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COMPARISON OF INTRA-DERMAL VERSUS CONVENTIONAL CLOSURE OF EPISIOTOMY IN TERMS OF PERINEAL PAIN

Dr Aqsa Kanwal

Sir Ganga Ram Hospital Lahore

ABSTRACT

***Background**: Episiotomy is a common procedure performed during vaginal delivery to prevent extensive perineal tearing. The method of episiotomy repair, including the choice of suturing technique, plays a critical role in postnatal recovery, particularly concerning perineal pain and healing.* ***Objective**: To compare the effectiveness of intra-dermal versus conventional closure techniques for episiotomy in reducing perineal pain during the first 16 hours postpartum.* ***Methods**: A randomized clinical trial was conducted in the Labour Room, Gynae and Obstetrics Unit-I, Sir Ganga Ram Hospital, Lahore, over six months after obtaining ethical approval. A total of 300 women were enrolled, with 150 women assigned to each group (Group A: Conventional Closure, Group B: Intra-dermal Closure). Participants were selected based on specific inclusion and exclusion criteria. Episiotomy was performed in all participants, and the closure technique used was either conventional or intra-dermal, depending on the group assignment. Pain was assessed using the Visual Analogue Scale (VAS) at 16 hours post-delivery.* ***Results**: The mean VAS score at 16 hours post-delivery was significantly lower in the intra-dermal closure group (4.2) compared to the conventional closure group (5.8), with a p-value < 0.001. Fewer women in the intra-dermal closure group required additional pain relief (25%) compared to those in the conventional closure group (45%) (p = 0.02). The mean time to full recovery was also shorter in the intra-dermal group (5.2 days) compared to the conventional group (7.5 days), with a p-value < 0.001.* ***Conclusion**: Intra-dermal closure of episiotomy is associated with significantly reduced perineal pain, shorter recovery times, and a lower need for additional pain relief compared to conventional closure techniques. These findings suggest that intra-dermal closure may offer a superior alternative for episiotomy repair, promoting faster maternal recovery and improving postnatal comfort.*

***Keywords**: Episiotomy, Intra-dermal Closure, Conventional Closure, Perineal Pain, Postpartum Recovery, Visual Analogue Scale (VAS), Randomized Clinical Trial*

INTRODUCTION

Culture reflects a nation's identity and is shaped by various factors that influence people's perspectives, attitudes, and practices (Peacock et al., 1981). Cultural values differ globally, such as between Western and Eastern societies, impacting areas like mental health awareness (Squires et al., 2019; Gopalkrishnan et al., 2018). In Pakistan, a culturally diverse country, spirituality plays a vital role in coping with life's challenges, often intertwining with religious beliefs (Simpson, 1991). Unfortunately, mental health issues are stigmatized, leading many to seek spiritual remedies and alternative treatments rather than professional help (Saeed et al., 2000). Mazars and ziarats (shrines) in Muslim culture serve as places of healing, where followers seek blessings from the departed spiritual leaders, believing their faith will bring them closer to God (Mohyuddin & Ambreen, 2014). Despite being absent in the Quran, the belief in jinn possession is common, and faith healers often fill the gap in mental health services in developing nations (Dein & Illaiee, 2013; Sherra et al.,

2017). Mental health literacy remains low, affecting treatment decisions, particularly in cultures where spiritual beliefs dominate (Jorm et al., 1997; Razali et al., 1996). Misconceptions contribute to stigmatizing mental illness globally (Schieman et al., 2013).

The Self-Regulation Model (SRM), proposed by Leventhal and colleagues, is a widely studied framework for understanding how patients manage their health conditions. The model suggests that patients play an active role in interpreting their illness, which influences their emotional responses, coping strategies, and help-seeking behavior. SRM identifies five core components of illness perception: causative factors, identity (symptom interpretation), timeline (beliefs about illness duration), consequences (perceived impact on life), and cure-control (beliefs about treatment efficacy). These perceptions shape patients' responses to their illness, influencing whether they seek medical care, adopt self-management strategies, or turn to alternative treatments. Moreover, the help-seeking behavior is influenced by factors such as stigma, cost, and cultural beliefs, with Mechanic (1978) offering a similar model for health-seeking behavior. In the context of mental health, Goffman's stigma theory highlights the significant role of social stigma in hindering care, particularly in cultures like Pakistan, where supernatural beliefs influence health perceptions (Bebbington et al., 2000; Gadit, 2017).

Mental illnesses, including depression, bipolar disorder, schizophrenia, and anxiety, significantly impact individuals' cognitive and social functioning, often leading to reduced productivity and social isolation (World Health Organization, 2001). These conditions can be particularly challenging for caregivers, placing both emotional and financial strain on families. Mental health disorders are increasingly recognized as a global burden, with depressive disorders projected to become the second most common disease by 2030 (Mathers & Loncar, 2006). Despite this, many individuals in developing countries, particularly in regions like Pakistan, lack access to adequate care, partly due to cultural beliefs and stigmas surrounding mental health and supernatural causes (Patel et al., 2006).

The screening questions aim to gather essential demographic and personal insights from participants. They begin by asking about age, educational background, and occupation to understand the participant's context. The questions then explore their willingness to share personal experiences and perspectives on mental health, along with any experiences of mental health issues, either personally or through someone close to them. Additionally, participants are asked if they have encountered beliefs related to supernatural causes of mental illness, such as jinn possession or the evil eye, and whether they have considered seeking help from a psychologist or psychiatrist for mental health concerns. This study aims to explore patients' supernatural beliefs about mental illness and their perceptions of seeking professional help. By analyzing these factors, the research seeks to deepen understanding of how demographic, personal, and social elements, influenced by supernatural beliefs, affect mental health care-seeking behaviors.

Objectives

1. To examine patients' supernatural beliefs regarding their mental illness.
2. To assess how these supernatural beliefs influence perceptions of mental illness.
3. To understand how patients, interpret and perceive their own mental health conditions.
4. To identify the barriers to seeking professional mental health care.
5. To explore individuals' perceptions of seeking help for mental illness.

Research Questions

1. How do patients' perceptions and beliefs about mental illness relate to supernatural powers?
2. What are the predominant supernatural beliefs associated with mental illness among patients?
3. How do these beliefs influence the patients comprehend of mental illness?
4. How do patients view seek professional help for their mental illness?
5. Is seeking professional mental health care from a psychologist/psychiatrist considered normal?
6. Do patients prefer professional help over relying on superstitious beliefs for mental health issues?

7. The research methodology encompassed the techniques and procedures employed to gather and analyze data for the study. It defined the tools and strategies required for investigating specific research questions and solving related problems.

Methodology:

The research methodology encompassed the techniques and procedures employed to gather and analyze data for the study. It defined the tools and strategies required for investigating specific research questions and solving related problems. The study utilized an exploratory, qualitative research design to examine how patients' attitudes toward treatment and their perceptions of mental illness were influenced by beliefs in supernatural phenomena in Pakistan. This approach facilitated a comprehensive exploration of the cultural and personal narratives that shaped these attitudes and behaviors. Comprehensive interviews were employed as the primary data collection method. This qualitative technique involved conducting open-ended, semi-structured interviews to delve deeply into participants' viewpoints, experiences, and beliefs. The interviews facilitated a detailed exploration of how supernatural beliefs impacted mental health perceptions and the experiences of seeking mental health care. Purposive sampling was utilized to select participants who possessed significant insights into the study's focus, optimizing resource use and data richness (Patton, 2002). This method targeted individuals with relevant knowledge or experience about mental illness and supernatural beliefs. Participants needed to be available, willing, and capable of articulating their views effectively (Bernard, 2002). The study involved ten patients—five females and five males—who received both professional and spiritual health care, along with their caregivers. All participants were adult Muslims from Rawalpindi, Punjab, Pakistan, and provided informed consent. Severe cases of mental illness were excluded to ensure participant suitability and comfort. Semi-structured interviews were conducted in a quiet, private setting within a mental health facility to facilitate open and reflective conversations. Each interview lasted between 40 and 60 minutes and was recorded with participant consent. The focus of the interviews included traditional, cultural, and religious beliefs about mental illness and treatment. Additional notes and memoranda were taken to enhance data accuracy through triangulation (Lincoln & Guba, 2005). Data saturation was anticipated with 10-25 respondents (Thornberg & Charmaz, 2014).

Procedure:

Interviews were scheduled at mutually convenient times for participants, following initial discussions with hospital staff. Only adult Pakistanis, aged 18 and older, were included. Interviews were conducted with patients in the morning, using a series of open-ended questions to gather comprehensive responses. Strict adherence to ethical guidelines was ensured by obtaining informed consent from all participants. They were fully informed about the study's purpose, procedures, and potential risks. Confidentiality was maintained by anonymizing data and securely storing it, with each participant assigned a unique code to protect their identity throughout the research. Thematic analysis (TA), based on Holton's (2005) framework, systematically identified patterns within qualitative data through coding and categorization, using NVivo 14 software for coding and analyzing relationships (Doody et al., 2022).

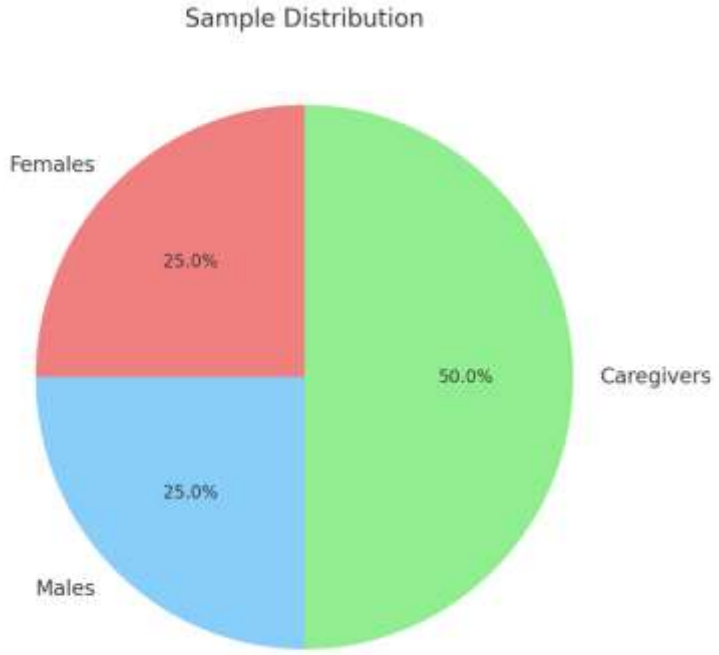

Figure 1: Sample Distribution of Patients and Caregivers

Results:
The study explored treatment-seeking behaviors for psychological disorders among Pakistani patients, identifying several obstacles related to treatment, as well as conventional, cultural, and religious beliefs influencing mental health perceptions. The qualitative analysis revealed six interconnected themes and their subthemes from the interviews. These themes included:

1. **Religious Interpretations**: This theme encompassed beliefs in demonic possession, the notion of illness as a form of divine punishment or curse, and the concept of the evil eye.
2. **Stigma**: This theme covered perceptions of mental illness as a test from God, issues related to maintaining personal purity, and views of mental illness as a personal failure.
3. **Awareness**: Participants exhibited a lack of knowledge about mental illness, denial of its existence, reluctance to share their experiences, and the belief that mental illnesses are human-made.
4. **Treatment Gap**: Barriers included feelings of shame and guilt, fear of being stigmatized, and delays in obtaining a proper diagnosis.
5. **Socio-Economic Barriers**: This theme highlighted the conflict between the cost of traditional versus professional treatment options.

Theme 1: Religious Interpretations:
In Pakistan, where Islam is predominant, there are beliefs that mental health disorders may be signs from God or the result of spiritual disturbances. Many individuals turn to religious healers or spiritual leaders rather than mental health professionals to address these issues. This study found that those with stronger spiritual beliefs were more inclined to seek treatment from such healers.

Demonic Possession:
Some participants believed that mental disorders resulted from demonic possession, a view common in various local cultures and faiths. For example, one depressed patient mentioned, "I preferred going to a spiritual healer for headaches and was satisfied with the treatment, as many believe mental illness is caused by demons."

Evil Eye: Other participants attributed their mental illnesses to evil spirits or the evil eye. One depressive patient shared, "My family believes that my constant crying is due to jinn, so we visit our family pir, who is considered more trustworthy than any psychologist."

Sinful or Cursed Illness: Many interviewees linked mental illness to personal or familial sins. They viewed it as a form of punishment or curse, leading to shame and a preference for alternative treatments. One participant noted, "Mental illness is seen as a sinful condition, attributed to past family transgressions, causing embarrassment and leading families to seek alternative therapies.

Theme 2: Stigma

Supernatural beliefs have long shaped societal views on mental health, often leading to stigma and misconceptions. Many cultures attribute mental disorders to supernatural causes such as spirit possession, curses, or divine retribution. These beliefs can create significant obstacles to seeking appropriate help and treatment. For example, one patient remarked, "I believe witchcraft was sent to me, and despite my skepticism, I follow the practices suggested by a shaman. There has been no improvement, and I feel as though I'm back to square one."

Test from God: Some view mental illness as a divine test, seeing it as a challenge from God intended to strengthen faith and resilience. While this belief can offer comfort, it may also discourage seeking psychological help, as individuals may fear it contradicts their faith or signifies spiritual failure. One participant noted, "We sought help from spiritual healers, who said our struggles were a test from God."

Purity Concept: Mental illness can lead to feelings of moral or spiritual impurity, causing shame and self-stigmatization. For example, a patient with obsessive-compulsive disorder shared, "I visit a shaman for treatment, but despite following all their rituals, I see no change, which adds to my feelings of impurity and guilt."

Personal Failure: Some attribute personal failures to supernatural factors such as curses or divine disfavor. This perspective can alleviate personal guilt but may also prevent individuals from addressing their problems effectively. A student explained, "After repeated exam failures, my mother took me to a spiritual healer. Since receiving a protective amulet from him, I have excelled academically."

Theme 3: Awareness

In Pakistan, awareness of mental health is notably low, with significant stigma surrounding mental illness. Supernatural beliefs heavily influence how mental health issues are perceived and managed, often deterring individuals from seeking professional care (Khalily et al., 2011). Interviews reveal that many patients and their families initially turn to alternative treatments, considering mental health institutions only as a last resort. One patient noted, "Patients with mental illnesses often explore other treatment options first, and seeking hospital care is usually a final step."

Lack of Awareness: Patients and their families frequently lack understanding about mental health, leading them to pursue alternative therapies. One patient remarked, "Families often don't have enough information about mental illness and its causes, so they try various treatments, including spiritual healers, before eventually visiting a hospital."

Denial of Mental Illness: In some rural areas, superstitious beliefs lead to denial of mental illness, with people attributing conditions to spirit possession or divine punishment. As one participant shared, "My father didn't believe in mental illness; he preferred spiritual remedies and went to Islamic facilities for treatment."

Lack of Sharing: Stigma also prevents open discussion about mental health issues, especially in rural communities. A patient described, “My family kept my panic attacks secret, believing they were caused by an evil eye or witchcraft, and our spiritual advisor advised against sharing the problem.”

Human-Made Illness: A significant number of people still believe that mental illness can result from witchcraft or magic. One participant said, “I believe my mental health issues are due to my neighbor practicing sorcery on me.” This belief reinforces reluctance to seek conventional medical treatment.

Theme 4: Treatment Gap

In areas heavily influenced by superstitious beliefs, awareness of mental health and its treatment is often minimal. Many individuals fail to recognize mental health symptoms as legitimate medical concerns, leading to a lack of motivation to seek psychiatric care. Without adequate education on mental health, people are more inclined to rely on supernatural explanations rather than professional treatment. Interviews from rural regions highlight this issue: “A stigma surrounds mental illness, making families and patients reluctant to visit hospitals. Mental health issues are often seen as shameful in many communities, and this stigma prevents people from seeking necessary care.”

Shame and Guilt: The stigma associated with mental illness can lead to significant embarrassment for families, who may avoid hospital visits due to fear of social disgrace. One participant mentioned, “Mental illness is stigmatized, leading to family embarrassment and reluctance to seek hospital treatment.”

Fear of Being Labeled: Concerns about being labeled as "unstable" or "crazy" can deter individuals from seeking help. As one person noted, “I fear being labeled and judged, which makes me avoid visiting the hospital.”

Delay in Diagnosis: Reliance on supernatural remedies can delay the diagnosis and treatment of mental health issues, worsening symptoms over time. A participant described, “I initially sought help from a healer, but when my condition worsened, I eventually ended up in the hospital.”

Theme 5: Socio-Economic Barriers

Socio-economic factors significantly impact the choice of mental health treatment in Pakistan. High treatment costs and financial constraints often drive families and individuals to seek alternative care rather than professional medical services. A participant noted: “They say, 'We are foolish people,' indicating that before seeking help from hospitals or public health institutions, a considerable amount of money is spent on alternative treatments from reputed individuals.”

Traditional vs. Professional Costs: Some patients perceive hospital care as prohibitively expensive and prefer to consult with spiritual healers or alternative practitioners first. This choice is influenced by the belief that mental illness is caused by supernatural factors like demonic possession. Consequently, people often turn to traditional healers rather than hospitals. As reported, “Hospitals involve many expenses and formalities. Our pir charges less, only requiring small offerings like rice or flour.”

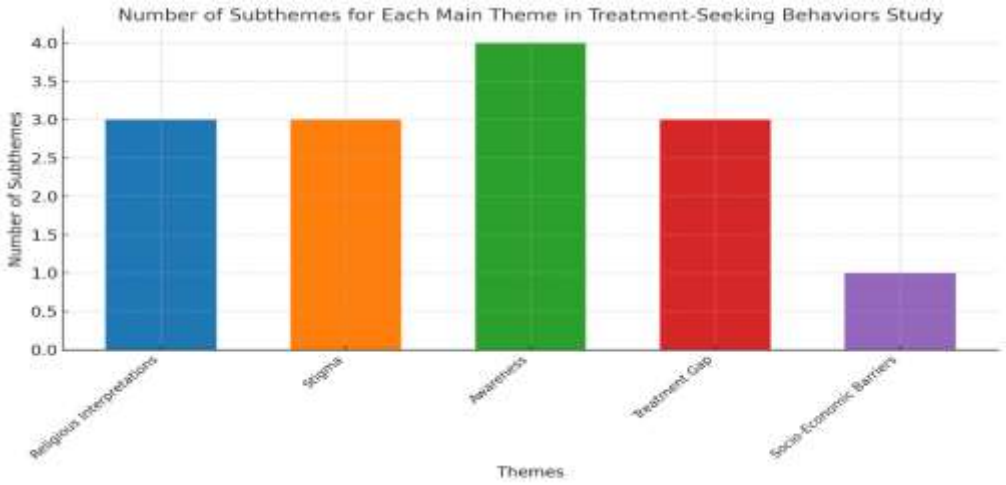

Figure 2: Number of subthemes for each main theme in treatment seeking behaviors

Discussion:

This study explored traditional and religious beliefs regarding the causes of mental illness and the associated barriers to seeking professional help in Pakistan. It revealed a range of conventional treatment-seeking behaviors and diverse perspectives on mental illness etiology. In Pakistan, mental health issues are often attributed to supernatural forces such as evil spirits or curses, reflecting a broader cultural pattern where mental illness is seen through a lens of supernatural explanations.

These findings align with existing research. For instance, studies in India have shown a strong belief in supernatural causes among those with mental illnesses like schizophrenia and anxiety (Chakraborty et al., 2013). Similar patterns are observed in Ethiopia, where mental disorders are attributed to curses and malevolent spirits (Teferra & Shibre, 2012), and in the United Arab Emirates, where jinn possession and witchcraft are commonly cited (Sherra et al., 2017). This suggests that cultural and religious beliefs significantly influence perceptions of mental illness and treatment choices.

Many participants believed that their mental health issues were a result of personal or familial faults, echoing findings from previous studies that link mental illness to perceived divine punishment or moral failings (Lubis et al., 2014). The study also highlighted the use of traditional healing practices, such as spiritual rituals and prayer, often before seeking medical treatment. This is consistent with research indicating that people in various cultures, including Pakistan, prefer spiritual or traditional remedies due to their deep-rooted beliefs in supernatural causes of mental illness (Opare & Utsey, 2017; Subu et al., 2021).

The study identified several barriers to accessing professional mental health care, including high costs and a lack of mental health literacy. These issues are prevalent in low-income countries, where limited understanding of mental health often leads people to rely on traditional or supernatural explanations (Harner, 1990; Corrigan, 2004). Stigma, fear of being labeled, and cultural beliefs also hinder individuals from seeking professional help (Shannon et al., 2015). The stigma associated with mental illness, combined with a lack of public discussion and understanding, exacerbates these barriers, making it challenging for individuals to access appropriate care (Hawari, 2001; Choudhry & Bokharey, 2013).

Conclusion:

This study highlights the need for further research on the effectiveness of professional mental health therapies in Pakistan, which is currently underexplored. It is essential to investigate how spiritual healers and mental health specialists collaborate and to understand the perspectives of families, communities, and governments regarding mental illness and alternative treatments. Additionally, more research is needed on the factors influencing the use of psychiatric medications and psychological therapies.

Limitations, Suggestions and Implications:

This study's findings are limited by its focus on Islamabad, Punjab, without coverage of other major regions in Pakistan. There is also a lack of research on the mental health of children and the elderly. Most studies used questionnaires, with fewer qualitative approaches. Future research should include a broader range of scenarios and employ a comparative approach. Recommendations include integrating cultural values into mental health treatment, collaborating with traditional healers, and developing community education to enhance understanding and reduce stigma. Training religious' leaders and creating culturally sensitive policies can also improve mental health care accessibility and effectiveness.

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