POST PARTUM DEPRSSEION AMONG RAJBANSI WOMEN IN NEPAL

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Abstract

This is a cross-sectional and descriptive study which uncovered and described Postpartum Depression and its contributing factors among Rajbansi mothers in Nepal. ***Methodology:*** *quantitative tools semi-structured questionnaires, check lists used covering 375 samples of Morang, Jhapa and Sunsari districts of Nepal.* ***Findings:*** *Prevalence of Postpartum Depression (PPD) was 12.27% in Rajbansi mothers. PPD was associated with sleeplessness (p= <0.0001) in the study. Mental stress was associated with sleeplessness (p= <0.0001). Habit of alcohol use by husband was associated with sleeplessness in wife or mothers (p= <0.0001). Habit of tobacco use or smoking by husband was associated with sleeplessness in wife or mothers (p= 0.005).* ***Conclusion:*** *Economic conditions, education, habits of husband were associated with mental stress in mothers and mental stress in mothers was also associated with Postpartum Depression of mothers in Rajbansi was statistically significant. Mothers with labour occupation or very poor, uneducated and those wives of alcohol taking and smoking husbands were vulnerable to PPD.*

Keywords: Postpartum depression (PPD), Rajbansi, Mothers, Nepal

Introduction

Since Nepal has multiethnic, multicultural, pluralistic society with enormous socioeconomic disparities, it is a formidable task to provide affordable and effective mental health care. There exists very poor awareness of the maternal health risks of the postpartum period. It is during this period that serious psychological disturbances can manifest and seriously jeopardize safe and normal motherhood. Mental health has been clearly established as an important component of public health. Mental health receives insignificant attention by government. The traditional/ religious healing methods still remain actively practiced, specifically in the field of mental health.

Postpartum depression is the most common complication of childbearing, occurring in 10-15% of women after delivery (O'Hara & Swain, 1996). It usually begins within the first six weeks postpartum and most cases require treatment by a health professional. The signs and symptoms of postpartum depression are generally the same as those associated with major depression occurring at other times, including depressed mood, anhedonia and low energy. Reports of suicidal ideation are also common. Screening for postnatal mood disturbance can be difficult given the number of somatic symptoms typically associated with having a new baby that are also symptoms of major depression, for example, sleep and appetite disturbance, diminished libido, and low energy (Nonacs & Cohen, 1998).

In developing countries, more than three-quarters of people with serious mental disease do not receive any treatment (Demyttenaere et al., 2004). During their reproductive years, women are at increased risk of most disorders that affect the emotions. These include depression, anxiety, post traumatic stress disorder and anorexia (Holden, 2005). First-time mothers have a more than twofold risk of needing mental health care during the first months after delivery as compared to a year later, and the increased risk of depression lasts the first five postnatal months (Munk-Olsen et al., 2006). Depression in the postnatal period contributes to several problems in the individual, family and society. In severe depression, especially with psychotic symptoms, there is a risk of suicide (Oates, M., 2003). In addition, a depression in the mother may affect the child's cognitive, emotional and

social development (Moore et al., 2001; Murray et al., 1999; Sinclair and Murray, 1998; Weinberg and Tronick, 1998). Depressed mothers are also less likely to breastfeed (Abou-Saleh et al., 1998; Bick et al., 1998; Warner et al., 1996), and thoughts of harming infants are higher among depressed mothers (Cadzow et al., 1999; Wisner et al., 1999).

Methods

It is basically a cross-sectional and descriptive study which explores both qualitative and quantitative data of Rajbansi in Nepal by following methods and tools.

1. Household Survey: general information taken from head of household and detailed questionnaire filled with mother's interview (375).
2. Focus Group Discussion: with mothers (3)
3. Case study: of representative cases of Postpartum Depression (5).
4. In-depth interview: with traditional healers (10), TBAs (5), Health workers (5).
5. Observation: of housing and traditional practices (375)

Tools

1. Questionnaire (Semi-structured)
2. Guidelines for FGD, in-depth interview and case study
3. Check list for Observations
4. Weighting machine and measuring tape.

Study Sites: (1) Jhapa and (2) Morang and (3) Sunsari districts.
IBM SPSS Statistics 20 software has been used in data entry and analysis.

Findings

Table 1. Prevalence of PPD among mothers

PPD among mothers		
Sample= 375		
Anaemia	Number	Percent
Mothers	46	12.27

Table No. 1 shows that prevalence of postpartum depression which is 12.3% in Rajbansi mothers.

Table 2 Mothers' Education and PPD

PPD among Mothers by Education		
n= 46		
Education	Anaemia	Percent
Illiterate	21	45.65%
NS Literate	11	23.91%
Class 1-10	12	26.09%
SLC	2	4.35%
BA and +	0	0
Total	46	100

Table No. 2 indicates that proportion of PPD found in mothers by education levels. Among 46 PPD mothers, 21 (45.65%) were from illiterate, 11 (23.91%) were from non schooling literate, 12 (26.09%) were from class 1-10, 2 (4.35%) were from SLC/IA. No mothers from BA and above had PPD.

Table 3 PPD Mothers by Occupation

PPD mothers by Occupation		
n=46		
Occupation	Postpartum Depression	Percent
Agriculture	12	26.09%
Service	2	4.35%
Labour	30	65.22%
Business	2	4.35%
Total	46	100

Table No. 3 shows the proportion of PPD mothers by occupation. Among 46 PPD mothers the highest proportion 30 (65.22%) was found in labour. And 12 (26.09%) was in agriculture, 2 (4.35%) each was in service and business occupation.

Table 4. Postpartum Depression and Economic Status

PPD mothers by Economic condition		
n= 46		
Economic Status	Number	Percent
Very poor	37	80.43%
Poor	4	8.7%
Rich	5	10.87%
Total	46	100

Table No. 4 shows distribution of PPD mothers (46) by economic condition. Among 46 PPD mothers the highest proportion of PPD 37 (80.43%) was found in very poor and was 4 (8.7%) in poor and 5 (10.87%) in rich.

Table 5. PPD and Delivery Practice

PPD among mothers by Practice		
n=46		
Practice	Anaemia	Percent
Traditional	34	73.91%
Modern	12	26.09%

Table No. 5 shows the status of PPD on the basis of practice at first delivery. Among 56 PPD mothers 34 (73.91%) mothers had traditional practice and 12 (26.09%) women had modern practice.

Table 6. PPD and Husbands' Smoking Habit

PPD and Smoking Habit of Husband				
Sample= 375				
Husband's Smoking Habit	PPD in Mothers			
	Yes	No	Total	P-Value
Yes	35	144	179	p= 0.002 x^2= 9.82
No	11	185	196	
Total	46	329	375	

Table No. 6 is showing relation between PPD and smoking habit of husband. It was associated with PPD in mothers. Among 46 PPD mothers 35 (76.09%) women' husbands had habit of smoking and 11 (23.91%) husbands didn't have habit of smoking. Statistically this is significant (p= 0.002).

Table 7. PPD and Husbands' Drinking Habit

PPD in Mothers and Drinking Habit of Husband				
Sample= 375				
Husband's Drinking Habit	PPD in Women			
	Yes	No	Total	p-Value
Yes	41	256	297	p= 0.076 x^2= 2.49
No	5	73	78	
Total	46	329	375	

Table No. 7 shows PPD of women and drinking habit of their husband. Among 46 PPD women 41 (89.13%) women had husband with drinking habit and 5 (10.87%) husbands didn't have habit of drinking. But statistically it is not significant (p= 0.076).

Table 8. Sleeplessness and PPD in Women

Sleeplessness and PPD in Women				
	Sample Size= 375			
Sleeplessness	PPD	No PPD	Total	p-value
Yes	34	24	58	p= <0.0001 x^2=131.9405
No	12	305	317	
Total	46	329	375	

Table No. 8 indicates that Post partum depression in women which is associated with sleeplessness (p= <0.0001). Among 58 sleepless women 34 (58.62%) were suffering from PPD after delivery.

Table 9. Sleeplessness and Mental Stress in Mothers

Sleeplessness and Mental Stress in Mothers

	Sample Size= 375			
Sleeplessness	Mental Stress	No Stress	Total	p-value
Yes	51	7	58	p= <0.0001 x^2= 86.1505
No	26	291	317	
Total	77	298	375	

Table No. 9 shows mental stress which is associated with sleeplessness (p= <0.0001). Among 58 sleepless mothers 51 (87.93%) were suffering from mental stress.

Table 10. Sleeplessness of Mother and Alcohol taking Habit of Husband

Sleeplessness of Mother and Alcohol taking Husband				
	Sample Size= 375			
Sleeplessness	Alcohol	No Alcohol	Total	p-value
Yes	52	6	58	p= 0.0503 x^2=3.8329
No	245	72	317	
Total	297	78	375	

Table No. 10 indicates that habit of alcohol use by husband is associated with sleeplessness in wife or mothers (p= <0.0001). Among 58 sleepless mothers 52 (89.66%) were suffering from alcohol use habit of her husband.

Table 11. Sleeplessness of Mother and Smoking Habit of Husband

Sleeplessness of Mother and Smoking Habit of Husband				
	Sample Size= 375			
PPD	Sleeplessness	Sleep	Total	p-value
Yes	38	20	58	p= 0.005 x^2= 7.875
No	141	176	317	
Total	179	176	375	

Table No. 11 indicates that habit of tobacco use or smoking by husband is associated with sleeplessness in wife or mothers (p= 0.005). Among 58 sleepless mothers 38 (65.52%) were suffering from the husband's habit of tobacco use or smoking.

Discussion

By definition, Postpartum Depression are transient, mild, time limited, and do not require treatment other than reassurance (Kennerly & Gath, 1989). Many new mothers may experience the "Baby Blues". Up to 80% of moms, during the first few days or weeks, may express feelings of sadness, tearfulness, unwanted crying, sleeping problems, appetite disruptions, anxiety, and a feeling of general unhappiness (London Health Sciences Centre, 2011). Prevalence of Postpartum depression among Rajbansi has been noted as 12.3% in the study. The prevalence of PPD is found 19.4% in a study conducted in a hospital of Kathmandu valley and was associated with suicidal tendency

(Budhathoki , et.al, 2012). In this study among 46 blues mothers 91.3% reported having mental stress. And only 8.7% Postpartum Depression mothers reported having no mental stress. This is statistically, highly significant (p=.000). Postpartum blues is the most common postpartum mood disturbance with prevalence estimates ranging from 30% to 75%. Symptoms begin within the immediate postpartum period and remit within days, include mood liability, irritability, tearfulness, generalized anxiety, and sleep and appetite disturbance.

Low social support or social isolation have also been found to be risk factors for developing depression in the postnatal period (Baker and Taylor, 1997; Brugha et al., 1998; Nielsen Forman et al., 2000). Therefore, traditional family support and support structures can play role on mother's health. Likewise, Functional assistance to mother also relieves their normal workload. In Rajbansi culture women are provided with someone to take care of the mother, neonate, and older children and perform their household duties. There is also social recognition of her new role and status. In the cultures, Stern and Kruckman studied; there was a great deal of personal attention given to the mother. In China and Nepal, very little attention is paid to the pregnancy; much more attention is focused on the mother after the baby is born (Stern, & Kruckman., 1983). Now situation of Rajbansi mother has been changed in Nepal. Culturally Rajbansi mothers are getting more family and social support and recognition and even ANC rate is also increased up to 96%. It differs quite a bit from what Norwegian mothers' experience. The prevalence of depressive symptoms was 4.9% in Nepal, whereas it was 16.5% in Norway. It may appear from this study that depression in the postnatal period was more than three times as common in Norway as in Nepal (Signe, 2009). But in Rajbansi community Postpartum Depression is high as much in Norway.

Depressive symptoms in the postnatal period in Nepal were strongly associated with the woman's relationship to her husband, reflected through the custom of polygamy and the husbands' alcoholism. Postnatal depressive symptoms were also associated with previous depression, with experiencing mental stressful life events the previous year, depression during pregnancy, multiparity and smoking (Signe, 2009). The study finds the Postpartum Depression experiencing mothers' husbands are taking alcohol (89.1%) and smoking (76.1%). Therefore this study has noted in Rajbansi mothers have associations among Postpartum Depression, habit of use of alcohol and tobacco by her husband, mental stress as well socio-economic and cultural practices in Rajbansi.

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Conclusion

Prevalence of Postpartum Depression found in Rajbansi mothers is 12.3% in the study. Economic conditions, education, habits of husband were associated with mental stress in mothers and mental stress in mothers was also associated with Postpartum Depression of mothers in Rajbansi was statistically significant. Traditional family support and support structure can play role in lowering prevalence of Postpartum Depression among Rajbansi mothers. Women with labour occupation or very poor, uneducated and those wives of alcohol taking and smoking husbands were vulnerable to PPD.

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