

DEEPLY DEPRESSED OR REASONABLY DISTRESSED? A QUALITATIVE STUDY OF WOMEN'S AND HEALTH CARE WORKERS' PERSPECTIVES ON MATERNAL MENTAL HEALTH IN KAJIADO COUNTY, KENYA.

Authors:

Caren Kamau^{1,4}

Sebastian Gabrielsson³

Francis Wekesa Makhoka⁴

Timothy Ntinina¹

Jane Karimi²

Lydia Munteiyan¹

Kristian Ekman⁵

Louise Öhlund⁶

Ursula Werneke⁶

¹ County Department of Health, Kajiado County, Kenya

² Department of Psychology, Mount Kenya University, Kenya

³ Department of Health, Education and Technology, Lulea University of Technology, Lulea, Sweden

⁴ Directorate of Research and Innovation, Mount Kenya University, Kenya

⁵ Region Norrbotten, Lulea, Sweden

⁶ Department of Clinical Sciences, Division of Psychiatry, Umeå University, Sunderby Research Unit, Lulea, Sweden

Introduction:

For Kenya, prevalence estimates for pre- or postnatal depression range from 9 to 35%, with a wide spectrum of associated risk factors, spanning from unmet basic survival needs to social vulnerabilities. In the last three years, several cases of infanticide have received national attention. Whilst lack of material resources and social support may have contributed to each case, these factors alone may not fully explain the outcomes. To date, no study has examined maternal mental health in Kajiado County.

Aim:

To explore mental health problems, social needs, and associated risk factors in women pre- and postnatally in Kajiado County in Kenya from the perspectives of women and health care workers (HCW).

Method:

We conducted focus group-based interviews with pre- and postnatal mothers and HCW in Kajiado County. To ensure variation of experiences, five demographically and geographically diverse health care facilities were selected. Data was analysed using qualitative content analysis. The study followed the Standards for Reporting Qualitative Research (SRQR) checklist.

Results:

Of all individuals approached, 49 (71.0%) women and 39 (61.9%) HCW agreed to participate and completed the interviews. The qualitative analysis identified three main themes: Autonomy and self-determination; Responsive maternal and mental health care; Community knowledge and acceptance of mental health problems. Women's autonomy and self-determination were constrained by restricted reproductive choice, early and forced marriage, lack of control of material resources, social isolation, and gender-based violence. Maternal and mental health care were hampered by access barriers, fear of traumatic birth for women,

and resource constraints, and emotional distress among HCWs. Community knowledge and acceptance of mental health problems were limited by stigma, spiritual beliefs, and misconceptions.

Conclusions:

Our findings suggest that maternal mental health is closely intertwined with gender norms and prevailing perceptions of mental health problems. While expanding mental health services is necessary, it is unlikely to be sufficient on its own. Sustainable change will require promoting women's rights, enhancing mental health literacy at the community level, and actively involving men. Besides, fear of traumatic birth must be addressed not only at individual but also at community level to break the cycle between uninformed maternal decision making and poor birth outcomes. In a next step, we will conduct a quantitative survey informed by these findings, with the results used to formulate and test a pragmatic intervention.

References:

1. Appleby L. (1991). Suicide during pregnancy and in the first postnatal year. *BMJ (Clinical Research ed.)*, 302(6769), 137–140. <https://doi.org/10.1136/bmj.302.6769.137>.
2. Boateng, G. O., Workman, C. L., Miller, J. D., Onono, M., Neilands, T. B., & Young, S. L. (2022). The syndemic effects of food insecurity, water insecurity, and HIV on depressive symptomatology among Kenyan women. *Soc Sci Med* (1982), 295, 113043. <https://doi.org/10.1016/j.socscimed.2020.113043.3>.