

POSTNATAL DEPRESSION: AN UNDERSTANDING OF MALAYSIAN PERSPECTIVES

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Abstract---Background: Postpartum depression (PND) is considered as a significant health problem and gained special attention due to women's vulnerability during childbearing years, highly associated with suicide and its negative impacts on women, child, family and society. Despite these concerns, PND has still remains underdiagnosed and undertreated in the clinical practice. Previous studies suggest that sociocultural context of motherhood have a link with PND and that treatment of PND should be culturally appropriate, yet there was no research on the Malaysian women's experience of PND have been published up to this date. **Objectives:** The aims of this study are to: i) explore postnatal women's perceptions of PND in Malaysia, ii) understand the experience of PND among postnatal women in Malaysia, iii) explore the knowledge and perception of Malaysian healthcare professionals on PND and helpful strategies for its management and iv) explore potential interventions for women with PND in Malaysia. **Method:** This study will employ an exploratory qualitative design. The critical realism will be considered as the philosophical framework underpinning the study. The planned population for this study are 45 postnatal women with different Malaysian cultural backgrounds who attend for postnatal care or child immunization at five selected Maternal and Child Health (MCH) Clinics in Kuala Lumpur and Putrajaya, Malaysia; and 15 health care professionals involved with postnatal care in the selected clinics and Psychiatric Ward, Hospital Kuala Lumpur. The women will be screened for postnatal depressive symptoms using The Patient Health Questionnaire-2 (PHQ-2). Those who score three or more in PHQ-2 will be invited for the interview session. The face to face semi structured interviews will be used to explore the women's perspectives of PND and understand the perceptions of Malaysian healthcare professionals on PND. The contact with Malaysian Medical Research Ethics Committee (MREC) and Malaysian National Institute of Health Research (NIHR) will be initiated through the registration with the Malaysian National Medical Research Register (NMRR) upon getting ethical approval from School Research Ethics Committee (SREC) in the School of Nursing, Midwifery and Health, University of Stirling. Data collection and data analysis will be conducted concurrently. Data will be analysed using thematic analysis. Nvivo, a software package will be used to develop coding on each transcript. **Conclusion:** This study will add on the theoretical concepts of PND and its relation to cultural background through understanding and exploration of PND experience from Malaysian perspectives. It will also encourage further high quality work to provide effective, relevant and culturally sensitive intervention for PND. The findings of this study will be the foundation of developing preventative intervention for PND in Malaysia. **Keywords:** postnatal depression, postpartum depression, experiences, perspectives

1. INTRODUCTION

The World Health Organization (WHO) has clearly recognized improvement in maternal health as one of the eight Millennium Development Goals (MDG) to be achieved by 2015 (United Nations Development Programme 2014). The key working areas have been outlined to accomplish this goal, one of these is "coordinating research with wide-scale application that focuses on improving maternal health in pregnancy, and during and after childbirth" (WHO 2013, p.1). Maternal mental health is an important aspect of maternal health and integrating maternal mental healthcare into existing maternal health programmes is essential if the MDGs are to be achieved (WHO 2008). In line with the recommendation, this study aims to explore women's experience of postnatal depression (PND) in Malaysia with the ultimate aim of developing culturally appropriate interventions to improve maternal mental health in Malaysia.

PND is considered to be a significant health problem and it has gained special attention due to women's vulnerability during childbearing years, its strong association with suicide and its negative impacts on women, child, and family. Despite these concerns, PND often remains underdiagnosed and undertreated in clinical practice. Psychiatric care in Malaysia, for example, is viewed as a resource restricted to patients with severe mental illness while postnatal care is focussed on maternal and infant's physical illness. This means that the care for women who suffered from mild to moderate depressive symptoms may be overlooked resulting in late diagnosis, increased chance of aggravating the condition of women with PND, raising the burden for the healthcare costs, and negatively impacting the family relationships.

Many studies have been carried out on the prevalence of PND yet; these have shown wide variation shown across the countries and cultures. In Malaysia, a big discrepancy has been shown in the reported prevalence of PND, but the explanations of this variation are still ambiguous. The possible reasons could be either due to less culturally-oriented instruments used or the different cultural backgrounds within the population.

It has been acknowledged that Malaysia consists of diverse cultural background that mainly includes Malays, Chinese and Indians; and that the interventions for PND should be culturally appropriate; but, most of the current interventions for PND are based on the Western culture (Chien *et al.* 2006; Rahman, 2007; Niemi *et*

al. 2010; Davy and Ehiobuche 2013). In the absence of the information on the Malaysian cultural context of PND, the appropriateness and transferability of the Westernized concept of current treatment of PND in Malaysia is questionable and may not have a sense of cultural-based strategies.

There is a currently serious shortage of documented empirical research on the experience of PND in Malaysia. The existing literature on PND in Malaysia is limited to quantitative description, but not exploring the individual experience of PND and the nature of its severity, as most of the studies only reported the total questionnaires score (Kit *et al.* 1997; Grace *et al.* 2001; Wan Mohd Rushidi *et al.* 2002; Wan Mohd Rushidi *et al.* 2003; Azidah *et al.* 2006; Kadir *et al.* 2009; Zainal *et al.* 2012).

In addition, studies have shown that the cultural understanding and sensitivity is crucial for the healthcare professionals in their work among populations with different cultural orientations (Rahman 2007; Mamisachvili *et al.* 2013). They have to have a sense of culturally sensitive in their care in order to optimize the mental health and well-being among childbearing women. Therefore, cultural and social factors must be paramount in any care or intervention aimed at helping women to cope with PND. Unfortunately, the perceptions of the Malaysian healthcare professionals towards PND were also not yet explored. These aspects justified the need for serious attention to the study related to experience and perceptions of PND in Malaysia.

The aims of this study are to:

- i. Explore postnatal women's perceptions of PND in Malaysia.
- ii. Understand the experience of PND among postnatal women in Malaysia.
- iii. Explore the knowledge and perceptions of Malaysian healthcare professionals about PND and its helpful strategies.
- iv. Explore potential interventions for women with PND in Malaysia.

2. LITERATURE REVIEW

PND can be defined as a nonpsychotic depressive episode psychosocial phenomenon occurring within 12 months post-delivery (Leahy-Warren, McCarthy and Corcoran 2011). The onset of PND often occurs after the first postnatal month (O'Hara 2009; Leahy-Warren, McCarthy and Corcoran 2011), however it can arise at any time throughout the year following childbirth (Davies, Howells and Jenkins 2003) from as early as two weeks postnatal (Amankwaa 2003).

While PND has many symptoms in common with general depressive disorders, it is unique because the onset is associated with childbirth (McGarry *et al.* 2009). Many women experience postnatal blues shortly after birth, but these mild symptoms usually tend to last anywhere from a few days to a few weeks, and do not interfere with the ability of the mother to function. Unfortunately, in some women, postnatal blues continue and become more severe and prolonged. Women with PND may have symptoms such as sleep disturbances, feelings of inadequacy, worthlessness and low self-esteem, they may experience difficulty in caring for the baby and themselves, and may have suicidal thoughts (Fraser and Cooper 2003; Buultjens and Liamputtong, 2007). Ultimately women may require treatment by healthcare professionals (Wisner, Parry, and Piontek 2002).

Without accurate diagnosis and proper treatment, depressive symptoms can be long-lasting as well as affecting a mother's ability to participate in normal activities and interrupting her capacity to care for and bond with her new-born, they may be less engaged, and may even react negatively towards the child, interfering with her family and other social relationships, and affecting health of the wider family (Pitanupong, Liabsuetrakul and Vittayanont 2007; Brett, Barfield and Williams 2008; Ferber, Feldman and Makhoul 2008; McGarry *et al.* 2009). These problems can compromise maternal-infant relationships which may be associated with poor child cognitive, behavioral and social development (Jomeen 2004; Milgrom *et al.* 2011). Partners of women with PND have also been shown to be at risk of poor mental health (Boath, Pryce and Cox 1998; Zerkowitz and Milet 2001; Goodman 2004). Older children can also be affected the conditions of PND if they take over their mother's responsibility in caring for the other siblings (Byrne *et al.* 2001).

There are several instruments available to screen for or to diagnose PND such as the Composite International Diagnostic Interview (CIDI), the Mini-International Neuropsychiatric Interview (M.I.N.I.), the Beck Depression Inventory-II (BDI) and the Postpartum Depression Screening Scale (PPDS). However, the most widely used instrument in PND studies and for population-based screening is the Edinburgh Postnatal Depression Scale (EPDS). The EPDS has been validated for use in Western populations and internationally (Gaynes *et al.* 2005; Gibson *et al.* 2009). However, despite the availability of screening tools, PND still remains under recognised and therefore often undertreated (Mancini, Carlson and Albers 2007; Yawn *et al.* 2012; Scottish Intercollegiate Guidelines Network 2012).

There is wide variation in reported rates of PND within and across countries and cultures. For example a review of the literature in 40 countries suggested that PND affects between 0% to 60% of all new mothers across diverse cultures (Halbreich and Karkun 2006). Reasons for this wide variation may include use of different tools measure PND, varying quality of the prevalence and other studies, the wide ranges of symptoms of PND reflecting what could also be considered 'normal' alterations in maternal mood during the postnatal period, and women's reluctance to disclose the symptoms to healthcare professionals (McGarry *et al.* 2009; Leahy-Warren, McCarthy and Corcoran 2011).

Women across the different countries commonly regarded PND as social deterioration, an unhappiness state, inability to cope with the new maternal role and most experienced feelings of being a bad mother (Edwards and Timmons 2005; Bilszta *et al.* 2010; Gao *et al.* 2010; Hanley and Long 2006). Nonetheless,

women in different cultures and countries interpreted PND in their own ways. Whilst most of the studies conducted amongst European and American women found that they focused on their neglected maternal needs and the unexpected motherhood experience, studies conducted amongst Asian women found that they placed emphasize on mother-in-law conflict, gender preference and childcare stress as the primary source of their PND experience (Rodrigues *et al.* 2003; Leung, Arthur and Martinson 2005; Chen *et al.* 2006).

Traditional practices and beliefs were perceived as somehow protecting mothers from PND in some cultures but could also be associated with leading to PND in another community. For instance, South African Indian women enjoyed postpartum rituals and it was perceived to be calming, soothing, assisting with pain relief, and promoting deep sleep whereas the traditional practice of *Zuo Yue* ("doing the month") in Chinese culture may predispose postnatal women to PND as it required them to stay inside the house for a month therefore, restricting their contact to immediate family only (Gao *et al.* 2010; Kathree and Petersen 2012; Lam, Wittkowski and Fox 2012).

Since the majority of the women with PND felt that their depressive symptoms were a manifestation of personal weakness and ineffective social relationships, they considered it could not be resolved by healthcare treatments (Rahman 2007; Edwards and Timmons 2005; Oates *et al.* 2004; Rodrigues *et al.* 2003). However, there were some women who willingly sought healthcare assistance; and expressed a mixed degree of satisfaction. While some women reported strongly positive experiences of having psychologically informed sessions with the health visitor, some complained of lack of continuity care and offered for undesirable interventions such as antidepressants (Oates *et al.* 2004; Williamson and McCutcheon 2007; Sword *et al.* 2008; McCarthy and McMahon 2008; Slade *et al.* 2010; Callister *et al.* 2011; Patel *et al.* 2013).

Several studies have been carried out with the aim of understanding healthcare professionals' experience of caring for women with PND and have shown both favorable remarks and contrary findings. Two Australian study found that healthcare professionals acknowledged that the women require validation of their feelings and that they should be offered a wide range of treatment options not fully dependent on the medical model (Bilszta *et al.* 2012; Rush 2012).

However, the professionals care towards women with PND was also limited by certain factors such as fear of incompetence as they felt that they were not being equipped to provide care for the women with PND, the use of different language, different cultural background and inadequate assessment tools (Teng, Blackmore and Stewart (2007). For instance, a study conducted in Brazil found that the primary healthcare professionals claimed that they had limited time, inadequate access to screening tools, less experience in dealing directly with depressed women and a lack of knowledge on PND (Oliveira Santos Junior *et al.* (2013). Similarly, a quantitative study conducted in a teaching hospital in Malaysia highlighted that more than 50% of nurse-midwives confused PND with postnatal 'blues' indicating a lack of knowledge of PND among Malaysian nurses (Keng 2005).

According to Niemi *et al.* (2010), healthcare professionals were likely to recommend biomedical advice for depressed mother and this was associated with their uncertainty on the type of healthcare that should be sought. Surprisingly, they seemed reluctant to diagnose PND but rather used several strategies to delay women's disclosure due to lack of human resources and unavailability of the appropriate services to manage women with PND (Chew-Graham *et al.* 2009).

3. METHODOLOGY

A. RESEARCH DESIGN

The ethical approval process of this study involves two main research ethics committees: School Research Ethics Committee (SREC) in the School of Nursing, Midwifery and Health, University of Stirling, Scotland, United Kingdom and Medical Research Ethics Committee (MREC) in Malaysia and thus the anonymity, confidentiality of the participants and their right to withdraw will be preserved. Since the researcher has an interest in the women's experience and the role of culture in shaping these experiences, an exploratory qualitative design would be the most appropriate approach to interview a sample of women representing different cultural backgrounds in Malaysia. Exploratory qualitative research is particularly useful as it is flexible and adaptable to change with the presence of new data and insights (Saunders, Lewis and Thornhill 2012, pg 171). This design allows the researcher to explore the impact of culture from the women's and healthcare professionals' perspectives on PND as the precise nature of this problem in Malaysia are still ambiguous.

The critical realism will be considered as the philosophical framework underpinning the study (Bhaskar 2008). This method was selected because it allows sharing of the medical concept in the social context to provide more understanding of a phenomenon (Pilgrim and Bentall 1999). It allows more helpful perspectives on mental health problems as it respects the sociocultural relativism without degenerating empirical findings about the reality of problem and its multiple factors (Pilgrim and Bentall 1999). As such, critical realism would be the most appropriate approach to capture the complexity of PND causation taking account of individual and contextual factors and this will help researchers to discover the mechanisms that may explain the inconsistencies of the reported PND prevalence in Malaysia.

B. STUDY SETTING

This study will be conducted at five purposely selected Maternal and Child Health (MCH) clinics under Health Department of Federal Territory Kuala Lumpur and Psychiatric Ward, Hospital Kuala Lumpur. The

MCH clinic settings were chosen as they include a diverse population from which potential participants of various socio-demographic and cultural backgrounds can be sampled.

C. PARTICIPANTS

Two groups of participants have been identified to achieve research aims: women at 4-52 weeks after their last childbirth and healthcare professionals in the selected clinics/ ward. Participants will be recruited by the researcher and they will be informed about the project, provided with an information sheet, and consent form, and will be interviewed.

The healthcare professionals will be sampled from MCH clinics and hospital setting. The inclusion of healthcare professionals who work in MCH clinics may allow the researcher to explore their experiences of caring for postnatal women who already received healthcare treatment for PND and/or those who may not yet diagnosed as having PND. In addition to that, the inclusion of healthcare professionals who work in the Psychiatric Ward, Hospital Kuala Lumpur may allow the researcher to explore their experiences of caring for women who have been diagnosed as having PND and being admitted to psychiatric ward.

D. INCLUSION CRITERIA AND ASSESSMENT

The inclusion criteria for women in this study including mothers who are at 4-52 weeks after last childbirth during screening stage, Malaysian by nationality, had been staying in Malaysia after the last childbirth and until the time of the interview, score three or more in the Patient Health Questionnaire-2 (PHQ-2), sufficiently fluent in English or Malay Language to participate in the interview. The PHQ-2, consisted of two short questions as part of the screening assessment for postnatal depressive symptoms.

The inclusion criteria for the healthcare professionals in this study including who are involve with postnatal care and work for more than six months in the MCH clinic or work for more than six months in the female psychiatric ward.

E. PROCEDURE

Women at 4-52 weeks after last childbirth

The researcher will work with the clinic manager in the selected clinics to identify eligible women through clinics record. The researcher will speak to the clinic manager about the suitability of discussing the research with the women who are attending the clinic on that day. The clinic manager will identify women who have severe depression and therefore women who are not eligible for the study will be excluded. The researcher will then provide Patient Information Sheet-for screening stage for the potential participants. Upon their agreement, they will be asked to complete the self-reported screening scales: The Patient Health Questionnaire-2 (PHQ-2). The researcher will review the completed questionnaires immediately after they submitted the form. The potential participants will be informed that if eligible, they will be invited for the next stage of the study that is one to one interview at a location of their choice lasting approximately one hour.

The interview will be conducted either at women's home or in a private and quiet room at the respective clinic. The interviews will be recorded using audio recording device with participants' permission. Participants' information including non-identifiable number or pseudonym, age, date and place of data collection will be recorded in the recruitment log to maintain the confidentiality and transparency of research process. The researcher will start the interview using the topic guide- for postnatal women. The field notes will be written and maintained immediately after each interview session to reflect the participants' emotions and non-verbal communications (Barolia, Clark and Hingginbottom 2013).

At the end of the interview session all participants will be screened for PND by completing the self-reported screening scales: the Edinburgh Postnatal Depression Scale (EPDS). This may take approximately ten minutes. This second screening assessment for PND could strengthen the qualitative methods and allow for reflections on completing the EPDS to be captured as part of the data.

Healthcare professionals

The healthcare professionals (doctors and nurses) will be identified through organization charts in the clinic/ward and through the clinic/ward manager. The eligible healthcare professionals will be approached individually and will be given an invitation letter. The information about the study including the aims and the process of the study will be verbally explained and the Participants Information Sheet will be provided for their reference.

The interview will be conducted in a quiet room at the respective clinic/ward. The interview will be audio recorded with participant's permission and this will be clearly written in informed consent. Participants' information including non-identifiable number or pseudonym, age, date and place of data collection will be recorded in the recruitment log to maintain the confidentiality and transparency of research process. The researcher will start the interview using the topic guide- for healthcare professionals. The field notes will be written and maintained immediately after each interview session (Barolia, Clark and Hingginbottom 2013).

A target of 45 postnatal women and 15 healthcare professionals will be recruited for individual interviews. If the selected participant declines to participate in the interview, another participant will be selected; this method will continue until 45 postnatal women and 15 healthcare professionals have been recruited. The same researcher will conduct all the interviews. Each interview is estimated to be last approximately one hour.

F. DATA ANALYSIS

Data analysis will be conducted concurrently with the data collection. All interviews data will be recorded and transcribed verbatim immediately after the interview session to be analysed. The material on audiotape will be reviewed again and checked against the transcription to ensure data accuracy. The themes will be identified by careful reading and rereading of the transcript (Strauss and Corbin 1990).

In case of the conducted interview in Malay language, the interpretation will be done in Malay until the themes emerged. This is to preserve the meaning of the data and to avoid any misinterpretation of the data through translation to another language. The developed themes then will be translated into English for the purpose of inclusion in the overall analysis. Nvivo, a software package which allows more sophisticated cross-data analysis through improving the organization of unstructured data will be used to develop coding on each transcript.

Data will be analysed using thematic analysis. There are six steps of data analysis that will be adopted in this study: familiarising with data, generating initial codes, searching for themes, reviewing themes, defining and naming themes and producing a report (Braun and Clarke 2006, p. 87).

4. EXPECTED FINDINGS

This study will add on the theoretical concepts of PND and its relation to cultural background through understanding and exploration of PND experience from Malaysian perspectives. It will also encourage further high quality work to provide effective, relevant and culturally sensitive intervention for PND. The findings of this study will be the foundation of developing preventative intervention for PND in Malaysia.