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*Presented at: Towards Carnegie III: Strategies to Overcome Poverty and Inequality.
University of Cape Town, South Africa. 3-7 September 2012.*

Creating capabilities through maternal mental health interventions: A case study at Hanover Park, Cape Town

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Approximately 40% of South African women living in poverty experience mental illness during pregnancy. This is more than three times the prevalence in developed countries. The poverty-mental-illness cycle is well-documented. In sub-Saharan Africa, MDG4 outcomes (reduce mortality of children under five years) have worsened, and MDG5 outcomes (improve maternal health by reducing maternal mortality per 100 000 live births by 75%) have not improved. The outcomes of untreated maternal mental illness correspond with these failures in development.

The capabilities approach to development, pioneered by Amartya Sen and Martha Nussbaum, attempts to highlight how poverty and gender inequality combine to lead to the failure of capabilities which development goals attempt to address. Applying this approach to a case study, this paper will (a) explore the deprivational impacts of maternal mental illness, (b) describe the Perinatal Mental Health Project (PMHP) intervention in Hanover Park, Cape Town, South Africa and (c) argue that maternal mental health interventions can promote resilience, agency as well as productivity, and facilitate the conditions necessary to overcome poverty.

Of women recruited into the study (n= 404), 55% of women were unemployed and 45% were diagnosed with a current psychiatric condition. Of women who attended counseling (n=100), 69% reported problems with their primary support system, which could result in capability deprivations related to emotion, affiliation and material control over one's environment. Other capability deprivations were related to bodily health and bodily integrity. The PMHP therapeutic counseling interventions included: containment, psycho-education, Cognitive Behavioral Therapy, problem solving, behavioral activation, relationship counseling and grief counseling.

The Hanover Park descriptive data confirm the high prevalence of both economic deprivation and mental illness in pregnant women. The capabilities approach provided a nuanced understanding of the ways in which women's central functional capabilities are compromised within the cycle of poverty and mental illness. Preliminary data suggests that maternal mental health interventions can act as strategic entry points for capability formation and sustainable development.