

Assessment of the Supply and Needs of Sexual and Reproductive Health Services for Women of Childbearing Age at the Bouake Psychiatric Hospital

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Abstract: Women Living with Mental Illness and Epilepsy (PVMME) represent a highly vulnerable minority. This population presents more risky sexual behaviors including early sexual intercourses, non-systematic use of condoms and ignorance of the serological status of their sexual partners. They present a high risk of unwanted pregnancy due to the low level of accessibility to sexual and reproductive health services. The results of this study are based on the exploitation of primary datas obtained during surveys of an exhaustive sample of 154 women living with mental illness or epilepsy in the psychiatric hospital of Bouake. This prospective cross-sectional study, with a descriptive aim, took place over a period of three (03 months) from January 17 to April 17, 2022. The age group between 20-39 years was the most represented with an average age of 34.5 years. They lived in urban areas with secondary education, unemployed and single. It appears that acute psychotic disorders (35.06%) and anxiety disorders (23.06%) 38%) are the most prevalent pathologies. Among these women, 84.42% were not made aware of contraceptive methods and family planning. 57.79% considered it necessary to be on contraceptives given their state of mental health. However, 29.22% of patients claimed to have contracted one or more unwanted pregnancies with cases of abuse and violence.

Keywords: Mental Illness, Sexual Health, Women of Childbearing Age, Provision of Psychiatric Care

1. Introduction

Throughout the ages, sexuality has been the subject of discourse in many institutions. It constitutes a full medical subject since there is a speciality reserved to it. In current medical practice, sexuality remains a taboo subject and is rarely discussed by practitioners or patients themselves" [1]. In France, according to an opinion from the High Council of Public Health, it remains difficult to talk about sexuality, despite the necessity to do it, both from a perspective of protection from the risks linked to sexuality and from a

perspective of well-being and fulfillment. However, whether it is perceived as a medical object, a cultural fact or a need responding to a certain state of nature, it undoubtedly constitutes an aspect of the life of all patients, including those suffering from mental illnesses [2]. People Living with Mental disorder and with the Epilepsy (PLMDE) represent a highly vulnerable minority. In fact, this population presents more risky sexual behaviours, including precocious intercourses, the unsystematic use of condom, the ignorance of the serological status of their sexual partners, etc. [3]. Also, PLWHA have a higher risk of HIV infection compared to the general population, but they rarely receive appropriate

prevention and screening interventions [4]. Furthermore, women presenting psychiatric pathology, also present a high risk of unwanted pregnancy in addition to the problems raised, due to the low level of accessibility to sexual and reproductive health services. In 2002, a WHO world report on violence and health revealed that violence affects all women without distinction. This includes those women who, on the basis of stereotypes linked to their mental illness, are more exposed to sexual abuse, sexual violence and other types of gender-based violence [4]. In Côte d'Ivoire, we notice that women with mental disabilities in general, and specifically those suffering from mental illness, are not taken into account by maternal health programs and policies. Little work has been done to determine their sexual and reproductive health needs. This study aims to promote the rights and access to sexual and reproductive health services of women living with mental illness and epilepsy. The general objective of the study was to assess the sexual and reproductive health supply and needs of women of child bearing age attending the Psychiatric Hospital of Bouake in Côte d'Ivoire.

2. Tools and Methods

The Psychiatric Hospital of Bouake is the second hospital specializing in mental health care in Côte d'Ivoire. It is located in the Gbêkê health region, precisely in the Bouaké North-West health district. It is the reference center for mental health care in the center of Côte d'Ivoire. Our study population is constituted of women of childbearing age attending to the psychiatric hospital of Bouake. Women of childbearing age living with a mental illness or epilepsy, presenting a stable condition under psychotropic/anti-epileptic treatment were included in the sample according to our inclusion criteria. The results of this study are based on primary data obtained during surveys of a comprehensive sample of 154 women living with mental illness or epilepsy at the Bouake psychiatric hospital. This prospective descriptive cross-sectional study took place over a period of three (03) months, from January 17 to April 17, 2022. Data were collected through individual interviews with patients. All the information collected was entered directly onto the survey form designed and validated for this study. Data were processed using EPI Info and Excel.

3. Results

3.1. Sociodemographic and Clinical Profile of Patients

The age group of 30-39 accounted for 33.12% of the study population, followed by the age group of 20-29 age group (29.87%). The mean age was 34.5 years, with extremes of 15 and 49 years. Of these patients, 63.64% lived in the city of Bouaké and 95.45% were of Ivorian nationality. 35.06% had secondary education and 26.62% had higher education.

Single women accounted for 55.84% of patients, and 39.61% of patients surveyed were multiparous. Acute

psychotic disorders and anxiety-depressive disorders account for 35.06% and 23.38% respectively of patients' diagnosed pathologies.

Around 50% of patients have been attending the Psychiatric Hospital of Bouake for 6 months or less.

Table 1. Sociodemographic and clinical characteristics.

Variables	Modality	effective	pourcentage
Age	Less than 20 year old	14	09,09
	20 – 29 ans	46	29,87
	30 – 39 years	51	33,12
	More than 39 ans	43	27,92
Nationality	Ivorian	147	95,45
	Non ivorian	7	4,55
Level of study	No formal education	32	20,78
	Primary	27	17,53
	Secondary	54	35,06
	high	41	26,62
matrimonial statut	Single	86	55,84
	Divorced	5	3,25
	Union free	31	20,13
	Maried	28	18,18
	widow	4	2,60
	Nulliparous	60	38,96
Parity of the patient	Primiparous	33	21,43
	Multiparous	61	39,61
Place of origin	Bouake	98	63,64
	Outside of Bouake	56	36,36

3.2. Risk Behaviors and Screening Rate targeted Linked to HIV, Cervical and Breast Cancer

In the last 12 months, 8.44% of patients had had at least 2 sexual partners. Sexual intercourses were unprotected in 77.67% of cases. In this study, 31.17% of patients had never done test for HIV/AIDS, while 71.09% were unaware of their partner's HIV status. Neglect and lack of information (37.50% each) were cited as the reasons for not taking an HIV/AIDS test. On the other hand, 94.34% of patients who took their HIV/AIDS test were informed of their aerostats. The rate of patients who had never done screen for cervical cancer was 79.87%, and 64.23% of patients said they had never done screen for cervical cancer because of lack of information. In addition, 69.48% of patients claimed to be unaware of breast cancer screening methods.

Table 2. Carrying out of the HIV/AIDS test and the use of contraceptives in parents and the screen cancer as well as the cervical cancer.

Variables	Modalities	Effective
Use of condom by partners during sexual intercourses	Yes	34 (22,33%)
	No	120 (77,7%)
Patient with IST	Yes	34 (22,8%)
	No	112 (72,73%)
	Don't Know	8 (5,19%)
Carrying out of the screen test of HIV /AIDS	Yes	106 (68,83%)
	No	48 (31,17%)
Carrying out of the screen test of the cervical cancer	Yes	31 (20,17%)
	No	123 (79,97%)
Carrying out of the screen test of breast cancer	Yes	47 (30,52%)
	No	107 (69,48%)

3.3. Awareness, Knowledge and Use of Contraceptive Methods as Well as the Rate of Unwanted Pregnancies

In 64.94% of cases, our population claimed to have received information on contraceptive methods and family planning before being admitted to the Psychiatric Hospital of Bouake. On the other hand, during their follow-up, only 15.58% of patients claimed to have received education within the hospital. The contraceptive methods most familiar to patients were pills and condoms, with 77.92% and 69.48% respectively. In view of their mental state, 57.79% of patients considered the necessity to be on contraception. With regard to contraceptive use, 38.46% of patients stated that it was not necessary to be on contraceptives because, in their opinion, mental illness did not prevent them from being mothers. Patients using no contraception accounted for 39.61%, and 28.57% used condoms. Contraception had been recommended to patients by someone other than a health professional in 61.82% of cases. Among the patients surveyed, 29.22% claimed to have had one or more unwanted pregnancies. However, 23.38% of patients reported having been victims of sexual violence, with the perpetrator being unknown in 30.56% of cases. Sexual violence was repeated (more than once) in 52.78% of cases.

4. Discussion

4.1. Sociodemographic and Clinical Profile of Patient

The age group of 30-39 was the most represented with 33.12%, followed by the age group of 20-29 (29.87%), that makes a total of 63% in the age group of 20-39, which represents young adults. The average age was 34.5, with extremes of 15 and 49. Our results are similar to those of Soedje et al [5] in Togo, who found proportions of 27.64% and 28.36% respectively for the age group of 20-29 and 30-39.

We noticed that the majority of patients came from the town of Bouaké and lived mainly in urban areas (81.17%). This result is corroborated by those of Adjossan m' besso [6] in Côte d'Ivoire, who found 75%, and Zoungrana et al [7] in Mali, who found 92.9% urban residents. This could be explained by the fact that people living in urban areas have easier access to psychiatric hospitals, which are generally located in urban areas, whereas people living in rural areas prefer to turn to non-conventional structures (prayer camps and healers). to this we have to add other factors such as the cost of transport, the weight of tradition and certain beliefs relating to mental illness.

In our study, patient had secondary education level in 35, 06% of cases. These results are in agreement with those of Djo Bi Djo [8] and Adjossan M'besso [6] in Côte d'Ivoire and DIN OUSMANE [9] in Mali, who found respectively that 34%, 49.6% and 55% of patients had never gone beyond secondary school. Moreover, the onset of mental illness is a major cause of school drop-out in our context. In addition, factors such as low financial resources, the weight of tradition and early marriage (in the case of young girls)

appear as obstacles to further education.

The majority of our interviewees were single (55.84%). This result is in agreement with that of Yeo-Tenena et al [3] who found 74.3%, in contrast to Zoungrana et al in Mali [7], who in their study, they have observed 19% of singles. Mental illness proves to be an obstacle to married life. In our context, where the mentally ill are stigmatized and even rejected by society, few people would wish to get involved in a relationship with them as partner living with these illnesses.

We observe a predominance of acute psychotic disorders in patients across all pathologies, accounting for 35.06%, followed by anxiety-depressive disorders (23.38%). Half of the patients (50%) had been treated at the psychiatric hospital of Bouake for 6 months or less. These results concur with those of Soedje et al [5] in Togo, who have found 39.64%, Adjossan M'besso [6] 51% and Saliou Salifou et al [10] 30% of acute psychotic disorders. However, Koudou Joel [11] Côte d'Ivoire has found a predominance of chronic psychosis of 44.8%. This difference of results could be explained by the fact that our study focused only on women. Mental ill health in women is on the increase. In World, one woman out of five (19%) suffers from a common mental disorder [12].

4.2. Risky Behaviours and Screen Rate Targeted Linked to HIV, Cervical Cancer and Breasts of Patients

Our study has revealed that 8.44% of patients has had at least 2 sexual partners in the last 12 months, and 23.87% of patients had had casual sexe in the same period. We also notice that condoms were not used by 77.67% of our patients' partners. Yeo-Tenena et al [3] have found unsystematic condom use at 55.5% and occasional intercourses at 38.6%. As far Pierre De Beaudrap is concerned, it was [13] reported in a study of HIV and disability in West Africa that 5% of disabled women had occasional partners. Also, in a review of the literature done by Campos Lorenza et al [14] it was reported that in developed countries, between 51% and 74% of adults with severe mental illness reported having been sexually active in the last 12 months. Furthermore, in the same study, between 7% and 69% of psychiatric samples reported having two or more partners in the last 12 months, and 13% to 46% in the last 3 months. Our patients had an estimated STI rate of 22.08%, i.e. 34 out of 154. Yeo-Tenena et al [3] found a 10% history of sexually transmitted infections. These results is highlight the fact that the psychiatric population, which appears to be highly sexually active, adopts sexual behaviors that put them at risk of transmitting HIV/AIDS and other sexually transmitted infections.

Patients who did not do their screen HIV test were estimated at 31.17%. They have evoked several reasons, the most recurrent of which were lack of information and negligence. As in our study, the main difficulty reported in Pierre de Beaudrap's study [13] was the lack of available information. In almost all cases (94.34%), patients were informed of their serostatus after the HIV/AIDS test.

In our study, the majority of patients (71.09%) were unaware of their partner's serostatus. Several reasons were given: some did not consider it necessary to know, and others who did require reported that their partner did not do the screen test. Yeo-Tenena et al [3] found that 91.4% of sexual partners did not know their HIV status. This could be attributed to patients' low level of education, as well as a low rate of patients awareness in psychiatric settings.

In our study we have noticed a screening rate for cervical cancer that was estimated at 20.13% and 30.52% for breast cancer in the patients. Billau C. [15] in France has observed 65.2% for breast cancer screening by mammography.

4.3. Awareness, Knowledge and Use of Contraceptive Methods as Well as the Rate of Unintended Pregnancies in Patients

In our interviews, the lack of information proved to be the major cause of the low rate of screening for the most frequent gynaecological cancers. It should also be noticed that, in our context, the accessibility to these services for psychiatric populations in particular seems to be a real obstacle. In our study, 15.58% of patients were informed about contraceptive methods and family planning at Psychiatric Hospital of Bouake. This can be explained by the fact that care is essentially psychiatric; patients do not express their needs in terms of contraceptive methods and family planning. Not all health professionals at this hospital have received training in contraceptive methods and family planning. These observations concur with those of Nechama W. [16] in the USA, who states that very few women with intellectual disabilities are systematically asked about their contraceptive needs by their primary care providers, and family planning clinics may not be accessible or inclusive.

In our study, more than half the patients (64.94%) had received information on contraceptive methods and family planning at other health centers. Patients find themselves in a general care setting and find it easy to express their needs with regard to contraceptive methods and family planning.

The most known contraceptive methods were pills and condoms, with 77.92% and 69.48% respectively. Adohinzin et al [17] in Burkina Faso found in their study that condoms were the most widely used, with a rate of 89%. These results are justified by the fact that these are the most available and accessible means of contraception.

In our study, 57.79% of patients considered it necessary to be on contraceptives in view of their mental health. This rate could be explained by patients' fears about the influence of their mental health on motherhood. In our study, 39.61% of patients were not using any form of contraception. However, among those who did, condoms were the most widely used, with a rate of 28.57%. In a study on the impact of family planning on achieving the demographic dividend in Côte d'Ivoire, UNFPA [18] found a modern contraceptive prevalence rate of 14.3% among women in union, which could be explained by the fact that women in union generally have a fixed partner whom they

trust. As a result, they do not feel the need to protect themselves, which is not the case for our study population, most of whom are single.

In 61.82% of cases, contraceptive methods were recommended to patients by people other than healthcare personnel (consultants). Adohinzin et al [17] in Burkina Faso have found that 13% were recommended by healthcare staff, and 87% by others (relatives, partners, friends, etc.) The low level of awareness of contraceptive methods in health centers may corroborate these results. In our study, 29.22% of patients claimed to have had one or more unwanted pregnancies. The lack of contraceptive use and misuse remains the major causes of unwanted pregnancies. In our study, 23.38% of patients were victims of sexual violence. Singare Korotoum [19] in Côte d'Ivoire has reported a prevalence of sexual violence of 5.36%. Worldwide, an estimated 20% of women are victims of rape or attempted rape in their lifetime [13]. In our study, 52.78% of patients had been sexually abused more than once. This violence was repeated more than once, and the aggressor was most often someone close to them (partners, friends or family members).

In view of the above, it is clear that sexual violence is a private or family matter, as in most cases the aggressors are people close to the victims.

5. Conclusion

This study has allowed to assess the sexual and reproductive health supply and needs of women of childbearing age in psychiatric hospitals. Our interviewees were mostly female young subjects, heterosexuals, single women living in urban areas. They had secondary education and were unemployed. Acute psychotic disorders and anxiety-depressive disorders were the most frequent diagnoses, and they had been followed for less than 6 months. The patients had themselves been tested for HIV/AIDS, but were unaware of their partner's HIV status. The majority had not been screened for either cervical or breast cancer. Patient awareness of contraceptive methods and family planning at the psychiatric hospital of Bouake was low compared with other centers. The pills and condoms were the best-known contraceptive methods, but condoms were the most used. The contraceptives used were mostly recommended by people other than health professionals. Gender-based violence had a low prevalence, but was repeated and committed by someone close to the victim. The respondents had not been made aware of the issue of GBV, nor of the existence of services to care for victims. In the light of everything mentioned above, it is clear that the sexual health needs of women of childbearing age living with mental illness and/or epilepsy are not being met.

Conflicts of Interest

The authors declare no conflicts of interest.

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