An Ethnographic Study of Postpartum Depression and its Cultural Support Mechanism Rawalpindi

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Final Approval of Thesis

This is to certify that we have read the thesis submitted by Ms. Samia Idress. It is our judgment that this thesis is of sufficient standard to warrant its acceptance by the Quaid-i-Azam University, Islamabad for the award of the Degree of M.Sc in Anthropology.

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FORMAL DECLARATION

I hereby declare that this is my own work without anyone else help except those mentioned here. This work has not been submitted or published for any degree or examination in any other university in identical or similar shape. All the other sources used in this work have been mentioned as complete references.

Samia Idrees

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Samia Idrees

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Chapter # 1

1. Introduction

Women in terms of gender group in a culturally conventional society like Pakistan in specific, is typically subjected to domestic inequality, active and passive violence, and face multiple other derogatory or belittling spells. History shows subordination of gender and violence against women interlaced and affirmed through the construction of gender in societies (Nery, 2014). Such a gender based domestic hostility rises mostly on the foundation of patriarchal social structures. Pakistan is dominantly considered a patriarchal society because of its ingrained gender oriented cultural values. Women are majorly subordinate gender group that makes them potentially vulnerable to domestic violence of kinds. Human rights watch conducted a study in 2009 which concluded that between 10 to 20 percent of Pakistani women have faced certain form of hostility or abuse (Gosselin, 2009).

Cultural or social trends like these, particularly in Pakistani society, provides foundation for various kinds of health issues of women that are physical and mental in nature. Such cultural trends originate from the social superstructure known as patriarchy. According to Marvin Harris, in his proposed theory of cultural materialism, he associates concepts like values, ideas and preferences of various sorts yet restricted to a peculiar culture classified as superstructure of a society (Harris, 1968). Under this conception, it is necessary to define this superstructure. Patriarchy as a social system maintains a prerogative status in a Subcontinental society. Moral authority, social privileges and property inheritance are all male dominated or men as a gender group holds the power in these spheres. Such a structure then influences the status of women in terms of equality, security, and health. In the subsequent chapters, this thesis will talk over the cultural relationship between health of women and patriarchal structure of the conventional Pakistani society.

1.1 Importance of Women's Health

This thesis attempts to shed light upon postpartum depression in women as a gender group and what cultural support mechanisms are there to regulate such mental ailments in women. Before introducing the nature of this research‟s objectives, it is vital that the reader must understand or comprehend the importance of the health of the women in a society. Women as a distinct social group based on biology and gender, assumes different and additional perspective over health than men. This may seem superficial and less important, yet persists among modern and more liberal and morally conscious populous. Issues like mensuration, mood swings, common harassments, derogatory comments, physical and mental abuse, and more like these troubles faced by women seems normal and everyday occurrence and people tend to ignore these violations. Yet the general populous is ill-informed that these seemingly insignificant distress indirectly impacts the overall health of women and people must recognise women as an equal and important social group as their significance about how women play an essential role as a gender group of a society and how important their health is and that health which is conceived as an atypical perspective.

Women are hugely significant for a society as they conceive population and give birth and nurture the individuals who later shape the communities. For healthy children to be born to become a part of the society, it is important that the health of the mother is very well regulated. Moreover, they say a good mother is worth a hundred school masters. According to WHO (World Health Organisation), health is a condition of an individual of complete physical, mental and social well-being and not merely the non-existence of a disease is to be associated with health (WHO, 2020). are "Reproductive Health" is today being replaced by the term the Health of Women.

According to an article written by Patricia Davidson, the health of women determines the health and well-being of our modern world (Davidson, 2013). Health of a family unit and communities overall are closely connected with the health of women. Women as mothers play essential role at providing genuine

and motherly care to her immediate family members. Such quality look after of the family and hence community justifies the contention that health of a community is directly dependent upon the health of the women of that community. Women‟s loving and caring nature as a mother provide sentimental value in social organisation, hence the health of women certainly becomes crucial for the health of the community. There exist various sorts of slogans that are representative of this idea. For instance, one of it states, *"Healthy Women, Healthy world".* Such realisation in modern world, germinates the necessity to rethink the importance of the health of women who basically take care of the health of her family and in turn community. If the women, as a gender group are ignored then ultimately the impingement will travel across communities.

1.2 Women's Mental Health

Healthy women are those women who are not just physically fit rather their emotional and mental health is equally essential. Living a fulfilled life does not require merely physical fitness. According to a study by Office on Women‟s health, multiple mental health conditions, such as depression and bipolar disorder, affect more women than men or affect women in different ways from men (SAMHSA, 2015). Therefore, a special focus is necessitated in the realm of women‟s mental health rather than general ailments that may also be physical. Mental health issues in a male dominant society like Pakistan multiplies the chances of women getting mentally depress. Practices like *Karo-Kari,* dowry, exchange marriages, etc. lead to the mental depression generally in significant number of women. Weakened social position of women in a male dominant society is the cause for the common frequent depression among the women.

Therefore, mental health of women shall not be conceived merely as a regular and a gender unbiased depression. This is because women are victimised passively by certain misogynistic cultural elements that are most of the time overlooked by such communities itself and taken as a part of tradition.

1.3 Culture and Mental Health of Women

For a long period of time mental sickness was not given any credibility especially in case of women, yet with the emergence of sciences like psychology and psychiatry mental issues have been given a special status. Not just these sciences have worked to provide customised remedy for mental illnesses rather there exist certain cultural mechanisms that somehow through generations have been adapted to cure these mental depressions, especially in case of postpartum depression in women of Pakistani society.

Cultures are sometimes tricky to grasp in terms of their traits. In case of Postpartum depression culture itself becomes the cause of this depression and later provides a coping mechanism as well. This is why E.B Tylor has stated the culture to be a complex whole, not just in terms of its ontological attributes but rather in the strange ways it adapts itself in a given environment (Tylor, 1867).

This thesis discusses this versatile and dynamic articulation of women mental issues that are engrained deeply in the cultures and at times how culture itself provides coping mechanism. The focus of this thesis will remain on the post-partum depression in women and how culture is responsible for this depression and how the same culture tends to regulate or attempts to curb the symptoms of depression in women after child birth. Therefore, before opening up into other topics of research it is here by necessary that we define and discuss this mental depression known as Postpartum depression. What kinds of Postpartum depression exist. What are the main causes of this sort of depression. What statistical spheres state about this issue. Questions like these will be dealt in the following section.

1.4 Postpartum Depression

Post-partum means following childbirth or birth of a young one. Thus, that depression which follows after the birth of a child is basically called post-partum depression. Birth of a child, especially for women who are becoming mother for the first time faces multiple forms of emotions. They can range from pleasure to anxiety, as it becomes hard to justify the reaction in cultural context, which will be dealt later in the thesis. Many women are looking forward to their changed role and are cheerful and happy, yet some women at the occasion of their first child‟s birth become anxious and feel burdened. This is a huge occasion for woman as she enters motherhood. The pressure is cultural mostly and the coping methods are also cultural. Not only for mother but in a majorly conventional society like Pakistan, people who are associated with the child emotionally can potentially face this sort of depression. Social structure of a traditional society comes with such impediments. Child preferences, economic conditions of the family, and more social aspects like these tend to cause such depression among sentimentally associated individuals with the child specially mothers.

A switching of social roles among new mothers bring about mixed emotional reaction that at times become extreme and results in a recognised mental illness known as Postpartum depression. Moreover, this depression is not associated with genetics or what so ever. It is purely cultural based. Genetically transferred diseases are mostly physical, whereas mental distresses are culturally born. According to Margret Mead, the behaviours are learned from the society and not adopted through genetical inheritance (Congress, 2001). Hence Postpartum depression is also a product of cultural articulations that lead to the emergence of symptoms of Postpartum.

Moreover, postpartum can also not be associated with some sort of flaw in the personality or character of the mother, or as if there is any sort of weakness in the women. Important fact here is that the depressed behaviour of the mother in this depression is not to be linked with the individual‟s personality rather it is completely organic and well expected. This is indeed a general depression

and not necessarily is to be concluded as female postpartum depression. Anyone who is sentimentally associated with the newly born child can have symptoms of such disorder. Yet mostly it is the mother, but at time father also show some symptoms of postpartum depression. As they are also emotionally attached with their child and anticipate multiple scenarios in minds about the future of the child. But the intensity of mother‟s association is un match able and moreover, because of its subordinated position in our culture, women becomes more vulnerable to develop this depression than their spouses. However, this thesis focus upon only postpartum depression faced by women.

Postpartum depression (PPD) is a significant public health problem, each year affecting 10% to 20% of new mothers. Many of these women and their children experience short- and long-term adverse consequences. Despite an increasing awareness of the effects of maternal depression on children‟s health and welfare, it remains unrecognized and poorly understood by women and clinicians alike. (Zauderer, 2009) Postpartum depression is related to delivery, pregnancy, child Birth or sometimes after miscarriage. Postpartum depression is a major problem which directly attacks the mental health of a women and its play a negative role for upbringing child. Postpartum depression also occur after adopt a child, and stillbirth. It is psychological disorder. This problem can hit the mothers from delivery day to one year almost. Postpartum depression is common these days but the awareness of postpartum depression is not common. According to psychological association of America one in seven women every year effect with PPD after childbirth. We can understand the postpartum depression with considerable risk factors such as feeling irritation from family friends and new born, Feeling sad, Feeling lazy, Changing in sleeping and eating pattern, Crying a lot, A low mood that lasts for longer than a week, Blurred vision, Panic attacks, Concentrating problems, There are also many causes of postpartum depression. Which are considers as biological factors. The health consequences of child birth including urinary incontinence anaemia, blood pressure change and alteration in metabolism, Hormonal change, Physically changes of pregnancy, Worry about her baby and the responsibility of being a parent, Lack of family support, Financial

difficulties, A history of mental health, There are three types of postpartum depression.

Postpartum depression can sometime become tremendously dangerous in which mother may start harming their new born child. She might take out her temper over her child if her relationship with her husband she thinks is being hampered and this child of her is destroying her carrier.

Baby blues

It remains for few hours. Sometimes it remains for one or two weeks after delivery. Baby blues do not require any kind of treatment. It can be solved by joining the supportive groups and talking with other moms. Postpartum blues is the most common observed puerperal mood disturbance, with estimates of prevalence ranging from 30-75%. The symptoms begin within a few days of delivery, usually on day 3 or 4, and persist for hours up to several days. The symptoms include mood liability, irritability, tearfulness, generalized anxiety, and sleep and appetite disturbance. Postnatal blues are by definition time-limited and mild and do not require treatment other than reassurance, the symptoms remit within days.

Postpartum depression (PPD)

As the focus of my research is postpartum depression, only a brief overview shall be provided here. Data from a huge population based study showed that nonpsychotic postpartum depression is the most common complication of childbearing, occurring in 10-15% of women after delivery. Women who is effected by postpartum depression feels sadness, weakness, laziness, irritability, anxiety and fear more than baby blues. Pod is a serious problem it can‟t be solve without medication or counselling. It usually begins within the first six weeks postpartum and most cases require treatment by a health professional. The signs and symptoms of postpartum depression are generally the same as those associated with major depression occurring at other times, including depressed mood, anhedonia and low energy. Reports of suicidal ideation are also common.

Postpartum psychosis

Postpartum psychosis is very serious problem of mental illness that effect mothers after childbirth. This kind of illness can be treated with medication and sometime put the patient into the hospital because they are at the risk of hurting themselves or someone else. Very severe depressive episodes which are characterized by the presence of psychotic features are classed as postpartum psychotic affective illness or puerperal psychosis. These are different from postpartum depression in aetiology, severity, symptoms, treatment and outcome. Postpartum psychosis is the most severe and uncommon form of postnatal affective illness, with rates of 1 – 2 episodes per 1000 deliveries.

Clinical and diagnostic issues

Postpartum depression is the most common complication of childbearing and as such represents a considerable public health problem affecting women and their families. The effects of postnatal depression on the mother, her marital relationship, and her children make it an important condition to diagnose, treat and prevent. If postpartum depression is to be prevented by clinical or public health intervention, its risk factors need to be reliably identified, however, numerous studies have produced incomplete consensus on these.

If you feel yourself according to all these symptoms of postpartum depression you can do such activities for overcome it. Get old fashioned rest. Always try to nap whenever baby nap. Stop putting pressure on yourself, Do as much as you can, Talk to your husband partner family and friend about your feeling, Don‟t spend a lot go time alone, Take a short walk, Talk with other mothers you can learn from their experiences, void from scary stuff, void from monkey thoughts, Avoid from unsupportive peoples, Over scheduled life.

Postpartum depression is a disorder which has negative effects on the mood of the mother. It can also be stated as emotional disturbance which develop after delivery. An interesting thing is that the mothers who give birth in winter

or spring maybe less likely to develop postpartum depression compared with those moms who give birth in summer or fall.

1.5 causes of postpartum depression:

Postpartum depression causes are known objectively. There are variant factors that can potentially imagine the behavior of the individual mother. For instance, factor like physical and hormonal changes in the women affects individuals differently. Moreover individual‟s and their family‟s history of depression also plays as an important factor that can impact the health of women during the postpartum phase. Pressure for raising a new born in immense, and how individuals take care of this situation varies from person to person.

So far, most of the evidence directs towards the factor of hormonal changes as being the one of the potential causes for postpartum depression. Various neuroendocrinology experts have done a lot of research studying the hormonal changes in women during pregnancy and after child birth.

They came to a conclusion that women with PPD have more considerable changes in the in the activity of glands like Hypothalamic, pituitary and adrenal. In the research what the neuroendocrinology experts had noted was that hormonal levels Estrogen and progesterone drops to the level that were at the time of pregnancy, with 24 hours of child birth. This sudden changes in hormonal may become the cause of postpartum depression (“Postpartum depression” 2018).

There are also beliefs that postpartum depression can also be cause by synthetic oxytocin that are given to stimulate the birth thus increase the chance of postpartum depression and anxiety (Kroll-Desrosiers AR,2017).

Another hypothesis that sets up a field of exploration for the cause of postpartum depression is a kind of a life of a girl faces after realizing her responsibility of becoming a mother. These are subtle life style changes that become prominent after the birth of the child in term of showing care towards the infant, hence these sudden changes in life patterns of the women essentially impacts the psychological status of

women and hence become prone to postpartum depression.

Mothers that have not had any sort of postpartum depression tendencies with the birth of her previous children, yet faces postpartum depression after her latest child, it hypothesized that in such cases, her social and cultural circumstances have changed, which effects the mother as she gave the birth of her latest child. Yet regardless of biological and physiological differences that come after the birth of child usually are not diagnosed are not understood yet regardless of this there are certain factors that can increase the risk of postpartum depression following are some risk factors.

- Before birth anxiety
- Depression in other family member
- Traumatic life events during pregnancy
- Physical traumas related to birth
- Sexual abuse in past
- Childhood traumas
- Unfortunate still birth in past
- Avoiding breastfeeding
- Low confidence level of self esteem
- Smoking ciggerts
- Stressful life
- Superficial social support
- Single mother
- Poor relationship with husband
- Financial instability
- Deficiency of emotional support from immediate family members like parents, life partner or even friends.
- Bad temperament of infant, i.e. issues like colic episodes
- Pregnancies that were unplanned or sometime unwanted

The factors must not be termed as the casual factors, rather they are correlates or the common factors mostly involved in the case of postpartum depression. There can be a third unknown factor that can become the true cause for the diagnosis of postpartum depression. Yet there are isolated factors that have potential for causing postpartum depression. For instance, absence of social support solely can become the cause for postnatal depression.

Postpartum depression in multiple researches have been associated with poor f financial status of the women or in order words lack of better resources that can be deliver in postnatal care for the child. The frequencies of postpartum depression have been shown to decrease as mother become affluent or has comparatively more income (Segre LS, 2006).

Therefore it can be concluded that in certain cases because of less resources for the baby to flourish, women are force to give birth to an unwanted baby, thus creating tension and stress women‟s mind, hence causing postpartum depression. They are emotionally week as they have no spouse to cater her emotional instability hence a vacuum persists and increases the chance of postpartum depression. Pregnant single mothers when transitioning through motherhood if have any resource problems, might trigger postpartum symptoms.

Researches have substantially shown that those mothers are live in foreign countries and have a different ethnic backgrounds are comparatively um more prone to postpartum depression than those that are from original ethnic backgrounds. Studies that were done in U.S, shows that mothers who are from African American backgrounds are more vulnerable to this mental disorder(Segre LS, “Race/ethnicity and perinatal depressed mood”, 2006).

Sometimes women, in the context of Pakistani culture, faces irritating question from her relatives like how will she now continue her job, now she is a housewife. People in our society and tend to ignore these considerations as the new mother is already under huge pressure of raising a baby and such questions further attempt to proliferate the condition already depressed mother.

Brutality:

A research was conducted in relation of violence with postpartum depression and in the analysis, it was conducted that women who suffer violence and brutality from her husband or in the case of joint family setup, from in laws. She as a subject her more tendencies to develop postpartum depression (Wu Q C. H., 2012). It is claimed that approximately, 1 out of three portions of women in the world has suffered from some kind of violence or brutality in their lives or sexual violence (western, 2013).

Incidences in the life of a woman, like sexual violence, physical assaults by the husbands contribute to the development of postpartum depression. Violence and physical assault upon women has long lasting psychological impacts and turns out to be a chronic mental disease. Continuous violence against may result in depression and become a potential cause for postpartum depression as well.

History:

Medical sciences in west has continusoly been working on this mental disorder in women over the countries and has resulted in the evolution of the postpartum depression‟s understanding. Opinion around the idea of women mood swings has always persisted and have been noted and recorded by men majorly(Tasca C, 2012).

This history goes as far as the Greek time period of Hippocrates in 460 B.C. He has written about virus sort of mental disorders that prevail after the birth of the Childs in mothers.

His ideas are still being endorsed and acknowledge in the field of postpartum depression.

In some sever cases women tends to develop an extreme form of postpartum depression that has been now distinctly identified as postpartum psychosis. For example, in case of Margery kemp, a woman from 14th century, also with alias of madwoman, showed madness and suicidal tendencies. She testifying of seeing images of and Virgin Marry and had conversation with them. (Kempe, 2015). Another case was studied by Castelo Branco, a 16th century

physician. His subject suffered from sadness and sorrowfulness after he child birth. She remained in this condition for almost a month then with proper treatment she got recovered from her depression. These are not shared by the physician in any literature yet many different treatments started to register for centuries (Rockington, 2005). *The yellow wallpaper_a* short famous story written by Gilman in 19th century. It is the story about authored herself who is facing depressive tendencies after giving birth to her first child.

Therefore, in retrospective context, postpartum as a recognized mental disorder appeared very late. Between 16th and 18th century some reports highlighted issues related to depression in women immediately after they give birth to their child. Round about 50 shorts reports during this time period were published that began to consider such a mental depression in the main stream clinical practices. To be exact, that were highlighted in those reports were women who were breast feeding their children and non-lactating mothers (Sonneleithner, 1784). An Obstetrician from 18th century named Osiander belonging from Tubingen, in 1797, to be exact wrote in detail about two cases, and are consider to be the master by work.

Society and culture:

According to Malay culture, there is a spirit that present in the amniotic fluids. When the spirit is upset or unsatisfied, than this spirits effects the women resulting in her crying, facing trouble sleeping, she faces the loss of appetite. With the help Shamans, this spirit to force the spirit to leave.

Some cultures believe that such illness like postpartum depression can be treating by doing certain rituals after the birth of child that can help to neutralize the adverse effects of postpartum depression. These rituals have components like organized support, caring mother in term of hygiene and instruction regarding breastfeeding. Research has shown that getting global culture industry and also migrations can make mothers devoid of traditional maternal support.

Similarly, in china, many indigenous Chinese mother practice a ritual after they give birth to a baby, known as “doing the month”. This is of 30 days duration in which the mother after giving birth to child is placed in confinement where she is not allowed to take a bath, shower, clean her teeth

and supposed to get rest and all her house chores are handled by her mother in law and she also take care of her baby(Kalinin P, 2019).

In US, according to the forum known as "*patient protection and affordable care Act"*

Carries a clause that emphasis is on focusing research on condition of women in postpartum period. These argues that significant resources has to be developed around making policies and health objectives related to postpartum depression.

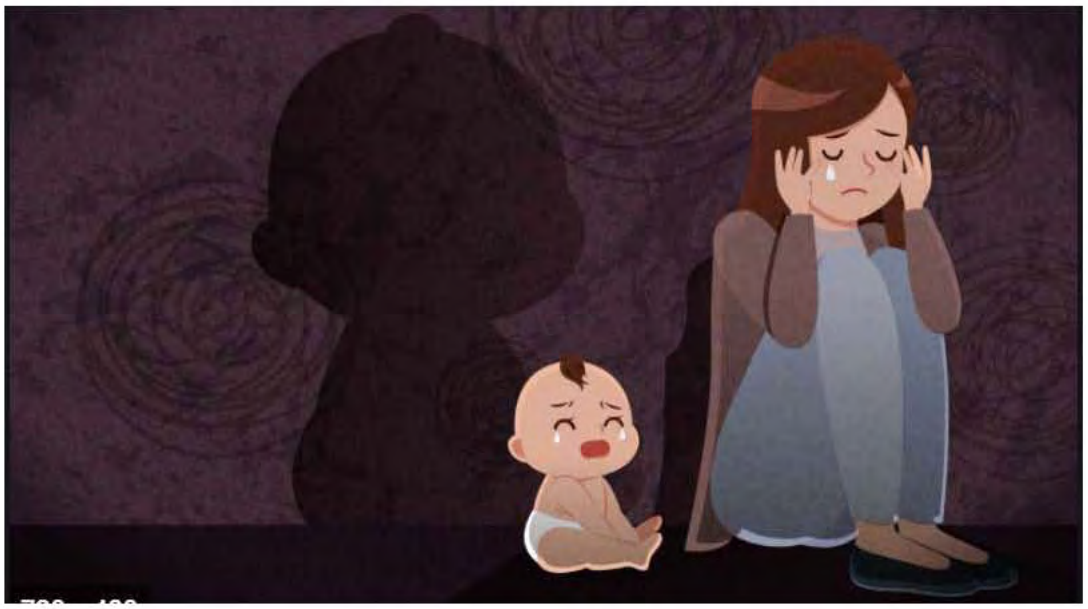
In case of Andrea yates, who suffers postpartum psychosis, had killed her five infants and believe that she saved her children souls, from the Satan. This case was recorded as first case of its kind under the label of postpartum psychosis and first notable case of such kind that triggered a dialogue on how to attend and comprehend more on women‟s health who are suffering from postpartum depression. Due the question raise, in the case of Yates, it got o necessary to important terms like, maternal instinct, and try to find meaning of each term in order to provide social justice as the case regulated in the realm of social law and order, murder. Raised question like what sort of legal punishment is applicable to this case. This case therefore gained a lot of media attention toward the issue of filicide.

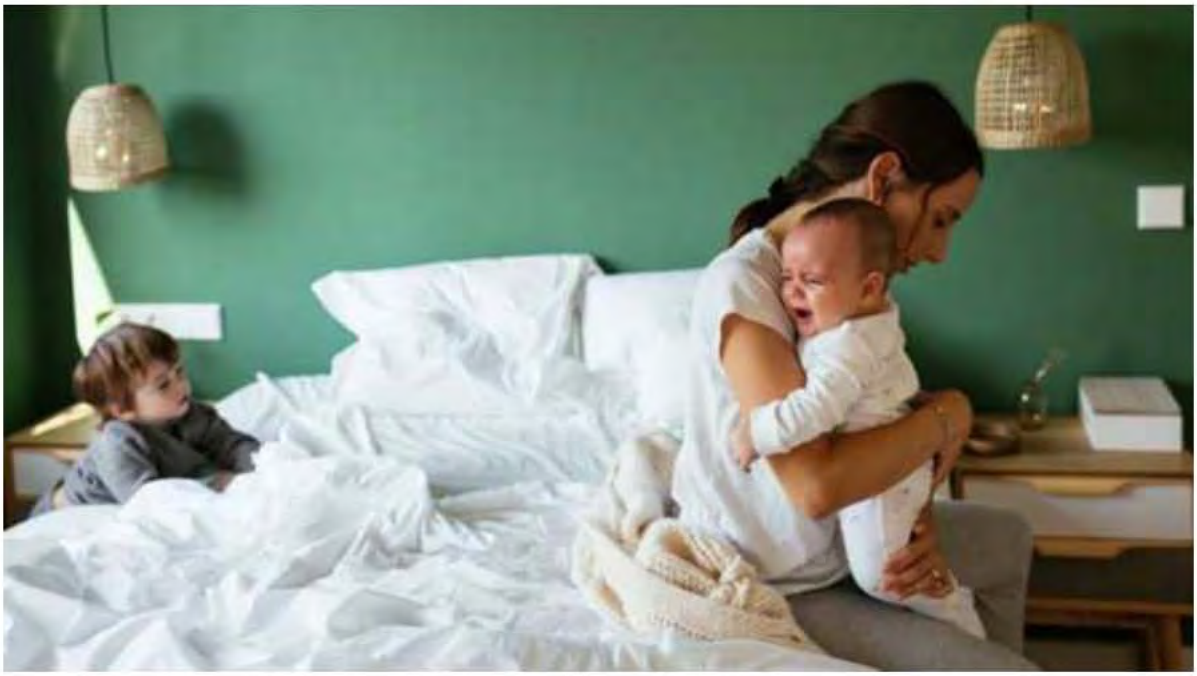
Epidemiology:

Globally, postpartum depression is the major diseased associated with child birth. PPD varies in prevalence worldwide (Hahn-Holbrook J C.-H. T., 2018). From the data of countries in order to low to high income countries, postpartum depression is about 17.7%(Hahn-Holbrook J C.-H. T., 2018). Countries that are economically in despair, and have comparatively low material standards, are countries that face huge amount of postpartum spread.

In case of US, the spread of this disease is 20.1% on average across different sates(Ko JY , 2017). The highest numbers of patient in US are indigenous Indians/Alaskans and or people from Asian-Pacific backgrounds. These people mostly have minimal level of education, mostly 12 years only are usually unmarried are habitual of smoking during this pregnancy, has faced multiple types of events categories as stressful by the patient and their kids at the time of birth have usually below average-weight.

Following are some depictions of Postpartum Depression:






POSTPARTUM
DEPRESSION

Statement of problem

Many researches are done to find out the reason of postpartum depression its causes, effects and impact on the women. My research is concerned with the social and psychological field. This research will help in finding the factor and relationship between women, children and other family members. This research will help to find the problems of postpartum depression in cultural ways. Why they are ignored by families and why society did not recognize problem as a problem. Women suffering from postpartum depression after child birth where she has first or second child. There are also cultural factors of postpartum depression which matters a lot. If a woman have daughter and has no son it can also be a cause of depression because she is depressed by her family for their demand of boy. If a women gives late birth to the child there are also the cultural reasons because she and her child will be in terrible condition which makes her depressed although she is conscious about his baby. Another factor which falls in our culture is the uncomfortable routine. Women are not supported by their family and they can‟t get complete rest. This will try to figure out cultural factors responsible for either causing or integrating depression. Postpartum depression affects tens if not hundreds of millions annually if all countries are accounted for. One study found that postpartum depression rates in Asian countries could be at 65% or more among new mothers. District and Provincial Percentage of women age 15-49 years with a live birth in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live birth is 70.7%. (MICS, 2017-2018). In the three types of PPD my focus will on the postpartum depression.

Objectives

- To look for the factor of postpartum depression among women after child birth
- To record cultural support mechanism for postpartum depression.

1.6 Significant of the study

Postpartum depression is a common mental illness now these days. Most of the women who are facing this problem are almost completely hopeless. They are simply ignored by society. Although postpartum depression in not very common among women but those who are facing this problem are passing through a critical condition. Most of people in Pakistan is unaware of this disorder. Generally, there is concept of people of south Asia that they do not address to mental problem. Same is the case with postpartum depression. My study will address those shortcomings which should not avoided to find out the causes of postpartum. What mental and emotional imbalance is caused by postpartum and can be the possible solution to ensure the treatment of this Mental problem.

Developed nations have developed certain medical systems based on welfare social structures tend to take percussions before the commencement of postpartum depression phase. Couples with pregnancies are advise by counseling bodies of medical centers and before time are informed about the possibilities of such mental condition developing after the birth of their child. This practice of counseling helped the people a lot in coping up with potentialities pertaining to postpartum depression and also made the husband understand that what their wife is going through and how to sensibly provide environment for her immediate recovery. Pakistan on the other hand has no knowledge about this disorder, and this thesis is an at attempt to create it de knowledge base to highlight the persisting oblivious attitude among the medical spheres in Pakistan.

Chapter # 2

Literature Review

Before entering the field of our research, it is mandatory for the researcher to go through the previously done researches and statistical analysis of the related topic. It broadens the scope of the researcher related to the topic and equips their minds with information that hugely helps them in articulating the new research work. It also helps the researcher to focus their content of research in directions and perspectives that are yet to be explored. It provides the reader with possibilities and do research on gaps pertaining to the topic of the research. Reviewing the related researches gives the researcher ability to carve out various questions for interviews and construct a peculiar structure for the research.

Following literature reviews has helped me to gain a lot of information related to post-partum depression in women. Particularly I have found out that in Pakistan the reason for the frequent cases of post-partum depression is because of the less expenditures or budget allocation upon the health of women related to mental health. Moreover, the institutes that are dealing with mental health issues are mostly related to women. Distinct statistics like these helps me justifying my thesis more, and proliferates the significance of this academic research. Following literature from world health organization states that PPD is a neglected issue and the mental health institutes rarely caters such cases. This signifies that our social acceptance towards this mental illness is not according to the expectations of world health organisation that considers PPD to be one the main mental illnesses of women.

In Pakistan, only 0.4 percent of health care expenditures are devoted to mental health and there are relatively few health care providers working in the area of mental health. Of all users treated in mental health facilities, 69 percent are female. Patients treated in mental health facilities are primarily diagnosed with neurotic, stress-related and somatoform disorders (33 percent), as well as mood disorders (30 percent) these statistics do not include PPD, revealing that PPD is a neglected condition in Pakistan. Maternal health is also a neglected area in Pakistan; only 38.8 percent of

women have access to skilled birth attendants. The majority of births (64.7 percent) take place at home, without a skilled attendant. Fifty-seven percent of Pakistani women reported that they felt it was not necessary to deliver in health care institutions; 38 percent cited cost as a barrier and 5.7 percent stated that their husbands did not allow them. (World Health Orgnization , 2009).

Pakistan stands far away from even including PPD as a mental illness. According the International Statistical Classification that defines PPD to be a mild mental disorder that is not very much prevalent in the spheres of mental health experts. Moreover, the health establishment in Pakistan do not even have tools to screen the PPD patients.

The International Statistical Classification of Disease and Related Health Problems define PPD as a mild mental and behaviour disorders. This starts within 6 weeks of delivery. Accurate estimates of the prevalence of PPD in Pakistan are difficult to obtain because of cultural norms that may result in women under-reporting PPD, and a lack of reliable screening tools that may result in under diagnosis of this condition. (Mancini, Carlson, & Albers, 2007)

It is surprising to know that regardless of high frequency of the occurrences of PPD in Pakistani society, there exist almost negligible PPD detection mechanisms. These occurrences are alarmingly high, thus creating an impulse to investigate the causes for such countless scores of PPD in Pakistani society.

However, PPD appears to be a major issue in Pakistan, with a prevalence rate ranging from 28 percent to 63.3 percent. which is the highest among Asian countries. Three studies conducted in Pakistan. reported the rates of PPD ranging from 28.8 percent , despite measuring PPD at the same time period (i.e., 3 months postpartum). Other studies measured the rate of PPD in Pakistan from 2 to 8 weeks postpartum and reported rates ranging from 5.2 percent to 63.3 percent. (Klainin & Arthur, 2009)

One of the major causes of PPD in Pakistani society is related to cultural based child preference behaviour. At times people like to prefer boy yet they conceive a girl. This preference of a baby boy is embedded in culture of

Pakistani society and even the female in-laws have similar mind sets. And at other times, in cases of extreme conservative environment people prefer only boys and are ashamed of baby girls.

Gender bias is common in Pakistan. A study reported that depression is associated with the presence of two or more girl children in the family indicating that male children are more wanted by married couples and are given preference over female children unhappy after the birth of a baby girl. (Rahman & Creed, 2007)

Traditional Pakistani culture associates at times ideas of impurity with post-partum period of women and make them seclude from their immediate environment. This although according to the following review impacts the mental health of the women as they feel neglected and degraded yet another perspective that turns out to be positive is missed out here. This is a gap that this thesis would be dealing with, as seclusion sometimes help the women to cope up with mental stress after giving birth to a child for the first time mostly. This is the coping mechanism generated by the culture itself to deliver the unusual raised stress in women during post-partum.

Male children are more likely to be better educated and better fed than female children, which also creates conflicts in females. As a result, women may become passive and exhausted and develop stress, which may manifest in the signs and symptoms of PPD after pregnancy. Many Pakistani cultural norms and practices can have an effect on the development of the PPD. Mothers are supposed to adopt certain cultural practices, which may or may not have a protective effect. Postpartum customs include the chila- 40-day period of seclusion during which mothers are required to rest and are not permitted to cook or clean or go outside, as they are regarded as being "dirty". The stress of this seclusion can predispose women to PPD. (Rahman & Creed, 2007)

The reasons for PPD remaining unreported are also culturally motivated. Women are shy of sharing their feelings and emotions with their spouses pertaining to children as they think it would cast certain image in the minds of

her in-laws and husband that can make them think that she is not well culturally groomed to handle a birth of a young one.

In the Pakistani culture, women are responsible for household chores and taking care of their children; thinking of them is the last priority. Women feel shy to share their problems with their husbands and feel the stigmatization of depression. Also, many women and their families do not see depression as a health problem. All these factors contribute to delay of PPD screening, with PPD going unreported in much case. (Rahman & Creed, 2007)

Badar (2003) found that among depressed mothers, the majority were young, whereas Bjerke (2008) identified mothers over age 30 to be at higher risk of PPD. Postpartum depression "Maternity Blues" a transient estate that occurs in the first week following childbirth ,has been estimated to affect 50% to 80% of American women and mild to moderate clinical depression is thought to occur among about 20% . (Hopkins, Marcus, & Campbell, 2019).

Pakistani culture has its own way of dealing with PPD. Although their exist certain global mechanisms to neutralise the post-partum depression like giving of gifts and frequent visits by the relatives, yet local indigenous endeavours are different, that I shall discuss in the following sections of the thesis.

Culture is a powerful mediating factor between the physiological women during processes related to childbirth and the emotional experiences of women during this period. On the bias of their cross cultural review Stern and Kruckmen suggest that six elements are generally present in in the structuring if the postpartum period: 1.cultural recognition of a distinct postpartum period during which normal duties of the mother are interrupted 2. Protective measures designed to reflect the vulnerability of the new mother. 3. Social seclusion 4. Mandated rest 5. Assistance with tasks mostly from other women and 6. Social recognition of new status for mother through ritual, gifts, or other means. (Kruckman & Stern, 1983).

Recent research indicates that nearly 70-80% of women suffer from some Depressive symptoms within the first two weeks following delivery. Symptoms are now widely recognized as manifesting in various ways with varying degrees of severity. Tearfulness and mood reliability seen soon after birth in many women has become known as the postpartum or "baby blues". The postpartum blues are considered a "normal" Reaction to giving birth. However, some women experience true major depressive episodes In the weeks and months following birth that are more persistent, manifesting as loss of pleasure, interest ,sleep, and self-worth. It is these episodes that are referred to as PPD, estimated to affect 10-13% of women during the postpartum period. Finally, beyond the postpartum blues and major depressive episodes, about 1 or 2 in 1000 women develop cognitive disturbances, bizarre behaviour or hallucinations, and a severe condition known as postpartum psychosis. (Mcmillen, 2009)

Hormonal changes may trigger symptoms of postpartum depression. When you are pregnant, levels of the female hormones estrogen (ESS-truh-jen) and progesterone (proh-JESS-tur-ohn) are the highest they'll ever be. In the first 24 hours after childbirth, hormone levels quickly drop back to normal, prepregnancy levels. Researchers think this sudden change in hormone levels may lead to depression. Levels of thyroid hormones may also drop after giving birth. Low levels of thyroid hormones can cause symptoms of depression. Other feelings may contribute to postpartum depression, including feeling tired, overwhelmed, and stressed. These feelings are common among new mothers. (Health, n.d.)

A meta-analysis reviewing research on the association of violence and postpartum depression showed that violence against women increases the incidence of postpartum depression. About one-third of women throughout the world will experience physical or sexual violence at some point in their lives. Violence against women occurs in conflict, post-conflict, and non-conflict areas. It is important to note that the research reviewed only looked at violence experienced by women from male perpetrators, but did not consider

violence inflicted on men or women by women. Further, violence against women was defined as "any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women". Psychological and cultural factors associated with increased incidence of postpartum depression include family history of depression, stressful life events during early puberty or pregnancy, anxiety or depression during pregnancy, and low social support. Violence against women is a chronic stressor, so depression may occur when someone is no longer able to respond to the violence. (Wu Q, 2012)

Antidepressants have a direct effect on the brain. They alter the chemicals that regulate mood. They won't work right away, though. It can take several weeks of taking the medication before you notice a difference in your mood.

Some people have side effects while taking antidepressants. These may include fatigue, decreased sex drive, and dizziness. If side effects seem to be making your symptoms worse, tell your doctor right away.

Some antidepressants are safe to take if you're breastfeeding, but others may not be. Be sure to tell your doctor if you breastfeed.

If your estrogen levels are low, your doctor may recommend hormone therapy. (Pietrangelo, 2016)

A psychiatrist, psychologist, or other mental health professional can provide counseling. Therapy can help you make sense of destructive thoughts and offer strategies for working through them. (Pietrangelo, 2016)

This part of treatment may be a little more difficult than it sounds. Practicing self-care means cutting yourself some slack.

You shouldn't attempt to shoulder more responsibility than you can handle. Others may not instinctively know what you need, so it's important to tell them. Take some "me time," but don't isolate yourself. Consider joining a support group for new mothers.

Alcohol is a depressant, so you should steer clear of it. Instead, give your body every opportunity to heal. Eat a well-balanced diet and get some exercise each day, even if it's only a walk around the neighborhood.

Treatment helps most women feel better within six months, though it can take longer. (Pietrangelo, 2016)

You may be more likely to develop postpartum depression if you've had a mood disorder in the past or if mood disorders run in your family.

Emotional stressors may include:

- *recent divorce or death of a loved one*
- *you or your child having serious health problems*
- *social isolation*
- *financial burdens*

lack of support (Pietrangelo, 2016)

Chapter # 3

Methodology

Research methodology is guide to research from very first step to final ending. Methodology is tool and technique which is used during research. It gives a framework to fit the research process. Every research has its own way of remonstrating with the topic. It has to be well thought process for the purpose of acquiring the best possible authentic data from the field. Customized methods help to attain a clearer picture that further cascades upon generating new findings and analyzing that data that has been collected after well thought over processes. Hence a structure for acquiring data is necessary in order to project our findings. Foundations and techniques of data collection is essential to acquire to elaborate upon analysis and germinate authentic findings.

This research, because of its nature required qualitative data collection techniques. In qualitative research I will use below mentioned techniques to enhance my data collection in best that the results will be effective.

3.1 Rapport Building

In Pakistani cultural context, it is hard for a researcher to access common public and gain their confidence for a topic like this. PPD is mostly concealed by the women who is the victim. They are shy to expose themselves as they consider their ailment to be shameful and most of the time refuse to even consider it at the first place. It was a hard job to gain the confidence of my respondent. Therefore, my priority was to get hold of only those women who somehow knew me already or through a strong reference I was able to access the selective cases. Thus, my topic carried a certain amount of sensitivity in terms of sharing the thought process and privacy of individuals who are reluctant to share their experiences. My method of building rapport among my respondents lied in my excellent communication skills and polite behaviour. This certainly helped me in gaining my respondents confidence. After telling them the importance of my research and its future significance they further

acknowledged my endeavours of highlighting this issue in academic circles

that would be helpful for the betterment of the lives of women in Pakistan who pass through sever mental disorder after giving birth. Such narrations as a researcher boosted my respondents‟ confidence and they openly provided me with their detailed experience of their post-partum episodes.

Moreover, my research letter also helped me to gain my respondents‟ confidence. The official letter from my department of Anthropology with official stamp and signatures of the head of the department further authenticated my position as a serious academic researcher and provided me the leverage for conducting an authentic and in-depth interview sessions with my respondents.

Therefore, these ethical strategies and coming clean and truthful to my respondents allowed me to build up my rapport regardless of the sensitivity of the topic as well as bypassing its private nature.

3.2 Participant Observation

Anthropology makes it mandatory for the researcher to extract qualitative data mostly, and this is usually done by doing participant observation. This method was first introduced by American anthropologist Franz Boas, who believed that in order to gather in depth data and conduct qualitative assessment of a cultural aspect a researcher is required to extract emic perspective i.e. perspective from the inside of the community. This requires prolonged stay between the people under study and participating in their daily routines to get as close to their reality as possible. This ensures the attainment of qualitative data and in-depth observation from the perspective of the indigenous populous.

Participant observation is process in which the researcher participates with the respondent and interact with them on daily basis, and get involve within the locale to have better understanding of the norms, values, and behaviour of the respondent. Understanding the interaction with respondents and participating in their daily life chores and simultaneously conducting observation, is the best way to collect data in subjective manner.

3.3 Key Informants

These are the gatekeepers of a community, that can ensure to provide with respondents that are best fit for the researchers according to their topic. They hold influential position in the community and provide easy access to those who match our requirements. Such informants are hard to find yet once the researcher get hold of such an informant the research gets way easier and less hectic. Hence, these informants catalyse the process of data collection. This helps the researchers research to minimise the use of their resources and saves a lot of time and expenditures.

It is non-observational technique which was another source of getting information. Key informant is a person who belongs to that community where the researcher works remaining in the domains of his studies. It is a main source of collecting data about a topic; public perception about emotional violence. This technique helped me to get introduced with women who being or have been victims of postpartum depression.

3.4 Sampling

Sampling is one of the most important technique used in collection of data. It gives a choice to select a certain method of sampling which makes it easier to select respondents. The basic idea behind sampling is the analysis of some of the elements in a population which may provide useful information on the entire population. The sample that I selected for my case studies were through **snowball** sampling. After my key informant had introduced me to my first respondent, the same respondent then referred me to some other cases that had similar stories, circumstances and conditions. My research consisted of 2 to 3 case studies. The respondents were chosen according to my own judgment; and interviews were conducted with them to retrieve useful information on the topic.

3.5 Interviewing

This was my major source method to extract valuable information on my topic. Besides participant observation, I had exclusive interview sessions with my respondents. Not just exclusive sessions but occasional random questions while observation were also very handy, as it provided on the spot attainment of data from my respondents after observing a particular situation. This information comes directly from the pure conscience of the respondent as this sort of throw up questions are instinctive in nature and hence provides instinctive and immediate response that tends to be truer comparatively.

Hence, interviews are the most important and basic technique of data gathering. In this method people are interviewed face to face. This method is used to get deep and reliable information and local perception of the people.

3.6 In-depth Interview

The research interview is a purposeful conversation between more than two persons, requiring the interviewer to establish rapport to ask concise and unambiguous questions, to which the interviewers are willing to respond, and listen attentively. In this method researcher apply open ended interviews. The basic nature of interviews is of letting the respondent take away the open-ended question and come up with whatever thoughts they are willing to share and express in form of stories, episodes, reasons and logic according to their own perspective. The questions are not pre-conceived rather at run time can be generated if the researcher feels that a peculiar question has a potential to lead to valuable set of information. It is more like a discussion that is not directed in a particular direction. The motive of this type of interview is to extract qualitative data based on respondents‟ emotions and sentiments regarding their experiences of life. Every respondent is then handled in such an interview session differently as their experience and history vary in multiple ways and can come up with different perspectives and ideas. It is the job of the researcher to later analyse these interviews and converge them to common findings and highlight exceptions in their case studies.

3.7 Tools used for data collection

Digital Recordings

This method is used for avoiding question repetition from respondents. It is very good way of keeping record, because researcher is not capable to note all things at time properly. I used this technique in almost every interview that I conducted. At times, we miss various important points and it will not be ethical to interrupt the respondent in-between to note down an important information, and it also tends to break the tempo of the respondent when conducting in-depth interviews. Such a tool for data collection therefore helps the researcher to keep up with the understanding of the narration by the respondent, and keep their focus on the information and deciding what to ask and when ask. Technology has certainly helped the ethnographic researchers at collecting recorded material.

Moreover, the researcher can listen to the recording repeatedly to construct detailed and in-depth analysis of the data that has been provided.

Daily Diary

It is another important method to keep the record clearly and without errors that is being followed by the anthropologists while in an un-known community gathering data for the research purposes. It is just like a science of practical note book in which a researcher during research, note downs his or her daily activities and experience. It is a creative activity. It helps in keeping the manual record of the data. Sometimes when roaming around the field or waiting long for anything can trigger a chain of interesting analysis that looks important and has potential to be included in the analysis chapters. Thoughts are mostly volatile and hence immediately noting them down helps the researcher to save that thought on a piece of paper. Thoughts are like doodles, they come to our minds like an art design and needs to be captures immediately if the researcher thinks that it has any academic value to it. Daily diary hence supports to capture these thoughts when written down immediately.

Field Notes

These are different from daily diary. This notes are mostly noted down while live observation of the researcher‟s field. The field notes method is used for keeping the significance in mind to note down every piece of information observed during the research work. The writing of field notes will give a re-call to the events and mode of discussion made with the respondents.

Secondary Sources

It is very difficult for researcher to collect all the data from primary sources. In Anthropology most of the information is collected through participant observation, interviewing; but information is also collected through secondary sources that includes locale NGOs, Internet, Newspaper, Magazines and various study conducted by researchers. I have used various references for the purpose of the advocacy of my thesis. For this purpose an entire chapter is dedicated under the heading of literature review that has added to the scope of my research.

Case Study

The case study method is a widely used systematic field research technique in social science these days. The credit for introducing this method to the field of social investigation goes to Frederic Le Play who used it as a hand-maiden to statistics in his studies of family budgets. Herbert Spencer was the first to use case material in his comparative study of different cultures. Dr. William Healy resorted to this method in his study of juvenile delinquency, and considered it as a better method over and above the mere use of statistical data. Similarly, anthropologists, historians, novelists and dramatists have used this method concerning problems pertaining to their areas of interests. Even management experts use case study methods for getting clues to several management problems. In brief, case study method is being used in several disciplines. Not only this, its use is increasing day by day. Case study method is widely used also in anthropological research and is an important source to know the in-depth analysis of community‟s perceptions about different phenomena. This is a method used for getting authentic knowledge, a person tells self-story or his

personal experience about event or case which might help to understand things properly.

In this research, I have used case study majorly to analyse PPD. This was the best logical approach to extract my data. As this research holds a lot of sensitivity to it, I conducted research on three cases and studied them in-depth.

Chapter # 4

Locale

4.1 Demographics of Rawalpindi

Post-partum depression in context of Pakistan gives away my locale immediately. But in particular, I reside in Rawalpindi and hence my location naturally becomes my home town. Post-Partum depression is to be analysed not in a particular locale as such. The diaspora of my respondents or the universe of my sample is only justified by considering all the households of Pakistan. Rawalpindi is a district of Punjab province. It is a bustling city of more than 2 million people where multiple social classes reside with an approximate area of 5,286 sq.km. 84% of the population are from Punjabi ethnic group thus making it a place for Punjabis dominantly. Regardless of its global connectivity, Rawalpindi is still well ingrained in its pure Pakistani culture. Therefore, my locale stands as representative of the whole Pakistani culture, as households across Pakistan reflects almost similar sort of ontology.

4.2 Geographical Location

Rawalpindi is Pakistan‟s fourth largest city. It resides in a close proximity of Pakistan‟s capital Islamabad because of which these are known as twin cities as these both cities are linked in terms of social and economic infrastructure. Rawalpindi is an ancient city located on Pathoar Plateau that resides right in the foot hills of western Himalayas. The city is surrounded by various rural pockets and hence entertains migrant citizens from these rural areas. These settled people hence bring along their rural values and makes Rawalpindi more intact with its Cultural value system. This aspect of my Locale directly supports one of the objectives that I will be tackling, about cultural support mechanisms for post-partum depression. Thus, due to the influx of rural migrants in this urban settlement makes Rawalpindi culturally dense and hence directly impacting the post-partum depression analysis.

4.3 History

Historically Rawalpindi goes back to the times of Gandhara civilisation and resides in the region where once Buddhist had reigned the area. It has seen various rise and fall of civilisations from Gandhara to Mughal empires and today it is basically part of Islamic Republic of Pakistan with its majority of people being Muslims, who are traditional and value oriented.

4.4 Climate

Rawalpindi is attributed to have a subtropical humid climate. Summers are wet and hot here while winters, as being close to Himalayas are cool and dry. It records Pakistan‟s highest average rainfall in a city of plain land area. It also faces monsoon rainfall during summers and hence is not dry rather is humid during July and August. Maximum temperature ever recorded in Rawalpindi is 48 degrees and lowest ever recorded temperature is -4 degrees.

4.5 Cityscape

The infrastructure of the city is not like a planned one. The houses has been constructed throughout the history organically. The social structures of Rawalpindi is basically like all other social structures of Pakistan. These structures are known as *Mohalas* or neighbourhoods. Each *Mohala* has its own bazar and a mosque which is sort of used as a community centre by the local populous. The *Mohalas* are ingrained with unpattern streets known as *galliyan.*

4.6 Locale in terms of Traditional household settings

This research revolves around the basic and traditional household settings of a conventional Pakistani society. These household have majorly two kinds of family structures that are very frequently referred to as Joint and nuclear family types. Nuclear family types is the most recent phenomena and is a product of modern way of life style adapted through the process of

globalisation. Yet, majority of the household still maintains the joint family systems. A nuclear family comprises of a married couple and their children whereas joint family can range from siblings and their spouses living under the same roof with their parents to cousins also living in the same household settings.

Throughout Pakistan similar mix of traditional household setting follows. Therefore, my locale taking under consideration the nature of my topic revolves around this traditional type of household. Such households are culturally oriented and hence has significant impact over women‟s post-partum depression. Cultural traits such as patriarchy regulates such household most of the time, which would be discussed in the following sections, but for now it is important to understand that no matter which ever household I select for my case studies, it would always be having similar traditional setup. Rawalpindi, as mentioned earlier is crowded by people from surrounding rural areas that are dominantly patriarchal and hence have carried their value systems to the cities. Although there exist nuclear families as well, in most cases even these families are not separate from their folks. The sense of collectiveness does not let nuclear family weaken their bonds with their lineage and hence even they regard and respect their elders and continue the cultural values they have been trained in, like patriarchy.

Therefore, in this sense my locale although depended on the cases that I have studied yet the general locale in its nature remains the same and that was traditional household settings in Pakistani society.

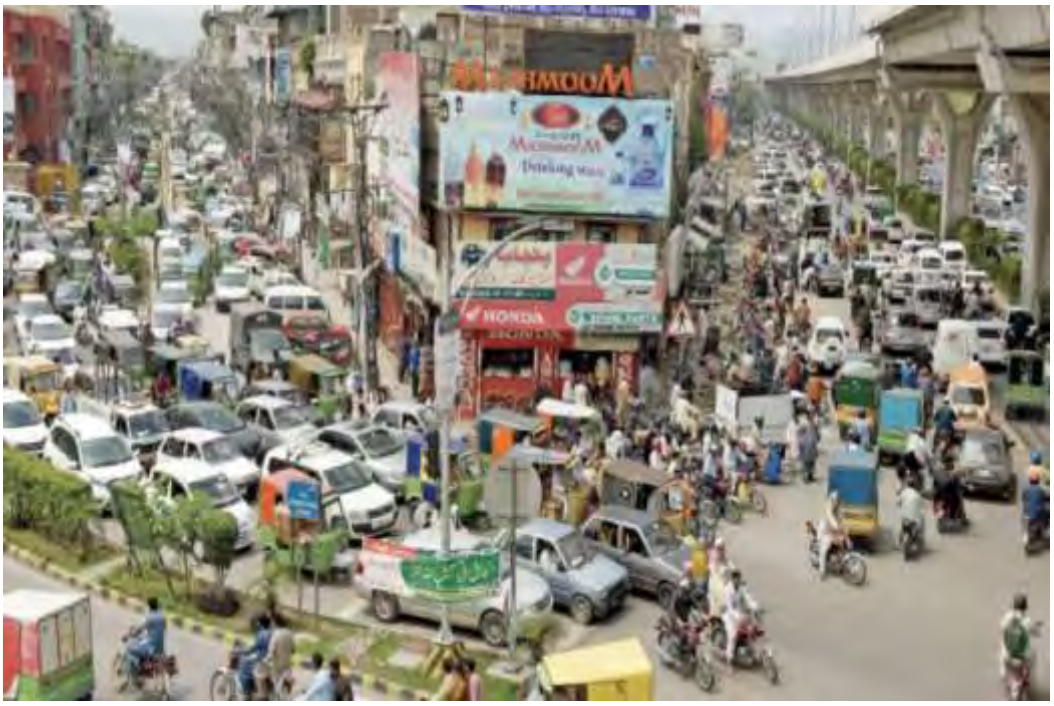


Fig.4.1. A typical Bazaar of Rawalpindi

Fig.4.2. A joint family unit in Rawalpindi. Photo taken by researcher

Fig.4.3. A joint family unit in Rawalpindi rural area. Photo taken by researcher

Chapter # 5

Cultural Support Mechanisms for Post-Partum Depression

5.1 Changed Role of women to Motherhood and causes of Post-Partum Depression

There always exist a certain kind of anxiety among women who are about to enter their Motherhood experience. Parental social roles are highly signified in sociology and anthropology, thus making this leap of roles extremely important for this research. Motherhood brings unprecedented responsibility over the shoulders of the women. Her past was totally different in terms of her routine life before she gave birth to a child. Child brings about waves of responsibilities that turns out to be sometimes exciting for a mother yet sometimes causes anxiety and fear of bringing up a child. Social relations are considered essential for a society as they construct structures in a society and are responsible for various norms and customs to continue for peaceful co-existence of a society. Cultural, economic, biological and social lineages make social roles important in terms of identity of an individual. At a single point in time a person is not a mother and then she turns to be one, and instantly her cognitive perceptions, preferences and future objectives change, because of the emotional association with the newly born child. This sudden realisation of being a mother to a child at times makes the mother anxious and causes her to be depressed.

The reason for depression can vary in multiple ways. It is not just that women get anxious over the future responsibility of the child and whether she would be a good mother or not. Rather culture where she resides, in dynamic ways, tends to give her hard time. Pakistani culture is mostly economically under-privileged. The rising economic crisis of the country puts the women of newly born in suspicions and anticipation pertaining to the future well-being of her child. The state does not take responsibility of the child and hence she gets worried about her child‟s health and education. Therefore, such an

economically over stretched general environment causes the newly born mother to develop depression.

There are some primitive kind of cultural preferences of gender of the child. In a patriarchal oriented society where men are dominant and inherit most of the property of their fathers, people prefer a baby boy. Boys are the inheritors or successors of their fathers‟ legacy in a conventional society of Pakistan. Notions like they are proud sons of someone depicts the inclination of Pakistani society towards patriarchy. In such a social and cultural environment if a woman bears a baby girl, most of the time this reality is not actively accepted by the other male members of the family and sometimes female as well. Passively the family members tend to disapprove the child and do not show excitement as they would have shown in case of a baby boy. Therefore, the woman with a baby girl gets depressed as her daughter is not actively admired as a new member of the family at large by the patriarchal mind set of the families. Thus, causing post-partum depression in women who recently became mother for the first time.

Moreover, in some families that do not prefer a child on basis of its gender also wish for a boy if they already have two daughters. This disappoints even the mother if she again gives birth to a daughter. Therefore, child preference based on cultural traits of patriarchy and un wanted birth of a daughter causes depression as well among mothers.

5.2 Cope up strategies for Post-Partum Depression

Modern world has generated various scientific based methods for the women to cope with such kind of mental illnesses, like, counselling with a psychiatrist and using medicines for neutralising the depression caused after the first birth of a child mostly. Moreover, people get together and throw parties for the young ones and give gifts to help mothers to get out of their anxiety and motivates them to do good for her child. Whereas in Pakistani culture, women are shy to tell about their depression to anyone even to their spouses.

Therefore, they keep their depression to themselves. Yet unconsciously a certain behavioral pattern in our culture has some significance in terms of coping up with the post-partum depression. It is consciously not registered in the minds of the public at large as they follow the tradition completely without any question. After a baby is born, women are sent to her parents‟ house to stay along with her child. Women will feel better if she is with her parents and would tend to recover from her depression if she has any. They are unable to fully express their emotions to release the accumulated anxiety related to post-partum depression, when they are at their in-laws. This practice is also done by those women who are not depressed at all, signifying that this retrieval is not just for those women who are suffering from post-partum depression, rather it is culturally structured and generalized behavioral pattern in traditional society like Pakistan‟s. Childhood close associates help the mother to cope up as she is not shy to share her feelings and emotions with her siblings or mother for instance and thus making her to recover from her depression in a culturally maneuvered manner.

Chapter # 6
Selective Case Studies

Case Study 1

The patient described was a 30-year-old married lady who was employed and had no previous psychiatric history. There was no evidence of perinatal mental disorder in the family. Patient gave birth to a healthy child. The patient had modest anxiety symptoms during her pregnancy, which intensified over the course of the pregnancy due to "too much preparation."

Immediately following the delivery, the patient began to experience postpartum blues. The patient was the primary caretaker for the child for the first three to four months of his or her existence. She might be indecisive at times, and her parenting style was fairly rigid, with a constant effort to adhere to strict timetables and restrictions. Her insomnia, which had been present prior to her pregnancy, became more prominent after she gave birth. Within two months after giving birth, the patient had lost 27 kilograms. In the three months following the birth of a child, worry and troubling thought patterns grew more prevalent in preparation for returning to work. Despite her family's assistance, the sufferer was continuously overwhelmed. Insomnia was bad at first, especially at night. She began to struggle with balancing her commitments at home and at work. After four months of breastfeeding, the patient's milk production dried up. Guilt-driven, Formula feeding was blamed on "developmental difficulties," she said, She was convinced that “they did everything wrong.” The baby was evaluated by a developmental specialist, but no major issues were found.

Five months after giving birth, the patient's insomnia and anxiety deteriorated, leading to severe depression.

She took ten zolpidem pills to get some slumber (prescribed by her obstetrician). This was misinterpreted as a suicidal gesture, and she was admitted to her first psychiatric facility. The patient was diagnosed with adjustment disorder and sleeplessness and was sent home without medicine. The family took the patient to another hospital for a reassessment since they were concerned about her deterioration and depression symptoms. She was readmitted and diagnosed with Major Depressive Disorder this time. Mirtazapine (15 mg at bedtime) was developed to help people with depression and insomnia. Despite medication adjustments, the patient continued to deteriorate after a brief hospital stay and was referred to an outside psychiatrist.

She retreated from her family and surroundings, showing minimal emotional and verbal response. Her job was taken away from her. Inner inputs elicited paranoid ideas and actions. Her family took care of the child for the most part. Escitalopram was started in place of mirtazapine. Her psychiatrist increased her olanzapine dosage to 5 mg daily due to the increasing of her paranoia. After a few days, the patient got extremely sedated and stopped taking olanzapine on her own. Her mood improved dramatically after that, and she got more energized and began participating in daily activities. The patient smothered the 8-month-old kid two days later while unsupervised with the child. The patient was admitted to a psychiatric hospital for two weeks following the incident, after which she was followed by my clinic.

M presented as catatonic, with muted affect and minimal verbal communication, and appeared psychotic when responding to inner stimuli. She was perplexed and kept inquiring about her baby, forgetting about the time leading up to the infanticide. The patient was already on citalopram 60 mg and risperidone 2.5 mg when he was admitted, but he was unresponsive, remaining disoriented, amnesic, profoundly depressed, and emotionally unresponsive. The patient's affect was confined, and there were times of heavy blinking. She had a habit of appearing disheveled and unclean. The patient's prolactin level reduced from 135.5 to 22.5 mg/ml (still elevated) throughout the course of four weeks of hospital therapy, but her period had not resumed following a five-week inpatient stay at our institution.

The patient steadily better, but there was little emotional reactivity. The fog in my head had dissipated. She remarked that seeing her baby's images at that time was not how she saw or remembered her child.

Discussion

The preceding case study depicts how extreme post-partum depression can get in some cases. The patient did not have any history of mental illness yet her depression and anxiety persisted, and after 8 months of delivery she infanticides her child. She is a working woman and is always up to date and plans her life. Her environment has a huge role to play in making up her personality. Being a working woman allows her to be well planned and do

things like a computer algorithm. Her style of providing care was extremely rigid, may be because of her environment has necessitated her to be like the person she is. By environment what I mean here is her busy working routines had trained her to always act in a monotonous and absolutely in an overbearing manner. Environment and culture here are interchangeable terms. Therefore, the environment or culture a person resides in, impacts the behavior of the individual. And in this case the mother applied her social skills over a newly born in order to bring up her child with excessive planning and tight schedules as if it was like another job. The International Statistical Classification of Disease and Related Health Problems define PPD as a mild mental and behavior disorders, as it is mentioned in the literature review. Whereas, in this case it did not remain mild behavioral disorder in anyway, rather it leads the killing of an infant. This case study hence justifies the potential that post- partum depression carries in its cultural context.

Although every individual has their own set of life incidences and circumstances. It became difficult to trace the original cause of depression. Child rearing and caring is an organic process. Too much planning can for sure create a mess along with the lack of cultural support mechanism to overcome any visible symptoms of depression. This case truly distinct itself from other cases in the following section.

Case Study 2

My name is Rifat Jabeen. I am 36 years old. I was 23 years old at the time of marriage. I am still married and i am a house wife and responsible for all house chores. My parents are living in Karachi. After marriage I shifted to Rawalpindi. My husband name is Abbas Ali. He is civil engineer and doing job at OGDCL. My husband was my cross cousin. I am living in extended family. I have two sons and two daughters. Alhamdulillah, I am Muslim and linked to Hussaini Shiya.

After all kinds of circumstances I observe postpartum depression as a mental illness which is not considered as health problem in Pakistani societies. In Pakistani societies, it is very usual and happened to almost every woman who gives birth to a child. Nobody cares for you or give attention to your condition and does not understand your emotions.

Now I have some awareness about this illness after giving birth to a child. Because of awareness, Next time I can deal with this depression better then before. First time, I had no idea about this illness and used to cry every time on my critical situation.

After giving birth to a fourth baby, when I was suffering from postpartum depression I couldn‟t understand that what happened to me. I was afraid from everything and cry over little things. I couldn‟t attend my baby properly. Even when he cry, people said to me “he is crying” but I replied, I already have many things in my mind I can‟t give him proper attention.

Of course, I wanted to love my baby but my condition didn‟t permit me to attend him. Whenever I try to do that and make him quiet in my lap and whenI could‟nt do that I‟ve started thinking I can‟t take care of my baby and it was very embarrasing for me that why I am not able to give proper attention to him, but the thing is that I was frustrated and he didn‟t feel calm and peaceful in my lap.

It was not an unwanted birth of child or unwanted childbearing it is just the result of those conditions and circumstances which was created from first day of my marriage.

I was very fun loving girl at my teenage. In our home, I saw equal treatment of every family member and have importance of everyone. It is new for me that I was getting ignored from my own family members they treat me like as I am

their servant. My mother in law always fined out my mistake in house chores. I always tried to keep them happy with my behaviour but failed.
I did not have any kind of support from my in laws even when I was suffering from depression they said, „don‟t create dramas‟. It is not your parent‟s home.I was in continuous state of depression because of my in law.

I got conscious about my illness because in our family, our parents give attention to our every kind of health issue either it is serious or not. When I couldn‟t attend my baby properly and couldn‟t feed him I was also feeling likeI am running away from my responsibilities, I thought I have to consult with lady doctor and explain her about my mental condition which I was suffering after delievering fourth baby. I told my husband about this he also got worried about my condition and he was ready to brought me to my doctor for this situation
I used to consult my doctor whenever I feel any type of sickness because I do not ignore myself. There is no any history of mental illness in our family or even in my husband‟s family. I never remain depressed in my life. but when I got married it became my routine to remain in a state of depression all the time. I tried to be happy besides all these circumstances but it was very difficult for me.

When there is my 3rd baby girl I suffered from slightly baby blue. I think the period of baby blue comes in every mother‟s life. I consulted with my doctor about this he gave me some anti-depression tablets and did some counselling with me two or more because of this I come up with my condition. But when I gave birth to 4th baby girl the attack was severe. During my pregnancy, my cousin died in village she was not just my cousin she was also my best friend as well. She was very young and the mother of 2 little babies. I could‟nt bear this shock. I forget my appetite my thirst I used to sit alone, quiet and never talk to anyone. After my delivery these conditions are growing more and moreI could not take care of my baby I was not aware from his needs or even I was, not able to fulfill my hygienic needs.

At the time of third baby I have the minor depression like baby blue, at that time I consulted my doctor but when I give birth to my fourth baby my condition was very critical as my previous condition my husband took me to the doctor. Doctor gave me anti-depressents and said to my husband that you are responsible for providing her a supportive atmosphere at home without it the medicine is not just the solution of this condition.

I was not thinking about suicide but I started seeing the things which were not in reality and hear the voices which were not in actual, this condition created panic for me, I did not want to spend time with my husband I could not give attention to my husband or my baby. Because of this my other children also got affected with my condition they couldn‟t get proper attention to their studies

and couldn‟t atten school properly. After consulting doctors they suggested me to do those chores which are not burdened to me and go for a gathering with friends and mothers through this you can get best advises and suggestions from other mothers to attend your baby easily and confidently.

Now she is living in nuclear family and fine now. She used anti depressants for two and a half year after using 8 months medicine the intensive condition of her sickness has broken but depression still remains. She was also depressed from her in-laws but now she is quite better than before. Now she is living with her husband and children happily.

Discussion

This is an interesting case study that does not basically justify the cause of post-partum depression to be the anxiety of bringing up a child or related to patriarchal system of our culture. Yet it overlaps again with the sort of cultural environment the women reside in. Pakistani families are mostly structured as joint family societies. Women who join the hierarchical family system many times become victims of passive domestic violence by the in-laws. This is the story of almost every household in Pakistan. Minor conflicts and tussles between the wife and the family of the husband are occasional. Joint systems, although they carry certain values socially, yet nowadays mostly such systems are on a collision course and joint family structures are dissolving rapidly. The arbitrary hierarchy of joint family systems result in the weakening the wife of the son mentally. Hence with already such an adverse environment at her disposal, she started developing fear for not taking good care of her child, as she already faced troubles and her attention kept deviated and rarely pampered her child. This fear then plays a cascading effect and mild post-partum depression turns out to become excessive and severe and express in form of illusions and deluded reality. It is important to note here that she already had other kids and did not develop any design of such depression before, yet her last child birth, she begun to develop such tendencies.

The doctors‟ recommendation to this subject was of making contact with people that are close to her in order to produce a copping effect. As discussed earlier that, cultures has somehow unconsciously generated ritualistic sort of

practices of sending the mother to their parental home in order to neutralize the emerging anxieties.

Discussing problems with close relatives and expressing their thoughts to their mother and siblings help the women to cope up with the conditional depression.

In this case the passive violence in joint families became the true reason of the subject to develop her postpartum depression. Her non supportive environment and lack of understanding became the cause of her depression. This research work in earlier topics have referred to various literature sighting that testifies the cause of depression to be a non-supportive environment, whether it be economical hardships, lack of resources of adverse behavior of the husband. In this case husband is not the problem or the cause of stress, rather the joint family their structure and their tendency of developing regular scuffles and quarrels over time, develop the potential for becoming vulnerable to the postpartum depression. Gradually her situation is worsened and then is recommended by her therapist to visit her mother‟s place and spend some time with her siblings. And after following this, she did emerge as a healthy mother in future. Therefore, this justifies that cultural coping mechanisms of postpartum depression truly helps to counter the adverse psychological disorders and must be taken up as a real solution based on cultural practices and must be discussed in political structure for enforcement in order to avoid such mental disorders that impact the whole family unit.

Case Study 3

My name is Fouzia Abid. I am 23 year old. At the time of marriage I was 21 year old. I am a working woman & I did job in a bank. My husband name is Abid. He is working in a private firm. I am living in a joint family system. I have one daughter only. I am Muslim and linked to Deobandi maslik

I graduated in accountancy and doing a job. I got aware about my illness through newspaper, when once I was reading an article about it. Postpartum depression is a condition in which a mother cannot give proper care to her baby, it is more likely related to depression. It is a form of depression which a mother must face after baby birth. Some where I read that it occurs due to hormonal changes.

I think if next time I‟m diagnosed, I will manage myself better than now. As I tell you I am a working woman the stress is very high at job space. My job was a good opportunity and I did not leave it after marriage. In laws were very cooperative, they supported me every time and on every step. But depression and stress went side by side with minor symptoms. I didn‟t take it serious and didn‟t go to any doctor for treatment. During this condition, there were some health issues starting to emerge. During this I got pregnant, I was doing my job and tried to cope up with all these circumstances but my condition was getting worse day by day.

Yes, of course I love my baby I take care of him I feed him, I change him, I try to give proper care and don‟t want that with my condition he is damaged from any kind of thing.

It was not an unwanted child bearing, it is usual that someone gets married sooner or later she become a parent, hence in the same way I got pregnant after 8 months. I was very happy at that time but my happiness was not long lasting I was tired of my health issues and mental condition.

There is not any problem with my life, there are all supportive members around me and my husband is so loving and caring. My parents are living near me, they also looked after me during these circumstances.

I was on my job and all house chores were done by my in laws as they give space to me for my job. After chilla when I continued my job, my in laws took care of my children.

Yes, I was not the woman who ignore her health just because of her in laws or her carelessness and also on these myth when I told them that it has happened.

When I realized my condition is not good I consulted a homeopathic psychiatric.

There is no family history of mental illness or health issues in our family or in husband‟s family. I was not depressed at any stage of my life but job is so difficult for me to manage it.

It was my first baby when I had suffered from postpartum depression. I was aware of my sickness clearly. I was facing illusions and delusions and suicidal thoughts came in my mind but they were not enough strong that any one would have taken it seriously.

When I realized about my sickness I decided to consult a doctor. I want to know the out come from this as soon as possible because I didn‟t want to leave my job.

My attention towards my baby was not so bad. I was in depression but within this I also want to treat my baby nicely but the level of stress did not permit me and I got afraid that maybe my any single act can be harmful for my baby. I was avoiding anti depression drugs because I was feeding my baby. I tried to do counselling with my doctor to get rid of this condition without medicine but she gave me light dose for my health. After the dose, I was sleeping for most of the time and couldn‟t manage my routine work.

In these circumstances, my routine was not manageable and I lost my job. After leaving job my stress and depression was still with me. Sometimes I thought about my job and cared less about my baby and spouse. I couldn‟t take care of my husband‟s needs. I do not want to give time to my husband I wanted only me and my baby.

Other family members were ignored by me. I didn‟t reply to their question clearly. This situation was going on same for some time but within treatment and counselling I came out from this phase slowly. After some time, I was behaving better with my husband and other family members. During my intensive sickness, I wanted to change my residential place. I wanted to go to another place. I was afraid from this house, illusion and delusion were the cause of my condition.

I was able enough to fulfill my hygiene needs, I was sleeping for many hours. My routine was disturbed due to my sleep. At beginning, I didn‟t take care of my medicines my husband takes care all of my medicine and my precaution

Gradually I started feeling better than that. I started to take care of my medicines even my baby and my spouse‟s needs. My job was ended but I came out from this mental illness. I used medicines for eleven months, after postpartum depression. But I was feeling recovered after four months of using the medicines.

Discussion

This case study is similar as of the first one. But this did not proliferate to extreme levels as the previous one had gone to. After all, not all joint families face troubles with their sons‟ wives‟. We can herby conclude that those women who work efficiently and yet are also running homes simultaneously are more prone to suffer from post-partum depression. The capitalist attitude of modern market economy exhausts the employees of a corporation. These employees are already stretched out to their extremes that they become over exhausted when they get home and need to deal with the kids. This leads such employees who have recently given birth to a child, further expose to vulnerabilities of post-partum depression. An already work loaded mother, with over stretched physical and mental self, albeit support from her in-laws as well yet when she gave birth to another child, developed depression. The foundations of anxiety were already developed because of the environment she was interacting with, and after the birth of her second child she became more anxious worrying about her work and care for her child. This again multiplied her mental sickness and finally she had to give up her job and start to take medicines. There is a common factor that previous researches have failed to highlight that this depression is not something normal and must not be taken for granted most of the times. Post-partum depression has potential to initiate suicidal tendencies in women in their post-partum period. They are hallucinating and witness deluding thoughts mainly of suicide. Listening things that do not exist, looking things that are not real and mild schizophrenic Disorder tends to emerge in women who are victim of post-partum depression. It is a point of caution, and voice must be raised in order to curb this potential and at times lethal mental disorder that can make people commit suicide or make them kill their own babies.

Chapter # 7

Summary and conclusion:

Women generally all around the world faces common in equality, especially in Pakistan, historically it is proven that women have been, maybe because of her biological limitation she organically given up space for patriarchal society. Hence, this is for sure the reason in Pakistan for active violence against women that have potential of making women depress.

Women as the binary opposite in a patriarchal society or even any other form of societies, plays an important role in maintaining equilibrium of sort in the society. Importance of women and with that importance of women‟s health both physical and mental, essential for the health of communities at large. The exist slogan like “Healthy women, world”
They testifies the importance of women‟s health be it physical or mental.

Women mental, especially in countries like Pakistan, are majorly ignored by the societies collectively under the disguise of culture. Weak social positioning of women in societies like Pakistan one of the major cause of social depression in women. Misogynistic mind set in our society tend to our look this cause arguing to such behavior to the part of their cultures or norms.
This thesis focuses on cultural condition the lead to postpartum depression in women and how over extensive time period Pakistani culture has developed certain coping mechanisms. Postpartum depression need to discuss here, its definition and types.

Postpartum depression is a mental disorder that arises mostly after the birth of child. Especially those women entering the motherhood for the first time. Some women tend to become anxious about future of their newly born child, and hence with this speculation in their minds they develop at time extreme form of anxiety that can potentially lead incidents like infanticide.

Switching of social roles plays huge role in developing depression after birth.

Mothers have mix emotional reactions towards the birth of new born, their responsibility changes, and hormones changes and assigned status also changes, which bring along psyclogical burden upon the new motherhood. She is skeptical about her abilities to taking good care of her child and thus develops a depression.

Postpartum depression is not a flaw in the mother‟s personality, rather it is an expected mood changes that may follow the child birth, this is purely natural condition and even instead of mothers, if anyone develop a bond with the child and worries about their future would definitely face troubles, like fathers are well.

This problem is expected to appear in mothers from delivery day to one year. Or Symptoms for this disorder are feeling sad, laziness, disturbed sleeping patterns, crying frequently, panic attacks, and some more. Cause of postpartum is mostly situational and it is not necessary related to the genetic makeup. There are some hormonal irregularities that may cause depressed episodes. Responsibility of being a parent, insufficient family support, financial difficulties, etc.

The objectives of this research were to synthesis factors responsible for postpartum depression among women in Pakistani household settings and to encode support mechanisms for coping depression. This study has potential for highlighting the long-ignored issues of women under depression in Pakistan.

Qualitative research was adopted to externalize my objectives. Interviews and case studies were methods that I attuned with to extract information that were valuable for research. Digital recordings, daily dairy, field notes and newsletters of NGOs were some tools use for data collection.

My location was of households of Rawalpindi. Pakistan‟s household setting are almost similar throughout the country hence my locale generally focuses on the house of a traditional Pakistani society, that comprises of mostly joint family systems.

Some cultures specific causes include the issues of child preference. For example, in Pakistan most families prefer baby boy over baby girl. If mothers deliver a baby girl,
Then she is not appreciated and potentially goes into a depression. The baby and mother herself are not admired, accepted or approved by other family member, in the case in joint family members and mostly mother and father in law. Moreover consecutive birth of girl also upset the joint family members and in turn upset the mother which in turn upset their babies and their nurturing.

There are various ways to cope up with such depressive phase, like throwing up parties and doing get to gathers. Women in Pakistan are shy to share their spells of depression with their
Friends and even with their spouses yet Pakistani culture has develop certain unconscious mechanisms that women goes with like moving to mother"s house after she given birth. The change her environment for a while and helps her to deal with possible depression as she would discuss and put out any anxieties that she had been suppressing within her.

Three distinct cases have been discussed in this thesis. In some cases very extreme form of postpartum depression can result in infanticides. This extreme behavioral pattern depends upon the environment the mother is exposed to. In first case, the mother could not handle her excitement to raise up the child and she within the obsessive concerning pattern made her mentally unstable that resulting in killing her baby child.
In the second case Rifat Jabeen did not face any postpartum depression after her previous kids, but with last child she gave birth to, because of joint family set up, quarrels are common between the daughter in law and parents in laws and develop postpartum depression after her last child. Even in this case, it was the environmental factor that contributed to the development of postpartum depression and not any genetically inherited disease.

Last case is different although it does not testify the regular household quarrels, yet again the environment of her working space make her stressful and thus with work loaded mother when comes homes and see a crying baby, definitely

her looser her mind. When doctors recommended to visit her mother‟s place for some time, she agreed and after spending some time with her parents, her mental status got rectified, hence proving that change in the environment and social interaction can be used as a remedy for the postpartum depressive mothers.

Conclusion

In Pakistan, Post-Partum Depression is the most overlooked mental disorder, yet it prevails like a popular underground band. It has not been surfaced so far in the sphere of health in Pakistan. World Health Organisation has significantly raised voice to curb the post-partum depression in multiple ways, yet Pakistan has not even developed a screening mechanism of post-partum depression to identify the patients suffering from such disorder. Mere realising this depression at the first place by the Pakistani health society at government level can prevent the emerging proliferation of such mental disorder that is closely associated with working women as well and working environment that is been given to women which is probably more than a married woman can bear. Rawalpindi‟s culture is family oriented and hence most of the families are in a joint family system. Like commercial drama serial in India and Pakistan portrays general scenario of an ordinary household that is structured jointly with parents and their sons living in the same house with their wives, get into passive and active conflicts and tussles on and off. Such continuous environment that in which post-partum women interact affect the mental health of the women in context of her new born baby. Although excitement and worry about the future and planning also plays important role in making women develop post-partum depression, as in one of the case study excessive anxiety over the issue of raising a baby responsibly. But environment or culture where women reside in matters fundamentally. Therefore, by changing

the environment for a while makes women think a fresh and talk, act and behave in a different manner than she behaved in her old environment. This is not just a modern remedy but, unconsciously has been adapted by Pakistani culture as a cultural support mechanism that lets the women have a time off in her post-partum period and socialise with those who are closer to her. She can intermingle with them and speak to them in a different environment which is relaxing and supportive and comparatively very loving than her in-laws. She can express her thoughts and release accumulated anxiety. Mostly post-partum depression do not surface, but when it does it is mostly because of the adverse environment the women resides in, and changing that environment can help her to gain back her normal behaviour. Moreover, because of the biology of the women, such post-partum potentials are inevitable and begin to develop mildly after they give birth to their baby, this depression is unlike men who are biologically incapable of conceiving a human child, and women because of the mixed emotions i.e. of excitement and at times anxiety, can become vulnerable to this mental disease to an extreme level. Moreover, women‟s subordinate status in a dominantly misogynistic society adds on to the probability of developing post-partum depression symptoms.

Bibliography

Congress, L. o. (2001, NOvember 30). Margaret Mead: Human nature and the power of culture. *Margaret Mead As a Cultural Commentator*.

Davidson, P. (2013, July 8). The Health of Women and Girls Determines the Health and Well-Being of Our Modern World: A White Paper From the International Council on Women‟s Health Issues. *The Health of Women and Girls Determines the Health and Well-Being of Our Modern World: A White Paper From the International Council on Women's Health Issues*.

Gosselin, D. K. (2009). *Heavy Hands: An Introduction to the Crime of Intimate and Family Violence* (4th ed.). Prentice Hall.

Harris, M. (1968). *The Rise of Anthropological Theory: A History of Theories of Culture.* Walnut Creek, California, USA: AltaMira Press.

Health, N. I. (n.d.). *National Alliance on Mental Illness*. Retrieved from https://www.womenshealth.gov/files/documents/fact-sheet-postpartum-depression.pdf

Hopkins, J., Marcus, M., & Campbell, S. (2019). Postpartum depression; A critical review. *Journal TOC* , 07.

Klainin, P., & Arthur, D. (2009). Postpartum depression in Asian cultures. *International journal of nursing studies*, 19.

Kruckman, L., & Stern, G. (1983). Multi disciplanary prespective on postpartum depression. *American Psychological Journal*, 1027.

Ltd, W. I. (2019, october wednesday). Case Study Method in Research Methodology - Research Methodology. p. 01.

Mancini, F., Carlson, C., & Albers, L. (2007). *Use of Postpartum Depression* . Albuquerque: New mexico University publications.

Mcmillen, K. (2009). Postpartum depression and self-health book. *Jounal of sociology*, 25.

(2017-2018). *MICS.* Lahore: Punjab Statistics Bureau.

(2017-2018). *Multiple Indicator Cluster Survey.* punjab,Pakistna: Bureau of Statistics Planning & Development Board Government of the Punjab .

Nery, E. A. (2014, Oct/Dec). Subordination of gender: reflecting on the vulnerability to domestic violence against women. *vol.18*.

Pietrangelo, A. (2016, Dec 6). *Parenthood, Healthline.* Retrieved from https://www.healthline.com/health/depression/postpartum-depression#natural-remedies

Postpartum Depression. (may,2003). *Linda H. Chaudron*, 01.

(may,3,2019). *postpartum depression statistics.* United state.

Rahman, A., & Creed, F. (2007). Outcome of parental Depression and risk factors. *Journal of affective disorders*, 115-121.

SAMHSA. (2015). Behavioral Health Barometer.

(May 3, 2019). *Statistics of Postpartum Depression.* united state.

Tylor, E. B. (1867). *Phenomena of the Higher Civilisation: Traceable to a Rudimental Origin among Savage Tribes.* UK: Anthropological Review.

WHO. (2020, April 1). WHO Constitution, BASIC DOCUMENTS. *WHO* .

(2009). *World Health Orgnization* . Gevena : WHO Publicationss.

Wu Q, C. H. (2012, April). Violence as a risk factor for postpartum depression in mothers: a meta-analysis. *Archives of Women's Mental Health.*

Zauderer, C. (2009). Postpartum depression:How childbirth educators can help break the silence. *The jounal of perinatal education*, 23-31.

Congress, L. o. (2001, NOvember 30). Margaret Mead: Human nature and the power of culture. *Margaret Mead As a Cultural Commentator*.

Davidson, P. (2013, July 8). The Health of Women and Girls Determines the Health and Well-Being of Our Modern World: A White Paper From the International Council on Women‟s Health Issues. *The Health of Women and Girls Determines the Health and Well-Being of Our Modern World: A White Paper From the International Council on Women's Health Issues*.

Gosselin, D. K. (2009). *Heavy Hands: An Introduction to the Crime of Intimate and Family Violence* (4th ed.). Prentice Hall.

Harris, M. (1968). *The Rise of Anthropological Theory: A History of Theories of Culture.* Walnut Creek, California, USA: AltaMira Press.

Health, N. I. (n.d.). *National Alliance on Mental Illness*. Retrieved from https://www.womenshealth.gov/files/documents/fact-sheet-postpartum-depression.pdf

Hopkins, J., Marcus, M., & Campbell, S. (2019). Postpartum depression; A critical review. *Journal TOC* , 07.

Klainin, P., & Arthur, D. (2009). Postpartum depression in Asian cultures. *International journal of nursing studies*, 19.

Kruckman, L., & Stern, G. (1983). Multi disciplanary prespective on postpartum depression. *American Psychological Journal*, 1027.

Ltd, W. I. (2019, october wednesday). Case Study Method in Research Methodology - Research Methodology. p. 01.

Mancini, F., Carlson, C., & Albers, L. (2007). *Use of Postpartum Depression* . Albuquerque: New mexico University publications.

Mcmillen, K. (2009). Postpartum depression and self-health book. *Jounal of sociology*, 25.

(2017-2018). *MICS.* Lahore: Punjab Statistics Bureau.

(2017-2018). *Multiple Indicator Cluster Survey.* punjab,Pakistna: Bureau of Statistics Planning & Development Board Government of the Punjab .

Nery, E. A. (2014, Oct/Dec). Subordination of gender: reflecting on the vulnerability to domestic violence against women. *vol.18*.

Pietrangelo, A. (2016, Dec 6). *Parenthood, Healthline.* Retrieved from https://www.healthline.com/health/depression/postpartum-depression#natural-remedies

Postpartum Depression. (may,2003). *Linda H. Chaudron*, 01.

(may,3,2019). *postpartum depression statistics.* United state.

Rahman, A., & Creed, F. (2007). Outcome of parental Depression and risk factors. *Journal of affective disorders*, 115-121.

SAMHSA. (2015). Behavioral Health Barometer.

(May 3, 2019). *Statistics of Postpartum Depression.* united state.

Tylor, E. B. (1867). *Phenomena of the Higher Civilisation: Traceable to a Rudimental Origin among Savage Tribes.* UK: Anthropological Review.

WHO. (2020, April 1). WHO Constitution, BASIC DOCUMENTS. *WHO* .

(2009). *World Health Orgnization* . Gevena : WHO Publicationss.

Wu Q, C. H. (2012, April). Violence as a risk factor for postpartum depression in mothers: a meta-analysis. *Archives of Women's Mental Health.*

Zauderer, C. (2009). Postpartum depression:How childbirth educators can help break the silence. *The jounal of perinatal education*, 23-31.