The Pervasive Role of Religion/Spirituality in Pakistani Women’s Self-management of Recurrent Depression

Nadia Ali Muhammad Ali Charania, Ph.D., RN
Clinical Faculty, University of Michigan, USA

Hagerty, M. Bonnie, Ph.D., RN
Associate Professor, &
Associate Dean, Office of Undergraduate Studies, University of Michigan, USA
Authors
- Nadia Ali Muhammad Ali Charania, Ph.D., RN
- Bonnie M. Hagerty, Ph.D., RN

Nadia Ali Muhammad Ali Charania, Ph.D., RN
- Received two prestigious scholarships to conduct this study
  - Barbour Scholarship, Rackham, U of M
  - Lipshutz Scholarship, Rackham, U of M

We the authors declare that there is no conflict of interest exist and that no commercial support was offered to us
Qualitative Research Study: Background

SM of chronic illness including major depressive disorder, MDD

Less is known about how people self-manage their MDD in other cultures e.g., Pakistani culture

Literature on SM derived from research focused on Western cultures
Qualitative Research Study: Problem Statement

- Pakistani Women
- Poverty
- Illiteracy
- Early marriage
- Unemployment
- Extremely limited MHC
- High fertility rate
- Stigma
- Major Depression
- Recurrent
- Chronic
- Common in women
- Major Depression
- High fertility rate
- Illiteracy
- Early marriage
- Stigma
- Common in women
To qualitatively describe Pakistani women’s perspectives on strategies in the self-management of their recurrent depression
10 Pakistani Muslim Women
Had at least two episodes of depression
Seeking outpatient treatment from the Aga Khan University Hospital
Age
  Range: 30 and 55
  Mean: 40.4
Married (n=9) with children (n=7)
Education
  Graduate (n=2)
  Undergraduate (n=4)
  Middle to high school (n=3)
  None (n=1)
SES
  Upper-middle class (n=3)
  Lower-middle class (n=4)
  Lower class (n=3)
Employed (n=2)
Major Themes

1. Women’s experience of depression

2. Influence of religious/spiritual perspective within the cultural context, on the selection of strategies

3. Specific religious/spiritual SMS and perceived effectiveness
1. Experience of depression through the lens of religion/spirituality

- Positive Insights
  - Gift from God
  - A source of reviving faith in God

- Negative Insights
  - Depression as painful
  - Worst of all illnesses
    - Insidious and hidden
      - Course
      - Presentation
2. Influence of religious/spiritual perspective within the cultural context, on the selection of strategies

- Faith in God
  - Strongest influence on the strategy selection
    - God
      - The power to solve all problems
      - The solution to all problem
      - Source of courage and strength

- Family and Social Network Structure
  - Included nuclear and extended family and non-family members
    - Suggested seeking help from religious/spiritual healers

- Broader Cultural Practices
  - Seeking help from religious/spiritual healers is reinforced in Pakistani culture
    - Not all women sought such help (n=4)
    - Except one, none integrated psychiatric and religious/spiritual approaches to manage depression
Specific religious/spiritual SMS and their perceived effectiveness

- Comprised of two key aspects
  - Having faith in God was viewed as a source of
    - Healing
    - Contentment and ease
    - Help
    - Hope
  - Ways of connection

Perceived effectiveness of these strategies changed over time in terms of their usefulness and thus not constant
Influence of research findings within Pakistan’s Context

Religion/spirituality are the critical lenses through which Pakistani Muslim women understand their illness.

Pakistani Muslim women’s decisions about how to manage depression are influenced by:
  a. Religious/spiritual perspectives
  b. Family and social network structures
  c. Broader cultural context

Use of “religious/spiritual strategies” are quite common and valued.

Medical management is “just one of the many ways” of managing depression.

Pakistani women self-manage depression in a “Collective Social & Cultural Milieu”.

Need for “client-provider partnership” for effective and ongoing use of SM strategies.
Broad Nursing Practice Implications Across Cultures

Self-management
a. Within religiously homogeneous vs. non-homogenous countries
b. Within individualistic vs. collective socio-cultural milieu

Need for cross-cultural research regarding religious/spiritual related SMS

Self-management of depression is dependent on effective client-provider partnership

In order to provide culturally sensitive care, providers need to understand client’s unique religious/spiritual and socio-cultural perspectives


Thank you