Barriers and facilitators for equitable perinatal mental healthcare in Kenya: a secondary data analysis

UNIVERSITY OF LEEDS

Hannah Firdaws Waheed[1,2], Ghazala Mir[1]

[1]Faculty of Medicine and Health, School of Medicine, University of Leeds, Leeds, UK

[2]Mid Yorkshire Teaching NHS Trust, West Yorkshire, UK

Introduction

- Perinatal mental health (PMH) problems extend beyond high income settings with an estimated 1 in 4 women experiencing perinatal depression in low and middle-income countries (LMICs).[1]
- Poor PMH has wide-ranging implications for maternal and child health in LMICs in the short and long term.[2,3]
- Kenya serves as a regional model for its progressive approach in prioritising PMH in national policy.[4]
- However, there is limited available and accessible mental healthcare with approximately 1736 mental health professionals and 53 psychiatrists.[5]
- Studies exploring mental health among pregnant and postpartum women in Kenya generally target specific groups, such as adolescents, with no studies explicitly exploring the approach taken by the Ministry of Health (MoH) to integrate PMH into national policy.[6]
- This study adopts a broad approach to focus on the mental health needs of all pregnant and postpartum women in Kenya.

- **Aim**: to explore the barriers and facilitators for the provision of equitable PMH care in Kenya.

Methods

- **Study design:** Qualitative descriptive study combining an analysis of guidelines and policy documents and an analysis of relevant perspectives in YouTube videos.

- **Data collection:** Nine maternal and mental health policies and guidelines and ten YouTube videos containing personal perspectives of those impacted by PMH challenges and/or involved with PMH care in Kenya were sampled purposively. Relevant video transcript excerpts were extracted into Microsoft Word, checked for accuracy and pseudonymised.

- **Data analysis**: NVivo 14 was used during analysis. The document analysis incorporated the READ (Ready materials, Extract data, Analyse data, Distil) approach with inductive thematic content analysis used to identify themes.[7,8] This was followed by an adapted framework analysis on the transcripts as part of a deductive-inductive method to incorporate themes from the document analysis and identify new emerging themes.[9]

- **Theoretical framework:** Themes were mapped to the levels of the social ecological model (SEM) and highlighted as facilitators and/or barriers.[10]

- **Ethics:** Approval was obtained from the Leeds Institute of Health Sciences Research Ethics Sub-Committee.

Results

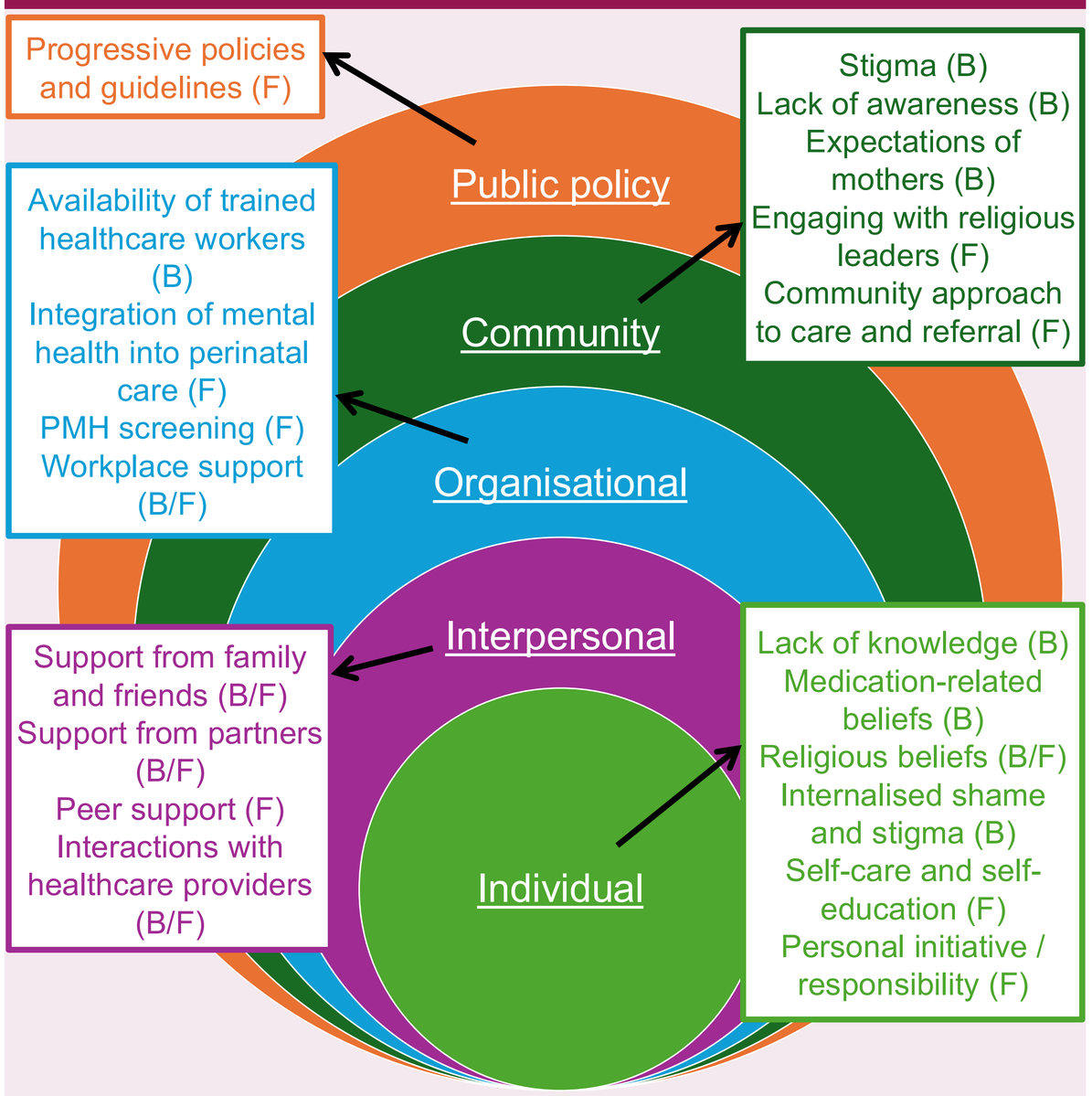

Figure 1: Findings from the analysis summarising the key barriers (B) and facilitators (F) for the provision of equitable PMH care in Kenya at each SEM level.[11]

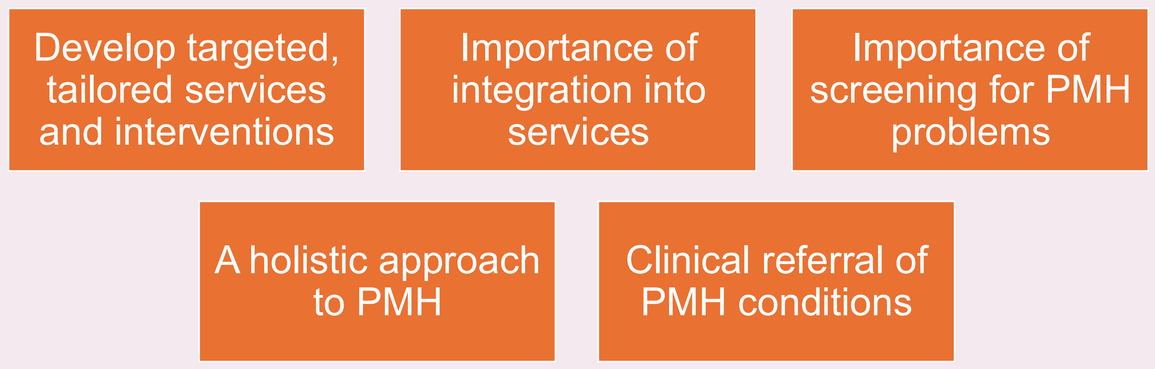

Figure 2: Approach to PMH care at the policy level.[11]

Conclusions

- A multitude of facilitators and barriers to equitable access to PMH care in Kenya were identified. Notably, financial barriers were not a significant finding suggesting limitations to the study data.
- Stigma was identified as a crucial barrier at the individual and community SEM levels but was not purposefully integrated within national maternal and mental health policies.
- **Recommendations:**
  - Address stigma within future national PMH policies.
  - Develop training on PMH screening for all health worker cadres including community health workers.
  - Focus on stigma in future PMH research in the country.

References