Developing a Vignette based Questionnaire to Assess Help Seeking Intention, Stigma and Perception regarding Peripartum Depression

Gayani Amarassinghe (gayanishashikala.89@gmail.com)
Rajarata University of Sri Lanka https://orcid.org/0000-0002-7473-0853
Suneth Agampodi
Rajarata University of Sri Lanka Faculty of Medicine and Allied Sciences

Research note

Keywords: Stigma, Peripartum, Depression, Sri Lanka, Help Seeking Tool

Posted Date: September 26th, 2019

DOI: https://doi.org/10.21203/rs.2.15225/v1

Abstract

Objectives Depression is the commonest mental health problem in pregnancy. Health seeking for peripartum depression is heavily influenced by stigma and disease perceptions which need to be studied in order to design interventions to improve health seeking. Since quantitative studies on this are scares we decided to study stigma and perception regarding peripartum depression and its association with help seeking intention among pregnant women in Sri Lanka. This paper reports how a tool was designed and validated for this study. Results A self-completed questionnaire was developed based on a vignette of a postpartum mother with symptoms of peripartum depression. Vignette was used as people are not familiar with western disease descriptions. It also provided opportunity to study how participants construct meaning to typical symptoms of peripartum depression. Stigma and perception regarding peripartum depression were presented as statements. Agreement to these statements after reading the vignette was to be marked in a likert scale. The vignette and statements were constructed following discussions with local stakeholders, assessment of diagnostic criteria, global literature and survival stories. Expert validation by a multidisciplinary team and cognitive validation by pregnant women were conducted and pretested. It was developed in Sinhalese and translated to Tamil and English.

Introduction

Depression is the commonest mental health problem in pregnancy [1]. Peripartum depression has been defined as current or, if full criteria are not currently met for a major depressive episode, most recent episode of major depression where onset of mood symptoms occurs during pregnancy or in the 4 weeks following delivery [2]. Peripartum depression can cause severe morbidity and even mortality to the affected woman and her children as well, hence timely identification and treatment of the condition is of paramount importance.

Health seeking behaviors for mental health conditions such as peripartum depression are heavily influenced by stigma, disease perception and socio-cultural beliefs [3]. These factors need to be studied in order to find effective strategies to ensure timely treatments for peripartum depression.

However, literature on stigma and perceptions regarding peripartum depression are mainly from qualitative studies. Generalizable evidence generated from larger scale quantitative studies are lacking for this topic. Therefor we planned to study stigma and perception and their association with help seeking intention related to peripartum depression in Sri Lanka. In order to carry out this study we needed to develop an appropriate tool.

Sri Lanka has a pluralistic health system where people's perceptions on diseases can be shaped by views of western, Ayurvedic and traditional medical systems. Therefore, peoples' comprehension on etiology and progression of a set of symptoms can be quite different to what is anticipated by practitioners trained in western medical system. Non-medical people may not be familiar with disease names used in western system and may perceive an entirely different picture to the actual disease if the disease is referred to by its name. To find a way around these challenges we decided to use a vignette describing peripartum depression and assess stigma and help seeking intentions related to the vignette scenario. Use of a vignette also allowed assessing how participants construct meaning for common symptoms of a particular disease, i.e.; whether they are able to identify a possibility of a disease when its symptoms are noticed. Vignette based studies have been conducted to assess peoples' attitudes regarding various mental illnesses locally as well as internationally [4–6].

Main Text

The Tool

A self-completed questionnaire with a vignette was designed. A vignette describing experience of 'Ama', a postpartum mother of a one month old baby who is experiencing symptoms of peripartum depression (without suicidal thoughts) was given in part A. In part B, the vignette was modified as the same mother getting suicidal thoughts frequently (Table 1).

Table 1- The vignette of peripartum depression

For conceptualizing stigma in the current study, mental illness stigma framework was used [7]. All three constructs of stigma from perspective of stigmatizer (stereotypes, prejudice and discrimination) as per mental illness stigma framework were included as statements. Similarly, perception about symptoms of peripartum depression (part A of vignette) and perceptions about suicidal thoughts in a woman with possible peripartum depression (part B of the vignette) were presented as statements (see table 2). A five point likert scale was

used to assess level of agreement (from strongly disagree to strongly agree) to each statement considering how participants personally feel after going through the vignette.

Participants were asked about the likely course of action they will follow if they were the person described in the vignette. This included questions on help seeking intention (for part A and B of vignette), first choice of help seeking source, probability of turning to selected sources for help seeking (to be marked from a five point adjectival scale from never to definitely), preferred method of informing a health care provider about symptoms and perceived likelihood of receiving given responses for help seeking from selected sources (to be selected from a five point likert scale from extremely unlikely to extremely likely).

Table 2 - Statements included in the questionnaire to represent constructs of stigma and perceptions.

Stereotyping	Prejudice	Discrimination	Perception
“Ama must be lazy”	“I feel angry about behavior of Ama”	“I do not wish to be a friend of Ama”	“Ama's condition is normal. Almost everyone feels like that after having a baby”
“Ama does not have the courage and strength that should be there in a mother”	“I feel pity towards Ama”		“It is not normal but it will resolve on its’ own in a while”
“Ama is a danger to her baby”	“She should not have become a mother in the first place”		“It is likely to be a mental health problem” (For part A only)
“Ama doesn’t have a good family background”	“I feel angry about her husband”		“Her life is at risk”(for Part B only)
“It is Ama’s karma/ God’s wish”			
“Ama is not receiving enough support from her family”			

Development and validation of the tool

When a vignette is used the findings are heavily dependent on validity of the vignette. To increase the internal validity vignette should be constructed following assessment of existing literature, validated by a panel of experts and pretested [8].

This vignette was designed based on the Diagnostic and Statistical Manual V (DSM V) diagnosis criteria [2] and International Classification of Diseases (ICD) 10 classification of depression [9]. Survivor stories presented in scientific literature, qualitative studies, and internet based postpartum depression support groups (local and international) were also

referred when designing the vignette and the statements on stigma and perception. Reproductive age females in the same community and midwives, and doctors in the public health sector were also interviewed during the process.

Expert validity for the vignette and the questionnaire were obtained from a panel of experts using a semi structured feedback form. The expert panel included a Consultant Psychiatrist, a Consultant Community Physician, a Medical Anthropologist, a Social Scientist, and two Medical Officers of Health and a panel of public health midwives. Feedback was obtained regarding technical accuracy, clarity, cultural appropriateness, sensitivity, ethically soundness and comprehensiveness of the vignette and questions.

Cognitive validation of the questionnaire was conducted with ten pregnant women admitted in obstetric ward of the teaching hospital Anuradhapura (THA). Since THA is the main hospital which drains people from across the entire district this sample was assumed to be compatible with the intended study population. Pregnant women were asked to read the vignette and answer questions in the tool that were asked verbally from them. Then the thought process of respondents after reading the vignette and when giving a particular answer was assessed using probing questions on three aspects; comprehension of key phrases in the question/ vignette, applicability of the question/vignette to the community and sensitivity of the question/vignette. Answers were documented, and the questionnaire and vignette were changed accordingly.

The original vignette and the questionnaire were developed in Sinhala language and were translated to English and Tamil by professional translators. Consensus was obtained from three native Tamil health professionals regarding the Tamil translation.

The questionnaire was pretested among thirteen pregnant women admitted in the obstetric wards for confinement in THA. Questionnaire was found to be understandable and participants could complete it within averagely 20 minutes.

Informed written consent was obtained from all participants of the study.

Conclusions

In this paper we report how a vignette based questionnaire was designed and validated to quantify the perceptions and stigmatizing views on peripartum depression among pregnant women; the at risk population for the said condition. To our knowledge, this is the first of such tools reported in scientific literature. We hope that identifying most prevalent stigmatizing views and incorrect perceptions in a community by using this tool will allow designing 'culturally-tailored' health promotion activities to improve help seeking for peripartum depression which is a rising challenge for maternal health in many communities today.

Limitations

Using a vignette design can introduce courtesy bias. This was anticipated and to minimize this, participants were given a structured introduction before data collection. Participants were reassured that identification information are not collected in the questionnaire and responses will not be checked when they handover the filled questionnaire. They were also informed about the value of providing responses genuinely representing their perception and thoughts without worrying about being right or wrong.

Even though validation of the vignette was done according to professional and community view points (details given in results section), no data was collected to quantify the agreement between the intended vignette (peripartum depression) and the specialists' diagnosis about it.

Use of a self-completed questionnaire can be challenging if the education level and comprehending ability of the studied community is poor. Female literacy rates are high (94.6%) [10] and 96.6% had attended school in this study setting. A pictogram of emoticons was used to compliment the words describing options in likert scales in order to further aid comprehension and decision making process of participants. A reduction in time taken to complete the questionnaire was observed with this step.

Even though standard diagnostic criteria, global scientific evidence and survival stories from all around the world were used to develop the questions and the vignette a vigorous

cultural adaptation should be considered if the tool is to be used in a different setting.

Declarations

List of abbreviations

THA – Teaching Hospital Anuradhapura

Ethics approval and consent to participate

Ethical approval for the entire research project was obtained from the Ethics Review Committee, Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka (Reference No : ERC2018/19). Informed written consent was obtained from all participants.

Consent for publication

Not applicable

Availability of data and material

No data was generated but the study tool described in the manuscript is available from the corresponding author on reasonable request.

Competing interests

The authors declare that they have no competing interests.

Funding

Self- funded

Authors' contributions

GSA conceived the research concept, carried out the tool development and validation and prepared the manuscript. SBA supervised the tool development and validation and involved in preparing the manuscript. All authors read and approved the final manuscript.

Acknowledgements

Not applicable

References

1. Fisher J, Cabral de Mello M, Patel V, Rahman A, Tran T, Holton S, et al. Prevalence and determinants of common perinatal mental disorders in women in low- and lower-middle-income countries: a systematic review. Bull. World Health Organ. [Internet]. 2012 [cited 2018 Feb 27];90:139–149H. Available from: http://www.who.int/entity/bulletin/volumes/90/2/11-091850.pdf
2. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). 5th ed. American Psychiatric Association; 2013.
3. Grissette BG, Spratling R, Aycock DM. Barriers to Help-Seeking Behavior Among Women With Postpartum Depression. J. Obstet. Gynecol. Neonatal Nurs. [Internet]. 2018 [cited 2019 Jan 10];47:812–9. Available from: https://linkinghub.elsevier.com/retrieve/pii/S0884217518303216
4. Angermeyer MC, Schomerus G. State of the art of population-based attitude research on mental health: a systematic review. Epidemiol. Psychiatr. Sci. [Internet]. 2017 [cited 2019 Jun 22];26:252–64. Available from: http://www.ncbi.nlm.nih.gov/pubmed/27573679
5. Attygalle UR, Perera H, Jayamanne BDW. Mental health literacy in adolescents: ability to recognise problems, helpful interventions and outcomes. Child Adolesc. Psychiatry Ment. Health [Internet]. 2017 [cited 2019 Jan 13];11:38. Available from: http://www.ncbi.nlm.nih.gov/pubmed/28814972
6. Amarasuriya SD, Jorm AF, Reavley NJ. Predicting intentions to seek help for depression among undergraduates in Sri Lanka. BMC Psychiatry [Internet]. BioMed Central; 2018 [cited 2019 Jan 13];18:122. Available from: http://www.ncbi.nlm.nih.gov/pubmed/29728075

7. Fox AB, Earnshaw VA, Taverna EC, Vogt D. Conceptualizing and Measuring Mental Illness Stigma: The Mental Illness Stigma Framework and Critical Review of Measures. Stigma Heal. [Internet]. Stigma and Health; 2017 [cited 2018 Apr 1]; Available from: http://doi.apa.org/getdoi.cfm?doi=10.1037/sah0000104
8. Hughes R, Huby M. The construction and interpretation of vignettes in social research. Soc. Work Soc. Sci. Rev. [Internet]. 2004;11:36–51. Available from: http://essential.metapress.com/openurl.asp?genre=article&id=doi:10.1921/17466105.11.1.36
9. World Health Organisation. ICD-10 Version:2016 [Internet]. 2016 [cited 2019 Jun 22]. Available from: https://icd.who.int/browse10/2016/en