



PERGAMON

Social Science & Medicine 53 (2001) 441–453

SOCIAL
SCIENCE
&
MEDICINE

www.elsevier.com/locate/socscimed

Debt, social disadvantage and maternal depression

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Abstract

Depression is common among women with young children, and is strongly associated with financial adversity. Debt is a common feature of such adversity, yet its relationship with depression has not been examined before. We have used longitudinal data, collected over six months, on 271 families with young children, to examine this relationship. Multiple regression was used to identify independent predictors of the total Edinburgh Post-natal Depression Scale score from a range of socioeconomic, demographic, social support and child health related variables. Worry about debt was the strongest independent socioeconomic predictor of the depression score at both initial and follow-up occasions. To account for the possibility of reverse causation, i.e. depression causing worry about debt, alternative regression models are reported which show that owing money by itself predicts depression and earlier debt worries predicts depression six months later. We were unable to show that earlier debt worries independently predicted subsequent depression scores after the initial depression score had been taken into account in the analysis. Although debt has not been shown to be an independent prospective predictor of depression, our results suggest it has a central place in the association between socioeconomic hardship and maternal depression. Evidence from qualitative studies on poverty and from studies on the causes of depression support this hypothesis. The implications for policy are that strategies to enable families to control debt should be an explicit part of wider antipoverty measures which are designed to reduce depression and psychological distress among mothers of young children. © 2001 Elsevier Science Ltd. All rights reserved.

Keywords: Maternal depression; Poverty; Debt; Social disadvantage; Health inequalities; UK

Introduction

Depression is an important cause of morbidity in women and is estimated to affect between 10 and 30 percent of mothers of young children (Cox, Connor, & Kendall, 1982; Cox, Murray, & Chapman, 1993; Kumar & Robson, 1984; Cooper, Campbell, Day, Kennerley, & Bond, 1988). This causes suffering among women, affects relationships within their families, and their children's developmental progress is impaired in the longer term (Murray, 1992; Sharp et al., 1995; Murray & Cooper, 1997). Maternal depression is not purely a postnatal problem; although there are some specific characteristics of depression in the months after giving

birth (Murray, Cox, Chapman, & Jones, 1995; Cooper & Murray, 1995), the similarities in incidence, prevalence, clinical features and associated factors suggests there is little to distinguish depression among mothers of young children regardless of their age (Cooper et al., 1988; Cox et al., 1993; Murray et al., 1995). Despite conventional biomedical treatments being effective (Appleby, Warner, Whitton, & Faragher, 1997), there is little evidence for a purely biological mechanism of maternal depression. Instead, combinations of various factors have been suggested as precipitating depression in women who are already psychologically vulnerable. Broadly, these fall into three categories: those indicating poor quality or unsupportive relationships, those related to the pregnancy, life events and acute stressors, and those associated with socioeconomic disadvantage and financial hardship. This study examines the association between depression and a specific aspect of socioeconomic adversity, namely debt.

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¹On behalf of the CAB and Family Health Study Team.

Causal explanations of maternal depression

The first broad category of precipitating factors concern the quality of interpersonal relationships. Many studies have shown that marital problems, poor quality couple relationships or absence of a confidante are strongly associated with depression (Brown & Harris, 1978; Kumar & Robson, 1984; Brown, Andrews, Harris, Adler, & Bridge, 1986; Stein, Cooper, Campbell, Day, & Altham, 1989; Murray et al., 1995; Escriba, Mas, Romito, & Saurel-Cubizolles, 1999; Hope, Power, & Rodgers, 1999; Romito, Saurel-Cubizolles, & Lelong, 1999; Stretch, Nicol, Davison, & Fundudis, 1999). Brown et al. (1986) and Brown and Bifulco (1990) have shown that lack of support during a crisis, or being “let down” by the woman’s partner predicts the subsequent onset of depression. Family disruption (Sheppard, 1997) and relationship difficulties with the extended family also predispose to depression, particularly if these include problems with the woman’s own mother (Kumar & Robson, 1984; Murray et al., 1995; Lambrenos, Weindling, Calam, & Cox, 1996). Lack of social support is also a risk factor, while good quality social support is a protective factor (Brown et al., 1986). It would seem from these studies that the quality of interpersonal relationships, particularly between the woman and her partner, is an essential aspect of the causal pathway to maternal depression.

A second category of precipitating factors are related to the pregnancy, life events and psychosocial stresses. With respect to the pregnancy, increased risk of depression has been found in association with unplanned pregnancy (Kumar & Robson, 1984; Warner, Appleby, Whitton, & Faragher, 1996), preterm birth (Kumar & Robson, 1984), stillbirth (Kumar & Robson, 1984; Thorpe, Golding, MacGillivray, & Greenwood, 1991) and not breastfeeding (Warner et al., 1996). Risk factors related to the stress of managing a family include family size (Murray et al., 1995; Sheppard, 1997), twins or multiple births (Thorpe et al., 1991), close spacing of births (Thorpe et al., 1991), ill health of the child (Romito et al., 1999; Escriba et al., 1999), and behavioural difficulties or developmental delay in the child (Sheppard, 1997; Stretch et al., 1999). In this context, it is interesting that neither childhood disability nor the prospect of the child developing a disability appear to increase the risk of depression (Lambrenos et al., 1996). Studies on external life stresses have focussed largely on employment, and complex relationships have been found. While many studies have shown that maternal or paternal unemployment is likely to increase the risk of maternal depression (Stein et al., 1989; Lambrenos et al., 1996; Warner et al., 1996; Saurel-Cubizolles, Romito, Ancel, & Lelong, 2000), full time employment has also been shown to be a risk factor, particularly among lone parents (Brown & Bifulco,

1990; Macran, Clarke, & Joshi, 1996; Baker & North, 1999). The explanation appears to be that unemployment is an indicator of poverty, while full time employment indicates the stress of extra workload which is added to women’s responsibilities for care. This is supported by Murray et al. (1995), who showed that occupational dissatisfaction increased the risk of depression. Conversely, part time work may be a protective factor because of the social support it offers (Brown & Bifulco, 1990).

The third type of precipitating factor is socioeconomic adversity. This was identified in the pioneering study by Brown and Harris (1978). Subsequent studies have shown associations with a range of socio-economic factors such as low income, financial problems and money worries, receipt of benefits, maternal and paternal unemployment, housing tenure, and manual social class (Stein et al., 1989; Thorpe et al., 1991; Murray et al., 1995; Warner et al., 1996; Brown & Moran, 1997; Sheppard, 1997; Graham & Blackburn, 1998; Escriba et al., 1999; Romito et al., 1999). The interpretation of most of these studies is that socioeconomic adversity, however it is measured, is not simply an additional contributory factor but has a specific and pervasive influence.

The body of research on depression among lone mothers has been important in unravelling the effects of economic hardship from other possible causes. A high proportion of families headed by a lone parent live in poverty (Judge & Benzeval, 1993; Oppenheim & Harker, 1996). Women heading a lone parent family have a much greater risk of depression than mothers with a partner (Macran et al., 1996; Sheppard, 1997; Benzeval, 1998). There are a number of possible explanations apart from the direct effect of poverty; greater stress, less social support, the effect of unemployment, and social selection, but most of the studies set up to unravel the causes have concluded that financial hardship is the most important underlying feature (Macran et al., 1996; Benzeval, 1998; Baker & North, 1999; Hope et al., 1999). Although social support and psychological stress undoubtedly have an effect, they are simply part of the web of disadvantage endured by women living in poverty.

Two carefully controlled longitudinal studies enable this web of disadvantage to be teased out. The first, a large population based study among residents of New Haven, Connecticut (Bruce, Takeuchi, & Leaf, 1991), examined the role of poverty in determining risk of various psychiatric conditions, carefully controlling for other factors such as sex, age, race and history of psychiatric illness. Previously well adults living in poverty had over twice the risk of depression than those not living in poverty, with the population attributable risk being 10% (i.e. 10% of new cases of depression were directly attributable to the effect of poverty). This study

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