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Review

The evolution of infant mental health: Lessons from and for Africa

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ABSTRACT

This review explores the concept of infant mental health and its relevance to the African context. Infant mental health refers to the capacity of infants (0-3 years) to regulate emotions, form secure relationships and explore their environment. It is crucial for neurological development, mental maturity, and cognitive capacity. The field of infant mental health started with developmental psychology but has evolved in its multidisciplinary approach to the mental healthcare of newborns. Classificatory systems of mental disorders have expanded to include infant mental disorders. Awareness of this discipline is rising due to advocacy and research. Research started in Europe, but also began quite early in Africa, with the attachment studies of Mary Ainsworth. Africa has unique cultural factors that promote infant mental health, such as communal living and practices like carrying infants. However, some cultural beliefs/practices may be detrimental. Research is limited but institutions such as the Centre for Child and Adolescent Mental Health are bridging the research gap. Infant mental health is essential for healthy development and Africa needs culturally sensitive approaches to promote it. Strengthening policies, existing structures, and research output will help drive progress in this field.

Keywords:
infant mental health, child and adolescent mental health, African children

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INTRODUCTION

Infant mental health as a subspeciality has gained ground in the 21st Century. It is not uncommon for the subject to be greeted with puzzled uncertainty, as to whether infants possess or are capable of having mental health. The definition brings clarity to the subject. Infant mental health is the capacity of a young child (aged between 0 and 3 years) to experience, regulate and express emotions, form close and secure relationships, and explore the environment and learn (Zeanah, 2018). It has also been defined as the ability to develop physically, cognitively, and socially in a manner which allows infants and young children to master the primary emotional tasks of early childhood without serious disruption caused by harmful life events (Osofsky & Fitzgerald, 2000). Infant and early childhood mental health expands the age bracket and refers to the developing capacity of the child from birth to 5 years of age to form close and secure adult and peer relationships, experience, manage and express a full range of emotions, and explore the environment and learn—all in the context of family, community and culture (Browne, 2021).

The historical basis for the professional field of infant mental health finds its origin in the classic psychoanalytic theory. The pioneer of the latter was Sigmund Freud who described the psychosexual theory of human development, which provided early explanations for the role of child development in psychological disorders of adulthood. However, it was the advancement of psychoanalytic movement by Anna Freud that formed the foundation for child psychology and infant mental health (Simpson *et al.*, 2016). Eric Erikson developed the work of Anna, theorizing that healthy families were required for the emergence of mentally healthy infants (Erikson, 1963).

One of the most quoted theorists of infant mental health is John Bowlby (Bowlby, 2018). He was a British psychoanalyst who popularized the concept of attachment. The essential element of this theory is a secure base to which a child is attached, and who is a primary caregiver to whom the child turns to when in distress. Formation of healthy attachment is a *sine qua non* for forging healthy social connections beyond the phase of childhood (Holmes, 2014).

The attachment theory was further developed by Mary Ainsworth, who was a contemporary of John Bowlby (Crittenden, 2017). Quite close to the concept of attachment is the construct of bonding.

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attachment focuses on the experience of the child, bonding refers to the endearment of a mother to the child. Bonding begins in pregnancy and continues after childbirth, where it is enhanced by activities such as breastfeeding and carrying the baby. Bonding in the first year of life can determine the mental health of an individual all through their lifespan (Narayan, 2023).

Selma Fraiberg was an American social worker and child psychoanalyst whose work was built on the theory of attachment by John Bowlby. In 1975, her research team developed a method of fostering healthy attachment between infants and their caregivers. To describe the process, she coined the term Infant Mental Health. Ever since, infant mental health has come to mean the professional discipline that caters to the psychosocial development of infants and their interaction with caregivers (Fraiberg, 1996).

As a professional field, infant mental health is multidisciplinary (Zeanah & Zeanah, 2019). It includes child and adolescent psychiatrists, clinical psychologists, paediatricians, perinatologists, obstetricians (including maternal-foetal medicine specialists), social workers, speech therapists and occupational therapists, and the list keeps expanding. This is because the needs of infants usually require multiple disciplines for holistic care.

Classificatory systems for the diagnosis of mental disorders in early childhood has expanded to include Diagnostic classification of mental health and developmental disorders of infancy and early childhood (DC: 0–5™) (Zeanah *et al*., 2017). It has had two versions, released in 2016 and 2021, respectively. It is complementary to the traditional International Classification of Diseases and Disorders (ICD) and the Diagnostic Statistical Manual, and specific to children aged 0 to 5 years. The purpose of these classificatory systems is not to label children but rather for prompt identification and intervention in situations requiring mental healthcare.

Infant mental health is crucial because the first 1,000 days of life represent the period of neurological development which forms a trajectory for mental maturity and cognitive capacity of the growing infant (Moore *et al*., 2017). Mental disorders generally begin in childhood (Copeland *et al*., 2015). Furthermore, one out of five children and adolescents in the world has a mental disorder (Kessler *et al*., 2007, Schulte-Körne *et al*., 2016). Left untreated, early signs of mental illness can snowball into bigger psychosocial problems as the child grows. Conversely, early mental health interventions have been shown to be cost-effective (Mihalopoulos & Chatterton, 2015).

Infant Mental Health in Africa

Lessons from Africa

Children and adolescents make up the majority of African populations (United Nations 2024). Over half of the world's children who are between 0 and 5 years live in Africa (Keeley *et al*., 2019). For decades, the focus of child health in Africa was on child survival, with less emphasis placed on child mental health (Atilola, 2014). Nonetheless, many children growing up in Africa face poor nutrition and other psychosocial stressors that may be a threat to child mental health (Lu *et al*., 2016). Indeed, one in seven children and adolescents in Africa has psychiatric morbidity while one in ten meets the criteria for a psychiatric diagnosis (Jörns-Presentati, 2021).

Africa is home to many cultures (Idang, 2015). There are cultural factors among Africans that promote infant mental health. Communal living and community support are quite common across African cultures. This is well described by the term "ubuntu", which is the southern African expression for the consciousness members of a community have in taking care of one another (Mokhutso, 2022). Such support is often extended to women in pregnancy and puerperium, and may foster emotional stability in the stressful period of childbirth and childcare.

In Nigeria, children are highly cherished and social support is usually provided to families with a newborn. The Igbo term "Ọmụgwọ" literally means "nurture" and describes the experience of providing support for a mother who has just given birth (César-Santos *et al*., 2024). Similar practices are observed among Yorubas and other Nigerian tribes. This has implications for maternal and infant mental health. Where the advantages of this system are maximized, a mother in puerperium is relieved of the stress of nursing her baby while recuperating. An infant in such African climes is often exposed to many caregivers, and attachment to more than one person is a practical outcome, described recently as an "attachment network" (Dagan & Sagi-Schwartz, 2021).

African cultures promote carrying and cuddling, and putting infants to breast in order to keep them calm. Infants are constantly carried and variants of this are seen across the African continent. In Mali, mothers carry infants in a sling that is worn almost throughout the day. It has been suggested that this practice explains why avoidant attachment is non-existent in such environments (True *et al*., 2001). In West Africa, it is common to see babies being carried on the back of the mother. This is the practice in Nigeria, the Gambia and Cote d'Ivoire (Kourouma *et al*., 2021; Sosseh *et al*., 2023.).

African carers employ culturally appropriate strategies for fostering newborn development even if they might not formally define infant well-being using terminologies of infant mental health (Mafela, 2023). Extended families and community networks are vital to the development of young children in many African cultures, where caring for children is most of the times a shared duty.

Lessons for Africa

While there are cultural factors in African societies that promote infant mental health, there are cultural beliefs and practices that may be unhealthy. In some parts of the Gambia, small-breasted women are considered by themselves and others as being unable to provide sufficient breastmilk (Sosseh *et al*., 2023). This belief has also been expressed by some women in northern Ghana

(Tahiru *et al*., 2024). Studies show that milk production is not related to breast size (Babiszewska-Aksamit *et al*., 2024). Women with small breasts produce similar amounts of milk within a 24-hour period (Pados & Camp, 2024). The misconception about breast size impairs exclusive breastfeeding and may hamper the bonding process with the infant.

In Zambia, pregnant women avoid okra because they believe it causes excessive salivation in the infant (M'soka, 2015). In Southeast Nigeria, mothers are dissuaded from eating snails or okra, as this is believed to cause labour prolonged or make the baby slow and sluggish (Ekwochi *et al*., 2016). Not only is this untrue, but it can also prevent nursing mothers from getting the required nutrients from their diet while taking care of infants. While there are no specific mibrobiological standards for snail consumption (Garkov *et al*., 2025), snail eating is considered safe in pregnancy and there is no evidence of infant drooling or sluggishness being connected to consumption of snails in pregnancy (Ibrahim *et al*., 2020; Tanyitiku, 2022). Furthermore, the nutritional benefits of snail consumption in pregnancy have been demonstrated (Kushi *et al*., 2023a). In contrast to the avoidance observed elsewhere, Ethiopian pregnant women are culturally accustomed to eating okra pods and attest to its health benefits (Kushi *et al*., 2023b).

The practice of Omugwo exempts a nursing mother from engagement in any household chores. This may put a strain on the older woman such as a mother or grandmother who has to take on this role. This is why Omugwo has been arguably described as unpaid labour, with emphasis on the burden of care (Iwuagwu, 2024). The culture of moving into the home of a nursing mother can also be counterproductive if there are conflicts between the caregiver (such as a mother-in-law) and the nursing mother. Beyond culture, psychosocial limitations to infant mental health includes poverty, underdevelopment, maternal stress and depression (Zeanah & Zeanah, 2019).

Thus, there are sociocultural realities in Africa with respect to nursing infants. The current infant mental health interventions may not always be immediately applicable to African settings without contextual adaptation because they were primarily created for Euro-American contexts (Lachman *et al*., 2021). More research needs to be carried out by child and adolescent specialists in sub-Saharan Africa.

Researching infant mental health in Africa

Research into infant mental health in Africa dates back to the early days of the attachment theory. The contributions of Mary Ainsworth to Bowlby's theory were based on research among Ugandan mothers and infants (Ainsworth *et al*., 2015). Thus began an era of infant mental health research in sub-Saharan Africa with the principal investigator being from a high-income country. Over time, the effect of this arrangement has been in limiting the possibility of sustained interventions and impact (Omigbodun & Belfer, 2016).

The theories of infant mental health research from the Western world are often not directly applicable to African children. Parenting styles and child-rearing traditions in Africa are based on indigenous belief systems that diverge from European conceptions of attachment and care. Therefore, the applicability of these insights has been limited (Lachman *et al*., 2021). In South Africa, reflective practice models have illustrated the significance of culturally relevant approaches that prioritize engagement between community counsellors and mental health specialists (Berg, 2016). Due to a lack of financing and accessibility, mental health research interventions for infants and carers continue to be under-prioritized in many African nations, despite the increasing awareness of its importance (Bain, 2019).

Until the early 21st Century, only South Africa had a training structure for child and adolescent mental health in sub-Saharan Africa. Workforce migration and brain drain have contributed to the diminution of professionals in sub-Saharan Africa (Essein *et al*., 2024). To bridge the research gap, the Centre for Child and Adolescent Mental Health was established in Ibadan, Nigeria in 2013. Since then, it has trained professionals and increased indigenous child mental health research in Africa (Omigbodun & Belfer, 2016). The African Association of Child and Adolescent Mental Health has the vision of optimal mental health for every African child and adolescent. Different countries in Africa have national associations that attend to similar issues. In Nigeria, it is the Association for Child and Adolescent Psychiatry and Allied Professions.

Conclusion

Africa needs to have culturally appropriate interventions. The positives of African cultures should be maximised for infant mental health promotion. Policies on infant mental health will help drive relevant programs at the national level. Mental health advocacy will improve the awareness about infant mental health and garner support for it. Existing structures and organisations of child and adolescent mental health should be strengthened to have more research output on infant mental health.

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