

# RAPID RESEARCH REVIEW

The Impact of the COVID-19 Pandemic on Caregivers' Mental Health in Sub-Saharan Africa  
CAREGIVER MENTAL HEALTH KNOWLEDGE SHARING SERIES

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## Introduction

The one-year mark of the COVID-19 pandemic has resulted in significant changes to people's lives and livelihoods. This Rapid Review identifies existing research on the impact of the COVID-19 pandemic on caregivers' mental health in sub-Saharan Africa (SSA). Guided by the available evidence, this review—authored by the Research Task Force of the Caregiver Mental Health Knowledge Sharing Series—aims to improve our understanding of the impact of COVID-19 on:

- Caregivers' mental health
- Parenting, caregiving behaviors, and early child development
- Caregivers with disabilities or who have children with disabilities
- Food security and nutrition

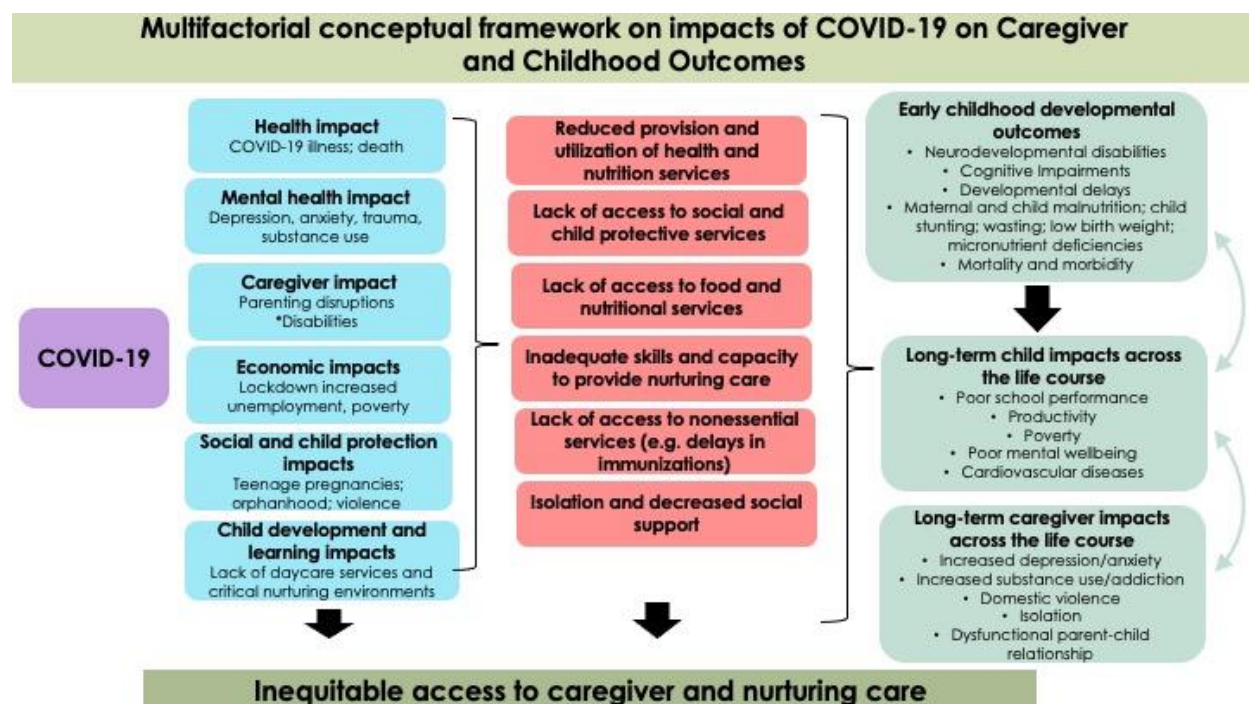
Caregivers are defined as the primary caretakers of young children. These caretakers are often mothers but can include other family members, including

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grandmothers, older siblings, and fathers, who play an important role in contributing to overall family well-being. However, most research has focused on mothers as primary caregivers; therefore, this report emphasizes the importance of addressing the unique circumstances of mothers with young children and provides recommendations for improving the well-being of caregivers and their families.

A rapid review of articles and reports published in English was conducted since the start of the pandemic from March 2020 through March 2021. The results from this rapid review indicate that the mental health of caregivers is adversely affected by the pandemic and is associated with negative consequences on caregiving behaviors, their ability to provide a nurturing environment to children, and increased rates of food insecurity and poor nutrition outcomes. The mental health of caregivers with disabilities and those who have children with disabilities are a population of focus given the need for additional support. The unforeseen COVID-19 global pandemic exponentially emphasized the need for attention and investment in both mental health, early childhood development, and food insecurity and malnutrition—particularly in low-resource settings. This review reinforced that caregiver mental health and its connection to caregiving behaviors, food security and nutrition in SSA is increasingly recognized as a critical component of health as defined by the World Health Organization –“complete physical, mental, and social wellbeing.”

The figure below illustrates the conceptual framework informing our review (modified from Shumba et al. 2020).



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## Background

### Emerging evidence suggests that the COVID-19 pandemic has exacerbated mental health challenges

- Female gender is significantly associated with higher self-reported levels of stress, anxiety, depression, and posttraumatic stress symptoms, and more severe overall psychological impact (Wang et al. 2020).
- Women who are pregnant, postpartum, miscarrying, or experiencing intimate partner violence are at especially high risk for developing mental health problems during the pandemic (Almeida et al. 2020; Kotlar et al. 2021).
- The medium- and long-term economic consequences of COVID-19 and the financial uncertainties will escalate the psychological burden and worsen the mental well-being of pregnant women and new mothers. This may be particularly harmful for women in low socio-economic class as they constitute a high risk and vulnerable group for antenatal depression. These concerns about future household finances were associated with increased maternal stress (Shidhaye et al. 2020).
- Staying at home increases the risk of intimate partner violence (IPV) for women who are in abusive relationships. Globally, 30% of women experience physical or sexual violence by an intimate partner in their lifetime. Such violence typically increases in frequency and severity during pregnancy and humanitarian crises and natural disasters (Shidhaye et al. 2020).
- Since schools were instantly closed in most countries as an attempt to contain the spread of the pandemic, a heavy load of parental stress came as a consequence, particularly for mothers, who typically carry the bulk of childcare and eldercare. Many parents reported feeling more anxious, agitated, fearful, or depressed due to limited financial and social resources, unemployment, increased use of alcohol and other addictive substances (Almeida et al. 2020).

### COVID-19 restricted movement leading to isolation and reduced social support

- COVID-19 mitigation strategies have restricted movement and transportation, socialization and engagement in normal routines leading to isolation and reduced social support (Shidhaye et al. 2020).

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## **COVID-19 significantly impacted caregiver's access to all health services, most especially women hoping to access antenatal and postnatal care**

- In places like Uganda, where movement was completely locked down, women seeking antenatal care had to seek special transport passes from local government officials that were difficult and often impossible to find, thus inadvertently prohibiting women from accessing the needed prenatal care to ensure a healthy pregnancy. Fears around forced quarantine and forced separation from newborns, directly caused women to delay going to the hospital until very late in their delivery period. Lack of prenatal care and late reporting to the hospital resulted in a higher risk of medical complications and more poor outcomes including stillbirths, perinatal and maternal deaths (Pallangyo et al. 2020; Rafaeli & Hutchinson 2020).
- After delivery, COVID-19 positive women were separated from their babies for 14 days. Breastmilk was expressed and sent to the baby, which impaired the very important early attachment process in the first hours of the baby's life (Rafaeli & Hutchinson 2020).

## **The COVID-19 pandemic has negatively impacted caregivers' mental health in LMICs and in SSA**

- Since March 2020, countries in Africa have implemented many measures to reduce the transmission of COVID-19, including physical distancing, closures of educational institutions and limited mass gatherings, and variations of lockdown. All countries in Africa have reported cases of the virus (UN 2020a).
- The World Bank estimates that, due to COVID-19, people living in extreme poverty will increase in the SSA region from 37.8% to 42% (representing approximately 50 million people) (Gerzon et al. 2020; Kumar & Kumar 2020).

Research on the impact of COVID-19 on caregivers' mental health in low and middle-income countries (LMICs) and in SSA is emerging (Rafaeli & Hutchinson 2020; Semo & Frissa 2020; Strongminds 2020). Findings from research in this region is similar to that found in other parts of the world.

- In an early pandemic survey of 12,000 low-income women in Uganda and Zambia who previously received treatment for depression in StrongMinds, 26% reported significant levels of mental distress. Participants also reported increased fighting and alcohol consumption in the home, gender-based violence, unemployment, and food insecurity (Strongminds 2020). In Kenya, caregivers also report heightened psychological distress, including worry, stress, and anxiety due to COVID-19 (Shumba et al. 2020).



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- Women are more likely than men to be impacted financially during the pandemic (Rafaeli & Hutchinson, 2020; Population Council 2020a). In Kenya, women reported 60% of job loss since the beginning of COVID-19 (UN Women 2020). More than 50% of Ugandans, the majority are women, reported losing their earning potential (World Vision 2020A).
  - COVID-19 has resulted in reduced access to water, hygiene and sanitation services and healthcare services for non-pandemic related issues, including lack of access to contraceptives which may lead to high rates of unintended pregnancies (Rafaeli & Hutchinson 2020).
  - Serious disruption in the provision of antenatal care further increased the treatment gap for maternal mental health disorders. The health systems, especially in LMICs are extremely stretched due to the pandemic. Pregnant women have been reluctant to visit the health facilities during the pandemic due to concerns related to use of public transportation and exposure to COVID-19 during the check-up visit (Shidhaye et al. 2020).
  - These service barriers are exacerbated in low-resourced communities and the pandemic amplified barriers in African contexts with already weak health care infrastructure (Kola et al. 2021; Semo & Frissa 2020).

## **COVID-19 Impact on Mental Health, Parenting and Child Development**

### **Caregivers' mental health amidst COVID-19 negatively impacts parenting and child development**

- Communal “village” child rearing practices have been hindered, due to lockdown, leaving women as the primary and often sole caregivers to children – often leading to increased rates of caregiver isolation and depression (Proulx et al. 2021).
- With the increase of maternal depression, caregiving ability has been impacted, including exclusive breastfeeding and positive interaction bonding between mother and child, leading to delayed growth and developmental milestones of children (Hackett et al. 2021).
- School shutdown and community lockdown has confined families at home, leading to increased mental stress for caregivers and increased risk of violence for children including corporal punishment, neglect, child labor, and various forms of cyber violence (Hackett et al. 2021).
- School closures also resulted in educational/learning delays, social isolation and social/emotional stunting (Rafaeli & Hutchinson 2020).

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- Violence at home increases the risk for both the caregiver and the child to develop a mental health issue (Kem 2020; Kumar & Kumar 2020; Ndedi et al. 2020).
  - Mental health issues among female caregivers are crosslinked with overall child health, wellbeing and nutrition. For example, studies document the poor nutritional status of children for women caregivers who are depressed as a result of intimate partner violence (Chai et al 2016).

#### **Some Positive Outcomes on Parenting Resulted from COVID-19**

- There was an increased opportunity to engage male caregivers in home activities during lockdown (Hackett et al. 2021).
- Male appreciation for the role of the (often female) primary caregiver due to better understanding of the workload (Hackett et al. 2021).
- Flexibility from donors and other funding groups allowed non-profits to better respond to community needs assessments and ensure funding was directed to the “right” places. This allowed for increased opportunity for inter-sectoral collaboration and Early Childhood Development (ECD) integration that then created beneficial environments for children that allowed them to thrive in virtual/online only settings.
- The limitations and challenges of the pandemic circumstances served as a catalyst for quick, nimble, and creative thinking. Across diverse programmatic contexts, the COVID-19 pandemic provided a necessary ‘nudge’ for innovation, catalyzing change, and ‘out of the box’ thinking.

#### **Caregivers’ mental health amidst COVID-19 related to families affected by disability**

- People with disabilities are five times as likely to experience depression and many are caregivers (Cree et al. 2018).
- During the COVID-19 pandemic, isolation, disconnect, disrupted routines, and diminished health services have greatly impacted the lives and mental well-being of people with disabilities, many of whom are caregivers.
- In Uganda, COVID-19 affected families’ social support networks and access to disability services. Caregivers of children with disability reported distress due to their isolation, children’s lack of access to medication, rehabilitative services, and schooling (Mbazzi et al., 2020).
- In Uganda, Kenya, Tanzania, Rwanda, Malawi and Zambia, the majority of families of children with disabilities live in poverty, face discrimination, and experience rates of abuse higher than those without disabilities. These challenges increased during COVID-19 (Able Africa 2020).

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# COVID-19 Impact on Mental Health, Food Security and Nutrition

**Food security and nutrition is complex and highly dependent on parent, child, social, and environmental factors**

- Caregiver's mental health is one such component that can both impact and be impacted by food security and nutrition.
- The COVID -19 pandemic has exacerbated already high rates of food insecurity, malnutrition and rising rates of mental health challenges. "The number of people facing acute food insecurity (IPC/CH 3 or worse) stands to rise to 265 million in 2020, up by 130 million from the 135 million in 2019, as a result of the economic impact of COVID-19, according to a World Food Programme projection" (WFP 2020).

**Food security, nutrition outcomes, and mental health amidst the pandemic are highly intertwined**

- Food insecurity impacts nutrition by affecting the quality and quantities of foods consumed which in turn affect the health status of especially children under five who are undergoing growth and development (Arlinghaus et al., 2021). Children's consumption patterns are dependent on caregivers who act as "nutritional gatekeepers" with decision autonomy on how, when and what children eat.





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### **More household food insecurity is associated with poorer mental health, globally and in SSA**

- Maternal depression and food insecurity are positively associated (Leung et al., 2016; Melchior et al., 2009; Polsky and Gilmour 2020; Vasquez-Vasquez et al., 2021; Wolfson et al. 2021; Rocha et al. 2019). High levels of stress or depression can interfere with a caregiver's ability to be responsive to the child during feeding (Elias et al., 2016; Goulding et al., 2014; Savage & Birch, 2017; El-Behadli et al., 2015). Additionally, caregivers' symptoms of depression, including low energy, hopelessness, decreased motivation, pessimism around the future, and poor concentration, hinder the ability to navigate food insufficiency (Garg et al., 2015; Huddleston-Casas et al., 2009)
- In Cape Town, South Africa, a study found that being severely food insecure doubled the odds of common mental health disorders during the COVID-19 lockdown with 80% of participants reporting having experienced various levels of food insecurity. A crisis such as the COVID-19 pandemic and corresponding lockdown increases the psycho-social risk factors associated with mental illness in perinatal women (Abrams 2020)
- In Zimbabwe, the lockdown resulted in increased food prices (94.8%) and decreased availability of nutritious foods (64%). The prevalence of generalized anxiety disorder (GAD) was reported to be 40.4% and mostly affected women (63.5%). More than one third (37.8%) did not have access to growth monitoring services (Matsungu TM& Chopera P 2020)
- Women are likely to be affected differently than men during the COVID-19 crisis, with women facing greater risks of food insecurity than men (Berrached & Reinhart 2020)

The figure below illustrates the dynamic components at play in the relationship between COVID-19 and food insecurity.

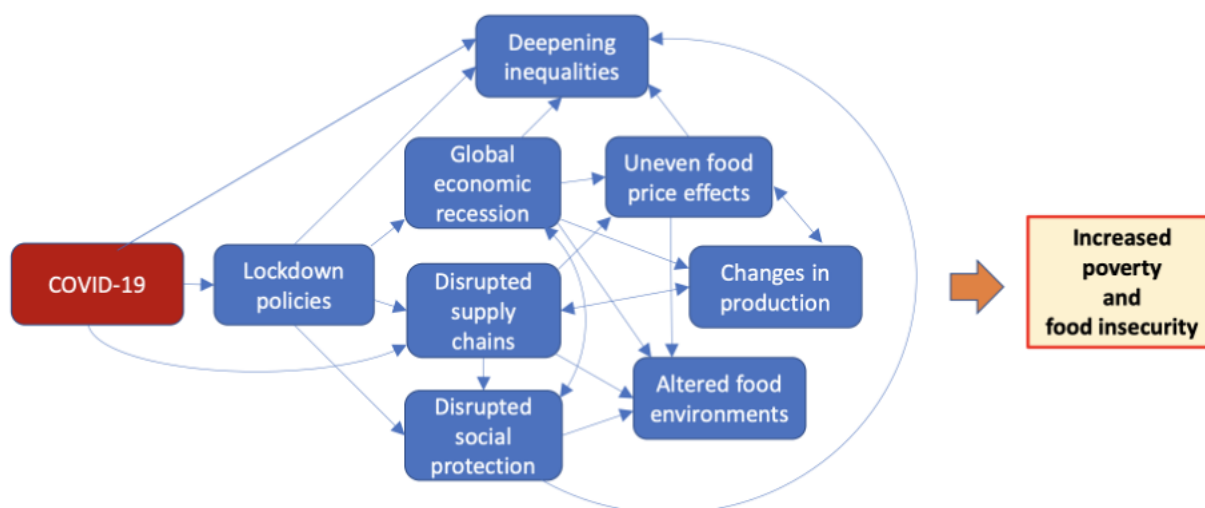


Figure: The Impact Pathway of COVID-19 on Poverty and Food Insecurity (HLPE 2020)

**The disruptions resulting from the COVID-19 pandemic are expected to continue to have ripple effects on mental health, food security, and various forms of malnutrition into the future**

- COVID-19-related global lockdowns have hindered many components of the food supply chain and have impacted food processing and production, shipping and distribution leading to global food-insecurity alerts. Additionally, increased food prices and loss of income due to increased unemployment have added to the implications for food security and nutrition -ultimately undermining the right to food and stalling efforts to meet Sustainable Development Goal (SDG) 2: “Zero Hunger” (HLPE 2020).
- Further, an estimated 30% overall reduction in essential nutrition services coverage early in the COVID-19 pandemic, and as much as 75–100% in lockdown contexts, including in fragile countries where there are humanitarian crises was reported (UNICEF 2020).

**Some COVID-19 policies separate infants and mothers, which can increase infant morbidity and mortality**

- Separating infants and mothers, preventing or hindering breastfeeding can increase infant morbidity and mortality (Gribble et al. 2020); however, these policies are not warranted (Tomori et al. 2020).
- There is no evidence for vertical transmission of SARS-CoV-2 and the virus has generally mild symptoms in infants. The protective benefits of breastfeeding for infants are especially critical given the pandemic’s impact

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on health systems and on food security. Globally, health facility breastfeeding support and mothers' groups have been reduced in the pandemic.

- Food security for formula-dependent infants is also a concern in contexts that have experienced shortages of infant formula due to panic buying (Abrahams, 2020). Additionally, the broader economic effects of this pandemic have reduced families' ability to purchase human milk substitutes, where infants are not breastfed (McKibbin & Fernando, 2020).

## Summary

The COVID-19 pandemic has exacerbated existing social/infrastructural weaknesses (inadequate food, money, social capital, health and mental health care) and has heightened risk for the caregiver to develop psychological distress, including depression and anxiety. Caregiver mental health issues, including those with disabilities and children with disabilities, are crosslinked with overall child health, wellbeing, and nutrition outcomes in SSA and internationally.

### Limitations of current review

- This rapid review may miss current efforts that are not yet published

### Future Directions

The mental health consequences of COVID-19 will likely persist long after the waning of the pandemic and will be particularly severe in the lowest resourced and most impoverished regions of the globe, where there was virtually no access to mental health services before the pandemic (Kola et al. 2021; Shidaye et al. 2020; Shumba et al. 2020). Based on the evidence to date, several recommended actions can be taken by implementers, researchers, and decision makers.

- Scale up access to remote support for mental health needs, including telephone, text, and video.
- Identify existing community/local resources or systems that can be re-purposed to provide generalized support and connection to caregivers and children during lockdown circumstances. For example, the training of community health workers can be enhanced to address mental health for caregivers and families.

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- Train and prepare midwives to ensure they can serve as an effective source of contact, education and support for pregnant women in the community.
  - Integrate mental health care in traditional settings where women are likely to be seen.
  - Take a “whole-of-society approach” to address mental health. Encourage government decision-makers across sectors (health, security, social services, education, communications) to consider how their actions impact mental health” (United Nations, 2020).
  - Identify more robust delivery models for primary and secondary education to ensure children can continue to be engaged remotely during future pandemic scenarios.
  - Prioritize development and strengthening of Early Child Development programs among implementers, governments, and policy-makers, which extend beyond education to include child protection mechanisms, responsive caregiving education/support, and remote options for early learning support to pre-primary aged children and their caregivers.
  - Expand research into other populations of caregivers, including families with disabilities and fathers’ mental health.

The time is now to capitalize on progress being made globally in mental health, food security, and nutrition. This Rapid Review highlights the significant impact of the COVID-19 pandemic on caregivers and communities and encourages collective action by the global community to help families and societies recover and repair in order to ensure physical, mental, emotional and social wellbeing for caregivers worldwide.

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