

PERINATAL MENTAL HEALTH OF
ADOLESCENT MOTHERS IN AWUTU
SENYA DISTRICT

BY:

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PRESENTATION OUTLINE

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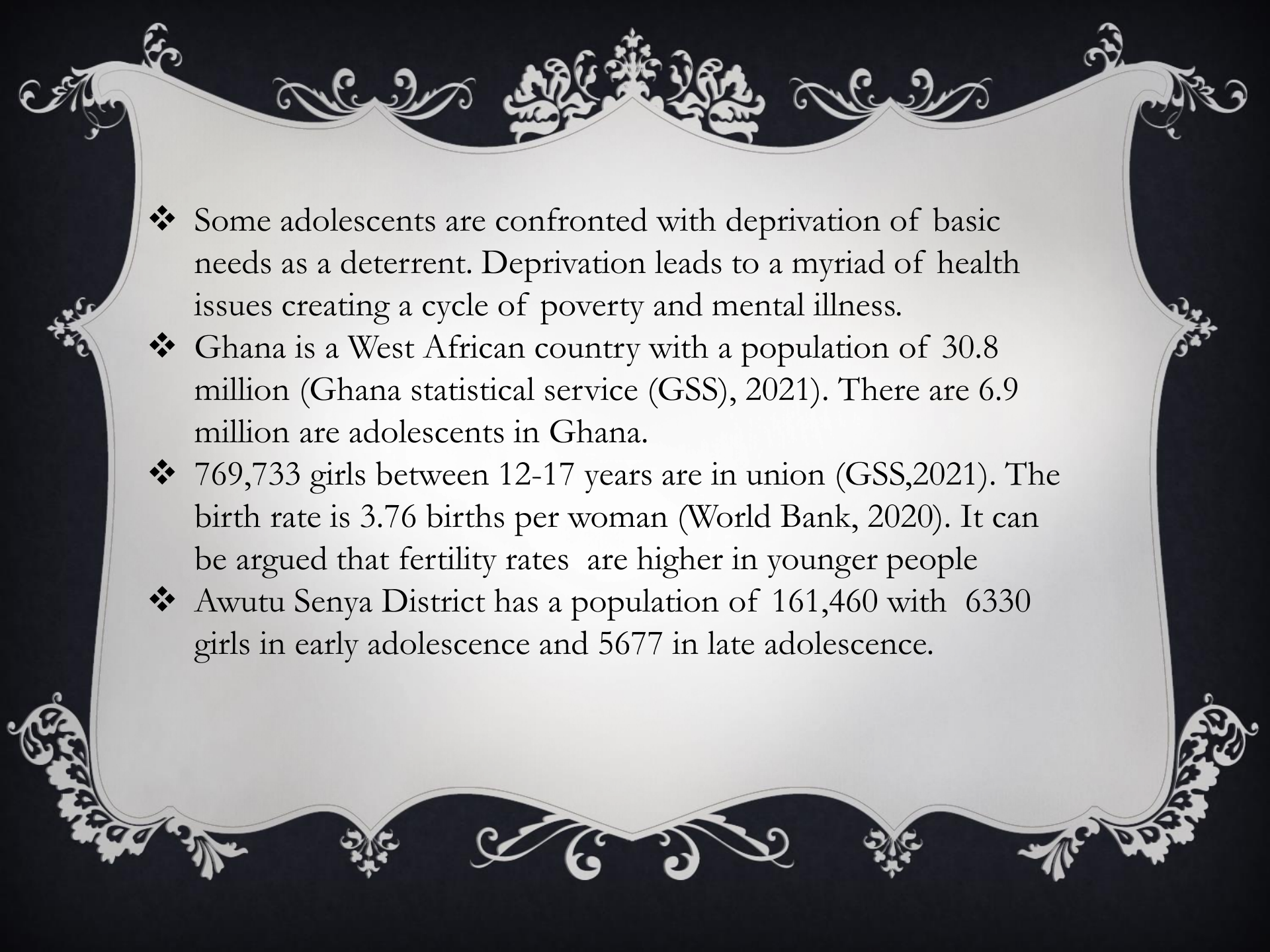
BACKGROUND

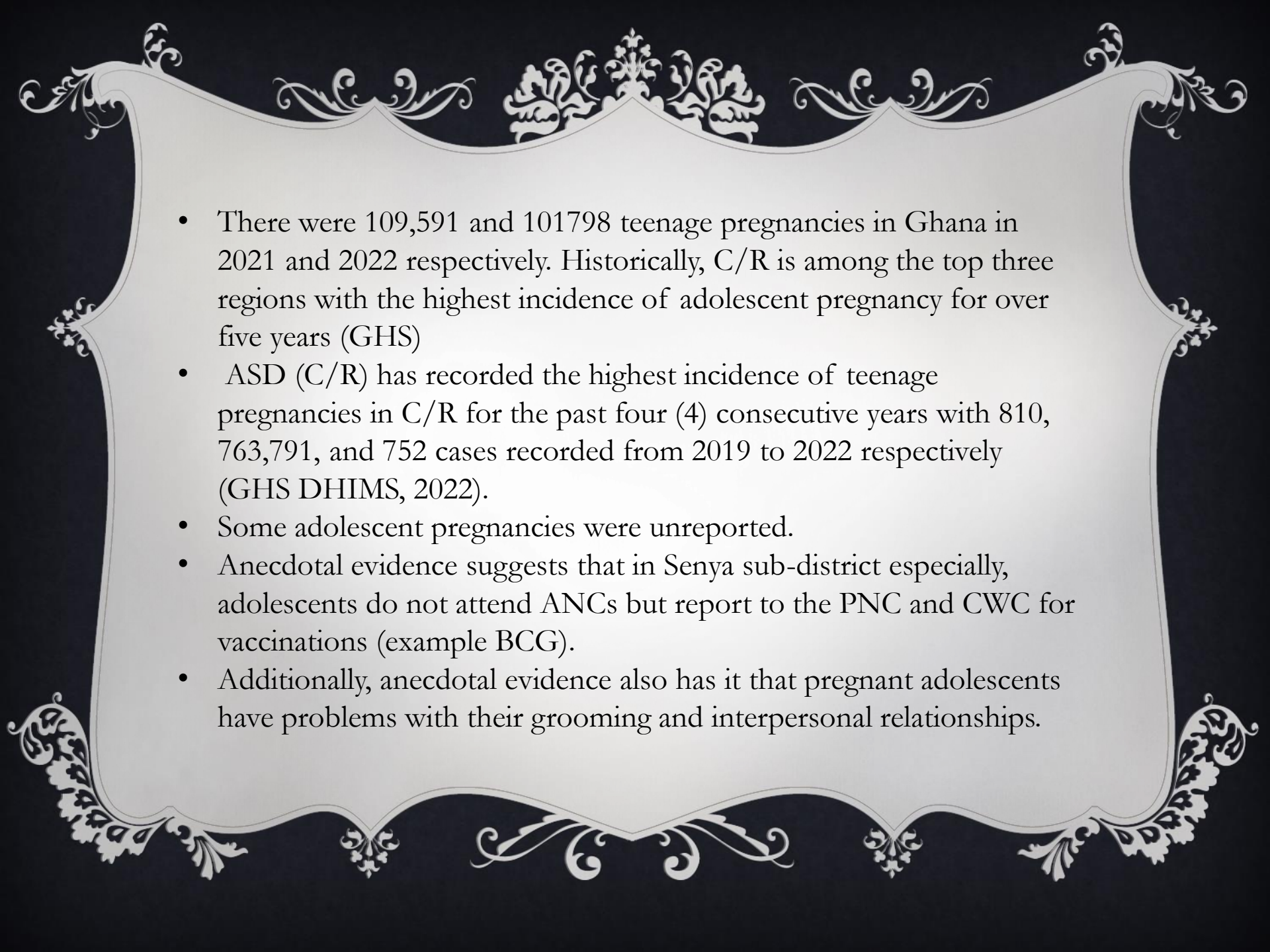
- ❖ The perinatal period is globally recognized as a period of increased vulnerability to mental health problems in adolescents (Adjorlolo, Aziato & Akorli, 2019; Dadi, Akalu, Bakari et al., 2020; Saeed & Wemakor, 2019).
- ❖ Women in the perinatal period exhibit a wide range of emotions and behaviours pertaining to their mental health status (Ferrari, Somerville & Baxler et al., 2013).
- ❖ There may be s/s such as loss of positive affect, rumination, the development of negative cognitions, suicidal thoughts, substance use and

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- ❖ thinking too much in such women or even full –blown mental health (Dadi et al., 2020; Hodgkinson, Beers & Southammkosane et al., 2013).
 - ❖ Globally, prevalence rates of mental health problems and conditions vary however, most researchers have documented a range of between 10% -25.8% (Fischer et al., 2012).
 - ❖ According to the Royal College of Psychiatrists (2018), 1 in 5 women experience mental health problems during pregnancy or after birth.
 - ❖ Most of these studies were conducted in developed countries.

PROBLEM STATEMENT

- ❖ Motherhood during adolescence presents unique challenges due to the peculiar situations of adolescents and the multiple vulnerabilities that they are confronted with (Tembo et al., 2022).
- ❖ Adolescents are not socio-economically empowered and often depend on others for their basic needs. Traditionally, adolescent girls are abused, isolated from their community, ridiculed, neglected, and evicted due to shame and stigma (Aziato et al., 2016). Name-calling is not uncommon and this ultimately leads to isolation and feelings of hopelessness, helplessness and guilt (Kotoh, Amekudzie & Opoku Mensah et al., 2022; Aziato et al., 2016).

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- ❖ Some adolescents are confronted with deprivation of basic needs as a deterrent. Deprivation leads to a myriad of health issues creating a cycle of poverty and mental illness.
 - ❖ Ghana is a West African country with a population of 30.8 million (Ghana statistical service (GSS), 2021). There are 6.9 million adolescents in Ghana.
 - ❖ 769,733 girls between 12-17 years are in union (GSS,2021). The birth rate is 3.76 births per woman (World Bank, 2020). It can be argued that fertility rates are higher in younger people
 - ❖ Awutu Senya District has a population of 161,460 with 6330 girls in early adolescence and 5677 in late adolescence.

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- There were 109,591 and 101,798 teenage pregnancies in Ghana in 2021 and 2022 respectively. Historically, C/R is among the top three regions with the highest incidence of adolescent pregnancy for over five years (GHS)
 - ASD (C/R) has recorded the highest incidence of teenage pregnancies in C/R for the past four (4) consecutive years with 810, 763, 791, and 752 cases recorded from 2019 to 2022 respectively (GHS DHIMS, 2022).
 - Some adolescent pregnancies were unreported.
 - Anecdotal evidence suggests that in Senya sub-district especially, adolescents do not attend ANCs but report to the PNC and CWC for vaccinations (example BCG).
 - Additionally, anecdotal evidence also has it that pregnant adolescents have problems with their grooming and interpersonal relationships.

STUDY OBJECTIVES

- ❖ To describe the mental health of adolescents in the perinatal period in the Awutu Senya District.
- ❖ To describe the common mental health problems or disorders prevalent in adolescents during the perinatal period.
- ❖ To explore the support systems available to adolescent mothers during the perinatal period.

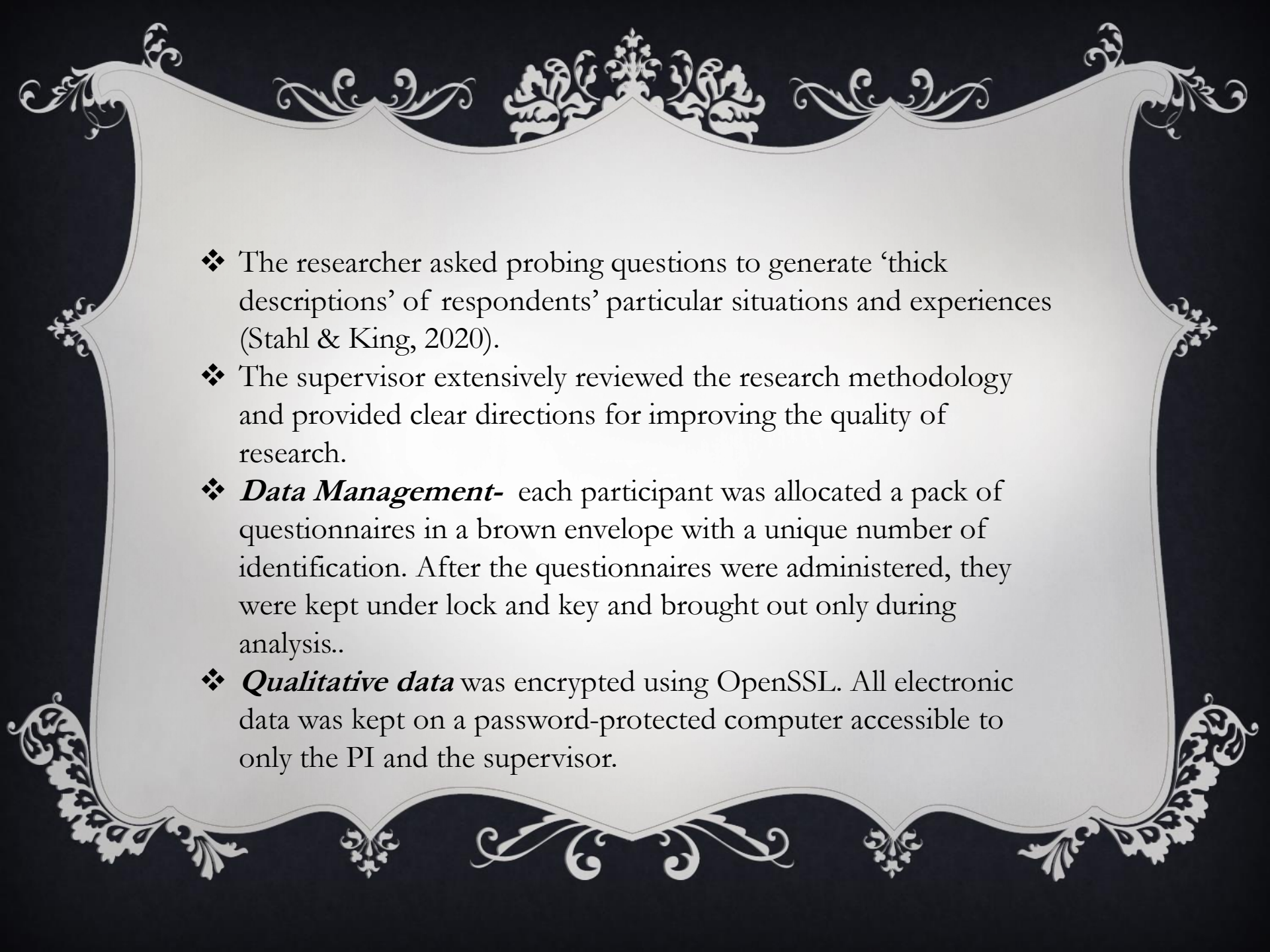
METHODOLOGY

- ❖ **Study Design-** concurrent mixed methods design (Halcomb & Hickman,2015)
- ❖ **Research Setting-** Awutu Senya District precisely Awutu Health Centre, Bawjiase Polyclinic and Senya Polyclinic.
- ❖ **Target Population-** adolescent mothers in the perinatal period receiving care at the above mentioned health facilities in the ASD.
- ❖ **Sample Size:** quantitative – 100, qualitative – 20 however 93 respondents were successfully contacted while 16 participants participated in the interview.

Data Collection Process and analysis- *quantitative* data was collected using three (3) standardized questionnaires : EPDS, PSS and PASS. administered one week apart .This data set was analyzed using SPSS and bar charts.

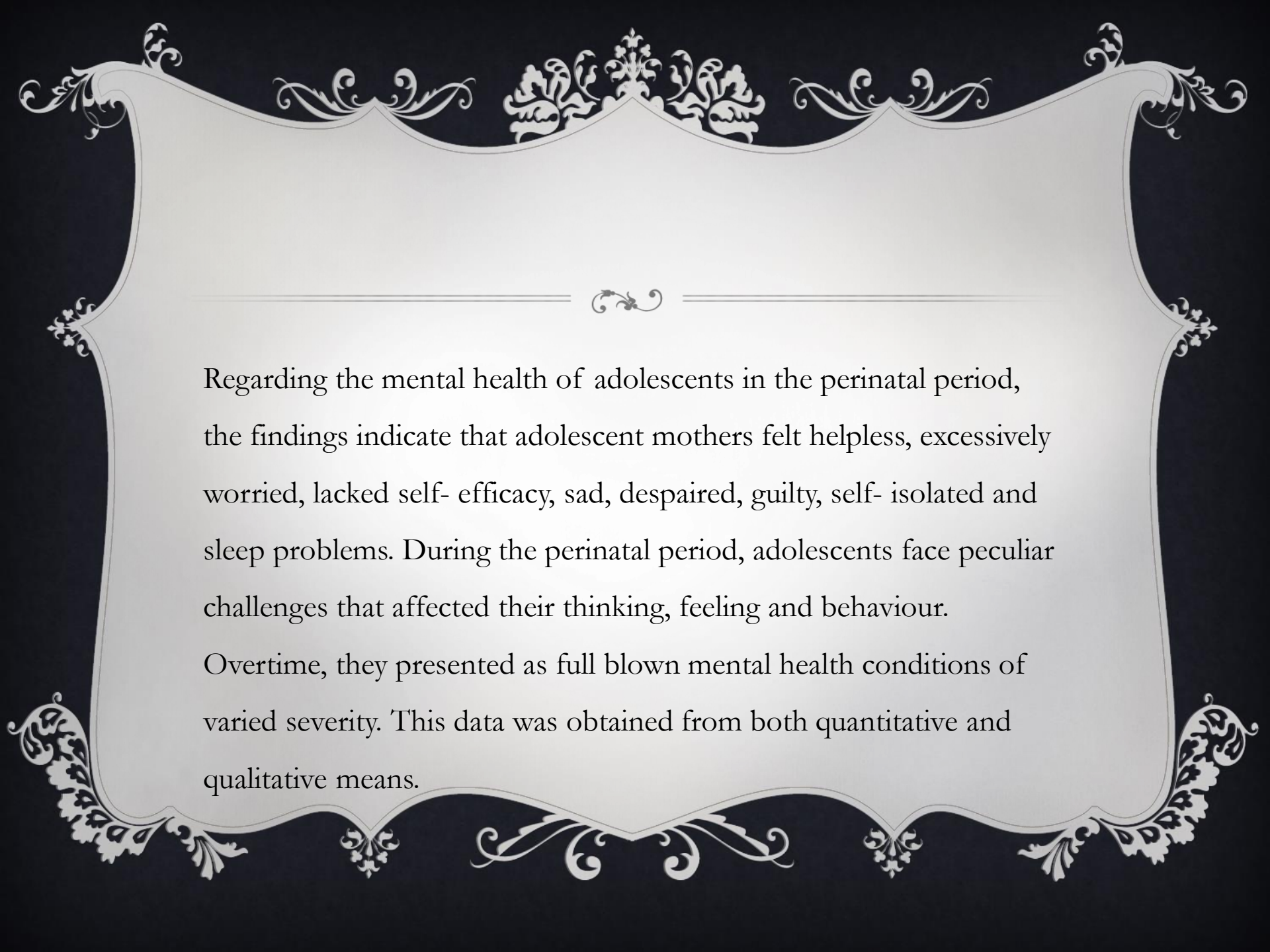
Qualitative data was analyzed was collected using two (2) semi-structured interview guides. This data set was audio-tape recorded and transcribed verbatim until saturation. This was analyzed using content analysis. Data was coded and put under themes and subthemes.

Methodological Rigour- data credibility was ensured by the researcher not allowing her own biases , interests and professional background to influence the responses of participants (Bryman, 2016). Various sources of data were obtained to ensure triangulation.

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- ❖ The researcher asked probing questions to generate ‘thick descriptions’ of respondents’ particular situations and experiences (Stahl & King, 2020).
 - ❖ The supervisor extensively reviewed the research methodology and provided clear directions for improving the quality of research.
 - ❖ ***Data Management-*** each participant was allocated a pack of questionnaires in a brown envelope with a unique number of identification. After the questionnaires were administered, they were kept under lock and key and brought out only during analysis..
 - ❖ ***Qualitative data*** was encrypted using OpenSSL. All electronic data was kept on a password-protected computer accessible to only the PI and the supervisor.

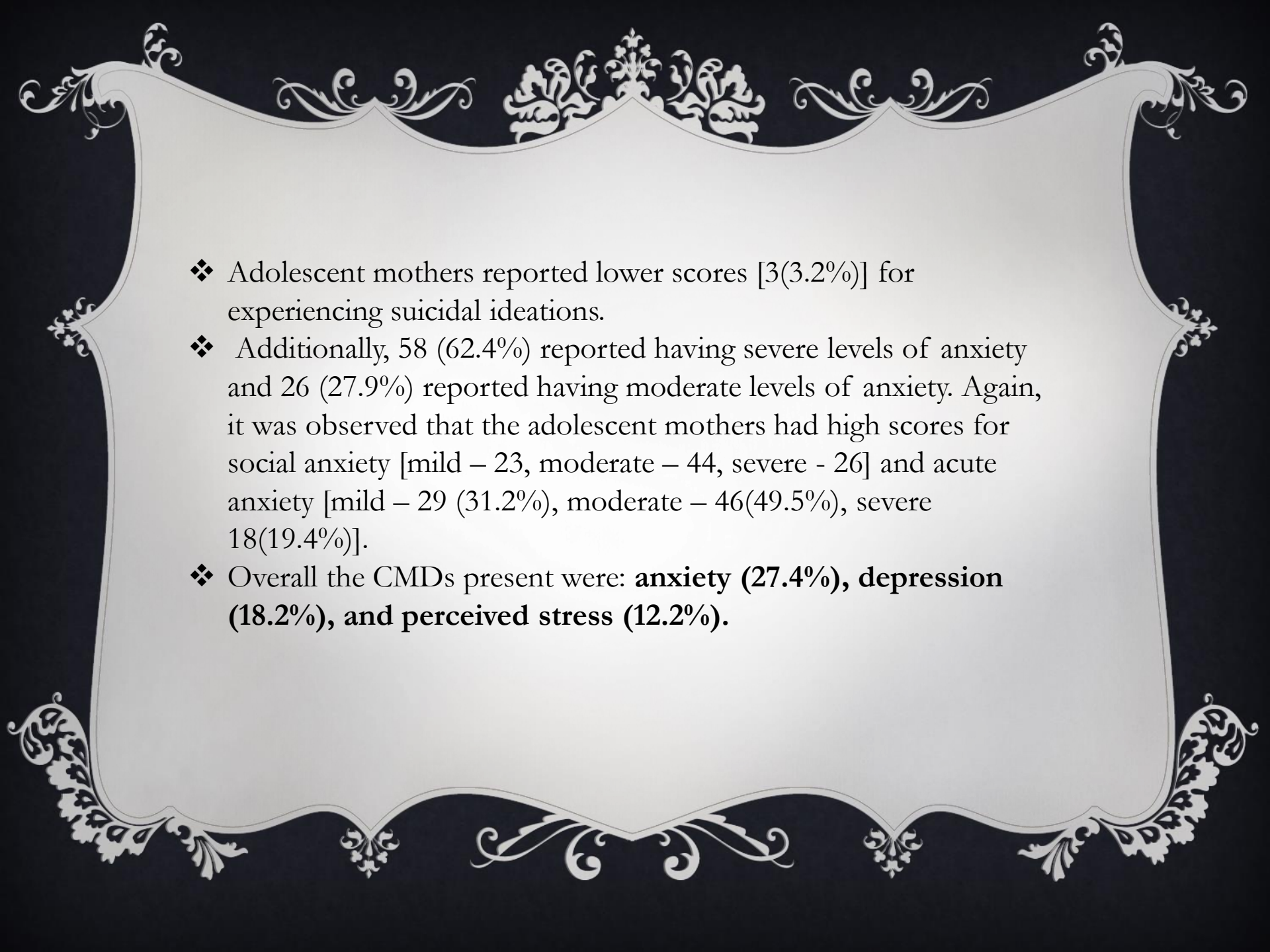
FINDINGS

Demographics	Frequency	Percent Ages
Maternal age		
10-14	5	5.4
15-19	88	94.6
Educational level		
Primary 6	15	16.1
JHS	67	72.0
SHS	11	11.8
Living arrangement		
Parents	74	79.6
Non-parents	19	20.4



Regarding the mental health of adolescents in the perinatal period, the findings indicate that adolescent mothers felt helpless, excessively worried, lacked self- efficacy, sad, despaired, guilty, self- isolated and sleep problems. During the perinatal period, adolescents face peculiar challenges that affected their thinking, feeling and behaviour.

Overtime, they presented as full blown mental health conditions of varied severity. This data was obtained from both quantitative and qualitative means.

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- ❖ Adolescent mothers reported lower scores [3(3.2%)] for experiencing suicidal ideations.
 - ❖ Additionally, 58 (62.4%) reported having severe levels of anxiety and 26 (27.9%) reported having moderate levels of anxiety. Again, it was observed that the adolescent mothers had high scores for social anxiety [mild – 23, moderate – 44, severe - 26] and acute anxiety [mild – 29 (31.2%), moderate – 46(49.5%), severe 18(19.4%)].
 - ❖ Overall the CMDs present were: **anxiety (27.4%), depression (18.2%), and perceived stress (12.2%).**

FINDINGS

(QUALITATIVE)

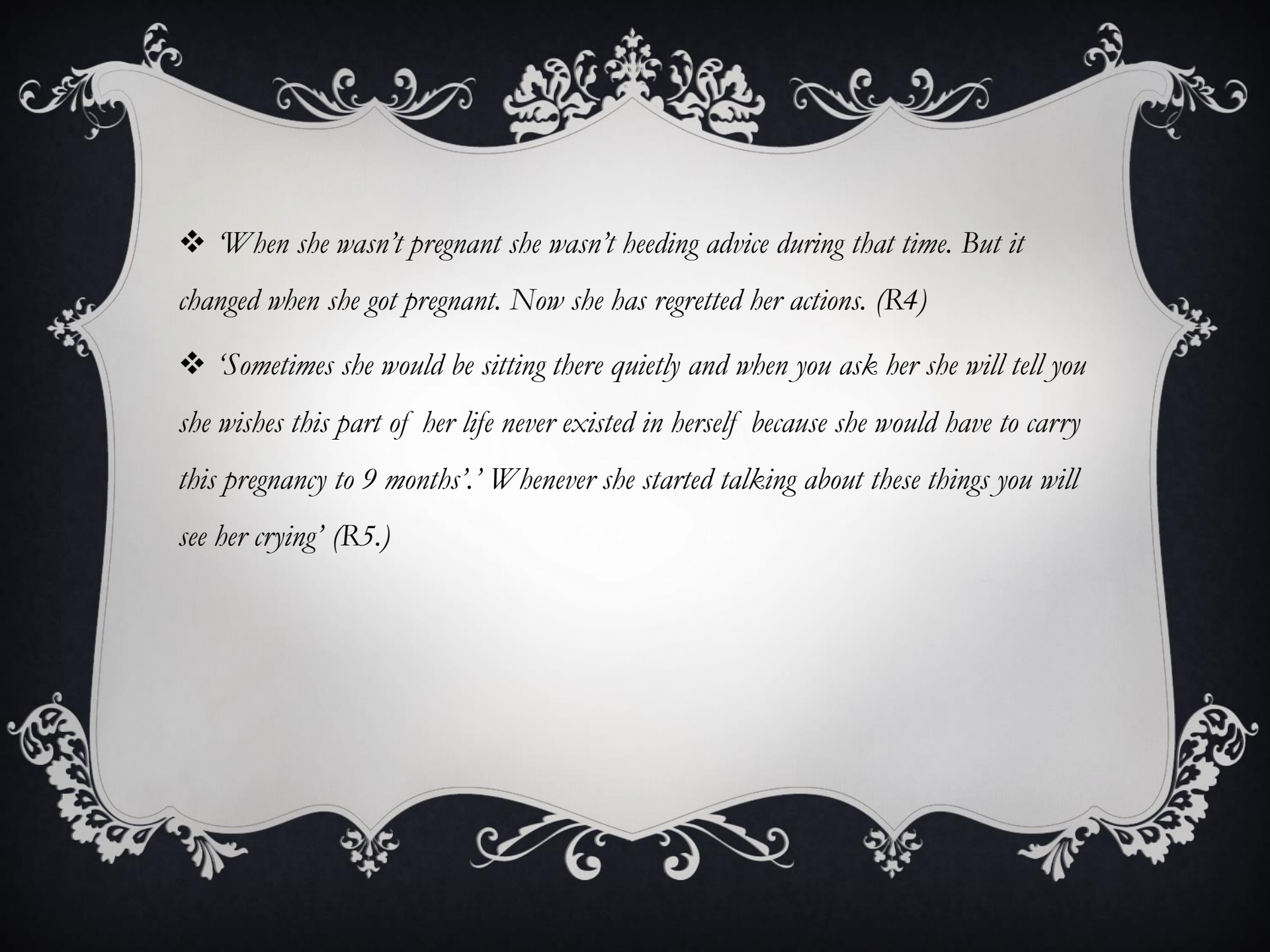
Variables	Frequency	Percentages
Age		
Below 30	1	16.7
30-39	4	66.7
40-49	1	16.7
Occupation		
Working	4	66.7
Not working	2	33.3
Education		
No formal education	2	33.3
Primary	3	50.0
Secondary	1	16.7

DEMOGRAPHICS OF NURSES AND MIDWIVES

	Frequency	Percentages
Age		
30-35	9	90
36-41	1	10
-	7	70
	1	10
	2	20
Educational level		
Certificate	1	10
Diploma	6	60
Degree	2	20
Post-graduate	1	10
Years of experience		
1-5	1	10
6-10	5	50
11-15	4	40


CONTENT ANALYSIS

Main theme	Sub-theme
Support systems	<ul style="list-style-type: none">• Family and friends• Health care system
Suggestions	<ul style="list-style-type: none">• Comprehensive sex education• Education for parents• Financial Support System• Parental support• Cordial relationship• Avoid discrimination• Common mental health problems• Method for identifying mental health problems



❖ *'When she wasn't pregnant she wasn't heeding advice during that time. But it changed when she got pregnant. Now she has regretted her actions. (R4)*

❖ *'Sometimes she would be sitting there quietly and when you ask her she will tell you she wishes this part of her life never existed in herself because she would have to carry this pregnancy to 9 months.'* Whenever she started talking about these things you will see her crying' (R5.)



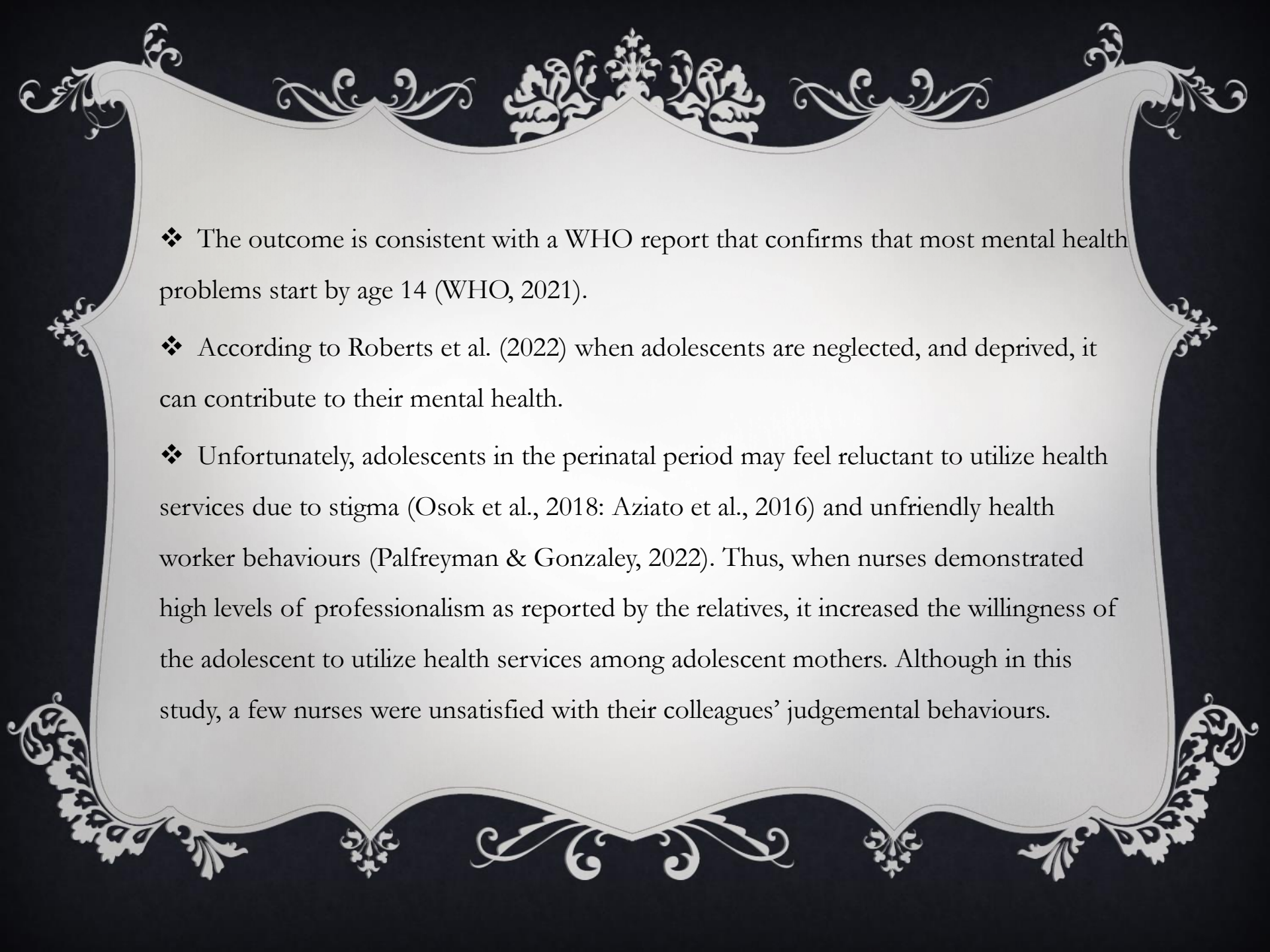
❖ *'She really cried a lot but it was because of our attitude toward each other.'* For her mood, there were mood swings. Sometimes we laugh, and other times too we fight'. 'And also sometimes, she would say she won't stay with me after delivery because she's not ready to settle down with me. So it was like there was no happiness. And apart from the happiness everything was okay'.(AS1)

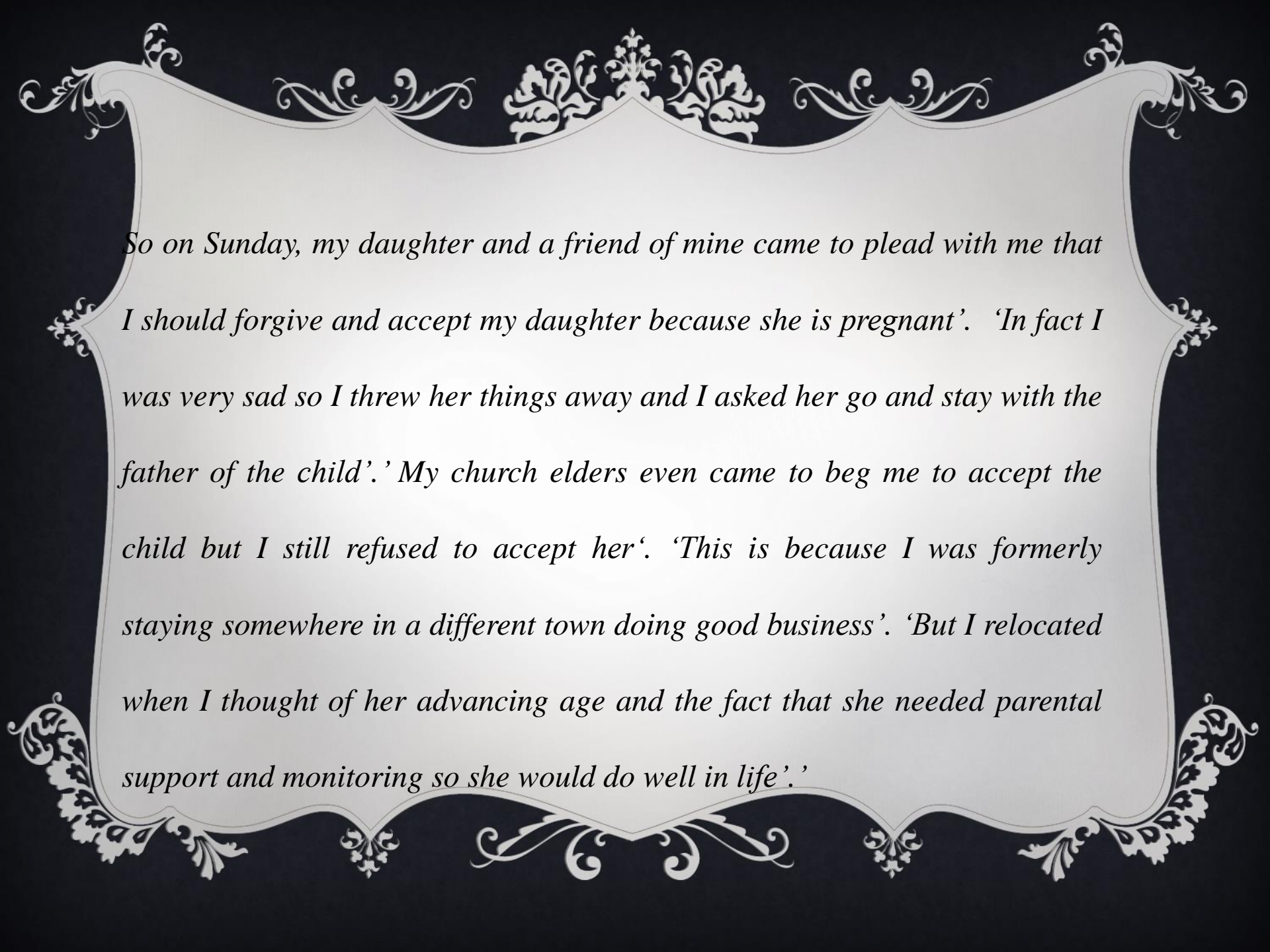
❖ *"She also starts to cry whenever you talk to her. I will ask her if she's crying because of what I'm saying but she would say that it's nothing because it's her fault for all this. And I will tell her, I haven't said what you've done is a sin but stop what you're doing". (R4)*

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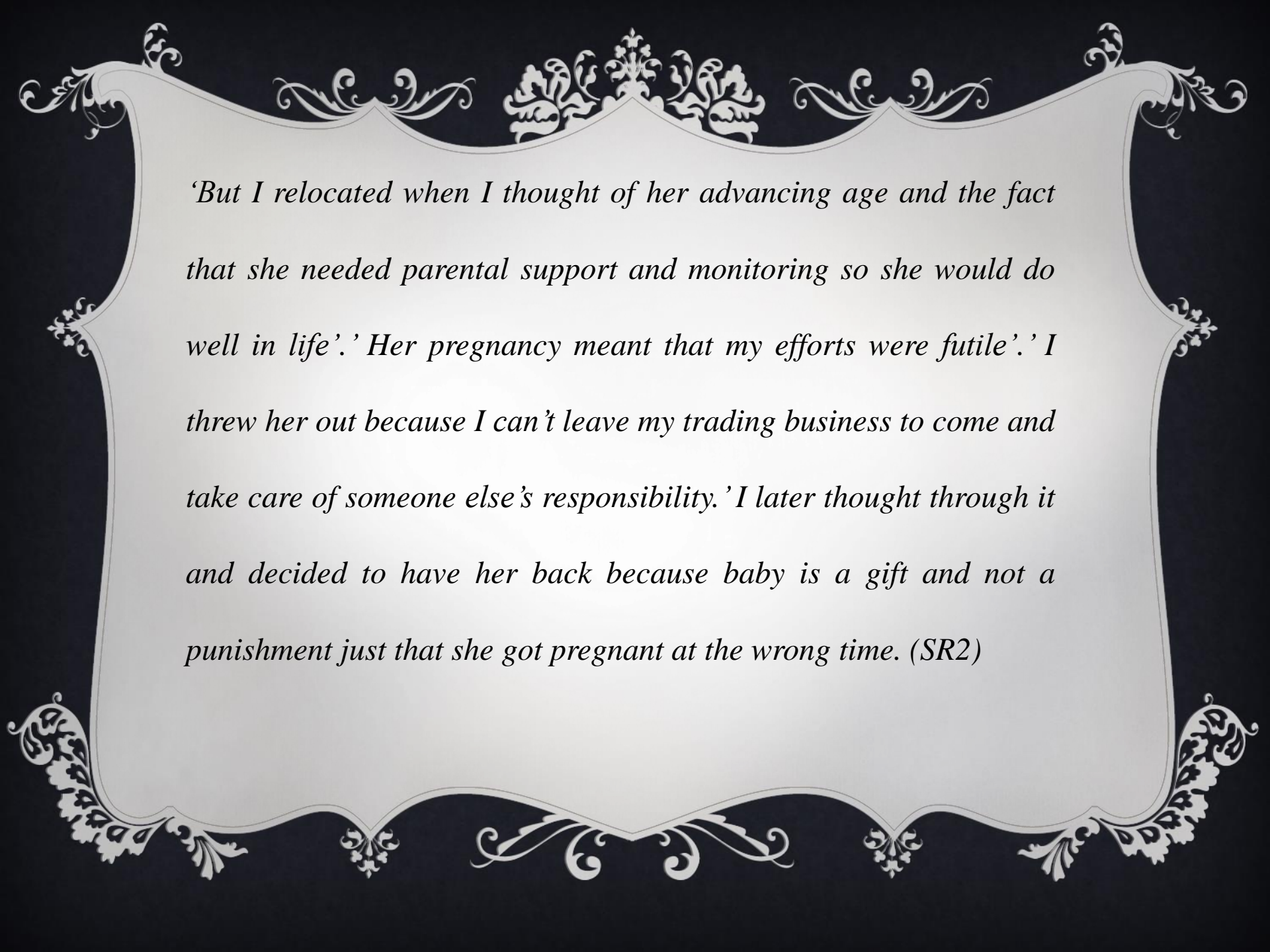
FIELD NOTES

❖ *“She got pregnant while schooling and she dropped out, then she started working as an apprentice in tailoring but she stopped. I would like her to work after the child has stopped breastfeeding. Any work of her choice that she wishes to learn be it tailor. I just want her to inform me that this is what I want to do. Then I also support her.” (R3)*


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- ❖ The outcome is consistent with a WHO report that confirms that most mental health problems start by age 14 (WHO, 2021).
 - ❖ According to Roberts et al. (2022) when adolescents are neglected, and deprived, it can contribute to their mental health.
 - ❖ Unfortunately, adolescents in the perinatal period may feel reluctant to utilize health services due to stigma (Osok et al., 2018; Aziato et al., 2016) and unfriendly health worker behaviours (Palfreyman & Gonzaley, 2022). Thus, when nurses demonstrated high levels of professionalism as reported by the relatives, it increased the willingness of the adolescent to utilize health services among adolescent mothers. Although in this study, a few nurses were unsatisfied with their colleagues' judgemental behaviours.



So on Sunday, my daughter and a friend of mine came to plead with me that I should forgive and accept my daughter because she is pregnant'. 'In fact I was very sad so I threw her things away and I asked her go and stay with the father of the child'. My church elders even came to beg me to accept the child but I still refused to accept her'. 'This is because I was formerly staying somewhere in a different town doing good business'. 'But I relocated when I thought of her advancing age and the fact that she needed parental support and monitoring so she would do well in life'.'



'But I relocated when I thought of her advancing age and the fact that she needed parental support and monitoring so she would do well in life'. 'Her pregnancy meant that my efforts were futile'. 'I threw her out because I can't leave my trading business to come and take care of someone else's responsibility.' I later thought through it and decided to have her back because baby is a gift and not a punishment just that she got pregnant at the wrong time. (SR2)

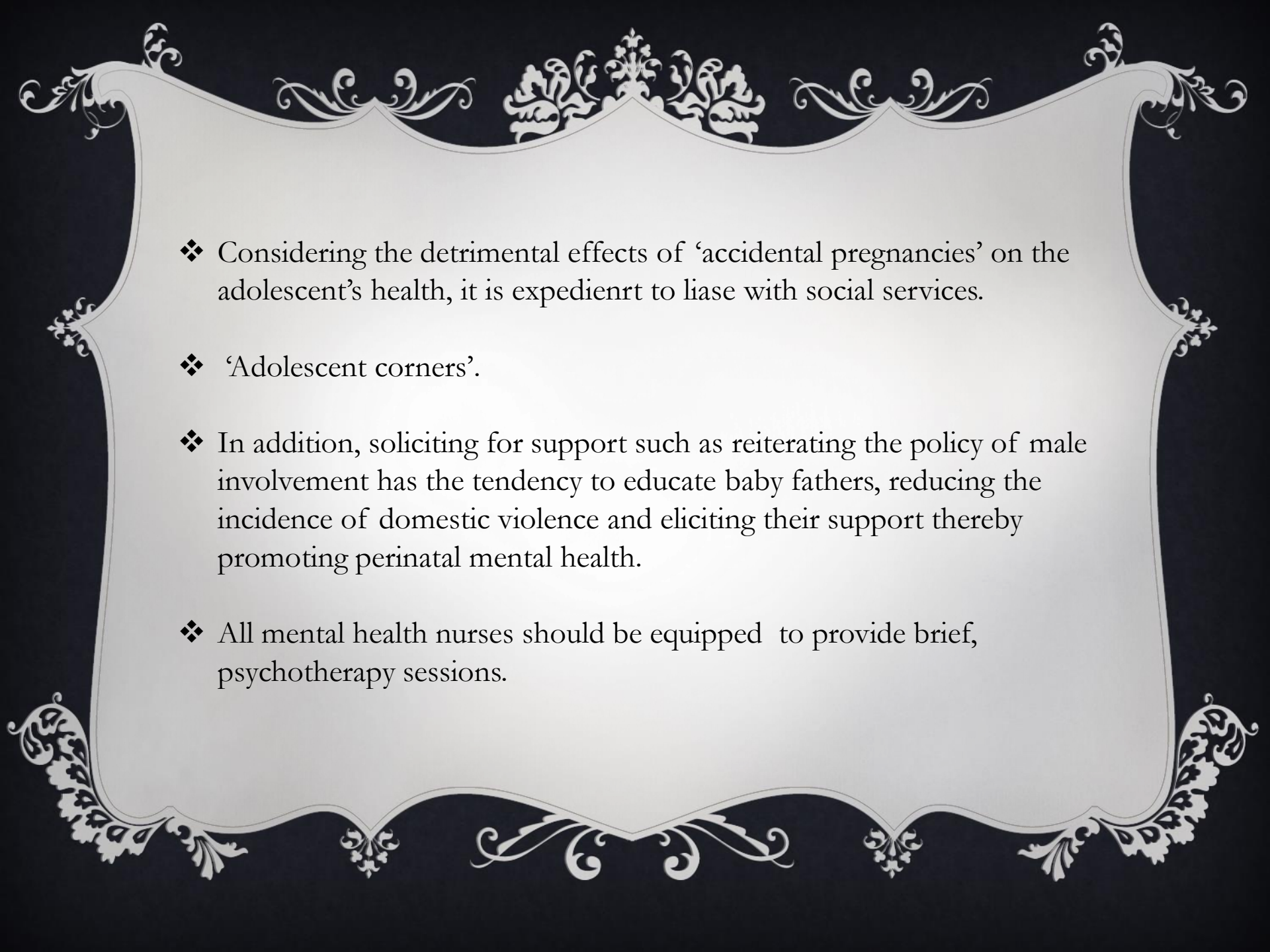


Also, in church, I am one person who always monitored adolescents and advised them on the need to be chaste and focus on their education'. 'Everybody knows that about me. My daughter's pregnancy was, therefore, a disgrace and a huge disappointment to me.

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IMPLICATIONS FOR PRACTICE

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- ❖ Pregnant adolescents should be screened by MHNs routinely for the presence of any CMD in order to prevent or adequately treat any CMD present .
 - ❖ Brief psychotherapy sessions.
 - ❖ Assisting adolescents to continue schooling or with skills acquisition
 - ❖ Psychoeducation for example by establishing Mental health clubs
 - ❖ Supporting other health workers (to identify adolescent mothers with problems with breastfeeding and attachment).

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- ❖ Considering the detrimental effects of ‘accidental pregnancies’ on the adolescent’s health, it is expedient to liaise with social services.
 - ❖ ‘Adolescent corners’.
 - ❖ In addition, soliciting for support such as reiterating the policy of male involvement has the tendency to educate baby fathers, reducing the incidence of domestic violence and eliciting their support thereby promoting perinatal mental health.
 - ❖ All mental health nurses should be equipped to provide brief, psychotherapy sessions.

CONCLUSION

- ❖ Although the adolescents were sexually active, none of them were prepared to take up the maternity responsibility.
- ❖ The maternity experience of majority of the adolescent mothers in Awutu Senya District is characterised by intense emotions such as helplessness, confusion, crying, lack of self-efficacy, excessive worry, irritability, anger and anxiety.
- ❖ These consequently reflected as sleep problems, threats to end the intimate relationship, suicidal ideations, self -isolation, blaming, crying spells, truncation in education or skills empowerment.
- ❖ About 6 in 10 adolescent mothers experienced at least one form of a full blown CMD with anxiety disorder being the most prevalent followed by depression.

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RECOMMENDATIONS

- ❖ There should be national guidelines and policies on perinatal mental health which should be enforced to promote maternal and infant health outcomes.
- ❖ Intensified efforts are needed to educate adolescents on teenage pregnancy and its attendant problems. Girls who get pregnant will benefit from adequate social support hence should be made aware of existing support systems.
- ❖ The health care system requires adequate funding to improve health promotion services and awareness creation. Primary intervention services such as Pregnancy Schools and Adolescent Corners should be formed in the sub-district and CHPS zones to improve the outcomes.

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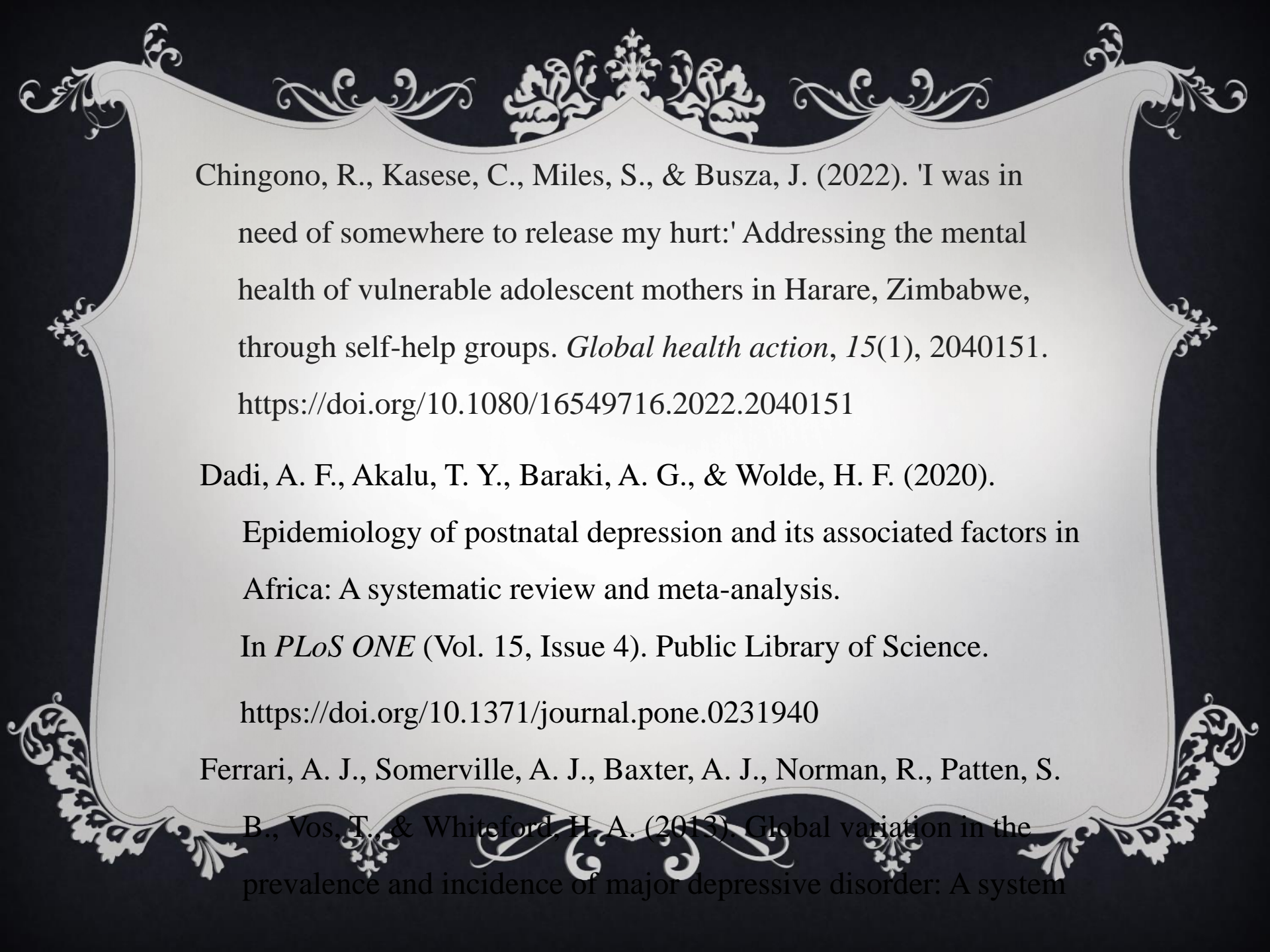
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