



Contribution ID: 80

Type: **Oral Presentation**

Comparing Mini-IPT and Full IPT for Postpartum Depression in Kenyan Adolescent Mothers: A Feasibility Study

Background: Postpartum depression affects approximately 30% of mothers in urban informal settlements in Nairobi, Kenya, with adolescent mothers facing particularly high risks alongside compromised family functioning. Current evidence-based treatments like Interpersonal Therapy (IPT) have demonstrated effectiveness for postpartum depression in low- and middle-income countries and adolescent populations, but these interventions are primarily tested in Global North contexts and may be resource-intensive with standard 8-session protocols potentially leading to higher dropout rates.

Objective: This feasibility study examined whether a shortened Mini-IPT intervention (4 sessions) delivered by non-specialist healthcare workers could effectively reduce depression and improve family functioning among adolescent mothers in Kenya. We hypothesized that both Mini-IPT and Full IPT would reduce depression scores and improve family functioning compared to treatment as usual, with Mini-IPT potentially offering advantages in resource utilization and retention through an integrated systems approach.

Methods: A three-arm longitudinal feasibility study was conducted with 122 pregnant adolescent girls (ages 13-18) from Kariobangi and Kangemi informal settlements who scored ≥ 10 on the Edinburgh Postnatal Depression Scale. Participants were randomized to treatment as usual (TAU; $n=44$), Mini-IPT with 4 sessions ($n=38$), or Full IPT with 8 sessions ($n=40$). Primary outcomes included depression symptoms measured by the Patient Health Questionnaire-9 (PHQ-9) and family functioning assessed by the Family Functioning Composite (FFC) scores. Assessments were conducted at baseline, immediately post-intervention, and at follow-up.

Results: The final sample included 101 participants post-intervention and 91 at follow-up. Both Full IPT and Mini-IPT groups showed significant reductions in depression compared to TAU immediately post-intervention; however, improvements in the Mini-IPT group were not sustained at follow-up. No significant changes in family functioning were observed across any groups. Mini-IPT demonstrated the lowest attrition rates both post-intervention and at follow-up, though differences were not statistically significant. The study was underpowered to detect smaller effect sizes.

Conclusions: Full IPT demonstrated sustained reduction in depression symptoms among adolescent mothers, while Mini-IPT showed initial promise but lacked durability. The absence of family functioning improvements suggests need for targeted family-focused interventions. Despite lower attrition rates for Mini-IPT, further research with adequate statistical power is required to establish its effectiveness. Future studies should consider implementing well-powered designs and exploring effectiveness in diverse settings, including rural populations, to inform scalable mental health interventions for vulnerable adolescent mothers.

Keywords: postpartum depression; adolescent mothers; interpersonal therapy; family functioning; Kenya; feasibility study

Primary author: LANGAT, Angela (Dr Kumar's Lab - NYU School of Medicine)

Co-authors: Mr TELE, Albert (Vrije Universiteit Amsterdam (VU Amsterdam)); KUMAR, Manasi (NewYork University); Mr NYONGESA, Vincent (University of Nairobi)

Presenter: LANGAT, Angela (Dr Kumar's Lab - NYU School of Medicine)

Track Classification: Securing the Future: Holistic Approach to Mental Health for Generations:
Foundations of mental health: A focus on the family, children, and youth mental health