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Family Support System and Depression among Married Women in Port Harcourt Metropolis, Rivers State, Nigeria

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Abstract

The study investigated the influence of children's and husband attitude as variables of family support system on depression among women attending University of Port Harcourt Teaching Hospital, Port Harcourt. The design for the study is the correlational research design with a sample size was 280 women who were purposively selected from the population of women attending University of Port Harcourt Teaching Hospital. Two research questions and two hypothesis were formulated to guide the study. Two valid and reliable instruments titled Family Support System Inventory (FSSI) and the Beck's Depression Inventory (BDI) were used for the collection of data for the study. The findings of the study revealed that children's attitude significantly correlates with depression, while husbands' attitude did not significantly correlate with depression among women. Recommendations proffered included that couple counselling and psychotherapy should be implemented to enable husbands understand better how they can assist their spouse who might be suffering from depression.

Key words: Family Support System, Depression, Married Women, Port Harcourt Metropolis, Rivers State, Nigeria

INTRODUCTION

Depression among women has taken the front position in policy discourse in recent times. This is partly because women who are depressed often suffer in silence and this common illness can also take a heavy toll on the girl child thereby passing it from one generation to the other. People who have been depressed say that it is almost impossible to explain what it feels like. Sometimes depressed women often hide the way they are feeling because they are ashamed that they have not bonded well with their families. Marriages characterized by an unequal division of decision making and power may be associated with high level of depression on the part of both spouse, especially the woman.

Within the Port Harcourt community, it has been observed by these researchers that most women just go through the blue without any direct causes of their apparent and prolonged sad mood. Also in one of the researchers' practice as a professional psychiatric nurse, it has also been observed that most cases visiting the out-patient clinic of the psychiatric unit of University of Port-Harcourt Teaching Hospital are psychosomatic in nature, among who are mostly women. Recently, the media have reported suicide and attempted suicide among women in Nigeria which might be attributed to poor family support. From the researchers' personal opinion, the increasing incidence of depression among women is becoming alarming. Many women are suffering in silence and many more are pushed to attempting suicide or committing an actual suicide. However, the question and nature of depression continues to remain elusive to many women and even practitioners.

The World Health Organization (2013) defines depression as a common mental disorder that is presented with depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep or appetite, and poor concentration. Moreover, depression often comes with symptoms of anxiety. Furthermore, while various forms of depression are obtainable from the literature, the increasing rate of clinical depression has informed the conduct of this study. However, depression can be mild to moderate with symptoms of apathy, little appetite, difficulty sleeping, low self-esteem, and low-grade fatigue or it can be more severe.

The aetiology and nature of depression among women has remained a constant interest among the scientific and clinical community, especially with the recent surge in depression. Biological, life cycle, hormonal and psychosocial factors unique to women may be linked to women's higher depression rate. Researchers have shown that hormones directly affect brain chemistry that controls emotions and mood. For example, women are particularly vulnerable to depression after giving birth, when hormonal and physical changes, along with the new responsibility of caring for a newborn, can be overwhelming. Many new mothers experience a brief episode of the "baby blues," but some will develop postpartum depression, a much more serious condition that requires active treatment and emotional support for the new mother. Some studies suggest that women who experience postpartum depression often have had prior depressive episodes.

Some women may also be susceptible to a severe form of premenstrual syndrome (PMS), sometimes called Premenstrual Dysphoric Disorder (PMDD), a condition resulting from the hormonal changes that typically occur around ovulation and before menstruation begins. During the transition into menopause, some women experience an increased risk for depression. Scientists are exploring how the cyclical rise and fall of estrogen and other hormones may affect the brain chemistry that is associated with depressive illness (Rubinow, Schmidt & Roca, 1998).

Recently, the moderating role of family support among women has been implicated in the level and rate of depression among women (Martire, Lustig, Schulz, Miller & Helgeson, 2004). Research evidence provided by Kamen, Cosgrove, McKeller, Cronkite and Moss (2011) showed that higher family support was associated with less depression at baseline and predicted a steeper recovery rate from depression over 23 years. Furthermore, their result showed that women with supportive families reported the most rapid recovery from depression than those without supportive family. They therefore concludes that in clinical practice, evaluating family context is essential at the beginning of treatment with female patients with depressive. With this suggestion in mind, the study focuses on two family support variables, children's attitude and husbands' attitude with their relationship with depression among women in Port Harcourt Metropolis of Rivers State.

Aim and Objective of the Study

The aim of this study was to investigate the extent to which family support variables correlates with depression among women attending University of Port Harcourt Teaching Hospital, Rivers State. The specific objectives of this study were:

1. Find out the extent to which children's attitude relates to depression among women attending University of Port Harcourt Teaching Hospital.
2. Determine whether husbands' attitude contributes to depression amongst women attending University of Port Harcourt Teaching Hospital.

Research Questions

1. How do children's attitudes contribute to depression among women attending University of Port Harcourt Teaching Hospital?
2. How do husbands' attitudes contribute to depression of a woman in the family attending University of Port Harcourt Teaching Hospital?

Hypotheses

The following null hypotheses which were tested at 0.05 level of significance were formulated to guide this study:

1. Children's attitude does not significantly contribute to depression among women attending University of Port Harcourt Teaching Hospital.
2. Husbands' attitude does not significantly contribute to depression among women attending University of Port Harcourt Teaching Hospital.

REVIEW OF RELATED LITERATURE

The challenge of defining depression is partly a function of the various forms of depression. There are several forms of depressive disorders. The most common are major depressive disorder and dysthymic disorders include:

Major depressive disorder also called major depression, is characterized by a combination of symptoms that interfere with a

person's ability to work, sleep, study, eat, and enjoy once–pleasurable activities. Major depression is disabling and prevents a person from functioning normally. An episode of major depression may occur only once in a person's lifetime, but more often, it recurs throughout a person's life.

Dysthymic disorder also called dysthymia, is characterized by long–term (two years or longer) but less severe symptoms that may not disable a person but can prevent one from functioning normally or feeling well. People with dysthymia may also experience one or more episodes of major depression during their lifetimes. Their depression is usually mild or moderate, rather than severe. Most people who have dysthymia can't tell for sure when they first became depressed.

Psychotic depression, which occurs when a severe depressive illness is accompanied by some form of psychosis, such as a break with reality, hallucinations, and delusions.

Postpartum depression, which is diagnosed if a new mother develops a major depressive episode within one month after delivery. It is estimated that 10 to 15 percent of women experience postpartum depression after giving birth (Altshuler, Hendrich & Cohen, 1998).

Seasonal affective disorder (SAD), which is characterized by the onset of a depressive illness during the winter months, when there is less natural sunlight. The depression generally lifts during spring and summer. SAD may be effectively treated with light therapy, but nearly half of those with SAD do not respond to light therapy alone. Antidepressant medication and psychotherapy can reduce SAD symptoms, either alone or in combination with light therapy (Rohan, Lindsey, Roecklein & Lacy, 2004).

Bipolar disorder, also called manic-depressive illness, is not as common as major depression or dysthymia. Bipolar disorder is characterized by cycling mood changes-from extreme highs (e.g., mania) to extreme lows (e.g., depression).

Family Support and Depression among Women

Difficulties in the marital relationship can play a major role in the development of depressive illness. Epidemiological data demonstrated that unhappy marriages were a potent risk factor for major depressive disorder, associated with a 25 fold increase relative to untroubled marriages in one major study from Yale (Weissman 1987). Another study found a 10-fold increase in risk for depressive symptoms associated with marital discord (O'Leary, et al. 1994). Marriages characterized by an unequal division of decision making and power are associated with high levels of depression on the part of both spouses (Ross, Mirowsky, & Goldsteen, 2010).

The reason why a spouse might have a unipolar mood disorder could be due to their relationship being "characterized by friction, hostility, and a lack of affection" (Gotlib & Hammen, 1992).

C. Proulx's 2009 paper, Moderators of the link between marital hostility and change in spouses' depressive symptoms, demonstrated spousal anger as a contributing factor to depressive illness in the other spouse. She stated, "The more hostile and anti-social behaviors exhibited by husbands, the more depressed their wives were after three years." Her research also showed that warm, positive behavior from husbands lessened the negative impact of their hostile behavior.

When a marriage is not working it turns into a stressor, which often causes depression among females and leads males to alcohol abuse. Stressful marriage is the leading cause for depression among women (Whisman, 2001). Women genetically predisposed to stress are three times more likely to develop depression than women not genetically predisposed. Even though this is not a social factor, it is important to point it out as a possible predisposition to depression based on social factors.

If one partner suffers from chronic depression, it is very likely that the other partner will develop depression as well. Even when the depressed partner overcomes this depression, it is common to relapse if he or she has an unsatisfying marriage. Marital distress can also occur if the distressed partners' behavior triggers negative effects in the spouse. In the large proportion of couples experiencing marital distress, at least one partner is clinically depressed, adding even more stress to the other partner (McCullough, 2003).

METHODOLOGY

Design: The research design adopted for this study is the correlational research designed to determine the extent to which husbands' and children's attitude correlates with depression amongst women attending University of Port Harcourt Teaching Hospital.

Population and Sample of the Study: The population for this study comprised of 1000 women attending the Outpatient department of the University of Port Harcourt Teaching Hospital. Systematic random sampling technique was used to draw a sample of 280 women with depressive symptoms attending the out-patient clinic of the University of Port Harcourt Teaching Hospital. The selected sample was screened with the Beck's Depression Inventory to determine those with depressive symptoms.

Instrument for Data Collection: Two instruments were used for data collection which were the Family Support System Inventory (FSSI) and the Beck's Depression Inventory (BDI). The FSDWI was divided into two sections A and B. Section A was used to gather information on respondents' educational qualification, family type, income level and number of children. Section B of the instrument was constructed in two broad sections to gather information on husbands' attitude and children's attitude. This section was composed of 10 items constructed using the four-point Likert scale of Strongly Agree (SA), Agree (A), Disagree (D), and Strongly Disagree (SD) scored 4, 3, 2, and 1 point(s) respectively. The Beck's Depression Inventory (BDI) is a questionnaire comprising 21 items with four (4) statements in each item. Each subject is expected to choose one of 4 statements; the one that best explains his/ her feelings and each option carry a score of 0-3. The score of the respondents were used to identify those with depressive symptoms.

Validity and Reliability of the Instruments: Copies of the instruments and were given to three experts for face and content validity. They vetted the items in terms of relevance, appropriateness and language level. Their recommendations and corrections were incorporated in the final version of the instruments. Using test-retest

technique, the BDI had a score of 0.91, while the FSSI had a value of 0.79, which showed that both instrument possessed suitable level of reliability.

Data Collection and Analysis: The researchers administered copies of the instruments directly to the respondents and instructions guiding the responses of the instruments was explained to the respondents. The researcher supervised the administration of the instruments and completed instruments were collected on the spot from the respondents. The research questions were answered with simple linear regressions while the hypotheses were tested with Analysis of Variance (ANOVA) associated with simple linear regression.

RESULTS

Table 1: Regression analysis showing the influence of children's attitude on depression among women attending University of Port Harcourt Teaching Hospital.

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.528[a]	.279	.276	3.92138

a. Predictors: (Constant), Children's Negative Attitude

As shown in Table 1, the simple regression coefficient R= 0.528, R square = 0.279, adjusted R square = 0.276 and standard error of the estimate = 3.92138. It can be seen that the regression coefficient R gave a value of R = .528 which implies that the influence of children's attitude on depression is about 52.8%. The coefficient of determination R Square and adjusted R square are 27.9% and 27.6% respectively. This implies that only about 27.6% of the variation in proportion of depression can be explained by the influence of children's attitude while the remaining 72.4% may be explained or accounted for by other variables.

Table 2: ANOVA associated with simple regressions showing the influence of children's attitude on depression among women attending University of Port Harcourt Teaching Hospital.

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1652.692	1	1652.692	107.476	.000
	Residual	4274.876	278	15.377		
	Total	5927.568	279			

a. Dependent Variable: BDI

b. Predictors: (Constant), Children's Attitude

In order to test hypothesis 2: ANOVA associated with simple regression was employed as shown in Table 2. The computed F-value = 107.476, df = (1,278), p = 0.00 < 0.05. This therefore means that the null hypothesis 1 which says that children's attitude may not significantly contribute to depression among women attending University of Port Harcourt Teaching Hospital was rejected. This is because the p–value of 0.00 was less than the critical value of 0.05 and was found to be significant at 95% confidence interval. The conclusion reached was that children's attitude influence depression among women attending University of Port Harcourt Teaching Hospital.

Table 3: Regression analysis showing the influence of husbands' attitude on depression among women attending University of Port Harcourt Teaching Hospital.

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.001[a]	.000	-.004	4.61759

a. Predictors: (Constant), Husband's Attitude

As shown in Table 3, the simple regression coefficient R= 0.001, R square = 0.000, adjusted R square = -0.004 and standard error of the estimate = 4.61759. It can be seen that the regression coefficient R gave a value of R = .001 which implies that the influence of husband's attitude on depression is about 0.01%. The coefficient of determination R Square and adjusted R square are 0.01% and 0.00% respectively. This implies that 0.00% of the variation in proportion of depression can be explained by the influence of husbands' attitude which means that husbands' attitude do not contribute to depression

among women attending University of Port Harcourt Teaching Hospital.

Table 4: ANOVA associated with simple regressions showing the influence of husbands' attitude on depression among women attending University of Port Harcourt Teaching Hospital.

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	.004	1	.004	.000	.989[b]
	Residual	5927.564	278	21.322		
	Total	5927.568	279			

a. Dependent Variable: BDI

b. Predictors: (Constant), Husband's Attitude

In order to test hypothesis 4: ANOVA associated with simple regression was employed as shown in table 4. The computed F-value = 0.000, Df = (1, 278), p = 0.989 > 0.05. This therefore means that the null hypothesis 2 which says that husbands' attitudes do not significantly contribute to depression among women attending University of Port Harcourt Teaching Hospital was accepted. This is because the p–value of 0.989 was greater than the critical value of 0.05 and was found not to be significant at 95% confidence interval. The conclusion reached was that husband's attitude does not influence depression among women attending University of Port Harcourt Teaching Hospital.

DISCUSSION

The present study revealed that children's attitude significantly contributes to depression among women attending University of Port Harcourt Teaching Hospital. Table 1 indicated the simple regression coefficient R .528, Coefficient of determination R square .279, while the adjusted R square .276. This implies that 27.6% of the variation in depression among women attending University of Port Harcourt Teaching Hospital was accounted for or explained by the influence of children's attitude.

More so, table 2 indicated an F-value of 107.476, df = (1, 278), P = 000< 0.05 which implies that children's attitude have a significant influence on depression among women attending University of Port

Harcourt Teaching Hospital. The findings of this study are partially similar to those of Hanington and colleague in their Avon Longitudinal study of parent and children and found little evidence for child to parent effects on depression (Hanington et al, 2009). The findings of this study are also similar to those of Onya and Stanley who found that Parents living with their children is associated with depression (Onya & Stanley, 2013).

In the present study, it was found that husbands' attitude do not significantly contributes to depression among women attending University of Port Harcourt Teaching Hospital. Table 3 indicated the multiple regression coefficient R = .001, Coefficient of determination R square .000, while the adjusted R square -.004. This implies that 0.00% of the variation in depression among women attending University of Port Harcourt Teaching Hospital was accounted for or explained by husbands' attitude.

More so, table 4 indicated an F-value of 0.000, df = (1, 278), p = 0.989>0.05 which implies that husbands' attitude do not have a significant influence on depression among women attending University of Port Harcourt Teaching Hospital. The findings of this study are different from those of Jennifer and colleague who conducted a study to assess the impact of several negative marital events on the development of depression and found that marital discord predicted later depression (Jennifer et al., 2001).

RECOMMENDATIONS

Based on the findings of the study, the researchers has suggested the following recommendations:

1. Women should start training their children early so that they would develop positive attitude. This is likely to reduce the tendencies of children positively contributing to the level of depression experienced by women.
2. Initial screening of women for depression should include the possible moderating effect of children, as this can facilitate the provision of more holistic interventions to assist women improve from their depressive state.

3. Couple counselling and psychotherapy should be implemented to enable husbands understand better how they can assist their spouse who might be suffering from depression.

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