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Mental health issues in pregnant women in Nepal

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Mental health of pregnant women and new mothers is a growing area of concern in both low- and high-income countries. Maternity services in the UK, for example, have focused more attention on maternal mental health. We recognise that pregnancy, birth and the postnatal period is a time of major psychological and social change for women[1]. Mental health evidence has shown that a significant number of women in the UK suffer mental health problems such as anxiety and depression during pregnancy, with the majority of women who go on to suffer postnatal depression having suffered mental health issues during or even before their pregnancy[2]. More recently, evidence has shown that stress and anxiety in pregnancy can have harmful effects on the developing baby which can continue throughout their life[3-4]. This knowledge has resulted in a structured approach to maternal mental health through use of a mental health pathway[5].

Maternity care is still poor in Nepal. For example, just over one-third (36%) of women nation-wide have access to skilled birth attendants[6], whilst the level of training of health workers attending deliveries in remote areas falls far short of the international standard for midwifery[7]. The maternal mortality ratio (maternal deaths) in Nepal has gradually declined over the past two decades; however, it is still very high in remote rural pockets. The gradual decline in the maternal mortality ratio has resulted in suicide becoming more obviously visible in the statistics. Moreover, nearly 16% of the maternal deaths were due to indirect cause, where suicide or homicide were the major reasons for almost all deaths [8]. Mental health status in women is not well studied in Nepal. Moreover, grassroots-level health workers are not well trained to deal with mental health issues. This made us think about the training needs of health care workers serving pregnant women, or indeed women of child-bearing age. We started by looking at the curricula for nurses to see the coverage of mental issues in their education.

Existing nursing curricula on mental health & pregnancy

We first conducted a rapid review of the nursing curricula in Nepal on the coverage of mental health and maternity care issues. General nurses are providing maternal and mental health care due to lack of midwives and specialist mental health nurses. The initial findings of this review suggest that there is basic material included on both mental health and maternity care but nothing or little on the combination of the two topics. There appears to be a need for more

communication skills teaching and counselling at all levels of nursing. Society is changing but the curricula appear to be very similar to the very biomedical and practical nursing focus of 20 years ago. The causes of perinatal mortality and mental ill health have significantly shifted over time, therefore it is essential to change the mental health training to reflect today's society's need. We highlight the importance of designing an appropriate curriculum for the project. At the end of the grant we hope to be able to hand-over a ready-made curriculum on mental issues in pregnancy and childbirth to the relevant education authority in Nepal.

The planned intervention

Department of Health, Physical and Population Education at Nepal's oldest and largest university, Tribhuvan University's (TU), and two UK universities, Bournemouth University and Liverpool John Moores University (LJMU), have been awarded a grant under the Health Partnership Scheme (HPS). HPS put money into health partnerships to carry out training and capacity-building projects in low-income countries, such as Nepal. HPS itself is funded by the UK Department for International Development (DfID) and managed by THET (Tropical Health & Education Trust).

The new THET project will bring highly experienced UK volunteers to train about 100 maternity care providers, such as Auxiliary Health Workers (AHWs) and Auxiliary Nurse Midwives (ANMs) about the key mental health issues in pregnancy and after birth. Our local partner, Green Tara Nepal (GTN) will support the work locally, for example through some of the curriculum design, sensitising UK volunteers to live in rural Nepal, assisting in translating, as well as helping to recruit the local health workers. The two UK universities have a long history of working with GTN as well as its sister organisation Green Tara Trust (GTT), a Buddhist charity based in London. The new project will be based in Nawalparasi in the Terai, on the India border. The target population consists of grassroot health care practitioners since there are no doctors in these rural villages.

Nawalparasi has a total population of 643,508[9]. Administratively, it is divided into one municipality and 73 Village Development Committees (VDC). All of these VDCs have at least one health facility, but medical doctors are posted only in the district hospital and six primary health care centres. Other health facilities are managed by the paramedics or nurses. The population in Nawalparasi mainly consists of disadvantaged non Terai caste groups; lower caste groups (Dalits), as well a as significant proportion of religious minorities. The society is in general very patriarchal. Since 2012, GTN has been running its "Comprehensive health promotion" project in Nawalparasi focusing on maternal health. To complement the existing project, GTN has recently established a birthing centre in a rural VDC with financial support from Karuna, Germany.

Access to health care during pregnancy is difficult in Nawalparasi, especially among the women near the Indian boarder. Major problems related to pregnancy care are: ignorance about the need of care; distance to health facilities; decision-making around pregnancy care is mostly done by husband or mother-in-law; women's autonomy to visit the health facilities; and availability of health workers[10]. High rates of adolescent marriage and teenage pregnancy further aggravate the problem. As a result, women are stuck at home often without proper counselling and support. This can lead to mental health problems in women.

To combat these problems, GTN has started a women-focused and community-based health promotion programme covering five VDCs. The programme targets women of reproductive age, mostly adolescents, pregnant mothers, and women with children under the age of two. The health promoters of GTN organise groups and individual based counselling and help to create a demand for services. The health promoters also perform home visits for isolated women who cannot come to the health facility for recommended services. They also coordinate with the local health facility for support. This field project will provide the site for hands on learning during the project.

The new THET project will involve over 15 UK short-term volunteers. It is important to bring UK volunteers, who as health professionals will bring their experience of, and training in, the provision of mental health and maternity/midwifery services including the area of mental ill health prevention and health promotion. These experienced health workers (such as midwives, family doctors, mental health nurses, health visitors, psychiatrists) from the UK are invited to volunteer for two to three weeks at a time to design and deliver training. The proposed training will focus on building skills to recognise mental health issues in pregnant women and new mothers. Training will be conducted over five days (not consecutive) jointly by UK volunteers and Nepali/local language speaking trainers. The training will be in classroom settings, covering theory, and in the field sites where GTN is working, i.e. close to where maternity workers are located. We plan five different training sessions which will be repeated in three different parts of Nawalparasi to avoid (the predominantly female) health workers having to travel over long distances or stay away from home overnight. GTN staff will (a) visit health workers in villages between sessions to monitor the uptake of taught ideas and whether attitudes have changed; and (b) provide on-going coaching and mentoring after the formal training

It is important that novel interventions, such as the one outlined above, are properly evaluated. Therefore our evaluation will comprise a before-and-after-study of skills and attitudes of attendees as well as interviews with maternity patients about their perceived changes (if any). The

universities have a long experience of conducting high quality research around community-based health promotion interventions working with GTN and GTT.

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Conflict of interest:

The authors hereby declare that they are grant holders or otherwise involved in the THET project mentioned in this editorial. They are not personally paid for their involvement.

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