

# Knowledge of Reproductive Rights among Women with Severe Mental illness

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## ABSTRACT

Studies have been conducted on reproductive rights and sexual and mental health topics across different countries. However, there are few studies on knowledge of reproductive rights among women with severe mental illness in India. This article presents reproductive rights among women with mental illness based on available literature. The review article highlights the importance of exploring other aspects, such as reproductive rights, physical health and wellbeing, and intersecting with marriage, family planning, use of contraceptive sexuality, and pregnancy. It also stresses the need for further research on severe mental illness concerning marriage, family planning, pregnancy, and Sexual and Reproductive Health in the Indian Context.

**Keywords:** Knowledge, Mental Health, Women and Reproductive Rights.

ISSN: 2582-6891

## INTRODUCTION

Reproductive rights are fundamental to women's health and overall quality of life and well-being, depending on how independently women make decisions about their own. As per their mental capacities, women with mental disability should be allowed to make decisions about their reproductive rights. Restriction or denial of making decisions on personal choice can prevent achieving more significant goals like education, employment, choosing a life partner, family planning, conceiving, having children if they desire, maternal health services, information, and informed consent. However, in India, abortion and termination of pregnancy have been legally protected, restricted and challenged.

The right to equality and non-discrimination is the highest degree of a fundamental right, and special attention should be paid to those who are vulnerable, destitute, or mentally ill. However, many countries are deprived of women and never allow them to exercise their reproductive rights freely, and demeaning them in many respects. They are unable to make considered decisions about their pregnancies, abortions, and contraception and are sometimes forced to undergo surgery. Literature suggests that women with mental illness have more reproductive health problems compared to healthy women. As such, they encounter a high number of partners (Dickerson et al. 2004, engaging in risky sexual actions

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**How to cite:** Majhi G, L Ponnuchamy, MN Vranda, Shreedevi AU (2024). Knowledge of Reproductive Rights among Women with Severe Mental illness.. Journal of Psychosocial Wellbeing 5(1):35-38.

**DOI:** <https://doi.org/10.55242/JPSW.2024.5106>

**Received:** 17.01. 2024      **Revised:** 19.03. 2024

**Accepted:** 18.04. 2024      **Published:** 22.05. 2024

(Karadag et al. 2004, Carey et al. 2007, Campos et al. 2008, Guimaraes et al. 2009, Hariri et al. 2011, Mamabolo et al. 2012); increased rates of abuse and rape (Miller 1997, Chen et al. 2010, Hariri et al. 2011); reduced fertility (Miller 1997, Dickerson et al. 2004); increased rates of unwanted pregnancy (Miller 1997, Matevosyan 2009); decreased marriage rates (Pehlivan 2006, MacCabe et al. 2009); low rates of using contraceptive methods (Matevosyan 2009); decreases in planned pregnancies and live birth rates (Dickerson et al. 2004); and receiving less antenatal care (Miller 1997, Bennedsen et al. 2001, Shah & Howard 2006). Reproductive

rights compass the status of women as citizens. Hence, the World Health Organization (WHO) realizes the importance of reproductive rights. Thus, it has declared reproductive rights as a fundamental right. Many countries have adopted WHO guidelines about reproductive rights and prepared policies and advocating laws to implement smoothly without hurdles, so that women can exchange their views freely and prevent from unethical practice and can live with dignity.

### ***Mental Health and Reproductive Rights***

Freedom, free will, choosing, and making a decision are fundamental rights that have been enshrined in the Indian constitution. All people should enjoy equal rights regardless of caste, religion, place of birth, and colour. It may impact their mental health if anyone is denied any rights or choices. It has been noted from various studies that securing the rights and dignity of persons with mental illness would promote positive mental health and attain a high level of subjective and psychological wellbeing (Keyes, 2005).

### ***Physical Health and Reproductive Rights***

Physical and mental health are interconnected to overall health. Optimal physical health would promote wellbeing. People suffering from sicknesses such as cancer, pregnancy, Chronic respiratory diseases, Accidents, Stroke, and other illnesses would impact mental health.

### ***Reproductive Rights and Wellbeing***

The decision on conception and abortion is purely an individual's choice and should be vested in the woman's judgment. Suppressing such a decision from the external force would bring anxiety, worry, distress, and disturbance in attention and concentration. Such acts may further reduce self-esteem and impact work performance and personal health.

### ***Marriage and Reproductive Rights***

Literature suggests that persons with severe mental illness used to have less chance of marriage and high rates of separation and diversity (MacCabe et al. 2009). Also, some studies suggest that women with severe mental illness are hesitant to conceive and have children. There are comparative studies between bipolar affective disorder patients and schizophrenia, which indicated that married rates are significantly low compared to bipolar affective disorder patients. The reason is schizophrenia disorder is debilitating and affects grossly social and occupational functioning and less likely maintaining relationships. Even after marriage also, if someone is affected by mental illness, then it would end in divorce or separation (Dickerson et al. 2004).

### ***Family Planning and Use of Contraceptives***

There are various methods of contraception available to prevent pregnancy. Some of those are injections, contraceptive

patches, contraceptive implants, and combined pills. Several studies indicate that women with severe mental illness used to have poor family planning and unplanned pregnancy is very high (Marengo, Martino, Igoa, Scapola, Fassi, Baamonde, Strejilevich, .2015 ) and use of contraceptives is very low (Berenson, Asem, Tan, Wilkinson 2011 & Ozcan, Boyacioglu, Enginkaya, Dinc, Bilgin,2014) hence, risk of sexually transmitted disease is high among women with severe mental illness. The menstrual problem is widespread (Aldemir, Akdeniz, Isikli, Bilen, Vahip .2016,& Robakis, Holtzman, Stemmler, Reynolds-May, Kenna, Rasgon, 2015.) among them. This review article tries to explore and compare the knowledge of reproductive rights among women with severe mental illness and healthy women. The number of studies in this area is insufficient. This review paper will enhance the understanding of researchers and academicians.

### ***Sexuality and Reproductive Rights***

Previous literature suggests that women with severe mental illness have more partners in heterosexual experiences. They used to have more sexually transmitted diseases, and some study's findings indicate that the sexual partner is forced to different sexual experiences and faces more harassment and rape compared to normal control. Literature suggests that women with mental illness do not experience pregnancy and parenthood over their lifetime (Maybery and Reupert 2018). Some studies reveal that women with psychotic symptoms are less fertile ( Hope et al.,2020, Vigod et al. 2012).

### ***Pregnancy and Reproductive Rights***

Previous literature suggests that unplanned pregnancies are reported to cause more severe mental illness (Desai and Chandra 2009). Some literature suggests that women with severe mental illness have a greater chance of terminating pregnancy compared to healthy women. Insufficient-spaced pregnancies have greater risks of death Lule et al., 2007. Women with mental illness without adequate gap (less than 15 months) are shown to cope less compared to other pregnant women (Henshaw & Priotti. 2010). Pregnancy during older age could harm and risk them for their life. And many believe that during mental illness, pregnancy could pass on to their offspring. Pregnant women receiving antipsychotic medication have the chance of side effects and poor outcomes (Peterson 2014). Force sex contributed to unintended pregnancy. Literature suggests that uneducated and lower socio-economic class women are often forced to maintain sexual relations Heise 1995

### ***Safe Sex Practices and Mental Illness***

Sexually transmitted infections are common in women with severe mental illness (Seeman and Ross, 2011). Many women with severe mental illness exchange sex for money, drugs,

or other Factors (Carey et al., 1997). women diagnosed with bipolar affective disorder (Manic), who used to have increased libido and disinhibited behaviour, can experience sexual exploitation and physical harm (Kulkarni et al., 2013). Some research findings suggest that unprotected sexual behaviour found in among psychiatric inpatients and co-morbid psychiatric illnesses found to have a higher prevalence of high-risk sexual behaviour (Jayaranjan and Chandra 2010).

## CONCLUSION

Women with severe mental illness face lots of challenges in their day-to-day lives, and this group essentially has a double disadvantage compared to others because, due to being women, cultural practices and unequal gender norms continue to force them down to adverse health, well-being, and quality of life. Care and attention should be given to their issues of reproductive health during the process of their psychiatric treatment. This review paper recommends to be addressed seriously with respect to reproductive health problems that women with mental illness face. Effective intervention, including risk assessments, education programs, counselling, peer support groups, and mental health support, must be provided as and when required.

## CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.

## FUNDING

Indian Council of Social Science Research (ICSSR) (01690),

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