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The role of partner support among women with depressive symptoms

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Abstract

Scarce research has explored how sex partners and their provision of social support impact depression among women. The purpose of this study is to examine the role of social support (overall and specific types of support) provided by a sex partner on depressive symptoms among a sample of women (n=295). We assessed depression using the Centers for Epidemiological Studies Depression Scale (CES-D) and used a social network inventory to evaluate partner characteristics and types of support provided. Overall 76% (n=225) of the sample experienced depressive symptoms in the past 90 days. Approximately one-third of the sample had a partner who provided emotional support (33.9%), financial support (36.6%), or socialization support (40.0%). About 41% of women said their partner offered no support while 16.3% had a partner who gave all three types of support. These findings demonstrate that partners and the level and types of support provided should not be discounted in mental health assessments.

Keywords

depression; women; social support; partners; social networks

Introduction

Depression impacts an estimated 13 million adults annually in the United States (Kessler & Bromet, 2013). It is commonly linked to lower quality of life, diminished emotional, social and physical functioning, and is the 4th largest cause of disability (Kessler & Bromet, 2013; Spijker et al., 2004; Thacker et al., 2006). Lifetime prevalence of a major depressive episode is at 16% (Kessler, 2003). There is evidence to suggest, however, that lifetime prevalence of a major depressive episodes may be even higher as individuals frequently underreport prior depressive episodes (Alexopoulos, 2005; Kessler, McGonagle, Swartz, Blazer, & Nelson, 1993).

Numerous studies indicate that the impact of depression severity also differs by gender, with women being twice as likely to experience depression as men (Kessler, 2003; Williams et al., 2007). Researchers have offered a variety of reasons for this disparity, including differences in social and economic opportunities, increased stress on women, responsibilities related to family, societal roles strain, lack of economic resources, and biological factors (Bird & Rieker, 1999).

The impact of individual level factors (biologic, cognitive, and psychosocial characteristics) on depression among women has been the primary focus of numerous studies (Blair, Ross, Garipey, & Schmitz, 2014; Riso, Miyatake, & Thase, 2002). There is also a clear socioeconomic gradient in the health burden for women in regards to depression and depression-related health outcomes, putting women facing socioeconomic challenges at elevated risk for depressive episodes (McKnight-Eily et al., 2009; Office of the Surgeon General (US), Center for Mental Health Services (US), & National Institute of Mental Health (US), 2001; Worthington, 1992). While multilevel stressors contribute to depression among women, there are also several factors that lessen the impact of these stressors. The most notable is the presence of protective social ties and support.

Investigators have indicated that several characteristics of a woman's social ties are linked to indicators of subjective well-being and depression (Perry & Pescosolido, 2010; Totterdell, Holman, & Hukin, 2008). Social ties exert influence on well-being primarily through the provision of social support (Zhu, Woo, Porter, & Brezenski, 2013). Social support and supportive relationships play a critical role in mental health outcomes (Knowlton, Curry, Hua, & Wissow, 2009). A review of the associations between social support and well-being revealed that social support exerts both buffering effects as well as an overall benefit to well-being (Cohen & Wills, 1985).

Partners can provide social support, access to intangible (i.e. advice, belongingness, esteem) and tangible resources (i.e. money or housing) (Berkman & Glass, 2000). Prior studies among women suggest that depressive symptoms may be associated with strains in the main supportive relationships in a woman's life (Newsom, 1999; Schrimshaw, 2003). Depressive symptoms are also significantly less prevalent among partnered male adults than single male adults, suggesting that partner support may be an important protective factor (Choi & Ha, 2011; Coyne et al., 2001; Parker & Ritch, 2001). This supports the critical importance of investigating the role of social support provided by partners on depression in women.

While the characteristics and roles of a partner may have a critical influence on a woman's mental and physical health, limited research has explored the role of social support provided by one's partner on depression. Thus, the primary purpose of this exploratory study is to examine the impact of social support provided by a sex partner on depressive symptoms among a sample of women who reported one sex partner in the past 90 days. We hypothesized that partner support would be related to decreased depression. Specifically, we examined specific types of social support (financial, emotional, and socialization) as well as any support on depression among women.

Methods

The proposed study was embedded within a larger randomized controlled trial of a social-network based HIV prevention intervention (CHAT study, PI: Carl Latkin, Funded by NIMH). Details on the parent project and intervention have been discussed elsewhere (M. A. Davey-Rothwell, Tobin, Yang, Sun, & Latkin, 2011). Eligibility for the study included heterosexual women who reported a sexual risk in the past 6 months including multiple sex partners, recent STI diagnosis, or having a risky partner (i.e. partner injected drugs, MSM, or HIV+). In addition, participants recruited their social network members to the study. The present study was limited to women who reported one sexual partner in the past 90 days.

Participants took part in a face-to-face interview at a community-based research clinic. Data on sexual and drug risk behaviors were administered through ACASI. Participants were paid \$35 for completion of the study visit. The parent study was conducted from 2005–2010. Data for the present study came from the baseline visit administered September 2005 through July 2007. All protocols were approved by the Johns Hopkins Bloomberg School of Public Health (JHSPH) Institutional Review Board. All authors certify their responsibility for this manuscript and have no conflicts of interest to report.

Measures

Depressive symptoms—Depressive symptoms were assessed through the Centers for Epidemiological Studies Depression Scale (CES-D) (Radloff, 1977). The CESD is a 20-item scale asking participants how frequently they had experienced a variety of emotions and symptoms in the past 7 days. Response categories include: 0) rarely or none of the time; 1) some or a little of the time; 2) occasionally or a moderate amount of time; 3) most or all of the time. Responses were added into a summary score. The range of possible scores was 0–60. The data were dichotomized as high depression symptomology or “Depressed” (16 or higher) vs. low symptomology or “Not Depressed” (less than 16).

Partner characteristics—Partner characteristics were assessed through a social network inventory. Participants were asked to name the people they had sex with in the past 90 days. Only women who reported one partner in the past 90 days were retained in this analysis. After listing their sex partners, participants were asked how long they knew her partner and how frequently they saw the partner. Then, participants reported on the types of social support provided by their partner in the past 6 months. The types of supports were measured as dichotomous variables including:

1. Did your partner loan or give you money in the past 6 months: (i.e. financial support)
2. Did you talk to your partner about personal or private things: (i.e. emotional support)
3. Did you get together with your partner to socialize or have fun? (i.e. socialization support);

In addition to examining these specific types of social support, we also created a variable—Any Support variable (vs. no support) coded as participant reported partner provided any of the three types of support (financial, emotional, or socialization support).

Covariates—Participants reported their age, racial identity (African American vs. other), and education level (high school diploma or less). Participants self-reported their relationship status as married, in a committed relationship, divorced, widowed, or single. Current employment status which was coded as employed (full or part-time) and not employed. Income in the past 30 days was coded as less than \$500 vs \$500 or more. Homelessness was measured as a self-report of being homeless in the past 6 months. Finally, drug use was measured as self-reported use of heroin or cocaine (any route of administration) in the past 6 months.

Data Analysis

The overall CHAT baseline sample included 567 women. The current study includes 295 women who reported only one sexual partner in the past 90 days, which is 52% of the baseline sample. We limited the sample to women with one partner because different partners may provide varying types of support.

Frequency distributions, chi-square tests, and t-tests were conducted to explore distribution of the data and assess unadjusted associations between sex partner characteristics and depression. We computed 4 logistic regression models to assess the relationships between partner support and depression. Model A included emotional support as the main dependent variable and depression as the outcome; Model B included financial support as the main dependent variable and depression as the outcome; Model C includes only socialization support as the main dependent variable and depression as the outcome; Model D compared any type of support versus no support and depression as the outcome. All multivariable models included length of time known partner and individual factors that were at least marginally significant ($p < 0.10$) in bivariate analyses were included in multivariable models. All analyses were conducted using Stata 13 (College Station, TX).

Results

Approximately 76% ($n=225$) of the sample experienced depressive symptoms in the past 90 days as indicated by CESD score of 16 or higher. Women reported their relationship status as married [19 (6.44%)], in a committed relationship [107 (36.7%)], separated/divorced [42 (14.23%)], widowed [9 (3.05%)], and single [118 (40.0%)]. On average, participants knew their partner for 10.8 years (median=7.0 years). Among the sample, 13 (4%) said their

partner was female. Approximately 76% of the sample (n=225) reported seeing their partner on a daily basis. Approximately one-third of the sample has a partner who provided emotional support (33.9%) or financial support (36.6%). Forty percent of women reported that their partner provided socialization support (40%). Approximately 41% of women said their partner offered no support.

Comparisons in individual and partner characteristics between women who experienced depression and those who do not are shown in Table 1. There were few demographic differences between women who reported depressive symptoms and women who did not. Women who were depressed were more likely to be homeless (29.3% vs 11.4%, $p<0.05$) and less likely to be employed (13.3% vs 21.4%, $p<0.10$).

As for partner characteristics, women who were depressed were less likely to have partners that provided socialization support and reported knowing their partners for less time. There were marginal associations between depression and partner financial support, emotional support, any support, and the summary measure of partner support.

Results of the multivariable models are shown in Table 2. While financial support [Model B, 0.55 (0.30, 0.96)] and socialization support [Model C, 0.51 (0.29, 0.89)] were significantly associated with decreased odds of depressive symptoms, there was a marginal decrease in depression if a partner provided emotional support [Model A]. In addition, having a partner who provided any of the three types of social support was associated with a 48% decreased likelihood of depressive symptoms [Model D].

Discussion

In this sample of women who reported having one sexual partner, we found that depressive symptoms were associated with social support provided by one's partner. Specifically, having a partner who provided financial or socialization support was associated with decreased likelihood of depressive symptoms. Emotional support was also marginally associated with decreased depressive symptoms. Our findings on the protective role of social support on depression are consistent with the literature (Dyer, Stein, Rice, & Rotheram-Borus, 2012; Kleinberg, Aluoja, & Vasar, 2013; Uebelacker et al., 2013).

Our results build upon previous findings by differentiating the effects of types of support provided by partners and its impact on depression among women. Financial resources provided by partners help to decrease the effects of economic instability and thereby improve mental health. Financial stressors increase the likelihood of depression (McKnight-Eily et al., 2009; Office of the Surgeon General (US) et al., 2001; Worthington, 1992). In regards to socialization support, spending time with or socializing with a partner prevents isolation, a situation commonly faced by people experiencing depression. Providing a mechanism for engaging with others is vital to alleviating depressive symptoms. Also, talking with one's partner about personal topics may help individuals lower their stress and decrease a sense of loneliness.

As with any study, the current study has limitations that should be noted. First, data were cross-sectional. Longitudinal studies are needed to see if there is a causal association

between partner support and depression. All data were self-reported which may have increased recall and social desirability biases. Lastly, depression was measured as a measure of symptoms of depression rather than a diagnosis, and was high in this sample. Women who enrolled in the larger study, from which the current sample was drawn, were at risk for HIV and reported low levels of income and employment. Previous research has shown that HIV risk and low socioeconomic status are associated with depression (Davey-Rothwell, Linas, & Latkin, 2012). Further studies are needed to explore the role of partner support on depression among a general population.

The study results suggest the critical role of social support provided by sex partners in depression among women. Our findings have implications for health care professionals who work with women exhibiting depressive symptoms. Health care providers should ask women about the nature and quality of partnerships during mental health assessments. The level of social support provided through their partners can aid health care professionals in identifying any potential risks for depression. Concerns about unsupportive partners and their impact on mental health may be raised. Simply asking about violence between partners is not enough to assess relationship dynamics. More detail is needed on the quality of the relationship. Furthermore, programs which train partners to be supportive of each other are of value. Couples-based interventions have been found to be more efficacious in reducing stress and increasing coping among low-income couples (Wadsworth et al., 2011).

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Table 1

Sample demographic and sex partner characteristics among women who reported one partner (n=295).

Characteristic	Not Depressed (n=70)	Depressed (n=225)	Test statistic	p-value
<i>Individual Characteristics</i>				
Age (Mean(SD))	40.9 (7.28)	42.1 (7.93)	-1.045	0.29
African American	66 (54.3)	216 (96.0)	0.37	0.54
Income in the past 30 days (less than \$500)	39 (55.7)	105 (47.1)	1.59	0.21
Education (High school degree or higher)	40 (57.1)	109 (48.4)	1.62	0.20
Employed at least part-time	15 (21.4)	30 (13.3)	2.71	0.09
Used heroin or cocaine in the past 6 months	47 (67.1)	160 (71.1)	0.40	0.53
Homeless in the past 6 months	8 (11.4)	66 (29.3)	9.11	0.003
<i>Partner Characteristics</i>				
Partner provided emotional support	30 (31.11)	70 (42.8)	3.20	0.070
Partner provided financial support	32 (45.7)	76 (33.8)	3.28	0.070
Socialized with partner	36 (51.4)	82 (36.4)	4.99	0.025
Partner provided any support	50 (71.4)	135 (60.0)	2.98	0.084
Length of time known partner (months)	144.9 (119.26)	125.38 (128.85)	1.17	0.25

Table 2

Multivariate model of the association between social support provided by sexual partners and depressive symptoms among women (n=295)

Model	Unadjusted Odds Ratio [95% CI]	Adjusted Odds Ratio [95% CI]
Model A Emotional support	0.60 ;0.35, 1.04] ⁺	0.58 [0.33, 1.03] ⁺
Model B Financial support	0.61 [0.35, 1.05] ⁺	0.54 [0.30, 0.96] [*]
Model C Socialization support	0.54 [0.32, 0.93] [*]	0.51 [0.29, 0.89] [*]
Model D Any support	0.57 [0.32, 1.01] ⁺	0.52 [0.28, 0.96] [*]

Notes: Models were adjusted for homelessness, employment status, and length of time known partner;

^{**}
p< 0.01,

^{*}
p<0.05,

⁺
p<0.50