

# Cultural Lens around Postpartum Depression In Asian context : Literature Review

<sup>1</sup>Ishita U. Bharadwaj

<sup>2</sup>Meharmeet Kaur

<sup>3</sup>Mahesh K. Darolia

<sup>4</sup>Tanishka Bansal

*Postpartum depression is a medical term that refers to a mental illness that begins as a woman embarks on the journey of biological motherhood. Wherein this term has been borrowed from the west, owing to a significant lag in understanding of the cultural making of this condition, there is a need for deconstructing this condition from a cross-cultural lens. This paper would be an attempt to explore how mothers are situated in the postpartum phase across different cultures in the context of rituals and beliefs practiced during the postpartum period. There is a need for stocktaking of the cultural pinnings of the postpartum period and mothering practices in the genesis of postpartum depression. A rich understanding of postpartum depression is incomplete without taking cultural embeddedness into account. The larger objectives of this review paper are: exploring the rituals and beliefs around postpartum period and postpartum depression across Asian cultures; where and how postpartum depression is understood in these cultures; and how the mother is (re)constructed in the context of postpartum rituals. In the paper, prospective directions of research are discussed.*

**Keywords:** mothering, postpartum period, postpartum depression, Asian culture

## Introduction

Biological motherhood has been rendered one of the most crucial and eventful milestones in a woman's life. Birthing is deemed to be the most natural process that happens to a woman, which becomes a stepping stone for her womanhood. Saunders (1929) posits that the postpartum period is considered to be a lifespace where a new mother is vulnerable; her body is fragile as she has just given birth to another human, which she has carried and nurtured for nine months. The experience, which is usually much awaited, is

unexpectedly accompanied by feelings of helplessness and loneliness (Taylor, 2021), as her "self" is shattering and her new maternal self is evolving. This experience has been appreciated across various cultures (Goldbort, 2006; Oates et al., 2004). The shared symptomatology of postpartum depression as described by the universal classification criteria entails disturbances in sleep cycle and appetite, anger, irritability, helplessness and hopelessness, and suicidal ideation (Klainin & Arthur, 2009). The positivistic model of postpartum depression explains the etiology of postpartum depression, such as previous psychiatric history, family history, attitudes towards children, unplanned pregnancy, method of feeding the baby, type of delivery, obstetric complications, infant temperament, marital relationship, social support, stressful life events, employment status, and demographic factors. This model has been critiqued as a way of exerting "medical and social control" over women. Mauthner (2010) posits that women's

---

<sup>1</sup>Assistant Professor, Department of Psychology, University of Delhi, New Delhi, India.

Email: [ishipsycho@gmail.com](mailto:ishipsycho@gmail.com)

<sup>2</sup>Research Scholar, Department of Psychology, University of Delhi, New Delhi, India.

Email: [meharkt94@gmail.com](mailto:meharkt94@gmail.com) (Corresponding Author)

<sup>3</sup>Professor, Department of Applied Psychology, Sri Aurobindo College, University of Delhi, New Delhi, India. Email: [daroliamahesh@gmail.com](mailto:daroliamahesh@gmail.com)

<sup>4</sup>Master's student, Department of Psychology, University of Delhi, New Delhi, India. Email: [tanishkaban.du@gmail.com](mailto:tanishkaban.du@gmail.com)

voices are lost in the cabins of health care professionals as their symptoms are largely ignored.

Goyal et al. (2006) and Oates et al. (2004) have observed that the symptomatic patterns of postpartum depression are similar at the ethnic level but vary at the cultural and community levels.

These differences are presumed to be due to the understanding of postpartum depression as a disease or as a normal passing phase. A woman's situatedness in "postpartum care" is crucial in developing an understanding of her emerging maternal self. Bina (2008) argues that this is a complex matrix of the subjectivities of new mothers and the rituals that have ambivalent dynamics. For instance, in western societies, medical technologies occupy a conspicuous position in maternal care. The medical checklist has to be fulfilled in order for the mother and infant to be discharged from hospital care (Posmontier & Horowitz, 2004). Though postpartum depression has been globally acknowledged, certain communities despised the need for medical intervention and dealt with the issue at family levels. In many South Asian cultures, there is a perceived "pressure" of producing male offspring, which is one of the most prominent explanations of postpartum depression. (Dubey, 2012). Most of the studies highlight the absence of the terminology for depression (Ghosh, 2005) in certain cultures, due to which they are compelled to resort to an English alternative word, dismissing the cultural nuances of the experience.

Postpartum care may vary according to cultural values, and hence the prevalence and presentation of postpartum depression are not similar among western and eastern cultures. Different studies have highlighted that cultural practices may act as both protective and contributing factors in postpartum depression. (Bina, 2008; Dennis, 2007).

According to a work by Nurmila (2017b), there is no one-way to mothering for Muslim women, and just like any other mothering, Muslim mothering also involves emotional upheaval and other experiences that include contradictions and ambivalence. In the midst of mothering, Muslim mothers resort to religious texts like the Qur'an, hadith, and tafsir for guidance. Muslim women experience mothering through a range of challenges like political oppression, immigration, violence, Islamophobia, occupation, and postpartum confinement. The Qur'an acknowledges the procreative capacity of women and perceives the hardships as well as sacrifices of the mother.

The family is seen as a unit of social support for the woman in her postpartum period. After the child is born, the Muslim woman is put into a 40-day recuperation (Al-Haddad, 1991, as cited in Nahas & Amasheh, 1999), which the family and friends assist. In Pakistan, this 40-day period of rest and social fulfillment the traditional gender roles of being a wife and a mother, they have a fear of failure and feel exhausted as well as helpless.

Similar postpartum care rituals are seen in Indian culture. An article by Choudhry (1997) focusing on the traditional practices of women from India highlighted that the culture shapes the beliefs and practices surrounding pregnancy, postpartum period, childbirth, newborn care, as well as mothering behavior. Similar to Islamic practices, the Indian woman also experiences 40-day confinement in the house, which is accompanied by a healthy, nutritious diet and body massage. Although the confinement and dietary changes are made for the well-being of the mother and the newborn, they result in restrictions on the activities enacted by the new mother in terms of food restrictions (e.g., temperature, spiciness) or behavioral restrictions (avoiding sexual intercourse, exposure to bad news, and fights) (Sein, 2013).

In Tamil culture, there are various beliefs and practices that are followed during pregnancy and postpartum. Corbett and Callister (2012) highlighted that the pregnant Tamil woman experiences a lot of diverse emotions, ranging from anticipation to happiness at being pregnant, as becoming a mother is an essential socio-cultural aspect in Indian culture. The postpartum rituals include having a ritual ceremony on the 9th postpartum day in the place where the placenta is buried, which is followed by the naming of the child. The study also revealed that although there is increased happiness in being transitioned from a woman to a mother, they experience a higher sense of responsibility towards the well-being of the child as opposed to their own needs and wishes. In addition, it was noted that a lack of perinatal education may become a challenge for a woman. One of the risk factors for postpartum depression shared by some Asian cultures like China, India, and Turkey has been the sex of the child, with greater preference for a male child (Goldbort et al., 2006). A study by Danaci et al. (2002) suggested that in Turkish culture, there is a negative impact of conflicting relations between the new mother and the in-laws, which instead should be a source of social

support during the postpartum period. This acts as a risk factor for postpartum depression, which is unique to Turkish women.

Similar to other cultures, Chinese culture also has a period of confinement with stringent restrictions on household chores, social activity, food consumption, personal hygiene, and other activities during the postpartum period, referred to as “doing the month” (DTM) or “zuoyuezi (Holroyd et al., 1997, as cited in Yang et al., 2023). These practices are known to be protective factors, as non-adherence to traditional Chinese postpartum practices has been linked to a higher prevalence of postpartum depression (Guo et al., 2021). However, a systematic review by Yang et al. (2023) suggested that there are mixed associations between adherence to DTM and postpartum depression (PPD), with two studies pointing to a negative association between the two (Liu et al., 2012; Zhao et al., 2022). The restrictions during the confinement period, like staying indoors, may lead to reduced exposure to sunlight, and a lack of physical movement may be followed by lifestyle diseases like diabetes and similar conditions (Hu, 2003; Nair et al., 2012, as cited in Yang et al., 2023). Therefore, as suggested by Ding et al. (2020), some of the traditional practices may act as protective factors, whereas others may not, which highlights the need to accommodate modern lifestyles with traditional rituals.

In Hong Kong, there are two types of rituals that are performed after childbirth, i.e., Zou Yue and Pei Yue, in which the woman engages in health protective practices like dietary considerations and is taken care of by another female relative, respectively (Chen et al., 1994, as cited in Chan et al., 2002). Although these practices are considered to prevent postnatal depression, the changing trends in Hong Kong suggest a shift to nuclear family structures and decreased social support, as a result of which the woman experiences a feeling of helplessness, hopelessness, and loss of control, especially when the husbands are non-supportive and the in-laws are controlling. They are expected to look after the newborn after their discharge instead of resting (Huang & Mathers, 2001). Some of the common emotions experienced during postpartum, as reported by the Hong Kong woman, were anxiety, fear, anger, an inability to escape, and ambivalence towards the baby. Hong Kong women manifest postpartum depression symptoms experienced as a

sense of “entrapment” due to family expectations following the birth of their children (Chan et al., 2002).

Cultural values, rituals, and practices are also seen as ways to cope with the illness. For example, African Americans of American descent had constructed and managed their depression in “culturally specific ways” relying on their religious beliefs and the ‘counsel’ of their family members, along with keeping their depression a secret in the family (Chisholm, 1996, as cited in Amankwaa, 2003). In African-American women, the type and number of stressors, such as unmet expectations, lack of social support, loneliness, and others, can have an influence on their PPD experience. In dealing with PDD, many women resort to religious practices like prayers and keeping faith in the Lord. However, there were cultural conceptions that hindered help-seeking behavior. Some of them include the presentation of a strong black woman’ and the denial that they could have depression. The misconception that depression is not a real illness but rather an indication of weakness prevails in African American women (Amankwaa, 2003). Even in Korean cultures, PPD is not defined, although the somatic symptoms prevail. (Affonso et al., 2000, as cited in Posmontier & Horowitz, 2004).

Ethno-kinship cultures such as South Asia and East Asia follow certain similar traditional rituals like confinement, restrictions on dietary and behavioral activities, and increased social support, which are practiced from generations to generations with the belief to provide rest, care, and aid a smooth transition from womanhood to motherhood. However, these practices may have a positive or negative impact on the mental health of the woman. Klanin and Arthur (2009) have also highlighted some reasons for the mixed impact of cultural practices on the symptomatology of PPD. Some of the explanations include the free will to engage in cultural practices, the interpersonal relations among the family members, the preference of one gender in the culture, and the stress that results from restrictions put on the new mother.

The postpartum period is accompanied by a variety of challenges and emotions, as it brings about many changes for the woman in a biological, psychological, as well as social dimension. Since the traditional rituals and ceremonies often contradict the medical advice received by the woman, understanding postpartum care from a cultural lens is of utmost importance for medical practitioners due to its underlying clinical implications.

## Conclusion

An approach to motherhood and postpartum depression that is culturally sensitive and is provided by medical professionals would be tremendously beneficial to both new and expecting mothers. In the course of researching this work, we looked at previous research on Asian cultural thought around the postpartum time and various Asian cultures. There is still a need to absorb the precise terminology around the essence of postpartum depression across cultures. This will further assist us in gaining a better knowledge

of postpartum depression as an experience that is deeply rooted in culture. Postpartum depression is still widely misunderstood by researchers in this field and even medical professionals, with many believing it to be either a medical condition or a natural response to becoming a mother. This study is a modest effort to investigate the many different cultural customs that revolve around the postpartum period. It is necessary to do additional study in order to shed light on the role that families and communities play in the interpretation of symptoms and the lived experiences of mothers in relation to postpartum rituals and superstitions.

---

## References

- Amankwaa, L. C. (2003). Postpartum Depression Among African-American Women. *Issues in Mental Health Nursing, 24*(3), 297–316. doi:10.1080/01612840305283.
- Bina, R. (2008). The Impact of Cultural Factors upon Postpartum Depression: a literature review. *Health Care for Women International, 29*(6), 568–592. <https://doi.org/10.1080/07399330802089149>
- Choudhry, U. K. (1997). Traditional Practices of Women From India: Pregnancy, Childbirth, and Newborn Care. *Journal of Obstetric, Gynecologic & Neonatal Nursing, 26*(5), 533–539. doi:10.1111/j.1552-6909.1997.tb02156.x.
- Chan, S. W.-C., Levy, V., Chung, T. K. H., & Lee, D. (2002). A qualitative study of the experiences of a group of Hong Kong Chinese women diagnosed with postnatal depression. *Journal of Advanced Nursing, 39*(6), 571–579. doi:10.1046/j.1365-2648.2002.02326.x
- Chen C.H., Tseng Y.F., Wang S.Y. & Lee J.N. (1994) The prevalence and predictors of postpartum depression. *Nursing Research 2*, 263–273.
- 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), 298–307. <https://doi.org/10.1097/NMC.0b013e318252ba4d>
- Danacý, A. E., Dinç, G., Deveci, A., Þen, F. S., & Ýçelli, Ý. (2002). Postnatal depression in Turkey: epidemiological and cultural aspects. *Social Psychiatry and Psychiatric Epidemiology, 37*(3), 125–129. <https://doi.org/10.1007/s001270200004>
- Ding, G., Niu, L., Vinturache, A., Zhang, J., Lü, M., Gao, Y., Pan, S., & Tian, Y. (2020). “Doing the month” and postpartum depression among Chinese women: A Shanghai prospective cohort study. *Women and Birth, 33*(2), e151–e158. <https://doi.org/10.1016/j.wombi.2019.04.004>
- Goldbort J. (2006). Transcultural analysis of postpartum depression. *MCN. The American Journal of maternal child nursing, 31*(2), 121–126. <https://doi.org/10.1097/00005721-200603000-00012>
- Goyal, D., Murphy, S.O., & Cohen, J. (2006). Immigrant Asian Indian women and postpartum depression. *Journal of Obstetric, Gynecologic, & Neonatal Nursing, 35*, 98-104.
- Guo, P., Xu, D., Liew, Z., He, H., Brocklehurst, P., Taylor, B., Zhang, C., Jin, X., & Gong, W. (2021). Adherence to Traditional Chinese Postpartum Practices and Postpartum Depression: A Cross-Sectional Study in Hunan, China. *Frontiers in psychiatry, 12*, 649972. <https://doi.org/10.3389/fpsyt.2021.649972>
- Holroyd, E., Katie, F. K. L., Chun, L. S., & Ha, S. W. (1997). “Doing the month”: An exploration of postpartum practices in Chinese women. *Health Care for Women International, 18*(3), 301–313. <https://doi.org/10.1080/07399339709516282>
- Huang Y.C. & Mathers N. (2001) Postnatal depression – biological or cultural? A comparative study of postnatal women in the UK and Taiwan. *Journal of American Nursing 33*, 279–287.
- Klainin, P., & Arthur, D. G. (2009). Postpartum depression in Asian cultures: A literature review. *International Journal of Nursing Studies, 46*(10), 1355–1373. doi:10.1016/j.ijnurstu.2009.02.01
- LeMasters, K., Andrabi, N., Zalla, L. et al. Maternal depression in rural Pakistan: the protective associations with cultural postpartum practices. *BMC Public Health 20*, 68 (2020). <https://doi.org/10.1186/s12889-020-8176-0>
- Mauthner, N. S. (2010). Chapter 21 “I Wasn’t Being True to Myself”: Women’s Narratives of Postpartum Depression. In *Oxford University Press eBooks* (pp. 459–484). <https://doi.org/10.1093/acprof:oso/9780195398090.003.0023>

- Nurmila, N. (2017b). Social and religious construction of motherhood in Indonesia. *Uinsgd*. [https://www.academia.edu/31184293/Social\\_and\\_Religious\\_Construction\\_of\\_Motherhood\\_in\\_Indonesia\\_email\\_work\\_card=view-paper](https://www.academia.edu/31184293/Social_and_Religious_Construction_of_Motherhood_in_Indonesia_email_work_card=view-paper)
- Nahas, V., & Amasheh, N. (1999). Culture Care Meanings and Experiences of Postpartum Depression among Jordanian Australian Women: A Transcultural Study. *Journal of Transcultural Nursing, 10*(1), 37–45. doi:10.1177/104365969901000113
- Oates, M. R., Cox, J. L., Neema, S., Asten, P., Glangeaud-Freudenthal, N., Figueiredo, B., Gorman, L. L., Hacking, S., Hirst, E., Kammerer, M. H., Klier, C. M., Seneviratne, G., Smith, M., Sutter-Dallay, A. L., Valoriani, V., Wickberg, B., Yoshida, K., & TCS-PND Group (2004). Postnatal depression across countries and cultures: a qualitative study. *The British journal of psychiatry. Supplement, 46*, s10–s16. <https://doi.org/10.1192/bjp.184.46.s10>
- Posmontier, B., & Horowitz, J. A. (2004). Postpartum Practices and depression prevalences: Technocentric and Ethnokinship Cultural Perspectives. *Journal of Transcultural Nursing, 15*(1), 34–43. <https://doi.org/10.1177/1043659603260032>
- Sein, K. K. (2013). Beliefs and practices surrounding postpartum period among Myanmar women. *Midwifery, 29*(11), 1257–1263. <https://doi.org/10.1016/j.midw.2012.11.012>
- Yang, X., Qiu, M., Yang, Y., Yan, J., & Tang, K. (2023). Maternal postnatal confinement practices and postpartum depression in Chinese populations: A systematic review. *PLOS ONE, 18*(10), e0293667. <https://doi.org/10.1371/journal.pone.0293667>
- Taylor, B.L., Howard, L.M., Jackson, K., Johnson, S., Mantovani, N., Nath, S., Sokolova, A.Y., & Sweeney, A. (2021). Mums Alone: Exploring the Role of Isolation and Loneliness in the Narratives of Women Diagnosed with Perinatal Depression. *Journal of Clinical Medicine, 24*, 10(11):2271. doi: 10.3390/jcm10112271. PMID: 34073903; PMCID: PMC8197355.
- Yang, X., Qiu, M., Yang, Y., Yan, J., & Tang, K. (2023). Maternal postnatal confinement practices and postpartum depression in Chinese populations: A systematic review. *PLOS ONE, 18*(10), e0293667. <https://doi.org/10.1371/journal.pone.0293667>

**Received: 30 November**

**Revision Received : 27 November**

**Accepted :19 November**

