

Rights Of Women With Mental Illness (WWMI): Nigeria in Context

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Abstract

Introduction: This study addresses the critical issue of the rights of Women with Mental Illness (WWMI) in Nigeria, emphasizing the intrinsic link between mental health and human rights. Recognizing the unique challenges faced by women, particularly those with mental health conditions, is essential for achieving global goals related to well-being and gender equality. The aim of the study was to explore the rights of women with mental illness in Nigeria, factors that may be responsible for the difficulty in ensuring that the rights of women with mental illness in Nigeria are protected, and then provide policy suggestions to combat the highlighted challenges.

Method: A comprehensive literature review was conducted, utilizing databases such as PUBMED, Google Scholar, and African Index Medicus. Key search terms included Women's rights, Human rights, Mental Health, Nigeria, and UN SDGs.

Results: The studies selected for the review focused on highlighting the challenges faced in women mental health rights, and identified socioeconomic, traditional and cultural factors as the major challenges to the protection of WWMI.

Conclusion: The study revealed a complex interplay of societal, cultural, and economic factors contributing to the abuse of rights among WWMI in Nigeria. However, to begin to resolve these challenges, it proposed the need to visibly increase female representation in policy-making, enhance mental health access, and target research efforts. Addressing these issues is crucial for upholding the fundamental human rights of WWMI, ultimately leading to improved mental well-being within society.

Background

It is a fundamental debate that women have the right to the highest attainable standard of physical and mental health [1]. Given the stark differences in the challenges or realities in male and female lives, women's mental health must be considered within the context of their lives and cannot be achieved without equal access to basic human rights [2]. Women also have unique roles in reproduction, the family, society. These often lead to lower socio-economic status, and gives rise to special considerations for their mental health [2]. The considerations to promote

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mentally healthy women are encapsulated in the 3rd and 5th sustainable development goal of ensuring healthy lives and promoting well-being for all ages, and to achieve gender equality and empower all women and girls. Thus, the mental well-being of women is a critical key to achieving a mentally healthy population globally.

A recent survey of mental health and its understanding in the Nigerian population shows that many Nigerians are aware of the general outward signs of mental illnesses, but beyond drug abuse as a cause, other highlighted causes point to a huge trado-spiritual co-mingling. The other two causes reported included possession by evil spirits, and sickness of the brain. Though many Nigerians accept the need for medical care, a significant number of respondents from the south east suggest a prayer house as a viable alternative. Though many believe patients with mental illnesses can find help, and that it could be largely prevented by avoiding psychoactive drugs, some women insist they'd never be in a relationship with anyone with any mental disorder. [3]. The report shows the need for more mental health education, and an intentional effort to dispel some of the myths and poorly understood nuances of mental health in people. This narrative literature review aims to highlight what these rights are, the local application of these rights in Nigeria, factors that may be responsible for the difficulty in ensuring that the rights of women with mental illness in Nigeria are protected. Policy suggestions are then made on the basis of this broad information base.

Method

A search was conducted on PUBMED, Google Scholar, and African Index Medicus using the following key words: Women's rights, Human rights, Mental Health, Nigeria, UN SDGs in no particular order. Additional articles were located with manual searches. The articles were reviewed for appropriateness and included in the thematic discussions.

Key Definitions

1. *Human Rights* - There are many definitions of human rights. In one instance, it is defined as those rights which cannot be said to have been given to man by man but are earned by man for being human, because these are necessary for his continuous existence with himself, his fellow man and for participation in a complete society [4]. While the universal declaration of human rights says that human rights are rights derived from the intrinsic eligibility of the human person [5], the Stanford encyclopedia of philosophy defines human rights as norms that aspire to protect people everywhere e.g., from severe political, legal and social abuse [6]. However, the development of governments, democracies and constitutions have ensured that fundamental rights are now a key part of society and the legal systems.
2. *Women* - The Cambridge dictionary defines women as adult female human beings.
3. *Human rights abuse* - Human rights abuse is a violation of human rights. It means denying humans the fundamental human rights as it involves treating men in a cruel, unfair and violent way or in any way less human [4].
4. *Mental Health* - The World Health Organization (WHO) defined mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community".[7]
5. *Mental Illness* – Mental illnesses cover a wide range of associated mental health conditions. According to EpiAfric, they are disorders that affect a person's mood, thinking and behavior. Some of these could be depression, schizophrenia, eating disorders, and anxiety disorders. [3]

Human Right in Nigeria

The human rights records of the Nigerian state have been consistently poor and unimpressive. Despite several initiatives and government efforts, the situation has not significantly improved. Nigerians still face a lot human rights abuse and it includes rape, child abuse, educational and domestic violence [8].

The universal declaration of human rights discusses the human rights under 30 articles which are relevant to everyone but of direct relevance to this discourse are the following:

1. Everyone has the right to life, liberty and security of person (Article 3). No one shall be subjected to Arbitrary arrest, detention or exile (Article 9). This means that a life cannot be taken because it belongs to a mentally ill person, an individual should not have (in this context usually care admissions against their will) their freedom taken from them except according to the law. This can occur in a situation where there is consent or if the individual with mental illness has no capacity to consent but that having regard for the likelihood of alleviating or preventing the deterioration of condition. The treatment should then, be given [9]. This article also provides the basis for taking violence/harms against women living with mental illness an abuse of human rights.
2. No one shall be held in slavery or servitude (Article 4). The inability sometimes of a woman living with mental illness to give consent does not allow for them to be held to servitude.
3. No one shall be subject to torture, cruelty, degrading treatment or punishments (Article 5). Human rights reported on November 11th 2019 that thousands of people with mental health institutions across Nigeria were chained in restraints and locked up in various facilities where they face abuse. This is an infraction of human rights and can be seen as a form of torture [9,10].
4. Everyone is entitled, in full capacity, to a fair and public hearing by an independent and impartial judgment (article 10). Everyone charged with an offence has the right to be presumed innocent until proven guilty (Article 11). No one shall be held guilty of any offence on account of any act or which did not constitute a penal offence (Article 11). These set of rights lead directly to lynching. Lynching is prevalent in Nigeria (11). There are often several reports of lynching of suspected criminals in Nigerian newspapers. Mentally ill individuals are often predisposed to being lynched sometimes due to actions taken due to an often-present lack of judgement or due to an actual crime. A case in point is reported in The Punch (a Nigerian daily) in its 2nd August 2022 release where a mentally ill individual passed away from injuries sustained during lynching [12].
5. Everyone has the right to work (Article 23). Everyone has the right to equal pay for equal work (Article 23). In Nigeria, there is prejudice and stigma against people living with mental illness which could be a stumbling block for such persons to find long term employment. There are not a lot of studies around the topic; however, there are several reports of stigmatization even amongst the elite class in Nigeria. One study in northern Nigeria reported 53.4% rate of stigmatization [13]. The potential infringement of this right further worsens the often already low socio-economic status of mentally ill people.
6. Everyone has the right to a standard of living adequate for the health and the well being of themselves and of their family including food, clothing, housing, medical care and necessary social services (Article 25). The care of the mentally ill in many developing countries including Nigeria suggests a marked coincidence of chronicity with a sizable number of apparently mentally ill people wandering about the cities and often neglected by the society. This preponderance of vagrancy amongst mentally ill people is against the fundamental human rights of these people [14].

The Double Vulnerability

The present Nigerian society, like most of Africa, is patriarchal in nature, with attendant unequal gender relations which cast women in a subordinate pattern [15]. In societies as this, the prevalence of gender-based violence is not unsurprisingly significant with a study report giving a prevalence of 58.8% in Northern Nigeria [16]. 30% of girls and women aged 15 – 49 years in Nigeria are reported to have experienced sexual abuse [16, 17]. The intersection of female sex and disability increases the risk of violence for women. Women and girls living with disabilities have been found to be twice as likely to experience gender-based violence than women and girls without disabilities [17, 18].

Mental illness including learning disability and other illnesses cause significant impairment and moderate level of disability in social, occupational, physical and general areas, such as schizophrenia. To buttress this, Mohen et al. concluded that Schizophrenia and Obsessive-Compulsive Disorder affect all areas of daily function, leading to greater disability [19]. It is therefore, safe to say that women with mental illness are at the intersection between the abuse caused by their gender and the one caused by their disability. Even though there is a paucity of data in Nigeria in gender-based violence in women with mental illness, a study on intimate partner violence in women with schizophrenia in South-South Nigeria showed a prevalence of 75% [20] with them reporting verbal, sexual and physical abuse. Another study reports a prevalence of 30% for female inpatients [21] and 33.7% amongst female outpatients for domestic violence amongst psychiatry patients as against 24% victimization in the general psychiatric population [22] according to a meta-analytical study that analyzed worldwide studies.

Risk Factors to Human Right Abuse of WWMI

Impacts of abuse on female mentally ill patients are enormous and the question of what constitutes a risk factor for them to be abused arises, so that they can be addressed.

1. *Policy Making and Legislature:* Female involvement in policy making and advocacy is abysmally low hence, decision making about women and mental health are not well represented by women folks. Since 1999 there has been a drastic increase in women's political participation in both elective and appointive capacities. In spite of this increase, women are still highly marginalized considering the disparity in the proportion of men to women in politics and decision-making position [23]. This places unfair limitations to the benefits women can gain from policies, plans and programs that are related to mental health. In reality, human rights are not self implanting, they need to be promoted through education, moral persuasion, incentives and the coercive powers of the state, all of which commend resources.
2. *Poor Access to Mental Health Care/Poor Health Seeking Behavior:* The resultant effect of both risk factors is a long duration of illness which in many cases, could have been prevented. There is supporting evidence showing the number of men among patient groups was marginally higher than women who utilized the mental health services [24]. This gap can be closed by introducing mental health into primary health care, which also has attendant advantages like reduction of stigma and easier follow-up [25] which often would have been more difficult to achieve in a specialized mental health facility. This is particularly helpful for women in our communities where the emphasis of primary care has been geared mostly towards maternal and child care allowing a large number of women in those settings [25].
3. *Insufficient Legislature:* Till recently, there had been difficulty in integrating mental health policies into a legislative framework [26]. The Nigerian government recently enacted the mental health law on January 5th, 2023 [9]. The law is a huge leap from the previous Lunacy Act of 1958 and it prioritizes

the rights of persons with mental illness. The law affords them the right to be directly involved in their own management, the access to quality mental health care and the protection of other civil rights such as employment, housing and having access to legal representatives. While this is a major step in the right direction, the extent to which the law will be implemented in daily practice remains to be seen. An immediate drawback is that there is no special consideration for women and it is hoped that further amendments to this law will accommodate such changes.

4. *Lack of Data/Lack of Research Support*: The paucity of data on abuse of mentally ill females was noted in the course of writing this review. This paucity of data downplays the impact of the menace on our society. This shows an urgent need for dedicated research projects, research funding by the stakeholders.

In the Nigerian context, some of these problems associated with the mental health rights of women are explored and addressed in two major ways: socioeconomic and traditional/cultural factors.

1. Socio-Economic Factor

The following socioeconomic factors are especially indicated in the Nigerian society.

- I. *Poverty*: Poverty is an unquantifiable problem in developing countries like Nigeria [27] and many times, the man is expected to be the breadwinner for every family. Whenever a woman is not in charge of her finances, she is sometimes forced to tolerate abuse and to allow child labor [28]. Inadvertently, this may allow a continual perpetuation of abuse. In order to break this vicious cycle of abuse, there is need for economic empowerment of women in our society.
- II. *Non-Availability/Poor Availability of Training and Archaic Treatment Protocols*: Medical science is constantly advancing, hence, the need for training and retraining of staff using current protocols. Some of the protocols used in Nigeria are outdated. Examples of these are the admission protocol, use of restraints, and Non-involvement service user in management decisions. However, these have been captured in the recently enacted mental health law and we hope to see women with mental illnesses taking the fore in their own management decisions.

2. Traditional And Cultural Factors:

Africans, regardless of their level of education, adhere in varying degrees to the belief in the supernatural causation of mental illness [26]. This presentation leads to lots of societal ostracization and discrimination. In solving this challenge, the first step is to begin to re-educate the public on the nature of and possible medical management of mental illnesses. Public awareness/information campaigns to raise awareness about mental health conditions and the rights of people with disabilities, especially mental health service provides and the broader community, in partnerships with people experiences of mental health conditions, faith leaders and media would go a long way in changing the societal perception of mental illness [11].

- I. *Harmful Cultural Beliefs and Practices*: Gender roles assigned by the society have been found to affect the right of autonomy of women with mental illness, such as the right to give information about the illness, choice of treatment, make decision about their health, recovery indicators and support system are solely influenced by the paternalistic figure [29], with the female patient having little or no input basically because of her gender. Most times, this right is willed to their responsible male figure and often times, the male figure rarely accompanies or gives necessary support to treatment of WWMI [30]. The impact of gender roles may be considered to underpin poor mental health and relapse episodes as female gender roles are assigned to role of servitude, no right to make

choice on her reproductive life or inheritance and community responsibility. In Nigeria, marital rape is not viewed as a valid concept, the society accepts wife beating, harmful widowhood practices, acceptance of polygamy and the prevalence in some parts of the country of early marriage [27]. Certain practices have been engraved in the Nigerian culture with the practice varying across geopolitical zones. The practices need to be combated by engaging community stakeholders and influences in certain discussions, such that they can pass the education to those they influence. These influences include traditional leaders, religious leaders and even social media influencers. This has persistently become exponentially harmful when it has to do with WWMI, as the illness sometimes robs them off understanding and ability to communicate and relate well with the cultural norms and this further encroach and erode the basic and fundamental human rights.

- II. *Personal care*: In the context of ill mental health, a lot of people are incapable of overseeing personal care and tend to have impaired judgment. There have been reported cases of sexual exploitation of mentally ill women's and pregnant vagrants having no form of social care services. Many times, the victim lacks ability to recollect the event and they also lack the ability to fully consent to sexual activities. Similarly, women with mental illness may have difficulty with menstrual hygiene, Child birth, nurturing and no civil protection to mitigate these flaws. Women experience in their lifetime, series of hormonal changes ranging from childhood to puberty to monthly cycle to pregnancy to delivery to menopause and postmenopausal phases which influence their psychological and emotional states. In the course of all these normal dynamic hormonal transformations, little consideration is given to equality and equitable care with respect to their right of optimal life. Women Mental health at all these phases should be a priority and given Special consideration as a right and not a privilege.

Conclusion

We have explored the forms of abuse of fundamental human rights that many women living with mental illness experience. We have also explored why the rights are being abused. Armed with this knowledge, we encourage all hands-on deck to help restore the dignity of females living with Mental Illness which will in turn, improve the overall mental wellbeing of the society.

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