

The Experience of Seeking Help for Postnatal Depression in South Asian Communities: A Reflexive Thematic Analysis

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Abstract: This study aims to understand the experiences of South Asian mothers seeking help for postnatal depression (PND). South Asian women are at greater risk of developing PND; however, many do not access professional support and seek social support to help them overcome PND. Seven women are asked about their retrospective experience of seeking help for PND using semi-structured interviews. Reflexive thematic analysis was carried out, and three main themes and eight sub-themes were generated: contextual factors, informal support networks, and accessing professional support. The findings, clinical implications, and limitations of the study are discussed before a conclusion is drawn.

Keywords: South Asian women, postnatal depression, help-seeking

Introduction

Postnatal depression

Following the birth of a child, some women may experience postnatal or postpartum depression (PND) (used interchangeably). This could be due to pre-existing mental health conditions, a difficult birth/pregnancy, difficulties in relationships, recent stressful events, or lack of support. Several physical and emotional demands are placed on a mother during

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the postnatal period. Mothers may experience low mood, inability to sleep, irritability, anxiety, and inability to cope. (Royal College of Psychiatrists, 2018). This is experienced within the first two weeks following birth and is often referred to as baby blues. Baby blues impact approximately 80% of women and is seen as a natural response to hormonal changes and adjustment to life following birth (NHS, 2019). Baby blues is described as experiencing up and down moods, tearfulness, irritability, and feeling oversensitive. (Ohara et al., 2017); however, these behaviors and feelings are expected to reduce by 10-12 days postpartum. For some women, these feelings persist and can last for a longer period, which can lead to PND. PND impacts approximately 10-15% of women, and around 58% of women who experienced PND did not seek professional help (NHS, 2019). If not treated effectively, there can be long-term effects (Golding et al., 2001) on the mother and child relationship (Myersn & Johns, 2018), the father (Beestin et al., 2014), and can lead to family breakdown (Myersn & Johns, 2018). PND can also increase the risk of self-harm postpartum (Wisner, 2013).

In recent years, perinatal mental health has been emphasized within the governmental strategy. Perinatal mental health problems can be identified during the first year following birth, ranging from depression, anxiety, obsessive-compulsive disorder, psychosis, and post-traumatic stress disorder (PTSD) (NHS, 2019). PANDAS Foundation (2021) suggested a disproportionate rise in mothers seeking support for perinatal mental health over the last five years, and this increase in funding was needed.

PND in South Asian Communities

Mental health to date has been a stigmatized experience within South Asian communities. South Asian refers to individuals with cultural roots in South Asia, including Pakistan, India, Bangladesh, Maldives, and Sri Lanka. Within the United Kingdom, there are approximately 2% Pakistani, 0.8% Bangladeshi, and 2.5% Indian individuals (ONS, 2015). In total, South Asian communities constitute 7.5% of the British population. It has been suggested that individuals from an ethnic minority group do not receive the quality of care they need for their mental health. These inequalities exist in diagnosis, early detection, access, treatment, and outcome (National Institute for Mental Health England, 2003; Department of Health, 2009). Ethnic minority groups, in general, are found to have high levels of mental health difficulties compared to the White population (Mental Health Foundation, 2021). Watson et al. (2019) found that ethnic minority groups of women were at higher risk of developing PND than White mothers. Onozawa et al. (2003) found that

mothers from an ethnic minority group were at almost double the risk of developing PND. Prady (2016) found that mental health difficulties are less likely to be detected or treated in the postnatal period. Further research is required to understand what factors may put South Asian mothers at risk of PND compared to White mothers.

Barriers to Help-seeking

Help-seeking is the ability to proactively seek help to overcome a difficult situation (Prajapati & Liebling, 2021). Research examining the experiences of PND for mothers has identified barriers to help-seeking and receiving support. Button et al. (2017) conducted a meta-synthesis reviewing 24 papers examining factors that affected women's decision to seek help for perinatal distress. The papers included women from different ethnic backgrounds, and the meta-synthesis found three key themes which impacted help-seeking: identifying the problem, the healthcare experience, and stigma.

Another study by Jones (2022) recruited 326 women from different ethnic backgrounds via social media. Jones explored attitudes toward professional psychological help-seeking and the effects of stigma and mental health literacy on postpartum women. A regression analysis found a negative association between stigma and attitudes toward professional psychological help-seeking. Mental health literacy was positively associated with attitudes toward professional psychological help-seeking. The papers highlighted the importance of reducing stigma in mental health care and improving the healthcare experience.

One study in Australia has looked at what facilitates help-seeking in PND. Holopainen (2002) interviewed seven women from different ethnic backgrounds to understand their experiences. This study found that interpersonal support through partners, family, and friends was the most helpful, followed by support groups and health nurses. Many women did not know where to get outside help, and any help received was incidental.

Similar research on barriers to help-seeking has been carried out, specifically looking at South Asian women. Wittkowski et al. (2012) interviewed 10 South Asian mothers in Manchester, focusing on their experiences of PND. The themes found were poor input from services, barriers to services, cultural clashes, and isolation. Watson et al. (2019) conducted a systematic review of ethnic minority women's experience of perinatal mental health conditions in Europe. Out of the 15 studies reviewed, 10 included South Asian women. The main themes identified were awareness and belief about mental health, isolation and seeking support, the influence of culture and coping strategies, accessing and experiencing mental health services, and what women want. Many women avoided mental health services and had to overcome cultural expectations to access services. Stigma, shame, and a lack of awareness of services also

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prevented mothers from seeking help. The review welcomed in-depth research on women's experiences to develop an effective intervention.

The studies mentioned above have explored women's experience of PND within the general population and looked specifically at South Asian communities. These studies have explored the barriers they have faced while seeking help; however, they have not explored what facilitates or encourages help-seeking. To date, no study has explored help-seeking behavior for PND in South Asian communities and within the United Kingdom. Only one study by Holopainen (2002) explored help-seeking behaviors within the general population.

Rationale

By understanding South Asian women's experience of seeking help, this information can provide insight into what facilitates help-seeking for this group of women. This research can inform practice and support professionals in making themselves and their services more accessible and sensitive to cultural norms.

Aim

How do South Asian women experience help-seeking for PND?

Design

Method

A retrospective account of women's experience of seeking help was gathered using semi-structured interviews. This qualitative method was considered the best approach to this topic to gain a more in-depth understanding. An interview schedule was developed based on previous literature and discussions with research supervisors. A range of issues, such as the women's experiences during pregnancy, birth, and post-birth, and their experiences of seeking help were explored (see appendix D). This type of interview allowed the researcher to prepare questions in advance that felt valid and ask further questions in the interview based on the responses given.

Methodology

Reflexive thematic analysis (Braun & Clarke, 2021) is a qualitative, flexible approach that identifies key themes or patterns from the interviews. It aims to help the researcher understand what is said and the

implications of the help-seeking experience. Reflexive interpretation involves being reflective of the researcher's role within the research. It encourages the researcher to know how their assumptions and preconceptions on the topic may influence and structure the research. It involves the researcher reflecting on how they carry out the research, the methodology, and how academic disciplines view this research (Braun & Clarke, 2021). Braun & Clarke's (2021) six-step approach is used to analyze data. This includes familiarization with the data set, coding, generating initial themes, developing and reviewing themes, refining, defining, and naming themes, and finally, writing up.

Theoretical underpinnings

The researcher took a social constructionist position. Social constructionism suggests that understanding is socially constructed through experiences and interactions and depends on culture, history, and political and economic conditions (Moon & Blackman, 2014). The social constructionist position is based on the ontological position that there is no single reality or truth, and our reality is constructed by individuals (irrealism). The epistemological position is that reality must be interpreted to understand the underlying meaning of events and experiences (subjective) (Fryer, 2020). Reflexive thematic analysis fits well with the social constructionist position. It allows the researcher to look at the discourses, meanings, and experiences around postpartum mental health within a specific culture. The researcher can make sense of how these experiences construct their understanding while keeping their beliefs and interpretation in mind (Braun & Clarke, 2021).

Ethnicity can be considered a social construct as it can be used to define a group of individuals and influence personal identity. People will adopt the language and the culture the ethnicity is associated with and may share beliefs and religious customs (Machery & Faucher, 2005). The social construction of ethnicity helps one define similarities and differences to maintain group interests. For example, one may feel that religion distinguishes ethnic groups, while others may consider culture to differentiate between different ethnicities (Ford & Harawa, 2010.). In addition, PND can be constructed based on the women's interpretation and the influence of the society and culture surrounding them (Nightingale & Cromby, 2016). In some parts of the world, PND is not recognized, while in Western countries, it is widely discussed. Some may receive professional support, while others use family support and religious beliefs to help make sense of the experience (Burr & Chapman, 2004).

Rigor

The researcher's ethnicity and interest in perinatal mental health led to this research being conducted. The researcher's position as a South Asian pregnant woman meant they were embedded within the research. Their understanding, interpretation, and experience can influence the data analysis.

Supervision from the academic tutor, reflexive thematic analysis workshops, and peer supervision allowed the researcher to reflect on the process and immerse themselves in the data while clarifying insight and interpretation when discussing with others. Keeping a reflective account allowed the researcher to document their thoughts and reflect on their research practices and assumptions throughout the analysis process. The researcher used the *brain dump method* to help clarify their thoughts. The 15-point checklist for good reflexive thematic analysis (Braun & Clarke, 2021) was referred to during the analysis to ensure a rigorous, systematic, and analytic process.

Participants

Seven women were included in this study. Braun & Clarke (2019) suggest it can be difficult to determine the appropriate data size when using reflexive thematic analysis. Data saturation appears incompatible with this reflective thematic analysis as coding and themes continue to evolve, expand, contract, and split into codes or sub-themes. The number of participants was, therefore, determined by the researchers' interpretation. *Information tool* (Malterud et al., 2016) requires the researcher to consider and reflect on the information the sample provides. The richer the information, the fewer participants are needed for the study. For this sample, the researcher considered the focus of the research question and the use of purposive sampling to recruit South Asian women. The researcher also reflected on the depth of the data generated from the interviews and the pragmatic project constraints.

Inclusion Criteria

Women who defined themselves as having South Asian roots (links in South Asian countries such as Pakistan, Bangladesh, India, Maldives, and Sri Lanka) were invited to participate. Women over 18 were included in the study, as young adolescent mothers' help-seeking behavior may vary

from adult women. The researcher's focus was on retrospective experiences of PND, as women who are currently experiencing PND may find the interviewing process distressing. Women who have experienced PND more than once were eligible to take part. Women currently taking anti-depressant medication were also included, as many women may take medication for a long period without receiving any active psychological support. Women who sought any level of help for PND, e.g., professional help, help from friends, family, and online blogs, were included. Women whose first language was English, Urdu, and Punjabi were included in the study as the researcher was fluent in these languages and able to translate.

Exclusion Criteria

The researcher excluded women who experienced stillbirth as their experience of PND is likely to have been different. The researcher excluded women currently in psychological crisis and receiving high levels of support for their mental health to avoid any additional distress from participating. These women might not have sought help themselves if they were extremely unwell. Women with a diagnosed learning disability were excluded as their support network's involvement would vary.

Recruitment

Sampling

Following approval from the Staffordshire University Ethics Committee, participants were recruited between January-June 2020. Participants were recruited by sharing an advertisement (appendix E) on parenting forums (www.mumsnet.com, www.netmums.com, www.channelmum.com) and via social media (Instagram, Facebook, and Twitter). Interested participants contacted the researcher and were sent an information sheet (appendix F) and a consent form (appendix B). They were given the opportunity to ask questions, and an interview was arranged. The interviews took place over the telephone and lasted up to one hour. All interviews were audio-recorded. The interviews were transcribed, and numbers were assigned to each participant to preserve anonymity.

Procedure

A transcription system called Otter was used for thorough transcription. Following Braun & Clarke's (2021) six-step process, the interviews were reviewed to familiarize the researcher with the data. Ideas were noted, and codes were developed by analyzing the data set

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using a semantic approach. This approach captures explicitly stated concepts, meanings, and experiences from the interviews. The researcher attempts to stay as close as possible to what participants communicate while remaining aware that these meanings and experiences are captured through the interpretative lens of the researcher (Smith et al., 2009). Shared meanings were formed due to the shared cultural background between the participants and the researcher. The researcher understood some of the cultural norms and experiences the participants went through.

Two rounds of coding were carried out for a thorough analysis of the interviews. The researcher wrote down the codes developed from each interview on post-it notes and explored codes that overlapped to create broader codes. A mind map was created to group codes into overarching themes with sub-themes (appendix G). The researcher referred to the reflective account when refining and reviewing themes to help remind the researcher of thoughts and emotions they initially had when reading transcripts and coding. The themes, sub-themes, and codes with relevant quotes were captured in a table (appendix H) and continued to be reviewed, redefined, expanded, and abandoned during the write-up.

Ethics

Staffordshire University Ethics Committee reviewed the research proposal and granted ethical approval for this study (Appendix A). Informed consent was obtained by participants signing the consent form before participating in the study (appendix B). Participants were reminded of their right to withdraw and how to withdraw from the study. Participants were sent a debrief form (appendix C) which included details of the next steps and a list of appropriate services and websites if they wished to contact anyone regarding their mental health.

Public and Patient Involvement (PPI)

Public and patient involvement (PPI) throughout the research process ensures they are at the heart of the research and the research is being done with them, not on them. Involving women who have lived experiences of PND and asking them to contribute to the research allows them to change health professionals' beliefs, values, and attitudes (Mockford, 2012). PPI ensures that the process of research is meaningful and relevant.

A potential participant who experienced PND was interested in participating in the study but could not. The woman had agreed for the researcher to contact her if she could help with the research. The

researcher asked the woman for feedback on the themes developed from the data analysis. The woman felt the themes accurately described the experiences she faced when seeking help for PND. She felt the executive summary was readable and accessible for her. The women were not remunerated.

Results

There were three themes and eight sub-themes (see Table 1). Quotes from the interviews are provided to contextualize the themes in greater detail.

Contextual factors

Contextual factors related to the women's culture influenced the help-seeking process. These factors also influenced how they were treated within the family and subsequently impacted whether they could seek help from the family. Contextual factors found in the study included living within the extended family, cultural expectations around gender, and feelings of judgment and guilt. They formed three subthemes within this theme and are outlined in greater detail below.

Living in an extended family

Some participants reported living with their husband's extended family and felt they were treated differently. They were not acknowledged as an equally valid member of the family compared to other family members like daughters. As a result, they felt they were "outsiders" and felt "there was a lack of compassion and empathy" from the family as they tried to juggle household responsibilities and new parental duties. The women recognized that due to their position within the family, they were not supported and felt their "own mother would only understand" what they were going through. The women expressed disappointment that their extended family was not as supportive as they had hoped.

I think they kind of left us to it. Erm, I don't I mean, I think they could have supported us a bit more than that, I was a bit disappointed with my family...Living with them. Yeah. So that's why I thought I'd get a bit more support.

Consequently, the living arrangement made it difficult to seek help from the family, as their experiences confirmed the feeling of being an "outsider." The women reflected on how difficult it felt to express to the family who "did not seem to care" that they were struggling postnatally.

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They did not feel comfortable asking for support and therefore remained silent.

Cultural expectations around gender

The cultural expectation of the gender of the baby influenced how the women were treated within their families. Some women experienced "disappointment" and "resentment" from family members, such as the mother-in-law for giving birth to a girl. The researcher interpreted this as the birth of a boy was favored over girls. The women also recognized that other family members who gave birth to a boy were supported more if they gave birth to a boy rather than a girl. "There would have been a lot more support." The participants expressed how "hurt" they felt knowing that their second child was "not good enough" in the family's eyes because she was a girl and not a boy.

Mother-in-law wasn't very happy, made some comments about, erm, oh, it should have been a boy kind of thing, and I think that erm, when I think back now in the back of my mind, I really, it hurt a lot like my second wasn't going to be good enough.

The women reflected on how they were "looked down on" by family members for giving birth to a girl, which impacted their PND. In addition, some of the women found the symptoms of PND, such as being "anxious" and "teary," were misinterpreted as being unhappy that the participants gave birth to a girl instead of PND. The women felt some family members did not understand what PND was. As a result, the women found it difficult to explain what they were experiencing PND and that it was not because they gave birth to a girl.

Because I was feeling so anxious and teary all the time, if I did see someone and I would get upset, they would be like, oh she's upset because she had another girl...Some of my quite close cousins were like, oh, is it because you had another girl? And, I'm like, no it's not.

As a result of how they perceived being treated by the family, the women did not feel they could seek help from them. The "I don't want to go down this road trying to explain how I am feeling to you" meant it was easier to remain quiet than try to explain that sadness was related to PND and not the gender of the baby as they "don't understand it."

Feelings of judgment and guilt

As a result of their position within the family, and how some of the women were treated for giving birth to a girl, some expressed their "worry" about being judged by professionals and their lack of understanding of the cultural aspects of their life.

People have different culture..., for example, or you know, different color, you know, like, like Western like English, but also they wouldn't understand, you see, if I if I started talking about, you know, living as extended family, and you know, the difference how they treat you, if you have a daughter, or explain the difference and all that, you know, I thought these people they're not going to understand, it was like a taboo subject.

The "taboo subject" suggested that certain things that occur within the family should not be spoken about with "outsiders" like professionals. This made it difficult for the women to open up and express how they were feeling. The researcher felt the women would be "judged" by the family for seeking support from outside the family, and therefore, the women felt unable to seek help. The women perceived that professionals would not understand and judge them.

The participants recalled feeling "guilty" for relying on family members for support and "dumping all my problems on my family all the time." There was also a fear of being "judged" by family and friends for being unhappy, and they felt "pathetic" for not coping with parenthood. The women did seek help from their parents and friends; however, they could not avoid feeling "pathetic" and "judged." They felt guilty for "burdening" the family; however, the women reflected that there was no evidence to suggest that their parents or friends felt like this. The researcher recognized that powerful feelings of judgment and guilt could prevent women from seeking help in the future.

Informal support networks

In addition to seeking professional support, many women in this study sought help from informal support networks to help with PND. Informal support networks refer to partners, family members, and friends. Supportive maternal family members and friends helped the women deal with PND and encouraged them to seek professional help. Two sub-themes were developed under this theme: "support from family and friends" and "support from partners."

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Support from family and friends

Many of the participants found support through their side of the family, which included parents, siblings, and cousins. General conversations about their day-to-day life and interests were valuable during the postnatal period. Attributes such as being available and showing interest were helpful. These women felt that friends who shared the same culture and religion and had children were relatable. For all the women interviewed, these attributes were important to encourage them to open up to family and friends and seek help from them.

I think I leaned on my sisters and my mom. A lot. We just, to be fair, it was just ringing them every day having a little chat about anything...but having them as an outlet, I think helps, and I would never sit there crying...It was just, you know, just having someone to communicate with.

Support from partners

The women found having supportive partners who encouraged them to seek help and protected them from stressful events helped them deal with PND. The researcher interpreted that the partner's support was invaluable. Partner's acknowledgment and validation of PND encouraged women to seek professional support. In contrast, husbands who were unaware of the PND were less supportive and encouraging, highlighting the importance of educating and supporting partners with PND.

My husband just supported me with all of that. So, like, I think there was drama going on, but like he was kind of like being the shield in between all of that...he was the one who like kind of pushed me to like to speak to the GP as well and like was definitely like, 'did you try speaking to the GP? What did the GP say?'

Accessing professional support

All the women shared their experiences of accessing professional support. These experiences vary in terms of how helpful it was and were based on the professionals' attributes, such as not being judgmental, empathic, and feeling heard. Participants felt that professionals with similar cultural backgrounds were more understanding and relatable. The women valued professionals' impartial opinions on their situations and encouraged them to communicate with others. The sub-themes developed

from this theme were "professionals from similar/different cultural backgrounds," "professionals' initial response to women," and "an objective perspective on problems." These sub-themes are addressed in greater detail below.

Professionals from similar/different cultural backgrounds

Some women sought help from South Asian specialist services, which they found online, and saw a poster in the general practitioner (GP) waiting room. The women felt this was "easier" because they did not have "to sit through the whole session explaining to you the cultural nuances of saying no to my mother-in-law." The similarities in culture between professionals and participants made it easier for the women to open up and not worry about being "judged" or having to "justify the cultural norms." There was a sense of feeling comfortable and being able to relate to the intervention because it considered that their cultural background, home environment, and relationships were impacting the PND. The women reflected on how it was difficult to seek support from professionals who did not share the same cultural background as them. They felt they had "no clue" about their background, and it was difficult to "connect" with the professionals.

I mean, I'm not expecting her to know everything about everyone, you know, all of the clients that she sees, but what I will talk to her about pressures from the community, you know having another girl...I think if I'd spoken to someone at the time, that understood sort of the culture that I come from, it might have, she might have been able to help connect to me a little bit better and help me think of ways to the CBT therapy side of things that might have been more erm adapted to how I could.

The researcher interpreted that professionals having some knowledge and awareness of the cultural aspects that could contribute to their mental health was important for these women. This would also facilitate a better relationship with the client, and the women were more likely to return to sessions and seek help.

Professional's initial responses to women

Participants spoke about their first experiences seeking help from professionals such as GPs, midwives, and health visitors. The women initially tried to seek support for difficulties they were facing during their pregnancy and for low mood following the birth of their baby. The women reflected on feeling "dismissed" and "unheard" and made to believe what they were experiencing was "normal." Some professionals were not "personable," and it was felt that some were completing their visits as a "tick box exercise."

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I just didn't have any trust of, like erm, so my experience with my midwife it wasn't very personable at all...like I didn't have any I hadn't had any good experiences with (.)...So, like, I almost didn't have a trust, and I didn't know like, where to go to access services. I didn't feel comfortable talking to my doctor. Erm, I didn't have a voice.

The initial responses of the professionals made the women reluctant to open up to someone about their PND who appeared disinterested and would judge them. "Not having a voice" meant they could not stand up for themselves when they felt dismissed or unheard. The researcher felt the lack of "trust" in professionals would impact future help-seeking behavior as the women did not feel confident the professionals would be able to support them. The researcher felt that forming good relationships with clients and gaining their trust is important in facilitating help-seeking behavior, and the participants are more likely to return to services.

An objective perspective on problems

Participants spoke about marital problems they faced following the birth of their children. They reflected on how difficult it was to open up to their partners and seek support for PND. As a result, some women attended couples counseling with their partners to help resolve the issues in their marriage. The counselor having an objective perspective was helpful for the participants as it allowed them to share difficult thoughts and feelings. The researcher felt this experience helped the couple to communicate effectively.

It was good to have a third person tell my husband, you know, what I wanted to say because I just wasn't seeing it in a way that could be heard I was kind of all over the place and disjointed and just, yeah, I was just not in a good place.

The researcher interpreted this as some women did not need to seek targeted treatment for PND but used general couple therapy to help with the issues they were facing. This opportunity improved communication within their relationship and helped improve PND symptoms.

Discussion

This study aimed to explore the experiences of seeking help for PND in South Asian women. Three main themes emerged from the data: contextual factors, informal support networks, and accessing professional support. The three main themes identified the importance of understanding the wider contexts for women seeking help for PND. The study showed several factors that facilitated help-seeking behavior. As identified earlier in this paper, much of the research found several

barriers to seeking help for PND for South Asian women (Wittkowski, 2011); however, there has been a lack of research looking at what facilitates seeking help for this group of women. It identified specific ways in which perceived family and professional dynamics and beliefs can impact these women's experiences of PND and help-seeking behavior. Family members and professionals' behavior and response to South Asian women were also considered contributing factors in help-seeking behavior. Awareness of these factors that could facilitate help-seeking behavior is important and could influence how professionals approach and support these women, such as being aware of South Asian culture. Although research suggests that South Asian women are at higher risk of postpartum mental health difficulties, they are less likely to seek help, and several barriers prevent them (Prady, 2016). This research has shown that South Asian women do seek help, whether that is through informal support networks or professionals. The theme of contextual factors identified certain cultural norms within a South Asian culture, such as living within an extended family and the expectation of the baby's gender impacted how much or little support the women received from their families.

The position of daughter-in-law was often seen as an "outsider" of the family. Participants reflected on the expectations of family members to care for and support the family; however, this was not reciprocated. Some evidence suggests that living in an extended family can alleviate stress and depression; however, for these women living in an extended family, there were more opinions and judgments, which created a barrier to communicating with them (Sonuga-Barke & Mistry, 2000). Cultural preference of a male being born also impacted the women's position as an "outsider" of the family. This is due to the idea that a male will carry the family name; traditionally, males are breadwinners and support the family financially (Ye et al., 2020). Some of these values have changed over time, and gender roles have become equal; however, some family members with a more traditional view (grandparents, parents, and in-laws) may still adhere to these values (Winkvist & Akhtar, 2000). The women were made to feel they were not equal family members and were looked down upon for not giving birth to a boy (Niaz & Hussain, 2006). This position of an "outsider" and giving birth to a girl contributed to feelings of low self-worth and exacerbated PND (Rodrigues et al., 2003). This study found that cultural norms were barriers to seeking help within the family. Cultural norms are complex and cannot be changed easily. They are embedded into everyday life and can be a part of one's identity. It is therefore important to work with the women, build trust, and be aware of South Asian cultures to give them the confidence to seek help outside the family (Leggatt, 2002). This study also highlighted the importance of having professionals from different backgrounds, which

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could help facilitate help-seeking behavior due to the assumption that they would understand the culture.

This study also found that family members lacked awareness and knowledge of PND. The participant's unhappiness was mistaken for being unhappy for giving birth to a girl. The women felt unable to correct the family due to fears of not being believed or "dismissed." This is consistent with previous literature, where it was found that South Asian women who felt "dismissed" and treated "unfairly" by family members would remain quiet and not seek support from the family and deal with problems alone (Parvin, 2007, Almond, 2011). Mental health terminology does not appear in the language spoken by some of these women and their families, like Urdu and Punjabi, making it difficult to have conversations about some of the issues they face. There is also a perception that mental health difficulties are socially constructed in western societies (McCann, 2016) and not acknowledged in some South Asian cultures. As a result, the participants were made to feel their struggles were not "real problems" (Lamba, 2015). This misunderstanding created further barriers to speaking openly with family members. Instead, the women felt they were judged and felt for not coping postnatally. This resonated with other studies that found judgment and shame are barriers to seeking help (Salaheddin & Mason, 2016). These judgments from the family exacerbated PND symptoms like "feeling worthless" and the women questioning their self-worth. It is important to note that not all women from South Asian cultures experience the challenges the women in this study faced, and not all adhere to the same beliefs and values.

This study demonstrates the importance of informal support networks within the South Asian community for women with PND. Supportive social connections with parents, siblings, and cousins were reflected as incredibly valuable for those with PND. This corresponds with literature that shows a supportive network is beneficial to supporting women with PND (Milgrom et al., 2019). These women felt the support they received from family and friends was enough for them not to seek professional help. The women felt they benefited from having a space to reflect on their experiences, expressing their frustration, the change in role from daughter-in-law/wife to mother, loss of identity, and the transition to motherhood. Talking generally about their life and having others show an interest was also helpful. The opportunity to talk to another adult who could empathize and listen was beneficial. The women felt siblings and cousins of a similar age could relate to them and recognized that the women were struggling with their mental health and were able to encourage them to seek help from professionals. Again, this highlights the importance of a support network's awareness of mental health, where they can recognize the symptoms and encourage them to seek help (Atkinson

et al., 2020). Cree (2015) emphasized the importance of allowing time to adjust to motherhood. She recognized that social support is important in raising a child and can reduce the risk of PND in mothers. The lack of support from family and friends can exacerbate PND and impact recovery (Noonan et al., 2021).

This study also supported existing research on how valuable supportive partners were in dealing with PND (Almutairi, 2017). Participants found that encouragement from partners gave them confidence and empowered them to seek help from professionals. The researcher felt this highlighted the importance of physical and emotional support to help recover from PND. In contrast, the study found that lack of support from partners and knowledge about PND impacted recognizing symptoms of depression in the women and encouraging them to seek help from professionals. The researcher felt this stressed the importance of involving partners and educating supportive networks around PND and where and how they can seek help (Darwin et al., 2021).

The theme "accessing professional support" highlighted that professionals who shared the same cultural background or had knowledge of the culture were viewed as the most helpful support received. The women felt this was due to not having to explain or justify their cultural/religious beliefs and felt professionals appeared to "get it." Cultural competence (Bhui et al., 2007) is important in building a professional relationship with patients. Understanding their background and how the wider contexts influence their mental health difficulties would make it easier for professionals to relate to and support women. This feels particularly important in mental health, where statistics have shown a high prevalence of mental health problems amongst ethnic minority groups (Mental Health Foundation, 2021). Therefore, considering wider contextual factors such as beliefs, culture, living arrangements, and support networks would facilitate a better relationship between the professional and the client.

Initial interactions and responses with professionals impacted future help-seeking behavior. This study found that professionals are seen as "dismissive" and "fobbed off" their complaints/worries as unapproachable. This resulted in a lack of trust and confidence in professionals, and the women were less likely to seek help in the future as they felt they would be faced with the same response. This resonates with other studies (Lynch 2012) where it was found that professionals who had specific attributes such as being "empathic," "approachable," and "non-judgmental" were viewed positively and felt they could seek help and receive support from them for PND (Wittkowski et al., 2012).

A professional's impartial opinion was found to be helpful by this group of women. For some women, the PND was masked by other issues, such as marital difficulties. The women felt frustrated and unhappy and that their partners were not helpful. They felt alone. The women and their

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partners sought help through marriage counseling to resolve these issues. During this process, they uncovered the underlying issues related to the women struggling with mental health. Research has shown that poor communication in relationships and a lack of support from partners can exacerbate PND (Noonan et al., 2021). In addition to this, suffering from PND can lead to relationship breakdown (Mahon & Agius, 2019). The researcher felt that seeking support from professionals who could share their impartial opinion, encourage communication between the couple and help women voice concerns they were unable to say to their partner. This would suggest that PND can be masked by several different issues a woman faces; however, professionals who can help clients unpick issues and help patients realize their underlying problem is effective. The researcher felt that the women did not necessarily have to seek help for PND. Different professional support could be helpful in unmasking issues and encouraging effective communication to understand what they were going through.

Strengths

The researcher felt their subjectivity was a key asset and strength of this research (Gough & Madill, 2012). The researcher felt this guided them through the interviews and the data analysis. The participants were aware of the researcher's background as a South Asian pregnant woman who lived with an extended family. It was felt that this allowed the women to be open and comfortable expressing how they truly felt to someone they felt understood these issues. The participants would say, "you know how it's like," and "you know what I mean" during the interviews. The researcher interpreted this as the participants feeling the researcher understood what they were going through and could relate to each other. The researcher felt their own experiences and understanding allowed them to resonate with the participant's experiences and have a genuine curiosity. It was felt that a good rapport was built with the women, and this led to rich conversations. This experience appeared to support the findings of this study. Sharing the same cultural background and having attributes such as being empathic and interested facilitated open and rich discussions. The researcher wondered whether similar richness would have been obtained by another researcher who was not from the same background (Ibaraki & Hall, 2014).

Limitations

The research required the women to reflect on experiences that happened in the past, which could affect the accuracy of the events. The

women interviewed were not required to have a formal diagnosis of PND, which may have made it difficult to receive professional help. They may not have fit the criteria for a diagnosis. Further research could look at the experience of seeking help with a formal diagnosis and see whether it differs from the women interviewed.

The researcher did not collate demographic information such as age, gender of baby, living status, and ethnicity. This would have provided the researcher with further insight into their experiences without making assumptions about what they said. A greater interpretation of their experiences could have been carried out with this information.

Clinical implications / Recommendations

This study highlights the importance of making the help-seeking process for this group of women transparent and easier. There are services available specifically for people from a South Asian background; however, this study found that NHS professionals are unaware of these services and the women who accessed them. Clearer information about making referrals and appropriate signposting would be beneficial.

The ROSHNI project (2022) is a nationwide NHS study addressing the increase of British South Asian women experiencing PND. This study recognized the importance of meeting the needs of this group of women by culturally adapting psychological interventions such as Cognitive Behavior Therapy (CBT) through the Positive Health Program (PHP). Khan et al. (2019) carried out a study that examined the feasibility of using CBT in a culturally adapted way to help women with PND and found positive outcomes. Services could train and employ professionals to offer culturally adapted interventions to meet these women's needs. Helping professionals to become more culturally aware and sensitive to the issues experienced by some South Asian women would help maintain engagement in services and allow them to seek help in the future. This could be through formal training and workshops to help professionals gain better insight into the cultural and religious beliefs and values of some South Asian women and how this contributes to PND.

This research has identified that speaking about feelings and everyday life is beneficial and does not require professional therapy. Talking to someone who understood and listened nonjudgmentally helped them overcome PND. Therefore, organizations specifically designed to support South Asian women would allow women to network and gain support from each other and would help to overcome the loneliness of motherhood and share their experiences. Developing not-for-profit services run and led by women who have experienced and overcome PND may increase available support. Therefore, professionals must be aware of these services to signpost women to benefit from this. NCT classes specifically for South Asian women who share similar cultural norms

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would enable them to develop informal support networks. Antenatal classes incorporating partners or families would help strengthen informal support networks. Classes would provide the opportunity of educating partners and family members on the signs and symptoms of PND and how to seek help.

Within the Psychology profession, only 9.6% of BAME individuals are Clinical Psychologists (Buchan et al., 2020). This highlights the importance of increasing the number of Clinical Psychologists from a BAME background to encourage conversations around ethnicity, religion, and culture and how this impacts someone's mental health. The population that Clinical Psychologists provide care for varies in ethnicity and background; therefore, it is important to mirror this within the profession. (Ragaven, 2018).

Conclusion

The findings from this study share an insight into the experiences of South Asian women seeking help for PND. Seven women were interviewed, and their experiences of seeking help varied. How the women were treated and related impacted whether they sought help from family, friends, and professionals. A lack of signposting and transparency of specialist support based on ethnicity and religion made it difficult for some women to receive meaningful help. Seeking help from specialist services for women from a South Asian background was considered more helpful than support from professionals who did not understand the cultural and religious norms. Supporting professionals to be more culturally aware and sensitive would help women continue to access services and help identify PND, which cultural norms could mask. Supporting partners and family members and educating them about mental health would also facilitate help-seeking from informal support networks.

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