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Post-Partum Depression: A Case Study of the Wife of an Expatriate Pakistani

Ayesha Rasheed

Department of Applied Psychology, Lahore College for Women University, Lahore, Pakistan

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Corresponding Author: Ayesha Rasheed

Abstract

This study aims to explore the experience of post-partum depression in a woman that is the wife of an expatriate Pakistani. It probes into the psycho-social factor that boost the chances of post-partum depression among woman who gone through the c-section while giving birth to her 4th child in her husband's absence while living in joint family system. This case study reported a woman with postpartum depression; facing psychosocial pressures while living in

joint family system in rural area of Punjab. Edinburgh post-natal depression scale used to analyse her post-partum depression and DSM- V as the determinant of diagnostic criteria which revealed that psychosocial pressures, attachment issues and lack of social support made her vulnerable. Postpartum depression has varying symptoms and psycho-social factors irritating its symptoms.

Keywords: Post-Partum Depression, Wife of Expatriate, Psycho-Social Factors, Biopsychosocial Model

Introduction

Postpartum depression is widespread mental health ailment distressing women after childbirth. Physiological manifestation is to giving a birth and become a mother. This occasion brings exciting and differently meaning for women and rest of the family members. For few women this phase of their life cycle has a positive, delightful and memorable transition (Guintivano *et al*, 2018) ^[6]. However, it can be negative and disastrous that can cause long term illness and emotional disorder during their post-partum period. Postpartum depression is the worst form of emotional disorder that can affect many women differently (Sari, 2019) ^[14].

Postpartum depression is a symbol of major depression and mood disorder that occur right after the child birth. It contained symptoms such as; depressed, attitude, lack of sleep, loss of happiness, lack of interest in routine activities, loss of appetite, difficulty in sleep, physical anxiety, weakness, feeling of uselessness, lack of concentration and suicidal thoughts. Studies claimed that 20% newly mothers and 20% mothers with second or more child experiencing severe postpartum depression (Guintivano *et al*, 2018; Sadock & Sadock, 2015) ^[6, 12].

According to study marriage specifically "good marriage" supports mental health which leads to happiness and satisfaction. Healthy family life with quality of husband-and-wife positive relationship contributes to emotional wellbeing for both spouses and children (Fingerman, *et al.*, 2012) ^[5]. It has been proved scientifically that hostile couples took 40% longer time to heal physically after surgery, injury or athletic wounds etc, than of satisfied married couple (Kiecolt-Glaser, *et al.*, 2005) ^[9].

The joint family system is very common in south Asian culture like Pakistan, involves multiple generations living together under one roof with specific norms and values. It provides social-support with shared responsibilities, strong familial bond and collective decisions within the family setup (Sahar & Muzaffar, 2017) ^[13]. The relationship with in-laws plays a crucial part in married couples' life. In joint family system mother-in-law seems to be more concern and involved with married children and grand-children (Jeyaseelan *et al.*, 2014). While, mother-in-law claimed to be problematic person in the family because she arouses stronger emotional reactions than of other family member (Willson *et al.*, 2003) ^[17]. In this case study where women living in joint family system and specifically under supervision of mother-in-law makes her vulnerable to be depressed and overwhelmed.

There are many families living abroad due to increase in global businesses that has rise in numbers of expatriate projects. The expatriate husband not only face professional challenges, the effect on their wives is often unnoticed. There are many women who lived in their native country while their husband worked and lived in other country. The absence of expatriate husband's

during the emergency and critical period can worsen the conditions faced by new mothers (Telsac, C., & Telsac, Y., 2022)^[15]. This case study specifically discusses the factors, circumstances, psychological and physical health of a newly mother belongs to expatriate family underwent postpartum depression. It aims to understand the factors that leads her towards worse mental and physical health and other implications to support.

Case Study

The present case study is about a 30 years woman with four children, the wife of an expatriate Pakistani who living in a village of Punjab, Pakistan; within a joint family system. The woman was referred by her in laws to the presenting complaints which includes depression, loss of interest, fatigue, loss of self-awareness, lack of concentration, thought of guilty and worthlessness, sleep disturbances and with no appetite. Clinical interview was carried out by the women and her mother-in-law to get her in-depth history. Edinburgh post-natal depression scale was administered on the patient and score was 23. It was known that patient was experiencing postpartum depression which was established by the primary health care doctor right after the giving birth. The patient had history of postpartum right after her first baby girl birth. She delivered her four children through c-section in a private clinic in absence of her husband. The patient was allowed to go back home after two days of care due to family demand for postpartum care at home. While at home they performed spiritual treatment of the woman by stated that she has “jinnat” superficial creatures on her. They started her treatment with an “Amil baba” religious scholar to take a treatment called Dua & Dum to secure her from bad impacts of “jinnat” and evil eyes.

The patient stated that every time she delivered a baby her in-laws never allowed her to take rest or to spend time with baby, also she was responsible to take care of her other three children along with new born baby. She was considered a normal woman who act like a drama-queen. She does not have any moral and financial support from her husband, this makes her insecure and anxious. The patient felt anxious and depressed that event would repeat because the family still misinterpret her and make her restless with all her children.

Meanwhile, in rural areas of Pakistan a woman after marriage considered to be responsible to take care of her husband's parents and siblings; and if she becomes mother then it is also her duty to take care of them all alone. The patient stated that she would love to take care of her husband's family members, if she will be alright. They never understand her health conditions and forcefully ordered her to change her behaviour and normalize her routine to serve all of them. In this case her husband never been supportive to her instead of this he stood with his family's opinion against her wife.

Results and Discussion

Postpartum depression generally related to psychosocial problems such as problematic marriages, social taboos, childhood issues, economic status etc. Meanwhile, several studies indicated other factors affecting the mother's psychological health that leads her towards postpartum depression, such as under age marriages, low education or illiteracy, smoking during pregnancy, psychiatric history, poor marital status, low economic status, negative and

unpleasant circumstances during pregnancy, anxiety and sociocultural pressures. Postpartum depression is dangerous for both mother and child, as it makes child vulnerable to mental illness and emotional and behavioural serious issues while it increases the chance of suicidal attempts in mothers (Sadock & Sadock, 2015; Inserro, 2019)^[12, 7].

According to studies there are many factors enhancing the mental illness in woman becoming a mother. Psychological, social, cultural, environmental and economic factors also make woman vulnerable to mentally distressed (Pinem & Effendy, 2019)^[10]. The women with postpartum depression unable to nurse and take care of the child and find difficulty to act like a mother, which physically and mentally effect the development of the child (Guintivano *et al*, 2018)^[6].

Table 1: According to DSM-V Depression criteria

	Major complaints	Others
1	Depressive effect	Declined concentration
2	Lack of interest	Decreased self-awareness
3	Loss of energy	Guilty
4	Fatigue	Desire to die
5		Pessimistic
6		Loss of appetite
7		Loss of sleep
Mild	Moderate	Severe
2 major complaints	2 main complaints	3 main complaints
2 other complaints	3 other complaints	4 other complaints

Adapted from “American Psychiatric Association. Diagnostic and statistical manual of mental disorders (DSM-5®)”. American Psychiatric Pub; 2013:175.

To established the diagnostic the subject should experience these symptoms at least for two weeks.

Instrument

Edinburgh post-natal depression scale used to measure the post-natal depression in mothers with new-borns and household tasks. It evaluates the depressive symptoms through the experiences they are going through from last two weeks. It contains 10 items with 4-point scale 0-3 where zero indicates for “never”, 1 implies “very rarely”, 2 stands for “sometimes” and 3 scored to “often”. This scale score ranges are between 1-30 where score 1-9 showed no depressive symptoms, 10-12 moderate risk of depression, and 13-30 exposed severe risk of post-partum depression (El-Hachem *et al*, 2014)^[4].

After complete psychiatric history, interview, mental state examination and check on DSMV as showed in table 1, it claimed that patient fits on diagnosis criteria of post-partum depression. Their symptoms were observed through the results of the Edinburgh postnatal depression scale (EPDS) with a score higher than 13.

This case study has unique properties as it discussed the impact of sociocultural practice on women health specifically being wife of expatriate person. While this study suggests that society and cultural traditions should be by the value of health, to give nutritional food, comfortable atmosphere, healthy environment and things that makes her relax which help her to cope with her mental and physical health after birth of a new child. This study also found the relationship between sociocultural traditions and psychological distress.

This case study was based on bio-psycho-social model on the basis of subject current symptoms.

Table 2: Bio-psycho-social model

	Predisposing factors	Precipitation factors	Maintaining factor	Protective factor
Biological	Youngest and pampered daughter 4 th child-birth		Caring nature Over-thinking	Health
Psychological	Sensitive nature Absence of loved ones on child-birth/other worsen occasion Disturbed sleep Loss of appetite Anxiety	Living without husband Dependency on in-laws Low self-esteem Lack of respect	Sense of loneliness Over-whelmed Pressures Stressors	Insight of problem To live with husband
Social		Lack of social support Dependency Social taboos Worthlessness Lack of acceptance at in-laws' home		Social acceptance Financial and social support Get rid of domestic huge responsibilities

It seems that predisposing factor in the early age she faced the death of her father when she was only 5 years old being the youngest and pampered daughter. She has sensitive nature and temperament which makes her vulnerable. The precipitating factor was that her husband lived abroad for job purpose and she felt alone and desperate at times of emergency when she needs him specifically at child-birth. She totally dependent on her in-laws; she feels low self-esteem and lack of respect while dependent on her in-laws. They argued her all the time when she needs and demands anything. A woman came from a house with love and attention; facing individual criticism, name calling which leads her towards lack of communication, worthlessness, attention seeker and silent lonely person with no resources.

Conclusion

This case study determined that impact of post-partum depression on newly mothers which has lack of social support, emotional attachment, social and cultural pressures to take parenting responsibilities to being a perfect daughter in law and best mother. It is the need of time to educate the society and family in a wider way to develop a support system and intervention to discourse the psychosocial needs of the wives during pppd. It highlights the importance of mental health awareness, active counselling centres, lawful conditions and community centres which can help women with same circumstances and vulnerabilities to cope with their fear and helplessness to promote the wellbeing of expatriate wives with newborns.

Recommendations

There should be law and regulations to protect and secure mental and physical health of newly mothers specially in underdeveloped countries. International law and community identify importance to maintain physical, maternal and mental health to support new mothers. According to global maternal health by World Health Organisation (WHO, 2020) [16] the new mothers have their right for paid maternal leaves, easy and convenient approach to health care centres and other preventive measures to reduce maternal mortality and promote wellbeing during postpartum period. Newly mothers need to get authentic instructions about valid procedure to take care of both mother and kid personal hygiene. There should be community-based seminars, workshops and classes referred by the relevant gynaecologist and it should be obligatory for family and parents to attend the sessions, so they can well understand the needs and requirements lead to mental and physical

health of the mother and children. In under-developed countries as southern Asia there should be psychological and overall training sessions for the in-laws specially if the women living in joint-family system; to make it applicable and practical there should be some penalty to the husband in case of absence or less communication. It is very important issue because if the mother is physically and mentally healthy, she can produce and develop a healthy and civilized individual which will be helpful for the society and vice versa.

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