



Qualitative evaluation of mental health training of auxiliary nurse midwives in rural Nepal



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ABSTRACT

Background and Objectives: Mental illness is increasingly recognized as a global health problem. However, in many countries, including Nepal, it is difficult to talk about mental health problems due to the stigma associated with it. Hence a training programme was developed to train auxiliary nurse midwives, who otherwise are not trained in mental health as part of their pre-registration training in rural Nepal, on issues related to maternal mental health. After the training programme a selection of auxiliary nurse midwives were interviewed to establish their views on the training, its usefulness and ways to improve it.

Methods: This qualitative study reports on the analysis of interviews conducted with auxiliary nurse midwives who participated in the training programme. The interviews addressed issues associated with the training programme as well as perceptions around mental health in rural Nepal. Transcripts were thematically analysed.

Results: Three themes emerged from analysis: (1) issues related to training; (2) societal attitudes; and (3) support for women. The ‘training’ theme describes the benefits and limitations of training sessions. ‘Societal attitudes’ describes society’s attitude towards mental health which is largely negative. ‘Support’ describes the positive behaviour and attitude towards pregnant women and new mothers.

Conclusion: The study supports the need for continued training for auxiliary nurse midwives who are based in the community. This gives them the opportunity to reach the whole community group and potentially have influence over reduction of stigma; offer support and diagnosis of mental ill-health. There is still stigma around giving birth to a female child which can lead to mental health problems. It is imperative to increase awareness and educate the general public regarding mental health illnesses especially involving family members of those who are affected.

1. Background

Mental health has slowly risen in importance on the global agenda. Untreated mental health disorders accounts for 13% of the total global burden of disease. Unipolar depressive disorder is the third leading cause of disease burden accounting for 4.3% worldwide, 3.2% for low-income countries and 5.1% for high-income countries (World Health Organization, 2011). Projections for the year 2030 estimate that worldwide, unipolar depression will be the leading cause of disability (Alonso, 2012). The results of WHO World Mental Health Surveys, the

largest cross-national community-based epidemiological surveys on mental disorders carried out across 28 countries, revealed that mental disorders are a common risk in younger people (Alonso, 2012). Mental disorders not only cause long-term disability and dependency but also contribute to mortality (Prince et al., 2007). However, mental health problems are difficult to discuss in rural Nepal due to the associated stigma attached to it (Regmi et al., 2004; Hall et al., 2016). Although the overall suicide rate is higher in men compared to women (Hawton, 2000), the suicide rate in women of childbearing age is much higher than that of men in the same age group (Oates, 2003). Mental health

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issues in pregnant women and new mothers in rural Nepal are often not recognized and hence often ignored by community-based maternity care providers.

In order to improve mental health services in primary-care settings in low and middle-income countries (LMICs), it is important to develop community mental health services, including appropriate training and supervision (Saraceno et al., 2007). Training, employing and supporting nurses can help improve mental health services in LMICs (Ghebrehiwet and Barrett, 2007). One key barrier to improving mental health care in primary-care settings is the low numbers of skilled health workers who are trained in providing (maternal) mental health care (Saraceno et al., 2007). In Nepal, there is the added problem that the profession of midwifery is in its infancy (Bogren et al., 2013; Bogren et al., 2016). A needs assessment of mental health training for Auxiliary Nurse Midwives (ANMs) in Nepal, showed a lack of training on mental health issues related to pregnancy and childbirth (Simkhada et al., 2016). ANMs are the key maternity care providers in large parts of rural Nepal and their overall training which is only eighteen months covers all aspects of basic nursing and midwifery.

A group of Nepali and UK researchers, educationalists and development experts collaborated to design a series of maternal mental health training for community-based maternity care providers. The project was funded as part of the Health Partnership Scheme (HPS), which is part of the UK Department for International Development (DfID). The project targeted Nawalparasi, a district bordering India in the south of Nepal. The training lasted one year starting in early 2016 and finishing in early 2017.

The target population of the training project comprised community-based health-care practitioners, mainly ANMs working in local birthing centres and a smaller number of nurses working in larger health facilities (there are no doctors in rural villages). These ANMs are otherwise not trained in mental health as part of their pre-registration training. The training focused on promoting mental health as part of everyone's lives and on building skills to recognise mental health issues in pregnant women and new mothers. The training was conducted jointly by UK volunteers and Nepali-language speaking trainers. The training was held in a classroom, covering theory and practice. We conducted six different training sessions with one-third of the ANMs from the entire district attending one day each time a course was conducted. Each time, the course was repeated three times to allow the maximum number of participants to attend without over-depleting the workforce in each of their workplaces. Every session was attended by the same 70 to 80 trainees over a one-year period.

Each session was designed by the multi-disciplinary and multi-national team and built upon the sessions previous to it. Sessions included various activities for teaching and learning including role play, group activities, group presentations, and discussion. At the end of each session or during these sessions, an evaluation was conducted to establish what participants had learnt from the sessions. Table 1 lists the details of the programme of the six training days. This THET-funded programme paid for UK health volunteers to come to Nepal for about ten days each to conduct training with ANMs. Each session, two or three UK volunteers conducted the training using their skills as experts in the field of mental health, maternity care and/or health promotion. Overall 15 volunteers came to Nepal including NHS (National Health Service) midwives, mental health nurses, and health visitors as well as university lecturers in nursing, public health and health promotion.

The aim of this paper is to explore how the ANMs perceived the training; what they learned; what was missed; their perception of maternal mental health problems in community and women's care needs when mental health issues are present.

2. Materials and Methods

2.1. Study Design

To evaluate this educational intervention to improve knowledge of, and attitude towards mental health issues in pregnant women and new mothers among community-based health workers, qualitative semi-structured interviews were conducted. As this study is exploratory in nature, qualitative analysis was most suitable (Forrest Keenan and van Teijlingen, 2004). This qualitative study is part of a larger mixed-methods study. Mixed-methods approaches, by their nature of combining quantitative and qualitative research methods and data, are often pragmatic (MacKenzie Bryers et al., 2014). The qualitative part is interpretivist in nature, i.e. the conception of shared reality arises from the interactive process between researcher and participants and their temporal, cultural and structural contexts (Vogt et al., 2012).

2.2. Sampling and Setting

Purposive sampling was used based on availability of participants for telephone and face-to-face interview. The inclusion criteria were: ANMs who took part in all six rounds of training; and who worked at a birthing centre during training and at the time of the interviews. Although there were many participants who met the inclusion criteria, data saturation was reached with 15 ANMs. In a qualitative study, the inquirer makes knowledge claims based on constructivist perspectives coming from experiences shared by the participants (van Teijlingen et al., 2011). The researcher collected open-ended data with the aim to develop themes (Creswell, 2003). Semi-structured interviews were conducted in Nepali in early 2017 by the first author mostly face to face and some by telephone. Interviews were recorded with permission, transcribed and translated into English (Kirkpatrick and van Teijlingen, 2009).

2.3. Data Collection and Analysis

Fifteen interviews were conducted with ANMs from birthing centres of Nawalparasi district who attended six rounds of mental health training provided by the volunteers from the UK. The longest interview was of 19 min and 35 s and the shortest was 7 min and 31 s. Data were analysed using a thematic analysis framework (Braun and Clarke, 2006). All transcripts were read a number of times and coded systematically by the first author, who identified a number of themes which were, which were independently checked by the second author and then revised to generate the final themes. Quotes are provided below to illustrate themes (Forrest Keenan and van Teijlingen, 2004), with only numbers as identifiers, e.g. 'ANM 8'. Fig. 1 outlines the thematic analysis.

2.4. Ethical Considerations

Ethical approval was granted by the UK-based Bournemouth University and the Nepal Health Research Council. Participants were informed that the participation was voluntary and they could withdraw at any time during the interview. The interviewer explained the research and obtained verbal consent before starting each interview.

3. Results

Three broad and overlapping themes emerged: (1) issues related to mental health training; (2) societal attitudes; and (3) support for women. Training covers the benefits and limitations of the training intervention; societal attitudes raises stigma and gender differences associated with the mental health problems whereas support describes the (need for) positive behaviour and attitudes towards women with mental health problem in the community.

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