

**BARRIERS AND FACILITATORS TO THE UTILIZATION OF POSTPARTUM
DEPRESSION TREATMENT SERVICES AMONG ADOLESCENT MOTHERS AT
KITAGATA HOSPITAL IN SHEEMA DISTRICT**

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RS21M07/013

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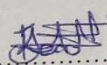
DECLARATION

DECLARATION

I Joan Kansiiime declare that this research dissertation titled, 'Barriers And Facilitators to the Utilization of Postpartum Depression Treatment Services Among Adolescent Mothers at Kitagata District Hospital in Sheema District' is my original work and has not been presented in any other institution except where due acknowledgment has been made.

Signature

Date


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24/10/2024
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SUPERVISOR APPROVAL

This is to certify that work in this Research dissertation titled, “Barriers and Facilitators to the Utilization of Postpartum Depression Treatment Services among Adolescent mothers; at Kitagata District Hospital in Sheema District” has been done under my supervision and has also been submitted for review with my approval

Sign

Date



October 26, 2024

.....

.....

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DEDICATION

I dedicate this paper to my parents Mr & Mrs Baguma and siblings, Charity, Jimreeves, Mark, and Jacob for the physical, financial, emotional and spiritual support given to me while pursuing this course.

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I am grateful to the Almighty God for without His Grace; all my efforts would be useless.

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LIST OF ACRONYMS

WHO	World Health Organization
PPD	Postpartum Depression
PPDT	Postpartum Depression Treatment
UNICEF	United Nations Children's Fund
LMICs	Low and Middle Income Countries
UBOS	Uganda Bureau of Statistics
VHTs	Village Health Teams
TBA _s	Traditional Birth Attendants
MHS	Mental Health Services
MoH	Ministry of Health
ADM	Adolescent Mother
KI	Key Informant
Transl	Translated

DEFINITION OF TERMS

Adolescent Mothers: A female individuals in the age group of 13 and 18 that become pregnant and parent their children.

Postpartum: A period that starts an hour after the placenta discharge or delivery and lasts for six weeks (WHO, 2019)

Postpartum Depression: A mood disorder that occurs within the first 06 weeks to 12 months after delivery'' with clinical displays like mood swings, sadness, a feeling of loneliness, guilt and helplessness and recurrent suicidal thoughts. (Hairol et al., 2021)

Barriers: Obstacles/hindrances that prevent adolescent mothers from seeking and accessing Postpartum Depression Treatment services.

Facilitators: Factors/reasons/circumstances that ease or make more likely the process of seeking and accessing Postpartum Depression Treatment Services.

ABSTRACT

Background: This study concentrated on exploring Barriers and Facilitators to the utilization of Postpartum Depression Treatment services among adolescent mothers at Kitagata Hospital in Sheema district, South Western Uganda. Individual, sociocultural and health facility factors were determined and examined. **Methods:** The study used the case study approach that allowed the collection of comprehensive information and understanding of the study participants' perceive through in-depth interviews, documents and reports review. The research included 09 adolescent mothers who were 06 weeks to 6 months postpartum and 06 health workers who work in maternity and mental health care as key informants. The aim of the study was to explore the barriers and facilitators to the utilization of Postpartum Depression Treatment (PPDT) services among adolescent mothers at Kitagata Hospital in Sheema District. **Results:** The study identified **Individual related issues** (Lack of knowledge of PPD, unawareness of available treatment services, Poor Attitude, Self-Stigma, poor help-seeking behavior, Low education Status, Distance of the Facility). **Sociocultural related issues** (Fear of stigmatization, Societal myths & expectations, PPD Literacy, Limited health centers, Unequal Gender Power Relations, Family Support). **Health service-related issues** (Awareness and Knowledge of the treatment services, Attitude, No readily available specialized doctors, Limited Resources, Understaffing, Clinic Privacy concerns, Follow up systems, Health Policies,) as barriers and facilitators of the utilization of postpartum depression treatment services among adolescent mothers at Kitagata Hospital in Sheema District. **Conclusion:** The results suggest focused training for health workers at primary care in maternal mental health including postpartum depression screening and management at Kitagata Hospital, integrating adolescent-friendly health services and initiating adolescent empowerment programs at the facility.

CHAPTER ONE: INTRODUCTION

1.1 Background to the study

Postpartum is defined as a period that starts an hour after the placenta discharge or delivery and lasts for six weeks (WHO, 2019). Postpartum depression (PPD) has been shown to be the most common psychiatric problem of childbearing. The birth of a child is normally considered a joyful event, which may constrain mothers from expressing their depressive feelings and research has shown that if the condition is not well understood and managed, mothers with PPD are likely to experience suicidal thoughts or even commit suicide. (Atuhaire et al., 2020; Akongo et al., 2024).

PPD is defined as a “mood disorder that occurs within 42 days to 6 months after delivery” with clinical displays like mood swings, sadness, a feeling of loneliness, guilt and helplessness and recurrent suicidal thoughts. (Hairol et al., 2021) It is a mental health disorder which is a chronic, draining psychological state that affects women and some cases men during the postpartum period up to a year after childbirth which is associated with a reduction of quality of life.

In a study by Akongo et al. (2024), it was indicated that the prevalence of postpartum depression (PPD) in Uganda ranges from 6.1% to 43% in both rural and semi-urban areas among mothers within six to eight weeks after giving birth. This included adult women, young mothers, and those living with HIV and if left untreated, mothers with PPD are at risk of suffering postpartum psychosis.

A report by UNICEF, in 2020, in Uganda, states that there are 45.74 million people of which a quarter of those are adolescents and the number of those getting pregnant before the consent age of 18 years has increased by more than 25% since the year 2010, stating that one in four teenage girls is pregnant or has a child.

According to the World Health Organization, Adolescent mothers are defined as female individuals in the age group of 10 and 19. In low and middle-income countries (LMICs) where Uganda falls, it is estimated there are about 21 million pregnancies among adolescents aged 15-19 years where approximately 50% are unintended and resulting in an estimated 12 million births. (WHO, 2019).

The transition from childhood to adulthood involves dramatic physical, sexual, psychological and social developmental changes, all taking place at the same time. In addition to opportunities for development, this transition poses risks to the adolescents' health and well-being. (Atuhaire et al, 2018; Nabugooma et al, 2018; UNICEF2020; Atuhaire et al, 2021) Contrary to the popular perception that this is a healthy age group, adolescents do have several public health issues.

Evidence of considerable gaps in understanding mental health complications as well as negative attitudes among mothers and health care providers towards victims has been shown in the studies conducted. (Akongo et al, 2024) And whilst PPD is limited to the first 06 weeks to 6 months after childbirth according to WHO, it can have long-term consequences for women and their family members including negatively affecting mother–child bond.

PPD affects more than one in ten women and is allied with adverse consequences for the mother, child and family including their physical health, relationships with spouse and family, occupational functioning, her long term emotional balance and if not treated can lead to chronic mental health issues. (Ojok et al., 2020; Atuhaire et al., 2021). It is important to note that though every woman is at potential risk of having PPD symptoms, the early age of childbearing is more vulnerable to experiencing PPD.

PPD both in terms of its prevalence and the impact it can have is considered to possibly be the

most tragic occurrence of childbirth. The World Health Organization reports around 13% of women who have given birth to suffer from it, with a prevalence of 20 to 40% in low-income communities (Gebregziabher et al., 2020), though its effects differ from community to community.

A study conducted by Woldeyohannes (2021) revealed that 18.5% of new mothers are affected by PPD in sub-Saharan Africa and in Uganda, a study on the prevalence of PPD in the areas of Rwampara and Mbarara Districts it was revealed that 40% of women are affected by postpartum depression showing that prevalence of PPD is very high compared to what had been reported previously in the country. (Atuhaire et al., 2020)

An evidence-based study has also shown that maternal mental health in Uganda and other developing countries is largely neglected (Atuhaire & Cumber, 2018). Case in point less is understood about the barriers and facilitators of postpartum depression treatment services among adolescents in Uganda because PPD as an illness is not a priority for detection in Ugandan hospitals.

Health workers in Uganda are found to be more competent in communication skills and empathy and not competent in evaluating physical and mental health, addressing discretion, involving family members in care, or even assessing suicide risk which in turn attributes to the barriers associated with postpartum depression treatment (PPDT) services among adolescent mothers (Jordans & Kohrt, 2019)

1.2 Problem statement

Postpartum Depression Treatment (PPDT) Services while available are under-utilized and often not prioritized during the Postpartum visits by the health care providers which causes a delay in its detection yet consequences of delayed treatment of PPD have been documented as

tragic.(Grisete et al., 2018)

Postpartum depression decreases the mother's response to the child's needs and when undiagnosed or untreated, mothers suffering from it are likely to have postpartum psychosis, commit suicide or even in rare cases, infanticide.(Nakku, J 2016;Atuhaire, C. *et al.* 2021). However, the assessment of barriers and facilitators to utilization of PPDT services in Uganda is inadequate leading to missed opportunities to initiate early treatment and appropriate management. The limited focus on PPD for this group disables plans and movements aimed at ensuring access to and utilization of treatment services.

Several studies have reported a PPD prevalence range of 6.1% to 43% in Uganda, observed in both rural and semi-urban areas among mothers between 6 to 8 weeks postpartum, including adult women, young mothers, and those living with HIV. (Lyons RK et al 2009; Atuhaire C., 2021; Akongo D et al., 2024). Additionally, findings by Kigozi et al. (2010) and Grissette et al. (2018) showed that PPD affects about 900,000 women each year, with only approximately 6% of those women seeking psychological services. Studies on PPD in South Western Uganda have primarily focused on the prevalence of PPD in the Rwampara and Mbarara Districts, among both young and adult mothers (Atuhaire et al., 2020). None specially focused on adolescent mothers and in Sheema District.

The level of PPDT services-seeking behavior among adolescent mothers in Uganda was reported to be under-documented which explains the inspiration of this study, whose main aim was to explore the barriers and facilitators to the utilization of PPDT services for adolescent mothers at Kitagata Hospital in Sheema District.

There was a clear need to identify the aspects that block or progress the utilization of PPDT

services among adolescent mothers beyond reported statistics of the prevalence of those receiving the PPDT services. Therefore this study was hoped to contribute to the growing literature on the topic and inspire changes including improving patient care, updating policymakers, and helping community members understand the barriers and facilitators to the utilization of PPDT services among adolescent mothers.

1.3 Study objectives

1.3.1 General objective

To explore barriers and facilitators to the utilization of Postpartum Depression Treatment (PPDT) Services among adolescent mothers at Kitagata Hospital in Sheema District.

1.3.2 Specific objectives

1. To explore barriers to the utilization of PPDT services among adolescent mothers at Kitagata Hospital in Sheema District.
2. To understand the facilitators to the utilization of PPDT Services among adolescent mothers at Kitagata Hospital in Sheema District.

1.4 Research questions

1. What are the barriers to the utilization of PPDT services among adolescent mothers at Kitagata Hospital in Sheema District?
2. What are the facilitators to the utilization of postpartum depression treatment services among adolescent mothers at Kitagata Hospital in Sheema District?

1.5 Justification of the study

Studies show that postpartum depression treatment (PPDT) among mental health concerns is rarely prioritized which could mean less diagnosis and in worse cases goes untreated.(Tuitoek,D.2019)

The level of PPDT services-seeking behavior among adolescent mothers in Uganda is under-documented, most studies on the topic done in Uganda are focused on prevalence in adult mothers few focused on adolescent mothers and the barriers and facilitators to the utilization of PPDT services. The study findings were hoped to update policymakers and program implementers in Sheema district and similar settings to ensure utilization of PPDT services.

1.6 Significance of the Study

What this study was hoped to add.

1. Health workers to detect and treat PPD, this, in turn; will increase the maternal-infant bond, supporting the good health of both mother and child.
2. Highlight the barriers and facilitators of help-seeking behavior among Adolescent mothers stating interventions for this group that can be included in primary care services which health workers and community leaders can base on to improve on the strategies addressing it; This will add value towards prevention of PPD.
3. Motivate more studies to be conducted in Uganda and perhaps be a foundation for informed policy designs.

1.7 Research Purpose

This study was motivated by the need to update the current level of PPDT in Sheema District by

exploring the barriers and facilitators to the utilization of Postpartum Depression Treatment services for adolescent mothers at Kitagata Hospital in Sheema District.

The study would help to inform the interventions for this group that can be included in primary care services.

1.8 Scope of the Study

1.8.1 Geographical scope

The study was carried out in Sheema District, Located in the South Western region of Uganda, “bordered by Bushenyi in the West, Buhweju in the North, Ntungamo in the south, Mitooma in the South West and Mbarara District in the East”.(en.wikipedia.org) Sheema District was curved from Bushenyi District in 2010.

The study was conducted at Kitagata hospital which offers general patient care, in and outpatient care, obstetrics, gynaecology services and mental health services among others.

1.8.2 Content scope

This was a health facility-based study to document barriers and facilitators of PPDT services for adolescent mothers at Kitagata Hospital in Sheema District.

The study evaluated how different aspects including individual, socio-cultural and health facility factors act as barriers and facilitators of PPDT services among adolescent mothers.

1.9 Theoretical framework

In this study, we used the socio-ecological model (SEM) to explore barriers and facilitators of the utilization of postpartum depression treatment (PPDT) services for adolescent mothers at Kitagata Hospital in Sheema District. The SEM is crucial in understanding how different various

across multiple levels that is, Individual, interpersonal, community, institutional and public policy influence health behaviors and outcomes. And in this study, the outcome variable of interest was PPDT Service, which is a health behavior that is influenced by experiences and challenges alike, at different levels. This model identifies the complex role played by factors in the development of health concerns as well as the success or failure of efforts to address them.

The socio-ecological model compared to other models is more comprehensive and allows for the understanding and analyzing of complex and interrelated factors that influence health behaviors and these factors include intrapersonal factors which influence behavior like knowledge, attitudes, beliefs and personality. Community factors including formal or informal social norms exist among societies and individuals that are a barrier to or improve health behaviors. Societal attitudes towards postpartum depression or mental health in general and motherhood in adolescents may hinder or promote health seeking attitude. Interpersonal factors like relations with other people that create barriers to interpersonal growth or offer social support which promotes health behavior, Institutional factors such as health facilities, regulations, laws and policies and informal structures that promote or constrain health behaviors and lastly Public policy factors both local and national policies and regulations that regulate or support health actions for illness or disease prevention including early detection, control and management.

The socio-ecological model is commonly used to identify the factors that define health behavior and the effective interventions for health promotion. A previous study by Place et al, (2024) used the model to explore the barriers to help seeking behavior for postpartum depression and develop recommendations to address them and found that SEM allows for a comprehensive

perspective on mother's utilization of PPDT services and helps professionals understand and focus on concerns that need intervention in efforts to improve access to and utilization of care.

Another study by Ihekweazu et al., (2019) used the model to “identify predictors of Depression” concluding that individual and societal beliefs, stigma and discrimination contribute to blockage of access to Depression Treatment services among others. The model is also used by Garney et al., (2021) to explore access to Healthcare for Adolescents while, Buzi et al., (2015) used the model to assess depression among pregnant teens and Ajayi et al., (2023) to explain “the factors associated with probable depression among pregnant and parenting adolescent girls in Malawi and Burkina Faso”.

These studies show the model's effectiveness in assessing the multi-level factors that influence health behaviors and utilization of services.

Despite several scholars studying the factors associated with depression symptoms among adolescent mothers in Sub-Saharan Africa, none has comprehensively explored the role of the individual, socio-cultural and Health institutional factors roles as barriers and facilitators of Postpartum Depression Treatment (PPDT) services among adolescent mothers in a rural setting.

Therefore this study used the socio-ecological model to understand the role these factors play in the utilization of PPDT services. Three concepts of the socio-ecological model were used (see Fig1), to comprehensively explore their role as barriers and facilitators to utilization of PPDT services among adolescent mothers at Kitagata Hospital in Sheema District.

This study aimed at filling the gap in the literature on postpartum depression treatment among adolescent mothers especially in the rural setting of Uganda, which was achieved by addressing these concepts from the socio-ecological model.

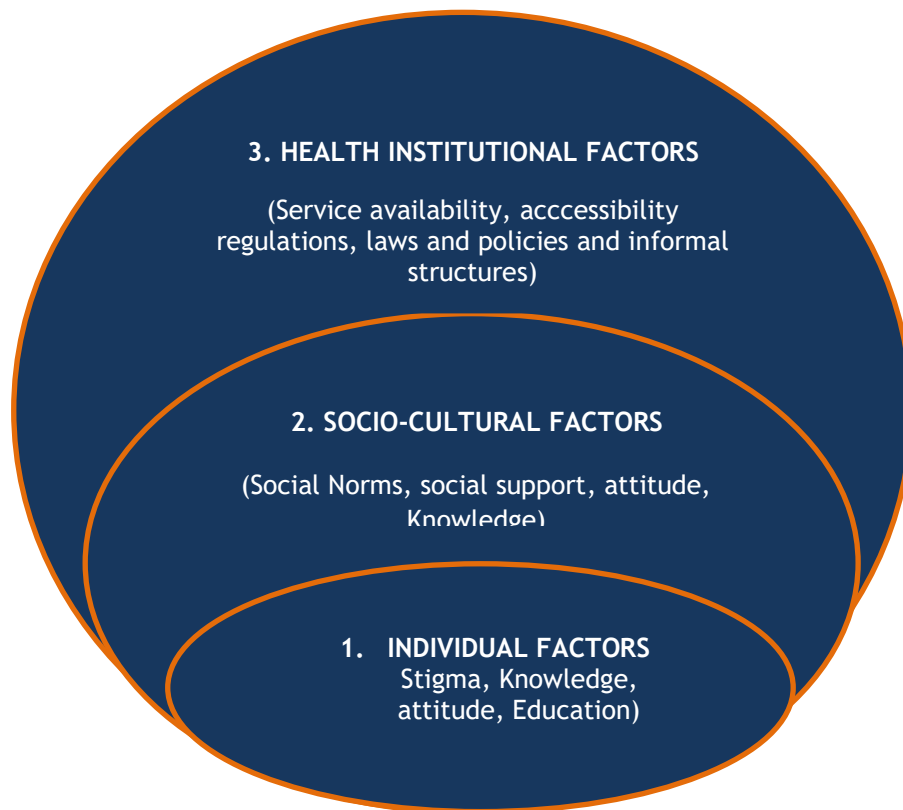


Figure 1 Socio-ecological Model Framework

CHAPTER 2: LITERATURE REVIEW

2.0 Introduction

This Chapter talks about the diverse assessments made by different scholars in the study of PPD, particularly the three specific objectives that include; individual, socio-cultural and Health facility factors role as barriers and facilitators of Postpartum Depression Treatment (PPDT) services among adolescent mothers.

Eight commonly known bibliographic databases and libraries were used to obtain the literature that is; Google Scholar, PubMed/Medline, Global Health Database, BMC, PMID/PMCID, and LibHub. Keywords; Depression, Postpartum Depression, Adolescent Mothers, Maternal Mental Health, Health seeking Behavior.

2.1 Barriers to the Utilization of Postpartum Depression Treatment Services among Adolescent Mothers

Stigma

A study by Field et al., (2020) on barriers and facilitators to mental health in low resource setting in Cape Town, South Africa presents that adolescents have perceived stigma around early pregnancy and mental health thus becoming an obstacle to utilization of healthcare services, especially of mental health. In agreement, Young people's broader perception of mental health and their attitude towards seeking help for it was proved to be an obstacle to access to treatment services in research by Radez et al., (2021).

Findings by Samari et al., 2022 ; Tembo C, et al., 2025 showed that social stigma from family, members of the society in which they live, and stigmatizing attitudes from healthcare givers just like self-stigma contribute as barriers to healthcare utilization especially among adolescent

mothers

Similarly, research by Nambile C, et al. (2022) indicates that fear to be discriminated against and disrespect from health workers, plus lack of discretion during the health service delivery is a great barrier to access to maternal health services, especially PPDT therefore the researcher conducted a study on Barriers to Postpartum Depression treatment to fully understand the aspects associated with PPD treatment among Adolescent Mothers in the cultural setting of Sheema District South-western Region. Stigma continues to be a strong barrier to accessing mental health services, and wide efforts need to be made to overcome ignorance and discrimination.

Findings by Osok et al., (2018) on “Depression and its psychosocial risk factors in pregnant Kenyan adolescents” indicates that factors like poor partner support, familial denial and lack of social support contribute to access to treatment services which is similar to conclusions by Turkcapar et al., (2015); Silumbwe et al., (2020) that emphasize that less encouragement and advocacy for the importance of male involvement in maternal health services has an impact of service uptake.

A study by Aguirre et al., 2020 also showed that structural stigma like a lack in implementation of the appropriate mental health policies, family and societal background, health facility worker competence play a big role in adolescents mothers access and utilization of maternal mental health care.

According to Wu et al (2017) and Grissette, et al (2018), in their studies on barriers to mental health services, there are several categories of barriers to mental health most reflecting cultural barriers that hinder a person’s plan to seek mental health services, then the cost of treatment, lack of knowledge on mental health services and how to access them. However, in a review by Tristiana et al., (2018), many perceived barriers to mental health services are mainly related to

the stigma, most people with mental disorders are often marginalized and discriminated against.

Social Norms

Investigative research has shown that social norms about good mothering, difficulties in accessing care with a child and low recognition of symptoms by the woman, her family and healthcare providers may act as obstacles to accessing and utilizing mental health care during postpartum. (Azale et al., 2016; Atuhaire et al., 2018)

Beliefs that the depressive symptoms will suppress on their own plus the internalized stigma, as a result of believing stereotypes that describe stigmatized individuals including “people with mental illness are to blame for their disorder” have been proven to play a role in blocking access to postpartum Depression Treatment. (Manso-Córdoba et al., 2020; Goyal et al., 2023)

Findings by Turkcapar et al., (2015) indicate that factors like poor social capital, family conflicts and violence, and low-income levels increase the risk of PPD and have a great impact on the victims or sufferers’ chances to seek out treatment for PPD similar to conclusions by Mutahi et al., (2022) in a study on “Mental health problems and service gaps experienced by pregnant adolescents and young mothers” which states that societal norms, life stressors, relationship dynamics from family and within the community put adolescent and young mothers at a high risk of mental disorders including depression and it is circumstances like these that worsen obstacles to seeking and accessing treatment services.

Attitude

Negative attitude in communities towards sufferers and survivors. The stigmatization of psychological health disorders is also stated as an obstacle to diagnosis and treatment (Manso-Córdoba et al., 2020). Bias expressed by the public on many individuals suffering from

psychological disorders and the myths that they are to blame for such conditions prevents many from seeking help.

The desire or acceptability of receiving care for a mental health problem has proved challenging because of a lack of trust in the service providers when it comes to confidentiality. In a study by Nakku et al., (2016) on “Perinatal Mental Health Care in a Rural African district in Uganda” situations where the service provider is a relative or associate or member of the same society, concerns of anonymity were raised, thus affecting treatment utilization. Similar to this study, Atuhaire et al., (2018); Field et al., (2020); Manso-Córdoba et al., (2020) ; Oladeji et al., (2025) findings show that fear of a lack of confidentiality at Health Facilities and hesitation to discuss their emotional well-being with the health workers affects healthcare utilization. However in a study by Cacciola et al., (2020) on “insecure attachment and other help-seeking barriers among women depressed Postpartum”, persuasions of a strong self and no trust in healthcare professionals were established as a common barrier among women with avoidant attachment styles, and impractical expectations about motherhood constituted a barrier for women with secure attachment styles. Therefore the researcher exploring barriers to communicating symptoms and seeking help when suffering from PPD vary thoroughly with attachment orientation it helps in drawing more appropriate strategies to address the factors contributing to access to PPDT services for adolescent mothers. Studies present significant gaps in awareness of mental health problems and services for adolescent mothers as well as negative attitudes in communities towards sufferers. Studies show that adolescent Mothers are likely to be needier and reside in communities and families that are socially and economically disadvantaged. Findings by Mutahi et al., (2022); Laurenzi et al., (2020) show that the adversities of adolescent mothers become more complex due to the transition to parenthood, adulthood, and

discrimination because of conceiving out of wedlock contribute greatly to access to PPDT Services.

Education Level

Studies have shown that a lower status is associated with lower education levels and unemployment thus decreasing mental health literacy and increased stigma towards mental illness which have an effect on mental healthcare service utilization.(Pinto-Meza et al., 2012; Ibrahim et al., 2019).

Knowledge

A lack of comprehensive education on mental health is a contributing factor to access to PPDT services. According to Radez et al., (2021) due to a lack of this knowledge, young people are unable to perceive the problem and signs as serious, additionally, they are not aware of where to find help or who to talk to about their concerns. The study continues to show that because of this state, they are unable to verbalize their need for help similar to findings by Oladeji et al., (2025) which showed a lack of awareness about mental health including maternal mental health, and there availability at facilities affected the utilization of these services Whereas Kola et al., (2020) in their study on “Stigma and utilization of treatment for adolescent perinatal depression in Ibadan Nigeria” BMC Pregnancy Childbirth shows a preference for informal support because of non-friendly service providers in health centers.

Service availability

A study by Nakku et al., (2016) on “Perinatal mental health care in a rural African district, Uganda” shows that the unavailability of mental health specialists and high costs of health care services contribute to the utilization of healthcare.

Unawareness of available maternal health services for adolescent mothers in health facilities

especially for psychological health problems particularly in rural communities where advocacy is limited contributes highly to the access to these services. A study conducted by Leslie (2017), states that women were not aware of the right healthcare providers offering treatment or the best treatments for depression which proves as a barrier. Similarly, the absence of accessible maternal mental health services including PPD and the treatment gap is very high according to a study by Massaquoi et al., (2021) on “Exploring health-seeking behavior among adolescent mothers during the Ebola epidemic in the Western rural district of Freetown, Sierra Leone” Therefore, there is a need for the creation of public awareness about PPD, its consequences, and the importance of seeking treatment.

The absence of private areas in health facilities for maternal mental health services for adolescent mothers demotivates access to these services and takes away from the needed privacy and directs them into reticent especially since discrimination towards adolescent Motherhood and mental health is high. (Ajayi et al., 2023) On the other hand studies by Maharjan et al., (2019); Niyonsenga et al., (2020) state that the attitude of the service providers both during antenatal and postpartum determines the uptake of services among young mothers with PPD. Unfriendly behavior, rudeness and judgment towards adolescent mothers leave many with feelings of humiliation.

Service accessibility

A study by Atuyambe et al., (2005) on “Experiences of pregnant adolescents-voices from Wakiso district, Uganda”, concluded distance to Health facilities and transport means to contribute to the access to health care services to adolescent mothers similar to findings by Maharjan et al., (2019) on “Factors influencing the use of reproductive health care services

among married adolescent girls in Dang District, Nepal”

Studies have shown that postpartum depression is mostly detected among adolescents and may be a risk aspect for poor growth and development in children born to these mothers. It has been presented that “in developing countries half of the adolescents are sexually active by the age of 19 and approximately 40% are married and then about 20% have children” (UBOS, 2012).

Studies on the topic have shown limited research has been conducted on PPD among adolescent mothers in Africa and the available studies on its prevalence have provided contradicting variable conclusions. Differences are attributed to the varying tools used and different cutoff points, timing and settings.

Sheema District has 38 registered Health facilities of which only 13 provide postpartum care services and only one, Kitagata District Hospital with Psychological health services. Despite the availability of postpartum care services at these Health facilities, utilization remains low, especially for PPDT services. Precisely, this study was to look at the level of utilization of PPDT services at the health centres with the services, and the individual, community, socio-cultural and health facility factors contributing to the access to PPDT services for adolescent mothers at Kitagata District Hospital in Sheema District.

2.2 Facilitators to the Utilization of Postpartum Depression Treatment Services among Adolescent Mothers

Knowledge

A study by Field et al., (2020); Wang et al., (2022) which presents the Adolescent mothers that were literate on mental health and those with prior experience of maternal mental health disorder were more likely to attain the treatment services before the symptoms worsened compared to

those that were not. And further added that adolescent mothers with spousal support attained mental health services easier being that they were their first confidants when feeling unwell and therefore would be the first to recommend utilization of treatment services.

Social and familial Support

Findings by Field et al., (2020); Wang et al., (2022) state that Adolescent mothers with supportive family and friends helped build a safe environment for them to speak up when feeling unwell made it easier and enabled them seek out mental healthcare making social and familial support a facilitator to access to treatment services. Similarly to findings by Clark N, (2018) ; Willey et. al (2019) which showed that social support including family, and the community was a vital facilitator for accessibility to mental health services.

Findings by Field et al., (2020) on barriers and facilitators to mental health in low resource setting in Cape Town, South Africa that stated that the adolescent mothers addressed that positive attitude and engagement of the service providers facilitated their decision to seek health care.

Service availability

A study by Nakku et al., (2016) showed that group counseling for both perinatal and postnatal women in rural settings was more likely to be acceptable in facilitating utilization of treatment services similar to a conclusion by Clark, N (2018) that showed that provision of a network of caseworkers and mental health counseling services at primary care level would facilitate proper utilization of treatment services.

Findings by DeSa et al. (2022) Showed that Primary care providers (PCP) having training on assessment and management of mental illness would improve their usage of Uganda Clinical guidelines (UCG) when screening for mental health illnesses and disorders which in hand would improve utilization of treatment services. Similar to this study, Clark, N. (2018) ; Willey et al., (2019) ; Tulli et al. (2020) concluded that availability an knowledge of the service within the facility facilitates access and utilization of the services.

2.3 Key Areas in Literature Review

- a) Postpartum depression is most common among adolescent mothers globally but is mainly high in low and middle-income countries where it often goes undetected and untreated.
- b) Adolescent mothers are likely to be more affected by PPD in terms of reoccurrence as associated with adult mothers.
- c) Individuals suffering from PPD have the same clinical symptoms but the related risk factors vary between developed and developing communities.
- d) Postpartum depression affects not only the mother but the child's cognitive development due to its impact on the sufferer, especially in her interaction with the child.

CHAPTER 3: RESEARCH METHODS

3.0 Introduction

This section describes the methods that are used to conduct the study and they include; study design, study participants (population), the magnitude of the section/sample to be included in the study, techniques used in sampling, methods used to collect data, instruments used in collecting information, information collection procedure, reliability and validity of data instruments, data visualization and moral concerns.

3.1 Research design

The researcher used the case study approach that allowed collecting of comprehensive information and understanding of the study participants' perceptives through in-depth interviews, documents and reports review. The case study approach according to John W. Creswell aims at "exploring a bounded system or multiple ones through detailed in-depth data collection using multiple sources" Therefore, allows understanding of complex issues in their real life settings, development of in-depth description and analysis of the barriers and facilitators of PPDT services among adolescent mothers.

The interest of this study was to explore the barriers and facilitators to the utilization of Postpartum Depression Treatment (PPDT) services among Adolescent Mothers at Kitagata Hospital in Sheema District, which fundamentally means that a qualitative research approach is appropriate to use to effectively contextualize and efficiently understand the participants' perspectives and come to a useful conclusion.

The qualitative research approach allows a comprehensive interpretation of the social settings in which the study is conducted (Merriam, 2009)

3.2 Study Area

The study was carried out in Sheema District, Located in the South Western region of Uganda, “bordered by Bushenyi in the West, Buhweju in the North, Ntungamo in the south, Mitooma in the South West and Mbarara District in the East”.(en.wikipedia.org)

According to the Uganda Bureau of Statistics, 2014, the total population of Sheema District is predicted to be 211,720 persons, with 90 % of the population residing in rural areas.



Figure 2 Map of Sheema District

The district has 26 Ministry of Health facilities supported mostly by local Village Health Team workers trained to provide health assistance within their communities. (Citypopulation.de, 2014). Kitagata Hospital is the only government-aided Health facility in Sheema District with both psychiatric inpatient and outpatient services including Maternal Mental health services with no full-time appointed psychological health professionals. It is located 48.9km away from the capital of Sheema District.

3.3 Study Population

This study had both primary and secondary populations with the Adolescent mothers between six weeks and six months postpartum at Kitagata Hospital in Sheema District categorized as the primary population. The major focus was given to this group because they give the answers to what the study was to explore.

The Health care providers including professional health facility staff with in the maternal and mental health care departments of Kitagata Hospital in Sheema District as the Secondary Population.

3.3.1 Eligibility Criteria

Inclusion

The study included;

1. Adolescent Mothers 6 weeks to 6 months postpartum and that consented to an audio-recorded in-depth interview.
2. Health workers at Kitagata Hospital that offered maternal and mental health services and consented to an audio-recorded in-depth interview.

Exclusion

The study excluded;

1. 02 adolescent mothers who due to sensitivity and secrecy concerns were hesitant on sharing their experiences and perceptions on the utilization of PPDT services at Kitagata Hospital.
2. 03 Health workers that were too busy to participate in the study at the time of data collection and did not consent to an audio-recorded interview.

3.4 Sampling techniques

The selection of mothers was through purposive sampling with the help of the health workers at Kitagata Hospital on clinic days in identification of the eligible participants based on their age. This allowed me to select the most relevant respondents which aided meaningful, detailed, and applicable data for the study.

Sheema District as the study location was purposively sampled based on the foundation that South Western Uganda, as a region, has an increasing number of adolescent mothers and there were glaring gaps in adolescent-friendly services in the Health facilities.

There were few studies on factors associated with PPD in South Western Uganda. Most of these studies focused on mothers in a general view with no specific focus on adolescents. The PPD is most commonly diagnosed among adolescents than adult mothers (Nakku J., et al 2016; Bina R., 2019) yet most studies are focused on the latter.

The study was carried out at a health facility, Kitagata Hospital in Sheema District, as opposed to the community, because locating adolescent mothers with or that have experienced PPD is almost impossible. This is because the number of mothers in a general term using postpartum services is rather small and the number of adolescent mothers that use postpartum Depression services is even smaller. (Atuhaire et al., 2018)

The health facility level provided a greater channel through which the adolescent mothers and all key participants in the study were accessed to explore the barriers and facilitators to the utilization of PPD treatment services. This was done on the basis that Kitagata Hospital is the largest government-aided health facility in the district with maternal psychological services.

3.5 Sample size

The sample size was of two groups: 09 adolescent mothers (6weeks-6months postpartum) as the primary population and had capacity to consent to the study and 06 healthcare providers that serve with maternal and mental health care as the secondary population. Saturation was the criterion the researcher used to determine the population sample size to be interviewed in the study. According to Townsend (2013), saturation is the criterion by which sample size is determined in a Qualitative study. Therefore, the researcher stopped interviews after realizing

that the responses from the study participants had reached a saturation point whereby most data provided was the same with the previously shared data by the fellow research respondents.

3.6 Methods of data collection

In-depth Interviews

An in-depth interview method was used in data collection with adolescent mothers. An In-depth interview allows “a situation where participants’ descriptions of experiences can be explored” (Kvale, 1996). Therefore, an in-depth interview guide was used in gathering qualitative data from adolescent mothers between 06 weeks and 06 months postpartum which allowed them express their views and experiences in their own words. This time frame was selected to ensure the respondents were still within the postpartum (PP) period.

The in-depth interview guide was designed to prompt information on different aspects of the utilization of PPD treatment services at Kitagata Hospital including the barriers and enablers to the utilization of these services, their understanding of PPD and its treatment services, and their experiences, individual, socio-cultural and health facility experiences with PPD treatment support.

It included open- ended questions to allow the respondents express their views and experiences freely, exploring their emotions without feeling self-conscious by predetermined responses.

The interviews were held in a one on one format which allowed the participants feel relaxed discussing sensitive subjects in a private and supportive environment. The in-depth interview guide also enabled the researcher to ask follow up questions, probing deeper into emerging themes basing on the responses given.

The guide was translated by the researcher to Runyankole to allow smooth interview progress among participants that preferred Runyankole language to English.

The interview lasted 30-60 minutes depending on the level of detail shared and depth of the conversation while ensuring a non-judgmental and empathetic atmosphere to help the participants comfortably share their experiences. All interviews were audio-recorded with the participants' consent and recordings later transcribed verbatim.

Key informant Interviews

A One on One interview method using the key informant interview guide was used in data collection with the key informants, the health care service providers that served in the maternal and mental health clinic of Kitagata Hospital

The guide was also translated by the researcher to Runyankole to allow smooth interview process among participants that preferred Runyankole language to English.

They gave insight into the health facility perspective, the barriers and facilitators to the utilization of Postpartum Depression treatment services among adolescent mothers.

The Key informant guide was designed to explore the health providers professional view and experiences such as their knowledge of PPD and the available treatment services, their observations on the barriers and enablers to the utilization of the services among adolescent mothers the facility.

Similar to the adolescent mothers these interviews were a one on one which allowed relaxed and open conversations about their observations, challenges and recommendations to ensuring more utilization of PPD treatment services among the adolescent mothers at the facility.

The interviews lasted 30-60 minutes depending on level of details and depth of the conversation, were audio recorded with participants' consent, recordings transcribed verbatim for thematic

analysis

3.7 Reliability and Validity of Data Instruments

To confirm the accuracy of the data the researcher used different methods of data collection including, in-depth interviews and semi-structured interviews with the study population and Health center record checking. And where possible returned to the respondents to clarify data that was not easily understood.

3.8 Quality Control

Quality Control in qualitative study mostly relies on ensuring trustworthiness through measures such as credibility, transferability, dependability, reflexivity and confirmability. And for this study, since the sample size was relatively small, the researcher chose to manage the study independently.

The researcher therefore operated the voice recorder and taking of detailed notes while also moderating the interviews independently. This decision was driven by the fact that it allowed for elimination of the potential for discrepancies on how data is collected, recorded or interpreted ensuring consistency. It also allowed the researcher have a closer relationship with the data and build trust and strong rapport with the participants.

Integrity and quality of the study was upheld throughout the study by the researcher hedging on their strong organizational skills and attention to detail during the data collection process.

Trustworthiness

Lincoln and Guba (1985) point out the concept of trustworthiness of data in qualitative research, ensures the quality of the findings in four ways; credibility, transferability, dependability, reflexivity and confirmability.

In this study the trustworthiness of the data was very important to effectively communicate the research findings in the evaluation report. Therefore, to enhance trustworthiness different strategies were employed including;

Credibility

Credibility is similar to the way the researcher constructs generated knowledge and the perspectives shared by participants during the inquiry (Guba & Lincoln, 1989). Credibility involves making sure that the way study participants perceive certain issues matches how the researcher portrays those viewpoints (Guba & Lincoln, 1989). In this study, to achieve credibility the study's purpose was explained to the participants and their cooperation was sought.

Therefore, credibility here was more personal and interpersonal than methodological (Reason & Rowan, 1981). Individuality and the uniqueness of each participant was appreciated and respected and through honesty and openness, the researcher built trust with the participants and created a safe space where they could freely express their true feelings and views without fear of judgment.

Additionally, peer debriefing was employed to further enhance credibility. Peer debriefing involves “allowing a professional peer, external to the study with general understanding of the research to assess hypotheses, designs and emerging concerns whilst giving feedback to the researcher” (Erlandson et al., 1993, p. 140).

In this study, peer debriefing was conducted by the researcher’s supervisor with advance experience in qualitative research whose input helped refine the study process. Also the research process and procedures were described in detail to help readers assess the trustworthiness and credibility of the research results.

Transferability

Transferability, another element of trustworthiness refers to the extent to which the results of the research study can be applied to other context (Lincoln & Guba 1985) In this study, transferability was accounted for through Miles and Heberman's data analysis process, and also depended on presentation of detailed descriptive data, which improved the quality of analysis (Patton, 1990).

Dependability

Dependability is akin to reliability in qualitative studies according to Guba and Lincoln (1989) which means that similar tests should produce the same results across different tests. However this consistency in qualitative research is impossible to achieve due to the flexibility of the research design and the dynamic interactions between the researcher and Participants. Results from qualitative research are often based on these evolving interactions and differing researchers could interpret the data in different ways.

The findings in qualitative studies are often shaped by these evolving interactions, and different researchers may interpret the data in various ways, leading to different conclusions.

And according to Guba and Lincoln (1989) these differences are a sign of evolving and successful inquiry in qualitative research.

However in this study, the researcher maintained dependability by carefully assessing the research process at every stage, ensuring all participants, including adolescent mothers and Key informants alike were asked similar questions and guided well throughout the interviews.

The interview guides were also well structured to ensure all questions aligned with the study objectives including probing points.

Confirmability

According to Schwandt, (1997), confirmability is similar to objectivity, which is about ensuring

that the data and interpretations presented in the study were not just the researcher's imagination or shaped by their personal biases. Therefore, this study to address accuracy, confirmability and consistency of the results, focus was set on the participants' direct experiences rather than on speculative explanations or mere perceptions of it.

According to Lincoln and Guba (1985) confirmability and dependability can be validated through a properly managed audit for example by the research supervisor. This procedure involves a third party examiner systematically reviewing the audit trail including the various materials like audio recordings, interview scripts, participant details, notes on research process, and discussions.

Reflexivity

Reflexivity is the researchers' awareness of their role and influence in the research process. (Ellingson, 1998) which is defined by May (1998), as a process of on-going self-examination. And since qualitative researchers rely on themselves to gather and analyze data, evaluation of qualitative studies is usually liable to subjectivity of the researcher. Which makes maintaining reflexivity important to make sure the researcher doesn't unintentionally influence the participants into giving data based on the researcher's biases and experiences. (Ellinson 1998). This study therefore, focused on the respondents' authentic life experiences, without imposing their own beliefs and experiences onto the data.

3.9 Data analysis

The data collected was checked manually by the researcher for comprehensiveness and reliability to reduce data entry errors. Before transferring the data for analysis, all necessary data validation and cleaning was done.

Data analysis began with the researcher writing the interview (verbatim script) which was later

reviewed repeatedly firstly translating from Runyankole to English and back to ensure meaning is not lost in translation and also to enable creation of codes based on similarities and differences in meaning and organizing categories of different descriptions into a collection of themes to create a validation theme and after the data was analyzed thematically.

Predetermined themes and emergent themes that emerged from the data were identified through thematic analysis which focused on the key barriers and facilitators to the utilization of postpartum depression treatment services among adolescent mothers at Kitagata Hospital. The predetermined themes included individual factors such as knowledge of PPD and its treatment services and fear of stigma, social-cultural factors like Societal beliefs and myths and family support, and health facility-related factors such as understaffing and health worker attitude. Emergent themes included views and experiences that arose from the participants' responses which were further refined and categorized, and later used to organize and interpret the findings.

3.10 Moral concerns

The researcher got all the necessary approval before conducting the study including approval by the Research and Ethics Committee of Uganda Christian University. The researcher ensured Informed consent and agreement throughout the study from all the involved participants.

3.11 Ethical Considerations

Approval to conduct the study was got from the Faculty of Public Health, Nursing and Midwifery. Ethical clearance was received from the research ethics committee (REC) at Uganda Christian University.

Administrative approval was obtained from the District Health Office and the management of Kitagata Hospital.

Informed consent was obtained from the study participants and all data collected was kept confidential. All participants were purposively selected at the health facility. Recruitment happened when the adolescent mothers attended postnatal clinic and those interested and who met the eligibility criteria were provided with an information sheet written in Runyankole and read to them by the researcher before the interview to fully understand the objectives, purpose and procedure of the study.

Additional questions were asked to ensure the participants had a full understanding of their involvement in the study. Both verbal and written consent were provided and those couldn't sign used their thumbprint as a signature.

These interviews were conducted at the facility and there to ensure privacy the researcher held them in a private place (office or private compound). For every day that the researcher was at the facility, she asked a health worker available to allow her use any available yet not in use room for the interviews and where non was available, a place within the premises of the facility was used as an interview site.

And for the Key informants appointments were scheduled at their convenient time and place to ensure comfort and unrushed discussions. They were provided an English version of the information sheet explaining the research objectives, purpose and procedure before taking part in the study. They were also given an informed consent form prior to participation

The participants were given permission to withdraw from the study at will and their rights were explained to them in the language they understood and preferred (See Appendix A)

Confidentiality and anonymity of the interviews of the study participants was sustained throughout the study. Permission to audio record from the participants was given and to achieve this, the researcher clearly communicated the confidentiality of the interviews and the recorded audios were kept in a safe place. Additionally during the reporting process further concealment of the participants' personal details was done where necessary without distorting the data to ensure they cannot be identified from the responses quoted in the presentation of the findings.

The identifying information of the study participants was removed from the data when it was no longer necessary and audio recordings labeled anonymously using numbers and later deleted on completion of the study.

3.12 Dissemination of study findings.

The findings of this research will be presented at Uganda Christian University, where a copy will be made for the University Library. Further copies of the findings will be handed over to Kitagata Hospital management, and Sheema DHO. Publication in peer reviewed journals will also be made and where opportunity presents itself, presentations will be made at both local and international conferences.

CHAPTER 4: FINDINGS

4.0 Introduction

This chapter presents the major findings from the research study that explored the barriers and facilitators of the utilization of Postpartum Depression Treatment (PPDT) services among adolescent mothers at Kitagata Hospital in Sheema district, Southwestern Uganda. The study examined individual, socio-cultural, and health facility barriers and facilitators.

The research involved 09 adolescent mothers, who were 06 weeks to 06 months postpartum at the time of enrollment in the study; they were interviewed in the local language, Runyankole. Their interviews were recorded, transcribed verbatim and translated by the researcher.

Additionally, 06 health workers working in the maternity care department were also interviewed using the key informant (K.I) interview guide. Their interviews were conducted in both English and Runyankole for the comfort of the interviewee, recorded, transcribed verbatim, and translated by the researcher.

The study found that most adolescent mothers at Kitagata Hospital have no access to PPDT services. This issue was attributed to individual, socio-cultural, and health facility factors. Factors such as availability of treatment services at the health facility distance from the health facility, employment status, and attitudes within the community and at the health facility among other factors were identified as significant barriers and facilitators to the utilization of PPDT services among adolescent mothers at Kitagata Hospital.

4.1 Participant Profile

4.1.1 Adolescent Mothers

Table 1: Socio demographic characteristics of the adolescent mothers

Mother No.	Age	Religion	Education Level	Source of Income	Relationship Status	PPDT Knowledge	PPDT usage	No. of Children
1	17	Anglican	Secondary	No	Single	No	No	1
2	18	Anglican	Secondary	Yes	Single	Yes	No	1
3	15	Anglican	Secondary	No	Single	Yes	Yes	1
4	18	Anglican	Primary	No	Cohabiting	No	No	2
5	16	Anglican	Secondary	Yes	Cohabiting	No	No	1
6	16	Catholic	Secondary	No	Cohabiting	No	No	1
7	16	Catholic	Secondary	Yes	Single	No	No	1
8	17	Catholic	Primary	No	Cohabiting	Yes	No	1
9	16	Catholic	Primary	Yes	Single	Yes	Yes	1

Table 1 above shows the socio- demographic characteristics of the adolescent mothers that partook in this study. Majority of them had only been educated to Secondary school level (6/9). Majority of the adolescent mothers interviewed were reportedly single (6/9). More than half of the adolescent mothers who participated in this study had no knowledge of postpartum depression treatment services at Kitagata Hospital. (5/9), (4/9) were aware of the services and only (2/9) had used the treatment services. Majority of the interviewees had given birth to one child by the time the study was conducted (8/9).

4.1.2 Health Workers (Key Informants)

Table 2: Socio demographic characteristics of the Health Workers (Key informants)

K. I No.	Gender	Age	Education level	Position at facility	Duration of working at health facility
1	Female	36	Diploma	In-charge	4 years
2	Male	33	Diploma	Psychiatrist	3 years
3	Female	35	Certificate	Nurse	2.5 years
4	Female	30	Diploma	Midwife	5 years
5	Female	33	Diploma	Midwife	4 years
6	Male	39	Diploma	Psychiatrist	1 Year

In table 2 above, the findings show the socio demographic characteristics of the key informants KII) that partook in the study, alongside the adolescent mothers. Almost all the key informants were female (4/6). All the key informants interviewed were above the age of 25 and (5/6) had diplomas and only (1/6) a certificate, all working at Kitagata hospital. All the key informants that were interviewed were senior healthcare officers attached to the maternal child health (MCH) section of Kitagata Hospital.

4.2 Themes and sub themes

Table 3: Predetermined and emergent themes

Predetermined theme	Emergent themes
<p>Barriers to the utilization of postpartum depression treatment services among adolescent mothers at Kitagata Hospital</p>	<p>Individual related barriers</p> <p>Adolescent Mothers</p> <ul style="list-style-type: none"> • Limited Information on PPD and the available treatment services • Fear of being a burden • Self- Stigma • Reluctance to seek help • Distance to the facility <p>Key informants</p> <ul style="list-style-type: none"> • Perception of PPDT services • Unawareness of PPD and the available services • Negative Attitude • Individual experiences at Antenatal • Privacy Concerns • Self-stigma
	<p>Social Cultural related barriers</p> <p>Adolescent Mothers</p>

	<ul style="list-style-type: none"> • Low education and Socio-economic status • Fear of social stigmatization • Societal myths & expectations • Misconceptions about PPD • Unequal Gender Power Relations • Lack of Family support <p>Key informants</p> <ul style="list-style-type: none"> • Poverty • Beliefs and differing Opinions • Influence of others on where to seek treatment
	<p>Health Facility related barriers Adolescent Mothers</p> <ul style="list-style-type: none"> • Awareness and Knowledge of the treatment services • Poor Attitude • Poor quality of care • Understaffing • Perceived cost of treatment • Inadequate follow-up system • Clinic Privacy concerns • Existing Health Policies <p>Key Informants</p> <ul style="list-style-type: none"> • Lack of knowledge on Postpartum Depression and

	<p>available treatment services.</p> <ul style="list-style-type: none"> • Stigma and Poor attitude • Reluctance to seek help • Inadequate staffing and specified maternal mental health support • Perceived high charges • Inadequate Follow up systems • Health Policies
<p>Facilitators to the utilization of postpartum depression treatment services among adolescent mothers at Kitagata Hospital</p>	<p>Individual related facilitators</p> <p>Adolescent Mothers</p> <ul style="list-style-type: none"> • Knowledge of the PPD and the available treatment services • Distance to the Facility <p>Key Informant</p> <ul style="list-style-type: none"> • Knowledge of the PPD and the available treatment services • Good Attitude
	<p>Social Cultural related facilitators</p>

	<p>Adolescent Mothers</p> <ul style="list-style-type: none"> • Social and Family Support • Influence of others on where to seek treatment <p>Key Informant</p> <ul style="list-style-type: none"> • Social and Family Support
	<p>Health Facility Factors</p> <p>Adolescent Mothers</p> <ul style="list-style-type: none"> • Health service provider attitude • Personal Links <p>Key Informants</p> <ul style="list-style-type: none"> • Personal Links • Availability of the treatment services • Quality of Care

Table 3 above; shows the predetermined and emergent themes of the study. The predetermined themes were two, including Barriers and facilitators to the utilization of PPDT services for adolescent mothers and each had emergent themes under Individual, sociocultural and health

facility factors contributing to the utilization of PPDT services among adolescent mothers at Kitagata Hospital.

4.3 Barriers to the utilization Individual factors contributing to access to PPDT services for adolescent mothers.

The study found that most adolescent mothers interviewed expressed a lack of knowledge of postpartum depression it's self-contributed which is a barrier to the utilization of PPDT services. Awareness of PPDT services was the most identified factor during the interviews. Some mothers reported that they were not aware of the service at the hospital, self-stigma due to the idea of treating a disorder that affects one psychologically, believed that PPD could clear on its own and therefore symptoms didn't need any medical attention.

4.3.1 Individual related barriers

4.3.1.1 Findings from Adolescent mothers

Ignorance of Postpartum Depression (PPD) and Available Treatment Service

Several adolescent mothers (05/9) mentioned they were not aware Kitagata Hospital offered Postpartum Depression Treatment (PPDT) services which in turn affected the adolescent mothers access to the services, similar to findings by Grissette, B.G., 2018; Manso-Gordoba, S., 2020; Atuhaire, C., 2021 which show that Insufficient knowledge about postpartum depression and related treatment, mothers are not aware of the symptoms, whether they are unnatural or even severe which fueled perception that the experience is normal.

For instance **ADM 01** stated, *“I did not know PPD is an illness and while at the facility I was not told or asked so I didn't see any reason to bring it up to them or my parents”*

Some stated that their assumption that the symptoms are normal postpartum occurrences was

based on the comments made by the people around them including the health service providers within their communities One participant shared, *“the nurse at a clinic at home said it was normal to feel depressed after birth because it comes with the pressure of having a newborn, so I assumed I don’t need to seek medical help”* **ADM 08**

Some adolescent mothers also mentioned they didn’t know PPD was an illness or even that the facility offered any maternal mental health services including for PPD;

“I did not know they have these services or that you can come and get treatment and I did not see it as an illness either”. **ADM 02**

“I didn’t know these services were there at the facility” **ADM 05, ADM 06**

Fear of being a burden

Some of the adolescent mothers mentioned how fear of causing their support system including their family and friends distress and worry because of expressing how they feel in a time when they are expected to be in joy and celebration stopped from utilizing treatment;

“I hid the depression from everyone, I was scared people would tell me not burden them with my problems since I chose to give birth while underage” **ADM 01**

Similarly, **ADM 02** shared, *“They have helped you through the whole pregnancy till birth, it would be unfair to now tell them you feel like you don’t want the child”*

Also **ADM 07** mentioned, *“My mother was greatly affected by the village gossips of how I had got pregnant underage, so I was not going to add to the gossips in case anyone found out I had PPD”* Sentiments that clearly showed a fear of becoming a burden to their family which hindered many from getting health care.

Reluctance to seek help

The study revealed it was challenging for the adolescent mothers to access healthcare services,

especially for maternal mental health similar to conclusions in studies conducted by Nabugoomu, J. et al. (2018), Kola, L, et al. (2020), and Nambile C, et al. (2022). Several factors were found to contribute to this difficulty, lack of confidence to seeking treatment independently due to the reception at the facility. Some Mothers mentioned encountering rude service providers during antenatal and at delivery which affected utilization of services postpartum for example; *“These health service providers that you see here speak rudely which scares many of us from coming back for any service.” ADM 04*

“At times you meet rude nurses with a bad character and you wonder how you should tell them your concerns” ADM 07

“When you get pregnant before the age of 19, some health service providers at the facility address you rudely, asking you why you got pregnant early, now when you get PPD signs it becomes hard for you to back.” ADM 02

Other mothers mentioned the need to ask permission from their elders that is in-laws or guardians to make any decision including seeking treatment services which made it difficult since it left no room for privacy and they were not comfortable sharing their emotions with the members of their extended family. **ADM 02, ADM 04, ADM 06**

It was also found there was a poor attitude towards care in relation to the reluctance to seek health care for example, *“a mother mentioned she doesn’t like it when people know what she is suffering for fear of being gossiped about.” ADM 07*

Self-stigma

Some mothers hold stigmatized attitudes toward seeking treatment for mental health concerns and the fear of being discriminated or judged by the community.

Another mentioned that admitting depression means admitting madness;

“I thought if I tell people at home what I was feeling I would be allowing that I am mad or bewitched.” ADM 09

Some mothers also mentioned the fear to be called mad and gossiped over;

“I knew early I wasn't feeling like myself, I wasn't happy with my child and I knew it wasn't right but I couldn't tell the nurses because in my village if you are told you have a mental problem it means you are mad and people don't want to associate with you or your children. Your in-laws can easily take the child from you and chase you from your home because of it.” ADM 08

“People might start calling you mad when they find out you have PPD” ADM 04 ()

“ People will call you mad or say that you were bewitched and gossip more about you cause they don't understand what you are going through” ADM 02

It was further found that some feared being judged by familiar faces in the facility;

“On delivery I met some old classmates that were now nursing students in the hospital and it struck a fear in me to return scared of steering up more gossip” ADM 02

“I was scared of saying anything at the facility since some of the nurses are my village mates and feared they would gossip about me” ADM 05

Distance to the health facility.

The study revealed that most adolescent mothers interviewed found it challenging to access health services and programs due to the long distance from their place of residence to the health facility. Most adolescent mothers were from Kinyemi, Bwooma, Kyarushakara, Katoma, Kasaana villages more than 5 KM from the facility.

For instance, one mother mentioned that she lived in Kinyemi village, which was approximately 8km away from Kitagata Hospital. She further explained that getting transportation services was quite difficult and expensive. She had to inform a cyclist in the town of Kitagata to come to her

home and pick her up, which doubled the transportation costs. The researcher concluded that the high transportation costs made it difficult for adolescent mothers to access PPDT services at Kitagata Hospital.

One mother mentioned that;

“The distance is a bit long and I don’t always have the money.” ADM 04

Another mother mentioned;

“I spend around 8,000= (Eight thousand Ugandan Shillings) on transport to the hospital, it can be hard coming for all the needed hospital visits.” ADM 06

Similarly it was found that most of the adolescent mothers interviewed came from impoverished families which played a role in the utilization of PPD treatment services. Most mothers that didn’t utilize the services mentioned finding it difficult to seek facility services as often as they would have needed due to high transport costs for example;

“The distance is a bit much yet I don’t always have money, I have failed to get money for buying milk for my twins and now I start looking for money to go to hospital for mere depression, I cannot”. ADM 04

It was also found that the communities in which the mothers interviewed resided have few health facilities especially those that offer maternal or even general mental health services. It was found that Kitagata Hospital was the closest health facility that offered these services making the access somewhat difficult in terms of distance.

4.3.1.2 Findings from Key informants

The research study included 06 health care service providers who provided postnatal and maternal mental health services to adolescent mothers at Kitagata Hospital as the key informants.

They provided their opinions and observations on the individual related barriers to the utilization of postpartum depression treatment services for adolescent mothers at Kitagata hospital.

Ignorance of Postpartum Depression (PPD) and Available Treatment Services.

Like the adolescent mothers, most key informants mentioned Ignorance of the PPD among adolescent mothers services was a significant barrier to the utilization of it's treatment at Kitagata hospital

One of the Key informants confirmed this by stating that; *“Some people do not view that as a mental health problem and still believe it's as a result of witch craft and so on”* **KI 02**

Another Key informant mentioned that, *“most of them say maybe because they are first time mothers because they are young that's how it should be and they always come when it's a bit late”* **KI 05**

Another mentioned that at times the mothers think the occurrences are normal happenings not knowing it's an illness and believe it will pass with time. **KI 03** And due to failure recognize PPD as an illness played a significant role in their failure to utilize the PPDT services.

Fear of Being Labeled as “Mad”

The key informants mentioned fear as significant barrier especially the fear to be called psychiatric patients by people within their communities , for example one key informant shared, *“Most mothers including adolescent mothers experiencing PPD will fail to come for treatment services because they feel it would mean they are mad.”* **KI 04**

Another key informant also mentioned that *“they definitely fear being called mad....they feel like the health workers will start labeling them, you see that one became mad because she delivered at a young age”*. **KI 05**It was also found that ignorance of PPD as an illness amongst the adolescent mother due to a lack of sensitization with in the community and the facility on PPD as

a major barrier to their utilization of PPDT services at the facility.

Reluctance in Seeking Help

Some key informants (2/6) attributed negative attitude towards help seeking behavior amongst the adolescent mother as a barrier to the utilization of PPDT services. Noting that most adolescent mothers are reluctant to seek help especially when they perceive the illness is not as severe. For instance one key informant mentioned, *“They don’t feel the hospital is the place to visit all the time or unless you are really sick”* **KI 04**

Reluctance to seek help from facilities was also attributed to the fact that most adolescent mothers due to self-esteem concerns find it hard to speak up similar to what was mentioned among the adolescent mothers.

For example a key informant mentioned, *“Some fear to open up, they don’t easily open up when something is going on mostly to older people.”* **KI 04**

The key informants also mentioned that individual experiences at Antenatal care by the adolescent mothers at the facility attributed to the reluctance to seek PPDT services. It was stated that if an individual had a bad experience like rudeness, a lack in privacy, criticism, found it hard to return back to the facility for postpartum care and if they do, would more reluctant to mentioning any problem they could be having which leads to many missed detection cases.

“Some of them have a fear of coming to facilities for instance if the midwife that handled them, telling them how they got pregnant at a young age so they develop the phobia of coming back”

KI 05

Family and Social rejection

The study found that the fear of rejection by the family and society in which the adolescent mothers reside also contributes greatly to their failure to use PPDT services at the facility. A key

informant mentioned that;

‘They fear their family breaking up since the man can easily marry take on another wife if he believes her are mad’ **KI 03**

“.....and of course village people start calling these mothers mad which brings trauma” **KI 05**

4.3.2 Socio-cultural related barriers

Acceptability of PPDT services was the most viewed socio-cultural barrier to the utilization of PPDT services for adolescent mothers during the interviews. Socio-economic status, fear of stigmatization from family and the community, societal myths and expectations, Unequal gender power relations, influence from others, unawareness of postpartum depression, limited health facilities, and Family support were reported by most mothers and key informants.

4.3.2.1 Findings from Adolescent Mothers

Low education and socioeconomic status

As discussed in literature, socio-economic status is a barrier to the utilization of postpartum depression treatment among the adolescent mothers. Kitagata Hospital being a general and government health facility made it a reliable assumption that majority of the mothers accessing treatment services were from a lower socioeconomic stand. Findings show that majority (5/9) of the respondents were unemployed, others (4/9) employed with a monthly income ranging between UGX 10,000-100,000.

Similarly including a lack of knowledge in income generation was identified to limit the adolescent mothers’ access and utilization of PPDT services.

One mother mentioned;

“I don’t have money of my own because I have no job so I cannot freely come to the hospital to get whatever service I want” **ADM 08**

“If the money I was using was mine it would have been easier to use the services but I have always ask for it from my in-laws” ADM 06

Also the study found that the education status of the adolescent mothers fueled there esteem levels with most of the adolescent mothers in the study having been of ordinary secondary level (5/9), most were a bit skeptical on asking questions during their postpartum visits for fear of asking the wrong questions which left most of their concerns unheard and some PPD incidences missed and untreated.

Fear of social stigmatization

The study showed that the communities where many of these adolescent mothers included in the study reside hold stigmatized attitudes toward people seeking or receiving treatment for mental health concerns which has caused reluctance in disclosing symptoms to health service providers.

One mother mentioned that she feared mentioning some of the problems she was experiencing with the service providers because of fear of being viewed as having a mental problem,

“I knew early I wasn’t feeling like myself, I wasn’t happy with my child and I knew it wasn’t right but I couldn’t tell the nurses because in my village if you are told you have a mental problem it means you are mad and people don’t want to associate with you or your children. Your in-laws can easily take the child from you and chase you from your home because of it.”

ADM 08

Another mother mentioned;

“ The moment you start feeling the need to seek mental healthcare because of feelings of suicide and irritation of your baby, people won’t think it is just depression, they will know you have gone mad and will look at you as that.” ADM 09.

The rural gossip networks with in the societies in which the adolescent mothers reside

contributed to the stigmatization of PPD which in turn became an obstacle towards utilization of the treatment services, some mothers mentioned,

“my mother and I were already being gossiped about for the embarrassment I had caused my family by getting pregnant at 16 years, I couldn’t add to it” ADM 07

“moving around while pregnant already raises gossips and judgmental looks from people, now with a child I was filled with lots of shame I therefore couldn’t go to the hospital” ADM 02

You cannot even tell your own friends because they will mock you and spread gossip about you, so I decided to keep my suffering at heart.” ADM 01

It was also found that there’s an anxiety over losing their child if any family member found out, a mother mentioned;

“You could tell someone at home how you are feeling and they think you are mad and take away your child.” ADM 06

Thus the fear to speak up which blocked the utilization of the PPDT services.

Societal Myths and expectations

The study also found that living up to the societal myths and expectations of a perfect and happy mother after child birth evoke negative emotions like guilt and shame which contributed to mothers’ access to postpartum depression treatment services. The need to keep appearances and the fear of being viewed as insufficient factors into their treatment seeking behavior, a result supported by studies by Nabugoomu, J., et al 2018 and Kola, L., et al 2020.

One mother mentioned that;

“Everyone expects you to be grateful you delivered normally and especially to twins so I will not be telling anyone how I am feeling truly or else they think am a witch or am mad ” ADM 04

Influence of Others

The study found that influence from peers, family and other society members that hold a respectable position in the adolescent mother's life play a big part in the utilization of PPDT services at the facility which in many cases is a barrier than an enabler.

A mother mentioned;

“ the nurse at a clinic at home said it was normal to feel depressed after birth because it comes with the pressure of having a newborn , so I assumed I don't need to seek medical help” **ADM**

08

“I shared my concerns with a friend who I don't think understood me but she comforted me with the idea that it I may be experiencing all this because I had been chased from to a place with people I wasn't used to.” **ADM 04**

She also added *“If they find out, they will first take you through witchdoctors before they bring you to the health facility.*

“My husband had already given me confidence that the depression will pass” **ADM 05**

I told my friend and she comforted me and said she went through the same and it goes away with time” **ADM 06**

Lack of PPD Literacy

It was found that PPD literacy that is, *‘knowledge and beliefs toward postpartum depression that facilitate recognition, management and prevention of its occurrence’* that would allow an understanding of the signs and symptoms of PPD and the need for professional help was very low. This contributed to the access to the treatment services.

Different mothers mentioned that;

“I don't even know what postpartum depression is and I wouldn't know when I should seek

medical attention.” ADM 04

“I don’t know the symptoms of postpartum depression and no one has ever talked about it to me during my postpartum visits so I wouldn’t have known if I have had it or not.” ADM 05, ADM 01

The study found that a lack in understanding the health care services formed an obstacle to PPD care needs met, a conclusion supported by studies done by Nabugoomu, J., 2018 and Rebecca Ganann, et al 2019.

Unequal Gender Power Relations

It was also found that most of the adolescent mothers live in patriarch homes where most decisions are either made by their husbands, fathers or any other male elder in the family including attaining healthcare especially with no to less income. It was identified that most were limited to specific services like immunization for the baby and family planning and would not seek for PPDT services even when they were aware of the existence of these services at the facility. **ADM 04, ADM 09.**

Lack of Family Support

The study also found that there was mistreatment within some families the adolescent mothers come from because of the early pregnancies depriving many from the much needed family support which could have helped in accessing PPDT services where there was need.

One mother mentioned;

“I am not allowed to ask for help with the child when I need it, my parents tell me if I decided to be a mother this early, I should be able to take care of the child myself.” ADM 08

4.3.2.2 Findings from Key informants

Socio-economic Challenges

Like the adolescents the key informants further acknowledged socio-economic status of the adolescent mothers and the communities they reside in as an obstacle to the utilization of PPDT services at Kitagata hospital.

For example several key informants mentioned poverty as a contributing barrier to the utilization of PPDT services among adolescent mothers saying affordability of the treatment services and transportation to the health facility contribute to access and utilization. **KI 01, KI 04**

“Failing to get money for transport stops many that come from far to utilize these services on time” **KI 01**

Fear of Social Stigma

The key informants also mentioned fear of stigma from within the communities that these mothers come from as a barrier especially in connection to the adolescents’ age and the community perception of them and how the people they reside with treat them.

A key informant mentioned that how the adolescent mother was treated by the parents or guardians at home also ignited the fear for further stigmatization by the community and the gossips that may arise preventing her from seeking help from the facility. **KI 01**

Societal Beliefs and Misconceptions

The study also found through findings from the key informants that societal beliefs and misconceptions played a significant role in hindering the utilization of these services especially where there were differing opinions within families when it came to early pregnancies and on where to seek treatment within the community, some preferring to seek treatment from traditional healers which in turn leads to delayed detection and treatment.

For example,

A key informant mentioned, *“Sometimes they get the help from those herbalists.....from those*

traditional healers instead of bringing the mother to the facility” **KI 05**

Furthermore on societal or traditional beliefs and misconceptions some key informants like the adolescent mothers explained that traditional beliefs factored into the adolescent mothers’ utilization of the PPDT services including the belief that symptoms will go away on their own, thus not seeking treatment services or that some of the symptoms of PPD could be an indication the mother cheated or some form of witchcraft.

“Sometimes they think it’s a normal occurrence and it will go away on its own without medical attention” **KI 03**

“They may think they have been bewitched and opt to visit the witch doctor first to get traditional treatment” **KI 04**

“the belief there, they believe that when a mother develops such signs maybe she cheated, they won’t bring the mother to the facility....they feel the gods have punished her” **KI 05**

“after delivering, normal delivery they spend one day maximum two days and they go, so these signs can develop later when they have no idea do for them they may think of witchcraft and praying” **KI 06**

Influence of others

Family dynamics and influence of others in making decisions to seek treatment was mentioned to play a big role in delaying treatment or even leaving the disorder untreated especially in the decisions are made by the adolescents spouses or guardians. The study found that the delay to treatment usually leads them coming to the hospital when it has escalated to psychosis.

One key informant mentioned, “Some homes still use Traditional Birth Attendants (TBAs) who usually have no knowledge of PPD and then also using traditional medicine which cause delay.”

KI 02

It was also found that adolescent mothers' relationships with their family and friends influenced their utilization of PPDT services emphasizing their struggle expressing their needs and challenges during the postpartum period.

4.3.3 Health facility related Barriers

The study discovered that the majority of adolescent mothers and Key informants identified the availability of postpartum depression treatment services as a significant factor in the utilization of PPDT services. Subthemes such as awareness and knowledge of the treatment services, Attitude, Quality of care, cost of treatment, health policies, record keeping, clinic privacy concerns, understaffing, , absence of prescribed medicine, treatment not being available in health centers, limited health centers, perceived high costs, follow-up systems, were identified as contributing factors.

4.3.3.1 Findings from Adolescent Mothers

No awareness and Knowledge of the treatment services

The study showed that most mothers didn't know the health facility offered Postpartum depression treatment services which in turn has become a barrier to the utilization of PPDT services for adolescent mothers at Kitagata Hospital.

One of the mothers mentioned that they were not aware of any maternal mental health services including PPD at Kitagata Hospital. **ADM 01**

Another mother said;

"I thought Kitagata hospital only provides psychiatric services and not PPD treatment services, so I have also never asked for any assistance on the matter." **ADM 08**

"I did not know PPD is an illness and while at the facility I was not told or asked so I didn't see any reason to bring it up to them or my parents" **ADM 01**

Poor Attitude

The study found that adolescent mothers were biased towards healthcare providers at the facility mostly because they found it difficult to express their concerns due to insufficient time and attention during postpartum appointments which the researcher concluded contributes to access to PPDT services.

“All the postpartum appointments have been rushed and only focused on the baby and didn’t give me a reason to even talk about myself” ADM 01, ADM 05, ADM 06

Poor quality of Care

The study found that the facility lacks readily available specialized doctors for postpartum depression. One of the adolescent mothers that was referred to the facility to receive PPDT services reported that she was presented to the hospital psychiatrist. However, she was informed that treatment services were only available on Wednesdays and Fridays, which are the days the psychiatrists are available.

“I was informed that I needed to visit the hospital on either Wednesday or Friday to meet the doctors which was a bit challenging since I could only take a break from my business on weekends”. ADM 09

This also fed into self-stigmatization with in the patients with some adolescent mothers identifying that being that the Doctors are only available on Wednesday and Friday the lines are very long with both psychiatric cases and PPD cases and the fear of being termed as a psychiatric case discourages most from attending the services.

Healthcare providers’ attitude towards adolescent mothers within primary care also was identified as a contributing barrier to the utilization of PPDT services at the facility. Especially during the antenatal visits, this influenced there not returning to the facility after birth.

“When you get pregnant before the age of 19, some health service providers at the facility address you rudely, asking you why you got pregnant early, now when you get PPD signs it becomes hard for you to back.” ADM 02

“From the time I started coming the nurses were talking to me rudely asking me why I got pregnant when I am still a child”. ADM 03

“These health service providers that you see here speak rudely which scares many of us from coming back for any service.” ADM 04

“At times you meet rude nurses with a bad character and you wonder how you should tell them your concerns” ADM 07

Limited Resources

The study found there was an issue of drugs stock out whilst the services like diagnosis and treatment are free at the facility. One mother that had been treated for PPD mentioned;

“I was diagnosed with PPD but the drugs I was told to take I had to buy them from the pharmacies out of the hospital premises since they were out of stock at the facility”. ADM 09

Understaffing

The study identified understaffing at the maternal child health care clinic which is in charge of postpartum (PP) services with them mostly relying on student nurses to offer most of these services, a time when PPD could be assessed which makes it possible to go unnoticed since the students are not qualified enough to identify the signs and symptoms.

It was also found that the postpartum services are mostly rushed due to the high numbers of mothers at the clinic and few staff to handle them at the same time which contributes to missed detection of PPD at the facility.

Clinic Privacy Concerns

The study also found that privacy for patients at the mental Healthcare clinic was a concern that could have fed into fear of stigmatization. The researcher observed that the maternal child care, mental health care clinic are closely attached to the general healthcare clinic facing the main entrance of the facility which posed as a threat to the privacy of the service seekers.

Inadequate Follow up system

The study found a gap in the follow up system at the health facility which was attributed to low staffing at the facility. It was found that not all mothers that deliver at the facility return for postpartum care at the facility and no follow ups are made to ensure the new parents and baby are in good health; most focus is put on the mothers that come in for the service at will.

Health Policies

The study found a noticeable gap in implementation of mental and maternal health policies. Most mothers mentioned the reluctance on emphasis on spouse involvement in postpartum visits like in antenatal explaining that some of the experiences that could contribute to Postpartum Depression (PPD) would have been addressed by doctors if they were made aware of them.

One mother mentioned,

“If only the pressure to come with a spouse applied during antenatal was the same postpartum maybe I would have found it easy to talk about some things that were depressing me and found solutions” **ADM 08**

4.3.3.2 Findings from Key informants

Lack of Knowledge on Postpartum Depression and available treatment services

Findings from the key informants also identified lack of knowledge on postpartum depression and available treatment services at the health facility and how to access them was a big barrier to adolescents’ utilization. And not only lack of knowledge among the adolescent mothers but also

the health care givers in primary care for the lack of continuous training and orientation in screening maternal mental health disorders including PPD.

A key informant mentioned that

“Most of them actually are not aware the services are there” KI 04

“with experience the skills come when you often meet these clients, now some of the health workers forgot those skills in training school right in the facility they rarely meet these clients and for the time I’ve been in this facility we have not even received any continuous training about maternal depression” **KI 05**

Also mentioned a gap in knowledge on PPD as a disorder and the treatment services by not only the adolescent mothers but the health service providers as well especially in the maternal and child health department was observed with most relating it to psychosis which is a more severe complication than depression.

The key informants also mentioned that inadequate knowledge on health and social care systems contributed to access to PPD treatment services for adolescent mothers.

Some key informants mentioned an existence of Underutilized interventions by the health facility including community education, posters on mental health. *“We have interventions in place to help inform the public about the availability of mental health services including maternal mental health disorders like PPD”* KI 03, KI 02 (It was also stated that while these interventions are available they are not effectively in function due to a lack in resources especially transport and welfare facilitation for the Public health educators.

Stigma and poor attitude

The fear of being recognized by relatives was found to be a barrier to the utilization of PPDT services amongst these adolescent mothers. A key informant said;

“Sometimes when they find older people or people they may know and they make demeaning comments they may not return the next day” **KI 01**

Additionally the attitude of the service providers was also mentioned as a barrier toward utilization of PPD treatment services among adolescent mothers. One Key informant mentioned;

“Some service providers can be rude especially towards adolescent mothers during antenatal which affects the adolescents’ attitude toward seeking help postpartum” **KI 04**

“attitude by the health workers how they respond to these mothers right from antenatal to deliverythey are traumatized by the health workers verbally sometimes psychologically”

KI 05

Reluctance to seek help

It was also found that reluctance to seek medical help by the adolescent mothers when the symptoms emerge. A Key informant mentioned this could be due to experiences from their previous facility visit which deter their help seeking behavior for example if they didn’t receive the service they needed or if there was a delay which is inevitable since there was short staffing.

The key informant mention;

“ these mothers come with the expectation to be given lots of attention yet at times all service providers are busy and they may not get the best care which affects their attendance or seeking of care the next time” **KI 01**

Reluctance in service delivery was also mentioned

“The nurses don’t usually mind until they see somebody exhibit psychosis tendencies including talking alone” **KI 02**

It was also found that attitude among the adolescent mothers towards access to maternal mental health contributed to their utilization to PPDT services at the facility.

“PPDT services are offered under the mental health department with other general psychiatric illnesses, on a particular day of the week, which means the waiting lines can be lengthy which discourages many from seeking these services out” **KI 04**

Similar to the above some key informants mentioned that adolescent mothers attitude linked to their knowledge of the disorder played a big role in not utilizing the services.

Another Key Informant mentioned;

“Most of them are actually not aware of how this presents in their life and all, most of them say maybe because they are first time mothers because they are young that’s how it should be and they always come when it’s a bit late” **KI 05**

Also explained that being in waiting lines with psychiatric patients can be discouraging for fear of being seen which is similar to what the researcher observed and also what some adolescent mothers mentioned on their concern for privacy at the facility.

“if you are to find the services of PPD you will need to go to the psychiatric department yet they fear to do that avoiding to be tagged as the mentally ill..... limit the level at which they would open up” **KI 04**

Inadequate Follow up system

A key informant explained that most of the symptoms of PPD may display after the mother has been discharged which makes it hard for the service providers to offer the necessary help if the mother is not brought to the hospital since there’s no functioning follow-up system for the mothers at the facility also attributed to understaffing and limited resources.

“after delivering, normal delivery they spend one day maximum two days and they go, so these signs can develop later when they have no idea so for them they may think of witchcraft and praying” **KI 06** Related to what the researcher observed while checking the PPD patients

records, one key informant (**KI 06**) also indicated that the facility Follow up system is not fully functioning which in turn has led to missed patients of PPD especially for those that may get the symptoms after discharge.

Inadequate Staffing and specified maternal mental health support

It was also mentioned that because there no specific clinics directed to maternal mental health or even adolescent mothers it has affected their attendance/ utilization of these PPDT services **KI 01, KI 05**

Most key informants mentioned inadequate staffing at the health facility was a contributing barrier to the utilization of PPDT services for adolescent mothers which is also supported by studies done by Nakku, J.E. et al, 2016, Mutahi J, et al 2022 and Nambile C.S., 2022. This has therefore resulted to less attention given to these adolescent mothers during postpartum which lends to less detection of the disorder during primary care before it escalates to psychosis.

One of the key informants mentioned that they have only two psychiatrists (one clinical and another nurse) handling both general and maternal mental health care and are not readily available at the hospital daily which means the services cannot be attained on a daily basis.

One of the Key informants mentioned;

“Man power maybe available but they are not doing their role; they have been given other tasks. You find the time a patient comes to my clinic; I can’t give them maximum attention. Even those that need counseling, I can’t provide it because of these assignments” **KI 02**

Another mentioned;

“The care is inadequate because their few trained service providers in this field” **KI 03**

Another Mentioned;

“Ideally a midwife should have been trained and specialized in such psychiatric cases but we do

not have any who is specially a midwife who can always meet these mothers individually or in a group.” KI 05

Health Policies

Like the adolescent mothers a lack in health policy implementation was discussed, most key informants explained that there was inadequacy in PPD screening skills in primary care which may lead to missed symptoms. These findings collide with the focus point of the Mental Health Gap Action Program (MHGAP) initiative, training and equipping non specialized healthcare providers with skills in screening and managing mild and moderate maternal mental health concerns including PPD (WHO, 2018).

Perceived Treatment Charges

It was found that perceived high charges also act as a barrier to the utilization of these services with most of these mothers having no knowledge that the services are mostly free and readily available.

“Some have the mentality thinking that there’s some money you have to pay for them to receive the services yet they are free of charge” KI 04

4.4 Facilitators to the utilization of postpartum depression treatment services among adolescent mothers at Kitagata Hospital

This study found that there are a limited number of facilitators to the utilization of postpartum depression treatment services among adolescent mothers at Kitagata which include knowledge of PPD and its treatment services, social and family support, influence of others to seek out services, distance to the facility and attitude of health service providers.

4.4.1 Individual related facilitators

4.4.1.1 Findings from Adolescent Mothers

Knowledge of the available PPDT services

The study found that Knowledge and awareness of PPD treatment services availability at the facility eased access and utilization among the adolescent mothers.

For example some mothers that received this treatment mentioned;

“My customer that works here told me of the PPD treatment service here and I got the treatment” ADM 09

Distance to the Facility

Distance to the facility was found to facilitate utilization of PPDT services. Most adolescent mothers that lived in areas less than 5km away were more likely to attend to these services.

One mother mentioned: *“I stay in marembo less than a kilometer away from the hospital so I always walk to the facility for my sessions.” ADM 03, ADM 09*

4.4.1.2 Findings by Key informants

Knowledge of available postpartum depression treatment services

The key informants mentioned that the most individual related factor that enabled adolescent mothers utilize the facility like the adolescent mothers, knowledge of the available treatment service played a big part. **KI 04, KI05**

Good attitude

It was also found that the attitude of the adolescent mothers at the facility played a great role in enabling their utilization of PPD treatment services. Most key informants mentioned that mothers that had a better understanding of what PPD was and a better attitude to seeking care found it easy utilizing this service.

4.4.2 Sociocultural related facilitators

4.4.2.1 Findings from Adolescent Mothers

Social and Family Support

The study identified Social and Family support as a major socio-cultural facilitator among the adolescent mothers in the utilization of PPDT services at Kitagata hospital especially the role of decision makers at home. Spouses, guardians and in-laws were found to provide support in seeking for treatment, enrolling in therapy, identifying symptoms and signs of PPD.

The two mothers that had used the PPD treatment services by the time of the study mentioned either a family or community member that identified the symptoms they were experiencing encouraged and helped them receive treatment early at the health facility. **ADM 03, ADM 09**

“My sister on noticing the symptoms kept encouraging me to go for treatment” ADM 03

“My customer kept encouraging me to get treatment and also counseling me” ADM 09

Influence of others on where to seek treatment

Influence of others in seeking treatment was identified as a major facilitator especially by the persons the adolescent mothers live with.

A mother mentioned her friend encouraged her to visit the facility to find counsel on what she was experiencing and while she wasn't able to go due to other stigma related barriers, she felt she could have sought the treatment services if the particular barrier wasn't there.

“I wanted to come to get health staff opinion on what I was experiencing after talking to my friend but I chose not to come because I feared being judged by my old classmates working as student nurses there” ADM 02

Similarly influence from personal links within the facility was found to be a major facilitator to the utilization of PPDT services for example;

The two mothers that had received PPDT services by the time of the study mentioned, **ADM 03** whose sister works at the facility and **ADM 09** whose customer also works at the facility connected them to senior health service providers that are taking them through the treatment process.

4.4.2.2 Findings by Key informants

Social and Family Support

Similar to the adolescent mothers some key informants also mentioned that social and family support was a great enabler for the adolescent mothers to utilize the PPDT services at the facility emphasizing that they also provided more accurate feedback on the patients feedback for example a key informant mentioned;

“Support from the relatives ensuring that they keep on reminding them that on a certain date you have a review” K05

4.4.3 Health Facility related facilitators

4.4.3.1 Findings from Adolescent Mothers

Health service provider attitude

The study found that the attitude of the Health service providers especially at primary care was a facilitator to the utilization of PPDT services among adolescent mothers at the facility. With some mothers mentioning that the attitude of the nurses during antenatal visits influenced their utilization of postpartum services including PPDT services.

“The midwife that has been counseling me for the past month has been really friendly which has encouraged me to keep attending all our agreed sessions.” ADM 03

Personal Links

It was also found that the adolescent mothers that knew health workers within the facility found it easier to access the PPDT services for example;

One mother mentioned *“my sister works at Kitagata hospital so she brought me to the facility for treatment” ADM03* and another said *“My customer that works here told me of the PPD treatment service here and I got the treatment” ADM 09*

4.4.3.2 Findings from Key informants

Personal Links in the Facility

The study found that the relationship between adolescent mothers and service providers which were also labeled personal links within the facility enabled the adolescent mothers utilize these treatment services greatly.

“the client health worker relationship helps.....before they come they contact their health worker to know if they will be around. if it will be private for them, whether they will not meet a huge crowd of people that will make them have the phobia to return again or come on that day”

KI 05

Availability of treatment services

The study also found that the availability of the treatment services including modern drugs and interventions in place enabled utilization of the PPDT services at the facility. For example

“We have modern medicines and the MCH nurses have the basic knowledge to detect PPD amongst these mothers and the psychiatric team is always available for consultations” **KI 02**

(Transl)

There are some posters of maternal mental health at the facility and those that pay them attention always access treatment” **KI 03**

“Currently we are using health facility health talks, there done in OPD side and also MCH side”

KI 05

Quality Care

A key informant also mentioned that the patient care at the facility plays a big role in facilitating utilization of PPDT services while also slowly changing community perception. For example,

“We ensure that the mothers we receive are actually taken care of perfectly and in case they need referral.... We also refer them appropriately ensuring that at least there’s positive feedback in the community where they come from.” **KI 05**

4.5 Recommendations from Participants

Numerous recommendations were made by the participants including;

- a) Most participants suggested implementation of awareness and sensitization programs focused on postpartum depression and treatment services at the facility. Integrated in antenatal and postnatal visits to enable mothers understand what PPD as a disorder is, the signs and symptoms and importance of seeking treatment.
- b) Similarly creating awareness and sensitization with in communities to curb stigmatization and discrimination among the public and helping the adolescent mothers' caretakers understand how to care for them to reduce PPD cases.
- c) They suggested the need to bridge the knowledge gap among midwives through trainings in screening, detection and treatment of PPD.
- d) Some suggested more staffing needed to curb the rushed appointments brought on by understaffing with in the maternal and child department.
- e) Some suggested the facility should encourage male involvement in postpartum like in Antenatal since in most cases the male in the family are the decision makers even on when and where to seek medical attention.
- f) Some suggested introducing a department directed to these young mothers to provide more privacy and encourage turn-up for services utilization.

CHAPTER 5: DISCUSSION

5.0 Introduction

This was the first study to explore the barriers and facilitators of the utilization of Postpartum Depression Treatment (PPDT) services among adolescent mothers at Kitagata Hospital in Sheema district. This was significant as, while postpartum depression had been studied in adult mothers in south western Uganda, including in the districts of Rwampara, and Mbarara there had been no studies conducted focused on adolescent mothers in Sheema District.

The discussion reflects 09 adolescent mothers that were 1 to 6 months Postpartum at the time of enrollment in the study. It also portrays the views of 06 Health workers working in the maternal and mental health department thereby generating qualitative data using an interview guide.

This qualitative study identified great evidence that pertains to the barriers and facilitators to the utilization of PPDT services at Kitagata hospital among adolescent mothers. The findings showed a significant lack of knowledge of PPD treatment services and PPD as a disorder, as well as a gap in the implementation of health policies. All attributed to individual, sociocultural and health facility related aspects.

5.1 Barriers to the utilization of Postpartum Depression Treatment services among adolescent mothers at Kitagata Hospital

Psychological health promotion interventions have seen a significant increase globally, including in Uganda. However, maternal mental health and postpartum depression are still not widely discussed, especially in rural areas. This lack of awareness is the cause for the limited utilization

of postpartum depression treatment services, increasing the risk of mothers harming themselves, their babies, or other family members.

The study found that the most mentioned individual related barriers to the utilization of PPDT services among adolescent mothers were their perception. Many believed that postpartum depression would clear on its own; a notion mostly obtained from friends, family and also some health workers who had experienced similar symptoms. The mothers reported that their peers and other mothers within their community had assured them that the symptoms were normal and would clear on their own similar to findings by Logsdon, M. C., et al 2009 and Baldisserotto, M. L., et al 2020 Some were even told that the symptoms would not cause any medical harm even without treatment.

In some cases the fear of rejection from their families and the community prevented them from airing out their concerns in regard to PPD. The key informants also mentioned that most mothers are scared of being labeled as "mad" by their peers and family if they reveal their PPD symptoms. This was similar to observations by Kola, L. et al. (2020) on “Stigma and utilization of treatment for adolescent perinatal depression in Ibadan, Nigeria”. Such views can have a significant impact on the utilization of PPDT services, if not properly addressed.

The normalized anticipation of all mothers to be “great mothers” resulted many in self-stigmatization when dealing with depression taking on destructive coping tactics including avoidance and secrecy while dealing with their emotions, similar to findings by Alfayumi-Zeadna S., et al 2019 and Huang, S., et al 2023.

Findings found that most of the adolescent mothers believed PPD was not as serious or harmful as other mental health concerns and could have been caused by hormonal changes. However, this perception is misguided and incorrect. A study by Weber, B (2023) cited that PPD was a serious mental health condition that requires immediate medical attention and unlike the "baby blues," which usually go away after 3-5 days postpartum, PPD can cause very serious and even deadly consequences if left untreated. Additionally a study by Place et al (2024) in their study on “Barriers to help-seeking for postpartum depression mapped onto the socio-ecological model and recommendations to address barriers” also showed health professionals dismissing and minimizing some symptoms created blockage to utilization of care. The study's findings showed that the most common sociocultural related barriers to the utilization of PPDT services among adolescent mothers was acceptability. The attitude in the communities where the mothers reside towards any illness or psychological disorder is crucial. Most mothers expressed fear of being identified as 'mad' within the community if they visited a hospital, thus limiting their utilization of PPDT services. This conclusion was similar to findings by Place et al (2024), Salam et al (2024) and Oladeji et al., (2025) that showed that societal views on mental health illnesses has great influence on acceptability and utilization of health care amongst mothers.

It was found that the fear of being stigmatized and isolated by family and friends played a significant role in the acceptability and utilization of treatment services, which was consistent with studies conducted by O'Mahen H.A., et al,(2015), Alfayumi-Zeadna S., et al (2019) Asimwe et al. (2023) and Oladeji O., et al (2025). Stigma was a predominant societal reaction to mental related illnesses especially in rural areas of Uganda.

Additionally similar to findings by Goyal D ., et al, 2023 differing opinions within families and societies played a big role the utilization PPDT services especially when it came to early pregnancies and on seeking treatment within the community especially in traditional homes that would prefer seeking treatment from traditional healers which in turn leads to delayed detection and treatment.

It was found that the education and socio-economic status was significant to the usage of PPDT services among the adolescent mothers, for instance out of the 09 adolescent mothers who were interviewed, those that stated a low economic status were less likely to use these treatment services compared to those who declared a better education and economic status. This finding was similar to conclusions in studies by Onger L (2018), Gebregziabhe NK (2020) and Daniels AA et al., 2025 that it was common for adolescent mothers with low education and socio-economic status to find it hard to raise funds for transport to the facility and acquiring PPD treatment or even to have the confidence to express their concerns to the service providers.

The study findings on health facility related barriers to the utilization of PPDT services for adolescent mothers at Kitagata Hospital revealed that availability was the most frequently identified factors by both adolescent mothers and health workers, who were the key informants. Although mental health was reported having gained significant attention in Uganda, with numerous initiatives and interventions focused on integrating it into primary care (Kigozi et al., 2010; Asimwe et al., 2023), this study cited difficulties in addressing postpartum depression (PPD) at Kitagata Hospital. The study found that there is a lack of knowledge about PPD as a disorder, as well as an inadequacy in detection and treatment of the condition. As a result, PPD was often minimized, and prompt action to address it was not taken. Similar to conclusions by

Aguirre V.A., et al, (2020), many key informants and adolescent mothers have reported that the implementation of health policies at the health facility was inadequate, particularly with regards to postpartum depression (PPD) screening skills in primary care. This could lead to missed symptoms and was in contrast with the Mental Health Gap Action Programme (MHGAP), an initiative adopted by Uganda from the WHO, which aimed to reduce the treatment gap by “training, equipping, and guiding non-specialized health workers to manage mild and moderate maternal mental health concerns” (WHO, 2018). Most mothers said that during postpartum check-ups, they were only asked about their baby's condition and health, which made them feel that they didn't have to bring up their mental health struggles.

Facility links were a significant enabler to the utilization of these services at the facility with 03/08 adolescent mothers interviewed that had utilized the services having had the advantage of having direct links to the facility which eased up the discomfort of seeking professional help. The study found among the health facility-related barriers, that there was no screening tool available to identify mothers with Postpartum Depression (PPD) at the clinic. And although some health workers were aware of PPD and treatment services, there were no records for the positively screened and treated PPD patients in the perinatal clinic which aligns with findings by Atuhaire C et al. (2021) in which health workers reported having a low turnout of patients for postpartum depression treatment services. Though the services were available, they were not fully functional due to understaffing in this field.

Additionally, like conclusions by (Seehusen DA, et al 2005; Aguirre V.A et al 2020; Akongo D, et al 2024) this study found that there was a lack of comprehensive knowledge on screening and identifying postpartum depression among mothers by the health workers which put a dent in their ability to provide effective responsive care, which often led to it being missed unless it

progressed to psychosis and became apparent during postpartum services.

The attitude of health service providers was mentioned as a concern to the utilization of PPDT services. Although the health workers at Postpartum were friendly, all services were always rushed, which left a gap of missing identification of postpartum depression (PPD) among adolescent mothers. This was mostly linked to low staffing not only in the maternal mental health field but also in postpartum care. As a result, inadequate care is provided to adolescent mothers seeking to access PPDT services similar to conclusions by Arefadib et al (2023) on “Barriers and facilitators to supporting women with postnatal depression and anxiety” which showed that rushed appointments led to many missed postpartum Depression (PPD) symptoms by the health care providers which risked mothers symptoms escalating to psychosis.

Similar to studies conducted by Turkcapar et al. (2015), Yargawa J et al. (2015), and Silumbwe et al. (2020), this study found that a lack of male involvement in postpartum services is an obstacle to the utilization of PPDT services. It was revealed that having spouses support young mothers during postpartum improves overall utilization of maternal health services. This, in turn, guarantees early identification of PPD among mothers as they can easily report any recognized concerns to the health workers. According to the findings in Table 1, a good number of adolescent mothers (04/08) were either married/cohabiting, which suggests that they live with the fathers of their children.

Low prioritization of resources for maternal mental health by the health ministry and donors limited access and utilization of PPDT services at the health facility. This revelation aligns with reports by WHO that only 1% of healthcare expenditure is directed to mental health, Primary

care as well remains under funded getting only a 3rd of the health sector spending posing risks to possibilities of a practical health system at all other levels of care (UNICEF, 2023).

5.2 Facilitators to the utilization of postpartum depression treatment services among adolescent mothers at Kitagata Hospital.

The most identified individual related facilitator to the utilization of postpartum depression treatment (PPDT) services among the adolescent mothers included service availability and knowledge of services at the facility and the distance to the facility. While majority interviewed adolescent mothers mentioned that they were not aware of PPD as a disorder or had no knowledge of the treatment services. However those that were aware of it were able to utilize the treatment services or at the least consider getting these services which was consistent with the findings by Bohren et al. (2014), Nakku et al. (2016), Radez et al. (2021), and Desa et al. (2022). Similar to studies conducted by Atuyambe et al. (2005); Maharjan et al (2019) ; Daniels et al. (2025), this study found that distance to the facility facilitated greatly to the utilization of services with most mothers that lived less than 2kms from the hospital find it easy to seek help than those living in areas 5kms and more away.

The study findings on sociocultural related facilitators to the utilization of PPDT services for adolescent mothers at Kitagata Hospital revealed that social and family support was most identified by both adolescent mothers and health workers, who were the key informants.

The adolescent mothers (3/9) that revealed to have positive social and family support that is, from spouses, guardians and in-laws were more likely to utilize PPDT services at the health facility Similarly a number of studies that have explored the facilitators of the utilization of PPDT services among adolescent mothers, social and family support emerged as a recurring theme mentioned by the participants as both facilitators and barriers to the utilization of maternal

mental health care. (Bohren M et al. 2014; Clark N. 2018; Bina R. 2020; Field et al. 2020; Tulli ,et al. 2020; Wang et al 2022). This study found that supportive family members and friends provided advice, and encouragement to seek professional help, and financial support for mobility and treatment which enable them utilize these services.

More on support and influence of others on where to seek PPDT especially by the health workers at the facility revealed that the service provider attitude and efforts in living a great impression on the clients conscious was a significant enabler among adolescent mothers. Similar to conclusions by Tembo et al (2024) and Akongo et al, (2024) Especially during antenatal visits and delivery, most adolescent mothers mentioned that the reception they received from the service providers greatly influenced their utilization of PPDT services with the adolescent mothers (4/9) that had good reception finding it easier to return for postpartum services.

The study further found that Adolescent mothers with a secondary education were more likely to utilize the health care services compared to those that did not which is similar to conclusions made a study by Daniels et al. (2025). They were found to have more confidence to seek the service compared to their counterparts.

CHAPTER 6: CONCLUSION AND RECOMMENDATION

6.1 Conclusion

Adolescent mothers at Kitagata Hospital in Sheema District are faced with a great deal of barriers as compared to the facilitators to the utilization of Postpartum Depression treatment (PPDT) services and this study identified and grouped them into individual, sociocultural, and health facility related aspects. The most frequently mentioned barrier among the adolescent mothers was lack of knowledge on PPD as a disorder and the availability of its treatment services at the facility.

The study revealed a significant gap in primary care and the implementation of health policies, including spousal involvement in Postpartum and integration of maternal mental health screening skills in primary care.

As the Ministry of Health and organizations like WHO continue to improve access to care, the researcher found it crucial to investigate the barriers and facilitators to the utilization of PPDT services, particularly in Sheema District of South Western Uganda, where few studies had been conducted on the matter.

And it was found that to improve utilization of PPDT services at Kitagata Hospital, it was essential for the service providers to focus on increasing awareness through effective communication about PPD and the available treatment services. This can help to address concerns like help-seeking behavior, self-stigma, fear of social stigmatization, societal myths and expectations, and PPD literacy. Future policies should prioritize addressing these concerns to improve utilization of PPDT services among adolescent mothers at Kitagata Hospital.

6.2 Recommendation.

1. The most mentioned barrier to the utilization of postpartum depression treatment services among adolescent mothers at Kitagata hospital was a lack of knowledge on PPD as a disorder and the available treatment services therefore the facility with other stakeholders like non-governmental organizations (NGOs) that fund maternal mental health and postpartum services in collaboration with the District Health Office (DHO) are urged to introduce or strengthen community dialogues and sensitization programs. These programs should educate all community members, not just women, about Postpartum Depression (PPD), its symptoms, the consequences if left untreated, and dispel any myths surrounding PPD and other maternal mental health concerns. This approach will help improve awareness, patient turnout, inquiries and curb stigmatization
2. The most significant facilitator to the PPDT services among the adolescent mothers at Kitagata Hospital was the influence from others mostly the personal links with in the facility therefore it is recommended that providing focused training to primary healthcare workers on maternal mental health, on screening, identifying and managing postpartum depression at the facility will improve early detection not only to the adolescents that come for postnatal care but also within their communities. This would be critical in improving utilization of postpartum depression treatment (PPDT) services among the adolescent mothers.
3. Additionally trainings in adolescent responsive communication to the health facility workers by management that is, training them in empathy and non judgmental care would help curb the reluctance to seek help among adolescent mothers brought on by their past bad experiences with the health workers during the antenatal visits.

4. It is recommended that the Kitagata Hospital management alongside in charges and the concerned stakeholders should integrate adolescent-friendly health services and implement empowerment programs for adolescents at the facility as a priority to improve privacy and reduce the fear of stigmatization seeing that it was also a major concern among the adolescent mothers.
5. Kitagata Hospital is also urged to develop interventions aimed at reducing the self and social stigma of PPD through community-based dialogues and development of improved follow up systems to ensure all mothers have quality postpartum care inclusive of PPDT services.
6. It is recommended that guardian and spousal involvement within postpartum care, is emphasized just as it is done during the antenatal period. This can help adolescent mothers to feel more confident in speaking up and seeking treatment services if needed. Additionally, involving the guardian or partner may aid in identifying postpartum depression (PPD early), as they may be able to recognize and speak on concerns the mother may not be comfortable sharing with the health workers.
7. Health facility in charges at Kitagata Hospital are urged to take the initiative to caution health care providers that are errant when handling adolescent mothers to curb the fear of them speaking up when they might be experiencing PPD symptoms without any fear cause whilst only a few (04/09) reported rude service providers, as the idiom says ‘it only takes one bad apple’ in other words precaution needs to be made.
8. There’s great need to improve records keeping that is, separating records to be able to identify PPD patients from psychosis and psychiatric patients for clearer measurements and results. From the findings it was revealed that any one that displayed PPD and or

psychosis was referred to psychiatry and was recorded under that which made access to records of PPD patients from the past almost impossible thus making follow-up difficult. An organized record keeping system would definitely help in identifying areas that need immediate interventions from stakeholders. Additionally this would allow curb cases of missed diagnosis by helping follow up on mothers that delivered from the facility but didn't return for postpartum care.

9. To address a variety of service delivery models available at the hospital by the ministry and NGOs involved in maternal and child health like multidisciplinary individual and group based support put together in accessible local locations to avail the services to mothers who may be economically restrained to access the PPDT services at the Health facility.
10. Improving staffing at the mental health with more permanent psychological professionals and the maternal and child departments to help ensure more time is given to each mother during postpartum which in turn builds trust and allows them open up to the needs and challenges they may be facing and access proficient care.
11. To address the issue of PPD medication stock out at Kitagata Hospital, the facility in charge is advised to utilize the essential medicines and supplies redistribution system in Sheema District. They can do this by reporting their lack of PPD medication to the DHO, who will ensure timely supplies are made.

6.3 Recommendation for further studies

Although this study is just a piece of the puzzle, it does give a starting point for future studies exploring factors underlying the under-diagnosis of postpartum depression (PPD) as well as how to address the stigma and lack of treatment surrounding this condition.

It also recommends that future studies focus on ways to improve PPD screening rates by healthcare providers in health facilities in rural settings.

6.4 Strengths and limitations of the study

This study was conducted only among adolescent mothers and has provided new insights into the barriers and facilitators to the utilization of PPDT (Postpartum Depression Treatment) services amongst them at Kitagata Hospital. It is the first study of its kind and has been conducted based on the views of the participants. However, the study had some limitations, such as the lack of interviews with social workers and pharmacists who are involved in providing PPDT services at the health facility. Their participation would have given the researcher a different perspective on the barriers and facilitators to the utilization of PPDT services for adolescent mothers. Another limitation of the study is that it was conducted only in a single health facility within the district.

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APPENDICES

APPENDIX A: CONSENT FORM

TITLE OF STUDY: Barriers and Facilitators to the Utilization of Postpartum Depression Treatment Services among Adolescent Mothers at Kitagata Hospital in Sheema District.

STUDENT RESEARCHER: Joan Kansiime

CONTACT TEL: 0779 429747

CONTACT EMAIL: kansiimejoan326@gmail.com

RESEARCH SUPERVISOR: Rev. Canon Evatt Mugarura

STUDY SITE: Kitagata Hospital

Part I: Certificate of Consent

Introduction

Greetings,

My name is Joan Kansiime. I am a student at Uganda Christian University pursuing a Master of Public Health Leadership. I am conducting a study to explore the barriers and facilitators to the utilization of postpartum depression treatment services among adolescent mothers at Kitagata hospital in Sheema district.

You are invited to take part in a research project. Kindly ensure to read the information presented here, detailing the particulars of this project.

Feel free to ask for clarity on any part of the project that you do not fully understand. It is very important that you fully understand what this research entails and how you can take part. Take note that your involvement in this research project is entirely voluntary, and you are free to decline to partake.

If you decline to partake in this study, it will not in any way affect you negatively. You are allowed to withdraw from the study at any point without any adverse consequence.

This study has been approved by the Research Ethics Committee (REC) at Uganda Christian University and will be conducted according to the ethical guidelines and principles of the International Declaration of Helsinki.

This consent form comprises two parts;

Part I: Information Sheet

This will contain information that will guide you in deciding whether to partake in this study or not.

Part II: Certificate of Consent

This contains a certificate that you can sign if you agree to give consent to partake in this study.

Part I: Information Sheet

Purpose of the research study:

This study is aimed at exploring the barriers and facilitators to the utilization of Postpartum Depression Treatment Services among Adolescent Mothers at Kitagata District Hospital in Sheema District.

The Objectives of the study are to:

1. To explore the barriers to the utilization of PPDT services among adolescent mothers at Kitagata Hospital in Sheema District.
2. To understand the facilitators to the utilization of PPDT Services among adolescent mothers at Kitagata District Hospital in Sheema District.

What will happen if you take part in this study?

We are asking you to participate in an interview today. The questions will be about:

The sociodemographic factors

Individual, socio-cultural, and Health institutional factors affecting access to Postpartum Depression Treatment services for adolescent mothers

The questions asked will be about your experiences and perceptions; therefore, there is no right or wrong answer to the questions asked. The interview will take about 15-20 minutes

Why have you been invited to participate in this research study?

You are invited to partake in this study to share your experiences and challenges towards access to Postpartum Depression Treatment services because you are an adolescent mother and most importantly because you meet the study eligibility standards for inclusion.

What will your responsibilities be?

You are required to give true and honest answers to all questions. You will not be judged for any answers given.

Are there risks involved in your partaking in this research study?

There are limited risks involved in participating in this study. There is a chance that you may feel embarrassed or uncomfortable with some of the questions in the interview. You can decide the information you would like to share with us and skip any question you do not want to answer.

You can withdraw from the study at any point in the process.

Importantly participants' confidentiality will be maintained and protected.

Will you benefit from taking part in this research?

There will be no direct benefit linked to your involvement in this research study however; the information obtained will be of significance to the policymakers, and administrators in both government and non-government organizations that are spearheading the improvement of postpartum Mental Healthcare among adolescent mothers.

The findings will help stakeholders understand the issues acting as barriers and facilitators to the utilization of Postpartum Depression treatment services, thus supporting them in designing interventions that promote proper healthcare utilization.

If you do not agree to take part, what alternatives do you have?

Your involvement in the study is voluntary, you will not be forced to participate and you can withdraw at any point of the study. There's no payment benefit if you choose to do either option.

Confidentiality

The researcher will collect the information herself. All recordings will be kept on a password-protected device and documents in a cabinet with a lock. Only the student researcher will have access to both.

The collected data will be treated as confidential and protected. If it is used in a publication or thesis, the identity of the participant will remain anonymous.

Compensation

There are no costs to you for participating in this study other than the time you will spend in the interview. All participants will be found in Kitagata District Hospital to avoid the participant incurring travel costs

What will happen in the unlikely event of some form of injury occurring as a direct result of your taking part in this research study?

Since this is an exploratory study and not an intervention study, no adverse events are anticipated; therefore, issues of insurance coverage are not addressed.

What if you have a problem or have questions?

- You can contact Joan Kansime, the researcher on telephone no. 0779 428747 or email kansimejoan326@gmail.com.

- You will receive a copy of this information and a consent form for your records.

What are your rights as a participant?

This proposal has been reviewed and approved by Uganda Christian University REC, which is a committee whose task is to make sure that research participants are protected from harm.

You can ask me any more questions about any part of the research study if you wish to. Do you have any questions?

PART II: CERTIFICATE OF CONSENT

Declaration by Participant

By signing below, I agree to take part in a research study titled “Barriers and Facilitators to the utilization of Postpartum Depression Treatment Services among Adolescent Mothers at Kitagata District Hospital in Sheema District”.

I declare that:

- I have read or had read to me this information and consent form and it is written in a language with which I am fluent and comfortable.
- I have had a chance to ask questions and all my questions have been adequately answered.
- I understand that partaking in this study is voluntary and I have not been forced to partake in it.
- I may choose to leave the study at any time and will not be penalized or prejudiced in any way.

- I may be asked to leave the study before it has finished, if the study doctor or researcher feels it is in my best interest, or if I do not follow the study plan, as agreed to.

Signed at (place) On (date) 2024.

.....

Signature of participant

Signature of witness

Declaration by Researcher

I (name) declare that:

- I explained the information in this document to
- I encouraged her to ask questions and take adequate time to answer them.
- I am satisfied that he/she satisfactorily understands all sides of the research study, as discussed above.
- I did/did not use an interpreter. (If an interpreter is used then the interpreter must sign the declaration below.

Signed at (place) on (date) 2024.

.....

Signature of Researcher

APPENDIX B: IN-DEPTH INTERVIEW GUIDE

My name is Joan Kansime. I am a student at Uganda Christian University pursuing a Master of Public Health Leadership. I am conducting a study to explore the barriers and facilitators to the Utilization of Postpartum Depression Treatment Services among Adolescent Mothers at Kitagata District Hospital in Sheema District.

You are invited to answer all the questions enlisted below truthfully

Kindly tick or write in the space provided as the question demands.

Participant Identification Number.....

Section A: Demographic characteristics

1. How old were you at the age of delivery? 18
2. What was your place of delivery? kitagata
3. What is current marriage status? no
4. How many children do you have? 01
5. What is your education level? S5
6. What is your monthly income?
7. What medical complications do you have? no
8. Who was your postpartum care giver?
9. What is the distance from home to the health facility?
10. How much transport do you incur to access the health facility?
11. What do you know about PPDT services at Kitagata Hospital?

Section B: Barriers and Facilitators

Part A; Barriers

1. What do you understand about the terms mental health and Postpartum Depression
2. What do you know about Postpartum Depression (PPD)? What has been your experience, *(Probe for signs and symptoms)*
3. Have you utilized the Postpartum Depression Treatment Services at Kitagata District Hospital? If the answer is no, what is the reason for not using the services?
4. Based on your experience and knowledge, what are the barriers to PPDT services at Kitagata District Hospital? *(probe for individual, sociocultural and institutional factors)*
5. What do you suggest should be done to eliminate the barriers to the access of PPDT services among Adolescent mothers at Kitagata Hospital?

Part B Facilitators

1. Have you utilized the Postpartum Depression Treatment Services at Kitagata District Hospital? If yes, what has been your experience? *(Probe for Effectiveness of the services, quality of care and support, specific aspects found to be more beneficial, any challenges/ and areas to improve and if they would recommend it to anyone else.)*
2. Based on your experience and knowledge, what are the facilitators to the utilization of PPDT services at Kitagata District Hospital? *(probe for individual, sociocultural and institutional factors)*
3. Who are the stakeholders involved in ensuring awareness and utilization of PPDT services?
4. What do you think we should be done to improve utilization of PPDT services among Adolescent mothers at Kitagata Hospital?

END

THANK YOU

APPENDIX C: KEY INFORMANT INTERVIEW GUIDE

My name is Joan Kansiime. I am a student at Uganda Christian University pursuing a Master of Public Health Leadership. I am conducting a study to explore the barriers and facilitators of Postpartum Depression Treatment Services among Adolescent Mothers at Kitagata District Hospital in Sheema District.

You are invited to partake in the study and provide your honest views and observations to the questions enlisted. If there is a need for further information, kindly contact the researcher at kansiimejoan326@gmail.com or call 0779428747.

Participant Identification Number.....

PART A: Biodata

1. Please state your age, education level, and position at the facility.
2. How long have you served at this health facility?

Part B:

1. What is the status of PPDT services in this health facility?
2. Who are the stakeholders and how are they contributing to PPDT services at the facility?
3. How are PPDT services being utilized by adolescent mothers? (*Probe for attendance on a daily and weekly, monthly and annual basis*)

4. For the time you have provided maternal health services to adolescent mothers, what are the barriers to PPDT services among adolescent mothers have you noted? (*Probe for individual, sociocultural and institutional*)
5. For the time you have provided maternal health services to adolescent mothers, what are the facilitators of PPDT services among adolescent mothers have you noted? (*Probe for individual, sociocultural and institutional*)
6. For the period you have provided PPDT services, how is the patient turn-up? (*Probe for barriers for low turn up and facilitators for high turn up*)
7. What interventions are in place to ensure the public knows about the availability of PPDT services at Kitagata District Hospital?
8. How effective have these interventions been towards improving the utilization of PPDT services at Kitagata District Hospital? (*Probe for challenges faced in implementation*)

END

THANK YOU

APPENDICES (TRANSLATED)

APPENDIX A: Endagaano Yokwikiriza

Omutwe omukuru: “Ebyokuremesa n’ebyokwongyeza okuragurira okweyinamirira omu beishiki abazeire batakaikiize emyaka ekumi na mwenda ahi rwaro rya Kitagata omuri Sheema Distrikiti.”

Omwegyi: Joan Kansiime

Esiimu.: 0779 429747

Email: kansiimejoan326@gmail.com

Omureberezi omukuru: Rev. Canon Evatt Mugarura

Omushomo ahi guraabe: Kitagata Hospital

Ekichweeka kyokubanza: Endagano yo kwikiriza

Entandikwa

Ori buhoro,

Amazina gangye ni’ Joan Kansiime. Ndyo’ mwegi aha Uganda Christian University. Ninshoma Master of Public Health Leadership. Ndyomu kuchoondoza ebyokuremesa n’ebyokwongyeza okuragurira okweyinamirira omu beishiki bazeire batakaikize emyaka ekumi na mwenda ahi rwaro rya Kitagata omuri Sheema Distrikiti.”

Ninkushaba oyikirize’kwegeita ahamushomo gwokuchondooza ogu.

Ninkusha kushoma egi endagaano gye mpaka ogikyengire. Ahiwahuure orikwenda obuyambi omukukyenga ninga ahakushobera ombuze nkugarukiremu. Nikikuuru munonga ngu wakyenga burikimwe nanekiturikukwendaho.

Manya'nti okwikiriza kwegita omu kukyondoza oku nokweyendera tiheine arikugyema kandi nobasa kurugiramu ahiwayendera.

Omushomo gokukyondoza ogu gwikirizibwe aba Research Ethics Committee (REC) aha Uganda Christian University kandi ntuku kuratira emitendela ya International Declaration of Helsinki.

Endagaano yokwikiriza erimu ebikyweka bibiri:

Ekyokunbaza kirimu ebyoyinecumanya aha mushomo ogu otakeikiriza kugwegitamumu.

Ekyakabiri kirimu certificate yowateho omukono orikwizira kwegita aha mushomo ogwokushodoza ogu.

Ekikhweka kyokubanza: Amakuru gwo mushomo ogu:

Omushomo ogu nogokukyondoza ebyokuremesa na nebyokwongyeza okuraguruza okweyinamirira omu biki bazeire batakaikiize emyaka ekumi na mwenda ahi rwaro rya Kitagata omuri Sheema Distrikiti.

Amakulu gomushomo ogu:

1. Okumanya ebyokuremesa okuragurira okweyinamirira omu biki bazeire batakaikiize emyaka ekumi na mwenda ahi rwaro rya Kitagata omuri Sheema Distrikiti.

2. Okumanya ebyokwongyeza okuragurira okweyinamirira omu biki bazeire batakaikiize emyaka ekumi na mwenda ahi rwaro rya Kitagata omuri Sheema Distrikiti.

Ahabwenki warondebwa kwegita omu mushomo ogu?

Nitukushaba okwegita omushomo ogu kutugambila ebyo labilemu okufuna obujajambi bwokweyinamirira ahakuba oryomwe omubihikii abazeire batakaikiize emyaka ekumi na mwenda, nohika omukiti kyokwikirizibwa kwegita omumushomo ogu.

Noyetagyisa kugarukamu buri kibuzo namazima gonka otiinemu kutiina tehine wena owakukusharira orubanja.

Heine mu risks omukwegita aha mushomo ogu?

Omushoma ogu gurimu risks inkye. Nobansa kuhuura enshoni ninga uncomfortable ahabwebibuzo byakubuzibwe. Nobasa kusharamu ebyokwenda kugarukamu nanokungabira kandi nobasa kusharamu kweyia omumushomo ogu ahokwederera.

Okukirabyona byona ebiwatugambire aha mbiguma ahagatio yanye neihwe.

Heine ekiwagobe omu kwegeita omu mushomo ogu?

Byona ebiwatugambire nibyeija kukozezebwa abakuru omu government and na ebitogere ebindi byona na nabekitinisa aboku kora ntekateka zokwongyeza amani omu kuragurira okweyinamirira obeihiki abazeire batakaikize emyaka ekumi na mwenda.

Ebiwagarukyemu nibyija kuyamba abategyekii bihanga kwetegyereza ebyokuremesa na nebyokuhimbisa okuraguruza okweyinamirira omu biki abamala kuzara ekyayongyere

kubayamba kutaho oburyo omukwogyera amaani omu buhereza kwogyeza okukozesa obujanjabi omubuteka bwikire.

Heine ekindi ekikuyamba wotayikiirize kwegeita aha omushomo ugu?

Okwegita ohamushomwo ugu nekyobweyendera kandi oyine obusingye nobushoborozi kwanga obutagwegitaho nanokugurugamu ahagati wahuura waremwa. Tiharo kushashurwa kugwegitamu.

Ekyobuhama

Omushomi niwe wenka owakurabye omu bibuzo ebi. Obutanbi bwamaraka nbwihakuba buriho enyuguta zekyama kubwigula nana empampula zimwijuza nzihakubikwa omu kamenza kaliho ekufulu. Omwegi wenka niwe yabe nabasa kubikozesa.

Ebimwamugambire byeija ebyekihama kandi byeija kubikwagye. Byayiorekwa aha telefina ninga aha maradiyo nanomahure gempapura honahona teheine amazina gawe ahigarebuke ningaguma garye agekihama.

Ekiwakufunamu

Tihariho kushashurwa omukwegeita omumushomwo ugu kweihaho obwire obuhamale omu kubuzubwa oku. Boona abagwegiteho beija kushagibwa omwirwaro rya Kitagata kwerinda abantu kutamu sente ze ntabura.

Niki ekyakubaho wafuna ekizibu kiresibwe omushomo'ugu?

Omushomo' ogu tugwinemu kukyebeza kwihaho okubuzibwa omubigambo kwonka tiheinebuzibu ahibwakuruga.

Waba oyine ekizibu ninga ebi buzo.

Nobasa kufuna omwegi womushomwogu Joan Kansiime aha siimu yeye 0779 428747 ninga aha emeyiro yeye kansiimejoan326@gmail.com.

Niwe noija kuhebwa ebigarukamu na nendagaano yokwikiriza kwegeita omu'mushomo ogu. Ogu'mushomwo gwikirizibwe Ekitogore kyebyokwerinda aha Uganda Christian University, omurimo gwabo nokurebuk ngu bona abayegeita omu'mushomo ogu tibafuna kizibu kyona.

Nobasa kumbuza ebibuzobyona bikwateine nomushomo ogu ahokwendera.

Heine ekyokwenda kumbuza?

Ekikyweka kyakabali: Endagano yo kweikiza

Okwikiriza kwawe

Ninteka omukwono aha nyowe ndikwikiriza kwegeita aha'mushomo gwokukyondoza ogu ogwo "Ebyokuremesa na nebyokuhimbisa okuragura okweyinamirira omu biki abamala kuzara ahi rwaro rya Kitagata omuri Sheema Distrikiti."

Ninyikiriza ngu:

Nashoma ninga banshomera amateka gona nan'endagano yokweikiriza kandi bihandikirwe omururimi orunkukyengagye.

Nafuna omugisha gwokubuza ebibuzo kandi babigarukamugye mpaka mbikyengire.

Ninyetegyereza ngu okwegeita omumushomo ogu nokweyedera kandi tiheine wanyema kugwegetaho.

Nimbasa kwenda kugweyihamu ahinayedera hateine anzibire.

Nibabasa kungira ndeke omushomuugu gutakahwire omushomi yaba nareba kiryo omuburyo ninga naba tagyendire aha buteka bwomushomo ogu nkwoke twaikirizana.

Natekaho omukono aha (ahatu) aharwa (izoba)

..... 2024.

.....

.....

Omukono gwawe

Omukwono gwomureberezi

Okwikiriza kwomushomi

Nyowe (eizina) Ninyikiriza ngu:

- Nashoborora gye byona ebyokukwata aha mushomwo ogu.
- Namwizusya kubuza ebibuzo ebiyakuba nanda kubuza kandi namushoborora ngu atware obwirebwe kugarikamu ebibuzo ebyabuziba.
- Ninyikiriza hateine kwebuza ngu nayetegyereza ebikhweka byona ebyomushomwo ogu, nkonku twabiganiraho.
- Tinakozesa omuvunizi omumushomwe ogu.

Omukono gwangye (ahatu) aha runaku (izoba)

..... 2024.

Omukono gwo omushomi

APPENDIX B: IN-DEPTH INTERVIEW GUIDE (TRANSLATED)

Amazina ninye Joan Kansiime. Ndyo'mwegi aha Uganda Christian University ninshoma Master of Public Health Leadership. Ndyomu kukyodoza ebyokuremesa na nebyokwongyeza okuraguruza okweyinamirira omu biki abazeire batakaikiize emyaka ekumi na mwenda ahi rwaro rya Kitagata omuri Sheema Distrikiti.”

Nintukwakire omukugarukamu ebibuzo ebitwakushomera ahansi aha omumazima kwokugemanyira.

Code yawe yokwegeita ahamushomo.....

Ekichweka kyokubanza: Obyokukwataho

1. Obwozara okeine emyaka ngahi? 15 s3-----
2. Okazaraa nkahi?-kitagata
3. Oshirwe omubuteka notura nomusheija wawe ninga toshweirwe kandi notura noha?
4. Oyiine abana bangahi? 1
5. Okashoma kukoma omukyakangahi?v s3
6. Efunayawe neishata ahamuheru gomwezi kandi nizangahi? Nokora ninga tokukora?
7. Oyine buzibukii namagaragawe (nebasa kuba endwala, obulema nanekindi kyona kikwatiline nomubiri gwawe)?
8. Obwozara noha owabire nakureberera? Mama na mukuru wangye
9. Kuriga owawe na nahirwaro ahariho kagyendekii (omu Kilo meters)? Tihakwika kilometer. marebo

10. Nkozesa sente zingahi aha ntabura kwika ahirwarokuringa owawe? Nka lukumi, konka nimbasa nakutamburaho

Ekikweka kyakabiri.

Ebyokuremesa

1. Omuntu yagamba okweyinamira nana okuhuga nobitanisa ota?
2. Okweyinamirira wamala kuzara nokumanya hokii? Iwe okehuura ota obuwabire okweine? (yongyeza kubuza obubonero obu bafunire)
3. Nogira niki ekyakuretire
4. Nenki ekyakuretire wabura kufuna obujanjabi bwokweyinamirira wamala kuzara aha irwaro rya Kitagata?
5. Kurigirira ebyorabiremu ninga ebyorebire nogira nibiha ebyo'kuremesa okufuna obujanjabi bwo'kweyinamirira omu biki bazeire batakaikiize emyaka ekumi na mwenda kuzara ahirwaro rya Kitagata? (*Yongyeza kubuza ebyokuremesa ebwomuntu, ninga nke kyalo ninga abantu abubakura nabo, nana nkirwaro*)
6. Nogira nitubasa'bata kwihaho ebyokuremesa okumanya nano'kukozesa obujanjabi burungi bwokweyinamirira omu biki bazeire batakaikize emyaka ikumi namwenda ahirwaro rya Kitagata?

Ebyokwongyeza

1. Okuraguriza okweyinamirira wamala kuzara aha irwaro rya Kitagata kukagyendera'kuta?
2. Kurigira ebyorabiremu ninga ebyorebire nogira niki ekyokwongyeza okufuna okuraguzibwa okweyinamira omu biki bazeire batakaikiize emyaka ekumi na mwenda ahirwaro rya Kitagata? (*Yongyeza kubuza ebyokuremesa ebwomuntu, ninga nke kyalo ninga abantu abubakura nabo, nana nkirwaro*)

3. Nibakuruki abokumanya abegeisire omu kurebeka ngu abantu bamanya aha kweyinamira omu beiki bazeire batakaikize myaka ikumi na mwenda nanakurebuka bafuna omujanjabi?
4. Nogira nitubasabata kwogyeza okumanya nanobujanjabi burungi bwokweyinamirira omu beiki bazeire batakaikize emyaka ikumi namwenda omwi'rwaro rya Kitagata?

MUHERU

WEBAALE!

APPENDIX C: KEY INFORMANT INTERVIEW GUIDE (TRANSLATED)

Nintukwakire omukwegeita omu mushomo ogu nanokugarukamu ebibuzo ebitwakushomerae ahansi aha ori kutugambire endeba yawe.

Waba nonda kwongyera kugamba nanomwengi no basa kumufuna aha kansiimejoan326@gmail.com ninga 0779428747.

Akabonero kokwegeita ahamushomo

Ekichweka kyokubanza: Ebyokukwataho

1. Oyine emyaka engahi?
2. Oyikize nkahi emishomo yahwe?
3. Nokorankakii ahirwaro rya Kitagata?
4. Wamara bwirekii orikukorera ahirwaro rwa Kitagata?

Ekichweka Kyakabiri

1. Okuragurira okweyinamirira omu bakazi bamara kuzara kwemerire kuta omwi rwaro rya Kitagata?
2. Nibakuruki ninga ebitogere ebikikwatsireho oku hereza omukuragurira okweyinamirira omubiki bazeire batakaikiize emyaka ekumi na mwenda kandi bakozirehoki omu kwogyeza obuhereza obu?
3. Abiki abazeire batakaikiize emyaka ekumi na mwenda mbakozesa bata obuhereza bwokuragurira okweyinamirira omu bakazi bamara kuzara ? (*Yongyeza obuze aha bwingyi bwabakwiza kufuna obuhereza obu burizoba, burisabiti, burimwezif na burimwaka.*)

4. Obwire obwomazire ori kuhereza obujanjabi bwokweyinamirira omu biki bazeire batakaikiize emyaka ekumi na mwenda, niki ekyorebire ngu nkibaremesa okuhika obuhereza obu? (*yongyeza obuze aha byobwomwe, ebya community, nanebya institution*)
5. Obwire obwomazire ori kuhereza obujanjabi bwokweyinamirira omu biki bazeire batakaikiize emyaka ekumi na mwenda, niki ekyorebire ngu nkihimbisa okuhika obuhereza obu? (*yongyenza obuze aha byobwomwe, ebya community, nanebya institution*)
6. Obwire obwomazirenohaobuhereza obu obwokuragurira okweyinamirira omubakazi bamaraa kuzara, obwingi bwaba rweire abokwijja buributa? (*yongyenza obuze ebyakuba mbiremesa bambijja ombukye ninga ekyokurentera beija bari bingyi*)
7. Niburyokii oburyomu nteka kurebuka ngu omuntu waburijoo yamanya nku erwaro rya Kitagata nkokureine obuhereza bwokuragurira okweyinamirira omu biki abazeire batakaikiize emyaka ekumi na mwenda ?
8. Oburyo obu obumwine ahirwaro rya Kitagata nibukozesa bwa buta kurebuka ngu obuhereza bwoku janjaba okweyinimirira omu bakazi bamara kuzara? (*yongyenza obuze ebizibu ebibakurabamu ba mbateka obu oburyo omunteka*)

MUHERU

WEBAALE!

APPENDIX D: A GHANT CHART/PROPOSED WORK PLAN/BUDGET 2024

Activity	Oct- Jan 2023	Feb – March 2023	April– May 2023	June- July 2023	Aug- Sept 2023	Oct- Nov 2023	Dec- Jan 2024	Feb- Mar 2024	April- May 2024	June- Oct 2024
Concept Development										
literature study										
Coming up with themes and pre- testing them.										
Categorize related resources										
Get Approval from REC										
Conduct study										
Analyzing data										
Writing a Report										

Dissertation										

BUDGET

ITEM	AMOUNT(UGSHS)
PERSONEL	520,000
TRAVEL	150,000
MATERIAL AND SUPPLIES	200,000
ADMINISTRATION	200,000
RESULTS DISSEMINATION	520,000
OTHERS	150,000
TOTAL	1,740,000

APPENDIX 1V: MAP OF SHEEMA DISTRICT INDICATING THE LOCATION OF KITAGATA HOSPITAL.





01st July, 2024

Joan Kansiiime,
Uganda Christian University
0779 429747,
Email: kansiimejoan326@gmail.com

UG-REC-026 LETTER OF AMENDMENT NOTICE

To: Joan Kansiiime, Principal Investigator
Re: UCUREC Application titled: Barriers and facilitators to the utilization of PPDT Services among adolescent mothers in Kitagata Hospital.
Application Number: UCU REC-2024-624

Version: 4.0

- Type: LETTER OF AMENDMENT (LOA)
 Initial Review
 Protocol Amendment
 Continuing Review
 Material Transfer Agreement
 Other, Specify:



I am pleased to inform you that the UG-REC-026; UCUREC has accepted to amend the above referenced application. The amendment is valid with the initial approval of the research which is from 01st July, 2024, to 01st July, 2025.

This research is considered minimal risk category. As Principal Investigator of the research, you are responsible for fulfilling the following requirements of approval:

1. All co-investigators must be kept informed of the status of the research.
2. Changes, amendments, and additions to the protocol or the consent form must be submitted to the REC for re-review and approval prior to the activation of the changes. The REC application number assigned to the research should be cited in any correspondences
3. Reports of unanticipated problems involving risks to participants or other must be submitted to the REC. New information that becomes available which could change the risk: benefit ratio must be submitted promptly for REC review.
4. Only approved consent forms are to be used in the enrollment of participants. All consent forms signed by subjects and/or witnesses should be retained on file. The REC may conduct audits of all study records, and consent documentation may be part of such audits.

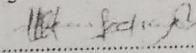


5. Regulations require review of an approved study not less than once per 12-month period. Therefore, a continuing review application must be submitted to the REC eight weeks prior to the above expiration date of 03rd July, 2025 in order to continue the study beyond the approved period. Failure to submit a continuing review application in a timely fashion may result in suspension or termination of the study, at which point new participants may not be enrolled and currently enrolled participants must be taken off the study.
6. The REC application number assigned to the research should be cited in any correspondence with the REC of record.
7. Your research details have been shared with the Executive secretary of Uganda National Council for Science and Technology (UNCST) and you are **not** required to get clearance since you are a Masters Degree research. Refer to UNCST Research registration and clearance Policy and guidelines (July 2016) in Uganda section 6(e).

The following is the list of all documents approved in this application by UG-REC _026:

	Document Title	Language	Version	Version Date
1.	Research Proposal	English	2.0	2024-03-12
2.	Consent form	English	2.0	2024-03-12
3.	Data collection tools	English	2.0	2024-03-12

Signed and Stamped


 Prof. Peter Waiswa,
 UCUREC Chairperson,
pwaiswa@musph.ac.ug





UGANDA CHRISTIAN UNIVERSITY

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18th July, 2024

The Chief Administrative Officer
Sheema District Local Government
P.O BOX, 160 Kabwohe-Uganda

District Health Officer
Sheema District Local Gov't
Date: 18/7/2024

Through:

The District Health Officer

Forwarded for consideration to carry out her research in the mentioned health facility

Dear Sir/Madam

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT KITAGATA HOSPITAL

Greetings from Uganda Christian University!

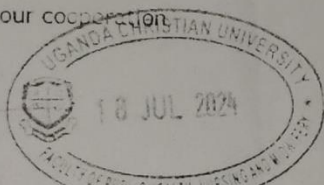
This is to introduce to you JOAN KANSIIME (Reg. No. RS21M07/013) who is doing her research study for the award of the degree in Master of Public Health, Leadership (Save the Mothers) at Uganda Christian University.

The student's topic is *Barriers and Facilitators to the Utilization of Postpartum Depression Treatment Services among Adolescent Mothers at Kitagata Hospital in Sheema District*

Any assistance given to her will be highly appreciated.

Thanking you for your cooperation

Yours Sincerely,



Ayebare Andrew
Assistant Academic Registrar, Faculty of Public Health, Nursing & Midwifery
Uganda Christian University

Received & accepted

Dr. Kaboshura
Medical Superintendent
Kitagata Hospital
Sheema District Local Gov't
P.O. Box 160, Kabwohe

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UGANDA CHRISTIAN UNIVERSITY

School for Research and Postgraduate Studies

"A Centre of Excellence in the Heart of Africa"

REGULAR SUPERVISION REPORT

Supervisor's Name: **REV. CANON EVATT MUGARURA**

Student's Name: **Joan Kansime** Reg No: **RS21M07/013**

Date of Submission of Work to Supervisor: **01/04/2023**

Date of Meeting that Discussed the Work: **through 2023 to April 21, 2025**

SUPERVISORS COMMENTS ON STUDENT'S WORK AND RECOMMENDATION FOR ACTION

The study on "Barriers and Facilitators to the Utilization of Postpartum Depression Treatment Services among Adolescent Mothers at Kitagata Hospital in Sheema District by Ms. Joan Kansime was done under my supervision.

We have had many supervision meetings throughout the study process which started with her first submission in April 2023 aligning the topic, the problem statement ensuring that the problem or research gap was well articulated and formulation of the study objectives to match the topic done. I also provided guidance on agreeing on the theoretical framework that guided the study concept.

In May, 2023, she submitted again, the polished chapter one and chapter two draft. I accorded her technical support in the literature search that related to the topic and in accordance with the study objectives. Data had to not only relate with the topic but also latest information - not older than five years except in areas where the only available data was older than 5 years.

The Research Methods being the heart of the research proposal needed more time. Right from the research design, sampling procedure and techniques were clearly thought out. Data collection tools and ethical clearance procedures were also part of the guidance I provided.

I ensured that the consent form and data collection tools were aligned to the study topic and objectives. More to this, the consent form and the data collection tools were translated into the local language to make it easy for all the respondents to participate and express themselves meaningfully in the study. I guided Joan on the importance of

checking for plagiarism for originality of the study document. She then submitted online for UCU ethical review and approval.

After receiving the approval, I guided her on data collection processes and management.

She then submitted the first draft of the dissertation in July 2024 and guidance was given on how to arrange the findings, presentation and interpretation. She was further guided on proper structuring of the discussion, conclusions, recommendations and study limitations.

In October 2024, the final Thesis was submitted to the administration and was approved for Viva Voce examination. In March 2025 we met and I guided her on proper presentation of her study for the Viva Voce defense.

In April 2025 supervised her on amending the corrections given by the internal and external examiners and those from the viva presentation.

The dissertation is ready for submission to school of graduate studies and research.

Overall, Joan Kansime was ever eager to learn. The processes she went through made her a hands -on research student.

I am confident that she can initiate and conduct different types of research beyond this.

Joan Kansime



30/04/2025

STUDENT'S SIGNATURE

Cc Head of Department

Cc Co-supervisor (if there is one)

Rev. Canon Evatt Mugarura



29/04/2025

SUPERVISOR'S SIGNATURE



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SCHOOL OF RESEARCH & POSTGRADUATE STUDIES

DISSERTATION CORRECTION COMPLIANCE REPORT BY THE CANDIDATE (POST VIVA FORM)

Date: 19th /April/2025

Name of Candidate: JOAN KANSIIME Reg. No: RS21M07/013

Title of Dissertation: Barriers and Facilitators to the Utilization of Postpartum Depression Treatment Services among Adolescent Mothers at Kitagata District Hospital in Sheema District.

SN	COMMENTS BY EXTERNAL EXAMINER	ACTION TAKEN	INDICATOR
1	Objectives use explore instead of identify	Verbs changed to align with qualitative research	Pg 18
2	The aim of purposive sampling is not to ensure representativeness rather identifying the most suitable participants.	Corrected to the aim of purposive sampling	Pg 31
3	How many participants were interviewed? (Sample Size)	Included the Sample size	Pg 32

4	Add more detail to the Methods of Data Collected	Expounded on the details of the methods of data collection.	Pg 33 - 34
5	Data management and quality control measures	Expounded by adding (measures such as credibility, transferability, dependability, reflexivity and conformity)	Pg 35-38
6	What themes were generated? Under Data Analysis and was there need for translation of data?	Added a summary of the themes generated during data analysis and details on the translation process.	Pg 38-39
7	Sampling procedure & Ethical considerations	Expounded in detail how participants were recruited, by who and ethical considerations taken.	Pg 39-40
8	Remove Acronyms	Removed Acronyms from sub headings	Pg 45-46
9	Include related references	Included related references	Pg. 77
10	Some recommendations not in line with findings the study	Recommendations explained better to show relation to findings.	Pg 94 &96

SN	COMMENTS BY INTERNAL EXAMINER	ACTION TAKEN	INDICATOR
1	Theoretical background needs to be more aligned	Aligned the theoretical background better, and added a little more details	Pg. 20-23
2	More details needed under methods of data collection	Expounded on the details of the methods of data collection.	Pg. 33-34
3	Update some Literature	Updated Literature	Pg. 25-30
4	Partially Discussed some findings	Expounded more in the discussion	Pg. 77-83
5	Realign in-depth and KI data in results	Realigned	Pg 54-82

SN	COMMENTS BY VIVA VOCE PANNEL	ACTION TAKEN	INDICATOR
1	Which tool did you use to determine the particular adolescents?	Included method used to identify the adolescent mothers	Pg 31
2	What information did you gather from the key informants? It would also be important to also include the voices of the Key informants and not being mixed with the adolescents	Showed the key informants quotes and insights clearly labeled them accordingly in the findings.	Pg 54-82
3	Your topic speaks of identification of the issues instead of discussing	Changed verb	Pg 18

Joan Kansime

Candidate's Name



Signature

Rev Canon Evatt Mugarura

Supervisor's Name



Signature