







MONTHLY NEWSLETTER OF THE DISTRICT ACTION GROUP ON MENTAL HEALTH INITIATIVES D3030

MAY 2024/ISSUE 39



EDITORIAL

REIMAGINING MOTHERHOOD

Traditionally, motherhood is considered as a natural and primary duty of a woman; this concept has cultural and roots. She is historical expected to get married, reproduce and nurture the next generation.



In the modern era, this notion is being changed. It is being recognised that though it is a fulfilling role; motherhood is not the sole purpose and duty of a woman. She is talented, has diverse interests and deserves the freedom for education and career.

Society is evolving and the gender roles are shifting. The woman can decide whether to get married or not. Live-in relationships and same sex marriages are also becoming part of the institution of marriage. Thus, the women are reclaiming and controlling their bodies. They want to explore, experiment and live life as per their choices.

The advancements in technology and awareness about reproductive rights changed all. This has empowered women to choose and to control. They can make informed decisions from the options such as contraception, fertility treatment, adoption, surrogacy and to remain child-free too. Thus, the linear thinking of 'marriage-childbirthnurturing' has changed into a diverse pattern of thinking.

The body and the mind are intricately connected. Recognising this connectedness is essential in promoting comprehensive and holistic health physical, emotional as well as psychological.

Taking into consideration the growing complexity of this topic, the editorial team of Mind Matters decided to cover it in a series of issues. The first one focuses more on the natural course of pregnancy and motherhood. I hope this will make you put on the thinking cap!

-Dr. Aabha Pimprikar Co-Editor

Awards that do not exist

(and you're trying to win anyways)



Most perfect.



Never said no.



Rested the least.



Didn't need help.



Worked the longest.



Didn't make any mistakes.



Lived up to everyone's expectations.



Charlotte, MScPsy | @themindfriend

SERVICE IN ACTION

ROTARY CLUB OF JALGAON WEST

Inspires Empowerment during Navratra with 'Jagar' Program

The Rotary Club of Jalgaon West ushered in the Navratra festival with an inspiring initiative that goes beyond the traditional celebrations. On this occasion, the club launched the 'Jagar' Program in various schools throughout Jalgaon, featuring illuminating lectures by renowned gynaecologists and a psychiatrist, designed to empower and educate school girls.

The Rotary Club of Jalgaon West along with their expert gynaecologists and a psychiatrist, delved into topics that matter most to young girls as they navigate the journey into womanhood. These topics included women's health, reproductive awareness, emotional well-being, and holistic development.

The inclusion of a psychiatrist in the program exemplified the club's commitment to addressing not only physical but also mental and emotional aspects of adolescent growth. The sessions encouraged open conversations, enabling students to discuss their concerns and seek guidance in a nurturing environment.

The 'Jagar' Program received accolades from both students and educators for its dedication to the holistic development of young girls in Jalgaon. The Rotary Club of Jalgaon West, by taking advantage of the symbolism of Navratra, demonstrated the transformative power of community organizations in fostering positive change and empowerment in the region.

R C Jalgaon West organised this event in 6 schools and 2200 students were benefitted.

Doctor's who contacted the session for girls are:

- 1. Rtn. Dr. Preeti Bharude, Gynaecologist
- 2. Rtn. Dr. Archana Kabra, Psychiatrist
- 3. Rtn. Dr. Kanchan Narendra, Psychiatrist

-Rtn. Sarita Khachane, President RC Jalgaon West -Rtn. Munira Tarwari, Hon. Secretary RC Jalgaon West

JALGAON WEST WELCOMES YOU



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SERVICE IN ACTION

CHILD SAFETY AND PREVENTION OF CHILD ABUSE- A REPORT

After undergoing rigorous training and certification in 2022 in Child Safety and Prevention of Sex Abuse, I have trained almost 3200 children, 1000 parents, 350 teachers and 70 councilors so far. The attendees include, School children, children from slum areas, Special needs children, LGBTQIA+ and Parents from different backgrounds.

With the help of this training, I could create awareness about child safety and prevention of abuse of children. The guidance that parents require is to identify the changes in children and thereby handle it tactfully. Understanding the problem and handling it the right way - is the aim of these sessions.

I feel blessed that from Rotary Club of Nagpur Elite, and DAGHMI 3030 - I will be presenting my project at the Rotary International Convention at Singapore, on the 28th of MAY, 2024.



-Shivangi Garg Trainer - Child safety and Sex abuse.









MATERNAL MENTAL HEALTH

The transformation from woman to mother has a deep, lasting impact on a woman's psyche. There are also changes in the neurochemistry and neurophysiology of a woman during pregnancy and post-partum. These effects can be seen as mood swings, irritability and sleeplessness.

As per the National Alliance on mental illnesses Maternal mental health, also known as perinatal mental health, refers to a mother's overall emotional, social, and mental well-being, both during and after pregnancy.

Even though all women can develop mental illnesses during the period of pregnancy and for a period of 1 year after childbirth (postpartum period), there are a few risk factors which make women more vulnerable. They include- having a past personal or family history of psychiatric illness or substance abuse, past personal history of sexual, physical or emotional abuse, current exposure to intimate partner violence or coercion, current social adversity and adverse life events.

Psychological problems during pregnancy are estimated to be high world over and are known to vary across trimesters. Psychosis is much less common but may also lead to suicide in some cases. Perinatal obsessive compulsive disorder (OCD) is higher than in the general population especially with mothers having obsessions related to the harm to the baby and contamination. Even though childbirth is a positive experience for many, Post Traumatic Stress Disorder (PTSD) related to childbirth has also been identified recently. If these disorders are not identified and treated in time, it can affect not only the well-being of the mothers but also affect the growth of the fetus, maternal fetal attachment, and higher risk complications during childbirth.

While most women following delivery experience postpartum blues, postnatal psychological distress has also been observed. Postpartum depression is most frequently seen between 6 and 8 weeks after child birth. Also the most severe form of perinatal mental disorder is postpartum psychosis where the woman might cause harm to herself or her baby, is a psychiatric emergency.

This can be detrimental to the wellbeing of very young infants as they are highly sensitive to the environment and the quality of care. Prolonged or severe mental illness hampers the mother-infant attachment, breastfeeding and infant care.

Many new parents, especially mothers, need psychological and emotional support. A combination of self-care, family and social support, therapy, and medication can be helpful to take care of psychological issues.

-Dr Rucha Sule Khot Consultant psychiatrist, Nashik

MATERNAL MENTAL HEALTH STATISTICS

(Data collected from WHO and other sources)

- Almost 1 in 5 women will experience a mental health condition during pregnancy or in the year after the birth
- 10% of pregnant women and 13% of women who have just given birth, experience a mental disorder, primarily depression.
- This is even higher in developing countries, i.e. 15.6% during pregnancy and 19.8% after child birth.
- Antenatal depression and/or anxiety ranges from 8% to 30% but are influenced by cultural practices also.
- Among women with perinatal mental health conditions- 12–16% of women experience postpartum depression, 20% will experience suicidal thoughts or undertake acts of self-harm while only about 10% of women seek help.

NURTURE THE NURTURER

The transition from womanhood to motherhood is not easy and does not happen in a brief moment of 'childbirth' or in a stretch of pregnancy to postpartum.

Motherhood starts with pregnancy and lasts lifelong. This is a gradual journey with lots of ups and downs. There is a constant interplay of various factors. The roles these factors play keep on varying in the entire period of maternity and later; and also vary from mother to mother.

The impacting period of maternity (pregnancy to postpartum one year) may seem swift for few, but is demanding for the majority of moms. Each mother faces her own challenges - physical, emotional and psychological. The physical pain endured during delivery can be healed within the moments of holding the baby. But the load of challenges and responsibilities may affect her emotionally and psychologically (and may present as a single episode of outburst or minor-major illnesses).

As the onus of bringing up a child remains on the mother primarily, the first major impact is the loss of autonomy. She faces various challenges at every developmental milestone of the child till the child becomes an adult.

Society trivializes these experiences in many ways. She is dramatically romanticized as a 'superwoman' instead of offering support in the form of shared household responsibilities, quality healthcare and proper nutrition. Lack of empathy and understanding may have adverse effects, more so if there are pre-existing mental illnesses.

Giving birth to a baby is not some activity or a 'to do' thing. It is the most important event as the mother is creating a new human. It is crucial that we are mindful of a mother's mental health, acknowledge the silent struggles and offer support.

With regular screening, due care and access to the treatment whenever needed; the mothers will be better equipped to nurture their children

This will not only help the mothers individually,

but also the family. In the long run it will contribute to better future generations and a healthier community as a whole.

-Dr. Aabha Pimprikar Co-Editor



IMPLICATIONS OF INADEQUECY Tara, a vibrant young professional, happily chose to

NUTRITION:

Tara, a vibrant young professional, happily chose to become a mother. Unfortunately, pregnancy marked the beginning of a tumultuous journey. After enduring 17 hours of labour, she delivered her son. After 4 months, she fell unconscious, which revealed a distressing truth—Tara had attempted suicide.

Further analysis uncovered severe deficiencies in Tara's micronutrient levels, rooted in months of food avoidance, due to multiple reasons. Her vitamins, such as vitamin B6, B 12, D and Minerals such as Iron and calcium went much below the normal levels creating fatigue, mood swings, procrastination, depression and suicidal thoughts. She incessantly fed the child, barely slept, and neglected everything else around her. She and her husband were alone in the foreign country without family support.

Pregnancy and postpartum demand attention to both physical and emotional well-being, with nutrition playing a pivotal role.

In my clinical practice, I realise that mothers' health gets neglected after a few weeks of delivery, as the focus shifts to the health of the baby. The focus of her diet is more on macronutrients such as wheat, rice, dhal, lentils, meat, fish, and egg. Micronutrients such as vegetables, green leafy vegetables, fruits, seeds, and nuts get neglected. Apart from that, exercise is also totally avoided, due to work overload. Consumption of macronutrients and sedentary work adds to the gaining of weight by the mother, making her obese, which becomes hard to deal with in the long run.

Severe nutritional deficiencies can lead to malnutrition, posing grave risks to maternal and foetal health. Malnutrition during pregnancy increases the likelihood of complications such as low birth weight and preterm birth, while also heightening the risk of postpartum depression.

Nutritional deficiencies disrupt the delicate balance of neurotransmitters and hormones, exacerbating mood swings, anxiety, and stress levels. Essential nutrients like omega-3 fatty acids, vitamins B and D, zinc, and magnesium play crucial roles in supporting mental health.

Inadequate nutrient intake can lead to chronic fatigue, leading to despair. For women already dealing with mental health issues, inadequate nutrition can amplify symptoms.

Holistic dietary interventions can support maternal well-being, empowering mothers with resilience and vitality, ensuring a brighter future for themselves and their children.

-Dr. Sripriya Shaji, Ph.D. Counselling Psychologist & Nutritionist Srisha Counselling, Kozhikode











MOTHERHOOD: MYTHS, EXPECTATIONS AND REALITIES

Motherhood, revered across cultures, often succumbs to societal myths and peer pressures that dictate unrealistic expectations. Within the realm of social and peer influence, several facets contribute to glorification and burdening motherhood. From myths surrounding the role to the weight of societal expectations, navigating these pressures requires a nuanced understanding.

One prevalent myth revolves around the glorification of motherhood as the primary role of a woman. While nurturing is undoubtedly significant, defining motherhood solely through this lens undermines the diverse identities and aspirations of women. Expecting all mothers to conform to a singular archetype negates individuality and diminishes the value of other roles women may pursue.

Within this myth lies the expectation of being a perfect and endlessly happy mother. Society often portrays motherhood as a blissful journey devoid of struggles, perpetuating unrealistic standards. The pressure to exude constant joy can lead to feelings of inadequacy and guilt when mothers inevitably face challenges or moments of exhaustion.

Furthermore, the notion that a mother should have total control over her child amplifies the burden of responsibility. While guidance and discipline are essential, the belief in absolute control overlooks the autonomy and agency of the child, fostering a dynamic of dominance rather than mutual respect and understanding.

In Indian culture, the overemphasis on motherhood is deeply ingrained, influenced by both religion and societal norms. While motherhood is undoubtedly celebrated, this emphasis can inadvertently suppress alternative paths and contributions women may pursue. The expectation to prioritize family and children above all else can restrict women's autonomy and hinder their personal fulfillment.

Religion and culture wield significant influence in shaping perceptions of motherhood, often intertwining with societal expectations. While these influences can provide a sense of community and support, they can also perpetuate rigid roles and norms that limit individual expression and fulfillment.

In conclusion, navigating social and peer pressure in motherhood requires a critical examination of prevailing myths and expectations. By challenging the glorification of motherhood as a singular identity, acknowledging the complexities of the role, and embracing diverse expressions of maternal love and care, society can foster a more inclusive and supportive environment for mothers to thrive.

-Dr. Rujuta Hantodkar Consultant Gynaecologist, Thane (Mumbai)

MISCARRIAGE MATTERS!

"It hurts because it matters" – John Green

Pregnancy loss (miscarriage, abortion, fetal death – induced or spontaneous – early, late and recurrent) is one of the adverse pregnancy outcomes in which the physical health is taken care of; but the psychological health most of the time, is underestimated.

Every person (mother, father, family and friends) who experiences miscarriage experiences grief. There can be anger, sadness, bitterness, fear, disgust, even surprise. Family members may blame the mother and each other for this profound loss. This adds to the mother's guilt while in grief.

The mother who has lost her baby experiences lack of self-esteem, guilt, distress, anxiety, depression and even PTSD (post-traumatic stress disorder). The father also experiences loss and grief, but is usually unable to express. He struggles with the feeling of inadequacy as he doesn't know how to support his partner. He avoids bringing up the topic so that the partner doesn't get upset.

Complicated Grief

In a few parents the grieving process is more intense and long lasting. It presents with rumination over the loss, numbness or detachment, prolonged longing for the loved one along with many other symptoms. This is known as Prolonged Grief Disorder / Traumatic Grief/ complicated grief / PCBD (Persistent Complex Bereavement Disorder).

This has been included in DSM-5 (Diagnostic and Statistical Manual of Mental Disorders) in the year 2022 and in ICD-11 (11th revision of the International Classification of Diseases).

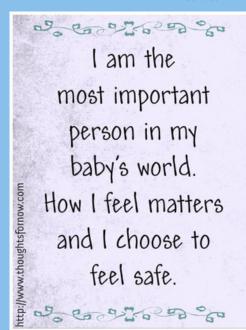
This pathological grief may evolve into psychological disorders like anxiety, depression and even PTSD which may continue till the subsequent pregnancy and might lead to further complications.

Coping Mechanism

The ability to cope varies from patient to patient. Good communication with and support from family members play a major role for a woman. Men majorly go into a creative or problem-solving mode. They should open up, share their emotions, express and show that they care.

Support groups, Talk therapy, Mindfulness, Journaling, ACT (acceptance and commitment therapy), CBT, REBT, CGT (complicated grief therapy-psychotherapy with medicines in extreme cases) are some of the psychotherapy options available.

-Dr. Aabha Pimprikar Co-Editor



MOTHERHOOD: A LEARNING CURVE!!!

Motherhood is like driving a car, each time a bump comes, you need to change gears to meet the demands of the child. It is also an endless learning process!

Infancy and Early Childhood (0-5 years): A mother's primary focus is her child's basic needs. Hence, round-the-clock attention, frequent feedings, diaper changes, and sleepless nights are the norm. Stress points are both physical and emotional. The mother should- prioritize self-care by taking breaks when possible, seeking support from family and friends, and eating well. She should educate herself about child development from paediatricians, child psychologists or parenting resources to gain confidence in caregiving practices. Thirdly, to foster bonding, she should engage in cuddling, reading, and playing together, which strengthens the parent-child relationship and enhances emotional wellbeing for both mother and child.

Middle Childhood (6-11 years): As a child enters school and gains independence, mothers experience stress related to maintaining a work home balance, besides caring for the child's academic and social development. It is important to establish routines for homework chores, and leisure activities that help reduce chaos in the household. She should encourage autonomy by allowing the child to make age-appropriate decisions and take on responsibilities. Maintaining open communication with the child allows mothers to address concerns, offer guidance, and provide emotional support.

Adolescence (12-18 years): The teenage years, a challenging time, as the child navigates identity formation, peer pressure, and increasing autonomy. Mothers experience heightened stress as they grapple with setting boundaries, monitoring screen time, and guiding through academic and career decisions. She needs to practice patience, empathy and understand that this phase is of self-discovery. Establishing clear rules and expectations provides structure and guidance for teenagers. Fostering independence by supporting teenagers in making decisions and solving problems builds confidence.

In conclusion, a mother's parenting style must adapt to the changing needs of her child as they progress through different stages of development. By understanding the unique stress points associated with each stage and implementing effective coping strategies, mothers can nurture a strong bond with their children while promoting healthy growth and development.

-Shivangi Garg Certified Trainer, HR recruiter









EMPTY NEST SYNDROME

Young parents caught up in endless chores and tasks always dream of the days when they will be free of their responsibilities. After spending years of dedicated parenting; when children fly away, some feel a sense of accomplishment with relief and some experience the 'empty nest syndrome'.

The three key characteristics of Empty Nest Syndrome are:-

- 1. Grief Deep sadness and grief.
- 2. **Emptiness** Feeling empty , adrift like a boat without a rudder.
- 3. Fear and worry- Uncertainty and anxiety about the future. Some parents may be too preoccupied with the child's well-being.

Empty nest syndrome may also impact the relationship and the marriage. Some signs to watch out for include lack of satisfying physical intimacy, emotional distance, or a sense of not having much in common with one's partner. In case the symptoms persist for a longer time, it may require professional help.

COPING STRATEGIES

Parents who have fulfilling lives and treasured friendships are less likely to experience this syndrome. In fact, this period can be a powerful tool for self-discovery and enrichment.

New social connections- Finding people with a similar mindset like a support group can be really fruitful. Benefits of support groups include emotional support, mutual understanding, and increased connections. Some additional methods include:-

Investing in Yourself- Parents can finally start doing things that they loved but never had the time for pursuing an old hobby, developing a new venture or taking a long vacation. They can also start a new business to follow their passion & supplement their income. One of my friends teaches painting online and another tutors math to underprivileged kids.

Practicing Self-care- This is the time to do whatever it takes to restore the body ,mind and soul. They can delve into spirituality or religion or social work.

It is important to know that life is ever changing and if we can adapt, we can lead a happy and fulfilled life.

> -Dr. Shantala Bhole Director DAGMHI 3030



THE AGONY OF LOSING UNBORN BABY

I was about to complete the 6th month of my pregnancy and one day I got a feeling that something was not right. I got scared as I have had some complications in my first pregnancy. I immediately contacted my Gynaecologist who decided that I should get hospitalized. I was perplexed and wanted to run away from the situation. I was worried for my 5 year old daughter who was with me at that time.

Soon the 'something not right' got converted into an ordeal that lasted for 15 days and ended with taking away the unborn child. I was devastated. My family, friends and even the doctors were in shock. There were a lot of questions in everyone's mind, but no one dared to even utter a word. The biggest challenge was to talk to my daughter, who was expecting a younger sibling and in pain to see her mother suffering. I had to make a number of excuses to pacify her confusion and curiosity.

I had lost confidence and I was unable to do smaller tasks like boiling milk for my daughter. I felt guilty for not being able to take care of my kids.

I started getting irritable if someone offered sympathy. I started avoiding interaction about my 'lost' baby. I scolded my daughter a couple of times for no reason. My husband did not utter a word; but one day I realised that it's not only me - he also had lost his baby. I decided to stay back, we all discussed how we are feeling and decided to offer support to each other and stay strong.

After a year long treatment, we planned another pregnancy. I was anxious and paranoid throughout the pregnancy as this presented some complications. I kept on feeling guilty and my family kept on telling me. "It's not your fault".

It was not my fault; the guilt and grief kept revisiting intermittently and I kept on thinking of that unborn child till I delivered a healthy baby. By the grace of God, I have two healthy, grown ups now.

A Mother

EDITORIAL TEAM

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• SHIVANGI GARG: REVIEWER

AMMA: REVERENCE OF SACRIFICE

"Amma!!! Will you just shut up? I am all grown up. I know what I am doing," M's words are a poignant reminder of how often we belittle or dismiss our mothers.

Motherhood is often revered as the epitome of selflessness and unconditional love, across the globe. Beneath this idealized facade lies a stark reality: the silent battles, often unnoticed and stigmatized by society.

One of the most disheartening aspects is how mothers are taken for granted, their sacrifices and contributions are overlooked or dismissed. From the endless chores to the emotional labour, they bear a burden that is frequently undervalued. Their preferences are neglected, overshadowed by others' demands. Moreover, the family is often ignorant of their mother's health and well-being.

Adding to this burden is the pervasive guilttripping. Whether it is a missed school event or a disciplinary issue, she shoulders the blame for any perceived shortcomings. **This constant sense of guilt contributes to her feelings of inadequacy and self-doubt.** Moreover, society often unfairly blames mothers for their children's misbehaviour, adding to their immense pressure and leading to anxiety and stress.

There is a joke circulating the internet that perfectly encapsulates this reality: a daughter, overwhelmed with a messy house and children in tow, asks her mother, "When will they stop depending on me?" The mother, with a wry smile, retorts, "You're 32 and still checking on me.' Regardless of age or accomplishment, we can easily find ourselves reverting to cringing at our mothers without hesitation. Most tragically, society demands unwavering support from mothers, often neglecting their own needs and desires. While they may provide well materially, emotional support is often lacking.

It's time to dispel the myth of the self-sacrificing mother and recognise the toll of motherhood on mental health. We need a culture of support where mothers prioritize their well-being without judgment. Let us honour their strength and resilience by acknowledging their struggles with compassion and empathy.

-Dr. Sripriya Shaji Ph.D Counselling Psychologist & Nutritionist Kozhikode

