Cultural Considerations on Screening and Identifying PPD

Postpartum Depression and Systemic Impacts

- Postpartum depression (PPD) is a major depressive disorder with onset either during pregnancy or postpartum.
- PPD prevalence as cited in most literature is 10 -15%.
- Affects maternal health, infant growth, the bond between the mother and infant, the relationship between the couple and the family unit overall.

Mental Health in Myanmar

- Myanmar is one of the developing countries in Southeast Asia with a population of over 60 million people.
- Limited mental health care with only two psychiatric hospitals in Yangon and Mandalay.
- Neuropsychiatric disorders in Myanmar contribute to approximately 9.2 per cent of the global burden of disease.
- Depression is one of the most common disorders in Myanmar with a prevalence of 0.57% as reported by a research done in Yangon region.
- No empirical data was found on prevalence of PPD.

Lack of affordable and accessible Maternal healthcare system

- Underutilization of maternal health care due to geographical setting, income, education, and access to transportation.
- Common home deliveries with traditional birth attendants called “Lat The”.

The role of traditional postpartum practices

- “Lat The” helps with household work, provided counsel on traditional postpartum practices and psycho-social support.
- Food and hygiene restrictions and behavioral and physical rituals and practices during postpartum period.

Social Stigma

- Gender Norms – Males are usually breadwinner, head of the household, and decision-maker regarding healthcare and family planning.
- Religious perspective - Buddhist perspective conceptualizes depression as state of past or present ‘evil mind’, caused by the attachment such as anger and greed.

Clinical Implications for MFT

- Integrating more accessible psycho-social consulting services in maternal healthcare.
- Increase husband’s involvement in maternal healthcare.
- Recognizing that traditional postpartum practices can be both a support and risk factors for the mother’s mental health.
- Collaborating with traditional birth attendants.
- Psychoeducation to raise awareness within the family system and in community.
- Offering couple or family counseling session with during postnatal care.
- Implementing culturally appropriate interventions.

Future Directions

- More research to be done with more diversity (other ethnicities and religious groups within Myanmar).
- Research to create a screening tool for PPD appropriate for Myanmar.
- Consideration of non-heteronormative couples and families.
- Develop a culturally attuned treatment and psychoeducation materials appropriate for both rural and urban communities.

References


