Post-natal depression in Latin American refugees

When post-natal depression is detected in refugee women with a history of trauma, finding suitable treatment options becomes a confounding process. LUCY MARIN and GABRIELA SALABERT report on the issues affecting Latin American women.

Among the Latin American communities living in Sydney are a large number of women of reproductive age. The last census reported that there were about 12400 Latin American women between ages 15 and 44, representing a quarter of Sydney's Latin American communities. The majority of these women are from Chile, Uruguay, Argentina, El Salvador, Peru, Nicaragua, Colombia, Ecuador, Bolivia and Venezuela.

Although Spanish is the common language in these countries, the cultures are extremely diverse. Each has its own unique perspective on health care and in rural areas traditional medicines and health practices are used. The Spanish word for "midwife" varies from country to country as do the expected roles of a midwife. It is important for health professionals to take into account this conceptual diversity when treating pregnant women from Latin American backgrounds.

Many of these women living in Sydney arrived as refugees and have a history of traumatic experiences that occurred before, or even during, pregnancy. It is not uncommon to find pregnant women or mothers who have experienced rape by government soldiers or militia groups. In some cases, pregnancy was the result of the rape.

In most Latin American countries abortion is illegal and there are few choices available to women who find themselves pregnant. They may terminate the pregnancy in unsafe or dangerous conditions, or proceed with childbirth.

In Latin American culture, a woman's mother is an important source of practical and emotional support during and after pregnancy. Traditionally, husbands have been less involved in the child-rearing process however this has begun to change over the last decades with men increasingly providing childcare assistance. That depends on social and economic factors and, in the case of refugees, the difficulties of settling in a new country.

These women who come to Australia as refugees may find themselves isolated during pregnancy. Their mothers, husbands and other extended family may remain in the country of origin or be inaccessible for other reasons and the natural support network that they might have expected breaks down. As a result, mothers can be extremely overwhelmed with the responsibility of caring for a new baby.

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When Latin American refugee women present to health and welfare professionals, they usually display symptoms such as nightmares, panic attacks and sleep disorders which are related to their past trauma. They are often diagnosed with depression, anxiety or post-traumatic stress disorder (PTSD). PTSD exacerbates post-natal distress particularly if the child is born soon after the woman arrives in Australia during the process of settlement.

In these circumstances, the new pregnancy can cause women to have intense feelings of hopelessness, confusion, ambivalence about bringing a child into the world and fears that their own anguish may effect the health of their baby. After the birth, mothers may become very depressed and internalise their feelings of anger caused by isolation, lack of support and their limited capacity to cope with this new experience.

Research carried out on Latin American women living in exile in the United States and Europe found they experienced a high incidence of post-natal depression (Canaval, 1998). The rate of post-natal depression was estimated to be between 10% and 30% depending on the country of residence. The risk factors identified were poor quality of life, lack of support from husbands, an increase in responsibilities and the sequelae of sexual, physical and emotional abuse in the country of origin.

The provision of social support has been identified as an important factor in the design of maternal health programs (Espinoza & Peralta, 1990). The establishment of support groups and psychotherapy groups for Latin American women in the public health system can alleviate some of the problems associated with isolation.

It is essential to understand the context in which post-natal depression occurs, to assess the resources available to the woman and to facilitate a comprehensive follow-up for women after birth.

Committed, aware health professionals will be an invaluable asset to women in this situation and will greatly assist their recovery.

Claudia's Story

Claudia is a 25-year-old woman from Peru who arrived in Australia with her husband when she was five months pregnant. They were both asylum seekers who had entered the country on a tourist visa.

Claudia had been a political activist in Peru and was studying teaching at university. Through a student organisation she recruited fellow students for the Shining Path guerilla movement. Claudia was also an active member of the Catholic Church, distributing food and other resources to disadvantaged people in Lima.

One day a truck with government soldiers arrived at the university to interrogate students suspected of being affiliated with the Shining Path. Claudia was abducted by the soldiers who blindfolded her and drove her to an undisclosed location. There, she was imprisoned in appalling conditions. She was kept in complete darkness and was fed scraps of bread and water. Occasionally a fellow prisoner was placed in the cell with her and later taken away by guards. She never saw them again and believed that the guards had taken them to be executed.

Claudia was kept in prison for three months. During this time she was beaten, burned on various parts of her body and raped repeatedly.

After three months she was removed from her cell, driven to an isolated area in the mountains and abandoned. She walked for hours until someone driving past in a van picked her up and drove her to the city. She was physically and emotionally ill.

Claudia stayed with her mother and husband but could not seek medical assistance for fear of detection by the authorities. Soon after being released from prison Claudia became pregnant. She and her husband escaped the country several months later.

In addition to these traumatic events, Claudia had also suffered physical, sexual and psychological abuse from her stepfather at the age of five. She later witnessed the murder of her stepfather and 15 year old brother by soldiers. Both had been tortured prior to their deaths.

When Claudia first presented to STARTTS for treatment she was experiencing a number of PTSD symptoms. Of greatest concern were sleep disorders, flashbacks, anger, fear and intrusive thoughts. Although she had experienced these symptoms before the birth of her son, they escalated after he was born.

Claudia developed post-natal depression and began exhibiting depressive moods, suicidal thoughts, feelings of guilt, lack of energy and concentration and memory problems. The intensity of her post-natal depression rated as severe according to the Edinburgh Post-Natal Depression Scale.

The uncertainty of gaining permanent residency in Australia, her lack of financial resources and inability to pay the hospital fees, further exacerbated Claudia's diagnosis.

Prior to the birth of her son, Claudia attended weekly counselling sessions at STARTTS where she worked on her psychological trauma, migration issues and grief. The most difficult issue for her at that time was her fear that she would not be granted refugee status in Australia and forced to return to Peru. Claudia was writing a statement describing her past trauma for the Refugee Review Tribunal which was an additional source of distress. The memories evoked by writing the statement were painful and hard to cope with.

Claudia had many practical needs that were dealt with. St Vincent de Paul, the Smith Family, Centacare and the Sydney City Mission were all contacted to assist with Claudia's material needs such as food, clothing and housing. There was regular liaison with Claudia's solicitor and hospital staff. The hospital needed to be convinced to waive the payment of fees until Claudia obtained a medicare card.

Claudia was also referred to a hospital where she participated in a pre-natal group for Spanish speaking women. At that stage she stopped attending counselling at STARTTS however she was re-referred for further counselling after her child was born. The issues she needed to discuss were related to her past trauma, settlement, isolation and post-natal depression.

Claudia was successful in obtaining permanent residency in Australia and has managed to come to terms with the traumatic events that she experienced in Peru. She is currently expecting her second baby and is an active participant in self-support groups. Claudia's mother has arrived in Australia and she has been able to build up her family again.

Claudia is now more self-reliant, assertive, aware of the health care system and confident about her second pregnancy. ●

Claudia's real name has been changed.

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