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Review article

Social resources and Arab women's perinatal mental health: A systematic review

Yara Qutteina^a, Catherine Nasrallah^f, Laurie James-Hawkins^b, Aasli Abdi Nur^c, Kathryn M. Yount^d, Monique Hennink^c, Hanan F. Abdul Rahim^{e,*}

^a KU Leuven, Belgium³

^b University of Essex, United Kingdom¹

^c Hubert Department of Global Health, Emory University, United States

^d Hubert Department of Global Health and Department of Sociology, Emory University, United States

^e Department of Public Health, College of Health Sciences, Qatar University, Qatar²

^f Palo Alto Medical Foundation Research Institute (PAMFRI) - Sutter Health, United States⁴

ARTICLE INFO

Article history:

Received 2 July 2017

Received in revised form 6 November 2017

Accepted 17 November 2017

Available online xxx

Keywords:

Mental health

Perinatal

Social support

Depression

Arab

ABSTRACT

Background: Women's mental health in the perinatal period is understudied worldwide and in Arab countries especially.

Aim: This systematic review explores evidence of the association between women's social resources for empowerment in the Arab World and their mental health in the prenatal and postnatal (≤ 1 year postpartum) periods.

Methods: Guided by Kabere's framework of empowerment, the authors applied a search string in *PubMed* and *Web of Science* databases to identify studies in countries of the Arab League (hereafter the Arab World) that address mental health and social resources for women's empowerment in the perinatal period.

Findings: Of 1865 electronically retrieved articles, 23 met the inclusion criteria. Overall, the majority of studies found a positive association between social resources for empowerment and perinatal mental health. Seven studies explored the relationship between familial or general social support and prenatal mental health in Arab women, and found a significant positive association. Sixteen of the 18 studies of women in the postnatal period found that enabling familial, extra-familial, and/or general social support was positively associated with mental health.

Conclusion: This review demonstrates an association between social resources and perinatal mental health, but there is a dearth of research in this area. We call for additional research on Arab women in the perinatal period using context-specific but standardized tools to assess social resources and mental health. Evidence on positive mental health, resilience, and the influence of social resources can guide the improvement of prenatal and postpartum care services.

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Statement of significance

Problem

Research is lacking on pregnant and postpartum women's mental health and its association with social resources for empowerment in the Arab World.

What is already known

Extant literature indicates that the prevalence of depression, among other mental health issues, is high among women in the perinatal period, especially Arab women.

* Corresponding author at: Department of Public Health, College of Health Sciences, Qatar University, P.O. Box 2713, Doha, Qatar.

E-mail address: hanan.arahim@qu.edu.qa (H.F. Abdul Rahim).

¹ Work completed at Hubert Department of Global Health, Emory University.

² Work completed at the Social and Economic Survey Research Institute, Qatar University.

³ Work was completed at the Social and Economic Survey Research Institute (SESRI), Qatar University.

⁴ Work was completed at the Social and Economic Survey Research Institute, Qatar University.

What this paper adds

This review is the first to systematically synthesize research on the association between women’s social resources for empowerment and their perinatal mental health in the Arab World. In addition to identifying future research needs, we highlight evidence on mental health and social resources that can inform improvements in maternal care services for Arab women.

1. Introduction

Pregnancy and childbirth are among the most complex experiences women encounter in their lifetimes, with potentially negative implications for mental health. Physical and psychological changes associated with pregnancy and childbirth can increase the risk for psychological morbidity throughout the prenatal and postnatal periods.^{1,2} In turn, perinatal mental disorders can have significant negative effects on maternal and child health outcomes, causing increased rates of hospitalization and negative experiences of childbirth for the mother, and long-term complications for the child’s cognitive, emotional, and behavioral development.^{1,3}

The prevalence of mental disorders in the perinatal period is about 10–15% in western societies, with depression as the most commonly diagnosed disorder.³ Elsewhere, estimates of postpartum depression range from 13.5% among Chinese women to 23% and 34.7% in Indian and South African women, respectively.⁴ In twelve countries of the Arab region, the reported prevalence of postpartum depression varied widely from 10% to 51.8%, thus exceeding significantly the global average in some cases,¹ although the different methodologies and measurements used in these studies must also be considered.

Despite documented high levels of perinatal mental disorders, resources for maternal mental health services are deficient throughout the world and in the Arab region.³ In addition to gaps in the provision or quality of mental health care services, stigma is also a significant challenge impeding access to much needed care.^{2,3} The fear of stigma may be especially powerful in the case of Arab women, as it affects their marriageability and family reputation.⁵ Women may turn to traditional healers or to their families for support in the face of stigma, making social support an important focus of perinatal mental health care. It is necessary to highlight mental health issues among pregnant and postpartum women and incorporate appropriately contextualized mental

health care and support in maternal and child health services and at the community level.

1.1. Social resources for empowerment affect mental health outcomes

Access to social resources, exposure to stressors, and the ability to make personal life choices shape women’s empowerment, which is an important determinant of mental health particularly in the perinatal period.² To understand the social contextual factors that contribute to the development of prenatal and postnatal stress, depression, anxiety or psychological morbidity among Arab women, we refer to Kabeer’s framework of women’s empowerment.⁶ Kabeer defines empowerment as the process by which women acquire resources that enable them to exert choice and control in their life (also known as voice and agency), with increased agency leading to achievements, such as better mental-health outcomes (Fig. 1).⁶ Enabling resources for empowerment encompass three types: (1) economic resources, such as employment, income, and material assets; (2) human resources, such as formal schooling and skills; and (3) social resources or social support, which is the focus of this systematic review.⁶

1.2. Social resources for empowerment and their link to mental disorders

Broadly defined, social resources or support is an act freely provided by individuals, which produces an immediate or delayed positive psychosocial condition in people’s life, contributing to a sense of membership of a group, in which one can share reciprocal affection, assistance, and commitment.⁷ One’s spouse or partner, family members, friends, organizational groups, work-related colleagues and community can provide social support.⁷ For example, some scholars characterize Arab families as having strong social ties that empower members and facilitate positive mental health.⁵ Social resources are composed of five dimensions: affective (physical expression of love), instrumental (financial assistance and provision of resources), emotional (love, affection, care, and empathy), informational (guidance and advice) and positive interaction support (availability for fun and relaxation).⁷ While those dimensions are indicators of positive social support, violence and conflicts can be important indicators of poor social support.

Within Kabeer’s framework for empowerment, access to social resources along with agency are important determinants of health.⁶ Studies have shown that, during stressful life events such

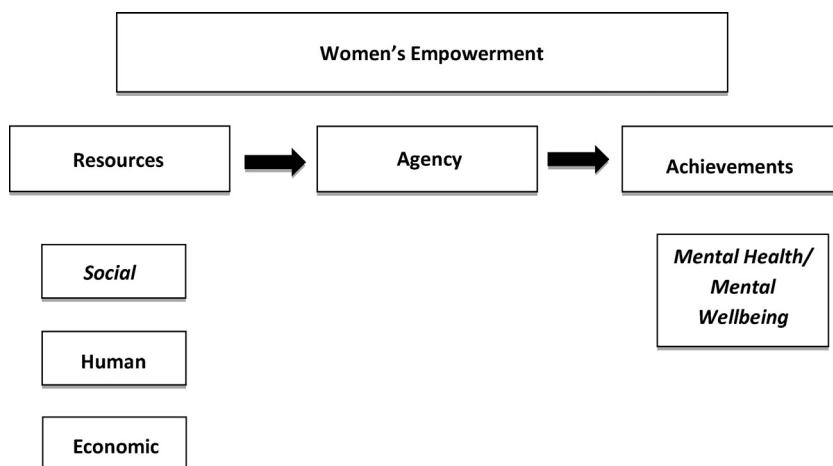


Fig. 1. Conceptual framework for women’s empowerment.⁶

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