

# African Multidisciplinary Journal of Development (AMJD)

Page: 307 – 319

<https://amjd.kiu.ac.ug>

## THE INFLUENCE OF POVERTY AND EDUCATION IN THE CHOICE OF TREATMENT PLACES FOR THE MENTALLY ILL IN NIGERIA THROUGH THE LENSE OF NOLLYWOOD: MOMENTS OF MADNESS AS PARADYM

**Blessing Adjeketa**

Department of Creative Arts, Dennis Osadebay University Asaba, Delta State

ORCID: <https://orcid.org/0000-0001-6959-8264>, Email: [blessing.adjeketa@dou.edu.ng](mailto:blessing.adjeketa@dou.edu.ng)

### Abstract

This paper investigates the factors influencing the decisions of patient relatives in Nigeria when choosing treatment facilities for individuals with mental illness. In Africa, perceptions of the causes of diseases, including mental illness, are often attributed to supernatural forces, impacting treatment choices. While hospitals, alternative medical practitioners, and religious houses serve as treatment centers, alternative and religious options often see higher patronage. This study, using the Nollywood film "Moment of Madness" (2017) as a case study, explores the reasons behind these choices. The research highlights the roles of poverty and education in these decisions. The findings indicate that while education level does not significantly influence the choice of treatment facility, poverty and religious beliefs do play a substantial role. The paper concludes by recommending that the Nigerian government improve living standards, increase the availability of mental health facilities and psychiatrists, and subsidize mental health treatment to encourage greater use of orthodox treatment centers.

**Keywords:** Poverty, Education, Mental Illnesses, Choices, Treatment Places, Film, Moment of Madness

### Introduction

Early Nollywood films were deeply rooted in the cultural fabric of Nigerian communities, often reflecting popular themes and values. These films served as a medium for propagating religious ideas, showcasing the richness of African cultures, traditions, and belief systems, and exploring the dynamics of family life. Common narrative elements included vibrant dances, elements of magic, intriguing mysteries, and depictions of witchcraft, all contributing to the films' appeal and cultural relevance (Adjeketa 2022). These themes draw the local audience's attention (Kumwenda's 2007). Nollywood films are evolving, shifting away from traditional belief systems to address contemporary issues such as politics, economics, and health (Bashiru 2011, Floribert, 2023, Endong, 2018).

Health-related themes, particularly mental health, are increasingly prominent, reflecting national conversations and concerns within Nigeria (Adjeketa 2021). This shift indicates Nollywood's growing engagement with relevant social issues. Causes and Choices of treatment for the illness have also been well-researched (Adjeketa 2021, Adekomaiya, 2017). Nollywood films often depict the causes of mental illness as linked to supernatural forces, which significantly influences treatment choices. Research indicates that while hospitals are an option, alternative medical practitioners, traditional healers, and religious institutions receive higher patronage (Adjeketa 2021). This study aims to investigate the factors driving these treatment preferences, using Ebuka Onuma's film, "Moment of

Madness" (2017), as a case study. The film serves as a lens through which to examine why individuals opt for unorthodox treatments over conventional medical care.

### Mental Illnesses

Common mental illnesses include psychotic disorders, mood disorders, anxiety disorders, substance-related disorders, seizure disorders, somatoform disorders, dissociative disorders, and mental disorders (Adjeketa Theophilus 2013, Alemayehu 2003). Mental illness is defined by Alemayehu, as a psychological or behavioral pattern that indicates a problem in how the brain is working. This impairment manifests through several key symptoms, including an inaccurate perception of reality, disordered thinking, social dysfunction, and a general inability to cope with everyday life. Essentially, mental illness reflects a disruption in cognitive and emotional processes that affects a person's ability to function normally (Alemayehu, 28).

Rowling (2002, 13) defines mental health as the ability of individuals and groups to effectively interact with each other and their surroundings. This interaction should foster subjective well-being, the best possible development and application of cognitive, emotional, and relational skills, and the successful attainment of both individual and shared objectives in a just manner. In essence, mental health encompasses not just individual well-being but also the capacity to function harmoniously within a community while pursuing goals ethically. By implication, mental health can be said to be a balanced development of an individual's personality and emotional attitudes. This balance enables individuals to live harmoniously within their communities. An individual's ability to form positive relationships and contribute constructively to their social and physical environment is heavily influenced by their overall human development and emotional well-being.

Mental health and mental illness are often used interchangeably, but they possess distinct meanings. The practice of referring to mental illness as mental health began in the 1960s as a strategy to lessen stigma (Rowling et al. 2002). While some writers and practitioners use the terms synonymously, others differentiate between them. In this context, mental illnesses are defined as diseases that can impact an individual's psychological and physical processes. Conversely, mental health describes an individual's capacity to perform physical and social functions within their community.

Mental illnesses are a growing global concern, with a significant number of people affected worldwide. Neurotic, stress-related, and somatoform disorders are estimated to affect around 500 million individuals globally. Mood disorders, including chronic and manic depression, impact approximately 200 million people. Furthermore, mental retardation affects 83 million, epilepsy 30 million, dementia 22 million, and schizophrenia 16 million. The prevalence of these conditions is particularly high in low-income countries, especially in Sub-Saharan Africa (Alemayehu Gelmessu, 2003). Mental health issues in many regions, particularly in areas facing significant challenges with malnutrition and infectious diseases, are often overlooked. The pressing concerns of high morbidity and mortality rates associated with these immediate health threats lead to mental illnesses being perceived as less critical or even insignificant. This prioritization can result in a lack of attention and resources dedicated to mental health care, despite its crucial role in overall well-being. The perception is that mental health is not "life-threatening" in the same way that malnutrition or infectious diseases are, leading to its neglect (Alemayehu Gelmessu 2003). This has led the World Health Organization (WHO) to include mental health as a part of the primary healthcare paradigm in Africa due to growing concerns about mental illnesses. The causes of mental illness are well-documented, and various treatment options are available globally (WHO, 2003; David & Scott, 2004; Sharon & Nisha, 2009). In Nigeria, families seeking help for mentally ill relatives often turn to a

combination of resources, including hospitals, traditional healing shrines, and religious institutions (Adjeketa, 2021; Aderinto et al., 2022). This highlights a multifaceted approach to mental healthcare within the Nigerian context.

Treatment for mental illness encompasses various methods and procedures administered by specialists to alleviate the condition. It refers to the specific ways an illness is managed and addressed. The "place of treatment" typically denotes healthcare facilities or any location controlled by individuals such as doctors, pastors, imams, herbalists, or spiritualists. These individuals are perceived to have the authority to provide either short-term or long-term intensive care within a designated facility. Healthcare centers are places where individuals and their families seek help when they believe they are physically, mentally, or spiritually unwell. In Nigeria, these centers commonly include hospitals, churches, mosques, and traditional healing homes. These locations offer various forms of healing and care, addressing physical, moral, or spiritual needs. Healing can also occur in less conventional settings, sometimes referred to as placeless places (Adjeketa 2022), such as a patient's home, under trees, or even on the roadside. These locations lack a formal identity but serve as temporary spaces for healing.

The diagnosis of mental illnesses presents unique challenges due to the subjective nature of psychological data and the often-vague definitions used (Alemayehu Gelmessu, 2003). In Africa, religion and culture significantly influence perceptions and treatment approaches to mental health. A common belief is that supernatural forces or evil elements are responsible for various ailments, including mental disorders (Alvin, Maragh 2006, Ampadu, Vivian 2012). This perspective shapes how individuals and communities understand and respond to mental health issues.

The portrayal of the cause and places of treatment of mental illnesses in films is not new (Adjeketa 2023). Nollywood, Nigeria's film industry, increasingly addresses mental illness in its productions. This study examines how two key factors, poverty and education, influence where individuals seek treatment for mental health issues, as depicted in Nollywood films. The movie "Moment of Madness" serves as a central example to explore these influences within the context of Nigerian storytelling. The study aims to understand how these societal factors shape the portrayal of mental health treatment choices in Nollywood cinema.

### **Poverty and Education in Choices of Treatment Places.**

Life choices are shaped by a complex interplay of factors. These include an individual's age, their social, political, and economic standing, and their sense of personal significance. Furthermore, public and social awareness, poverty, and level of education significantly influence decisions, particularly those related to health, including the choice of treatment type and location. It's important to recognize that the definitions of poverty and education can vary considerably from person to person, adding another layer of complexity to the decision-making process. Poverty assessment often involves considering the standard of living within a specific cultural, communal, and national context. The ability of individuals to sustain themselves in a particular location over time is a key determinant. A person's standard of living is heavily influenced by their place of residence, cultural norms, and dietary habits, all of which are shaped by their earnings. Consequently, an individual's income significantly impacts their choices regarding housing, food, and access to healthcare.

Poverty, as defined by Ravallion (2010) and cited by Eva Ludi (ND), is often measured in monetary terms, specifically through income or consumption levels. Individuals whose income falls below a predetermined threshold, known as the poverty line, are classified as poor. This definition hinges on the idea that poverty is directly linked to income and its ability to meet a specific living standard or

the minimum income required to fulfill basic needs (Eva Ludi Nd). Jennifer and Jessica define poverty as a state of lacking sufficient resources, encompassing both financial means and education, to adequately meet one's basic needs and actively engage in society. This condition is often characterized by instability in accessing essential resources like food and shelter. The definition emphasizes the multifaceted nature of poverty, extending beyond mere income deficiency to include educational and social deprivation (Jennifer and Jessica 1).

These definitions fit into the living standards of many in today's Nigeria. Poverty significantly shapes the socioeconomic and health landscape in Nigeria, forcing individuals to make difficult choices regarding essential aspects of life. Many Nigerians are compelled to opt for substandard housing, enroll their children in schools with lower educational standards, and consume whatever food is accessible rather than prioritizing nutritional needs or personal preferences. This reality underscores the pervasive impact of poverty on the quality of life and well-being of a significant portion of the population. Many individuals are increasingly turning to over-the-counter medications as a primary means of treating illnesses, bypassing the conventional route of hospital diagnosis and treatment. This shift is driven by factors such as affordability, leading people to seek cheaper alternatives. Furthermore, a significant number of individuals are seeking treatment from traditional or religious healers, often attributing illnesses to spiritual causes or ancestral curses, rather than pursuing orthodox medical care. This reliance on alternative treatments is often a consequence of the inability to afford prescribed medications, resulting in individuals settling for less effective solutions.

Poverty significantly undermines the health and well-being of individuals in developing countries like Nigeria. Substandard living conditions force many to make detrimental health and treatment choices. The consequences range from purchasing counterfeit or expired medications, leading to preventable deaths, to being unable to afford essential medical procedures like appendectomies. Furthermore, individuals with chronic conditions such as Type 1 and 2 diabetes face life-threatening situations due to the unaffordability of insulin. The high cost of mental healthcare also leaves many mentally ill individuals without access to necessary treatment, contributing to increased homelessness and suffering. Many Nigerians experience financial hardship, mirroring the situation described by Goulden and D'Arcy (as cited in Jennifer and Jessica, 2017). They struggle to afford basic necessities like food, clothing, shelter, transportation, and personal care, which includes having the financial means to access appropriate healthcare Jennifer and Jessica (2017, 7-8). This financial strain often leads to individuals being unable to afford necessary medications or acquire goods, such as mobile phones, that are increasingly essential for full participation in modern Nigerian society. Infact, people in this category are characterized by the inability to afford basic necessities such as daily meals, adequate housing, and clothing. Impoverished individuals often live in overcrowded conditions, with multiple family members sharing limited living space. Due to financial constraints, they prioritize basic survival needs over healthcare, sometimes resorting to living in public spaces rather than seeking medical treatment (Adjeketa 2021). Ultimately, poverty is linked to lower levels of education, limited workforce participation, and reduced access to conventional healthcare services Gordon et al., 2000, cited in Jennifer and Jessica 2017).

In Nigeria, the National Health Insurance Scheme (NHIS) does not extend comprehensive coverage to individuals with mental health disorders (Olufemi et al 2013). This lack of coverage disproportionately affects the poor, particularly those living below the poverty line. Consequently, these individuals often bear the full financial burden of mental health treatment, including both inpatient and outpatient psychiatric care, relying on personal or family income to afford necessary

psychiatric medications. This creates a significant barrier to accessing mental healthcare for a vulnerable segment of the population.

The cost of mental healthcare in Nigeria, specifically at the Federal Psychiatric Hospital, Uselu Benin, poses a significant challenge. Inpatient treatment can cost as much as 250,000 Naira. This high cost creates a barrier to access for many Nigerians, especially given the country's high poverty rate, making it difficult for individuals and families to afford necessary mental health treatment. This, further agrees with the proposition that the high cost of orthodox mental health care in Nigeria is a significant barrier to access (Eaton, 2011). Research indicates that individuals with mental illnesses are less likely to seek help from the limited number of mental health facilities available. This reluctance stems from the fact that psychiatric treatment expenses, including the cost of medications, are considerably higher than general medical care and are typically borne by individuals and their families (Olufemi et al 2013). This financial burden discourages many from seeking necessary mental health services.

The rising costs of transportation and logistics in Nigeria significantly hinder access to orthodox mental health treatment, particularly for the poor. Increased fuel prices directly contribute to higher transportation expenses, making it more difficult for individuals to reach healthcare facilities. The burden of traveling long distances to receive mental health care acts as a major deterrent, discouraging many from seeking the treatment they need. This situation underscores the critical need for accessible and affordable mental healthcare solutions within local communities to overcome these logistical barriers.

Further, the long-term nature of mental illnesses presents a significant challenge for low-income individuals, particularly regarding the sustained cost of prescription medications. The difficulty in accessing specialized psychiatric care, often due to geographical barriers and limited resources, further exacerbates the problem. Consequently, many individuals turn to traditional healers and religious institutions as alternative sources of support and treatment. This highlights the critical need for accessible and affordable mental healthcare solutions for vulnerable populations. This is expected in a nation like Nigeria, where a significant portion of the population (approximately 45% to 60%) lives below the poverty line, as highlighted by Crick Lund et al. in 2010, the challenges are substantial. This situation is exacerbated by the scarcity of mental health resources, specifically the limited number of psychiatrists and psychiatric hospitals available to serve the population. The combination of widespread poverty and inadequate mental healthcare infrastructure creates a complex and pressing issue. Also, Nigeria faces a critical shortage of mental health professionals, as highlighted by the World Health Organization's 2020 report. With a population exceeding 200 million, the country has approximately 540 psychiatrists, resulting in a ratio of one psychiatrist for every 370,370 individuals, or 0.27 psychiatrists per 100,000 people. This scarcity significantly impacts access to mental healthcare and limits treatment options for those in need.

In Nigeria, education significantly influences choices and treatment. Education, defined as acquired knowledge, can be obtained through both formal and informal channels. Regardless of the method, it represents a process of gaining knowledge through various learning experiences. In Nigeria, education is a dual process, beginning within the family (the microenvironment) and extending to the broader community and formal institutions (the macroenvironment). This means that learning occurs both intentionally through structured education in schools, colleges, and universities, and informally within the immediate family circle, including parents, siblings, and neighbors. This holistic approach acknowledges the significant role of both formal and informal settings in shaping an individual's educational journey from an early age (Adjeketa 2015). Education can be broadly

categorized into formal and informal types. Formal education is characterized by its structured nature, adhering to a predetermined curriculum with specific learning objectives. This type of education is typically facilitated by teachers or instructors within an established educational institution. In contrast, informal education is unstructured and often self-directed. It arises from personal experiences and interests within one's immediate environment, occurring outside the confines of a formal educational setting (Aman et al, 1-2).

Education, whether viewed from an individual or societal perspective, serves the dual purpose of personal development and societal advancement. It empowers individuals to contribute meaningfully to social, economic, and political progress while also equipping them with the capacity for well-reasoned decision-making, shaped by developed thoughts, emotions, opinions, and perspectives, ultimately benefiting both themselves and their communities. Education, acquired through formal or informal channels, significantly influences choices, potentially leading to positive or negative outcomes. In a Nigerian context, for example, the level of education can impact decisions regarding mental health treatment, such as choosing between traditional herbal remedies, orthodox medical facilities, or religious institutions.

The selection of treatment options for individuals with mental illness is significantly influenced by beliefs regarding the cause of the illness, as well as socioeconomic factors like poverty and education. These latter two factors, poverty and education, directly shape an individual's belief system and, consequently, their decisions regarding mental health treatment. The subsequent analysis will explore the interplay between poverty, education, and treatment choices for the mentally ill, using Ebuka Onuma's film, *Moment of Madness* (2017), as a specific case study.

### Data Presentation and Analysis

"Moment of Madness," a 2017 Nigerian film by Onyedika Bright Okeke and directed by Ebuka Onuma, portrays the struggles of Ukonu, a retired college lecturer, to care for his mentally ill daughter, Mmesoma. Due to unpaid pension, Ukonu is unable to afford conventional medical treatment. Despite his education, poverty forces him to seek alternative solutions. Even with the return of Mmesoma's boyfriend, Ikenna, who has Western education and exposure, Mmesoma is taken to a religious institution where she undergoes healing through Christian songs and prayers, highlighting the intersection of poverty, mental health, and cultural beliefs in accessing healthcare.

When an individual experiences mental illness, the decision regarding their choice of treatment places often rests with their family members. These relatives serve as the patient's primary caregivers, typically responsible for essential needs such as food, clothing, and hygiene. This caregiving role can extend from days to years, contingent on the patient's response to treatment. Consequently, the family assumes the responsibility of selecting the treatment facility, particularly when the patient is unable to make informed decisions due to their condition.

In Nigeria, the decision-making process regarding treatment options for the mentally ill is heavily influenced by the patient's relatives' cultural background, education, religion, and social standing. This cultural orientation often dictates the preferred treatment approach. Caregivers may opt for orthodox medicine by consulting a medical doctor to address the illness. Alternatively, they might seek help from traditional healers like herbalists or shrine priests, or religious leaders, who employ prayers, incantations, and medicinal herbs to combat perceived evil forces causing the mental illness. This choice reflects a cultural logic deeply embedded in the Nigerian context.

The central conflict revolves around differing beliefs regarding the cause and treatment of Mmesoma's illness. While individuals like Ikenna and the pastor attribute her condition to mystical forces, Mmesoma's father holds a contrasting view. He prefers seeking treatment for his daughter in a conventional medical facility, indicating a belief in orthodox medicine. However, external factors are preventing him from pursuing this course of action, creating a barrier to the healthcare he deems appropriate for his daughter. The narrative highlights a clash between traditional beliefs and modern medical approaches in understanding and addressing illness (Adjeketa 2022).

The core of the issue lies in differing beliefs about the cause of Mmesoma's illness. While individuals like Ikenna and the pastor attribute her condition to mystical forces, Mmesoma's father holds a contrasting view. He prefers a conventional, orthodox medical approach for his daughter's treatment. However, he faces obstacles that prevent him from pursuing this preferred course of action, suggesting external constraints on his ability to seek the medical care he deems appropriate for Mmesoma.

Ukonu: I could not even manage myself to treat her with all the herbs around us; you are talking of orthodox treatment which you know is very much expensive now in this our country.

The narrative on the one hand highlights a conflict between traditional beliefs and modern medicine, and the father's frustration at being unable to access the latter. On the other hand, Ukonu's statement also highlights a significant correlation between poverty and the selection of treatment options for mental illness. Poverty severely restricts choices, often leading to suboptimal or nonexistent treatment pathways. The economic strain makes it challenging for families to determine the appropriate care facilities for their mentally ill relatives during critical periods. This lack of choice underscores how financial limitations can directly impact access to necessary mental health services. The plight of Ukonu exemplifies the widespread poverty in Nigeria, mirroring statistics indicating that over 70% of the population lives in abject poverty (Zakaria 21). A significant portion, about one-third, survives on less than a dollar a day (Blessing 2021). Many Nigerians, like Ukonu, engage in petty trading, selling items such as chewing sticks and bottled water, with meager profits barely sufficient for daily sustenance. Consequently, they prioritize basic survival over seeking mental health treatment, which is often perceived as expensive. Ukonu's character also highlights the struggles of unpaid retired civil servants, who are often relegated to living below the poverty line in Nigeria.

The assertion made in "Moment of Madness" is reinforced by the research of David Hulme and David Lawson, who highlight the disproportionate burden of ill-health borne by the poorest segments of society. Their findings indicate that individuals in lower socioeconomic strata consistently face elevated morbidity levels, reduced life expectancy, and increased rates of child and maternal mortality. Furthermore, they are more likely to experience mental disorders (David Hulme and David Lawson 5), underscoring the profound impact of poverty on overall health and well-being. This convergence of evidence underscores the urgent need to address socioeconomic disparities to improve health outcomes for the most vulnerable populations.

Chronic Poverty (17) further highlights a critical link between economic status and healthcare access, particularly in developing countries. This connection is exemplified by the "Moment of Madness" scenario, which illustrates how poverty significantly impacts treatment choices. Nkonu with limited financial resources face challenges in affording or accessing adequate medical care for her daughter. This lack of access for the poor in developing nations leads to repeated instances of illness and prolonged recovery periods, perpetuating a cycle of poor health and poverty. The low capabilities of the poor, stemming from their economic circumstances, directly contribute to their vulnerability to chronic health issues.

The financial burden of treating illnesses, particularly when treatment involves expensive medications, extended hospital stays, or frequent recurrences, can severely deplete a household's income and assets. This economic strain significantly influences where individuals choose to seek medical care, as they may opt for more affordable options even if they are not the most optimal from a medical standpoint. The direct costs of treatment, such as medication and hospital bills, combined with the indirect costs, like lost wages due to illness, can create an unsustainable financial burden for families (Kyegombe 9). Ukonu's statement above highlights a critical issue in Africa, particularly in low-income countries like Nigeria: the chronically poor often face significant barriers to accessing quality and timely healthcare. While essential services like child vaccinations and preventive care may be available for free, access to basic curative services, especially for mental illness treatment, remains minimal (Chronic Poverty 19). This disparity underscores the challenges faced by vulnerable populations in obtaining necessary medical care.

The interaction between Ukonu and Nneka also supports a critical aspect of Chronic Poverty (14): the unequal distribution and accessibility of healthcare services. Often, the poorest individuals are underserved by public health systems, forcing them to rely on private providers who may offer lower quality care at a higher cost. This situation is exacerbated by the fact that these private services are sometimes provided by inadequately trained personnel. Furthermore, financial constraints often lead poorer individuals to delay seeking medical treatment until their condition becomes severe, making it more difficult and costly to treat effectively. This delay underscores the detrimental impact of poverty on health outcomes.

Ukonu, Mmesoma's father, faces a difficult decision regarding her healthcare. While both traditional and orthodox treatment options are available, his primary constraint is financial. He indicates that if he had sufficient funds, he would readily seek primary healthcare for his daughter at one of the available treatment centers. This highlights the significant barrier that economic hardship poses to accessing necessary medical care.

"Moment of Madness" illustrates that while poverty significantly influences decisions regarding mental health treatment locations in Nigeria, the educational level of the patient's relatives does not necessarily dictate these choices. The narrative highlights that financial constraints can severely limit options, irrespective of how educated the family members are. The characters of Mmesoma's father and her boyfriend, Ikenna, exemplify this, demonstrating that even without advanced education, the primary driver for treatment decisions often remains economic necessity. Ebuka Onuma utilizes the character of Ukonu, a retired teacher who embraces both traditional and orthodox treatment methods, to illustrate a crucial point. Onuma argues that an individual's level of education does not necessarily dictate their choice of treatment approach for a mentally ill relative. Ukonu's preference for a combination of methods highlights the complex factors influencing healthcare decisions beyond formal education.

Ikenna is another character in the film whose choice of treatment needs to be examined. Mmesoma's boyfriend, Ikenna, is an educated individual who has gained significant exposure to the understanding of mental illnesses due to his studies abroad. Despite his knowledge of the scientific and medical aspects of mental health, he makes the perplexing decision to seek treatment for a mentally ill person within a religious institution. This creates a conflict between his understanding and his actions, raising questions about the influence of cultural beliefs, personal biases, or perhaps a lack of faith in conventional medical treatments when dealing with mental health issues. Ikenna's level of education and social awareness equips him with a foundational understanding of

Mmesoma's illness. This understanding leads him to consider mental institutions within the country as a viable option for her care, making it his initial preference. To Mmesoma's father, Ukonu he says: Ikenna: But Papa, why wasn't she taken to a mental institution for treatment? It might just be a post-traumatic stress disorder.

Ikenna, despite his awareness of the biological basis of mental illness and the potential benefits of psychiatric care, ultimately prioritizes his religious beliefs when deciding on treatment for Mmesoma. His strong belief in supernatural causes of illness, particularly the idea that Mmesoma's condition stems from mystical forces, leads him to favor the pastor's suggestion of divine intervention as a cure. This highlights how religiosity can override even an educated understanding of mental health when making critical healthcare decisions.

Ebuka Onuma's film illustrates how intertwined poverty, religion, and culture are with an individual's life choices, particularly concerning healthcare decisions. Through the characters of Ukonu and Ikenna, Onuma illustrates that a person's income level and religious beliefs significantly influence their choice of treatment options and healthcare facilities. The narrative underscores the critical role these socio-economic and cultural factors play in shaping individual agency and access to healthcare. The film utilizes the character of Ikenna to highlight that theoretical knowledge of an illness doesn't always dictate treatment choices. Instead, the film emphasizes that the perceived cause of the illness is the primary driver in deciding where to seek treatment. Ikenna's decision to pursue a specific treatment path is based on Pastor Agu's assertion that his girlfriend Mmesoma's illness has spiritual origins, thus necessitating a spiritual intervention. This underscores the influence of beliefs about causation over medical understanding in healthcare decisions.

### General Comment

"Moment of Madness," illustrates how poverty and cultural beliefs significantly influence treatment choices for mental illness, often overshadowing the impact of education. The film which centres on Ukonu, a retired lecturer, struggling to care for his mentally ill daughter, Mmesoma, due to financial constraints caused by unpaid pension. Despite his education, Ukonu's poverty limits his options, forcing him to consider alternative, often suboptimal, treatment avenues. The film's narrative reveals the clash between poverty, education and health care choices. While Ukonu initially prefers orthodox medical treatment, his lack of funds places him in a choice less position. The film shows that decision-making process for the mentally ill is heavily influenced by the family's financial standing, religious affiliation, cultural background and social standing, reflecting a deeply embedded cultural logic within the Nigerian context. The film also explores the role of education through the character of Ikenna, Mmesoma's boyfriend. Despite his Western education and understanding of mental health, Ikenna ultimately prioritizes religious beliefs, opting for spiritual intervention over conventional medical treatment. This underscores that the perceived cause of the illness often dictates treatment choices, even among educated individuals. The film emphasizes that financial constraints can severely limit options, irrespective of how educated the family members are. Ultimately, "Moment of Madness" portrays the complex interplay of poverty, religion, and culture in shaping healthcare decisions, particularly concerning mental health treatment in Nigeria. It highlights the urgent need to address socioeconomic disparities to improve health outcomes for the most vulnerable populations.

### Summary of the Study

Early Nollywood films often depicted cultural and religious themes, but are increasingly addressing contemporary issues like mental health. While research has explored the causes and treatments of mental illness as portrayed in these films, this study investigates the factors influencing treatment

preferences, particularly the choice of unorthodox methods over conventional medical care. It uses Ebuka Onuma's "Moment of Madness" (2017) as a case study to examine how poverty and education shape these decisions. The study defines mental illness as a disruption in cognitive and emotional processes affecting daily functioning, and distinguishes it from mental health, which encompasses well-being and the ability to function harmoniously within a community. Mental illnesses are a growing global concern, particularly in low-income countries like Nigeria, where they are often overlooked due to more pressing health threats. Treatment options vary, with many Nigerians turning to a combination of hospitals, traditional healers, and religious institutions.

Poverty significantly impacts healthcare choices, forcing individuals to opt for substandard housing, education, and food. Many Nigerians bypass conventional medical routes due to affordability, seeking cheaper alternatives like over-the-counter medications or traditional/religious healers. The National Health Insurance Scheme (NHIS) in Nigeria does not comprehensively cover mental health, disproportionately affecting the poor. High treatment costs and logistical challenges further hinder access to orthodox mental healthcare, leading many to seek alternative sources of support. Education, both formal and informal, influences choices, but the film "Moment of Madness" suggests that poverty can override education in treatment decisions. The film portrays a retired lecturer, Ukonu, struggling to care for his mentally ill daughter due to financial constraints. Despite his education, Ukonu's poverty limits his options. Even Ikenna, Mmesoma's boyfriend with Western education, takes her to a religious institution, highlighting the influence of cultural beliefs and perceived causes of illness. The film underscores the complex interplay of poverty, religion, and culture in shaping healthcare decisions in Nigeria, emphasizing the need to address socioeconomic disparities to improve health outcomes

### Conclusion Of the Study

The study examines the impact of poverty and education on decisions regarding mental health treatment in Nigeria, using the film "Moment of Madness" as a case study. It highlights that poverty, similar to religion and culture, significantly influences these choices. In the film, Nkonu's lack of financial resources leads him to forgo seeking any treatment for his daughter, Mmesoma, despite his education. The narrative demonstrates how poverty can override education when making critical healthcare decisions. Ultimately, it was the intervention of Mmesoma's boyfriend, Ikenna, who took her to a religious healing center, that prevented Nkonu from abandoning her to her mental illness. Nigeria faces significant challenges in mental healthcare due to a shortage of psychiatric hospitals and psychiatrists, coupled with the limited accessibility of existing mental health facilities. This situation underscores the need for government intervention to provide affordable, high-quality mental health services. Given the nation's high poverty rate, many individuals with mental illnesses cannot afford treatment, exacerbating the problem. To address this, the Nigerian government should prioritize poverty alleviation programs to improve living standards and reduce the financial burden on vulnerable populations. Furthermore, implementing policies through the National Health Insurance Scheme to lower the cost of prescription drugs is crucial for ensuring that those with mental illnesses can access the medication they need.

Many Nigerian pensioners, such as Nkonu, face significant challenges in accessing healthcare due to the non-payment of their pensions. This lack of financial resources directly impacts their ability to afford essential medical services, including hospital bills and necessary medications, highlighting a critical issue of social welfare and its direct consequences on the health and well-being of elderly citizens and their families. Nkeno's decision to seek treatment for Mmesoma's mental illness at a religious institution stems from his belief that her condition is rooted in supernatural causes. This

perspective suggests that a supernatural intervention is necessary for her recovery. Despite Ikenna's education and understanding of natural explanations for mental illnesses, his religious beliefs significantly influence his decision-making, overriding his more scientific knowledge. This highlights the powerful role of faith in shaping healthcare choices, even among educated individuals. This calls for an awareness campaign across all sectors. A nationwide awareness campaign is crucial to promote the use of orthodox facilities for mental health care. The government should empower healthcare practitioners in all facilities to lead this effort. Prioritizing the production and distribution of advocacy materials like flyers, handbills, and billboards is essential. These materials should be strategically placed and distributed across the country to emphasize the importance of seeking orthodox treatment for mental illness. Collaboration with relevant NGOs is also vital to ensure the campaign's success and reach.

## References

- 1) Aderinto Nicholas, Opanike Joshua, Oladipo Elizabeth. Accessing Mental Health Services in Africa: Current state, efforts, challenges and recommendation. *Ann Med Surg (Lond)* (2022) 18;81:104421
- 2) Alemayehu Gelmessu, Fethi Mohamed, Seyoum Mengistu, Yezina Temesgen, Nega Baraki. Common Mental Illnesses for the Ethiopian Health Center Team. Haramaya University In collaboration with the Ethiopia Public Health Training Initiative, The Carter, the Ethiopia Ministry of Health, and the Ethiopia Ministry of Education (2003)
- 3) Aman Verma, Dr.R.k.Doharey, Kapil Verma, and Vishal Yadav. (2023). Education: Meaning, definition & types. Agriculture Extension Education. S.R. Scientific Publication
- 4) Bashiru Akande Lasisi. Promoting Women and Children Health and Social Development through Nigerian Nollywood Movies. Conference: The 4th Enter-Educate Conference New Delhi India At: New Delhi India November, 2011
- 5) Blessing Adjeketa. The Niger Delta Crisis: Portrayal of Causes of Restiveness In Nigerian Home Video Films. *Wilberforce Journal of the Social Sciences (WJSS)* 2504 – 9232 Volume 6 No. 1 (2021)
- 6) Blessing Adjeketa. Animation Films and Child Development in Nigeria: A Study of Sapele, Delta State. MA Dissertation in the Department of Theatre Arts, Delta State University Abraka, Nigeria (2015)
- 7) Blessing Adjeketa, Tunde Oliogu & Alphons S. Orisaremi. Nigerian Films, Culture, and Audiences. *The Crab: Journal of Theatre and Media Arts* No. 17. Pp219-234 (2022).
- 8) Chronic Poverty Research Centre. Health and Poverty Linkage: Perspectives of the Chronically Poor. Background Paper for the Chronic Poverty Report 2008-2009. United Kingdom's Department for International Development (DFID).pg1-30. February 2005
- 9) Crick Lund C, Breen A, Flisher AJ, et al. Poverty and common mental disorders in low and middle income countries: a systematic review. *Soc Sci Med* 2010;71:517- 28.
- 10) David Mechanic and Scott Bilder, (2004). Treatment Of People With Mental Illness: A Decade-Long Perspective. *Health Affairs* 23(4):84-95
- 11) David Gordon, Ruth Levitas, Christina Pantazis, Demi Patsios, Sarah Payne, Peter Townsend Poverty and social exclusion in Britain. York: Joseph Rowntree Foundation. <https://www.bristol.ac.uk/poverty/pse/Poverty%20and%20Social%20Exclusion%20in%20Britain%20JRF%20Report.pdf> (2000)
- 12) Eaton J, McCay L, Semrau M, et al. Scale up of services for mental health in low-income and middle-income countries. *Lancet* 2011;378:1592-603

- 13) Endong, Floribert Patrick. Cinema Globalization And Nation Branding: An Exploration Of The Impact Of Nollywood On The Nigerian Image Crisis. *Journal of Globalization Studies*. Vol9, No.1 (2018)
- 14) Eva Ludi, Odi. Poverty Brief – Understanding Poverty. Swiss agency for development and corporation. (SDC) <https://www.shareweb.ch/site/Poverty-Wellbeing/Documents/SDC%20Poverty%20Brief%20160413%20Web.pdf> (nd).
- 15) Floribert Patrick C. Endong (2023). Nollywood Films’ Depiction of the Nigerian Society: A Reflection or Distortion of Reality? *Pan-African Journal of Education and Social Sciences (PAJES)* Vol 4, No. 2, 16-29
- 16) Goulden Chris. Introduction: An anti-poverty strategy for the UK, *Journal of Poverty and Social Justice*, 23(3), pp. 165–6 (2015)
- 17) Jennifer Sheehy-Skeffington and Jessica Rea. How poverty affects people’s decision-making processes. JRF. Joseph Rowntree Foundation. <https://www.lse.ac.uk/business/consulting/assets/documents/how-poverty-affects-peoples-decision-making-processes.pdf> (February 2017).
- 18) Kyegombe, N. Health, and Chronic Poverty. Background Paper for the Chronic Poverty Report 2004-2005. Web. April 12, 2015.
- 19) Kumwenda, G. The Portrayal of Witchcraft, Occults and Magic in Popular Nigerian Video Films. M.A. Thesis, Faculty of Arts, University of the Witwatersrand, Johannesburg, South Africa. (2007)
- 20) Louise Rowling, Graham Martin, Lyn Walker (eds) *Mental Health Promotion and Young People: Concepts and Practice*. Roseville, NSW: McGraw-Hill Australia (2002)
- 21) *Moment of Madness*. Director, Ebuka Onuma. Producer, Onyedika Abaright Okeke. Famous Movies. IND. Ltd. 2017. Film.
- 22) Olufemi B. Olugbile, Ayodele O. Coker, Mathew P. Zachariah. Cost of treatment as a barrier to access and continuity of healthcare for patients with mental ill-health in Lagos, Nigeria. *Healthcare in Low-resource Settings* 2013; volume 1:e8
- 23) Ryff D. Carol and Singer Burton. The contours of positive human health, *Psychological Inquiry* 9(1): 1–28 (1998)
- 24) Sharon Leighton and Nisha Dogra. Defining mental health and mental illness. *Nursing in child and adolescent mental health*. [https://www.researchgate.net/publication/255657987\\_Defining\\_mental\\_health\\_and\\_mental\\_illness](https://www.researchgate.net/publication/255657987_Defining_mental_health_and_mental_illness). (January 2029)
- 25) Theophilus Adjeketa. *Endocrinology and psychiatry: A contemporary Approach*. Ngema International Services: Benin City, Edo State. 2013
- 26) WHO (World Health Organization). *Promoting Mental Health: Concepts, Emerging Evidence, Practice: Summary Report*. Geneva: WHO (2004)
- 27) WHO. *Investing in Mental Health*. (2003) <https://iris.who.int/bitstream/handle/10665/42823/9241562579.pdf>
- 28) World Health Organisation. (2020). *Mental Health Atlas 2020 Country Profile: Nigeria*. Retrieved from <https://www.who.int> 28/02/2025.