



ICAMMHA2024

CONFERENCE BOOKLET

The Future of Perinatal Mental Health in Africa

Explore highlights and groundbreaking research from the 3rd International Conference on Maternal Mental Health in Africa.



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ACKNOWLEDGEMENTS

We extend our heartfelt gratitude to all those who contributed to the success of the 3rd International Conference on Maternal Mental Health in Africa. We look forward to more years of collaboration towards this cause.

We applaud the esteemed scholars, researchers, and panelists whose groundbreaking work is advancing Africa's maternal mental health sector.

Our Abstract Review Committee

A special thank you goes to our research committee for their dedication and hard work.

Dr. Rita Amiel Castro
Dr. Neerja Chowdhary
Professor Vivette Glover
Dr. Alain Gregoire
Professor Clara Haruzivishe

Ms. Tafadzwa Meki
Ms. Angelica Mkorongo
Shanon McNab
Dr. Allisyn Moran
Dr. Nicole Votruba

Our Partners

We are grateful for the invaluable support of our sponsors and partners, whose contributions made this conference a reality.





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INTRODUCTION

Leading the Way in Maternal Mental Health!

The International Conference on Maternal Mental Health in Africa is a flagship conference dedicated to advancing research and practice in Maternal Mental Health in Africa. From world-class plenary speeches to engaging debates, ICAMMHA offers a platform for collaboration and innovation.

Our Mission

Studies show that at least 1 in 5 mothers in low-income countries experience common mental health conditions such as depression and anxiety.

Without access to treatment and support, these conditions deteriorate the mother's quality of life and her ability to care for her baby. Even her family or immediate community may be affected.

ICAMMHA aims to enhance maternal mental health outcomes by providing a platform for research dissemination, collaboration, and innovation.

ICAMMHA in 2024

The 3rd ICAMMHA was a hybrid conference held at the stunning Elephant Hills Resort in Victoria Falls, Zimbabwe, from 3 to 5 December 2024.

Under the theme "The Future of Maternal Mental Health in Africa," more than 95 delegates presented their cutting-edge research or shared insights from their work.

The diversity of research topics is a testament to the expansion of the maternal mental health field in Africa. These topics included adolescent motherhood, socio-economic factors, technology, and even climate change.

This booklet contains some abstracts from accomplished researchers whose work is making a real impact in Africa. With the authors' consent, we have made these abstracts publicly available to enhance the accessibility of research in this field. We hope their work will continue to substantiate and shape Africa's maternal mental health landscape.



Linos Muhvu

Founder, ICAMMHA

Creating a platform for mothers to tell their stories was crucial to show the impact of mental health, which is a vital but often overlooked aspect of maternal health.

Barbara Jayson

Co-Chair, ICAMMHA

ICAMMHA brings together voices from across Africa, united by the universal need to support perinatal mental health. Through collaboration and shared knowledge, we can drive meaningful change and improve outcomes for mothers, babies, and families.



THE ICAMMHA TEAM



Chipso Tsitsi Mlambo

Executive Director, RhoNaFlo Foundation

It was inspiring to be amongst peers with passion and zeal for PMH. Well done to the organizers!

Angelica Mkorongo

Director/Founder, Zimbabwe OCD Trust

Perinatal mental health is not just about surviving—it's about thriving, because every parent deserves support during this life-changing journey.



Laura Fitzgerald

Nurse-midwife & Principle Technical Advisor, Jhpiego

ICAMMHA is a unique opportunity to bring together diverse voices across the African continent to accelerate attention, support, and much-needed action to address perinatal mental health, recognizing that the health of mothers is intricately connected to the health of families and the health of communities.



Tafadzwa Meki

Director/Founder, S.A.L.T. Africa

Perinatal mental health is not just a personal issue; it is a public health imperative that affects families, communities, and future generations.



Jacqueline Malombe

Communications Officer, African Alliance for Maternal Mental Health

ICAMMHA is more than a conference. It's a step towards an Africa where mothers have the mental health support they deserve.



Didier Demassosso

Clinical psychologist & mental health advocate

ICAMMHA is a call for action to prioritize the mental health of mothers everywhere and at the highest level. Together, we can make every mother's mental health matter.





Perinatal Mental Health Overview

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Maternal Mental Health: Everybody's Business?

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BACKGROUND

Maternal mental health is a significant public health issue, impacting families, future generations, society, and mothers' well-being. Adverse outcomes include premature delivery, birth weight loss, developmental delays, and neurological issues. Stress, sadness, and anxiety during pregnancy can exacerbate mental health illnesses. Environmental, social, and health variables, like HIV/AIDS and climate change, exacerbate maternal mental health issues, emphasizing the importance of addressing them.

PURPOSE

The purpose of this initiative is to investigate how public health issues like HIV, intergenerational mental health, and climate change influence maternal mental health during the perinatal period. Additionally, it aims to examine whether societal norms or individual responsibility play a larger role in these challenges and identify the key stakeholders responsible for addressing maternal mental health concerns effectively.

METHOD

This study uses a mixed-method approach, combining quantitative and qualitative methods, to examine the impact of public health systems, cultural frameworks, climate change, HIV, and socio-economic factors on maternal mental health during pregnancy. The research also includes comparative analyses of maternal health policies and insights from interviews with healthcare providers and affected mothers, enhancing the understanding of maternal mental health across different contexts.

RESULTS

The findings reveal that maternal mental health is significantly influenced by external factors such as climate change and chronic diseases like HIV. Societal norms often place undue responsibility on mothers, ignoring systemic issues like healthcare services and socio-economic disparities. Addressing these inequities requires policies that promote awareness and provide targeted support.

CONCLUSION

It is imperative to implement comprehensive policies for prevention, support, and systemic transformation when maternal mental health is impacted by climate change, diseases such as HIV, and cultural pressures. To address this issue and protect the health of mothers and future generations, communities, legislators, and health professionals must work together.

Post Partum Depression (PPD)

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ABSTRACT

The mental health of pregnant women is a crucial issue for the well-being of both mothers and babies. Mood disorders, such as depression, are common during the prenatal period and can have detrimental effects on fetal development and maternal health. Several changes occur in a pregnant woman, and hormonal, emotional, environmental, and genetic factors can contribute to postpartum depression.

Women who have experienced trauma during pregnancy or faced difficulties during childbirth are at higher risk of developing postpartum depression. Sometimes, women may not realize they are developing depressive symptoms, and in many cases, they are not informed about postpartum depression.

The use of validated screening questionnaires, such as the PHQ-2 and PHQ-9, is essential for the early identification of depressive symptoms in pregnant women. The PHQ-2, as a quick screening tool, allows for an initial assessment of depressive signs, while the PHQ-9 provides a more in-depth analysis of symptom severity.

By integrating these tools into prenatal care, healthcare professionals can better guide women toward appropriate interventions and improve mental health outcomes. This proactive approach not only supports the psychological health of mothers but also that of their children, contributing to a better pregnancy experience.



A mother's mental well-being is fundamental to providing a safe, stable, and loving environment for her child.

Le bien être mental d'une mère est fondamental pour offrir un environnement sûr, stable, et affectueux à son enfant.



Quoted from UNICEF (2021)
Addressing maternal mental health: A critical aspect of child development.

Perinatal Depression in a Tertiary Hospital in Accra, Ghana – Consequences on Maternal and Child Health

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INTRODUCTION

Prenatal and postnatal depression (perinatal depression) is a significant public health concern, particularly in low-income countries where **up to 40% of women are affected**. Despite its substantial impact on maternal and child health, prenatal and postnatal depression is under-recognized and under-treated in many parts of Sub-Saharan Africa.

This study examines the prevalence of prenatal and postnatal depressive symptoms and their association with maternal and child health outcomes in a tertiary hospital in Accra, Ghana.

METHODS

This longitudinal study was conducted at Korle-Bu Teaching Hospital in Accra. Data was collected from **238 women during pregnancy** and **189 women six weeks postpartum**. Prenatal and postnatal depressive symptoms were assessed, and factors associated with these symptoms were analyzed using descriptive statistics and regression models to examine their impact on maternal and child health outcomes.

RESULTS

Mild depressive symptoms were reported by 24.8% of participants during pregnancy, increasing to 32.4% in the postnatal period. Factors significantly associated with depressive symptoms included maternal age, multiparity, postnatal complications, social support, and depression literacy. Prenatal depressive symptoms were predictive of postnatal complications and postnatal depressive symptoms. Additionally, postnatal depression was strongly associated with reduced maternal-infant attachment, and gestational diabetes was linked to increased postnatal depressive symptoms. However, no direct association was found between prenatal depressive symptoms and preterm birth.

DISCUSSION

The findings underscore the need for early detection and management of prenatal and postnatal depression. The association between depressive symptoms and adverse maternal and child outcomes suggests that routine mental health screening should be integrated into maternal healthcare services in Ghana.

CONCLUSIONS

The findings underscore the need for early detection and management of prenatal and postnatal depression. The association between depressive symptoms and adverse maternal and child outcomes suggests that routine mental health screening should be integrated into maternal healthcare services in Ghana.

Maternal Mental Health in Public Health in Cameroon: Current Situation and Prospects

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2– WHO

3– MINSANTE

4– UNICEF

“

Maternal mental health needs to be prioritized in public health in Cameroon.

”

ABSTRACT

Research on maternal mental health in Cameroon is about a decade old. Earlier research and studies as recent as 2024 have focused mainly on the clinical aspects of maternal mental health such as psychopathology. Understanding the scope of the maternal mental health problem is difficult because of lack of public health data.

In 2008, the World Health Organization highlighted the alarming prevalence of maternal mental health problems in low- and middle-income countries. Cameroon was classified in this group by the World Bank in 2008. Although Cameroon has struggled with high maternal mortality rates for several years, no specific data on maternal mental health is available. In this context, **the need to have a public health approach to maternal mental health is apparent.**

This study involves a **critical review of six relevant national health policy documents**, namely:

- National mental health policy 2016–2026
- National Health Development Plan 2016–2020
- National Health Development Plan 2020–2024
- Health Sector Strategy 2016–2027
- Health Analytical Profile Cameroon 2016
- National Health Accounts 2012.

There is still inequity between physical health and mental health in the health system albeit the growing mental health needs and awareness paradoxically made by the Ministry of Health. The objective of this article was to highlight the current situation of health policies on maternal mental health. Additionally, we aimed to propose guidelines for the integration of maternal mental health in maternal and child services in Cameroon.

Keywords: Public health, public mental health, maternal mental health, SDG 3, Cameroon



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The Impact of Mobile-Based Peer Support Groups on Perinatal Depression Among Zimbabwean Women in Rural Areas: A Mixed-Methods Study

Authors: Loraine Mutsa Mupita

BACKGROUND

Perinatal depression affects up to 33% of women in low- and middle-income countries, with higher rates in rural areas. In Zimbabwe, limited access to mental health services, stigma, and socioeconomic challenges exacerbate this issue. While mobile health interventions have shown promise in addressing maternal mental health globally, their effectiveness in rural Zimbabwean contexts remains unexplored. This study addresses this gap by examining the potential of mobile-based peer support groups in mitigating perinatal depression among rural Zimbabwean women. This study aims to evaluate the feasibility, acceptability, and effectiveness of mobile-based peer support groups in reducing perinatal depression symptoms among rural Zimbabwean women. Additionally, it seeks to understand the sociocultural factors influencing engagement with this intervention.

METHODS

A mixed-methods approach will be employed, combining a randomized controlled trial with qualitative interviews. 200 pregnant women from rural Zimbabwe will be randomly assigned to either the intervention group (mobile-based peer support) or the control group (standard care). The intervention will utilize a custom-designed mobile application facilitating weekly group video calls and asynchronous text-based support. Depression symptoms will be assessed using the Edinburgh Postnatal Depression Scale at baseline, 3 months, and 6 months postpartum. Semi-structured interviews with participants and community health workers will provide insights into the intervention's cultural appropriateness and implementation challenges.

OBJECTIVES

Despite the growing body of research on digital mental health interventions, there is a notable lack of studies examining mobile-based peer support groups specifically tailored for rural Zimbabwean women experiencing perinatal depression. This study addresses this deficit by developing and testing a culturally adapted intervention that leverages existing mobile technologies and social support networks.

RESULTS

Preliminary results suggest a significant reduction in depressive symptoms among the intervention group compared to the control group. Qualitative findings indicate high acceptability and feasibility of the mobile-based peer support groups, with participants reporting increased social connectedness and improved coping strategies. However, challenges related to internet connectivity and mobile device access were identified. This study contributes to the growing field of global mental health by providing evidence for an innovative, scalable approach to addressing perinatal depression in resource-limited settings. The findings have the potential to inform policy and practice in Zimbabwe and similar contexts, ultimately improving maternal mental health outcomes in rural areas.

Establishing an African Alliance for Maternal Mental Health (AAMMH) chapter in Gambia

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BACKGROUND

Affecting up to one in five women, perinatal mental health conditions adversely affect women and children, long-term. The maternal death rate in Gambia was 433 per 100,000 live births at the last Demographic Health Survey (2013). Although unacceptably high, this figure was 58.8% lower than the rate of 1,050 per 100,000 in 1990. Whilst maternal deaths result predominantly from direct and indirect obstetric causes, limited attention to perinatal mental health is gaining prominence as the quality of maternal care improves.

METHODS

AAMMH-Gambia is the country chapter of the continent-wide African Alliance for Maternal Mental Health. Launched in April 2021, AAMMH-Gambia aims to: educate healthcare providers and the community on maternal mental health, advocate for its prioritisation in national strategies and policies, and work towards its integration into reproductive and child health services. Initial meetings discussed terms of reference, a constitution, and strategies for stakeholder engagement and initial grant funding applications.

IMPLICATIONS

Maternal mental health conditions have substantial human and economic costs but continue to be neglected areas of healthcare and research investment. AAMMH-Gambia is a model through which diverse stakeholders can be unified towards reducing the burden of maternal mental ill-health in the Gambia.

RESULTS

Members of AAMMH-Gambia include: government departments, local and national non-governmental organisations and others supporting its vision and objectives.

Kanyeleng leaders (traditional communicators) represent their groups and the wider community, to aid dissemination of Alliance's work.

A qualified executive body will be appointed at the next meeting, to lead AAMMH-Gambia's daily operations.

“What are mothers saying?”

Insights from the Maternal Mental Wellbeing Project in Rural South Africa

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2 – Healthy Brains Global Initiative
3 – Matchboxology
4 – Anglo American

“There are no words for what I feel.”

“No one even cares about me anymore.”

“I don't recognize myself.”

“My family have abandoned me.”

“I am alone in this.”

“I don't know what to expect.”

Mental health is a critical but often overlooked aspect in maternal care in South Africa, particularly in rural mining communities where mothers face a confluence of socio-economic hardships, cultural pressures, and inadequate support systems. Our pilot aims to create a culturally appropriate, community-based intervention to support perinatal mental health in the Limpopo region, which has the 2nd highest pregnancy rate in South Africa.

We started our pilot with a discovery phase into the mental wellbeing needs of mothers and would like to share these insights. Insights were gathered using a human-centered design approach through immersion interviews and focus groups with 54 mothers, healthcare workers, and community leaders. **The main influencers on maternal mental health were found to be:**

1. **People** – A mother's wellbeing is heavily influenced by her immediate social environment. Dysfunctional family dynamics and problematic partner relationships emerged as significant stressors, contributing to feelings of rejection, abandonment, and neglect.
2. **Preparedness** – Many mothers felt unprepared for the emotional, financial, and practical challenges of motherhood. This heightened their vulnerability to stress and anxiety.
3. **Loss** – Mothers frequently reported experiencing a loss of identity, freedom, and connection to their former selves. The loss of educational and career opportunities deepened their sense of despair.
4. **Isolation** – Isolation was both a symptom and a cause of distress. This isolation frequently escalated into loneliness, despair, and even suicidal thoughts. Limited isolation was sometimes used as a healthy coping mechanism.
5. **Emotional Awareness** – Mothers struggled to articulate their emotions, often defaulting to English terms instead of their mother tongue. A sense of vulnerability and mistrust in discussing dark emotions was pervasive, partly due to fear of gossip or judgment.
6. **Lack of Emotional Inquiry** – A significant finding was the lack of emotional inquiry by healthcare providers. This lack of curiosity and individualized care contributed to feelings of being misunderstood and unsupported.

Empowering Communities: A Path to Perinatal Mental Wellbeing in Rural South Africa Through Results – Based Innovation

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Affiliated Organizations: 1 – Right to Care
2 – Healthy Brains Global Initiative
3 – Matchboxology
4 – Anglo American

ABSTRACT

Mothers in rural mining communities in Limpopo, South Africa, struggle with their mental health. 31% of pregnant women experience antenatal depression. Limpopo has the second highest teenage pregnancy rate in South Africa, and a high prevalence of new HIV infections, with many women only discovering their status during pregnancy.

The mental health of these mothers is directly linked to the environment they live in – transient labor around the mines means many young mothers are facing a future of single parenthood. Health providers, where they exist, are poorly equipped to identify and support mothers who may be struggling. The current care pathway – referral to a regional, oversubscribed mental health hospital – is only suitable for the most severe cases. Sexual activity starts very young and often involves economic coercion: miners here quip that “after 12, it is lunch” to describe when they consider a girl to be sexually available. Most of all, mothers feel unsupported: when a teenage mother was asked if her community cared for her when she was struggling, she answered “no, I am alone in this.”

We aim to transform this environment through a strategic partnership between The Healthy Brains Global Initiative, Right to Care, and Anglo American, to one where mothers and their babies can thrive. We would like to share the proposed intervention and key outcome performance measures, gleaned through a human-centric discovery process with mothers and health providers, as well as a collaborative design process. Through co-creation workshops with mothers, we have developed an intervention that “layers in” mental wellbeing checks into existing physical health care pathways, to minimize siloes and improve prospects for sustainability. Mothers requiring further support to improve their mental health or maximize their wellbeing will be referred to local resources that have been capacitated for support.



Digital Solutions for Maternal Mental Health in Africa: Harnessing mHealth and Telepsychiatry to Overcome Barriers

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ABSTRACT

Maternal mental health is widely considered an oversight in the context of healthcare, specifically in Africa, where barriers such as stigma, limited access to mental health services, and the shortage of healthcare professionals perpetuate challenges for pregnant women and new mothers. Based on this foundation, this research explores the potential of mobile health applications (mHealth), telepsychiatry, and other digital tools in improving access to mental health services for this vulnerable population, being guided by the research question of: *How can digital technologies be leveraged to enhance maternal mental health services in Africa, specifically addressing the needs of pregnant women and new mothers?*

Through the adoption of a desktop methodology call, this study draws on a theoretical framework of digital health equity and the socio – ecological models of health, which prioritizes the intersection between individual, community, and systemic factors in healthcare access. By synthesizing existing literature on the application of mHealth applications and telepsychiatry in global contexts, with a focus on sub-Saharan Africa, this paper evaluates the role of digital tools in reducing stigma, increasing awareness, and facilitating remote mental health consultations for pregnant women and new mothers.

Preliminary findings illustrate that mHealth applications focused on offering psychoeducational content, screening tools, and peer network support have the potential to increase accessibility to mental health resources. Further, telepsychiatry has the potential to mitigate geographical barriers by facilitating connections between patients in remote areas and healthcare professionals. However, challenges such as digital literacy, infrastructure limitations, and cultural sensitivities around mental health must be addressed to integrate these tools into the broader healthcare system within an African context.

Consequently, it becomes evident that this research is significant, having the potential to inform policy and practice regarding digital interventions in maternal health, with results suggesting that with appropriate adaptation to the African context, these digital solutions have the power to revolutionize accessibility to mental health services, thus improving outcomes for mothers and their families across the continent.

Validation of Chichewa Version City Birth Trauma Scale at Postnatal Clinics in Lilongwe, Malawi

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BACKGROUND

Postpartum Post-Traumatic Stress Disorder (PP-PTSD) is a significant mental health concern for postpartum women and a potential disease burden. Many studies have shown high prevalence rates of PP-PTSD. City Birth Trauma Scale (CityBiTS) is a tool which is used to screen for PP-PTSD. Studies have found that CityBiTS is a valid and reliable instrument with good psychometric properties. In Malawi, there is no prevalence data for PP-PTSD and has no CityBiTS to screen for PP-PTSD.

OBJECTIVES

The broad objective of this study was to assess the diagnostic accuracy of CityBiTS and specific objectives were to; determine prevalence of PTSD among postnatal mothers and to establish psychometrics of Chichewa Version City Birth Trauma Scale at postnatal clinics in Lilongwe District.

METHODS

The study design was a cross-sectional sensitivity analysis study. A **total of 384 postnatal mothers were selected by systematic random sampling technique.** Translation of English version City Birth Trauma Scale to Chichewa version was done. Data collection was through face-to-face interviews using two structured questionnaires. Data was analysed using SPSS Version 23.0. Sensitivity analyses were performed for cut-off point, sensitivity, specificity, Positive Predictive Value, Negative Predictive Value, Cronbach Alpha, Receiver Operating Curve, Exploratory Factor Analysis for variance and Convergent Validity.

CONCLUSION

The study found a high prevalence of PTSD among women after childbirth. Chichewa Version City Birth Trauma Scale presented excellent psychometric properties. Thus, it can be widely used in scientific research, education and clinical settings.

RESULTS

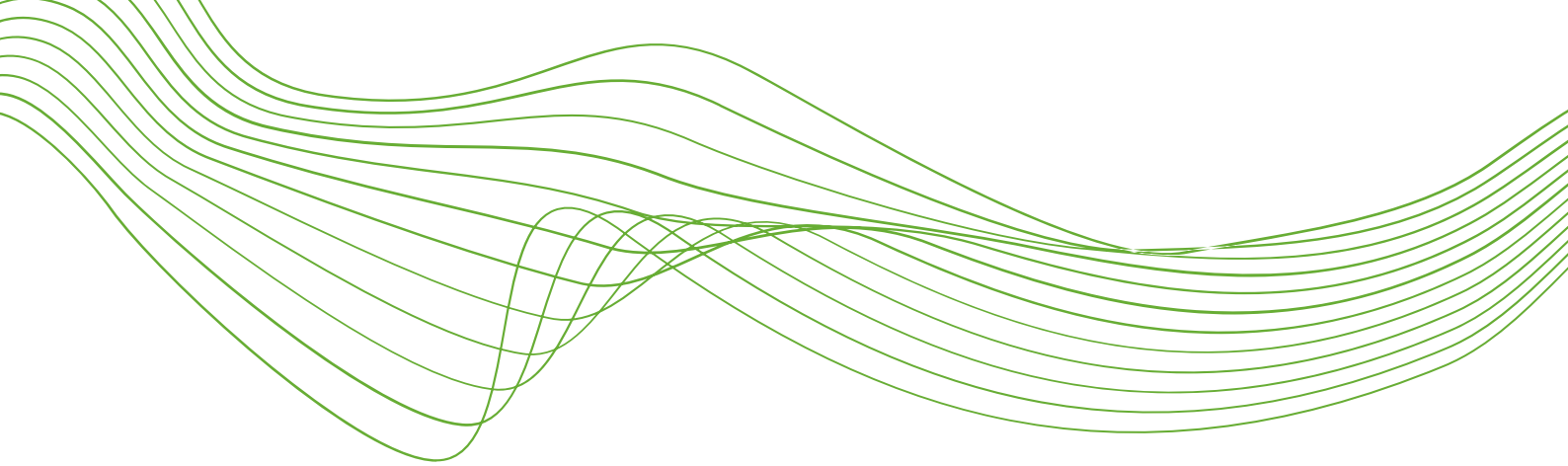
The prevalence of P-PTSD at the study sites was 22.6% on Structured Clinical Interview for Mental Disorders (SCID) and 10.9% on CityBiTS.

The following psychometrics were established; Cronbach' alpha 0.780, Area Under Curve 0.872, Sensitivity 81.6%, Specificity 78.9%, Positive Predictive Value 53.0%, Negative Predictive Value 93.6%, Youden Index 0.6047, optimum cut-off score >23, Exploratory Factor Analysis for variance 49% and Convergent Validity 0.65.



Adolescent Maternal Mental Health

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Exploring the Maternal Mental Health Needs of Pregnant and Postpartum Children in Epworth, Zimbabwe: The Kids with Kids Study

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BACKGROUND

While sexual and reproductive health programmes in Southern Africa have invested in preventing adolescent pregnancy, **the needs of children who become pregnant and mothers have received limited attention.** We conducted a mixed-methods study to investigate the needs of pregnant children (aged <18 years) in Zimbabwe.

METHODS

119 pregnant children (at any stage of pregnancy) resident in Epworth, Zimbabwe, referred by community care workers (CCWs), were enrolled. Participants underwent mental health screening (SSQ-14 and PHQ9). In-depth interviews were conducted with 18 purposively sampled children, a subset of their next-of-kin (N=10), healthcare workers (N=6), counsellors (N=4) and CCWs (N=6). A package of comprehensive services was provided.

RESULTS

- Of 119 enrolled participants, mental health screening revealed that 60.5% participants (median age 16 years) screened positive for common mental disorders using the SSQ-14 (score > 8). PHQ data indicated that 60.5% had mild to moderate and 37.0% moderate to severe depression.
- Socioeconomic vulnerability contributed to reliance on sexual relationships for survival. Despite limited agency, pregnancy thrust children into premature adultification; expected to financially and emotionally support themselves and their babies, while their access to social welfare support disintegrated.
- Excluded from school (99% were school dropouts), due to pregnancy (21%) or prior household poverty, and with limited employment opportunities, becoming mothers worsened their livelihood prospects and eroded their hopes for their imagined futures.
- Locally accessible mental health provisions were described as crisis-orientated and ill-suited to provide longer-term emotional support. Without adequate recognition of their structural vulnerability, the girls were commonly characterised as 'naughty' within counselling sessions, reinforcing social harms, exacerbating their isolation and intensifying their unmet mental health needs.

CONCLUSION

Pregnant and post-partum children experience intense mental health needs. Investing in mental health support models that are empathetic, non-stigmatising and address their acute vulnerabilities is essential to mitigate the devastating impact of child pregnancy on mental health outcomes.

The Purple Door– Supporting the Mental Health of Children with Children in Epworth District.

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Affiliated Organizations: RhoNaFlo Foundation

BACKGROUND

Teenage mothers frequently encounter depression, anxiety, and social isolation as a result of early motherhood and societal stigma. The Purple Door is a community-based initiative designed to address these mental health challenges by providing comprehensive support in a non-judgmental and safe environment.

OBJECTIVE

The primary objective of the Purple Door is to enhance the mental well-being of children burdened with early motherhood through mental health services, education, and peer support. The initiative also seeks to empower these young mothers, improve their parenting skills, and foster a sense of belonging within their communities.

METHOD

The initiative operates through community advocates who deliver immediate assistance and support to teenage mothers. These advocates are trained in Mental Health First Aid, conflict resolution, and GBV/SGBV case management. Additionally, the program offers counselling, parenting education, reproductive health information, and peer support groups, ensuring a holistic approach to mental health and social support.

RESULTS

The Purple Door has effectively established safe spaces where pregnant and lactating children receive emotional and psychological support. The integration of mental health services, educational resources, and peer connections has resulted in reduced social isolation, enhanced self-confidence, and improved parenting abilities among participants.

CONCLUSION

Co-creation approaches give communities a sense of ownership over initiatives. They feel included as important decision-makers on issues about their lives and communities. This approach therefore increases the potential of sustainability.

Keywords: teenage mothers, mental health, community support, GBV, peer support, reproductive health

The Purple Door– Supporting the Mental Health of Children with Children in Epworth District.

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An intervention strategy to enhance young mothers' mental health during the postnatal phase: Case of Ruwa Clinic, Harare Zimbabwe

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ABSTRACT

The journey into motherhood can be fraught with emotional turbulence. Understanding the mental health challenges faced by young and older mothers during their postnatal phase is essential for developing effective support systems and improving maternal outcomes. Most health care systems, especially those in developing countries, neglect maternal mental health, leaving those who need these services unserved and struggling.

The case study carried out at Ruwa Clinic Harare, Zimbabwe aimed to come up with an intervention strategy that will enhance young mothers' mental health during the postnatal phase so as to cover the gap in maternal mental health intervention. Data was collected among the twelve (12) participants who were purposively sampled and information was gathered using in depth interviews and focus group discussions.

The main focus was on the psychosocial factors that contribute towards mental health challenges among young mothers during the postnatal phase. Among these factors, the lack of social support was the greatest one impacting young mothers' mental health. Data presented showed that the interaction of the psychosocial factors can have detrimental effects on both the mother and child. These effects include impaired child development, relationship problems, poor self esteem leading to suicidal ideation, and the persistence of mental health challenges among mothers.

The study extracted possible intervention strategies and these included educating mothers on the importance of mental health, universal screening for maternal mental health challenges, and providing family therapy and counselling to those individuals who are in need of it. These findings informed the development of the young mother's mental health empowerment model which has the goal to provide a comprehensive community-based approach to support and empower young mothers on mental wellbeing. This model shows how everyone has a role in enhancing maternal mental health.

Integrating Mental Health and Psychosocial Support to Improve Maternal Outcomes for Adolescent and Young Mothers (Aged 10–24 Years) in Hatcliffe, Zimbabwe

Authors: Rudo Olga Shumba; S Marunda; J. Matenga

Affiliated Organization: Regional Psychosocial Support Initiative (REPPSI)

INTRODUCTION

Adolescent and young mothers in Zimbabwe face significant mental health challenges due to high levels of poverty, stigma, GBV, and limited access to healthcare services. These challenges, compounded by early motherhood, increase their vulnerability to common mental health disorders such as depression, negatively impacting maternal outcomes.

Recognizing this, REPPSI developed and tested a model that integrates mental health and psychosocial support with Sexual and Reproductive Health (SRHR) services to improve psychosocial wellbeing of this population.

INTERVENTION

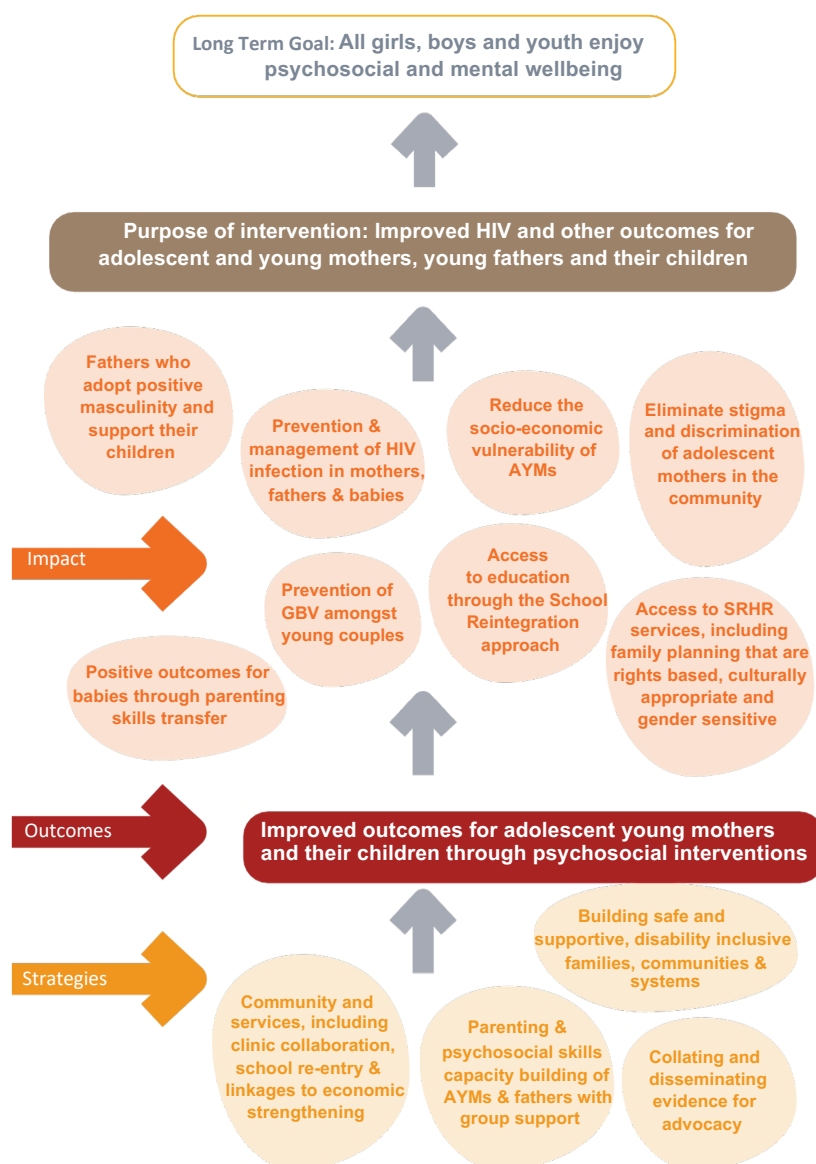
The intervention was designed based on a psychosocial understanding of the interplay between mental well-being, socio-economic determinants, and nurturing capabilities.

It incorporated a range of strategies such as economic strengthening initiatives and engagements with community leaders to promote the empowerment of young mothers and create an enabling environment for their mental well-being.

The intervention focused on providing accessible and culturally sensitive peer led mental health services to adolescent and young mothers.

This included individual support, group therapy, and education sessions. These activities provided a safe space for them to address their psychological challenges faced such as parental stress, isolation, suicide ideation, and depression.

i. Theory of Change



Integrating Mental Health and Psychosocial Support to Improve Maternal Outcomes for Adolescent and Young Mothers (Aged 10–24 Years) in Hatcliffe, Zimbabwe

Authors: Rudo Olga Shumba; S Marunda; J. Matenga

Affiliated Organization: Regional Psychosocial Support Initiative (REPPSI)

RESULTS/LESSONS LEARNT

The 2023 Endline Report showed an improvement in mental health outcomes:

- Suicidal ideation decreased from 32% at baseline to 9% at endline.
- Average scores on anxiety levels decreased from 40.1 to 18.6.

There was a 27% increase in young mothers reporting independent income illustrating that economic independence contributed to reduced parental stress in young mothers.

Additionally, community engagement and the creation of safe spaces led to increased feelings of safety, with respondents reporting a rise in community support and emotional and financial support from their partners.

CONCLUSION

By addressing the psychosocial and economic needs of young mothers, REPSSI's model enhances resilience, promotes SRHR access, and improves their mental wellbeing.

Enhancing Maternal Mental Health in Adolescents through Group Antenatal Care: Insights from a Pilot in Machakos County, Kenya.

Authors: Alice Awuor Odhiambo & Beatrice Wango

Affiliation: Tiko Africa

BACKGROUND

One in three to one in five pregnant women experience significant mental health problems, the most common of which are depression and anxiety. Studies show that women desire a pregnancy experience that includes emotional and social support from health providers and their community, and traditional antenatal care often fails to meet the unique needs of adolescents. Tiko piloted a Group Antenatal care model in 5 facilities in Machakos with an aim of creating an Antenatal Care journey where Adolescent Girls and Young Women find a trusted companion that provides guidance and support throughout their maternity journey.

DESCRIPTION

Trained Community Health Promoters mobilized pregnant adolescents in their community and enrolled them into Tiko platform, supporting cohorts of pregnant adolescents in their community, accompanying them to clinic visits and following up to ensure their experience at the facility is stigma free and no-discriminated. The service providers would profile the pregnant adolescents into cohorts of 6-12 girls with the same To come again date. The cohort meetings served as a safe space where adolescents would find a trusted companion that provided emotional support during the journey but also a trusted sister group that they share the same journey with.

LESSONS LEARNT

- In 90 days, 138 (51.49%) of Adolescents and Young Women of 268 who presented with pregnancy at the facilities were enrolled in a Group Antenatal Care cohort.
- Adolescents antenatal care adherence rate among the 138 recorded was at 92% by meeting 3.
- Adolescent girls and young women in different sites expressed their happiness that the nurses and Community Health Promoters demonstrate supportive and respectful maternity care.

“

When you sing and dance with us, we tend to forget some of the burdens we bring from home.

–An adolescent from Athi River

”

CONCLUSION

Maternal mental health is linked with both physical and psychological development of children. Addressing the mental health needs of the mother is likely to benefit both the two.

Implementing the WHO IPTG model for adolescent and teenage mothers

Authors: Grace Wanjiku, Beatrice Wango, and Pauline Nzuki.

Affiliated Organization: Tiko Africa

BACKGROUND

Tiko Africa implemented the WHO Interpersonal Therapy Group (IPTG) model to address the maternal mental health gap in depression treatment for teenage mothers.

The implementation includes providing psychosocial support therapy to adolescent and teenage mothers, emphasizing research, best practices, and the prevention of further teenage pregnancies.

OBJECTIVES

1. To evaluate the effectiveness of the WHO IPTG (Interpersonal Therapy Group) model.
2. To integrate Sexual and Reproductive Health and Rights (SRHR) services with mental health interventions.
3. To assess the impact of comprehensive SRHR services on the mental well-being of adolescent mothers.

METHODOLOGY

The IPTG model focuses on peer engagement and community-based techniques to improve interpersonal skills among identified, screened, and pre-grouped participants. The IPTG therapy address four key triggers of depression: grief, life changes, unresolved conflicts, and social isolation.

The model is structured into three phases: initial, middle, and termination—spanning six weeks. Patient Health Questionnaires (PHQs 2 and 9) are used to assess and screen for depression, determining eligibility for IPTG sessions conducted by trained community mental health facilitators.

Participants with a PHQ-9 score of 10 or above are eligible for the six-week IPTG therapy sessions held at designated community meeting points. **The intervention aims to develop healthy interpersonal relationships and strengthen coping strategies to alleviate depression among teenage mothers.** SRHR and HIV services are seamlessly integrated into these sessions to address broader health needs, including a comprehensive SGBV (Sexual and Gender-Based Violence) referral and treatment program.

Implementing the WHO IPTG model for adolescent and teenage mothers

Authors: Grace Wanjiku, Beatrice Wango, and Pauline Nzuki.

Affiliated Organization: Tiko Africa

RESULTS

Preliminary findings indicate significant improvements in participants' mental health, with reduced symptoms of depression and anxiety.

Over 6,600 adolescents in four counties in Kenya: Siaya, Machakos, Kilifi, and Mombasa have accessed IPTG services, achieving a therapy completion rate of 86.48%.

Quantitative data shows a gradual decrease in PHQ-9 scores, indicating reduced depression symptoms, while qualitative data reflect improvements in quality of life, coping mechanisms, and positive participant feedback.

The integration of SRHR, HIV, and SGBV services has enhanced the intervention's overall effectiveness, promoting better health outcomes and empowerment among teenage mothers.

Keywords: Tiko, Maternal Mental Health, Adolescent Mothers, Teenage Pregnancy, WHO IPTG Model (Interpersonal Therapy Group), SRHR Services, Africa, Mental Health Interventions

DISCUSSION

The WHO IPTG model, combined with comprehensive SRHR services, offers a promising, scalable and effective approach to addressing maternal mental health in the African context through group psychosocial support.

CONCLUSION

Implementing the WHO IPTG model in Africa, with an integrated SRHR approach, demonstrates a significant positive impact on the mental health of adolescent and teenage mothers. This model presents a scalable and sustainable solution for maternal mental health challenges across the continent.

Co-creation and contextualization of a perinatal mental health support toolkit for adolescents living in urban poor environments: Process and field experiment results.

Authors: Estelle Monique Sidze, PhD,¹ Caroline Wangui Wainaina,¹ Hazel Odhiambo Anyango,¹ Dorcas Khasowa,² Faith Kathoka,¹ Icoquih Badillo-Amberg,³ and Collins E. M. Okoror.⁴

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2. University of Nairobi

3. McGill University

4. University of Benin Teaching

BACKGROUND

About 1 in 5 of women aged 15 to 49 experience a mental disorder in the antepartum and postpartum period in developing countries where routine screening and treatment are sometimes not prioritized due to other competing health issues needing urgent attention. The prevalence of mental health disorders is even higher among pregnant adolescents who face constant stigmatization from society and peers.

This paper reports on the process of co-creating and contextualizing an innovative toolkit for maternal mental health promotion among pregnant and postpartum (2 years post-delivery) adolescent girls. The toolkit is intended to provide beneficiaries with the knowledge, problem-solving skills, coping mechanisms, and confidence they need to protect their mental health during pregnancy and early motherhood.



**A TOOLKIT TO
SUPPORT AND BUILD
RESILIENCE AND
STRONG MINDS
OF ADOLESCENT
MOTHERS**

Click the image to see the toolkit.

Co-creation and contextualization of a perinatal mental health support toolkit for adolescents living in urban poor environments: Process and field experiment results.

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Affiliation: 1. African Population & Health Research Centre (APHRC)

2. University of Nairobi

3. McGill University

4. University of Benin Teaching

METHODS

The toolkit was co-created with 50 pregnant and postpartum adolescent girls living in urban poor settings in Nairobi, in a step approach, and tested on 130 pregnant and postpartum adolescent girls living in slums through field experimentation. We also report on results from qualitative interviews conducted post-experiment to assess views and satisfaction with the toolkit package, and experiences and preferences with the two delivery modes used for delivering the toolkit package (face-to-face and through phones).

RESULTS

The toolkit development process provided a critical opportunity for adolescent girls to engage on maternal mental health issues and reflect on their lived experiences, thus improving on their mental health awareness. Preliminary qualitative insights from adolescent girls indicate that the toolkit sessions were effective in improving overall wellbeing.

CONCLUSION

The large scale implementation of maternal mental health interventions is necessary to improve the health and wellbeing of adolescent mothers living in poor environments across the sub-Saharan African region. Our toolkit provides an adolescent-friendly tool to be used for such interventions.

Keywords: maternal mental health, postpartum depression, adolescent, urban slums, toolkit, intervention.

The Two Faces of Motherhood: Comparing Emotional Trajectories of Younger and Older Mothers

Authors: Dr. Valentina Trivella¹, Julia Greenland², Stacey Ann Pillay², Thulani Grenville³,
Dr. Alex Plowright⁴, and Sibusiso Tenza⁴

Affiliated Organizations: 1 – Right to Care
2 – Healthy Brains Global Initiative
3 – Matchboxology
4 – Anglo American

ABSTRACT

The emotional journey of a mother from pre-conception to having a well-baby is one of profound transformations, marked by both joy and significant challenges. We aimed to understand these emotional journeys for women in the rural province of Limpopo, South Africa, and identify the key people who influenced them during this period.

Two distinct groups emerged: mothers 20 years and younger, and those older than 20 years. While both groups shared some challenges, their experiences were notably different. All journeys were predominantly influenced by family dynamics, partner relationships, and social circumstances.

A key similarity was the consistent influence of a mother's own mother on her emotional well-being, as well as the initial impact of the father of the baby. However, for younger mothers, the father of the baby's influence often diminished within the first three months of pregnancy, whereas for older mothers, it persisted until the baby was born. Additionally, most mothers felt stressed and helpless around the time of childbirth.

A notable difference was the inverse emotional trajectory: younger mothers often felt excited, loved, and confident during the preconception phase but became stressed, isolated, and anxious after childbirth. In contrast, mothers over 20 years old tended to feel vulnerable before conception but became happier and more fulfilled as they settled into motherhood.

Maternal mental health is an emerging area and understanding the emotional journey of expectant mothers and mothers, and who influences this is critical to support mothers to optimize their wellbeing during the perinatal period. We can share the human-centered approach used to understand, analyse and visualize a mother's emotional journey and influences during the perinatal period.

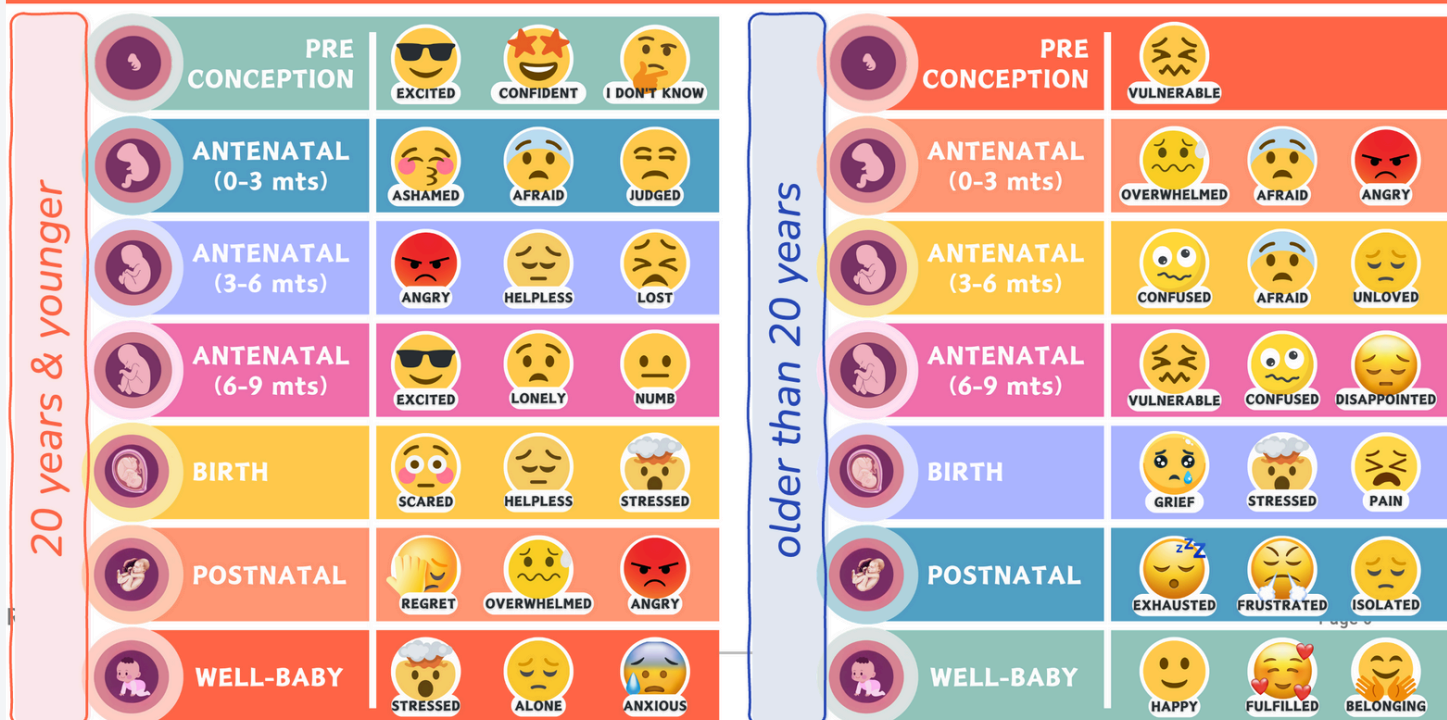
(See the diagram on the next page)

The Two Faces of Motherhood: Comparing Emotional Trajectories of Younger and Older Mothers

Authors: Dr. Valentina Trivella¹, Julia Greenland², Stacey Ann Pillay², Thulani Grenville³,
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The emotional journeys of mothers in Limpopo, South Africa



The experience of involving adolescents and communities in the development of a mental health intervention.

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Co-Authors: Maria Suzana Batá,¹ Málica de Melo,¹ Jaime Luís Mário,¹ Tatiana Taylor Salisbury²

Affiliated Organizations: 1 – Centro Internacional para a Saúde Reprodutiva-Moçambique
2– Kings College London-Londres-Reino Unido

INTRODUCTION

Mozambique is among the 6 countries in the world where 1 in 10 girls have children before the age of 15. Adolescence is a phase of greater vulnerability for the development of mental health problems, yet the challenges faced by girls during pregnancy and postpartum are rarely addressed.

The INSPIRE project (Innovative Approaches to the Perinatal Well-Being of Adolescent Girls) is implemented in Tete-Moatize province, with the aim of **developing an intervention to support the mental health and well-being of pregnant adolescents aged 15 to 19 years.**

OBJECTIVE

To describe the experiences of adolescents and communities in the development of a perinatal mental health intervention in Mozambique.

METHODOLOGY

We used human-centered design, systems thinking, and implementation science, to understand the experiences and challenges of adolescents during the perinatal period. The study involved 24 adolescents and young women aged 15 to 24 years, their families (20), community influencers (20), health providers (10), and partners (6).

Individual interviews, photovoice, spiral walks and focus group discussions were used for data collection. The workshops were used for the development of the intervention. The data were analyzed using content analysis.

RESULTS

Health education and income generation programs were the most frequent because financial limitations influenced stress and anxiety for most participating pregnant adolescents. This was a concrete example of community and girl's empowerment forums being a space for expressing views on different challenges, learning, and breaking taboos.

CONCLUSION

Co-creation approaches give communities a sense of ownership over initiatives. They feel included as important decision-makers on issues about their lives and communities. This approach therefore increases the potential of sustainability.

Keywords: Mental health, adolescence, co-creation.

Feasibility Of A Co-Designed Adolescent Perinatal Mental Health Intervention In Mozambique.

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2– Kings College London-Londres-Reino Unido

INTRODUCTION

The stress and strain associated with early pregnancy comes at a time where teenagers face social, economic, and relationship changes that occur regularly during the phase. Many African countries are so focused on preventing teenage pregnancies that the challenges faced by girls during adolescent pregnancy and postpartum are rarely or inadequately addressed. This lack of maternal mental health support in Mozambique led to the co-designed Kuthandizana (mutual support) programme to support adolescent perinatal well-being and mental health. The intervention was tested from December 2023 to September 2024.

OBJECTIVE

To test the acceptability, appropriateness, and feasibility of Kuthandizana programme.

METHODOLOGY

30 girls (aged 15–19) were recruited to receive the intervention (n=20) plus usual perinatal care or usual care alone (n=10). The intervention consisted of individual (mental health evaluation) and group sessions (planning and health care education), where data on the intervention content and its acceptability, appropriateness, and feasibility were collected from adolescent girls, their family members and intervention providers.

Keywords: Mental health, adolescence, feasibility study.

RESULTS

Kuthandizana was positively evaluated among participants and providers, opening up possibilities for a larger survey in the future.

CONCLUSION

Many pregnant adolescents isolate themselves from socialization cycles due to individual frustration and their families/friends. Being the first pregnancy and counting on nobody, anxiety about their future and what to do when their baby is born takes over, reaching moments of depression. The Kuthandizana program created spaces where adolescents could learn about planning, how to take care of a baby, a place where they create friendships and be able to open up about their daily challenges and thus take care of their mental health.

Identity Reorganization Among Primiparous Cameroonian Adolescents: From the Status of Daughter to the Status of Mother.

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ABSTRACT

Adolescence in Cameroon, as in many parts of sub-Saharan Africa, is often marked by early childbearing. Studies have shown **the national prevalence of adolescent deliveries is around 14.2% – 14.4%**, a higher rate than the average for sub-Saharan Africa. This presents a unique challenge for young mothers, who must navigate the complex process of identity reorganization while still navigating their own adolescence with its multiple changes.

This article explores the experiences of primiparous (first-time) Cameroonian adolescents as they transition from daughters to mothers. The objective of this article is to understand how identity reorganization takes place among primiparous Cameroonian adolescents who pass without transition from the status of daughter to the status of mother.

Drawing on qualitative data from semi-structured interviews, with seven participants chosen on the basis of selection criteria, the article examines the psychological, social, and cultural factors that shape this identity shift. An interview guide with three main themes made it possible to collect verbatim comments from the participants. The thematic analysis highlights the challenges faced by these young mothers, such as navigating social stigma, managing emotional upheaval, and balancing motherhood with their own developmental needs.

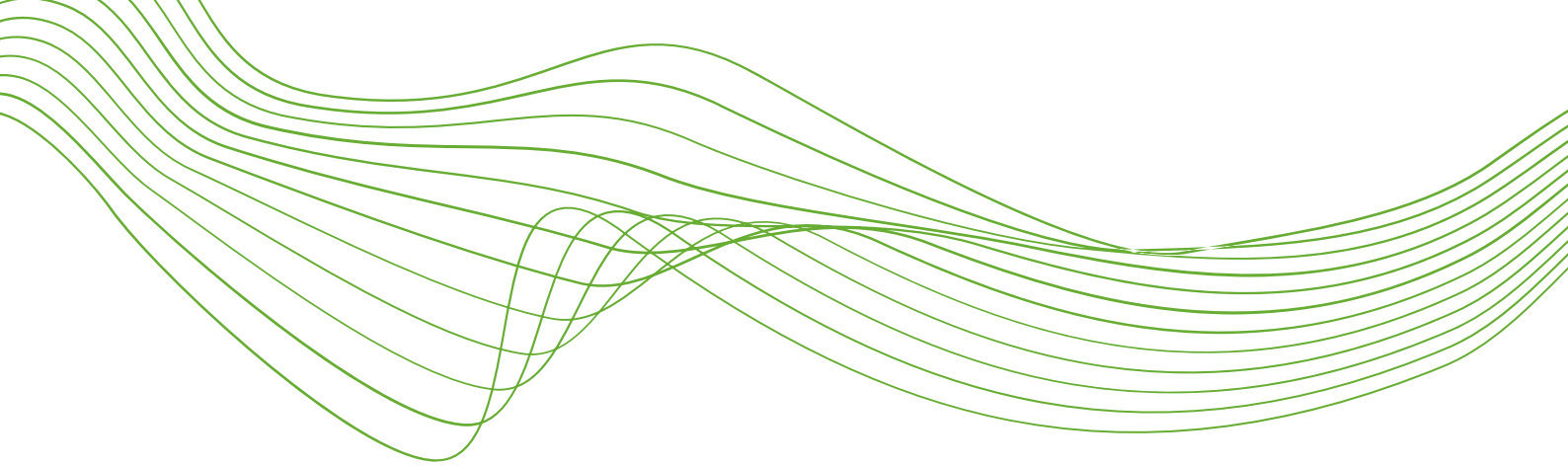
The findings of this study highlight the complex and multifaceted nature of identity reorganization among primiparous Cameroonian adolescents. The social stigma associated with early childbearing, coupled with the emotional and practical demands of motherhood, can pose significant challenges to these young women. However, a study on a larger sample could reveal the resilience and resourcefulness of some adolescents, who find support within their communities and employ various coping mechanisms to navigate this transition. Finally, the article discusses the implications of these findings for adolescent maternal health interventions and social policy in Cameroon.

Keywords: Identity, adolescence, motherhood, primiparous, daughter, mother.



Socio-Cultural Factors And Perinatal Mental Health

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Integrating Cultural Approaches into Perinatal Mental Health Care

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BACKGROUND

Despite the effects of globalization, which tends to impose standardized norms, values, and behaviors, cultural factors remain significant, especially in psychiatric practice and perinatal care. Understanding cultural representations of illness and the social determinants of mental health is essential for comprehensive care. This knowledge can enhance caregiver–patient relationships by reducing the risk of misinterpreting cultural practices as pathological and vice versa.

OBJECTIVE

Explore how cultural practices with therapeutic aims are managed in mental health care during the perinatal period.

METHODOLOGY

We realize a qualitative, cross-sectional study among 100 mental health professionals experienced in perinatal issues. We explored their approaches to integrating cultural practices into therapeutic settings. Data were collected via an online questionnaire.

RESULTS

Responses varied widely, ranging from outright rejection of cultural practices to their incorporation as supportive tools for patients.

DISCUSSION

The divergence in attitudes toward cultural practices among professionals can be explained by the specific educational and cultural context in Tunisia. In fact, in Tunisia, sociocultural factors are emphasized in early education but are largely absent in university-level medical training. This divide can lead to a cultural shock for young professionals, particularly when faced with beliefs that challenge their positivist medical training.

Despite most respondents being oriented toward CBT, they were open to exploring cultural practices and recognized their potential therapeutic effects, even if those mechanisms were not fully understood. This openness indicates a willingness to integrate cultural aspects into clinical practice.

This divide underscores the importance of training in cultural sensitivity and integrative approaches to care.

Exploring the Impact of Socio-Cultural Factors on Maternal Mental Health in Africa: A Pathway to Future Interventions and Family Support Systems

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ABSTRACT

Exploring the impact of socio-cultural determinants on maternal mental health in Africa is critical, as these factors have a large impact on the well-being of mothers and their families but have received little investigation. The purpose of this study is to identify socio-cultural characteristics that influence maternal mental health and to provide avenues for future treatments and family support systems.

The research is a purely qualitative study that features interviews with mothers, healthcare practitioners, and community leaders from various African contexts. The theoretical approach is based on the Social Determinants of Health paradigm, which emphasizes the role of social, economic, and cultural factors in determining health outcomes.

Preliminary findings indicate that stigma, lack of access to mental health care, and cultural views about motherhood all lead to heightened levels of anxiety and Depression among mothers. Furthermore, the data show that when culturally appropriate, community support systems can reduce these negative impacts and promote mental health.

The study concludes that overcoming socio-cultural barriers is critical to improve maternal mental health outcomes in Africa. This study adds to the expanding body of knowledge on mother mental health by emphasizing the necessity of culturally appropriate therapies and the function of family support systems, while also providing practical recommendations for policymakers and healthcare practitioners. Finally, the findings highlight the importance of integrated mental health treatments that take into account the socio-cultural context, opening the way for more effective support systems for African mothers.

Some quotes from the interviews:

“

I would cry each time my baby cried. I would feel so overwhelmed that I'm not ready to be a mother.

”

“

Culturally, a first time mother would have elderly women to help her care for herself the baby. This would lessen the burden on the new mother.

”

The Interface of Migration and Maternal Mental Health: A Study of African Immigrant Women's Experiences in Cape Town

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ABSTRACT

The phenomenon of human migration has been conceptualized in academic literature as one of the factors that affect human and environmental health, human reproduction, gender relations, and mental health. Some studies argue that immigrant populations in host countries are often reluctant to utilize available mental health care services due to personal and structural factors. However, there are limited studies on the impact of migration on the maternal mental health experiences of African immigrant women in Cape Town, South Africa.

To fully understand the existing barriers to accessing maternal mental health care services by African immigrant women in Cape Town, it is necessary to understand the trends and patterns of their experiences against their positionalities as immigrants in South Africa.

Reflecting on the qualitative data from fifteen semi-structured interviews conducted with immigrant women in Cape Town, the findings in this study show that African immigrant women are faced with the double burden of mental health conditions due to their exposure to stressful pre- and post-immigration contexts along with maternal experiences in South Africa. However, these women are reluctant to seek maternal mental health care services due to factors driven by health beliefs, social contexts, and enabling resources. This exemplifies the need for a robust discussion of theories, praxis, and policies relevant to understanding the impact of migration on the maternal mental health of African immigrant women in South African contexts.

Insights From Longitudinal Prospective Studies On Trauma in Fetuses And Infants

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ABSTRACT

Emerging research on trauma during fetal and early infancy stages reveals the profound and lasting impact of early life adversities. Trauma can induce epigenetic modifications, such as DNA methylation and histone alterations, which affect gene expression linked to stress responses without altering DNA sequences. These epigenetic changes, particularly from early or severe trauma, have been associated with long-term psychopathologies, including anxiety and PTSD. The work of Otto Rank first highlighted birth trauma as a critical event, emphasizing the psychological and emotional effects of the separation from the mother at birth. Current studies have reinforced the theory that prenatal and early postnatal stress contributes to lifelong behavioral, psychological, and health-related challenges.

This review aims to analyze longitudinal studies on fetal and infant trauma, focusing on how early traumatic experiences influence genetic and epigenetic outcomes and their potential transmission across generations. A systematic review was conducted, focusing on longitudinal studies that examine the impact of prenatal and neonatal trauma on epigenetic, psychological, and behavioral outcomes. The selection criteria included studies that investigated prenatal stress exposure, birth trauma, and early childhood adversities, ensuring a comprehensive analysis of long-term effects across a diverse population. Data were collected and analyzed over extended periods, some spanning decades, to observe the persistence of trauma-related epigenetic marks and psychological outcomes. The research methodology involved cross-referencing epigenetic data with clinical and behavioral observations to explore both immediate and intergenerational trauma impacts.

Longitudinal data confirm that prenatal and early-life trauma leads to significant epigenetic alterations affecting stress response mechanisms. Maternal stress during pregnancy is strongly correlated with altered DNA methylation patterns, contributing to an increased risk of anxiety and PTSD in offspring. The findings support Rank's theory of birth trauma, demonstrating that early distress can leave lasting imprints on the nervous system. Additionally, children exposed to trauma in utero or infancy often exhibit behavioral issues misdiagnosed as hyperactivity or defiance, increasing their vulnerability to psychiatric disorders, addiction, and chronic health conditions later in life. Trauma experienced in fetal and early life stages has long-term consequences that necessitate early recognition and intervention. Addressing early trauma and its epigenetic effects is critical for preventing future psychological and physiological disorders in affected individuals.

Keywords: longitudinal studies, fetal stress, prenatal and birth trauma.

The Relationship Between Adverse Childhood Experiences, Intimate Partner Violence, and Perinatal Mental Health in Madagascar

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INTRODUCTION

In Madagascar, 89% of children are affected by abuse, neglect, or exposure to violence (UNICEF, 2019), and 1 in 3 women face gender-based violence (UNFPA, 2022). Adverse Childhood Experiences (ACEs) and Intimate Partner Violence (IPV) are significant risk factors for mental health issues in perinatal women. ACEs are a known predictor of IPV and poor maternal mental health but remain understudied in Madagascar.

OBJECTIVES

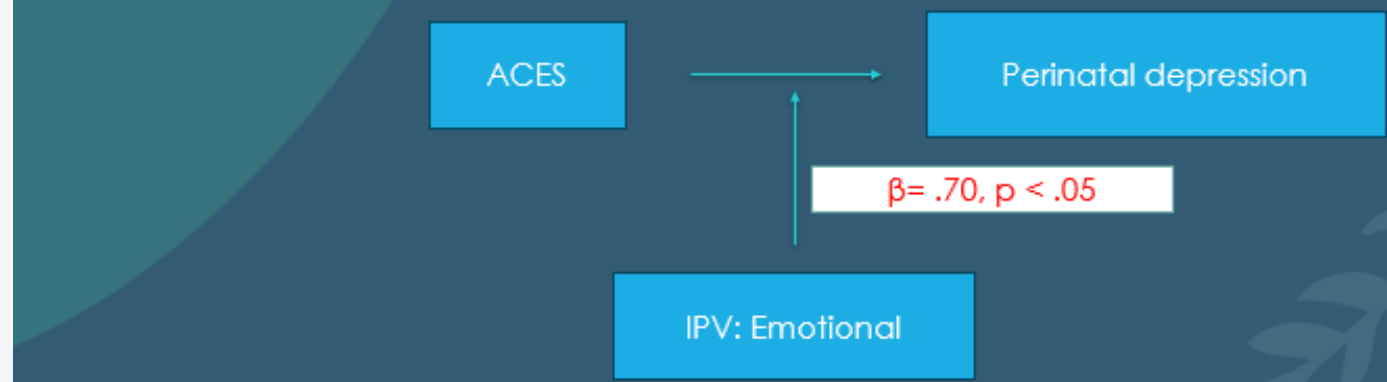
This study investigates the prevalence of ACEs and the relationship among ACEs, IPV, and perinatal mental health, and whether IPV moderates the relationship between ACEs and perinatal mental health.

METHODS

The sample included 186 perinatal women residing in urban and rural areas of Antananarivo. Participants reported depression (Edinburgh Postnatal Depression Scale), psychological distress (Self-Report Questionnaire-20), childhood adversity (Adverse Childhood Experiences – International Questionnaire), and IPV (Intimate Partner Violence–Brief Self-Screener). Correlational, linear regression and moderation analyses examined the relationship between ACEs, IPV, and mental health.

RESULTS

• MODERATION RESULT: (Controlling for education, income, age, and setting)



The Relationship Between Adverse Childhood Experiences, Intimate Partner Violence, and Perinatal Mental Health in Madagascar

Authors: Kantoniony M. Rabemananjara, Mael L. Rabemananjara, Rovasoa Rakotomandimby, Ny Avotiana Andriamihaja, Bea Rasolomampionona, Tolojanahary Rakotoarison, Valerie Ranivoherinjato, Iangotiana Rakotoarimanana, Noelinirina Ranjatoson, Fitia Rafaralahiseta, Olivier Rakotomalala, and Huynh-Nhu Le.
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RESULTS

Most participants were married (84.4%), postpartum (83.2%), lived in rural areas (65.6%), and completed a middle school level of education (84.4%). Nearly all (99%) reported having experienced at least 1 ACEs, with 70.6% experiencing 5 or more. For IPV types, 44.6% experienced controlling behavior, 16% physical aggression, 19.4% sexual aggression, and 10.2% emotional abuse. Approximately 25% fell into the high-risk category for depression, and 60.2% experienced mental distress. EPDS and SRQ-20 scores were significantly positively correlated with ACEs. The presence of sexual aggression during the perinatal period predicted higher EPDS; and emotional abuse was a significant moderator in the relationship between ACEs and EPDS.

CONCLUSION

Malagasy women who experience more ACEs and emotional IPV may be at a greater risk for perinatal depression. These results suggest the need for more targeted psychological interventions for women with a history of early adversities, especially among those experiencing emotional trauma in adulthood.

The Role of Family Support in Mitigating Maternal Mental Health Symptoms in Zimbabwe

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ABSTRACT

Maternal mental health symptoms, such as sadness and anxiety, endanger the well-being of African women and their families, compounding pre-existing health inequities and socioeconomic obstacles. Despite increased awareness of this issue, the impact of family support in reducing maternal mental health symptoms is little known. **The purpose of this study was to look at the impact of family support on maternal mental health outcomes in Africa, using ecological systems theory and the stress-process model.**

A mixed-methods approach was used, using **survey data from 100 women and 20 in-depth interviews** with family members in both rural and urban Bulawayo, Zimbabwe. Quantitative results demonstrated substantial connections between family support and decreased maternal mental health symptoms, whereas qualitative data underlined the relevance of emotional support, practical aid, and cultural sensitivity. Mothers who received good family support reported better mental health outcomes, more effective coping methods, and higher help-seeking behaviors. The study's theoretical framework stressed the interaction of individual, family, and community influences on maternal mental health. Notably, the findings emphasized the importance of male partner involvement and extended family support in reducing maternal mental health symptoms.

This study contributes to the future of mother mental health in Africa by proving the effectiveness of family-centered interventions in reducing maternal mental health inequities. The study's findings inspire policy and practice activities to improve family support networks, develop cultural competence, and incorporate mental health treatments into existing healthcare infrastructure. Finally, this study emphasizes the necessity of contextualizing maternal mental health interventions within African families and communities, as well as the need for culturally appropriate and family-centered strategies to improve maternal mental health outcomes and increase overall well-being.

Key terms: Family Support, Mitigating, Maternal Mental Health, Symptoms, Zimbabwe

A quote from the interview:

“

Having a support system is very important after giving birth. My journey was easy because I had a supportive family.

”

The Impact of Religious Institutions on Maternal Mental Health in Africa: The Support, Stigma and Integration

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BACKGROUND

This research drew on case studies from diverse religious contexts across Africa, examining the role of religious institutions in maternal mental health. It explored how faith-based communities offered psychological comfort, coping strategies, and support systems, while also investigating the potential perpetuation of stigma and misinformation. Furthermore, it evaluated the integration of religious organizations with modern healthcare systems, looking at collaborations with mental health professionals and initiatives aimed at bridging traditional religious practices with evidence-based care.

METHOD

The research utilized qualitative case studies and in-depth interviews with both religious leaders and healthcare professionals. These case studies focused on examining how religious beliefs and practices intersect with maternal mental health and the broader healthcare systems in various African contexts. The analysis also considered the role of stigma in influencing women's mental health outcomes and whether religious teachings helped mitigate or exacerbate these challenges.

CONCLUSION

This research aimed to provide a nuanced understanding of how religious institutions shaped maternal mental health in Africa. It highlighted the opportunities for leveraging the supportive role of religious communities while addressing the challenges posed by stigma and the need for better integration with contemporary mental health practices.

RESULTS

The findings suggested that while religious institutions offered critical emotional and spiritual support, they could also contribute to the stigmatization of mental health conditions.

In some cases, religious beliefs discouraged seeking professional help and reinforced harmful stereotypes about maternal mental health.

However, there were promising efforts to integrate faith-based approaches with modern healthcare, facilitating more holistic support for mothers.

How to Engage Faith Actors as Essential Change Agents in Maternal Mental Health.

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ABSTRACT

Common perinatal mental disorders (CPMDs) are the most frequent complication of pregnancy, childbirth, and the postpartum period, with the prevalence of CPMDs among women in low- and middle-income countries at nearly 20%. Mental health lacks proper attention in the health sector and by faith leaders who influence and shape community attitudes, beliefs, and actions on a wide range of topics. This interactive workshop will allow participants to spend time understanding four smaller topics that are included in the “Maternal Mental Health: A Toolkit for Engaging Faith Actors as Change Agents.”

Attendees will learn about: 1. theological dimensions of maternal mental health, 2. combating maternal mental health stigma, 3. guidance on discussing maternal mental health, and 4. dispelling mental health myths and misinformation.

The conversations will discuss how to ensure accurate information about MMH is shared to decrease stigma and create faith actors as sources of reliable information agents of positive change in women's lives during this vulnerable and transformative period. Each attendee will be asked to create steps as part of an action plan for how they can utilize the information learned moving forward.

Goals/Objectives:

- The participants will learn how to utilize the toolkit to discuss MMH issues in faith communities.
- The participants will be able to recognize evidence-based resources for maternal mental health that can be shared with faith actors in their communities.
- The participants will leave with an action plan for engaging in MMH moving forward.

MATERNAL MENTAL HEALTH:
A Toolkit for Engaging Faith
Actors as Change Agents

Click above to see the toolkit.



Engaging Traditional Leaders, Community Members, and Men to Improve Maternal Health Outcomes in Hwange District: A Case Study of Simangani Clinic

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Affiliated Organization: Pangaea Zimbabwe – Wild4Life Program

BACKGROUND

The Wild4Life health project, in partnership with Simangani Clinic, launched community dialogues initiative in 2022 aimed at improving maternal health outcomes in Hwange District, Zimbabwe.

Recognizing the **critical influence of traditional and community leaders**, as well as the **role of men in maternal health**, the dialogues emphasized the importance of booking ANC appointments before 16 weeks of pregnancy to facilitate screening and early detection of complications. They also encouraged men to provide emotional, financial, and logistical support to their pregnant partners, highlighting the role of male involvement in fostering safer pregnancies and childbirth.

METHOD

Collaborating with clinic staff, the project gathered and tracked data on critical maternal health indicators, including:

- The percentage of early ANC bookings (before 16 weeks)
- Male participation in ANC visits
- The number of women receiving at a minimum of four ANC visits, and
- The rate of home deliveries.

These metrics were regularly monitored to evaluate the effectiveness of the community dialogues and determine areas for improvement from 2022.

CONCLUSION

This case study demonstrates the power of community dialogue as a tool for improving maternal health outcomes in rural settings. Working with traditional community leaders and men promoted earlier ANC bookings, increased support for pregnant women, and reduced home deliveries. Our recommendation is to scale up community dialogues to other clinics in Hwange district and introduce incentives for male participation in maternal health.

RESULTS

- Significant improvements were witnessed in early ANC bookings which increased from 38% prior to the intervention to 58% after the dialogues, demonstrating a marked improvement in timely care-seeking behavior.
- Male involvement in ANC visits with their partners also rose substantially from 31% (9/29) in 2022 to 58% (22/38) in 2023.
- Additionally, home deliveries decreased, underscoring the effectiveness of engaging both men and community leaders in maternal health initiatives. These results are corroborated by published literature on success of male involvement to improve maternal health outcomes.

Engaging traditional, community leaders, and men through community dialogues to improve maternal health outcomes in Binga District, Zimbabwe: Case of Sinansengwe and Siyanzundu Clinics

Authors: Enock Musungwini, Dr. Joseph Murungu, Latelang Ndlovu, and Maedwa Mudimba

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Affiliated Organization: Pangaea Zimbabwe – Wild4Life Program

BACKGROUND

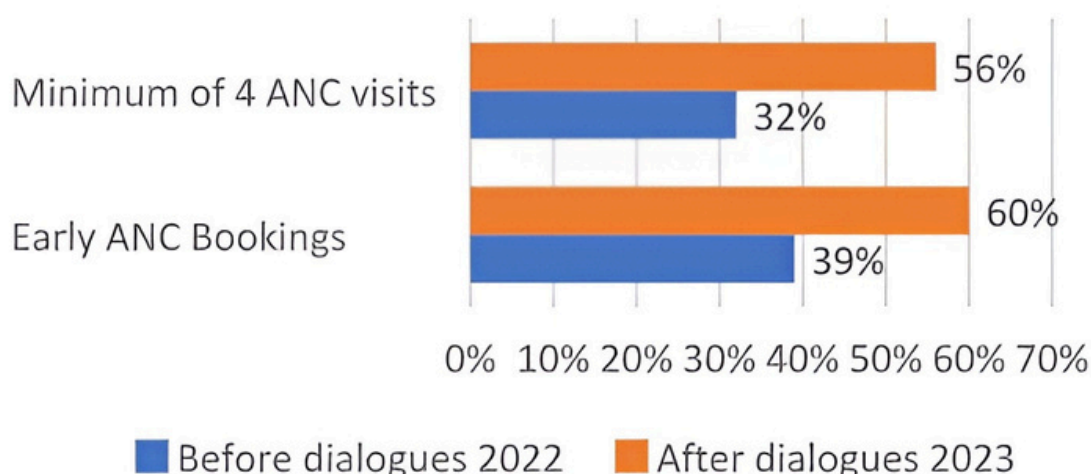
Zimbabwe is committed to achieving the UN SDGs particularly Goal 3, which focuses on improving maternal health outcomes. Despite this global commitment, rural areas like Binga District face persistent challenges in maternal health due to cultural norms, limited healthcare access, distance and inadequate support systems for pregnant women. Pangaea Zimbabwe's Wild4Life health program recognized the pivotal role of traditional and community leaders, as well as men's engagement, in addressing these barriers.

METHODS

The Wild4Life program initiated quarterly community dialogues with traditional and community leaders, and men from Sinansengwe and Siyanzundu clinics in Binga District in 2018. The dialogues focused on promoting early ANC bookings before 16 weeks for early screening, monitoring and detection of complications, engaging men to support their partners and discouraging home deliveries. Traditional leaders from Binga local community introduced penalties and fines for households that will have a women deliver at home hence involvement of men since they are key decision makers in most households. Data were collected on home deliveries, ANC bookings before 16 weeks, proportion of deliveries with a minimum of 4 ANC visits, and male involvement in ANC attendance.

RESULTS

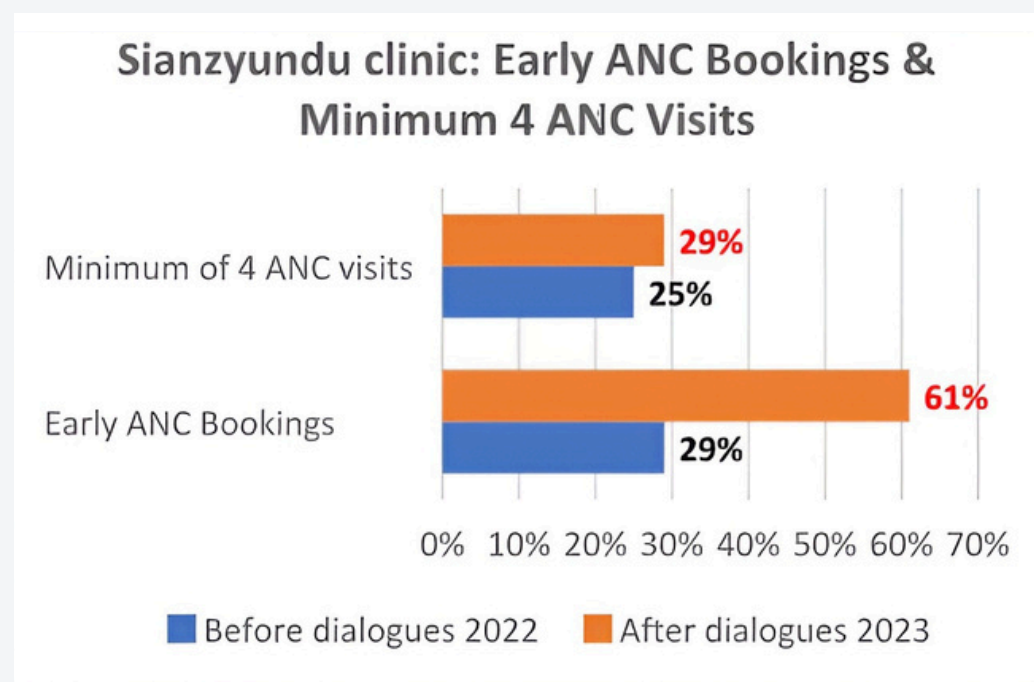
Sinansengwe clinic: Early ANC Bookings & Minimum 4 ANC Visits



Engaging traditional, community leaders, and men through community dialogues to improve maternal health outcomes in Binga District, Zimbabwe: Case of Sinansengwe and Siyanzundu Clinics

Authors: Enock Musungwini, Dr. Joseph Murungu, Latelang Ndlovu, and Maedwa Mudimba

Affiliated Organization: Pangaea Zimbabwe – Wild4Life Program



There were improvements in maternal health indicators with ANC early bookings before 16 weeks increasing from 29% and 39% to 61% and 60% for Sianzundu and Sinansengwe clinics, respectively. On minimum of 4 ANC attendances, there was an increase from 25% and 32% in 2018 to 29% and 56% in 2023–24 at Sianzundu and Sinansengwe clinics, respectively. On home deliveries decreased markedly, from 33% and 27% in 2018 to 13% and 19% in 2023–24 for Sianzundu and Sinansengwe clinics respectively. There was an improvement in men accompanying their partners to ANC visits.

CONCLUSION

Community dialogues encouraging participation of men have significantly contributed to improved maternal health outcomes in Binga District.



Physical Wellbeing and Perinatal Mental Health

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Assessing The Impact of Maternal Mental Health Care Services for Women with Disabilities in Mezam Division, Bamenda-Cameroon.

Author: Maurine Mbongeh Musi

ABSTRACT

Maternal mental health is a critical aspect of overall wellbeing for women, particularly those with disabilities, who often face heightened challenges during pregnancy and childbirth. This study aims to evaluate the availability and effectiveness of maternal mental health care services for women with disabilities in Mezam.

A mixed-methods approach was employed, combining quantitative data collection and qualitative inquiry. A sample of 20 women with various physical, sensory, and intellectual disabilities who had given birth within the past 3–5 years were surveyed. The survey instrument assessed participants' access to antenatal, delivery, and postnatal care, as well as their utilization of maternal mental health services and perceptions of service quality. In-depth interviews were also conducted with 10 participants to gain deeper insights into their lived experiences and the long-term benefits or challenges they have faced.

The findings suggest that while some progress has been made in improving maternal mental health care for women with disabilities in Mezam Division, significant gaps and disparities persist. Survey data indicated that 52% of respondents were able to access mental health screening and support services during the perinatal period. However, accessibility and quality of care varied greatly, with women in rural areas and those with more severe disabilities continuing to face substantial barriers.

Qualitative data revealed that women who successfully utilized maternal mental health services reported better psychological outcomes, stronger family or community support, and enhanced coping mechanisms in the long run. Yet many participants also described ongoing challenges such as social stigma, financial constraints, and limited provider competency in disability-inclusive care.

The results underscore the need for sustained investment, comprehensive health system strengthening, multi-stakeholder collaboration to ensure equitable, accessible, high-quality maternal mental health services for women with disabilities in this region. Recommendations include expanding training for healthcare workers, CBID programs, addressing transportation and cost barriers, and conducting continuous quality improvement initiatives.

Interplay Between Depression, Anxiety, and Quality of Life Among Couples Attending Infertility Clinic at a Tertiary Institution in Kenya

Author: Dr. Jeneesha Juliet

BACKGROUND

For millions of couples globally, infertility is a significant challenge and is ranked as the 5th global disability in the world. It is related to significant distress and psychological disturbances which may manifest as symptoms related to depression and anxiety thus reducing the quality of life in an individual. The burden of mental health disorders among infertile couples remains a neglected priority, especially in Sub-Saharan Africa. In Kenya, data relating to the prevalence of depression and anxiety in infertile couples is limited.

OBJECTIVE

This study aimed to determine the prevalence of depression and anxiety and its association with quality of life among couples attending the infertility clinic at Kenyatta National Hospital.

METHODOLOGY

This study employed a cross-sectional design, utilizing consecutive sampling to recruit 42 infertile couples who attended the infertility clinic at Kenyatta National Hospital during the study period. A researcher-designed socio-demographic and clinical characteristics questionnaire was used to obtain information on socio-demographic and clinical characteristics of participants.

Becks Depression Inventory-II and Becks Anxiety Inventory was used to measure the severity of depression and anxiety. World Health Organization quality of life Questionnaire was used to measure the quality of life of the participants. Data entry was done using IBM SPSS statistics version 25, and analysis performed in STATA v.17. Categorical variables were summarized as frequencies and proportions. Continuous variables were summarized as means and standard deviations. T- test was used to determine depression levels between males and females and the anxiety levels between males and females. Pairwise correlation was used to test the relationship between quality of life, anxiety and depression. Multivariate Linear Regression was used to assess the association between dependent and independent variables while controlling for other factors. The study findings were presented using figures, tables, graphs and narratives. All the test results were deemed statistically significant if p-value is less than 0.05.

Interplay Between Depression, Anxiety, and Quality of Life Among Couples Attending Infertility Clinic at a Tertiary Institution in Kenya

Author: Dr. Jeneesha Juliet

RESULTS

- This study revealed a prevalence of 42% for depression (higher in females) and 31% prevalence of anxiety (higher in females).
- The majority of the participants rated their quality of life as average (35%). 23% of the participants rated their quality of life as poor, with females scoring lower in all domains.
- Negative correlations were observed between depression and quality of life ($r = -0.8549$) and anxiety and quality of life ($r = -0.8218$), while a positive correlation was found between depression and anxiety ($r = 0.7987$).

CONCLUSION AND RECOMMENDATIONS

This study showed a significant prevalence of depression and anxiety among individuals facing infertility, highlighting notable gender disparities, with women experiencing higher levels compared to men. Additionally, this study revealed a negative impact on quality of life, particularly affecting women and individuals in rural areas. Elevated anxiety and depression levels were associated with a diminished perceived quality of life. It is therefore of utmost importance that individuals attending infertility clinic are offered timely screening and management of these disorders by health care providers, in order to improve the overall well-being of couples navigating the challenges of infertility.

Rehabilitation and Reintegration Strategies for Stigma Reduction Among Obstetric Fistula Clients: Learnings from Makueni County, Kenya

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2 – The Global Surgery Foundation

BACKGROUND

Obstetric fistula (OF) is a devastating childbirth injury resulting in an abnormal opening between a woman's birth canal and her bladder and/or rectum causing urinary and faecal incontinence. **Fistula patients are often not screened for mental health disorders** and those assessed report that conditions often^{1,2} persist after surgery yet are seldom addressed.

Jhpiego, with funding from Johnson & Johnson, is implementing a comprehensive OF project in Makueni County emphasizing not only on surgical repair but including psychosocial support, rehabilitation and reintegration for stigma reduction.

INTERVENTIONS

Through the comprehensive routine model, clients are attended by a trained fistula multidisciplinary care team (Surgeon, counsellors, nutritionist, physiotherapist and nurses). Women are provided and linked to mental health services. Post-discharge, the team conducts home visits supported by Community Health Promoters (CHPs) to assess social and economic participation. The project holds facility progress meetings and client sharing forums.

ACHIEVEMENTS

- Through project implementation the team has visited over 50 clients' post-discharge.
- 826 CHPs trained on client follow-up and 19 Journalists trained on debunking myths and misconceptions on OF. Over 20,000 community members reached with fistula information.
- Experience sharing meeting with 35 repaired clients and use of champions to talk on their healing journey.

CONCLUSION

There is a need to go beyond surgical repair and think about client wellness by incorporating facility and community-based reintegration strategies.

Keywords: Obstetric Fistula, mental health, multidisciplinary care team, rehabilitation and reintegration

¹ Weston K, Mutiso S, Mwangi JW, Qureshi Z, Beard J, Venkat P. Depression among women with obstetric fistula in Kenya. *Int J Gynaecol Obstet*. 2011 Oct;115(1):31-3. doi: 10.1016/j.ijgo.2011.04.015. Epub 2011 Jul 27. PMID: 21794861.

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Understanding the Dual Challenges of Young Mothers Living with HIV on Mental Health in Zimbabwe

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BACKGROUND

Given the elevated perinatal mental health issues among young mothers and the mental health challenges associated with living with HIV, **young mothers living with HIV may be particularly susceptible to adverse mental health conditions**. However, research and interventions addressing this sub-population are limited. The USAID/PEFPAR-funded SPACE for OVC program in Zimbabwe is working with youth living with HIV (YLHIV) age 18–24 years, including young mothers, to provide holistic interventions to improve their health and well-being.

METHOD

During a 2023–2024 youth club pilot, peer facilitators administered a structured survey to YLHIV upon enrollment. The survey assessed key elements of mental well-being including self-esteem and social support. The validated Shona Symptom Questionnaire (SSQ) and Cut, Annoyed, Guilty, and Eye (CAGE) Questionnaire were integrated to screen for mental health and substance use, respectively. Descriptive and inferential statistics were employed to compare key variables between YLHIV with a biological child and those without.

RESULTS

Among the 70 YLHIV assessed, 22 (31%) reported having at least one biological child, and all of those with children were female. Compared to the 48 YLHIV without children, those with children were less likely to have high self-esteem (OR: 0.20, CI: 0.05–0.80), were more likely to lose their temper over trivial matters (OR: 4.44, CI: 1.49–13.23), and have nightmares (OR: 3.46, CI: 1.15–10.42). Those with children were less likely to require support for alcohol and substance use (OR: 0.27, CI: 0.09–0.85), suggesting a possible protective effect of motherhood against substance use in this population.

DISCUSSION

These findings highlight the importance of developing tailored interventions for young mothers living with HIV in Zimbabwe, with a focus on addressing the unique stressors associated with parenting and bolstering self-esteem. Such targeted support is crucial to improving both mental health and HIV-related outcomes in this vulnerable population.

From Evidence to Practice: Leveraging the power of young mothers living with HIV to promote the mental health and well-being of other young mothers with HIV.

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2 - Ministry of Health and Child Care
3 - UNICEF, Harare, Zimbabwe

BACKGROUND

In 2019, we investigated the mental health of young mothers living with HIV (15–24 yrs) to optimise Zvandiri's young mentor mother (YMM) intervention. We found over half of young women were at risk of common mental disorder (CMD) (SSQ ≥ 8 , 50.3%) and depression (EPDS ≥ 12 , 55.9%). Risk of CMD was higher among women who reported experiencing intimate partner violence in the past year (64.1% vs 39.4%; adjusted OR 2.48 (1.12, 5.48)).

METHODS

Zvandiri, Zimbabwe's Ministry of Health and Child Care and UNICEF developed the YMM training curricula, standard operating procedures and counselling tools. To date, we have trained and mentored 310 young mothers living with HIV (18–24 years) as peer counsellors and integrated them within 82 health facilities across 23 districts of Zimbabwe. Supervised by Government health care workers, each YMM has delivered a package of HIV, mental health and SRH services to 5304 pregnant and breastfeeding adolescent girls and young women (AGWY) and 4870 infants. We analysed programme data from 2023 to optimise the intervention.

NEXT STEPS

The YMM intervention can play a critical role in promoting mental health and well-being among young mothers living with HIV and, in turn, support the end of AIDS in children by 2030. The Government of Zimbabwe is now directly financing this intervention.

RESULTS

- 199 Young Mentor Mothers provided counselling and support to 3980 young mothers in their homes, clinics, support groups and by phone.
- 119 (3%) presented with symptoms of CMD.
- 99% of infants were HIV negative at final outcome.
- YMMs reported improved HIV and mental health literacy, improved coping skills, reduced social isolation and linkage to services.
- Digital support groups provided safe spaces for YMs to share sensitive issues (IPV, STIs) and to access services.
- Partner counselling and economic strengthening were critical pathways to an improved sense of hope and well-being.



Nutrition And Perinatal Mental Health

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By S.A.L.T. Africa

A psychosocial stimulation intervention for mothers of children with severe acute malnutrition in Koutiala, Mali (Stimnut study)

Authors: C. Bossard,¹ S. Payotte,¹ A. Diallo,² G. Scarpa,¹ P. Lissouba,¹ K. Le Roch,³ O.B. Samaké⁴
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BACKGROUND

Caring for a malnourished child is known to increase maternal depression and anxiety, while poor maternal mental health hinders childcare.

In Koutiala, mothers of children with severe acute malnutrition (SAM) face numerous challenges, including high workload, reliance on household heads for decision-making, large family sizes, limited financial resources, and stigma.

METHODS

A mixed method study was conducted between February and May 2023 in two Médecins Sans Frontières-supported community health centers and the pediatric hospital in Koutiala. Children aged 6 to 23 months with SAM and their primary caregivers, predominantly mothers, participated in a 5-sessions, context-adapted psychosocial intervention aiming at exploring avenues for supporting the parenting role and improving childcare practices. Pre- and post-intervention assessments were conducted to: i) detect perinatal depression syndrome through a locally adapted tool, the dusukasi scale, and ii) evaluate mother-child interactions, using the PICCOLO ("Parenting Interactions with Children: Checklist of Observations Linked to Outcomes") tool. To assess acceptability, in-depth interviews with mothers, psychosocial workers (PSWs), and health staff were carried out.

IMPLICATIONS

The psychosocial stimulation intervention was well-accepted and demonstrated significant improvements in maternal mental health and mother-child interactions. Given its feasibility and positive impact, the intervention will be scaled up across other MSF nutrition programs.

RESULTS

A total of 149 psychosocial stimulation sessions were delivered to 36 families by 3 trained PSWs, under a psychologist's supervision. Perinatal depression was present in 53% of mothers before and 28% after the intervention ($p=0.001$). Positive changes in the mother-child relationship were observed in 83% of families after the intervention, including increased maternal expression of positive emotions, stronger affectionate bonds, more appropriate responses to children's needs, and improved parenting skills. Mothers reported feeling more competent and legitimate in decision-making and childcare giving. The intervention also strengthened relationships between mothers, PSWs, and health staff, enhancing trust, mutual understanding, and deconstructing pre-existing prejudices.

[Learn More On The Epicentre Website](#)

Integrating Maternal Mental Health in Nutrition Programming: Let them Grow Healthy Activity (*Akule ndi Thanzi*) Experience

Author: Mack Maulana Majo

Co-authors: Paul Qualira, Aulive Msoma, Allison Zakaliya, Scholastica Mkandawire, Matilda Zulu, McHenry Makwelero, Violet Orchardson, Joseph Ntwana.

Affiliation: Feed The Children

BACKGROUND

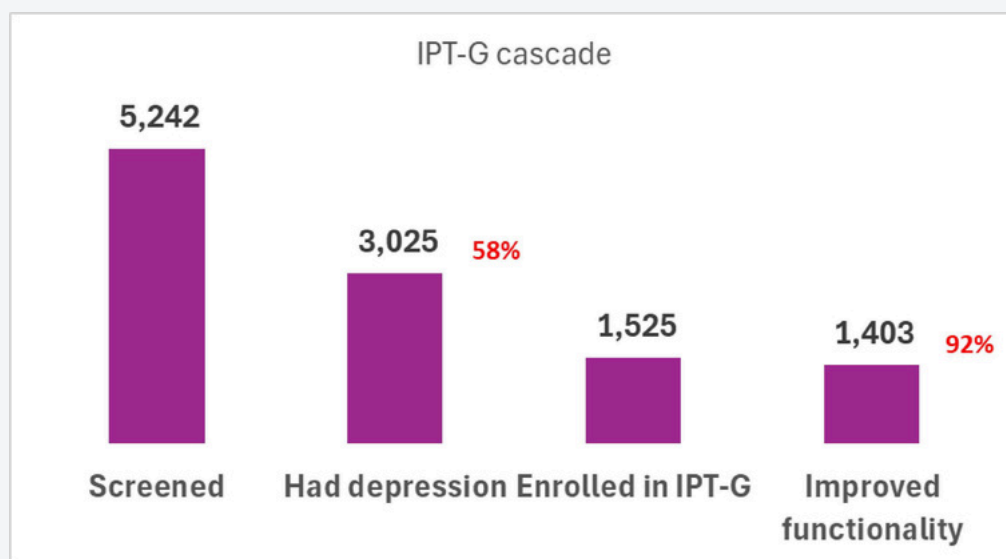
Let Them Grow Healthy Activity (*Akule ndi Thanzi*) is a USAID funded multisectoral nutrition project aimed at improving nutrition outcomes and well-being of women and children. It addresses immediate and underlying determinants of malnutrition, focusing on the first 1,000 days of life, when stunting occurs.

Maternal depression refers to a spectrum of depressive conditions that can affect mothers up to 12 months postpartum. WHO estimates it at around 15.6% during pregnancy and 19.8% after childbirth in low-income countries. It also affects an individual's functionality and has been linked to malnutrition in mothers and children.

METHODOLOGY

Screening using Patient Health Questionnaire (PHQ-9) is administered to pregnant women, lactating mothers, and those caring for under 5 year old children. Cases of neurological and substance abuse, suicide ideation, gender-based/intimate partner violence (GBV/IPV) and major disorders are referred to established government structures. A field facilitator provides a 12-week Interpersonal Psychotherapy Group (IPT-G) sessions to a cohort of 6 to 10 women, continuously assessing depression and functionality levels.

RESULTS



IPT-G is yielding positive and scalable results. Average PHQ 9 scores at screening were at 13- moderate depression, this improved to an average of 1 after participation in IPT-Gs. Functionality levels also improved among 92% of IPT-G participants, from Very Difficult (Score 2) to Not Difficult at all (score 0).

Integrating Maternal Mental Health in Nutrition Programming: Let them Grow Healthy Activity (*Akule ndi Thanzi*) Experience

Author: Mack Maulana Majo

Co-authors: Paul Qualira, Aulive Msoma, Allison Zakaliya, Scholastica Mkandawire, Matilda Zulu, McHenry Makwelero, Violet Orchardson, Joseph Ntwana.

Affiliation: Feed The Children

CONCLUSION

IPT-G improves functionality among depressed women, including caring for and feeding children. Engaging government structures is crucial for case management.

RECOMMENDATIONS

Nutrition programs should integrate maternal depression management into their interventions. Further analysis is recommended to understand specific behaviours that improve through IPT-G.

ACKNOWLEDGEMENTS

We appreciate the work that the IPT-G Field Facilitators, IPT-G and Field Supervisors and all *Akule ndi Thanzi* staff are doing to ensure the groups are functional.

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Mental Health, Psychosocial, and Nutrition Support for Pregnant and Lactating Mothers, Infants, and Young Children During and After the Ebola Disease Outbreak (EVD) in the Districts of Mubende, Kassanda, and Kyegegwa in Uganda

Author: Musa Wamala

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BACKGROUND

The Sudan Ebola virus outbreak in Uganda's Mubende district, declared on September 20, 2022, quickly spread to eight other districts, including Kassanda and Kyegegwa. With a 39% fatality rate, it was controlled by January 11, 2023, causing significant psychological distress. The trauma, fear of death, witnessing deaths, movement restrictions, and loss of loved ones highlighted the necessity for mental health, psychosocial, and nutritional support.

This abstract explores the challenges faced by Ebola-impacted communities in Mubende, Kassanda, and Kyegegwa districts. The objective is to provide nutrition support and improve mental-health and wellbeing for young children, infants, pregnant, and lactating mothers affected by Ebola Virus Disease. Additionally, it aims to identify strategies and interventions for support and resilience, encouraging attendees to share their experiences and insights.

Mental Health and Psychosocial Support (MHPSS)



MHPSS for Pediatrics
Inside Ebola Treatment
Units



Home visits
featured MHPSS
follow ups and
nutrition
counselling



Distribution of
nutritional
supplements to
beneficiaries.

Mental Health, Psychosocial, and Nutrition Support for Pregnant and Lactating Mothers, Infants, and Young Children During and After the Ebola Disease Outbreak (EVD) in the Districts of Mubende, Kassanda, and Kyegegwa in Uganda

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METHOD/RESULT

MHPSS interventions during the Ebola response enhanced access to quality services, with 85% of families receiving MHPSS and nutritional aid by identifying gaps and training health care providers. Community and family structures supported Ebola-orphaned children and youths, with 67% of orphaned infants, young children, pregnant, and lactating mothers receiving essential items such as clothing, sanitary pads, RUIF milk, and food supplements. Community and home visits monitored hygiene, feeding practices, psychosocial support, and nutrition counseling. Strengthening community structures improved knowledge, attitudes, and practices regarding Ebola, facilitating community and school reintegration for affected individuals. Training 286 community resource persons to lead awareness sessions and psychosocial groups promoted resilience among impacted children.

CONCLUSION

Integrating MHPSS and nutrition-support is crucial for affected populations' wellbeing. Future interventions must strengthen community structures and ensure sustainable access to quality MHPSS services for pregnant and lactating-mothers, infants, and young children.



Affected children received psychosocial support and therapy.

The Impact of Climate Change on Maternal Mental Health in Low- and Middle-Income Countries (LMICs)

Authors: S.A.L.T Africa

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BACKGROUND

Climate change is an increasingly important theme in Africa, where a large majority of its people depend on livestock and agricultural activities for livelihood. In Zimbabwe like many other Low- and Middle-Income Countries (LMICs), climate change exacerbates existing socio-economic challenges, particularly for pregnant women. Rising global temperatures present significant health challenges, where access to cooling systems is limited. The anatomical and physiological changes during pregnancy heighten vulnerability to heat exposure, leading to complications such as dehydration, endocrine dysfunction, and impaired placental function. Clinical outcomes associated with heat stress include preeclampsia, preterm birth, stillbirth, and prolonged labor. Concurrently, women in these regions are often tasked with fetching firewood from distant locations due to deforestation, facing legal repercussions from the Environmental Management Agency (EMA) and local authorities. Additionally, the impending drought exacerbates nutritional insecurity, impacting women's ability to maintain a balanced diet of three meals per day, which is essential for maternal health and adherence to Antenatal Clinic (ANC) visits.

OBJECTIVE

This study aimed to investigate the impact of climate change on maternal mental health, dietary practices, and ANC attendance in LMICs. It seeks to elucidate the correlations between heat exposure, nutritional deficits, and mental well-being among pregnant women.

METHOD

A mixed-methods approach was employed, combining quantitative surveys and qualitative interviews with 300 women of reproductive age. Statistical analyses were conducted to ascertain correlations between climate-related stressors, dietary patterns, and mental health indicators. Thematic analysis was utilized to interpret qualitative data.

FINDINGS

Preliminary results also indicate that 65% of participants reported increased anxiety related to effects of climate change and food insecurity. Only 40% adhered to a three-meal-a-day diet, with 70% citing drought as a primary barrier. Additionally, ANC attendance dropped by 30% in women experiencing high levels of stress. Women who faced legal repercussions for firewood collection reported significantly lower mental health scores.

CONCLUSION

The intersection of climate change and maternal mental health in LMICs presents urgent challenges. The findings underscore the need for integrated policies that address environmental sustainability, women's health, and access to nutritional resources. Supporting women's rights to safe resources is crucial for improving maternal health outcomes.

Keywords: Climate Change, Maternal Mental Health, Low- and Middle-Income Countries, Deforestation, Nutritional Insecurity, Antenatal Clinics, Women's Health.



Respectful Care And The Infant's Voice

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Promoting Respectful Maternity Care and Antenatal Care to Enhance Maternal Mental Health in MOMENTUM Project Districts, Malawi

Authors: Martha Saidi, Cynthia Kumwenda, and Nitta Kalonga.

INTRODUCTION

Maternal mental health remains a critical issue in developing countries, where **22% of childbearing women experience clinical depression during antenatal period and after childbirth**. This is the case in Malawi, where maternal mortality reduced dramatically in recent years, yet programming often excludes maternal mental health.

The USAID-funded **MOMENTUM Tiyezi Project** is supporting the Malawi Government in **improving respectful maternal care and integration of gender equality and social inclusion in maternal health services**, recognizing that respectful care could reduce the incidence of maternal mental health conditions including antenatal and post-partum depression, and post-traumatic stress disorders.

APPROACH

The project supported the **orientation and mentorship of 412 midwives and nurses on respectful maternity care**, including effective detection of mental health issues, and enabled them to provide psychosocial counselling and referrals during IFHOCS and static ANC services. Additionally, the project **trained 2,928 community health workers and volunteers** who support maternal mental health through home visits and psychosocial education of pregnant and new mothers.

CONCLUSION

Integrating RMC and gender equality and social inclusion in maternal health services has potential to influence uptake of health services by women, reduce psychosocial barriers and promote client satisfaction. The integrated package of RMC and gender and social inclusion is a potential strategy to promoting maternal mental health.

RESULTS

- While delivery by skilled birth attendants is extremely high across five project districts, attendance to antenatal care, and postnatal care services was lagging.
- Following project training of providers, project monitoring data reveals that more women have started attending antenatal and postnatal care services and are able to make more contacts with the service providers.
- Monitoring data shows a steady increase in 4+ ANC contacts from 34% in 2021, 35% in 2022 to 40% in 2023.
- Similarly, postnatal check-up at 14 days has improved from 58% in 2021, 68% in 2022 to 77% in 2023.

Caring for caregivers—a recipe for workforce and client retention: Lessons from interpersonal psychotherapy groups in Malawi.

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BACKGROUND

Trained community facilitators render their support towards the mental wellbeing of fellow community members. Often, programs pay less focus to the support and emotional wellbeing of care providers.

Compassionate work leads to burnout, vicarious trauma, or compassionate fatigue due to overwhelming emotional demands. As such, caregivers are required to receive care to grow their own resilience and reduce their vulnerability, so they can effectively care for others experiencing loss, deep pain and suffering. Through the care for care givers package, Let Them Grow Healthy Activity (Akule ndi Thanzi) is supporting interpersonal psychotherapy group (IPT-G) community facilitators that has seen a retention of workforce and control client drop-out from community interventions.

METHODOLOGY

Facilitators were grouped into clusters where they received mentorship and supervision support for each IPT-G phase. Monthly case management meetings, quarterly peer supervision, assessments for burnout and compassion fatigue were conducted. Thereafter, individualized counselling and psychological retreat was provided.

CONCLUSION

Consistent provision of care for care giver package motivates the community workforce who in turn support their clients. There is a need for further analysis on cost effectiveness and applicability to large scale intervention.

ACKNOWLEDGEMENTS

We appreciate the work that the IPT-G Field Facilitators, IPT-G and Field Supervisors and all Akule ndi Thanzi staff are doing to ensure the groups are functional.

RESULTS

Karonga, Lilongwe and Nkhotakota had graduation rate of >80% in the first wave. However, in the second wave only Karonga and Lilongwe continued trends tallying at 96%. There was huge drop for Nkhotakota from previous 96% to 66% having a 30% retrogression in graduation rate performance. IPT-G facilitator turnover, Nkhotakota and Salima recorded 25% each Karonga 17% and none for Chitipa and Lilongwe. This mirrors continued effort for care giver package in Lilongwe and Karonga. However, the absence of a supervisor resulted in poor performance for Nkhotakota and Salima.

Keeping the Baby in Mind: The Importance of Understanding the Baby's Voice in Supporting Mothers' Mental Health

Authors: Inge Nickell, Joana Taylor Tavares, and Susan Pawlby

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ABSTRACT

The economic cost of perinatal mental health problems in the UK in 2014 was estimated to be £8.1 billion for each one-year cohort of births with 72% of this cost relating to the impact on the child. Studies worldwide have shown that maternal lifetime mental ill-health prior to pregnancy, in pregnancy or in the first postnatal year may lead to adverse outcomes for the offspring at birth (as assessed by the Neonatal Behavioural Assessment Scale), through childhood and into young adulthood. One possible pathway is through its effect on maternal communication during mother-infant interactions. Interventions need to support the mother-infant relationship as well as the maternal illness per se (UK NICE Guidelines, 2020) in an attempt to ensure that any adverse effects of the mother's illness on her offspring can be minimised.

One such intervention is through the use of the Newborn Behaviour Observation, an approach which focuses on the earliest relationship between parents and the newborn infant. Studies showing that the NBO is a feasible and acceptable intervention with mothers at risk of postpartum depression will be described along with interventions showing positive effects on maternal knowledge, and a reduction in symptoms of anxiety and of depression. A recent study in rural Pakistan found that mothers reported greater understanding of their infant's cues, greater self-confidence as a mother and high satisfaction with the experience of an NBO.

Twenty two professionals across Africa (The Gambia, Egypt, Zimbabwe, South Africa and Nigeria) have received training in the NBO or NBAS through the Brazelton Centre UK. Outcomes from the NBO administration and of understanding the baby's voice will be discussed in terms of the trainees' increase in knowledge, the mother's confidence as a parent and her feelings towards her baby with examples from different African countries. Furthermore we will demonstrate how understanding the baby as a person with thoughts and feelings impacts the nature of the later attachment relationship between the baby and mother.

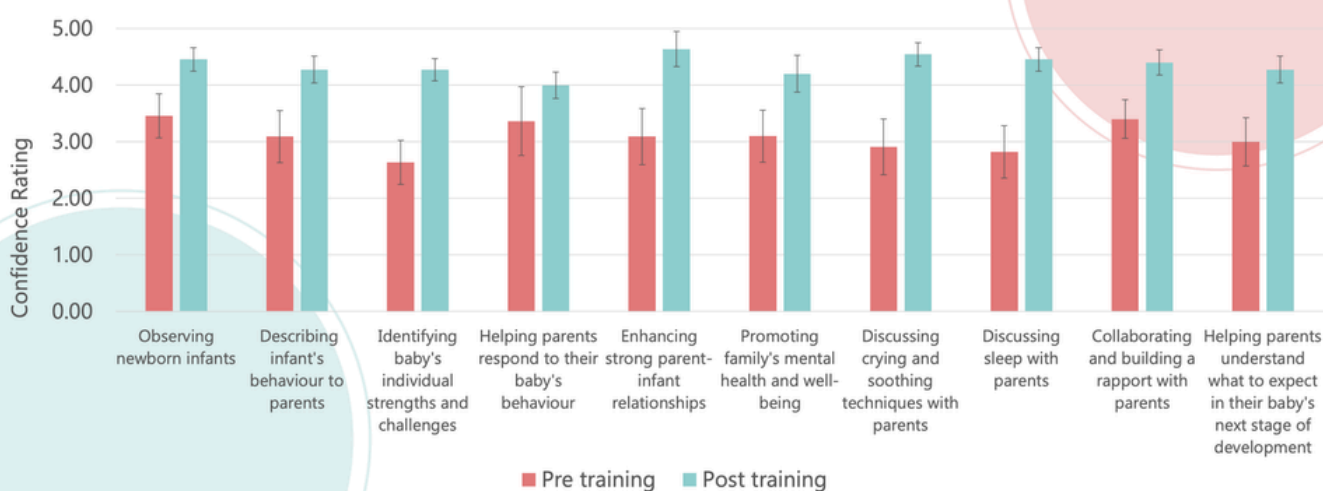
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RESULTS

Change in Trainee Confidence following NBAS or NBO Training



All pre vs post training comparisons significant $p < 0.05$

(Wicoxon signed rank test) but do not survive correction for multiple comparisons

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Biggest benefit of training to families and babies you work with?



Parents get to know and understand their child, they feel confident about their role as a parent, discover new abilities in their child and understand their mental and physical milestones.

Helping understand infant regulation, needs and communication.

Helping parent to be more confident and understand their baby'

Strong relationships and strong bonding.

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The Silent Struggle: Maternal Mental Health Among Nursing Mothers with babies in the NICU.

Authors: S.A.L.T Africa

Author's contact: <https://saltafrica.org/contact.php>

BACKGROUND

The transition to motherhood is often accompanied by profound emotional and psychological challenges, particularly for nursing mothers whose infants are admitted to the Neonatal Intensive Care Unit (NICU). This situation is exacerbated when mothers lack adequate social support from their partners and families, which is critical for their mental well-being during this vulnerable period.

OBJECTIVE

This study aims to explore the emotional, psychological, and social impacts on nursing mothers in the hospital setting who are caring for sick infants in the NICU, particularly focusing on the implications of inadequate familial and spousal support.

METHOD

Through qualitative interviews and surveys, we gathered data from nursing mothers who experienced the NICU admission of their infants. Participants were asked about their support systems, including the role of partners, family members, and the broader social network.

FINDINGS

Globally 15 million children are born pre-term each year and 10,7 million are born at term with low birthweight(less than 2,5kg). Zimbabwe has one of the highest prematurity rate in the world at around 18 percent with at least half of these babies dying due to various reasons. Preliminary results indicate that many mothers report feelings of isolation, anxiety, and depression due to a lack of support from their spouses and immediate family members. Some mothers, particularly those who have given birth from infidelity, experience additional stigma and emotional distress, further compounding their sense of abandonment and unworthiness. The absence of a robust support system not only affects their mental health but also hinders their ability to bond with their infants and engage in essential caregiving practices.

CONCLUSION

The findings highlight the urgent need for targeted interventions to bolster support systems for nursing mothers in the NICU. By addressing the emotional and psychological needs of these women, healthcare providers can foster a more supportive environment that promotes maternal mental health and improves outcomes for both mothers and their infants.

Keywords: Maternal mental health, NICU, nursing mothers, social support, emotional well-being, psychological distress.



ICAMMHA2024

The Future of Perinatal Mental Health in Africa



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African Alliance for
Maternal Mental Health
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