



MINISTRY OF HEALTH

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

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

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