Women's groups as a culturally-safe structural intervention to improve maternal mental health, wellbeing and functioning

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Executive statement

The pilot project developed a community-based intervention to improve the health and wellbeing of women and their children in historically neglected Indigenous areas of Guatemala with poor access to health services. This research, conducted in seven rural *Mam* and *K'iche* communities in the Quetzaltenango, pilot-tested participatory women's groups as a tool to improve participants' self-esteem, self-efficacy, coping strategies, problem-solving skills, knowledge exchange, and to strengthen social networks – all critical intermediary outcomes for improved maternal and child health – for confirmation of feasibility and potential impact.

Key messages

Maternal psychosocial stressors negatively impact both maternal and child health. Indigenous populations around the world face some of the worst social and maternal and child health indicators, including in Guatemala. Yet, interventions – when available – rarely target psychosocial stressors or help to foster an enabling, culturally-safe environment for women and communities to overcome the adversities that they face.

Recommendations

1. Prioritize wellbeing and active engagement for maternal-infant health gains
2. Understand unique social and cultural contexts impacting health and wellbeing
3. Provide space for local participation and ownership to create an enabling, empowering environment for individual and collective change

Introduction/Problem/Context

Indigenous populations in this marginalized area of Guatemala experience some of the worst social and maternal/child health indicators – not only in the country, but also in the world – due to a long history of political, economic and social exclusion of the Mayan population, and due to objective difficulties in implementing programs in the complex multi-ethnic, multi-linguistic context of post-civil war Guatemala.[1-2] Adding another layer of disadvantage, women in Guatemala face high rates of gender inequality, characterized by poor opportunity, violence and a concentration of resources and decision-making in the hands of men.[1]

Access to primary health care services is limited in our study area, following the dismantling of most rural health care programs in Guatemala in 2014.[1] Although access to social and mental services is close to null, increasing evidence suggests that psychosocial stressors experienced by mothers (poverty, poor social support, domestic

> " When I went to participate, now yes I feel that it helped me for when one has a problem, to see how to find solutions. Before, if we had problems, we would only be in the problem. However now, we look to see how to solve it. I didn't know about all these things… "

-- Participant of Proyecto Buena Semilla

violence, poor self-efficacy, emotional distress) contribute to worse pregnancy outcomes.[3] In addition, failure to address structural violence and integrate cultural, group and psychosocial factors into research and interventions could limit our ability to have a substantial impact on improving maternal and child health indicators in marginalized populations worldwide, including in Guatemala.[4-7]

About the Innovation

This intervention, referred to locally as *Buena Semilla* (Good Seed), consists of participatory women's groups for mothers within the first 1,000 days of pregnancy and motherhood (from conception to two years postpartum) who are most marginalized and vulnerable within their communities (i.e. single mothers, experience of violence, poor social support, extreme poverty, psychosocial distress) and at a high-risk for poor pregnancy outcomes.

Ten carefully articulated sessions led by trained women peers emphasize problem-solving therapy, knowledge exchange, the development of *critical consciousness*, and strengthening of individual and collective resilience. The overarching goal is to enable participants to decrease their psychosocial distress, overcome adversities that they face, and effectively engage in health-promoting behaviors for themselves and their children, ultimately resulting in improved maternal and child health outcomes.

The innovation aims to leverage local norms, knowledge and endogenous community resources to build a culturally safe, community-led intervention that reinforces the *collective* culture of the local population and builds local capacity for change that can benefit maternal and child health.

The innovation's main activities are as follows:

- Increase understanding of psychosocial distress and mental health among women of childbearing age
- Co-create the intervention in collaboration with local women and leaders
- Build local capacity to deliver the intervention and to identify and provide support to women experiencing high levels of psychosocial distress
- Deliver, and test the impact of, the women's group intervention
- Test feasibility of income-generating activities
- Strengthen the collective and the local network of human resources

Participants engaging in both collective and individual women's group activities
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Impact

A significant improvement in general mental health, wellbeing and self-efficacy (mother's perceived ability to care for self and child) was observed in women who participated in three or more of the groups' sessions, compared to women who had not participated at all (control group). Participants also tended to experience a slight decrease in depression-type symptoms and report more often engaging in activities to stimulate their infants.

Recommendation 1: Prioritize wellbeing and active engagement for maternal-infant health gains

Increasing evidence suggests that psychosocial stressors experienced by a mother (i.e. poverty, poor social support, domestic violence, poor self-efficacy, emotional distress) contribute to worse pregnancy outcomes, not only indirectly by influencing behaviour but also directly, for instance via the maternal stress response. Maternal self-esteem, self-efficacy, coping strategies, knowledge, problem-solving skills and social networks are all critical intermediary outcomes for improved maternal and child health.

Recommendation 2: Understand unique social and cultural contexts impacting health and wellbeing

Indigenous populations experience some of the worst social and maternal/child health indicators worldwide. Failure to address structural violence and to integrate cultural, group and psychosocial factors into research and interventions could limit our ability to have a substantial impact on improving maternal and child health indicators in marginalized populations worldwide. Proyecto Buena Semilla engaged with local women (traditional midwives, community leaders) as collaborators to help identify the local reality and needs of women peers within their own communities, co-design the intervention, and later lead the women circles in their own communities. This allowed the project to fully integrate local knowledge, norms and perspectives into all activities. Delivering the women's group sessions in the local dialect by woman peers who were respected members of the community and local authorities in maternal and child health helped ensure cultural safety and trust building and ultimately resulted in better outcomes.

Recommendation 3: Provide space for local participation and ownership to create an enabling, empowering environment for individual and collective change

Emerging evidence suggests that interventions promoting local participation may play a critical role in improving pregnancy outcomes (i.e. maternal and neonatal mortality rate reduction).[8] However, participation alone is insufficient if strategies don't also build capacity to challenge non-responsive or oppressive institutions and redress power imbalances. In Proyecto Buena Semilla, local collaborators participated through monthly workshops, as participants in their own women's group, and as leaders of the women's groups within their own communities to design a culturally safe space where vulnerable, indigenous women would feel comfortable sharing with others and where critical reflection and dialogue – instead of information dissemination – were promoted. Within the groups, participants engaged in individual and collective problem-solving therapy and action (e.g. personal attitude or behavior changes, or deciding to mobilize to collectively engage in poverty-reduction strategies), all of which are important intermediary outcomes in mobilizing, individually and/or collectively, for structural change.

Change in maternal psychosocial scores (pre- vs. post-), in control and intervention arms
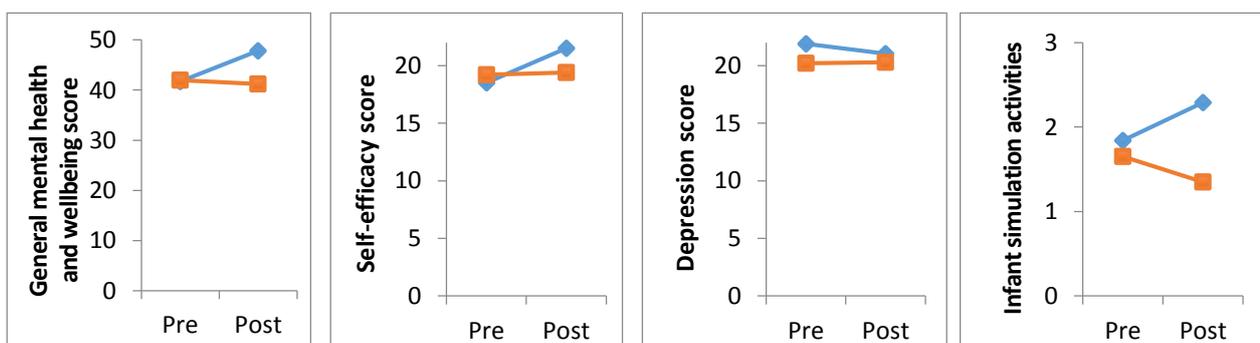
Limitations

Post-intervention assessments were carried out within the first-month of women having completed the women's groups; repeat assessment to evaluate the long-term impact will be critical. This seed grant was a pilot to test feasibility and acceptability of the intervention, and was not powered to strongly document impact on health, which will be fully assessed in a later scale-up proof-of-impact carried out as a multi-centered, randomized controlled trial.

More Information

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