http://jppbr.ub.ac.id/
DOI: 10.21776/ub.jppbr.2023.004.01.7
eISSN: 2723-083X pISSN: 2723-0821

Journal of Psychiatry Psychology and Behavioral Research
Vol. 4, No. 1, March 2023

JPPBR

IMPLEMENTATION OF DIFFERENT CULTURES TO INFLUENCE POSTPARTUM DEPRESSION

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REVIEW **OPEN ACCESS**

ABSTRACT

Background: Postpartum depression (PPD) is a big problem that could cause effect adversely on postnatal mother's mental health and cognitive and physical development for their children even though it is well known, disabling, and treatable. The prevalence of postpartum depression in the Middle East has the highest number (26%) but in contrast, Europe is on the lowest (8%). Postpartum practices traditionally are utilized for providing care to mothers. However, there are some evidence-based regarding particular outcomes of postpartum depression.
Objective: To know about different cultures contributing to postpartum depression.
Method: A literature review was conducted across 5 databases including PubMed, MEDLINE, PMC, Science Direct, and Taylor Francis Online between 2015 and 2021 which related particularly to cultural belief in postpartum and postpartum depression. The result will be determined by literature review.
Results: There are a wide range of different culture that were implemented upon postpartum period in Western country and Asian Country resulting postpartum depression. Idealized mother, multitasking, having a good financial, job, bonding with infant, is emphasized in Western Country while Asian Country have certain culture in every region. However, gender is common in both nations to cause depression
Conclusion: Postpartum depression is psychological disorder which can suffer during postpartum period culture is one of the included causes of it and gender preference is the most issue which lead postpartum depression.

Keywords: cultures, postpartum, depression.

Article History:
Received: April 6, 2021
Accepted: March 28, 2023
Published: March 31, 2023

***Cite this as:** Nurhidayah, S. Implementation of Different Cultures to Influence Postpartum Depression. Journal of Psychiatry Psychology and Behavioral Research; 2023.4(1):p22-29.*

INTRODUCTION

Postpartum depression is a primary cause of adverse health-related behaviors in the babyhood, childhood, and adolescent phase.[1] Some mental health disorders such as postpartum depression, anxiety, general depressive symptoms, and stress are neglectful causing morbidity for postnatal mothers, babies, and relatives.[2] Postpartum depression comprises different types of depressive symptoms and syndromes that could occur in the first six weeks after birth.[3] The prevalence of postpartum depression was 16.84%. Postnatal depression was higher among women who have high risk in obstetric condition, history of complications in delivery and infant's outcomes, common mental illness disorders in the previous birth, lower economic status, and women who suffered to various form from partner violence intimately had higher odds of postpartum depression.[1] On the other side, based on the review study in 2018, the number of postpartum depression was 12% then the total incident rate of depression was 17% among mothers without previous depressive history. The prevalence was equal regardless of the variety of the diagnostic tool used for assessing depression. Nevertheless, there were differences statistically in the prevalence between geographical regions differently where the Middle East had the highest incidence (26%) while Europe had the lowest one (8%). Nevertheless, the prevalence between different screening times was not significant but an increasing number was reviewed over six months on a postpartum period.[4]

Postpartum is a pivotal period in the life of mothers and babies. At each postnatal care, every woman needs to be asked for their mental health wellbeing, support from relatives and societies, and a coping mechanism for dealing with daily matters. The health care provider should inform postnatal women, their partners, and families for getting in touch with them if they have problems with mood, emotional fluctuation, or behavior in the opposite of habitual pattern. Health care provider should assess all mothers regarding the symptoms of postpartum depression started from mild symptoms of it at 10 to 14 days after childbearing. Subsequently, the mother's psychological health should be assessed for postpartum depression when symptoms getting bigger, and if the condition develops persistently, then does the evaluation. Mothers should be evaluated for the signs, symptoms, and risks of intimate abuse. Moreover, they must be asked about where they will get help if any problem is. An appropriate person such as a trained one is better to serve prevention and managing postpartum depression among mothers who have a high risk of developing this difficulty.

The widower or widowed, lack of support from society, previous history of hospitalized children, and undergo sadness because of a decease of family,[3] mother's age and prenatal psychopathological state, the closeness to the child in the prenatal period, the quality of spouse relationship, and some clinical complication in childbirth were significantly associated with postpartum depression.[5] The health providers should know about the mother's environment throughout the postpartum phase initiating support for reducing the risk factors of depression in the puerperium. As a result, health care professionals who serve postpartum care in the clinics should be aware of mothers who have potential factors as mentioned in the beginning and postpartum depression could be prevented.[3] Another factor that is expected to cause postpartum depression is culture. Another study had revealed that culture plays a critical role in causing postpartum depression. It is a trigger allowing postpartum depression as same as contributing to the decreasing of its depressive symptom.[6]

Generally, culture is related to the concepts of well-being, healing, ailment, and health which inform people in their daily life activities.[7] As regards trauma and dissociation, culture could influence people on the clinical condition of patients significantly.[8] New mothers with depression represented undergoing more cross-cultural depression in the puerperium area than others, although they had social support mediating cross-cultural matters in the Japanese hospital.[9] Lack of knowledge in the community combined with a diversity of beliefs in the postpartum care experience after childbirth allows plentiful inquiries if postpartum depression exists. The women said that how postpartum depression impact could cause a negative image as a mother. The women also thought that postnatal depression would mitigate and recover naturally, because based on experience, this matter is only mild symptoms. The initial identification of depressive symptoms was interfered with by cultural practice that explained that it is normal and it will go through, so that depressed mothers are "impotent" or strengthless.[10] In fact, the depressive symptoms in postpartum that emerge can be severe resulting in morbidity for mothers and their children.

The postpartum phase is a crucial time where mild and severe emotional disorders could emerge.[3] Cultures have various beliefs and rituals that can influence the level of postpartum depression such as the severity.[6] Postpartum depression impacts on infant's height and weight interfered with development during the first year of life and continued to affect until five years of age,[11] impaired bonding between mother and infant,[12] the mental health of mothers, welfare and activity with their offspring, spouse, and families, lower quality of the home circumstances, and decreasing maternal affection and caregiving.[13] To know what cause the postpartum depression is crucial as it could help health provider especially midwives for screening, detection and interventions upon postpartum period. Hence, systematic review will be conducted to provide insight regarding of different cultures as the factor which develop postpartum depression. Therefore, this result could be applicate in the field to give the approach and preventing of postpartum depression.

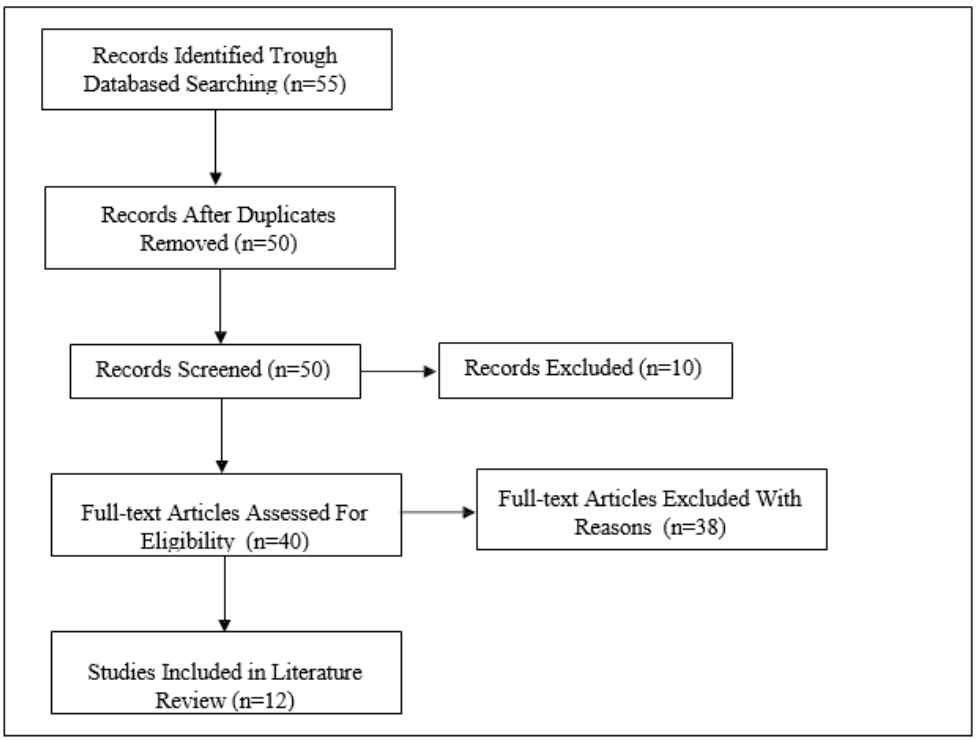

Figure 1. Modified PRISMA Flowchart

METHOD

The study used a literature review from 5 databases which exclusively related to culture as the factor to influence postpartum depression. The website databases which were performed included PubMed, MEDLINE, PMC, Science Direct, and Taylor Francis Online between 2015 and 2021 as the most recent literature. To search the sources appropriately was utilized "postnatal depression", "culture", traditional belief" and "postnatal depression" as the keyword. Another procedure that was conducted to find literatures was combined by using "AND" and "OR". Strategy used for obtaining the literatures is modified PRISMA method (Figure 1).

Table 1. Literatures of Cultural Influences upon Postpartum Period

Authors	Place	Sample	Design	Measurement Of Postpartum Depression	Cultural Factor	Result
Oladayo Afolabi, *et al.* 2017.	UK	UK (n=79), Nigeria (n = 32), African immigrants (n=13)	A Cross-cultural comparison	Edinburgh Postnatal Depression Scale, Norbeck's Social Support Questionnaire, and Postpartum Bonding Questionnaire	Total of support and social network	Cultural factors affect the development of Postpartum depression
Qiongai Jin, *et al.* 2016	Japan	Immigrant Chinese Women (n=22)	Mixed-method design study	Edinburgh Postnatal Depression Scale, Visual Analogue Scale For Stress, Social Support Scale, and Demographic Survey	Zuoyuezi (postpartum Chinese tradition)	Immigrant Chinese women have high risk to obtain postpartum depression if the first giving birth is in Japan.
December Maxwell, et al. 2018	North American	10-year online databases (2008 to 2018)	Qualitative Meta Interpretive Synthesis	Based on Online databases	Postpartum depression is not a western culture, mother must do everything or multitasking, pressures of women to be a great mother, ideal mothering (Having good finances, bonding with their newborn children), lack of support, and othering should be a part of women identity	"I keep it to myself" relating to cultural response to postpartum depression and idealized mother
Qing Li, *et al*. 2020	China	556 pregnant women and 522 responded to postpartum follow-up	Cross-sectional study	Edinburgh Postnatal Depression Scale ≥9	"Son Preference" Custom	The risk factors of postpartum depression symptoms are custom of son preference, types of giving birth such as cesarean delivery, and mixed feeding
Guodon Ding, et al. 2019	China	Shanghai (2615 postpartum women and 308 postpartum depression women)	Cohort Study	"Doing The Month" questionnaire and Edinburgh Postnatal Depression Scale	Doing The Month custom	The activities of "Doing The Month" does not provide protection against the development of postpartum depression totally
Amina Hanif Tarar, *et al.* 2021	Jannat Maternity Home, Dera Ghazi Khan, Pakistan	101 new mother (18 to 26 years)	Correlational Survey	Edinburgh Postnatal Depression Scale and Oslo Social Support Scale	The gender of the first-born child (baby girls)	The first-born offspring gender preference, social support, and state of family impact upon the postpartum depression degree of mothers.
Diana Pham, *et al.* 2018	Northwest Argentina	539 women	Cohort study	Edinburgh Post-Partum Depression Scale	Preference of the first-born male offspring	Socio-demographic, history of mental health disorder, social factors, and culture can impact postpartum depression.
Deepika Goyal, *et al.,*	Asian Indian Mothers	12 married mothers (29	Qualitative Exploratory Design	Edinburgh Postnatal	1.Maternal (30 to 40 days of postpartum	Particular cultural practice in

2015		to 40 years old)		Depression Scale (EPDS)	rest, support by female family members, restrictions of food, and consumption of certain foods inducing healing and breastfeeding 2.Infant (infant-naming ceremony, the solid food introducing, visiting the Temple, and another activity involving family and friends	postpartum setting, some ceremonies related to the role in the recovery of mother and infant, and the way to looking for help for maternal psychological health are correlated with the development of postpartum depression
Ying Tsao, *et. al.* 2015	Pingtung County, southern Taiwan	Mother (n = 236) and 162 were followed up at 6 weeks of postpartum	Descriptive longitudinal cohort study	Edinburgh Postnatal Depression Scale	Lower self-esteem tends to on an unemployed individual	Maternal self-esteem, prenatal depression, and psychiatric disorder are the potential factor for postnatal depression
Analia F.Albuja, *et al.* 2015	Mexico City, Mexico	210 Mexican women (20 to 44 years old)	Longitudinal Study	The Spanish version of the Patient Health Questionnaire-9	Traditional female role	Social support for Mexican women's is estimated based on obedience to gender roles
Fatemeh Abdollahi, *et al*. 2016	Iran	2279 pregnant women and followed up at 3 months after delivery	A longitudinal cohort	Validated Cultural Practices Questionnaire and Edinburgh Postnatal Depression Scale	1.General (making a party, going to family members, obtaining help in taking care of other offspring's, and avoiding unfavorable news) 2.Mother (taking a rest for 40 days after childbearing, never staying alone in the house, and never going outside before 40 days.) 3.Nutrition (drinking a lot of hot drinks, eating sweet oily foods, traditional foods, and keeping away from spicy foods) 4.Neonatal practices (warm oil-used massage, wrapping the baby, using a clove of garlic on the baby's chest or clothes, cuddling and rocking the infant)	Cultural believes are not correlated with a lower degree of postpartum depression in the multiple logistic regression for all sociodemographic factors. There is no evidence pointing that sex of the infant is associated with the development risk of postpartum depression.
C.N Sheela and Shilpa Venkatesh, 2015	India	1600 postpartum women	Prospective cohort study	Edinburgh Postnatal Depression Scale	Increasing westernization, unknown cultural factor on domestic	Family history of psychiatric disorder, history of domestic violence, delaying for breastfeeding

		abuse, culture in puerperium setting contributing to delay initiation of breastfeeding, and gender preference (male).	initiation, and giving birth to a female baby were potential risk factors to get EPDS score at 13 and beyond.

A number of 55 articles were discovered on the literature search. This study have focused on culture as the potential factor to trigger postpartum depression, then the articles that have those requirements were included. There were 5 doubled literatures and 10 inappropriate literatures for coming out. For obtaining the specific points, identification from abstract was done looking for variables of culture in postpartum depression. If author got the unclear information, the search would be performed by reading the entire content. Then, the articles were considered as the inclusion or exclusion. The cultural variable consists of traditional belief, norms, social construction, custom, and ritual. On the other hand, the articles comprising insight into postpartum depression without any cultural factor or impact would be excluded. As the result, 12 literatures were appointed for review (Table 1).

RESULT

There are a wide range of different culture that were implemented upon postpartum period based on the specific country. However, some nations have similar type of social construction. In this review, gender preference, especially Son, was the most common to develop postpartum depression in 4 countries such as China, India, Pakistan, and Northwest Argentina. However, it cannot be denied that this practice will be performed in other countries.

As regard to western states, both UK and North American have distinctive behavior socially to experience their life as a mother. Every women were directed to be multitasking and ideal mothering resulting pressure especially for postpartum women because of overwhelming feeling that could not be share to others when they got difficulties during this phase. “I keep it to myself” is a term of expression how to be good mother as the social required, even though they must face ups and downs in the nursing life since family or society never realize that depression throughout postnatal is real. This situation have potential risk to develop postpartum depression in developed country. The following cultures which emerge in western states are total functional support and total social network, mother must do everything, pressures of women to be great and multitasking mother, ideal mothering (having a good financial, bonding with their newborn children),[14] lack of support , and mothering should be a part of women identity, the role of women traditionally (a structure that is made by the society that causes a gap between women and men allowing subordination for women is) and preference for a first-born male child.[15,16]

In contrast, Asian countries, India, Iran, Pakistan, China, Southern Taiwan and Japan, have unique tradition which is different from each others and it was specific activity that only run for new mom after childbirth. The customs that were commonly applied in those nation contributing depression upon postpartum were increasing westernization, unknown cultural factor on domestic abuse and cultural belief could delay early initiation of breastfeeding, and gender male preference in India, while Iran divided this practice into 4 point. They are general (making a ceremony such as a party, family visiting, getting help in taking care of other offsprings, and avoiding horrible news), mother (taking a rest for 40 days after childbirth, never left alone in the house, and going outside before 40 days), nutrition (drinking lots of hot drinks, eating sweet oily and traditional foods, and getting away from spicy diet), and newborn practices (massage using warm oil, wrapping the infant, utilizing a clove of garlic on either the infant's chest or clothes, rocking and cuddling the baby).[17]

The female gender of the first-born child more likely caused the depression rather than male child in Pakistan although this culture occurred in other countries generally such as China, for example. China has typical tradition that only run after childbearing. It is “doing the month” comprising mainly of never went outside their home during the first month of the postpartum period, stay in bed and avoiding household chores, not taking a bath or washing hair to avoid getting the cold, closing window, and keeping away from the cold (wind) for maintaining body warmth.[18] Meanwhile Taiwan has a specific social traits that related to culture as though unemployment women tended to have lower self-esteem.[19] The last culture is from Japan which has Zuoyuezi which means “to sit a month” for new moms giving additional time to take a rest and healing during the most critical period of the getting back.[9]

To conclude, cultural diversity, both of traditional and modern practice in stage of postpartum, is a high risk potential factor to develop depression in Asian and western countries. How the culture influence women in this period is based on belief and perception from society that is applicable in each nations. Then, health provider role is crucial to serve a great prevention and overcome unfavorable practice for impeding and reducing depression in postpartum.

The studies reviewed utilized Edinburgh Postnatal Depression Scale, in 11 from 12 literatures, for measuring the postpartum depression as the most well-known measurement. Another measurement used for depression were The Spanish version of the Patient Health Questionnaire-9 and there was study from December Maxwell, et al. (2018) (14) which applied secondary data from databased, so that the specific measuring tools was unknown. Additionally, Postpartum Bonding Questionnaire and Norbeck’s Social Support Questionnaire, Social Support Scale, the recently scale for measuring cross-cultural stressors upon puerperium setting and the Visual Analogue Scale for stress and the Demographic Survey, “Doing The Month” questionnaire, Oslo Social Support Scale, and Validated Cultural Practices Questionnaire are the anchor to gain the strongest result in postpartum depression based on either culture or social condition. In terms of participants as the sample in literatures, it is particularly

diverse in accordance with the type of research and method. the sample size ranged from 12 to 2615.

DISCUSS

The total number of postpartum depression amongst women is around 10% to 15% per 1000 births globally based on Bhattacharya, 2021. Postpartum depression points to one of the most common difficulties related to childbirth, with recent estimates of prevalence between 13% and 19%.[20] Postpartum depression is a serious public health matter because of the emotional, physical, economic, and life state outcomes.[14] There are variety risk factors to create this difficulty. The following causes of it are issues with home support, pregnancy complications,[21] low household income, primiparous status and cross-cultural stressors,[9] discrimination, domestic violence, and a cultural factor and others.[22] Implementation of culture can influence mothers significantly.[17] Culture is the notions, values, and norms created by the society and then it is applied to members of the community. Religion, art, technology, media, and cultural institutions are the components of culture.[23] In this review, the explanation regarding custom in Western and Asian nations will be discussed.

United Kingdom and North American have more general tradition such as modernized and idealized mother, meant that women must do all of thing and must be strong for bringing up their children, having a good financial, having bonded with their infant.[14] On the other side, everyone has their own skill and personality that cannot be equalized. Incompetence in this field is a disgrace. In the study of postpartum depression among marginalized mothers stated that the lowest risk of postpartum depression was evidenced among women who had planning to breastfeed their newborn baby and subsequently, they can pursue what the goal is. In contrast, mothers who cannot make their planning coming true had the highest risk of postpartum depression.[24] It means that every mother must have well-knowledge to go through the motherhood allowing their expectation to be a great mother and wife respectively. In fact, it is not only happens in western country since how to be idealized mother with a great financial occur in Taiwanese women. Mother who is unemployment tended to have lower self-esteem and high risk factors for postnatal depression.[19] The method of Practical Resources for Effective Postpartum Parenting, a new postnatal depression prevention protocol facilitated by behavioral changes in babies and mother-focused skills, could be used for lowering the prevalence of postpartum depression.[25]

Lack of total functional support and total social network are inevitable to allow postpartum depression.[26] Giving standard without any help and care socially result insecurity. this can impact on postpartum then resulting unpleasant effect for motherhood like postpartum depression. This condition as same as with other studies in various regions. United Stated immigrant mothers of Arabic descent who have lower degree of social support having high risk for developing depression.[27] Poor social support and higher self-reported adherence to the Traditional Female Role in Mexican Women and other Latina women will have bigger opportunity to experience postpartum depression.[15] The postpartum depression also was found on women in Debre Berhan referral hospital, Ethiopia and in Africa because of having poor social support.[1,3]. Social support has a pivotal role to avoid stress because it can give help, strength, and support in the prenatal phase. Additionally, mothers who obtained no help for taking care of babies had the highest cause of postpartum depression.[28] It is expected because of feeling overwhelmed and alone.

Basically, male and female baby is equal, unfortunately in several countries, male is expected rather than female culturally.[28] This statement was supported by prospective cohort study where female gender of the baby was correlated with postpartum depression and studies conducted in India, Nigeria, China, and Turkey.[18,29] As a consequence, woman who gave birth female child is susceptible to undergo depression as she cannot give what society want to. In contrast, study in western region of Saudi Arabia represented that baby's gender was not significant for causing depression in postpartum as same as in Central Vietnam by cross- sectional study performing that infant gender was unrelated to depressive symptoms.[21,30] Even though this factor is still unclear, the way to increase family and social communication and to decrease gender preference should be critical components of other interventions.[18]

Additionally, gender inequality as contributing factor causing depression comprising traditional female roles, regulation from a society based on feminine characteristics causing subordination for women in Mexico, have made up the concept of gender allowing the inequalities of women in the community compared to men. It may associate with depression after childbirth because participation in the social norm as women affects how they will obtain support from others.[15] Janet S. Hyde hypnotized that gender inequality, or the lack of power of women, contributes to the high risk of depression in women which creates a gap between women and men in depression. Genetics, temperament, negative cognitive style as an individual factor, and victimization from peer sexual harassment as an interpersonal factor may influence gender differences in depression.[23] This differences will build discrimination for someone who is expected weaker that others, men to women for example. All types of discrimination such as racism, heterosexism or cisgenderism, and three types of intersectional discrimination were positively associated with all internalizing symptoms (anxiety, depression, and somatization), with the strongest associations with somatization symptoms. However, hormone factor contributing in depression is inevitable. Gonadal hormones during the menstrual period, pregnancy, childbearing, and menopause, have critical roles in creating several female depressive syndromes particularly. The neural correlates of maternal have existed, pointing to the relevance of the emotional brain in women. Sex differences in neurogenesis and brain plasticity are explained in correlation to depression also.[31]

Asian nation has their own particular tradition which influence phycology of mother after childbirth. China has Zuoyuezi, an important postpartum Chinese tradition.[9] Zuoyuezi is utilized as physical healing, a preventative treatment, a social regulation to rest, a consolation, and an encouragement for Chinese women to focus on their infant and their role of breastfeeding, as well as a media, to strengthen the intra-family tie, especially among the woman, her mother, and mother-in-law.[32] Cultural norm is believed giving wellbeing for Chinese women and when they cannot pursue is a problem for them. This matter is common to happen for immigrant mothers. Another study, cross-sectional method among immigrant mothers in Guangzhou, China contributed for development of postpartum depression and associated with contributing factors

of individual and social.[33] This study is similar to Korean women who live in the United States. They will obtain postpartum challenges owing to maintaining Korean postpartum traditional practices, demanding trained Korean postpartum care, "Sanhoo-Joeri" postnatal support, and social networking to help them convalescence and treating in the postpartum setting are impossible to get bearing postnatal depression. The Korean women in this study assured that postpartum ritual practices played a pivotal role in their recovery.[34] While for another country such as India, increasing westernization was a challenge which induced depression to live it.[29]

Indeed, Asia country has plentiful cultures even the security in health of them is uncertain. The subsequent cultural norms which exist in Asian and indian mother divide from maternal, infant, and nutrition. The maternal practice consists of 30 to 40 days of ruled postpartum rest, support by female families, eating a specific food, and consumption of some foods to obtain healing and breastfeeding. The neonatal practice comprises baby-naming events, the introduction of solid food, visiting the Temple, and another necessary practice that involve relative and friends. This seems well tradition but unfortunately, 2 of 12 participants who run them having Scores on the EPDS indicated that there are an increased risk of postpartum depression.[35] This situation is same with study in Iran where it utilized more participants that was 2279 individuals. The type of traditions differentiated in 4 ways that were general, maternal, nutritional, and neonatal practices and the result evidenced that cultural belief were not correlated with lower odds of postpartum depression.[17] This was followed by Chinese tradition named doing the month that do not have totally positive impact on postpartum.[18] Doing the month, traditional culture comprises a diversity of practices related to physical activity, maternal role, maintenance of body temperature, and eating a particular food that is expected to recover postnatal women's health and avoid complications in the future.[36] Another study indicated that the limitation on squatting, exposure to cold air, and touching cold water are associated significantly with excellent mental health in postpartum settings. Nevertheless, the restriction on taking a bath or showering could negatively influence the psychological health of postpartum mothers and may be unhealthy while this practice was expected also to allow depression for postpartum Chinese women.[36,37]

CONCLUSION

Postpartum depression is psychological disorder which can suffer during postpartum period. There are several potential factors to result this difficulty and culture is one of the included cause of it. This issue involve in Asian country and Western Country by particular cultural practice in every nation. Furthermore, gender preference is the most issue which lead postpartum depression. Based on this matter, the role of health provider is needed to guide this setting process to be healthier for the safe practice and to divert the regulation of harmful practice.

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