https://doi.org/10.31689/rmm.2024.31.4.287

REVIEWS

Parenthood and Depression – a Systematic Review

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Abstract

Purpose: The primary objective of this systematic analysis is to investigate the impact of parenthood on depressive symptomatology, with a focus on understanding how this relationship varies across different parental scenarios, considering factors such as the number of children and various elements within the physiological, psychological, social, socio-economic, and professional domains.

Methods: The study encompassed a review of 12 relevant articles published between 2000 and 2023. The research involved adult samples, and the inclusion criteria were determined using the PICO framework. Additionally, the PRISMA guidelines were followed to ensure methodological rigor. Comparative analysis was conducted across five key domains: physiological, psychological, social, socio-economic, and professional, to discern patterns and variations in the impact of parenthood on depressive symptomatology.

Results: The analysis revealed that parents with a single child (PA) demonstrated lower levels of depression compared to childless adults (CLA). However, this difference was not observed when parents had 2 or more children. The comparative analysis across physiological, psychological, social, socio-economic, and professional domains indicated multifaceted influences on parental and childless adult depression. Factors such as lack of sleep, fatigue, self-assessment of parental competence, quality of romantic relationships, social responsibilities, resources, financial concerns, and work-home balance were identified as key contributors to parental depression. Childless adults, on the other hand, were influenced by factors including medical conditions, fertility issues, personal expectations, freedom of choice, romantic relationships, social pressures, expectations, socio-economic status (SES), living conditions, and professional growth prospects.

Conclusions: In conclusion, the study provides a comprehensive understanding of the nuanced relationship between parenthood and depressive symptomatology. The findings underscore the importance of considering the number of children as a critical factor. The analysis of physiological, psychological, social, socio-economic, and professional domains contributes to a holistic comprehension of the complex interplay between parenthood and mental well-being. These insights can inform interventions and support systems tailored to address the unique challenges faced by parents and childless adults.

Keywords: parenthood, depression, childless adults, systematic review

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INTRODUCTION

Are adults with children less depressed than adults without children? This is the question that underlies this research approach through which we want to investigate the role of parenthood in the emergence and maintenance of depressive symptoms, based on the hypothesis that parenthood is a source of generativity (Papalia, 2009) through which adults and adults can develop feelings of self-worth, self-efficacy and a more crystallized sense of identity, which can function as protective factors in relation to depressive symptoms.

Clinical research shows that in cases of major depression or depressive symptoms, patients' conditions can be improved through the use of various types of interventions, including pharmacological treatment. Notable antidepressant effects have also been demonstrated through the use of medication combinations, highlighting the therapeutic potential of integrated approaches for managing depression (Păunescu, 2025).

Similarly, just as early detection and implementation of treatments for skin cancer have proven to be cost-effective and beneficial for public health at a general level (Răducu et al., 2015), it can be suggested that in the case of depression, early diagnosis, tailored interventions, and appropriate treatments can reduce the emotional and financial burden on patients. As Halfin (2007) notes, a diagnosis of depression can be particularly burdensome for patients, as it is often associated with other comorbidities, which can be financially taxing.

The systematic analysis of the articles is carried out considering 5 levels: physiological, psychological, social, socio-economic and professional, so that we get a complete and complex picture of the psychology of parents, who have often been analyzed in studies or in psychological practice only as possible causes of children's or adolescents' disorders, with little research focusing on the difficulties associated with parenting. Parenthood and the number of children can play a crucial role in each individual's life, influencing social dynamics, stress, and the resources available to cope with depressive symptoms. This approach views depression not only as a clinical phenomenon, but also as a social and family phenomenon, and offers the opportunity to develop more effective and personalized interventions. Thus, interventions must be tailored and multi-level, addressing all types of needs people face, including medical and psychological needs, as well as available resources (Cotel et al., 2023).

In addition, the article highlights the potential implications of the information for clinical practice and public health interventions and the importance of analyzing parenting as a possible risk factor for depressive symptoms and the need for tailored interventions to support individuals based on the number of children.

Dix & Maed (2019) point out that depression is a consistent predictor of parenting self-assessment and decision management, but at moderate proportions of effect size and with large between-sample variation. This is precisely why a systematic review of the literature is needed.

METHODS

The aim of the present study is to investigate the impact of parenthood on depressive symptomatology through a systematic review of the literature to identify relationships, contradictions, and inconsistencies, taking into account the differences between adults with children (PA) and adults without children (CLA) on 5 levels: physiological, psychological, social, socio-economic and professional.

Research questions

1. How does parenting influence depressive symptoms?
2. Does the number of children matter?
3. Do the 5 functionality plans have different valences for adults with children (PA) and adults without children (CLA)?

Selection of studies

An exhaustive search of the existing literature in a field was conducted, identifying relevant studies and applying strict inclusion and exclusion criteria. Relevant research found in Wiley, Google Academics, Web of Science, Oxford University Press, Scopus, ProQuest, ANELIS, PubMed, Taylor and Francis Group databases were included in the study. The studies were evaluated by title and abstract (where available) by a single author using specific inclusion and exclusion criteria. Inclusion criteria in the systematic review imply that studies: must be published in a peer-reviewed journal or specialist magazine recognized in the scientific community; must be published in a language accessible to the researcher (English); must be published after 2000; must be fully accessible; must address depressive symptoms; must present the results of the assessment of depressive symptoms with a valid and reliable instrument; must be conducted on samples of adults or

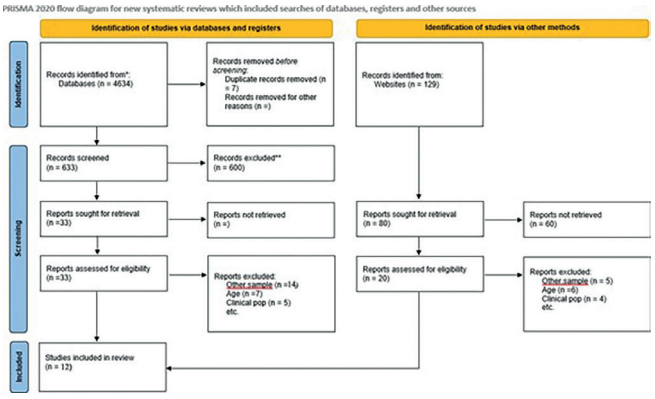
adults with or without children; must involve analysis of parenting and depressive symptoms/suicidal ideation; must present statistical analyses of the impact of parenting on depressive symptomatology.

The time period in which the studies were to be conducted is between 2003 and 2023. The PICO protocol (Sneiderman et al., 2007) was used to filter the studies: **Population** - adults and matures; **Investigated condition** - depression symptoms; **Comparison condition** - in-between groups, inter-gender group; **Outcome** - depressive symptoms, suicidal ideation, life dissatisfaction.

Studies from different geographical and cultural regions were included to ensure the widest possible range of data collection from different samples with specific psychosocial characteristics.

The search strategies used for this study are based on the following search strings: Parenthood and depression; Parenting and depression; No children and depression; Having children and depression; Non-parents and depression.

The PRISMA diagram reflects the search and selection process through which the 18 studies included in the systematic review were chosen:



Data extraction

Data extraction was performed using a table tool containing data relevant to the study: title, authors, year of publication, parenting status (parent or adult without children), population investigated, study design, instrument used to identify level of depressive symptomatology, mean and standard deviation for depression rating scale scores.

Bias risk assessment

In reviewing these studies, several aspects were considered to assess potential sources of bias to establish confidence in the conclusions of the selected studies.

Data signaling

As we anticipated heterogeneity between studies, we included a structured description and summary of the findings of the studies included in the review in the following sections. The qualitative synthesis was grouped according to the levels of analysis: physiological, psychological, social, socio-economic and occupational.

Potential moderators

Their analysis included: reference to the specific culture from which the sample was drawn, statistical regression indicators, sample size, methods used, confounding variables that were taken into account (if any), year of the study, number of children of the people investigated, gender of the parents, special needs of the children, age category of the children (adult/mature), the parents' quality of life, freedom of choice of adults without children.

RESULTS

Quantitative analysis of studies - Statistical data analysis

The results presented in Table 1 reflect that adults without children (CLA) have higher scores on the depression, stress or suicidal ideation scales than adults with children - parents (PA) regardless of the sample or instruments used, except when adults with children have 2 or more children (PA 2+), in which case they have the highest rate of depressive symptoms.

Studies on the relationship between parenthood and depression show that, in general, parents with more children report higher levels of depression, and changes in family structure and the increase in out-of-wedlock births present significant challenges. This finding underlines the need to address risk factors for parental mental health in an individualized manner.

There are other studies reviewed that were not included in the systematic review because they did not meet the eligibility criteria or were not accessible, but they may complement our knowledge of the impact of parenting on depressive symptoms. Generally, studies compared parents with childless adults (PA parents - CLA childless adults) in terms of their emotional well-being (e.g. depressive symptoms). Some find that parents have higher levels of depressive symptoms than non-parents (e.g. Evenson and Simon, 2005), but overall the findings are mixed. Many factors influence the emotional well-being of parents compared to non-parents, including the stressors of childcare, financial

situation, social support available to parents and life stage (Nomaguchi & Milkie, 2020).

It is important to emphasize that we cannot generalize that all childless adults are more depressed than parents. Well-being and happiness levels are complex and individual issues, influenced by a variety of factors.

Analysis of possible moderating factors

Gender appears to be the most important moderating factor in the relationship between parenting and depressive symptomatology (Metzger & Gracia, 2023). According to the results presented in Table 1, women tend to score higher than men. A possible factor driving this phenomenon may be the specificity of postpartum depression, which has been considered by some studies.

Marital status seems to change this, because we can see in the Rimehaug & Wallander (2009) study that when the sample is separated according to marital status (married/single) men score higher on the depression scales in both cases. This study also highlights that parent/partner differences were, in part, confounding effects of relationship variables and were also inconsistent within specific subgroups. The study points out that factors such as marital status and education had small effects in comparison with the population and did not influence the findings on parenthood. A simple comparison between parents and those without children showed that non-parents had a higher prevalence of anxiety (18% versus 15%, $\chi^2(1) = 20.64$, $p<0.001$) and depression (9% versus 8%, $\chi^2(1) = 14.43$, $p<0.001$). When education, social class, age and gender variables were taken into consideration, the difference in anxiety remained significant, but not the difference in depression.

Another moderating factor considered by Assink & Rothblum (2021) was sexual orientation and they examined lesbian and bisexual women. According to their results, even in the case of alternative sexual orientations, CLAs have higher depression scores than PAs, with sexual orientation not being a statistically significant moderator.

Title	Authors	PA (parents) or Childless adults (CLA)	Population	Design	Instrument	Mean - DEP - PA	SD - DEP - PA	Mean - DEP - CLA	SD - DEP - CLA	Mean - DEP - Women	SD - DEP - Women	Mean - DEP - Men	SD - DEP - Men
Harried and Unhealthy? Parenthood, Time pressure and Mental Health (2018)(1)	Leah Ruppanner, Francisco Perals, Janeen Baxter	PA 1 - CLA	Australia	cross-sectional	Mental health Inventory	14,1	10,4	37,6	10,4	14,5	10,3	14,5	10,4
Harried and Unhealthy? Parenthood, Time pressure and Mental Health (2018)(2)		PA 2+ - CLA				48,3	10,4	37,6	10,4	51,1	10,3	45,1	10,4
Harried and Unhealthy? Parenthood, Time pressure and Mental Health (2018)(3)		PA1 - PA2+				14,1	10,4	48,3	10,4				
Gender differences in mental health following the transition into parenthood: longitudinal evidence from UK (2023)	Sandrine Metzger, Pablo Gracia	CLA	UK	longi-tudinal	SF-12 health questionnaire					3,94	0,97	4,08	0,94
Contact with an ex-partner is associated with psychological distress after marital separation (2020)	Karey L. O'Hara, Austin M. Gringerg et al.	PA	USA	cross-sectional	BDI	20,69	15,4						
Mental healt of lesbian, bisexual, and other-identified parents ad non-parents from a population-based study (2021)	Mark Assink, Esther D. Rothblum et al.	PA - CLA/ Lesbian women	USA	cross-sectional	Kessler-6 Psychological Distress Scale	5,81	0,75	7,7	0,44				
Material hardship and suicidal behavior: Associations among parents and non-parents (2020)	Anna. E. Austin, Meghan E. Shanahan	PA - CLA	USA	cross-sectional		46,8	5,4	53,2	5,3				

Symptoms of major depression in a sample of fathers of infants (2007)	Jacinta Bronte-Tinkew, Kristin A. Moore, Gregory Matthews	CLA	USA	longitudinal	Composite International Diagnostic Interview-Short Form (CIDI-SF)					6,7	1,7	5,4	0,3
Couples` relationship affects mothers` and fathers` anxiety and depression trajectories over the transition to parenthood (2018)	Barbara Figueiredo et al	PA	Portugal	longitudinal	Edinburgh Postnatal Depression Scale					6,1	4,3	4,8	4,2
Adult Attachment, the Transition to Parenthood, and Depressive Symptoms (2003)(1)	Jeffry A. Simpson, W. Steven Rholes et al.	CLA	USA	cross-sectional	Center for Epidemiological Studies Depression CES-D Scale					31,6	7,65	29,29	7,87
Adult Attachment, the Transition to Parenthood, and Depressive Symptoms (2003)(2)		PA								30,43	8,47	29,11	8,13
Anxiety and depressive symptoms related to parenthood in a large Norwegian community sample: the HUNT2 study (2009)(1)	Tormod Rimehaug, Jan Wallander	PA (married)	Norway	cross-sectional	Hospital Anxiety and Depression Scale					2,8	2,8	3,2	2,8
Anxiety and depressive symptoms related to parenthood in a large Norwegian community sample: the HUNT2 study (2009)(2)		CLA (married)								3,1	2,8	3,3	2,9
Anxiety and depressive symptoms related to parenthood in a large norwegian community sample: the HUNT2 study (2009)(3)		PA (single)								3,4	3,3	3,9	3,4
Anxiety and depressive symptoms related to parenthood in a large norwegian community sample: the HUNT2 study (2009)(4)		CLA (single)								3,3	3,2	3,7	3,3
Postpartum Depression in Mothers and Fathers: The role of parenting efficacy expectations during the transitions to parenthood (2016)	Chriti L. Gross, Kristen Marcussen	PA	USA	longitudinal	Postpartum depression screening scale - SF					21,33	7,33	18,47	5,41
Clarifying the Relationship Between Parenthood and Depression (2005)(1)	Ranae J. Evenson, Robin W. Simon	PA - CLA	USA	cross-sectional	Center for Epidemiological Studies Depression CES-D Scale	15	NA	15,03	NA				

Childlessness, Parenthood, and Depressive Symptoms Among Middle-Aged and Older Adults (2009)	Regina M. Bures Tanya Koropeckyj-Cox Michael Loree	PA - CLA	USA	cross-sectional	Center for Epidemiological Studies Depression CES-D Scale	1,55	1,91	1,56	2				
Title	Authors	PA (parents) or Childless adults (CLA)	Population	Design	Instrument	Mean - DEP - PA	SD - DEP - PA	Mean - DEP - CLA	SD - DEP - CLA	Mean - DEP - Women	SD - DEP - Women	Mean - DEP - Men	SD - DEP - Men
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Harried and Unhealthy? Parenthood, Time pressure and Mental Health (2018)(2)		PA 2+ - CLA				48,3	10,4	37,6	10,4	51,1	10,3	45,1	10,4
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QUALITATIVE ANALYSIS OF STUDIES

It was carried out in 2 sections (PA and CLA) analyzing the valence of the 5 planes of functionality that could with potential vulnerability impact health status and the occurrence of depressive symptoms, and the results of the studies included in the systematic review were completed or correlated with the results of other studies relevant to the topic in order to provide a better-informed picture of the impact of parenting on depressive symptoms.

I. Adults with children/parents (AP) and depressive symptoms

Physiological plan - Lack of sleep and fatigue

Parents, especially those with young children, may experience sleep disturbances and constant fatigue due to night-time waking, feeding or other needs of the children.

The impact of parenting on depressive symptoms is significantly influenced by sleep deprivation and fatigue. Research has consistently shown that parents, particularly mothers, experience high rates of sleep disturbance and fatigue associated with increased depressive symptoms (Busse et al., and2013).

In the context of pediatric epilepsy, the impact of the condition on sleep patterns and behavior in children and parents has been studied using the Pittsburgh Sleep Quality Index (PSQI) and the Iowa Fatigue Scale (IFS) to assess sleep and parent fatigue, respectively (Larson et al., 2012). Furthermore, a study of a working-age population seeking primary care found that perceived stress was associated with symptoms of burnout, depression, and anxiety, highlighting diagnostic criteria including exhaustion, cognitive dysfunction, sleep problems, and somatic symptoms (Wiegner et al.,2015).

In the context of parenting, maternal fatigue has been found to be significantly associated with sleep disorders, indicating a strong link between fatigue and sleep deprivation (Park et al., 2021). In addition, the absence of an association between sleep-disordered breathing and fatigue in young people with Duchenne muscular dystrophy suggests that the relationship between sleep and fatigue should be interpreted with caution (El-Aloul et al., 2019). Furthermore, a study of

parents of children with leukemia undergoing chemotherapy found that relaxation techniques had a positive effect on reducing anxiety, fatigue, and improving sleep quality (Pouraboli et al., 2019). In addition, Kroeger (2017) examined happiness and parental pressure among young adult parents diagnosed with attention deficit hyperactivity disorder, revealing that children's special needs fuel parental stress and decreased satisfaction with life or parenting.

The trajectory of maternal and paternal fatigue in the transition to parenthood has been studied, and infant sleep problems have been associated with maternal fatigue, highlighting the impact of sleep deprivation on parental well-being (Loutzenhiser et al., 2015). Furthermore, the influence of parenting stress and maternal and paternal depressive symptoms on parent-infant communication has been explored, indicating the bidirectional relationship between parenting stress, depressive symptoms, and communication (Ponnet et al., 2012). Additionally, the role of attachment to partner in the spread of depressive symptoms during the transition to parenthood highlights the interpersonal dynamics that contribute to the impact of sleep deprivation and fatigue on mental health (Fredriksen et al., 2019).

Psychological Plan - Parenting Self-Assessment

Parents may feel increased pressure to conform to social expectations about how they raise their children. This can lead to stress and anxiety, and ultimately to depressive symptoms. Gross's (2016) final results indicate that prenatal expectations related to parenting self-efficacy remain a significant predictor of postpartum depression at 4 months postpartum for mothers ($\beta = -0.324$, $p = .01$) and fathers ($\beta = -0.280$, $p = .019$). These differences highlight the need to develop psychological support and intervention programs focused on developing self-efficacy and a sense of personal identity in the context of changing parenting status and life. A study by Nomaguchi (2012) found that the age of the child and the quality of the parent-child relationship play a role in parental psychological well-being, highlighting the importance of personal expectations and the parent-child relationship in influencing mental health.

In the context of parenthood, Chen et al. (2020) highlighted the influence of the pre-parental self on depressive symptoms in the transition to parenthood, indicating the lasting impact of self-evaluation on mental health during significant life changes.

Johansson et al. (2020) investigated the impact of depressive symptoms and parental stress among mothers and fathers two and a half years after birth, highlighting the lasting influence of personal expectations on parental mental health. In the context of a child's medical problems, sometimes of extreme severity, caregiving becomes a challenging task, as parents' responsibilities, clearly outlined by doctors, increase (Bizubac et al., 2023).

In addition, Foli et al. (2012) explored maternal postpartum depression, unmet expectations, and personality traits, highlighting the relationship between personal expectations, personality traits, and postpartum depression.

The impact of parenting on depressive symptoms is significantly influenced by self-evaluation and social expectations. Research has consistently shown that the transition to parenthood brings significant changes in self-evaluation and social expectations, which in turn can influence parents' mental well-being. A study by (Parent et al., 2015) found that parents' dispositional attention was associated with parenting practices and adolescent psychopathology at different developmental stages, suggesting that self-evaluation and mindful attention play a role in parenting and adolescent mental health (Parent et al., 2015)

On the other hand, it is not only self-rated parenting skills that influence depression. Pace & Shafer (2015) demonstrate that certain parenting roles are indeed associated with higher symptoms of depression, such as child away from home/at school ($\beta=0.79$, $p< .001$), which in the literature is referred to as "empty nest syndrome" (Golu, 2015), marital status (single - $\beta=0.79$, $p< .001$; divorce - $\beta=0.73$, $p< .001$), psychiatric history - specifically a previous diagnosis of depression ($\beta=0.28$, $p< .001$), and employment status - being a full-time employee ($\beta=0.87$, $p< .001$), while other factors may be unrelated, such as family structure, religion, and geographic location.

Also, Ruppanner et al., (2019) point out that maternal mental health improves after the birth of the first child, while the birth of the second child is associated with decreases in paternal mental health. These effects are long-lasting.

Interpersonal level - Quality of the couple relationship

Focusing on the fact that some parents may experience an increase in marital satisfaction, many parents report a decline in marital satisfaction as well as an increase in

personal problems after childbirth. Research findings (Simpsons et al., 2003) point to the fact that insufficient emotional support from partners and marital dissatisfaction may play major roles in triggering postnatal depression among mothers experiencing the process of pregnancy for the first time.

The study by Figueiredo et al. (2018) investigated the links between positive and negative parenting interactions and the development of anxiety and depression symptoms in the postpartum period. The analysis included 129 couples, and results indicated that negative interactions were associated with a significant increase in depressive symptoms in both mothers and fathers in the 3-30-month postpartum interval. Additionally, it was found that low levels of positive interaction were related to an increase in anxiety in fathers during the same period. It is important to note that although the study was longitudinal, the interpretation of causal relationships should be approached with caution. Interestingly, this study included fathers, a demographic often overlooked in past research. The findings suggest that both positive and negative parental interactions significantly influence the development of anxiety and depression symptoms after childbirth.

Pinto & Figueiredo's (2022) study revealed the influence of partner relationships and depressive symptoms on the transition to parenthood, highlighting the interaction between social dynamics, self-evaluation and mental health outcomes.

In contrast Evenson and Simon's (2005) study examines the impact of parenthood on mental health, finding that parents generally report higher levels of depression compared to adults without children. However, it is important to note that contrary to previous assumptions, there are no significant differences between women and men in the association between parenthood and depression.

The study underscores the necessity for a more nuanced comprehension of the variations among parenting types and emphasizes changes in family structure and the rise in out-of-wedlock births as factors for investigating the risks of depression among diverse groups of parents.

Social Plan - Responsibilities and available social resources

The study by Bronte-Tinkew et al. (2007) examines sociodemographic factors related to symptoms of major depression in fathers, utilizing the Composite International Diagnostic Questionnaire-Short Form (CIDI-SF). The findings, based on 2,139 fathers from the Fragile Families and Child Wellbeing Study, indicate variations in symptoms according to race, marital status, and employment status. Major depression was found to be associated with the level of father-child involvement, paternal stress, and the quality of the mother-father relationship, underscoring the importance of targeting fathers for intervention. The practical and policy implications of this research emphasize the need to broaden family mental health services and to implement preventive strategies aimed at enhancing child well-being in families affected by depression.

Research conducted by Ruppanner et al. (2018) investigates the effects of the birth of first and second children on time pressure and parental mental health, utilizing 16 years of longitudinal data from the Household, Income and Labor Dynamics in Australia Survey, which included 20,009 individuals. The findings indicate that the arrival of both children escalates time pressure, especially for women, with enduring effects, although there's limited evidence that parental responsibilities moderate this impact. After the birth of the first child, maternal mental health shows improvement, whereas paternal mental health experiences a decline following the second child. The analysis suggests that increased time pressure contributes to the worsening of maternal mental health. The study underscores that the transition to parenthood and the arrival of subsequent children significantly amplify 'time pressure', a phenomenon that carries gender implications, disproportionately impacting women by escalating their time pressure. These effects surpass mere time limitations, influencing mental health as well. The study argues for prioritizing time pressures on parents and addressing the gender gap in parental time poverty in government agendas to promote parental health and well-being.

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Parents have additional tasks and responsibilities related to the care and education of children. These responsibilities may involve managing children's daily needs, making decisions about their education and health, and maintaining a safe and loving environment, especially for younger children (Evenson & Simon, 2005).

In children with special needs or various disabilities, parents experience a much higher level of stress and depressive symptoms, especially in the context of the COVID-19 pandemic (Sanchez et al., 2023). The impact of parenting on depressive symptoms is significantly influenced by changes in social life. Research has consistently shown that the transition to parenthood brings significant changes in social activities and relationships, which in turn can influence the mental well-being of parents. A longitudinal study of older adults in rural South Korea found that changes in participation in social activities were associated with health-related quality of life, highlighting the potential impact of social engagement on overall well-being (Choi et al., 2020). In addition, major life changes have been found to influence an individual's ability to develop and maintain social connections, indicating possible disruption in social life during significant life transitions (Wilkinson et al., 2019).

In the context of parenting, changes in social networks and support systems have been found to play a crucial role in parental well-being. Social support has been identified as a significant factor in quality of life and adjustment to life changes, particularly in the context of older adults and people with long-term conditions (LaRocca & Scogin, 2015; Sharifian et al., 2019). In addition, the transition to parenthood has been associated with changes in parenting self-efficacy, as well as mood and depressive symptoms, highlighting the potential impact of social change on parental well-being (Kunseler et al., 2014; Fentz et al., 2021).

Socio-economic plan - Financial worries

Material hardship, which encompasses challenges such as food insecurity and housing instability, is associated with a higher risk of suicide and suicidal behavior. Parents, who are more susceptible to experiencing material hardship, also exhibit a higher prevalence of suicidal behavior compared to non-parents. The measurements taken included material hardship, suicidal behavior, parenting status, and covariates. Results indicate that facing multiple material hardships, a situation especially common among parents, correlates with an increased risk of suicidal behavior. This is despite demographic data showing that the proportion of participants who were parents was similar among those who reported and did not report suicidal behavior (46.8% vs. 49.3%) (Austin & Shanahan, 2021).

Raising children involves significant costs, including medical care, education, and other age-specific needs, which can add extra financial pressure on parents. Roxburgh (2012) examines the link between depression and parenting stress, highlighting that parenting stress is associated with depression among parents who are significantly better off financially, compared to parents with lower incomes.

Financial concerns significantly impact parenting-related depressive symptoms, especially for parents of children with special needs. Research indicates that financial stress experienced by parents correlates with an increased likelihood of depressive symptoms (Ponnet, 2014). This relationship is mediated by various factors, including parental conflict, positive parenting, and parent functioning, all of which ultimately affect adolescent problem behavior (Ponnet, 2014). Additionally, the burden of caring for a child with a serious illness, compounded by financial difficulties, is linked to a higher probability of depressive symptoms in parents (Creswell et al., 2013). The Family Stress Model (FSM) suggests that financial hardships and pressures contribute to elevated depressive symptoms among parents (Gilbert et al., 2017). Moreover, financial pressure has been consistently linked to depression in the United States (Ettman et al., 2023).

Studies have indicated that higher levels of financial strain are related to lower emotional well-being and increased symptoms of depression and anxiety, while higher levels of socioeconomic status (SES) are associated with improved well-being and a more positive outlook on life (Metzger & Garcia, 2023; Williams et al., 2021).

Professional plan – Work-Life Balance

The study by Cazan et al. (2019) underscores the challenges parents face in maintaining a work-life balance, which generates additional stress. The connection between parenting time pressure and depression is influenced by work demands, with social support failing to mitigate this association. The impact varies between mothers and fathers, contingent upon their control over the workplace. Achieving an effective work-life balance is linked to increased family satisfaction. Research indicates that heightened stress from struggling to balance work and life among fathers is associated with less healthy characteristics of the home environment, including less frequent family meals and more frequent consumption of sugar-sweetened beverages and fast food. Furthermore, the manner in which individuals integrate work and family life can affect life satisfaction, underscoring the necessity for policies that facilitate this balance. Additionally, studies have consistently demonstrated that a favorable work-life balance correlates with lower symptoms of depression, improved subjective health, and fewer reports of depressive symptoms among self-employed individuals (Cazan et al., 2019).

Stress associated with the balance between the two spheres is linked to unhealthy behaviors in the family. The COVID-19 pandemic exacerbated tensions for professionally active parents, highlighting the importance of balance in stress management (Sancez et al., 2023).

II. Childless adults (CLA) and depressive symptoms

Physiological plan – Medical conditions and infertility issues

If there are medical problems or fertility difficulties that prevent someone from having children, this can be associated with stress and feelings of loss. The impact of parenthood on depressive symptoms is significantly influenced by medical conditions or fertility issues. Research has consistently shown that individuals facing medical conditions or fertility challenges may experience heightened psychological distress, particularly in the context of parenthood. For instance, a study by Gonçalves et al. (2021) highlighted decisional regret in onco-fertility decision-making among women, underscoring the psychological impact of medical interventions on fertility preservation and subsequent parenthood. Similarly, Armuand et al. (2014) found that survivors who had a pre-treatment desire for children still wanted children years after treatment, indicating the lasting impact of fertility issues on desires for parenthood and mental well-being.

Additionally, Kazmerski et al. (2021) summarized the reproductive goals and family-building concerns of individuals with cystic fibrosis, emphasizing the intricate considerations and challenges related to fertility, pregnancy, and alternative pathways to parenthood. Tornello & Bos (2017) examined parenthood intentions among transgender individuals, highlighting the potential impact of hormone treatment on fertility and subsequent desires for parenthood.

Sorensen et al. (2016) explored fertility awareness and attitudes towards parenthood among Danish university students, shedding light on the interplay between fertility knowledge and family intentions, particularly in the educational context. Additionally, it summarized the reproductive goals and family-building concerns faced by people with cystic fibrosis, highlighting the complex considerations and challenges related to fertility, pregnancy, and alternative pathways to parenthood.

Additionally, Li et al. (2018) investigated the effect of infertility-related stress on the mental health of infertile Chinese women, highlighting the psychological burden of fertility challenges on women undergoing medical treatment for infertility. Gonçalves et al. (2013) conducted a systematic review of the childbearing attitudes and decisions of young breast cancer survivors, emphasizing the significance of pregnancy and parenthood for survivors and the need for supportive services.

Graham (2015) suggests that childless women experience poorer physical and mental health and well-being during their peak reproductive years; however, this trend reverses for women aged 65 and older. While childless women who had never married exhibited better health and well-being compared to mothers, this was not the case for childless women who were divorced, separated, widowed, or in a relationship.

The psychological level – Personal expectations and freedom of choice

Dulaney et al.'s (2018) study discovered that meaning in life serves as a moderating factor in the relationship between stress exposure and depressive symptoms. The deeper individuals experience meaning in life, the more it reduces the impact of stressors on depression. Essentially, grasping the meaning of life offers some

psychological protection against the adverse effects of stress on mental health, including depression.

This finding underscores the significance of existential and psychological factors in understanding the relationship between childlessness and depression. Individuals who find meaningful significance in their lives may possess stronger internal resources to manage stressors and mitigate the negative mental health consequences associated with depression. Therefore, this connection highlights the complexity and interconnectedness of psychological and existential issues in evaluating the impact of childlessness on mental health status.

The perspective is complemented by the longitudinal study conducted by Maximova & Quesnel-Vallee (2009), which indicates that limiting freedom of choice or preventing choice through unwanted or unplanned pregnancies was associated with increased depressive symptoms for men in their 30s. This finding suggests that the experience of having an unintended (first) child increases psychological distress for younger men.

According to Zhang & Fletcher's (2021) research, it is indicated that there are no significant differences in depression levels between childless (offspring-less) individuals and parents, regardless of whether childlessness is defined in biological or social terms. This suggests that the presence or absence of biological offspring, as well as societal definitions of childlessness, do not inherently lead to variations in levels of depression. The findings highlight the need to consider various factors, such as personal, cultural, and social context, when examining the relationship between parenthood and mental health outcomes.

Interpersonal level – Existence of a couple relationship

Preliminary analysis of data from the Rimehaug & Wallander (2010) study suggested that subgroups with a higher prevalence of depression were predominantly composed of single individuals, with a potentially greater influence of divorce. However, statistical analyses revealed that, in contrast to married parents, single-person status was the only common characteristic in the subgroups with increased depression. Further contrasts confirmed that individuals who were 'divorced and single' had a significantly higher prevalence of depression than those who were 'divorced and cohabiting', and individuals who were 'never married and single' had a higher prevalence of depression than those who were 'never married and cohabiting'. These findings suggest that single status has a more significant influence on depression than divorce history.

According to the study by O'Hara et al. (2020), for adults without children, interaction with an ex-partner two months prior is associated with higher current psychological distress than for people with children. For the latter group, interaction with the ex-partner did not predict psychological distress related to separation. One explanation for this could be that people with children view contact with their ex-partner as routine and obligatory for the sake of child-rearing, whereas people who do not have children together tend to perceive interactions with their ex-partner as more emotionally charged (because they do not plan the encounter).

It is very important to point out from these two large studies that it is not the absence of a relationship that is the depresso-genic factor, but the phenomenon of divorce is, as it is often associated with feelings of loss, identity confusion, anxiety and stress.

Social level – Social pressures and expectations

Childless adults often face significant social pressures that can affect their well-being and experiences. Research has highlighted the social expectations and challenges faced by childless individuals, leading to lower perceived social support (Pesando, 2018). This underscores the societal perspective that places childless individuals at a potential disadvantage in terms of social and emotional support, suggesting that childlessness can lead to a form of rejection and alienation from society. For example, a study by Li & Wong (2015) highlighted the concept of social withdrawal behavior of young people, known as hikikomori, and its association with cultural maladjustment and social pressures. This suggests that societal expectations and cultural norms may contribute to social withdrawal behaviors and the decision not to become a parent, potentially affecting mental health.

The social perception of childlessness as a possible risk factor for social and emotional well-being underscores the impact of social pressure on the experiences of people without children, particularly during midlife and old age.

Socio-economic level – Socio-economic status and living conditions

Metzger & Gracia (2023) argue that socio-economic status and living conditions greatly influence the decision about and perspective on parenthood.

This consideration is justified, taking into account the expenses associated with raising a child, financial worries, the potential inability of one parent to work postpartum, childcare arrangements, or other medical issues that may arise as a result of childbirth.

The discovery that the socioeconomic status of childless adults significantly influences their psychological well-being, particularly that adults in the middle socioeconomic group exhibit higher levels of self-efficacy, motivation, and overall psychological well-being compared to those in lower socioeconomic status groups (Manjula, 2016), underscores the substantial impact of socio-economic factors on the psychological health of individuals without children. This finding emphasizes the necessity of considering broader indicators of well-being beyond traditional socio-economic measures to fully understand the psychological landscape of childless adults.

On the other hand, inequalities in employment have been linked to the risk of depression among older adults, especially for childless women (Gueltzow et al., 2023).

Religious and spiritual factors (including attending religious processions) have been identified as a moderating factor in the relationship between childlessness and depression, those accessing religious services have been associated with lower levels of depression (Upenieks & Thomas, 2021).

Career level - Professional growth prospects

Tan's (2023) longitudinal study in East Asia adds a cultural perspective, showing that adult life trajectories, particularly in terms of housing, partnership and parenting, exhibit distinct particularities compared to Western contexts and finds that adults with more educated parents were less likely to live in the parental home, while those with parents in managerial or professional positions were more likely to become homeowners. Reflecting people's natural need to break away and grow up independently from their family of origin.

In addition, childless women's difficult situations, self-actualization and motivation towards personal development were found to be influenced by social pressures, serving as an impetus for (Gbaguidi et al., 2022). This suggests that while social pressures can present challenges, they can also serve as motivational factors for personal growth and autonomy. In a competitive, individuality- and progress-oriented society, the need for constant growth associated with rising in professional rank, changing fields of work, retraining, vocational reorientation (Giddens, 2010) is often encountered which can certainly contribute to personal and social development, but the literature also suggests that major changes in social roles are crucially associated with loneliness in old age, highlighting the potential impact of social role changes on mental health outcomes (Kim et al., 2021). Furthermore, it has been proposed that the magnitude of change in life transitions influences value socialization, indicating that significant life changes can lead to changes in personal values and social behaviors (Bardi et al., 2014).

CONCLUSIONS

The study provides a benchmark for the analysis of parentality considering the levels of functionality in adulthood: physiological, psychological, social, socio-economic and occupational, also compiles a limited quantitative analysis due to fragmented and diverse information with quantitative and analytical literature review. The existence of these plans and their organization by PA and CLA provides practitioners with clearer directions for conceptualization and intervention, as follows: for PA - sleep deprivation and fatigue, self-assessment of parenting skills, existence of a couple relationship and its quality, responsibilities and available social resources, financial worries and work-home balance, and for adults without children, for CLA - medical conditions or fertility issues, personal expectations and freedom of choice, existence of a romantic relationship, social pressures and expectations, socio-economic status and living conditions, and prospects for professional growth.

The study reveals that financial worries significantly amplify parents' depressive symptoms, highlighting the impact of the costs associated with raising children. Financial pressure, stemming from expenses such as medical care and education, directly correlates with the increased likelihood of depressive symptoms, mediated by parental conflict and parental functioning. Work-life balance brings challenges that intensify stress, and the association of time pressure parenting with depression is influenced by work demands and parental responsibilities. Increased responsibilities, especially in caring for children with special needs, contribute significantly to parents' stress levels and depressive symptoms. Sleep deprivation and fatigue impact on parents' mental health, with an emphasis on depressive symptoms in the context of parenting responsibilities.

Just as interventions in the organizational domain are optimized to account for key factors (Cotel et al., 2023), a similar approach could be applied in psychiatric hospitals, considering criteria such as the stress and financial pressure associated with a diagnosis of depression, combined with the challenges and responsibilities of the parental role, as highlighted in our study. The transition to parenthood brings significant changes in the social life of parents, influencing their mental health, especially in terms of depressive symptoms.

For childless adults, personal expectations, including individual perspectives on parenting, have been recognized as important factors in determining mental well-being. Personal experiences, personality traits and satisfaction levels can vary significantly and influence attitudes towards parenting. Medical problems and fertility-related difficulties have been identified as amplifying factors of stress and feelings of loss, affecting the desire to become a parent and depressive symptoms.

Personal relationships and social pressures from family and friends have been associated with feelings of unhappiness, and freedom of choice in parenting may be perceived differently by adults as a protective factor. It is important to clarify that there is no single pattern or explanation for levels of happiness or sadness among adults, whether they have children or not. Each person has their own experiences, values and aspirations, and their well-being can be influenced by a complex combination of personal, social and cultural factors. Also, keep in mind that the parenting experience can vary significantly from person to person, and each individual responds differently to the challenges and joys associated with raising children. Adequate support from partners, extended family and the community can go a long way to managing stress among parents.

The influence of social networks on the health and self-management of people with various conditions further highlights the importance of social connections in navigating through significant life changes. (Reeves et al., 2014). Parenthood and the conscious and assumed decision not to have children are certainly significant life events that impact social life, with themes emerging around inhibiting and promoting factors related to social activities (Wagner et al., 2017).

The study on the impact of parenting on depressive symptoms highlights limitations such as the small number of studies and the diversity of assessment instruments. Although the literature provides valuable information, generalizability is limited and instrument variability complicates the synthesis of results. Moderators, such as financial factors and life balance, influence depression in parents and non-parents. In conclusion, further research is needed to standardize instruments and explore personal and psychosocial factors in parental and non-parental depressive symptomatology.

It seems that beyond personal factors, social factors play a crucial role, whether the adults are parents or not. Thus, future research should explore the moderating or mediating impact of personal and psychosocial factors on depressive symptomatology. In conclusion, the complexity of influencing factors underlines the need for a personalized approach tailored to the specific needs of each adult.

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