Strategies Pakistani Women Use to Self-manage Recurrent Depression

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Presentation Objectives

- Problem statement
- Research purpose/aims/research questions
- Research methodology
- Results/Discussion/Conclusion
Problem statement

Need for conducting research on Pakistani women

Need for conducting research on Pakistani women’s strategies

- Poverty
- Illiteracy
- Early marriage
- High fertility rate
- Unemployment

Major Depression

- Recurrent
- Chronic
- Common in women

Stigma

Extremely limited MHC

Little knowledge about self-management strategies
To qualitatively describe Pakistani women’s perspectives on strategies in the self-management of their recurrent depression.
Aims/research questions

1. Women’s experience of depression

2. Factors influencing self-management strategies
   - Personal
   - Religious/Spiritual
   - Cultural
   - Provider
   - Interpersonal
   - Societal

3. Self-management strategies
   - Types
   - Perceived Effectiveness
   - Management Prevention
   - Decisions r/t to use or not to use
   - Frequency

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Research methodology

- Research Design
- The Researcher
- Data Analysis
- Human Subject Protection
- Sample
- Measures
10 Pakistani Muslim Women 
   Had at least two episodes of depression 
   Aga Khan University Hospital 

Age 
   Range: 30 and 55 
   Mean: 40.4 

Married (n=9) with children (n=7) 

Education 
   Graduate (n=2) 
   Undergraduate (n=4) 
   Middle to high school (n=3) 
   None (n=1) 

SES 
   Upper-middle class (n=3) 
   Lower-middle class (n=4) 
   Lower class (n=3) 

Employed (n=2)
Findings

1. Women’s experience of depression

Perspectives of depression
- Contributors to depression
- An insidious & hidden illness
- Impacted self and beyond
- Created positive insights

Symptoms of depression
- Physical
- Emotional
- Cognitive

Created positive insights
Findings

1. Women’s experience of depression

- Perspectives of depression
  - Though infrequent
    - Unique
    - Valuable
      - Precious gift from God
      - Empathetic towards others
      - Assisted in refuting stigma
        - Sought help from doctor
        - Use medication

- Created positive insights
1. Women’s experience of depression

- Varied over time from episode to episode
- Understanding motivated use of strategies
- Compared to emotional and cognitive
  - Physical symptoms
    - Commonly reported
    - Most common
      - Functional disability
      - Loss of appetite
      - Diminished sleep
    - Least common
      - Headache
      - Body ache
      - Increased appetite
      - Increased sleep
Findings

2. Factors Influencing Self-management Strategies

- Personal
  - Demographic Characteristics
  - Personal Goals
  - Illness History
- Illness
  - Illness Identity
  - Illness History
- Provider
  - Professional Providers Performing Limited vs. Comprehensive roles
- Societal
  - Social Hurdles Affecting Seeking Treatment
  - No or Limited Health Insurance
- Interpersonal
  - Family Living in the Household Played Supportive vs. Non Supportive Roles
  - Family Living Outside the Household Played Supportive vs. Non Supportive Roles
- Cultural
  - Stigma Attached to Mental Illness
- Religious/spiritual
  - Stigma Attached to Seeking Help from Medical and Non-medical Health Care Providers
  - Desire for a Female Psychiatrist

Cultural
  - Desire for a Female Psychiatrist
2. Factors Influencing Self-management Strategies

Personal Goals

- Most common theme
- Desired to
  - Regain normal and contended life
  - Sustain a functional self
  - Meet family roles and responsibilities
  - Do all the housework
  - Take care of their children
  - Be available for their children
- Prevent future episodes of depression
2. Factors Influencing Self-management Strategies

- Impaired functional ability
  - Selection of strategies
  - Personal goals
  - Interests
  - Self-care
  - Fulfillment of job
  - Religious obligations

- Number of previous episodes
  - Understanding of depression
  - Circumstances involved in its relapse
  - Larger repertoire of strategies over time
Findings

2. Factors Influencing Self-management Strategies

- Providers included
  - Psychiatrists
  - Psychologists
  - General practitioners/specialists

- Roles:
  - Limited
    - Prime focus on medication
  - Comprehensive
    - Beyond medication based management of depression
Findings

2. Factors Influencing Self-management Strategies

- No or limited health insurance
  - Western concept
  - Not acceptable in Islam
    - Earned interest
  - Yet viewed as valuable as it would support women’s
    - Health seeking behaviors
    - Health maintenance behaviors
Findings

2. Factors Influencing Self-management Strategies

- Extremely important influencing factor on SMS
  - Supportive vs. non-supportive roles
    - Selection
    - Implementation
  - Findings could be captured in just sentence

Pakistani women self-manage recurrent depression in “Collective Social Milieu”
Findings

2. Factors Influencing Self-management Strategies

- Less frequent theme
- Yet quite invaluable
  - Create opportunity
    - Openly discuss private struggles
    - Get appropriate guidance
- Implications
  - Need for preparing female mental health care providers

Nurses could play considerable role through client-provider partnership needed for effective self-management of recurrent depression
Findings

2. Factors Influencing Self-management Strategies

- Most common theme
- Based on the conviction
  - Has the power to solve all problems
  - Only solution to all problems
  - Source of strength
  - Source of courage

Religious/spiritual

Faith in God, an influence
Findings

3. Self-management Strategies

Perspectives on SMS
- SMS were learnt from a variety of sources
- SMS use required a conducive milieu
- SMS use involved decision making

Specific SMS and their perceived effectiveness
- Religious/spiritual
- Help-seeking
- Medication management
- Self-help
- Keeping busy
- Cognitive strategies
- Symptoms redirection
- Unhealthy to healthy path, a transition
- Striving to meet self-needs
SMS were learnt from a variety of sources

- Family
- Friends
- Neighbors
- Professional health care providers
- Literature
- TV

Living with an illness teach strategy

- Quite an interesting perspective
  - Help one self
  - Feel self-sufficient
  - Meet personal goals
  - Strategies learnt on their own and credited God for it
3. Self-management Strategies

- SMS use required a conducive milieu
  - Pre-requisite
    - Presence of supportive, non-stressful, and positive
      - Not with too many equally competitive goals
      - A stigma free environment
Findings

3. Self-management Strategies

Perspectives on SMS

- Quite intriguing
  - Endorsed women capable of making decision about strategies

- Decisions were made
  - Symptoms variation from episode to episode
  - Variation in levels of severity of depression
  - Finding alternative and feasible strategies at a given time
  - Continue or discontinue
    - Part of daily life~ continued
    - Failed to complement life style ~ discontinued

Decisions related to SMS selection and use is quite personal or individualized
3. Self-management Strategies

- Comprised of nine sets of specific strategies
- Used for management and prevention
- Performing is not without a struggle during acute phase
- Much able to perform in recovery phase and for prevention
- Frequency of strategies varied quite a lot
Would the role, value, and contribution of religious/spiritual strategies for management and prevention of depression vary across cultures?

- Most commonly used strategy
- Comprised of two key aspects
- Having faith in God was viewed as a source of
  - Healing
  - Contentment
  - Help
  - Hope

Quite a valued group of strategies with pervasive impact
Comprised of two key aspects

Help-seeking from professional HCP
  - General practitioners
  - Neurosurgeons
  - Mental health care providers such as psychiatrists and psychologists

Help seeking from non-professional HCP
  - Religious/spiritual healers

Help seeking from multiple sources at a given point in time

Dire need to educate GPs and non-professional HCP to recognize depression and do timely referrals
Use of psychotropic medications

- Antidepressants
- Antianxiety

Positive views

- Manage
- Prevent

Negative views

- Side effects
- Financial implications
- Distorted what is conceived as normal way of living

*Just one of the many ways of managing recurrent depression*
- Personal motivation most commonly used
- Quite impressive
- Quite helpful
Several ways were used

Aim
- Mind diversion

Though not without a struggle
- Acute depressive phase

Selection depends:
- Preferences
- Interests
- Captures mind
- Feasibility

Watching TV
- A symptom vs. strategy
- Feasible
- Doesn’t require social support
Thought restructuring

Religious/spiritual Cognitive Strategies

Focusing on the present rather than on the future or the past

- Used
  - Stressful and troubling life situations
    - Spousal abuse
    - Troubled relationships with in-laws

- Not a very commonly used group of strategies

- Why not a common group of strategies?
  - Cognitive restructuring part of cognitive behavioral therapy
  - Focusing on the present rather than on the future or the past
    - Counseling
    - Medication

Is there a preference for action-oriented strategies vs. cognitive strategies?

Would this be different across cultures?
Symptom Redirection

- Quite intriguing
  - Positive twist to some of the depressive symptoms

- Social disconnection
  - Most commonly used
  - Aim
    - Save significant relationships
    - Time to recuperate
  - Intriguing
    - Cautiously used
    - For short period of time
      - If not, then it potentially could be non-therapeutic

Need further exploration to understand this phenomenon of symptom redirection across cultures
Unhealthy to healthy path, a transition

- Unique group of specific strategies
  - Comprised of unhealthy strategy

- Transition
  - Quite a fascinating concept
  - Over time women were able to transit from unhealthy to healthy strategy of anger tolerance
    - Based on their internal evaluation of the negative consequences including
      - Strained relationship
      - Anger retaliation
      - Physical abuse
Socialization

- Most common

- Selective
  - Not always a family member(s)
    - But why?

- People outside family
  - Health care related personnel were and continue to be instrumental

- God
  - Safe
  - Private
  - No risk of negative consequences
Some of the key conclusions

Pakistan women experience depression: physical symptoms /struggles with “impaired functional ability”

A unique & an “individualized combination of factors” influence women’s use of strategies

Self-management strategies use involved “decision making”

Personal goal of SMS use is to “regain functional ability” needed to perform roles and responsibilities

Pakistan women use a variety of strategies, “struggled” to perform them when acutely depressed
Some of the key conclusions

Medical management is “just one of the many ways” of managing recurrent depression.

Strategies are both healthy and unhealthy, “transition” from unhealthy to health is quite valuable.

Use of “religious/spiritual strategies” are quite valued.

Need for “client-provider partnership” for effective and ongoing use of strategies.

Pakistani women self-manage recurrent depression in “Collective Social Milieu”.
Thank you...

There is no beginning or end to your dreams or plans. Life is a journey from moment to moment. Live each moment to its fullest.

- Garth Catterall-Heart