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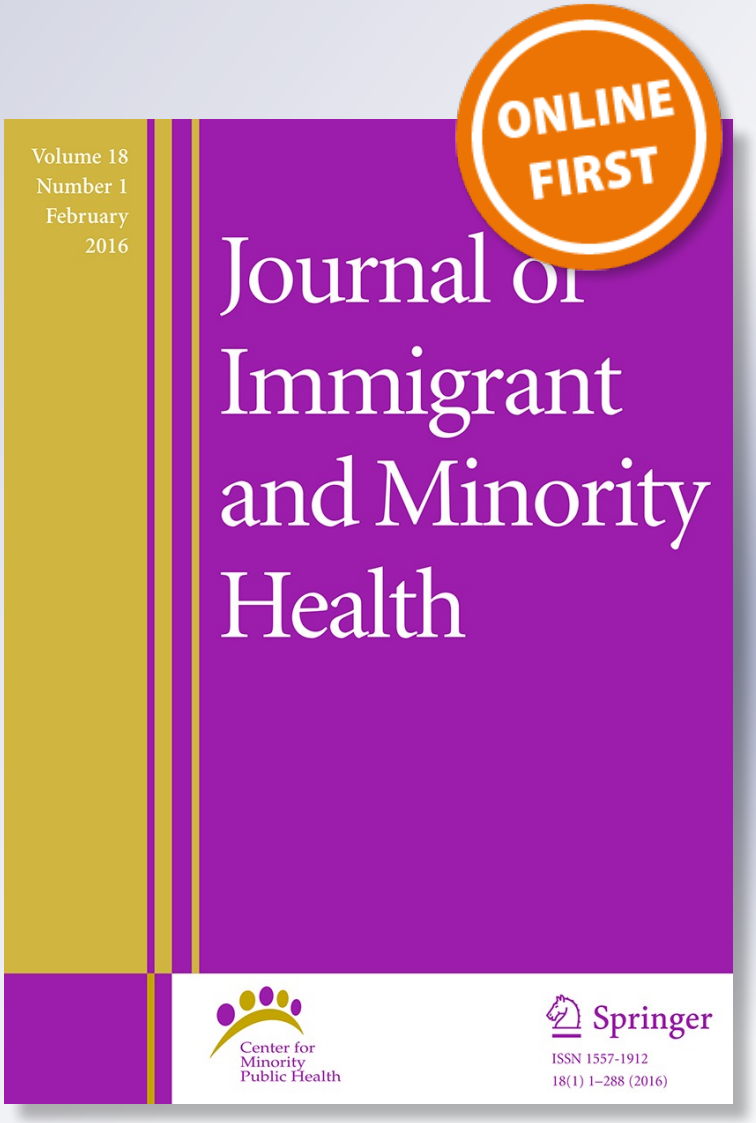

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BRIEF COMMUNICATION

The Association Between Postnatal Depression, Acculturation and Mother–Infant Bond Among Eritrean Asylum Seekers in Israel

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Abstract We examined the association between postnatal depression (PND), acculturation and mother–infant bond among 38 Eritrean asylum seekers in Israel, who were within 6 months of delivery. Participants completed a survey in their native language. A high rate of women (81.6 %) met the clinical threshold for PND on the Edinburgh Postnatal Depression Scale. Higher severity of PND (*partial* $r = -.64$, $p < .001$), higher identification with Israeli culture (*partial* $r = -.45$, $p = .02$), and lower quality of romantic relationship were associated with impaired mother–infant bond (*partial* $r = .58$, $p = .002$). Findings highlight the need to establish services to screen and treat PND among this vulnerable population in the receiving countries.

Keywords Asylum seekers · Attachment · Acculturation · Postnatal depression · Eritrea

Introduction

Postnatal depression (PND) is a common maternal health problem [1–3] that is characterized by symptoms of low mood, despondency, tearfulness, guilt, irritability, withdrawal, loss of appetite and problems sleeping. In addition to maternal morbidity, these symptoms may negatively affect a new mother's bond with her baby with potential impact on the newborn's cognitive and emotional development [4].

Despite its importance, little evidence examined PND among refugee, asylum seeker and immigrant women in developed countries [1, 5, 6]. A recent review suggests that PND affects up to 42 % of migrant women, compared to 10–15 % of native-born women [1]. A history of stressful life events, lack of social support and cultural factors (e.g., difficulty adhering to cultural rituals that are not recognized in Western countries) were associated with increased risk for PND among migrant women [1].

Although information on the number of women who are forced to migrate is difficult to ascertain, it is suggested that their numbers are increasing [7]. Yet, little is known about the risk of PND among asylum seekers as well as its potential effect on the mother–infant bond.

Factors related to pre-migration experiences [e.g., political turmoil and poverty; 8, 9], process of migration [e.g., loss of family and friends, physical and psychological traumatic experiences; 7]; and post-migration experiences [e.g., discrimination and restrictive policies; [10–13] are all likely to play a role in the increased risk for mental health problems among women who are forced to migrate.

Asylum seekers, like other migrants, often need to adapt to a new cultural environment that can place them at odds with their heritage culture. This process of acculturation may have significant implications to forced migrants' mental health [14, 15]. Although limited, some studies have shown that acculturating to the receiving society proves to be more challenging among those who have been forced to leave their home country, partly due to their temporary status [10, 16]. The process of adaptation can be

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particularly challenging for pregnant women and new mothers that are seeking refuge in new countries.

Here, we examined the association between PND, acculturation and the mother–infant bond among Eritrean asylum seekers in Israel. Eritreans claim asylum based on having escaped from an extremely repressive state and compulsory military service in Eritrea, a country that has long been known for its grave violations of human rights; religious and political persecution, disappearance of citizens and use of torture by the government [7, 17, 18].

Method

Participants and Procedure

A convenience sample of 38 female asylum seekers from Eritrea who sought health services at three family health centers in Tel Aviv, Israel, between May 2014–December 2014 and were up to 6 months post-delivery completed a list of measures (detailed below) upon accessing services. Measures were administered in the participants' native language (Tigrinya) with the assistance of a native speaking interviewer. Participants received an honorarium of 15US$ for their participation. The study was approved by the Ethics Committee of the Interdisciplinary Center, Hertzliya. Data collection was in compliance with human subject protocol.

Measures

The demographic questionnaire included questions regarding age, years of formal education, employment status, religion and marital status. Additional background characteristics questionnaire included questions regarding quality of current romantic relationship (participants rated the status of their relationship on a 5-point Likert scale, ranging from 1-'unhappy/unstable' to 5-'loving and stable'), time since arrival to Israel, detention history and questions regarding the last pregnancy.

Exposure to traumatic events were evaluated by asking whether participants have been hurt emotionally, physically and/or sexually during their journey to Israel. Final measure was calculated as the sum of the traumatic events reported by each participant.

Mother's Lifestyle Scale [19]. We used only the self-care (13 items) and nutrition (10 items) subscales of the measure. Participants were asked to indicate to what extent they have performed a list of actions on a 5 point Likert scale. Final score was computed as mean score of all items with higher score indicating better self-care and nutrition. Internal consistency of the measure was high (Cronbach's $\alpha = .87$).

Bicultural involvement and adjustment scale [20] is an 18 items measure reflecting a definition of acculturation as consisting of adoption of receiving-culture practices and retention of heritage-culture practices. The measure was adapted to the Israeli context [10] and consists of two separate subscales (Israeli and Eritrean). The subscales assess use of Hebrew/Tigrinya languages and affinity for Israeli/Eritrean food, entertainment, and music. Internal consistency of the Israeli and Eritrean scales were high (Cronbach's $\alpha = .77$ and .94, respectively).

Edinburgh Postnatal Depression Scale [EPDS; 21]. This 10 items measure is designed as a screening instrument for postnatal depression. Items are rated on a 4 point Likert scale (0–3) and address the intensity of depressive symptoms in the previous seven days. A cut-off of 13 differentiates between minor and major depression. Final scores were calculated as a sum of all items. Internal consistency was good (Cronbach's $\alpha = .72$).

Maternal Postnatal Attachment Scale [MPAS; 22]. This 19- items self-report measure assess the affective aspect of the mother-to-infant bonding during the infant's first year of life. Items are rated on a 5 point Likert scale with a total score calculated as the sum of all items. Higher scores indicate better bonding. Internal consistency was good (Cronbach's $\alpha = .72$).

Results

Socio-demographic and background characteristics of the sample are presented in Table 1. Participants' ages ranged between 20 and 37, they reported living in Israel for 3–6 years. The majority of participants were Christians. Most of the participants had up to 12 years of formal education, and approximately half of the participants were unemployed. The majority of participants reported conceiving consensually within the context of a long term relationship. All respondents arrived to Israel through the Sinai desert, and more than half of participants reported being kidnapped and/or being hurt emotionally during their journey (Table 1).

Participants reported higher identification with Eritrean culture ($M = 18.4$, $SD = 9.6$) compared with Israeli culture ($M = 12.5$, $SD = 6.0$). Scores for PND ($M = 14.9$, $SD = 5.5$) in the sample were high. With a cut-off point of 13 and above, 81.6 % of the sample met the clinical threshold for PND. Levels of mother-to-infant bond were in the midrange ($M = 53.2$, $SD = 8.0$).

Factors Affecting Postnatal Mother to Infant Bond

Multiple linear regression analysis using postnatal attachment scores as the outcome variable and quality of

Table 1 Socio-demographic and background characteristics of the sample (N = 38)

Age (mean, SD)	26 (4.3)
Time in Israel (years; mean, SD)	3.9 (1.3)
Religion[a]	
Christian	83.8 % (31)
Muslim	8.1 % (3)
Other	8.1 % (3)
Education[a]	
1–6 years (primary education)	40.5 % (15)
7–12 years (secondary education)	54.1 % (20)
13–16 years (higher education)	5.4 % (2)
Employment[a]	
Full time	5.4 % (2)
Part time	35.1 % (13)
Not working—searching for job	37.8 % (14)
Not working—not searching for job	10.8 % (4)
Other	10.8 % (4)
Family status[a]	
Single	2.8 % (1)
Married (partner in Israel)	80.6 % (29)
Married (partner not in Israel)	8.3 % (3)
Living with partner	5.6 % (2)
Other	2.8 % (1)
Quality of romantic relationship (mean, SD)	4.1 (1.6)
Pregnancy[a]	
Within marriage/long term relationship	80.0 % (28)
Within short term relationship	8.6 % (3)
Out of marriage/relationship	11.4 % (4)
Did you get pregnant[a]	
Consensually	96.8 % (30)
Forcefully (without consent)	3.2 % (1)
Mother's self-care and nutrition (mean, SD)	3.0 (.9)
Placed in detention in Israel	
Yes	60.5 % (23)
No	39.5 % (15)
Detention length[b]	
Up to 1 month	23.7 % (9)
1–3 months	28.9 % (11)
3–6 months	5.3 % (2)
More than 6 months	2.6 % (1)
Kidnapped en route to Israel[a]	
Yes	50.0 % (17)
No	50.0 % (17)
Exposure to traumatic events en route to Israel	
Hurt emotionally	52.6 % (20)
Hurt physically	13.2 % (5)
Hurt sexually	15.8 % (6)
Witnessing violence	60.5 % (23)

[a] Total number of participants is lower than the sample size (38) due to missing responses to these questions

[b] The question refers only to participants that were detained on arrival to Israel

romantic relationship, mother's self-care and nutrition, involvement in the Israeli and Eritrean cultures, total traumatic events and PND scores as predictor variables was significant, predicting approximately 66 % of the variance. PND was significantly associated with postnatal attachment, such that higher PND (*partial* $r = -.64$, $p < .001$) predicted lower attachment scores. Involvement in the Israeli culture was significantly associated with postnatal attachment, such that higher involvement in the Israeli culture (*partial* $r = -.45$, $p = .02$) predicted lower attachment scores. In addition, quality of romantic relationship was significantly associated with postnatal attachment, such that more supportive romantic relationship (*partial* $r = .58$, $p = .002$) predicted higher attachment scores. Estimates from the model are presented in Table 2.

Discussion

In this study we examined the association between PND, acculturation and the mother–infant bond among Eritrean asylum seekers in Israel. Consistent with previous research [1, 5, 6], our current findings show high PND rates (81.6 %) among this vulnerable population. Our findings expand this research and show that presence PND is associated with the mother's attachment to the newborn. The importance of secure attachment has been massively documented in the literature and disruptions to this process may put not only the mothers at risk for mental health problems but also the babies through multigenerational transmission of trauma [4].

Furthermore, acculturation plays an important role in the development of the mother infant bond. In particular, adoption of Israeli culture serves as risk factor for impaired connection with the newborn. Previous research showed that assimilated (limited involvement in maintaining the heritage culture alongside a high level of involvement with the receiving culture) asylum seekers reported higher depressive symptoms compared with other acculturation styles [10]. Assimilation can be a highly stressful process for female asylum seekers due to their uncertain migration status. Such uncertainty contributes the newcomer's difficulty managing daily hassles and overcoming poverty and discrimination [8, 10]. Finally, our findings provide further support to the influence of quality of romantic relationship on the risk of impaired attachment to the newborn among female asylum seekers [1]. These findings are in line with other research showing that asylum seekers are at greater risk to experience violence associated with pregnancy [23] and that social support is critical in protecting against the development of PND as well as the promoting help seeking behaviors among forced migrants [24].

Table 2 Multiple regression examining predictors of postnatal attachment among asylum seekers (N = 31)

Model	B	*SE* B	β	Partial *r*
(Constant)	56.53	6.22		
Quality of romantic relationship	2.29	.66	.44**	.58
Mother's self-care and nutrition	2.30	1.35	.24	.33
Involvement in the Israeli culture	−.51	.21	−.36*	−.45
Involvement in the Eritrean culture	.06	.13	.07	.10
Total traumatic events	−1.70	1.51	−.14	−.22
Postnatal depression	−.86	.21	−.55**	−.64

$R^2 = .66$, $F(6,24) = 7.89$, $p < .001$

* $p < .05$; ** $p < .001$

The study has several limitations. First, our data only included self-report measures which can be subject to biases [25]. Second, while the EPDS has been validated as a screening tool for postnatal depression among several populations in Africa [26] as well as among a population of asylum seekers in Western countries [1], a recent study suggested there may be validity problems related to "Western" terminology, which requires a closer examination [27].

Our findings stress the importance of adopting a critical perspective that acknowledges the migrant's experience and the unique set of socio-cultural circumstances from which these women have come. Such perspective can facilitate the development of culturally sensitive ways to alleviate their suffering [11]. Current psychological approaches to postnatal depression which emphasize individual level risk factors (e.g., hormones, thoughts, emotions) and individualized treatments (e.g., psychotherapy, medication) may not be appropriate in the case of forced migrants [11]. Studies document that government policies alongside internal psychological and coping resources and external social supports are vital in promoting resilience among pregnant migrants [23, 28]. These findings provide support to the importance of adopting a more socioecological framework to PND among asylum seekers [11, 29].

Our findings further point to the importance of establishing a coordinated effort to screen, prevent, and treat this vulnerable population in the receiving countries. This task has different barriers: language, shortage of trained health personal, scarcity of financial resources, and above all the political will to engage with the asylum seekers population in a growing hostile political situation. Combating the horrors of forced migration is both a public health and moral imperative. The international medical and non-medical communities should develop a growing awareness of this phenomenon and create more effective identification, documentation, surveillance, prevention, and treatment for postnatal depression among female asylum seekers for their wellbeing and the wellbeing of the generations to come.

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Compliance with Ethical Standards

Conflict of interest None.

References

1. Collins CH, Zimmerman C, Howard LM. Refugee, asylum seeker, immigrant women and postnatal depression: rates and risk factors. Arch Womens Ment Health. 2011;14:3–11.
2. O'hara MW, Swain AM. Rates and risk of postpartum depression-a meta-analysis. Int Rev Psychiatry. 1996;8:37–54.
3. Gaynes BN, Gavin N, Meltzer-Brody S, Lohr KN, Swinson T, Gartlehner G, et al. Perinatal depression: prevalence, screening accuracy, and screening outcomes. 2005. http://www.ahrq.gov/downloads/pub/evidence/pdf/peridepr/peridep.pdf.
4. Edhborg M, Nasreen H-E, Kabir ZN. Impact of postpartum depressive and anxiety symptoms on mothers' emotional tie to their infants 2–3 months postpartum: a population-based study from rural Bangladesh. Arch Womens Ment Health. 2011;14:307–16.
5. Bouris SS, Merry LA, Kebe A, Gagnon AJ. Mothering here and mothering there: international migration and postbirth mental health. Obstet Gynecol Int J. 2012;2012:1–9.
6. Stewart DE, Anita Gagnon R, Jean-Francois Saucier M, Olive Wahoush R. Postpartum depression symptoms in newcomers. Can J Psychiatry. 2008;53:121–4.
7. United Nations Population Fund. Shelter from the storm: a transformative agenda for women and girls in a crisis-prone world. 2015. http://www.unfpa.org/sites/default/files/sowp/downloads/State_of_World_Population_2015_EN.pdf.
8. Porter M, Haslam N. Predisplacement and postdisplacement factors associated with mental health of refugees and internally displaced persons. JAMA. 2005;294:602–12.
9. Thomas SL, Thomas SD. Displacement and health. Br Med Bull. 2004;69:115–27.
10. Nakash O, Nagar M, Shoshani A, Lurie I. The association between acculturation patterns and mental health symptoms among Eritrean and Sudanese asylum seekers in Israel. Cultur Divers Ethnic Minor Psychol. 2015;21:468–76.
11. Brown-Bowers A, McShane K, Wilson-Mitchell K, Gurevich M. Postpartum depression in refugee and asylum-seeking women in Canada: a critical health psychology perspective. Health. 2015;19:318–35.
12. Nakash O, Wiesent-Brandsma C, Reist S, Nagar M. The contribution of gender-role orientation to psychological distress among

male African asylum-seekers in Israel. J Immigr Refug Stud. 2013;11:78–90.
13. Shoshani A, Nakash O, Zubida H, Harper RA. School engagement, acculturation, and mental health among migrant adolescents in Israel. Sch Psychol Q. 2015;. doi:10.1037/spq0000133.
14. Berry JW. Immigration, acculturation, and adaptation. Appl Psychol. 1997;46:5–34.
15. Phillimore J. Refugees, acculturation strategies, stress and integration. J Soc Policy. 2011;40:575–93.
16. Nakash O, Nagar M, Shoshani A, Zubida H, Harper RA. The effect of acculturation and discrimination on mental health symptoms and risk behaviors among adolescent migrants in Israel. Cultur Divers Ethnic Minor Psychol. 2012;18:228–38.
17. Furst-Nichols R, Jacobsen K. African refugees in Israel. Forced Migr Rev. 2011;37:55–6.
18. Reynolds S. Hope on hold: African asylum seekers in Israel. 2013. http://refugeesinternational.org/policy/field-report/hope-hold-african-asylum-seekers-israel. Accessed March 4th, 2014.
19. Mahmoodi Z, Karimlou M, Sajjadi H, Dejman M, Vameghi M. Development of mother's lifestyle scale during pregnancy with an approach to social determinants of health. Glob J Health Sci. 2013;5:208–19.
20. Szapocznik J, Kurtines WM, Fernandez T. Bicultural involvement and adjustment in Hispanic-American youths. Int J Intercult Relat. 1980;4:353–65.
21. Cox JL, Holden J, Sagovsky R. Detection of postnatal depression: development of the 10-item Edinburgh Postnatal Depression Scale. Br J Psychiatry. 1987;150:782–6.
22. Condon JT, Corkindale CJ. The assessment of parent-to-infant attachment: development of a self-report questionnaire instrument. J Reprod Infant Psychol. 1998;16:57–76.
23. Stewart DE, Gagnon AJ, Merry LA, Dennis C-L. Risk factors and health profiles of recent migrant women who experienced violence associated with pregnancy. J Womens Health. 2012;21:1100–6.
24. O'Mahony JM, Donnelly TT, Bouchal SR, Este D. Barriers and facilitators of social supports for immigrant and refugee women coping with postpartum depression. Adv Nurs Sci. 2012;35:E42–56.
25. Sonuga-Barke EJ, Minocha K, Taylor EA, Sandberg S. Inter-ethnic bias in teachers' ratings of childhood hyperactivity. Br J Dev Psychol. 1993;11:187–200.
26. Lawrie T, Hofmeyr G, De Jager M, Berk M. Validation of the Edinburgh Postnatal Depression Scale on a cohort of South African women. S Afr Med J. 1998;88:1340–4.
27. Stapleton H, Murphy R, Kildea S. Lost in translation: staff and interpreters' experiences of the Edinburgh Postnatal Depression Scale with women from refugee backgrounds. Issues Ment Health Nurs. 2013;34:648–57.
28. Gagnon AJ, Stewart DE. Resilience in international migrant women following violence associated with pregnancy. Arch Womens Ment Health. 2014;17:303–10.
29. O'Mahony JM, Donnelly TT, Este D, Bouchal SR. Using critical ethnography to explore issues among immigrant and refugee women seeking help for postpartum depression. Issues Ment Health Nurs. 2012;33:735–42.