



الجامعة الإسلامية العالمية ماليزيا  
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA  
بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ  
Garden of Knowledge and Virtue

LEADING THE WAY  
TUNDUKAN - AMANAH - ISKOK - RAHMATANIL ALAMIN  
LEADING THE WORLD



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# Research areas

1. Development of a spouse-inclusive framework for digital self-care management of **perinatal depression and anxiety** (FRGS- 1 Sep 2022-31 Aug 2024)
2. A web-based self-help intervention (Mama OK Kit) for **perinatal depression and anxiety**: The effectiveness and women's experiences ((IIUM-UNISZA-UKM-USIM -1 Sep 2022-31 Aug 2024)
3. Improving **maternal mental health** in Indonesia - Malaysia through Assets Based Approaches (University Muhammadiyah Yogyakarta)
4. Improving **maternal mental health** in South East Asia through assets-based approaches. (UK Medical Research Council)
5. **Postnatal mental illness**: towards designing an assessment tool for Malaysian mothers (IIUM-UNISZA-UPSI-USIM)
6. Recognition of **perinatal depression**: Exploring healthcare professionals and women's knowledge and awareness (IIUM)

# Publications



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1. Arifin, S. R. M., Daud, S. A., Ruslan, N. L. S., Abdullah, K. H. A., Abas, N. A. H., Husain, R., ... & Idris, I. (2022). Exploring the Views of Healthcare Practitioners on **Postnatal Mental Illness Screening** Among Malaysian Women. *Malaysian Journal of Medicine and Health Sciences*. 18 (19).
2. Arifin, S. R. M., Zulkifli, S. W., Abdullah, K. H. A., Mohideen, F. B. S., Abas, N. A. H., Perveen, A., ... & Idris, I. (2022). **Depression, anxiety, and physical activity** among antenatal women during COVID-19 pandemic. *International Journal of Public Health Science (IJPHS)*. 1288-1295.
3. Arifin, S. R. M., Abdullah, K. H. A, Abas, N. A. H., Husain, R., Che' Man, M. (2022). **Understanding the healthcare practitioners' experience in managing women with postnatal depression: a qualitative study in Malaysia**. *IIUM Medical Journal Malaysia*. 95-105.
4. Arifin, S. R. M., Cheyne, H., Maxwell, M., Yousuf, A. (2021). **The Malaysian Women's Experience of Care and Management of Postnatal Depression**. *Clinical Practice and Epidemiology in Mental Health*. 10-18
5. Arifin, S. R. M., Ismail, A. S., Samsudin, S., Hassan, N. A., & WH, W. M. (2021). Prevalence and Factors Associated with the **Depressive and Anxiety Symptoms amongst Antenatal Women**. *IIUM Medical Journal Malaysia*. 20(1).
6. Arifin SRM & Hassan NA (2020). The psychological impact of COVID-19 on antenatal women: a scoping review. *IIUM Medical Journal Malaysia*, 19 (2).
7. Arifin SRM, Cheyne H, Maxwell M. (2020). **Conceptualisation of postnatal depression in Malaysia: The contribution of critical realism in exploring the understanding of women's and healthcare practitioners' perspectives**. *Opcion*; 26
8. Hassan NA, Razali NI, Arifin SRM, Samsudin S. (2020). **Healthcare practitioners' knowledge and awareness on perinatal depression** in Kuantan, Pahang, Malaysia. *International Journal of Psychosocial Rehabilitation*, 24 (4) pp.2530-2537

# Publications



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9. Arifin SRM, Cheyne H, Maxwell M. (2020). **Cross-cultural experience of maternal postnatal depression.** International Journal of Psychosocial Rehabilitation; 24(3)
10. Samsudin S, Arifin SRM, Razak AF, Hassan NA. (2020) **Knowledge and awareness of depression among perinatal women** attending maternal and child health clinics: a cross sectional study. International Journal of Advanced Science and Technology. Vol. 29(6), pp. 1553-1558
11. Arifin SRM, Cheyne H, Maxwell M. (2019). **Healthcare practitioners' views of postnatal depression: a qualitative synthesis.** Malaysian Journal of Health Sciences (MJHS), 17 (1). , 0 pp. 73-82. ISSN 1675-8161
12. Arifin SRM, Ismail AS, Samsudin S, Hassan NA, Wan Mamat WH (2019). **Prevalence and factors associated with the development of antenatal mental disorders among Malaysian women,** Journal of Pharmacy and Biollied Sciences
13. Arifin SRM, Cheyne H, Maxwell M. Review of the **prevalence of postnatal depression across cultures.** AIMS Public Health 2018;5(3):260–95.
14. Arifin SRM, Cheyne H, Maxwell M. **The context of postnatal depression in Malaysia: an overview.** Mal J Nurs, 2018;10(1):57-65.
15. Arifin SRM, Cheyne H, Maxwell M. (2016). **The contribution of a critical realist approach to understanding the symptoms and causal explanations of postnatal depression** in Malaysia. Proceedings of the Qualitative Methods Conference 2016 International Journal of Qualitative Methods, 15 (1), 0 pp. 5-5.

“This is not who I am  
before giving birth”:  
Understanding women’s  
experience of perinatal  
depression and anxiety



# Outline

Introduction

Prevalence

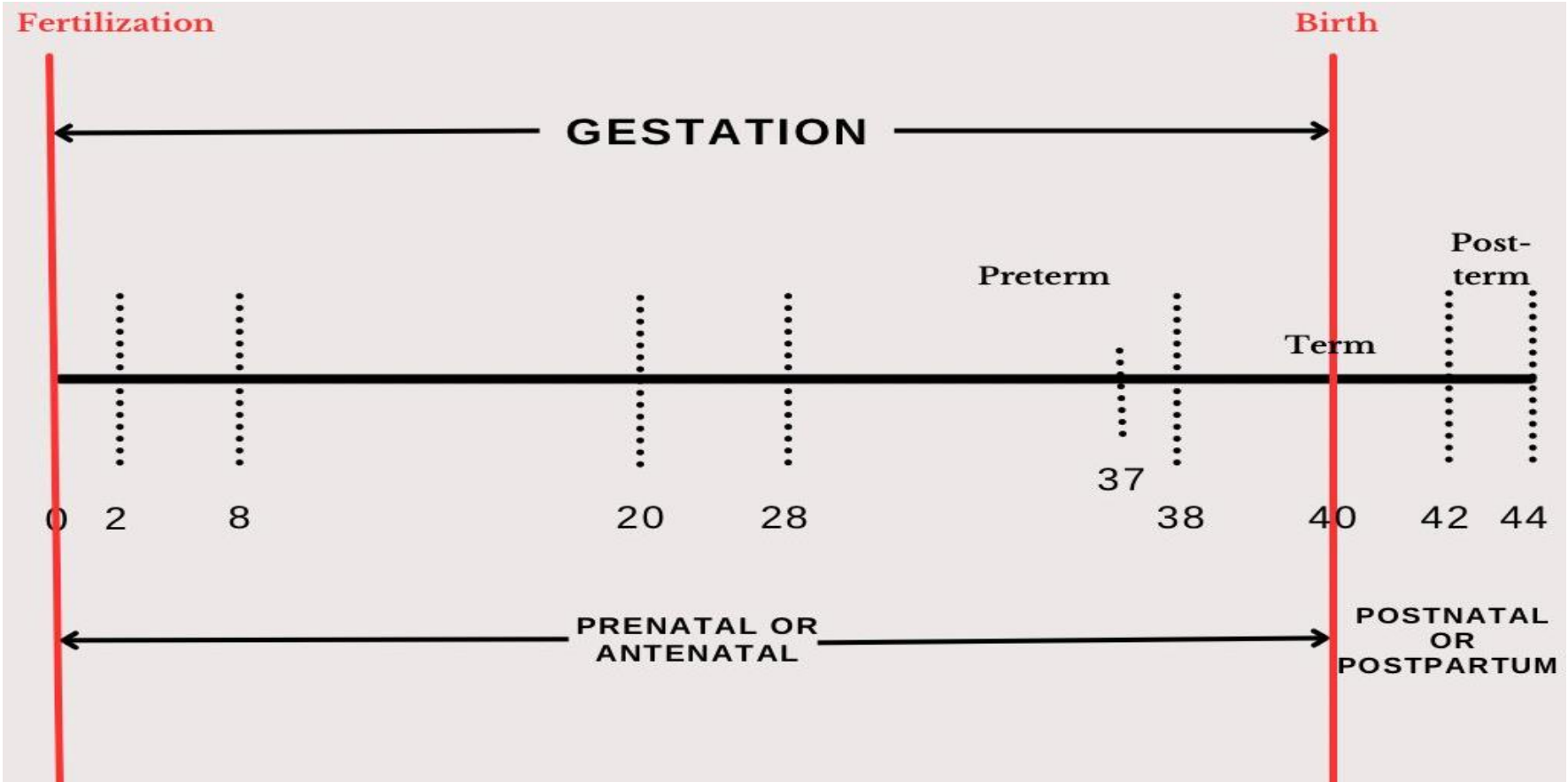
“The changes”

“Causal explanations”

Barriers in seeking help

Summary

# Introduction



## Maternal Mental Health

“A state of well-being in which a mother realizes her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her community.”

(World Health Organization, WHO)



# Introduction



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**Baby blues**

**Adjustment disorder**

**Perinatal depression**

**Anxiety disorder**

**Postpartum psychosis**

**Perinatal Obsessive Compulsive Disorder**

**Perinatal Panic Disorders**

**Postpartum post-traumatic stress disorder**

# Prevalence



In Malaysia, 20.2% of pregnant women had **depression symptoms**, while 22.5% of them had **anxiety symptoms**

SOURCE: ARIFIN ET AL. (2021)

# Prevalence

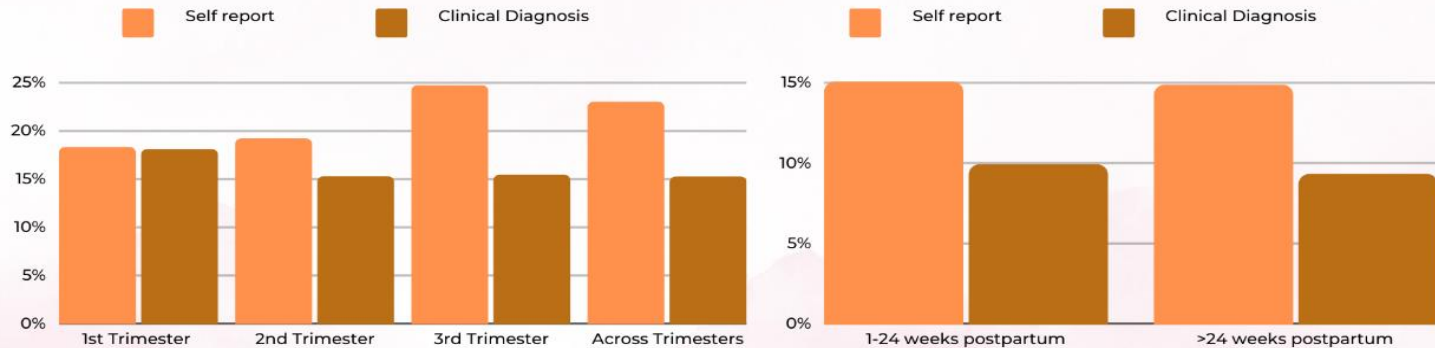
**SELF-REPORTED  
ANXIETY SYMPTOMS**

**VS**

**CLINICALLY DIAGNOSED  
with ANXIETY DISORDER**

**ANTENATAL**

**POSTNATAL**



SOURCE: DENNIS ET AL. (2017)

# Depression: symptoms

Five or more out of 9 symptoms below (including at least one of depressed mood and loss of interest or pleasure) in the same 2-week period. Each of these symptoms represents a change from previous functioning, and needs to be present nearly every day:

- Depressed mood (subjective or observed) most of the day
- Loss of interest or pleasure, most of the day
- Change in weight or appetite
- Insomnia or hypersomnia
- Psychomotor retardation or agitation (observed)
- Loss of energy or fatigue
- Worthlessness or guilt
- Impaired concentration or indecisiveness
- Recurrent thoughts of death or suicidal ideation or attempt.

# Anxiety: symptoms



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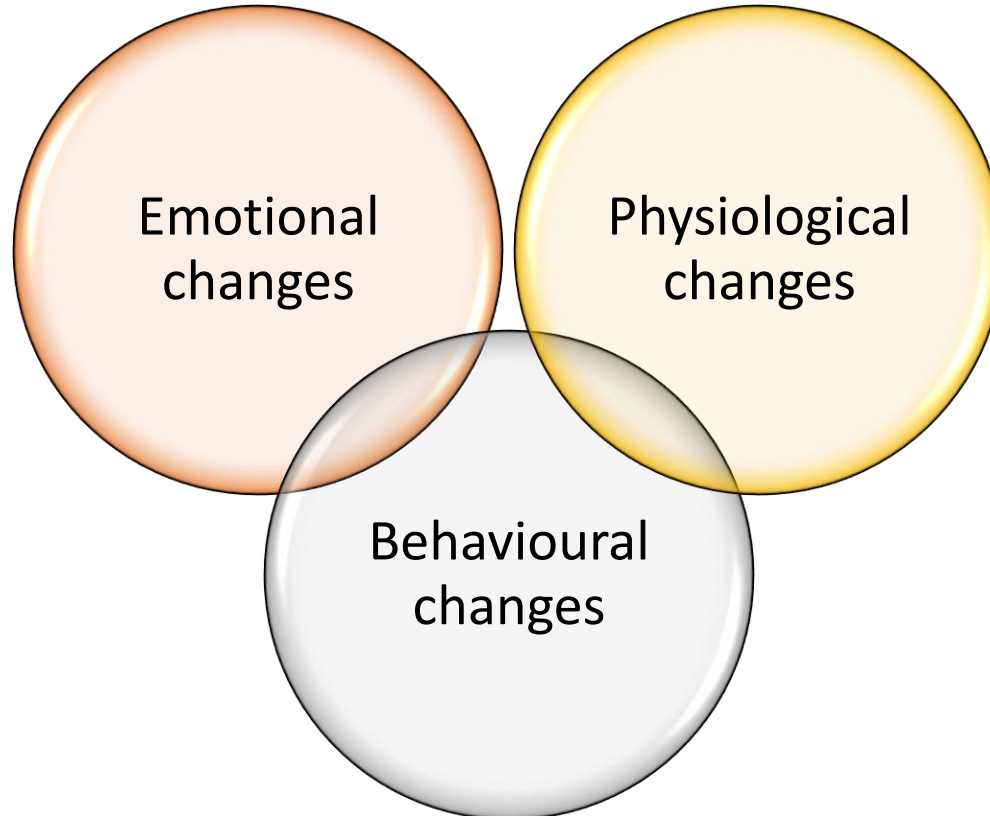
## Emotional Symptoms

- Worry
- Fatigue
- Afraid to be alone
- Nervous
- Irritability
- Panic
- Feelings of procrastination

## Physical Symptoms

- Sleep disturbance
- Increase in pulse rate
- Heart beating fast
- Excessive sweating
- Muscle tension/tightness
- Body ache (i.e., feeling sick)
- Stomach problems (i.e., diarrhoea)
- Concentration difficulties

# The changes



# Emotional changes

- After giving birth, I spoke less. I didn't even laugh; I didn't enjoy my life. I didn't feel like talking to others. There was a sudden change. No feeling, nothing, like laughing, not at all" (Rohana, Malay). → **Loss of interest**
- I don't know why it happened. After my last childbirth, I felt like I get angry easily, sensitive, and became easily irritated. I easily get stressed while I was working, when I felt stressed, I easily get angry (Mira, Malay). → **Getting easily irritated**
- When I felt stressed, I'm not a normal person. Now I'm okay. I was not normal before this, perhaps it was because of the stress" (Siew, Chinese). → **Feeling not being normal**
- I wish I can blend the mosquito coil and feed it to my kids and myself (Neesha, Malay) → **Suicidal and infanticidal ideation**

# Behavioural changes

- I can't control my anger, to the extent that I felt like I'm holding grudges, that's why I become aggressive. This is not who I am before giving birth. After giving birth, I can't hold my emotions, I always have these emotions, getting angry (Lily, Indian) → **Inability to control their anger**
- When I felt disturbed, I'll do everything harshly. I became a harsh person. Then I wonder, why I did so? I changed the nappy harshly, put him down in an improper way like I want to drop him (Rohana, Malay). → **Treating the baby harshly**
- I didn't care so much about my baby. I, like, leave it there, leave it there, like feeling disturbed. So, when people said, first baby, isn't? First baby, excited, look at him, kiss him, isn't? I don't do that. (Rohana, Malay) → **Ignoring the baby**
- After I gave birth, I want to suicide at my house. I said "Never mind you want to know how much I love you, I'll show you when I no longer here, then you'll know" (Lily, Indian) → **Suicidal attempt**



# Physiological changes

- When I've anxiety, I couldn't sleep a wink at night. (Jill, Chinese) **Insomnia**
- I couldn't sleep well, I couldn't eat well. I couldn't eat. I couldn't eat. I couldn't eat. (Zhiang, Chinese) → **Change in appetite**
- Now, after giving birth I always have headache. There's one time I felt headache like my head was squashed by a big stone. It didn't get any better by using medicated oil. I can't bear the pain, I was crying, calling my husband to massage and put the medicated oil. (Maria, Malay) → **Headache**
- Sometimes, when I've problems I feel itchy. Why it happens? I don't know either... it will become red, very red. Why it happens? I don't have that habit before. If I felt so stressed, it become like that. There were a lot of scratching marks as well. (Lin, Chinese) → **Skin problems**

Social  
circumstances

Tradition-modernity  
conflict

Physical stressors

Family  
management

Roles and identity

Unplanned  
pregnancy

Newborn growth and  
development

Causal  
explanations

# Social circumstances

- When I told my husband that “I’ve depression”, he said: “*haiyya*, what is depression?” He asked me like that. Then I thought Okay *lah*. Don’t talk *lah*, because it can cause arguments. (Chun, Chinese) → **Need validation**
- I was alone, there’s nobody to help me. All were depending on me. The pressure was there. I felt like no one cares. (Adren, Malay) → **Lack of support**
- I always think about that [financial problems]. Those things can make me become more emotional. (Neeya, Indian) → **Financial constraints**

# Tradition-modernity conflict

- My mother-in-law only served me rice and dried fish. I was asked to observe my liquid intake that I could only drink very little. I've tear down there, a big tear, it goes to my butt (anus). So until now I'm still thinking of constipation because recently I didn't take any fruits. When I passed motion, I thought that the stitches were torn..... My mother-in-law follows the traditional practices strictly. So I was stressed. That's why I was stressed. When my baby had jaundice, she showered him with various types of leaves. I'm not that kind of person. I live in the city for quite some times so I can't follow her way. (Rohana, Malay) → **traditional postnatal practices**
- When my baby was crying for milk, I couldn't hold my feelings, I felt like crying but I can't do anything. I was really sick of her way treating my baby [Pause, crying]. (Lian, Chinese) → **Contradicting opinion on breastfeeding choice**

# Physical stressors

- I don't have time for myself, I don't have energy. I don't have strength because I was so tired of waking up frequently to breastfeed. (Sheela, Indian)
- So there's a lot of tiredness. I can't cope with the baby. I think if I've enough sleep I can handle better. So that's another factor contributing to that. (Jill, Chinese)
- I've anxiety because I got many infections. I was anxious from the first months of my pregnancy till the birth. (Rohana, Malay)

# Family management

- I didn't know how to take care of him. I struggled in the first three months. I didn't know what I should do, he always crying, even at midnight; I had no idea what to do. (Fenfang, Chinese)
- I felt so stressed. I was worried about handling my home. My home, kids and family. Then, I was worried of my working time; I worried if I couldn't do it. Yeah, between my work and my family. I was worried if I couldn't balance it. (Adren, Malay)
- I felt disappointed because why did God give me this kind of children. When I was pregnant, I guess I've done my best. I bought and ate vegetables, eating well, perform religious practice. I don't know. (Nisha, Malay)

# Roles & identity

- I've had heartache. It was because of the childbirth. I gained weight after giving birth. I couldn't fit into my clothes. It was so hard. I told my husband: "this is your fault, asking me to give birth to this baby". (Huan, Chinese)
- It was very stressful.... I don't want to look after them [the children]. I want to go to work. (Chun, Chinese)
- It's because I'm a working person so that's why I think it was a sudden change when I've to be at home. (Jill, Chinese)

# Unplanned pregnancy

- When she was born, I was 26 years old. I don't think that I want to become a mother at that age. I felt stressed when she was crying. I couldn't sleep at night. I was so concerned about my sleeping time and my work. I became stressed when she cried and when she got fever..... I actually was not ready. Not ready yet. That's why I felt so stressed when she was crying, even she was crying for milk I also felt stressed. I can't understand the needs of the baby that time. (Priyanka, Indian)



# Newborn growth and development

- Every time we go for scanning, we asked the doctor to see whether the baby has nose or not. I wanted to check the baby's features during ultrasound. I wanted to make sure everything was okay. That was the stressful part of pregnancy. (Sheela, Indian)
- Doctor said maybe my baby is abnormal. So arghh!! Don't know what happened. My gynae also don't know, he can't tell me what had happened. So I didn't go outside. For the whole 9 months I just stayed at home. (Chun, Chinese)

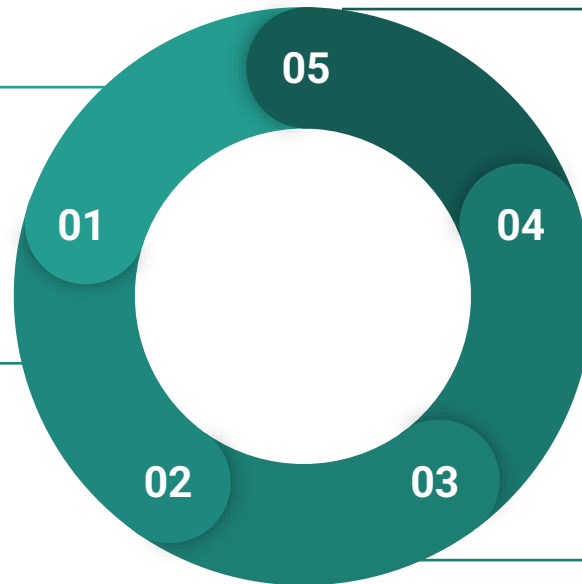
## Barriers in Seeking help

- I don't think so. They are more on the medical line; I don't think they will help in psychology (Priyanka, Indian) → not emotional well-being.
- “You can share with them, but it doesn't mean they will understand. Some will just listen to you. Some can give you advice, but not all are relevant, are they?”. (Siew, Chinese).
- “I think I can handle it. It's just a disturbance. I think it's just a temporary disturbance, a temporary disturbance. I don't think it's very severe” (Rohana, Malay). → personal issue
- “They didn't ask about me, not at all. They only asked about my baby” (Anjali, Indian). → no particular attention

# Summary

Conceptualizations of the symptoms did not entirely reflect current diagnostic criteria

Interaction between a right combination underlying causal factors within a specific context



Standard screening programme

Variation of experience across diverse cultures

Women's beliefs about the perceived causes should be acknowledged



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# Thank you!!!



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# **SARAWAK MENTAL HEALTH CONFERENCE 2023**

## **DIVERSIFYING MENTAL HEALTH SPECIALTIES IN BORNEO**

**Certificate of Appreciation**

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for having contributed as a **SPEAKER**

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**6th Sarawak Mental Health Conference 2023**

**4th - 6th August 2023 | Imperial Hotel Kuching**

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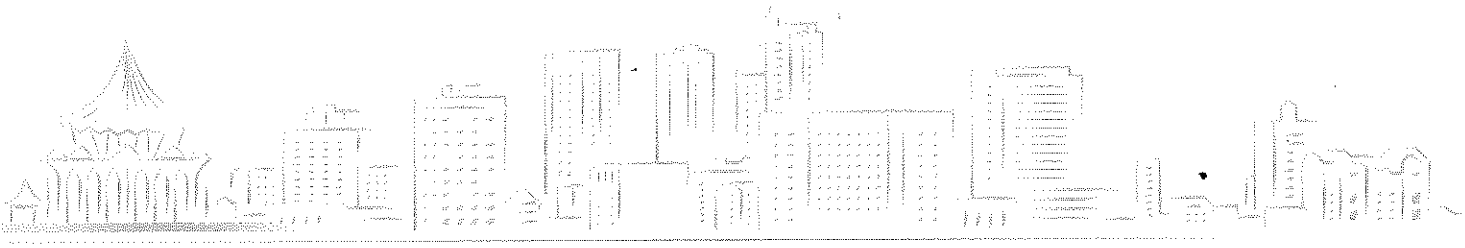


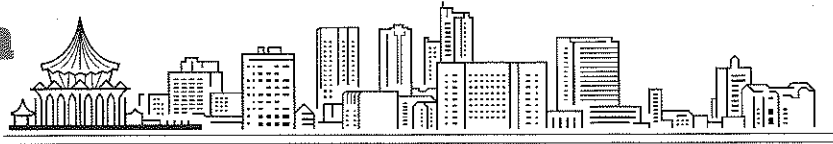
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CME Hospital Sentosa

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