NARRATIVE REVIEW

A qualitative exploration of experiences and perceptions in recent parents screening positive for perinatal depression in Karachi, Pakistan

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Abstract

The narrative review was planned to qualitatively analyse the experiences, factors and context of parents screening positive for perinatal depression in Karachi. Semi-structured in-depth interviews were conducted to explore the experiences and perceptions of participants during pregnancy, birth and 10-12 weeks after birth. Seven men and 20 women participated in the in-depth interviews. Factors in the perinatal period that affected new parents included sleep disturbances, emotional stressors linked to preference for a male child, a lack of social support, financial burdens of perinatal care, personal frustrations caused by an inability to comprehend the signs and symptoms of perinatal depression, denial to admit challenging issues concerning mental health and social disapproval with expressing mental health issues. There is an imminent need for appropriate initiatives to raise awareness about perinatal depression, and the provision of adequate perinatal mental health services for Pakistani women and men.

Keywords: Perinatal depression, Maternal depression, Paternal depression, Antenatal depression, Postnatal depression, Qualitative research, Pakistan.

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Introduction

The perinatal period increases the vulnerability of new parents to an array of mental health problems, including depression.[1] Depression during pregnancy could be a predecessor of postnatal depression. The prevalence of maternal depression is reported to be 26% antenatally and 20% postnatally, and this prevalence is higher in low- and middle-income countries (LMICs).[2]

Until recently, women were the primary focus of research in perinatal mental health, and there is scarcity of data on perinatal depression in men. Studies have reported prevalence estimates to be approximately 7-10% of men with perinatal mood disorders or depression.[3,4] Men present with different symptoms of depression than women, and are less likely to access mental health services due to various socio-cultural stigmas attached to masculinity. A 2016 study found antenatal depression to be persistent up to six months postpartum in 86% of men and 75% of their partners.[4] A meta-analysis of 28 studies in 2020 reported positive correlation between maternal and paternal depression during pregnancy[5] but there is a scarcity of data on paternal perinatal depression in LMICs.

In Pakistani women, the overall prevalence of antenatal and postnatal depression is estimated to be between 30% and 37%.[6] Various risk factors associated with perinatal depression in Pakistan have been identified, but there is paucity of qualitative research to explore these factors and understand people's experiences and perceptions regarding perinatal depression. The current study was planned to fill the gap by capturing the experiences of Pakistani women and men who screened positive for depression during the perinatal period, and to understand the factors and contexts, and their perception of perinatal depression in Pakistan.

Subjects and Methods

The qualitative study was conducted at Fatima Bai Hospital, Karachi, from May to August 2019. After approval from the institutional ethics review committee, the study was conducted following the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines.[7] Those included were pregnant women who followed up for 10-12 weeks postpartum along with their husbands. Those not willing to volunteer were excluded.

After taking informed consent, the participants were subjected to Edinburgh Postnatal Depression Scale (EPDS) to screen them for possible depression, and those scoring >12 on the EPDS were invited for in-depth interviews (IDIs) for which semi-structured guidelines (Figure) were developed to explore the experiences of participants during the perinatal period. IDIs were recorded, transcribed verbatim, and read independently by two researchers. Content analysis was used to generate a code list. Data were collected till the point of saturation. It was organised and managed using NVivo 12 Plus software (QSR International, 2020).

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Interviewer to remember:

- Introduction of the interviewer and the study.
- Provide a brief summary of the process.
- Obtain verbal consent before recording the interviews and reassurance of confidentiality.
- Assure participants that they can stop the interview at any time.
- Keep the interactions focussed and at the same time allow participants' perceptions and experiences to emerge.
- Thank the participants for their time and willingness to share their experience at the end of the interview.
- If requested by the participants, provide more information about resources and services for perinatal depression at the end of the interview (including where to seek help).

Interview categories

- Personal experience of the latest pregnancy and delivery (planned/unplanned, reaction towards pregnancy, overall experience/feelings? What sort of challenges, how did you cope up with those challenges …normal/CS, complications, financial…)
- Reflection on spouse's experience/reaction/behaviour during latest pregnancy (expectation, issues/challenges)
- Social emotional support provision/barriers, etc. during antenatal and postnatal period (who provided this support? If not, what were the barriers) (relationship with intimate partner, in-laws…)
- Situation postnatally (feelings/experience/issues and challenges) after birth (recovery, financial, emotional, social)
- Management post-birth issues (health, sleep, mood, financial, opportunities/challenges or barriers)
- Child-related issues (overall health of the new born, sex of the new born, coping with new routine, breast-feeding practices, impact on sleep, inter-personal relationship with partner, etc…)
- Knowledge of perinatal depression (source of information, help seeking, barriers…)

Figure: Guideline for in-depth interviews.

Results

Of the 363 subjects screened, 312(86%) were women and 51(14%) were men. From among them, 98(31.4%) of the women and 14(27.4%) of the men screened positive, while 20(20.4%) women and 7(50%) men participated in the IDIs. There were 7(35%) women and 3(43%) men aged >30 years, and 5(25%) women and 1(14.3%) man said the pregnancy had been planned (Table).

The first theme identified was health-related factors. Some women identified complications during pregnancy or immediately after birth as a stressor: "*My (episiotomy) stiches got infected and I was unable to even walk. It was one of the reasons for my stress. I was not only in pain, but was also unable to look after my baby.*" – Mother #15

Sleep disturbance was a major change experienced by the majority of women. "*He (newborn) is up all night and I sit there, holding him all night. I cannot wake up my husband, who has to go to work in the morning.*" – Mother #7

Most participants attributed breastfeeding as a major contributor to their sleep disturbance. "*I keep waking up at night every 2-3 hours; sometimes [I] have to wake up every 1-2 hours.*"– Mother #12

Table-1: Characteristics of the participating parents.

Characteristics	**Female** (n=20)	**Male** (n=7)
Age (years)		
<20	2	Nil
20-25	6	3
26-30	5	1
>30	7	3
Education		
Uneducated	5	2
Primary (until year 5)	5	0
Secondary (year 6- year 12)	6	2
Bachelor and above	4	3
Number of living children †		
1-2	9	5
3-4	6	1
≥5	5	1
Family income (‡PKR/month)		
Don't know	1	Nil
10,000 - 19,000 (USD 63-119)	8	3
20,000 - 30,000 (USD 125-188)	9	4
>30,000 (>USD188)	2	Nil
Self-reported current financial difficulties		
Yes	16	7
No	4	Nil
Type of family		
Nuclear	6	2
Extended	14	5
Planned pregnancy		
Yes	5	1
No	15	6
Gender of the new born		
Male	7	3
Female	13	4
Type of delivery		
Normal	13	-
Caesarean section	7	-
Sleep affected due to new born		
Yes	20	6
No	Nil	1
Spouse EPDS >12		
Yes	6	6
No	Nil	1
Not applicable	14	Nil

EPDS: Edinburgh Postnatal Depression Scale; PKR: Pakistani rupee; USD: United States dollar; † Including index child; ‡ 1 US dollar equivalent to approx. 160 PKR; §Yes: Spouse was screened positive for depression; No: Spouse was not screened positive for depression;N/A: Spouse could not be approached to participate in the study.

Male participants also complained of disturbed sleep postnatally:

"*Sometimes I feel like crying, sometimes I feel so angry that I want to shout.*" – Father #1.

Issues related to breastfeeding were identified as potential

stressors for women: "*My baby is always hungry. I feel like I am unable to properly feed her.*"– Mother #20

"*There is a lot of pressure. Elders tell us that they have breastfed their children and that today's generation does not make efforts to breastfeed their child. Of course, every mother wants to breastfeed the child, but a lot of them are unable to.*" – Mother #15.

The second theme was emotional and financial challenges. Most women described the antenatal period as a time of emotional turmoil. "*I used to feel like crying at night, [I did not understand] what was happening, why is this happening.*" – Mother #19

Another woman shared her feelings during the postnatal period: "*When I held the baby for the first time, I was very depressed. I did not feel like looking at her or holding her.*" – Mother #15

Most male participants had limited understanding of the signs and symptoms of postnatal depression in their wives.

"*Sometimes I get frustrated because all of a sudden she gets emotional and starts to cry.*" – Father #6

A male participant commented on the social unacceptability of mental illness in men. "*Here (in Pakistan) mental or psychological illness is considered wrong and I am not sure if men can have [perinatal] depression.*" – Father #6

Lack of social support and empathy was a stressor for female participants. "*Whatever a woman feels, whatever she goes through (during pregnancy and after birth), a man would never understand…*" – Mother #6

Most male participants commented that after the arrival of the newborn, their spouse's attention was focussed on the child and that they felt ignored: "*She (wife) does not give attention to me anymore. Our relation[ship] as a husband and wife is non-existent.*" – Father #1

There was a preference for male children among participants. "*I wanted a son, and when it did not happen, I was upset.*" – Mother #20

"*I did not feel disheartened (at the birth of a daughter); rather I was disturbed by the weird attitude of others. Everyone kept saying 'don't worry God will give you a son as well'. This irritated me.*" – Father #6

Costs associated with perinatal care, including antenatal check-ups, delivery charges, and vaccination costs all added to the financial burden. One participant commented.

"*The delivery bill was so huge that we had to borrow money from our families.*" – Mother #9

The third theme identified was participants' perceptions and barriers to perinatal depression. Overall, there was very limited understanding of perinatal depression among the participants.

"I feel like I am in a deep, dark place and I will never be able to get out of it … I cannot understand what is wrong with me." – Mother #9

"*I get very irritated, and I have started to notice that I am becoming more short-tempered.*" – Father #6

Most male participants acknowledged the societal expectation of being a 'provider' as a barrier to accepting and seeking support for their mental health issues.

"A man is supposed to be strong. He cannot cry and is expected to support his family." – Father #3

"*It is usually unimaginable that a man may require emotional support. They are usually emotional support providers.*" – Father #6

One female participant shared her inability to get support for her mental health issues:

"*I told him (my husband) that I feel suffocated … my husband had only one reply, 'All women in the world give birth, you have not done anything exceptional'.*" – Mother #9

Discussion

We found a gap in the understanding of mental health issues in the perinatal period, and the stressors included complications during pregnancy and after birth, disturbed sleep, and emotional and financial burden during the perinatal period. To the best of the researchers' knowledge, this current study is the first to qualitatively explore the experiences of Pakistani women and men during the perinatal period.

Somatic changes in pregnancy contributed to depressive feelings in women, negatively affecting their functional capacity and inter-personal relationships. Sleep disturbances have been previously associated with perinatal depression[8,9] among women and men. Most female participants reported physical exhaustion and sleep disturbance due to breastfeeding, whereas recent evidence suggests otherwise.[10] Some participants reported that their inability to breastfeed was a cause of their stress, which was aggravated by inadequate social support. These findings suggest designing and implementing more research-based educational material to promote proper breastfeeding techniques, highlighting the positive impact of breast feeding on sleep and general wellbeing of parents and the newborn.

Most participants acknowledged a change in their own or spouse's behaviour during the perinatal period, but the majority did not comprehend these feelings. Social support throughout perinatal period may help in mitigating the adverse impact of depression, and healthcare providers can use antenatal visits as an opportunity to raise awareness regarding perinatal depression. Male participants identified financial burden as a concern and regarded gender role expectations of being a 'provider', as a barrier to seeking mental health support.

Most multiparous participants reported exhaustion due to increased work and responsibilities associated with having multiple children. Some participants commented on their failure to plan their recent pregnancy and expressed their wish to have delayed the pregnancy if they had the chance. Such thoughts are reflective of an urgent need for a more effective family planning programme.

The current study has limitations. As the study was conducted in an urban setting alone, the findings may not be generalisable. Due to resource and time limitations, IDIs could not be conducted during the antenatal period, and the participants recalled their antenatal experiences during the postnatal interviews, increasing the possibility of recall bias. Future qualitative research in the antenatal period is, therefore, recommended.

Conclusion

There is an imminent need for appropriate initiatives to raise awareness about perinatal depression, and the provision of adequate perinatal mental health services for Pakistani women and men.

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