



Exploring Unintended Pregnancies among Mentally Ill Women in Southwest Nigeria: An mHealth Perspective

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ABSTRACT

Incidents of mentally ill women experiencing unintended pregnancies are on the rise, yet little research has been conducted to understand the reasons behind men subjecting these women to such situations in Southwest Nigeria and other regions, highlighting a gap in mHealth literature. To address this phenomenon, this study utilized Focus Group Discussions (FGD) with twelve kindred of mentally ill women and conducted interviews with six mHealth experts and six volunteers. Data analysis involved a pen-and-paper-based process, including organizing and analyzing transcripts printed out, highlighted, cut, and physically arranged into flipcharts during group analysis sessions. The study identified seven themes that emerged from the analysis: (a) Mentally ill women encounter sexual assault; (b) Struggle for improved living conditions; (c) Vulnerability; and (d) Fulfilling instinctual urges. Other themes include; (e) Nature's social union; (f) Sexual assaults and consequences; and (g) Child protection and custody, which have been elaborated upon in detail in this paper. The study recommends government-family interventions to reduce the number of mentally ill women roaming the streets, provision of psychiatric hospitalization or non-psychiatric shelter care homes for victims, and the institutionalization of community policing to detect and sanction offenders.

ARTICLE INFO

Article History

Received: March, 2023
Received in revised form: April, 2023
Accepted: June, 2023
Published online: June, 2023

KEYWORDS

Mentally ill women. Unintended pregnancy. Sexual assault. Sexual behaviour. Child adoption.

INTRODUCTION

Cases of involuntary conceptions are becoming a great public health issue. Approximately, 14 million unintended pregnancies (UIPs) occur annually in Sub-Saharan Africa alone (see Hamdela et al., 2012; Mulatu et al., 2017) with almost half of the victims found among women aged 15-24 years (Mulatu et al., 2017). *Inter alia*, rape; sexual battering and unintended intercourse have been linked to why cases of UIPs persist among unmarried female adolescents (e.g., Holmes et al., 1996; Kaphagawani & Kalipeni, 2016; Lamina, 2015).

Apart from religious interdiction, the cultural mores in Africa has criminalised out-of-wedlock conceptions and single parenthood;

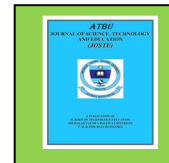
reason why (Okereke 2010) sex in Nigeria is still perceived the preserve of the married, otherwise, a sub-culture for deviants. In the context of child development, the child develops within nested domains of influence—the immediate microsystem—the home/family; the mesosystem—the neighbourhood/the community; and macrosystem—linked to societal cultural norms (Guterman, 2015). Thus, the current study seeks to understand individuals who within their nested domains abuse and criminally take sexual advantage of mentally ill women in Ibadan and Ogbomoso Oyo State—Nigeria and justifications for the happenstances which thus dispose these women into unplanned pregnancies/perinatal positions.

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Mentally Ill, Unintended Pregnancy and Infant Adoption

Unwanted pregnancies are unintended; mis- or ill-timed; unplanned (Moosazadeh et al., 2013; Yazdkhasti et al., 2015). Compatibly, women who encounter common or severe mental disorder/illness are prone to experiencing adverse obstetric and pregnancy outcomes; including preterm births, foetal growth impairments, low birth weight, infant mortality and neglect (see Cantwell, 2021; Howard & Khalifeh, 2020; Moosazadeh et al., 2013). However, despite the risk, mentally ill mothers seldom receive social support from community mental health (mhealth) providers for pregnancy, postpartum, and parenting, as risks for mother and child are often unheeded by specialists (see Mowbray et al., 2000; Sands et al., 2004), adding up to the neglect and social isolation (e.g., Mowbray et al., 2000; Test & Berlin, 1981).

Intendedness and wantedness of a pregnancy are key for well-beings of the mother and the child. For instance, unwanted childbearing predicts mothers' postpartum parenting stress; mothers' harsh and lax in parenting (East et al., 2012). These concerns could be linked to Cairo conference of 1994 (Zenebe & Haukanes, 2019) and global commitment to young people's sexual and reproductive health considering the financial implications on states (Oringanje et al., 2016) as mere 1 percent of all newborns are open for adoption or out-of-home placement (Smith et al., 2016). Mentally ill women could be prone to sexual exploitation. Due to insecure housing and unsafe neighbourhoods such women are subjected to destitution and living alone on the streets and to abuses by men who have greater interpersonal skills to exploit their situations (Test & Berlin, 1981). In community-based life, addressing developmental tasks and life crises are basic; given likelihood of individuals' involvement in sexual activities and women becoming pregnant and bearing children (Mowbray et al., 1995). However, extant studies have investigated experiences regarding mothers with mental illness in hospital settings, using small convenience samples (Nicholson et al.,

1998) and not those undomiciled. Thus, this study distinguishes itself from previous research by investigating mentally ill women outside psychiatric treatment homes; engaging their families, volunteers and mhealth practitioners to study the ordeal posed by UIPs on the women.

THEORETICAL FOUNDATION REGARDING ECOLOGICAL FACTORS TO BEHAVIOUR

There is limited research that explores the social and ecological dynamics that influence UIPs amongst women who are mentally ill. Elucidating the interdependence of contexts, and motivational dynamics that influence adoption and maintenance of new behaviours, this study has used Bronfenbrenner's Social Ecological Model—SEM (Burke et al., 2018) and Theory of Reasoned Action—TRA (Ortega et al., 2012) as its theoretical underpinnings. This becomes imperative, relating the postulations by SEM and TRA to behaviour formation.

Domains that influence UIPs could be individual and intrapersonal-centred, going by microsystem/microenvironment contexts—the individual's sociodemographic characteristics; vis-à-vis: his/her emotions, age, attitudes and beliefs all of which personify the individual's innermost ecological/immediate social setting—the family, religious institutions and organisations that influence his/her values and behaviours (e.g., Del Mar Sánchez-Fuentes et al., 2016; Ortega et al. 2012; Rizvi et al., 2019). The mesosystem embodies the interface between the individual and his/her community—the microsystems (Trego & Wilson, 2021), connoting lack of affection by family/groups; positive relationships and influence on individual's psychosocial development (Adu & Oudshoorn, 2020) including repudiating unwanted sexual activity (Del Mar Sánchez-Fuentes et al., 2016). Contextual to exosystem, though certain extraneous factors—like the external family; the neighbourhood may have no direct influence on the individual; these may influence the individual's development or growth in some senses (Adu & Oudshoorn, 2020).

With limited social support networks (neighbourhood; community/societal factor),

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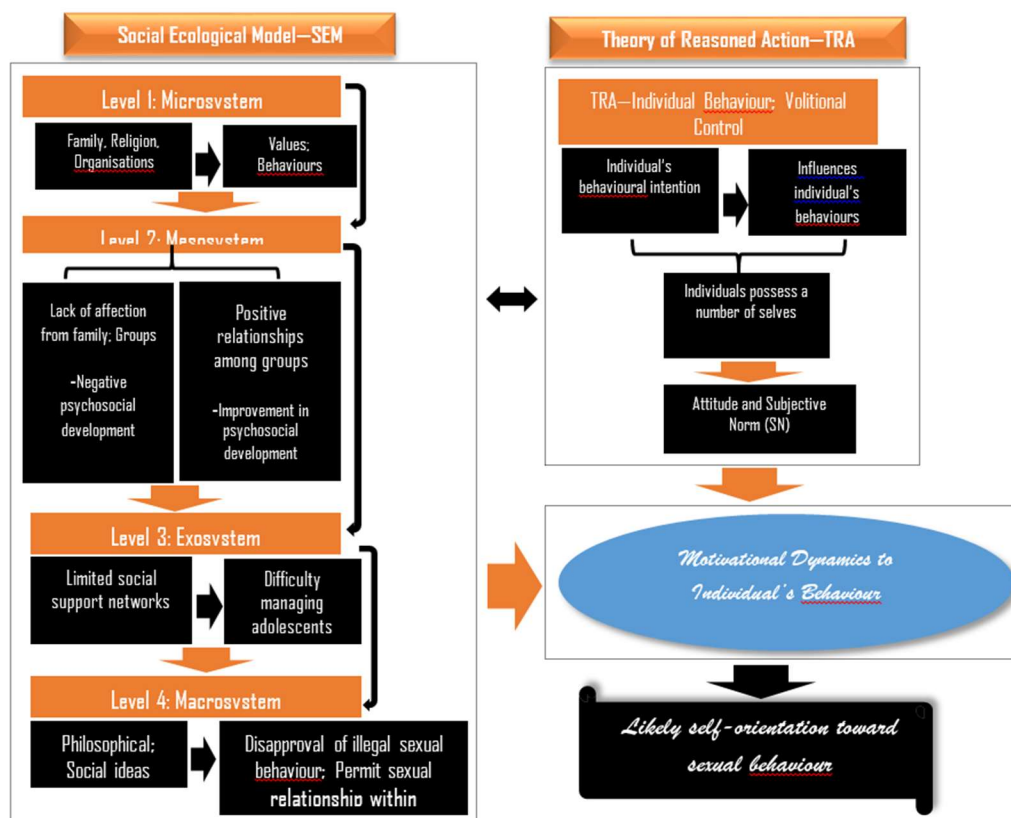
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parents might be unable to monitor the adolescent's peer groups (Ortega et al., 2012) and thus what becomes of the social life of the individual. Macrosystem as last in SEM highlights philosophical and social ideas which thus describe a particular culture or subculture (Ortega et al., 2012). Most religions disapprove of out-of-wedlock intercourse or sexual pleasure, permitting such relationships within marriage for purpose of procreation. This philosophical position engenders feelings of guilt regarding sexual thoughts or sexual behaviour from religious viewpoints (Del Mar Sánchez-Fuentes et al., 2016). The submission by TRA postulates behavioural intention as that influenced by attitude and subjective norm (SN) and thus, critical to how individuals behave. While the attitudinal component predicts the attitude toward performance of the behaviour by the individual, the normative constituent (SN) does highlight

perceptions displayed by authority figures and influence on the individual and his/her behaviour (Zhang et al., 2014). Thus rather than view self-concept as a unitary construct, literature has contextualised people as possessing a number of different selves, given socialisation differences imposed by different cultures (Park & Levine, 1999).

In this study, we used SEM and TRA as a framework to understand psychosocial contexts and their influence on sexual behaviour within the population of study as both theories acknowledge influence of individual factors (for instance, psychosocial characteristics and normative) on decisions to participate in a behaviour (see Ritchwood et al., 2014; Zhang et al., 2014). Thus, Figure 1 below postulates based on SEM and TRA, possible human behaviours to UIPs in relation to mentally challenged women.





Legend: Possible motivational dynamics to sexual behaviour and assault against mentally challenged women in society.

Predictive of illustrations in Figure 1, constructs in level 1 (microsystem) have tendency to influence individual's values and behaviour and thus, the worldviews by the individual. Similarly, emergent developments in level 2 (mesosystem) have potential to stimulate negative or improved psychosocial developments in the individual as deficient social support network (exosystem) could engage difficulty in managing adolescents and thus, what follows at a later stage of the individual's life. Further to these, events and experiences in level 4 (macrosystem) could superintend/help the individual manage his/her sexual behaviour/thoughts about sexual pleasure. As theorised by TRA, individual's behavioural intention would influence his/her behaviour, especially given the multidimensionality of self-construals and individual values, which makes it possible today for one to be both agentic, autonomous, individuated or interdependent as well as related (Imamoğlu & Karakitapoğlu-Aygün, 2004) consistent with SEM and TRA.

This Study

To date, literature of UIPs, relative to mentally ill women; homeless or exposed, or those who roam/stray about and thus become pregnant via abuse is scarce in Southwest Nigeria. Despite the search, not a lone study was found regarding mentally ill women and UIPs across communities in Southwest Nigeria. Worse still, such women constantly encounter long-term and permanent loss of custody of their infants and care either to members of their extended kinfolks, group residential system, the birthfather or foster care for adoption (Hollingsworth, 2004). Thus, the general objective of this is to study investigate the social contexts, including forms of conduct and social practices that motivate vileness or despicability of sexual assault against mentally ill women in Southwest Nigeria.

METHODOLOGY

The study employed use of qualitative research approach to explore the complex

phenomenon under study (Perera et al., 2014) and meanings ascribed to such by respondents (Kalu & Bwalya, 2017) given their thoughts, feelings, and diverse views in a socially interactive manner that closely mimics a situation in its 'real life' (Huggett et al., 2018, p. 4; Novek & Wilkinson, 2019). Thus the theoretical framework (research paradigm/tradition) that guided this study is social constructivist-oriented, as knowledge and attitudes are socially constructed (Brown, 2016); helping the researchers to co-construct truths and realities through dynamic interaction with the respondents (Roger et al., 2018) as the research approach assists data collection from different venues in multiple time (Varpio et al., 2017). Besides, this approach enables data analysis and triangulation within and across respondents to establish legitimation (Lam et al., 2016; Gustafsson, 2017).

This study was conducted in Ibadan and Ogbomoso Oyo State Nigeria. The study conducted 14 FGD and in-depth interview sessions to ensure data saturation (Boddy, 2016; Sim 2018) and validity of the study for respondents aged 28-40 years. The sample consisted of twelve members of families of mentally ill women (n=five males; seven females) who were recruited via snowball sampling (Dragan & Isaic-Maniu, 2013; Etikan & Bala, 2017) as victims would be unable to make lucid and robust communication. In addition, there were six mhealth practitioners (n=four males; two females) recruited via expert and purposive sampling (Etikan & Bala, 2017; Taherdoos, 2016) including six volunteers (n=three males; three females) recruited via convenience sampling (Etikan & Bala, 2017; Taherdoos, 2016). The respondents are married, thus conversant with the ecological/sociocultural context of their communities relative to mentally ill women and cases of UIPs. The criterion for inclusion and selections were based on respondents' volunteering to contribute to the topic having been communicated with the intent of the study and given a-2day cooling-off-period to make suitable decisions (Balogun 2019). Being averse to videotaping; sessions were audiotaped in addition to fieldnotes (Halcomb & Davidson,

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2006) with pseudonyms used for protection of respondents' privacy and human dignity (e.g., Balogun 2019). Overall, respondents did not receive any form of compensation for their participation in the study.

The study employed use of semi-structured instruments, given the versatility of the technique relative to studying opinions, complex issues, values and diverse perceptions (Kallio et al., 2016). This exercise was guided by review of literature to understand concepts connected with unwanted and UIPs (e.g., Moosazadeh et al., 2013; Olivari et al., 2014); in Sub-Saharan Africa (e.g., Hamdela et al., 2012; Kaphagawani & Kalipeni, 2016; Mulatu et al., 2017) and in other climes (e.g., Holmes et al., 1996; Kaphagawani & Kalipeni, 2016; Lamina, 2015). The review also included studying sex and deviant/aberrant sexualities in relation to Nigerian context (Obadare, 2015; Okereke, 2010) including UIPs and infant adoption (e.g., David et al., 2011; Smith et al., 2016). To generate the guide, the study ensured: (i) gaining insights into relevant themes; (ii) making appraisal of reviewed literature for conceptual understandings; (iii) noting important domains; and lastly (iv), developing the instruments. This exercise provided the conceptual framework for the interview protocol; a few of which are: 'How common are cases of pregnancies by mentally sick women in your community?'; 'Why do you think men engage women who are mentally sick in sexual activities?'; 'What sort of men engage in this activity?' and 'Why do you think engaging mentally sick women in sexual intercourse has continued as a practice?' The guides were complemented by probes and follow-up questions (for instance, 'could you tell me more about that?') to further unravel reasons surrounding the phenomenon and for purposes of drawing respondents' attention, ensure conversational management and credibility/reliability of findings (Roberts, 2020). As a gold standard rigour, the study avoided a *priori*, a premeditated sample size to ensure data saturation. Thus the suitability of the sample size emerged as additional data from the respondents failed to yield further emics or new themes at the

completion of the interviews; indicating saturation of the data (Boddy, 2016).

As a qualitative research, this study employed use of in-depth interview for mhealth experts and volunteer respondents for parts of its data (Peters & Halcomb, 2015; Ranney et al., 2015). This is to ensure verbal exchange of views with respondents (Qu & Dumay, 2011), understand respondents' emotions and feelings as insiders, often difficult using other approaches (see Dilshad & Latif, 2013; Rossetto, 2014; Rowley, 2012). Apart from in-depth interview, the study also employed use of focus group discussions—FGDs for family respondents to honour their heterogeneous worldviews (Dilshad & Latif, 2013). The data-gathering exercise commenced from July through December, 2022. Sessions for the three groups were conducted discretely with six FGD sessions (n=2 per location for six days) spanning averagely for 75mins per session for the families of the mentally ill and victims of UIPs. There were also three in-depth interview sessions for mhealth service providers and same for six volunteers (n=3 per location for six days) lasting averagely for 56mins per session respectively. Given constructivist position that multiple realities exist and individuals would construct knowledge through their lived and shared experiences (Moon & Plaines, 2019), this study engaged multiple data sources to provide divergent perspectives by respondents. It is to also allow researchers triangulate respondents' data sets within and across the three groups hence the use of two data collection procedures for the same research design (Renz et al., 2018).

Respondents were offered informed consent form to read and sign to confirm their participation with objectives of the study understood and pledge of confidentiality of contents of information declared. Audiotapes of sessions were destroyed after they were transcribed and transcripts verified (Ahmed et al., 2017).

Analysing respondents' discourses commenced with verbatim transcriptions of the data (Halcomb & Davidson, 2006; Ranney et al., 2015); noting latent contents—sighs, silence,



laughter and other behaviours displayed during the interactive sessions to advance reliability and validity of the study (see Azevedo et al., 2017; Halcomb & Davidson, 2006). Listening to the fourteen transcripts discretely (Riley et al., 2010), the transcripts were read back and forth; with striking portions of the texts highlighted (Johnson & Menna, 2017). A key function at this level was immersion with the data to familiarise with respondents' exposés (Petty et al., 2012), including identifying codes leading to patterns or themes (Braun & Clarke, 2006; Maguire & Delahunt, 2017). Using pen-and-paper analytic procedure, first, data from were organised and sorted by the second and third author, consistent with question guides while the first author embarked on precoding of the texts (see Saldaña, 2013; Theron, 2015) to identify codes and categories (e.g., Suleiman et al., 2021; Tessier, 2012). Concluding the First and Second-cycle coding, researchers re-examined the originally compiled open-ended responses to revise interpretations of the data using constant comparative analysis (Myers et al., 2016). By coding or recoding the data for the second time, researchers condensed codes that were either conceptually similar; or shared co-occurrences (Guest & McLellan, 2003; Saldaña, 2013); and thus discarding codes that seemed like good ideas during First Cycle coding, given their redundancy after review (Saldaña, 2013).

Successively, related concepts were grouped into higher-order categories with sub-conceptual codes while authors reviewed codes to ensure consistency. Attempts were made to clarify the list of code labels; ensuring aptness of the labels, comparing codes across the whole data set in order to identify similarities, variations, patterns and relationships (Petty et al., 2012); noting the big picture—the emergent 'storyline,' the 'meta-narrative' (Stuckey, 2015, p. 8). Concluding the back and forth coding activities researchers conceptualised relationships between concepts and categories; sequel to research questions. At the final stages of the analysis, titles of each of the categories were copied onto index cards, with cards sorted into

groupings; following the research questions (Johnson & Menna, 2017). In the search for themes and their categories, researchers referred to preliminary analysis by reading short extracts that provided a clear sense of whether or not the content speaks to the study's research questions (Davidson et al., 2019). These extracts were then compared and contrasted to create themes capable of representing some level of patterned responses within respondents' data corpus (Braun & Clarke, 2006; Castleberry & Nolen, 2018; Maguire & Delahunt 2017). To make sense of emergent themes and their categories, researchers tried to review and name the themes as well as their respective categories severally with a view to ensuring correctness of interpretation of the interview data and reasonability and logicity of the themes to research questions as much as discover theme overlaps. This exercise led to theme fine-tuning; relabelling or renaming of some themes for the purpose of accuracy, exactitude and sense-making. Overall, the analysis of the data lasted for a period of seventy-two days.

RESULTS

Respondents' data revealed seven main domains, namely: (a) Mentally ill women encounter sexual assault; (b) Struggle for improved living condition; (c) Vulnerability; and (d) Fulfilling instinctual urges. Others include (e) Nature's social union; (f) Sexual assaults and consequences; and lastly, (g) Child protection and custody. The themes and their categories are presented with their corresponding participant identifier.

Theme 1: Mentally Ill Women Encounter Sexual Assault

A vast majority of respondents affirmed to rife cases of sexual activities with women who are mentally ill in the locations of this study. They see the episode occurring between men who are sane and women who are mentally challenged. The following verbatim narratives establish this practice:



It's nothing new, of course it's despicable ... some sound men—mentally stable men go copulate with women who're mentally defective [chuckled, paused]; it's sickening, but some men go for it.

[Jolly—lv]

A similar submission revealed:

Men have gone so low; to engage in sex with some of these women ... I can count two or three.

[Idunnu—lv]

Respondents felt that 'sleeping' with mentally ill women permeates city centres more, given quantum of moral decadence and

lewdness in metropolitan areas. The comment by one of the FGD respondents aptly reveals this position:

Seems a common thing ... abusing women who're homeless—mentally disturbed sexually. Mark you, people in the countryside seldom do this; it's common in urban areas.

[Sepia—fgd]

Sparse population in countryside enforces decorum on members. This helps individuals conduct themselves dignity-wise and

in normative terms, and reasons why sexual interrelations or extreme behaviours are self-checked by members.

For we in village settlement, we know ourself, the number of people is small not like big towns, so you watch your behaviour, you're careful not to do something that'll shame your family, you check yourself, your sex life.

[Abudu—fgd]

Identity crisis is a major factor aiding continuance of sexual assaults against women with mental illness in most communities where these occur. This is because victims most often

lack the mental/cognitive prowess to communicate perpetrators intelligibly. This explains why perpetrators are difficult to identify or apprehend.

Unfortunately, these women often lack the sense to identify the culprits or communicate *whodunit* to them. This has made it difficult to pin down the culprits.

[Bright—fgd]

Women who are mentally ill encounter sexual interrelations with men in the locations of this study as shown by data; however this phenomenon is prevalent in cosmopolitan communities as members are identified effortlessly if any misconduct in countrysides. Meanwhile, agitation for improved living condition was identified as one of the causative factors.

Theme 2: Struggle for Improved Living Condition

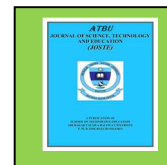
Improving living standard remains a dominant discourse presented by respondents as one of the core factors that promote men's sexual engagement with mentally ill women. Among others, crave for success and opulence was identified as a socially constructed ideology amongst men who embark on fortune-seeking,

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as goldiggers may have need to engage coitus-wise with women who are mentally ill to accomplish their yearnings ritually. The following

verbatim pidgin narrative encapsulates this position:

To make money and get rich, the *melecine* or the *jujuman* fit tell the man make im look for a madwoman; to do man—woman affair if the *juju* no like to spill blood or take somebody's life.

[Sag—fgd]

Another perspective shows distressing lived experiences as reasons why some men

seek bizarre means toward relief from their tormenting situations:

It's a case of Hobson's choice ... if they lose faith in destiny; the ritualist may prescribe a madwoman—because there's a match in the spirit of the two or their stars.

[Henry—lv]

Another respondent also revealed:

Engaging in sex with a mentally sick woman ... may be because she's found beneficial economically; therefore the voodoo or his star; his spirit likes the man to go in with that woman who's mentally sick to change his life.

[Franco—fgd]

A further layer of the discourse shows that efforts to improve standard of living and efforts to live a life of luxury life also lead men

into romantic relations with mentally ill women, given ritual or fetish prescriptions.

Sometimes men connect with some of these madwomen to improve their standard of living, live luxurious life or seek abundance, so they go ritual ... now that men like to live classy, choosy ... live a cosy life.

[Pelumi—fgd]

Summarily, obsession for improved living standard leads to seeking possible recourse and resort to ritualism which results to mating with women who are mentally deranged given supposed metaphysical alliance between the two. Among others, being vulnerable also triggers assaults against this class of women.

Theme 3: Vulnerability

Respondents expressed the domain vulnerability as a further threat exposing women with mental illness to repeated sexual abuses. Lack of privacy subjects the women to public glare and being targets of unplanned sex, raising an important question on their protection from illegal and unsafe sex.

Sadly, these women are always unsecure, exposed. They're easily reached and assaulted sexually by men. It's a situation that demands government intervention, including their families. I mean for rehabilitation.

[Jenifer—lv]



One of the respondents relayed in retrospection:

Actually she lived a little away from home, despite her condition, some devilish men—within the neighbourhood found their ways in, do the unholy—had canal knowledge of her twice ... inflicted her with wounds. Now she's late.

[Halima—fgd]

Several respondents identified for exploitative sexual relationships. One of the vagrancy—homelessness by women with mental illness as a major cause of their continual attacks interview comments reads:

The point is that being unsheltered, this kind of women are disposed to sexual and physical abuses, many of them are homeless; they live in the open; so they're handy for manipulations.

[Uthman—lv]

Unplanned sex in most instances arouses stress in women with mental illness. Sex according to respondents requires psychological, emotional and cognitive preparedness. Prowling on a woman for sex, particularly those with mental illness has adverse implications on their health.

Under a normal circumstance, a woman needs to prepare her mind psychologically, emotionally and cognitively for sex. If you force yourself on a woman for sex, you'll injure her feelings ... the two need to organise themselves for the bed act. For a woman who's mentally defective, there would be stress, tension.

[Jose—lv]

This development has tendency to intensify dysfunctionality unto a reasonable length of time with onset of pregnancy and while gestation continues in the case of women with mental illness. This submission has gained traction among respondents. One of the comments reads in Pidgin English:

That one be double *wahala* (trouble) sef; if the woman become pregnant, madness and pregnancy, na which one she go face, she go make strange behaviours you never see am before.

[Vic—lv]

This experience extends to postpartum stage for mentally ill women who encounter pregnancy for the first time.

There's likelihood that even after delivery, they'll suffer some sort of abnormality.

[Pelumi—fgd]

From foregoing, being vulnerable exposes women with mental illness to sexual and physical assaults possible to aggravate the situation of the women and further dysfunctionality. Besides, fulfilling visceral—instinctual urges according to respondents leads some randy men into sexual intercourse with mentally ill women.

Theme 4: Fulfilling Instinctual Urges

Man is sex-imbued, thus gratifying the sexual pleasure prompts some abnormal sexual engagement sometimes, even with women who are mildly mentally challenged:

Sex is common to man. To gratify the urge some men rape, forcibly violate women, molest sexually, mindless of whether the woman is mentally sound or not. Our communities have a role to play to make these women secure.

[Idunnu—lv]

However, respondents observed that sexual assaults on women with mental illness are common to scoundrels and not decent

individuals, often for fun-making; taking advantage of the position of the women.

Like street boys, crooks ... wayward, they use such women ... they think they're making fun. No right-minded and well-mannered person does such.

[Henry—fgd]

Habitually, men who engage mentally ill women for sex are usually substance abusers and drug addicts who have one or more

untreated problem and thus, have relationship problems, especially young men.

According to our survey, young people—say 17 – 20 are more into this practice. These are boys who have some carryover problems; unmet needs; hardly can toast or friend a girl because of their conduct problems. So they attempt the unusual.

[Damilola—lv]

Respondents reported use of psychoactive substances as leading to antisocial

behaviour for young men. One of these common misconducts is proving one's agility.

These are young men of 18, 19yrs; they take *marijuana*, antidepressants to relieve worries and somehow become addicted ... they sleep with some of these women to test their exuberance.

[Jose—lv]

Owing to destitution, some men take into available shelters or structures that have been abandoned over time. Such migrant

individuals take advantage of women with mental illness in the event of shared household with time.



Some homeless or migrant men share abandoned or available structures with these women; approaching them for sex as they become familiar.

[Bright—lv]

Explicitly, respondents described how some of the women resist sexual assaults and accessibility, but are often overpowered. This act

results to forced intercourse and hurting the women in an attempt to calm them for sex.

But some of the women ooh; are not submissive, not docile ... they react, still these men subdue and overwhelm them, sometimes hurting the women in the process.

[Temi—fgd]

Accounts by respondents suggest libidinal experiences in man. Besides, individual's interest sometimes does not have to be symmetrical with that of the partner when sex arousal is encountered. Additionally, nature's social union plays a significant role in intercourse with women who suffer from mental illness.

Theme 5: Nature's Social Union

Typical of sexes, sexual pressure similarly exists in mentally ill men and women. Thus, being aware of their homogeneity incentivises closeness, feeling for each other and consequently, a sexual interrelation. For instance:

Sometimes, they try to unite in sex, particularly knowing that they're both on the same page—mentally disordered and can engage each other.

[Henry—fgd]

Contrary to their previous stances on sexual interrelation with mentally ill women, a fresh perspective from respondents sees the

mating between mentally ill men and women as *nature's social union*—a position largely held by respondents.

Well, it's natural, these people are humans and need to communicate at one level—it's a nature's social union.

[Damilola—lv]

Sex is explicit. The interaction between mentally ill men and women does not end one-off in some cases; the interdependency lasts as long as there are chances to join up. One of the

volunteer interviewees relayed an experience in retrospection; flashing back what she dubbed 'my personal eye-saw':

This one na my personal eye-saw, I saw it with my korokoro eye ... the man—woman affair took place between the two for more than one time ... the man go meet the woman in a shanty building. They also have feelings, sometimes a madman runs after a normal woman with a hot chase for sex or rape.

[Temi—fgd]



Taking personal responsibility is a problem that mentally challenged women are often subjected to with multiple partners—serving

normal and insane and thus being prone to sexually transmissible diseases.

Because it's possible for madwomen to experience many partners—sane and insane, they're infected with sex-related diseases and bear the burden alone.

[Jenifer—lv]

Drifting from sex narratives, respondents in view of the lived experiences of mentally ill women considered the genre as a

marginalised population, those outside the protection of society, specifically men.

These women are marginalised, they suffer neglect and neither the public nor men care ... they're exploited ... before our watch.

[Halima—fgd]

It is evident that the two overlapping currents—nature and need to fulfil sexual urge are quintessential to functional humanity. However, in a bid to respect nature, mentally ill women cope with assaults from dual ends with consequences according to respondents.

Theme 6: Sexual Assaults and Consequences

In the short and long run, sexual interrelations have grave consequences on women who are mentally ill. According to respondents such interrelations have tendency to result into unplanned and unpremeditated conceptions.

For whatever reason behind it, sex with this kind of women can lead to conception; to accidental pregnancies common to womenfolk.

[Sepia—fgd]

This unhealthy experience ends exacerbating the condition of the women. One of the service providers highlighted:

Pregnancy causes chaotic situation in them. Even for a normal woman; one bump into early morning sickness; stress; nauseating situations and the rest.

[Idunnu—lv]

A similar comment reveals:

Women with mental illness experience severe disorder while in pregnancy ... it worsens their condition.

[Halima—fgd]

Cases of spontaneous loss of pregnancy and miscarriages are normal at the onset of conception and during gestation. Owing

to lack of expectant care, women with mental illness experience miscarriages in reasonable degree. For instance:



Many unplanned happenstances occur and reoccur during pregnancy. For mentally unfit, pregnancy can be exerting, it can lead to loss of the baby because of lack of care.

[Jemmy—lv]

Besides loss of pregnancy, respondents observed that women who are mentally ill encounter premature deliveries as

many of them find the stage difficult to manage especially within ten to twelve weeks of conception given complications.

There're many hurdles to cross during ten to twelve weeks of taking-in. Women with mental issues face acute challenges which are capable of steering forced delivery.

[Abudu—fgd]

Owing to care-related issues, sometimes women with mental illness encounter

cases of stillbirths while engaging in self-delivery of babies.

They hardly get attention from experts; from hospitals or from primary healthcare centres, so sometimes they experience stillbirths.

[Sag—lv]

Summarily, pregnancy in the context of women with mental illness is agonising and exacerbating with increased risks beyond what women who are mentally safe and medically protected encounter. Again, child protection and custody were issues to respondents.

Theme 7: Child Protection and Custody

Children from women with mental illness are not relinquished to the care of the birth/biological mothers after safe delivery, adding to the pains of these women.

It's not in my wildest dream that someone will choose to sleep with a woman who is insane, but then a part of me is feeling that naturally the women would like their children to stay within their closest, but the man might not allow that happen.

[Sam—fgd]

Respondents observed that taking custody of the child happens sometimes much later after child delivery and sometimes

immediately on delivery. However, eloping with the child often holds in midnight.

The child is picked under the cover of night by the *dad* [smiled]; he has waited to see the day to carry the baby. It can be later or instantly.

[Sepia—fgd]

Significant others, commonly relations from the child's mother play host to parenting responsibility and care of the child since mothers

often lack the right mental frame of mind to offer required welfare.



There's a saying that in victory magnanimity; in defeat gallantry. This extends to the family of the woman taking charge of the baby; they play the motherhood because the mother is not mentally sound, often out of their minds.

[Uthman—lv]

There are proofs that children from women with mental illness enjoy state care or child protection system where none appears for

fosterage. There was no dialectics on the existence of this window of custodial assistance to children from women with mental disability:

There is a provision; if I may say, for members of public or state actors to help provide custody to some of these children.

[Idunnu—lv]

Custody by state actors or protection system helps to curtail exposure of babies to dysfunctional behaviours/potential risks or

negative outcomes since exposing the child to the care of its mother has grave implications on its nurturing according to respondents.

We need social advocacy and sensitisation on this particular area. Custody support for the children helps to raise them like other children; gives the right orientation and make them less vulnerable. So private and government sectors need to partner, collaborate to empower this kind of service provision.

[Pelumi]

In the long run child custody and protection must be considered for the sake of the child and consequences of abandonment on society. This is irrespective of whether the birthfather, adoptive family, state or members of the public engage the upbringing or custody of the child.

DISCUSSIONS

The inaugural theme of the study exposes incidents of UIPs as it affects women with mental disorder with their engagement in sexual terms in the locations of the study. Despite this, no studies have followed this class of women through their pregnancies, or trajectories of their pregnancies and custody of their babies in the state of this study. Though a life history research/case study; constructing collaboratively with the women for definitive information—coherent narrative and order of events of their experience (Kouritzin, 2000) would be difficult. Thus to locate the life story of the women historically, socially and in temporal

contexts inspired the study using a life history approach (e.g. Abu Bakar & Abdullah, 2008; Lewis, 2022); via proxies—using kindred and relevant important others to achieve this. This is more so, as intercessions by families of sexually assaulted mentally ill women continue to gain grounds. In a recent publication (Daily Post, 17th April, 2015) a young man aged 18years was caught pants down abusing a mentally deranged woman sexually in Lagos. While her family had sought a medical examination to prove penile penetration as the young man disapproved committance of the offence; the woman was stealthily unruffled.

Women with psychotic illness may be more tended to engage in high-risk sexual behaviours given social and cognitive impairments (Basson & Gilks, 2018). Exemplifying vastness of sex with mentally ill women in our society, a media report recently communicated delivery of a baby boy by a mentally unstable woman whose partner was anonymous in an ongoing building project in



Ibadan Oyo State (Punch Newspapers, 2nd January, 2023). In a similar media report, one reads of a woman in her early 30 who despite her mental illness has mothered a boy and two girls of nearly five, nine and 13 years; living in a border town between Uganda and Kenya ostensibly for a man who must have fathered the three identical children (Papa, The Observer, 23rd April, 2015). These reports are consistent with findings that most women who suffer destitution (age 15-22) could be at increased risk of multiple pregnancies (Crawford et al., 2011) and further by a study in Texas-Austin University where 88 factors expound why women who are psychologically vulnerable—immature, depressed, or unintelligent might be exploitable to their patrons (Condliffe, 2012).

While sex remains an essential side of human, and of life, the dynamics that crystallise into sexual assaults with women stricken by mental illness vary as found by this study. Consistent with Kpanake (2018) the findings of the current study in their totality espouse the concept of each of us living and growing up in some specific social and cultural setting and thus, a context in which we develop our ideas about our own and other peoples' personhood. Further still, the findings are a shift despite some possible usefulness in White's 'culturology,' from its context, relative to understanding the evolutionary path of society which as a whole is too divorced from human variations (Leighton & Hughes 2005, p. 2). This also deviates from the theoretical foundations of this study which suggests dominance of motivational dynamics in self-orientation toward (sexual) behaviour. This is furtherance to routine activity theory (RAT) which found the intersection by social actors both in space and time interacting—meaning that those we interact with, the places we visit, and activities we engage in could influence the likelihood and distribution of criminal behaviour in us; providing an explanation for crime patterns and committance in line with ecological theory (see Branich, 2015; Madero-Hernandez & Fisher, 2012).

LIMITATIONS AND RECOMMENDATIONS

The study has covered two cosmopolitan cities in Oyo State. While the study could have extended its scope, dearth of resources had frustrated the possible intent to do this. Thus, this study might not be generalised to the wider population in Southwest Nigeria. Further research is therefore recommended with scope of the study and sample size expanded using other qualitative approaches for a generalisable outcome.

Implications for Behavioural Social Work

Thinking stability and equilibrium in the face of present-day social ills is bizarre, and thus needs rethinking to fit into behavioural social work intervention, exploring from two overlap undercurrents. Disabled women's experiences of childbearing and parenting are interlaced by disablism; personal experience of living with impairment; and possible affects of reproduction (Thomas, 2008). However, rather than locate offenders' motives, such should offer a frame of reference for tangible and individualised crime analysis which in the short and long-run helps to facilitate application of real policies and practices meant to alter elements that make existence of the crime possible (Miró, 2014). Both concerns by Miró (2014) and Thomas (2008) pressure a new approach to protecting mentally ill women from the prowl of those who engage them in UIPs; pursuing different concerns. Thus exploring the various thematic strands in the study, it is clear that one of the ways to safeguard mentally ill women from illicit sex and cases of UIPs is government—family intervention which ensures a reduction in the number of mentally ill women who roam the street, patch-up in shanties or abandoned buildings/relics. In modern days, such women are given psychiatric hospitalisation or placed in non-psychiatric shelter care home, consistent with The Universal Declaration of Human Rights which stresses the importance of housing and health needs of a person (Moorkath et al., 2018). Besides, institutionalising community policing would help detect and sanction patrons to make the women secure and help crime reduction. A previous study (Skolnick

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& Bayley, 1988) notes that with one minute elapsing from the time the crime is committed, there is less than a 10 percent chance that police will apprehend the criminal. Given respondents' exposes, executing social advocacy and sensitisation via the school, with custody support given to raise children from mentally ill women like other children in society both have tendency to bring respite for this class of women.

CONCLUSION

There is urgent need to cater for mentally ill women from unwanted pregnancies by state and non-state actors. The synergy by the two institutions and possible interactions with members of civil society would help change the narrative and exposure to painful experiences of pregnancies by mentally ill women.

Competing Interests

The authors have no any competing interests to declare with respect to the research and authorship.

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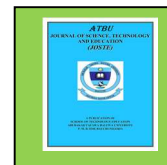
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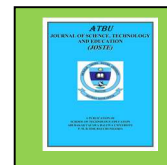
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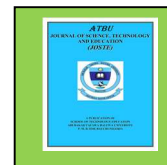
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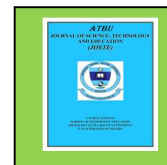
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