

Cross Cultural Newsletter

“Post Natal Depression in Asian Women – Fortitude, Fragility and Culture Relevant Management” with *Dr Aram Kim*

28th March, 2017

Once again, this is to report that we had a very enjoyable and educative evening. About 70 of our members attended. The talk was on **“Postnatal Depression in Asian Woman- Fortitude, fragility and culturally relevant management.”** The speaker was **Dr Aram Kim**, consultant psychiatrist, Maternal and Infant Mental Health WDHB.

Dr Kim provided an overview for the evening viz: Introduction, information about relevant cultural perspectives during each stage of motherhood (pregnancy, labour delivery, and post-partum). This was followed by more in-depth discussion about Post Natal Depression (PND) among Asian women and cultural relevant management.



In his introduction, Dr Kim emphasised the importance of addressing the issues among Asians women, not only because Asians occupied 20 % of the population in the catchment of WDHB, but also that the negative outcomes of ignoring maternal mental health —PND do not only impact on mothers but also their infants , husbands and family.

Dr Kim then used a hypothetical case and followed the patient through various stages to highlight the significant cultural factors that influences the outcomes of child-bearing. During the pregnancy period, it is important to understand there exist a hierarchy of people the pregnant mother has to inform—the mother-in-law comes first. More importantly, there are two cultural beliefs and practices that one has to observe if one is to have a healthy baby: - “Tae-mong” (maternal expectations about the foetus) and “Tae-gyo” (education of the foetus whilst still in utero) would shape a child’s gender, and its feeling, thinking and perception through the mother’s own. Therefore, the mother must be exposed to controlled environment in order to influence the foetus in a positive manner. In the latter, there is a preference in Asians for a male child and such a maternal expectation should affect the chance of having a boy to carry on the family lineage.



Next, during labour and delivery, there still exists a difference in choice between using the traditional and modern methods. In the traditional, midwives are usually utilised and during the process of labour, the woman is supposed to remain silent regardless of the pain; and husbands and childless women are not expected to be present. The placenta is usually burnt. The modern approach is western, comprising of using maternity delivery suites, episiotomy, and C/section. Fathers are invited to attend the delivery and assist in cutting of the umbilical cords.

During the post-partum period, there are a number of culturally sanctioned behaviours and taboos. The mother is expected to drink “Mi-Yuk-Guk”—a seaweed soup to promote healing and breastfeeding. The mother’s family is



expected to provide support and cares for both baby and mother for the first 3 months. Strict rules such as maternal behaviours during the first month are to be observed: - she should refrain from eating cold things, being exposed to wind and not to touch cold water. It is believed that breaching these tabooed behaviours can induce poor maternal health.

With the above highlight, Dr Kim then discussed in depth about PND and its management in Asian mothers.

Prevalence of PND varies in different studies. However, most of the studies quoted prevalence rates comparable to those in western countries eg studies in China and Hong Kong, reported rates of 10-20 % (cf 10-20 % in Western countries) . Studies in the States relating to Asian Women vary due to different sources of sampling, different methodologies, different comparison groups and selection biases due to barriers, stigma, shame and access to services. There is also the issue of under-reporting, under-diagnosis and or underutilisation of services. Having delved into the matter of prevalence, Dr Kim highlighted the risk factors for PND. They



include: biological, physical, and psychosocial factors. Biological factors include sleep disturbances, fatigue, hormonal fluctuations, and antenatal depression. Psychological factors include lowered level of social support, not having an intimate partner, infant temperamental and parenting difficulties. Migrant Asian women are no exceptions. However, they are usually foreign-born, and the role of migrations with its higher exposure to commonly accepted risk factors such as lower SES and lower social support should not be ignored.

R Having developed PND, the next crucial issue relates to access to treatment. Barriers to accessing appropriate care often exist: including patient factors such as communication barriers, confidentiality worries, poor awareness of services, masqueraded presentations and culturally-shaped approaches to therapy eg having a hierarchy of preference to help-seeking eg approaching family members first, then, friends, TCM, and spiritual supports before Western doctors, in this order. Clinician barriers include being less likely to enquire about mood states, or having relevant education and discussions with their patients about depression.

As to treatment approaches, Dr Kim stressed that all treatment have risks and benefits. It is important to establish a balance between the risks with the benefits .After expounding on this principle, Dr Kim described various treatments, including the appropriate medication to use. Among the anti-depressants, sertraline and escitalopram have, so far, had the best overall safety in terms of pregnancy and breast-feeding. Other approaches to treatment include psychological approaches including psycho-education, CBT, Acceptance treatment etc. Dr Kim then discussed how these approaches could be made culturally relevant and acceptable. Those of you who are interested in the details, please request for the PowerPoint or view the recordings of Dr Kim's talk on the web.

The talk lasted for 1 ½ hours with a lot of questions raised by the audience.

HIGHLIGHTS OF FORTHCOMING TALKS:

1. Due to speaker availability, the next session will be held on May 16th. The presentation would be on "Management of Dementia in the Community: Are Asian's needs Different?" This will be followed by a discussion and case-study session with the presenters. Flyer due out later today.
2. In July, we have a session on "Psycho-education and Support for Chinese Patient's Families- a Presentation and Discussion on the Need, Practice and Effectiveness of such groups." Please watch for the flyers.

Once again, thank you for your support. I look forward to seeing you at our next meeting.

Lastly, I must take this opportunity to thank our members for contributing to the dinner. Your support helps a great deal towards continuation of our future sessions.

Thank you again for supporting our group and I look forward to seeing you again in our next session.

Yours sincerely,

S Wong for Cross cultural interest group.

Here is the Vimeo link information:

Post Natal Depression in Asian Women – Fortitude, Fragility and Culture Relevant Management

<https://vimeo.com/210792206>

To access you need to enter the password

[WongConsultationGroup1234](#)



Type of Rooster	Year of Birth	Characteristics
Wood Rooster	1945, 2005	Energetic, overconfident, tender, and unstable
Fire Rooster	1957, 2017	Trustworthy, with a strong sense of timekeeping and responsibility at work
Earth Rooster	1909, 1969	Lovely, generous, trustworthy, and popular with their friends
Gold Rooster	1921, 1981	Determined, brave, perseverant, and hardworking
Water Rooster	1933, 1993	Smart, quick-witted, tender-hearted, and compassionate

For a more accurate rendition of the presentation, **please request the DVD** from Diane Evans at dianee@adhb.govt.nz (please send \$2 stamps to help cover costs). Post stamps to ADHB CMHS, Cross Culture, Bldg 7, Level 4, GCC, Greenlane, 1051.

For ADHB staff, previous newsletters and flyers can be viewed on the Intranet – click on this link:

http://adhb.intranet/Mental_Health/Resources/CrossCulture.htm