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Populations Living with Mental Illness and Epilepsy (PVMME) and Living Conditions in Prayer Camps in the Iffou Health Region (Central-Eastern Ivory Coast)

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ABSTRACT

The Iffou health region is faced with a diversity of non-conventional mental health care structures (prayer camps), which are today emerging as alternative care units for the treatment and care of populations suffering from mental illness and epilepsy. The results of this study are based on field survey data collected between July 2020 and May 2021, using field observation to identify prayer camps. The study identified and surveyed 17 prayer camps in the said region. The high level of PVMME mobility in the prayer camps is linked to a number of factors (notably insufficient financial resources for the families of the sick, the case of spiritual illnesses). These prayer camps are places of refuge for most sick people who have been abandoned, lack financial means and have no family. The study led to the conclusion that prayer camps constitute an alternative care system in a desert of psychiatric care provision in the Iffou health region.

Keywords: prayer camp, PVMME, mental illness, epilepsy, health region

INTRODUCTION

The number of people suffering from mental or behavioral disorders reaches 450 million, and almost a million people commit suicide every year (WHO, 2004, p. 4). Mental health problems affect society as a whole, not just a small, isolated segment of it. They are therefore a major obstacle to global development. No human group is spared from mental disorders, but the risk is highest among the poor, the homeless, the unemployed, people with low levels of education, victims of violence, immigrants and refugees, indigenous populations, children and adolescents, abused women and the neglected elderly (WHO, 2004, p. 5).

For this reason, all human societies, or rather all human cultures, have had the idea of dealing with the question and problem of mental illness. They have all had to deploy rationalization efforts to identify the reasons for this illness and to develop treatment, insertion and support strategies by drawing on their cultural heritage. (CIDC, 2013, p. 2). But these efforts have seen a significant positive transformation in high-income countries. According to the Rapport d'Appréciation de la Performance du Système de Santé et de Services Sociaux, (2012, p. 17), this transformation has been at the root of a new awareness of the institutionalized patient, certainly, but also with the discovery of effective treatments and innovative approaches to tackling mental health as a whole, including the possibility of treating people in their communities.

In Côte d'Ivoire, policy on psychiatry and mental health has been the subject of many successive reports and plans, which to date have failed to meet the expectations of professionals, patients and their families. With the high demand for mental health care and limited resources, our mental health system is faced with prayer camps in certain regions of Côte d'Ivoire. In this context of psychiatric deficit, the Iffou health region, is marked by the rapid development of prayer camps, one of the primary objectives of which is to guarantee good care for PVMME (Personnes Vivant avec la Maladie Mentale et Epilepsie). This study, which aims to show the living conditions and care of PVMME in prayer camps in the Iffou health region, is structured in three parts. The first maps the location of prayer camps in the Iffou health region. The second shows the distribution of people living with mental illness and epilepsy in prayer camps in the Iffou region. The third shows the living conditions of people living with mental illness and epilepsy in the Iffou region.

MATERIALS AND METHODS

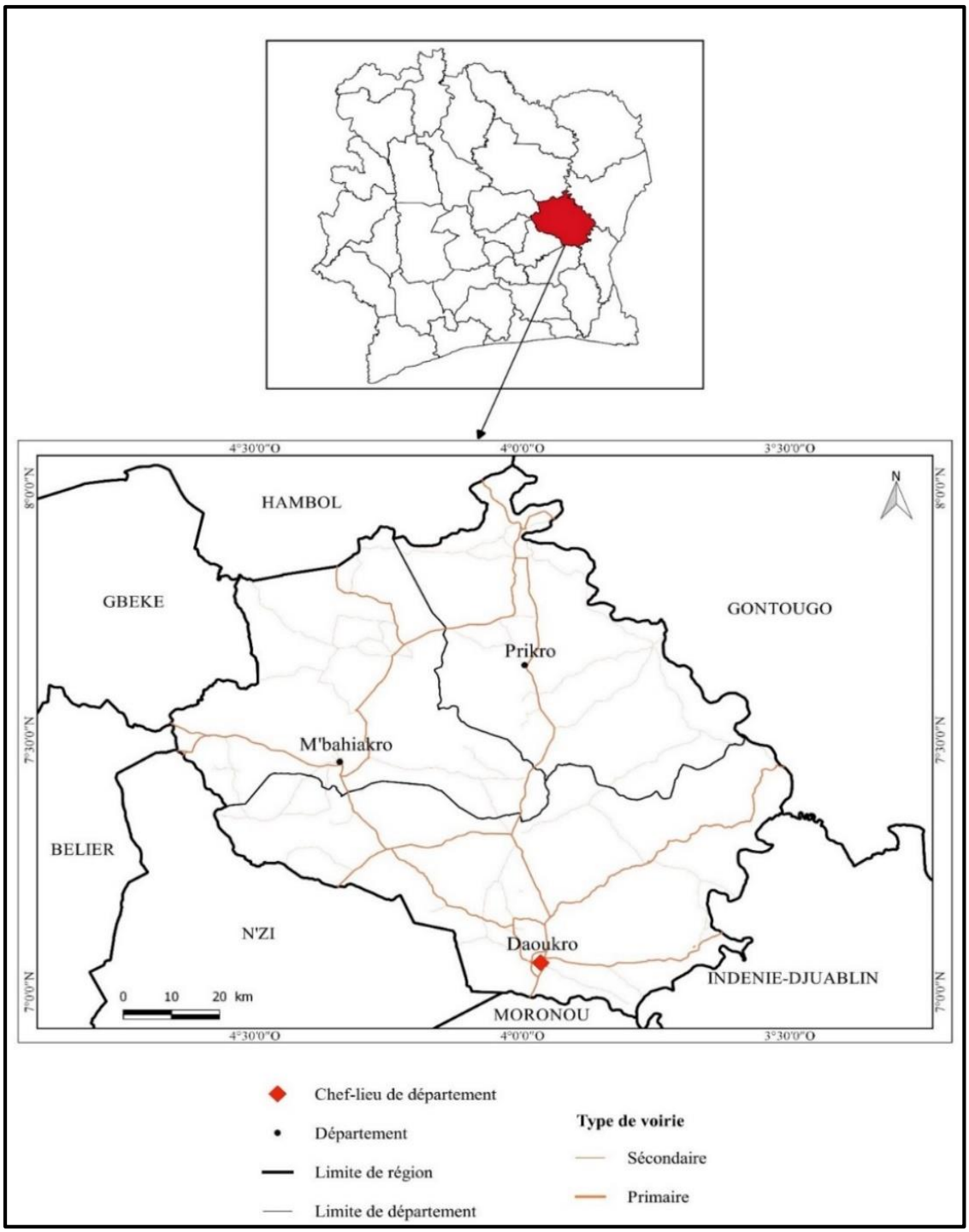
Presentation of the Study Area

The area covered by our study is the Iffou region, located in central-eastern Côte d'Ivoire. It is bordered to the south by the Moronou and N'zi regions, to the southeast by the Indénié-Djouablin region, to the north by the Hambol and Gontougo regions, and to the west by the Gbêkê and Bélier regions (Map 1).

The Iffou health region is made up of 3 Departments (Daoukro, M'bahiakro and Prikro) with an estimated population of 362604 inhabitants over an area of 3619 km^2 (DIPE, 2018, p. 189). Daoukro, the region's capital, is 161km from the city of Bouaké and 249 km from the city of Abidjan (Bingerville), where psychiatric centers are located. In 2014, there were 14 Établissements Sanitaires Publiques (ESP), including 11 Établissements Sanitaires de Premier Contact (ESPC). The region also has 3 (three) general hospitals, but no hospitals specializing in psychiatric care.

Data Collection

The methodology adopted for this study combines documentary research and field surveys. With regard to documentary research, we mobilized literature relating to mental health issues and prayer camps. In addition to documentary research, field surveys were carried out during the months of July 2020 to May 2021. Field observation was carried out to identify prayer camps. Subsequently, an interview guide was drawn up and sent to those in charge of the prayer camps (prophet, pastor). Finally, a questionnaire was drawn up and administered to the same prayer camp leaders who had patients in their centers. Thus, 17 prayer camps were surveyed. To achieve this, we used the accidental sampling method and interviews with 10 prayer camp leaders, 10 patients' parents and 41 mentally ill patients. To process our data, Microsoft Office Word 2016 was used for data entry, while Microsoft Excel was used for statistical processing of the data collected and the production of tables and figures (diagrams). Maps were produced using QGIS 2.18.



Map 1: Location of the Iffou region
Source: BNETD /CCT, 2014 Production: Kouakou Koffi Ferdinand, 2023

RESULTS

Mapping the Location of Prayer Fields in the Iffou Health Region

Uneven distribution of prayer camps in the Iffou health region

The Iffou health region, which is no exception to these alternative care structures, has enabled us to record seventeen prayer camps, unevenly distributed across the three health districts, as shown on Map 2.

Map 2: Distribution of prayer camps in the Iffou health region
Source: Carto psy, 2023Directed by: KOUAKOU Koffi Ferdinand, 2023

Map 2 shows the uneven distribution of prayer camps across the 03 health districts, with a high concentration of 13 in the Daoukro health district. For the M'bahiakro health district, there are 03 prayer camps and 01 prayer camp for the Prikro district. This uneven distribution of prayer camps is due to a number of reasons, including easy access for patients to certain prayer camps, and a lack of financial resources for conventional care. In addition, this uneven distribution may be God's decision, as some pastors affirm: *"It was God who told me to come and set up here, all to save souls".*

Religious affiliation of prayer camps in the Iffou health region

The various prayer camps recorded in the Iffou health region belong to several religious structural types, as shown in Figure 1 below.

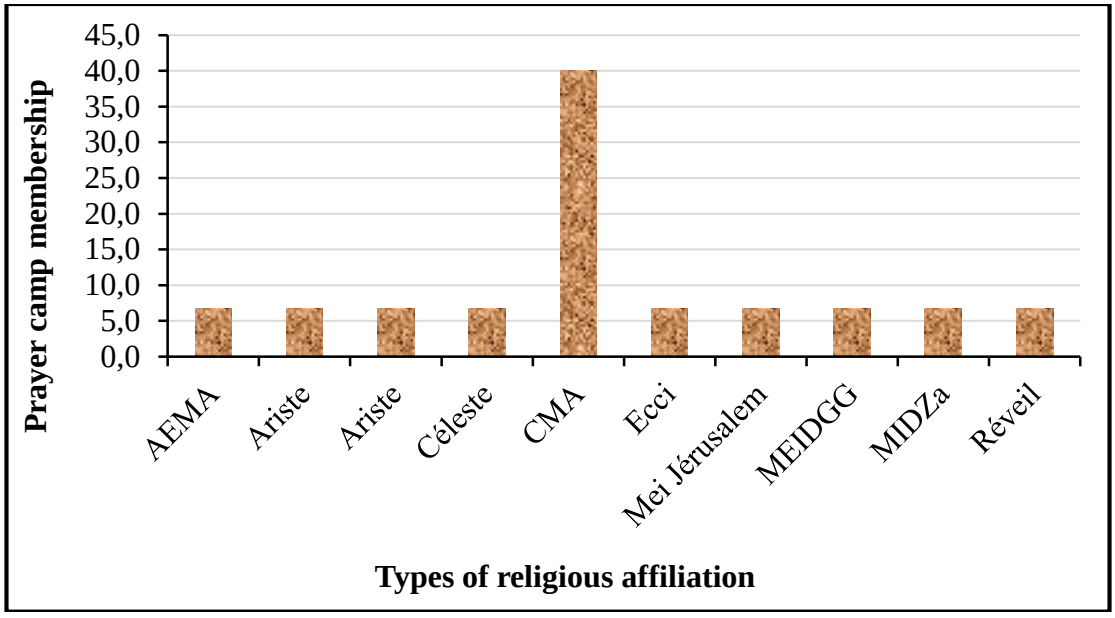


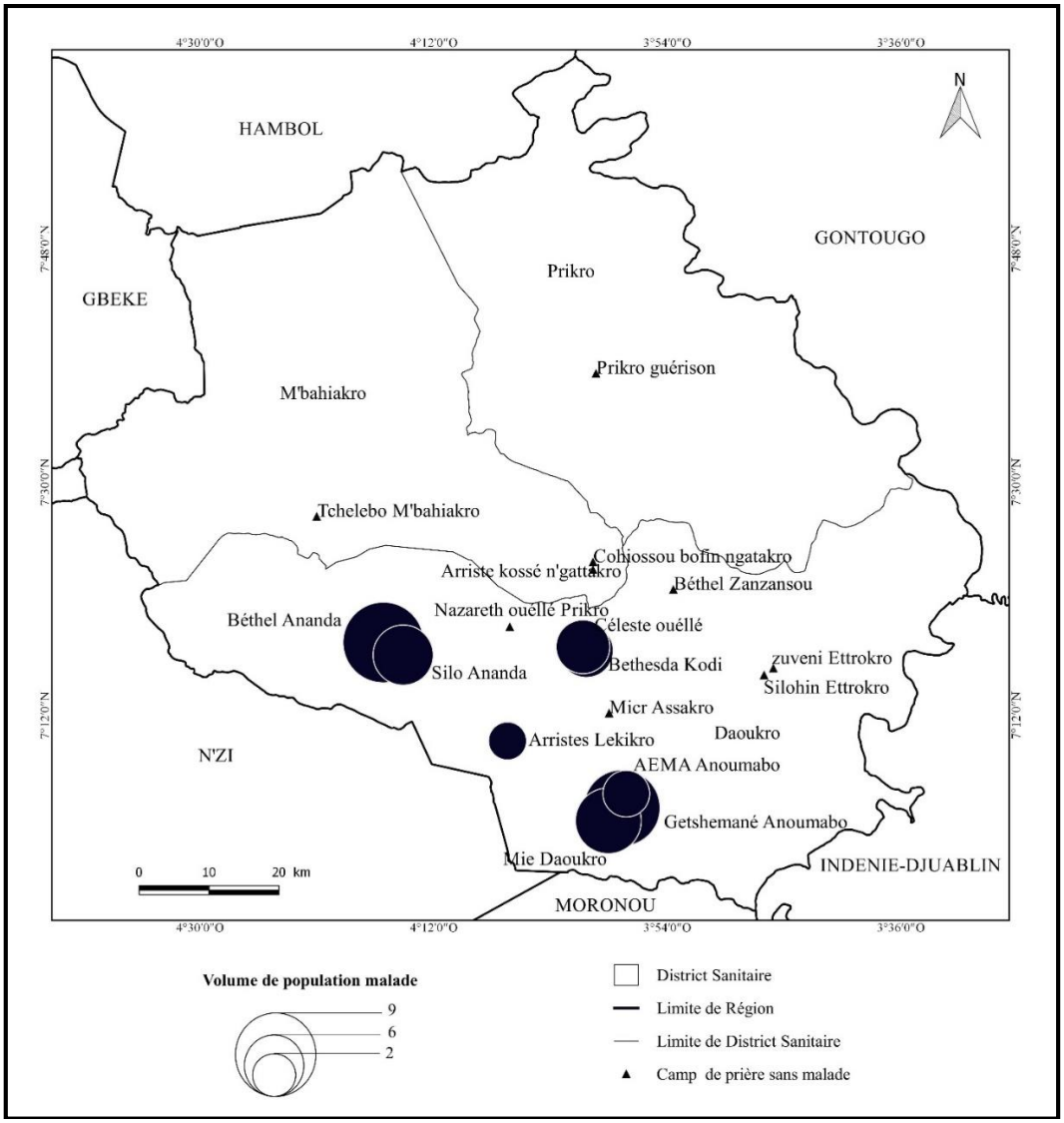
Figure 1: Religious or structural affiliation of prayer camps

Analysis of Figure 1 shows a wide range of religious affiliations. Among these structures, the CMA structure is the most dominant, with a percentage of 43%, compared with 7% for each of the other evangelical structures. According to our investigations, the dominance of the evangelical CMA can be explained by the fact that the first missionary settlements of the CMA church were located in the Baoulé (v). On April 19, 1944, the CMA church opened a Bible school in Bouaké. The specific mission of this Bible school was to convey the biblical message in the local Baule language. Given that the Iffou region is dominated by the Baoulé, this is the reason for the predominance of the Baoulé population in the CMA churches of the Iffou health region.

Populations Suffering from Mental Disorders and Epilepsy Recorded in the Prayer Camps of the Iffou Health Region

Distribution of PVMME by prayer camp in the Iffou health region

In the Iffou health region, the number of people suffering from mental illness and epilepsy is high and unevenly distributed across the different prayer camps. This uneven distribution can be seen on Map 3.

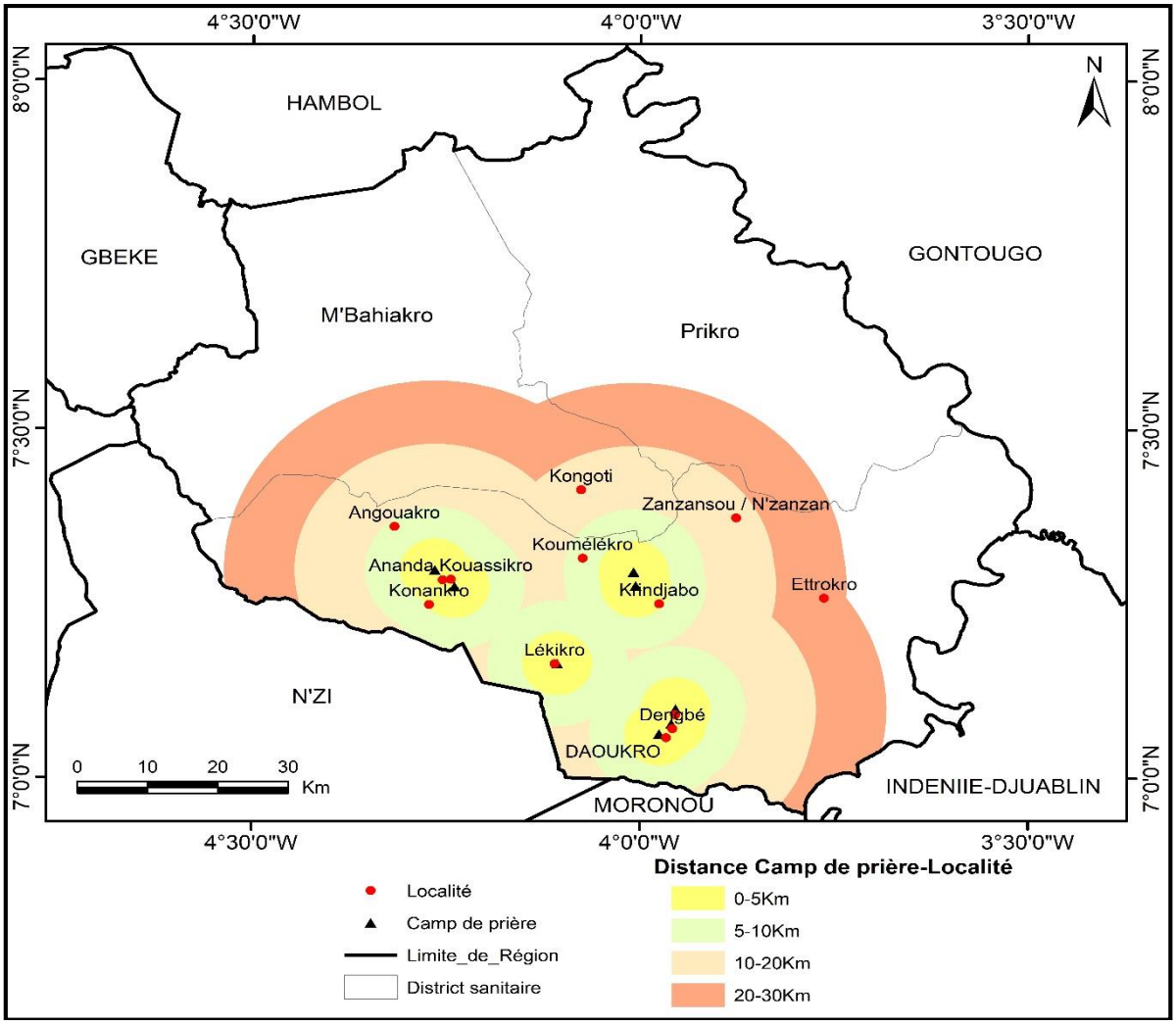


Map 3: Inequality of PVMME distribution in prayer camps
Source: Carto psy, 2023

An analysis of Map 3 shows that the mentally ill are unevenly distributed across all these prayer camps, with a total of 41 registered patients. Out of a total of 17 prayer camps, 9 have no psychiatric or epileptic sufferers, while 8 do. Within this uneven distribution, the Bethel Ananda prayer camp has the highest volume, with 09 PVMMEs (21.95%). Bethel Ananda, located 1 km from the town of Ananda, has the highest number of PVMMEs, as it offers a holy living environment accessible to all people suffering from mental illness and epilepsy, as do the Gethsémané and MIE Daoukro prayer camps, each with 08 and 06 PVMMEs respectively, representing percentages of 19.51% and 14.63%. These two prayer camps have the same type of care as the Bethel Ananda camp, but the dominance of PVMMEs is due to the fact that the mentally ill and epileptics who reside in these camps often come from the locality closest to the camp. Behind these two, we have the SILO Ananda prayer camps with 5 PVMMEs, i.e. a rate of 12.19%, Bethesda Kodi and AEMA with 4 PVMMEs each, i.e. a percentage of 9.75% each, Arriste Lékikro with 2 PVMMEs, i.e. 4.87% and Céleste Ouéllé with 3 PVMMEs, i.e. 7.31%. The high density of PVMMEs in certain prayer camps is due to the geographical position of the prayer camp and its capacity to accommodate them. However, the mobility of these PVMMEs to prayer camps in the Iffou health region obeys a certain logic or choice.

Factors in the unequal distribution of PVMME in prayer camps

These mentally ill people and epileptics most often choose localities where non-conventional structures are increasingly close by for their treatment in order to reduce transport costs, as shown on Map 4 below.



Map 4: Distance gradient (km, m) between localities from PVMMEs and prayer camps in the Iffou health region

Source: Field survey, 2023 Production: KOUAKOU Koffi Ferdinand, 2023

Prayer camps are an important recourse for the mentally ill and epileptics. The therapeutic choice of these patients is often due to distance. Prayer camps located at a distance of 5 km are the preferred choice for the families of patients, compared with prayer camps located at distances of 10, 20 and 30 km. According to our investigations, this choice by the families of the sick is explained by a logic of reducing transport costs. It also makes it easier to transport mentally ill patients showing signs of aggression.

Living conditions and actors in charge of PVMME in the Iffou health region

Dominantly spontaneous housing

The Iffou health region is experiencing a demographic growth in the number of people with mental disorders and epilepsy living in inadequate housing (Figure 2).

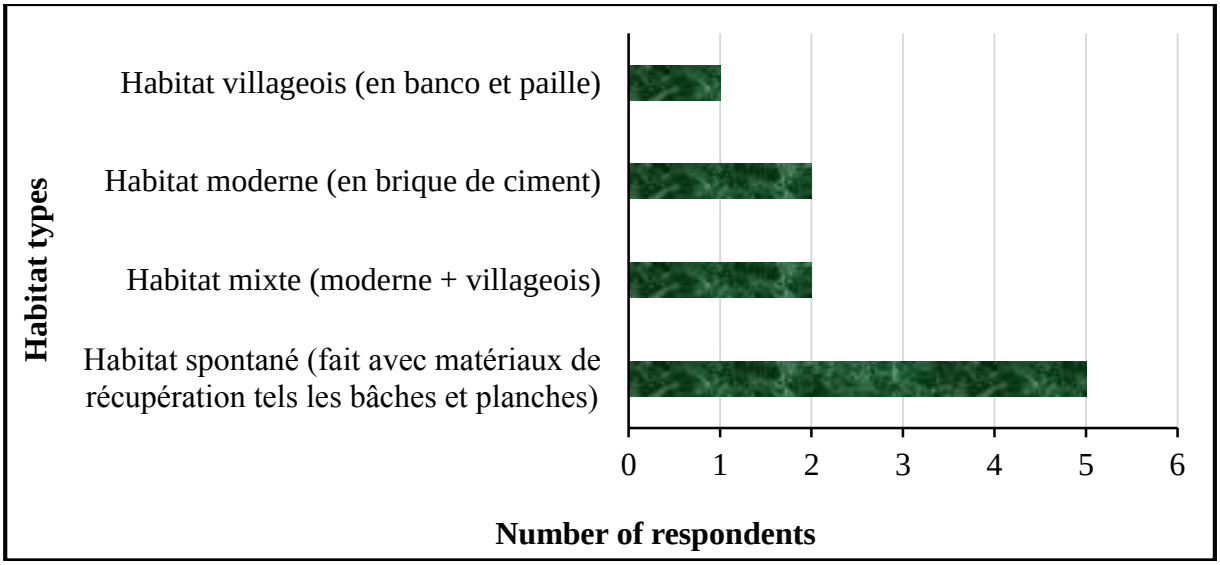


Figure 2: Type of housing or accommodation conditions for PVMME in prayer camps
Source: Field survey August, 2021

Figure 2 shows that spontaneous dwellings (made from recycled materials such as tarpaulins and planks) account for 50%, which is justified by the fact that it is the patient's parents who build their own dormitories, and these parents do not have sufficient means for modern dwellings. These are often makeshift shelters designed in advance by the camp managers or by the patients' parents as soon as they arrive in the camp, using locally sourced materials. One of the reasons for this predominance is that once the PVMMEs have come to their senses, they return home, so they don't find it necessary to build modern-type dwellings. Photos 1 and 2 show spontaneous settlements in the SILO (Ananda) prayer camp.

Photo 1: SILO Ananda Prayer Center

Photo 2: SILO Ananda Prayer Center

Shot: KOUAKOU Koffi Ferdinand, August 2021

These two photos show that people suffering from mental illness and epilepsy do not live in decent housing, and this can again have a negative impact on their state of health. Mixed housing (modern + village) and village housing (made of banco and straw) each have 20%. Modern dwellings (made of cement bricks) show a percentage of 10%. Our research has shown that most modern dwellings are places of worship (church) or housing for prayer camp leaders.

Access to food and drinking water in prayer camps

In most of the prayer camps in the Iffou health region, the camp manager is often the first person to deal with PVMMEs and their families in terms of food supplies, as shown in Figure 3.

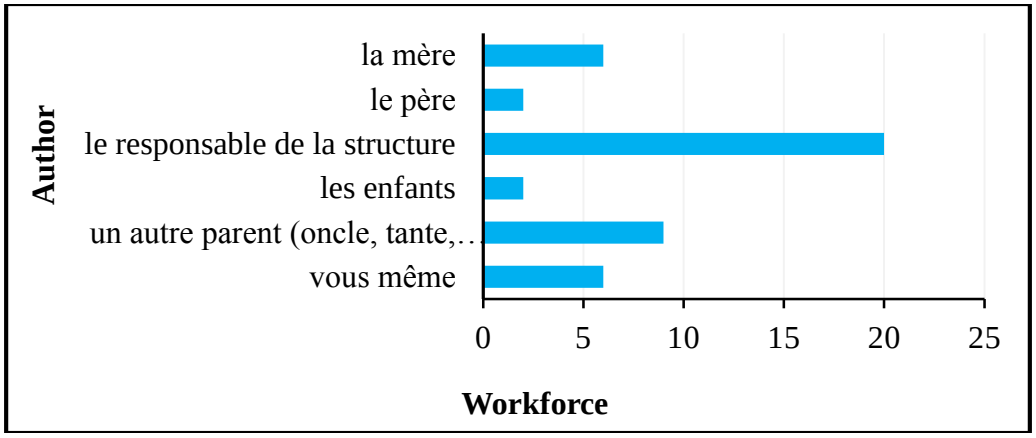


Figure 3: Distribution of caretakers (food, clothing) in backcountry camps
Source: Field survey August, 2021

On analysis, Figure 3 reveals that the person in charge of the facility is the person who is most responsible for the living arrangements of the PLWHA, i.e. 48.78%, compared with 21.95% for those who have another relative (uncle, cousin, aunt). The mother and yourself (the patient himself) represent 14.63% each. The father and children each account for 4.87%. The strong dominance of caretaking by those in charge of the structure is linked to the fact that some patients are abandoned by their parents because of the seriousness of their state of health, while others, once cured, decide to stay in the camp on behalf of the person in charge, putting themselves in the position of doing God's work. However, our results corroborate those obtained by J.D. D. N'ZI, (2020, p. 23-24), who states that the sick are often asked to pay a meagre sum of between 5,000 and 10,000 FCFA for their care. This implies that in prayer camps, free treatment is the order of the day. In addition, the quality of the water consumed by these PVMMEs has been called into question, as shown in Photos 3 and 4.

Photo 3: Water reservoir used for drinking and domestic purposes at Bethel Ananda camp

Photo 4: Water used for drinking and cooking at the Bethel Ananda camp

Shot: KOUAKOU Koffi Ferdinand, August 2022

According to 80% of respondents, access to drinking water in prayer camps is difficult. Of these prayer camps, only 20% are connected to the drinking water supply network. People living in prayer camps are obliged to travel a distance of 2 to 3 km to obtain surface water. As a result, drinking water is of questionable quality. These two images clearly show the poor

quality of the water used in certain prayer camps in the Iffou health region. This can be explained by the fact that these structures are set back from the villages or towns. Faced with inadequate housing and difficult access to drinking water, it is inescapable that the living conditions of people with psychiatric and epileptic disorders in prayer camps are inadequate.

DISCUSSION

This study shows that the Iffou health region has a real problem with the lack of modern psychiatric centers. However, the demographic weight of PVMMEs is becoming increasingly important in certain localities of the region. To fill this psychiatric void, a panoply of prayer camps has been set up, one of whose primary objectives is to care for people suffering from mental illness and epilepsy. The results of the study are in line with those obtained by K. Kouassi *et al*. (2019, p. 308), indicating that in a context of deserted psychiatric care provision, the Christian religious landscape of the Gbêkê region is marked by an abundance of prayer camps, one of whose curative objectives is to guarantee health security for populations suffering from mental illness. According to K. Kouassi *et al.,* from 1984 to 2018, a cumulative total of 57 prayer camps were recorded in this region. Our results are also superimposable on those obtained by J. D. Koudou (2018, p. 38), who argues that the inadequacy of front-line mental care is leading to the development of parallel care structures such as prayer camps and traditional care centers, where the quality of the service on offer is inadequate.

In addition, the long distances that people with epilepsy and mental illness have to travel for the best care, in the face of financial shortfalls, leads them to turn to these non-conventional care structures. These mental illnesses and epilepsy patients chose prayer camps located within a 5 km radius, in order to reduce the cost of the distance. The results of the study are similar to those obtained by E. Sreu (2020, p. 199), who asserts that in a context of absence of front-line services and mismatch between the health system and the management of mental illness by all levels of the health pyramid, non-conventional care centers continue to spring up and are located at a minimum distance from health services. For him, they are located within a minimum radius of 16 kilometers from the town of Bouake, where the two psychiatric care services are located: the Bouaké psychiatric hospital and the Sainte Camille confessional hospital.

The study also found that people suffering from mental illness and epilepsy in the prayer camps of the Iffou health region lead inadequate lives. The results of the study are superimposable on those obtained by E. Sreu (2020, p. 177-182), indicating that in the prayer camps of the Iffou health region, the sick are housed in makeshift shelters. According to E. Sreu, the water that drives life and all human activity is a rare commodity, and even if it is available, it is of poor quality. But it is used for household tasks, drinking and washing. Our results corroborate those obtained by Samentacom, (2019, p. 25), indicating that access to drinking water in prayer camps is a worrying situation, as surface water is used for domestic purposes and water is withheld for consumption.

In addition to this, the person in charge of the prayer camp is often the person who takes care of the vast majority of PVMMEs in terms of living. Next come those who have received help from another relative (uncle, cousin, aunt). Our results do not corroborate those obtained by E. Sreu (2020, p. 360), when he states that the patient's brothers or sisters are the people who bear the brunt of the cost of the patient's psychiatric care. Then come the patients themselves, the patient's father, the patient's children, the parents or close relatives (uncle, aunt, nephew, cousin), the mother and the psychiatric hospital, mainly for a teenager considered a social case. However, inhumane practices with regard to human dignity and human rights are perceived as good deeds by those in charge of the prayer camps. Fasting

allows the flesh to be killed, freeing the spirit of the sick or possessed person. According to prayer camp leaders, this is a strategy aimed at calming the agitated patient.

CONCLUSION

This study shows that the Iffou health region is exposed to a real deficit of modern psychiatric centers. The massive establishment of prayer camps is due to the lack of modern psychiatric centers, which constitute refuge areas for the mentally ill and epileptics who escape the Ivorian psychiatric care system. Populations suffering from psychiatric and epileptic disorders have a greater interest in prayer camps located within a 5 km radius, in order to minimize the cost of distance, and also to ensure easy access for restless patients. The living conditions of the mentally ill and epileptics in these unconventional structures are not adequate or even presentable. Housing and drinking water, including cooking water, are often of poor quality.

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