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Episode 28: Post-Natal Depression Across Cultures

Post-Natal Depression Across Cultures

VOICEOVER
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SIAN PRIOR
Hello and welcome to Up Close, coming to you from Melbourne University, Australia. I!|m Sian Prior. Today, we are going to debunk a myth. It used to be widely believed that pre- and post-natal depression were diseases that only afflicted wealthy, white western women. New and expectant mothers in the developing world were too busy dealing with poverty to have time to be depressed. At least, that is what we were led to believe. But according to our guests today in Melbourne University Up Close, the reality is quite different. There is increasing evidence, that if you are a pregnant woman or a new mother, living in a so-called !¢FDresource-constrained country!|, you are two to three times more likely to suffer from mental health problems, including depression and anxiety than if you live in a wealthy country. And women aren!|t the only ones suffering as a result. The research is showing that babies in poor countries whose mothers are depressed, are more likely to be of low birth weight and malnourished and stunted by the age of six months. So, now that we have identified the problem, what are the solutions? Well, with us today to help answer that question is Associate Professor Jane Fisher, a clinical psychologist, and the Co-coordinator of Postgraduate Education and Training at the Key Centre for Women!|s Health and Society in the School of Population Health, here at The University of Melbourne, Australia. Jane has been investigating perinatal mental health in resource poor countries, and has just completed the first study on this subject in Vietnam. In recent years, she was invited by the World Health Organisation to co-author a background paper on mother and child mental health for the 2005 World Health Report. Jane Fisher, welcome to Melbourne University Up Close.

JANE FISHER

Thank you very much.

SIAN PRIOR
Can we start, Jane, by clarifying exactly what these terms pre- and post-natal depression actually mean? Can you give us a clinical description?

JANE FISHER
It is a very good question because I think they are not actually distinct states. And they are terms that have been important terms in raising awareness in the world that not everybody feels joy and delight all the time after the birth of a baby. But they are terms that really describe, I think, a mixed-emotional state in women. And that they describe a woman feeling sad and low, a lot of the time, irritable, anxious, not able to sleep, and most importantly, not able to get pleasure. So, not able to get pleasure out of the things she would normally enjoy doing, including in this circumstance, enjoying getting to know her baby.

SIAN PRIOR
And how prevalent has it been in developed countries?

JANE FISHER
We!|ve got pretty consistent evidence that in the rich countries of the world, where most of the research has been done, that 10 to 15% of women, will experience these feelings in a sustained way.

SIAN PRIOR
So, we!|re talking, weeks, months?

JANE FISHER
Weeks and months. I think many women will feel like this from time to time. Will feel exhausted and exasperated and confined and lonely. But this is talking about a pretty sustained state that they don!|t get much relief from, either from day to day or even within a day.

SIAN PRIOR
And how do those statistics differ from, I guess, the normal background level of depression in women? I mean, is it significantly worse for pregnant or new mothers?

JANE FISHER
Look, again it is a very good question. It seems that women are most likely to feel depressed during the phase of life when they are caring for young children. And so, the biggest disparity in rates of depression between men and women is between the ages of 20 and 45. And it is true, that probably 10% of women, who you could survey anywhere of that age, might meet criteria for depression. It is particularly problematic during reproductive life. Because if women have these experiences their care for themselves is worse and their capacity for them to care for their children is worse. But I think that what is also salient is that during those times women are in contact with health care professionals. And it provides us with an opportunity to offer

assistance if it is needed or if it is wanted.

SIAN PRIOR
When and why, Jane, did this myth develop about it being a disease of affluence, that only afflicts relatively wealthy western women?

JANE FISHER
I think this is a fascinating historical question that I have really tried to examine by going back through the literature. And this was first really investigated by anthropologists. And the anthropological method is to provide very detailed descriptions and observations of quite small groups. So, they might observe a small community or a small group in a village. And what they documented is that in many countries in the world, there are formalised practices associated with the birth of new babies. And in these, women are perhaps given a mandated period of rest, so they are required for 30 or 40 days to be cloistered at home. Where other women provide heightened care for them and where they have relief from their usual daily tasks, where there is often formalised gift giving and an honored status. And so these were documented and argued to be protective of mental health. And it wasn!|t until much more recently !V really within the last ten years !V that social scientists, and mental health professionals began taking more broad, systematic survey methods to resource-constrained countries. And found, first of all, it is a myth that every mother has someone to look after her for these 30 days, and secondly, that the things that contribute to poorer mental health in women in our context are more prevalent in those countries. And they began to document rates of depression and anxiety two to three times higher than those documented in rich countries.

SIAN PRIOR
And what are the main causes of perinatal depression?

JANE FISHER
Well, it is determined by the interaction of many factors. It is not attributable to a single factor. But the biggest contributors are people!|s social circumstances. So for women in particular, the quality of their close relationships is immensely important. In particular their relationship with their partner. And their relationship with their own mother. And if these two people respond to the mother of a new baby with warmth and praise and encouragement and sensitivity, this is pretty protective. And that the quality of relationship, with in particular a partner, is immensely important. If in contrast to being kind, supportive and available, he is critical, unavailable, or has very rigid ideas about the gendered division of labour and isn!|t prepared to become involved in infant care or household work, we know this makes this life phase much more difficult.

SIAN PRIOR
And what about the specific reasons to do with living in poverty in resource poor countries!K

JANE FISHER

Exactly!K

SIAN PRIOR
!Kthat might be contributing?

JANE FISHER
Yeah. Yeah. So the things that we found that are much more problematic in resource poor countries is firstly that women often live in very crowded situations and they have very little privacy. I visited a village as part of our research, earlier this year in Vietnam, to be taken to visit a family where there was a new baby. And they live in two rooms. And this woman!|s bed, the bed that she shared with her husband and her baby was exactly next to the bed of her mother and father in law. And I think any of us could imagine that that might be a very difficult circumstance. So she had little privacy as she learnt to try and care for her baby.

SIAN PRIOR
And yet ironically Jane, again the myth goes that for wealthy western women, it is actually the social isolation of being a new mother.

JANE FISHER
Yes.

SIAN PRIOR
The loneliness. The way-too-much privacy and personal space that can contribute to depression.

JANE FISHER
Yes, I think this is true. There must be some kind of ideal balance in the middle where women have enough privacy, enough opportunities, to establish an autonomous way of looking after the baby, but not that they feel completely isolated and abandoned as though there is no one to refer to. I think it is also, though, to do with matters of autonomy and self-determination. The conventions in many of the countries we are referring to, is that on marriage a women lives with her mother-in-law. And I think there can be a great deal of tension in that relationship that doesn!|t necessarily improve with the birth of a baby. And that a daughter-in-law in a household has very little power, she is often expected to do a great deal of housework and she is vulnerable to critical responses, both from her mother-in-law and from her partner. The other thing that I think is more problematic is that there are many cultures that have a strong preference for boy-babies. And that if women give birth to a girl, they can be held responsible for that. And that can be regarded as a source of disappointment and shame for the whole family.

SIAN PRIOR
And that is because girls, you know, in some cultures, presumably would require an expensive dowry when they are married and they are seen as not as economically productive as men!K

JANE FISHER
Well, I think those are some of the reasons. But girl children are, in many contexts are less valued. So, the health care they are provided with, the food they are provided with, the access to education that they have, is less than that is offered to boys.

SIAN PRIOR
What about the age at which a woman gives birth, Jane, is that also a difference and a potential contributor, in that in many resource poor countries, women start having children much younger?

JANE FISHER
That has certainly been shown to be one of the contributing factors. That to give birth as an adolescent is associated with higher likelihood of becoming depressed. And it seems that there are number of contributing aspects to this. It might be that her pregnancy was unanticipated and is unwelcome. And that she might not perhaps have had choice about the time at which she had the baby. It is also likely that the is living in much more impoverished material circumstances and that she doesn!|t have a way of generating an income and that her partner too might be very much less able to understand her needs and take care of her. So, adolescent mother is one of the risk factors.

SIAN PRIOR
I!|m Sian Prior and my guest today in Melbourne University Up Close is Associate Professor Jane Fisher, clinical psychologist and the Co-coordinator of Postgraduate Education and Training at the Key Centre for Women!|s Health in Society here at The University of Melbourne, Australia. And we are talking about perinatal depression in both developed and developing countries. Well, Jane there has been some useful research carried out in some resource poor countries !V Turkey, Pakistan, India, I believe, on post-natal depression !V what can you tell us about those findings? Perhaps if we start with Turkey.

JANE FISHER
The work in Turkey has been done in particular in the eastern part of Turkey, where women don!|t enjoy very privileged lives. Many are living in quite small rural communities. And, this is finding prevalence rates of about 40% of mothers of new-borns meet what we would consider criteria for depression. That was pretty striking. When these studies come out one by one it is easy for them to be disputed; for people to say, !¢FDwell that is a chance finding.!| Or, !¢FDmaybe the measure you used wasn!|t sensitive.!| But, then research began emerging from Pakistan, which was finding very similar things and even higher prevalence in women living in refugee camps. Or, who were dislocated for humanitarian reasons, from their normal living circumstances. And then it was followed by quite a body of work from India, showing again that the poorest women had the highest rates of pretty significant distress. The things that are problematic are if you are living in a situation in which you feel criticised or vulnerable to abuse by someone on whom you depend, if you don!|t have enough access to income generating opportunities either for yourself or

for your family, if you!|re in a crowded situation and if you have given birth to a girl child then these things all increase the likelihood. The other things we think contribute probably disproportionately in poor countries is poor physical health. And of course, if women are poorly nourished and if they have coincidental infectious diseases, these contribute even more. We think it probably even has a direct effect on one of the things that we are about to try to investigate more, is the links between anemia, which is much more common in women in poor countries because they have hook worm infections and because they don!|t have access to much meat in their diets. So, they are iron deficient. And this probably causes a lowering of mood. So, it is probably a more complicated story than we yet know, but that nutrition and poor physical health are likely to be contributing factors.

SIAN PRIOR
Now you have been doing research on perinatal depression in Vietnam, tell us about that research.

JANE FISHER
I think it is a very intriguing story. In 1995 I had the privilege of going on a study tour to women!|s health services and facilities in Ho Chi Minh city in the south of Vietnam. And in each of them, I asked whether they saw any distress in women around pregnancy or after they had babies. And I was told by all these very experienced clinicians, !¢FDthat is not a problem in Vietnam, because women are honored when they are mothers and they are very well looked after.!| But, one colleague there who had done some training in public health, here in Australia, said, !¢FDmaybe it is that we have never asked.!| And she!|s an obstetrician-gynaecologist, a vice-director of one of the big obstetric hospitals in Ho Chi Minh city. And together, over the next few years we managed to get a small grant from WHO in the Western Pacific, and to design a survey and to get approval from the Ho Chi Minh city health authorities to do this. And we surveyed 500 women, when their babies were six weeks old and they bought them to have their first immunisation at a clinic. And to our astonishment, we found that 30% of them scored in the clinical range on our questionnaire. We also asked them about symptoms of depression; things like, not being able to sleep well at night, worrying a lot, weight loss that was in addition to caring for the baby. And these were very clearly associated with higher rates on the depression scale.

SIAN PRIOR
Well our second guest on Melbourne University Up Close today, is someone that we actually spoke with a little earlier, with the aid of a translator, Dr Tran Tuan, who is the director of the Research and Training Centre for Community Development in Hanoi, Vietnam. Dr Tran is working with Jane Fisher - amongst others !V on scoping the nature and extent of post-natal depression amongst women in Vietnam. So, let!|s hear from him now:

TRAN TUAN
Post-natal depression is quite a common problem in the mental health area in Vietnam especially among women. Although Vietnam currently has a health care

program called !!!Osafe motherhood!!L program, the issues of post-natal depression have yet been introduced into any programs for the care of mothers and babies. Therefore, it can be said that the government only has just started, recently, to pay attention to this issue. In the recent mental health conference in 2006 in Vietnam, there were suggestions to introduce post-natal depression into the national health care programs.

V? c?i v?n ?? b?nh tr?m c?m th? ??y l? m?t v?n ?? kh? ph? bi?n trong c?i ph? b?nh t?m th?n ? Vi?t Nam nh?t l? ? ph? n?. Tuy nhi?n th? c?ng t?c ch?m s?c s?c kho? b? m? v? tr? em ? Vi?t Nam m?c d? ?? c? ch??ng tr?nh qu?c gia l? "m? an to?n" nh?ng th?c ra th? c?i v?n ?? b?nh tr?m c?m ch?a ???c ??a v?o trong ch??ng tr?nh ph?ng ch?ng ho?c ch?m s?c s?c kho? b? m?, tr? em. Nh? v?y c? th? n?i l? g?n ??y ch?nh ph? b?t ??u m?i ?? t?m ??n v? c?i h?i th?o g?n ??y nh?t v?o n?m 2006 v? v?n ?? ch?m s?c s?c kho? t?m th?n ? Vi?t Nam, th? b?t ??u c? d? ??nh l? ??a n?i dung v? [b?nh tr?m c?m sau sinh v?o ch??ng tr?nh ch?m s?c s?c kho? qu?c gia].

The post-natal depression researches have only been initiated in Vietnam through a small research in Ho Chi Minh City. It was organised by Professor Jane Fisher and a research team in Ho Chi Minh City. That was the first time that a research into this area has been carried out in Vietnam.

C?i nghi?n c?u v? b?nh tr?m c?m ? b? m? trong th?i gian sau sinh m?i b?t ??u tri?n khai ? Vi?t Nam qua m?t c?i nghi?n c?u nh? th?c hi?n t?i th?nh ph? H? Ch? Minh do Ti?n S? Jane Fisher c?a ??i h?c Melbourne v? nh?m nghi?n c?u ? th?nh ph? H? Ch? Minh th?c hi?n. Th? ??y l? l?n ??u ti?n [Vi?t Nam] ti?n h?nh nghi?n c?u v? v?n ?? n?y.

The questionnaires used to evaluate post-natal depression situations among women are a set of questionnaires that have been commonly used internationally called the Edinburgh Post-natal Depression Scale. The Vietnamese version of this set of questionnaires was used by Professor Jane Fisher to test the effectiveness via group discussions in the Vietnamese community in Australia and further corrections in the translation from English to Vietnamese were done after that. The team of scientists in Ho Chi Minh city also continued the corrections of the translated version after that. This was the !!!Ocontent validity phase!!L- the first step in translating and correcting an evaluation tool from English to Vietnamese.

C?i b? c?u h?i s? d?ng ?? ??nh gi? c?i t?nh tr?ng tr?m c?m ? c?c b? m? l? b? c?u h?i ?? ???c d?ng nhi?u v? b?nh di?n qu?c t? c? t?n l? Edinburgh Post-Natal Depression Scale. V? c?i b? c?u h?i n?y ???c Ti?n S? Jane Fisher s? d?ng c?i phi?n b?n ti?ng Vi?t ki?m ??nh tr?n c?ng ??ng ng??i Vi?t t?i ?c qua vi?c th?o lu?n nh?m v? chuy?n s?a c?c ng?n t? d?ch thu?t t? Anh sang Vi?t. Sau ?? th? nh?m khoa h?c gia ? th?nh ph? H? Ch? Minh l?i ti?p t?c chuy?n s? v? ch?ng t?i g?i c?i b??c chuy?n s?a ?? l? "content validity phase" - t?c l? c?i b??c ??u ti?n trong vi?c chuy?n s?a m?t c?i c?ng c? ?o l??ng t? ti?ng Anh sang ti?ng Vi?t.

According to our assumption, there are differences in the incidence of post-natal depression among different regions of Vietnam. However, with our current means and conditions, in the past year, we were only able to do one research in a province in the north of the country and one in an area of the capital Hanoi. According to these researches, the difference was not statistically significant. However, compared with the results of a research done in Ho Chi Minh City in 2001, the incidence of post-natal depression in Ho Chi Minh City was higher. But the study groups in Ho Chi Minh City cannot be used to represent the whole community as most women in these study groups gave birth in hospitals. Therefore, it can be said that up until now, we do not have clear information regarding the difference in incidence of post-natal depression among different regions of Vietnam.

Th?c ra th? theo gi? thuy?t c?a ch?ng t?i l? c? th? c? v?i s? kh?c bi?t gi?a c?c v?ng nh?ng v?i ?i?u ki?n hi?n nay to?n nghi?n c?u ch?ng t?i m?i th?c hi?n ???c, trong n?m v?a qua, ? m?t t?nh ? ??ng b?ng B?c B? v? m?t khu v?c ? H? N?i th? s? kh?c bi?t ch?a th?y c? ? ngh?a th?ng k?. So v?i k?t qu? nghi?n c?u ? th?nh ph? H? Ch? Minh n?m 2001 th? t? l? ? th?nh ph? H? Ch? Minh c? cao h?n. Nh?ng ??i t??ng nghi?n c?u ? th?nh ph? H? Ch? Minh l?i kh?ng th? ??i di?n cho t? l? c?ng ??ng b?i v? h? ch? t?p trung ? c?c ph? n? ?? ? b?nh vi?n m? th?i. Do ?? c? th? n?i r?ng l? cho ??n nay ch?ng t?i ch?a c? ???c m?t c?i th?ng k? r? r?ng v? s? kh?c bi?t t? l? b?nh tr?m c?m gi?a c?c v?ng ? Vi?t Nam.

SIAN PRIOR
That!|s Dr Tran Tuan, the director of the Research and Training Centre for Community Development in Hanoi, Vietnam. Jane, tell us a little bit more, maybe you could paint a picture for us of typical life for women living in rural Vietnam, having children !V what sort of a situation are they living in that might induce depression!K

JANE FISHER
The main way they earn their living is through subsistence agriculture. So, growing rice, which is very labour intensive work !V you!|ve possibly seen images of women bending over and trying to plant and then harvest rice. They might also perhaps harvest some fish from the area where the rice is grown. They don!|t have very many other opportunities, besides vegetable growing or farming, but what many of them are now engaged in is embroidery or making some sort of craft for sale. And, they do these beautifully, but it is a great deal of labour, for very modest remuneration. So, her life is one of hard, physical labour, limited access to financial resources. Most in fact, don!|t have very large families, because Vietnam has had a pretty strict two-child policy. And that the children have to be spaced by at least five years. Although, in the country many families do have more than two children. But she is likely to live in a small dwelling and a dwelling that she shares with other family members. She might not have running water in her house. She!|s unlikely to have electricity. And her means of getting around, is on foot, or possibly with a bicycle. So, hard daily circumstances!K

SIAN PRIOR
So, she!|s finding water, she!|s finding fuel for cooking!K

JANE FISHER
She!|s carrying her baby, yes.

SIAN PRIOR
Well, as Dr Tran Tuan said, there has been a formal response from the government in Vietnam to these findings, tell us a bit more about that response and what kind of a difference that might make.

JANE FISHER
I think this is a remarkable story because when we first published these results, which we did in an international journal in 2004, there was initially !V perhaps, not surprisingly !V a wish to dispute them. A wish to disagree that this was true. And that it might have been, perhaps a bi-product of our western ways of measuring things. But early in 2005, the Communist Party!|s National Committee on Populations, Families and Children agreed to have a meeting about mental health and mothers and young children and they drew together the country!|s own psychiatric experts and a number of us from other countries. And this to me signalled an extraordinary openness to accept that this might be something to be taken more seriously. And later that year they convened with the help of UN organisations !V the first ever technical meeting in Vietnam about mental health in mothers and the need for it to be integrated into the primary health care system. But the country!|s existing mental health services are almost exclusively confined to custodial hospitals that provide care for people with the most severe illnesses like schizophrenia and epilepsy. So, they have as yet very limited services for people with the more common mental health problems of depression and anxiety. And I think this is quite a challenge for the country to think about how to develop them.

SIAN PRIOR
So, it sounds like they!|ve got a way to go yet in taking this seriously and putting resources into offering services to women who are suffering from perinatal depression.

JANE FISHER
I think in these settings, they have very limited resources and many, many demands imposed on those resources. I understand that the National Health budget is five US dollars per capita per year. And for us to say !¢FDit is more important to spend it on this than it is to on a malaria program or an HIV AIDS program or a nutrition program!|, is difficult. So, I see this as being a crucial area for international aid to assist countries in this way. We see that it needs to have three arms. It needs to have research to build local evidence because, really, they should have that on which to build their own services. It clearly needs both public and professional education. So, increased public awareness, but then also skills training for health professionals. And then it needs interventions that are developed, that are appropriate to the setting and that can be provided in those resource-constrained services.

SIAN PRIOR

So, in terms of the solutions, for women particularly in resource poor countries !V I know you have talked about the need for low cost interventions, for accessible interventions, but also non-stigmatising!K

JANE FISHER
That is absolutely right. And it is where I believe the choice of language becomes such a crucial matter. I personally dislike the term !¢FDmental illness!|. I engage in debates with my colleagues about this, because I think that term itself that someone else in the same circumstance might not feel the same. I prefer, really, to think about this as a way of representing human suffering. And that what we need to do as much as we can, is not paint this as a pathological response, but to say, !¢FDthis is an understandable response to a terrible circumstance.!| And what we need to do is two-fold. We need to try and change the circumstance. But that might be slow. And then, within it, we need to respond to a woman with empathy, and with a practical problem solving approach. And often, women can tell us very clearly !¢FDthe things that worry me most, my baby won!|t gain weight or that my baby cries a lot or my husband hits me, or I don!|t have enough money to pay my bills.!|

SIAN PRIOR
Or, !¢FDI!|m feeling really sick!| and it is something to do with anemia.

JANE FISHER
!¢FDI!|m bleeding a lot and I can!|t stop.!| So, to me, an empathic response that says, !¢FDwe recognise that you are feeling sad and worried. What are the things that are worrying you most and what might we do to assist those?!|, is probably the best approach for us to take.

SIAN PRIOR
Well, good luck with all for the work in the area, Jane. And many thanks for joining us today.

JANE FISHER
Thank you so much for the opportunity.

SIAN PRIOR
I!|m Sian Prior and my guest today in Melbourne University Up Close has been Associate Professor Jane Fisher, a clinical psychologist, at the Key Centre for Women!|s Health and Society here at The University of Melbourne, Australia. We also heard from one of Dr.Fisher!|s colleagues, Dr Tran Tuan, the director of the Research and Training Centre for Community Development in Hanoi, Vietnam. Melbourne University Up Close is brought to you by the Marketing and Communications Division in association with Asia Institute of The University of Melbourne, Australia. Relevant links, a full transcript and plenty more information on this episode can be found on our website at upclose.unimelb.edu.au. We!|d also love you to leave your comments or feedback on this or any episode of Up Close, simply click on the !¢FDadd new comment link!| at the bottom of the episode page. This program was produced by Kelvin Param, Eric Van Bemmel and myself, Sian Prior.

Audio recording is by Craig McArthur and the theme music is performed by Sergio Ercole. Melbourne University Up Close is created by Eric Van Bemmel and Kelvin Param, until next time, thanks for joining us. Goodbye.

VOICEOVER
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