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Review

Culturally determined risk factors for postnatal depression in Sub-Saharan Africa: A mixed method systematic review



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ABSTRACT

Background: Research suggests that African women experience postnatal depression (PND) at a similar rate to that reported in developed countries. If PND is to be better understood in African populations, its risk factors need to be reliably identified. Studies in the developing world have found that risk factors are often culturally determined. This review aimed at improving our understanding of the culturally determined risk factors of PND within Sub-Saharan Africa by integrating evidence from quantitative and qualitative studies.

Methods: A mixed-method systematic review was employed. Nine quantitative and three qualitative studies were quality assessed, synthesised, and integrated.

Results: Quantitative studies indicated that stressful life events, cultural values and the African extended family system have an influential role in women's experience of PND. Qualitative studies described the impact of negative cultural perceptions of others and adhering to cultural traditions and values as contributing to the development and maintenance of PND.

Limitations: The small number of studies is a limitation within the available body of research. Search strategies only included English language articles.

Conclusions: Although some risk factors for postnatal depression were similar to those identified in studies in developed countries, important differences exist; most notably the influence of traditional African value systems, customs and antenatal exposure to extreme societal stress. The findings of this review are especially important for the development of a predictive model for PND within Sub-Saharan Africa and when working with migrant Sub-Saharan African mothers.

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1. Introduction

Postnatal depression (PND) is the most frequently recognized postpartum psychological disorder and is defined as an affective mood disorder occurring up to one year after childbirth (Gibson et al., 2009). PND is often characterised by feelings of loss and sadness, insomnia, lack of energy, forgetfulness, irritability and poor functioning ((World Health Organization (WHO), 1992) International Classification of Disorders, [ICD-10]). PND is a serious public health problem that can lead to enduring mental illness for women (Stuart et al., 1998; World Health Organisation (WHO), 2000) and serious psychological and emotional consequences for their families (Cooper and Murray, 1998).

Whilst there is global literature on PND, most research has focused on Western, economically developed countries, primarily Europe and North America. Prevalence rates of PND show considerable variation between countries, with prevalence in Western countries between 10% and 15% (Beck, 2001). However, a review of PND in 40 countries worldwide reported prevalence rates ranging from 0% to 73% (Halbreich and Karkun, 2006).

There has been considerable research conducted to identify risk factors for PND within Western cultures. These studies have been summarised in a number of reviews, which concluded that risk factors for postnatal disorders are predominantly psychosocial (Beck, 2001), socio-demographic (O'Hara and Swain, 1996) and obstetric (Stuart et al., 1998). In particular, women's experiences of PND are often strongly associated with psychosocial difficulties, such as poor social support, poor marital relationship, stressful life events, past history of psychopathology and psychological disorders during pregnancy (Beck, 2001; O'Hara and Swain, 1996; Lusskin et al., 2007). Studies in the developing world have found that socio-demographic and psychosocial risk factors for PND, such as the influence of polygamy and the disappointment with the infant's gender, are often culturally determined (Patel et al., 2002).

However, there is currently little research into PND among women most likely to be affected by culturally specific issues, such as polygamy. To date, there has only been one systematic review of studies examining pre- and postnatal psychological wellbeing in Africa. In their review, Sawyer et al. (2010) highlighted risk factors including lack of support and marital or family conflict as playing a prominent role, while the relationship between obstetric variables and postnatal mental health was less inconclusive. Although Sawyer et al. (2010) provided this initial overview of studies, there are major methodological limitations in comparing findings across the whole of the African continent, due to the wide diversity of cultures. Accordingly, the current review focused on studies undertaken in 'Sub-Saharan Africa', which refers to the area of the African continent that lies south of the Sahara. Although countries within this region (Ethiopia, The Gambia, Nigeria, South Africa and Uganda) display diversity in their ethnic and linguistic

composition and political structures (Nsamenang, 1993), there is thought to be a cultural similarity among them due to common socio-historical experiences and diffusion of similar culture traits through culture contact and acculturation (Diop, 1960).

If PND is to be better understood and treated by clinical or public health interventions worldwide, risk factors need to be reliably identified. Boyce (2003) proposed a psychosocial model to improve our understanding of the origins of PND. To date, no review has examined distinguishing aspects of African culture regarding risk factors for PND. The objective of this review was therefore to identify the unique cultural risk factors for the development of PND in Sub-Saharan African women, by systematically reviewing both the quantitative and qualitative literature.

2. Method

A mixed-method systematic review was conducted. The mixed-method model integrates quantitative data with the qualitative understanding in the form of data from people's lives (Harden and Thomas, 2005). Within this method there are three syntheses. First, quantitative data are quality assessed and synthesized. Second, qualitative studies are quality assessed and themes synthesized. Third, there is an integration of the two types of synthesis resulting in a single systematic review.

2.1. Search strategy

A systematic search was conducted to identify quantitative and qualitative studies of PND in Sub-Saharan African women. The process and exclusion criteria are shown in Fig. 1. Electronic literature searches were conducted using the following databases: African Index Medicus (World Health Organisation), Medline, PubMed, PsychInfo, Web of Science and Scopus. The key words used for the search included "Africa" and ("postpartum depression," or "postnatal depression," or "depression"). Broad search terms were used to include as many articles as possible because evidence suggests that using electronic databases to search articles in the developing world can be challenging because of wording issues (Betrán et al., 2005; Sawyer et al., 2010). These key words returned a large number of citations (2833). However, after screening titles and abstracts many citations did not meet inclusion criteria. Study type search filters were not used in order to identify quantitative and qualitative studies using the same strategy. Electronic search strategies were supplemented by manual searching of reference lists and careful checking of references cited in the identified literature. The search strategy was limited to English language and no date restrictions were applied. Published quantitative and qualitative studies from 1970 to January 2012 were obtained.

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