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Research report

Social stress and depression during pregnancy and in the postnatal period in British Pakistani mothers: A cohort study

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ABSTRACT

Background: Depressive disorders are common and disabling among perinatal women. The rates are high in ethnic minority groups. The causes are not known in British Pakistani women. The aim of this study was to estimate the rates, correlates and maintaining factors of perinatal depression in a Pakistani sample in UK. The design used was a cross-sectional two phase population based survey with a prospective cohort study.
Methods: All women in 3rd trimester attending antenatal clinic were screened with the Edinburgh postnatal depression scale (EPDS). Women scoring 12 or more on EPDS and a random sample of low scorers were interviewed using the Schedules for Assessment in Neuropsychiatry (SCAN) and the Life Events and Difficulties schedule (LEDS). Social support was assessed with the Multidimensional Scale for Perceived Social Support (MSPSS). They were reassessed 6 months after the delivery using the same measures.
Results: The weighted prevalence of depression was 16.8%. Depressed mothers had more marked non health difficulties (housing, financial and marital). They had less social support and were socially isolated. Marked social isolation and marked non-health related difficulties were independent predictors of depression. Analyses of all the possible risk factors, comparing 26 persistent depressed with 27 depression resolved group showed significant differences in the MSPSS subscales between the two groups.
Limitations: The study lacked inter-rater reliability testing between the individuals carrying out diagnostic interviews. The study sample did not accurately represent the general population and information about the origins of depression in this group of mothers was limited.
Conclusion: Depression in British Pakistani mothers is associated with social isolation, poor social support and severe and persistent social difficulties. The findings will have implications in planning suitable services for this group.

1. Introduction

Depression is a common and disabling psychiatric disorder in the UK and worldwide (Alonso et al., 2004; Demyttenaere et al., 2004; Kessler et al., 2005; Weich and Araya, 2004). It is 1.5 to 3 times more prevalent in women than men, and is particularly common among women of child-bearing age. In the UK the economic burden of depression was estimated to be

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£9 billion in 2000 (Thomas and Morris, 2003). In a recent population-based project (Gater et al., 2009), the depression prevalence was higher in women of Pakistani family origin living in the UK (31.0%) than in white European women (12.9%), confirming our previous findings (Husain et al., 1997).

Postpartum depression affects approximately 10–15% mothers in Western societies (O'Hara and Swain, 1996) and up to 25% in Pakistan (Rahman et al., 2004). Maternal depression is a treatable disorder, which negatively influences the psychological and cognitive development of children (Cooper and Murray, 1998). There is growing evidence from developing countries that it has negative effects on growth and physical health (Patel et al., 2003; Rahman et al., 2004). Chronic depression carried a greater risk for poor outcome than episodic depression. Based on current research, the strongest predictors of postpartum depression are experience of depression or anxiety during pregnancy, a previous history of depressive illness, recent experience of a stressful life event and those who perceive they have low social support (Robertson et al., 2004).

Some other studies investigating post-partum depression in ethnic minorities have also reported similar results. High scores on the Edinburgh Postnatal Depression Scale (EPDS) have been associated with 2 independent factors, namely the participant being non-White (especially Asian) and also being born in a non-English speaking country (Onozawa et al., 2003). Qualitative interviews with Bangladeshi women living close to London have revealed that the women felt rejected and isolated after giving birth, receiving very little social support from their husbands or the extended family (Parvin et al., 2004). The participants were able to distinguish between emotional and physical distress and felt that one could influence the other. The women were reluctant to talk to the medical practitioners about their mental health as they believed that the GPs were only concerned with their physical symptoms (Parvin et al., 2004).

Templeton et al. (2003) also examined the experiences of women from Black and ethnic minority communities in relation to postnatal depression. Some women showed a lack of understanding about the illness, whereas even though others knew of depression they were unable to identify their own symptoms. Some women talked about repeated and untreated episodes of postnatal depression, with the language barrier being a major contributor to the lack of medical support. Women said they were unaware of the support being provided by primary care services while some deemed the care being provided as inadequate, in terms of the early discharge after giving birth (Templeton et al., 2003). Recently Almond and Lathlean (2011) have reported that there is inequity in the provision and access to postnatal depression services. Their results indicate that women in ethnic minority groups are not always assessed for post-partum depression by the health visitors and do not receive the same support as the majority white women.

The experiences of women of British Pakistani women need to be considered, as their interactions with, and access to, health care services, experience of social adversity, and opportunities for social networks and support may differ significantly from other groups. Lack of social support is a well-established risk factor for postpartum depression, and Pakistani women in the UK may be at higher risk of depression because they are culturally and physically separated from their support systems.

1.1. Aims

The aims of this study are to estimate rate of perinatal depression in British Pakistani women and to study the risk factors associated with onset and persistence of depression.

This is part of a larger MRC funded study which prospectively looked at the growth, physical morbidity and psychological development of a representative sample of the infants of mothers of Pakistani origin who either had depression, or who were psychologically healthy.

2. Methods

2.1. Design

This was a longitudinal study with a two phase (Dunn, 2000) assessment procedure (antenatal) followed by a six month (postnatal) prospective cohort of depressed and non depressed mothers.

2.2. Recruitment of subjects

The sample of women included British Pakistani pregnant women attending antenatal clinics at two different hospitals in the North West of England.

2.3. Antenatal assessments: phase-1

All women attending the antenatal clinic were approached by a bilingual research assistant and invited to take part in the study; an information leaflet (both in English and Urdu) was given to explain the study. Verbal information was given to those who were unable to read. All the women who were in their third trimester of pregnancy and gave informed consent were screened at the antenatal clinic with the Edinburgh Postnatal Depression Scale (EPDS) (Cox et al., 1987), for depression (phase 1 interview). An Urdu translated version of the EPDS (Rahman et al., 2004) was completed by women who were unable to read English, and for those who were illiterate the research assistant who was fluent in Urdu would read the EPDS word for word for the participant and they would respond accordingly. Women with multiple pregnancies, or diagnosed physical or learning disability were excluded.

2.4. Antenatal assessments: phase-2

Women scoring 12 or more on the EPDS and a random sample of low scoring women were invited to attend phase-2 interviews, which included a diagnostic interview using the Schedules for Clinical Assessment in Neuropsychiatry (SCAN) (WHO, 1994) and the Life Events and Difficulties schedule (LEDS) (Brown and Harris, 1978) to measure social stress. These Instruments are available in Urdu and have been used in Pakistan (Husain et al., 2000) and with people of Pakistani origin in the UK (Gater et al., 2009).

Demographic details including some acculturation factors like 1st generation, 2nd generation, and proficiency in English etc. were also obtained. Social support was measured using *Multidimensional Scale of Perceived Social Support* (MSPSS) (Akhter et al., 2010; Husain et al., 2006; Zimet et al., 1988). All phase-2 interviews were conducted within