



The experience of postnatal depression in West African mothers living in the United Kingdom: A qualitative study

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ABSTRACT

Objective: to explore the lived experience of postnatal depression (PND) in West African mothers living in the United Kingdom (UK).

Design: using a qualitative design, semi-structured interviews were undertaken. Interpretative Phenomenological Analysis (IPA) was used to explore and analyse the data.

Setting: community health services within inner-city suburbs in Manchester, England.

Participants: six West African mothers (Nigeria=3; Ghana=3), who were experiencing low mood in the postnatal period.

Findings: five overarching themes emerged: (1) conceptualising PND, (2) isolation, (3) loss of identity, (4) issues of trust and (5) relationships as a protective factor. Women exhibited symptoms of PND but did not regard it as an illness. In their view, postnatal depression and distress resulted from social stress. Participants stated that their cultural background made it difficult to disclose feelings of depression thus adversely influencing their help-seeking behaviour.

Key conclusions: this is the first study to investigate the experiences of West African mothers with PND who live in the UK, and how they perceive and make sense of their experiences. The themes generated add to the body of existing research on PND in Black and ethnic minority populations and offer insight into the lived experience of West African women residing in England. Such insights are vital in order to deliver effective, culturally sensitive care.

Implications for practice: these findings have implications on how services should be designed to increase their accessibility to African women, by using a community psychology approach alongside systemic and group interventions. Challenges to help seeking and language used to describe experiences are considered.

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Introduction

Postnatal depression (PND) generally begins within four to six weeks after childbirth (Robertson et al., 2004). According to the International Classification of Disorders (ICD-10, World Health Organisation (WHO), 1992), symptoms include low mood, tiredness, lethargy, insomnia, forgetfulness, irritability and poor functioning. As a serious public health problem (WHO, 2000) PND can lead to enduring mental illness for women (National Institute for Clinical Excellence (NICE), 2007) and have serious psychological consequences for their families (Murray and Cooper, 1996).

Cultural diversity within the UK has grown, with the 2001 UK census indicating that 9% of the total population of England was from ethnic minorities, with Black African communities making up

1.0% (Office for National Statistics, 2005). Within the UK, minority populations report higher levels of psychological illness, yet their rate of accessing services is poor (National Institute for Mental Health in England, 2003).

Research conducted in the UK has found that being a mother from an ethnic minority background significantly increases the risk of developing PND (Onozawa et al., 2003). However, Bashiri and Spielvogel (1999) suggest that the identification of PND is more complex when working with women from other cultures due to somatisation and acculturation issues.

Few studies have investigated the experience of PND in migrant women living in the UK. Qualitative studies have mainly focused on women from Bangladeshi and Asian backgrounds (Parvin et al., 2004; Wittkowski et al., 2011). Isolation and language difficulties have been identified as key cultural issues among migrant mothers experiencing PND; with a lack of practical and emotional support, due to the lack of extended family networks, a further issue among migrant populations (Templeton et al., 2003; Parvin et al., 2004; Wittkowski et al., 2011).

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As there are no existing studies on the experience of PND in West African women living in the UK, this qualitative study was undertaken with the aim of improving understanding of African women's experiences of PND. Such insights are essential for the delivery of effective, culturally sensitive care.

Method

Design

A qualitative design, using semi-structured interviews and Interpretive Phenomenological Analysis (IPA) was used because it aims to understand the unique lived experience of the phenomenon in question (Smith and Osborn, 2008).

Recruitment and participants

Ethical approval for the study was granted by the local Research Ethics Committee (LREC), the Trust's Research and Development Department and the University's Ethics Committee.

Participants were recruited through specialist National Health Service (NHS) provision for children under five in Manchester. All participants had been referred to one of two commissioned parenting groups: (1) 'Baby first year and you' for mothers with low mood and anxiety who were referred by General Practitioners, Health Visitors and Midwives or (2) 'Baby first year': a self-referred group for mothers wanting support and information on child development.

Inclusion criteria for participation were: (a) 18 years or older; (b) considering themselves to be of Black West African origin; (c) being able to understand and speak English; (d) having had a baby in the past 24 months and (e) having a score of 10 or above on the Edinburgh Postnatal Depression Scale (EPDS; Cox et al., 1987). Women from other African backgrounds were excluded in an attempt to increase the homogeneity of the sample.

Potential participants were identified and then approached by the Assistant Psychologist, Clinical Psychologist and Family Support Worker who facilitated the two commissioned parenting groups. Once they consented to take part, they were assessed and interviewed by the first author.

Measures

Validated measures were used to verify PND:

1. The EPDS (Cox et al., 1987) is a 10-item, self-rated questionnaire used for the identification and screening of PND. A score of 10 has been recommended as a cut-off for community PND screening (Cox et al., 1993). The EPDS has been validated within West African populations (Uwakwe and Okonkwo, 2003). It has good psychometric properties.
2. The depression module of the non-patient version of the Structural Clinical Interview for DSM-IV (SCID) (Spitzer et al., 1992) was used to assess depressive episodes and verify diagnosis. The SCID is a semi-structured interview developed for assessment of Diagnostic and Statistical Manual for Mental Disorders (DSM-IV) axis I, a dimension of DSM-IV that refers to the principle clinical disorders diagnosed in adults.

Interview procedure

All semi-structured interviews were conducted in either participants' homes or in community locations of their choice. Written informed consent was obtained from each participant before they completed the EPDS and were interviewed. The SCID was

completed at the end. All interviews lasted between 55 and 85 minutes (mean=60). They were digitally recorded, anonymised and transcribed.

Interview schedule

The interview schedule was piloted on one West African mother who had experienced PND in the past. The schedule was adjusted according to feedback from the interviewee and research team. It covered four broad areas: (1) understanding of experience and the cultural descriptions of experience; (2) support following birth; (3) feelings towards self and others and (4) factors which led to experiences. Questions were open-ended to encourage mothers to develop and elaborate their experiences.

Data analysis

After transcribing individual interviews verbatim, each transcript was read whilst listening to the audio-recordings and reread repeatedly. Observations and recollections of the interview experience were recorded in written field-notes.

Emergent themes were developed and connections across themes were made. Higher-order themes were identified and named when a theme emerged in the majority of transcripts (Smith et al., 2009). Following initial analysis, associations between themes were further explored by revisiting transcripts and constructing diagrams.

Validity and reliability

The study was conducted using established standards for the conduct of good qualitative research (Elliot et al., 1999). Validation methods included regular supervision within the research team and individual supervision of PG by DE (an expert in this methodology) to ensure transparency in procedure, on-going critique of the work and detailed examination of similarity and difference, convergence and divergence among themes and cases. Final themes were agreed, supported by participants' responses.

Findings

Six Black West African mothers (aged 22–36 years) took part in the study. Three were born in Nigeria and three in Ghana. The number of children in each family ranged from one to three. Four mothers were married and living with their partner; two were single parents. The sample size was deemed sufficient given the analysis required (Smith and Osborn, 2008).

As participants did not refer to their experience as 'depression', the term 'distress' was used to remain close to their self-reported experiences.

IPA was used to facilitate the development of five core themes that describe the experience of PND in West African mothers. These were: (1) conceptualising PND, (2) isolation, (3) loss of identity, (4) issues of trust and (5) relationships as a protective factor.

Each theme consisted of a number of subthemes. Fig. 1 provides a diagrammatic summary of themes and their proposed connections.

Conceptualising postnatal depression

This theme related to participants' conceptualisations of PND and their descriptions of how they understood and experienced it within a West African context. Four sub-themes emerged and describe how women's understanding of PND can contribute to distress, and how these experiences can impact on participants'

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