Learning Through Play plus Culturally adapted Cognitive Behaviour Therapy for treating postnatal depression and improving child wellbeing in Nigeria: A Participatory Action Research for manual adaptation

[1]*Dung Ezekiel Jidong*
Nottingham Trent University, UK

[2]*Tarela J. Ike*
Teesside University, Middlesbrough, UK

[3]*Juliet Y. Pwajok*
University of Jos, Jos, Nigeria

[4]*Christopher Francis*
University of Jos, Jos, Nigeria

[5]*Shadrack B. Mwankon[4]*
Federal University Oye-Ekiti, Oye-Ekiti, Nigeria

Abstract
Background:
Maternal depression constitutes an integral aspect of the global health disease burden. Depressed mothers are more at risk of self-harm, and many children lack adequate developmental support due to mothers' postnatal depression. However, manualised, evidence-based, and culturally appropriate postnatal intervention is under-researched in Nigeria.

Design:
Participatory Action Research (PAR) designed to review the intervention contents and materials for its suitability within the Nigerian context and culture in preparation for randomised controlled trials.

Method:
Underpinned by the theory of social change, the study employed PAR to challenge the existing power relations in maternal mental health treatment to understand what works within the Nigerian context. The PAR discussion lasted 97.04 minutes with N=9 participants (n=5 mothers who are community health workers; n=4 researchers). Of the N=9 participants, n=6 females and n=3 males. Before the PAR discussion, all participants received three days of comprehensive training and engagement with the intervention materials called Learning Through Play plus Culturally adapted Cognitive Behaviour Therapy (LTP+CaCBT) designed for treating postnatal depression. As a result, all participants consented to the study, and discussions were audio-recorded, transcribed verbatim and analysed thematically.

Preliminary findings:
Three themes emerged: (i) desired culture-specific pictorial illustrations depicting the Nigerian context (ii) use of Nigerian indigenous context for exemplifying mother-child activities (iii) sensitivity to the Nigerian cultural and superstitious beliefs.

Preliminary conclusions:
The LTP+CaCBT entails a pictorial calendar grounded on attachment theory and caters for the low literacy population. It provides mothers with valuable parenting skills and enhances the mother-child relationship. Also, it gives a 'here and now' problem-solving approach and changes negative thinking associated with postnatal depression. If well-adapted, LTP+CaCBT is low cost, sustainable, community-based and culturally relevant intervention that appears to

be novel to existing treatment options for postnatal depression in Nigeria. For example, it is manualised and delivered by trained indigenous community health workers.