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Knowledge, Perceptions and Practices of Adults towards Dementia at a Selected Hospital in Lesotho

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ABSTRACT

Objective: This study aimed to determine knowledge, perceptions and practices towards dementia in adults seeking health services at a selected hospital in Lesotho.

Method: The descriptive quantitative research design was used in conducting the study. A sample of 52 participants were selected using convenience sampling method. Data was collected using pre-tested semi-structured questionnaire written in both English and Sesotho languages. Data was analyzed through the use of Microsoft Excel, presented on frequency tables, pie charts and bar charts.

Results: The study results revealed that there is dearth of knowledge towards dementia (27%), majority of participants (n=26) had insufficient knowledge towards dementia. On the perception, 26.9% strongly perceived dementia as witchcraft and 34.6% of participants disregard dementia as part of the aging process. As much as majority of participants (63.5%) reported that demented people should be hospitalized, 13.5% of adults still believed that demented people should seek prophetic help.

Conclusion: It can be concluded that there is need to raise awareness regarding mental health such as dementia so that affected individuals and families may be supported accordingly.

Keywords

Adults, Attitudes, Dementia, Knowledge, Perceptions.

Introduction

Dementia is defined as a syndrome characterized by deterioration in the ability to process thought (cognitive function) beyond what might be expected from the usual consequences of biological ageing and it affects one's memory, orientation, thinking, judgment and language. Dementia is also described as a mental disorder involving various cognitive deficits, more especially memory impairment and at least one of the following; aphasia, apraxia, agnosia as well as a disturbance in the ability to abstractly think, plan, initiate, sequence and monitor complex behavior

[1]. Due to the fact that dementia depends upon the underlying causes, other medical conditions and the individual's cognitive functioning prior to illness, each person is affected differently [2]. Aphasia is deterioration in language function, apraxia; inability to execute motor functions despite intact motor abilities and agnosia; an inability to name objects in spite of intact sensory abilities. One is said to be demented if these cognitive deficits are severe enough to interfere or impair one's social, occupational functioning and show a decline from the previous functioning of the person [1].

According to WHO [2], signs and symptoms of dementia are categorized into three stages. Early stage characterized by forgetfulness, losing track and becoming lost in familiar places.

Middle stage includes; becoming forgetful of recent events and people's names, difficulty with communication, wandering and repeated questions. Last stage includes; not being oriented to time and place, having difficulty recognizing relatives and friends, having difficulty walking and having increased need for assisted self-care [2].

Background

Knowledge is described as the understanding of information, and skills that one acquires through experience or education [3]; and perceptions as beliefs or opinions that are held by many people and are based on how things seem [4]. According to World Health Organization, adults are all people who are older than 19 years of age. Dementia is syndrome, which is often of chronic or progressive nature, results from different diseases such as stroke and Alzheimer's disease and injuries that affect the brain. The disease does not only affect the sufferers (demented ones) but their caregivers, families and society physically, psychologically, socially and economically [2]. According to study carried by Farina et al. [5], it was found that in Pakistani most participants believed that dementia is a disease of forgetfulness or normal ageing and they had little awareness and knowledge about dementia. Although dementia is a leading cause of disability and dependency among elderly; unawareness, minimal knowledge brought by lower education and older age as well as negative perceptions among Middle Eastern population have led to obstacles in early screening, diagnosis and treatment of dementia [6].

Ageing in Sub-Saharan Africa increases number of population at risk of dementia, which is one of mental health diseases that affect behavior, which in turn is associated with witchcraft accusations [7]. Mkhonto and Hanssen state that in townships and rural areas of South Africa dementia is perceived as witchcraft instead of a disease thus placing the victims at risk of being bullied, stoned, burned and brutally killed [8]. Literature alludes that in Lesotho, dementia continues to be health issue that has to be prioritized as demented people are stigmatized and victimized due to presenting symptoms of dementia [9-12].

Methodology

Quantitative descriptive approach guided data collection and analysis as a way of describing, predicting and controlling variables [10]. All adult patients (older than 19 years) at the selected Hospital constituted the population and participants were selected using convenience sampling method. Adults who attend for health services at this health facility is roughly hundred (100) as per registry book.

The purpose of the study was explained to the study population on the day of data collection. Then from those who agreed to participate, consent forms were issued for signing. The semi-structured questionnaires were written in both Sesotho and English and they were given to participants based on their language preferences. Data obtained from the questionnaire was then entered on the excel spreadsheet, the descriptive statistics

including frequencies and percentages were calculated. Findings were presented on pie charts, frequency tables and bar charts.

Result

Biographical data

A total of 52 adults aged 20 and above took part in this research study. The highest percentages of adults were in the range 20 to 29 years (71.2%) and the least percentage was in the range 50 years to 59 (1.9%). Out of these respondents, 6 were males aged 20 to 29 (11.5%), 31 were females aged 20 to 29 (59.6%), 6 were males aged 30 to upwards (11.5%) while 9 were females aged 30 to upwards (17.3%). Simply stated, a total of 12 male participants resulting in 23% took part in this research study and 40 participants (77%) were women. Moreover, out of 52 participants, 35 were married, 10 unmarried, 5 divorced and 2 widowed. In regard to educational level, 4 respondents reported to have not attended school, 11 went as far as primary school level, 15 secondary school levels while 22 reached tertiary level. In terms of their employment status, 25 respondents were unemployed, 4 self-employed, 14 were part-timers while 9 had full time jobs. The study also showed that of 52 respondents, 4 were atheists while the rest were theists. Table 1 shows the summary of above information.

Table 1: Biographical data.

Demographics	Frequency (n=52)	Percentage (%)
Age group		
20-29	37	71.2
30-39	12	23.1
40-49	2	3.8
50-59	1	1.9
Sex		
Male	12	23
Female	40	77
Marital status		
Married	35	67.3
Unmarried	10	19.2
Divorced	5	9.6
Widowed	2	3.8
Level of education		
Did not go to school	4	7.7
Primary	11	21.2
Secondary	15	28.8
Tertiary	22	42.3
Employment status		
Unemployed	25	48.1
Self employed	4	7.7
Part-time	14	26.9
Full-time	9	17.3
Religion		
Theist	48	92.3
Non-theist	4	7.7

Knowledge of Adults towards Dementia

The 52 adults were to answer two questions freely; firstly, whether they knew dementia and if yes, they were to describe it in their own understanding. Secondly, they were to answer if they knew manifestations of dementia and if yes to list them. Out of 52 respondents, 38 participants knew dementia and 14 did not know this condition. Some have heard about the disease but do not know about the signs and symptoms while other have heard about it and

even know the signs and symptoms. Out of 26 whose definition of dementia showed insufficient knowledge, 4 described dementia as madness while 2 defined it as witchcraft of elderly people who claim to be mentally ill. The representation of the above analysis is on figure 1 and 2.

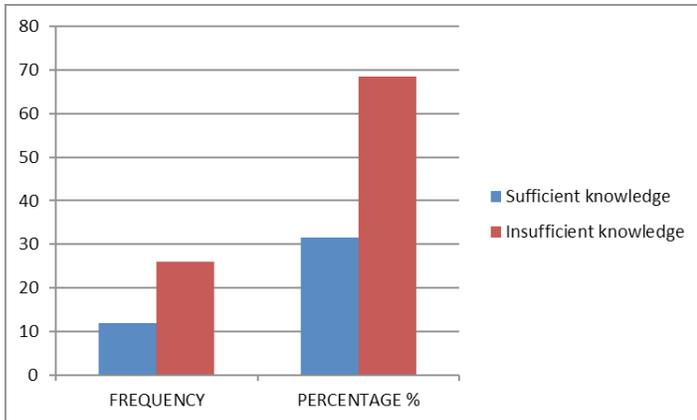


Figure 1: Participants who claimed to know the definition of dementia.

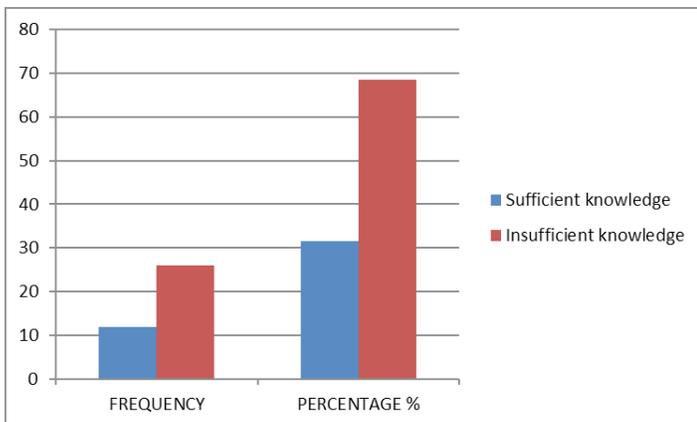


Figure 2: Participants who replied 'YES' to definition of dementia.

Perceptions of Adults towards Dementia

Adults' perceptions (opinions or beliefs) were determined through the use of 2 statements where the participants were to state whether they strongly agree, agree or disagree. The largest percentage (57.7%) of adults disagree that most elderly in the community are witches, 15.4% agree and 26.9% strongly agree that most elderly in the community are witches. Moreover, the highest percentage (36.5%) of participants agrees that dementia is part of normal ageing process and that is inevitable, however, there are people (34.6%) who still do not perceive dementia as part of the normal ageing process. Table 2 summarizes the responses.

Practices of Adults towards Dementia

The practices of adults were determined by answering two multiple-choice questions with 3 options. Participants were asked about the initiatives that were to be taken when a person is presenting with early signs of dementia such as loss of memories, difficulty in concentrating and mood swings. They were also asked

on the best strategies to be taken when the person present with forgetfulness of close family members, communication problems and urinary and bowel incontinence. Majority of participants (63.5%) suggested that people presenting with dementia should be taken to the hospital and some 23% and 13.5% suggest that they should be taken to the traditional healers and prophets respectively. Their responses are represented on table 3.

Relationship between Respondents' Socio-Demographic Variables and Their Knowledge, Perceptions and Practices towards Dementia

Relationship between age and knowledge, perceptions and practices

In this study, it has been found that the least percentage (30%) of adults who knew about dementia was in the age group 30-39. Most adults in the age group 20-29 did not know about dementia and they described it as witchcraft. It was also found that the majority of adults in the age group 30-39 reported that the person presenting with signs of dementia should be taken to the health facility.

Relationship between sex and knowledge, perceptions and practices

Ninety percent (90%) of females knew about dementia and perceived it as the disease that is inevitable in elderly as it is a part of the normal ageing process. Most males reported to not know about it and regarded it as witchcraft.

Relationship between marital status and knowledge, perceptions and practices

Majority of married people reported to know about dementia and perceived it as a disease rather than witchcraft. A large proportion of unmarried ones did not know about it but they reported that it is wise to take a person presenting with signs of dementia to the health facility.

Relationship between educational level and knowledge, perceptions and practices

The study showed that people who reached secondary and tertiary institutions of learning had a clear understanding of dementia, its signs and symptoms and the most appropriate initiatives to be taken when one present with dementia while those who did not go to school and those who reached primary level had no idea of dementia and reported that dementia patients should be taken to the traditional healers or prophets.

Relationship between employment status and knowledge, perceptions and practices

Most unemployed adults knew about dementia but they reported that most elderly claim to be having dementia yet they are witches. The least percentage of full time workers knew about it and reported that demented patients should be taken to the health facilities.

Relationship between religion and knowledge, perceptions and practices

Most of theists believed that a person having dementia should be

Table 2: Perceptions of participants towards dementia.

Statement	Strongly agree		Agree		Disagree	
	Frequency	Percentage (%)	Frequency	Percentage (%)	Frequency	Percentage (%)
1. Most of the elderly in the community claim to be having dementia yet they are witches.	14	26.9	8	15.4	30	57.7
2. Dementia is part of normal ageing process, therefore it is inevitable.	15	28.8	19	36.5	18	34.6

Table 3: Initiatives to be taken when a person is presenting with early signs of dementia.

Options	Frequency	Percentage %
A. Be taken to the traditional healer before the signs advance	12	23
B. Be taken to the hospital for early detection and early treatment	33	63.5
C. Be taken to the prophet because it is through demonic influence	7	13.5

taken to the health facility while some believed that they should be taken to the prophets. Non-theists believed that they should be taken to the traditional healers

Discussion

Knowledge and perceptions of adults towards dementia

It was found from this study that 30% of adults in the age group 20-29 (young adults) did not know about dementia and described it as witchcraft instead of a disease. This was similar to the study carried out by Mkhonto and Hanssen [8], which stated that in townships, and rural areas of South Africa most people perceived dementia as witchcraft instead of disease. Mokhosi's study carried at Mohale's hoek also showed that majority of people accuses demented patients with witchcraft [9]. Young adults have limited knowledge compared to older age group hence their conclusion that dementia is witchcraft.

This study also revealed that there is a high correlation between adults' educational level and knowledge and perceptions towards dementia. Majority of people who reached at least secondary level understood dementia while those who did not go to school or those who reached primary level had no idea and linked dementia to supernatural beliefs such as witchcraft. This minimal knowledge brought by lower education and negative perceptions about dementia have led to obstacles in early screening, diagnosis and treatment of dementia [6]. Formal education plays a significant role in knowledge acquisition hence secondary educated people are more able to understand dementia than those without education

Practices of adults towards dementia

It has been revealed from this study that people with low educational level reported that demented patients should be taken to either prophets or traditional healers. This is similar to the study carried by Mushi [11] in Tanzania where half of the respondents reported that they used herbs, traditional healers and prayers in caring for dementia patients. However, the majority of adults, even those who had insufficient knowledge, reported that the best initiative is to take a person presenting with early signs of dementia to the health facility. Moreover, most theists believed that demented people had to be taken to the prophets.

Conclusion

The insufficient knowledge towards dementia remains the main problem since it leads to negative perceptions, which in turn lead to inappropriate practices towards dementia. This should be taken into consideration because this lack of knowledge places the demented patients, especially elderly at risk of discrimination, stigmatization and brutal killing based on beliefs that they are witches. In this study, it was revealed that though majority of adults reported to know about dementia, they had insufficient knowledge. It was also found out that there are still those adults who believed that there is no such disease as dementia, rather believed that elderly people are witches hiding behind 'dementia'.

Moreover, the study revealed that though most adults (having knowledge or not about dementia) believed that it is wise for a person presenting with dementia to be taken to the health facility, there are still some of the adults who strictly associate dementia with supernatural beliefs. This results in dementia patients being taken to traditional healers or prophets instead of health facilities where the early detection, diagnosis and treatment can be made.

It is therefore reasonable to recommend teaching of the community members about dementia to facilitate reduction of ill-treatment of demented patients such as witchcraft accusations.

Biographical Note

1. Bokang Amelia Mahlelele (MSc, RN, RM): Lecturer in the department of Nursing teaching medical conditions of adults and pathophysiology. She has specialised with nursing education and gerontology and she is also supervising undergraduate research projects. She has also developed modules for Open and Distance Learning (ODL) in the Bachelor of Nursing Science.
2. Constable Nthabiseng (BSc, RN, RM): A former student who has passed BSc in Nursing and Midwifery in the department of Nursing. She was awarded as the best student nursing at the National University of Lesotho during 2022 graduation ceremony.
3. Reentseng Masakoane (MNS, RN, RM, B.Ed [Nursing], PGDHE): Lecturer in the department of Nursing teaching surgical conditions of adults, HIV/AIDS and Critical Care Nursing & Disaster preparedness. She is also supervising undergraduate research projects. She has also developed modules for Open and

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