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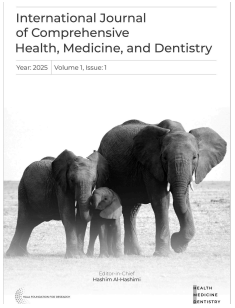

Original Article

Understanding Barriers to SRH Access for Individuals with Mental Illness in Nigeria: A Review of Individual and Environmental Factors

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Abstract

Background: Access to sexual and reproductive health (SRH) services is a major challenge for individuals with mental illness, in resource-limited settings, like Nigeria, where cultural beliefs and stigma impact access and rights to care. This group often remains overlooked despite global efforts to promote equitable health access. This situation underscores the urgent need for prompt measures through effective policies and strategic interventions to address these growing concerns.

Objectives: This scoping review aims to identify and analyze the barriers and enablers affecting access to SRH services for people with mental illness in Nigeria.

Methods: A literature search was conducted across multiple databases, including PubMed and Google Scholar, focusing on peer-reviewed articles and credible reports published between 2010 and 2024. A standardized data extraction form was used to chart relevant information on individual and environmental factors influencing SRH service access.

Results: The review highlights key barriers such as cultural stigma, inadequate healthcare infrastructure, lack of provider training, and financial constraints. Enablers, although less frequently documented, suggest that community engagement and targeted interventions could enhance service accessibility.

Conclusions: Addressing the identified barriers is crucial for improving SRH service access for individuals with mental illness in Nigeria

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Introduction

Over the past decades, efforts by the global community to improve the provision of sexual and reproductive health (SRH) services have intensified. The main aim is to ensure equitable access to these services, particularly for vulnerable groups (1). Although remarkable progress has been achieved, ensuring full access and utilization of SRH services for vulnerable groups, such as individuals with mental illness, remains a significant challenge (2). Recent estimates show that only 20% of the global population with mental illness has access to SRH services (3). Available evidence indicates a younger population within the reproductive age group (15-49 years) in Nigeria, with the majority being sexually active (4). This increases the risks of STIs/HIV, unintended pregnancy, and reproductive health problems arising from pregnancy and childbirth. This risk is much higher among persons with mental illness than among those without mental health problems (5).

People with mental illness have been identified as a priority group for SRH care in the National Policy Document of Nigeria (6). However, the sexual and reproductive health (SRH) requirements and specific needs vary based on demographic, medical, and socioeconomic conditions within the population (7). Studies show that young people with learning difficulties due to mental illness are prone to SRH problems due to a lack of awareness and information asymmetry, leading to knowledge gaps and inadequate life skills development, particularly in areas of comprehensive sexuality education (8). Nigeria typically conducts national health surveys at regular intervals; however, the last survey was completed in 2017 before the COVID-19 pandemic. Consequently, much of the data used to inform sexual and reproductive health (SRH) services is outdated (9). The 2017 reports also indicated grossly inadequate access to SRH services for adolescents and individuals with mental illnesses (10). Although no recent survey has assessed the current situation, it is anticipated that there has been little to no improvement, particularly due to the deteriorating health infrastructure and the country's challenging economic conditions (11). This anticipation is largely based on assumptions that focus primarily on limited health resources and rising economic challenges, while little attention has been given to the socio-cultural, religious, and environmental influences that also contribute to the current situation (12).

Studies in Nigeria have identified societal attitudes and perceptions within communities as major factors affecting sexual and reproductive health (SRH) services for individuals with mental illness (13). For example, some cultures view individuals with mental illness as asexual or deny them the right to marriage and childbearing (14). Moreover, the stigma and discrimination surrounding mental illness hinder social care support from friends and family, further obstructing access to SRH services (15). Privacy and confidentiality issues create significant barriers for individuals with mental illness seeking sexual and reproductive health (SRH) services (16). In Nigeria, counseling or screening for family planning or HIV testing typically involves one-on-one discussions between clients and service providers. However, individuals with mental illness often need a family member present for support, and these family members sometimes make decisions on their behalf (17). This reliance on others not only compromises their privacy but also increases the risk of misinterpretation, as family members may misconstrue information based on cultural beliefs or their level of education (18).

This study, therefore, aims to examine the individual and environmental factors related to barriers and enablers of SRH services for people with mental illness in Nigeria.

Methods

Eligibility Criteria: This study involves a literature review and analysis of individual and environmental factors affecting barriers and enablers to SRH services for people with mental illness in Nigeria. The review approach was adopted to synthesize relevant information from existing literature to provide an overview of current knowledge on the topic.

Information Sources: A thorough literature search was conducted using multiple academic databases, including PubMed, Google Scholar, and the WHO library. The keywords used in the search were "Mental health," "Mental illness," "Access to Sexual and Reproductive Health Services," and "Nigeria." The search was limited to articles published in English between 2010 and 2024 to ensure the relevance and currency of the data.

Search Strategy: The search included keywords relevant to mental health and SRH services in Nigeria, with filters applied for publication years.

Selection of Sources of Evidence: Sources were selected based on their relevance to the research questions and objectives. Inclusion criteria included peer-reviewed articles, government reports, and credible organizational publications focusing on mental health, mental illness, and access to sexual and reproductive health services in Nigeria. The selection process involved an initial screening of titles and abstracts, followed by a full-text review of the shortlisted articles.

Data Extraction Process: Data extraction was performed using a template to ensure consistency and comprehensiveness. Key information extracted using the template includes study design, sample size, location, main findings, and relevance to SRH services for people with mental illness.

Synthesis of Results: The extracted data were synthesized to identify common themes, patterns, and gaps in the literature. A narrative synthesis approach was used to integrate findings from different studies and provide an overview.

Justification for Literature Review: The literature review methodology was chosen because it allows for a comprehensive synthesis of existing knowledge. This approach is particularly useful for identifying themes, patterns, and gaps in the literature, which can inform future research. It also provides a broad overview of the topic and is essential for understanding the complex and multifaceted nature of the study.

Demand Side Factors

Ability to Perceive (literacy, information, belief, trust, and expectations): Several studies have shown that health literacy, attitudes, beliefs, and perceptions influence health-seeking behavior (19). For individuals with mental illness, these factors are often shaped by hostile cultural beliefs and conservative

norms (20). Studies indicate that traditional beliefs play a significant role in Nigeria, particularly in rural communities (21). Accessing sexual and reproductive health (SRH) care for individuals with mental illness is heavily influenced by cultural and traditional beliefs, as well as the literacy levels within the community (22). For example, a study involving 250 respondents found that 34% prefer spiritual healing through prayers for individuals with mental illness, 18% favor traditional herbal remedies, and 2% believe mental illness is a result of sins, leading them to seek no treatment (23).

Additionally, family members often hold beliefs that individuals with mental illness cannot earn an income except through charity or begging (24). Consequently, families do not expect them to marry or have children due to the financial burdens associated with raising a family (25). In many parts of Northern Nigeria, individuals with mental illness are sometimes used for alms-begging on the streets to evoke sympathy from the public (26). This reliance on financial support from begging impacts families' expectations regarding seeking health services, including SRH care (27).

Ability to Seek Care (socio-cultural values, personal values, gender, and autonomy): Stigma and discrimination against mental illness significantly impact how individuals, families, and communities value people with mental health conditions and their access to essential services, including healthcare (28). In some cultures, especially in remote rural areas, individuals with mental illness may be viewed as worthless, resulting in a lack of support from those who should help them (29). Families often restrict their members who have a mental illness from going to public places, such as health facilities and schools as a result of the stigma (30).

Studies have shown that cultural beliefs regarding mental illness affect the health and well-being of those affected with mental health conditions, including their rights and access to sexual and reproductive health (SRH) services (31). For instance, individuals with mental illness may be seen as unclean or believed to be punished for past wrongs, leading to neglect and denial of their rights (32). This rejection can leave them vulnerable to assaults and sexual abuse (33). In severe cases, people with mental illness may be labeled as witches and subjected to violence, including torture and sexual assault (34).

These cultural factors not only hinder access to SRH services but also increase the risk of sexually transmitted diseases and unintended pregnancies among marginalized girls and women with mental illness (35). Additionally, the stigma in the community makes it difficult for family members to voice out or seek support for their members with mental illness (36).

Ability to Afford Care (financial limitations and out-of-pocket payments): Financial barriers are a major challenge for people with mental illness in accessing sexual and reproductive health (SRH) services in Nigeria. Many healthcare services require out-of-pocket payments, which can be a significant obstacle (37). Families with individuals who have mental illness often hesitate to pay due to a lack of financial resources or cultural beliefs that influence their perceptions of mental health treatment (38). Additionally, healthcare providers may prioritize patients who can afford to pay, leaving those without financial means at a disadvantage (39). A survey of 450 families with individuals with mental illness found that 60% could not afford mental health treatment (40). Of those, 24% rely on financial help from

family and friends, while 36% seek support from community-based organizations to cover their treatment costs because they cannot pay (41).

Ability to Utilize Services (access, convenience, and availability): Geographic barriers, such as the distance to healthcare facilities, significantly hinder access to sexual and reproductive health (SRH) services (42). In some regions, healthcare facilities are often located far from communities, requiring individuals with mental illness and their families to travel long distances for care, which adds financial burden (43). Furthermore, security challenges, poor road conditions, and adverse weather during the rainy season also impact access to healthcare services, including SRH services (44). These factors create substantial obstacles for individuals with mental illness in accessing the care they need (45).

Supply Side Factors

Healthcare Services (availability, accessibility, acceptability, and affordability): The quality of healthcare services available for people with mental illness greatly affects their access to sexual and reproductive health (SRH) services. In rural communities, limited SRH services at primary healthcare centers (PHCs), inadequate facilities, and a lack of trained personnel, essential medications, and necessary equipment all hinder the quality of care provided (46). Studies show that healthcare workers in these areas often lack the skills to deliver appropriate SRH services, and mental health services are not integrated into the offerings at PHCs (47). Moreover, existing SRH services are not designed to meet the unique needs of individuals with mental illness. Current policies require service providers to obtain full consent from clients before offering services like family planning, but individuals with mental illness are often excluded from this consent process (48).

Healthcare Providers (attitudes, knowledge, and skills): The attitudes and behaviors of healthcare providers are critical in determining access to sexual and reproductive health (SRH) services for people with mental illness (49). Negative attitudes, stigma, and discrimination against individuals with mental illness create significant barriers at the point of care (50). Studies show that some healthcare providers hold misconceptions about mental illness, which influences their professional conduct and negatively impacts the services they provide (51, 52). Additionally, poor knowledge about mental illness and a lack of understanding of the SRH needs of individuals with mental illness among healthcare workers at the primary healthcare (PHC) level affect the quality of care and health outcomes, leading to decreased service-seeking behavior (53). Furthermore, the provision of mental health services as standalone rather than integrated into the PHC package, along with weak referral systems, further limits access to SRH services in the community (54, 55).

Discussion

The review identifies significant barriers and enablers affecting access to sexual and reproductive health (SRH) services for individuals with mental illness in Nigeria. Cultural beliefs and stigma emerge as prominent barriers, often labeling those with mental health conditions as unworthy, which leads to discrimination and social exclusion. These attitudes not only diminish self-worth but also discourage

families from seeking necessary care. Additionally, inadequate healthcare infrastructure hampers access, as mental health services are often not integrated into primary healthcare, and many providers lack the training and resources to deliver tailored SRH services. Negative attitudes and misconceptions among healthcare workers further exacerbate these challenges, creating an unwelcoming environment for patients. Financial barriers also play a crucial role, with many families unable to afford out-of-pocket payments for services, compounded by cultural perceptions that devalue mental health treatment. Geographic challenges, such as the distance to healthcare facilities and poor infrastructure, further restrict access, particularly in rural areas.

Conversely, the review highlights several enablers that could improve access. Community engagement initiatives can promote acceptance and reduce stigma, fostering supportive environments for individuals with mental illness. Targeted interventions designed to address their unique needs, alongside comprehensive training for healthcare providers on mental health and SRH, can significantly enhance service delivery. Policy support for integrating mental health into broader health services is also essential to increase availability and accessibility. To effectively improve access to SRH services for individuals with mental illness, a multifaceted approach is necessary, one that addresses stigma enhances provider training, and ensures services are both available and culturally sensitive. Future research should focus on identifying effective interventions that can overcome barriers and promote enablers, thereby facilitating better access to SRH services in Nigeria.

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