

NEED TO TALK WITH SOMEONE AS A COUNSELOR

Some women said in order to talk about the problems that they faced in their family lives, they would need more privacy and perhaps anonymity – for such personal problems, a telephone hotline might work better:

"It would be better if we had a hotline. (If so) I think I would sometimes call the hotline and sometimes come to the group. In the group I did not talk a lot." -Thu, 28 years old

Many women said that if a hotline for counseling or supporting women were available, it would be easier for them to share the problems in their lives, because they would not need to be concerned about whether their story would be kept confidential.

"Yes, we can talk to doctors through the phone and when I call through the phone, people do not know who I am. If there is a problem in the family, there are things that I do not like to say in the group, but on the phone no one knows who I am"- Ha, 28 years old.

In sum, in women's experience, the peer support groups worked well for discussion of issues such as health care, childcare or relations with in-laws/husbands at a general level. Some women also found the groups beneficial as a forum for sharing personal experiences and difficulties. Most women, however, did not trust that sensitive information about their families or about family conflicts would be treated with loyalty and confidentiality by the other women in the groups, and they therefore hesitated to share such intimate problems with group members. For sensitive life problems, they said, a telephone hotline or other forms of support that ensure confidentiality and anonymity would be more relevant.

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Workshop on: "The Impact of Violence on Reproductive Health in Tanzania and Vietnam (PAVE)"

**Emotional violence, depression and reproductive health:
How to improve mental health among pregnant women
and new mothers in Vietnam?**

MENTAL HEALTH AMONG PREGNANT WOMEN AND NEW MOTHERS

Research across the world has shown that 10% of pregnant women and 13% of new mothers experience a mental health problem, most often depression[1]. Maternal depression can lead to negative long-term health effects on mothers and the development of their children. Depression can directly affect the mother's ability to provide care for her child; or, at its most serious, depression can result in infanticide and/or suicide[2]. However, early intervention for women with signs of depression can possibly improve the mental health of mothers and children. The PAVE research project, funded by DANIDA, set out to explore the impact of partner violence on reproductive health, focusing particularly on maternal depression and preterm birth/low birth weight. Exploring new ways to offer support and care to women who experience low moods during pregnancy and after birth, the PAVE project also conducted the pilot intervention titled "Mothers Sharing." This research update summarizes the findings from the qualitative assessment of the pilot intervention.

ABOUT THE PAVE RESEARCH

The PAVE research combined quantitative and qualitative research methods. The quantitative data was gathered from a prospective cohort study that included a total number of 1,337 pregnant women living in Dong Anh District of Hanoi, Vietnam. The women were enrolled at a gestational age of less than 24 weeks and were followed until 4 to 12 weeks after delivery. All women were screened for depression at the third and the fourth interviews. The qualitative research consisted in in-depth ethnographic interviews with a purposively selected sub-group of the women who participated in the cohort study.

THE PILOT INTERVENTION AND INTERVENTION ASSESSMENT

The pilot intervention built on preliminary findings from the PAVE research. The research found that

women living with partner violence or/and suffering from mental distress rarely sought formal assistance and often preferred not to disclose their problems[3]. However, they often did express needs for more informal assistance and support. On this basis, the PAVE project pilot intervention was developed.

160 women who had reported signs of depression in the PAVE project cohort study were invited to take part in the pilot intervention. The women were divided into two groups with 80 women in each: one group took part in the intervention activities; the other received standard postpartum care following MOH guidelines. The 80 women in the intervention group were divided into 9 groups. Each group consisted of women belonging to the same commune, and there were between six and twelve women in each group (depending on the number of women in each commune). For a period of 8 months, the women met once per month. The main aim of the group meetings was to enhance the women's capacities for mutual, informal support through sharing everyday worries and concerns in a safe and supportive environment.

An independent NGO (CCIHP) carried out the intervention. CCIHP trained facilitators, developed training materials, and provided capacity building to the facilitators. This NGO was also responsible for monitoring and supervision of the group meetings. The facilitators guided the group meetings and ensured a friendly and supportive climate. The topics for each group meeting were suggested by the facilitators and/or selected by the participants themselves. The main topics included: how to set up goals and motivations for life; how to handle motherhood; how to resolve domestic conflicts and disagreements, how to connect and share with other people in family and community; how to recognize signs of depression; and how to reduce everyday stress. Besides, in each group meeting, the women could share any life topics that they wanted to talk about.

The qualitative impact of the intervention was assessed through meeting observations; informal talks with the participants after meeting sessions; and open-ended interviews with 10 of the women participating in the intervention.

WOMEN'S EXPERIENCES OF THE INTERVENTION: A "TIME-OUT" FROM EVERYDAY TASKS AND A PLACE TO SHARE AND TO GAIN NEW KNOWLEDGE

Many women found that the group meetings offered a "time-out" from everyday obligations: the meetings gave them a good reason to leave their homes, taking time off from housework and childcare. The meetings also gave them a chance to learn about other women's circumstances and to support each other:

"We came and learned about each other's circumstances and then gained more knowledge..., so we could share with each other. In general, this is a place where I exchange with the others, I feel that my life is more interesting and we also can take care of each other." Lan, 29 years old

In some cases, women who had economic problems or domestic problems such as a difficult relationship with their mother-in-law or a lack of attention from their husband also felt that the group meetings were helpful, providing a possibility to share one's difficulties with others. Many women said that they especially appreciated the opportunity to gain new knowledge and skills that the groups offered, such as skills in maneuvering within their husbands' families or in childcare. The topics that were most favored by the women were those that were related to childcare, such as "How to be a good mother," and the topics that related directly to women themselves as persons were also appreciated – topics such as "my body", "relieving stress", or "relaxation".

"We shared the difficult things in our lives. I felt happy when I had shared all in my life, I had fun, and I liked to share ideas about baby care and health care. I liked that. I liked this topic a lot (laughs)." Trinh, 35 years old

PEER GROUP SUPPORT: A GOOD PLACE FOR SHARING SOME BUT NOT ALL CONCERNS

Though many women expressed interest in the group meetings, some women were reluctant to

The PAVE project is funded by DANIDA (the Danish International Development Agency) and conducted in collaboration between Vietnamese, Danish, and Tanzanian researchers from four universities: Hanoi Medical University, University of Copenhagen, University of Southern Denmark, and Kilimanjaro Christian Medical College. The research was approved by Research Ethics Committee.

share problems that had to do with their families, and especially problems in relations to their husband or in-laws. These women often did not say much in the groups, and if they did, they would only share very general thoughts. These women later said they really wanted to share their concerns in life, but they did not dare to: since the women in their group were living in the same village or commune as they were, sharing family problems might be seen as "washing one's dirty linen in public" (vạch áo cho người xem lung). They also feared that the other women in the group would tell their in-laws what they had said in the group; if this happened, it would significantly increase the stress of their lives:

"I did not go so deep into each topic because it was not necessary. I'm always afraid that the people in the commune may blame me, so therefore the discussions were not deep." -Thanh, 23 years old

While some women appreciated the new knowledge that they gained in the groups, others said that today there are so many sources of knowledge, including on the Internet, so the peer groups did not offer them many new insights:

"Talking about effects of the meetings, I did not see much effect.... I still participated, but I saw that everyone did not participate fully. They were not very enthusiastic, so the discussions did not go so deep... For instance, I remember the meeting about child care – actually, I could find much more information about this on the Internet (than what was discussed in the group)." -Trinh, 24 years old