

Perceptions of Perinatal Depression amongst Moroccan-Dutch Women and their midwives

Karima Hazzouti 2517249
31-08-2018

VU- Supervisor Dr. M. Waltz
On-site Supervisor B.Schouten

Vrije Universiteit Amsterdam
Amsterdam Center for Health Communication

Introduction

Problem Statement

Midwives have difficulty signalling, discussing and referring depressive symptoms of Moroccan pregnant women. Existing Dutch interventions are usually not well suited to the cultural backgrounds of this target group

Objective

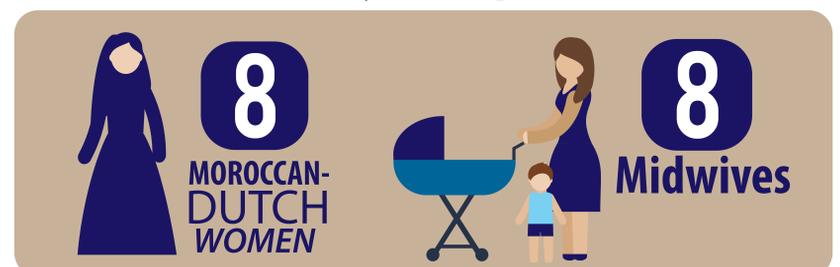
The aim of this research is to enhance screening of Moroccan-Dutch pregnant women at higher risk for depression by gaining insight into the perspectives of midwives and Moroccan-Dutch pregnant women regarding the screening process of perinatal depressive complaints.

Research Question

"What are the differences and similarities in perspectives between midwives and Dutch-Moroccan pregnant women regarding the identification of, communication about, and referral processes of depressive complaints?"



Study Design

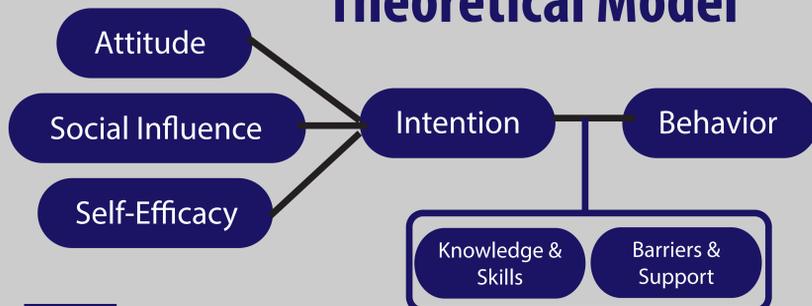


Semi-structured interviews



Coded with atlas.ti

Theoretical Model



The ASE model (De Vries, 1988) is based on the Theory of Planned Behavior (Ajzen, 1985) and the Social Learning Theory (Bandura, 1986). This model assumes that intention to exhibit certain behavior, such as receiving care for post natal depression, leads to the actual performance of that behavior.

Results

Signalling

Moroccan-Dutch women

"I think it can happen to everyone. I don't know if it happens to Moroccan women more often but I do know that Moroccan Dutch women will wear a mask and won't talk about it directly to the midwife or GP."

Discussing

Moroccan-Dutch women

"I was receiving treatment from a psychologist but I was so afraid my husband would find out that I started having panick attacks. I stopped going to the psychologist."

Referring

Midwives

"Going to a good psychologist is a big step for Moroccan women. A good psychologist is much more effective instead of solving in with family and friends."

Discussion

Strength

Perception of both midwives and Moroccan-Dutch women

Limitation

Our target group was Moroccan-Dutch women who are currently pregnant and are having negative feelings towards their pregnancy. Women who were actually diagnosed with post-natal depression could have given us better insight into the care and support they needed during and after their pregnancy.

Conclusion

"There are discrepancies in the perception of **Moroccan Dutch women** and **midwives** regarding depression amongst pregnant Moroccan-Dutch women. These differences can be bridged by **educating both groups.**"

Implication

Training, enhanced guidance, improved communication materials, possible health communicator app.