

POLICY BRIEF

**POSTPARTUM
DEPRESSION**

Improving Detection and
Access to Care for Selangor Women

SOLS Health

Authors:

**Arman I Rashid, Lim Su Lin,
Leoniek Kroneman**

Contributors:

**Lee Ee Jing, Kirjane Ngu, Maria Roca
Oteiro, Samantha Tan Chau-Mun**

Executive Summary

Postpartum depression (PPD), more recently referred to as peripartum depression, is a serious depressive mood disorder associated with having a baby. The condition occurs during pregnancy or after childbirth, typically affecting mothers within the first year after childbirth. Though PPD is a treatable condition, it remains largely underdiagnosed and undertreated in Malaysia. The high prevalence of PPD calls for a localized understanding of maternal mental health issues for effective interventions by policymakers and practitioners.

This policy brief is part of a research study by SOLS Health with the support of the Institut Wanita Berdaya (IWB) seeking to identify barriers impeding detection and treatment of PPD amongst women in Selangor. The study adopted a mixed method quantitative-qualitative approach for data collection based on a multilingual public survey, focus group discussions with urban and rural participants and semi-structured interviews with women with lived experiences of PPD.

The study identifies key factors hindering treatment for PPD, including limited knowledge about symptoms, disconnect with professional mental healthcare services and stigma associated with maternal mental health- amongst women. Statistically, women in Selangor contribute significantly to the state's socioeconomic development; improving detection and treatment of PPD therefore plays a vital role in ensuring sustained development and growth.

Unaddressed maternal mental health issues have far-reaching negative impacts, damaging the physical and emotional wellbeing of affected women, as well as that of children, families and the wider community. In this brief, we propose several recommendations to improve maternal mental health in Selangor, by strengthening the following key pillars: knowledge and access, screening and referral, family support systems, workplace environment and traditional networks. We suggest both informal social support and professional mental healthcare can help support women during the postpartum period. These interventions leveraging formal and informal caregivers will pave the way for the Selangor government to play a leading role in improving maternal mental health outcomes for women, which in turn will benefit society as a whole.

Setting the Context: Maternal Mental Healthcare

Postpartum depression (PPD) is a serious depressive mood disorder typically affecting mothers within the first year after childbirth. Some changes in maternal mood may be a common postpartum experience as the mother adjusts to childbirth; for instance, crying, sadness, anxiety and mood swings. PPD occurs if these symptoms worsen or persist with time resulting in mothers experiencing extreme sadness, anxiety and exhaustion, which makes it difficult for them to take care of themselves and others.

Studies show approximately 1 in 7 Malaysian mothers experience PPD during the first six months after childbirth.¹ Factors increasing the risk of developing PPD include low socioeconomic status, stressful life events, poor marital relationship, inadequate social support, neuroticism, and depression or anxiety before or during pregnancy.² Though PPD is a treatable condition, many cases remain under-diagnosed without treatment in Malaysia.³ Some possible factors could be limited access to mental health care in general,⁴ stigma surrounding help seeking and high levels of stress amongst women balancing work and family.⁵

¹ Hahn-Holbrook, Cornwell-Hinrichs, & Anaya, 2018; Yusuff, Tang, Binns & Lee, 2014

² Gaynes, Gavin, Meltzer-Brody, Lohr, Swinson, Gartlehner, & Miller (2005). Perinatal depression: Prevalence, screening, accuracy, and screening outcomes. (Prepared for the Agency for Healthcare Research and Quality U.S. Department of Health and Human Services No. 119). Research Triangle Park, North Carolina: RTI-University of North Carolina Evidence-based Practice Center.

³ Azidah, Shaiful, Rusli, & Jamil, 2006.

⁴ Lim (2018). Bridging Barriers. The Penang Institute.

⁵ World Bank Group (2019). Breaking barriers: Toward Better Economic Opportunities for Women in Malaysia.

It is important to identify specific barriers impeding women from detecting and seeking help as untreated maternal depression may have harmful consequences for both mother and child. There are risks of deteriorating physical and mental health of mothers, which in turn may affect the mother-child bond and interfere with the child's social, motor and cognitive development. Other possible consequences include strained relationships with family members and social networks. In severe cases, women may develop suicidal thoughts, with some being driven to the point of attempting suicide.

It is imperative that maternal mental health be addressed through localized public policies and interventions in a timely and proactive manner. SOLS Health, with the generous support of IWB conducted a research study within Selangor to explore how women experiencing maternal mental health challenges are identified and where they seek help. It is hoped that the study's findings will contribute to strengthening existing detection and support, and lead to improved health outcomes for this vulnerable population group.

Methodology

The research study included a public self-report survey, focus group discussion (FGDs) and semi-structured interviews. We distributed a public self-report survey through online channels targeting women of childbearing age (19-44 years) residing in Selangor to gather data on identifying and seeking help for PPD. The multilingual survey in English, Bahasa Malaysia (BM), Mandarin and Tamil comprised 29 questions with a sample size of 183 women. The sample was well distributed across ethnic groups and female participation rate, but was biased towards higher educated and better-off socioeconomic groups, as compared to demographic data in Selangor.

Three FGDs with women of childbearing age were organized in rural (two in Hulu Selangor) and urban (one in Petaling district) Selangor. These single occasion FGDs were conducted primarily in BM and English respectively with a total of 26 participants. In addition, semi-structured interviews with four women having lived experiences of PPD were carried out by a clinical psychologist in English online.

Key Themes: What Stops Women from Seeking Treatment for PPD?

Across all three data sets, the study identified several key themes influencing PPD as an underdiagnosed and undertreated condition among Selangor women. Specifically, these were: limited knowledge about PPD symptoms, disconnect with formal mental healthcare services and stigma surrounding maternal mental health.

Limited Knowledge – ‘I know about PPD, but are my symptoms relevant?’

Though the majority of women in our survey had heard of PPD before, most wanted more information. This suggests that women tend to have limited knowledge about PPD despite their general awareness of the condition.⁶ Similarly, most participants in the qualitative segment of our study were conscious of extreme sadness and anxiety arising from mental health stressors around childbirth, but often did not associate these persistent symptoms with PPD. Some women were dismissive of their symptoms, while refusing to acknowledge they were struggling through depression. This shows that general awareness about PPD does not necessarily translate to identifying the condition, let alone seek help for it.⁷

Disconnect with Mental Healthcare – ‘If I have PPD, how do I seek professional help?’

Our findings showed that women affected by rarely seek help from mental health professionals due to a gap between maternal mental health services and the existing healthcare delivery system. The majority of women in our survey felt that information on mental health services received from healthcare providers and community resources alike was insufficient and not readily available. On top of this, the information received was neither

⁶ PPD study: Its methodology and results. Supplement report (2021), p.16

⁷ PPD study: Its methodology and results. Supplement report, p.26

easily accessible nor easy to understand.⁸

Similarly, mothers who took part in the focus group discussions and semi-structured interviews highlighted a lack of information on maternal mental health services within the healthcare system. The findings reinforce previous local studies showing that healthcare professionals typically focus on physical complaints while neglecting mental health issues. Some participants who had experienced PPD symptoms during postpartum expressed disappointment at the lack of support from their healthcare providers.

We found difficulties in navigating the healthcare system could dissuade mothers from seeking formal treatment for maternal mental health, including psychoeducation, assessment and interventions. New mothers were more inclined to seek informal support from the community, including family members, peers/friends, colleagues and religious leaders.⁹

Mental Health Stigma – ‘If I seek help for PPD, will others judge me for being a bad mother?’ Over half of women in our survey agreed with the statement ‘when a new mother experiences feelings of anxiety and sadness, others will view her negatively.’ The reluctance to seek care for maternal mental health was further found to be linked to women’s beliefs that discussions on postpartum sadness and anxiety were not accepted within their culture and the self-belief that they were weak for experiencing these emotions.¹⁰ These findings underscore the existence of societal prejudice about mental health conditions, and self-stigma amongst women, both of which may negatively affect help-seeking behaviour, and hinder women from seeking help.

Many new mothers in our study had felt tremendous pressure from disproportionate expectations surrounding motherhood, believing, for instance, that they were singularly responsible for newborn care. This led them to feel ashamed or guilty for perceived inadequacies in supporting their

⁸ PPD study: Its methodology and results. Supplement report, p.17

⁹ PPD study: Its methodology and results. Supplement report, p.12

¹⁰ PPD study: Its methodology and results. Supplement report, p.16

child (e.g. in the case of breastfeeding difficulties).¹¹ Such emotions, alongside the overall fear of being labelled negatively by others in society, served as a double burden discouraging them from disclosure.

¹¹ PPD study: Its methodology and results. Supplement report, p.36

Main Findings & Recommendations

These findings stress the importance of recognizing, increasing awareness and ensuring proper detection and continuity of care for women with PPD in Selangor. Our research found that, in spite of good levels of awareness among women, there are still many barriers to identifying and supporting Selangor women with PPD. We therefore urge the Selangor government to intervene through public policies that meaningfully address the lack of knowledge, disconnect with professional mental healthcare services and stigma surrounding maternal mental healthcare that currently exists within the state.

Our policy recommendations fall within five pillars, aiming to mobilize different stakeholders – state government, healthcare providers, mental health professionals and community members - to enhance localized support for maternal mental health issues, through the optimization of screening, treatment and informal support and care for women and families affected by PPD in Selangor.

To account for expected impact and resource needs, these recommendations are divided into two phases - Phase I and II - with the former prioritizing actions that can be rolled out expediently.

Pillar I: Knowledge and Access to Maternal Mental Health Services

Accessible information and psychoeducation materials on PPD can be important resources for new mothers around childbirth. Though most women heard of PPD (94%) and some experienced it before (27.9%), the majority of survey respondents expressed a desire for more information (73.8%) (see Table 1). Moreover, a considerable number of women were unsure as to whether they experienced PPD (18%) or whether their family/friends went through the same (41.5%).

	N	Yes	No	Unsure
Heard about PPD before	183	172 (94.0%)	8 (4.4%)	3 (1.6%)
Experienced PPD	129	51 (27.9%)	45 (24.6%)	33 (18.0%)
Family/friends experienced PPD	183	63 (34.4%)	44 (24.0%)	76 (41.5%)
Would like to know more about PPD	183	135 (73.8%)	38 (20.8%)	10 (5.5%)

Table 1: PPD awareness, experience and information amongst women in the survey. N=129 for those who experienced PPD refers to women who have experienced childbirth amongst the total number of respondents (N=183).

The qualitative segment of our study reinforced the need for adequate information for identifying PPD. In the absence of informational resources, mothers found it difficult to determine if their levels of exhaustion, anxiety and sadness were 'normal' temporary feelings of associated with motherhood or persisting symptoms warranting professional help. For example, one interviewee highlighted her confusion, despite being aware of PPD as a medical condition:

"It is very hard to say what is postpartum depression because you don't even know you are having it, you know, you get this anxiety..."¹²

Inadequate information on PPD may also perpetuate widespread stigma about maternal mental health in society, including some new mothers themselves. Figure 1 shows the majority of women in the survey (strongly) agreed new mothers would be viewed negatively for experiencing anxiety and sadness (60.2%), while nearly half (strongly) agreed they would consider themselves as weak for facing these emotions. We found no differences in stigmatizing beliefs across ethnic, religious and age groups, which strongly suggests that the perpetuation and sustainment of stigma towards mental health issues is not necessarily tied to particular cultural factors, but rather a lack of information and knowledge.

Lack of awareness may lead to self-blame, shame and guilt for perceived motherhood failure amongst women, and further undermine their mental health. Our findings showed women identified stigmatizing beliefs as a significant barrier to seeking care. Conversely, those with prior knowledge about maternal mental health were more open to seeking care, being less likely to believe that others would view them negatively for experiencing emotional distress.¹³

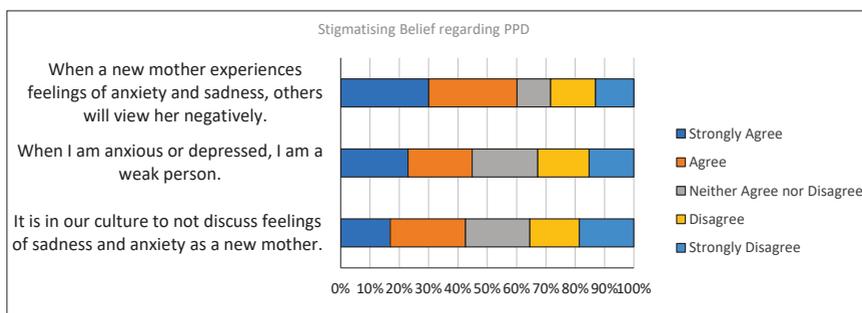


Fig 1: Stigmatizing beliefs regarding PPD

¹² PPD study: Its methodology and results. Supplement report, p.37

¹³ PPD Study: Its methodology and results. Supplement report, p.

A bulk of women in our study lacked knowledge on available treatment and support options for maternal mental healthcare. Over half reported that information on mental health services was insufficient (50%), while almost half said it was difficult to find (48.1%). Crucially, increasing the availability of information may increase help-seeking behaviours, as the majority of participants said such resources were useful (57.9%).

	Yes	No	Unsure
Sufficient	31 (16.9%)	93 (50.8%)	59 (32.2%)
Easy to find	45 (24.6%)	88 (48.1%)	50 (27.3%)
Easy to understand	63 (34.4%)	57 (31.1%)	63 (34.4%)
Useful	106 (57.9%)	22 (12.0%)	55 (30.1%)
Transparent on financial cost	27 (14.8%)	87 (47.5%)	69 (37.7%)

Table 2: Women’s perception on accessibility of information on maternal mental health care services in the survey.

In some cases, lack of knowledge on maternal mental health services demotivated mothers from seeking professional help. For example, in one FGD, a participant was able to identify her condition as a ‘mental health problem’, yet dismissed the symptoms as being beyond control:

“We (mothers) have mental health problems. We are often depressed and sad... what to do? This is fate, just accept it...”¹⁴

Lack of information transparency surrounding the financial costs of mental healthcare is another help-seeking deterrent. Almost half of respondents felt information on mental health services lacked transparency about financial costs (see Table 2), whereas concerns about high costs deterred them from seeking professional help (48.6%) (See Table 3). Read together, financial concerns were the most cited reason preventing women from accessing formal care for PPD, and ambiguity on costs likely reinforces this reluctance. In the FGDs, many women (especially those coming from lower socioeconomic backgrounds) reported that they incurred significant financial expenses for

¹⁴ PPD study: Its methodology and results. Supplement report, p.26

pregnancy, childbirth and childcare, suggesting that investment in mental healthcare was unlikely to be feasible nor a practical option for them.

	Frequency	Percentage
Concerns about high costs	89	48.6%
Wanting to solve it myself	79	43.2%
Afraid	74	40.4%
Unsure	74	40.4%
In denial	70	38.3%
Not knowing where to go	69	37.7%
Issue not serious enough	65	35.5%
Not being able to choose a specific (familiar) health care professional	49	26.8%
Too embarrassed	47	25.7%
Long waitlists	46	25.1%
Worries about confidentiality	45	24.6%
Inconvenient opening hours of service providers	42	23.0%
Too far from home	30	16.4%
Prior unpleasant experience when seeking help	26	14.2%
Discouraged by family members / friends	22	12.0%
Staff unfriendly	16	8.7%

Table 2: Potential barriers to seeking care for PPD amongst women in the survey. Respondents could select multiple options.

Recommendations

To educate and empower Selangor mothers and community members with better knowledge on PPD and access to maternal mental healthcare, we propose the following interventions by the Selangor government and state health department, prioritized according to estimated impact and availability of resources:

INTERVENTION	PRIORITY
<p>Develop visual resources containing information on maternal mental health for Selangor clinics/hospitals. These visual signages will be placed in various clinics and hospitals providing services to women, including those attached to the state’s “Peduli Sihat” healthcare scheme, and the registered panel of SELCARE-administered private clinics and hospitals. The material can be duplicated on leaflets, websites and online portals that public and private healthcare professionals (e.g. nurses) can introduce prospective mothers to.</p>	<p>Phase I. Impact: Very High. Moderate resources/time needed in developing visual resources and disseminating it.</p>
<p>Radio public service advertisements (PSAs) on maternal mental health targeting Selangor women. Public messaging focused on PPD information and encouraging help seeking can be aired through Selangor Radio and other communication channels.</p>	<p>Phase I. Impact: Very High. This will require less than moderate resource/time mainly for developing messages and airing through existing medium.</p>
<p>Provide maternal mental health information for Selangor women through Talian Am. This will add the provision of PPD information and professional help options within the existing hotline e.g. PPD symptoms, self-care strategies, clinical resources.</p>	<p>Phase II. Impact: High. This will require high resource/time because of training staff/volunteers, publicizing service, etc.</p>
<p>Expand coverage for maternal mental health care under Selangor’s Peduli Sihat health insurance scheme and public private co-insured health insurance with private providers. This can expand the public health insurance scheme to cover maternal mental health, while encouraging private insurers to provide protection for the same. Such measures will allow women more financial freedom to seek help.</p>	<p>Phase II: Impact: High. This will require high resource/time because of increased state budgetary allocations and negotiations with private providers.</p>

Pillar II: Maternal Mental Health Screening and Referral in Healthcare System

The study revealed weak screening practices within maternal healthcare services, and referral to appropriate mental healthcare providers was also found to be lacking. For instance, none of the women in the FGDs nor interviews reported being screened for PPD during their engagement with healthcare providers across different stages of pregnancy. In the survey responses, an overwhelming majority of women strongly believed all new mothers should be screened for maternal depression as an important step for identifying and diagnosing PPD, alongside guiding them towards specialized support resources (see Table 3).

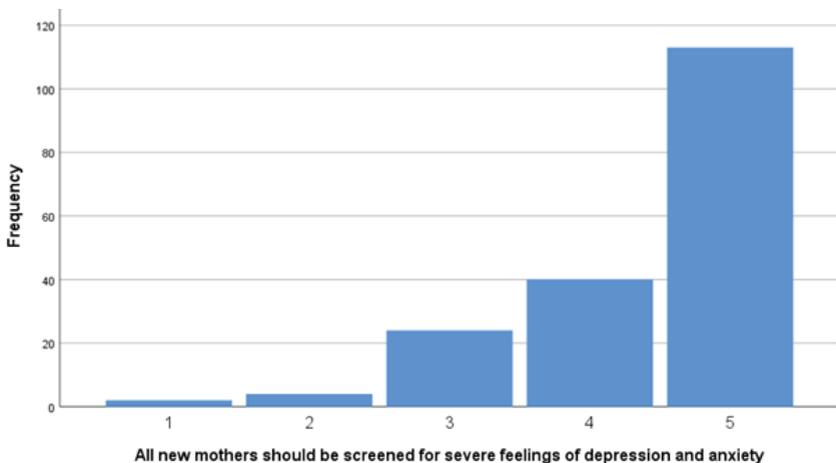


Fig 2: Frequency of belief that all new mothers should be screened for maternal depression amongst participants in the survey. 1 – Strongly Disagree, 5 – Strongly Agree

These results reinforce a survey of maternal and child health clinics in 2009 that found low levels of PPD screening occurring in primary healthcare settings. In fact, the majority of nurses based in clinics did not screen for PPD

amongst new mothers, despite existing guidelines, due to time constraints and being unsure as to which provider was responsible for screening.¹⁵

Recommendations

Poor screening practices present a major obstacle to accessing support for Selangor women affected by PPD. We propose the following healthcare interventions to improve detection and identification:

INTERVENTION	PRIORITY
<p>Develop a pilot-tested, user friendly mobile phone/internet-based PPD screening tool for women. This app can integrate the Edinburgh Postpartum Depression Scale (EPDS) enabling more women to be screened in a convenient manner without stretching the resources and times available for healthcare professionals. Receptionists and/or nurses will request pregnant women to download the app during the patient registration process. If needed, this service can be incorporated as part of an existing Selangor government app. Similarly other care providers, e.g. midwives, can introduce mothers to this screening tool.</p>	<p>Phase II. Impact: Very High. This will require high resource/time because of time taken to develop the app and incorporate it as a mandatory requirement in the public/private registration process.</p>

¹⁵ Kang, Mohazmi, Ng, & Liew (2019). Nurses' knowledge, beliefs and practices regarding the screening and treatment of postpartum depression in maternal and child health clinics: A cross-sectional survey. *Malaysian Family Physician*, 14(1), 18-25.

Formulate a hierarchical referral system integrating psychological risk assessment based on app-based screening.

The above screening must be accompanied by adequate referral protocols to ensure women who screen positive for PPD are able to receive appropriate diagnosis and treatment. Women detected with symptoms should be immediately referred to a qualified mental health professional for conducting psychological risk assessment and recommending suitable interventions. The referral system should be based on principles of allied health care with more synergy between physical and mental healthcare providers across 'stepped approach' for detection, referral and intervention.

Phase II: Impact: High.

This will require less than moderate resource/ time itself for developing referral protocols. However, it is contingent on developing the app above.

These interventions are to be carried out in close collaboration with maternal healthcare providers, as they are well-positioned to assist with detection and referral for PPD, given their frequent interactions with prenatal and postpartum women.

Pillar III: Family Support Systems for Maternal Mental Health

In terms of informal community-based support, women who participated in our survey were found to be most inclined to share their emotional struggles related to childbirth with their spouse, followed by family and friends. These groups were preferred over religious leaders and colleagues (Fig 4). These findings suggest that husbands, along with family members, play a crucial role in helping women deal with their struggles during the postpartum period.

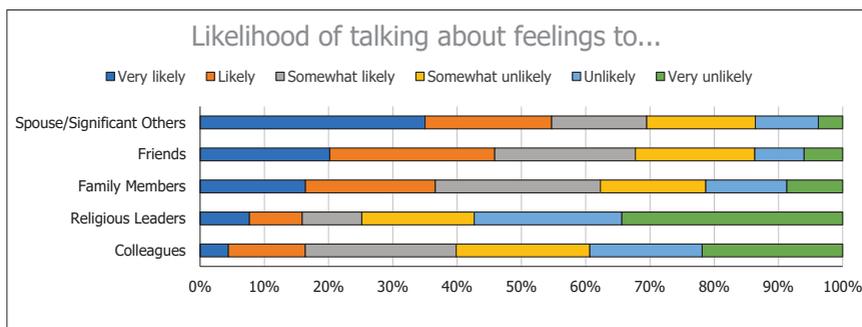


Fig 4: Possible sources of emotional support from informal systems amongst women in the survey

Husband support was found to be mostly helpful in terms of alleviating pressure on mothers to juggle multiple roles after childbirth. For example, one FGD participant share that how her husband's involvement and assistance with childcare duties had helped her to cope with her depressive symptoms:

“Sometimes if I sleep, my husband is the one who feeds the baby... then he changes diapers... so that I can feel more comfortable.”¹⁶

In addition, our findings show that spouses can play an important role in counterbalancing stigma associated with maternal mental health and encouraging help-seeking behaviours. Women seeking help with support and/or advice from their spouses, were less likely to worry that others would view them negatively for experiencing anxiety and sadness after childbirth.¹⁷

Finally, women who received support from their family members – parents, in-laws and relatives – reported feeling less overwhelmed physically and emotionally after childbirth. For some women, emotional support from family members proved to be a great source of resilience and protective factor against depression in the postpartum period:

“Support from my mother, father and sister has made me stronger. They gave me advice and also attention...”¹⁸

Paradoxically, although the majority of urban and rural FGD participants reported seeking (and therefore desiring) help from their husbands during the postpartum period, most also mentioned that they did not receive such support from their spouses. The gap between seeking and receiving support from their spouses had exacerbated feelings of emotional distress (e.g. loneliness) around childbirth.

According to participants’ shared testimonies, several factors contributed to inadequate support from husbands, including physical absence due to work commitments, lack of knowledge on maternal and childcare needs, and pre-existing interpersonal conflict. For example, one mother shared her experience:

“For my third child, my husband did not give any attention. He just let me do and manage everything on my own... he is moodier than me... it’s so

¹⁶ PPD Study: Its methodology and results. Supplement report, p.27

¹⁷ PPD Study: Its methodology and results. Supplement report, p

¹⁸ PPD Study: Its methodology and results. Supplement report, p.29

*stressful... since the early pregnancy, he did not give me support*¹⁹

Next to husbands mothers-in-law were the most commonly reported family members inflicting emotional distress upon mothers, via disagreements on childcare approaches, perceived biased treatment and interpersonal conflict. For example, a mother mentioned:

*"I had to endure my mother-in-law's nagging and accusations..."*²⁰

In addition, some women reported fearing judgement from their mothers-in-laws for disclosing feelings of sadness and anxiety after childbirth. This then further discouraged them from seeking help.²¹

In summary, our findings show family members can be either sources of resilience or stressors for mothers struggling with emotional distress during the postpartum period. This is supported by previous studies which found that strong social support can serve as a vital protective factor against postnatal depression,²² while poor social support tends to be associated with increased risks of PPD.

Recommendations

Given the potential positive role of family members, particularly husbands, in supporting Selangor women experiencing PPD, we propose the following interventions to strengthen informal support systems within families for mothers facing maternal mental health issues:

¹⁹ PPD Study: Its methodology and results. Supplement report, p.25

²⁰ PPD Study: Its methodology and results. Supplement report, p.25

²¹ PPD Study: Its methodology and results. Supplement report, p

²² Mahmud, Shariff, & Yaacob, 2002; Rashid & Mohd, 2017

INTERVENTION	PRIORITY
<p>Develop awareness materials for family support networks on maternal mental health. These fact sheet-type leaflets will target family members, particularly husbands and mothers-in-law, to sensitize them about PPD. It will include practical recommendations on how they can support mothers and a resource list for treatment options. The leaflets will be distributed through maternal clinics/hospitals, website and online portals.</p>	<p>Phase I. Impact: High. Moderate resources/time needed in developing awareness materials and disseminating it.</p>
<p>Parenting courses for first time fathers and mothers in Selangor. These workshops will focus on how husbands can play a supportive role during pregnancy and childbirth, including information on maternal and child care needs. Interactive online modules can be developed for greater accessibility for fathers and mothers. Dissemination can be done in partnership with NGOs.</p>	<p>Phase I. Impact: High. Moderate resources/time needed in developing modules and delivering them in partnership with NGOs.</p>
<p>Billboard PSAs on maternal mental health targeting Selangor family members. Public messaging encouraging family members to play a supportive role for mothers will also help normalize maternal mental health issues and destigmatize it.</p>	<p>Phase II. Impact: High. This will require high resource/ time for developing messages and finding advertising space on billboards.</p>
<p>Recognizing supportive husbands through public awards. Organizing a public competition seeking nominations from mothers recognizing supportive husbands after childbirth. These narratives can raise awareness on how husbands can be a source of resilience. This process has to be done based on due diligence and can build on existing Selangor government initiatives promoting model family members.</p>	<p>Phase II: Impact: High. This will require high resource/ time because of nominations, screening and selecting winners.</p>

Pillar IV: Workplace Support for Maternal Mental Health

In the FGDs, a majority of women who had been in the workforce prior to their pregnancy shared common experiences of facing insensitivity in the workplace around the time of their pregnancy and childbirth. These experiences ranged from a lack of emotional and physical support, to outright stigma and discrimination by employees and colleagues. Some participants mentioned being pressured by colleagues to take on additional responsibilities and respond to work matters while on maternity leave. One mother had even been reassigned to an inconvenient work location by her company after sharing about her pregnancy:

“The company’s approach to me started to change, totally upside down. They started to put me under pressure... they started to take away all the benefits they had given me... They even assigned me to a station that was far away... when I told them I had to take care of my newborn, they told me that the choice is mine to make: it is either I stop working or I take on this outstation...”²³

Women in our study felt largely unsupported in the workplace during childbirth despite being granted mandatory maternity leave. Unsurprisingly, they are least likely to share their emotions with colleagues in the postpartum period, as compared to spouse, friends, family members and religious leaders (see Fig 4). In some cases, extreme pressure from employers to seek “solutions” had forced women to resign and deal with increased financial pressures, on top of their new role and responsibilities:

“They (my company) said it’s your choice to get pregnant, so you have to find the solution...”²⁴

²³ PPD Study: Its methodology and results. Supplement report, p.31

²⁴ PPD Study: Its methodology and results. Supplement report, p.27

Notwithstanding the study's findings also showcase the potential positive role of employers and colleagues, in encouraging help-seeking, 9.8% of women in the survey would seek care for PPD upon advice from employees or colleagues (Fig 5). Though this percentage is low, it nevertheless indicates that with support forthcoming, women may be encouraged to seek help even in the workplace settings.²⁵

	Frequency	Percentage
Prior knowledge of the condition and/or symptoms	121	66.1 %
Seriousness of the issue	121	66.1 %
Knowing support is available	106	57.9 %
Advice from health care professional	91	49.7 %
Advice from spouse	65	35.5 %
Advice from family member or friend	62	33.9 %
Information about PPD in booklet or online	47	25.7 %
Advice from employer or colleague	18	9.8 %

Table 3: Reasons cited for seeking care amongst women in the survey. Respondents could select multiple options.

Recommendations

Given the relatively high labour participation rate of women in Selangor and their predominant feelings of being unsupported by employers and colleagues around childbirth, we propose the following recommendations to improve workplace support for maternal mental health:

²⁵ PPD Study: Its methodology and results. Supplement report, p.12

INTERVENTION	PRIORITY
<p>Develop awareness materials for public/private sector on maternal mental health. These informational brochures will sensitize employers and colleagues about maternal mental health and practicable recommendations on how they can help improve the emotional wellbeing of women. Government agencies will distribute brochures during registration or renewal of licenses through websites and online portals.</p>	<p>Phase I. Impact: High. Moderate resources/time needed in developing awareness materials and disseminating it.</p>
<p>Create informational materials on maternal rights for women. These leaflets will be distributed in clinics/hospital and public/private sector highlighting workplace maternal rights and entitlements for women, including how to report non-compliance by employers.</p>	<p>Phase I. Impact: High. Moderate resources/time needed in developing informational materials and disseminating it.</p>
<p>Policy and regulatory reform with adequate maternity protection and grievance mechanism for women. Selangor government and council-issued permits can include protection from discrimination and harassment around childbirth. These reforms can be legislated and enforced by state authorities with a grievance mechanism. It can also potentially safeguard entitlements for paternity leave to reduce physical absence from new mothers.</p>	<p>Phase II. Impact: High. This will require high resource/time for advocacy leading to policy/legislative changes.</p>

Pillar V: Traditional Support Systems for Maternal Mental Health

The majority of participants from both urban and rural FGDs reported turning to trusted peers within their social networks for emotional, physical and childcare support during the postpartum period. Several participants found strength in sharing their common struggles with peers who had been through similar challenges of motherhood. In some cases, mothers were encouraged to seek professional help by their friends. For example, one participant shared how her friend had played an instrumental role in encouraging her to seek counselling when she was struggling:

"I was alone with my baby... I just broke down but thankfully... she (friend) brought me to a counsellor and I had a session.... For two months and a half... going for counselling twice a week... I feel a lot better... so having a support system in motherhood is very important."²⁶

While women were most inclined to seek help from their spouses and close family members (see above pillar), some preferred to diversify their sources of informal support by relying on peers who were fellow mothers for emotional sharing and support, while leaning on family members for childcare and physical needs. This shows that peer networks can play an important role for emotional support for mothers who wish to avoid overburdening their family members, even more so when there is a fear of judgement.²⁷

The importance of peer support systems is further evidenced in the public survey in which 'friends' were reported as the second most selected option for sharing emotions, while 33.9% cited advice from family members/friends for reasons to seek care (see Fig 4). In some cases, women relied on online peer platforms for maternal health information and emotional support.²⁸

²⁶ PPD Study: Its methodology and results. Supplement report, p.32

²⁷ PPD Study: Its methodology and results. Supplement report, p.

²⁸ PPD Study: Its methodology and results. Supplement report, p.

These findings are supported by local and international research showing how traditional networks like friends can help minimize depressive symptoms amongst mothers after childbirth.²⁹

Though the survey revealed women were less likely to seek emotional support from religious leaders (see Fig 4), data from the rural FGDs showed that women in rural settings had preferred to seek emotional support from religious leaders instead of mental health professionals. They regarded religious leaders like *ustaz* as being more capable of understanding their emotional struggles, whereas formal healthcare providers catered more for their physical health needs.³⁰ Similarly, some women from both urban and rural samples reported seeking help from their respective religious communities (e.g. church cell groups) for emotional guidance after childbirth.³¹ This suggests that religious leaders and attendant communities have the potential of helping to bridge the gap between emotional needs of mothers and seeking professional support during the postpartum period.

For select participants, religious faith in and of itself also served as a protective barrier against their depression and feelings of helplessness. Some women mentioned turning to their faith as a source of solace for their struggles during the postpartum period. For example, a mother shared how she prayed hard to find strength:

“We have to be strong, need to perform a full set of prayers...”³²

Lastly, while traditional support networks like peer and faith groups may bolster emotional resilience during the postpartum period, our study also found that the same religious communities could deter help-seeking behaviours, depending on levels of stigma associated with mental health and other religious or cultural pressures. Some women shared that they had felt afraid of being judged or considered a burden if they chose to disclose their

²⁹ Klainin & Arthur, 2009; Rashid & Mohd, 2017

³⁰ PPD Study: Its methodology and results. Supplement report, p. 32

³¹ PPD Study: Its methodology and results. Supplement report, p

³² PPD Study: Its methodology and results. Supplement report, p. 32

struggles.³³ In fact, survey responses indicated that religious leaders were one of the least preferred sources of help for women seeking emotional support, despite evidence from the FGDs and interviews showing their potential positive role in some cases.

Some women are discouraged in seeking help due to societal expectations of motherhood as their ultimate fulfilment in life, while others may feel they will be considered ungrateful for their divine blessings.³⁴ This led to some women seeking help from peers in online platforms allowing them to express emotions without apprehensions of judgement.³⁵

Recommendations

To reinforce the potential positive role of traditional networks in supporting mothers with PPD and channel their influence in reducing the current maternal mental healthcare gap, we propose the following recommendations:

³³ PPD Study: Its methodology and results. Supplement report, p

³⁴ PPD Study: Its methodology and results. Supplement report, p

³⁵ PPD Study: Its methodology and results. Supplement report, p

INTERVENTION	PRIORITY
<p>Develop educational materials for community and religious groups on maternal mental health. These leaflets/ brochures can sensitize these traditional support systems about maternal mental health, including PPD symptoms, treatment and referral information. These materials can be distributed to relevant community groups (e.g. women’s empowerment) and religious leaders in the state for useful and accurate information to share with women seeking help from them.</p>	<p>Phase I. Impact: High. Moderate resources/time needed in developing awareness materials and disseminating it.</p>
<p>Launch an online portal with peer-to-peer (P2P) support functionality for Selangor women. This initiative can complement the app/website proposed in Pillar II to provide information on maternal mental health with tools to find online/offline/blended support groups for women. The portal can include a blog sharing narratives from women about their struggles and recovery stories to inspire others.</p>	<p>Phase II. Impact: High. This will require high resource/time to design, develop and test the portal along with soliciting narratives.</p>

Final Word

By and large, the study has shown that women in Selangor face multiple obstacles in seeking care and support for maternal mental health issues, including accessing information, assessment and treatment of PPD. Key barriers, such as limited knowledge about symptoms, disconnect with professional mental healthcare services and stigma associated with maternal mental health, play a role in impeding detection and access to care.

Policymakers and local healthcare practitioners have a crucial role to play in reducing these barriers, by implementing effective interventions to detect, treat and support the mental health needs of mothers.

Addressing postpartum depression is important not just for the mother's health and emotional welfare, but also to uphold the wellbeing of her family, surrounding community and wider society, which in turn will influence the growth and economic vitality of the state. Finally, the study evidence supports the beneficial effects of informal support alongside formal treatment for maternal mental health issues. Within the five proposed pillars of maternal mental health - knowledge and access, screening and referral, family support systems, workplace environment and traditional networks - emphasis is given to the need for informal community support alongside professional mental healthcare. Underscoring this, the two-phase interventions suggested leverage on both formal and informal care providers to help improve maternal mental health outcomes for women impacted by PPD, which in turn will benefit society as a whole.

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