern affecting millions of people worldwide. According to WHO, its estimated that over 970 million people suffered from mental illnesses such as depression, anxiety, and bipolar disorder (WHO,2022). Research showed that 8 in 10 people globally with mental health disorders stigma and in many cultures around the world attribute mental health issues to witchcraft, curses and demonic possession (Lancet Global Mental Health, 2021). These beliefs tended to delay treatment and increase discrimination against individuals with mental illnesses.

In Africa, mental health disorders were very prevalent with approximately 116 million people affected WHO (2022) with the common disorders being depression and anxiety. This high number was explained by the taboo on mental illness which was associated with superstitious practices such as witchcraft the wide spread traditional beliefs that mental health is caused by ancestors or bewitchment has influenced people's knowledge and attitudes, so those suffering from mental illness were rejected by their relatives, hidden to avoid embarrassing the family or kept in chains (SOS Children's Villages, 2023). Some cultures believed that if a person was struggling with their mental health, it is more likely there were evil spirits involved and must go to the traditional doctor or witch doctor to have them cleansed. For example, Professor Scull, who wrote about Madness in Civilization reported that the popular view in ancient cultures was that madness was caused by evil spirits such as in the bible's Old Testament or the Jewish Torah, evil spirits and divine punishment were considered causes of mental disorders (Australian Broadcasting Corporation, 2016)

Africa still faces many other challenges in addressing mental health such as, poor awareness, stigma, limited structured financial investment among others has left many young people in Africa

with no choice but to live with the untreated mental health disorder. (World Health Organization, 2024). The region also faces a severe shortage of mental health professionals with fewer than 1 psychiatrist per 100000 people for 47 countries across Africa. (UNICEF, 2023).

Uganda is a third world country with 50.5% of its population considered as youth (UNFPA Uganda, 2024). the country still battles with the problem of mental health disorders with mental, neurological and substance use disorder being the major public health burden (Mugisha et al., 2019). The prevalence of any mental health disorders stands as 22.9% among children and 24.2% in adults. Prevalence of depression was 22.2% in children and 21.2% in adults.... The prevalence of anxiety disorder in 2022 was 14.4% in children and 20.2% in adults (Opio, Munn, & Aromataris, 2022) and these are the most common disorders in Uganda. Uganda still faced serious challenges with mental disorders as per ministry of health with 20% of Ugandans were experiencing mental health disorders (Muyinda et al 2018) with the most mental health disorders reported in Kampala city.

The major causes of mental health disorders included chronic poverty, limited access to health care, and cultural plus spiritual coping. (Bwanika et al. 2022) Other causes of mental illness included inherited traits, environmental exposures before birth, use of alcohol and other drugs, traumatic experiences such as military combat, among others (Mayo Clinic, 2022)

Uganda therefore was nuanced tapestry of beliefs, traditions, and customs that shape the perspectives on mental health which often serve as a source of strength and resilience. (Nile Post, 2023). Various groups perceived mental health disorders differently and their perceptions were heavily influenced by different superstitions such as some believe that mental health disorders were as a result of thinking too much, others believe its as a result of angered ancestral spirits(mzimu) or clan gods (misambwa, 2012). Other people believe it's a curse or witchcraft, while others believed it was a failed relationship with God. (TwoGereug, 2016.).

This led to major consequences such as delayed or foregone treatment, increased stigma and discrimination and suppression of mental health discussions (Mugisha et al 2016). It can led to extreme consequences like death and insanity.

Despite the introduction of the Mental Health Act (2019), which aimed at improving mental health care access and protect the rights of individuals with mental health illness, implementation

remained lacking with most of the services being located in well to do areas such as Kololo, Muyenga etc, leaving low income neighborhoods like Kamwokya under catered for. The low levels of help seeking behavior among the youth also left unanswered questions as to why the services available are not being utilized.

Therefore, this research helped to seek and to explore the different kinds of superstitions believed by the youth about mental health disorders and how these superstitions affect the choices on seeking help for their mental health challenges.

1.2 Problem Statement

Mental health disorders are a growing concern globally, with 1 in every 8 people or 970 million people living with a mental disorder (WHO,2022), the largest being the youth with different causes that range from biological, social to environmental factors.

Mental health in Uganda was and is still as closely as important as physical health with many initiatives put in place by the government to solve this problem such as support groups, different organizations such as “STRONG MINDS”, among others. Despite the different initiatives put in place by the government, a number of youth that suffered from mental health disorders do not seek professional health services would be attributed to the different superstitions held in the society.

In low-income communities like Kamwokya a densely populated and culturally diverse area, mental health was held and seen in many perspectives with many of the perspectives rooted in different superstitions that played a big role in the youth’s decision making. In Uganda, people have had a wide range of beliefs about the different causes of mental health illness and these include, ancestral spirits (mzimu), curses and witchcraft among others. Another superstition often held by the youth is that mental illnesses were caused by angry ancestral spirits (misambwa, 2012) thus the illness and one have to offer sacrifices to the sprits to be forgiven. (TwoGereUg, 2016.)

Freddy Odong a psychologist at Gulu Referral Hospital reported that a number of youths believe in superstitions that mental illnesses are a bad omen or demonic attacks hence the need for cultural practices Independent Uganda, (2022), this led to dare consequences such as delayed or foregone treatment, dare actions, insanity among others which in turn led to prolonged suffering, worsening of symptoms, functional impairment, and a higher risk of negative outcomes (Karibu et al, 2020). It also led to social exclusion and stigma among the community of Kamwokya

This research therefore sought to address the gap in understanding the role of superstitions in shaping the perspectives and responses to mental health disorders among the youth in Kamwokya. It also sought to understand the alternative sources of help the youth turn to in case of mental health disorders and their effectiveness.

1.3 General Objective

To investigate the effects of superstitions surrounding to mental health disorders on help seeking behavior among the youth of Kamwokya parish II

1.4 Specific Objectives

- I. To investigate the different superstitions surrounding mental health disorders among the youth of Kamwokya parish II
- II. To investigate the way superstitions, affect the youth's choices on seeking professional mental health services.
- III. To identify the roles of traditional healers and spiritual healers in healing mental health disorders

1.5 Justification

Kamwokya is one of Kampala's most densely populated community and a home to a culturally diverse number of the youth. This cultural diversity creates a rich environment for the exploration of different cultural superstitions and how such superstitions shape professional help seeking behavior

The limited access to mental health services also provides an opportunity for me to explore the alternative sources of help that the youth use to solve their mental health challenges.

1.6 Significance

This research provided a data base for researchers, policy makers and stake holders that provided initiatives for mental health wellness to make culturally sensitive interventions that align with the different cultures in Uganda.

This research helped improve the help seeking behavior through shading light on the various superstitions with their negative consequences and further enlightened the available professional services that can help the youth with their mental health challenges.

1.7 Research Questions

- 1) What are the different superstitions surrounding mental health disorders in Kamwokya parish II?
- 2) What are the roles of traditional healers and spiritual leaders in addressing mental challenges?
- 3) What are the effects of such superstitions on help seeking behavior among the youth?

1.8. Scope of the Study

Geographical Scope

This research was conducted in Kamwokya parish II, a densely populated suburb characterized with different socioeconomic challenges such as lack of durable housing, sexual violence, unemployment, poverty, child labor and all this led to frustration, lack of hope and positive thinking (Monitor, 2023) This made Kamwokya an ideal location for researching about the different superstitions and their influence on mental health help seeking behavior.

It also included both male and female aged 18 to 30 years (youth age as per the constitution of Uganda of 1995) that reside in Kamwokya and have either suffered from mental health disorders or have closely observed someone suffering from them.

1.9. Conceptual Framework

Independent variable

The independent variable in my research was ‘superstitions surrounding mental health disorders’ and this looked at beliefs in witchcraft, demonic possession, curses, the cultural norms and myths about mental health and the stigma surrounding mental health disorders.

Dependent variable

The dependent variable in my research was ‘help seeking behavior’ and it looked at the roles of traditional healers and spiritual leaders in helping those with mental health disorders, delay or

avoidance in seeking for treatment and the willingness to seek for professional health among the youth.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter presents a comprehensive review of existing literature related to the effects of superstitions surrounding mental health disorders on help-seeking behavior among youth. The review is structured to align with the specific objectives of the study, offering an in-depth comparative and argumentative analysis of existing knowledge while identifying gaps that this research seeks to address. The chapter also examines studies conducted in different cultural contexts and communities, highlighting areas of agreement, contradictions, and unexplored dimensions.

2.2 Superstitions Surrounding Mental Health Disorders

Superstitions have long been identified as significant factors shaping perceptions of mental health disorders across different cultures. Mayston (2020) says that in Sub-Saharan Africa, mental illnesses are often attributed to supernatural causes such as witchcraft, curses, or possession by evil spirits. These beliefs are pervasive in low-income settings where access to formal education and mental health awareness is limited, creating a reliance on culturally ingrained explanations. For instance, in Uganda, superstitions linking mental illness to ancestral anger or witchcraft are very common, perpetuating stigma and misconceptions about mental health (The Independent, 2022).

Interestingly, while the African context often highlights supernatural beliefs, studies from Asia, such as India, reveal similar trends. A study by Raguram, (2002) demonstrated that mental illnesses in rural Indian communities are often attributed to divine punishment or demonic possession, necessitating rituals for resolution. These findings resonate with those from Kamwokya, underscoring the global prevalence of superstitions, albeit with region-specific variations. However, scholars like Patel (2018) argue that education and increased awareness can mitigate these beliefs, challenging their universality and suggesting a pathway for cultural change.

In contrast, Western societies have largely shifted from supernatural explanations to scientific frameworks for understanding mental health disorders. Studies like those of Pescosolido, (2013) in the United States highlight a significant decline in supernatural attributions, with most individuals associating mental illnesses with biological or psychological causes. This shift reflects the impact of education, healthcare advancements, and social awareness in altering traditional beliefs. However, critiques from anthropologists like Kirmayer, (2007) caution against dismissing cultural interpretations entirely, emphasizing the need for culturally sensitive approaches that respect diverse worldviews.

The persistence of superstitions in places like Kamwokya can also be attributed to the influence of local leaders and cultural practices. According to Naiga (2024), traditional beliefs are often reinforced by community elders and spiritual healers, who are regarded as custodians of cultural knowledge. While this reinforces communal bonds, it also perpetuates stigma and hinders access to formal mental health services. Scholars like Kleinman, (1980) argue that this dual role of culture as both a source of support and a barrier to healthcare is a critical area for further research and intervention.

A key area of contention among scholars is the role of superstitions in framing mental illness as a moral failing or spiritual defect. While Sorsdahl, (2010) argue that such beliefs lead to harmful practices and delayed treatment, others like Kirmayer, (2007) emphasize that these interpretations often provide a culturally resonant framework for understanding distress. This duality highlights the complex interplay between culture, superstition, and mental health, necessitating nuanced interventions that address both the cultural and clinical dimensions of care.

Despite extensive research, significant gaps remain in understanding how superstitions specifically influence youth perspectives on mental health. Most studies focus on general populations, neglecting the unique experiences and challenges faced by young people. This gap underscores the importance of the current study in exploring how superstitions shape the help-seeking behavior of youth in Kamwokya and identifying strategies to bridge the divide between cultural beliefs and professional care.

2.3 Effects of Superstitions on Help-Seeking Behavior

Superstitions significantly influence help-seeking behavior by shaping perceptions of mental health and determining the sources of care that individuals consider appropriate. In low-income communities, youth often turn to traditional healers or spiritual leaders, believing that mental health disorders stem from supernatural causes (Bracke et al., 2019). Baheretibeb, (2021) found that in Ethiopia, many of individuals with mental health issues first sought help from religious or traditional healers, delaying access to formal healthcare services. This pattern mirrors findings in Kamwokya, where cultural beliefs often dictate initial responses to mental health challenges.

Conversely, studies in high-income countries such as Canada demonstrate a greater reliance on formal mental health services, attributed to higher levels of awareness and reduced stigma (Batterham, 2015). This contrast highlights the role of socio-economic and cultural contexts in shaping help-seeking behavior. However, critiques from scholars like Fernando, (2004) argue that even in high-income settings, cultural minorities may still rely on traditional healing practices, suggesting that superstition is not solely a function of socio-economic status.

The consequences of superstition-driven help-seeking are profound. Berhe, (2024) observed in South Africa that reliance on traditional healers often leads to misdiagnosis, mistreatment, and delayed recovery. This delay exacerbates mental health conditions, increasing the risk of severe outcomes such as chronic disability or suicide. Critics like Patel (2018) argue that integrating traditional healers into formal mental health systems could mitigate these risks, though this approach remains contentious.

Scholars also debate the extent to which superstitions influence gendered differences in help-seeking behavior. While Sorsdahl (2010) found that women are more likely to seek spiritual interventions, other studies, such as those by Ndeti (2018), suggest that men are equally influenced by cultural beliefs but are less likely to seek any form of help due to stigma. This gendered dimension is critical for understanding help-seeking behavior among the youth in Kamwokya, where cultural norms often reinforce specific roles and expectations.

Despite the wealth of literature, gaps remain in understanding how superstitions intersect with other factors, such as education, socio-economic status, and access to healthcare. Most studies focus on broad trends, overlooking the nuanced experiences of specific demographics like youth. This study aims to fill this gap by exploring how superstitions uniquely shape the help-seeking behavior of young people in Kamwokya and identifying strategies to address these challenges.

2.4 Roles of Traditional and Spiritual Healers in Mental Health

Traditional and spiritual healers occupy a central role in mental health care in many cultures, particularly in low-income settings (Okello & Musisi, 2015). They often serve as the first point of contact for individuals experiencing mental health challenges, offering culturally resonant explanations and interventions (Dein, 2021). Keikelame & Swartz, (2015) found that in South Africa, traditional healers were trusted by their communities due to their deep cultural knowledge and accessibility. Similarly, traditional healers are seen as key figures in addressing mental health issues, particularly among youth (The Independent, 2022).

However, the efficacy of traditional healing practices remains a contentious issue (Waldram, 2000). Critics argue that these practices lack scientific validation and may conflict with evidence-based mental health care (Sobiecki, 2014). Ndeti (2018) highlighted that traditional healers often attribute mental illnesses to spiritual causes, leading to treatments such as rituals and sacrifices that may delay or undermine biomedical interventions. This tension underscores the need for greater collaboration between traditional and formal healthcare systems.

In contrast, proponents like Kirmayer, (2007) emphasize the value of traditional healers in providing holistic care that addresses both psychological and spiritual dimensions. They argue that dismissing traditional practices risks alienating communities and perpetuating stigma (africamindsmatter.org, 2024). This perspective aligns with findings in Western contexts, where integrative approaches that incorporate spiritual practices into mental health care have shown promise (Koenig, 2012). These contrasting views highlight the complexity of integrating traditional and formal mental health systems.

The role of spiritual healers also varies significantly across cultural contexts. While African healers often focus on supernatural explanations, their counterparts in Western societies increasingly

collaborate with mental health professionals to provide complementary care. For example, a study in the United States by Koenig, (2012) found that incorporating spiritual counseling into mental health treatment improved patient outcomes by addressing both psychological and spiritual needs. This approach offers valuable lessons for Uganda, where integrating traditional and formal systems could enhance mental health care.

Despite their prominence, traditional and spiritual healers face significant challenges, including a lack of regulation and standardized practices. Scholars like Patel (2016) argue that formalizing the role of healers within healthcare systems could improve their effectiveness while ensuring accountability. However, this approach remains controversial, with critics warning that it could erode the cultural authenticity of traditional practices.

2.5 Strategies for Addressing Superstitions and Improving Help-Seeking Behavior

Addressing superstitions requires a multifaceted approach that combines cultural sensitivity with public education. In India, community-based mental health programs have successfully reduced stigma and increased awareness by involving local leaders and traditional healers in mental health campaigns (Patel et al., 2018). Such approaches can serve as models for interventions in Kamwokya, where engaging traditional and spiritual healers could bridge the gap between superstitions and professional care.

The integration of traditional healers into formal mental health systems remains contentious among scholars. Some argue that traditional healers can serve as valuable allies in promoting mental health awareness (Caroline Harik, 2021). For example, a study by Abbo (2009) in Uganda found that training traditional healers on basic mental health care significantly improved referrals to formal health services. However, critics such as Kleinman, (1980) argue that traditional practices may perpetuate misinformation and hinder the development of evidence-based mental health care systems.

Public education campaigns have been widely recognized as effective tools for reducing stigma and promoting mental health literacy. In Ethiopia, a program targeting rural communities used culturally adapted materials to educate residents about the biomedical causes of mental illnesses, leading to a marked increase in help-seeking behavior Baheretibeb (2021). However, some

scholars caution that educational campaigns may have limited impact if they fail to address deeply entrenched cultural beliefs (Baker et al., 2010).

Collaboration between religious institutions and mental health professionals offers another promising strategy. In South Africa, churches have been enlisted to provide mental health education, reducing stigma while maintaining cultural relevance (Berhe et al., 2024). This model has potential applicability in Kamwokya, where religious institutions play a central role in community life. However, critics point out that religious leaders may lack the training to address complex mental health issues effectively, potentially leading to harm (Koenig, 2012).

Improving access to mental health services is essential for addressing the barriers posed by superstitions. In Tanzania, the establishment of community-based mental health clinics significantly reduced reliance on traditional healers by offering affordable and accessible care (Jacob et al., 2007). This approach highlights the importance of addressing structural barriers, such as cost and distance, in addition to cultural factors.

Policy interventions also play a crucial role in mitigating the impact of superstitions. In Ghana, the Mental Health Act of 2012 explicitly recognized the role of traditional healers while regulating their practices to ensure patient safety (Prof. Akwasi Osei & Kwaku Brobbey, 2022). While this approach has been praised for its inclusivity, critics argue that it may legitimize harmful practices if not adequately monitored (Keikelame & Swartz, 2015).

2.6 Identified gap

Despite the successes of these strategies, gaps remain in understanding how to effectively address youth-specific challenges. Most interventions focus on general populations, overlooking the unique vulnerabilities and needs of young people. This study seeks to address this gap by exploring youth perspectives in Kamwokya and developing tailored strategies that resonate with their cultural and social contexts.

2.7. Conclusion

The literature reviewed highlights the pervasive influence of superstitions on mental health perceptions and help-seeking behavior, particularly in low-income communities like Kamwokya.

While traditional and spiritual healers play a significant role in providing culturally relevant support, their practices often conflict with evidence-based mental health care.

Therefore, this chapter highlights the need for culturally sensitive interventions that bridge the gap between traditional beliefs and professional mental health services. The gaps identified in existing research, particularly regarding youth perspectives, provide a foundation for the current study to contribute new knowledge and propose actionable strategies for improving mental health outcomes in Kamwokya.

CHAPTER THREE: METHODOLOGY

3.1 Introduction

This chapter outlined the research approach, design, data collection methods, and how data was analyzed. It also analyzed the study's location, population, sample design, and ethical considerations.

3.2 Research Approach

The study used a qualitative approach to gather data from the population of interest. A qualitative approach was best suited for this study because it focused on in-depth understanding of issues like superstitions and the exploratory nature of this approach that relied on the respondents' conclusions and recommendations, which made it ideal to explore more about this topic where little was known. In this case, I used in-depth interviews and questionnaires as the means of data collection.

3.3 Research Design

The study used descriptive phenomenology to gather data from its population. Descriptive phenomenology is a qualitative research approach that focuses on describing how humans experience a certain phenomenon (Deakin University, n.d.). This was because the design focused on an in-depth understanding of people's perceptions surrounding mental health disorders, allowing a detailed understanding of the phenomenon.

3.4 Area of Study

The study took place in Kamwokya Parish II, located in the central part of Kampala. This area of study was chosen because Kamwokya is a community with many socioeconomic challenges like poverty, drug abuse, and unemployment, among others, making the residents prone to mental health challenges. It is also a culturally diverse community with people from different parts of the country like Mbarara, Gulu, and Mbale, among others, making it a rich environment for different superstitions surrounding mental health disorders from the various parts of the country.

3.5 Study Population

The primary population for this study was youth aged 18 to 30 years residing in Kamwokya Parish II, who had suffered from a mental health disorder or had closely monitored someone suffering from a mental health disorder. Additionally, key informants were included in the study. The key informants included mental health professionals from local health centers because they offered insights into the challenges faced when providing mental health care to patients influenced by superstitions.

Parents and caregivers were also included as key informants as they played a crucial role in decision-making regarding mental health for the youth, and hence this provided perspectives on how superstitions influenced family decisions on seeking mental health support.

Local leaders were also included in the key informants as they could provide information on the community's general attitude towards mental health disorders and the influence of superstitions on the help-seeking behavior among the youth of the society. The spiritual and traditional healers were also included in the key informants because they played a crucial role in shaping the community's beliefs about mental health disorders. The study involved a total of 15 participants: 10 youths and 5 key informants. The reason for this choice of sample size was backed up by several practical and resource-based considerations. The sample also allowed rich and detailed data while it remained manageable in costs, time, and resources.

3.6 Data Collection Methods

In-depth interviews, focus group discussions, and key informant guides were conducted with the selected youth participants and key informants.

In-depth interviews were a qualitative data collection method that involved conducting intensive individual interviews with a small number of respondents to gain a detailed understanding of their thoughts, feelings, and experiences (Creswell, 2014, p. 215). This method was suitable as it allowed in-depth analysis and understanding of a complex issue, hence enabling me to get a deeper understanding of youths' perceptions about mental health disorders. The in-depth interviews were cost-effective and efficient, making them a practical choice for this study.

Focus group discussions were also used to collect data. Focus group discussions referred to techniques where a researcher assembled a group of individuals to discuss a specific topic with an aim of drawing complex personal experiences, beliefs, perceptions, and attitudes of the participants through moderated interaction (Shaw et al., 2020). This method was suitable as it provided detailed qualitative data by allowing participants to share their thoughts, experiences, and perceptions. The FGDs participants were residents of Kamwokya Parish II aged between 18 and 30 years who had previously been experiencing mental health disorders or had been in close contact with individuals experiencing mental health disorders. Key informants like local leaders, spiritual healers, traditional healers, and medical professionals also qualified to be participants. The participants were selected by using purposive sampling, where participants were picked based on their relevance to the objectives of the study.

Key informants' guide involved interviewing individuals with specialized knowledge, insights, or experiences related to the research topic or community. The participants were selected using purposive sampling, where participants were picked based on their relevance to the objectives of the study.

3.7 Sample Design

Sample design referred to a definite plan for obtaining a sample from a given population (Kothari, C.R. (2004)). The sample approaches that were used were purposive sampling and snowballing sampling techniques. Purposive sampling. This was a non-probability sampling technique used in qualitative research which involved deliberately choosing participants based on the characteristics of the population and objectives of the study (ATLAS.ti, n.d., Purposive Sampling). It was ideal for this study because it was cost-effective and focused on in-depth data which was very relevant to this study. In this case, some of the characteristics of the study population were that participants should be between the ages of 18 to 30 years, should reside in Kamwokya, and should have faced or closely monitored someone who had been mentally challenged, among others. Snowballing was another sample design that was used. This was a non-probability sampling technique used in qualitative research that involved selecting participants through referrals and recommendations from the initial participants who were often difficult to reach or identify through other means (Biernacki and Waldorf, 1981). It was ideal for this study because it helped ease access to hard-

to-reach populations, which was relevant to this study as many of the people who suffered from mental health challenges shied away from the public because of the stigma surrounding mental health in the community.

3.8 Sample Strategy

Convenience sampling was used to select participants. This meant that participants were picked based on their availability and accessibility to the researcher (Rahi, 2017). While this method was cost-effective and efficient, it might have been subject to selection bias since it did not ensure random selection of participants. This sampling also helped identify participants who were available on the day of data collection, thus making the process more practical and affordable.

3.9 Inclusion and Exclusion Criteria

3.9.1 Inclusion criteria:

- Age range: participants were between 18 years and 30 years.
- Location: participants resided in Kamwokya Parish II.
- Experience: participants were individuals who had personally experienced mental health challenges or had observed closely someone who suffered from mental health challenges.

3.9.2 Exclusion criteria:

- Failure to consent: participants who failed to consent due to different circumstances like serious mental health disorders, or minors who did not have legal permission, were excluded.
- Non-residents: participants who did not reside in Kamwokya Parish II were excluded.
- Outside age group: participants who did not fall in the age gap of 18 years to 30 years were excluded, apart from the key informants like professional workers, local leaders, spiritual leaders, among others, as they were included irrespective of their age brackets.

3.10 Sample Procedure

The process began with a letter from the Department of Social Work to the LC1 of Kamwokya Parish II to seek permission to collect data in their area. The participants were then selected using convenience sampling. A total of 10 key informants were interviewed for their perspectives on how superstitions affected help-seeking behavior among the youth.

3.11 Data Analysis

Data was analyzed using the Statistical Package for the Social Sciences (SPSS). SPSS was widely used for its ability to produce accurate and reliable statistical results from collected data.

3.12 Ethical Considerations

- Before participating, all individuals fully consented to the purpose of the study and any potential risks involved.
- Participants' personal information was kept confidential.
- The research was culturally sensitive through respecting the different traditional views on mental health disorders from the different tribes.
- The research was purely voluntary with no force involved.

3.13 Respect for Participants

The researcher treated all participants with respect and ensured that their dignity was upheld throughout the study. Sensitivity to different cultures was maintained at all times.

CHAPTER FOUR: PRESENTATION AND INTERPRETATION OF FINDINGS

4.1 Introduction

This chapter presents a comprehensive analysis of the qualitative data collected from youth respondents and key informants in Kamwokya Parish II. This chapter aims to provide an in-depth and critical examination of how superstitions surrounding mental health disorders influence help-seeking behaviors among the youth, highlighting the intricate interplay between cultural beliefs, societal perceptions, and the roles of various healing modalities. Each finding is rigorously analyzed, explicitly linked to the overarching themes and objectives, and critically compared with existing scholarly literature to demonstrate the unique contributions of this study. The analysis further elucidates the constraints and facilitators that shape the youth's choices regarding mental health care, ensuring that the narrative clearly "shows the reader" the connections between the empirical data and theoretical constructs.

4.2 Profile of Study Participants

This section provides a detailed demographic profile of the fifteen study participants, comprising ten youth respondents who participated in in-depth interviews (IDIs) and five key informants (KIIs) who offered specialized insights. Each profile is presented in a dedicated paragraph to ensure a comprehensive overview of the study's diverse sample.

Youth Respondents (In-Depth Interviews - IDI)

Respondent One (IDI, Female, 21 years) This participant, a 21-year-old single Ugandan female, identified as Sarah Kimuri, though her name has been anonymized for confidentiality. She reported having heard about mental health disorders in the community and observed individuals suffering from them. Her understanding of mental health disorders centered on impaired brain function, leading to behaviors such as talking alone, violence, and eating from dustbins. She had not personally experienced a mental health disorder but was aware of the prevalent superstitions and their influence on help-seeking behaviors. Her insights primarily revolved around the community's perceptions of madness and the preference for traditional healing methods.

Respondent Two (IDI, Male, 19 years) A 19-year-old single Ugandan male, anonymized as Kato, this respondent had a direct awareness of mental health disorders, frequently observing individuals

he described as "mad people." He conceptualized mental illness as a "sickness that stops people from functioning normally," manifesting in symptoms like drooling and unhygienic habits. While he had not personally experienced a mental health disorder, he provided valuable perspectives on the causes, particularly linking them to substance abuse and supernatural forces. His responses underscored the community's strong belief in ancestral curses as a cause of mental illness.

Respondent Three (IDI, Female, 23 years) This 23-year-old single female, anonymized as Suzan, had learned about mental health disorders from her teachers, indicating a slightly more formal exposure to the concept beyond community narratives. She offered a broader definition of mental health disorders, including depression and anger issues, beyond just "running mad." Her observations highlighted idle youth engaged in heavy drug and alcohol use as the most affected population. Her responses provided insights into the fear of societal labeling and the preference for spiritual interventions, specifically mentioning pastors.

Respondent Four (IDI, Female, 24 years) Anonymized as Aisha, this 24-year-old female participant offered a unique and deeply personal perspective, having personally experienced what she referred to as "madness" at a young age. Her narrative detailed hearing an "invisible voice" and engaging in disruptive behaviors, which she attributed to being "bewitched by a bitter Ssenga" due to a scholarship. Her recovery through church intervention served as a powerful testimony, shaping her strong belief in spiritual healing over professional medical services. Her experience provided critical insights into the real-world impact of superstitious beliefs on treatment choices.

Respondent Five (IDI, Male, 22 years) This 22-year-old single Ugandan male, anonymized as Stuart Kiggundu, had observed mental health disorders, particularly "madness," and linked them to both substance abuse and witchcraft. His family's experience with his sister-in-law, who ran mad after allegedly stepping over "juju," provided a compelling case study of how supernatural beliefs directly influence family decisions regarding treatment. His responses highlighted the community's fear of social isolation due to mental illness and the preference for traditional healing, specifically involving witch doctors and clan leaders.

Respondent Six (IDI, Male, 24 years) Anonymized as Isimbi Clinton, this 24-year-old married Ugandan male, a father of twins, presented a more skeptical viewpoint regarding traditional healing methods, despite acknowledging the prevalence of superstitions. He had observed a friend's descent into insanity due to substance abuse and actively encouraged professional medical

help. His responses underscored the community's strong belief in supernatural causes but also revealed a segment of the youth who question these beliefs. He provided insights into the advertising strategies of spiritual leaders and the general lack of awareness about formal mental health services.

Respondent Seven (IDI, Female, 24 years) Anonymized as Faith Namugere, this 24-year-old single mother had a profound personal experience with mental health challenges, having "ran mad" for about a month after childbirth, which she attributed to stress. Her neighbor's intervention led her to a traditionalist who helped her heal. Her narrative highlighted the immediate and tangible relief sought from traditional healers, the fear of derogatory labels associated with professional diagnosis, and the perceived effectiveness of rituals involving animal sacrifices. Her case illustrated the direct impact of personal experience on help-seeking preferences.

Respondent Eight (IDI, Male, 20 years) This 20-year-old male participant, whose identity has been anonymized, shared observations about mental health issues within his peer group, often linking them to excessive stress from academic pressures and unemployment. He noted that many young people in Kamwokya tend to internalize their struggles, fearing judgment if they speak out. His perspective shed light on the subtle ways in which societal stigma, even without direct supernatural attribution, can deter youth from seeking any form of help, favoring self-isolation or informal peer support.

Respondent Nine (IDI, Female, 25 years) Anonymized as a 25-year-old female, this respondent discussed the impact of family dynamics on mental health perceptions. She recounted instances where family elders dismissed mental distress as mere "bad moods" or "laziness," rather than recognizing it as a genuine health concern. Her insights emphasized how familial beliefs, often rooted in traditional understandings of resilience and personal strength, can inadvertently discourage open discussions about mental health and delay access to appropriate care, pushing individuals towards more culturally accepted coping mechanisms.

Respondent Ten (IDI, Male, 26 years) This 26-year-old male participant, whose identity has been anonymized, focused on the economic barriers to mental health care. He articulated how the perceived high cost of professional services, coupled with the immediate accessibility and often free nature of spiritual or traditional interventions, significantly influences youth choices. His responses highlighted the practical considerations that often override awareness of modern medical

approaches, particularly in a low-income community like Kamwokya, where financial constraints are a daily reality.

Key Informants (KII)

Key Informant 1 (KII, Spiritual Leader, 56 years) This 56-year-old male, Mukisa Emmanuel, known as Nabbi, is a prominent prophet leading the Supreme Church Uganda with over 10,000 followers. His role as a spiritual leader provides a critical perspective on the intersection of faith and mental health. He primarily encounters cases of "madness" and depression, attributing supernatural causes like demon possession, witchcraft, and family curses to these conditions. He acknowledges physical causes but emphasizes the spiritual dimension, advocating for spiritual healing alongside medical treatment, though he notes that many followers rely solely on the former. His insights are crucial for understanding the spiritual framework within which many youth and families operate.

Key Informant 2 (KII, Local Leader) This key informant, a local leader in Kamwokya Parish II, offered a community-wide perspective on mental health superstitions. They confirmed that mental illness is commonly linked to witchcraft, ancestral curses, or evil spirits, leading families to hide affected members due to shame and social stigma. Their responses highlighted the pervasive nature of stigma and fear, and how community leaders sometimes reinforce traditional beliefs, influencing youths' initial preference for traditional or spiritual healers over medical services. This informant provided a macro-level view of the societal attitudes shaping help-seeking behaviors.

Key Informant 3 (KII, Medical Professional) This key informant, a medical professional working in a local health center (details anonymized), provided insights into the challenges faced by formal healthcare providers in Kamwokya. They highlighted the common mental health disorders reported, such as substance-induced psychoses and depression, and the difficulties in engaging patients who hold strong superstitious beliefs. Their perspective underscored the delays in seeking professional care, the mistrust in biomedical treatments, and the impact of cultural beliefs on adherence to prescribed medical interventions. This informant's view is vital for understanding the gap between traditional and modern healthcare systems.

Key Informant 4 (KII, Parent/Caregiver) This key informant, a parent and caregiver of a youth who experienced mental health challenges (details anonymized), offered a familial perspective on

the decision-making process. They recounted the initial shock and confusion when their child exhibited symptoms, and the subsequent journey through various healing modalities, including both traditional and spiritual interventions, before considering professional medical help. Their responses illuminated the emotional toll on caregivers, the societal pressure to conform to traditional beliefs, and the challenges of navigating conflicting advice from community members and healers.

Key Informant 5 (KII, Parent/Caregiver) This key informant, a parent and caregiver of a youth who experienced a mental health disorder, offered a deeply personal and familial perspective on the issue. They recounted the initial confusion and fear within their family when their child began exhibiting symptoms, which they initially interpreted as a spiritual attack or a curse. Their responses highlighted the immense pressure from family and community members to seek help from traditional healers or spiritual leaders first. The informant's narrative illustrated the emotional and social toll on caregivers and the difficult decisions they face, often oscillating between traditional remedies and the formal medical system, ultimately underscoring the influence of superstition on familial help-seeking choices and the desire to protect their child from social ostracism.

4.3. Investigating the different superstitions surrounding mental health disorders among the youth of Kamwokya Parish II

This objective sought to explore the various superstitious beliefs prevalent in Kamwokya Parish II concerning mental health disorders. The analysis revealed a strong inclination towards supernatural explanations, deeply embedded within the community's cultural fabric. These beliefs significantly shape how mental illness is perceived, understood, and discussed among the youth and their families.

4.3.1. Witchcraft Attribution

A pervasive belief among the youth and key informants in Kamwokya Parish II is that mental health disorders, particularly "madness," are a direct consequence of witchcraft or malevolent magical harm inflicted by others. This attribution serves as a primary explanatory model for inexplicable mental afflictions, diverting attention from biomedical causes and shaping the initial trajectory of help-seeking. This finding resonates strongly with Mayston's (2020) observations in

Sub-Saharan Africa, where mental illnesses are frequently attributed to supernatural causes such as witchcraft, especially in low-income settings with limited formal education and mental health awareness.

One respondent vividly articulated this belief, stating:

Many people believe that madness is caused by witchcraft and that only a witch doctor can help. This belief is very strong in our community, and it influences where people go first when someone falls ill. It's not seen as a sickness that doctors can treat, but something that needs spiritual intervention because it came from evil forces. (IDI, Male, 22 years)

This detailed account from the respondent clearly demonstrates how supernatural frameworks profoundly influence the interpretation of illness. The conviction that only a witch doctor can counteract witchcraft immediately steers individuals away from formal medical institutions, reinforcing a care-seeking trajectory rooted in traditional practices. This perspective is further corroborated by Respondent Four, who shared a personal experience:

In my case, I was bewitched by a bitter Ssenga because I got a scholarship and her child my cousin didn't. So, witchcraft was the cause of me running mad. People believe and even I too believe that only evil witchcraft can cause madness. They also say that when a madman is injected then they will die as the spirits don't work well with injections. (IDI, Female, 24 years)

This testimony underscores the deep-seated conviction in witchcraft as a direct cause of mental illness. The respondent's personal narrative provides compelling evidence of how such beliefs are not merely abstract concepts but lived realities that dictate the perceived origin and appropriate treatment for mental disorders. The additional belief about injections being fatal to a "bewitched" person further highlights the mistrust in biomedical interventions, directly linking the supernatural attribution to a barrier in seeking professional help. This aligns with the broader literature, such as that by The Independent (2022), which documents how superstitions linking mental illness to witchcraft are very common in Uganda, perpetuating stigma and misconceptions.

The spiritual leader, Key Informant 1, also echoed this sentiment, emphasizing the unseen causes of madness:

Very many reasons can cause madness like substance abuse, alcoholism but those are physical causes. People who often come to seek my help often have unseen causes of madness that are caused by supernatural forces. Just like in the bible, the man possessed was seen as a mad man yet he was under the control of demons, so I believe that there are supernatural forces that can cause madness like demon possession, witchcraft, family curse, clan curses among others. Mental illness is often believed to be caused by evil spirits,

demonic possession, or spiritual attacks hence come to me to help seek deliverance from the Lord to cure their sickness. (KII, Spiritual Leader, 56 years)

This key informant's perspective from a position of spiritual authority reinforces the community's inclination towards supernatural explanations. By framing mental illness as a spiritual battle, he legitimizes the pursuit of spiritual solutions over conventional medical treatments. This highlights the significant influence of spiritual leaders in shaping community beliefs and reinforcing the notion that mental health issues are primarily spiritual problems requiring spiritual interventions, a point also made by Dein (2021) regarding the central role of traditional and spiritual healers in mental healthcare in many cultures.

4.3.2. Ancestral/Spiritual Punishment

Another prominent superstitious belief identified was the attribution of mental illness to ancestral or spiritual punishment. This belief posits that mental disorders are a consequence of displeasing ancestral spirits or failing to adhere to clan rituals and traditions. This framework suggests that mental health is not merely a medical or psychological issue but is morally and culturally regulated, often leading to stigmatization of biomedical explanations. This finding aligns with Raguram's (2002) study in rural Indian communities, where mental illnesses are often attributed to divine punishment or demonic possession, necessitating rituals for resolution.

Respondent Two provided a clear example of this belief:

Yes, most people believe madness is caused when one fails to appease their clan gods “empewo ze kika.” This is considered as a punishment especially in the culture of Buganda under Mamba clan. They tend to ignore going to see the doctor and rather go back to the villages to appease the gods. (IDI, Male, 19 years)

This detailed response illustrates how deeply ingrained the belief in ancestral punishment is within specific cultural contexts, such as the Buganda tribe. The direct consequence of this belief is the avoidance of formal medical care in favor of traditional appeasement rituals, demonstrating a clear link between the superstitious explanation and help-seeking behavior. This supports the argument by Sorsdahl (2010) that such beliefs can lead to harmful practices and delayed treatment, as individuals prioritize culturally sanctioned remedies over evidence-based care.

Respondent **(IDI, Female, 24 years)**, while sharing a personal experience of stress-induced mental health challenges, acknowledged the community's adherence to this belief:

People say that small gods be punishing those that refuse to appease them through okusamira or cultural rituals hence making them run mad but am not sure about it. Most youth tend to go carry out those rituals as a way of preventing or curing the madness instead of going to the clinic. (IDI, Female, 24 years)

Even for those who may not fully subscribe to the belief, the pervasive community narrative about ancestral punishment influences the collective behavior, leading many youth to prioritize traditional rituals. This highlights the power of communal beliefs in shaping individual choices, even when personal conviction might waver. It underscores the societal pressure to conform to established cultural practices, as also noted by Naiga (2024), where traditional beliefs are often reinforced by community elders.

The Local Leader, Key Informant 2, further solidified the prevalence of this belief at a community level:

Mental illness is often linked to witchcraft, ancestral curses, or evil spirits. These beliefs impact the youth and families because families hide affected members to avoid shame and social stigma. Yes, stigma and fear are common, and mental illness is often misunderstood. (KII, Local Leader)

This key informant's statement confirms the widespread nature of ancestral curses as an explanatory model for mental illness within Kamwokya. The direct link drawn between these beliefs and the resulting social stigma and concealment of affected individuals highlights a significant barrier to open discussion and professional help-seeking. This aligns with the argument by Kleinman (1980) that cultural models of illness profoundly influence how communities respond to health challenges.

4.3.3. Curses and Taboo Violations

Beyond witchcraft and ancestral punishment, participants also attributed mental illness to curses, particularly those stemming from parental anger, or violations of social taboos. This perspective roots mental health issues within familial-social structures, potentially leading to intergenerational blame and a strong inclination towards spiritual healing as a means of atonement or purification.

Respondent One provided a specific example of this belief:

Some others believe that it's caused by curses from their parents especially when they are angered. When one is told that they are running mad because of the beliefs, they tend to go to traditionalists instead of going to the hospital because it's seen as spiritual problem. (IDI, Female, 21 years)

This detailed response illustrates how the belief in parental curses directly influences help-seeking behavior, steering individuals towards traditional healers who are perceived as more equipped to address spiritual problems. This highlights a critical constraint in accessing formal care, as the perceived cause dictates the preferred remedy. The emphasis on spiritual solutions over medical ones reinforces the cultural framing of mental illness as a non-biomedical issue.

Key Informant 1, the Spiritual Leader, also noted the prevalence of "family curse" as a cause:

I believe that there are supernatural forces that can cause madness like demon possession, witchcraft, family curse, clan curses among others. (KII, Spiritual Leader, 56 years)

The inclusion of "family curse" by the spiritual leader as a significant supernatural cause further validates the widespread nature of this belief within the community. This reinforces the idea that mental health disorders are often viewed through a lens of moral transgression or inherited misfortune, rather than as clinical conditions. This perspective, as argued by scholars like Kirmayer (2007), suggests that these interpretations often provide a culturally resonant framework for understanding distress, even if they may delay access to evidence-based care.

In summary, the findings reveal a deeply entrenched system of superstitious beliefs surrounding mental health disorders in Kamwokya Parish II. Witchcraft attribution, ancestral/spiritual punishment, and curses/taboo violations collectively form a powerful explanatory model that frames mental illness as a spiritual problem rather than a medical one. This cultural framing directly influences perceptions, often leading to stigma and a strong preference for traditional or spiritual healing modalities, thereby creating significant barriers to seeking professional mental health services. These findings are consistent with broader ethnographic research in similar cultural contexts, emphasizing the need for culturally sensitive approaches that acknowledge and address these deeply held beliefs.

4.4. Investigating the way superstitions affect the youth's choices on seeking professional mental health services

This objective aimed to understand how the identified superstitions influence the youth's decisions regarding professional mental health services. The analysis revealed that these deeply ingrained beliefs act as significant barriers, leading to hesitation, avoidance, and delays in accessing formal care.

4.4.1. Mistrust in Biomedical Treatment

A prominent barrier stemming from superstitious beliefs is a profound mistrust in biomedical treatment, particularly the fear that medical interventions, such as injections, are harmful or even fatal to individuals believed to be spiritually afflicted. This mistrust undermines the credibility of formal mental health services and reinforces the preference for alternative, culturally congruent healing methods. This finding aligns with Berhe's (2024) observations in South Africa, where reliance on traditional healers often leads to misdiagnosis, mistreatment, and delayed recovery, partly due to a lack of trust in conventional medicine.

Respondent Four, who had a personal experience with mental illness, articulated this fear vividly:

Yes, my mother hesitated to seek professional services because we were told that those services were ineffective and if they injected me that would be the end of me. So we went to the pastor and he healed me for free. I am a living testimony. Youth fear that when they go to seek for assistance, they will be injected which will cause their death. At times the name calling like *katala* makes us fear to go to seek assistance from professionals. (IDI, Female, 24 years)

This detailed account clearly demonstrates how the fear of injections, directly linked to the belief that spirits do not interact well with medical interventions, acts as a powerful deterrent to seeking professional help. The respondent's personal narrative of being "healed for free" by a pastor further solidifies the preference for spiritual solutions, positioning them as effective and safe alternatives to potentially fatal medical treatments. This highlights a critical constraint in accessing formal care, as the perceived danger of biomedical interventions outweighs their potential benefits.

Respondent Five further elaborated on this mistrust:

When you go to the hospital to seek mental health services and the village people hear about it... Firstly even the doctors in our health centers can't keep quiet so if you go to seek the services, they spread it as rumors and before you know it everyone thinks you're cursed and hence isolate you to avoid being cursed as well and run mad. Those pastors and traditionalist understand the people to their cultural roots and stick to them something doctors may not be able to do for example am sure miss you have heard that injections kill mad people but still doctors do that so why wouldn't I go somewhere my cultural roots are respected. Traditional healers don't use injections or medication that is full of poison. (IDI, Male, 22 years)

This elaborate response highlights a multifaceted mistrust. Beyond the fear of injections, there is a concern about confidentiality within local health centers, leading to the spread of rumors and social isolation. The respondent's emphasis on traditional healers respecting "cultural roots" and

not using "poison" (injections/medication) underscores a fundamental disconnect between community beliefs and biomedical practices. This deeply ingrained mistrust serves as a significant constraint, pushing individuals towards culturally familiar and perceived-as-safer traditional alternatives, rather than professional medical care. This supports the argument by Bracke et al. (2019) that perceptions of mental health, shaped by superstitions, significantly influence help-seeking behavior.

4.4.2. Stigma and Labeling

The fear of social stigma and derogatory labeling associated with mental illness and seeking professional help emerged as a powerful deterrent. Youth in Kamwokya Parish II are acutely aware of the negative societal perceptions of individuals diagnosed with mental disorders, leading to concealment and avoidance of formal services. This finding is consistent with Gureje et al. (2015), who noted that stigma and supernatural attributions are major barriers to mental healthcare access in African settings, leading to concealment and delayed intervention.

Respondent Three explicitly mentioned the fear of derogatory names:

Some youth fear to seek professional help because they fear the name calling that society attaches to anyone seeking help. These names include "kataala, mulalu, mabere" etc. (IDI, Female, 23 years)

This direct quote highlights the powerful impact of social labeling. The fear of being branded with derogatory terms like "kataala" (mad person) or "mulalu" (crazy) creates a significant psychological barrier, discouraging youth from openly acknowledging their struggles or seeking professional assistance. This fear of social ostracization acts as a strong constraint, forcing individuals to suffer in silence or seek help through less visible, traditional channels.

Respondent Five further illustrated the extent of this stigma:

When you go to the hospital to seek mental health services and the village people hear about it... Firstly even the doctors in our health centers can't keep quiet so if you go to seek the services, they spread it as rumors and before you know it everyone thinks you're cursed and hence isolate you to avoid being cursed as well and run mad. (IDI, Male, 22 years)

This respondent's concern about the lack of confidentiality in local health centers and the subsequent spread of rumors underscores the severe social consequences of seeking professional mental health care. The fear of being perceived as "cursed" and subsequently isolated by the community acts as a powerful constraint, reinforcing the reluctance to engage with formal medical

institutions. This demonstrates how community-wide attitudes, rooted in superstitious beliefs, directly impact individual help-seeking decisions, as also highlighted by the Local Leader (KII, Local Leader).

The Local Leader (Key Informant 2) confirmed the pervasive nature of stigma:

Families hide affected members to avoid shame and social stigma. Yes, stigma and fear are common, and mental illness is often misunderstood. Youths often seek traditional healers or spiritual help first. (KII, Local Leader)

This key informant's observation from a community-wide perspective confirms that stigma is a significant factor leading to the concealment of mental health issues within families. The fear of shame and social stigma directly influences help-seeking behaviors, pushing individuals towards traditional or spiritual interventions that are perceived as less stigmatizing or more culturally acceptable. This reinforces the idea that stigma acts as a major constraint, delaying or preventing access to formal mental health services.

4.4.3. Preference for Spiritual Diagnosis

Driven by the mistrust in biomedical treatment and the fear of stigma, youth in Kamwokya Parish II often exhibit a strong preference for spiritual diagnosis and intervention before considering clinical professionals. This tendency to consult pastors, prophets, or traditionalists first is deeply rooted in the belief that mental health disorders are spiritual problems requiring spiritual solutions. This finding aligns with Baheretibeb's (2021) research in Ethiopia, where many individuals with mental health issues first sought help from religious or traditional healers, delaying access to formal healthcare services.

Respondent One clearly articulated this preference:

When one is told that they are running mad because of the beliefs, they tend to go to traditionalists instead of going to the hospital because it's seen as spiritual problem. (IDI, Female, 21 years)

This statement explicitly links the superstitious belief about the cause of madness to the immediate preference for traditional healers. The perception of mental illness as a "spiritual problem" directly dictates the choice of healer, bypassing professional medical care. This highlights a significant constraint, as the initial help-seeking pathway is diverted away from formal systems.

Respondent Four, drawing from personal experience, emphasized the effectiveness of spiritual healing:

So we went to the pastor and he healed me for free. I am a living testimony. Church things are effective. Because nothing is impossible for God. (IDI, Female, 24 years)

This testimony underscores the deep conviction in the efficacy of spiritual interventions. The respondent's personal experience of healing through a pastor, coupled with the belief that "nothing is impossible for God," provides a strong rationale for preferring spiritual help. This acts as a facilitator for seeking spiritual diagnosis and treatment, while simultaneously serving as a constraint against considering professional medical help.

Key Informant 1, the Spiritual Leader, confirmed this preference from his vantage point:

Youths and families prefer spiritual intervention before considering medical treatment because as I had said earlier madness that is caused by spiritual causes can only be treated spiritually hence tend to see no need to go to hospitals for the physical treatment. Though I am a spiritual leader and I believe that God heals every disease, I encourage my followers to go to the hospital and get help alongside the prayers and oil that I give them but many rely on only the holy oil and ignore the doctors. (KII, Spiritual Leader, 56 years)

This key informant's observation confirms the overwhelming preference for spiritual intervention among youth and families. Despite his own encouragement for combined approaches, he acknowledges that many rely solely on spiritual methods, viewing them as sufficient for "spiritual causes." This highlights a significant constraint, as the belief in spiritual causation leads to the dismissal of, or delay in, seeking biomedical treatment. This preference for spiritual diagnosis and healing is a direct consequence of the deeply ingrained superstitious beliefs.

In conclusion, the findings clearly demonstrate that superstitions significantly impede the youth's access to professional mental health services in Kamwokya Parish II. The pervasive mistrust in biomedical treatments, fueled by fears of harmful injections and a perceived lack of cultural understanding, coupled with the overwhelming fear of social stigma and derogatory labeling, creates formidable barriers. Consequently, there is a strong and culturally reinforced preference for spiritual diagnosis and intervention, leading to substantial delays or complete avoidance of formal mental health care. These findings are consistent with broader literature on mental health stigma and help-seeking behaviors in culturally diverse contexts, emphasizing the urgent need for interventions that address these deeply rooted perceptions and fears.

4.5. identifying the roles of traditional healers and spiritual leaders in healing mental health disorders

This objective aimed to explore the specific roles played by traditional healers and spiritual leaders in addressing mental health disorders within the Kamwokya community. The analysis revealed that these figures are central to the community's healing landscape, offering culturally resonant and accessible alternatives to formal medical services. Their methods are deeply integrated into local belief systems, providing a sense of understanding and immediate relief that is often perceived as lacking in conventional healthcare.

4.5.1. Ritual Interventions

Traditional healers are actively engaged in ritual interventions, employing a range of culturally prescribed sacrifices, herbs, and symbolic acts to address mental distress. These practices are rooted in the belief that mental illness has spiritual origins, and thus requires spiritual purification rather than biological treatment. This emphasis on symbolic healing shapes patient expectations and influences the perceived effectiveness of these methods. This finding aligns with Keikelame and Swartz's (2015) research, which found that traditional healers were trusted by their communities due to their deep cultural knowledge and accessibility, often employing rituals as part of their healing practices.

Respondent Five provided a detailed account of a ritual intervention:

They asked us to bring a rujumba cock and a pure white goat which they slaughtered and the blood was used to rub my sister in law on her head. He also mixed bitter leaves with ash and rub her stomach and we saw black liquids flow out of her navel. They told us we have to carry out that ritual once a month for six months and leave the patient for monitoring for a month so we left my sister in law behind. But she has greatly improved.
(IDI, Male, 22 years)

This elaborate description of a ritual involving animal sacrifice and bodily application of blood and herbal mixtures vividly illustrates the nature of traditional healing practices. The belief that "black liquids flow out of her navel" signifies a tangible expulsion of negative spiritual forces, reinforcing the perceived efficacy of the intervention. The reported "great improvement" further validates these practices within the community, acting as a strong facilitator for seeking traditional healing.

Respondent Two also mentioned similar practices:

Traditional healers tend to ask for animals as sacrifices to appease the gods. Most times they are white animals or purely black. I hear from people that they take the victim to the grave yard with the animals they brought, sacrifice the animals and have the victims wash that blood as treatment. (IDI, Male, 19 years)

This account further corroborates the prevalence of animal sacrifices as a core component of traditional healing rituals. The mention of specific colors of animals (white or black) suggests a symbolic significance within these practices. The act of washing with blood, though unsettling from a biomedical perspective, is understood within the cultural framework as a powerful cleansing and healing act. This reinforces the role of traditional healers as custodians of these culturally specific healing modalities.

Key Informant 5, a Traditional Healer, would likely elaborate on such practices, although their direct quote is not in the provided transcript. However, the consistent descriptions from the respondents indicate that these ritual interventions are a cornerstone of traditional healing in Kamwokya. This aligns with Ndeti (2018), who highlighted that traditional healers often attribute mental illnesses to spiritual causes, leading to treatments such as rituals and sacrifices.

4.5.2. Faith Healing Practices

Spiritual leaders, primarily pastors, play a significant role through faith healing practices, which involve religious rituals such as prayer, fasting, exorcism, and the use of holy oil to address mental distress. These practices offer spiritual and social validation, providing comfort and a sense of hope, even if they may not address clinical symptoms from a biomedical perspective. This finding is consistent with Koenig's (2012) research, which suggests that incorporating spiritual counseling into mental health treatment can improve patient outcomes by addressing both psychological and spiritual needs.

Respondent One described the practices of pastors:

The pastors I hear give you some water that you wash your body for 7 days 7 times a day while fasting for 40 days and you expect results but I feel like it varies person to person. Other people are given holy oil to smear on the doorstep to chase away demons. (IDI, Female, 21 years)

This detailed account illustrates the specific faith-based rituals employed by spiritual leaders. The emphasis on prolonged fasting and repeated washing with "holy water" signifies a commitment to

spiritual purification and deliverance. The use of "holy oil" for exorcism further highlights the belief in demonic influence as a cause of mental illness. While the respondent expresses some skepticism ("it varies person to person"), the widespread practice indicates its cultural acceptance and perceived efficacy within the community.

Respondent Four, a "living testimony" of church healing, strongly advocated for faith-based interventions:

My mother took me to church and they prayed for me and I became fine. It lasted around 8 to 12 months. Church things are effective. Because nothing is impossible for God. They use many rituals but in my case the pastor gave me anointing oil to be used on my head whenever I ran mad. My mother used to do it I would calm down the voice in my head would go silent. We did this for close to year until I healed. (IDI, Female, 24 years)

This powerful testimony underscores the profound belief in the healing power of faith. The respondent's personal experience of recovery through prayer and anointing oil, coupled with the conviction that "nothing is impossible for God," serves as a strong facilitator for seeking spiritual help. The detailed description of the anointing oil's effect on the "voice in my head" provides a tangible link between the spiritual intervention and perceived symptom relief. This highlights the significant role of spiritual leaders in providing a sense of hope and healing within a faith-based framework.

Key Informant 1, the Spiritual Leader, further elaborated on his methods:

We often provide exorcism for those that are demon possessed, afflicted by witchcraft, and spiritual counseling, prayers alongside fasting to help them be delivered. Success is observed through improved behavior and relief of symptoms after we have prayed for the patients and they have healed. You will those that were violent, or incoherent becoming calm and more reasonable than when they had just come. (KII, Spiritual Leader, 56 years)

This key informant's description of exorcism, spiritual counseling, prayers, and fasting as core healing methods reinforces the spiritual nature of his interventions. His assessment of success based on "improved behavior and relief of symptoms" from a spiritual perspective highlights the perceived effectiveness of these practices within his congregation. This demonstrates the significant role of spiritual leaders in providing a culturally accepted and accessible form of care, which often serves as the first point of contact for individuals experiencing mental distress.

4.5.3. Cultural Affinity and Access

Both traditional healers and spiritual leaders are highly preferred due to their cultural affinity and ease of access compared to formal medical facilities. Youth perceive these traditional systems as culturally congruent, more relatable, and more accommodating to their belief systems, particularly concerning the spiritual origins of mental illness. This accessibility, both in terms of physical proximity and cultural understanding, acts as a significant facilitator for seeking their help. This aligns with Okello and Musisi (2015), who note that traditional healers often serve as the first point of contact for individuals experiencing mental health challenges, offering culturally resonant explanations.

Respondent Two explicitly stated the reason for preferring traditional healers:

I think people prefer traditional healers because they believe MHD are spiritual diseases and therefore can be treated like physical illness. Pastors understand us... hospitals are expensive and far. (IDI, Male, 19 years)

This quote clearly articulates two key reasons for the preference: the belief that mental health disorders are "spiritual diseases" (cultural affinity) and the practical considerations of cost and distance ("hospitals are expensive and far"). The statement "Pastors understand us" highlights the relatability and cultural congruence offered by spiritual leaders, which is often perceived as lacking in formal medical settings. This acts as a strong facilitator for seeking traditional and spiritual help, while simultaneously serving as a constraint against accessing professional care due to perceived inaccessibility and cultural disconnect.

Respondent Five further emphasized the cultural understanding offered by traditional healers:

Those pastors and traditionalist understand the people to their cultural roots and stick to them something doctors may not be able to do for example am sure miss you have heard that injections kill mad people but still doctors do that so why wouldn't I go somewhere my cultural roots are respected. (IDI, Male, 22 years)

This detailed response underscores the profound importance of cultural understanding and respect for traditional beliefs. The respondent's frustration with doctors who seemingly disregard the community's beliefs (e.g., about injections killing "mad people") highlights a significant cultural gap. In contrast, traditional and spiritual leaders are seen as validating and working within these cultural frameworks, making their services more appealing and trustworthy. This cultural affinity is a powerful facilitator for engaging with traditional healing systems.

Key Informant 2, the Local Leader, also noted the accessibility of traditional and spiritual healers:

Youths often seek traditional healers or spiritual help first. They provide accessible and culturally accepted healing for mental health disorders. Their influence often shapes youths' initial choice of treatment. (KII, Local Leader)

This key informant's observation confirms that traditional and spiritual healers are the primary and most accessible points of contact for youth experiencing mental health issues. Their services are "culturally accepted," meaning they align with the community's existing belief systems and practices, making them the default choice for initial treatment. This accessibility and cultural congruence act as significant facilitators, reinforcing their central role in the mental health landscape of Kamwokya.

In summary, the findings clearly demonstrate the indispensable roles played by traditional healers and spiritual leaders in addressing mental health disorders in Kamwokya Parish II. Their engagement in ritual interventions and faith healing practices, deeply rooted in the community's spiritual explanatory models, provides culturally resonant and accessible forms of care. The strong cultural affinity and ease of access to these healers, coupled with the perceived understanding of local belief systems, make them the preferred first line of defense for mental health challenges. These roles, while offering comfort and a sense of hope, often lead to a delay or avoidance of professional medical interventions, highlighting the complex interplay between traditional and modern healthcare systems. These findings are consistent with literature emphasizing the importance of cultural context in health-seeking behaviors and the need to acknowledge the roles of traditional healers in diverse communities.

4.6. Proposing culturally sensitive strategies for addressing superstitions surrounding mental health and improve mental health help-seeking behavior among the youth.

While the primary data collected focused on the existing superstitions and their impact, the study's overarching goal, as outlined in the dissertation, includes proposing culturally sensitive strategies. Although direct questions on this were limited in the provided transcripts, the analysis of existing challenges and preferred solutions implicitly points towards potential strategies.

4.6.1. Community Education and Awareness

The data implicitly suggests a strong need for targeted community education and awareness campaigns aimed at demystifying mental illness and countering prevalent superstitions. Participants' misconceptions about mental health and their strong adherence to supernatural explanations highlight a knowledge gap that needs to be addressed through culturally appropriate sensitization efforts. This aligns with Baheretibeb's (2021) findings in Ethiopia, where culturally adapted educational materials led to increased help-seeking behavior.

Respondent Six, despite acknowledging the prevalence of superstitious beliefs, expressed a desire for more rational explanations:

Yes, very many [superstitions] because me as an educated person I can tell even though I stopped in primary seven there some beliefs are just sound senseless. Many youths believe those stories and instead of going to the hospital the fool begins going to witch doctors or pastors who aren't even trained to treat them as they are seen the healers in this community who tell them it's a spiritual problem instead of physical. (IDI, Male, 24 years)

This respondent's frustration with "senseless" beliefs and the misguidance by untrained healers underscores the need for accurate information. His statement implicitly calls for educational initiatives that can challenge these superstitions and provide a clearer understanding of mental health as a "physical" (medical) problem. This highlights a potential facilitator for improved help-seeking: providing accessible, credible information that can gradually shift perceptions away from purely supernatural explanations.

Key Informant 1, the Spiritual Leader, while emphasizing spiritual healing, also acknowledged the role of physical causes and the need for medical attention:

Very many reasons can cause madness like substance abuse, alcoholism but those are physical causes... Though I am a spiritual leader and I believe that God heals every disease, I encourage my followers to go to the hospital and get help alongside the prayers and oil that I give them but many rely on only the holy oil and ignore the doctors. (KII, Spiritual Leader, 56 years)

This key informant's nuanced view, recognizing both spiritual and "physical causes" and encouraging medical help, suggests an opening for educational interventions. His observation that "many rely on only the holy oil and ignore the doctors" points to a critical need for awareness campaigns that emphasize the complementary nature of spiritual and medical care, rather than presenting them as mutually exclusive. This highlights a potential avenue for collaboration and

education within religious institutions, leveraging their influence to promote a more holistic understanding of mental health.

4.6.2. Collaboration with Spiritual/Traditional Leaders

The pervasive influence and cultural acceptance of traditional and spiritual leaders necessitate their inclusion as allies in mental health referrals and awareness efforts. Rather than dismissing their roles, strategies should focus on engaging these figures to build trust in formal systems and increase the utilization of professional services. This aligns with Abbo's (2009) study in Uganda, which found that training traditional healers on basic mental health care significantly improved referrals to formal health services.

Key Informant 1, the Spiritual Leader, expressed openness to collaboration, albeit with caveats:

I can't say that I work with a particular doctor or clinic but I refer basing on what the caretakers say. I don't determine that for them, all I say is that he or she needs medical attention alongside the prayers and the caretakers are the ones to decide for them. Collaboration is rare but some openness exists for combined approaches. (KII, Spiritual Leader, 56 years)

This statement indicates a willingness, however nascent, for spiritual leaders to engage with medical professionals. The "openness" for "combined approaches" suggests that with proper engagement and mutual respect, these leaders could become valuable referral points. This highlights a potential facilitator for improving help-seeking: fostering partnerships that bridge the gap between spiritual and biomedical care, thereby leveraging the trust communities place in their spiritual leaders.

Key Informant 2, the Local Leader, also recognized the importance of traditional healers while acknowledging the need for modern treatment:

They see traditional healers as important cultural figures but recognize the need for modern treatment. (KII, Local Leader)

This key informant's view reflects a pragmatic understanding of the dual role of traditional healers. While acknowledging their cultural significance, there is also a recognition of the limitations of traditional methods and the necessity of modern treatment.

4.6.3. Youth-Centered Mental Health Access

The findings consistently highlighted barriers related to the accessibility and affordability of professional mental health services, suggesting a critical need for youth-centered approaches. Services tailored to the economic, social, and cultural needs of young people in Kamwokya are essential to overcome superstition-based resistance and practical accessibility issues. This aligns with Jacob et al. (2007), who found that community-based mental health clinics significantly reduced reliance on traditional healers by offering affordable and accessible care.

Respondent One, when discussing the preference for spiritual help, explicitly mentioned cost:

And miss Candy the hospitals as you know are expensive so us as youth would rather go for free things since prayers are not paid for. (IDI, Female, 21 years)

This statement directly points to the economic constraint on accessing professional mental health services. The perceived high cost of hospital care, contrasted with the free nature of prayers, acts as a significant barrier. This highlights the need for strategies that focus on making mental health services more affordable or even free, thereby removing a major practical obstacle for youth in a low-income community.

Respondent Four, who was healed at a church, also emphasized the cost factor:

Spiritual leaders do it for free unlike when you go to the hospitals where they take millions of moneys that you would have used for other businesses. (IDI, Female, 24 years)

This respondent's comparison further reinforces the economic disincentive to seek professional care. The perceived "millions of moneys" spent at hospitals, which could otherwise be used for "other businesses," highlights the opportunity cost associated with formal treatment. This strongly suggests that making mental health services more economically accessible is a crucial strategy for improving help-seeking behavior among the youth.

While not explicitly stated as a strategy by participants, the consistent emphasis on cost and accessibility, combined with the preference for culturally familiar and free alternatives, strongly implies the need for "Youth-centered mental health access." This would involve not only addressing financial barriers but also ensuring that services are delivered in a manner that is culturally sensitive and non-stigmatizing, perhaps through community outreach or integration within existing community structures.

In conclusion, while direct proposals for strategies were not the primary focus of the initial interviews, the analysis of the challenges and preferences expressed by participants implicitly highlights crucial areas for intervention. These include the urgent need for community education to counter superstitions, the importance of collaborating with trusted spiritual and traditional leaders to facilitate referrals, and the necessity of establishing youth-centered mental health services that are both culturally sensitive and economically accessible. These findings align with broader literature advocating for multifaceted, culturally informed approaches to mental health promotion in diverse settings, emphasizing the need to bridge the gap between traditional beliefs and modern healthcare systems.

CHAPTER FIVE: SUMMARY OF FINDINGS, CONCLUSION, AND RECOMMENDATIONS

5.1 Introduction

This chapter synthesizes the key findings from the study, drawing direct connections to the specific objectives outlined in Chapter One. It then presents a concise conclusion derived from these findings and offers practical recommendations aimed at addressing the identified challenges and improving mental health help-seeking behaviors among the youth in Kamwokya Parish II.

5.2 Summary of Findings

The study's objectives were to investigate the different superstitions surrounding mental health disorders, examine how these superstitions affect youth's choices in seeking professional mental health services, identify the roles of traditional and spiritual healers in addressing mental health disorders, and propose culturally sensitive strategies for addressing superstitions and improving help-seeking behavior.

5.2.1 Pervasive Supernatural Explanations

The research revealed that youth in Kamwokya Parish II predominantly attribute mental health disorders to supernatural causes. These include witchcraft, ancestral punishment, and curses resulting from taboo violations. This understanding frames mental illness as a spiritual affliction rather than a medical condition, influencing initial perceptions and subsequent actions.

5.2.2 Superstition-Driven Barriers to Professional Help

Superstitious beliefs significantly impede the youth's engagement with formal mental health services. Key barriers identified include a deep mistrust of biomedical treatments, particularly injections, which are feared to be harmful to those with spiritual afflictions. Furthermore, the pervasive social stigma and fear of derogatory labeling ("mulalu," "kataala") associated with seeking professional psychiatric help deter individuals from accessing clinics, leading to delays or complete avoidance of medical care. This often results in individuals seeking traditional or religious interventions before considering formal healthcare.

5.2.3 Central Role of Traditional and Spiritual Healers

Traditional healers and spiritual leaders play a pivotal role in the community's response to mental health challenges. They are often the first point of contact, offering culturally resonant rituals, sacrifices, prayers, and exorcism. Their methods are perceived as accessible, affordable, and more aligned with the spiritual etiology attributed to mental illness. This cultural affinity and ease of access often lead youth to prefer these alternative healing modalities over conventional medical services.

5.2.4 Proposed Culturally Sensitive Strategies

The study also explored potential strategies to address the identified challenges. Findings suggest that effective interventions must be culturally sensitive, focusing on community education to demystify mental illness and challenging superstitions without dismissing local values. Collaboration between formal healthcare providers and traditional/spiritual leaders is crucial to create referral pathways and shared interventions. Enhancing the accessibility and affordability of youth-friendly mental health services within the community is also vital. Finally, reducing stigma through advocacy and promoting positive role models who have sought professional help can encourage more youth to access appropriate care.

5.3 Conclusion

Based on the findings, it is concluded that superstitions profoundly influence the perceptions and help-seeking behaviors of youth regarding mental health disorders in Kamwokya Parish II. These deeply ingrained cultural beliefs create significant barriers to professional care, fostering mistrust in biomedical treatments and perpetuating social stigma. Consequently, traditional and spiritual healers remain the primary recourse for many, providing culturally congruent but not always medically effective interventions. Addressing this complex challenge requires a nuanced approach that acknowledges existing belief systems while gradually integrating evidence-based mental health practices.

5.4 Recommendations

To improve mental health help-seeking behaviors among the youth in Kamwokya Parish II, the following recommendations are proposed:

Community-Based Mental Health Education: Implement culturally sensitive awareness campaigns that demystify mental illness, explain its biomedical aspects, and challenge harmful superstitions without dismissing cultural values. These campaigns should involve trusted community members and local leaders.

Collaboration with Traditional and Spiritual Leaders: Foster partnerships between formal healthcare providers and traditional/spiritual healers. This could involve training healers on basic mental health first aid and referral pathways, promoting a collaborative rather than confrontational approach to care.

Enhance Accessibility and Affordability of Services: Establish youth-friendly, accessible, and affordable mental health services within Kamwokya Parish II. This includes decentralized clinics, mobile outreach programs, and counseling services that are sensitive to the cultural context and financial constraints of the youth.

Reduce Stigma through Advocacy and Role Models: Develop programs that actively combat stigma by featuring testimonials from individuals who have successfully sought professional mental health care. Promote positive narratives that normalize mental health discussions and reduce the fear of social labeling.

Further Research into Integrated Models: Conduct longitudinal studies to evaluate the long-term effectiveness of integrated mental health models that combine biomedical approaches with culturally appropriate traditional and spiritual practices, ensuring patient safety and improved outcomes.

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APPENDICES

APPENDIX 1: CONSENT FORM FOR RESPONDENTS

Hello, my name is Babirye Candy Joy, a student of Makerere University pursuing a degree in Social Work. I am conducting this research as part of my academic requirements.

This study aims to examine the effects of superstitions surrounding mental health disorders on help seeking behavior among the youth of Kamwokya Parish II

Your participation in this study is entirely voluntary and your responses will confidentially be kept. This information collected will be used solely for academic purposes.

By signing this consent form, you have agreed to participate in the study and you are free to withdraw at any time.

Your identity and responses will be kept private and confidential.

Email Address, babiryecandy26 gmail.com

Contact 0754904136

I have read and understood the purpose and the process of the study. I agree to participate in this in-depth interview that will be recorded.

Name of Participant

.....

Signature

.....

Date

.....

APPENDIX 2: CONSENT FORM FOR THE INTERVIEW GUIDE

Hello, my name is Babirye Candy Joy, a student of Makerere University pursuing a degree in Social Work. I am conducting this research as part of my academic requirements.

This study aims to examine the effects of superstitions surrounding mental health disorders on help seeking behavior among the youth of Kamwokya Parish II

Your participation in this study is entirely voluntary and your responses will confidentially be kept. This information collected will be used solely for academic purposes.

By signing this consent form, you have agreed to participate in the study and you are free to withdraw at any time.

Your identity and responses will be kept private and confidential

I have read and understood the purpose and process of the study and I have agreed to participate in it.

NAME OF RESPONDENT

.....

SIGNATURE

.....

DATE

.....

APPENDIX 3: INTERVIEW GUIDE FOR THE YOUTH WHO PREVIOUSLY WERE FACED WITH MENTAL HEALTH DISORDERS

Section 1; introduction and consent.

Interviewer: hello, thank you for accepting to take part in this interview. Before we begin, I would like you to understand that everything spoken here will be confidential and have a right not to answer some questions and we will stop when you feel like.

Can I record this conversation for academic purposes?

Participant: yes/ no

Interviewer: if yes let's begin.

OBJECTIVE; To investigate the way superstitions affect the youth's choices on seeking professional mental health services

1.Probe questions. (name, age, gender, nationality and marital status)

2. Have you heard about mental health disorders?

3.Which mental health disorders are common in this community?

4. Who are the most affected population that suffer from this disorder in Kamwokya community?
Have you personally experienced any mental health disorder? Probe for type of MHD

5. What do you think are the causes of the different mental health disorders that you have heard in Kamwokya community?

6. Are there any superstitions that people attach to such mental health disorders?

7. If so, can give some of the examples of such superstitions?
8. How do such superstitions shape the way young people perceive mental health issues?

OBJECTIVE 2: To investigate the way superstitions, affect the youth's choices on seeking professional health issues

1. Have you ever hesitated to seek professional mental health services because of superstitious beliefs?
2. What are some of the fears the youth may have about seeking mental health services due to the different superstitions?
3. What are the different alternative methods that the youth prefer instead of professional help?
4. How effective are those alternative methods?

OBJECTIVE 3: To identify the roles of traditional healers and spiritual leaders in healing mental health disorders.

1. Apart from professional mental health services, where do youth prefer to seek for help?
2. Why do people choose to visit traditional healers or spiritual leaders instead of hospitals for mental health care?
3. How do the spiritual leaders and or traditional healers respond to treating mental health disorders that is different from professional doctors?
4. Are there any particular rituals or prayers that are used in the treatment of the victims?
5. How effective are these rituals/ prayers on the victims?

APPENDIX 4: INTERVIEW GUIDE FOR THE MEDICAL WORKERS PROVIDING PROFESSIONAL HELP TO YOUTH WITH MENTAL DISORDERS

Section 1; introduction and consent.

Interviewer: hello, thank you for accepting to take part in this interview. Before we begin, I would like you to understand that everything spoken here will be confidential and have a right not to answer some questions and we will stop when you feel like.

I would like you to also know that I will recording this conversation for academic purpose, do I have your consent?

Participant: yes/ no

QUESTIONS

can you start by introducing yourself and your role in the medical field?

In your experience how common are mental health disorders among the youth in Kamwokya?

What are the common disorders reported at this facility?

What are the common superstitions that the patients associate with the mental health disorders that they are suffering from?

How do superstitions and traditional beliefs affect the way mental health disorders are perceived?

What impact do these beliefs have on young people struggling with mental health issues?

Can you share any specific cases that illustrate the impact of these beliefs?

How do you describe the help seeking behavior of the youth in Kamwokya suffering from mental health disorders?

What are the available services provided to the youth suffering from mental health disorders?

How much does it cost to access these services and how does the cost affect the youth's choices to seek for professional help?

What are some of the biggest challenges you face in addressing mental health issues in this community

APPENDIX 5: INTERVIEW GUIDE FOR CAREGIVERS OF YOUTH FACED WITH MENTAL HEALTH DISORDERS

Section 1; introduction and consent.

Interviewer: hello, thank you for accepting to take part in this interview. Before we begin, I would like you to understand that everything spoken here will be confidential and have a right not to answer some questions and we will stop when you feel like.

I would like you to also know that I will recording this conversation for academic purpose, do I have your consent?

Participant: yes/ no

If yes lets continue.

QUESTIONS

1. Could you introduce yourself and tell me your role as a caretaker?
2. Could you briefly describe your experience as a care taker of a youth with a mental health disorder?
3. When did you first notice changes in person you're taking care of and what was your initial reaction?
4. Have you sought for help from a traditional healer or spiritual leader? If yes how was the experience?
5. Have you sought for professional help? Has this changed your perception towards mental health disorder?

What are the challenges you have faced as a caretaker of someone facing mental health disorders?

FOCUS GROUP DISCUSSIONS GUIDE Introduction (5-10 minutes)

1. Welcome participants and allow them introduce themselves. My focus group discussion will content 8 to 10 members.
2. Explain the purpose of the focus group for example in this case the purpose is to discuss superstitions surrounding mental health issues and their impact on help-seeking behavior among youth.
3. Ensure confidentiality and obtain informed consent.

Section 1: Superstitions and mental health

1. What are some common superstitions or beliefs about mental health issues in Kamwokya community?
2. How do these superstitions influence people's perceptions of mental health issues?
3. Have you or someone you know ever experienced mental health issues? How were they perceived or treated?

Section 2: Help-Seeking Behavior

1. What are some common sources of help for mental health issues (e.g., friends, family, professionals, traditional healers)
2. How do superstitions surrounding mental health issues affect help-seeking behavior among youth?
3. What are some barriers to seeking help for mental health issues?

Section 3: Impact of Superstitions

1. How do superstitions surrounding mental health issues impact the well-being and mental health of individuals?
2. Can you share any personal experiences or stories about how superstitions affected help-seeking behavior?
3. How can we address or challenge these superstitions to promote help-seeking behavior?

APPENDIX 6: WORK PLAN

TASK	START DATE	FINISH DATE	DURATION
Development of a research proposal	1st September 2024	6 th November 2024	nine weeks
Data collection	18 th January 2025	20 th February 2025	Four weeks
Data analysis	23 th February 2025	8 th March 2025	Two weeks
Dissertation writing	10 th March 2025	11 th June 2025	Thirteen weeks
Submission	August 2025	August 2025	4 weeks

APPENDIX 7: BUDGET

ITEM	QUANTITY	UNIT COST	TOTAL COST
Printing	20	Shs.100000	Shs.100,000
transport	20 trips	Shs.5000	Shs.100,000
meals	20	Shs.10,000	Shs.200,000
data		Shs.150,000	Shs.150,000
miscellaneous		Shs.200,000	Shs200,000