Exploring postpartum depression in the Vietnamese moms scenario: Risk factors under a culture perspective

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Abstract The diagnosis and screening of postpartum depression (PPD) are increasingly crucial for promoting the mental well-being of perinatal women. Postpartum depression (PPD) can have a detrimental impact on mothers’ mental well-being and can also affect the mental health of individuals in their immediate circle. Additionally, PPD can hinder the development of the crucial bond between mother and infant during the early years of a baby's life. There is insufficient literature on cultural risk factors for postpartum depression in Vietnamese mothers. A search was conducted for papers published from 2010 to 2023. The examined articles revealed some important risk factors under cultural perspectives related to postpartum depression in Vietnamese mothers.

Keywords: postpartum depression, Vietnam, risk factor, culture

1. Introduction

Beck (1999) compared postpartum depression (PPD) to a “thief” who steals the love and joy a woman would experience with her new baby. Beck (1999) states that PPD affects 1 in 10 new mothers within the first year of a child’s life (10% to 15%), and it can have an impact on the mother, the baby, the baby’s brother or sister, the husband, and the mother’s entire family. The diagnosis of PPD, however, lacks rigor because it has not been well investigated in either clinical or experimental frameworks (Payne & Maguire, 2019). Falana and Carrington (2019) assert that PPD is still underdiagnosed since women do not always exhibit PPD symptoms despite advancements in diagnostic methodology and therapy, and mothers might be reluctant to discuss their mood swings with experts. Nguyen et al. (2021) conducted a literature review and reported that the prevalence of PDD among Vietnamese mothers at 1 to 12 months ranged from 8.2% to 48.1%, according to research conducted between 2010 and 2020.

For a long time, it was assumed that PPD primarily affects women in Western societies, suggesting that postnatal mood disorders are culturally specific (Bina, 2008). However, studies have shown that similar conditions present with comparable symptoms in other countries, challenging the notion that these disorders are limited by cultural boundaries (Anokye et al., 2018). The perception and experience of motherhood are greatly influenced by cultural expectations in various societies. Examining the diversity as well as the prevalence of postpartum depression and risk factors across different cultures can aid researchers in determining whether this condition is influenced primarily by psychological or biological factors or both. This current literature review aims to summarize and synthesize the current state of knowledge about PPD in Vietnam and the impact of cultural perspectives.

1.1. Postpartum depression diagnosis criteria, risk factors, and cultural symptoms

The precise etiology of postpartum depression remains elusive (Suryawanshi & Pajai, 2022). Current understanding posits a multifactorial influence, implicating genetic factors, hormonal and psychological dynamics, and stressors within one’s social environment in forming the root of PPD. Postpartum depression is diagnosed when an individual exhibits at least five depressive symptoms persisting for a minimum of 2 weeks. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), postpartum depression is characterized by the presence of a major depressive episode with peripartum onset, and it is not delineated as a distinct disorder (American Psychiatric Association, 2013). In essence, it is defined as a major depressive episode occurring during pregnancy or within 4 weeks postdelivery. The nine symptoms manifested almost...
daily, signifying a departure from the individual’s usual routine. For an accurate diagnosis, either depression or anhedonia (loss of interest) must be included among the five symptoms.

Additionally, PPD is frequently accompanied by symptoms such as anxiety disorders, sleep disorders, and eating disorders (Guille et al., 2013; Sander et al., 2021; Wisner et al., 2013). The varying prevalence of emotional symptoms reported in quantitative research with Vietnamese participants primarily include worries, anxiety, and stress. Specifically, “feeling nervous” was consistently highlighted across three studies, albeit at different rates (Goto et al., 2010; Nguyen et al., 2016), while “sadness” emerged as a notable emotional concern (Nguyen et al., 2023); feelings of isolation were also prevalent. These included thoughts such as “I am abusing my child” and “I do not have time to interact with the child in a relaxed mood,” and sentiments of worthlessness such as “They are useless and do not want to become a burden for others” and even experiences of “being homesick” (Goto et al., 2010; Niemi et al., 2010; Small et al., 2003). Additionally, mothers without support may feel “being ignored, being denied support, and being exposed to controlling behaviors” and may struggle with the pressures of household tensions or kinship conflicts (Gammeitoft, 2018; Nhi et al., 2018). A significant proportion of mothers reported more severe symptoms, with 37.9% acknowledging “suicidal thoughts” (Vo et al., 2017). While uncommon, some mothers experiencing a moderate level of PPD may exhibit abnormal behaviors such as “wandering around outside,” “attacking someone,” or “speaking without meaning” (Abrams et al., 2016). Furthermore, nighttime waking apart from infant care was self-reported among Vietnamese women at high risk of PPD (Fisher et al., 2004).

In the pioneering review, "Postpartum Depression: A Meta-synthesis," Beck (2002) identified four factors that might be related to PPD’s root causes: (1) The gap between a mother’s expectations and the reality of childbirth. (2) The emotion is restrained. (3) Stamina. (4) Potential conflict. According to research by Nguyen et al. (2021) research from 2021, there are three major categories of PPD risk factors that affect Vietnamese women: individual, familial, and environmental variables. Therefore, we want to expand our understanding of the topic of PDD among Vietnamese women by clarifying the influence of cultural factors on this topic.

2. Methodology

A comprehensive literature search was undertaken across various online databases, namely, MEDLINE/PubMed and ScienceDirect. English-language search terms such as “Vietnamese,” “Postpartum Depression,” “PPD,” “risk factors,” “cultural,” and “cultural perspectives” were used individually and in combination throughout the search process. Eligible studies were limited to research articles published within the last decade that aligned with these key terms. Additionally, the reference lists of the identified articles were rigorously investigated, leading to the discovery of further relevant studies. Subsequent to the initial search, a meticulous review of the results, including titles, abstracts, and full texts, was conducted to determine the suitability of the aforementioned studies for inclusion in this study.

2.1. Inclusion and Exclusion Criteria

Articles were considered for inclusion if they (i) investigated the prevalence of risk factors associated with common postpartum mental disorders, utilizing any measurement scale, or (ii) were conducted among Vietnamese participants, employing quantitative, qualitative, or mixed methods. Quantitative studies have provided numerical insights and potential associations between postpartum depression (PPD) and its related predictors, while qualitative research has delved into the experiences of new mothers within the framework of their sociocultural contexts; and (iii) studies were published between 2010 and 2023.

2.2. Analysis Method

To ensure the credibility of our findings, two separate researchers rigorously reviewed the eligible articles. A systematic approach was employed using a literature review matrix, presented in Table 1. This matrix included essential details such as title, authors (year), participants, screening tools, and results, including risk factors and cultural perspective, for each reviewed article. The systematic organization of this information facilitated a critical analysis of the articles, allowing for a comprehensive comparison of their methodologies and outcomes. By employing this structured matrix, we aimed to ensure transparency in our evaluation and identify trends, patterns, and research gaps within the reviewed literature.

2.3. Research Questions

This research answers the main question: What are the common risk factors under cultural perspectives related to postpartum depression in Vietnamese individuals?

3. Results

An exploratory analysis was conducted on the chosen articles to determine the presence of information related to the intended theme. A total of 158 articles were chosen for this reading. Shortly thereafter, optional reading was conducted, and
the selected articles were selected. Finally, 21 out of 158 articles were selected. A new analysis was conducted on the papers selected to meet this research's objective.

4. Discussion

4.1. Risk factors for postpartum depression and the impact of culture

According to Nguyen et al. (2021), there are three major categories of postpartum depression (PPD) risk factors affecting Vietnamese women: individual, familial, and environmental variables. This finding aligns with the findings in Table 1 of this study, where the 21 articles examined indicate that the common risk factors related to PPD in Vietnamese women predominantly involve three factors: individual, family, and environmental factors.

Regarding individual factors, some common risk factors are related to childbirth experiences, such as emotional experience and a miscarry of ailments during pregnancy (Choi et al., 2011; Do et al., 2018); antenatal depression (Tsao et al., 2015a); difficult experiences with and complications from labor and delivery (Ta Park et al., 2017); and having an ill baby (Vo et al., 2017). Other mentioned individual factors include exposure to coincidental life adversity (Fisher et al., 2010); a person's outlook on life or type of personality, fatigue, or sleep deprivation; worry; being a first-time mother; and limited communication and interaction with others (Do et al., 2018). Finally, the educational level factor was mentioned (Do et al., 2018; Wesselhoft et al., 2020).

Regarding family factors, the articles examined underscore a multifaceted array of influences rooted in intimate relationships and familial dynamics. A substantial body of evidence highlights the significant role of intimate partner violence (IPV), including emotional abuse, physical violence, and sexual assault, in elevating the risk of anxiety, depression, and even suicidal intent during and after pregnancy (Dang et al., 2022; Fisher et al., 2010; Fisher et al., 2013; N hi et al., 2019). This finding is critical, underscoring the need for comprehensive support systems that address the safety and psychological well-being of expectant and new mothers.

Moreover, the quality of the marital relationship and interactions with extended family members emerge as pivotal factors. Satisfaction with these relationships could act as a buffer against PPD, whereas dissatisfaction, lack of support from the husband, and stressful family relationships, particularly with in-laws, are associated with increased stress and depressive symptoms postpartum (Abrams et al., 2016; Choi et al., 2011; Do et al., 2018; Lee & Hung, 2016; N hi et al., 2018; Vo et al., 2017). These findings echo the cultural significance of familial harmony and support in Vietnamese society, emphasizing the need for interventions that foster positive family dynamics and communication.

Child-related factors, such as having a difficult baby or an ill child, exacerbate the emotional and psychological strain on mothers, further elevating the risk of PPD (Ta Park et al., 2017; Vo et al., 2017). Additionally, socioeconomic factors, including family income and the household wealth index, have been identified as significant predictors of postpartum stress and mental health disorders, suggesting that financial stability is crucial in mitigating the risk of PPD (Lee & Hung, 2016; Nguyen et al., 2015).

Regarding environmental factors, residence in rural provinces is associated with increased vulnerability to PPD, as identified by Fisher et al. (2010). This vulnerability may be attributed to limited access to healthcare resources and social support networks, underscoring the importance of geographical location in shaping maternal mental health outcomes. Similarly, economic hardships, such as poverty and food insecurity, significantly contribute to the risk of developing PPD, suggesting that socioeconomic stability plays a crucial role in maternal well-being (Murray et al., 2015).

Cultural practices, particularly traditional "doing-the-month" postpartum practices, have been shown to have a paradoxical effect on immigrant Vietnamese mothers. While intended to aid recovery, adherence to these practices was found to be negatively associated with maternal mental health, indicating that such cultural norms may sometimes act as stressors rather than support (Chen et al., 2012; Ta Park et al., 2017).

The role of social support emerges as a critical determinant of PPD risk. Positive social support and attitudes significantly mitigate the risk of depression among immigrant Vietnamese women (Chen et al., 2013; Lee & Hung, 2016). Conversely, the absence of social support, particularly among Vietnamese immigrant women during pregnancy, exacerbates vulnerability to PPD (Tsao et al., 2015a). This finding underscores the protective effect of social relationships and the detrimental impact of isolation on maternal mental health.

The cultural fabric of Vietnam, which is interwoven with deep-rooted beliefs and practices, plays a significant role in shaping the mental health landscape for mothers postpartum. The articles presented in Table 1 reveal several key themes that illuminate the cultural factors impacting PPD among Vietnamese women and the intricate ways in which cultural perspectives influence the risk of postpartum depression (PPD) and perinatal mental disorders among Vietnamese women.

The societal emphasis on lineage and the preference for male offspring, as mentioned in a study by Niemi et al. (2010), places considerable pressure on mothers, potentially exacerbating feelings of inadequacy and contributing to PPD. This cultural expectation is further compounded by the dynamics within extended family relationships, where the nature of the relationship with the mother-in-law and other family members can either serve as a support system or a source of significant stress (Fisher et al., 2010).
<table>
<thead>
<tr>
<th>No</th>
<th>Title</th>
<th>References</th>
<th>Participants</th>
<th>Screening Tools</th>
<th>Results/Risk factors/Cause</th>
<th>Culture factors/Cultural perspective</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The social contexts of depression during motherhood: a study of</td>
<td>Niemi et al. (2010)</td>
<td>Vietnamese at Ba Vi district, Ha Tay Province (Hanoi). Nine mothers and nine health workers who meet mothers during the pregnancy/postpartum period. Vietnamese at Hanoi Capital and Ha Nam province. All women registered with the commune health center in the previous month as being either at least 7 months pregnant or between the fourth and eighth week postpartum.</td>
<td>N/A</td>
<td>The causes of depression and postnatal depression given by health workers and mothers were grouped into four main categories: the external, the relational, the personal and not known.</td>
<td>Dissatisfied elder generation; No son, no prospect</td>
</tr>
<tr>
<td>2</td>
<td>Common perinatal mental disorders in northern Vietnam: community</td>
<td>Fisher et al. (2010)</td>
<td>Vietnamese at Ba Vi district, Ha Tay Province (Hanoi). Nine mothers and nine health workers who meet mothers during the pregnancy/postpartum period. Vietnamese at Hanoi Capital and Ha Nam province. All women registered with the commune health center in the previous month as being either at least 7 months pregnant or between the fourth and eighth week postpartum.</td>
<td>Structured Clinical Interview followed DSM-IV (SCID)</td>
<td>Women in rural provinces; Exposed to intimate partner violence; Fearful of other family members; Exposed to coincidental life adversity.</td>
<td>Affectionate and trusting relationship with mother-in-law; Fear of other family members.</td>
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<tr>
<td>3</td>
<td>A Comparative Study on the Postpartum Depression of Vietnamese</td>
<td>Choi et al. (2011)</td>
<td>One hundred and thirty-five women who had delivered a baby within 3 years were part of the study. Of these women, sixty were Vietnamese married immigrant women and sixty-seven were Korean women living in Gangwon Province.</td>
<td>EPDS</td>
<td>Marriage type; Satisfaction of relationship with the husband and other household extended family members; Emotional experience during pregnancy.</td>
<td>N/A</td>
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<tr>
<td>4</td>
<td>Screening for perinatal common mental disorders in women in the north of Vietnam: a comparison of three psychometric instruments</td>
<td>Tran et al. (2011)</td>
<td>Vietnamese at Ha Nam province and Hanoi Capital. All women meeting the criteria of being at least 28 weeks pregnant or mothers of 4–6-week-old babies.</td>
<td>EPDS, GHQ12, Zung SAS</td>
<td>N/A</td>
<td>“Viet Nam has a collective culture in which the benefit of the family or social group is a focus rather than that of the individuals. The expression of emotion, either positive or negative is generally socially proscribed and it is possible that people in this setting do not have sufficient wide emotional vocabulary. Therefore, the language to describe separate emotional states or differences in these states over time.”</td>
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<td>5</td>
<td>Postpartum depression and parental self-efficacy: a comparison of</td>
<td>Choi et al. (2012)</td>
<td>72 native Korean mothers and 69 married immigrant mothers from Vietnam who live in medium-sized areas of South Korea, and who gave birth less than 3 months prior to the time of data collection. All mothers were within 12 weeks of giving birth.</td>
<td>EPDS</td>
<td>Immigrant Vietnamese mothers experienced higher levels of postpartum depression than native Korea mothers</td>
<td>N/A</td>
</tr>
<tr>
<td>Study (Year)</td>
<td>Country and Sample Description</td>
<td>Methodology</td>
<td>Outcome 1</td>
<td>Outcome 2</td>
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<td>6</td>
<td>Postpartum cultural practices are negatively associated with depressive symptoms among Chinese and Vietnamese immigrant mothers married to Taiwanese men</td>
<td>Chen et al. (2012)</td>
<td>109 mothers were from China, and 81 mothers were from Vietnam within one year of delivery</td>
<td>EPDS</td>
<td>Adherence to doing-the-month postpartum practices was negatively associated with postpartum depressive symptoms among immigrant mothers</td>
<td>Adhering to postpartum traditions involves avoiding physical activity, to avoid using their eyes, exposure to wind and water, specific foods, offending deities, or polluting others, and consuming nourishing foods.</td>
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<tr>
<td>7</td>
<td>The interrelationships among acculturation, social support, and postpartum depression symptoms among marriage-based immigrant women in Taiwan: a cohort study</td>
<td>Chen et al. (2013)</td>
<td>Immigrant women from China or Vietnam who just gave birth to a child and lived in the five districts of Taipei City</td>
<td>EPDS</td>
<td>Social support and social attitude were negatively related to postpartum depression symptoms among immigrant women</td>
<td>N/A</td>
</tr>
<tr>
<td>8</td>
<td>Intimate partner violence and perinatal common mental disorders among women in rural Vietnam</td>
<td>Fisher et al. (2013)</td>
<td>417 women in Ha Nam province during pregnancy and followed up to six months postpartum</td>
<td>EPDS</td>
<td>Exposure to either lifetime or perinatal intimate partner violence (IPV), including emotional abuse, physical violence, and sexual assault, was associated with increased symptoms of anxiety and depression, as well as suicidal thoughts in women throughout pregnancy and childbirth. Childhood maltreatment, lack of care from an intimate partner, and low household wealth index have been related to developing common mental disorders (CMD) within the first year postpartum.</td>
<td>N/A</td>
</tr>
<tr>
<td>9</td>
<td>Postpartum change in common mental disorders among rural Vietnamese women: incidence, recovery and risk and protective factors</td>
<td>Nguyen et al. (2015)</td>
<td>211 women in the final trimester of pregnancy or 4-6 weeks after giving birth were followed up 15 months later</td>
<td>Structured Clinical Interview for DSM-IV Disorders</td>
<td>Poverty, food insecurity, being threatened/abused by family members, and intimate partner violence increased both depressive symptoms and lowered wellbeing.</td>
<td>The woman’s view regarding the importance of confinement was unrelated to depressive symptoms. However, the attitude of their primary caregiver toward the importance of confinement was significantly related to depressive symptoms.</td>
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<td>10</td>
<td>Postnatal depressive symptoms among women in Central Vietnam: a cross-sectional study investigating prevalence and associations with social, cultural and infant factors</td>
<td>Murray et al. (2015)</td>
<td>Moms one to six months postpartum</td>
<td>EPDS</td>
<td>Vietnamese immigrant mothers report higher levels of childcare stress and symptoms of postpartum depression compared to Taiwanese mothers</td>
<td>N/A</td>
</tr>
<tr>
<td>11</td>
<td>An Exploration of Parenting Stress in Immigrant and Taiwanese Mothers</td>
<td>Tsao et al. (2015b)</td>
<td>26 foreign-born Vietnamese and 162 Taiwanese mothers were surveyed at 6 weeks postpartum</td>
<td>EPDS</td>
<td>Immigrant Vietnamese mothers experienced more inaccessibility to other experienced mothers and poor maternal-infant bonding.</td>
<td>N/A</td>
</tr>
<tr>
<td>12</td>
<td>Emotional well-being of Vietnamese immigrant women during the transition to motherhood: A descriptive cohort study</td>
<td>Tsao et al. (2015a)</td>
<td>Vietnamese immigrated to Taiwan. Forty-four participants were recruited during pregnancy and 23 were followed up at six weeks postpartum.</td>
<td>EPDS</td>
<td>Probable antenatal depression predicted postnatal depression; Vietnamese immigrant women lacking social support during pregnancy</td>
<td>N/A</td>
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<table>
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<tr>
<th>#</th>
<th>Study Title</th>
<th>Authors</th>
<th>Sample Description</th>
<th>Measurement/Methodology</th>
<th>Findings</th>
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<tbody>
<tr>
<td>13</td>
<td>Predictors of postpartum stress in Vietnamese immigrant women in Taiwan</td>
<td>Lee and Hung (2016)</td>
<td>208 Vietnamese immigrant women in Taiwan</td>
<td>EPDS</td>
<td>Most mothers and all Primary health workers suggested that stressful family relationships could contribute to the development of symptoms perinatal mental disorders. Some Primary health workers and mothers specified that since most women move in with their husband's families after marriage, the relationships between women and their in-laws could be particularly stressful. Husbands were mentioned more than any other specific family member both as potential sources of psychological stress as well as support.</td>
</tr>
<tr>
<td>14</td>
<td>Perceptions and experiences of perinatal mental disorders in rural, predominantly ethnic minority communities in northern Vietnam</td>
<td>Abrams et al. (2016)</td>
<td>12 primary health workers and 14 perinatal women in Thai Nguyen province</td>
<td>N/A</td>
<td>&quot;... cultural norms dictate that women will move in with their in-laws after marriage, and that husbands often leave home for extended periods of time in order to find work.&quot;</td>
</tr>
<tr>
<td>15</td>
<td>Postpartum Traditions, Mental Health, and Help-Seeking Considerations Among Vietnamese American Women: A Mixed-Methods Pilot Study</td>
<td>Ta Park et al. (2017)</td>
<td>15 Vietnamese American mothers who had given birth to at least one live infant within the previous year</td>
<td>EPDS</td>
<td>Having experiences with stress or a high workload and a related lack of support for the work; a difficult baby; a person's outlook in life or type of personality; family/marriage or financial problems; fatigue or sleep deprivation; worry; the result of a difficult experience with and complications from labor and delivery; and/or postpartum isolation for the first month after delivery (per the Vietnamese postpartum tradition).</td>
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<td>16</td>
<td>Postpartum Depressive Symptoms and Associated Factors in Married Women: A Cross-sectional Study in Danang City, Vietnam</td>
<td>Vo et al. (2017)</td>
<td>600 mothers who gave birth 4 weeks to 6 months prior to being interviewed at Hai Chau District, Danang</td>
<td>EPDS</td>
<td>Not being able to rely on their husband for help; having a husband who does not spend time to discuss problems; having anxiety about matters other than the birth; not exercising after giving birth; and having an ill baby. Level of education, diseases during pregnancy, being the first-time mothers, dissatisfaction about family, and limited communication and interaction with others were significant predictors of PPD.</td>
</tr>
<tr>
<td>17</td>
<td>Postpartum Depression and Risk Factors among Vietnamese Women</td>
<td>Do et al. (2018)</td>
<td>116 women whose child[ren] are less than 1 year old and they are over 18 years old</td>
<td>EPDS</td>
<td>N/A</td>
</tr>
<tr>
<td>18</td>
<td>Emotional violence and maternal mental health: a qualitative study among women in northern Vietnam</td>
<td>Nhi et al. (2018)</td>
<td>10 women who were pregnant and ten had recently given birth</td>
<td>In-depth interviews</td>
<td>Experiences of emotional abuse were significantly shaped by dominant kinship arrangements: practices of patrilocal residence and principles of patrilineal descent tended to aggravate women's vulnerabilities to partner violence.</td>
</tr>
<tr>
<td>19</td>
<td>Intimate Partner Violence among Pregnant Women</td>
<td>Nhi et al. (2019)</td>
<td>1,274 pregnant women completed all interviews</td>
<td>EPDS</td>
<td>N/A</td>
</tr>
<tr>
<td>Study</td>
<td>Title</td>
<td>Methodology</td>
<td>Sample Size</td>
<td>Measures</td>
<td>Findings</td>
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<tr>
<td>20</td>
<td>Postnatal depressive symptoms display marked similarities across continents</td>
<td>Wesselhoeft et al. (2020)</td>
<td>4,516 women Denmark, Vietnam, and Tanzania (Vietnam N = 1,278)</td>
<td>EPDS</td>
<td>A low level of education</td>
</tr>
<tr>
<td>21</td>
<td>Effect of intimate partner violence during pregnancy on maternal mental health: a cohort study in central Vietnam</td>
<td>Dang et al. (2022)</td>
<td>150 women aged 18 years and older in the third trimester of their pregnancy</td>
<td>PHQ-9</td>
<td>Intimate partner violence during pregnancy (p-IPV) including emotional and physical violence were increased the risk of postpartum depression</td>
</tr>
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</table>
4.3. Public health and clinical implications

| Management of PPD | Healthcare workers seldom recommend psychiatric treatment and care. Instead, mothers often sought help from traditional medicine practitioners and fortune tellers (Niemi et al., 2010). In a follow-up assessment, it was found that more than two-thirds of women with common mental disorders at baseline had recovered. However, none of them had received formal mental healthcare (Nguyen et al., 2015). Mental healthcare provision was primarily limited to the long-term management of patients with psychosis or epilepsy (Abrams et al., 2016). |

4.4. Management and intervention of postpartum depression with cultural contributions

PPD necessitates proper care, including timely screening, early interventions, and follow-up assessments, to prevent its progression to more severe conditions. However, findings from three studies indicate a deficiency in mental healthcare services for mothers during this critical postpartum period when attention and care are most needed. One particular concern is limited long-term management options for women with severe depressive symptoms, namely, psychosis or epilepsy, in Vietnam. Consequently, mothers often resort to seeking assistance from traditional medicine practitioners and fortune tellers rather than accessing guidance from healthcare professionals (Niemi et al., 2010). Addressing this gap in maternal...
healthcare, specifically in the follow-up and long-term management of PPD, has been a significant challenge in Vietnam over the past decade.

After giving birth, a woman who has undergone drastic bodily transformation must also deal with horrible mental anguish, which will inevitably lead to stress and potentially severe psychological effects. If prompt and efficient assistance is not provided, not only the woman but also her child and family could suffer. Therefore, PPD is a psychological burden to which clinical researchers’ therapists on a large scale need to pay more attention. In-depth studies on this subject are required in Vietnam, with an emphasis on how local, ethnic, and national issues affect individuals’ mothers in Vietnam who have PPD.

4.5. Limitations and recommendations for future research

This study has several limitations. First, the study only included articles published in English. This may have led to the exclusion of relevant research published in Vietnamese or other languages, potentially underrepresenting research from certain cultural contexts within Vietnam. Second, the review was limited to articles that were accessible through the databases searched. This might have omitted valuable studies that are behind paywalls or not indexed in the chosen databases. Third, the literature search was confined to articles published from 2010 to 2023. Finally, despite efforts to conduct a thorough search using a systematic search strategy with specific keywords and inclusion/exclusion criteria, it is inherently challenging to ensure that all relevant literature on the topic is considered. The vastness of academic databases and the variability in terminology and keywords related to postpartum depression and cultural factors mean that some pertinent studies might have been inadvertently missed.

Given the profound influence of cultural factors on PPD, future research should delve deeper into specific cultural practices, beliefs, and societal norms that may impact maternal mental health in Vietnam. Exploring diverse regions and ethnic groups within the country could uncover more nuanced insights into how culture shapes the experience and expression of PPD. Beyond understanding the cultural landscape, research should also focus on developing, implementing, and evaluating culturally sensitive intervention programs tailored to the Vietnamese context. Studies could explore the effectiveness of integrating traditional and modern healthcare practices to address PPD. Additionally, investigating the role of community and family support in mitigating the effects of PPD can inform the development of culturally appropriate support systems. Finally, research that addresses the stigma surrounding mental health issues in Vietnamese society is crucial. Exploring culturally appropriate ways to raise awareness and encourage help-seeking behaviors can empower women to access needed support and improve their mental well-being.

5. Final Considerations

This comprehensive literature review sheds light on the profound influence of cultural, familial, and environmental factors on the prevalence and manifestation of postpartum depression (PPD) amongst Vietnamese women. Our research reveals the intricate and multifaceted nature of the risk factors associated with PPD, highlighting how personal experiences, family dynamics, and societal norms all play a role in shaping maternal mental health in the Vietnamese context. Additionally, it underscores the need for further investigation into the cultural nuances that affect PPD and the development of public health strategies and clinical interventions that are more culturally sensitive. By taking these factors into account, healthcare providers, researchers, and policymakers can collaborate to reduce the impact of PPD on Vietnamese mothers, their families, and society as a whole.

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Ethical considerations

Not applicable.

Conflict of Interest

The authors declare no conflicts of interest.

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References


