

# RELATIONSHIP BETWEEN SOCIAL SUPPORT AND POSTNATAL DEPRESSION

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The purpose of this article is to explore the relationship between social support and postnatal depression. Social support has been shown to be an important variable in buffering the effects of postnatal depression. The availability or level of social support is an important variable in easing a woman's burden and leading to better adjustment to the new demands made on her. Social support should therefore be taken into consideration in any study of postpartum women's psychologic health. It is important that appropriate scales with psychometric qualities are chosen or developed to measure social support and depression postnatally. Only through use of the appropriate instruments can we further understand the social support processes that have an impact on postpartum women's psychologic distress.

**Key Words:** social support, postnatal depression, postpartum depression  
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Postnatal depression has disabling effects on mothers, children, and families of sufferers. Social support is an important variable in buffering the effects of postnatal depression. The purpose of this article is to explore the relationship between social support and postnatal depression.

## SOCIAL SUPPORT AND POSTNATAL DEPRESSION

### *Social support and health*

Interest in the concept of social support began in the 1970s. Brown et al found that adequate social support could protect people in crisis from depression [1]. It has been suggested that social support can promote mental health and physical well-being, especially in the face of stressful experiences [2]. To date, research into social support has been published in a wide variety of journals and books in

the fields of anthropology, nursing, psychology, and sociology. Social support buffers the effects of stress or has direct effects on health [3]. Childbirth and the postpartum period is a transition period for women. Transition periods have been described as stressful, due in part to changing roles and demands, and the reconstruction of the lives of those affected [4]. The availability or the level of social support is an important variable in easing a woman's burden and leading to better adjustment to the new demands made on her. Therefore, social support should be taken into consideration in any study of postpartum women's psychologic health.

### *Instrumental and emotional support and postnatal depression*

Social support is multidimensional. It has been studied and defined in various ways: as a social network, perceived social support, types or functions of social support, and satisfaction with social support [5]. Schaefer et al defined social support as including several types of assistance: emotional, tangible, and informational support [6]. Emotional support includes intimacy and attachment, reassurance, and being able to confide in and rely on another person. Tangible support (aid and instrumental or material

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support) involves direct aid or services such as loans, gifts of money or goods, and help with household tasks. Informational support includes the giving of information and advice, and providing feedback.

Postnatal (postpartum) depression refers to a non-psychotic depressive episode that begins or extends into the postpartum period. It is characterized by episodes of irritability, guilt, exhaustion, anxiety, sleep disorders, and somatic symptoms [7]. It has been recognized by the World Health Organization's International Classification of Disorders, 10<sup>th</sup> revision (ICD-10), and the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) [8,9]. The most critical period for detecting postnatal depression is suggested to be in the 4 to 6 weeks after delivery. Estimates of the incidence of postnatal depression vary widely, depending on the measuring instruments used, the criteria for diagnosis employed, the time that it is assessed, and the characteristics of the women studied. O'Hara and Swain used a meta-analysis to identify the prevalence of postnatal depression: the figure was 13%, based on estimates from 59 studies [10]. There is a need for different support according to the severity of postnatal depression.

Instrumental and emotional support were found to be related to the mother's postpartum mental well-being. Leung found that family support (instrumental assistance and emotional support) is an important support and a stress buffer that helps women to feel less depressed after childbirth [11]. Conversely, mothers with no family support develop postnatal depression more readily [12]. Postnatal depression may be induced because the new mother has fewer confidantes and receives little emotional or instrumental support with baby care and housework. The partner or husband may be the key person complained about and associated with postnatal depression for providing insufficient emotional and instrumental support for the new mother [5].

### ***Perception of social support and postnatal depression***

It may be true that the level of social support is not sufficient to meet the needs of new mothers; however, it may equally be that the problems are to do with the mothers' perception of the social support. Schaefer et al found that the perception of social support showed a stronger association with depression than the social network [6]. Stemp et al found that the cognitive experience of social support contributed to changes in psychologic distress postpartum, rather than the social supportive network [13]. Logsdon et al also found that the actual extent of social support was not closely connected to the

predicted level of postnatal depression [14]. The discrepancy between the support received and that expected predicts the level of postnatal depression most accurately, rather than the actual level of support. O'Hara indicated that women experiencing postpartum depression reported significantly more dissatisfaction (expectation of support to be received – degree of support received) with the frequency of supportive behaviors from their spouses, parents, and parents-in-law than did non-depressed women [15]. Leung found that depressed mothers were more disappointed than non-depressed mothers with the amount of emotional support and other support received from husbands, mothers, and mothers-in-law [11]. Such findings suggest that depression is the result of faulty perception or cognition which does not reflect the reality of the situation. Depressed people may commit characteristic errors of logic and draw illogical conclusions, and therefore hold negative views about themselves, their world, and their future.

### ***Professional support and postnatal depression***

Health care professionals are uniquely situated to provide the necessary information to clients regarding their disorders. Several studies have investigated the effects of support on women's health during the postpartum period. Elliott et al found that an educational program during pregnancy that covered postnatal depression, the common realities of life with a newborn baby, and ways of preparing for the new job of parenting was successful in reducing the prevalence of postnatal depression for a vulnerable parent group (those with a poor marital relationship, personal psychiatric history, lacking a confidante, or with high levels of anxiety), especially for first-time mothers [16]. Holden et al's experimental controlled trial revealed that postnatal depression is responsive to non-directive counseling, therapeutic listening, and support offered by health visitors [17]; 88% of women with postnatal depression who received counseling claimed that talking to their health visitor was the most important factor in their recovery. Chen et al found that postpartum women in a support group who participated in four group sessions had significantly decreased scores on the Beck Depression Inventory [18]. This was a controlled study to provide evidence that support groups for postnatally distressed women benefit psychologic well-being.

## **SOCIAL SUPPORT IS A KEY ELEMENT IN POST-NATAL DEPRESSION**

Existing research indicates that social support is a key element in relation to postnatal depression. A lack of social

support from spouse and family, and an unsatisfactory marital relationship are often concomitants of postnatal depression. The findings and recommendations of these studies have influenced the policy and practice of postpartum care in Western society. For example, educational information about effective support and postpartum depression is offered to pregnant women and their partners. A postpartum depression scale is used to facilitate early detection of postnatal depression. Additionally, non-directive counseling is provided, and patients can be transferred to a suitable service and/or environment (e.g. mother and baby unit, day care center, or postnatal support group) for treatment of postnatal depression.

Cox proposed that postnatal depression in Western society might reflect the major social changes in the family [19]. Lack of postnatal rituals and social support for the mother and her partner at this most vulnerable time may lead to an experience of "a loss rather than a gain". The availability and perception of social support were found to be related to postpartum depression in some studies. "Doing the month", where mothers are supposed to stay at home during the month immediately after childbirth, is a form of social support to assist postnatal women in Chinese society. Pillsbury found no postnatal depression among 80 Chinese women interviewed in Taiwan [20]. Therefore, Pillsbury suggested that the extra care received by Chinese women from their social networks, while they are following the traditional custom of "doing the month", may prevent them from experiencing postnatal depression. Chu also suggested that "doing the month" is good for the psychological well-being of Chinese postpartum women [21]. In other words, women received considerable family support during the month following childbirth, and postnatal depression is rarely found among Chinese women.

### **METHODOLOGIC ISSUES RELATED TO MEASURING POSTNATAL DEPRESSION AND SOCIAL SUPPORT IN CHINESE WOMEN**

Chu did not use formal diagnostic testing or observations to diagnose depression in the postnatal period when studying the emotional health of Chinese postpartum women [21]. The retrospective method used by Pillsbury, which revealed no evidence of postnatal depression, may have resulted in a biased reporting of events [20]. Therefore, one cannot be certain that all aspects of "doing the month" are useful in preventing postnatal depression. Studies have relied mainly

on the use of questionnaires to assess postnatal depression, and have not given women the opportunity to describe their feelings during the period of "doing the month" and their subjective postpartum emotional problems. For example, while dissatisfaction with the "psychosocial self" and "physical self" in women in a maternity care center who were "doing the month" is believed to contribute to postnatal depression in Chinese women, investigators did not provide much insight into the experiences and feelings of the women while they were following this custom [22]. Some other causes could emerge from subjective reports of postpartum women, rather than the loss of self-esteem, perceived stress, and lack of social support that were determined by Chen et al to be related to postnatal depression in Chinese women [23].

Harn did not use a formal postnatal depression scale, but used only one question to identify postnatal depression [24]: Did you feel upset by some unimportant things or feel very sad but could not explain the reason or even cry suddenly during the period of "doing the month"? The validity of the measure of postnatal depression was not discussed. It is more effective to identify postnatal depression by using standard symptom scales or open-ended questions that allow postpartum women to express their subjective feelings, rather than using one question to which the answer is "Yes" or "No". Although Chen et al found a high incidence of postnatal depression in Taiwan, the onset and duration of postnatal depressive symptoms and their relationship with the social support experience while "doing the month" were not described, nor was the nature of perceived stress among Chinese postpartum women defined [23]. Further studies not only need to use questionnaires but also open-ended questions or an in-depth interview, which may be useful for understanding this relationship.

The trend in the international literature is to use the Edinburgh Postnatal Depression Scale (EPDS) developed by Cox et al [25], as it is a sensitive and specific scale for detecting postnatal depression. This simple screening questionnaire, now available in many different languages, is useful in identifying postpartum depression and in offering treatment in the form of a postpartum support group, regular home visits, or counseling by health professionals. The Postpartum Social Support Questionnaire (PSSQ) is an 81-item self-report scale designed to assess the degree of social support in the postpartum period [26]. The scale measures both emotional and instrumental support received from the spouse, relatives, and friends. Both emotional and instrumental support were found to be important for postpartum women's emotional health. The

PSSQ comprises four subscales: spouse's emotional support, spouse's instrumental support, others' emotional support, and others' instrumental support. Each item is rated on a 7-point scale in two ways: frequency of occurrence and desired frequency of occurrence. Thus, in addition to assessing social support objectively, the questionnaire provides a measure of its perceived adequacy. It is a better scale for assessing postpartum social support than a general interpersonal support evaluation list.

A qualitative method was used [20,21] to collect in-depth data on the methodology of "doing the month", social support, and postnatal depression, and a quantitative method was used [14] to collect broader and comparable samples. Each method has different strengths and weaknesses. For example, ethnographic observations are often criticized with regard to the representativeness of their sample. Survey methods tend to present results in insufficient depth, and statistics generate figures rather than understanding of the subjective feelings of human beings. By combining both methods, these weaknesses may be reduced, resulting in a more complete view of social support when women are "doing the month" and its relationship with postnatal depression in Chinese women. The combination of methods may involve the measurement of postpartum social support and postnatal depression, not only using psychometric quality scales such as PSSQ and EPDS, but also using additional open-ended questions to explore how postpartum women perceive their social support and their depressed feelings. By adding more open-ended questions, for example, about the onset and duration of depressive symptoms and their interference with daily life, further understanding of the severity and effects of postnatal depression will be gained.

## CONCLUSION

The literature related to "doing the month" focuses on descriptions of the ritual of "doing the month" and suggests that this custom is a form of social support for Chinese postpartum women. The nature of social support derived from the custom is defined by Heh et al [27], in a study that objectively assessed the level of social support within the context of "doing the month".

Social support has been shown to be an important variable in buffering the effects of postnatal depression. A review of the research on the relationship between social support and postnatal depression revealed as many measures of social support and postnatal depression as

studies. It is important that appropriate scales with psychometric qualities are chosen or developed. Only through use of the appropriate instruments can further understanding of the social support processes that have an impact on postpartum women's psychologic distress be provided. For example, the PSSQ and the EPDS were developed to measure social support and postnatal depression and have been found to have adequate reliability and validity after childbirth [25,26].

Few studies have explored whether the social support derived from "doing the month" has a buffering effect on postnatal depression in Chinese women. A survey of the postpartum experience of Chinese women following the custom of "doing the month", which focuses on the social support women receive and perceive, and their postpartum depressive symptoms, may guide the development of protocols that will help health care professionals in the prevention and management of postpartum depression among Chinese women.

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