MATERNAL DEPRESSION; A DOCUMENTATION OF THE PERCEPTIONS AND EXPERIENCES OF MOTHERS IN THE SEMI-URBAN AREAS OF DISTRICT RAWALPINDI, PAKISTAN



Rabab Sakina

01-155152-068

Supervised by: Shaheer Ellahi Khan

BSS 8(DS)

Department of Humanities and Social Sciences
Bahria University, Islamabad

## **DEDICATION**

I dedicate this thesis to my revered teacher and supervisor, Sir Shaheer Ellahi Khan, who has not only enlightened me with the most insightful experiences in the classroom throughout my academic journey, but has also guided me in my practical life so far. This thesis would not have been possible without his motivation and support. I always admire and look up to him, and he has always inspired me as a teacher, as a researcher and as a human being. I thank Sir Shaheer Ellahi Khan for giving me such an amazing experience of being a student.

## **ACKNOWLEDGEMENTS**

First and foremost, I express my gratitude to Allah Almighty and Prophet Muhammad (s.a.w).

I would also like to thank my supervisor, my teacher, Sir Shaheer Ellahi Khan. Without his guidance, supervision and motivation, this thesis would not have been possible, for he has been an inspiration, the most remarkable guide, and a great friend throughout my academic journey. For every little I have achieved, I can not be thankful enough to him.

I further thank my father, who has always been there for me. He has always assisted me in every way, and provided me with the best of everything that helped me achieve my academic goals with flying colours. Without his love and support, I would be nothing, and I am indebted to him for everything.

I thank my mother (late) for always being there for me. She provided me with a role model in herself whom I could look up to in the darkest hours of life. She has always supported her family in every way, and did so much effort on her children in order to make them moral and successful beings. My mother always encouraged me to flourish and fly high, and above all, be a good human being. I am extremely grateful to her for every achievement in my life.

Lastly, I would like to thank my family and friends who have been a support to me in any way. I thank people from the associated organization who assisted me with so many details and information that made my research possible, and supported me in every way.

## Table of Contents

DE	DICA	ATIO	)N	1
AC	KNO	WL	EDGEMENTS	2
ΑE	STRA	ACT		5
1.	СН	IAP	TER 1: INTRODUCTION	6
	1.1	C	DBJECTIVES:	8
	1.2	R	ATIONALE OF THE STUDY:	9
2.	СН	IAP	TER 2: LITERATURE REVIEW	10
	2.1	C	ONCEPTUAL FRAMEWORK:	16
3.	СН	IAP	TER 3: METHODOLOGY:	17
	3.1	R	APPORT:	17
	3.2	D	DATA COLLECTION TOOLS AND METHODS:	18
	3.2	2.1	Participant Observation:	18
	3.	2.2	Key Informants:	19
	3.2	2.3	Semi-Structured Interviews:	19
	3.3	S	AMPLING:	20
	3.4	S	TUDY LOCALE:	22
	3.5	L	IMITATIONS OF THE STUDY:	27
4.	СН	IAP	TER 4: FINDINGS	28
5.	СН	IAP	TER 5: PRE-DIAGNOSIS PERSPECTIVES AND EXPERIENCES REGARDING MATERNAL	
DE	PRES		N	
	5.1		/IEANING	
	5.2	S	ELF-DIAGNOSIS	31
	5.2	2.1	Medical history of loss of a child through neonatal death, miscarriage or abortion	
	5.2	2.2	Medical history of operated delivery(s)	32
	5.2	2.3	Onset of the Symptoms	33
	5.2	2.4	Frequency	34
	5.3	C	CULTURAL EXPRESSIONS OF MATERNAL DEPRESSION	35
	5.3	3.1	Physical Symptoms	35
	5.3	3.2	Behavioural Changes	38
	5.3	3.3	Effect on Social and Domestic Activities	41
	5.4	C	CULTURAL PERCEPTION AND CAUSES	42
	5.4	4.1	Cultural Perception of the word 'Tension' in the semi-urban areas:	43
	5.	4.2	Perception of not being a good mother:	45
	5.	4.3	Neglection of other children:	45
	5.4	4.4	Other socio-cultural beliefs:	46

6.	CHA	APTER 6: PROCESS OF REACHING THE HEALTH FACILITY	47
	6.1	REALIZATION	47
	6.2	SHARING/DISCLOSURE	48
	6.3	DECISION MAKERS/STAKEHOLDERS	48
	6.4	ROLE OF THE LHWs	49
7.	СНА	APTER 7: LABELLING	50
	7.1	ACCEPTANCE OF THE LABEL BY THE RESPONDENT	51
	7.2	ACCEPTANCE OF THE LABEL BY THE FAMILY	51
8.	СНА	APTER 8: FOLLOW-UP OF THE TREATMENT	54
	8.1	DENIAL	54
	8.2	ECONOMIC BARRIERS AND INCENTIVIZATION	55
	8.3	IMPROPER HEALTH FACILITIES	55
	8.4	CULTURAL COPING MECHANISMS	56
8.4.		1 Role of Hakeem	56
	8.4.2	2 Role of Religion	56
	8.4.3	3 Other indigenous coping mechanisms	57
9.	СНА	APTER 9: DISCUSSION	59
10	. CI	HAPTER 10: CONCLUSION AND RECOMMENDATION	65
	10.1	CONCLUSION	65
	10.2	RECOMMENDATIONS	66
A۱	INEXU	RE 1: TRAINING MODULE FOR DOCTORS	67
A۱	INEXU	RE 2: COUNSELLING MANUAL	82
A۱	INEXU	RE 3: LISTS OF REGISTERED PATIENTS	87
A۱	INEXU	RE 4: INTERVIEW GUIDE	90
RE	FEREN	ICES	93
GL	.OSSAR	RY	99

## **ABSTRACT**

This study explores the pre-diagnosis perceptions and experiences of semi-urban women regarding maternal depression, their experiences of reaching the health facility, acceptance of the label by them and their families, and the issues in the follow-up of its treatment. It documents the whole episode of maternal depression using the patient's end of Kleinman's Explanatory Model of Illness, and also argues that the sociocultural perspectives of women play an important role in the formulation of their experiences of the illness as well as their care seeking behaviour. The main focus group of this study includes the women diagnosed with maternal depression and registered in the rural health centre of Khayaban e Sir Syed and the Tehsil Headquarter Hospital of Taxila that were subject to the Rural Health Sector Reform Project in Punjab. The study also analyzes and documents the preference of religious and cultural coping mechanisms and poor compliance with medical services, hence creating hurdles in follow-up.

This study is the first of its kind in Pakistan with the application of Kleinman's explanatory model and can be extended on a broader level in order to get a deeper understanding of patient perceptions regarding maternal depression, it's symptoms and treatment, so that awareness can be raised, service provision can be made better, and follow up to the treatment by such patients can be ensured.

**Keywords:** Maternal Depression, Postnatal Depression, Culture, Religion, Tension/Stress, Label, Follow-Up, Coping Mechanisms, Lady Health Worker (LHW), Kleinman's Explanatory Model (EM) of Illness, Rural Health Centre (RHC), Tehsil Headquarter Hospital (THQ)