

12-15-2023

The Effect of Culture and Society on Postpartum Depression: Impacts observed in India and America

Roma Agarwal
Syracuse University

Follow this and additional works at: <https://surface.syr.edu/thecrown>

Recommended Citation

Agarwal, Roma (2023) "The Effect of Culture and Society on Postpartum Depression: Impacts observed in India and America," *The Crown: Syracuse Undergraduate Research Journal*: Vol. 1, Article 18.
Available at: <https://surface.syr.edu/thecrown/vol1/iss1/18>

This Article is brought to you for free and open access by SURFACE at Syracuse University. It has been accepted for inclusion in The Crown: Syracuse Undergraduate Research Journal by an authorized editor of SURFACE at Syracuse University. For more information, please contact surface@syr.edu.

The Effect of Culture and Society on Postpartum Depression

Impacts observed in India and America

Roma Agarwal
health humanities and anthropology, 2027

Abstract

This medical anthropology-based research paper contains an extensive scientific literature review, exploring how culture manifests itself in a medical condition. This paper specifically focuses on how culture and society affect postpartum depression (PPD) in a comparative analysis of two countries: India and the United States of America. It further explores methods to alleviate the predominance of postpartum depression in relation to cultural, social, and economical factors.

Introduction

Postpartum depression is a mood disorder that predominantly influences about 10-15% of females who have given birth (Pearlstein et al., 2009). The usual symptoms of this condition include loss of interest, sadness, suicidal ideations, and sleep deficiency that extends beyond the amount required for caring for the offspring (Pearlstein et al., 2009). This can have negative effects on the health of the mother and offspring. Thus, postpartum depression is a medical condition of importance. Research on this subject is important for the medical community, specifically obstetrics.

Prominent medical conditions that can be attributed to the development of postpartum depression are bipolar disorder and thyroid disorders. Other common risk factors include child-care related stressors, unplanned pregnancies, lack of emotional and financial support, marital conflict, lack of social support for the pregnancy, and more (Pearlstein et al., 2009).

The rates of postpartum depression in women largely differ based on the mother's environment. There is a large correlation between the socioeconomic environment the woman is in, and her risk for postpartum depression (Abdollahi et al., 2011). Postpartum depression varies widely between different cultures, especially between the Eastern and Western world. This paper will research and compare the specific influences of culture and society on postpartum depression in Indian and American women, and conduct analysis for improved health outcomes.

Factors Influencing Postpartum Depression in the United States

In a study conducted by Albanese et. al, 23 factors influencing postpartum depression from a sociodemographically diverse sample of 30 mothers living in the United States were identified. This diversity was shown through sexual orientations, partners, infant genders, parity, religious identity, racial identity education, employment, income, and participant age. The following table outlines the distribution of diversity amongst the sample used for this study.

Financial and material resources in the United States are a major risk factor for postpartum depression (Albanese et al., 2020). The access to crucial health resources are determined by the income status of the mother and/or her family, which proves to be an indicative factor for postpartum depression in the United States. Social pressures also influence the rate of postpartum depression in mothers in the United States. A culture of "intensive mothering" has developed, causing American mothers to face judgment for not attaining a high,

unrealistic standard of parenting (Albanese et al., 2020). This influences the mother's pressure on herself to parent in a certain way, further impacting her happiness and views of self-success.

Postpartum depression was largely above average and exceeded 20% in women who were younger than 19 years old in the United States. This can be attributed to the many social roles adolescent mothers in the United States are forced to juggle (daughter, student, girlfriend, etc.) (Ladores and Corcoran, 2019).

Nearly 13 of every 100 U.S. adults aged 18 years or older participate in the act of smoking (2022). It is shown in studies that women who continued "smoking at any level during pregnancy and postpartum had 1.48 times the odds of reporting PPD" (MGH Center for Women's Mental Health, 2015). Thus, there is a significant correlation between the prevalence of smoking in the United States and the onset of postpartum depression. It was also found that postpartum depression exceeded 20% in Native American women. According to the National Rural Health Association, in a population of 20,000 or fewer Native American women, 75% do not have a practicing psychiatrist (2018). This lack of support and awareness from health professionals in society increases the prevalence of postpartum depression in Native American populations in the United States.

Methods to Lessen the Prevalence of Postpartum Depression in the United States

According to the study by Albanese et al., efforts to bolster and support postpartum mothers are lacking in America (Albanese et al., 2020). A culture of self-care can be cultivated by emphasis from clinical providers or members of the mother's social network. To combat the common "intensive mothering" culture prevalent in the United States, postpartum women should be encouraged to take breaks, rest, and participate in leisure activities during the postpartum period (Albanese et al., 2020).

Healthcare providers can educate members of the mother's personal network on the importance of social support during postpartum. This will help mitigate the lack of social support towards postpartum mothers in the United States. For women who lack financial and material resources, the healthcare provider can help connect women to affordable social service resources.

Healthcare providers can educate members of the mother's personal network on the importance of social support during postpartum. This will help mitigate the lack of social support towards postpartum mothers in the United States. For women who lack financial and material resources, the healthcare provider can help connect women to affordable social service resources.

The following table elaborates on various methods of treatment of postpartum depression, outlining intervention of both internal and external factors.

Factors Influencing Postpartum Depression in India

In India, there is an emphasis of preventative healthcare during the postpartum period that acts as a barrier to postpartum depression. It is often predominant that the mother has a nourishing and supportive network to heal her and recuperate during this period," (Learning from India's 2023). She often lives by rituals according to Ayurveda, which is a 5,000-year-old Indian healing tradition (Learning from India's 2023). However, despite the abundance of postpartum care, modern analysis has shown an increase in postpartum depression in India. According to a research study called, "Postpartum depression in India: a systematic review and meta-analysis," postpartum depression in mothers is highly prominent. The following table outlines findings from the study regarding risk factors for postpartum depression.

Many women are reluctant to seek care or admit their mental health sufferings due to social taboos or fears of being labeled as a "failed mother." Postpartum depression is more prominent in mothers residing in urban areas than in rural areas, which can often be due to overcrowding, inadequate housing, increased work pressure, and increased cost of healthcare. Geographically, postpartum depression is more prevalent in Southern India than Northern India (Upadhyay et al., 2017). This can be caused by increased care-seeking, due to the higher literacy rates present in Southern India.

To many new mothers, stress is a large risk factor to postpartum depression, especially those residing in India. Many prominent stress-inducing situations are common amongst Indian mothers, involving: poor living conditions, many children to take care of, lack of necessary healthcare resources, lack of reproductive health awareness, c-section birth, and fewer work experiences.

These factors can induce stress in mothers, leading to postpartum depression (Shelke and Chakole, 2022). Additionally, common chronic diseases in South Asian populations can induce stress in postpartum depression, such as hypertension, diabetes, and cardiovascular disease (Jana and Chattopadhyay, 2022).

The birth of a female child is often the cause of postpartum depression in new mothers in India. Especially prominent amongst those in low-income populations in India, many family members are desperate to escape the burden of a girl's dowry (2008). In Indian culture, a dowry is referred to as gifts in the form of cash or goods that parents give to the groom's family as a condition of marriage (Sood, 2021). This further influences the mother's unhappiness with her pregnancy outcomes, resulting in high levels of postpartum depression.

The amount of contact the new mother has with healthcare professionals also affects the rate of postpartum depression. A high proportion of mothers in India deliver at home, rather than in health care facilities (Upadhyay et al., 2017). This creates barriers to prompt recognition and treatment of postpartum depression, as women are not in contact with healthcare professionals that could help combat the Postpartum depression.

Methods to Lessen the Prevalence of Postpartum Depression in India

In India, more than half the cases of postpartum depression are not detected by healthcare providers in India (Johnson et al., 2015). Despite the launch of India's national mental health programme in 1982, maternal mental health is not the focus of this initiative (Upadhyay et al., 2017). In the current public health care system in India, primary-care workers often focus on promoting infant care practices rather than the mother's health in postnatal visits. Indian women should be encouraged to seek help and a care-seeking culture should be established by healthcare systems. Healthcare treatment is crucial in postpartum depression, especially when started early on. Most importantly, screening should become a more efficient process in India in order to detect and treat postpartum depression in its beginning stages. Government policies and initiatives can take place to increase mental health awareness of postpartum depression in women, both for patients and healthcare workers.

Conclusion

After cultivating a detailed analysis of the effect of society and culture on the health outcomes of postpartum depression in American and Indian mothers, it is clear that much change needs to occur in both healthcare systems regarding postpartum care. Although this analysis has limitations, such as skewed data due to cultural factors affecting how many women report their condition, it reveals patterns. While there are many differences between these countries, such as wealth, development, and culture, one thing remains common: a lack of support. The postpartum period is often the most sensitive time in a woman's life, and support is needed through many means. Most importantly, the healthcare systems in both countries should emphasize postpartum care just as much as prenatal care. Ultimately, it is clear that postpartum depression is a deadly condition heavily influenced by culture and society. A cultural shift is needed within societies, and this starts with creating culturally competent healthcare workers within our healthcare systems today.

Appendix

Figure I: Risk Factors of Postpartum Depression (Pearlstein et al., 2009).

- Age <20 years
- Current substance abuse
- History & family history of mental illness
- Stressful event during pregnancy
- Marital conflict
- Stressful life events in the previous 12 months
- Lack of perceived social support from family and friends for the pregnancy
- Unemployment in the mother
- A lifetime history of depression in the husband
- Child-care related stressors
- Sick leave during pregnancy related to hyper emesis, uterine irritability or psychiatric disorder
- Unplanned pregnancy
- Having contemplated terminating the current pregnancy
- Previous miscarriage
- A poor relationship with one’s own mother
- Not breastfeeding
- Living without a partner
- Lack of emotional and financial support from the partner
- High number of visit to prenatal clinic
- A congenital malformed infant
- Personality factors (high neuroticism and high introversion)
- Bipolar disorder

Figure II: Participant sociodemographics and scores for self-report measures (Albanese et al., 2020).

<i>Ethnic-Racial Background</i>		<i>Parity</i>	
Asian	1(3.3)	Primiparous	17(56.7)
Biracial	1(3.3)	Multiparous	13(43.3)
Black or African American	10(33.3)	<i>Religious Identity</i>	
Hispanic/Latinx	4(13.3)	Agnostic	2(6.7)
Other	2(6.7)	Atheist	3(10)
White	16(53.3)	Catholic	5(16.7)
<i>Relationship Status</i>		Christian	6(20)
In a long-term partnership	28(93.3)	Jewish	3(10)
Single	2(6.7)	Muslim	6(20)
<i>Sexual Orientation</i>		No religious/spiritual identity	1(3.3)
Bisexual	3(10)	Not affiliated, but religious/spiritual	4(13.3)
Heterosexual	27(90)		
<i>Partner Gender</i>			
Female	1(3.3)		
Male	29(96.6)		

Figure III: Intervention taxonomy mapping the factors impacting maternal functioning to interventions through which they may be addressed (Albanese et al., 2020).

"Internal" Factors, Best Addressed by Intervening on the Mother	"External" Factors, Best Addressed by Intervening on the System Surrounding the Mother
Mental Health Counseling:	Encouragement of Mother's Personal Social Support Network, Connecting Mother to Other Sources of Support (e.g., mom's groups), Advocacy:
<ul style="list-style-type: none"> ✓ Accurate locus of control, limiting inappropriate self-blame ✓ Adaptive attitude towards learning and adjustment ✓ Emotion regulation ✓ Giving oneself credit for success ✓ Internal aspects of engagement with social support ○ Ability to be vulnerable ○ Ability to trust others to take care of baby ○ Comfort with asking for help/accepting help ○ Communication skill ○ Recognizing limits ✓ Self-knowledge ✓ Social pressures 	<ul style="list-style-type: none"> ✓ Support from others ○ Emotional support ○ Encouragement of self-care ○ Engaged social network ○ Hands on support with childcare and home management ○ Partner-specific support <p data-bbox="748 653 1487 705" style="text-align: center;">Discussion, Education, and Encouragement of Employer, Potential Outreach to Social Services, Advocacy:</p> <ul style="list-style-type: none"> ✓ Financial and material resources ✓ Insufficient time for task demands ✓ Physical home environment ✓ Workplace flexibility and understanding
Encouragement and Education of Mother About the Importance of Self-Care:	
<ul style="list-style-type: none"> ✓ Maintaining aspects of life outside of parenting 	
<ul style="list-style-type: none"> ✓ Prioritization of self-care 	
<ul style="list-style-type: none"> ✓ Taking breaks 	
<ul style="list-style-type: none"> ✓ Sleep and fatigue 	
Formal Educational Resources and/or Training:	
<ul style="list-style-type: none"> ✓ Bonding with baby 	
<ul style="list-style-type: none"> ✓ Child temperament 	
<ul style="list-style-type: none"> ✓ Gaining firsthand experience with parenting 	

Figure IV: Risk factors for postpartum depression reported by studies included in the systemic review (Upadhyay et al., 2017).

Variable	No. of studies	
	Total	Reporting risk for postpartum depression
Individual factors		
High maternal age ^a	28 ^b	4
Low maternal age ^a	28 ^b	3
Low maternal education	27 ^c	10
Current medical illness	6	2
Past history of psychiatric illness, anxiety or low mood	11	8
Family history of psychiatric illness	13	7
Recent stressful life event	11	6
Low self-esteem	4	2
Husband & marital relationship factors		
Marital conflict	14	10
Domestic violence	8	6
Lack of support from husband	11	7
Addiction in husband	9	4
Financial difficulties	21	19
Pregnancy-related factors		
Unplanned or unwanted pregnancy	14	4
Past history of obstetric complication	18	3
Complicated or eventful current pregnancy	22	8
Female child born in the current pregnancy	25	16
Previous female child	14	4
Primigravida	23	4
High parity	23	9
Mood swings during pregnancy	12	4
Caesarean section	15	5
Preterm or low-birth-weight baby	16	5
Sickness or death of baby	13	6
Other psychological factors		
Conflict with in-laws	11	3
Lack of support from family networks	14	8
Lack of confidant/close friend	12	2

Bibliography

- Abdollahi, F., Lye, M.-S., Md Zain, A., Shariff Ghazali, S., and Zarghami, M. (2011). *Postnatal depression and its associated factors in women from different cultures*. Iranian journal of psychiatry and behavioral sciences. Retrieved February 20, 2023, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3939973/>
- Albanese, A. M., Geller, P. A., Steinkamp, J. M., and Barkin, J. L. (2020, August 19). *In their own words: A qualitative investigation of the factors influencing maternal postpartum functioning in the United States*. International journal of environmental research and public health. Retrieved February 20, 2023, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7504078/#B30-ijerph-17-06021>
- Centers for Disease Control and Prevention. (2022, March 17). *Current cigarette smoking among adults in the United States*. Centers for Disease Control and Prevention. Retrieved February 20, 2023, from [https://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm#:~:text=Cigarette%20smoking%20remains%20the%20leading,about%201%20in%205%20deaths.&text=In%202020%2C%20nearly%2013%20of,12.5%25\)%20currently%20smoked%20cigarettes](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm#:~:text=Cigarette%20smoking%20remains%20the%20leading,about%201%20in%205%20deaths.&text=In%202020%2C%20nearly%2013%20of,12.5%25)%20currently%20smoked%20cigarettes)
- Cheng, C.-Y., Fowles, E. R., and Walker, L. O. (2006). *Continuing education module: Postpartum maternal health care in the United States: A critical review*. The Journal of perinatal education. Retrieved February 20, 2023, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1595301/>
- Denis, C.-L., Fung, K., Grigoriadis, S., Robinson, G. E., and Romans, S. (2017, August 17). *The Embryo Project Encyclopedia*. “Traditional postpartum practices and rituals: a qualitative systematic review” (2007), by Cindy-Lee Dennis, Kenneth Fung, Sophie Grigoriadis, Gail Erlick Robinson, Sarah Romans and Lori Ross | The Embryo Project Encyclopedia. Retrieved February 20, 2023, from <https://embryo.asu.edu/pages/traditional-postpartum-practices-and-rituals-qualitative-systematic-review-2007-cindy-lee>
- Guardian News and Media. (2008, November 23). *Where a baby girl is a mother's awful shame*. The Guardian. Retrieved February 20, 2023, from <https://www.theguardian.com/world/2008/nov/23/india-gender>
- Hazarika, I. (2010, March). *Women's reproductive health in slum populations in India: Evidence from NFHS-3*. Journal of urban health : bulletin of the New York Academy of Medicine. Retrieved February 20, 2023, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2845837/>
- Jana, A., and Chattopadhyay, A. (2022, March 11). *Prevalence and potential determinants of chronic disease among elderly in India: Rural-Urban Perspectives*. PloS one. Retrieved February 20, 2023, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8916671/>
- Johnson, A. R., Edwin, S., Joachim, N., Mathew, G., Ajay, S., and Joseph, B. (2015). *Postnatal depression among women availing maternal health services in a rural hospital in South India*. Pakistan journal of medical sciences. Retrieved February 20, 2023, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4476352/>
- Ladores, S., and Corcoran, J. (2019, October 31). *Investigating postpartum depression in the adolescent mother using 3 potential qualitative approaches*. Clinical medicine insights. Pediatrics. Retrieved February 20, 2023, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6823974/>
- Learning from India's postpartum traditions*. Nutrition Care of Rochester Articles. (2023). Retrieved February 20, 2023, from <https://www.nutritioncareofrochester.com/article.cfm?ArticleNumber=30>
- Lopez-Garrido, G. (2020, September 13). *Locus of control: Definition and examples*. Locus of Control: Definition and Examples - Simply Psychology. Retrieved February 20, 2023, from <https://www.simplypsychology.org/locus-of-control.html#:~:text=Locus%20of%20control%20is%20how,was%20created%20by%20Julian%20B>
- Major, M. (2020, March 26). *What postpartum care looks like worldwide, and how the U.S. compares*. Healthline. Retrieved February 20, 2023, from <https://www.healthline.com/health/pregnancy/what-post-childbirth-care-looks-like-around-the-world-and-why-the-u-s-is-missing-the-mark#Rest-and-rituals>
- Merriam-Webster. (2023). *Etiology definition and meaning*. Merriam-Webster. Retrieved February 20, 2023, from <https://www.merriam-webster.com/dictionary/etiology>

- MGH Center for Women's Mental Health. (2015, July 8). *Postpartum Depression and cigarette smoking*. MGH Center for Women's Mental Health. Retrieved February 20, 2023, from <https://womensmentalhealth.org/posts/postpartum-depression-and-cigarette-smoking/#:~:text=Postpartum%20Depression%20and%20Cigarette%20Smoking&text=Women%20who%20continued%20smoking%20at,smoking%20during%20the%20postpartum%20period>
- Nearly 1 in 5 native moms experiences postpartum depression symptoms*. Potawatomi.org. (2018, May 3). Retrieved February 20, 2023, from <https://www.potawatomi.org/blog/2018/05/03/nearly-1-in-5-native-moms-experiences-postpartum-depression-symptoms/>
- Optimizing postpartum care*. ACOG. (2021). Retrieved February 20, 2023, from https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/optimizing-postpartum-care?utm_source=redirect&utm_medium=web&utm_campaign=otn#9
- Pearlstein, T., Howard, M., Salisbury, A., and Zlotnick, C. (2009, April). *Postpartum depression*. American journal of obstetrics and gynecology. Retrieved February 20, 2023, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3918890/>
- Postpartum bleeding stages*. Always Discreet. (2023). Retrieved February 20, 2023, from <https://alwaysdiscreet.com/en-us/incontinence-advice-support/postpartum-bleeding-stages>
- Shelke, A., and Chakole, S. (2022, September 14). *A review on risk factors of postpartum depression in India and its management*. Cureus. Retrieved February 20, 2023, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9573019/>
- Sharma, V. and Sharma, P. (2012). Postpartum depression: Diagnostic and treatment issues. *Journal of Obstetrics and Gynaecology Canada*, 34(5), 436-442. Retrieved on DATE. [https://www.jogc.com/article/S1701-2163\(16\)35240-9/pdf](https://www.jogc.com/article/S1701-2163(16)35240-9/pdf)
- Sood, A. (2021, August 1). *Families are at war over a wedding tradition India banned decades ago*. CNN. Retrieved February 20, 2023, from <https://www.cnn.com/2021/07/31/india/india-kerala-dowry-deaths-intl-hnk-dst/index.html#:~:text=Traditionally%2C%20a%20dowry%20referred%20to,a%20condition%20of%20the%20marriage>
- Trost, S., Beauregard, J., Chandra, G., Njie, F., and Berry, J. (2022, September 19). *Pregnancy-related deaths: Data from Maternal Mortality Review Committees in 36 US States, 2017–2019*. Centers for Disease Control and Prevention. Retrieved February 20, 2023, from <https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/data-mmrc.html>
- Upadhyay, R. P., Chowdhury, R., Aslyeh Salehi, Sarkar, K., Singh, S. K., Sinha, B., Pawar, A., Rajalakshmi, A. K., and Kumar, A. (2017, October 1). *Postpartum depression in India: A systematic review and meta-analysis*. *Bulletin of the World Health Organization*. Retrieved February 20, 2023, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5689195/>