

Research report

Does social support affect the relationship between socioeconomic status and depression? A longitudinal study from adolescence to adulthood

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Abstract

Background: The aim of this prospective longitudinal study of adolescents was to investigate socioeconomic differences in adult depression and in the domain of social support from adolescence to adulthood. We also studied the modifying effect of social support on the relationship between socioeconomic status (SES) and depression.

Methods: All 16-year-old ninth-grade school pupils of one Finnish city completed questionnaires at school ($n=2194$). Subjects were followed up using postal questionnaires when aged 22 and 32 years.

Results: At 32 years of age there was a social gradient in depression, with a substantially higher prevalence among subjects with lower SES. Low parental SES during adolescence did not affect the risk of depression at 32 years of age, but the person's lower level of education at 22 years did. Lower level of support among subjects with lower SES was found particularly in females. Some evidence indicated that low level of social support had a greater impact on depression among lower SES group subjects. However, this relationship varied depending on the domain of social support, life stage and gender. On the other hand, the results did not support the hypothesis that social support would substantially account for the variation in depression across SES groups.

Limitations: The assessments and classifications of social support were rather brief and crude, particularly in adolescence and early adulthood.

Conclusions: It is important to pay attention to social support resources in preventive programs and also in the treatment settings, with a special focus on lower SES group persons.

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Keywords: Depression; Social support; Socioeconomic status; Longitudinal studies; Adolescence; Early adulthood

1. Introduction

There are well-established socioeconomic disparities in psychiatric disorders and psychological distress. Most studies have found higher rates of mental health problems in lower socioeconomic groups (e.g. Fryers et al., 2003; Kohn et al., 1998; Lorant et al., 2003; Muntaner et al.,

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1998; Power et al., 2002; Stansfeld et al., 2003). It has been suggested that environmental adversity, disadvantage and stress associated with low socioeconomic status (SES) contribute to the onset of mental health problems (Power et al., 2002). Social differences in factors relevant to mental health are evident at each life stage onwards from birth. Factors, such as home environment, economic resources and material circumstances in childhood (Kaltiala-Heino et al., 2001) or adult life, working conditions and labour force participation, and health related behaviours may contribute to the development of psychological well-being (Power et al., 2002). Also social relationships and support have an important role for mental health, particularly for depression, by acting independently or modifying the effects of life events (e.g. Brown and Harris, 1978; Paykel, 1994; Robinson and Garber, 1995). Social relationships are to some extent a continuation of family functioning and structure in the early home environment, but in adulthood they also include social networks and support (Power et al., 2002).

It has been found that social support is generally unequally distributed among social classes, and that this distribution is an unfavourable one for the lower social classes (e.g. Gecková et al., 2003; Marmot et al., 1991; Matthews et al., 1999; Mickelson and Kubzansky, 2003; Ranchor et al., 1996; Stansfeld et al., 1998a; Turner and Marino, 1994). This means that persons from the lower social classes are not only materially but also immaterially in an adverse position with respect to health. It is therefore expected that lower level of social support, which may increase vulnerability in the development of health complaints, is related to social class in a negative way. On the other hand, it is expected that social support factors, which might be positively related to health, thus increasing the ability to cope, are more common in the higher social classes (Ranchor et al., 1996).

There are different pathways through which social support may play a role in the relationship between social class and health. Social support may be a contributing factor in explaining the relatively poorer health of those in lower SES groups (Ranchor et al., 1996; Taylor and Seeman, 1999; Williams, 1990). Social support resources may also moderate the impact of SES on health (Taylor and Seeman, 1999; Ranchor et al., 1996). For example, a large number of positive social relationships and a few conflictual ones may buffer persons against the adverse effects of SES-related stress (Taylor and Seeman, 1999). Since lower-class people seem to have less access to social support when it is particularly necessary, they may be more vulnerable than higher-class people where adverse effects of stress on health are considered (Ranchor et al., 1996). Although several studies have examined

variations in social support and mental health across SES, studies examining different aspects of social support and SES and the role of social support in the relationship between SES and mental health are relatively rare, particularly those using longitudinal design. Some of these studies have indicated that social support as measured by social networks and perceived social support may partially contribute to class differences in mental health (Lundberg, 1991; Stansfeld et al., 2003). There is also some evidence of greater benefit from social support received from adults in the school setting among adolescents who experienced multiple conditions of socioeconomic disadvantage (DuBois et al., 1994). However, in some other studies the contribution of support differences to SES variations in mental health has been minimal in relation to depressive symptomatology, and virtually nonexistent in relation to major depressive disorder (Turner and Marino, 1994) or no significant differences in the effect of social support on psychological health across socioeconomic groups have been found (Gecková et al., 2003).

In this study, we set out to investigate SES differences in adult depression and in the domain of social support (social integration, network and support) from adolescence through early adulthood to adulthood. We also studied the modifying effect of social support on the relationship between SES and depression. The longitudinal setting made it possible to study the developmental aspects of the process. The following questions were of interest: Are there SES differences in depression at 32 years of age and in the domains of social support at 16, 22 and 32 years? Do the differences in social support explain SES differences in depression? Does social support modify the SES-depression relationship? Based on earlier studies, we expected to find a higher prevalence of depression and a lower level of social support in the lower SES group subjects. We also expected that the effect of low level of social support on depression is greater among lower SES groups. Because the prevalence of depression and patterns of social support differ by gender all results are presented for females and males separately.

2. Methods

2.1. Subjects

The original study population included all ninth-grade pupils attending secondary school in the spring of 1983 in Tampere, an industrial and university city in southern Finland with 166,000 inhabitants. These youngsters were studied at 16, 22 and 32 years of age. In the first phase in

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