

Health



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Rebuilding the village

Postnatal depression is rampant where there is poverty as a result of isolation. The solution, experts say, is a return to community life

Joanne Lillie

It takes a village to raise a child" goes the African adage, but the reality is that the support structures that mothers have traditionally relied on are in tatters. Modern living means fragmented, isolated living, without the safety net of extended family, comfort of trustworthy neighbours or support of people you have known for a lifetime.

"Some poor communities are very fragmented due to a lot of movement that destabilises the social fabric, lessening the protective factors in that community," said clinical professor of psychiatry at the University of Illinois School of Medicine in the United States, Dr Carl Bell.

In developed countries the prevalence of maternal mental illness, especially depression, is 10% to 15%, but studies in South Africa show that during pregnancy about 40% of women are depressed.

Although the burden of depression on the mother is well known, the impact on parenting and her baby's health is often ignored. Maternal depression has a profound effect on a baby, most notably from the late stages of pregnancy into its first years of life, when the pathways for mental and emotional development are laid down.

Global evidence points to an association between low economic status and depression: "Poverty and mental illness interact in a negative cycle that places people living in poverty at greater risk of developing mental disorders, while people living with mental disorders are at greater risk of sliding into poverty," said Dr Simone Honikman, founder and director of the Perinatal Mental Health Project.

"The time around pregnancy and the first year of a child's life represents an extremely stressful time for women."

Local studies show that women experiencing psychological distress regularly cite a lack of social support. Honikman said data from the project shows that 69% of women who attend a free counselling service have an unsupportive partner and 39% have an unsupportive family.

"A lack of partner support is an important risk factor for mental illness during pregnancy and a lack of social support can cause loneliness, emotional isolation and profound feelings of distress," said Honikman.

Isolation an issue

South African women face plenty of additional challenges: unemployment, social drift, loss of family members through death or geography, violence and trauma (South Africa has one of the world's highest rates of gender-based violence), housing problems, social exclusion and a lack of "social capital". There is a loss of self-esteem, food insecurity (not knowing where the next meal is coming from) and, crucially, the lack of a sense of self-efficacy — not being able to do anything about it, said Professor Astrid Berg, senior consultant in the division of child and adolescent psychiatry at the University of Cape Town and Red Cross War Memorial Children's Hospital.

Another way in which we're seeing social fabric disintegrating is the loss of traditional customs. For example, a father's involvement with a child conceived with a young woman out of wedlock needs to be underpinned by the ritual of *inhlanjwa*, whereby compensation is paid to the woman's family by the man's family for the unexpected pregnancy. In this way



Studies show that depressed parents, if untreated, are likely to have depressed children. Photo: Lisa Skinner

the child is claimed even if the parents don't marry and the mother is not shamed. But fewer urban families seem to retain the tradition, which may lead to conflict between the families and contribute to a breakdown of the fabric of traditional society.

Children of depression

Antenatal anxiety and depression may, in certain circumstances, have long-lasting physical, cognitive and emotional effects for infants. Study after study has shown that depressed parents, if untreated, are likely to have depressed children.

Children of depressed parents may also be at higher risk for a host of other issues such as substance abuse and alcoholism, developmental problems, antisocial behaviour and anxiety.

Perhaps one of the most significant impacts on a child with a depressed mother is to the mother-child bond. Healthy attachment is critical for the development of key brain regions in the newborn, such as the pathways that regulate behaviour and emotion.

A depressed mom has trouble bonding with her baby, picking up on his cues and interacting with him. And the baby reflects this behaviour with a listlessness and disinterest in life.

"I have found in my community work that infants withdraw in response to a lack of reciprocity with the mother. If the mother is depressed,

it leads to her baby not engaging with the world, not exploring objects and failing to thrive. A baby loses weight in response not only to a lack of food, but [also] to a lack of focused attention from its mother," said Berg.

Preventative measures

Because we know the rates of maternal depression are high in lower-income, fragmented communities, early intervention is essential.

● **Better screening.** Mental illness is usually treatable and often preventable. There is plenty of evidence to show that, in most cases of postnatal depression, there are signs of depression during pregnancy.

● **Integrating mental health into routine maternal care:** the Perinatal Mental Health Project shows that screening can be achieved by offering free counselling at the time and place women go for their antenatal check-ups. This works because even the poorest women use obstetric services in South Africa, women who are preparing for a birth have more contact with healthcare providers than at any other time in their lives; and women are most likely to develop depression in their child-bearing years. Importantly, integration may help to overcome some of the stigma associated with motherhood and depression.

● **Diet:** Research shows that taking omega-3 supplements or eating at

least two servings of oily fish a week may lessen depressive symptoms in new mothers.

● **Group exercise:** It's well known that physical exercise has antidepressant effects. One study, conducted by Australian Kylie Jan Armstrong, found that a programme where new mums met to walk together with their babies in prams had multiple benefits, not least of all the feeling of being supported and understood.

She concluded that participation in a 12-week pram-walking programme had the potential to reduce depressive symptoms for women who have a child under the age of 18 months. The recommended duration is 30 minutes, three times a week, at a moderate intensity, increasing the time to 40 minutes after three to six weeks.

Rebuilding the village

The good news is that rebuilding the village needs not cost the earth. Lifestyle changes and social strategies such as these are cost-effective and relatively easy to implement. After all, as Honikman pointed out, it costs less to treat mental illness than to ignore it.

Being connected, attached and belonging to a village can be extremely effective in countering feelings of isolation, alienation and associated anxiety.

And it might just give our children a better start in life.