



Social support, stress, and maternal postpartum depression: A comparison of supportive relationships



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ARTICLE INFO

Article history:

Received 9 August 2013

Revised 18 May 2015

Accepted 27 August 2015

Available online 31 August 2015

Keywords:

Postpartum depression

Social support

Stress exposure

Stress process

Family type

Fragile Families and Child Well-being Study

ABSTRACT

A large body of literature documents the link between social support, stress, and women's mental health during pregnancy and the postpartum period; however, uncertainty remains as to whether a direct effect or stress mediating pathway best describes the relationship between these factors. Moreover, specific dimensions of social support that may be influential (family type, sources of support) have largely been neglected. Using data from the Fragile Families and Child Well-being Study ($N = 4150$), we examine the pathway between social support, stress exposure, and postpartum depression in greater detail. Findings reveal that social support is a significant, protective factor for postpartum depression, and the variety of support providers in a woman's social network is important, especially in the context of family type. Findings also reveal the importance of considering social support and stress exposure as part of a larger causal pathway to postpartum mental health.

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1. Introduction

Maternal postpartum depression is a serious and wide-spread mental health disorder. An estimated one in seven women experience postpartum depression following childbirth (Wisner et al., 2006), though prevalence may be even higher among socially disadvantaged women (Earls, 2010). Women with postpartum depression often have trouble adjusting to new social roles (Logsdon et al., 2006, 2009) and experience impairments that disrupt daily life, including sleep disturbance, feelings of irritability or anxiety, loss of appetite, and crying (Chaudron, 2003; Robertson et al., 2004). These features of postpartum depression not only have consequences for a woman's own health, but may also negatively impact the health and well-being of her children (Chaudron, 2003). For example, children of mothers with postpartum depression are more likely to experience problems in cognitive, social, and emotional development and have a higher risk of anxiety disorders and major depression (Goodman and Gotlib, 1999). Moreover, the adverse effects of postpartum depression on children have been observed throughout the life course, from infancy to adulthood (Ertel et al., 2011). Given the prevalence of postpartum depression, and the short and long term health implications it has for women and their children, this disorder represents a public health concern (Wisner et al., 2006; Almond, 2009).

Understanding the causal factors and pathways leading to postpartum depression is necessary to establish prevention and intervention efforts that reduce negative maternal-child health outcomes. Evidence reveals that high levels of social support are associated with a reduced risk of postpartum depression (Robertson et al., 2003, 2004), while life stress is associated with an increased risk of postpartum depression (Swendsen and Mazure, 2000). Social support has been shown to be

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effective in diminishing the harmful effects of life stress elsewhere in the broader mental health literature (Paykel, 1994; Thoits, 2011), suggesting that it may also work to reduce the risk of postpartum depression by mediating the effects of causal mechanisms, namely stress. Yet uncertainty remains as to whether a direct effect or mediating pathway best describes the relationship between social support and postpartum depression. In addition, specific dimensions of social support that may be influential, including a woman's family structure and different sources of support, have largely been neglected. In response to these gaps in the literature, we use data from the Fragile Families and Child Well-being Study to test whether social support directly impacts the risk for postpartum depression, or whether it acts as a mediator, fully or partially governing the harmful effects of specific stressors. We also compare the independent effects of social support from a woman's friends and family to that from an intimate partner, with particular attention to differences across family type.

2. Background

2.1. Overview of social support

Broadly defined, social support refers to the social resources that one perceives to be available to them, or that are actually provided to them, from those within his or her social network (Gottlieb and Bergen, 2009; Thoits, 2011). The two types of social support that receive the most attention in the mental health literature are emotional support and instrumental support (Hopkins and Campbell, 2008; Gottlieb and Bergen, 2009; Thoits, 2011). Emotional support refers to demonstrations of love, esteem, empathy, and encouragement (Thoits, 2011) and lets an individual know that he or she is valued. Examples of emotional support include giving or receiving positive feedback or talking over a concern. Instrumental support, on the other hand, is the offer and/or supply of assistance with responsibilities and problems, such as help with babysitting or household chores (Beck, 2002; Thoits, 2011). It is thought that instrumental support may be the most effective in alleviating stress because it not only reduces situational demands but also conveys the message that one matters to others and is valued (Thoits, 2011). It should also be noted that these two types of support are often broken down further into received and perceived support. Received support involves actual provisions of support (Thoits, 2011), whereas perceived support refers to an individual's belief that support is available should he or she need it (Gottlieb and Bergen, 2009). The most commonly used measures of social support in the mental health literature are measures of perceived support (Cohen et al., 2000), primarily because the effects of perceived support are stronger and consistently beneficial for mental health (Thoits, 2011).

2.2. Social support, mental health, and major depression

Over the last few decades, substantial evidence has accumulated demonstrating a positive and causal relationship between social support and mental health, particularly major depression (Paykel, 1994; Kawachi and Berkman, 2001; Thoits, 2011). Social support has been shown to be a consistent protective factor in the risk for major depression, with deficits in support leading to increased symptoms and levels of depression (Horenstein and Cohen, 2008). This association has been repeatedly observed within both community and inpatient populations, across a wide range of ages, and for both men and women (Horenstein and Cohen, 2008). Two pathways have been used to describe how social support works to reduce the risk of major depression, including a direct effect (protective) pathway and an indirect (mediating) pathway (Thoits, 2011). A direct effect pathway explains that social support has protective effects for mental health (and subsequently major depression) because it improves health behaviors, increases positive feelings, and enhances emotional regulation (Horenstein and Cohen, 2008). An indirect or mediating pathway explains that social support attenuates the deleterious effects of life stress (Pearlin, 1989), thereby allowing for better emotional adjustment to negative events and helping to prevent major depression (Horenstein and Cohen, 2008). The idea that social support has stress mediating effects is generally consistent with the stress process framework of mental health (see Pearlin et al., 1981 for a detailed overview). The stress process framework provides a conceptual outline for understanding how, and under which conditions, life stress and social support impact mental health. Central to this framework is the idea that social support is part of a larger causal pathway to mental health that is best understood by examining it both by itself and in combination with life stress (Pearlin, 1989; Thoits, 2011). Research has verified both the direct and mediating effects of social support for major depression drawing on a stress process framework (e.g., Ensel and Lin, 1991).

2.3. Social support and postpartum depression

Similar to the literature on major depression, social support has been shown to play a beneficial role in reducing the risk of postpartum depression (e.g., Surkan et al., 2006; Xie et al., 2009; Webster et al., 2011). Specifically, studies demonstrate that women who report less social support present with higher levels of postpartum depression than women with more support. Moreover, social support has been found to be one of the strongest predictors of postpartum depression (Beck, 2001; Robertson et al., 2004), highlighting the importance of this resource for maternal mental health following childbirth. Although an abundance of literature has confirmed the benefits of social support for postpartum depression, uncertainty remains as to whether a direct effect or mediating pathway best describes the observed relationship. That is to say, very little is known about *how* social support works to improve (or sustain) a woman's postpartum mental health (Haslam et al., 2006).

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