

Postpartum Depression: Role of Therapy and Associated Stigmas in Developing Countries

Annals of Neurosciences

31(1) 10–11, 2024

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DOI: 10.1177/09727531231203453

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Introduction

Postpartum depression (PPD) can be defined as the emotional, physical, and behavioral changes experienced by women after a few days or weeks post-delivery.¹ The increased levels of estrogen during pregnancy have been shown to have an impact on the mother's mood, as it also affects the levels of serotonin and dopamine, which play an important role in mood regulation. While some women may experience a sense of calm and relaxation throughout pregnancy, others may experience mood swings, anxiety, hopelessness, sadness, and similar symptoms. Additionally, some women may continue to experience these feelings even after childbirth, potentially leading to PPD if they persist for an extended period of time.²

Main Text

PPD does not have a particular cause and is typically influenced by a combination of factors. Recent studies, such as the one conducted by Teri Pearlstein, have identified various factors that contribute to the development of PPD such as a history of depression, current depression, domestic violence, and inadequate support from partners.³ Diagnosis of PPD can be challenging due to irregularities in sleeping patterns, dietary changes, and mood swings experienced by the mother. The chemical changes in the brain resulting from a sudden decrease in hormone levels after childbirth can lead to the manifestation of PPD symptoms in some mothers.

While PPD remains an important topic of discussion, it also has many stigmas attached to it in different parts of the world. In Middle Eastern countries where society and culture seem to have a huge impact on an individual, PPD is not easily diagnosed or treated properly. The cultural impact on people acts as a barrier that results in the mothers not being able to recognize PPD as a serious medical condition but rather is perceived as a usual event post-delivery. Stigmas

associated with PPD makes it even more challenging and stressful for the mother as it prevents one from getting proper access to treatment.⁴ In countries, where mental health is not given much importance and is not prioritized, the person suffering from any sort of mental illness is made to feel ashamed and embarrassed while seeking help thus adding up to the misery.⁴ In low-income countries where mothers are expected to adore and take on the full responsibility of bringing up the child, seeking professional help such as enrolling themselves in therapy is met with criticism and negative remarks. The added comments by society and the pressure further deteriorate mental health. Furthermore, the mother also feels a sense of guilt while taking a break or trying to catch up on sleep.

One of the factors that also lead to stigmatization is the gender discrimination that exists in many countries. Certain roles are expected to be only performed by the women such as raising a child and nurturing them leaving no room for disagreement from the mothers' side. The minimal help and support from the partner add to the pressure and stress felt by the mother. PPD not only affects a mother's mental status but it also affects the relationship a mother shares with her newborn baby. Women diagnosed with PPD tend to give less attention to their babies, leading to irritable behavior and excessive crying.

Antidepressants and therapies such as individual interpersonal psychotherapy (IPT) and cognitive-behavior therapy (CBT) play a major role in the treatment of PPD.⁵ IPT sessions can be based on one-to-one sessions focusing on

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maternal needs and trying to figure out the potential trigger so that work is done to cure it.⁶ Another form of IPT is a group based in which mothers suffering from PPD can share their own experiences and feelings hence giving a sense of support from their peers. The group-based IPT takes away a sense of isolation or loneliness potentially felt by the mothers due to the taboo and lack of awareness associated with PPD and gives them a sense of togetherness while having to face it. Therapy sessions require skilled therapists but due to the social stigma and lack of awareness, not many therapists pursue their careers in developing countries. While IPT is the main treatment for PPD, in many developing countries skilled therapists are scarce and proper awareness regarding therapy is not provided amongst the citizens.⁷ As a result, therapy is considered a stigma in society, and physical health is prioritized over mental health. The women health workers employed by the government are made to focus on the physical health of the mother and the infant including diseases such as diarrhea, polio prevention, etc. while ignoring illnesses such as the PPD.⁸

Educating women about the signs and symptoms of PPD by health professionals not only helps in diagnosing PPD but also encourages them to reach out for therapy. The concept of stigmatization associated with mental health and its treatment can be overcome by spreading awareness and by providing education regarding its consequences.⁹

Conclusion

PPD is a serious concern and therefore should be addressed by spreading awareness among people. Women facing this illness must receive proper treatment and care accordingly. PPD is an issue faced by women worldwide and can be overcome by raising awareness about it not only among mothers but also among society as a whole. By raising voices against the stigmas associated with PPD, we can provide a healthy supportive environment for mothers during this crucial time.

Authors' Contribution

The conceptualization was done by ME and MAS. The literature and drafting of the manuscript were conducted by ME, MA, ZK, MA, and MSM. The editing and supervision were performed by HSR. All authors have read and agreed to the final version of the manuscript.

Statement of Ethics

No experiments were conducted by the author for this Commentary. Hence, ethical approval was not required.

Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author received no financial support for the research, authorship and/or publication of this article.

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