



**Global Women's Mental Health:  
An Opportunity for Equity**

Dr Nicole Votruba

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# Overview

1. Women's mental health
2. PRAMH study
3. Formative Phase: PRAMH 1
4. Developing the intervention
5. Next steps: Refining & testing the intervention

# Women's Mental Health

# Pregnancy & childbirth: A critical phase for women

- Women have **specific mental health needs**, in particular during pregnancy and after childbirth (perinatal phase)
- **1 in 5 women** will experience a mental health condition during pregnancy or in the year after the birth
- Ante-/post-natal depression, anxiety, psychosis, etc.
- Ca. **15% of maternal deaths are suicides**
- Poor mental health can negatively affect women's health and the well-being of their babies and families, and increases the **risk for more severe and chronic conditions**

# Risk factors for women's mental health



Adolescent pregnancy



Difficult birth experiences



Poverty



Gender discrimination



Poor nutrition



Low educational opportunities



Physical health conditions



Little or no social support



Natural disasters



Gender based violence and other conflicts



Loss of baby/  
stillbirth



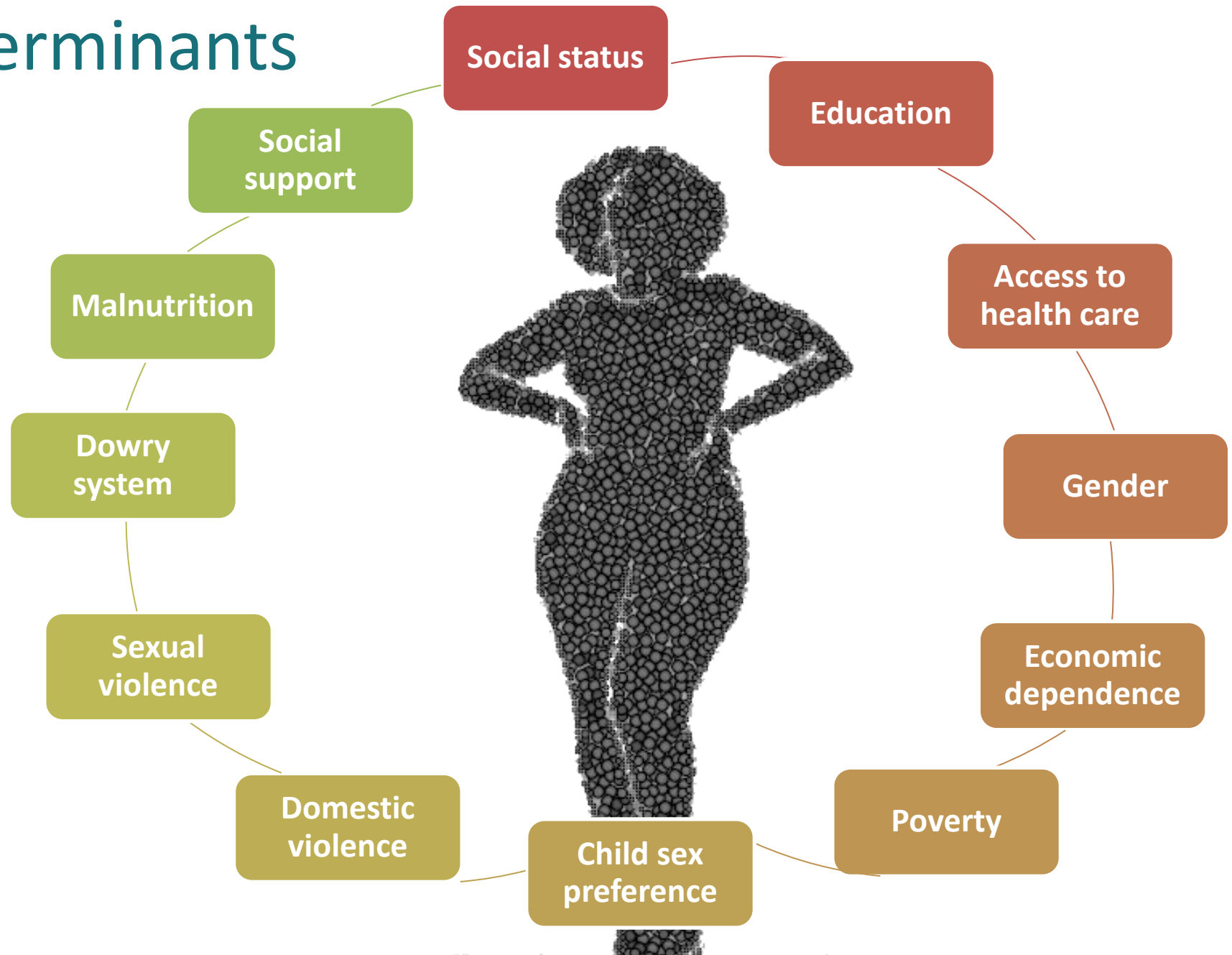
Fertility difficulties



Substance use

Myths and beliefs (dristy)

# Social determinants



# What helps women for good mental health



Strong social support: Presence of caring family, friends and community





## Opportunities for generating income: Ability to pay for basic needs



## Positive childbirth experiences: Feeling informed and able to make decisions



# Educational opportunities: Possibility of attending and completing schooling



# High-quality maternal health care services: Empathetic, competent health-care providers who treat women with respect and dignity





- **SDG 3 Health** (3.4 Prevention, treatment & promotion of mental health  
3.8 Universal health coverage)
- **SDG 5 Gender equality** (5.1 discrimination; 5.6 universal access to  
sexual and reproductive health and reproductive rights)

**Every person has the human right to receive  
community-based mental health services**



# Women's Mental Health: An Opportunity for Equity



- **High girl/female mortality**
- Suicide: A leading cause of death for women of childbearing age in South Asia
- 1 in 5 women suffer rape or attempted rape
  
- Health equity is determined by social determinants
- **Gender (health) gap is excessive** - Globally, and in India
- Equity, gender and rights-based approaches are needed

# SMARThealth Perinatal Mental Health (PRAMH) Study

Supporting women's mental health during pregnancy and after birth

# Setting

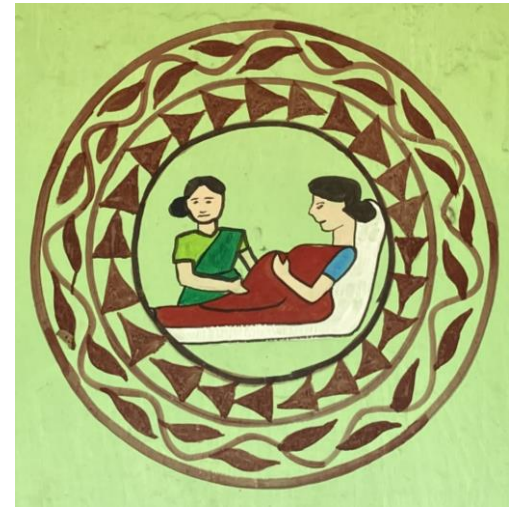
- Rural India, low income setting
- Faridabad (Haryana) & Siddipet (Telangana)
- **14-31%** of women in the perinatal phase experience anxiety, depression, stress, or suicidal ideation (common perinatal mental disorders; CPMDs)
- **Yet, most women with CPMDs do not receive care**
- Little research exists on how to best address CPMDs in low resource, rural settings





# PRAMH Study Aims

1. To understand the mental health needs of perinatal women living in rural India and develop a theory of change (PRAMH 1)
2. To develop a complex intervention to support women with their perinatal mental health in their communities, and test its acceptability and feasibility (PRAMH 2)
3. To pilot and implement the intervention, and evaluate its effectiveness (PRAMH 3)





**Formative Phase: PRAMH 1**

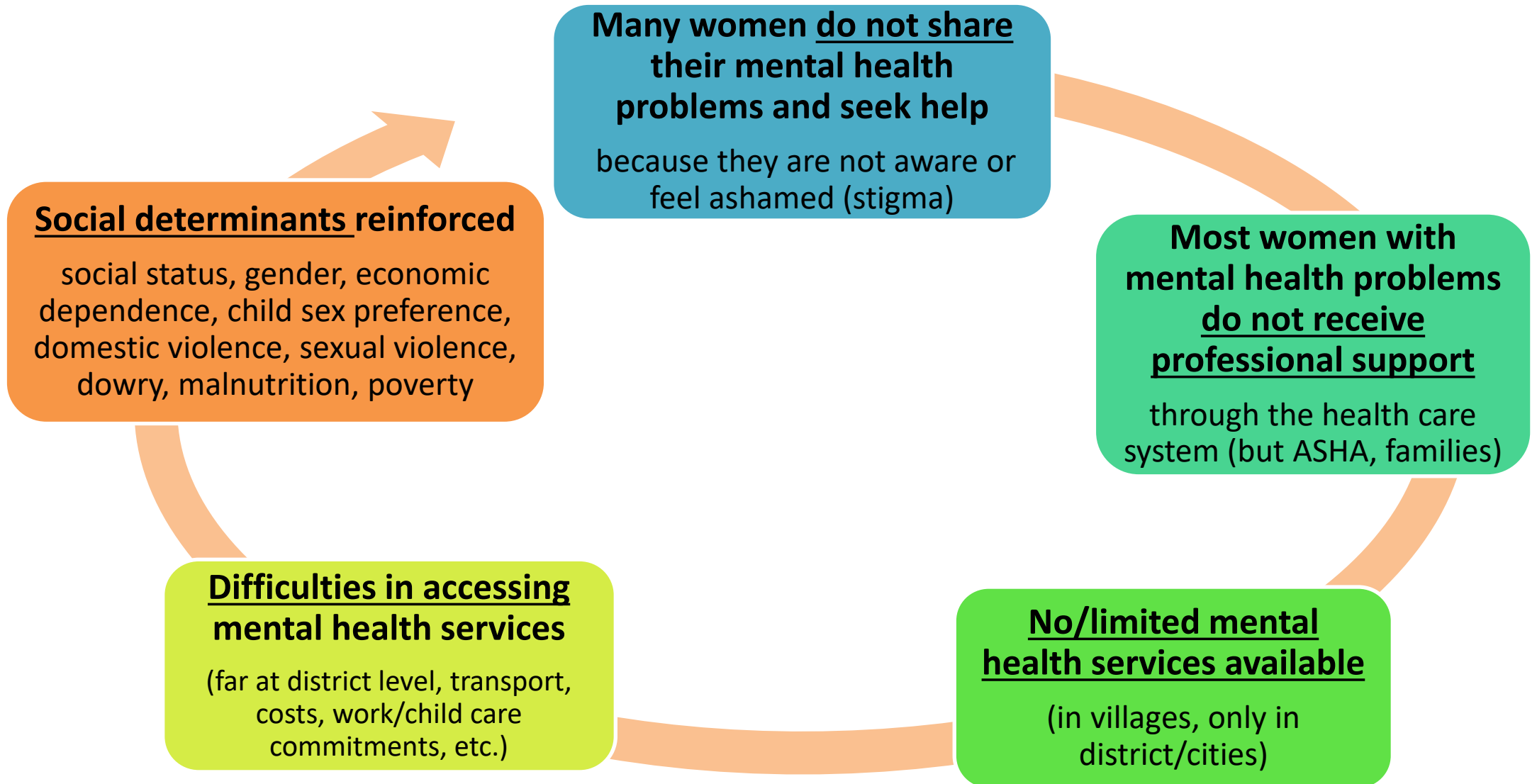
# PRAMH 1: Understanding women's mental health

- 1. Situational Analysis** of women's mental health in two states in India: Telangana and Haryana
- 2. Focus group discussions and interviews** with key stakeholders (women with lived experience of CPMDs, family and carers, ASHAs & ANMs, community, policymakers)
- 3. Theory of change workshops** with key stakeholders to develop and refine the PRAMH intervention and implementation

# Key reasons mentioned for mental health problems

Findings from the qualitative data collection in rural India

# Challenges in women's mental health in rural India



# Developing the intervention:

# Theory of change workshops

Working with stakeholders to develop the intervention components

1. ASHA screening and family engagement



**PRAMH  
intervention**

3. Community campaign



2. Women's peer groups



Iterative co-production with PWLE, community & key stakeholders



Next steps:

Refining & Testing the intervention

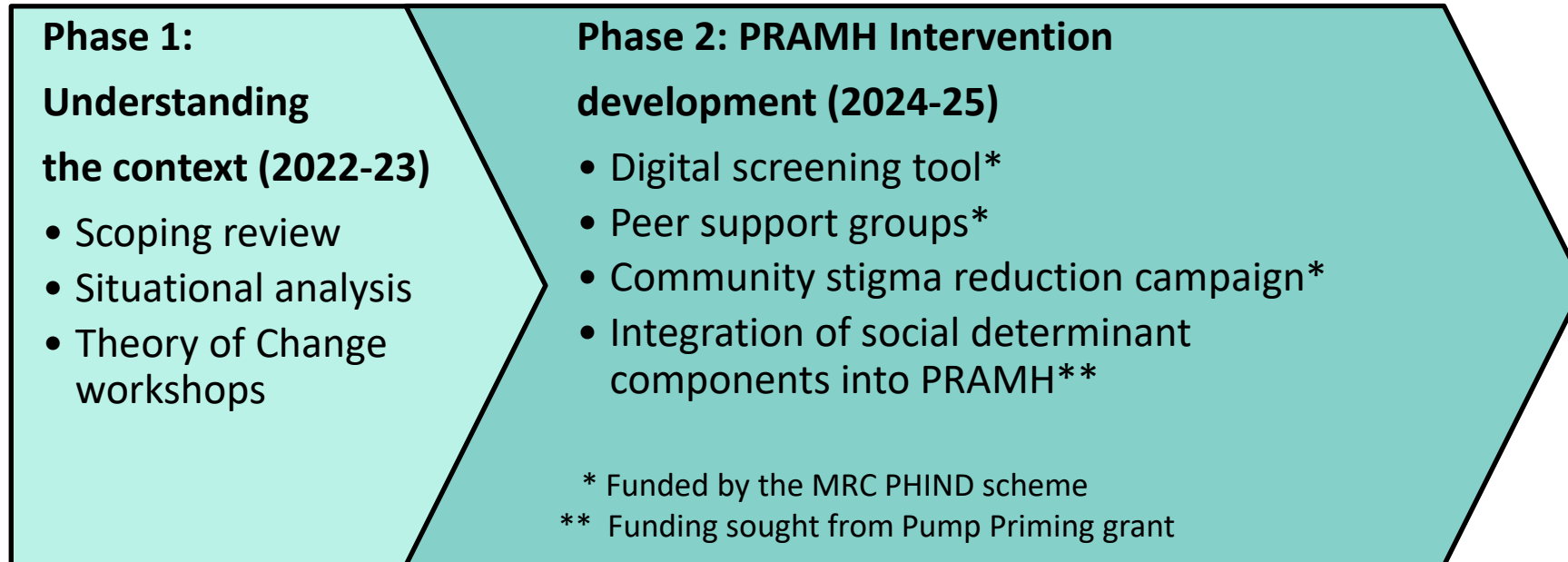
# PRAMH Study Phases

## **Phase 1:**

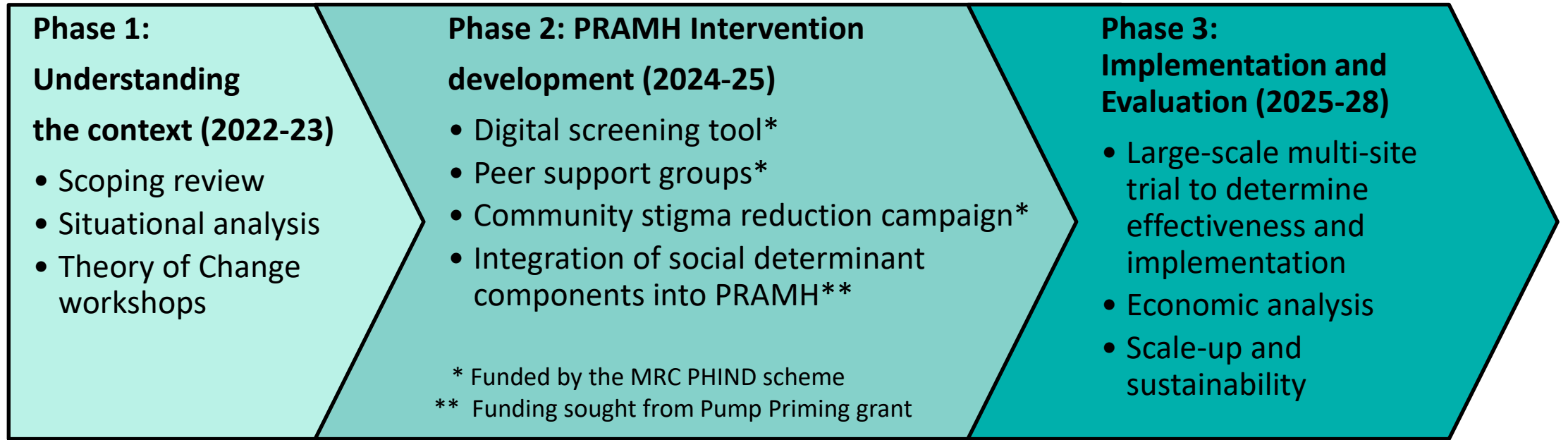
### **Understanding the context (2022-23)**

- Scoping review
- Situational analysis
- Theory of Change workshops

# PRAMH Study Phases



# PRAMH Study Phases



# PRAMH 3: Implementation & Effectiveness

1. If proven feasible and acceptable, PRAMH will be tested and evaluated for effectiveness in a multi-site randomised controlled trial across India
2. The intervention has the potential to improve promotion, prevention and treatment for CPMDs in rural India and other LMICs
3. And to contribute to achieving global health equity

**Supporting happy and healthy mothers**

**and happy, healthy babies,**

**within supportive communities**





## Contact the PRAMH study

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