
Unmasking Maternal Mental Health: Socio-Cultural Factors in the Perinatal Journey

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Abstract

The perinatal period encompassing pregnancy and the postpartum phase is a critical juncture in every woman's life that can significantly influence mental health and well-being across cultures. The secondary research paper aims to comprehensively study the interplay between social-cultural factors and perinatal mothers' mental health outcomes. By achieving the objectives of analyzing social support networks, unraveling cultural influences, and also further examining the impact of societal stigma, it has been concluded from past research that there is a deep impact of social constructs on women's mental health. Every woman has to encounter the influence of varied aspects such as patriarchy, the family system, the pressure of roles and responsibility in marriage, the desire for male offspring by in-laws, the stringent code of behavior for being a daughter in law and the primary responsibilities of parenting her children. The social dynamics have also been undertaken to analyze the effect of sub-cultural characteristics of race, religion, caste, creed in Indian culture on the health and wellbeing of perinatal women. The review of research studies identifies certain cultural practices, community support systems, and other social-cultural challenges that affect parental mental health. The study further offers valuable insights for healthcare providers and researchers to develop more effective strategies for supporting the mental health and well-being of pregnant and perinatal mothers. The studies suggest that collaborating with experts in various fields like anthropology, sociology, psychology and public health can contribute to the development of effective interventions tailored to the unique needs and experiences of different cultures.

Introduction

A woman's life is transformed and tested during the perinatal era, which includes both pregnancy and the postpartum period. As she adjusts to motherhood, there are noticeable physical, emotional, and psychological changes. Every woman's path is distinctive and very personal, but socio-cultural elements that affect her experiences and mental health outcomes also have a significant impact. The perinatal period is a complex interplay of human, familial, societal, and cultural variables rather than just a biological occurrence across different.

A vital component of total wellbeing for the mother, the newborn, and the entire family is the mother's mental health throughout the perinatal period. If untreated, maternal mental health problems can have severe effects on the mother-infant relationship, child development, and family dynamics. Despite its importance, maternal mental health is frequently hidden by cultural and societal standards and expectations, which prevents affected people from receiving the knowledge, understanding, and help they need.

The influence of gender roles and stereotypes is particularly significant during a woman's perinatal journey, encompassing pregnancy and the postpartum period. Gender roles provide guides to normative behaviors that are typical, ought-to-be and thus "likely effective" for each sex within a certain social context. (Eagly & Wood, 2012). These gender norms can have profound effects on women's experiences, behaviors, and mental health during this critical phase of life. These societal norms prescribe specific expectations for women during pregnancy, placing immense pressure on them to conform to idealized standards of nurturing and resilience. This pressure can lead to stress and anxiety, impacting maternal mental health. Additionally, the shift in roles and identity that pregnancy necessitates can create conflict for women who are accustomed to fulfilling other societal roles, leading to questions of self-worth. Expectations of motherhood, influenced by gender norms, can also be overwhelming and lead to feelings of inadequacy (Kuo et al., 2018). The extent to which partners conform to or challenge traditional gender roles further shapes the perinatal experience, impacting women's well-being and relationship dynamics. Moreover, the intersection of gender roles with socio-economic factors can affect access to healthcare and resources, with consequences for maternal and child health. Overall, recognizing and challenging these gender norms, promoting equitable partnerships, and ensuring support for women's physical and mental health are crucial steps in enhancing the well-being of expectant and new mothers during the perinatal journey.

This study attempts to expose the complex socio-cultural influences on maternal mental health throughout the perinatal period. It aims to clarify the numerous facets of this complicated subject, highlighting the necessity of comprehensive knowledge that goes beyond the traditional biological approach. We can create more effective measures to support those in need and enhance maternal mental well-being by understanding the complex interplay between culture, society, and the individual.

The word "social support" generally refers to any type of assistance received from diverse sources, with an emphasis on how the recipient perceives the assistance. A future mother's relationship with her partner has been found to be one of the most important and effective protective factors during the perinatal period, according to studies. These studies also show that a future mother not only has a large and effective social support network to deal with the risk of

developing mental health problems during the perinatal period but also has a wide and effective social support network overall. (Antoniou et al., 2021b)

Maternal mental health is influenced by a variety of socio-cultural factors that span a wide range of impacts. Traditional gender roles, cultural conceptions of motherhood, societal norms, economic inequalities, access to healthcare, and the existence or lack of social support networks are a few examples. We can learn more about how these elements affect a woman's emotional and psychological health during the perinatal period by closely investigating them.

In different socio-cultural situations, this study will examine potential interventions and support systems that might be put in place to improve maternal mental health outcomes. Community-based programs, healthcare services that are sensitive to cultural differences, and educational campaigns aiming at eradicating stigma and raising awareness are a few examples. This study aims to contribute to important dialogue and foster positive change in maternal health care.

Literature Review

All cultures share common beliefs about what encourages a healthy pregnancy and its result, as well as what leads to negative consequences, (Chaudhary, 1997). All over the globe, there is a sizable frequency of both prenatal and postnatal psychological discomfort, with greater prevalence rates observed in underdeveloped nations. Numerous demographic, behavioral, and cultural characteristics (desire for male children) have been identified as risk factors for prenatal and postnatal distress (Satyanarayana et al., 2011). Since maternal psychological discomfort and socioeconomic deprivation commonly co-occur, it could be challenging to predict how different risk factors will influence different people.

Contrarily, despite the fact that women may be adored and respected within their families (Reji, 2012), many of them suffer from mistreatment and disadvantage in India, a country where men predominate in society. According to Omer et al. (2021), the oppressed status of women and the dominance of men in society have a negative effect on women's reproductive health. Due to their limited education and financial situation, many Muslim women choose "faith-based" healthcare, frequently turning to traditional or spiritual healers. This decision can make people doubt professional healthcare services. People who don't have as much access to education might rely more on conventional healers, which could lead to a preference for their services. Additionally, David and Tiwari (2023) found that, due to gender-related responsibilities, pregnant women in joint families experienced higher levels of pregnancy stress than those in nuclear families.

The predilection for male children is strongly ingrained since, in Hinduism, having a son is necessary for maintaining the family line and performing the burial rites that guarantee the soul's safe passage through purgatory. A pregnant lady who already has a daughter feels a great deal of pressure that the next child will be a male. (2006) Cohen et al. The preference for sons over daughters in Indian culture, according to Nadeem (2022), may also play a role in the overall sex choice made during pregnancy. Only 3% of Indian women ages 15 to 49 indicated they preferred having more girls than sons, compared to 15% who stated the opposite.

Traditionally, pregnancy is only permitted during marriage. A woman and her family face shame and ridicule when she becomes pregnant outside of marriage (Pradhan, 2010). A lot of marriages are arranged, and both the rank and the reputation of the two families are taken into consideration. The extended families and neighbors of the couple frequently celebrate the bride's pregnancy because it is customary for couples to begin a family as soon as possible (Callister & Corbett, 2012). It is believed that having children is essential to living a satisfying life and raises a woman's standing in her community (Jain & Levy, 2013).

The relationship with the spouse, however, is the most important source of support for the decrease in mental health concerns during the perinatal period. One of the most potent and crucial protective factors throughout the perinatal period has been determined to be the bond between the future mother and her spouse (Dennis & Chung-Lee, 2006; Highet et al., 2011). It is a reality that a supportive partner can improve relationship happiness and foster both physical and mental wellness. Intimacy that arises from a satisfying relationship has been shown to be a powerful predictor of women's optimal mental health during the perinatal period (Beck & Tatano, 2001). Even in cases where pregnant women were depressed, the supportive spouse was able to reduce these symptoms in the postpartum period (Edward et al., 2012).

In today's India, the idea of ritual pollution is still prevalent. The placenta and umbilical cord were once disposed of by a particular social caste because they were deemed to be contaminated. Withers et al. (2018) found that confinement was frequent during the postpartum period because postpartum women were seen as weak, delicate, and prone to disease. Massage, the state of pollution following childbirth, the use of traditional healers and traditional medicine and herbs, beliefs regarding a hot/cold imbalance, behavioral taboos, magic, and superstition were among the other common beliefs and behaviors across Asian cultures. In contemporary India, the idea of ritual pollution is still prevalent. The placenta and umbilical cord were once disposed of by a particular social caste because they were deemed to be contaminated. One advantage of such a custom is that it allows the new mother to get some rest as she is excused from household duties, eliminates the risk of illness from guests, and enables her to focus on developing a close relationship with her child (Paulson & Bazemore, 2010). This custom of confinement and required recuperation for up to 90 days presumably dates back to a time when life was physically demanding and unpleasant for women. Even though modern household tasks might not be as taxing, the custom still exists. (Xie et al., 2010)

This research is conducted to deeply explore and understand the intricate interplay of socio-cultural factors influencing maternal mental health across the perinatal journey, aiming to fill existing knowledge gaps, tailor effective interventions to diverse cultural contexts, inform policy and healthcare strategies, reduce stigma, foster interdisciplinary collaboration, and ultimately enhance the overall well-being of women and their future generations.

Methodology

Aim

To understand how socio-cultural factors influences the maternal mental health journey throughout the perinatal journey.

Objectives

- To understand the influence of traditional practices through impact of traditional sacramentary practices and customs related to pregnancy.
- To acknowledge the role of social support like family and community in contributing to the motherhood.
- To recommend strategies for positive mental health for women under the influence of socio- cultural factors during perinatal journey.

Procedure

Screening

A total of 50 research papers on the particular topic were reviewed. Out of those 15 were selected and included in the research paper based on their relevance.

Data bases

Secondary data was used to gather insights. Key databases such as PubMed, Frontiers, Research Gate, and Google Scholar were chosen.

Inclusion criteria

Recent studies from 2017-2023 were included. Studies that gave a socio cultural perspective on perinatal journey were included.

Result

Title	Author	Year	Findings
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<p>Marital and family relationships among women with severe mental illness during perinatal period admitted to a mother baby psychiatric unit.</p>	<p>Kaur et al., 2023</p>	<p>2023</p>	<p>The total sample was 149, mean age of women in years was 25.27 (SD=4.97). The clinical diagnosis included non-affective psychosis (45.5%), affective psychosis (42.2%) with 130 (87.24%) women having their first episode of SMI during the postpartum period. 25% experiencing violence from their spouses and in-laws. Interpersonal issues with their in-laws in the context of violence, household chores and poor support. This study highlights the importance of routine assessments of the quality of marital and family relationships including domestic violence. There is a need to provide interventions aimed at helping women deal with difficulties in intimate and social relationships.</p>
<p>A Comparative Study of Work Stress among Working Females Getting Paid and Working Women Unpaid (Housewives) During Pregnancy</p>	<p>David and Tiwari</p>	<p>2023</p>	<p>Due to gender-related responsibilities, pregnant women who lived in joint households experienced higher levels of pregnancy stress than pregnant women</p>

			who lived in nuclear families.
Changes in India's son preference, ultrasound use and fertility Pew Research Center.	Nadeem	2022	According to a study, Indians generally choose to have sons rather than females during pregnancy, at least in part as a result of this cultural preference. Only 3% of Indian women ages 15 to 49 indicated they preferred having more girls than sons, compared to 15% who stated the opposite.
The influence of social and cultural practices on maternal mortality: a qualitative study from South Punjab, Pakistan.	Omer et al.	2021	Women's reproductive health is negatively impacted by their disadvantaged status and the dominance of men in society. Due to their limited education and financial situation, many Muslim women choose "faith-based" healthcare, frequently turning to traditional or spiritual healers. This decision can make people doubt professional healthcare services. People who don't have as much access to education might rely more on conventional healers, which could lead to a preference for their services.

<p>Characteristics of perinatal depression in rural central, India: a cross-sectional study.</p>	<p>Rathod et al.</p>	<p>2018</p>	<p>This study identifies the major risk categories for perinatal depression, such as those who are pregnant, older and more disabled, and those who use facilities, for whom mental healthcare should be prioritized. Using a manualized and modified form of cognitive behavioral therapy, a recent trial showed that lay health workers in India could treat non-pregnant primary care patients with depressive symptoms with training and supervision.</p>
<p>Traditional beliefs and practices in pregnancy, childbirth and postpartum: A review of the evidence from Asian countries</p>	<p>Withers et al., (2018)</p>	<p>2018</p>	<p>Research says confinement was widespread because postpartum women were seen as frail, weak, and prone to disease. Massage, the state of pollution following childbirth, the use of traditional healers and traditional medicine and herbs, beliefs regarding a hot/cold imbalance, behavioral taboos, magic, and superstition were among the other common beliefs and behaviors across Asian cultures.</p>

<p>Conflicting cultural perspectives:</p>	<p>Conflicting cultural perspectives:</p>	<p>2013</p>	<p>The authors consider cross-cultural viewpoints as they investigate issues pertaining to normal and atypical postnatal experiences of Indian women. Although postpartum depression or distress is acknowledged in many cultures, it is viewed as an illness in some and a passing state in others.</p>
<p>Giving birth: the voices of women in Tamil Nadu, India. MCN:</p>	<p>Corbett, C. A., & Calliste</p>	<p>2012</p>	<p>The viewpoints of mothers in Tamil Nadu, India, are examined in this study. Themes included wanting to have children, listening to mothers-in-law and other "wise" women, being afraid of childbirth due to ignorance, and appreciating help during labor and delivery. Others included becoming a mother and receiving the greater benefit of having a son.</p>
<p>Supportive relationships and the trajectory of depressive symptoms among young, African American mothers.</p>	<p>Edwards, R. C., Thullen, M. J., Isarowong, N., Shiu, C.-S., Henson, L., & Hans, S. L.</p>	<p>2012</p>	<p>The peak of depressive symptoms occurred during pregnancy and continued to decrease for 24 months after delivery. Lower levels of depressive symptoms were associated with supportive interactions with the baby's</p>

			<p>father and the mother's parent. Although the relationship between father support and the woman's depressive symptoms persisted over time, parent figure support was crucial for the young mother as she adjusted to parenthood.</p>
<p>Maternal mental health in pregnancy and child behavior.</p>	<p>Satyanarayana et al</p>	<p>2011</p>	<p>Worldwide, there is a significant amount of prenatal and postnatal psychological suffering, with prevalence rates in underdeveloped nations being greater. Numerous demographic, behavioural, and cultural factors (desire for male children) have been identified as risk factors for prenatal and postnatal distress. Since maternal psychological discomfort and socioeconomic deprivation commonly co-occur, it could be challenging to predict how different risk factors will influence different people.</p>
<p>Prenatal and postpartum depression in fathers and its association with maternal depression</p>	<p>Paulson, J. F., & Bazemore, S. D</p>	<p>2010</p>	<p>In the studies that were examined, 10% of the men showed signs of prenatal and postpartum depression, which peaked between three</p>

			and six months after delivery. Additionally, mother depression and paternal depression had a mediocrely positive association.
Prenatal family support, postnatal family support and postpartum depression.	Xie Yang, J., Shun-Ping, L., Xie, H., Walker, M., & Wen, S. W	2010	All family members providing postnatal support. Among the family members, the husband's support had the biggest effect on the likelihood of getting PPD. Lack of postnatal family support, particularly from the husband, is a significant PPD risk factor.
Postpartum Depression Help Seeking Barriers and Maternal Treatment Preferences	Dennis, C., & Chung-Lee, L.	2006	Women's inability to express their feelings was a typical barrier to getting the support they needed, and it was frequently exacerbated by family members' and health professionals' unwillingness to meet the mothers' practical and emotional requirements. Mothers were unable to identify the signs of depression because of a major help-seeking barrier caused by ignorance of postpartum depression or acceptance of myths. There were significant obstacles to

			<p>health services found.</p> <p>Women favored nonjudgmental "talking therapies" above receiving medicinal intervention, and vice versa.</p>
<p>Predictors of Postpartum Depression: An Update</p>	<p>Beck & Tatano, C.</p>	<p>2001</p>	<p>Effective partner assistance improves relationship happiness and supports both mental and physical health. Intimacy that arises from a satisfying relationship has been shown to be a powerful predictor of women's optimal mental health during the perinatal period.</p>
<p>Traditional practices of women from India pregnancy, childbirth, newborn.</p>	<p>Choudhry,U</p>	<p>1997</p>	<p>All cultures share common views about what promotes a healthy pregnancy, its outcome, and bad behavior. Many immigrant women who are either unfamiliar with or reject western practices are still influenced by these behaviors.</p>

Discussion

Maternal mental health during the perinatal period is a critical aspect of overall well-being for both mother and child. This literature review explores the complex interplay of socio-cultural factors that influence maternal mental health throughout the perinatal journey in the context of India. The research aims to understand how these socio-cultural factors impact women's mental health and well-being during pregnancy and the postpartum period.

Traditional Practices and Rituals

One prominent theme that emerges from the reviewed literature is the significance of traditional practices and rituals surrounding pregnancy. These rituals and customs are deeply ingrained in the cultural fabric of India. For instance, the concept of ritual pollution, which dictates the handling of the umbilical cord and placenta, reflects the enduring influence of tradition on perinatal practices. The benefits of such traditions, such as ensuring rest and bonding time for new mothers, are noteworthy.

However, it is essential to recognize that these practices are not universally beneficial and can sometimes have adverse effects on maternal mental health. The enforced isolation and confinement for up to 90 days, while rooted in historical necessity, may no longer align with modern lifestyles and expectations. The impact of such practices on women's mental health needs to be critically examined, especially as societal norms and roles continue to evolve.

Social Support and Family Dynamics

Another central theme in this literature review is the role of social support, particularly from family and community, in contributing to maternal well-being. The research suggests that a woman's relationship with her partner is a significant protective factor during the perinatal period. Effective support from a partner enhances relationship satisfaction and promotes mental and physical health. This finding underscores the importance of the partner's role in maternal mental health and emphasizes the need for interventions that strengthen these relationships.

Furthermore, the influence of extended families on maternal mental health is noteworthy. In joint families, pregnant women may experience higher levels of stress due to gender-related

responsibilities. This observation highlights the need for interventions that address family dynamics and promote support systems that are conducive to maternal mental health.

Gender Preferences and Cultural Influences

The prevalence of male-child preference in certain cultures, such as Hinduism, presents a complex challenge to maternal mental health. The pressure on pregnant women to bear a son can lead to considerable stress, especially if they already have daughters. This preference for sons is deeply rooted in cultural and religious beliefs, making it a challenging issue to address. Strategies aimed at challenging these cultural norms while respecting cultural diversity are necessary to promote maternal mental health.

Access to Healthcare and Education

The literature also highlights the influence of socio-economic factors on maternal mental health. Women with limited access to education and resources may rely more on traditional healers and faith-based healthcare, leading to distrust in formal healthcare services. Addressing these disparities in access to healthcare and education is crucial to improving maternal mental health outcomes, especially in developing countries.

Recommendations:

- Providing counseling to the family of the pregnant woman, especially the partner or spouse, as the support system of the woman is very important during the perinatal journey.
- Collaborating with policymakers to create supportive policies that address the unique challenges faced by pregnant women and new mothers, both at home and in the workplace.
- Foster community support networks where pregnant women can connect with each other, share experiences, and receive emotional support.
- Conveying a strong message through the media to the caregivers of pregnant women and breaking stereotypes.

Conclusion

In conclusion, this literature review underscores the complexity of socio-cultural factors affecting perinatal mental health in India. Traditional practices, family dynamics, gender preferences, access to healthcare, and education all play significant roles in shaping maternal well-being during pregnancy and the postpartum period. While some traditional practices offer benefits, their impact on maternal mental health must be critically evaluated. Strengthening social support systems, addressing gender preferences, and reducing disparities in access to healthcare and education are key avenues for interventions to improve maternal mental health outcomes.

Moving forward, research and interventions should consider the cultural diversity and rich traditions of India while striving to promote maternal mental health and well-being throughout the perinatal journey. Collaboration between healthcare providers, communities, and families is essential to creating a supportive and culturally sensitive environment for expectant and new mothers.

References

- Antoniou, E., Stamoulou, P., Tzanoulinou, M., & Orovou, E. (2021). Perinatal Mental Health; The Role and the Effect of the Partner: A Systematic Review. *Healthcare*, 9(11), 1572. <https://doi.org/10.3390/healthcare9111572>
- Beck & Tatano, C. (2001) Predictors of Postpartum Depression: An Update: Nursing Research. https://journals.lww.com/nursingresearchonline/abstract/2001/09000/predictors_of_postpartum_depression_an_update.4.aspx
- Corbett, C. A., & Callister, L. C. (2012). Giving birth: the voices of women in Tamil Nadu, India. *MCN: The American Journal of Maternal/Child Nursing*, 37(5), 298-305.
- Dennis, C., & Chung-Lee, L. (2006). Postpartum Depression Help-Seeking Barriers and Maternal Treatment Preferences: A Qualitative Systematic review. *Birth-issues in Perinatal Care*, 33(4), 323–331. <https://doi.org/10.1111/j.1523-536x.2006.00130.x>
- Edwards, R. C., Thullen, M. J., Isarowong, N., Shiu, C.-S., Henson, L., & Hans, S. L. (2012). Supportive relationships and the trajectory of depressive symptoms among young, African American mothers. *Journal of Family Psychology*, 26(4), 585–594. <https://doi.org/10.1037/a0029053>
- Eagly, A. H., & Wood, W. (2012). Social Role Theory. In SAGE Publications Ltd eBooks(pp. 458–476). <https://doi.org/10.4135/9781446249222.n49>
- Goyal, D., Murphy, S. O., & Cohen, J. (2006). Immigrant Asian Indian women and postpartum depression. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 35(1), 98-104.
- Highet, N., Gemmill, A. W., & Milgrom, J. (2011). Depression in the perinatal period: awareness, attitudes and knowledge in the Australian population. *Australian and New Zealand Journal of Psychiatry*, 45(3), 223–231. <https://doi.org/10.3109/00048674.2010.547842>
- Jain, A., & Levy, D. (2013). Conflicting cultural perspectives: Meanings and experiences of postnatal depression among women in Indian communities. *Health Care for Women International*, 34(11), 966-979.
- Kuo, P. X., Volling, B. L., & Gonzalez, R. (2018). Gender role beliefs, work–family conflict, and father involvement after the birth of a second child. *Psychology of Men and Masculinity*, 19(2), 243–256. <https://doi.org/10.1037/men0000101>
- Nadeem, R. (2022, October 27). Changes in India's son preference, ultrasound use and fertility | Pew Research Center. Pew Research Center's Religion & Public Life
- New Zealand Journal of Obstetrics & Gynaecology*, 50(4), 340–345. <https://doi.org/10.1111/j.1479-828x.2010.01185.x>

Paulson, J. F., & Bazemore, S. D. (2010). Prenatal and postpartum depression in fathers and its association with maternal depression. *JAMA*, 303(19), 1961. <https://doi.org/10.1001/jama.2010.605>

Project. <https://www.pewresearch.org/religion/2022/08/23/changes-in-son-preference-ultrasound-use-and-fertility/>

Reji, J. (2012). Knowing culture in the delivery of midwifery care. *Midwifery News*, (Autumn), 10-13.

Xie, R., Yang, J., Shun-Ping, L., Xie, H., Walker, M., & Wen, S. W. (2010). Prenatal family support, postnatal family support and postpartum depression.