

CHAPTER TWO: LITERATURE REVIEW

A literature review provides a comprehensive review of the past studies that support the present study and add value to the topic under investigation. The following chapter is designed to achieve research objectives while focusing particularly on the possible impacts of maternal depression on the child growth.

2.1 Overview of the Postnatal Depression

Postnatal depression is a kind of mood disorder related to the birth of a child, which can poorly affect the health of both mother and infant. It is also referred as postpartum depression in the medical field (Chrzan-Dętkoś and Łockiewicz, 2015, p. 429). The warning signs of PND are extreme depression, low energy, dejection, undue stress, anxiety, bad temper, and sleeping and eating disorders. The occurrence of PND is generally between 1 week and 1 month after childbirth. The health issue of PND critically impacts the overall health of the child, and lead to emotional and cognitive disorders if not treated at the time of onset. Whilst the real cause of PND is not clear yet, the cause is assumed to be a blend of physical and emotional elements (Zhang, 2015, p. 501). These might take account of elements like changes in the hormone and lack of sleep. Risk features include former events of postpartum depression, bipolar, a family record of stress, emotional disturbance, and complications of childbirth, limited family support, or an alcohol use. Identification of a disease is based on an individual's warning signs (Trapolini, McMahon, and Ungerer, 2007, p. 794). Whilst most females face a short episode of sadness or dejection after delivering a baby, PND depression must be suspected when signs are severe and persist over 2 weeks.

PND is a kind of depression that affects more than one in every ten females in a time of delivering a child. It can also impact fathers and partners, but research gives limited evidence over this fact. It has become imperative to look for help as soon as achievable if one thinks symptoms appear (Piché et al., 2017). With the suitable support, which can take account of self-defence strategic approaches and treatment interventions, most females make a complete recovery from the effects of postnatal depression.

2.2 Consequences of Maternal Depression on Child Development

Maternal depression at the time of childbearing is becoming quite prevalent and presents a considerable public healthcare issue (Rotko, 2016). A current research proposes as many as 17 percents of females with newborn babies have increased levels of depression signs, and such warning signs are expected to continue all through the child's pre-school years (Stein et al., 2014, p. 1805). Females identified with PND were 6 times more expected to show periodic depression symptoms, along with other bodily and emotional disabilities after four years comparative to those without having symptoms of postnatal or postpartum depression. Maternal depression does not end here rather it brings about serious implications over the child development, and impedes the normal growth process among young babies (Pereira, Negrão, Soares and Mesman, 2014, p. 604). It severely affects the emotional as well as the cognitive development of children, which later turn into serious healthcare disorders like behaviour issue or learning disabilities.

Along with the impacts of postnatal depression on the woman, there has been a considerable body of research showing unfavourable and adverse child behavioural results across an extensive age cohort (Netsi et al., 2018, p. 249). Postnatal stress has been demonstrated to be interrelated to newborn avoidant and disorganised association trajectories, and poor woman and

baby dealings that have been interlinked to externalising behavioural issues in the phase of toddlerhood (Bagner et al., 2010, p. 699). By the time of pre-school days, children vulnerable to constant postnatal depressive signs had extreme levels of parent-accounted internalising and externalising performance issues. A Meta view showed that the relationship amid postnatal depression and behavioural issues extend to youth (Trapolini, McMahon, and Ungerer, 2007, p. 795). Moreover, postnatal depression has been demonstrated to intervene the association between experience to social violent behaviour and teenager behavioural issues, addressing its strong implication on long-term child results.

2.2.1 Implications of Social and Environmental Factors on Child Growth in context of PND

Postnatal depression is related to disruptions in child well-being and growth as evident in key studies. It has been assumed that in low and middle profile nations, caregivers, mainly the mother, play a main responsibility in baby long-term endurance and growth. The environment in which caregivers (mother) provide care services is generally poorer comparative to nations with high-income and increasing levels of economic development, with females experiencing great physical challenges on a daily basis (Trapolini, McMahon, and Ungerer, 2007, p. 800). Overcrowding, no clean water or electric energy and hygiene are pervasive. In such situations, along with the initiating and maintaining particularly breastfeeding till six months, females have to do weaning, cleanliness, water purification and making certain that child is immunised. If the health of a child becomes poor, the mother is responsible to identify the cause of poor health, give additional care, get external support, and run treatment.

Evidently, the female's emotional wellbeing might play a central role in how successful she is capable to provide such care based services. For instance, depressive symptom is generally

characterised by limited attention, tiredness, sleep disorder, and mood swings, all of which can hinder with a female's ability to perform such tasks (Bagner et al., 2010, p. 700). Till currently, the most study on the effects of postnatal depression on child developmental outcomes has derived from populations in high profile nations of the world. In such nations, there has been an extensive study on the effects of postnatal depression on baby emotional instead of physical growth, while the opposite is true for low and mid profile nations of the world (Dennis, Janssen and Singer, 2004, p. 338). The relationship between postnatal depression signs and adverse baby physical development has been accounted in some nations further than southern parts of Asia, but not others. In Jamaica, females of babies falling under age bracket of 9 to 30 month with poor bodily development had more poor signs comparative to females of physically strong babies (Zhang, 2015, p. 510). On the other hand, when socioeconomic factors were considered, there was no free relationship found between psycho-social functions of the female and her baby development position.

2.2.2 Emotion and Cognitive Growth of Children in the Framework of Postnatal Depression

Postnatal depression is the most pervasive maternal emotional disability that can determine adverse impacts on the mother and child relationship and on overall child growth, with an occurrence rate of 15 percent to 20 percent. It is projected that in 2020, postnatal depression will become the second most leading public health concern. Among 30 percent and 50 percent of females with postnatal depression continue with depressive symptoms for a long time after delivering a child, overlapping with the crucial phase of greatest vulnerability of the child's emotional growth (González et al., 2017, p. 360). Study on postnatal depression proposes a negative implication on baby growth particularly if it is serious, prolonged, and impacts

underprivileged populations. Postnatal depression seems to impact the social skill and language development among young children.

Many recent studies have assessed whether postnatal depression is related to baby developmental outcomes as indexed by poor growth trajectory (Sun et al., 2015, p. 867). In general, results from such researches have been varied, with powerful relationships documented in few areas but not others. Some published types of research up to now, all based in South Asia, have critically assessed the extrapolative association between postnatal depression emotional health issues in childbearing and baby bodily results. One research of females across rustic areas of Pakistan discovered that depression signs in pregnancy were related with low body weight position of children (Rahman, Bunn, Lovel and Creed, 2007, p. 481). Another study in the same country reported that prenatal depression in females predicted poor development results in babies at two, six, and twelve months, with adverse consequences for those babies of females with the constant depressive state (Rahman et al., 204, p. 946). A third study was done in India to find a relationship between more generally outlined postnatal depression emotional morbidity in the phase of pregnancy and low body weight at a time of birth (Patel and Prince, 2006, p. 284). It is intriguing to note that evidence from high profile nations of an impact of postnatal depression signs during pregnancy on birth weight has been contradictory (Evans, Heron, Patel, and Wiles, 2007, p. 84). Nonetheless, if such a relationship does persist in low and mid-income nations of the world, such babies might be particularly vulnerable since low weight at a time of birth is itself a risk aspect for poor results; moreover pre-natal mother depression is the powerful predictor of postnatal depression (Dennis, Janssen and Singer, 2004, p. 339), which itself is related to compromised baby growth.

2.3 Possible Interventions to Improve Mother-Children Relationship

Policymakers and medical experts must work in collaborative teams to provide healthcare services, for example, screening tests for pregnant females become readily available. It is important to devise programs that should be intended to reduce disturbances to family performance (Dennis et al., 2004, p. 340). Such programs are avenues for minimising babies' risk towards psychopathology. Families, medical experts, and policy developers must become responsible to the reality that wide-ranging measures are considered necessary that not just deal with females' depression but also provide family level support and assistance (Evans et al., 2007, p. 85). For instance, depressed females must be given with parent educational sessions in order to teach them with successful skills and best approaches to rear babies in an effective and successful manner.

It is also important to support families with a depressive parent to take part actively in training sessions that guide them about positive ways to deal with challenging situations, specifically, how to manage conflicts on a daily basis in ways that foster problem resolving and conflict management. Since more study on moderating factors is carried out, preventative and therapy attempts can be better intended to those who are vulnerable to the risk of postnatal depression (Bagner et al, 2010, p. 701). These wide-ranging attempts that work as a team with females, babies, and family groups will indeed have a long-term and significant impact on baby's growth.

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