Crucial Components of Social Support that Predict Mental Health in Mothers

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ABSTRAK

Tiga ratus sembilan puluh lapan para ibu ditemuduga untuk memastikan aspek sokongan sosial yang dianggap penting dalam meramal kesihatan mental ibu. Hasil kajian menunjukkan kepuasan dengan sokongan sosial dan bukannya saiz jaringan sokongan sosial yang meramalkan kesihatan mental ibu. Lagipun kepuasan dengan sokongan sosial terutamanya meramalkan kebimbangan dan insomnia. Aspek penting kepuasan dengan sokongan sosial adalah peramal utama kebimbangan dan imsonia. Ini termasuklah mempunyai seseorang pada siapa para ibu boleh merasa seperti diri mereka sebenar, yang juga menenang mereka dengan memegang tangan mereka dan yang membantu semasa kematian keluarga terdekat. Pada pespektif klinikal beberapa aspek khusus perlu diberi pertimbangan semasa menyiasat sokongan sosial pesakit.

Kata kunci: Kesihatan mental, sokongan sosial, para ibu, soal selidik.

ABSTRACT

Three hundred and ninety-eight mothers were interviewed to ascertain what aspects of social support tend to be important in predicting mother's mental health. The results of the study indicated that satisfaction with social support, rather than the size of the social support network predicted mother's mental health. Furthermore, satisfaction with social support mainly predicted anxiety and insomnia. The important aspects of satisfaction with social support that predicted anxiety and insomnia included having someone whom the mothers could totally be themselves, who would also comfort them by holding them in their arms and who would assist in the event of the death of a close relative. From a clinical perspective, some level of specificity needs to be taken into consideration when inquiring about patient's social support.

Key words: Mental health, social support, mothers, questionnaire.

INTRODUCTION

In times of crisis the individual reaches out to others for help to manage fear of the unknown, uncertainty, loneliness, lowered mood and to manage life's daily routines. However, social support is poorly defined and what's more, in terms of clinical work, knowing what aspects of social support act as a protective factor against the risk of developing mental health problems is important. This paper focuses on the important aspects of social support that predict mother's mental health.

Two main descriptions of social support exist. Firstly, Weiss (1974) suggested a multi-dimensional model of social support which includes attachment (a sense of emotional closeness and security); reliable alliance (the assurance that one can count on others for assistance under any circumstances); enhancement of worth (affirmation of one's competence and skill); social integration (a sense of belonging to a group of people who share common interests and recreational activities); guidance (advice and information); and opportunity for nurturance (taking care of another person). Secondly, social support has also been described in terms of network density and satisfaction with support received (Sarason et al. 1983).

Empirical approaches have been used to measure emotional well-being. Some clinicians focus on measuring specific classes of disorder such as depression (Beck et al. 1961), anxiety (Spielberger et al. 1970), and social avoidance (Watson and Friend 1969), while others focus on measuring a variety of symptoms such as somatic complaints, anxiety and insomnia, social dysfunction and depression (Goldberg 1981; Lovibond and Lovibond 1995).

Most studies have found that mother's social support has an effect on their well-being. Daniels-Mohring and Berger (1984) in a study of 42 divorced individuals, found that the stability of social networks was related to post-divorce adjustment. In the post-divorce period, many subjects whose support network had collapsed reported feelings of displacement, loneliness and a sense of starting over in terms of establishing a social network. During marital transition, social support buffers against the effects of stress, thus having beneficial effects on the psychological and physical health of parents (Gibson and Brown 1992; Stolberg and Ullman 1984). High levels of social support have been found to be predictive of parent's well-being (Henderson and Moran 1983; Smith et al. 1994). While these findings are important, they do not provide information as to the aspects of social support that were most beneficial to the individual. Being able to specify what aspects of social support would enable the clinician to ask specific questions and be more constructive in assisting mother's develop more beneficial levels of social support.

Parents who were less satisfied with their emotional support were more likely to be depressed and have suicidal ideation. The size of the effect is small, and the literature reports similar trends where small to moderate relationships exist between social support and psychological and physical health (Smith et al. 1994). Other studies have found that neither social network size nor availability of social supports predicted depression (Henderson 1981; Henderson and Moran 1983). Instead the subjective feeling that social support is inadequate is a better predictor of depression.

Thus the literature provides ample support that social support predicts mental health outcome amongst mothers. Furthermore, satisfaction with social support rather than network size, appears to be a stronger predictor of social support. However, from a clinical perspective, more information needs to be obtained on what is meant by social support. The aim of this study is therefore to investigate the components of social support that mother's reports as important in predicting mental health outcome.

METHODOLOGY

A single survey was used to gather data for this study. The dependent variables comprised measures of subjects mental health and the independent variables comprised measures of subjects social support.

SAMPLE

Participants in this study were 398 mothers. As this study was part of a larger study on the effects of family structure on children's well-being, 194 women were from separated and 204 women were from non-separated families. Years since separation ranged from 1.2 months to 11 years (M = 3 years 11 months). Prior to separation, the separated women had been married for an average of 4 years 2 months and the non-separated women for an average of 15 years 5 months (Table 1). No-significant differences were noted between groups on the women's index of education and occupation. Significant differences between groups were observed on the number of years married, $F_{(1, 396)} = 416.6$, $p < .01$, and index of relative socio-economic disadvantage, $F_{(1, 394)} = 6.12$, $p < .05$.

PROCEDURE

Participants in this study were asked to complete the questionnaires which were sent to their homes. They were selected via another study on children's adjustment, which recruited children via the primary schools (Teoh 1997).

TABLE 1. Demographic details of subjects

Demographics	Separated (SD)	Group Non-Separated (SD)	Full Sample (SD)
Marriage (years)	4.13 (6.48)	15.44 (4.42)	9.92 (7.90)
Separation (years)	3.92 (3.02)		
No. of Children in family	2.74 (1.07)	2.89 (1.04)	2.82 (1.05)
Index of relative economic disadvantage	1016.09 (89.15)	1037.36 (81.91)	1026.99 (86.07)
Index of Educational and Occupation	998.71 (86.83)	1008.56 (85.11)	1004.99 (85.98)

Prior to participation, informed consent was obtained from the subjects. The questionnaires were administered as part of a larger battery of questionnaires.

MEASUREMENT INSTRUMENTS

Social Support The Social Support Questionnaire (SSQ) (Sarason et al. 1983) is a 27 item questionnaire that examines perceived social support and satisfaction with social support. A 1-6 Likert scale was used to score the degree of satisfaction. Higher scores indicate that parents are more satisfied with social support. For the purpose of this study, only the satisfaction with social support score were utilised. The score has been found to correlate negatively with anxiety, depression and neuroticism. The SSQ was selected as it had been evaluated on more than one sample and correlated with measures of parent well-being (i.e., depression, $r = -0.43$ $p < 0.01$; anxiety, $r = -0.39$ $p < 0.01$; and neuroticism, $r = -0.37$ $p < 0.05$) and encompassed the widest variety of issues concerned with the subject's social support. Internal reliability of the scale has been reported as 0.97 (Sarason et al. 1983).

Mental Health The General Health Questionnaire (GHQ) (Goldberg 1981) was designed as a screening device to detect psychiatric disorder in an adult population. The device yield's four sub-scales : somatic symptoms, anxiety and insomnia, social dysfunction, and severe depression. It is a self-administered 28 item scale where respondents rate themselves on a four point scale (i.e., Better than usual, Same as usual, Worse than usual and Much worse than usual). Higher scores are indicative of greater symptomatology. Six month test-retest reliability of the GHQ with psychiatric

patients has been found to be 0.51 - 0.90. Internal consistency for the GHQ was found to be 0.78 (Goldberg 1981).

RESULTS

This section presents the results of analyses that look at whether size of social support network or degree of satisfaction with social support is a stronger predictor women's mental health. Initially the descriptive statistics were calculated for each of the measures used (Table 2). Following this, descriptions of what forms of social support subjects reported they were satisfied with and also which forms of social support they received more were calculated (Table 3 and Table 4). Subjects reported that they felt most satisfied with knowing they were an important part of someone's life and also that in times of crisis they could count on someone to help them (Table 3).

TABLE 2. Descriptive statistics of mental health and social support measures

Variable	Mean	(SD)	Median	Range
Somatic symptoms GHQ-A	11.57	(3.44)	11.0	6 - 23
Anxiety/insomnia GHQ-B	12.05	(4.10)	11.0	7 - 28
Social dysfunction GHQ-C	13.45	(2.63)	14.0	7 - 23
Depression GHQ-D	8.42	(2.59)	7.0	6 - 21
Total social support	90.62	(49.5)	78.5	9 - 243
Satisfaction with social support	4.91	(1.18)	5.24	0.18 - 6.0

TABLE 3. Mean scores of individual total social support items

Item	Content	Mean
QT1	Whom can you really count on to listen to you when you need to talk?	4.245
QT3	Whose lives do you feel that you are an important part of?	5.430
QT4	Whom do you feel would help you if you were married and had just separated from your spouse?	4.080
QT5	Whom could you really count on to help you out in a crisis situation, even though they would have to go out of their way to do so?	4.225
QT18	Whom do you feel would help if a family member very close to you died?	4.165
QT24	Whom do you feel truly loves you deeply?	4.483

TABLE 4. Mean scores of individual satisfaction with social support items

Item	Content	Mean
QS1	Whom can you really count on to listen to you when you need to talk?	5.258
QS3	Whose lives do you feel that you are an important part of?	5.458
QS4	Whom do you feel would help you if you were married and had just separated from your spouse?	5.110
QS5	Whom could you really count on to help you out in a crisis situation, even though they would have to go out of their way to do so?	5.273
QS6	Whom can you talk with frankly, without having to watch what you say?	5.168
QS9	Whom can you really count on to be dependable when you need help?	5.025
QS11	With whom can you totally be yourself?	5.033
QS18	Whom do you feel would help if a family member very close to you died?	5.118
QS19	Who accepts you totally, including both your worst and your best points?	5.008
QS20	Whom can you count on to care about you, regardless of what is happening to you?	5.038
QS24	Whom do you feel truly loves you deeply?	5.148

They also reported that there were a lot of people whose lives they were an important part of and also that lots of people loved them deeply (Table 4).

Estimation of the linear effects of social support measures on four measures of women's mental health were carried out using multiple regressions. Only measures of anxiety/insomnia were found to be significantly predicted by measures of social support. Measures of depression, social dysfunction and somatic symptoms were not found to be significantly predicted by measures of social support.

Four percent of the variance in self-reported anxiety/insomnia was accounted for by satisfaction with social support and total social support, $F_{(2, 397)} = 9.475$, $p < 0.01$ (Table 5). Satisfaction with social support significantly predicted anxiety and insomnia. Subjects who were less satisfied with social support were more likely to be anxious and have difficulty sleeping. Thus being satisfied with social support rather than total support is a more important predictor of anxiety / insomnia.

Having found that satisfaction with social support was the only significant predictor of anxiety / insomnia, the next analyses focussed on finding out what specific aspects of satisfaction with social support were

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TABLE 5. Summary of ordinary least squares multiple regression analysis for total and satisfaction with Social Support Predicting Anxiety / Insomnia GHQ-B (N = 398)

	B	SE B	β
Anxiety / Insomnia			
Satisfaction with social support	-0.542	0.202	-0.157**
Total social support	-0.006	0.005	-0.082

$r^2 = 0.045$ [F (2, 397) = 9.475, p < 0.01]
** p < 0.01

predictive of anxiety/insomnia. The individual items on the satisfaction with social support scale were regressed onto the anxiety/insomnia sub-scale score using a multiple linear regression.

Fifteen percent of the variance in self-reported anxiety / insomnia was accounted for by items that measured satisfaction with social support and total social support, F (27, 358) = 2.447, p < 0.01 (Table 6). Questions QS11 (i.e., *"With whom can you totally be yourself ?"*), QS15 (i.e., *"Who will comfort you when you need it by holding you in their arms ?"*) and QS18 (i.e., *"Whom do you feel would help if a family member very close to you died ?"*) significantly predicted anxiety and insomnia. Subjects who reported being satisfied with having someone with whom they could totally be themselves, who felt they had someone who would comfort them when they needed it by holding them in their arms, and who would help if a family member died were less anxious and reported less trouble sleeping.

DISCUSSION

This study was designed to find out what important aspects of social support predicted mental health in a sample of mothers. The results of the series of analyses indicated that satisfaction with social support, rather than the size of the social support network predicted mother's mental health. Furthermore, of the mental health measures utilised, satisfaction with social support only predicted anxiety and insomnia in this sample. The important aspects of satisfaction with social support that predicted anxiety and insomnia included having someone whom the mothers could totally be themselves, who would also comfort them by holding them in their arms and who would assist in the event of the death of a close relative. These aspects of social support could broadly be classed as having someone to express emotions to without being judged, being comforted and perhaps receiving emotional and material aid in the event of crisis.

TABLE 6. Summary of ordinary least squares multiple regression analysis for satisfaction with social support items predicting anxiety / Insomnia GHQ-B (N = 398)

	B	SE B	β
Anxiety / Insomnia			
QS18	0.981163	0.274323	0.331494**
QS11	-0.550158	0.220576	-0.200659*
QS15	-0.452521	0.212640	-0.183188*
QS1	0.048052	0.293900	0.012436
QS10	0.091294	0.223685	0.034679
QS12	-0.261804	0.241809	-0.088667
QS13	0.326307	0.234581	0.122491
QS14	0.380126	0.222680	0.151475
QS16	-0.191608	0.264288	-0.069298
QS17	-0.180212	0.194622	-0.076211
QS19	-0.080480	0.267020	-0.027701
QS2	-0.146449	0.202934	-0.053074
QS20	-0.365407	0.294874	-0.129464
QS21	0.152970	0.299876	0.056550
QS22	0.335306	0.250378	0.126808
QS23	-0.257607	0.258019	-0.103066
QS24	0.182474	0.211149	0.065187
QS25	-0.216741	0.253171	-0.084432
QS26	-0.363874	0.223579	-0.143506
QS27	-0.246102	0.175835	-0.113030
QS3	-0.404196	0.309447	-0.090337
QS4	0.047545	0.239526	0.014742
QS5	-0.528091	0.308246	-0.155135
QS6	0.064744	0.286378	0.021148
QS7	0.030696	0.224396	0.011297
QS8	0.153454	0.233962	0.059303
QS9	0.482969	0.302495	0.172595

$r^2 = 0.3945$ [$F (27, 358) = 2.447$, $p < 0.01$]

** $p < 0.01$

* $p < 0.05$

Generally, the findings of this study add additional support to earlier propositions and studies. The finding that higher levels of social support predicts better mental health in mothers adds to the existing evidence (Daniels & Moos 1988; Griffith 1985). Earlier studies also noted that being

satisfied with social support, rather than sample size of social support network has been found to predict mental health outcome. Smith et al. (1994) observed that the qualitative, rather than quantitative, aspects of social support was associated with health outcome. In addition, the amount of variance contributed by satisfaction with social support in predicting mental outcome is small (i.e., 4%), which was also observed by Smith et al. (1994). The finding that specific aspects of social support that predict mental health, such as those concerning emotions, comfort and material aid are also supported by earlier studies. Daniels-Mohring and Berger (1984) of divorced parents observed that those who were well adjusted had more social relationships which involved emotional nurturance, social integration and reassurances of self-worth.

Promoting social support amongst mothers has an important role in protecting against the risk of mental health problems. In times of crisis, having adequate social support may help buffer against the trauma (Gibson & Brown 1992). In terms of applying the results of this study, two levels of implementation may be considered, that is within the clinic and within the community. Within a clinical setting, this study indicates that when inquiries are made as to whether mothers have social support, it is important to ask specific questions, rather than being vague. For example, it is not enough to ask if the patient has relatives and friends that she is regularly in contact with, a better approach would be to ask if she has anyone whom she can really talk to and be herself, in addition asking about the availability of person she can turn to in a crisis and who would comfort her are other more specific questions. Sometimes patients lack the skills to make friends. Social skills training groups empower patients with skills such as initiating conversation, giving and accepting compliments, listening and being assertive (Bower & Bower 1980). Prevention is always better than cure and at a community level efforts can always be made to encourage local mothers to develop a social support network. Usually, people only start communicating with one another if they have something in common. One approach would be to develop a parenting support group. Through interaction, mothers learn skills, empathise and offer support to one another whenever there is difficulty with a child. Studies have indicated that parenting groups help reduce depression amongst participants (Webster-Stratton 1990).

This study is limited in terms of generalisability and time. In terms of generalisability, this study's sample is not representative of the general population, considering that half the sample consisted of mothers who had been separated or divorced. Thus, a wider sample which is more representative of the community may be required. More so, the sample is composed of volunteers and therefore it is unlikely that mothers with clinical levels of mental health problems would have volunteered. Further research

could perhaps focus on what aspects of social support clinical populations rated as most important. Perhaps this may explain why no significant relationships were observed between levels of depression and social support. In addition, caution needs to be exercised in claiming that satisfaction with social support is the most important factors that is associated with good mental health considering that its effect size is small. Other factors need to also be taken into account and thus other studies that include other predictors of mother's mental health (i.e., inter-parental conflict, number of children, stressful life events, etc.) need to be developed. Another short coming of this study is that it is cross-sectional and therefore only associations, rather than causation, between the variables can be implied. There is thus a need for a longitudinal study to be carried out. In the course of the study, investigations could be made as to how mothers develop support networks and what it is within the people that are in the network that are most important to them.

To conclude, this study has demonstrated the link between social support and mental health of mothers. More importantly it shows that the quality of social support, rather than size of the network, is the more important consideration. Simply having more companions does not imply social support. Thus in clinical work, some level of specificity needs to be taken into consideration when inquiring about patient's social support. Finally, considering that adequate social support appears to be a major associate of good mental health, ways of encouraging this within communities should be a priority.

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