

Theme: Research to support equitable health systems in Sub-Saharan Africa

TOPIC: Maternal Mental Health Seeking Behaviour in Nigeria

Extended abstract template (800 – 1,200 words)

Introduction/Background

The total health and well-being of an individual is ultimately dependent not only on the physical, but also, the mental health (Kolappa et al. 2013). An estimated 20 to 30 percent of the over 200 million Nigerian population is believed to suffer from mental illness (Onyemelukwe, 2016). Depression in the postpartum period (PPD) has also been identified as a worldwide public health issue and the leading cause of disease burden in women of reproductive age (WHO, 2008). Despite the high prevalence of PPD in Nigeria (34.6 percent Agbaje et al 2019), there has been low demand for mental healthcare services. The current mental health system in Nigeria is characterized by inadequate mental health facilities (only 8 federal neuropsychiatric hospitals exist in the nation), human resource and failure to implement the existing Mental Health Policy. Thus access to specialized healthcare is limited to the 8 locations of the clinics, making it inequitable. This study therefore seeks to explore the determinants of the health seeking behavior of women with postpartum depression in a bid to ensure that women with postpartum depression have access to equitable mental healthcare services.

Methods

A survey was conducted for this study due to the absence of comprehensive data on mental illness in Nigeria. Postpartum depression was measured using the Edinburgh Postpartum Depression Scale (EPDS), which is a 10-item self-administered questionnaire with scores ranging from 0 to 30. The study was conducted in Ibadan, the capital of Oyo State, which has the highest postnatal attendance in the country (NDHS, 2018). Multi-stage sampling comprising of 6 stages was used to recruit 390 women attending immunization or postnatal clinics across seven (7) healthcare facilities in the city. Mothers with children older than 18 months and women who are unable to speak either English or Yoruba language were excluded. The discrete and categorized value of the

EPDS was used to determine the incidence and severity of PPD respectively. The dependent variable which is the probability of a woman with PPD seeking mental health care was modeled as a function of the PPD (incidence and severity), socio demographic, labour market, educational and household factors. SPSS and STATA were used for data entry and analysis respectively. The probability of seeking help was estimated using Probit regression. Ethical approval was obtained from the UI/UCH Ethical Review Board.

Results

A prevalence of 20.8 percent was observed using a cut-off of 12. PPD was also measured on four scale; No depression (47.95%), postpartum blues (31.28%), mild (7.69%) and severe (13.08) depression. Only 31.8 percent of mothers with depression sought healthcare. The study also revealed an average treatment cost of over 11,000 naira. The key finding of the study is that severity of mental illness, family structure and family history of PPD are the main determinants of demand for mental healthcare in the study area. Labour market, education, treatment cost and household characteristics were not significant. The economic variables in the study measured by labour market characteristics (employment status of the woman and her spouse, number of hours worked and income of the woman), education were not significant. This implies that having severe PPD, increases the probability of seeking healthcare by 0.7 compared with a woman without PPD. Compared to a polygamous mother, a woman from a monogamous family has 0.933 likelihood of seeking healthcare, while women with family history of PPD are 0.452 more likely to seek care. Cost of treatment, labour market factors, age and marital status do not determine the demand for healthcare.

Discussion

One of the main findings of the study which reveals that severity of illness prompted demand for healthcare is inconsistent with the findings of Beljouw et al (2010) and Andrade et al (2013), who observed the substantial number of individuals with mental illness perceive they do not need help and so do not seek help. Contrary to the findings by Andraade et al (2013) and Olasehinde (2018), who opined that age, marital status, religion, household income and size determines health seeking behaviour, this study observed that from the socio-demographic characteristics, only family structure is important for mental health seeking behavior. The result of the study suggests that women who are from monogamous families seek mental healthcare. This might suggest that

members of a monogamous family are often more closely knitted and integrated than the monogamous family. In terms of financing, which is also user cost, the finding of the study differs from that of Hjortsberg (2003); Muriithi, 2013; and Olasehinde, (2018) who observed wealth, user cost, income and education as being some of the main determinants of seeking care. Severe PPD necessitates seeking healthcare because at this stage, it is becoming disabling and the woman is unable to cope with the normal stresses of life. Family history of PPD will encourage a victim of PPD to seek care as PPD will not be mistaken for casual illness. In addition, family members are already aware of where to seek help and the consequences of not seeking prompt healthcare.

The study being a facility based study, exempts women who are unable to attend the health facilities. Also, the non-response rate was high because most of the mothers were playing dual role of filling the questionnaire and caring for the baby. The study therefore recommends the need to explore other strategies to encourage mothers to seek mental healthcare, as cost of treatment is not a deterring factor from seeking help. Also, women attending antenatal clinics should be routinely screened for possible signs of PPD, so as to encourage prompt demand for healthcare rather than till its severity becomes disabling. Mental healthcare should be available and integrated into maternal healthcare services provided at all levels of provision.

Keywords: Mental health, Postpartum Depression, Healthseeking Behaviour