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MELBOURNE

Centre for Women's Health, Gender & Society
WHO Collaborating Centre for Women's Health



Challenging Myths About Women's Sexual and Reproductive Mental Health: New Evidence Across the Life Course

From

The Centre for Women's Health, Gender & Society
University of Melbourne



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MYTH 1: Perinatal Mental Health Problems are a 'Culture Bound Syndrome'

Jane Fisher

Publications

Fisher JRW, Cabral de Mello M, Isutzu T. Pregnancy, childbirth and the postpartum year. In Fisher JRW, Astbury JA, Cabral de Mello M, Saxena S, (editors). *Mental Health Aspects of Women's Reproductive Health. A Global Review of the Literature*. Geneva, WHO and UNFPA, 2009

Fisher JRW, Cabral de Mello M, Tran T, Izutsu T. *Maternal mental health and child survival, health and development in resource-constrained settings: essential for Achieving the Millennium Development Goals. Statement from the UNFPA – WHO International Expert Meeting: Maternal mental health and child health and development in resource constrained settings. Hanoi, June, 25th – 27th 2007; Geneva, 2009*

Fisher J, Tran thu thi Huong, Tran Tuan. Relative socioeconomic advantage and mood during advanced pregnancy in women in Viet Nam *Journal of International Mental Health Systems* 2007; 1:3 doi:10.1186/1752-4458-1-3

Fisher JRW, Morrow MM, Nhu Ngoc NT, Hoang Anh LT. Prevalence, nature, severity and correlates of postpartum depressive symptoms in Ho Chi Minh City Vietnam. *BJOG, an International Journal of Obstetrics and Gynaecology* 2004; 111: 1353 – 1360



PERINATAL MENTAL HEALTH PROBLEMS ARE A 'CULTURE BOUND SYNDROME'

Women who live in low and lower middle income countries experience traditional ritualized care after birth including:

- Mandated periods of rest;
- Honoured status;
- Increased practical support and freedom from household and income-generating work;
- Social seclusion;
- Gift giving and prescribed foods;
- These protect mental health and therefore;
- They do not experience perinatal mental disorders.

Stern and Kruckman, 1983; Howard, 1993



MATERNAL MENTAL HEALTH IN HO CHI MINH CITY, VIET NAM

Systematic survey in 2000 of 506 mothers attending healthy baby clinics with their six-week old infants:

SURVEY

- Sociodemographic characteristics;
- Perinatal health;
- Observation of traditional postpartum practices;
- Specific and non-specific somatic symptoms;
- Symptoms of depression;
- Edinburgh Postnatal Depression Scale (Cox et al, 1987)

RESPONSE

- 98% response rate;
- Sociodemographically and obstetrically representative sample;

DEPRESSION SYMPTOMS

- Average EPDS score = 9.49 ± 6.32 (range 0 to 26)
- 32.8% (166 / 506) scores >12
- Q10 Have you had thoughts of not wanting to live anymore and if so how often?
- 19.4% (99 / 506) acknowledged these ideas (Q 10)
- 64.6% (64 / 99) quite frequently or often

CORRELATES OF EPDS >12

- Unwelcome pregnancy,
- No economic security;
- Being unable to confide in their husbands;
- Not being given special foods;
- Less than a month of complete rest after childbirth,
- Avoiding proscribed foods; and
- Caring for a crying unsettled baby who was not thriving;





PREVALENCE OF COMMON PERINATAL MENTAL DISORDERS IN NORTHERN VIET NAM

	Depression ± Anxiety	Anxiety Disorder	TOTAL
Pregnant women	21.1%	8%	29.1%
Mothers of newborns	18.2%	12.7%	30.9%

- Living in a rural rather than an urban province (OR: 2.17; 95% CI: 1.19–3.93)
- Experiencing intimate partner violence (OR: 2.11; 95% CI: 1.12–3.96)
- Fear of other family members (OR: 3.36; 95% CI: 1.05–10.71)
- Coincidental life adversity (OR: 4.40; 95% CI: 2.44–7.93).



PERINATAL MENTAL HEALTH PROBLEMS ARE A 'CULTURE BOUND SYNDROME'...?

Prevalence of perinatal mental disorders in high income countries:

- \pm 10% of pregnant women
- \pm 13% of mothers of newborns

Prevalence of perinatal mental disorders in low and lower-middle income countries:

- 12.5% - 42% of pregnant women and,
- 12% - 50% of mothers of newborns screen positive for symptoms of depression;

Double disparity between developed and developing countries:

Availability of evidence:

- High income countries (91%)
- Low and lower middle countries (10%)



Myth 2: Careless young women have unintended pregnancies and abortions

Heather Rowe

Publications

- Rowe H, Kirkman M et al. Considering abortion: 12-month audit of records of women contacting a Pregnancy Advisory Service. *Medical Journal of Australia*. 2009; 190:69-71.
- Kirkman M, Rowe et al. Abortion is a difficult solution to a problem: A discursive analysis of interviews with women considering or undergoing abortion in Australia. *Women's Studies International Forum*. 2 June 2009.
- Kirkman M, Rowe H et al. Reasons Women Give for Abortion: A Review of the Literature. *Archives of Women's Mental Health* 2009; 12(6), 365-378.
- Kirkman M, Rowe H et al. Understanding Abortion From Women's Perspective: Reasons For Contemplating or Undergoing Abortion in Victoria, Australia. *Sexual & Reproductive Healthcare* under review.



“Willy-nilly pregnant women so dumb”

The Age 30 August 2004

- Reliable data on incidence unavailable

Chan and Sage, 2005

- South Australia 29% to 31% of women have had an induced abortion in their lifetime

Chan and Keane 2004

- Nationally representative telephone survey (n=9134)
23% women reported having experienced abortion

Smith et al 2003



Royal Women's Hospital Melbourne Pregnancy Advisory Service (PAS)

- Victoria's largest public PAS
 - takes up to 9000 telephone calls per year
 - electronic record keeping database 2005
- Methods
 - Audit of electronic records
 - In-depth telephone interviews



Audit

1 October 2006 to 30 September 2007.

- Data collection tool
 - Clinical not research database
 - De-identified data
- During the audit period
 - 5462 women made contact
 - 3827 women registered for pregnancy support and counselling services
 - we conducted 60 in-depth interviews



Age	Under 18 years	7%
	18-29 years	60%
	30-39 years	28%
	Over 40 years	5%
Already had at least one child		42%
Using a reliable form of contraception		39%
Previous abortion		39%
Partner aware and supportive		71%
Violence		16%
Young rural women later contact		$p < 0.05$



Careless young women have unintended pregnancies and abortions...?

- Many Australian women have unintended pregnancies despite widespread access to and use of contraception
- Most abortions are sought by women over 20 years
- Many mothers seek services
- No evidence that decisions are taken *“willy nilly”*



Myth 3: Pregnant adolescents aren't interested in their babies

Karen Wynter

Publication

Rowe H, Wynter KH, Steele A, Fisher JR, Lee M, Quinlivan JA (to be submitted to *Birth*). Pregnant Adolescents' Emotional Attachment to their Fetuses



- Adolescents are positioned as *self-absorbed*

- In adults, protective attachment to the fetus begins at conception and increases during pregnancy

Prenatal Attachment: "...the emotional tie or bond which normally develops between the pregnant woman and her unborn infant" (Condon & Corkindale 1997)

- Not expected that adolescents can bond with fetus:

"...age and related levels of cognitive and psychosocial development may significantly affect attachment in the adolescent" (Bloom 1995)



Antenatal attachment is clinically important because:

- Precursor of postnatal attachment to the infant
- Associated with positive health behaviours eg
 - nutrition
 - avoiding harmful substances
 - attending antenatal care (Lindgren 2001)

Adolescents at risk of negative health behaviours (Quinlivan 2002)

Associated with:

- Gestational age, quickening
- ? Psychological wellbeing, stress, self-esteem, anxiety & depression

Only one study compared adolescents and adults

- No difference (Kemp et al. 1990)



Methods

Aim:

Establish how pregnant adolescents' maternal fetal attachment changes during pregnancy, and compare with adult women (Rowe et al 2009)

Design:

Longitudinal study: 3 questionnaires (Trimester 1, 2 & 3)

Participants & Setting:

165 pregnant adolescents (≤ 20 years old) attending Young Mums' clinics at two public hospitals in Melbourne

Data compared with data from 134 adult women (Rowe et al 2009)

Standardised measures:

- The Maternal Antenatal Attachment Scale (Condon & Corkindale 1997)
- The Hospital Anxiety and Depression Scale (HADS) (Snaith and Zigmond 1994)



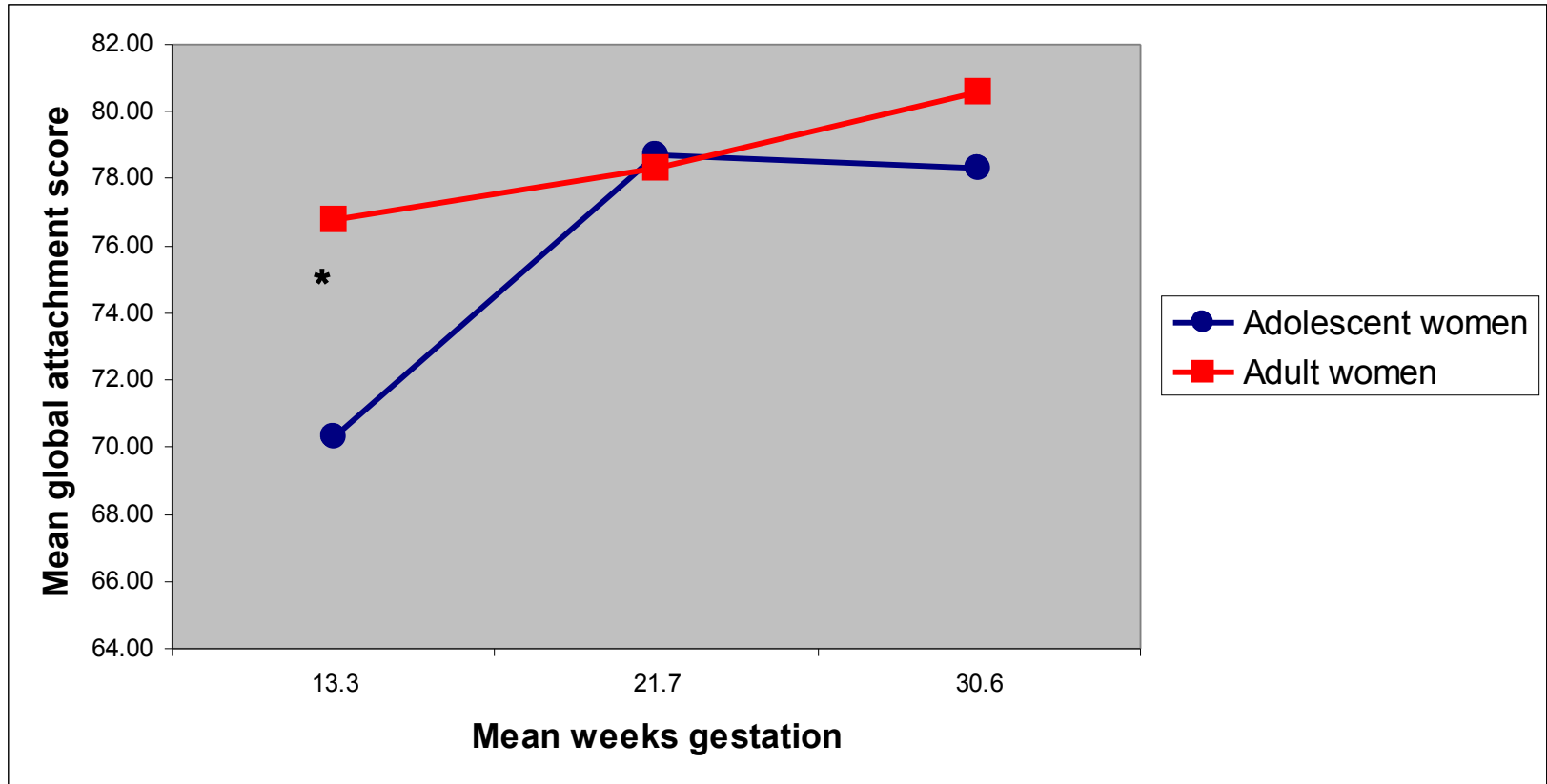
Results:

Factors associated with higher global antenatal attachment score (First trimester)

Factor (compared with...)	Significance (p)
Being an adult (adolescent)	<0.001
Being partnered (single)	0.24
Pregnancy intended (unexpected)	0.09
Being pleased about pregnancy (ambivalent/not pleased)	0.81
Lower HADS Anxiety score	0.05



Mean Antenatal Attachment Global Scores Over Pregnancy



* $p < 0.001$



Pregnant adolescents aren't interested in their babies...?

**Adolescents can and do have emotional bond with
fetus:**

- May take longer to develop
- Grows as pregnancy progresses



Myth 4:

Women are able to choose when and if they have children, and how many they have

Sara Holton

Publication

- Holton, S, Fisher, J & Rowe H. To have or not to have? Australian women's childbearing desires, outcomes and expectations (to be submitted to *European Journal of Population*)



Myth: Women are able to choose when and if they have children, and how many they have

- Australia's low fertility rate is commonly attributed to deliberate decisions by women to avoid having children (Maher 2004; Weston 2004)
 - “Women say no to babies” (de Krester 2002, *Herald Sun*)
- Existing theoretical explanations of fertility decision-making and low fertility tend to assume that childbearing is a rational, voluntary process (Neal 1980; Radecki 1992; Liefbroer 2005)



Aim & Methods

- **To investigate women's childbearing desires, outcomes and expectations**
- **Sample:**
 - 1280 Victorian women aged 30-34 years in 2005
 - randomly selected from the Australian Electoral Roll
- **Self administered anonymous postal questionnaire**
 - Sociodemographic characteristics
 - Childbearing desires and expectations
 - Factors important in childbearing outcomes (by parity)



Results

Response = 46.7% (N=569)

Childbearing desires and expectations:

- **Most participants wanted children**
- **Most (71%) wanted 2 or 3 children**
- **Average number of current children = 1.1**
- **Most (80%) had fewer children than they desired**
- **Most (54%) thought it was unlikely that they would have (more) children in the future**



Results

- **Women's childbearing outcomes are multifactorially determined**
- **Many factors were barriers to childbearing**
 - Adverse health conditions
 - Lack of a partner, unstable relationship with partner or a partner who doesn't want children
 - Housing unaffordability
 - Education debts
 - Employer not 'family friendly'
- **Variance explained: approx. 45-50%**



Are women able to choose when and if they have children, and how many they have?

- Women often have fewer children than they desire
- Many women would have (more) children if their circumstances were different

“Circumstances are the only reason that I don’t have children – I want them desperately and always have” [woman without children aged 34 years]

“Rather than having made a conscious decision to not have children, it’s really been a lack of opportunity” [woman without children aged 32 years]

“We have three children and I would like to have a fourth but as my husband doesn’t want another child, it is unlikely that we will have any more” [woman with three children aged 33 years]

- Women’s childbearing behaviour is not always a voluntary process



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Myth 5: Permanently Childless Women Have Selfishly Chosen Careers Over Children

Heather McKay



Myth: Permanently Childless Women Have Selfishly Chosen Careers Over Children

- Cliché = “selfish career women” ... “Commentators seem to assume that [childless] women have made a deliberate choice to put career (or, to be more realistic, job) over family” (Peart 2006, *The Mail on Sunday*).
- Contemporary childlessness is:
 - presumed voluntary (theoretical perspective),
 - assumed chosen (people’s attitudes),
 - negatively stereotyped: voluntarily childless women considered selfish.

(Poston and Trent 1982; Callan 1983; Morell 1994; Rowland 1998a; Campbell 1999, Merlo and Rowland 2000; Qu et al. 2000; LaMastro 2001; Park 2002; Koropeckyj-Cox 2007)



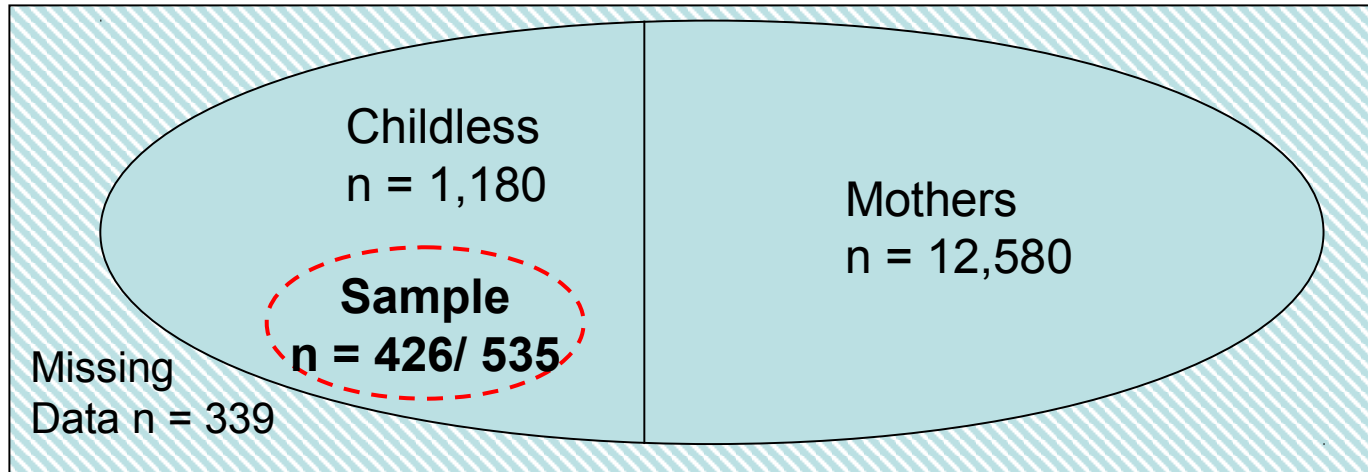
Aim and Methods

- **Aim:** To investigate the reasons for childlessness amongst mid-age Australian women and explore the role of choice in this reproductive outcome.
- **Design:** Cross-sectional study conducted in collaboration with the Australian Longitudinal Study on Women's Health (ALSWH).
- **Participants:** All ALSWH Mid-aged cohort (born 1945 – 1952) who specifically indicated they had never given birth to a child and met ALSWH sub-study eligibility requirements (n = 535).
- **Data Collection:** Self-report postal questionnaire – fixed choice responses.
- **Measurements :** Study specific measures to assess *choice in* and *reasons for* biological childlessness.



Results

Study Sample (n = 426) – A Subset of the Mid-Aged Cohort of the ALSWH (n = 14,099)



Description of (Biological) Childlessness

<i>I have never given birth:</i>	<i>Group</i>	<i>Frequency</i>	<i>% of Mid-Aged Women</i>
By choice	'Active Choice'	37.1% (n = 154)	3.5%
By choice in response to my circumstances	'Constrained Choice'	15.4% (n = 64)	1.5%
Because of my circumstances	'Denied Choice'	47.5% (n = 197)	4.5%



Results

'Very Important' Reasons for Never Giving Birth

- **Active Choice** (average number of reasons = 2.6)
 - Weak 'maternal instinct' (45.5%),
 - Freedom for education/career (21.4%),
 - Not want parenting responsibilities (19.5%),
 - No husband/partner (18.2%).
- **Constrained Choice** (average number of reasons = 2.2)
 - No husband/partner (42.2%),
 - Too old (15.6%),
 - Husband's/partner's preference (14.1%),
 - Weak 'maternal instinct' (14.1%).
- **Denied Choice** (average number of reasons = 1.5)
 - Infertility (39.1%),
 - No husband/partner (32.0%),
 - Too old (11.2%),
 - Marriage/partnership breakdown (8.1%).

Education level, employment status, hours in paid work and occupational status

- No significant difference between the groups (Pearson chi-square values n.s., $p > 0.05$).



Permanently Childless Women Have Selfishly Chosen Careers Over Children...?

Conclusions from this study:

- The majority of mid-aged biologically childless women did *not* actively choose this reproductive outcome.
- Amongst Active Choice women, freedom to pursue education/career is *not* the leading reason for never giving birth.



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Myth 6: Australia's "universal" unpaid maternity leave scheme

Amanda Cooklin

Publication

Cooklin AR, Rowe HJ and Fisher JRW. 2007. Employee entitlements and maternal psychological well-being. *Australian and New Zealand Journal of Obstetrics and Gynaecology*, 47: 483-490.



- Childbearing occurs in the context of employment for most Australian women:
 - 80% employed prior to birth of first child
 - 40% resume employment in first year following birth

(Baxter, 2005; 2008; Australian Bureau of Statistics, 2006)

- Employment conditions and entitlements have been largely ignored in investigation of structural factors contributing to women's mental health in pregnancy and following birth



- The 1996 Commonwealth Workplace Relations Act states that:
All full-time, permanent part-time employees are entitled to 52 weeks of *unpaid* parental leave after 12 month of continuous employment with the same employer
- In 2001, this entitlement was extended to all eligible casual employees



Methods

- Aim: investigate the relationship between employment conditions, including maternity entitlements, and maternal psychological well-being in pregnancy
- Consecutive sample of 165 employed women (>18 yrs), pregnant with first child:
- Compared to all Victorian births 2005-6:
 - Similar age, similar proportion were Australian born, married, privately insured
 - More likely to have a tertiary qualification / professional occupation
- Data collected at trimester 3:
 - Demographic characteristics
 - Access to maternity leave, experience of workplace discrimination
 - Two standardised assessments of maternal well-being
 - Edinburgh Depression Scale (Cox et al 1987)
 - Profile of Mood States (McNair et al., 1971)



Results

- 34% of women had no access to any maternity leave
 - Relied upon combinations of: accrued annual leave, sick leave, informal arrangement with employer, or resignation
- 40% of women had NO access to *unpaid* maternity leave
- 54% of women had NO access to *paid* maternity leave
- Women with private health insurance more likely to access maternity leave:
 - Paid maternity leave OR (95% CI) = 3.6(1.8 – 6.8)
 - Unpaid maternity leave OR (95% CI) = 3.5(1.8-6.8)



Results

- Workplace adversity experienced by 69% (114/166) including:
 - No access to maternity entitlements and / or
 - Pregnancy-related sex discrimination and /or
 - Reported difficulty negotiating leave with employer
- Women who experienced workplace adversity had measurably worse mood than those with no adversity
 - EPDS scores 7.7 versus 5.5 ($p < 0.003$)
 - PoMS total scores 31.3 versus 20.3 ($p < 0.01$), symptoms of
 - Depression
 - Anger
 - Fatigue
 - Anxiety



Debunking the Myth: Australia's “universal” unpaid maternity leave scheme

- Access to unpaid maternity leave is not “universal”
- 40% of women in this diverse cohort were unable to utilise this leave
- Mainly accessed by women of higher socioeconomic position
- Why?
 - Poor information, knowledge about their rights to this entitlement
 - Employers not providing adequate information about unpaid leave
- Policy is inadequate if not monitored to ensure equitable implementation
- Adverse employment conditions contribute to worse maternal psychological well-being in pregnancy



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Myth 7: Postnatal Health Services are Over- Utilised by the Worried Well

Sonia Young

Publication

Young S, Rowe H, Gurrin L, Quinlivan J, Rosenthal D, Fisher J. **Unsettled infant behaviour and health service use: a cross-sectional community survey in Melbourne, Australia.** *Journal of Paediatric and Child Health.* 2010;(under review).



Myth: Postnatal Health Services are Over-Utilised by the Worried Well

- Mothers and infants are high consumers of health services
 - On average, 36 visits to services in the first year (Goldfeld et al., 2003)
- Women are blamed for 'Doctor shopping'

AIM

- To investigate high health service use and determine which factors are associated



Methods

Design Cross sectional survey at immunisation clinics

Participants Women and their 4 month old infant

Measurements

- Socio-demographic characteristics
- Maternal mood
- Unsettled infant behaviour
- Health services used



Results: Use of >3 services associated with...

Factor (compared with...)

Socioeconomic position

Partnered (not partnered)

Speaking English at home (not)

Full-term birth (pre-term)

Worse maternal mood

Increased unsettled infant behaviour

(n=875)





Results: Which services?

Worse maternal mood

- General Practitioner
- Mental Health Service

Unsettled infant behaviour

- Emergency Department
- Telephone Help Services
- Parenting Services



Are Postnatal Health Services Over-Utilised by the Worried Well?

- **Women are seeking services appropriate to their needs**
- **Unsettled infant behaviour appears to be an unmet need**
 - **Increased use to Emergency Department, Telephone Help Services**



Myth 8: Homelessness happens to other women

Maggie Kirkman

Publications

- Kirkman, M., Keys, D., Turner, A., & Bodzak, D. (2009). *"Does camping count?": Children's experiences of homelessness*. Melbourne: The Salvation Army
- Kirkman, M., Keys, D., Bodzak, D., & Turner, A. (2010). "Are we moving again this week?" Children's experiences of homelessness in Victoria, Australia. *Social Science & Medicine*, 70, 994-1001



Myth:

Homelessness happens to other women

Homeless women are represented as mad, bag ladies, welfare-cheating single mothers, addicts, poor mothers, victims (Crinall 2001)





Methods

- **Design:** Qualitative, phenomenological
- **Setting:** Homelessness services in Melbourne
- **Participants:** 13 adults (mothers, grandmother)
 - 20 children aged 6-12
- **Data Collection & Analysis:**
 - Semi-structured interview
 - Constant comparative analysis
 - Questionnaire developed for the research
 - Descriptive statistics



Results

Madison 11, Family drawing

My family



Country of birth and cultural identity

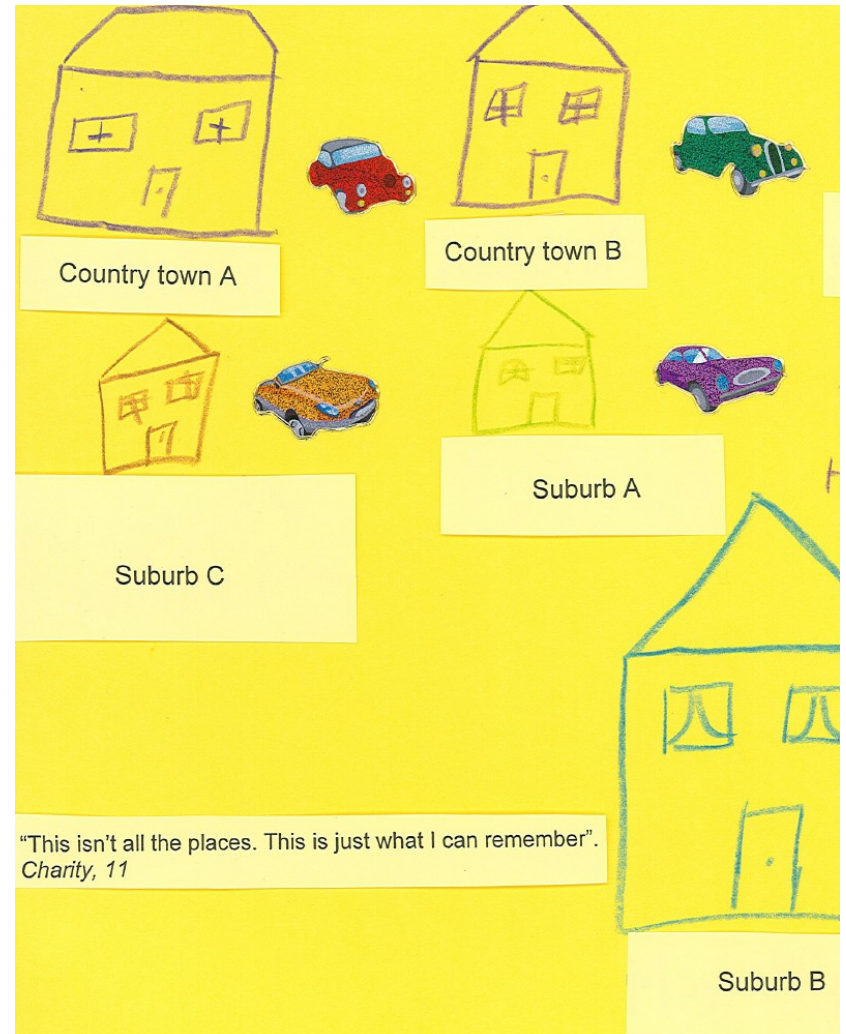
Adults' country of birth	Number
Australia	10
UK	1
Lebanon	1
Turkey	1
Adults' cultural Identity	
Anglo-Australian	6
Aboriginal /Torres Strait Islander	1
English	1
Greek	1
Greek-Australian	1
Italian	1
Lebanese-Muslim	1
Turkish	1



Results

Rebecca

Mother of
Miranda (12)
Charity (11)

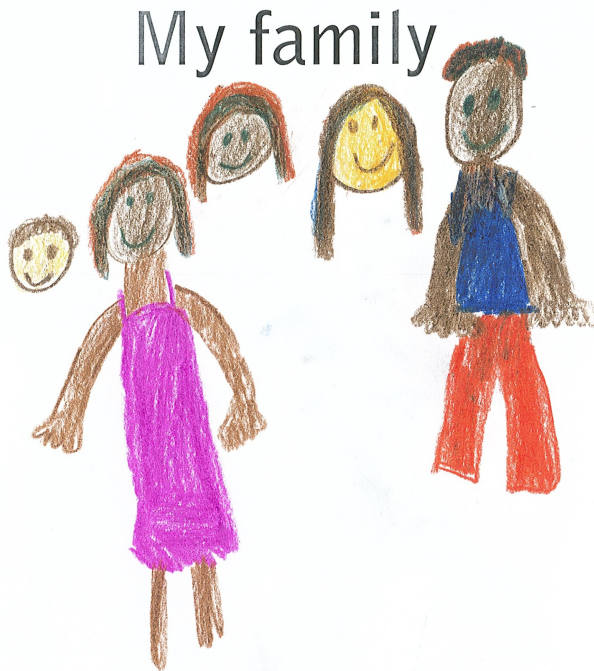




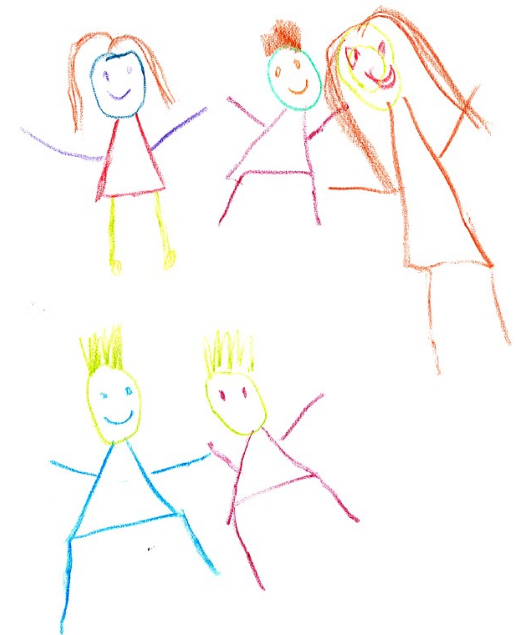
Debunking the myth: Homelessness is not restricted to “other” women

Zaina 6, Family drawing

Dominique 8, Family drawing



My family





Acknowledgements

- Total number of participants who completed interviews or questionnaires for all studies

= 7,074 women



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- Royal Women's Hospital, Melbourne
- Sunshine Hospital, Melbourne
- The Council to Homeless Persons
- The Salvation Army
- WHO Western Pacific Regional Office



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