

Traumatic episodes related to the genocide period, mental health effects and perceived barriers to care facing young adults in Rwanda

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ABSTRACT

Aims: To investigate mental health status in a Rwandan population aged 20-35 years, their associations with traumatic episodes experienced during the 1994 genocide and life time, and barriers to care as perceived by health professionals.

Methods: The cross-sectional population-based study was conducted using the Mini International Neuropsychiatric Interview tool to investigate prevalence of mental disorders and items from the Harvard Trauma questionnaire for traumatic episodes. The study was conducted during December 2011-January 2012 among 440 (48%) men and 477 (52%) women, residing in the Southern province of Rwanda. Simple and multivariable logistic regression analysis was used to identify risk factors associated with mental disorders. Six focus group discussions were further conducted with health care professionals to explore barriers to mental health care.

Results: Women were to a higher extent exposed to traumatic episodes than men during their lifetime but in the genocide period men and women were equally exposed. Traumatic episodes were to a limited degree reported to take place also in the past three year period (2009-2011).

Those exposed to traumatic episodes during the genocide were 17 years later at risk of having no children, being less educated and living in poorer circumstances as compared to those not directly exposed.

The prevalence of mental disorders, such as depression, anxiety disorders, post-traumatic stress disorder and suicide risk was twice as high for women as for men. Traumatic episodes experienced in the genocide period and during lifetime were highly associated with current mental health status in both men and women. However, among women, exposure to current physical/sexual partner violence was as well strongly associated with all mental disorders under investigation, as was poverty for both men and women. Health care professionals perceived more barriers than facilitators to care. Poverty, poor family support, poor health literacy, gender norms and stigma negatively influenced mental health care seeking among men and women.

Conclusions: The prevalence of mental disorders in men and women in Rwanda was comparatively high, and higher in women than in men. People with mental disorder in Rwanda face several barriers to appropriate care. Mental health should be integrated into primary care to improve accessibility and quality of care and number of professionals, i.e. psychiatrists, psychologists and mental health nurses needs to be raised. As long as traditional gender norms stigma and mental health illiteracy influence health care seeking behaviour, neither men nor women will receive appropriate care. Information, education and communication interventions are needed to address these issues.

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- I.** Rugema L, Mogren I, Ntaganira, J, Gunilla Krantz K. Traumatic episodes experienced during the genocide period in Rwanda influence life circumstances in young men and women 17 years later. BMC Public Health 2013, 13:1235
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- II.** Rugema L, Mogren I, Ntaganira, J, Gunilla Krantz K. Traumatic episodes and mental health effects in young men and women in Rwanda, 17 years after the genocide. BMJ Open. 2015 Jun, 24;5(6):e006778.
doi: 10.1136/bmjopen-2014-006778. Open Access
- III.** Rugema L, Krantz G, Mogren I, Ntaganira, J, Persson M. "A constant struggle to receive mental health care": health care professionals' acquired experience of barriers to mental health care services in Rwanda. BMC Psychiatry. 2015 Dec, 16;15:314.
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- IV.** Rugema L#, Persson M#, Mogren I, Ntaganira, J, Krantz G. Strong gender norms and stigma negatively affect marital stability and access to mental health care in people with mental disorders: A qualitative study from Rwanda. Manuscript submitted for publication.



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