

Psychological morbidity, social support, and relationship intimacy in pregnant Portuguese women

Abstract

Pregnancy can predispose women to stress and depression, with social support and intimacy being protective factors for the development of these disorders. This study evaluated the relationship between stress (various stressors), social support, intimacy and depression in a sample of 169 pregnant women attending the Childbirth Preparation classes. Depressive mood was positively correlated with both stress and satisfaction with social support and intimacy were negatively correlated with stress and depressive. In short, it is pertinent to create networks of support and intervention in stress for the promotion of mental health of pregnant women.

Keywords: depression, pregnancy, intimacy, social support, stress, depression, pregnancy

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Eleonora CV Costa,^{1,2} Líticia Moreira,² Eva Castanheira,³ Paulo Correia,¹ Graça Pereira M³

¹North Regional Health Administration, ACES Cávado III – Barcelos/Esposende, Portugal

²Department of Psychology, Portuguese Catholic University, Portugal

³Applied Psychology Department, University of Minho, Portugal

Correspondence: Eleonora CV Costa, North Regional Health Administration, Universidade Católica Portuguesa - Praça da Faculdade, I - 4710-297, Braga, Portugal, Tel 351-916756289, Email eleonora@braga.ucp.pt

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Introduction

Prenatal maternal stress has been linked to adverse health outcomes, including mental-health problems.¹ The association between stress during pregnancy and depression is well documented.² On the other hand, relationship variables such as social support and relationship intimacy may reduce stress and depressive mood by creating a sense of well-being.³ Therefore, social support and relationship intimacy are negatively associated with depressive mood and stress.^{4,5} This study examined the associations between depressive mood, stress, satisfaction with social support, and relationship intimacy, in pregnant women.

Methods

Sample and data collection

Pregnant women (N=169) were recruited in primary care settings in Northern Portugal as they received childbirth classes. Exclusion criteria was the presence of chronic disease (e.g., cancer); cognitive impairment and risk pregnancy. Participation was voluntary and they all signed an informed consent. The participants' ages ranged from 17 to 41 years, with a mean of 30.14 years (SD= 4.48). The majority of participants were married (68.6%). The number of weeks of pregnancy ranged between 12 and 39 weeks (mean of 31.16 and standard deviation of 5.17 weeks).

Measures

The following instruments were used: Demographic and Clinic Questionnaire; Personal Assessment of Intimacy in Relationships Scale (PAIR);⁶ the Beck Depression Inventory (BDI);⁷ Satisfaction with Social Support Scale (SSSS);⁸ and the Conservation of Resources-Evaluation Questionnaire (COR-E).⁹

Data analysis

To analyze the association between depressive mood, stress, satisfaction with social support, and relationship intimacy, Pearson

correlation were performed. Table 1 shows the descriptive statistics of the instruments.

Correlations between depressive mood, stress, social support, and relationship intimacy

Depressive mood was positively correlated with stress and satisfaction with social support and relationship intimacy were negatively correlated with both stress and depressive mood (Table 2).

Table 1 Descriptive statistics of the Instruments

	Minimum	Maximum	Mean	SD
Intimacy	45	119	90,1	13,6
Depression	0	32	3,9	5,6
Stress	0	38	10,7	82
Social Support	30	75	58,6	10,1

Table 2 Correlations between depressive mood, stress, social support, and relationship intimacy

	Depressive mood	Relationship intimacy	Social support	Stress
Depressive Mood	–			
Relationship Intimacy	-.234**	–		
Social Support	-.387**	.373**	–	
Stress	.485**	-.326**	-.307**	–

**p<.01

Discussion

Our finding that depressive mood is related to stress during pregnancy is indeed consistent with the known association

between depression and stressful life events in pregnant women.¹⁰ Additionally, in our sample little satisfaction with social support and poor relationship intimacy were associated with stress and depressive mood, which is also consistent with other studies that show social support and relationship intimacy to be inversely related to stress and depressive mood.⁵ Indeed, support from friends and family as well as relationship intimacy may help pregnant women cope with stress by creating a sense of well-being.³ The findings show the importance of interventions to foster social support and relationship intimacy in pregnant women to help them cope with psychological morbidity during pregnancy. Future studies should use a longitudinal design to assess how social support and relationship intimacy and psychological morbidity change after the baby's birth and include the father's perspective as well.

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Conflict of interest

Author declares that there is no conflict of interest.

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