Editon Consortium Journal of Psychology, Guidance and Counseling [ISSN: 2664-0112]



Issue no: 01 | **Vol no:** 07 | **September** 2026: 13-18

Psychological Distress Among New Mothers at Kangundo Level 4 Hospital in Machakos County, Kenya

Rael Munzuu Musyoka

Kenyatta University, Kenya.
Author's email: rael.musyoka@gmail.com

Article History
Received: **2026.07.16**
Accepted: **2026.08.17**
Published: **2026.09.09**

Cite this article in APA
Musyoka, R. M. (2026). Psychological distress among new mothers at Kangundo Level 4 Hospital in Machakos County, Kenya. *Editon consortium journal of psychology, guidance and counseling, 7*(1), 13-18. https://doi.org/10.51317/ecjpgc.v7i1.765

Abstract
This study assessed the levels of psychological distress experienced by new mothers at Kangundo Level 4 Hospital in Machakos County, Kenya. Psychological well-being during the postpartum period is an important component of maternal health, as the transition to motherhood involves physical recovery from childbirth, adjustment to new responsibilities, sleep changes, and fatigue, which may contribute to psychological distress. Data were collected during the 2016/2017 study period as part of a broader study examining psychological factors and initiation of exclusive breastfeeding. A correlational research design was employed, and 220 new mothers were purposively recruited approximately one hour postpartum. Psychological distress was assessed using a 21-item scale with responses rated on a four-point Likert scale. Data were analysed using the Statistical Package for the Social Sciences (SPSS) with frequencies, percentages, means, and standard deviations. Of the 220 respondents, 152 (69.1%) experienced low psychological distress, while 68 (30.9%) experienced moderate psychological distress. No respondent was classified as having high psychological distress. Among the 219 respondents with valid scale scores, psychological distress scores ranged from 21 to 59, with a mean of 29.53 and a standard deviation of 7.85. The findings indicate that although most new mothers experienced low psychological distress, nearly one-third experienced moderate distress. The study underscores the importance of addressing maternal psychological wellbeing during maternity and postnatal care. However, because the data were collected in 2016/2017, the findings should be interpreted within the context of that study period rather than as a current estimate of psychological distress among postpartum mothers in Kenya.

Key words: Childbirth, maternal health, postpartum period, psychological distress, psychological wellbeing.

Editon OPEN ACCESS

This article is distributed under the license of a Creative Commons Attribution-Non Commercial-ShareAlike 4.0 International License. It is permitted to be used, reproduced and distributed in line with Editon Consortium Publishing guidelines.

INTRODUCTION

The postpartum period represents an important transition in a woman's life and is accompanied by substantial physical, psychological and social adjustment. Although childbirth is generally regarded as a normal life event, mothers must adapt to new responsibilities, altered routines, changes in sleep patterns and fatigue. These experiences may contribute to psychological distress during the early postpartum period.

Psychological distress may manifest through perceived stress, sleeping difficulties, fatigue and difficulties adapting to the demands associated with caring for a newborn. Kingston et al. (2012) demonstrated that maternal psychological distress during the prenatal and postpartum periods is an important concern, with potential implications for infant development.

The psychological demands associated with childbirth may be greater when the infant is premature, has a very low birth weight or requires specialised medical care. Mothers may experience fear concerning infant survival, sadness associated with an unexpected birth outcome, disruption of family routines and concerns about caring for the infant following discharge. Such experiences can contribute to psychological distress.

Psychological wellbeing is also relevant to breastfeeding and early maternal-infant interaction. O'Brien et al. (2009) reported that mothers and clinicians perceived psychological factors as influential in breastfeeding duration. While some mothers experienced breastfeeding as pleasurable and satisfying, others experienced it as disruptive, stressful or distressing. These differences suggest that breastfeeding and early motherhood are experienced within individual psychological and social contexts.

The demands of breastfeeding and infant care may therefore interact with maternal psychological wellbeing. Östlund et al. (2010), in a population-based study of mothers of preterm and term twins, demonstrated the importance of maternal characteristics in breastfeeding cessation and highlighted the need for additional support for mothers at greater risk of early cessation. Stearns (2009) similarly described breastfeeding as involving substantial physical, emotional and social demands.

In Kenya, breastfeeding remains an important public health concern. Studies have identified demographic, social, economic and contextual factors affecting breastfeeding practices (Kimani-Murage et al., 2015; Wanjiku et al., 2015). However, comparatively less attention has been given to the psychological experiences of mothers during the immediate postpartum period, particularly in specific county-level hospital settings.

The present study was conducted at Kangundo Level 4 Hospital in Machakos County during the 2016/2017 study period. It therefore provides evidence concerning the psychological experiences of mothers during that period and within that particular healthcare setting. The findings should not be interpreted as an estimate of the current prevalence of psychological distress among postpartum mothers in Kenya.

The study sought to assess the levels of psychological distress experienced by new mothers at Kangundo Level 4 Hospital. Understanding maternal psychological experiences during the immediate postpartum period may assist healthcare providers in identifying mothers who require additional psychosocial support and may contribute to more comprehensive maternal and postnatal care.

METHODOLOGY

The study employed a correlational research design. The broader study investigated the relationship between psychological factors and initiation of exclusive breastfeeding among mothers at Kangundo Level 4 Hospital. The present paper specifically reports findings corresponding to the objective of determining the levels of psychological distress experienced by new mothers.

The study was conducted during 2016/2017 at Kangundo Level 4 Hospital in Kangundo Sub-County, Machakos County, Kenya. Kangundo is located in the lower eastern region of Kenya. The hospital serves mothers from Kangundo and surrounding areas and records a substantial number of deliveries. The study site was selected because of the relatively high number of mothers receiving maternity services and the availability of opportunities for postpartum follow-up. Hospital records indicated that approximately 200 mothers gave birth at the facility each month during the study period.

The target population comprised mothers who had given birth at Kangundo Level 4 Hospital during the study period. Eligible participants were new mothers who had delivered approximately one hour before recruitment and

were recruited from the obstetric maternity unit. Purposive sampling was used to recruit mothers who met the study eligibility criteria. Potential participants were informed about the study and provided with information concerning participation. Those who consented were enrolled. A total of 220 new mothers participated in the study, and the categorical analysis of psychological distress levels was based on the 220 respondents reported in the study results.

Psychological distress was assessed using a 21-item scale. Respondents indicated the frequency with which they experienced the assessed psychological experiences using a four-point Likert scale consisting of Never, Sometimes, Often, and Always. The minimum possible score on the 21-item scale was 21, while the maximum possible score was 84. The study classified total scores of 21–31 as low psychological distress, 32–73 as moderate psychological distress, and 74–84 as high psychological distress.

Following informed consent, questionnaires were administered individually to participating mothers approximately one hour postpartum. Data collection took place during the 2016/2017 study period. Research assistants supported the researcher during data collection by assisting with participant identification and recruitment, providing study information, administering and collecting questionnaires, and maintaining adherence to the approved study procedures. The research assistants were required to maintain confidentiality and protect participants' privacy throughout the data collection process.

Data were entered and analysed using the Statistical Package for the Social Sciences (SPSS). Frequencies, percentages, means, and standard deviations were used to summarise psychological distress. For the present paper, the analysis was restricted to findings addressing the study objective concerning levels of psychological distress.

Participation was voluntary, and informed consent was obtained from all participants before data collection. Participants were informed of their right to withdraw from the study without penalty. Confidentiality and anonymity were maintained during data collection, data management, and reporting. The broader study received authorisation from Kenyatta University and the relevant Kenyan research authorities. The researchers obtained a research permit from the National Commission for Science, Technology and Innovation (NACOSTI) and permission to conduct the study from the Ministry of Health and the study facility. The research assistants involved in data collection followed the approved research procedures and confidentiality requirements.

FINDINGS AND DISCUSSION

Levels of Psychological Distress Among New Mothers

The study objective sought to establish the levels of psychological distress experienced by new mothers at Kangundo Level 4 Hospital during the 2016/2017 study period. The findings are presented in Table 1.

Table 1: Levels of Psychological Distress Among New Mothers

Level of psychological distress	Frequency	Percentage (%)
Low	152	69.1
Moderate	68	30.9
High	0	0.0
Total	**220**	**100.0**

The findings show that 152 (69.1%) respondents experienced low psychological distress, while 68 (30.9%) experienced moderate psychological distress. None of the respondents was classified as experiencing high psychological distress.

Thus, although the majority of mothers experienced low psychological distress, almost one-third experienced moderate levels of distress.

Descriptive Statistics of Psychological Distress

Descriptive statistics were calculated for respondents with valid psychological distress scale scores.

Table 2: Descriptive Statistics of Psychological Distress Scores

Statistic	Psychological distress
Valid N	219
Minimum	21
Maximum	59
Mean	29.53
Standard deviation	7.85

The minimum psychological distress score was 21 and the maximum was 59. The mean score was 29.53, with a standard deviation of 7.85. The mean score fell within the low psychological distress category.

The continuous-scale analysis was based on 219 valid observations because one respondent did not have a complete psychological distress score. The overall study sample nevertheless comprised 220 respondents.

Discussion

The study found that most new mothers at Kangundo Level 4 Hospital experienced low psychological distress during the 2016/2017 study period. Specifically, 69.1 per cent of the respondents were classified as having low psychological distress, while 30.9 per cent experienced moderate psychological distress. The mean psychological distress score among the 219 respondents with valid scale scores was 29.53, which fell within the low-distress category.

Kingston et al. (2012) noted that maternal psychological distress can occur during the postpartum period and may have implications for infant development. The immediate postpartum period involves adaptation to new maternal responsibilities, changes in sleeping patterns and fatigue, all of which may contribute to psychological distress.

The finding that nearly one-third of mothers experienced moderate psychological distress is particularly important. Although the overall mean was within the low category, the distribution shows that a substantial subgroup of mothers experienced greater psychological difficulties. This finding illustrates the importance of considering the distribution of individual experiences rather than relying solely on the average score.

Hill et al. (2005) examined psychological distress among lactating mothers and highlighted the relevance of maternal psychological experiences during the postpartum period. The present study similarly demonstrates variation in psychological distress among new mothers, with scores ranging from 21 to 59.

The findings also have relevance to breastfeeding. O'Brien et al. (2009) found that psychological factors influenced mothers' perceptions and experiences of breastfeeding. Some mothers experienced breastfeeding as pleasurable and satisfying, whereas others experienced it as disruptive or distressing. Such variation suggests that maternal psychological wellbeing should be considered when providing breastfeeding and postnatal support.

The demands associated with breastfeeding and caring for an infant can be substantial. Stearns (2009) described breastfeeding as work involving physical and emotional demands. These demands occur alongside recovery from childbirth and adjustment to new maternal responsibilities. Mothers experiencing greater psychological distress may therefore require additional support during this transition.

The relatively low level of distress observed among most respondents may partly reflect the support available through maternity and postnatal services. Mothers have opportunities to interact with healthcare professionals during antenatal, maternity and postnatal care, which may provide information, reassurance and opportunities to discuss concerns. However, because the present analysis did not directly examine the relationship between healthcare contact and psychological distress, this possible explanation should not be interpreted as a causal finding.

The findings have implications for maternal healthcare in Kenya. Research has identified multiple factors affecting breastfeeding practices in Kenya, including social and contextual factors (Kimani-Murage et al., 2015; Wanjiku et al., 2015). The psychological wellbeing of mothers represents an additional consideration in providing comprehensive maternal and breastfeeding support.

Importantly, the findings represent mothers assessed during the 2016/2017 study period. Maternal healthcare services, social conditions, breastfeeding support programmes and other contextual factors may have changed since the data were collected. Consequently, the results should be understood as evidence from the study period rather than a contemporary prevalence estimate. Nevertheless, the study provides empirical evidence concerning psychological distress among postpartum mothers in a Kenyan county-level hospital and may provide a useful historical reference for subsequent research.

The absence of respondents in the high psychological distress category should also be interpreted cautiously. This finding does not imply that severe psychological distress does not occur among postpartum mothers in Kenya. Rather, no participant in this particular study sample met the study's classification for high psychological distress.

CONCLUSION AND RECOMMENDATIONS

Conclusion: The study established that most new mothers at Kangundo Level 4 Hospital experienced low psychological distress during the 2016/2017 study period. However, 30.9 per cent of respondents experienced moderate psychological distress. The mean psychological distress score among respondents with valid scale scores was within the low-distress category, although individual scores varied.

The findings demonstrate that maternal psychological wellbeing is an important component of postpartum care. Although no respondent was classified as experiencing high psychological distress, the proportion experiencing moderate distress indicates a need for healthcare providers to remain attentive to mothers' psychological experiences during maternity and postnatal care.

Given that the data were collected in 2016/2017, further contemporary research is warranted to establish whether the pattern observed in this study remains applicable to postpartum mothers in Kenya.

Recommendations: Healthcare providers at Kangundo Level 4 Hospital should incorporate routine attention to maternal psychological wellbeing into postpartum and postnatal care. Mothers identified as experiencing moderate psychological distress should receive appropriate psychosocial support and, where indicated, referral for further psychological or mental health assessment. Postnatal health education should address coping with fatigue, sleep disruption, adjustment to motherhood, infant-care demands, and breastfeeding-related challenges. Breastfeeding support should also consider maternal psychological wellbeing alongside technical guidance on breastfeeding practices. Further studies should assess current levels of psychological distress among postpartum mothers in Kenya and examine factors associated with moderate and high psychological distress, including social support, parity, socioeconomic circumstances, maternal complications, and infant health status.

Conflict of Interest

The author declares that there is no conflict of interest.

REFERENCES

Hill, P. D., Aldag, J. C., Chatterton, R. T., & Zinaman, M. (2005). Psychological distress and milk volume in lactating mothers. *Western Journal of Nursing Research, 27*(6), 676–693. https://doi.org/10.1177/0193945905277154

Kimani-Murage, E. W., Wekesah, F., Wanjohi, M., Kyobutungi, C., Ezeh, A. C., Musoke, R. N., Norris, S. A., Madise, N. J., & Griffiths, P. (2015). Factors affecting actualisation of the WHO breastfeeding recommendations in urban poor settings in Kenya. *Maternal & Child Nutrition, 11*(3), 314–332. https://doi.org/10.1111/mcn.12161

Kingston, D., Tough, S., & Whitfield, H. (2012). Prenatal and postpartum maternal psychological distress and infant development: A systematic review. *Child Psychiatry and Human Development, 43*(5), 683–714. https://doi.org/10.1007/s10578-012-0291-4

O'Brien, M., Buikstra, E., Fallon, T., & Hegney, D. (2009). Exploring the influence of psychological factors on breastfeeding duration: Phase 1, perceptions of mothers and clinicians. *Journal of Human Lactation, 25*(1), 55–63. https://doi.org/10.1177/0890334408326071

Östlund, Å., Nordström, M., Dykes, F., & Flacking, R. (2010). Breastfeeding in preterm and term twins—Maternal factors associated with early cessation: A population-based study. *Journal of Human Lactation, 26*(3), 235–241. https://doi.org/10.1177/0890334409359627

Stearns, C. A. (2009). The work of breastfeeding. *Women's Studies Quarterly*, *37*(3–4), 63–80. https://doi.org/10.1353/wsq.0.0184

Wanjiku, G. S., Mukui, J. K., Auka, J., & Korir, K. (2015). The factors influencing breastfeeding practice among rural nursing mothers at the Gatanga Sub-County of Murang'a County. *International Journal of Innovative Research & Development, 4*(8), 266–273.

World Health Organization. (2011). *Exclusive breastfeeding for six months is best for babies everywhere*. World Health Organization.