



Hands across the water

Australian expertise is tackling postnatal depression in Vietnam, writes **Amanda Place**

WHEN Associate Professor Jane Fisher visited Vietnam on a study tour 10 years ago, she couldn't have imagined how her life would change. This year, she expects to visit there at least four times, working with local health authorities to address serious levels of postnatal depression among new mothers.

Professor Fisher's work is a prime example of the way Australian health research expertise can be exported to other countries. While poor countries benefit from Australian knowledge, our researchers gain valuable insights into other cultures.

Academics, Professor Fisher says, do not live secure lives — constantly fighting for funds — but as compensation they get to do “extraordinarily interesting things”.

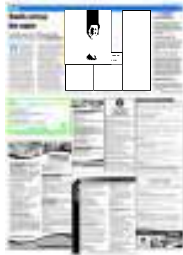
Professor Fisher is the co-ordinator of education and training at the Key Centre for Women's Health in Society, at the University of Melbourne, bridging the social and medical sciences to better understand women's health. She is particularly concerned with improving the mental health of women during their reproductive lives and has a passion for helping women in the broader Asia-Pacific region with support from the World Health Organisation.

During her first visit to Vietnam, she asked people in obstetrics hospitals, family planning centres and maternal and child health centres whether they ever witnessed distress in women after childbirth. Almost everyone said no. It was presumed that women were well-supported by their extended families. But one local researcher suggested the question needed to be asked and worked with Professor Fisher's Melbourne team to survey 506 women. The results were shocking.

Vietnamese women have rates of postnatal psychological distress two to three times higher than among women in industrialised countries. More than a third of those questioned met the criteria for postpartum depression. The results have attracted considerable interest in Vietnam and, as a result, Professor Fisher recently spoke at the first conference on the mental health of mothers and children in Vietnam, organised by the Vietnamese Government's National Committee for Population, Families and Children.

Formal partnerships have been established between the University of Melbourne and the Research and Training Centre for Community Development in Hanoi to improve primary mental health care for mothers and very young children.

The Myer Foundation has also been



involved, supporting a workshop, with local support from UNICEF. Professor Fisher was surprised by the number who attended from a wide spectrum including government, medical schools, psychiatric services, UNICEF and WHO.

There is a growing understanding that while most of the research on postnatal depression has concentrated on women in industrialised countries, rates in women in poor countries are much higher.

Depression is determined by the same factors, including a lack of a confiding relationship with a partner, an unsettled and crying baby, a lack of secure employment to return to after a period of leave and unwanted pregnancy. "However, all of these difficulties are worse in the context of poverty," Professor Fisher says.

The researchers were careful to translate the survey to provide accurate information and work continues on methods of assessing Vietnamese women in a culturally sensitive manner.

Finding ways to relieve mothers of their stressful life circumstances will be a challenge. For example, Professor Fisher and the team know that most women live in multi-generational homes, often in cramped conditions, are closely scrutinised and often criticised.

"It's not easy when you are looking after a new baby. Mothers-in-law are the most likely to 'police' you and the foods available to new mothers are often very limited (for cultural reasons for a month after birth), adding to their distress."

Professor Fisher has analysed research into psychological autopsies of 3000 Vietnamese women who died either during pregnancy or within six weeks of the end of a pregnancy over a 12-month period.

Suicide was the main cause of death.

"It is further evidence of the pretty serious problems of poor mental health in women," she says. "It is not investigated, traditions are not equipped to deal with the issue. There are no services available to address the problem.

"We've been attempting to build a climate, particularly in government, where we can think about which services might be incorporated into a very poor country."

Basic requirements are thought to be privacy, a job, enough food to eat and money to pay for health services.

"Over the last five years, a number of comparable studies have come out finding very similar things. If this had been the only one in the world, you might think it was a chance finding, but there have been similar findings in Pakistan, in poor townships of South Africa, India and in rural areas of Turkey. In all these places, between 25 and 40 per cent of mothers of newborns could be considered depressed.

"Poor maternal mental health is a very serious problem in the poor countries where they already have so many pressing health issues — nutrition and infectious diseases. Mental health has been something they can't even think about."

Melbourne is home to internationally unique early maternal support services at the Tweddle Child and Family Health Service, in Footscray, Masada Private Hospital, in St Kilda, the Queen Elizabeth Centre, in Noble Park, and the O'Connell Family Centre, in Canterbury, according to Professor Fisher. When analysing the situation in Vietnam and contrasting it to the high standard of care available here, she says, "I try to think of how things might have been here a century ago."



Associate Professor Jane Fisher says poverty inflames the issue of postnatal depression.

PICTURE: EDDIE JIM