

Literature Review: Maternal Depression in Ghana

McKenna Clotzman and Stephanie Adomako

Longwood University

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Introduction

The selected population is best described as women in Ghana who are experiencing maternal depression as a result of specific risk factors such as interpersonal violence, poverty/hunger, inadequate social support, or exposure to abuse or other traumatic events. The total population of Ghana is estimated to be about 33.9 million individuals (Central Intelligence Agency, 2022). According to the Central Intelligence Agency (2022), individuals in Ghana are on average about 20.7 years old when they have their firstborn child, and the maternal mortality rate in Ghana is 308 deaths out of 100,000 live births.

The targeted issue that the group intervention will address is maternal depression in Ghana. It is a cultural norm in Ghana to not talk about one's mental health, which makes literature on the subject of maternal depression scarce. According to a study completed in Ghana about factors which prevent individuals from seeking help (Tawiah, et al., 2015). The stigma around mental health tends to prevent individuals in Ghana from seeking help or treatment for their mental illnesses, Considering the fact that there is already an existing stigma around treatment for mental illnesses in addition to the fact that the authors found that a majority of their participants identified as women (Tawiah, et al., 2015), young women in Ghana are at high risk for maternal depression.

Additionally, according to a 2016 estimate, about 23.4% of Ghanaians live below the poverty line (Central Intelligence Agency, 2022). Although poverty is on the decline in Ghana, it is persistently troublesome in the northern region (Central Intelligence Agency, 2022). In addition to poverty, the northern region of Ghana has significantly lower school enrollment, fewer opportunities for women, and higher rates of illiteracy (Central Intelligence Agency, 2022). Due to the difference in demographics between the northern region and the more urban

areas of Ghana, there may be significant differences among individuals in groups, however, the authors hope to unite the women together by focusing on their common strengths and even common weaknesses or issues.

Best Practice

Participants in psychoeducational groups exchange knowledge and develop effective coping skills. During therapy sessions, the therapist facilitates talks and directs clients by setting goals instead of letting them decide what to talk about. The purpose of psychoeducational groups is to teach clients about possible triggers, effective coping strategies, and future problems. As depression, anxiety, and addiction are closely linked to mental health, education and therapy are crucial to recovery. Unlike other types of group treatment, psychoeducational groups often have the same diagnosis (or a similar one). Consequently, the group can focus on a specific set of issues. Taking care of mental health needs is a vital part of healing. Patients should be able to openly discuss complex issues. Mixed groups can make it difficult to talk about sensitive subjects and answer questions that might be too scary to ask one-on-one. In psychoeducational groups, clients benefit from engaging with others with similar experiences. Participants pose challenging questions and share personal stories to better understand their own needs.

According to a study done by Naeed & Wemakor (2019), depression is a risk factor in mothers who have children under the age of 5 specifically for Ghana. The study was completed to determine the causes and prevalence of depression in young mothers in Ghana (Naeed & Wemakor, 2019). The authors found that there was a high prevalence of depression in young mothers specifically in the Northern region of Ghana, and suggested that support for these women is needed to improve their depressive symptoms (Naeed & Wemakor, 2019). The authors

also found that risk factors for depressive symptoms included low socioeconomic status, poor household lighting, and marital status (Naeed & Wemakor, 2019).

Research has been done on psychoeducational groups in Ghana that look at maternal depression in young women. An example of a psychoeducational group specific to women struggling with maternal depression is detailed in the study written by Rosenblum, et al. (2015) on the Mom Power group curriculum. In this article, the authors targeted high-risk mothers and children who were exposed to or experienced some form of trauma and focused on providing education to the mothers as well as teaching coping skills and self-care (Rosenblum et al., 2015). The participants of the study reported experiencing high levels of interpersonal violence, poverty, sexual assault, and abuse at the beginning of the study, but by the end of the study reported significantly lower rates of symptoms of PTSD and depression and additionally reported fewer feelings of helplessness and guilt (Rosenblum, et al., 2015). Overall, the group was beneficial to the health and well-being of the participants. The authors reported the strengths of the study to be high retention rates of a population that is often difficult to retain in similar studies (Rosenblum et al., 2015). Of the limitations of the study, the most prominent is the fact that the study was completed in the United States as opposed to being completed in Ghana. This means that in order to apply the Mom Power Curriculum, the facilitators of the group for women in Ghana will need to adjust the curriculum to more accurately meet the cultural needs of Ghanaian mothers.

The article written by Rosenblum et al (2015) contradicts the findings of the study done by Baumgartner et al. (2021). Baumgartner et al.(2021) claim that their psychoeducational group curriculum was ineffective and no differences were found between the control groups and the groups who received training. The curriculum utilized in this study was the Integrated Mothers

and Babies course (iMBC) which was an evidence-based curriculum developed and formulated for low-income English and Spanish-speaking individuals in the United States (Baumgartner, et al., 2021). Although the study was conducted in Ghana with participants who were of lower socioeconomic status, the findings of the study were null as there was no significant difference in participants' mental health and well-being between the control group which received a general education curriculum, and the group which received the iMBC curriculum (Baumgartner, et al., 2021).

The iMBC/ECD curriculum was expanded on by Cao et al. (2021) who conducted research on the psychoeducational maternal mental health intervention's ability to lessen intimate partner violence (IPV) rates in women with maternal depression and anxiety in the northern region of Ghana. Cao et al. (2021) state that the iMBC/ECD intervention was not created to lessen intimate partner violence but rather to lower mothers' risk for depression and enhance early childhood development which can be damaged by maternal depression. The data was collected via questionnaires and interviews at three different phases: baseline, pre and post intervention. A total of 32 villages were recruited to participate in the study and women were randomly selected from them. Cao et al. (2021) found that the intervention, which aimed to improve mental health and early childhood development, had no discernible impact on women's IPV risk when compared to the control group. However, despite the fact that this improvement wasn't due to the intervention, a boost in perceived social support protected women against emotional abuse. Couple communication improvements also resulted in fewer controlling behaviors from spouses, albeit this cannot be attributed to the intervention.

Coo et al. (2018) conducted a study that has great potential to be translated to be conducted for women in Ghana. The authors of this study conducted a psychoeducational group

in Australia for maternal depression and anxiety known as the Emotional Wellbeing Group. In the study, a group of first-time mothers 18 years and older who have all been clinically diagnosed with depression and anxiety met to discuss how to manage their illness and how to better engage with their children to promote health and wellbeing for mother and child. Coo et al. (2018) found that after the intervention was conducted the mothers viewed motherhood with positivity and the bond between infant and mother grew dramatically. Despite the limitations addressed by Coo et al. (2018) if the Emotional Wellbeing Group was conducted with the same population and the same method in Ghana there would be a great chance of success compared to the earlier studies utilizing the iMBC/ECD curriculum.

A study was conducted on the effect of a treatment program for families with mothers who are experiencing maternal depression (Rueben, et al., 2015). The intervention utilized was the Family Check Up (FCU) which was initially designed to address early childhood conduct problems, but as more research was completed, studies proved that the program was indirectly associated with positive maternal mental health, increased socioemotional skills in children, and a reduction in disruptive behavior from children (Rueben, et al., 2015). Again, Reuben, et al. (2015) found more success utilizing a different curriculum than the studies that used the iMBC or ECD curriculum.

There were strengths regarding psychoeducational groups in Ghana there are a few existing studies on maternal depression that are able to provide a basis for research. Each article stated suggestions for additional research opportunities which is a strength to see that research would possibly continue to be conducted in the 21 century. A lot of the articles found were recent in the last 10 years showing potential for Ghana's ability to develop its mental health resources.

A limitation includes the lack of studies and scholarly sources done specifically on maternal depression. The research was broadened to outside countries to understand maternal depression groups and to manipulate them into a possible group for young mothers in the regions of Accra, Kumasi, and Cape Coast. Each article that was found based on Ghana had gone through research on the region and included an opportunity for the women to have the studies done in the native language showing that cultural competence was understood as a huge need to be able to continue gathering accurate data.

Theoretical framework

The Strengths Perspective is a method of social work. The aiding process focuses on the assets and strengths of individuals, groups, and settings. It was developed as a corrective and transformational response to prevalent norms, ideologies, and practices that reduce individuals and their potential for deficiencies, pathologies, issues, and dysfunctions. The strengths perspective advocates the rights of people and communities to establish and realize their own goals and objectives. It also focuses on the human ability for perseverance, resistance, courage, flourishing, and innovation.

Within the Strengths Perspective, we have the Empowerment Theory. Developed by Julian Rappaport, the theory focuses on helping clients develop self-efficacy. Empowerment Theory might encourage individuals to take control of their own lives. It has been applied in a variety of contexts to help people from all walks of life regain control over their own lives. The Empowerment Theory promotes pattern recognition, utilizing one's inner resources for wellbeing, and actively engaging in the process of transforming oneself and one's surroundings. People might identify their capacity to engage in their own lives with the help of Empowerment Theory. This concept encourages people to actively pursue their goals by using their personal

and societal resources, as opposed to taking a passive approach. To accomplish its objectives, empowerment theory follows a five-step problem-solving process: determine issues, define strengths, set objectives, put interventions in place, collaboratively assess achievements.

Empowerment psychoeducational intervention in Ghana would consist of teaching these young women self-esteem. Learning and developing self-esteem would limit rates of young pregnancies and nurture their minds to build bonds with their community to help with maternal depression. The empowerment in the psychoeducational intervention would also help these women with limited resources as well as stigma and lack of education on mental health to continue with their own treatment after the intervention time frame. Empowerment theory can not happen without systems theory. Systems theory is a strategy that enables professionals to take a comprehensive look at a client's circumstances and surrounding components to better understand why they have problems or struggle. Mothers who battled maternal depression do not face the challenge alone. Cohen & Schiller (2017), stated that enhancing family knowledge can also aid in reducing patient depressed symptoms, as evidenced by a number of psychoeducation-based therapies for family members of patients with Maternal Depression. This can support empowerment theory if the clients support is educated on their illness to better boost the persons support in turn boosting confidence and having them feel empowered.

Ethical Dilemma

Ethical dilemmas that may arise include disclosures of abuse, neglect, or interpersonal violence. The strengths of the group interventions would include the opportunity to learn

indirectly from others, the knowledge and solace that others have similar struggles, and the opportunity to practice positive interpersonal problem-solving techniques in a secure setting. One cannot undervalue the usefulness of group interventions for resolving conflicts and altering personality. Losing trust is implied as a potential constraint, and the dynamics of treatment seem to make this element extremely important. In one-on-one conversations, patients frequently feel more at ease and provide more personal information. A limitation specific to this form of group intervention is the development of cultural competency. The culture in Ghana is heavily based on traditions, holistic healing, and religion. This means that any curriculum applied would need to be adjusted to meet each region's customs and beliefs.

Finally, the ultimate limitation that the authors of the group intervention curriculum for young mothers in Ghana will face is the lack of existing literature on the topic. Attempts to find literature on an objectively controversial and stigmatized topic for a population in which mental health is not discussed were made, yet recent, accurate data on the subject is difficult to locate. The authors plan to address the gap by developing a culturally competent, trauma-informed group for young mothers in Ghana who are experiencing depression.

References

- Baumgartner, J. N., Gallis, J. A., Lillie, M., Owusu, R., Abubakr-Bibilazu, S., Adam, H., Aborigo, R., McEwan, E., Zhou, Y., Kim, E. T., Mackness, J., Williams, J. K. A., Hembling, J., & Ali, M. (2021, May 26). *Effect of a Lay Counselor-Delivered Integrated Maternal Mental Health and Early Childhood Development Group-Based Intervention in Northern Ghana: A Cluster-Randomized Controlled Trial*. Global Mental Health (Cambridge, England). Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8157813/>
- Cao, J., Gallis, J.A., Ali, M. *et al.* The impact of a maternal mental health intervention on intimate partner violence in Northern Ghana and the mediating roles of social support and couple communication: secondary analysis of a cluster randomized controlled trial. *BMC Public Health* 21, 2010 (2021). <https://doi.org/10.1186/s12889-021-12121-9>
- Central Intelligence Agency. (2023). *People and Society*. Central Intelligence Agency. Retrieved from <https://www.cia.gov/the-world-factbook/countries/ghana/#people-and-society>

- Coo, S., Somerville, S., Matacz, R., & Byrne, S. (2018). Development and preliminary evaluation of a group intervention targeting maternal mental health and mother-infant interactions: a combined qualitative and case series report. *Journal of Reproductive & Infant Psychology*, 36(3), 327–343. <https://doi-org.proxy.longwood.edu/10.1080/02646838.2018.1443435>
- Cohen, M. J., & Schiller, C. E. (2017). A theoretical framework for treating perinatal depression using couple-based interventions. *Psychotherapy*, 54(4), 406–415. <https://doi-org.proxy.longwood.edu/10.1037/pst0000151>
- Saeed, N., Wemakor, A. Prevalence and determinants of depression in mothers of children under 5 years in Bole District, Ghana. *BMC Res Notes* 12, 373 (2019). <https://doi.org/10.1186/s13104-019-4399-5>
- Rosenblum, K. L., Alfafara, E. A., Schuster, M. M., Miller, N. M., Waddell, R. M., & Kohler, E. S. (2015). Mom Power: Preliminary Outcomes of a Group Intervention to Improve Mental Health and Parenting Among High-Risk Mothers. *Archives of Women's Mental Health*, 18(3), 507–521. <https://doi.org/10.1007/s00737-014-0490-z>
- Tawiah, P. E., Adongo, P. B., & Aikins, M. (2015). Mental Health-Related Stigma and Discrimination in Ghana: Experience of Patients and Their Caregivers. *Ghana Medical Journal*, 49(1), 30–36. <https://doi.org/10.4314/gmj.v49i1.6>