



POWERFUL ACTIONS, SILENT STRUGGLES: A PHOTOVOICE STUDY ON MENTAL WELLBEING OF COMMUNITY HEALTH WORKERS IN NAIROBI AND KIAMBU COUNTIES

Authors: Munyao F.M.¹, Okoth P.¹, Okoth L.¹, Ochwal V.¹, Mulupi S.¹, Gitia S.¹

Author Affiliations:

LVCT Health

APHRC

Liverpool School of Tropical Medicine (LSTM)

BRAC University; School of Public Health-Bangladesh

Department of Health – Nairobi County

Department of Health – Kiambu County

Division of Community Health and Mental Health

Background

Community Health Workers (CHWs), locally known as Community Health Promoters (CHPs), are essential frontline providers of primary healthcare in underserved and low-resource settings. They are a vital link between the community and the community health system. Despite operating under high workloads and performing their tasks with minimal support as volunteers, their agency is seen in how they take ownership of their work and contribute to Community health. We employed the Photovoice approach to explore factors influencing CHPs' mental well-being in Kenya.

Method

The study took place in rural settlements of Gatundu North and Lari in Kiambu county, and urban informal settlements of Korogocho and Viwandani in Nairobi County. In 2024, 24 CHPs were purposively recruited and trained for three days on photovoice methodology and ethics. Data collection was done in a phased approach. Using smartphones, participants captured photos reflecting on their personal, work-related experiences and coping mechanisms. There was captioning, and validation of all the photos and audio-recorded photovoice interviews were transcribed and translated verbatim. 5 to 7 photos were selected for analysis through a prioritization process. Data was analyzed thematically using NVivo 12

Plus software, through a framework approach. Ethical approval was granted by Amref's Ethics and Scientific Review Committee (ESRC - P1472/2023)

Results

Photos taken revealed a complex interplay of motivators, stressors, and coping mechanisms. Motivation was drawn from government stipends and activity-based reimbursement, which eased daily and family-related financial pressures. CHPs expressed a sense of purpose and agency reinforced by community recognition and appreciation. Empowerment and recognition from the health system improved their identity and enhanced their self-worth.

However, irregular and insufficient stipends undermined their ability to meet their basic needs when expectations exceeded their financial capacity, leading to stress. Performance-based remuneration created additional pressure, with CHPs having to submit their reports to receive incentives. Feelings of disempowerment impacted their agency. Unsafe working environments, such as navigating difficult terrain, floods, open trenches, and sewage amplified both physical and emotional burdens. Sexual harassment and other forms of violence among the female CHPs heightened feelings of vulnerability and fear. Conflicting demands between CHPs' work and other responsibilities lead to exhaustion and psychological distress. To cope, CHPs employed a range of strategies including avoidance, silence, crying, turning to a higher power, and peer support.

Conclusions

CHPs' mental well-being is commonly affected by economic hardship, demanding workloads, unsafe working environments, violence, and the demands of balancing work and family responsibilities. There is a need for tailored psychosocial support mechanisms, provision of regular stipends and personal protective equipment (PPEs), as well as ensuring the CHPs are paired, male and female.

Keywords:

Mental wellbeing, Community Health Promoters, Photovoice, Psychosocial support, gendered vulnerability

Acknowledgement and Disclaimer

This research was funded by the NIHR150232 using UK aid from the UK government to support global health research. The views expressed in this abstract are those of the author(s) and not necessarily those of the NIHR or the UK government.