# The Collision of New Mothers and Perinatal Depression in Bhutan

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## Abstract


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| Principle Objectives | The main aim of the study was to bring perinatal depression into spotlight since most of the people in Bhutan are not aware of what perinatal depression is. We also found out through our literature review that there are not many researches done on perinatal depression or mental health in general, so we wanted to establish a research which can be used as a base for further in-depth study about perinatal depression including the causes and interventions to help mothers.<br>The hypothesis of our research is women who are giving birth for the first time are more vulnerable to undergoing perinatal depression than the ones who have given birth before. The main objective of this research is to see who exactly is more at risk to experience perinatal depression. |
| Methods used | We used deductive approach for our study where we began with a hypothesis and used questionnaire survey quantitative data collection. The sampling was purposive where we chose pregnant women and women in their first postpartum year from two hospitals in Bhutan. |
| Principle Results | Women who are first mothers were found to be experiencing most of the perinatal depression symptoms such as sleeping disorders, anxiety |

| | |
|---|---|
| | and stress, feeling of weeping and crying often and not ready to be a mother. |
| Main Conclusions | Women who are entering motherhood for the first time are more vulnerable to perinatal depression than those who have already given birth before. |

## Literature Review

Depression is perceived as a modern-day epidemic, which is becoming an under-diagnosed and undertreated disease and it is the leading cause of disability (World Health Organisation, 2012, p.6). Depression directly affects our mental health which comes with severe symptoms like loss of interest in daily activities, lack of concentration, loss of appetite, and agitation, and it is very hard to endure as it sometimes comes with the symptoms of anxiety. Depression is a major depressive disorder, which comes in many forms, and perinatal depression is one of the types. As defined concisely by Maria Muzik, who is an Assistant Professor in the Department of Psychiatry, and Stefana Borovska (2010), a medical student at the Michigan Medical School, USA, perinatal depression is a depression that women undergo during the time of pregnancy, childbirth or within the first postpartum period (para.1). By first postpartum year, it means the first 12 months after a woman gives birth. Perinatal depression is one of the most common issues which have a negative impact on both the pregnant mother and her infant mentally as well as physically. In most of the cases, perinatal depression is not recognized in which the situation gets worse sometimes and leads to complications in pregnancy. Since the issue is not visible to the people, there is a lack of understanding and awareness among the people, including the pregnant women themselves. This is one of the reasons why pregnant women who are vulnerable to perinatal depression receive less attention from her family and also the health sector.That is why it is important that we direct our attention to perinatal depression and help any woman going through this to cope with perinatal depression. Some of the symptoms of perinatal depression include fatigue, loss of appetite, insomnia and also the trouble of not feeling connected with the developing child. Therefore, it is important for pregnant women to take notice of these symptoms and have a consultation with the doctor who will help you deal effectively and positively

with perinatal depression. Austin, et al. (2005) have concluded in their findings that one in five women globally experience perinatal depression (p.9). Maternal mental health problems, according to the World Health Organization (2011), are considered as a major public health challenge which actually gives us a platform for further research so that we can come up with some effective solutions for the women to cope with perinatal depression (para.4).

The WHO has also reported that at international level, 10% of pregnant women and 13% of the women who are in their early postpartum period suffer from perinatal depression (para.1). Specifically, it is reported in the same finding that the perinatal depression rate is higher in developing countries. Another research conducted by Muzik (2010) supports the fact that perinatal depression can cause serious consequences such as poor mother-child relationship whereby mother develops a sort of unlovingness and hatred toward the infant which can lead to both physical and mental harm in the present as well as in the long term (para.1). Therefore perinatal depression is seen as a public health challenge specifying mothers and babies under one year old.

Although developing countries have more rate of perinatal depression than other countries, there are women who are undergoing perinatal depression but are not recognized specifically in a country like Bhutan with a comparatively lesser population. One of the reasons for not being properly diagnosed is because perinatal depression is most often misunderstood with some common symptoms of pregnancy such as mood swings, sleeping and eating disorders. Therefore, many are either not diagnosed or not treated (Austin, et al., 2005, para.1).

Banti, et al. (2011) have discovered in their finding that the state of being pregnant and first postpartum period itself is the time where women are very vulnerable and more likely to undergo depression than non-childbearing women (para.1). However, this research contradicts with the

finding of Muzik (2010) who wrote that pregnant and postpartum women have more chances of getting depressed only when they are exposed to some external challenges mentioned by Johnson (2012) such as physical abuse, domestic violence, drug use, financial and economic problems and history of depression. Gavin, et al. (2005) have researched about the existence and cases of perinatal depression where they found that it is during pregnancy and the first year postpartum when women are usually prone to perinatal depression. Goodman (2009) also supports the finding of Gavin (2005) that women are two times more likely to get depressed either during pregnancy or in the first 12 months of postpartum period.

According to the Bhutan Broadcasting Service (2017), “there is no official statistics, health officials say about 10 to 15 percent of the child bearing women in the country are likely to experience post natal depression after childbirth” (para.1). The fact that there is no official statistics shows the lack of research in this field and an urgent need for one to be done. In a developing country like Bhutan where approximately there is a possibility of women suffering from perinatal depression, health care providers and researchers should work towards studying and coming up with ways to create awareness on perinatal depression and help women cope with perinatal depression.

This research follows the deductive approach whereby the hypothesis states that women who are giving birth for the first time are more vulnerable to undergoing perinatal depression than the ones who have given birth before. The main objective of this research is to see who exactly is more at risk to experience perinatal depression. Although factors such as family issues, financial status and anxiety often lead women during gestation period and first postpartum year to undergo perinatal depression, through this research, it is expected to find out who exactly is more at risk. This is so that

future research can base on the vulnerable group and work on possible solutions. However, this research does not find the exact causes of perinatal depression and its possible solutions.

## Methodology

### Research Methods

This research uses quantitative study. Primary sources were used for the research. For primary data collection, we interviewed around 107 women for quantitative research using random sampling. We visited two hospitals in Bhutan to collect the primary data. We used scaling questions for the quantitative data questionnaire. One-On-one interview was done, and we used a structured questionnaire which were printed and given to the respective participants for their response.

### Materials and Participants

To collect primary data, we used scaling questions in the questionnaire to save the time of the participants as well as ours. The participants for our research survey were women who are pregnant or whose babies are less than one year. The data was collected from Jigme Dorji Wangchuck National Referral Hospital and Gelephu Central Regional Referral Hospital. We chose two hospitals in Bhutan, located in Thimphu (in the West) and Gelephu (in the south). The questionnaire was used to see if women who are giving birth for the first time are experiencing symptoms of perinatal depression more than those who have given birth before. Demographic information like if they are new mothers and if they are visiting hospital for pre or post delivery checkup were collected.

**Questionnaires**

Questionnaires were used for this research as they are reliable and efficient method in collecting the information from multiple respondents (Questionnaire attached in the appendix). It was way quicker and easier to reach our targeted respondents within a short period of time. For quantitative we used structured question where we randomly selected 107 women who were pregnant and were visiting the hospital for regular check ups and also some women whose babies were less than one year old and visiting hospital for their baby's immunization. Though there were few women who did not want to take part in our survey, there was a good number of mothers who were kind enough to spare few minutes answering our questionnaire. Along with the participants, even health officials working in antenatal, postnatal sections and maternal ward were very supportive of our research.

**Interviews**

While collecting data, we communicated in several languages including Dzongkha (National language of Bhutan), Sharchop-kha, Lhotsham-kha and Kheng-kha owing to their preferences.

**Data Collection**

We visited two hospitals from Thimphu and Gelephu hospitals. This was done because pregnant women from most parts of the country usually go to these two hospitals: women from central and northern Bhutan goes to Thimphu for delivery, and women from the south and parts of east usually go to Gelephu Regional Referral Hospital. We started collecting raw data through

questionnaire and interview. We also met the psychiatrist, medical staff, and officials from certain NGO that deals with women's wellbeing like RENEW.

Prior to all these, we had to seek permission and consent from all the necessary authorities such as Ministry of Health, Hospital President and Medical Superintendent of the respective hospitals and the women or respondent themselves who were being interviewed. This research is based on primary data collection using quantitative method.

**Strengths**

The response rate of this research was approximately 95%. Moreover, the communication between the researchers and the respondents were clear since it was done in the language that they are most comfortable with.

**Limitations**

The survey was done in two hospitals (JDWNRH and GCCRH) due to time limitation, and therefore it is not applicable for the women of the whole country. Moreover, the lack of previous research and participants' limited knowledge on perinatal depression proved to be a major hindrance on getting accurate and effective response. Since Bhutan did not have depression categorized, it proved to be another hindrance to the qualitative data collection. Therefore in depth study of perinatal depression could not be done instead we could collect only the quantitative data.

## Results

**Table 1: Cross Tabulation is it your first child*Your anxiety and stress never seems to go down**

| Is it your first child? | Your anxiety and stress never seems to go down | | | | | |
|---|---|---|---|---|---|---|
| | Always | Often | Sometimes | Rarely | Never | Total |
| yes | 13 | 6 | 23 | 12 | 9 | 63 |
| No | 8 | 0 | 19 | 5 | 12 | 44 |
| Total | 21 | 6 | 42 | 17 | 21 | 107 |

This table shows that 63 out of 107 mothers are first mothers where 13 of them had stress and anxiety never going down. The table also shows that maximum number of first mothers had anxiety and stress and only 9 of the 63 who were first mothers never had anxiety or stress.

**Table 2: Cross Tabulation is it your first child*You feel like crying and weeping often**

| Is it your first child? | You feel like crying and weeping often | | | | | |
|---|---|---|---|---|---|---|
| | Always | Often | Sometimes | Rarely | Never | Total |
| yes | 14 | 15 | 13 | 4 | 17 | 63 |
| No | 7 | 8 | 12 | 1 | 16 | 44 |
| Total | 21 | 23 | 25 | 5 | 33 | 107 |

This table shows the cross relation between first mothers and feeling of crying and weeping often. The table shows that 14 mothers out of 63 always felt like weeping and crying where 15 mothers felt like weeping and crying often. 17 mothers out of 63 first mothers however never felt like weeping and crying often.

**Table 3: Cross Tabulation is it your first child*You don't feel connected to your baby**

| Is it your first child? | You don't feel connected to your baby | | | | | |
|---|---|---|---|---|---|---|
| | Always | Often | Sometimes | Rarely | Never | Total |
| yes | 2 | 1 | 0 | 2 | 58 | 63 |
| No | 1 | 0 | 2 | 1 | 40 | 44 |
| Total | 3 | 1 | 2 | 3 | 98 | 107 |

This table shows the cross tabulation of the first mothers and the feeling of connection between the mother and the baby. This table however shows us that most mothers didn't feel disconnected from their babies from the sample we collected the data from. Therefore, we can take it as a good sign that most mothers actually feel connected to their baby.

**Table 4: Cross Tabulation is it your first child*You think that you are not ready to be a mother**

| Is it your first child? | You think that you are not ready to be a mother | | | | | |
|---|---|---|---|---|---|---|
| | Always | Often | Sometimes | Rarely | Never | Total |
| yes | 6 | 17 | 6 | 6 | 28 | 63 |
| No | 5 | 10 | 3 | 2 | 24 | 44 |
| Total | 11 | 27 | 9 | 8 | 52 | 107 |

Figure 4 shows the cross tabulation of the first mothers and if she is ready to be a mother. This table shows that only 6 first new mothers feel like they are not ready to be a mother and 17 of them often feel like they are not ready to be a mother. 28 mothers out of 63 new mothers thought that they are ready to be mothers.

**Table 5: Cross Tabulation is it your first child*Disruption in sleeping orders(insomnia or oversleep)**

| Is it your first child? | Disruption in sleeping orders(insomnia or oversleep) | | | | | |
|---|---|---|---|---|---|---|
| | Always | Often | Sometimes | Rarely | Never | Total |
| yes | 15 | 6 | 19 | 9 | 14 | 63 |
| No | 7 | 2 | 19 | 5 | 11 | 44 |
| Total | 22 | 8 | 38 | 14 | 25 | 107 |

The above table displays the cross tabulation between first mothers and sleeping disorders. The table indicates that 15 new mothers always had trouble sleeping that is they either overslept or could not sleep at all. 8 mothers often had sleeping disorders and 19 new mothers had sometimes trouble sleeping. Out of 63 new mothers, only 14 mothers had never had trouble with sleeping on time.

**Discussions**

From the above results, we can infer that first mothers are more likely to undergo stress and anxiety. According to Rebecca Pearson who is a lecturer in psychiatric epidemiology in university of Bristol, she discussed some possible reasons for increased anxiety and stress among first mothers such as women of this decade are mostly educated and wants a career, so being pregnant puts them into a situation where they need to compromise to an extreme extent of their workings which might be a good reason behind increased anxiety and stress (2018, 1). Due to being pregnant and the compromises and sacrifices the first mothers need to make, everything is new to them in the beginning where eventually they undergo stress and anxiety. Furthermore she mentioned about first mothers being receptive towards social comparison where potential stigma and social isolation of being young mother and for the first time increases the level of stress and anxiety in them (2). This explains the nervous feeling of the first time being mother where they are most likely to compare themselves to others who are into career or other fun activities while she is not able to do those due to her pregnancy or her baby in case of postpartum. So the social comparison leads to increased anxiety and depression in those first mothers.

We can also infer that being a mother for the first time brings you to the foreign feeling of wanting to weep and cry out of the blue. According to Valencia Higuera in her article which is reviewed medically by Dr. Valinda Riggins Nwadike, MD, MPH, she pointed out the hormonal changes during pregnancy as one of the main reasons of women wanting to cry during their pregnancy where she discussed the amount of estrogen and progesterone secreted during pregnancy increases which can lead to extreme happiness, fear or insecurities about the baby inside you (2019, 1). This explains scientifically where it relates the emotions you are feeling to

the amount of hormones secreted which means high secretion of estrogen and progesterone makes new mothers undergo extreme sadness or happiness and they can't help the feeling of weeping and crying since they are new to this feeling and experience of pregnancy as a whole. Furthermore, in the article, Valencia Higuera also discussed about first mothers being vulnerable to other symptoms triggered by feeling of crying and weeping such as feelings of worthlessness, loss of concentration, feelings of guilt which can all trigger depression during your pregnancy(1). This shows that first mothers are mostly not aware as to why they feel like weeping and crying often and somehow remain unknown to the following symptoms which might affect their mental health eventually leading them to depression. Our findings also indicate that most of the new mothers were mentally prepared to become a mother and welcome their new family member.

The results also show that new mothers are more likely to have trouble sleeping during their pregnancy or after giving birth according to the results generated above using spss software. Leslie M. Swanson, University of Michigan clinical assistant professor of psychiatrist, the main root cause of insomnia is stress and can also increase the risk of postpartum depression(2016,1). This means women who are facing problems with regular sleeping schedule during pregnancy undergo stress about their condition which affects their sleeping schedule causing insomnia or oversleeping.

**Conclusion**

Perinatal depression is a depressive state of mind where mothers who are pregnant and in their first postpartum year usually experience yet are most of the time not given the required attention. As our hypothesis states, women who are becoming mothers for the first time in their lives are

more prone to experience the symptoms of perinatal depression since it is their first time undergoing such significant changes in their lives both physically and socially. The result of this research shows that it is new mothers in Bhutan who mostly tend to suffer from symptoms of perinatal depression. Therefore, further researches studying causes and interventions for such conditions are highly needed to help women cope up with their conditions. For this to be done, our research can be used as a base and primary start as it shows the presence of perinatal depression among women in Bhutan.

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# Appendix

Appendix 1: Questionnaire

The purpose of this research project is to examine the causes and possible ways to cope with perinatal depression among women in Bhutan. It is for our summer research project in Asian University for Women. Since you are a woman who fit into the required category, you are invited to participate in this survey.

Your participation in this research study is completely voluntary. You have every right to withdraw from this survey any time in the middle.

The procedure involves filling a ticking survey or answer our questions orally that will take approximately 10 minutes of your time. Your responses will be fully confidential. The survey questions will be about your current mental state and your thoughts and feelings before or after child birth. The results of this study will be used for scholarly purposes only.

If you have any questions about the research study, please email us at

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I have read and understood all the terms and conditions mentioned above and therefore I am responding to this survey upon my free will. I will not raise any issue about using my responses for research purposes as long as conditions are not violated.

Signature of the respondent:_____________

| Pre or Post child birth? | | Is it your first child? | |
|---|---|---|---|
| o Pre | o Post | o Yes | o No |

| Directions: you are requested to refer the following ratings while answering the questions.<br>**1=Always** **2=Often**<br>**3=Sometimes** **4=Rarely** **5=Never** |
|---|
| You think that you are not ready to be a mother.<br><br>**1 2 3 4 5** |
| You are not able to sleep normal(insomnia or oversleep) because you keep thinking about your child.<br>**1 2 3 4 5** |
| You don't feel like engaging yourself in daily activities like you used to be before.<br><br>**1 2 3 4 5** |
| You feel like crying and weeping often.<br><br>**1 2 3 4 5** |
| Your anxiety and stress never seems to be going down.<br><br>**1 2 3 4 5** |
| You don't feel connected to your baby.<br><br>**1 2 3 4 5** |
| **Optional:** Have you ever had any bad feelings or thoughts about being pregnant or giving birth? If yes, briefly describe. |