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EFFECT OF PARENTS DEPRESSION ON THEIR CHILD

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ABSTRACT

The relationships between children and their parents that are warm and supporting are the most critical element in developing strength and dealing with potential challenges. Child development research has developed and greatly advanced offering ideas and concepts ranging from evidence of when, where and how parents can shield their children from environmental stressors impacting their lives and growth. Childhood is idealized as a carefree time where children only cherish relationships with their parents. However, youth alone cannot offer guard against all emotional odds and traumas that many children have to face. Children need care that promotes positive emotional health and well-being and that supports their overall mental health, including a positive sense of self, as well as the ability to cope with stressful situations, temper emotional arousal, overcome fears, and accept disappointments and frustrations. Parents and other caregivers are essential resources for children in managing emotional arousal, coping, and managing behavior. They serve in this role by providing positive affirmations, conveying love and respect and engendering a sense of security. Provision of support by parents helps minimize the risk of internalizing behaviors, such as those associated with anxiety and depression, which can impair children's adjustment and ability to function well at home, at school, and in the community. Such symptoms as extreme fearfulness, helplessness, hopelessness, apathy, depression, and withdrawal are indicators of emotional difficulty that have been observed among very young children who experience inadequate parental care.¹

Keywords:

Critical, strength, Childhood, emotional, behavior, apathy.

INTRODUCTION

Parental depression shapes not only a parent's perception of the world, but also a child's experience of the world internally and externally, Smith says. Depressed parents have been found to interact with their children differently, in ways that affect child development. For example, Smith says, "Depressed mothers have been found in some studies to use less emotion and expressivity in their language with their babies. And they make less eye contact."

Parental depression can impact many activities of parenting. Even a simple activity such as reading a storybook to a child may be affected. A depressed parent may not be as lively or as expressive, she says. He or she won't change voices for different characters or make sound effects, for example.

Of particular concern, Smith says, is isolation that may occur for parent and child, which she calls one of the "largest impacts, limiting the social networks of both the adults and the child."

Studies link parental depression (including prenatal depression) with a wide range of difficulties, some lifelong. Depression not only interferes with parental bonding and nurturing, it also means parents may not be as likely to do the things that are necessary to keep their children safe and healthy (such as using a car seat or getting immunizations).

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School-age children with depressed parents may not perform as well academically, have been found in some studies to be more likely to have behavior problems, and have poorer overall health.²

Apart from genetic inheritance, children have a tendency to mimic their parents in almost any field. This increases the liability of a parent to be a role model for their children. The efforts from a parent's side have great effects on their children.

Even though each child is different and special in their capabilities, parents are the ones who can shape and assist their children without fail. It is the responsibility of parents to ensure a safe and sound environment for their children.

"The attitude that you have as a parent is what your kids will learn from, more than what you tell them. They remember what you are"; these words by Jim Henson alarm us about the **role of Parents in a child's life** and justifies the impact and influence of parents in a child's life.

Parenting is sometimes about finding happiness in sacrifices. And these sacrifices will not cease to rapture you in the long run. A child with a remarkable upbringing will never fail to make their parents proud. Parents are responsible to provide the necessary food, clothing, shelter, and medical care insofar as they are able.³

Postpartum depression (PPD) is a major public health problem affecting 10%–15% of mothers (Woody et al., 2017). Maternal depression is more prevalent in low- and lower-middle-income countries, particularly among poorer women or those with a history of psychiatric problems (Fisher et al., 2012). Several negative outcomes have been associated with maternal depression, including deterioration of interpersonal relationships and marital life (Mamun et al., 2009), as well as risk of suicide (Grigoriadis et al., 2017).

There is a general agreement that PPD has a negative impact on child development. A systematic review showed that, up to one year of age, four domains of a child's development (behavior, psychomotor, cognitive, and social-emotional) can be adversely affected by maternal mood (Kingston et al., 2012). One possible explanation for the association between PPD and child developmental delay may be the way depressed mothers attach to and care for their infants. A meta-analysis of 46 observation studies reported that maternal depressive symptoms increase the risk of poor parenting behaviors, including impatience, low sensitivity, hostility, fewer and more negative interactions, less responsiveness, and less efficient communication (Lovejoy et al., 2000). Compared to healthy mothers, depressed mothers have lower responsiveness and positive affect that might impair their children's capacity to learn and develop (Black et al., 2007; Liu et al., 2017). Moreover, PPD interferes with breastfeeding, sleep routines, safety and prevention practices (Lefkovic et al., 2014; McLennan and Kotelchuck, 2000), and maternal capacity to identify child medical needs (Minkovitz et al., 2005). In contrast, studies did not agree with this mediation model whereby antenatal depression leads to bonding problems that lead to child developmental delays. Several past studies did not find an association between PPD and child cognitive outcome (Murray et al., 1996b; Brennan et al., 2000; Kurstjens and Wolke, 2001; Petterson and Albers, 2001), while others studies reported a lasting adverse impact in the first postnatal year with no additional negative effect of later depression (Hay et al., 2001).

Conflicting evidence about PPD and child developmental delay may derive from two aspects: the onset of depression and its severity or chronicity. Regarding the onset of depression, recent studies claimed that depression during pregnancy increased the risk for various adverse long-term outcomes, including neurodevelopment (Bergman et al., 2010; Davis and Sandman, 2010; O'Donnell et al., 2009). According to a fetal programming theory, pregnancy is a sensitive period. Factors that adversely affect the fetal environment can alter the structure and function of biological systems (O'Connor et al., 2003; Barker, 1995; Godfrey and Barker, 2001).

Motherhood is a period of physical, psychological, and relational transformations that involve a deep reorganization not only of the external reality, but especially of the psychological world of the mother-to-be (15). Pregnancy is associated with changes in women's psychological and relational functioning and can generate certain psychological conditions, such as feelings of anxiety and depression, even after childbirth (16,17). At the biological level, pregnancy involves hormones (such as estrogen, progesterone, glucocorticoids, prolactin, and oxytocin) that can alter brain functioning and serve as a substrate to prepare women for the challenge of motherhood (18). After birth, there are not only new hormonal changes, but also other psychological and social factors such as alterations in intimate relationships, confrontation with the physical changes, breastfeeding, lack of social support, in a condition that is already emotionally vulnerable (19). A recent systematic review and meta-analysis showed that the prevalence of

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postpartum depression among healthy women who have never had depressive episodes stands at 17% (20). Postpartum depression is a mood disorder that usually has onset within the first 4–6 weeks after delivery and lasts up to a year, reaching its maximum intensity within the first 6 months (21). Surprisingly, a recent study by Putnick et al. (22) conducted in a sample of 4,866 women from the general population shows that depressive symptoms can be elevated up to 3 years after childbirth. Very often postpartum depression is a continuation of depressive symptoms already present in the prenatal period and is closely related to the presence of anxiety symptoms during pregnancy (23). More recent research is directing attention to perinatal depression, which considers both depressive manifestations arising during pregnancy and after delivery. In a systematic review and meta-regression of the prevalence of perinatal depression Woody et al. (23) indicate that the global prevalence of perinatal depression has been estimated at 11.9%, although significant differences emerge between high-and low-income countries (20). Perinatal depression is a significant mental and public health problem (25), not only because of its high frequency, but also because it is associated with adverse consequences for future maternal and child health (26). These consequences range from low birth weight or premature birth to the development of insecure attachment, problems in social–emotional, neurocognitive, language, and motor development (25–28). The perinatal period is characterized by special growth and sensitivity. Therefore, intrauterine exposures and early experiences may influence fetal and infant development with long-term consequences (26). While the influences of maternal perinatal psychopathology on children’s emotional and relationship development have been extensively investigated (29-32), fewer studies have focused on its effects on neurocognitive development, providing unclear results (19, 20). The purpose of this perspective was to identify weaknesses and aspects that need to be addressed in the approach to the study of these phenomena.

Most new moms experience postpartum "baby blues" after childbirth, which commonly include mood swings, crying spells, anxiety and difficulty sleeping. Baby blues usually begin within the first 2 to 3 days after delivery and may last for up to two weeks.

But some new moms experience a more severe, long-lasting form of depression known as postpartum depression. Sometimes it's called peripartum depression because it can start during pregnancy and continue after childbirth. Rarely, an extreme mood disorder called postpartum psychosis also may develop after childbirth.

Postpartum depression is not a character flaw or a weakness. Sometimes it's simply a complication of giving birth.

Symptoms

Symptoms of depression after childbirth vary, and they can range from mild to severe.

Baby blues symptoms

Symptoms of baby blues — which last only a few days to a week or two after your baby is born — may include:

- Mood swings
- Anxiety
- Sadness
- Irritability
- Feeling overwhelmed
- Crying
- Reduced concentration
- Appetite problems
- Trouble sleeping

Postpartum depression symptoms

Postpartum depression may be mistaken for baby blues at first — but the symptoms are more intense and last longer. These may eventually interfere with your ability to care for your baby and handle other daily tasks. Symptoms usually develop within the first few weeks after giving birth. But they may begin earlier — during pregnancy — or later — up to a year after birth.

Postpartum depression symptoms may include:

- Depressed mood or severe mood swings

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- Crying too much
- Difficulty bonding with your baby
- Withdrawing from family and friends
- Loss of appetite or eating much more than usual
- Inability to sleep, called insomnia, or sleeping too much
- Overwhelming tiredness or loss of energy
- Less interest and pleasure in activities you used to enjoy
- Intense irritability and anger
- Fear that you're not a good mother
- Hopelessness
- Reduced ability to think clearly, concentrate or make decisions
- Restlessness
- Feelings of worthlessness, shame, guilt or inadequacy
- Severe anxiety and panic attacks
- Thoughts of harming yourself or your baby

Untreated, postpartum depression may last for many months or longer.

Postpartum psychosis

With postpartum psychosis — a rare condition that usually develops within the first week after delivery — the symptoms are severe. Symptoms may include:

- Feeling confused and lost
- Having obsessive thoughts about your baby
- Hallucinating and having delusions
- Having sleep problems
 - Recurring thoughts of death or suicide
- Having too much energy and feeling upset
- Feeling paranoid
- Making attempts to harm yourself or your baby

Postpartum psychosis may lead to life-threatening thoughts or behaviors and requires immediate treatment.

Postpartum depression in the other parent

Studies show that new fathers can experience postpartum depression, too. They may feel sad, tired, overwhelmed, anxious, or have changes in their usual eating and sleeping patterns. These are the same symptoms that mothers with postpartum depression experience.

Fathers who are young, have a history of depression, experience relationship problems or are struggling financially are most at risk of postpartum depression. Postpartum depression in fathers — sometimes called paternal postpartum depression — can have the same negative effect on partner relationships and child development as postpartum depression in mothers can.

If you're a partner of a new mother and are having symptoms of depression or anxiety during your partner's pregnancy or after your child's birth, talk to your health care provider. Similar treatments and supports provided to mothers with postpartum depression can help treat postpartum depression in the other parent.

When to see a doctor

If you're feeling depressed after your baby's birth, you may be reluctant or embarrassed to admit it. But if you experience any symptoms of postpartum baby blues or postpartum depression, call your primary health care provider or your obstetrician or gynecologist and schedule an appointment. If you have symptoms that suggest you may have postpartum psychosis, get help immediately.

It's important to call your provider as soon as possible if the symptoms of depression have any of these features:

- Don't fade after two weeks.
- Are getting worse.
- Make it hard for you to care for your baby.

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- Make it hard to complete everyday tasks.
- Include thoughts of harming yourself or your baby.

If you have suicidal thoughts

If at any point you have thoughts of harming yourself or your baby, immediately seek help from your partner or loved ones in taking care of your baby. Call 911 or your local emergency assistance number to get help.

Also consider these options if you're having suicidal thoughts:

- Seek help from a health care provider.
- Call a mental health provider.
- Contact a suicide hotline. In the U.S., call or text 988 to reach the [988 Suicide & Crisis Lifeline](#), available 24 hours a day, seven days a week. Or use the [Lifeline Chat](#). Services are free and confidential. The Suicide & Crisis Lifeline in the U.S. has a Spanish language phone line at 1-888-628-9454 (toll-free).
- Reach out to a close friend or loved one.
- Contact a minister, spiritual leader or someone else in your faith community.

How Depression Affects Children

Emotional Development

A child looks to their parents as emotional role models. When a parent is grappling with depression, it can stall the child's emotional development. They may struggle with self-esteem issues, develop anxiety, or even become susceptible to depression themselves. The long-term results can be significant, shaping how the child views themselves and their ability to form healthy relationships later in life.

Academic Performance

Depression can follow children from home to school. The emotional unrest can make focusing on academics a real challenge. This can lead to a decline in grades and overall school performance, adding yet another layer of stress to the family dynamic. Poor academic performance can have a domino effect, causing a lack of motivation and diminished goals for higher education or career opportunities.

Social Interactions

Children may internalize their parent's depression. As a result, they may withdraw from friends or act out in various social settings. These social hiccups can further isolate the child, making it even more challenging for them to cope with their home situation. Over time, these issues can snowball, affecting not just their current social life but also their ability to form meaningful relationships as adults.

Coping Mechanisms

It's not uncommon for children to adopt unhealthy coping mechanisms when faced with a parent's depression. They might resort to avoidance, rebellion, or even substance abuse as a way to handle the emotional turmoil. These actions create additional challenges and are often cries for help that shouldn't be ignored. Unhealthy coping mechanisms can establish a damaging pattern that persists into adulthood if not addressed.(33)

Breaking the Cycle: Practical Steps for Improvement

Open Conversations

Silence is depression's best friend. Open, honest conversations about mental health can be a significant first step in breaking this cycle. Make it a point to sit down as a family and discuss what each member is going through, without judgment. Regular check-ins can ensure that everyone feels heard and supported, making the family unit stronger during hard times.

Professional Help for Parental Depression

Sometimes a problem is too big to handle alone. Don't hesitate to seek professional help. [Therapists](#) can provide coping mechanisms for parents and emotional support for children. In some cases, medication may also be an option worth exploring. Consistent therapy sessions can help the family navigate through the complex emotional landscape, offering tailored advice that addresses specific challenges.(33)

Conclusion

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A child's healthy development depends on their parents—and other caregivers who act in the role of parents—who serve as their first sources of support in becoming independent and leading healthy and successful lives. Childhood is considered as a time of blithe, but growing with time brings bizarre of emotional hurts, daunting challenges, and shocks that cannot be dealt only with increasing age. Children are confronted with situations where they have to acclimatize to new classrooms, online schoolings as of new normal, harassments by peers, or even thrash about home environments. These uncertainties of the complex world can make anything but a carefree childhood. Children who thrive with abilities of adaptability .

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