



UNDERSTANDING THE IMPACT OF PM4M, A PSYCHOSOCIAL INTERVENTION ON WOMEN'S WELLBEING IN ZAMBIA

"I am a better Person"

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INTRODUCTION

Common mental health disorders (CMHD) are one of the main causes limiting the capacity of women to care for themselves and their offspring in low-middle income countries. Recent data suggest high rates of psychological distress among mothers in Zambia while country's health care system offers very limited support for such concerns. This study aimed to examine the impact and needs for scaling a culturally adapted psychosocial intervention, the Program management plus for moms (PM4FM) targeting women's wellbeing.

METHOD

This study was part of a larger clinical trial aiming to test the feasibility, acceptability and efficacy of PM4FM for women caring for children under 5 in urban Zambia. During the post-treatment assessment, trained research assistants gathered direct feedback from participants in the intervention arm through open-ended questions. Additionally, the research team conducted 2 focus groups involving wellbeing community health workers (WCHWs) who provided the intervention.

PM4FM

2 group + 10 individual sessions
By phone or in-person
Core elements:

Self-care plan
Psychoeducation
Self compassion
Positive upbringing
Strengthening social support
Stress management strategies
Problem solving
Healthy habits
Breathing exercises
Positive thinking
Mindfulness

RESULTS

A total of **53** women and 5 WCHWs participated in the study. Providers and participants reported PM4FM reached a positive impact influencing both mental and physical health, increasing support networks and financial wellbeing of women through major empowerment.

"I have stopped the job I was doing and have started a business, which is sustaining me rather than that stressful job where I was not getting paid a lot. I can now save money, and I keep on going." (participant 34)

Additionally, WCHWs described an impact on their own personal growth after receiving training and providing the intervention. Finally, participants agreed on the need to invite partners to the intervention's sessions to increase its impact and maintain its positive effects.

"I'm a living testament of what I learnt. And it's really the whole sessions, 1 to 10. In short I can say it's living healthy" (WCHW 1)

A consensus emerged indicating the importance of encouraging participants to share their learning with others and involve partners in the intervention process.

"To continue and also make us teachers in the community" (Participant 21)

"Include our partners in the programs" (Participant 31)

"If there was a male intervention they could work together for the well-being of the child." (WCHW 3)

Participants also noted barriers for scaling up the intervention, such as difficulties on raising awareness and battling stigma. Recurring concerns identified with women and WCHWs' feedback were guarantying neutral spaces for developing the intervention and suicide behaviors within the women.

"They encouraged me after I shared my problems, which helped me to stop thinking about ending my life" (Participant 32)

"I was away most of the time, because the pressures I had and I was mostly in a noise place when the WCHW was calling" (Participant 42)

CONCLUSION AND FUTURE DIRECTIONS

Insights garnered from participants and WCHWs underscore the potential of PM4FM to achieve a positive impact through increasing economic independence and coping skills. Scaling up PM4FM efforts should focus on implementing initiatives to mitigate stigma to facilitate referral pathways, and deepen adaptation towards community needs such as involving partners and ensuring neutral spaces for intervention provision.

Future research should prioritize integrating the PM4FM into primary care setting to address CMHD