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Extent to which the Resilience of Family Members is Influenced by their Perceptions towards a Mentally Ill Family Member in Nyeri County, Kenya

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ABSTRACT

Numerous studies have demonstrated that family caregivers of persons with a severe mental illness suffer from significant stresses, experience moderately high levels of burden and often receive inadequate assistance from mental health professionals. The major objective of this study was to find out the extent to which the resilience of the family members is influenced by their perceptions towards the mentally ill member, in Nyeri County, Kenya. Two theories guided this study: Hardiness theory of Resilience by Suzanne Kobasa (1979) and the Attribution theory by Fritz Heider (1958). This study adopted the Ex-post facto research design. The target population was the family members who live with and take care of 600 mentally ill relatives who had visited the Nyeri County Referral hospital in the month preceding data collection. Sample size of 240 families participated in the study. Ten close family members were purposively selected to take part in in-depth interviews while the remaining 229 families were subjected to a questionnaire. One family was selected using criterion sampling to take part in a biographical study. Reliability of the instruments was determined using test-retest method and a reliability index of 0.751was obtained, which was considered adequate. The qualitative data was analyzed into themes. The quantitative data was analyzed using multi-linear regression to test the hypothesis, p=.05 significance level, with the aid of SPSS (Version 23). The study found out that care givers had a positive attitude towards mental illness and the mentally ill persons in general. It is recommended that continuous sensitization of the community members by the Ministry of health on mental illness be carried out to reduce stigma as well as the formation of support groups that would provide counseling and other services to those living with the mentally ill.

Keywords: Mental Illness, Family Support, Caregivers' Resilience, Community Sensitization

1. INTRODUCTION

Mental illness may cause a variety of psychosocial problems for the family members who live with the mentally ill. These problems may include a decrease in the quality of life as a result of loss of gainful employment for the mentally ill or their failure to participate in the economic activities in the community or even their own upkeep. There may also be an increase in social distance, both for the mentally ill and their family members who live with them and care for them. Family members caring for their mentally ill relative usually report feelings of stigmatization as a result of having to associate with the mentally ill. They always feel that they are treated differently by members of their extended families, friends as well as their neighbours as a result of living with the mentally ill. The perceptions the family members have regarding the mental illness have a bearing on the coping strategies that the family members may adopt (Sebunnya, Kigozi, Lund, Kizza, & Okello, 2009). Family members have a tremendous but often invisible role in the care of mentally ill persons. As noted in the Kirby/Keon Report in Canada, family caregivers for mentally ill persons are generally ignored despite the special predicament they find themselves in of providing most care and support to the mentally ill (Kirby/Keon, 2013). Cree (2003) affirms that in UK, family caregivers are generally excluded by the mental health care providers yet they are the ones who provide most of the care to the patients. In Africa, most of the research work has been directed on the vulnerabilities and the risks faced by the family care givers. These studies have looked at the physical and psychological effects on the family care-givers as a result of taking care of their mentally ill relatives as well as the trauma they experience (Robson, 2006). Little attention has in the past been given to the potential benefits that accrue to the family care givers as they live with their mentally ill relatives. These benefits include development of close relationships among the family members, as well as acquiring new skills and knowledge in dealing with persons in difficult conditions and circumstances, not only those with mental illness (Donald & Clacherty, 2005). In Kenya, the prevalence rate of mental illness is 1 in every 25 for major disorders. This compares with the prevalence rate in developed countries. According to a study carried out in Nyanza Province, mental disorders that are common are a major burden in the provision of healthcare in Kenya. The prevalence of these mental disorders were found to be generally consistent over a period of ten years, between the years 2004 and2013 (Kiima& Jenkins, 2015).

1.1 Problem Statement

Mental illness may cause a variety of psychosocial problems for the family members who live with the mentally ill. Family caregivers are generally excluded by the mental health care providers yet they are the ones who provide most of the care to the patients. Little attention has in the past been given to the potential benefits that accrue to the family care givers as they live with their mentally ill relatives. In Kenya, the prevalence rate of mental illness is 1 in every 25 for major disorders. Mental disorders are common and a major burden in the provision of healthcare in Kenya. In Kenya most mentally ill persons wholly depend on their relatives for upkeep and all their needs. Mentally ill persons are often stigmatized not only by the community but also family members.

1.2 Objectives

- To evaluate if family members perceive mental illness to be as a result of a curse or witchcraft
- To establish if family members associate mental illness with punishment from God
- To find out whether family members perceive their mentally ill relative as dangerous, dirty and worthless

1.3 Hypotheses

H_0: There is no statistically significant relationship between perceptions and the resilience of families living with a member with mental illness in Nyeri County, Kenya.

2. RESEARCH METHODOLOGY

The study adopted the *ex-post facto* research design. Biographical research design was also applied in which one family which has lived with a mentally ill member for over ten years was identified. The target population was the immediate family members of the 600 mentally ill patients who had visited the hospital in the month preceding data collection. A sample size of 240 families was arrived at aided by (Yamane, 1967) formula. Questionnaires and semi-structured interview guides were used to collect data. A pilot study was carried out from a similar sample drawn from the neighbouring Laikipia County. The results obtained from the pilot study were used to fine tune the research instruments. Test retest method was used to examine the reliability of the questionnaire. A reliability index α=0.751 was obtained, which was considered adequate. Validity of the research instruments was ensured by making any corrections as was found necessary after the pilot study. Audio-taped data from in-depth interviews were transcribed verbatim in the original vernacular language in full, capturing all the words spoken, including false starts, significant pauses, laughs or any other features. This was then translated by an expert to help reduce researcher bias. After transcription the bulk of interview transcripts were printed to get the hard copy on which the analysis was based.

3. RESEARCH FINDINGS AND ANALYSIS

The researcher sought to explore the extent to which resilience of family members is influenced by their perceptions towards mental illness and the mentally ill. The researcher used five statements as indicators of perception and a likert scale against each statement to measure the extent to which the respondents agreed or disagreed with the statement.

Table 1: *Perceptions of Family Members towards Mentally Ill Member*
KEY: SA=Strongly Agree, A=Agree, N= Neutral, D=Disagree, SD=Strongly Disagree

STATEMENT	**EXTENT OF AGREEMENT OR DISAGREEMENT (%)**					**Mean**	**Std. Deviation**
	SA(1)	**A(2)**	**N(3)**	**D(4)**	**SD(5)**		
B1. Mental illness is as a result of a curse to the family members	17.1	21.9	21.4	39.6	0.0	2.834	1.131
B2. Mental illness originates from witchcraft/ sorcery/ black magic	0.0	17.1	21.9	21.9	39.0	3.829	1.128
B3. Mental illness is a form of punishment for a sin committed/ a bad omen	0.0	17.1	21.4	39.6	21.9	3.663	1.005
B4. Mentally ill persons are dangerous and should be avoided	0.0	17.1	21.4	21.4	39.6	3.834	1.131
B5. Mentally ill persons are worthless, dirty and senseless	17.1	21.9	0.0	61.0	0.0	4.096	1.467

3.1 Perception of mental illness as a result of a curse in the family

Table 1 indicates that majority of the respondents neither agree nor disagree with the statement that mental illness is as a result of a curse to the family members($\bar{x} = 2.824$, sd=1.131). However still an appreciable proportion of the respondents; cumulatively 39% agree with the statement. The findings thus imply that although most of the respondents are neutral about the presence of mental illness in the family being a curse, there is a general perception that mental illness could be as a result of a curse to the family.

Table 2: *Duration of living with the patient and perception of mental illness as a curse*

	Strongly Agree	**Agree**	**Neutral**	**Disagree**	**Total**
Less Than 2 Years	16	2	0	6	24
2-5 Years	9	9	2	9	29
6-10 Years	0	2	30	6	38
More Than 10 Years	17	30	0	49	96
Total	**32**	**34**	**32**	**70**	**187**

According to the information displayed on Table 2, majority of the respondents 49(51%)who had lived for more than 10 years with the mentally ill family members do not perceive mental illness to be as a result of a curse in the family. On the other hand, the majority of the family members 18(75%) who had lived for a short time with the mentally ill member perceive mental illness to be as a result of curse in the family.

Table 3: *Chi Square test for duration of living with mental patient and perception of mental illness as a curse*

	Value	**df**	**Asymp. Sig. (2-sided)**
Pearson Chi-Square	187.449[a]	9	.000
Likelihood Ratio	190.017	9	.000
Linear-by-Linear Association	.016	1	.898
N of Valid Cases	187		

a. 2 cells (12.5%) have expected count less than 5. The minimum expected count is 4.11.

According to the information on Table 3 indicates that $p<0.05$ which implies that there is an association between the length of time lived with the mentally ill family member and the perception that mental illness is a result of curse in the family. Further, the findings have indicated that the more the time spent with the mentally ill family members, the greater the tendency to adopt the perception that mental illness is not a result of curse in the family.

Table 4: *Gender of Respondents and perception of Mental illness as a curse*

		Mental illness as a curse				
		Strongly Agree	Agree	Neutral	Disagree	Total
Gender of Respondent	Male	17	16	19	32	84
	Female	15	25	21	42	103
Total		**32**	**41**	**40**	**74**	**187**

According to the information presented in Table 4, the perception that mental illness is a result of curse in the family is more prevalent among the male respondents (39%) than among female respondents (38%). The results however indicate that the disparity in the perception across the genders is marginal.

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Table 5: *Chi Square Test for Association of Gender of Respondent and Perception of Mental illness as a Curse*

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.638[a]	3	.651
Likelihood Ratio	1.639	3	.651
Linear-by-Linear Association	.281	1	.596
N of Valid Cases	187		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 14.37.

According to the information on Table 5 indicates that p>0.05 which implies that there is no association between gender and the perception that mental illness is a result of curse in the family. The findings thus indicate that there is no significant difference in the way both males and females perceive the relationship between mental illness and curse in the family.

3.2 Perception of mental illness as a result of witchcraft/ sorcery or black magic

Table 1 shows that the majority of the respondents disagree with the statement that mental illness originates from witchcraft/ sorcery or black magic ($\bar{x} = 3.829$, sd=1.128) and only 17.1% of the respondents agree with the statement.

Table 6: *Duration of living with the patient and perception of mental illness as a result of witchcraft/ sorcery or black magic*

	Strongly Agree	Agree	Neutral	Disagree	Total
Less Than 2 Years	6	2	6	10	24
2-5 Years	9	9	7	4	29
6-10 Years	0	0	12	26	38
More Than 10 Years	17	30	28	21	96
Total	**32**	**41**	**43**	**61**	**187**

According to the information displayed on Table 6, all the respondents 38(100%)who had lived for 6-10 years with the mentally ill family members do not perceive mental illness to be as a result of witchcraft/ sorcery or black magic. On the other hand, the majority of the family members 10(42%) who had lived for a short time with the mentally ill member also do not perceive mental illness to be as a result of witchcraft/ sorcery or black magic. The findings indicate that there is no significant disparity across the length of time lived with the mentally ill member on the perception that mental illness is as a result of witchcraft/ sorcery or black magic.

Table 7: *Chi Square test for duration of living with the mentally ill patient and perception of mental illness as a result of witchcraft/ sorcery or black magic*

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	84.931[a]	9	.070
Likelihood Ratio	99.124	9	.083
Linear-by-Linear Association	.275	1	.600
N of Valid Cases	187		

a. 2 cells (12.5%) have expected count less than 5. The minimum expected count is 4.11.

According to the information on Table 7 indicates that p>0.05 which implies that there is no association between the length of time lived with the mentally ill family member and the perception that mental illness is a result of witchcraft/ sorcery or black magic implying that all respondents perceived the relationship between mental illness and witchcraft/ sorcery the same way.

Table 8: Gender of Respondent and the perception of Mental illness as a result of witchcraft/ sorcery or black magic

		Mental illness a result of witchcraft				
		Agree	Neutral	Disagree	Strongly Disagree	Total
Gender of Respondent	Male	17	16	18	33	84
	Female	15	25	23	40	103
	Total	**32**	**41**	**41**	**73**	**187**

According to the information presented in Table 8, the perception that mental illness is a result of witchcraft in the family is more prevalent among the males (52%) than among women (15%). These results indicate that the disparity in the perception across the genders is appreciable, considering only the percentages.

Table 9: *Chi Square test for association of Gender of Respondent and Perception of Mental illness as a Result of Witchcraft/ Sorcery or Black Magic*

	Value	**df**	**Asymp. Sig. (2-sided)**
Pearson Chi-Square	1.466[a]	3	.690
Likelihood Ratio	1.467	3	.690
Linear-by-Linear Association	.117	1	.732
N of Valid Cases	187		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 14.37.

According to the information on Table 9, it shows that p>0.05 which implies that there is no statistically significant association between gender and the perception that mental illness is a result of witchcraft. It is therefore concluded that according to the findings, both genders perceive witchcraft as a cause of mental illness in the family in the same way.

3.3 Perception of mental illness as a form of punishment or a bad omen

A small proportion of the respondents ($\bar{x}$ =3.663 sd=1.005) do not view mental illness as a form of punishment or a bad omen. However, an appreciable proportion of the respondents, cumulatively 38.5%, agreed that mental illness could be a form of punishment being meted out on the family or a bad omen.

Table 10: *Duration of living with the patient and perception of mental illness as a form of punishment or a bad omen*

	Strongly Agree	**Agree**	**Neutral**	**Disagree**	**Total**
Less Than 2 Years	16	0	6	2	24
2-5 Years	9	2	9	9	29
6-10 Years	20	18	0	0	38
More Than 10 Years	17	0	49	30	96
Total	**59**	**20**	**74**	**41**	**187**

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According to the information displayed on Table 10, all the respondents 38(100%)who had lived for 6-10 years with the mentally ill family members do not perceive mental illness to be as a form of punishment or a bad omen. On the other hand, the majority of the family members 16(67%) who had lived for a short time with the mentally ill member perceive mental illness to be as a form of punishment or a bad omen while only 17(18%) of those who had lived with the mentally ill member for more than ten years perceived the mental illness as a punishment. The findings indicate that there is significant disparity across the length of time lived with the mentally ill member on the perception that mental illness is as a form of punishment or a bad omen.

Table 11: *Chi Square test for duration of living with the mentally ill patient and perception of mental illness as a form of punishment or a bad omen*

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	187.449[a]	9	.000
Likelihood Ratio	190.017	9	.000
Linear-by-Linear Association	5.044	1	.025
N of Valid Cases	187		

a. 2 cells (12.5%) have expected count less than 5. The minimum expected count is 4.11.

According to the information on Table 13, $p<0.05$ which implies that there is an association between the length of time lived with the mentally ill family member and the perception that mental illness is a form of punishment or a bad omen implying that although respondents in all categories perceived mental illness as a punishment or a bad omen, less of those who had lived with the mentally ill for a long time viewed the illness as a punishment than those who had lived with them for a shorter period. The perception that mental illness is a form of punishment or a bad omen is thus viewed differently across the different categories of length of stay with the mentally ill.

Table 12: *Gender of Respondent and Mental illness as a form of punishment or a bad omen*

		Mental illness a result of witchcraft				
		Agree	Neutral	Disagree	Strongly Disagree	Total
Gender of Respondent	Male	17	16	18	33	84
	Female	15	25	23	40	103
	Total	**32**	**41**	**41**	**73**	**187**

According to the information presented in Table 12, the perception that mental illness is a result of witchcraft in the family is more prevalent among the males (52%) than among women (15%). These results indicate that the disparity in the perception across the genders on the issue of witchcraft as a cause of mental illness is appreciable.

Table 13: *Chi Square Test for Association between Gender of Respondent and the Perception of mental illness as a form of punishment or a bad omen*

	Value	**df**	**Asymp. Sig. (2-sided)**
Pearson Chi-Square	25.281	3	.000
Likelihood Ratio	162.494	183	
Linear-by-Linear Association	187.775	186	

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 14.37.

According to the information on Table 15 indicates that $p<0.05$ which implies that there is an appreciable association between gender and the perception of mental illness as a form of punishment or a bad omen. Further, the findings have indicated that both genders

perceive mental illness and witchcraft in the family in the differently, the male respondents viewed mental illness as a form of punishment more than the female respondents.

3.4 Perception that the mentally ill family members are dangerous

Majority of the respondents ($(\bar{x} = 3.834, sd = 1.131)$ did not agree with the statement that mentally ill persons are dangerous and should be avoided, however a sizable proportion (17.1%) of the respondents were of the view that mentally ill persons are dangerous and should be avoided.

Table 14: *Duration of living with the patient and perception of the mentally ill member to be dangerous*

	Strongly Agree	**Agree**	**Neutral**	**Disagree**	**Total**
Less Than 2 Years	6	16	0	2	24
2-5 Years	9	7	2	11	29
6-10 Years	0	0	22	16	38
More Than 10 Years	17	28	0	51	96
Total	**32**	**51**	**44**	**60**	**187**

According to the information displayed on Table 14, majority of the respondents 51(53%)who had lived for more than 10 years with the mentally ill family members do not perceive mentally ill family member to be dangerous. On the other hand, the majority of the family members 22(92%) who had lived for a short time with the mentally ill member perceive mentally ill family member to be dangerous. For those who had been with the mentally ill for between 2-5 years, 55% agreed that the mentally ill are dangerous while only 37% did not view them as such. Majority of the category of those who have lived for between 6-10 years were neutral on this perception, they neither agreed nor disagreed with this statement. The findings indicate that families who live for a long time with a mentally ill member gradually change their perception that the mentally ill member is dangerous.

Table 15: *Chi Square test for duration of living with the mentally ill patient and perception of mentally ill member to be dangerous*

	Value	**df**	**Asymp. Sig. (2-sided)**
Pearson Chi-Square	179.943[a]	9	.000
Likelihood Ratio	182.736	9	.000
Linear-by-Linear Association	1.176	1	.278
N of Valid Cases	187		

a. 2 cells (12.5%) have expected count less than 5. The minimum expected count is 4.11.

According to the information on Table 15 indicates that $p<0.05$ which implies that there is an association between the length of time lived with the mentally ill family member and the perception that the mentally ill family member is dangerous. Further, the findings have indicated that the more the time spent with the mentally ill family members, the greater the tendency to adopt the perception that the mentally ill member is not dangerous.

Table 16: *Gender of Respondent and perception of the mentally ill to be dangerous*

		Mentally ill are dangerous people				
		Agree	Neutral	Disagree	Strongly Disagree	Total
Gender of Respondent	Male	27	18	19	20	84
	Female	15	23	21	44	103
	Total	**42**	**41**	**40**	**64**	**187**

According to the information presented in Table 16, the perception that the mentally ill members are dangerous is more prevalent among the males (63%) than among the females (54%). The results however indicate that the disparity in the perception across the genders is marginal.

Table 17: *Chi Square Test for Association between Gender of Respondent and perception that mentally ill members are dangerous*

	Value	**df**	**Asymp. Sig. (2-sided)**
Pearson Chi-Square	1.569[a]	3	.666
Likelihood Ratio	1.567	3	.667
Linear-by-Linear Association	1.102	1	.294
N of Valid Cases	187		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 14.37.

According to the information on Table 17 indicates that p>0.05 which implies that there is no statistically significant association between gender and the perception that mentally ill family members are dangerous. Further, the findings have indicated that both genders perceive mentally ill members to be dangerous in the same way.

3.5 Perception that mentally ill family members are worthless, dirty and senseless

Majority of the respondents, 61%, disagreed with the statement and only 17% agreed that the mentally ill were worthless, dirty and senseless ($(\bar{x} = 4.096, sd = 1.467)$

Table 18: *Duration of living with the patient and perception that mentally ill family members are worthless, dirty and senseless*

	Strongly Agree	**Agree**	**Disagree**	**Total**
Less Than 2 Years	6	6	12	24
2-5 Years	9	7	13	29
6-10 Years	0	3	35	38
More Than 10 Years	17	28	51	96
Total	**32**	**44**	**111**	**187**

According to the information displayed on Table 18, 45(47%) of those who had lived with the mentally ill for more than ten years, and12(50%) who had lived for a short time with the mentally ill member perceive mentally ill family members to be worthless, dirty and senseless. The findings indicate that there is no significant disparity across the length of time lived with the mentally ill member on the perception that mentally ill family members are worthless, dirty and senseless.

Table 19: *Chi Square test for duration of living with mental patient and perception of mentally ill family members as worthless*

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	33.654[a]	6	.000
Likelihood Ratio	46.157	6	.000
Linear-by-Linear Association	1.239	1	.266
N of Valid Cases	187		

a. 2 cells (16.7%) have expected count less than 5. The minimum expected count is 4.11.

According to the information on Table 19 indicates that p<0.05 which implies that there the association between the length of time lived with the mentally ill family member and the perception that mentally ill members are worthless, dirty and senseless is statistically significant.

Further, the study sought to establish whether gender of the respondents was associated with the perception of the mentally ill family

members to be worthless, dirty and senseless. Table 20 presents the results obtained.

Table 20: *Gender of Respondent and perception that mentally ill family members are worthless, dirty and senseless*

		Strongly Agree	Neutral	Disagree	Strongly Disagree	Total
Gender of Respondent	Male	17	18	16	33	84
	Female	15	23	25	40	103
	Total	**32**	**41**	**41**	**73**	**187**

According to the information presented in Table 20, the perception that mentally ill family members are worthless is more prevalent among the females (63%) than among males (42%). The results however indicate that the disparity in the perception across the genders is appreciable.

Table 21: *Chi Square Test for Association between Gender of respondent and Perception that Mentally ill family members are worthless, dirty and senseless*

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	33.654a	6	.000
Likelihood Ratio	46.157	6	.000
Linear-by-Linear Association	1.239	1	.266
N of Valid Cases			

According to the information on Table 21 indicates that $p<0.05$ which implies that there is an appreciable association between gender and the perception that mentally ill family members are worthless, dirty and senseless. To test the relationship between perceptions towards mental illness and the mentally ill and resilience, linear regression was used, where the respondent's perceptions, the independent variable (IV) was regressed against resilience of the family members, dependent variable (DV). The results are summarized in Table 22.

Table 22: *Model Summary of perceptions towards mental illness (IV) and resilience DV)*

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.327[a]	.107	.102	.39305

a. Predictors: (Constant), B5

Table 22 shows the Model Summary of perceptions towards mental illness (IV) and resilience (DV). The value of R^2 was used to quantify the extent to which perceptions of the family members towards mental illness influence their resilience in caring for the mentally ill member. The findings of the study indicated that $R^2=0.107$ which implies that the perceptions of family members towards mental illness and the mentally ill member predict a 10.7% of the variation in their resilience in caring for the mentally ill member. This implies that perceptions towards mental illness and the mentally ill family member have a relatively high impact on their resilience in caring for the mentally ill member.

Table 23: *ANOVA of perceptions towards mental illness and resilience*

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	3.430	1	3.430	22.203	.000[a]
	Residual	28.581	185	.154		
	Total	32.011	186			

a. Predictors: (Constant), B5

b. Dependent Variable: E1

The study further sought to establish whether the impact of perceptions towards mental illness and the mentally ill on care giver's resilience was statistically significant. Table 23 shows the Analysis of Variance (ANOVA) carried out on the variables. The value of significance (*p*-value) was used to estimate the extent to which the perceptions influence resilience of family members of the mentally ill was statistically significant. A small *p*-value (close to 0.00) implies a greater statistical significance of the influence and vice versa. The findings indicated that the *p*-value is small ($p<0.05$) implying that the relationship between perceptions towards mental illness and the mentally ill on care giver's resilience is statistically significant and that aspects of perceptions tested have a significant influence on the care giver's resilience.

4. CONCLUSION

Some respondents viewed mental illness as a curse while others did not perceive it as a curse. The statistical analysis established that the more time lived with the mentally ill members, the less the tendency to see mental illness as a curse in the family. This perception did not vary with gender; both the male and female respondents had similar views concerning the issue of curses bringing about mental illness. It was however found that 38.5% of the respondents viewed mental illness as a form of punishment or a bad omen. More of those having this view were those who had lived with mental illness for a period of less than two years, while fewer of those who had lived with the mental illness longer held this view of mental illness being a form of punishment or a bad omen. More male respondents than the female respondents were also found to be of the opinion that mental illness is a result of a punishment or a bad omen. As families live with a member with mental illness, they tend to change their perception of them being dangerous. Those who had been with the mentally ill for a shorter period viewed the sick as dangerous and that they should be avoided. A slightly higher percentage of females perceive the mentally ill as dangerous as compared to the male respondents.

The statistical analysis (linear regression) showed that 10.7% of the variation in the caregivers' resilience is explained by their perceptions towards mental illness and the mentally ill member. This means that perceptions towards mental illness and the mentally ill have a relatively high impact on the resilience of families living with a member who has mental illness. Analysis of variance (ANOVA) was used to test the statistical significance, and a small *p-value* ($p<0.005$) was obtained, implying that the relationship between perceptions towards mental illness and the mentally ill and the caregivers' resilience is statistically significant. It also means that the aspects of perceptions tested have a significant influence on the caregivers' resilience. The null hypothesis: There is no statistically significant relationship between perceptions and the resilience of families living with a member with mental illness was thus rejected. Interviews conducted brought out the perceptions of family caregivers towards the mental illness and the mentally ill members of their families and how these affect their resilience as they live with their mentally ill relatives. It emerged that mental illness always took the family members by surprise; the symptoms appearing suddenly either in adolescence or in adulthood. The interviewees reported that no early signs had been noted, and that their loved ones had been leading normal lives. This perception meant that they always expected that their loved one would get better and go back to their original self. The frustration was evident when this did not happen, as most reported that their relative did not get better after treatment. The family care-givers bear a huge burden in caring for their relatives and require support. They need to be provided with information regarding mental illness; how it comes about and how it is likely to progress, as well as how to manage problem behaviors in the sick. They also require training on ways of coping with stress as well as how to take care of their own self-care. It was noted that most family members attributed mental illness to cultural issues, but most were not willing to discuss traditional healing practices. It is therefore recommended that the medical health practitioners including the psychologists and counselors encourage the family care givers to incorporate traditional medicine where applicable. This is because the cultural beliefs surrounding mental illness may cause psychological distress which may be alleviated by traditional healing or resolving the family issues that may be associated with the mental illness.

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