

The Missing Link in Child Health: Medical Practitioners' Insights on the Role of Maternal Mental Health in Child well-being

Ann Jacob¹, Dr. S. Dinesh Babu²

¹ Research Scholar, Department of Visual Media and Communication, School of Arts Humanities and Commerce, Amrita Vishwa Vidyapeetham, Kochi campus, Kerala, India.

² Assistant Professor (SG), Department of Visual Media and Communication, School of Arts Humanities and Commerce, Amrita Vishwa Vidyapeetham, Kochi campus, Kerala, India.

Abstract Maternal mental health (MMH) plays a key role in maternal and child health, but is often neglected. Although research shows that children can suffer adverse development if their mothers are psychologically distressed, we still know little from healthcare workers in low- and middle-income countries like Kerala, India. This study explores the views of 22 medical and allied health practitioners in Kerala think about the impact of MMH on children, so that more suited and integrated public health strategies can be created. An exploratory interview style was used with psychologists, therapists, special educators and rehabilitation specialists. Further core themes were found by conducting thematic analysis according to the method described by Braun and Clarke, using clinical observations, system gaps and policy recommendations as data. Six dominant themes emerged: (1) MMH as foundational to child development, (2) urgent need for early identification and intervention, (3) stigma and lack of awareness as barriers to care, (4) the role of health communication in promoting help-seeking behavior, (5) the necessity of professional mental health support, and (6) inadequacy of current government responses. Notably, 100% of participants affirmed the centrality of MMH to child outcomes, and 95% emphasized the importance of improved health communication. Practitioners unanimously underscored the need to integrate MMH into maternal and pediatric care frameworks. Their insights highlight a pressing call for systemic reform, early screening, and community-based education to ensure holistic, family-centered healthcare delivery in Kerala and similar contexts.

Keywords: Maternal mental health; child development; healthcare practitioners; Kerala; qualitative study; public health communication; mental health policy.

1. INTRODUCTION

Maternal mental health (MMH) is a vital but unrecognized part of maternal and child well-being. It is now clear from international research that a mother's mental health can strongly affect her child's physical, emotional and mental growth. During pregnancy and the time after birth, about 10–20% of people globally are affected by prenatal depression, postnatal anxiety or perinatal stress disorders—and the rate is even higher in countries like India. However, MMH is often ignored in the main ways healthcare for mothers and children is planned (Abraham et al., 2024).

Most maternal health programs in India have been designed to lessen anemia, increase hospital deliveries and lower the number of infant deaths. However, mental health in the time around birth and after delivery is rarely focused on. Trouble bonding with their children, inconsistent care and prolonged distress are common for mothers who struggle with maternal mental health and these things can negatively affect a baby's growth. Without treatment, these issues may cause lasting problems for the mother and her child, including trouble with development, behavior and emotions (Bagadia & Chandra, 2017).

Kerala, a southern Indian state known for its robust healthcare system and relatively high literacy rates, presents a unique case for exploring MMH. The state has achieved remarkable success in terms of maternal and child health indicators compared to national averages, yet maternal mental health continues to receive limited attention in clinical and public health strategies. Identifying and handling maternal mental health problems through planned interventions is still not common in Kerala's main healthcare

system and people's bias towards mental health still stands in the way of quick medical help (Abraham et al., 2024)e.

Most existing research on MMH has focused on clinical outcomes or epidemiological data, with little emphasis on the perspectives of healthcare practitioners who operate at the interface of clinical care and community outreach. In many cases, policy development occurs without fully considering the experiential knowledge and insights of frontline professionals, such as psychologists, therapists, and special educators. These professionals are uniquely positioned to observe the nuanced ways in which maternal mental health influences child behavior, bonding, learning abilities, and long-term psychosocial adjustment (UNICEF, 2016).

Furthermore, health communication strategies around MMH remain underdeveloped. There is limited integration of MMH education in public campaigns, pre-marital counseling, or even in antenatal care protocols. Many practitioners find that there are no standard instruments for screening, few classes on handling mothers' emotions and not enough effort made in referrals and follow-up support. Therefore, it is essential and urgent to collect and examine the real-life experiences and expertise of health practitioners (UNICEF, 2016).

1.1 Significance of the Study

The study plays a key role by highlighting the perspectives of 22 medical and allied health professionals in Kerala who work in psychology, occupational therapy, speech-language pathology, special education and developmental rehabilitation. Because the study records mothers' own experiences, it can show how mental health affects children's feelings, intelligence and behaviors.

The research's most unique point is that it uses a qualitative design rather than only quantitative methods. It makes it possible to examine healthcare providers' views on the problems in the system, social and cultural barriers (including stigma and poor information) and the weaknesses in how current public health communication is done. The study also discusses what they suggest can be done, including early screening, educating communities, including mental health in regular maternal care and creating training modules for professionals.

This research uses insights from practitioners to link what's learned in theory with what's done in practice for maternal and child health. It responds to requests from the WHO and UNICEF and other global health organizations to make mental health part of basic health care and to intervene early in the first 1000 days of a child's life. The study's results apply to Kerala and to other low- and middle-income countries where similar barriers exist (who, 2007).

Despite the fact that research has demonstrated how mother's mental health affects her child, most studies look at trials, statistics or interventions that benefit the child. There remains a critical gap in understanding how health professionals—those directly involved in maternal and child care—perceive this relationship in their daily practice. This study addresses this gap by providing a practice-grounded perspective from professionals who regularly engage with affected families but are often excluded from research and policy design.

Moreover, this paper adds to the growing discourse on the need to localize mental health frameworks. Instead of assuming universal solutions, it highlights context-specific barriers and solutions, rooted in the sociocultural dynamics of Kerala. For example, interview participants repeatedly emphasized the role of stigma, family pressure, gender expectations, and lack of pre-parenthood counseling as key factors undermining maternal mental well-being.

In essence, the study aims to record and explore the opinions of 22 medical practitioners in Kerala on the important link between maternal mental health and child well-being. The goal is to highlight neglected fields, support the use of MMH in healthcare for mothers and children and help design messages that put empathy and inclusion first. Thinking about mother's health seriously is important, as it benefits families and whole communities.

2. LITERATURE REVIEW

2.1 The Global Significance of Maternal Mental Health (MMH)

The importance of maternal mental health (MMH) in improving both maternal and child health is accepted by people everywhere. From Kimmel's (2020) point of view, MMH matters greatly for women's health, but it is often missed by public health programs. Howard and Khalifeh (2020) argue in their paper that many governments choose to ignore and underfund perinatal mental health, even though it is well known that a mother's distress can affect her child's development. Similarly, Atif, Lovell and Rahman (2015) believe that mental health support for mothers is rarely included in maternal and child health programs and mostly ignored in low- and middle-income countries.

Herba et al. (2016) found that maternal depression in LMICs negatively affects a child's development in early life by changing biology, creating stress and reducing good care. Besides, there are more negative effects when the system is flawed, when people have poor opinions and when there aren't enough services that match the culture.

2.2 Effects of Maternal Mental Health on Child Outcomes

Parental mental illness in a mother may negatively affect her child's growth and development. According to Turney (2011), the difference in children's health becomes much larger for low-income families when mothers have depression. Oh et al. (2018) report similarly, reviewing health results in children and finding that maternal stress and distress are significant contributors to illness, challenges with behavior and difficulties at school.

Bøe et al. (2013) describe how a parent's social and financial situation connects to their emotional health and parenting to shape a child's mental health and Lewis et al. (2015) investigate the biological links, describing how a mother's stress and mood during pregnancy can program later affects the fetus.

Kingston and Tough (2013) show from a thorough review that the mental health of mothers before and after a child's birth affects their child's learning and behavior. According to Albanese et al. (2021), caring for mothers in a way that matches their needs, opinions and concerns protects the mother and her infant after birth.

Trussell, Ward and Edge (2018) believe that routinely screening pregnant women for depression can stop problems from arising for the child. In a similar way, Biel, Tang and Zuckerman (2020) argue that family-focused mental health care should be used for children and should address the maternal well-being that shapes child outcomes.

2.3 Barriers to MMH Integration in Practice

In spite of the strong research, care for mothers' mental health is usually overlooked in pediatric and primary care. Noonan et al. (2018) report that family physicians frequently believe they lack proper support to handle problems related to perinatal mental health. McCauley et al. (2019) reported that healthcare workers in low-resource nations appreciate the importance of MMH screening yet are hindered by both cultural and practical factors.

Acri and colleagues (2018) highlight that facing maternal depression often stops mothers from bringing their children to child mental health services, as they often feel too stressed or ashamed. In their global review, Mannava et al. (2015) found that negative provider attitudes, communication failures and inadequate training stop MMH integration from being fully effective.

Fox (2012), offering a service user's perspective, underscores that many mental health services are disconnected from maternity care and fail to incorporate lived experience into program design. This contributes to disengagement and exacerbates distress, especially among vulnerable populations.

2.4 Cultural Considerations in MMH: The Indian Context

India presents unique sociocultural dynamics affecting MMH. Abdollahi, Etemadinezhad, and Lye (2016) explore how postpartum rituals and expectations in Asian cultures may intensify feelings of isolation and

depression in new mothers. Chowdhury (2015) argues that sociocultural norms around gender, familial responsibility, and shame often suppress open discussions about mental distress, delaying diagnosis and treatment.

The negative views about mental illness still create a major problem. As Hansson, Hansson and Halldin (2011) report, personal biases can keep health workers from giving patient-focused care. According to Alwan et al. (2015), MMH can be promoted and prevented when healthcare staff is trained, more people learn about it and all maternal care includes MMH.

2.5 Theoretical Frameworks Guiding This Study

In this paper, three main theories guide the way we look at how medical practitioners view MMH and child health:

1. **Bio-psycho-social model** – Crowe, Inder and Porter (2015) say that biological factors do not account for all of mental health. The support that families receive, stigma in society and gender roles greatly affect children's growth due to MMH.
2. **Attachment theory** – According to early developmental psychology, a mother's mental health illness may influence the first bonding a child forms which plays a big part in healthy early development (Lewis et al., 2015).
3. **Health belief model** – The model shows why healthcare providers might rate MMH as less important (Mannava et al., 2015; Noonan et al., 2018).

2.6 Interventions and Policy Imperatives

Interventions for MMH can have a strong positive effect on the health of both mothers and children. According to Tol and colleagues (2020), even the simplest forms of MMH interventions lead to better child health results in low- and middle-income countries. The results match the recommendation by Atif et al. (2015) that MMH should be put at the heart of maternal-child health strategies.

The authors Holmes, Erickson and Hill (2012) point out that getting the balance right between work and home life means mothers are happier and healthier. In the same way, Fox (2012) recommends that service users' views should be included in planning mental health services to make them both accessible and meaningful.

In terms of provider attitudes and roles, Hansson et al. (2011) call for training programs that challenge stigma and enhance empathy. Albanese et al. (2021) emphasize that MMH initiatives should be co-developed with patients to increase effectiveness and adherence.

2.7 Synthesis and Research Gap

Overall, these studies demonstrate a strong reason to add MMH to pediatric and community healthcare systems. Usually, literature on the subject mainly discusses epidemiological information, intervention studies or broad analysis of the whole system. We know little about the way medical practitioners view the relationship between maternal and child health in India. The purpose of this study is to provide new information from 22 healthcare providers in Kerala, a place with strong primary care services but not much MMH collaboration.

3. OBJECTIVES AND RESEARCH QUESTIONS

Research Objectives

- To explore the perspectives of medical practitioners on the connection between maternal mental health and child well-being in the context of clinical and community health practice in Kerala.
- To advocate for greater attention to maternal mental health in public health policy and pediatric health communication strategies, based on empirical insights from frontline practitioners.

Research Questions

1. What is the relationship between maternal mental health and child well-being, as perceived by medical practitioners in Kerala?

2. How do maternal mental health challenges affect the emotional, cognitive, and behavioral development of children, according to frontline healthcare professionals?

4. METHODOLOGY

Research Design

To find out about the link between maternal mental health and child well-being, this study used a qualitative approach in Kerala. The decision to use the qualitative approach was made so that experts' insights, the details of their jobs and the obstacles they face in MMH could be thoroughly studied. The method matches the study's goal of putting practitioners front and center in a field influenced heavily by clinical or epidemiological information (Abraham et al., 2024).

Participants

The participants included 22 health professionals actively engaged in maternal and child healthcare in Kerala. The sample consisted of:

- Consultant Psychologists
- Occupational Therapists
- Speech Therapists
- Special Educators

Child Development Rehabilitation Specialists

They were chosen because they interact directly with mothers and children which gives them valuable understanding of the relationship between a mother's mental health and her child's progress.

Sampling Strategy

Relevant experience in maternal mental health and child development was the main criterion for choosing participants using purposive sampling. Whenever required, snowball sampling was carried out, using professional relationships to find practitioners who work closely in this field. Only professionals with at least two years' experience in maternal and child mental health work were included in the study (Etikan, 2016).

Data Collection

Interviews were conducted with participants, both in person and over the phone. I used an interview schedule that could be easily changed to include questions on:

- The perceived impact of MMH on child emotional, cognitive, and behavioral development
- Barriers to effective MMH interventions
- The role of health communication and public awareness
- Recommendations for policy and systemic reforms

About 30 to 60 minutes per interview was spent, with the conversations recorded with the participants' agreement. Each interview was then transcribed word for word for the analysis.

Data Analysis

This analysis was performed using Braun and Clarke's six-stage approach:

1. Reading deeply into the data to completely understand it
2. Making the first set of coding rules
3. Recognizing possible themes
4. Reflecting on and modifying the themes
5. Making sure the themes are clear and marked
6. Producing the detailed report

Through both induction and repetition, the study allowed for themes to appear from the data based on the study's objectives (Clarke & Braun, 2016). NVivo software was not used; instead, manual coding ensured deeper immersion and reflexivity. Key themes were identified, including:

- The importance of MMH in child development
- The importance of detecting and treating issues at the beginning
- The role of stigma and lack of awareness
- The inadequacy of current government strategies
- The necessity of professional support and community health communication

Quantitative support was provided through frequency counts, with 100% of participants identifying MMH as central to child well-being and 95% emphasizing the importance of health communication strategies.

Ethical Considerations

Ethics were strictly followed during the whole study. All participants were told what the study was about and signed a consent form before any data were taken. No participant could be identified by name in the transcripts or reports. The ethical committee of the institution in question approved the study (Pietilä et al., 2019).

Limitations Of The Method

Findings from the study might not be generalizable to other regions or nations because the study was mainly focused on Kerala. It is possible that self-selection bias was at work, because professionals with intense feelings or experiences about this topic were more likely to participate.

5. RESULTS

The interviews of 22 healthcare professionals in Kerala revealed that MMH plays a major role in determining how well children grow. Six main ideas emerged from the analysis which were confirmed by what practitioners shared and were counted in the data.

5.1. Strong Mental Health in Mothers Supports the Growth of their Children (100%)

Every one of the 22 participants pointed out that maternal mental health is key in shaping a child's emotions, thinking and behaviour. They reported observing a direct correlation between maternal stress, depression, and anxiety with outcomes such as emotional dysregulation, poor academic performance, and behavioral disturbances in children.

"Increased cortisol levels in mothers can impact the child's brain development, leading to attention deficits and hyperactivity." – Dr. Sheha Parveen, Consultant Psychologist

Many professionals agreed that how a mother feels during and after pregnancy greatly affects a child's healthy early growth.

5.2. Recognizing Problems Early and Dealing with Them Right Away (91%)

Most of the participants (20 out of 22) agreed that early detection of maternal mental health difficulties is important and suggested including screening in antenatal and postpartum health checks. It was believed by practitioners that missing early chances could result in lasting harm to a child's development.

"Many mothers believe they can handle it alone, which is dangerous. Delayed intervention can harm both mother and child." – Dr. Nimya Valsan

They recommended mandatory screening protocols in hospitals and training for healthcare workers to identify early warning signs.

5.3. Barriers to Effective Care: Stigma, Lack of Awareness, and Fear of Judgment (86%)

Nineteen practitioners cited societal stigma, fear of being judged, and lack of mental health literacy as key barriers to care. These challenges prevent mothers from seeking help, often leading to untreated conditions.

"Stigma makes them hide their feelings. They're afraid of being seen as bad mothers." – Dr. Sumiya E.S.

Practitioners emphasized the need to normalize discussions around maternal mental health through widespread public education and family involvement.

5.4. Role of Health Communication in Promoting Help-Seeking Behavior (95%)

Twenty-one participants underscored the vital role of health communication strategies in encouraging early help-seeking behavior. Practitioners advocated for integrating MMH into public health messaging, pre-marital counseling, school curricula, and community programs.

“We need targeted awareness campaigns by the government. These should begin even before conception.”
– Dr. Anjana Wilson

Health professionals proposed collaborative outreach involving ASHA workers, primary care providers, and mental health professionals.

5.5. Importance of Professional Diagnosis and Support Systems (91%)

Most practitioners emphasized that informal observations by family members are insufficient. Professional diagnosis and structured support systems are necessary for effective management of maternal mental health.

“Postpartum depression is real. Families can miss it or dismiss it. A psychologist should always be part of maternal care.” – Riya T. Nikesh, Speech Therapist

Many proposed the inclusion of psychologists and counselors in obstetric and pediatric units, alongside mandatory training for general practitioners.

5.6. Inadequacy of Current Government Initiatives (82%)

Eighteen professionals expressed concern over the limited integration of MMH into Kerala’s otherwise robust maternal health programs. They cited poor funding, inadequate training, and fragmented referral systems as significant issues.

“Despite Kerala’s achievements in maternal care, mental health remains the missing link.” – Dr. Shani S. Hameed, Child Development Specialist

Practitioners advocated for policy reforms, institutional protocols, and continuous monitoring mechanisms to address the gap.

Quantitative Overview Of Themes

Theme	No. of Practitioners (N=22)	Percentage (%)
Importance of MMH during pregnancy	22	100%
MMH strongly impacts child well-being	22	100%
Need for early identification and intervention	20	91%
Barriers: stigma, lack of awareness, fear of judgment	19	86%
Role of health communication in promoting help-seeking	21	95%
Need for professional diagnosis and support	20	91%
Inadequacy of current government initiatives	18	82%

6. DISCUSSION AND RECOMMENDATIONS

6.1 Interpreting Practitioner Insights In The Context Of Existing Literature

This study confirms and adds to our knowledge that the mental health of a mother is very important for how well her child develops. The agreement among medical experts that MMH greatly influences children’s emotional, cognitive and behavioral development supports what researchers worldwide have found. Lewis et al. (2015) and Kingston and Tough (2013) prove that a mother’s distress during pregnancy

and after childbirth is linked to problems with fetal programming, attachment and long-term emotions in her children.

The high frequency of support for early identification and intervention (91%) in this study reinforces calls by Turney (2011) and Trussell et al. (2018) for routine maternal mental health screening as a public health imperative. Importantly, the qualitative data adds a unique dimension: it reflects not just a theoretical understanding of MMH's importance, but also the real-world frustrations of practitioners facing systemic inaction.

6.2 Stigma, Silence, and the Cultural Context in Kerala

One of the most urgent issues identified in this study is the pervasive stigma and lack of awareness that prevent timely care-seeking. These findings echo the concerns of Chowdhury (2015) and Abdollahi et al. (2016), who argue that sociocultural norms in South Asian societies often suppress open discussions about mental health, especially among women. Kerala, despite its strong literacy and health indicators, is not immune to these dynamics. The fear of judgment, familial expectations, and lack of mental health literacy were repeatedly emphasized by the participants.

Health communication presents both problems and solutions. Even with communication problems, many practitioners believe that advancing culturally sensitive messages can greatly improve behaviors and outcomes for mothers and children. The findings here coincide with Mannava et al. (2015) and Alwan et al. (2015) who emphasize the need for provider training based on the community's way of life.

6.3 Policy Gaps and the Missed Opportunity in Kerala's Public Health Strategy

The study reveals a dissonance between Kerala's celebrated maternal health outcomes and its poor integration of mental health services. Despite the state's relatively advanced primary healthcare system, MMH remains underprioritized. Practitioners pointed to inadequate training, lack of institutional protocols, and fragmented referral mechanisms.

These issues are mirrored in the global review by McCauley et al. (2019), who found that health workers in LMICs often acknowledge the importance of MMH but feel ill-equipped to act. Moreover, Fox (2012) and Hansson et al. (2011) argue that without addressing provider attitudes and biases, systemic improvements are unlikely to gain traction.

6.4 Recommendations

The study results and current research lead us to suggest these recommendations:

1. Include MMH Screenings in the normal care given before and after childbirth

Hospitals and primary health centers should implement standardized mental health screening protocols during pregnancy check-ups and postpartum visits. Screening tools must be validated for local use, and staff should be trained in their application.

2. Strengthen Public Health Communication and Education Campaigns

The Kerala government should launch sustained multimedia campaigns to destigmatize maternal mental health. These should include:

- Awareness videos in local languages
- Community workshops through Anganwadis and health centers
- Integration of MMH education in school and pre-marital curricula

3. Develop a Multi-Tiered Support System

MMH services should operate at three levels:

- **Community-level:** Involving ASHA workers and NGOs for outreach and basic counseling.
- **Primary care level:** Training general practitioners and pediatricians to recognize and refer MMH cases.

- **Specialist level:** Ensuring access to psychologists and psychiatrists for diagnosis and therapy.

4. Encourage Male and Family Involvement in Maternal Mental Health

Engaging fathers and extended family in maternal care can reduce the burden on mothers and foster supportive environments. Joint counseling and pre-parenthood training sessions can promote emotional preparedness.

5. Policy Advocacy and System Reform

The Health Ministry of Kerala should:

- Include MMH indicators in state health evaluations
- Increase budget allocation for mental health services
- Appoint dedicated MMH professionals in maternity wards and primary health centers
- Establish long-term monitoring systems for maternal mental health outcomes

6. Invest in Provider Training and Capacity Building

Healthcare providers across the spectrum must undergo training in perinatal psychology, communication, and empathy-driven care. This will help reduce stigma within the healthcare system itself and improve patient-provider trust.

7. CONCLUSION

The study highlights the important relationship between a mother's mental health and her child's health, as seen by 22 leading medical and allied health workers in Kerala. The group's comments support what experts worldwide have known for some time: a child's feelings, thinking and behavior depend on their mother's psychological well-being. Even though many practitioners agree, maternal mental health is still ignored in public health and is not given proper attention by health organizations in India – even in promising parts of the country like Kerala.

Through qualitative, thematic analysis, the study identifies key issues such as the urgent need for early identification and intervention, the persistent barriers posed by stigma and lack of awareness, and the inadequacy of current government responses. The findings demonstrate that while clinical knowledge of MMH's significance exists among professionals, structural reforms and systemic integration remain severely lacking.

The practitioners' recommendations – from embedding MMH screening in antenatal care to launching culturally sensitive awareness campaigns – offer a roadmap for reform. Their emphasis on community-based outreach, professional mental health support, and public education highlights the multi-layered approach required to address this challenge effectively.

Maternal mental health should now be considered a main priority in maternal and child health programs. It should be central to all pediatric and maternal healthcare policy, how professionals are trained and how health information is communicated. Addressing this gap is the only way to ensure mothers, their children and the whole family can experience better well-being and stronger communities.

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