



HEALTH CARE NEEDS FOR INCLUSION IN HOME-BASED INSTRUCTIONAL PACKAGE FOR MANAGEMENT OF MILD MENTALLY CHALLENGED PERSONS IN AKWA IBOM STATE, NIGERIA

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Abstract: The management of individuals with mild mental challenges requires a holistic approach that integrates both educational and health care support. As home-based instructional packages become increasingly relevant especially in contexts where institutional resources are limited, this study determined the health care needs for inclusion in home-based instructional package for family management of mild mentally challenged persons in Akwa Ibom State, Nigeria. Two specific purposes and two research questions guided the study. The study adopted a descriptive survey research design. The target population of the study was 81 experts from which the sample size of 63 experts was selected and used for the study. A structured questionnaire titled Health Care Needs for Management of Mild Mentally Challenged Persons Questionnaire (HCNMMMCPQ) was used for data collection. The instrument was face-validated by five experts and recorded a reliability coefficient of 0.91 using Cronbach's Alpha. Mean and standard deviation were employed in analyzing the research questions. Findings showed that experts approved the inclusion of all the identified medical care tasks (2.99 ± 0.61) and nutritional care tasks (3.04 ± 0.66) in the home-based instructional package for family management of mild mentally challenged persons. Based on the findings, the study concluded that a functional home-based instructional package should include specific care tasks in the medical domain (such as regular medical check-ups) and nutritional domain (such as balanced meal intake) tailored to meet the needs of Mild Mentally Challenged Persons. In line with these findings, it was recommended that developers of instructional packages should ensure the inclusion of specific medical and nutritional care tasks that address the unique needs of individuals with mild mental challenge.

Keywords: Health care needs, management, home-based instructional package, mild mental challenge.

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Introduction

Health care is one of the basic needs of every member of the society and is recognized as a fundamental human right, essential for the well-being, functionality, and productivity of individuals and communities. Among the key elements of a healthy life are the health care needs, particularly those in the medical and nutritional domains, which are critical for preventing, treating, and managing illnesses, as well as promoting overall health (World Health Organization (WHO), 2022).

The World Health Organization (WHO, 2015) defines health as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. Mental health, as an integral part of this definition, is a state of well-being in which an individual realizes their abilities, can cope with normal stresses of life, work productively and contribute meaningfully to their community. It is central to a person's ability to think, relate with others, earn a livelihood and enjoy life (WHO, 2022). However, when mental health is compromised, individuals may experience mental challenges. Mental challenge refers to any disease or condition affecting the brain that influences the way a person thinks, feels, behaves and relates to others and their environment (Vigo and Thornicroft, 2016). These challenges may range from mild to profound (Emerson et al., 2019). This study focuses specifically on mild mental challenge, which is characterized by deficits in intellectual functioning, particularly in abstract or theoretical thinking (Emerson et al., 2019). Individuals with mild mental challenges often display obsessive-compulsive behaviours and may need frequent reminders about appropriate social conduct. These challenges may be understood as part of the variation in human abilities and aptitudes relative to societal demands. Common characteristics include delayed speech development, partial dependence in self-care, difficulties with reading and writing, social immaturity, and difficulty managing responsibilities such as marriage or parenting. These individuals may benefit from specialized educational plans and typically have an IQ range of 50 to 69 (Emerson et al., 2019).

Persons with mild mental challenges require special care due to their unique needs. Care can be formal or informal; formal care is provided by trained, paid professionals, while informal care is delivered by unpaid family members or others with a social relationship to the individual (Triantafyllou et al., 2013). Home-based care (HBC) involves the provision of services by formal or informal caregivers within the home setting. In this context, health care needs, particularly medical and nutritional care are central to home-based, as they support the physical and mental well-being of individual. In African societies, family caregiving is often the primary mode of support, with both nuclear and extended families playing significant roles (Vigo and Thornicroft, 2016). Health care is thus understood as a multidimensional response encompassing several components, including medical and nutritional care.

Medical care refers to the provision of necessary health services and medications to support an individual's well-being (Allison et al., 2016). It plays a vital role in treating mild mental disorders. Medication management is one critical aspect of care, requiring coordination among individual, caregivers, and healthcare providers. Ewhrudjakpor (2019), in a study on household management of mentally challenged person in Nigeria, recommended a model that includes medical care as a core coping

strategy. Poor communication between clinicians, caregivers, and individuals with mild mental challenges can result in incomplete or inaccurate assessment of treatment needs (Mastebroek et al., 2014). Non-compliance with medication is common due to the often prolonged treatment duration, leading to frequent relapses. Lennox et al., (2017) found that increasing consultation time, involving families in ongoing care, and incentivizing practitioners are effective medical care practices. Neil (2020) emphasized the importance of shared decision-making to ensure that individuals with intellectual disabilities and their caregivers are actively involved in discussions about psychotropic medication. Caregivers plays a crucial role in ensuring compliance with medication regimens and in sustaining the overall medical care of individuals with mild mental challenges. In addition to medical care, nutritional care is critical.

Nutritional care involves the provision of adequate and appropriate food and drink at the right time (Karin et al., 2016). Nutritional care strategies include food security initiatives, nutrition education, food preparation skills, and clear food labeling for improved decision-making. Diet therapy is increasingly recognized as a cornerstone of mental health interventions (Karin et al., 2016). However, nutritional needs of individuals with mild mental challenges have not been systematically addressed, especially in low-resource settings (Byrne and Cunningham, 2015). These individuals are at risk of both under nutrition and obesity. Edel (2015), in a study of the nutritional intake of people with intellectual disabilities, reported an alarming prevalence of overweight and obesity, suggesting poor dietary management. Manju et al., (2017) found that individuals with mild mental challenges, particularly boys, had significantly lower nutrient intake compared to their neurotypical peers, with levels of retardation linked to deficits in self-feeding abilities. Deficiencies in energy, essential fatty acids, vitamins and micronutrients can compound the already fragile health of these vulnerable individuals (Byrne and Cunningham, 2015). Hamzaid (2017) reported limited nutrition knowledge among caregivers, leading to poor dietary outcomes among individuals with intellectual disabilities living in the group. Thus, to improve the health of persons with mild mental challenges, there is an urgent need to enhance both medical and nutritional care by identifying and incorporating relevant care tasks into a structured instructional package.

An instructional package provides structured learning resources designed to make knowledge acquisition easier, more effective, and accessible. It consists of instructional experiences that enhance learning by making it more efficient, engaging, and applicable (Merrill, 2017). Farombi (2018) notes that the availability, adequacy and relevance of instructional materials significantly influence the quality of teaching and learning. Therefore, it is essential to develop an instructional package tailored to the needs of caregivers managing individuals with mild mental challenges. This study aims to identify key medical and nutritional care tasks for inclusion in a home-based instructional package, serving as a guide for caregivers in the day to day care of mild mentally challenged persons (MMCPs).

Caring for a family member with a mild mental challenge can be an emotionally and physically demanding responsibility. Having a mild mentally challenged family member can be very devastating, and could affect the well-being of other family members. Nevertheless, these challenges should not result in the neglect or abandonment of individuals with mental

challenges, a situation that unfortunately remains common in some families.

Observations by the researcher revealed that many individuals with mild mental challenges in Akwa Ibom State are poorly fed and inadequately cared for medically, resulting in poor health outcomes. Interactions with family members further revealed that most caregivers lack formal guidance on how to properly care for these individuals. Many caregivers also lack basic knowledge and skills necessary for effective care.

Personal encounters by the researcher with several families revealed that, while efforts are made to provide medical and nutritional care, these efforts are often disorganized and lack educational support. This makes the individuals more vulnerable to relapses and worsening conditions, particularly when families are overburdened or lack access to structured guidance. Moreover, there appears to be no empirical evidence supporting the inclusion of health care needs in home-based instructional package for management of mild mentally challenged persons in Akwa Ibom State. The situation underscores the relevance of the present study, which seeks to explore the health care needs; specifically medical and nutritional care tasks that should be included in a home-based instructional package for management of mild mentally challenged persons in Akwa Ibom State, Nigeria.

Objectives of the Study

The main purpose of this study was to determine the health care needs for inclusion in home-based instructional package for management of mild mentally challenged persons in Akwa Ibom State, Nigeria. Specifically the study sought to:

- i. determine the specific medical care tasks needed for inclusion in the home-based instructional package for management of mild mentally challenged persons in Akwa Ibom State.
- ii. determine the specific nutritional care tasks needed for inclusion in the home-based instructional package for management of mild mentally challenged persons in Akwa Ibom State.

Research Questions: The study sought to provide answers to the following research questions:

1. What are the specific medical care tasks needed for inclusion in the home-based instructional package for management of mild mentally challenged persons in Akwa Ibom State?
2. What are the specific nutritional care tasks needed for inclusion in the home-based instructional package for management of mild mentally challenged persons in Akwa Ibom State?

Methodology

Research Design: The study adopted descriptive survey research design. The descriptive survey design is a research methodology that aims to provide a detailed and accurate description of a particular phenomenon or population. The design is commonly used in social science and management research to collect and analyze data on the characteristics, behaviors, attitudes, or opinions of a target group. It is suitable for identifying patterns, relationships, and variations among variables without manipulating

them, which aligns with the non-experimental nature of this study (Saunders et al., 2019). The descriptive survey design was deemed relevant to the study because it enables the researcher to obtain an accurate and comprehensive understanding of the current status of the phenomenon under investigation.

Area of Study: The study was conducted in Akwa Ibom State, Nigeria, one of the 36 States that constitute the Federal Republic of Nigeria. The state is located in the South-South geopolitical zone of the country and shares boundaries with Cross River State to the east, Abia State to the north, Rivers State to the west, and Atlantic Ocean to the south. The capital city is Uyo, which serves as the administrative and economic hub of the state.

Akwa Ibom covers an estimated land area of about 7,081 square kilometers and has a population of approximately 5.5 million people (Nation Population Commission (NPC), 2022). The state is predominantly inhabited by the Ibibio, Annang, and Oron ethnic groups, who share similar cultural heritage. The people are known for their rich cultural traditions, hospitality, and communal way of life, which strongly emphasize family ties and social responsibility. Economically, Akwa Ibom State is one of Nigeria's leading oil-producing states, but a significant proportion also engages in subsistence farming, fishing, petty trading, and civil service employment. The state has a growing network of educational and healthcare institutions, including psychiatric hospitals, community health centers, and non-governmental organizations (NGOs) that provide mental health and social welfare services (Akwa Ibom State Government, 2024).

The area was considered suitable for the study based on researcher's observation that many families within Akwa Ibom State have family members with mild mental challenges who are cared for by their relatives at home. These family caregivers provide various forms of care, including medical and nutritional care. This cultural orientation makes the state a relevant context for examining issues related to health care.

Population of the Study: The target population for the study was 81 experts comprising of 24 psychiatric doctors, 35 psychiatric nurses, 6 psychologists, 2 family sociologists and 14 mild mentally challenged instructors (Source: NGOs and Health Management Service centers in Akwa Ibom State, 2024).

Sample and Sampling Technique: A total of 63 experts participated in the study, comprising 19 psychiatric doctors, 27 psychiatric nurses, 5 psychologists, 1 family sociologist, and 11 instructors of mild mentally challenged persons, were selected to participate in the study. The sample size was determined using www.researchadviser.org/samplesize (2006). A stratified random sampling technique was employed to ensure representation across professional categories. In the first stage, 11 mental health institutions were purposively selected across the three senatorial districts of Akwa Ibom State. In the second stage, experts involved in the management of mental challenges (psychiatric doctors, psychiatric nurses, psychologists, a family sociologist, and instructors of mild mentally challenged persons) were grouped into strata based on professional role and randomly selected within each stratum. This stratification ensured that each expert category was adequately represented, reflecting their involvement in the care of mild mentally challenged persons.

Instrumentation: Data for the study were collected using the Health Care Needs for Management of Mild Mentally Challenged

Persons Questionnaire (HCNMMMCPQ). The instrument consisted of three sections. Section A, captured respondents' personal characteristics with three items (Sex, Occupation, Institution) section B focused on information on medical care needs with fifteen items, while section C focused on information on nutritional care needs also comprising fifteen items. All items in section B and C were measured using a four-point Likert scale, where 4 points represented Strongly Agree (SA), 3 points for Agree (A), 2 points for Disagree (D) and 1 point for Strongly Disagree (SD).

Validity and Reliability of the Instrument: The instrument was validated by five experts, one from University of Uyo Teaching Hospital; one from Psychiatric Hospital Eket; one from Learning Disability Society Centre, Uyo; one from the Department of Psychology, and one from the Department of Psychological Foundations, University of Uyo. Inter-item reliability technique was employed to determine the internal consistency of the instrument. The questionnaire was administered to 10 respondents who were not part of the main study sample. Using the Cronbach's Alpha statistical tool, a coefficient value of 0.91 was obtained, indicating that the items were highly consistent in measuring the

intended construct and confirming the instrument's suitability for data collection.

Data Collection Method: Data for the study was gathered by the researchers with support of three research assistants who were adequately briefed on the data collection procedures. An introduction letter was presented to the head of each health facility to obtain consent for the research. A total of 63 copies of the instrument were distributed and collected immediately, resulting in 100% retrieval rate.

Method of Data Analysis: Data obtained from the instrument was analyzed using mean and standard deviation. A cutoff point of 2.5 was considered as tasks relevant to be included in the package, whereas items with mean values below 2.5 were regarded as irrelevant and should be excluded from the package.

Results

Research Question 1: What are the specific medical care tasks needed for inclusion in the home-based care instructional package for management of mild mentally challenged persons in Akwa Ibom State?

Table 1: Mean Score showing specific medical care tasks for inclusion in home-based instructional package for MMMCP n = 63

S/N	Medical Care	$\bar{X}$	SD	Decision	Rank
1.	Regular exercise therapy	2.78	0.77	R	11
2.	Adequate sleep	3.33	0.48	R	3
3.	Regular medical check-up	3.40	0.68	R	2
4.	Providing medication according to prescription	3.17	0.77	R	5
5.	Administering prescribed medications at the right time	3.08	0.63	R	7
6.	Daily cleaning of the surroundings	3.13	0.58	R	6
7.	Use of expired prescribed medications	2.42	0.68	NR	12
8.	Use of over-dose drugs	2.02	0.83	NR	13
9.	Use of herbal drugs	2.95	0.75	R	8
10.	Checking of body temperature regularly	3.17	0.73	R	5
11.	Evaluating the colour of the skin	3.41	0.61	R	1
12.	Keeping the rooms ventilated	2.84	0.83	R	10
13.	Quick response to ill-health	3.21	0.54	R	4
14.	Keeping the surroundings clean	3.08	0.45	R	7
15.	Use of mosquito treated net	2.90	0.61	R	9
Grand Mean		2.99	0.61	R	

R= Relevant; NR= Not Relevant

Table 1, shows the mean and standard deviation scores of experts on specific tasks for medical care for inclusion in the home-based instructional package for management of mild mentally challenged persons. The mean score of 13 of the items were greater than 2.50 and were remarked positive. This implies that experts approve the inclusion of the medical care task of regular exercise therapy (2.78 ± 0.77), adequate sleep (3.03 ± 0.48), regular medical check-up (3.40 ± 0.68), providing medication

according to prescription (3.17 ± 0.77), administering prescribed medication at right time (3.08 ± 0.63), daily cleaning of the surrounding (3.13 ± 0.58), use of herbal drugs (2.95 ± 0.75), and checking of body temperature regularly (3.17 ± 0.73) as well as evaluating the colour of the skin (3.41 ± 0.61), keeping of room ventilated (2.84 ± 0.83), quick response to ill-health (3.21 ± 0.54), keeping the surroundings clean (3.08 ± 0.45) and use of mosquito net (2.90 ± 0.61) in the home-based instructional package for

management of mild mentally challenged persons. The grand mean score of 2.99 was greater than 2.50 and was adjudged that medical care was relevant for inclusion in Home-based Instructional Package (HBIP).

Research Question 2: What are the specific nutritional care tasks needed for inclusion in the home-based instructional package for management of mild mentally challenged persons in Akwa Ibom State?

Table 2: Mean Score showing specific nutritional care tasks for inclusion in home-based instructional package for MMMCP n = 63

S/N	Nutritional Care	$\bar{X}$	SD	Decision	Rank
1.	Eating balanced meals	3.00	.70	R	8
2.	Eating three times a day	3.02	.58	R	7
3.	Regular meal planning	3.08	.60	R	5
4.	Washing of hands before and after preparing food	3.43	.67	R	1
5.	Washing utensils	2.95	.96	R	9
6.	Making good food choices	3.33	.65	R	2
7.	Eating in a hygienic environment	3.14	.56	R	4
8.	Eating covered food	3.05	.66	R	6
9.	Eating in-between meal	2.05	.79	NR	12
10.	Reheating left-over food before eating.	3.05	.73	R	6
11.	Using clean utensils for feeding.	3.43	.61	R	1
12.	Cooking preferred meals.	2.84	.84	R	11
13.	Drinking non-alcoholic beverage.	3.24	.56	R	3
14.	Regular intake of fruits	3.08	.45	R	5
15.	Proper presentation of food.	2.94	.59	R	10
Grand Mean		3.04	0.66	R	

R= Relevant; NR= Not Relevant

Table 2 shows the mean and standard deviation scores of experts on specific tasks for nutritional care for inclusion in the home-based instructional package for management of mild mentally challenged persons. The mean score of most of the items were greater than 2.50 and were remarked relevant. This implies that experts approve the inclusion of the nutritional care task of eating balanced meal (3.00 ± 0.70), eating three times a day (3.02 ± 0.58), regular meal planning (3.08 ± 0.60), washing of hands before and after preparing food (3.43 ± 0.67), washing of utensils (2.95 ± 0.96), and making good food choices (3.33 ± 0.65), as well as eating in a hygienic environment (3.14 ± 0.56), eating covered food (3.05 ± 0.66), reheating left-over food before eating (3.05 ± 0.73), use of clean utensils for feeding (3.43 ± 0.61), cooking preferred meal (2.84 ± 0.84), drinking non-alcoholic beverage (3.24 ± 0.56), regular intake of fruits (3.08 ± 0.45) and proper presentation of food (2.94 ± 0.59) in the home-based care instructional package for management of mild mentally challenged persons. The grand mean score of 3.04 was greater than 2.50 and was adjudged that nutritional care was relevant for inclusion in Home-based Instructional Package (HBIP).

Discussion of Findings

The results indicated that experts approved the inclusion of most of the medical care tasks in the home-based instructional package for the management of mild mentally challenged persons.

This implies that specific tasks such as regular exercise therapy, adequate sleep, regular medical check-up, providing medication according to prescription, administering prescribed medication at right time, daily cleaning of the surrounding, use of herbal drugs, checking of body temperature regularly, as evaluating the colour of the skin, keeping of room ventilated, quick response to ill-health, keeping the surroundings clean and use of mosquito nets are relevant in the management of mild mentally challenged persons. The experts' approval of these medical care tasks may be attributed to the vital role that medical care plays in improving the wellness of mild mentally challenged persons. Hence, the inclusion of these specific tasks would facilitate the provision of functional medical care to mild mentally challenged persons by caregivers at home.

The findings is in-line with the findings of Ewruhjakpor (2019), who assessed household management of mentally challenged in Nigeria and recommended a model of household holistic coping strategies which include medical care as a coping strategy among others. The findings also agree with the findings of Lennox et al. (2017), who revealed that increasing consultation duration or frequency, proactively involving families and carers in patients' ongoing health care, and increasing remuneration were general practices on the medical care of people with intellectual disabilities. Similarly, the findings support the submission of Neil (2020), who reported that forms of shared decision-making can be further developed to ensure that individuals with intellectual

disability and their carers are involved in psychotropic medication discussions and decisions.

The findings further indicated that experts approved the inclusion of nutritional care tasks in instructional package for the management of mild mentally challenged persons. This implies that, specific nutritional care tasks, such as eating balanced meals, eating three times a day, regular meal planning, washing of hands before and after preparing food, washing utensils, and making good food choices, eating in a hygienic environment, eating covered food, reheating left-over food before eating, use clean utensils for feeding, cooking preferred meals, drinking non-alcoholic beverages, regular intake of fruits, and proper presentation of food, are very important in the management of mild mentally challenged persons. The experts' approval of these nutritional care tasks may be due to the fact that proper nutrition is essential for improving the wellness of mild mentally challenged persons. Therefore, the application of these tasks by caregivers at home would help improve the mental health and overall well-being of these individuals.

The findings are consistent with the work of Edel (2015), who examined the nutritional intake and anthropometric status of individuals with an intellectual disabilities and found an alarming prevalence of overweight and obesity, indicating poor nutritional care. The findings also aligns with the findings of Hamzaid (2017), who examined food and nutrient intakes of adults with intellectual disability living in group homes in an urban area of Australia and reported that caregivers' understanding of healthy food choices was mixed, the quality of food and nutrient intake was poor, and nutrition knowledge was limited. Additionally, the findings are in tandem with the finding of Manju et al. (2017), who reported that the level of retardation was associated with self-feeding deficits and that the diets of boys with mental challenges had significantly lower consumption of all nutrients in compared to normal boys. These studies affirm the need to include specific tasks of nutritional care in the home-based instructional package for managing mild mentally challenged persons. Improving dietary intake of these individuals through increased access to healthy foods could positively impact their mental health and overall well-being.

Conclusion

Individuals with mild mental challenge are members of families who, due to their special needs, require personalized health care. This study examined the essential health care tasks necessary for inclusion in a home-based instructional package tailored to their needs in Akwa Ibom State. On the basis of the findings, it was concluded that an effective home-based care instructional package must include clearly defined medical and nutritional care tasks to support the well-being of individuals with mild mental challenge.

Recommendations

Based on the findings of this study the researchers recommend that:

- Developers of instructional packages should ensure the inclusion of specific medical and nutritional care tasks that address the unique needs of individuals with mild mental challenge.
- Caregivers should implement the recommended medical and nutritional practices as advised by qualified health

and nutrition professionals when providing care to individuals with mild mental challenge.

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