



Stronger Together – Maternal mental health

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The global theme for World Maternal Mental Health Day 2026, “*Stronger Together*”, serves as a critical call to action within the South African context. While the transition to motherhood is often romanticised, for many South African women, it is marked by profound psychological distress. In South Africa, maternal mental health (MMH) is not merely a clinical issue but a socio-economic imperative linked to the nation’s broader developmental goals.

The prevalence crisis in South Africa

In developed nations, maternal mental health conditions typically affect 10% to 15% of women; however, the prevalence in South Africa is significantly higher, at approximately 20% (Perinatal Mental Health Project (PMHP), 2026). Recent research suggests that in low-income and informal settings, these rates can escalate further. For instance, a 2026 study conducted at Chris Hani Baragwanath Academic Hospital found that 43.2% of pregnant and postpartum women screened positive for significant depressive symptoms, regardless of their HIV status (Landman & Minty-Seth, 2026). This data underscores a “silent epidemic” where nearly half of the women in some of South Africa’s most populous regions are struggling with untreated perinatal mood and anxiety disorders (PMADs).

Intersecting Vulnerabilities: Poverty and HIV

Maternal mental health in South Africa is inextricably linked to social determinants of health, specifically poverty and the HIV epidemic. Women living in adversity face a “vicious cycle”

where poverty increases the risk of mental illness through chronic stress and food insecurity, while mental illness, in turn, reduces productivity and worsens financial instability (PMHP, 2026). Research indicates that up to 50% of South African women living in poverty experience depression during pregnancy (PMHP,2026).

Futhermore, South Africa's high HIV prevalence adds a layer of complexity. While medical advancements have reduced mother-to-child transmissions, the psychological burden remains. Landman and Minty-Seth (2026) highlight that HIV-positive women are significantly more likely to report poor social support – a key risk factor for depression. The intersection of HIV-related stigma, unplanned pregnancies (reported at 78.1% in some cohorts), and intimate partner violence (15.1%) creates a perfect storm for psychological breakdown (Landman & Minty-Seth, 2026).

Barriers to care and policy implementation

Despite the high burden, up to 75% of women with maternal mental health conditions remain untreated (Maternal Mental Health Leadership Alliance, 2026). In South Africa, barriers include logistical constraints like travel costs and a lack of specialised psychiatric training in undergraduate nursing curricula (SA Federation for Mental Health (SAFMH), 2026). Many women also fail to seek help because they normalise their symptoms or fear the stigma of being labelled a “*bad mother*” (BMJ Open, 2023).

The South African National Department of Health has recognised these gaps, aiming to reduce the institutional maternal mortality ratio to “105.5 deaths per 100,000 live births” by 2025/2026 (National Department of Health (NdoH), 2026). However, achieving this requires moving beyond physical health to integrate mental health screening into routine primary healthcare.

Moving Forward: Stronger Together

The 2026 advocacy focus in South Africa centres on “*community-based care*” and bridging the gap between policy and practice (SAFMH, 2026). By embedding mental health services within existing antenatal clinics, South Africa can provide a “*one-stop-shop*” that reduces stigma and improves access. Investing in the mental well-being of mothers is not just a healthcare requirement; it is the cornerstone of ensuring the healthy development of the next generation of South Africans.

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