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Depression Is More Prevalent Throughout Pregnancy and the First Six Months Postpartum in Women Low in Religious Commitment and Social Support

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Abstract

Both religiosity and social support predict positive mood and mental and physical health. The purpose of this study was to examine whether depression rates were higher for pregnant and postpartum women reporting low Religious Commitment (RC) and Social Support (SS). In a longitudinal study of mostly low SES pregnant women (n=135) in Southern Appalachia, depression was measured during the 1st trimester (Time 1), 3rd trimester (Time 2), at 6 weeks postpartum (Time 3), and at 6 months postpartum (Time 4), with approximately 18% of women having clinically significant depression scores at Times 2-4 and a smaller proportion (13%) at Time 1. Factorial ANOVAs for each depression measure resulted in significant main effects of either RC (F's 2.26-11.27, p's .001-.14), SS (F's 3.75-8.72, p's .004-.06), or both at each time point, with higher depression scores in those low in RC or SS. The sample was dichotomized into women who were high on both RC and SS compared to those who were not. Comparison of these two groups indicated that those who were low on either or both measures scored significantly higher on measures of depression at Times 2-4 ($p<.005$), with no significant difference between groups at Time 1. Across all four depression measurements, only one woman (0.7%) who was classified as high on the Social Support and Religious Commitment Measures fell in the clinically significant range on a depression measure, yet 15%-24% of the comparison group did. Healthcare professionals should be aware that pregnant and postpartum women who have low levels of Religious Commitment and/or Social Support may be at greater risk for clinically significant depressive symptoms than women with such resources, and should be screened accordingly.

Introduction

Both religiosity and social support predict positive mood and mental and physical health, and have been confirmed to predict low levels of stress. The purpose of this study was to examine whether depression rates were higher for pregnant and postpartum women reporting low Religious Commitment (RC) and Social Support (SS). Identifying women at risk for depression and possibly targeting them for intervention is an important health concern as women without treatment for depression during pregnancy are more predisposed to exhibit poor personal care and nutrition and increased substance abuse, including, but not limited alcohol and tobacco use, suicidal ideation and behavior. Not only is the pregnant woman's health potentially at risk, but so is that of her unborn child.

Acknowledgement

Funding for this research was Provided by the Tennessee Governor's Office on Children's Care Coordination.

Methods

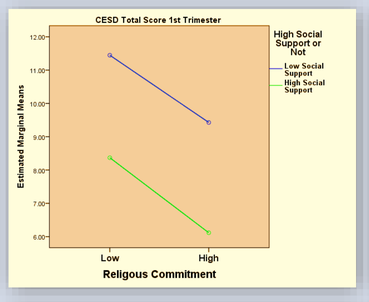
- *Participants*: 135 mostly low-SES pregnant women from Southern Appalachia
- Longitudinal study with four time points (1st Trimester, 2nd Trimester, 6 weeks postpartum, and 6 months postpartum)
- Interviews conducted in person during pregnancy and by phone postpartum

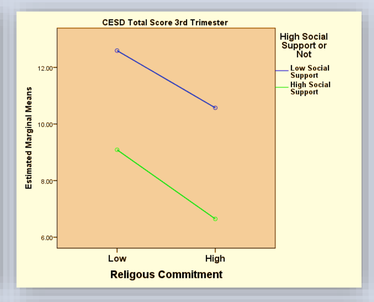
Measures

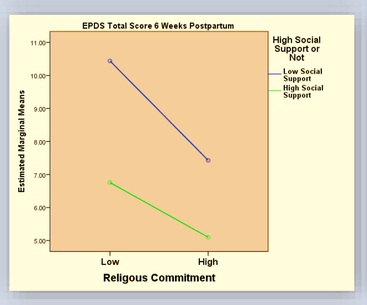
Construct	Instrument Title	Cutoff Score for Clinical Significance
Depression		
1st & 3rd Trimesters	*Center for Epidemiological Studies-Depression Scale (CES-D)*	16
6 Wks & 6 Mo Postpartum	*Edinburgh Postnatal Depression Scale (EPDS)*	13
Social Support		
1st Trimester	*Prenatal Psychosocial Profile (PPP) – Social Support Scale*	NA
Religious Commitment		
1st or 3rd Trimester	*Religious Surrender and Attendance Scale - 3 (RSAS-3)*	NA

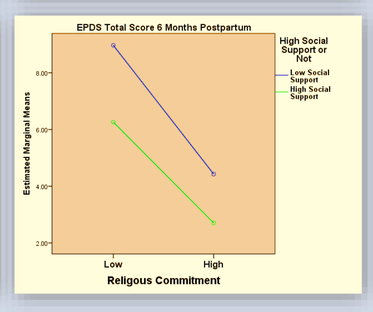
Results

The model was significant for the two-way ANOVA at each of four time points (*F*'s(3,131) 4.31 – 8.72; *p*'s .000 - .007). There were no significant interactions. In the 1st trimester, 3rd trimester, and 6 weeks postpartum, the main effect of SS was significant (*p*'s .004-.05), but RC was not. At 6 months postpartum, the main effect of RC was significant *(p* = .001), but SS was not.

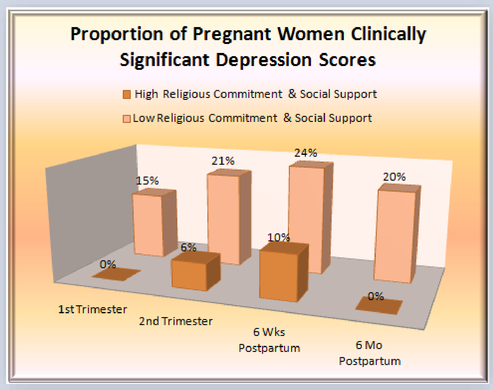








Results (Continued)



Women scoring low on both Social Support and Religious Commitment were proportionally more likely to score in the clinically significant range on both the CES-D, administered in the 1st and 3rd trimesters of pregnancy and on the EPDS, administered 6 weeks and 6 months postpartum.

Conclusions

- Women who are low in Religious Commitment and Low in Social Support score significantly higher on measures of depression during pregnancy and the postpartum period.
- Pregnant and postpartum women who are low in Religious Commitment or Social Support, and especially those who are low in both may be at greater risk for clinically significant depression than other women.
- Social Support appears to be more predictive of depression risk during pregnancy than Religious Commitment; however, Religious Commitment becomes more predictive of depression 6 months postpartum.

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