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Predictors of maternal and paternal depressive symptoms at postpartum

Fei-Wan Ngai [a,*], Siew-Fei Ngu [b]

[a] School of Nursing, The Li Ka Shing Faculty of Medicine, The University of Hong Kong, Room 417, 4/F, William M W Mong Block, 21 Sassoon Road, Pokfulam, Hong Kong
[b] Department of Obstetrics and Gynaecology, Queen Mary Hospital, The Li Ka Shing Faculty of Medicine, The University of Hong Kong, 6/F, William MW Mong Block, 21 Sassoon Road, Pokfulam, Hong Kong

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ABSTRACT

Objectives: Postnatal depression has emerged as a major public health concern, which has deleterious effects on the well-being of the entire family. The aim of this study was to examine the predictive role of prenatal family sense of coherence, stress, social support and family, and marital functioning; the effect that any changes in these factors from pregnancy to postpartum; and partner's depressive symptoms on depressive symptoms at 6 months postpartum.
Methods: This study used a longitudinal design. A convenience sample of 200 childbearing couples in Hong Kong completed assessments of family sense of coherence, stress, social support, family, and marital functioning and depressive symptoms during pregnancy and at 6 months postpartum. Multiple regression analyses were employed.
Results: The results showed that a low level of family sense of coherence and a high level of depressive symptoms during pregnancy and partner's depressive symptoms were significantly associated with an increase in depressive symptoms for both mothers and fathers at 6 months postpartum. A lack of social support was significantly associated with increased risk of depressive symptoms for mothers, but not for fathers.
Conclusion: The results suggest that couple-based interventions that foster a sense of family coherence may be helpful in promoting parental well-being. Well-designed trials to test the effects of such interventions are recommended for future research.

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Introduction

For most parents, the birth of a child brings joy and a sense of fulfillment and satisfaction to family life [1]. However, a substantial proportion of couples struggle to adapt to new parenthood, feel stressed in caring for their infants, and become depressed in the perinatal period [2,3]. A recent meta-analysis published in the *Journal of the American Medical Association* reports that both women (23.8%) and men (10.4%) suffer from depression between the first trimester and 1 year postpartum [2]. In a survey of 376 new parents in the Fujian Province of China, postpartum depression was reported to affect 14.9% of mothers and 12.5% of fathers, and partner's depression was found to be a major predictor of depression for both mothers and fathers [3]. In another study of 130 first-time Chinese parents in a southeastern city in China, Gao et al. (2009) found a similar prevalence of depression in mothers (13.8%) and fathers (10.8%) at 6-8 weeks postpartum, and a significant relationship between maternal and paternal depression. Postnatal depression has negative impacts for both the parents and their children [4,5]. Women with a history of postpartum depressive symptoms are six times more likely to have recurrent depressive symptoms [4]. Postnatal depression has been linked to attachment insecurity and delay in emotional, developmental, social, and interaction difficulties in children [6–9]. In a population-based cohort of 10,975 fathers and their children, depression in fathers in the postnatal period was found to be associated with later psychiatric disorders in their children [5]. Given the increasing evidence of postnatal depression in mothers and fathers, and the adverse effects on their children's psychosocial health, the investigation of predictors of postnatal depression in both women and men during the transition to parenthood is warranted.

There was a considerable amount of literature on risk factors associated with postnatal depression among women. Two major reviews conducted across Asian countries reported prenatal depression, stressful life events, poor marital relationship, and low social support as major predictors of postnatal depression among women [10,11]. In recent years, increasing effort has been focused on predictors of postnatal depression among men. Wee et al. [12] conducted a systematic review of 26 studies and found that having a partner with depression, poor relationship satisfaction, and low social support were strong correlates of postnatal depression in fathers. The evidence indicates the need for understanding postnatal depression in the family as a social system in which the parents experience stressors and engage in coping during the critical time of parental transition.

* Corresponding author. Tel.: +852 39176628; fax: +852 28726079.
E-mail address: fwngai@hku.hk (F.-W. Ngai).

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The conceptual framework of the present study was based on Antonovsky's Salutogenic Model, which focuses on individual strength and capacity for successful adjustment to life stressors [13]. During the transition to parenthood, new parents are faced with profound changes in roles, relationships, and lifestyles, which have been found to heighten their level of stress [14,15]. Ngai and Chan [14] conducted a longitudinal study of 78 Chinese mothers in Hong Kong and found that women exhibited an increased level of stress from pregnancy to early postpartum, and disruption in daily life, family relationship, finances, and working conditions were identified as the major stressors. According to Antonovsky [13], stressor life events produce tension, which may result in emotional arousal and threaten the individual's sense of well-being. In a longitudinal study of 367 women in Australia, concurrent parenting stress was found to be a strong predictor of postnatal depression, accounting for 6% of the variance [16]. In Kalainin and Arthur's [10] review of 64 studies across 17 Asian countries, stressful life events and child care stress were found to be strong risk factors for postnatal depression among Asian women. In a survey study of 130 first-time Chinese parents, perceived level of stress was found to be significantly associated with depression for both mothers and fathers during the postpartum period [15], suggesting that stress may have a deteriorating effect on parents' mental health and increase the risk of postnatal depression.

In the face of life stressors, Antonovsky [13] postulated that family sense of coherence can be a protective factor against poor mental health. Family sense of coherence is defined as a global family orientation in which the environment is comprehensible (structured, rational, and predictable), meaningful (challenging and worthwhile), and manageable (adequate resources to cope with challenge) [17]. During the transition to parenthood, parents with a strong family sense of coherence perceive themselves as having both internal and external resources sufficient to deal with the demands of new parenthood; thus, they are less likely to feel threatened by the stressors and less vulnerable to develop depressive symptoms [17]. Family sense of coherence has been found to play a significant role in family well-being and diminish the negative impact of stressful life events and transitions. In a study of 116 American families taking care of mentally retarded children, Lustig and Akey [18] found that parents with a higher sense of family coherence reported better family adaptation. In another study of 78 American families caring for a family member with an illness, Anderson [19] found that family sense of coherence was a strong predictor of the quality of family life, accounting for over 30% of the variance, and a mediator in reducing the impact of stress on the family. In a local study of 128 Chinese childbearing couples, couples with a greater family sense of coherence were found to report a lower level of anxiety and better family functioning [20], suggesting that family sense of coherence has a potential influence on the family's adaptation and well-being during parental transition.

In addition to internal resources, external resources such as social support from family members and friends have consistently been found to be associated with postnatal depression [10,21]. Antonovsky [13] proposed that ties to significant others could make a valuable contribution to successful coping with stressors, thus reducing the risk of postnatal depression. In a large prospective study of 22,968 women in Australia, a low level of partner support was found to be a significant predictor of postnatal depression [22]. In another longitudinal study of 534 pregnant women in China, women with low prenatal and postnatal social support were found to have a higher rate of postnatal depression [23]. Low levels of social support and poor marital relationship have also been found to be associated with postnatal depression among the men. In Roubinov et al.'s [24] study of 92 Mexican American fathers, poor marital relationship quality was found to predict paternal depression at postpartum. In a longitudinal study of 622 fathers in Hong Kong, poor marital relationship and poor social network were identified as risk factors for paternal depression across the perinatal period [25]. Wee et al. [12] conducted a systematic review of 26 studies among the men and concluded that the most common correlates of paternal depressive symptoms pre- and post-birth were having a partner with depression, poor relationship satisfaction, and low social support.

Despite the strong link between maternal and paternal depression [2], most previous research has examined risk factors associated with postnatal depression among women only [10,11], and few studies have compared predictors of maternal and paternal depression during the perinatal period [3]. There also appears to be a paucity of research examining family sense of coherence and its role in postnatal depression among the women and men during the transition to parenthood. Given that the social and personal costs of postnatal depression are far reaching [4,6], improved understanding of the predictors of parental depression at postpartum is important for the development of effective clinical and public health interventions. The aim of this study was thus to investigate the risk factors associated with postnatal depression in mothers and fathers, in particular the predictive role of family sense of coherence, stress, social support, and family and marital functioning during pregnancy; the effect that any changes in these factors from pregnancy to postpartum; and partner's depressive symptoms may have on postnatal depression at 6 months postpartum.

Material and methods

Participants

The present study was part of a longitudinal study that explored the influence of psychosocial variables on family adaptation during the transition to parenthood. A convenience sample of 256 childbearing couples attending the antenatal clinic of a regional hospital in Hong Kong was recruited in January–May 2011. Inclusion criteria were childbearing couples aged 18 or above, able to read Chinese and having no previous history of psychiatric illness. A subset of data collected at pregnancy and 6 months postpartum were analyzed.

Procedures

After obtaining ethical approval from the university and study hospital, the research nurse identified eligible couples from their antenatal records and approached them at the antenatal clinic. Informed consent was obtained from the couples after a clear explanation of the study aim, procedure, and potential risks and benefits. Participants were asked to complete five instruments, including the General Health Questionnaire, Family Sense of Coherence Scale Short Form, Social Readjustment Rating Scale, Medical Outcomes Study Social Support Survey, and Medical Outcomes Study Family and Marital Functioning Measures at the antenatal clinic. The same set of questionnaires was mailed to couples at 6 months postpartum with a pre-addressed, stamped return envelope.

Measures

The General Health Questionnaire (GHQ) consists of 12 items assessing psychological distress [26]. Items are rated on a four-point-scale. Scores range from 0 to 12 using a bi-modal (0-0-1-1) scoring method. The higher the score, the more distressed the respondent. The GHQ has been validated for use as a screening tool for psychiatric disorder in the perinatal period [27,28]. The Chinese version has a sensitivity of 88% and specificity of 89% using a cutoff score of 4/5. Concurrent validity was demonstrated with satisfactory correlations with the Beck Depression Inventory and Edinburgh Postnatal Depression Scale [28]. The internal consistencies in the present study ranged from 0.74 to 0.83.

The Family Sense of Coherence Scale Short Form (FSOC-S) is a 12-item instrument assessing the degree to which the family perceives the environment as meaningful, comprehensible and manageable [29]. Each item is scored on a 7-point scale and total scores range from 7 to

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