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Scoping Review

Media Coverage of Perinatal Mental Health in Ghana: A Scoping Review of Online News Sources

Anita Baku[1*], Vincent Smith Addeh[1,2], Joyce Mensah[3], Ernest Darkwah[4]

[1]Department of Health Service Management, Business School, College of Humanities, University of Ghana, Legon, Accra, Ghana
[2]General Nursing Department, School of Nursing, Wisconsin International University College, Accra, Ghana
[3]Nursing Department, Nyaho Medical Centre, Airport Residential Area, Accra, Ghana
[4]Department of Psychology, University of Ghana, Legon, Accra, Ghana

*Corresponding Author: Anita Baku, Email: abaku@ug.edu.gh

Abstract

Introduction: Perinatal mental health disorders (PMHD) affect a substantial proportion of women during pregnancy and the first year after childbirth and are associated with adverse maternal, child, and family outcomes yet they remain under-recognized and under-treated in many low- and middle-income countries, including Ghana. Because news media shape public understanding, stigma, help-seeking, and the policy agenda, the way perinatal mental health (PMH) is portrayed in the Ghanaian media matters; however, this discourse remains largely underexplored.

Methods: This study presents the first scoping review of online news coverage of PMH in Ghana from 2015 to 2024, examining volume, framing, and tone. Guided by Joanna Briggs Institute methodology and Entman's framing theory, 24 articles from four major Ghanaian news platforms (GhanaWeb, MyJoyOnline, Citi Newsroom, and Graphic Online) were analyzed using a convergent mixed-methods approach.

Results: Coverage was sparse and episodic, with 70.8% (95% CI: 50.8–85.1) of articles published in 2021 and 2024 (n = 6 and n = 11, respectively), and no coverage in five of the ten years reviewed. Two dominant frames emerged, "Systemic Gaps and Policy" and "Awareness and Advocacy", portraying PMH as a public health issue linked to institutional shortcomings and stigma while promoting structural and educational responses. Although the tone was largely constructive, important narratives were absent, including economic consequences, community-based support, and recovery stories.

Conclusion: While media attention to PMH has begun, broader, more frequent, and sustained storytelling is needed to inform public understanding and shape responsive policy.

Keywords: Content analysis, Framing, Ghana, Mass media, Perinatal mental health, Scoping review

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Introduction

Globally, perinatal mental health disorders (PMHD) such as depression and anxiety are recognized as major public health concerns affecting approximately 10% of pregnant women and 13% of postpartum mothers.[1] In low- and middle-income countries (LMICs), the burden is even higher, with prevalence rates reaching 15.6% during pregnancy and 19.8% following childbirth.[1] Although no study has documented the average national perinatal mental health disorder prevalence in Ghana, two studies published in 2020 and 2021[2,3] estimated the prevalence of PMHD to be between 27% and 51%. These mental health concerns pose major threats to both mother and baby given their strong correlation with perinatal complications, low birth weight, stunted growth, morbidity, and mortality.[4-8] Ghana has made significant strides in improving mother and child health outcomes over the last several decades.[9] The government has introduced a variety of measures, including increased access to prenatal care, competent delivery attendants, and basic obstetric services.[10,11] These approaches have helped to reduce maternal and newborn mortality.[12,13] Despite these advances, perinatal mental health (PMH) is still an underserved area of maternal healthcare in Ghana. Public policymakers and funders are likely to respond more appropriately to better-informed and evidence-based public debate that is driven by mental health experts working with other organizations. Understanding health-related behaviors and outcomes requires examining the clinical, social and informational environment.[14] Media representations are a critical component of this social and informational environment. They report and *frame* health issues by selecting and emphasizing certain aspects of reality to promote a particular problem definition, causal interpretation, moral evaluation, and treatment recommendation.[15] These shape public perceptions, influence stigma, and can empower or disempower individuals to seek help.[16]For policymakers, media agendas can signal the prominence of an issue, driving or hindering both resource allocation and national prioritization.

Despite the National Mental Health Act (2012, Act 846)[17] and growing clinical research in Ghana, the nature of public discourse on PMH remains largely unmapped.

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Preliminary and anecdotal evidence suggests coverage is limited. A systematic analysis of this discourse is essential to understand how such a key public health issue is being constructed for the Ghanaian public. This study aims to conduct the first scoping review of online news media coverage of PMH in Ghana. Guided by the framing theory,[18] it seeks to answer the following questions: What is the volume and trend of perinatal mental health coverage? How is PMH thematically framed? What is the predominant tone of reporting PMH? The findings will provide evidence for health psychologists, health policy analysts, communicators, and advocates to craft more effective, destigmatizing, and empowering public health messages regarding PMH.

Methods

We conducted a scoping review following the Joanna Briggs Institute (JBI) methodological framework[19] and reported it in line with the PRISMA extension for Scoping Reviews (PRISMA-ScR).[20] An a priori protocol specifying the review objectives, eligibility criteria, search strategy, and data-charting approach was developed and agreed by the research team before screening began. A scoping review was selected to map the extent, range, and nature of media coverage, identifying key themes, gaps, and framing patterns, rather than just appraising evidence quality or synthesizing them. The protocol was developed a priori but not prospectively registered. Although prospective registration is encouraged to reduce reporting bias, established registries such as PROSPERO do not currently accept scoping reviews.

Identifying Relevant News Articles

We systematically searched the online archives of four major Ghanaian news platforms - GhanaWeb, MyJoyOnline, Citi Newsroom, and Graphic Online which are consistently among the country's most-read and most influential news outlets and have been used as primary sources in prior Ghanaian media content analyses.[21,22] Searches were conducted on the sites using a standardized string: ("perinatal mental health" OR "maternal mental health" OR "pregnancy mental health" OR "antenatal depression" OR "postnatal depression" OR "postpartum depression" OR "postpartum psychosis" OR "perinatal depression" OR "maternal anxiety" OR "pregnancy anxiety" OR "baby blues" OR "motherhood stress" OR "antenatal anxiety" OR "peripartum depression" OR "puerperal psychosis"). Searches were conducted using the internal on-site search function of each platform between 15th and 20th June 2025. External news-aggregation databases such as LexisNexis and Factiva were not used because Ghanaian news outlets are not comprehensively indexed in these services; the internal on-site search functions of the four platforms were therefore searched directly.

The search was limited to articles published between 1 January 2015 and December 2024. This study period was chosen because, following the passage of Ghana's updated Mental Health Act 846 in 2012, several initiatives were introduced by key stakeholders to support its implementation. Examining evidence from this period makes it possible to assess the law's impact more than a decade after it came into force. The start date of 2015 was chosen to allow a three-year lag period following the Act's passage for policy implementation and any consequent media response.

Inclusion and Exclusion Criteria

Articles were included if they were (a) original news reports, features, or editorials, (b) primarily focused on mental health during pregnancy or the first year postpartum, (c) relevant to the Ghanaian context, and (d) published in English Language between January 2015 and December 2024. Duplicates, brief digests, and articles mentioning mental health only in passing were excluded.

Article Selection

First, records from the four news platforms were combined, after which duplicate articles were identified and removed. The remaining news items were then reviewed using the predefined inclusion and exclusion criteria, following a title and full-text screening process. During this stage, particular attention was given to content related to perinatal mental health. Articles were included if they were original news reports, features, or editorials; focused mainly on mental health during pregnancy or within the first year after childbirth; were relevant to the Ghanaian context; and were published in English between January 2015 and December 2024. Articles that addressed general mental health or broader public health issues without a specific perinatal focus were excluded.

All stages of the screening process were primarily conducted by three reviewers (AB, VSA, and JM), with support from Mental Health Research students in the Department of Nursing and Midwifery at the host institution. The core review team met regularly to discuss challenges and uncertainties encountered during article selection and to iteratively review and refine the inclusion and exclusion criteria. Any disagreements regarding article inclusion were discussed and resolved during the group's weekly meetings.

Data Charting and Analysis

A data-charting form was developed collaboratively by the research team to systematically extract key information from each included article, including publication year, source, content discussed, primary theme and primary tone. The analysis followed a convergent mixed-methods approach. Quantitatively, descriptive statistics such as frequencies and percentages were calculated using Microsoft Excel to summarize the volume of coverage across years and sources. Qualitatively, the study was guided by Entman's framing theory and a direct content analysis was undertaken. A preliminary codebook was developed both inductively from a sample of articles and deductively from framing theory, focusing on several core dimensions: Primary Theme (such as Awareness, Systemic

Gaps, Consequences, or Treatment), Tone (categorized as Neutral/Informational, Advocacy/Supportive, Alarmist/Sensationalist, or Pessimistic/Highlighting Gaps). These framing elements included how the problem was defined, what causal attributions were highlighted, how affected individuals or systems were morally evaluated, and what treatment recommendations were proposed. Inter-rater reliability among the three reviewers was assessed using Fleiss' kappa, which is appropriate for agreement among more than two raters. Agreement was substantial for primary theme ($k = 0.62$) and almost perfect for tone ($k = 0.84$), reflecting substantial and almost perfect agreement respectively under the Landis and Koch benchmarks. Any remaining discrepancies were resolved through discussion until consensus was reached. The final stage of analysis involved synthesizing the quantitative trends with the qualitative framing patterns to provide a comprehensive map of the media landscape surrounding perinatal mental health in Ghana. Charting was performed independently and in duplicate by the three reviewers, with disagreements resolved by consensus. For each article, the primary theme was operationally defined as the predominant subject occupying more than 50% of the article's core argument, and the primary tone as the overall evaluative stance conveyed by the article's language and framing. Where an article engaged more than one theme, it was assigned to the single most prominent frame operationalized as the frame occupying the majority of the article's argument by consensus among the three reviewers.

Ethical Considerations

This study is a systematic scoping review of publicly available, previously published online news articles. It did not involve the collection of primary data from human participants or animals; therefore, ethical approval was not required.

Results

In total, 219 records were identified through the search process. Figure 1 presents a detailed breakdown of each screening stage and the reasons for record exclusion. The most common reasons for exclusion at full-text screening were a lack of specific focus on perinatal mental health, absence of relevance to the Ghanaian context, and duplication across platforms. Following these steps, 24 records remained and were included in the final synthesis. The synthesis of quantitative trends and qualitative framing patterns revealed key insights into the volume, thematic focus, and narrative tone of perinatal mental health (PMH) coverage in Ghana.

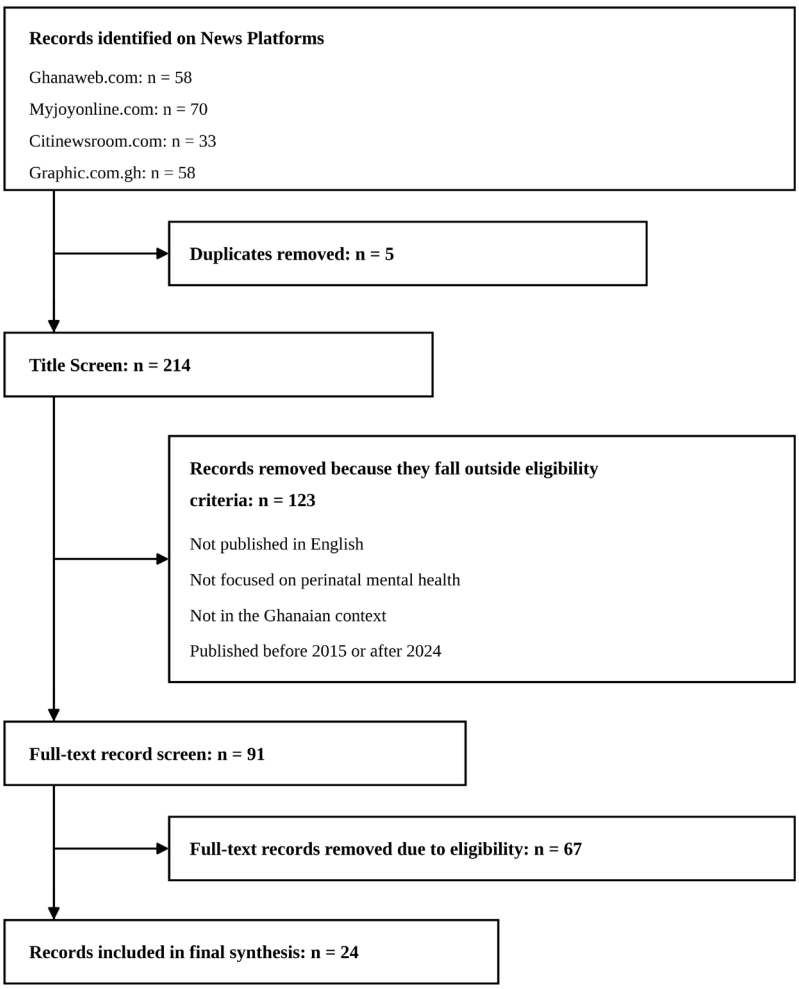


Figure 1. Scoping review flow chart

Descriptive Overview and Trends

Table 1 provides a descriptive summary of included articles. Media attention to PMH was consistently low but demonstrated a notable shift over the review period. As illustrated in Figure 2, no relevant articles were identified for the years 2015, 2017, 2019, 2020, and 2022. Coverage was episodic, with peaks in 2021 (n = 6) and 2024 (n = 11), collectively accounting for 70.8% (17/24; 95% CI 50.8–85.1) of all articles. The year 2024 alone represented 45.8% of the total published news articles, suggesting a recent, though concentrated increase in media engagement with PMH.

Thematic Framing and Narrative Construction

The analysis of primary themes reveals a media discourse predominantly focused on structural and advocacy frames, applying Entman's (1993) model of problem definition, causal interpretation, and treatment recommendation as seen in Table 1**.** The most prevalent themes were 'Systemic Gaps and Policy' and 'Awareness and Advocacy ', each accounting for (n = 8, 33.3%; 95% CI 18.0–53.3).

Articles in the Systemic Gaps and Policy category consistently defined the problem as a fundamental failure of healthcare infrastructure and national policy. The causal interpretation centered on governmental and institutional neglect, citing the lack of integrated services, screening tools, and a dedicated policy. Consequently, the primary treatment recommendation was structural reform, such as health system integration, professional training, and the development of a national maternal mental health policy, as highlighted in 2024 reports on WHO technical support.

Those that focused on Awareness and Advocacy defined the problem as one of public ignorance, stigma, and cultural silence. It attributed the cause to a lack of societal awareness and open dialogue. Its core recommendations were public education, community sensitization, and anti-stigma campaigns, often linked to specific events like Maternal Mental Health Awareness Day.

The focus on 'Psychosocial Support and Lived Experiences' (n = 2, 8.3%) and 'Treatment and Solutions' (n = 2, 8.3%) was less common. While personal narratives were used, they were often instrumentalized to underscore the need for systemic change or awareness rather than to explore individual recovery pathways in depth. For instance, the 2023 article on the FDA approval of a new treatment ("Treatment & Solutions") maintained a neutral, informational tone, framing it as a factual update rather than a hopeful breakthrough for patients. A single article (n = 1, 4.2%), reporting a case of infanticide, comprised the 'Consequences and Crisis' theme, framing perinatal mental health as an individual tragedy and a potential public safety concern.

The single 'Alarmist/Sensationalist' article (4.2%), which detailed a case of infanticide, was an outlier that framed PMH as an individual tragedy and potential public safety crisis.

Figure 3 is a conceptual map that visualizes the core narrative structures of PMH coverage. The dominant frames are deconstructed via Entman's framing functions. The subordinate position and relationship of the 'Psychosocial Support' theme, indicated by the dashed arrow, signify a key finding: first-person accounts and experiences were seldom the focus of articles but were strategically incorporated to emotionally substantiate calls for systemic change or public awareness, highlighting their functional role within the media narrative. Although Entman's fourth framing function, moral evaluation, was not coded as a separate category, it was implicitly embedded within the causal interpretation: the attribution of blame to government negligence and societal silence conveyed an implicit moral judgment regarding institutional and

Table 1. Descriptive Summary of Included Articles (N = 24)

Characteristic	Count (n)	Percentage (%)
Publication Year		
2016	2	8.3%
2018	4	16.7%
2021	6	25.0%
2023	1	4.2%
2024	11	45.8%
News Source		
GhanaWeb	10	41.7%
MyJoyOnline	6	25.0%
Graphic Online	5	20.8%
Citi Newsroom	3	12.5%
Primary Theme		
Systemic Gaps & Policy	8	33.3%
Awareness & Advocacy	8	33.3%
Psychosocial Support & Lived Experiences	3	12.5%
Epidemiology & Prevalence	2	8.3%
Treatment & Solutions	2	8.3%
Consequences & Crisis	1	4.2%
Primary Tone		
Advocacy/Supportive	13	54.2%
Neutral/Informational	8	33.3%
Pessimistic/Highlighting Gaps	2	8.3%
Alarmist/Sensationalist	1	4.2%

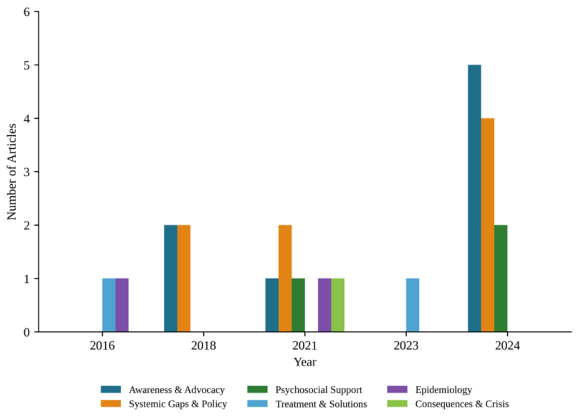


Figure 2. Volume of perinatal mental health coverage by year and primary theme

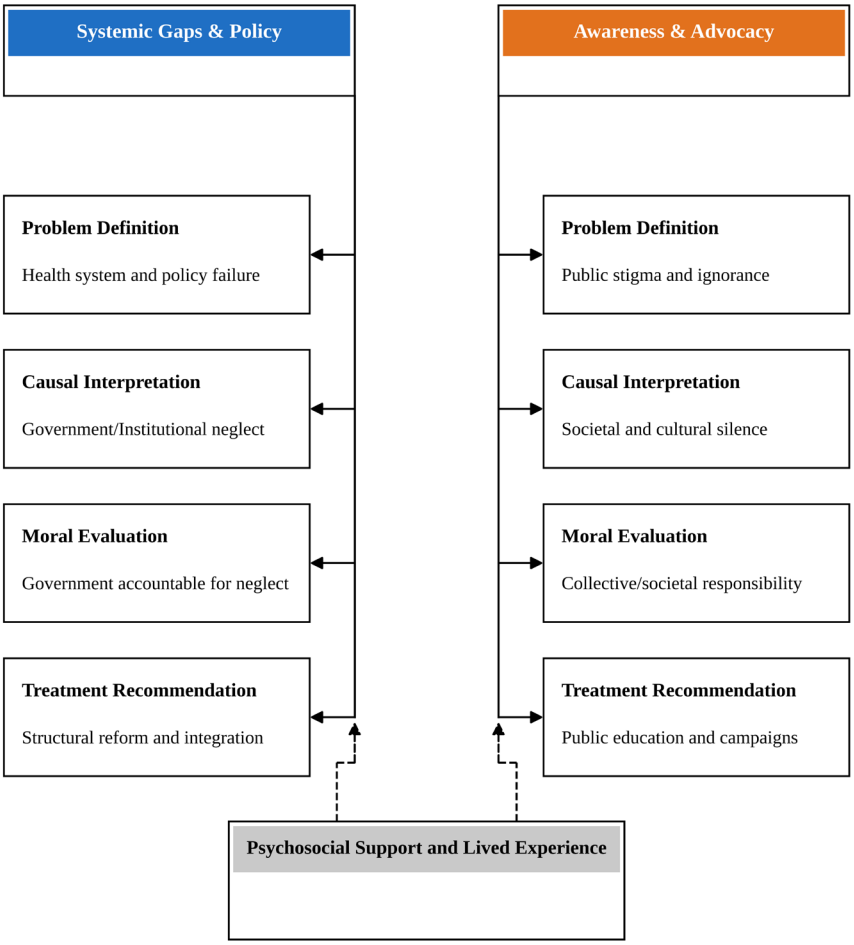


Figure 3. Thematic network of media frames - The dashed arrows indicate that lived experiences (the 'Psychosocial Support and Lived Experience' theme) were used functionally to substantiate systemic calls, rather than constituting a primary, standalone frame. Each dominant frame is deconstructed through all four of Entman's framing functions (problem definition, causal interpretation, moral evaluation, and treatment recommendation)

collective responsibility for perinatal mental health. Specifically, in the Systemic Gaps and Policy frame, this moral evaluation held government and institutions accountable for neglecting maternal mental health, whereas in the Awareness and Advocacy frame it framed stigma and silence as a matter of collective, societal responsibility.

As shown in Figure 3, the thematic network is organized around the two dominant frames, "Systemic Gaps and Policy" and "Awareness and Advocacy", presented as parallel columns. Each frame is deconstructed using Entman's framing functions: a problem definition (health-system and policy failure versus public stigma and ignorance), a causal interpretation (government or institutional neglect versus societal and cultural silence), and a treatment recommendation (structural reform and integration versus public education and campaigns). The "Psychosocial Support and Lived Experience" theme, positioned at the base of the network, feeds into both dominant frames through dashed connections, indicating that first-person accounts were seldom the primary focus of coverage but were used to lend emotional resonance to calls for systemic change and awareness.

Tone of Reporting

The tone of coverage was predominantly constructive, though the presence of other less constructive tones was evident. The majority of articles (n = 13, 54.2%; 95% CI 35.1–72.1) adopted an 'Advocacy/Supportive' tone. This tone was consistently coupled with the 'Systemic Gaps and Policy' and 'Awareness and Advocacy' themes, creating a coherent frame that presented problems alongside explicit calls for action, policy change, and societal support.

A significant proportion (n = 8, 33.3%) maintained a 'Neutral/Informational' tone, typically when reporting statistical prevalence or describing new treatments. However, two articles (8.3%) adopted a 'Pessimistic/Highlighting Gaps' tone, emphasizing service deficiencies and unmet needs without paired solutions, reflecting a narrative of systemic stagnation.

The intersection of theme and tone is presented in Table 2. Advocacy/Supportive framing was concentrated in the Awareness & Advocacy and Systemic Gaps & Policy themes, whereas the only Pessimistic/Highlighting Gaps articles fell within Systemic Gaps & Policy, and the single Alarmist/Sensationalist article belonged to the Consequences & Crisis theme.

Discussion

This scoping review provides the first systematic analysis of how perinatal mental health (PMH) is represented in

Table 2. Cross-tabulation of primary theme by primary tone (N = 24).

Primary theme	Advocacy/ Supportive	Neutral/ Informational	Pessimistic/ Highlighting Gaps	Alarmist/ Sensationalist	Total
Awareness & Advocacy	6	2	0	0	8
Systemic Gaps & Policy	4	2	2	0	8
Psychosocial Support & Lived Experiences.	3	0	0	0	3
Treatment & Solutions	0	2	0	0	2
Epidemiology & Prevalence	0	2	0	0	2
Consequences & Crisis	0	0	0	1	1
Total	**13**	**8**	**2**	**1**	**24**

Ghanaian online news media. Guided by Entman's (1993) framing theory,[18]the analysis reveals a media discourse that is episodic, advocacy-oriented, and predominantly structured around systemic critiques. The virtual absence of coverage in five of the ten years studied points to a fragile and non-routinized media agenda for this significant public health issue. When PMH is covered, however, the narrative is consistent: it is framed not as a private, individual struggle, but as a public matter arising from systemic and societal failures, with solutions directed at policy and collective awareness.

The two dominant frames – 'Systemic Gaps and Policy' and 'Awareness and Advocacy' work in tandem to construct a particular public understanding of PMH (see Figure 3). This framing performs specific functions: it defines the problem as a dual failure of health infrastructure and public knowledge; it attributes cause to institutional neglect and cultural silence; and it proposes treatment through structural reform and education campaigns. This finding aligns with health communication research in other low-resource settings, where media often highlight health system deficiencies to advocate for resource allocation and policy attention.[23,24]The overwhelming use of an 'Advocacy/ Supportive' tone further demonstrates the media's perceived role as an active participant in a campaign for change and not just as an informant.[25] This resonates with literature in both low-resource and high-income countries,[26] where the media has been predominantly used to communicate major health issues and, in most cases, set the agenda for a sustained public discourse.

This dominant narrative can be seen as a strategic and constructive alignment with national health priorities. By consistently linking PMH to tangible system gaps such as the lack of screening tools, specialist services, or a dedicated policy, the media creates a policy hook[15] that makes the issue legible and actionable for policymakers. This framing may empower advocates and resonate in a context where systemic interventions have historically driven maternal health improvements.[27]

A key finding is the instrumental use of lived experience. Personal accounts of PMH categorized under 'Psychosocial Support' were seldom presented as the primary focus. They were used to add emotional resonance to the prevailing systemic and advocacy frames (Figure 3). Although this approach can be effective in attracting public attention, it may unintentionally reinforce a victim-centered narrative in which affected women are portrayed mainly as illustrations of a failing system rather than as active agents engaged in recovery. This stands in contrast to media discourses in some high-income countries, where an emerging 'recovery' frame personalizes mental health and highlights individual empowerment and access to treatment.[16]

Furthermore, the analysis identifies notable silences that shape the limits of the public conversation. The near-complete absence of frames addressing economic costs, community-based or traditional support systems, paternal mental health, and successful treatment pathways creates an incomplete picture of the issue. These omissions are nontrivial. For example, the lack of an economic frame encompassing costs such as lost productivity and healthcare expenditure may weaken arguments for sustained investment, while the exclusion of indigenous support systems risks distancing the discourse from local cultural realities.[28-30]

Implications for Public Discourse, Stigma, and Policy Action

The dominant framing has dual implications. On one hand, the systemic lens de-stigmatizes PMH by moving cause from the individual to the system, potentially reducing blame directed at perinatal women. It also creates a clear accountability pathway toward government and health services. On the other hand, overreliance on a systemic frame may engender public pessimism or a sense of helplessness - potentially a form of learned helplessness or disengagement from personal agency if structural solutions seem distant or abstract. It may also disempower individuals by downplaying actionable self-care or community-level support options within their reach.

The instrumental use of personal narratives, while effective for policy advocacy, carries risks. When women's experiences are primarily deployed to illustrate system failure rather than recovery, the discourse may inadvertently reinforce a victim narrative that diminishes individual agency. This stands in contrast to emerging 'recovery' frames in some high-income settings, where personal stories emphasize resilience and successful treatment pathways.[16] Balancing systemic critique with narratives of hope and empowerment could foster a more complete public understanding and encourage help-seeking behavior.

For health communicators and psychologists, these

findings suggest the need for a more nuanced media toolkit. While continuing to advocate for systemic change, partners could work with journalists to also develop narratives that highlight local solutions, resilience, and recovery. Providing media with access to stories of successful integration of mental health into community-based primary care or profiles of individuals who have accessed effective support could help balance the discourse. For example, journalists could profile the integration of perinatal mental health screening into existing maternal and child health (MCH) clinics, or feature interviews with recovered mothers to balance the current victim-centered narrative. The Mental Health Authority, in partnership with the Ghana Journalists Association, could also develop a media guide on reporting perinatal mental health that emphasizes destigmatizing language, local solution stories, and connections to existing health services.

Strengths and Limitations

This review has several limitations that should be considered when interpreting the findings. First, the search was restricted to four English-language online news platforms; coverage in local-language outlets, radio, television, print, and social media was not captured, which may underestimate the true volume and diversity of public discourse. Second, reliance on the internal search engines of each platform, rather than a comprehensive news-aggregation database, may have missed relevant articles and constrains full reproducibility. Third, the small number of eligible articles (N = 24) reflects the sparse nature of coverage but limits quantitative interpretation, and the categorization of frames inevitably involves a degree of interpretive judgment. Although inter-rater reliability was formally assessed and all articles were independently coded by three reviewers, with any discrepancies resolved through consensus, the interpretive nature of frame analysis means that a degree of subjectivity in categorization is unavoidable. As a scoping review, the study maps the extent and nature of coverage but does not assess audience reception or the real-world effects of these frames. The reliance on the internal search functions of individual news platforms rather than standardized news-aggregation databases may also limit the replicability of the search; future research could employ more systematic searches of dedicated databases (e.g., LexisNexis or Factiva) should Ghanaian outlets become more comprehensively indexed. Also, all 24 articles were treated as equivalent units of analysis; we did not appraise the journalistic quality, fact-checking standards, editorial rigor, or potential bias of the individual platforms, which may differ across outlets and could shape how perinatal mental health is represented. Finally, because the review was confined to four online, text-based news platforms, it captured only a segment of the broader Ghanaian media landscape; radio, television, and social-media coverage were not examined, and the proportion of total perinatal mental health media output represented by these 24 articles cannot be quantified.

Despite these limitations, this study provides the first systematic map of perinatal mental health representation in Ghanaian online news media and offers a foundation for future enquiry.

Future Research

To build upon this foundational mapping, future research should pursue studies that analyze a broader media ecosystem, including local language radio, television, and influential social media platforms to gain a more complete understanding of public discourse. Second, reception studies investigating how these media frames are interpreted by key audiences such as expectant and postpartum women, their families, community leaders, and policymakers will reveal the real-world impact of this coverage on stigma, help-seeking behavior, and policy support. In particular, future work should undertake a multi-platform, multi-format media analysis spanning print, broadcast (radio and television), and social media to capture the fuller landscape of perinatal mental health representation.

Conclusion

This study offers the first systematic overview of how perinatal mental health (PMH) has been portrayed in Ghanaian online news media from 2015 to 2024 and reveals a fragile and emerging public discourse. Coverage appears sporadic rather than a sustained attention, suggesting that PMH has not yet become a routine public health concern. When reported, PMH is largely framed through lenses of systemic gaps and advocacy, positioning it as a societal and institutional issue rather than an individual failing. While this approach supports policy advocacy and helps reduce stigma, it also narrows the conversation. Personal stories are mainly used to underscore system failures while key perspectives such as economic costs, community-based care, paternal mental health and recovery are largely absent. Expanding media coverage to include resilience, recovery, and local solutions is therefore essential for a more complete and supportive public conversation on maternal mental health.

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Authors' Contribution

Conceptualization: Anita Baku, Ernest Darkwah
Data Curation: Joyce Mensah, Ernest Darkwah
Formal Analysis: Vincent Smith Addeh, Joyce Mensah
Funding Acquisition: Anita Baku
Investigation: Vincent Smith Addeh, Joyce Mensah
Methodology: Vincent Smith Addeh
Project Administration: Anita Baku
Resources: Anita Baku
Software: Vincent Smith Addeh
Supervision: Anita Baku, Ernest Darkwah
Validation: Ernest Darkwah
Visualization: Vincent Smith Addeh
Writing–Original Draft: Vincent Smith Addeh
Writing–Review & Editing: Anita Baku, Joyce Mensah, Ernest Darkwah

Competing Interests
The authors declare that they have no competing interests.

Consent for Publication
Not applicable.

Data Availability Statement
The data supporting the findings of this study are available from the corresponding author on reasonable request.

Ethical Approval
Not applicable. This study analyzed publicly available online news articles and did not involve human participants, their data, or biological material; therefore, ethical approval was not required.

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