

NEEDS, PERCEPTIONS, AND RECOMMENDATIONS TOWARDS EMOTIONAL AND PSYCHOLOGICAL SUPPORT FOR PREGNANT WOMEN IN WESTERN KENYA

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01. BACKGROUND

Worldwide, the highest prevalence of perinatal depression is reported in low- and middle-income countries (LMICs), with one in every four perinatal women having symptoms of depression [Roddy Mitchell et al., 2023]. Resources to provide mental health care are often lacking in LMICs, leading to a higher relative risk of poor mental health for pregnant women [Sarikhani et al., 2021].

In Kenya, the scarcity of mental health professionals and the absence of integration of mental health services into primary healthcare creates difficulties in delivering efficient and accessible mental health care [Husain, et al., 2016]. It is important that mental health care services fit the need of the target population.

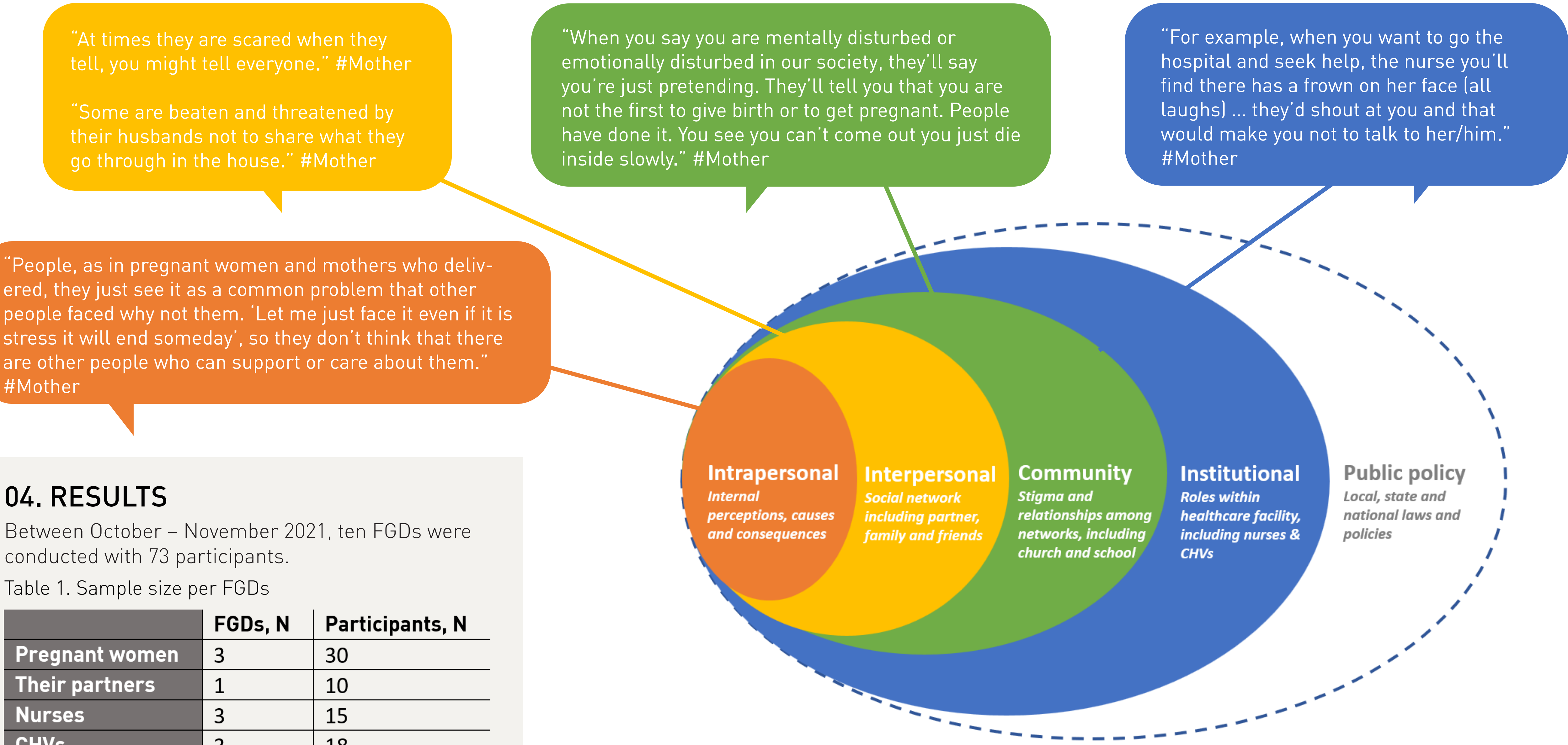
02. STUDY AIM

This study aims to assess the needs and perceptions towards emotional and psychological support for pregnant women in Western Kenya, and to come-up with recommendations for a contextualized intervention.



03. METHODOLOGY

We used the socio-ecological model [Figure 1] of McLeroy et al. [1988] as a foundation to explain factors determining the usage of maternal mental health care. We applied a qualitative method and conducted ten Focus Group Discussions (FGDs) among four different study populations: pregnant women, their partners, community health volunteers (CHVs) and nurses. The participants were recruited from three different clinics in Kisumu county. The FGD guides were structured around the first four levels of the conceptual model. Each discussion was audio recorded, verbatim transcript and translated to English (the discussions were conducted in Kiswahili language). The transcripts were coded and analyzed in Nvivo.



04. RESULTS

Between October – November 2021, ten FGDs were conducted with 73 participants.

Table 1. Sample size per FGDs

	FGDs, N	Participants, N
Pregnant women	3	30
Their partners	1	10
Nurses	3	15
CHVs	3	18
Total	10	73

04. HIGHLIGHTS RESULTS

- The causes for Maternal Mental Health (MMH) problems are multifaceted and encompass social, financial, cultural and medical factors.
- Nurses and CHVs raised that women living with HIV/AIDS who become pregnant often face emotional challenges due to fear of judgement from healthcare workers and the community.
- Nurses and CHVs emphasize medical consequences (e.g. increased risk of miscarriage) of MMH problems, while the fathers raised that pregnant women encounter body-image concerns and a reduced libido.
- Pregnant women explain that MMH problems make them feel physically and mentally tired.
- The nurses and fathers both raise that they are also in need of mental health support when they are confronted with pregnant women / their partner in distress because they feel incapable of providing adequate support.

Figure 1. Adaptation of the socio-ecological model for health behavior [McLeroy et al., 1988], and quotes of the mothers FGDs to the corresponding level.



05. RECOMMENDATIONS FOR A MMH INTERVENTION

- Based on the findings of this study, we formulated recommendations for a maternal mental health (MMH) intervention for pregnant women.
- Textbox 1. Recommendations for an MMH intervention for pregnant women
- Who should be involved?**
- Partners should be involved in the sessions: this is considered essential as they are often authority figures in the households.
 - Continuous advice and support between different healthcare professionals and CHVs: this is important to ensure streamlined holistic care.
 - Teachers should be involved in the situation of teenage pregnancies.
- What topics should be covered?**
- Financial empowerment: encourage income-generating activities, how to make a money save plan for the children.
 - Health information: on topics like nutrition, family planning, importance of ANC visits.
 - Emotional support: confidence building, self-care.
- What are practical requirements?**
- The hospital is the preferred location: it can be combined with ANC visits and avoids stigmatization.
 - A group-setting is preferred: in this setting women can learn from others who experience the same.
 - Incentives for attendance: like the provision of refreshments or transport reimbursement would stimulate women to come.
 - Confidentiality: this was considered essential for women to open-up during these sessions.
 - A written referral to share at home to avoid conflict/mistrust.

06. CONCLUSION

Emotional and psychological challenges are prevalent among pregnant women in Western Kenya, while limited awareness and lack of access to maternal mental health services hamper adequate treatment. The results of this study will guide the design of a contextualized, group-based MMH intervention.

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