Literature Review on Maternal Depression in Ghana

Samantha Nicholson and Kaylee Parrott

Longwood University

SOWK 425: Methods II

Professor Shayla Walker

September 25, 2022

Literature Review on Maternal Depression in Ghana

In modern day society, as mental health is focused on much more, it is important to understand the processes and procedures for comprehending and evaluating mental health in both developed and developing countries. For example, it is said that in Ghana, depression is considered a myth and because of that, is very stigmatized (Adisetu Pobee et al., 2022). The purpose of this literature review is to inform readers about the recent research that has been conducted pertaining to women in Ghana. The effects that maternal depression has on Ghanaian women, information on the population, and a critical review of best literature practices will be covered, and to conclude, this literature review will discuss the strengths and limitations of available literature.

Description of Population

Demographics and Size of Population

In order to best serve the vulnerable populations at risk, it is significantly important to become familiar with the culture, demographics, and population size. As of September 25, 2022, the current population of Ghana contains approximately 32,516,792 people which makes up 0.4% of the entire world's population (Worldometer, 2022). As this paper focuses on Ghanaian pregnant women, it is important to consider information pertaining to fertility, infant mortality, statistics on death under five, and life expectancy. Overall, fertility in Ghana has decreased since 1995. 30.8 per every one thousand infants experience infant mortality, and 44.7 per every one thousand children under five experience mortality as well. In Ghana, the life expectancy average is 64.94 years compared to that of America, which is 78.79 years (Worldometer, 2022).

Cultural Norms

One of the main cultural norms within Ghana is the strong sense of unity. In Kumasi, one of the most common phrases to be utilized is, "people from one place are one family", which signifies that those within their community, no matter their differences, are family (Nave, 2016). The people of Ghana also value kinship, which correlates with the beliefs of Kumasi. This idea of kinship is derived from the Asante, who hold a strong influence over Ghana and their culture. The Asante hold such a strong influence in their culture that the Asante language seems to act as a second language to the people of Ghana. Asante kinship is described by Nave as, "...relationships defined through lineage, marriage, or paternity…" (2016). This idea of kinship is not only seen in daily life, but is also seen in more purposeful moments, such as marriage. People of Ghana also heavily value "abusua", meaning family, and "fie", meaning house. However, it should be noted that within the vocabulary in Ghanaian culture, the word "house" and the word "place" hold completely different meanings. Within Ghanaian culture, the word "place" is only a loose concept that holds more of a meaning of proximity, rather than a place of safety. In Ghana, the words "house" and "family" are linked together through their idea of kinship and their belief that one's family can provide safety, and therefore serve as a home for some (Nave, 2016). **Commonalities and Differences among Individuals**

As mentioned above, Asante kinship holds a strong influence over the people of Ghana in the ways that they view each other, how bonds are created with one another, and how strong these bonds may be. While the people of Ghana hold many differences, Asante kinship allows for these differences to be overlooked and asks the people to view each other as equals, regardless of their background, where they are from, or any other defining class. As mentioned in Nave's article, *One Family: Defining Kinship in the Neighbourhoods of Kumasi, Ghana*, some of the only factors that may influence how people view one another are age and gender. Usually,

within Ghana's culture, age only plays a role when it comes to the level of respect the people give to one another, as those who are older are usually respected more than those who are younger (Nave, 2016). In Ghanaian culture, many hold a unique perspective when it comes to the idea of fighting and arguing amongst others. Instead of viewing arguments as people being against one another, arguments are viewed as something that is inevitable to happen within relationships and people should not let an argument strongly influence their relationship with one another. As mentioned in an interview conducted by Nave when discussing the idea of sisterhood, a member of Ghanaian culture is reminded of an argument held between herself and someone who she considered to be a sister when discussing the idea of chores. "... we are all sisters (*nuabaa*). We shouldn't let this thing bring any fight. Whoever has to sweep should sweep, and then you should cut this thing short," (2016). Among Ghanaian culture, arguments are seen as something miniscule that should be taken care of quickly, not something in which people should hold a grudge over or allow to last for days at a time.

Overview of Common Issues

In present day Ghana, one of the most common issues facing women is the issue of seeking services during the pregnancy and the delivery of their child. As social workers, aiming to uphold the NASW Code of Ethics, having a strong comprehension of the common issues present will help practitioners better serve the population at hand. A substantial issue in Ghana, which negatively influences the maternal population, is that obstetric care is not an adequate, universal service in Ghana (Amogre Ayanore, 2017). Consequently, maternal mortality has also become a prominent issue in Ghana. According to Barbi et al., very little has changed concerning maternal mortality rates in Ghana over the years (2021). Barbi el al., continues to state that while there are many maternal and new-born health care services that are free to the public, there are

also many obstacles that lie in the way of obtaining these services. Many mothers or pregnant women described struggling with financial issues or struggling with issues relating to the distance of these services, specifically the cost of transportation. While these services have been free to the public since 2003 (Barbi et al., 2021), many women discuss issues pertaining to the fact that the accessories required to deliver their children are often far too expensive. To overcome these obstacles, strategies such as empowering women, increasing male involvement in antenatal care, and improving the coverage and overall effectiveness of the health education taught to pregnant women should be implemented.

Another obstacle seen within Ghanaian culture that affects the female population is the prevalence of postpartum depression. According to Anokye et al., "Postpartum depression is a mood disorder that affects approximately 10-15% of adult mothers yearly," (2018). However, it is estimated that only twenty percent of women who have symptoms of postpartum depression report their symptoms (Anokye et al., 2018). Many mothers feel a strong sense to not report their symptoms for a variety of reasons. Many mothers and caregivers minimize the mother's feelings, as most believe postpartum depression is simply a consequence of giving birth. Mothers also feel an urgency to not report their symptoms out of their fear of being stigmatized or perceived as a bad mother in the public eye. Factors that can lead to an increase in postpartum depression are stressful life events, the stress of caring for a child, prenatal anxiety, and having a previous struggle with postpartum depression. According to Anokye et al.'s study, seven percent of women who had postpartum depression had indications of postpartum depression prior to the study. However, around ninety-three percent of the study's population had no prior indications of postpartum depression (Anokye et al., 2018). This data demonstrates just how effortlessly

women struggling with postpartum depression can fall through the metaphorical cracks of the healthcare system.

Along with postpartum depression, many mothers struggle with parenting stress, which can further their feelings of depression and anxiety while raising their child. As discussed in Guo et al.' s article, *Mental Health Related Determinants of Parenting Stress Among Urban Mothers of Young Children - Results from a Birth-Cohort Study in Ghana and Côte d'Ivoire*, high parenting stress can lead to long-term effects on both children's cognitive and behavioral outcomes. However, there is very limited research on the parenting stress, antenatal depression, and postnatal depression in places such as Sub-Saharan Africa. Both antepartum and postpartum depression were shown to be associated with parenting stress (Guo et al., n.d). There is a strong correlation between a mother's parenting stress and her postpartum depression. If we increase women's empowerment, male involvement, and improve the coverage and teaching of health education, not only will there be a change in postpartum depression, but also parental stress.

Regarding mental health, another issue seen within Ghanaian women is the issue of intimate partner violence. In Pallitto et al.'s article, titled *Testing a Counseling Intervention in Antenatal Care for Women Experiencing Partner Violence: A Study Protocol for a Randomized Controlled Trial in Johannesburg, South Africa*, the authors discuss the effects of intimate partner violence on pregnant women, such as pregnancy complications, poor infant health, and the effects of stress (2016). Ways to combat intimate partner violence is by implementing prevention strategies into antenatal care. Pallitto et al. discusses that an intervention to intimate partner violence should include many factors, such as information on the abusive cycle of intimate partner violence, developing safety strategies, opening discussion for any pregnancy

concerns, and including resources for mothers who want to take legal action, but are unsure of what to do and what steps to take to achieve their goals.

Critical Review of Best-Practice of Literature

Purpose of Psychoeducational Groups & Best Practice Methods

In terms of the purpose of psychoeducational groups, it is found within recent research that psychoeducational groups have several benefits for those of a vulnerable population in need. According to *Development and Implementation of a Psychoeducational Group for Ghanaian Adolescents Experiencing Parental Divorce*, the author informs readers that psychoeducational groups allow individuals who are experiencing a similar problem to openly communicate about their experiences, thus building rapport and a support system. Some of the biggest feelings addressed within psychoeducational groups are confusion, anger, guilt, anxiety, and helplessness (2015).

Aside from psychoeducational groups promoting the establishment of rapport and a support system, it is also crucial to know that these groups create feelings of safety and prevent group members from feeling less than as others in the group have similar experiences (Gitterman & Knight, 2016). Another main group goal is to empower members and teach new information; this is easily achievable because psychoeducational groups are found to be increasingly popular and implemented due to their overall effectiveness and easy use (Gitterman & Knight, 2016). In addition to promoting cohesivity and creating a space where individuals can share similar problems, psychoeducational groups also work to implement and enhance coping skills into individuals' lives. However, to do this, it is imperative that an educational component is involved (Gitterman & Knight, 2016).

When taking the time to evaluate the best practice methods for psychoeducational group intervention, it is important to know that there are several methods that afford the group many benefits. To prepare for the most successful outcome, having a structured group size, composition, intervention, treatment goals, and set time is very significant. For example, it was found that having a smaller group size is more likely to promote cohesivity, acceptance, and a sense of belonging (Nkyi, 2015). In places like Ghana, where the roads are not as accessible, choosing a communal location to host and facilitate psychoeducation groups is important. Many times, if groups are held in places like a local school, there is more participation due to convenience (Nkyi, 2015).

When facilitating psychoeducational groups in Ghana, one of the best practice methods that can be utilized is being culturally competent. It is meaningful to know that in Ghana, religion is highly valued in their cultural practices (Nkyi, 2015). Knowing this as a group facilitator will better prepare the group for success. In the article written by Anthony Nkyi, describing the psychoeducational group he conducted in Ghana, he demonstrated that a 10-week period with a different goal each week is suitable for conducting a strong and effective psychoeducational group (2015).

Some other best practice methods that may be helpful for Ghanaian women experiencing maternal depression may include an initial group introduction and goal setting, time management skill building, building self-esteem, communication, anger management skills, and spirituality, healing of past hurts, and forgiveness (Nkyi, 2015). If these women are able to better process and articulate their emotions into words, this may help them navigate the problem at hand. Aside from a set amount of group sessions, role playing to skill build, and being culturally competent, is important to exhibit firm active listening skills to administer a psychoeducational group.

Theoretical Framework

The empowerment theory is one theoretical framework that best supports practice intervention methods for Ghanaian women struggling with maternal depression. The creation of the concept of empowerment theory can be attributed to a Brazilian educator named Paulo Freire (Turner & Maschi, 2015). Friere did not aim to create this theory of empowerment but did so while developing his theory of education. As he furthered his development on his theory of education, Friere began to focus on those who are oppressed and then began to believe it was necessary to dive further, to hold a deeper understanding of their needs (Turner & Maschi, 2015). The feeling of hope, according to Friere, is believed to be at the core of empowerment, followed by an assumption that the client holds strengths that can be further built on. In later years, Lorraine M Gutierrez, who picked up on Friere's empowerment theory and expanded it, began to conceptualize empowerment as, "... the process of increasing personal, interpersonal or political power to improve the lives of marginalized people," (Turner & Maschi, 2015). To Gutierrez, empowerment did not simply mean to give others hope and build on their strengths, but to further their power in an effort to improve the lives of others. While Gutierrez did further develop empowerment theory, what remained at the core of this theory was using resources available to empower others to grow and obtain their needs.

Ethical Dilemmas of Group Intervention & Strengths and Limitations of the Literature

For this paper, there were a multitude of strengths and limitations pertaining to group intervention identified. Some common strengths within psychoeducational groups are the enhancing of self-esteem, and a created sense of belonging, hope, and acceptance. In terms of group limitations, since psychoeducational groups are conducted for a set period of time, this

may prevent members from feeling completely heard. The limitation of time may also influence facilitators to choose objectives that do not meet all members' needs, just the majority.

In terms of the strengths and limitations of the literature itself, there was a lack of research on parenting stress along with limited data on maternal depression. The articles utilized within this literature review also identified that oftentimes in Ghana, the tools used to accumulate data on this population are not as functional or optimal for use. Therefore, researchers do not always have the most clear and up-to-date understanding of what the community's needs are and the cross-sectional studies that are utilized do not – unfortunately – act as a strength as they generate limited information when understanding topics as complex as social interaction. When analyzing the strengths of the literature, it is apparent that the articles address the overall strengths of utilizing psychoeducational groups. Another literature-based strength is that a majority of the articles reviewed mentioned that the population of Ghana, and those working with pregnant women in Ghana, must become higher educated in order to provide better service.

Conclusion

In conclusion, it is evident that maternal depression in Ghana is a social problem within their developing country. A multitude of women and families have many negative experiences that correlate with poor mental health and their environment. It is clear that Ghanaian women experiencing maternal depression can benefit from psychoeducational groups, especially groups that focus on empowerment. As maternal depression in Ghanaian women is an area that needs more research and improvement, this can only happen as stakeholders begin to educate themselves. Overall, according to the NASW Code of Ethics, these women are a significantly vulnerable population who deserve to have this social injustice advocated on and treated with dignity and worth (2022).

Resources:

Ahorlu, C. K., Pfeiffer, C., & Obrist, B. (2015). Socio-cultural and economic factors influencing adolescents' resilience against the threat of teenage pregnancy: A cross-sectional survey in Accra, Ghana. *Reproductive Health*, *12*(1). https://doi.org/10.1186/s12978-015-0113-9

Anokye, R., Acheampong, E., Budu-Ainooson, A., Obeng, E. I., & Akwasi, A. G. (2018). Prevalence of postpartum depression and interventions utilized for its management. *Annals of General Psychiatry*, *17*(1). https://doi.org/10.1186/s12991-018-0188-0

Ayanore, M. A., Pavlova, M., Biesma, R., & Groot, W. (2017). Stakeholders' views on maternity care shortcomings in rural Ghana: An ethnographic study among women, Providers, public, and quasiprivate policy sector actors. *The International Journal of Health Planning and Management*, *33*(1), 105–118. https://doi.org/10.1002/hpm.2411

Barbi, L., Cham, M., Ame-Bruce, E., & Lazzerini, M. (2020). Socio-cultural factors influencing the decision of women to seek care during pregnancy and delivery: A qualitative study in South Tongu District, Ghana. *Global Public Health*, *16*(4), 532–545. https://doi.org/10.1080/17441692.2020.1839926

Fiaveh, D. Y., Izugbara, C. O., Okyerefo, M. P. K., Reysoo, F., & Fayorsey, C. K. (2014). Constructions of masculinity and femininity and sexual risk negotiation practices among women in urban Ghana. *Culture, Health & Sexuality*, *17*(5), 650–662. https://doi.org/10.1080/13691058.2014.989264

Ghana Population (2022). Worldometer. (n.d.). Retrieved September 23, 2022, from https://www.worldometers.info/world-population/ghana-population/

Gitterman, A., & Knight, C. (2016). Curriculum and psychoeducational groups: Opportunities and challenges. *Social Work*, *61*(2), 103–110. https://doi.org/10.1093/sw/sww007

Guo, N., Bindt, C., Bonle, M., Appiah-Poku, J., Hinz, R., Barthel, D., Schoppen, S., Feldt, T., Barkmann, C., Koffi, M., Loag, W., Nguah, S. B., Eberhardt, K. A., Tagbor, H., Bass, J. K., Ehrhardt, S., & N'Goran, E. (n.d.). *Mental Health Related Determinants of Parenting Stress Among Urban Mothers of Young Children--Results From a Birth-Cohort Study in Ghana and Côte d'Ivoire*. BMC psychiatry. Retrieved September 21, 2022, from https://pubmed.ncbi.nlm.nih.gov/24884986/

National Association of Social Workers (NASW). NASW - National Association of Social Workers. (2022). Retrieved September 22, 2022, from https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English

Nkyi, A. K. (2015). Development and implementation of a psychoeducational group for Ghanaian adolescents experiencing parental divorce. *The Journal for Specialists in Group Work*, *40*(2), 243–264. https://doi.org/10.1080/01933922.2015.1017069

Pallitto, C., García-Moreno, C., Stöeckl, H., Hatcher, A., MacPhail, C., Mokoatle, K., & Woollett, N. (2016). Testing a counseling intervention in antenatal care for women experiencing partner violence: A study protocol for a randomized controlled trial in Johannesburg, South Africa. *BMC Health Services Research*, *16*(1). https://doi.org/10.1186/s12913-016-1872-x

Pobee, R. A., Setorglo, J., Kwashie Klevor, M., & Murray-Kolb, L. E. (2022). High levels of depressive symptoms and low quality of life are reported during pregnancy in Cape Coast, Ghana; a longitudinal study. *BMC Public Health*, *22*(1). https://doi.org/10.1186/s12889-022-13299-2

Turner, S. G., & Maschi, T. M. (2014). Feminist and empowerment theory and social work practice. *Journal of Social Work Practice*, *29*(2), 151–162. https://doi.org/10.1080/02650533.2014.941282