Family Systemic Emotional Abuse, Orthostatic Hypotension, and Postpartum Mental Health in Zambians

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Abstract
This particular problem statement attempts to deal with the expansion of previous research conducted on 666 postpartum females in Ndola with regard to depression and stress, family abuse, and Autonomic Health with regards to orthostatic hypotension of postpartum women in Zambia. Family abuse pertains to emotional abuse by the family members themselves, while OH involves autonomic issues in postpartum women. According to the previous research, it was concluded that there is a connection between family abuse and OH. Moreover, it was revealed that around 24-25% of young mothers suffer from family abuse along with OH, and OH in 14% of the individuals surveyed. Problems like depression, anxiety, and others such as autonomic issues have been found in postpartum women suffering from the two mentioned conditions. There is lack of proper intervention strategies for the vulnerability above. According to Syntergy Theory, self-affirmation might help in such cases.

Keywords: Post Partum, Family Abuse, Orthostatic Blood Pressure, Depression

Introduction

Women who are postpartum in Zambia experience interrelated psychosocial and physiological stresses like family sexual abuse (FSA) and orthostatic hypotension (OH), making their conditions more prone to psychological disorders and cardiovascular illness rather than preventing them [1].

The Problem Definition
In Zambia, women who are postpartum are faced with a combination of orthostatic hypotension (OH), which is defined as a quick reduction in blood pressure when someone stands up (a reduction in at least 20 mmHg of systolic and 10 mmHg of diastolic blood pressure after 3 minutes) and family sexual abuse. OH in the Ndola sample was recorded in 13.96% of the postpartum women aged between 20 and 30 years, while FSA (mild 4.2%, moderate 13.2%, severe 7.2%) occurred among 24.6-25% of postpartum women. The occurrence of family abuse is related to the high levels of depression, anxiety, and stress measured by the DASS-21 and FSA-25, leading to dizziness, fatigue, poor self-esteem, and family disputes [1].

However, the complications in this phase are also complicated by the failure to recover completely from the physiological processes related to the autonomic and cardiovascular system.

This increases the risk of developing OH and mood disorders associated with family abuse without specific measures to address the problem [2].

Literature Review: Family Abuse and Mental Health

Balapala et al. (2025) performed a cross-sectional study of 666 postpartum women aged 20–30 from Ndola and found that Family abuse (as measured by FSA-25) had a prevalence rate of 24.6% among participants and was significantly correlated with increased DASS-21 scores particularly at the moderate-to-severe level. Family abuse can be explained as systematic blame directed towards one family member and has been associated previously with anxiety, depression and low self-worth, pointing to the importance of relational stressors in determining mental wellbeing throughout life. Psychosocial stress during pregnancy in Zambia is characterized by fears associated with birth, HIV, loneliness and gender-based discrimination, which are comorbid to FSA and DASS-21 problems.

There is a dose-response correlation between the level of family abuse and mental health measures, indicating the necessity for development of family-oriented and culturally-relevant interventions in line with WHO and UN guidelines for maternal mental health [2].

Literature Review: Orthostatic Hypotension in Postpartum Contexts

13.96% of postnatal women in Ndola were found to be affected by OH, with a strong and parity-independent relationship between OH and family abuse, as well as internalizing problems. In the same population, there was a positive relationship between depression and OH, with anxiety and family abuse acting as indirect mediators, while stress due to OH acted mainly through family abuse in structural equation models [1]. This line of research has been further expanded on to include stress, employment, and family abuse as determinants of OH, where psychosocial stress and not employment, was found to be the major determinant of OH risk.

Internationally, OH is linked to falls, presyncope, and mortality risk among young women with autonomic dysregulation, and in keeping with this, it can be said that postnatal OH is an example of incomplete baroreflex and cardiovascular recovery [3].

Literature Review: Intervention Gaps and Affirmations

According to Syntergy Theory of Grinberg, postpartum women engaging in self-affirmation practices are restructuring their neural field in the brain, improving its internal synergy and energy frequency levels. Such an improved level of internal synergy modifies the interaction of the neural field with the pre-spatial lattice, improving perception and broadening the consciousness. Through consciously altering their mental and emotional states through the use of affirmations, postpartum women transform their transduction abilities in the brain, which in turn results in a completely different perception of the spatial matrix and thus creates an altogether new reality that is unified, strong, and empowering [4]. The use of self-affirmation practices has been proven to improve resilience and decrease stress reactions by building positive self-narratives and mind-body regulation during pregnancy and postpartum periods [5,6]. Positive psychological interventions, including affirmation-based techniques, have been proven effective in reducing anxiety symptoms among high-income individuals and can be

adapted to various cultures for postpartum depression treatment [7,8]. Nonetheless, there is currently no mixed methods RCT conducted with respect to family abuse & OH dyad and self-affirmation interventions among postpartum women.

Table 1 Areas of Research Gap

Gap Area	Current Evidence	Proposed Extension
Family abuse Prevalence	25% in Zambian postpartum (n=666) [1]	Thematic analysis of affirmations
OH Links	14% prevalence, family abuse-associated [2]	RCT on standing BP regulation & mental health
Interventions	Affirmations reduce anxiety [7]	8-week family abuse-specific trial

Implications

As per the synthesized literature, there is an evident gap that has been identified for research in this case, i.e., the need for integrative and culturally appropriate intervention strategies within the context of family abuse and OH relationship among postpartum Zambian women needs to be addressed using already available cohort data so as to obtain a sufficient number of subjects (for instance, a sample size of n ≈ 100 in a pilot randomized controlled trial). A multi-phase mixed methods research strategy, which starts from qualitative piloting of affirmations and thematic analysis to the conduct of pragmatic RCT, would be congruent with the current trends in mixed methods methodology and feasibility within clinics in Ndola [8].

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