# Socioeconomic Status and Extended Family System as Predictors of Depression among Married Women Attending the University of Port Harcourt Teaching Hospital, Port Harcourt, Rivers State

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## Abstract

The study investigated the influence of socioeconomic status and extended family 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 Extended Family and Socioeconomic Status Inventory (EFSSI) and the Beck's Depression Inventory (BDI) were used for the collection of data for the study. The findings of the study revealed that family socioeconomic status significantly correlates with depression, while extended family system did not significantly correlate with depression among women. Recommendations proffered included that government should formulate and implement policies and strategies that will improve the standard of living for women, thereby improve the economic status of women.

**Keywords:** extended family, socioeconomic status, depression, married women as students, University of Port Harcourt Teaching Hospital, Nigeria

## INTRODUCTION

The popular press has reported repeatedly the problem of depression and attempted suicide among people in the society, especially among women. On 25th March, 2017, The Punch Newspaper reported that two women attempted suicide in Lagos due to a heavy level of indebtedness to a microfinance bank. Similarly, a Sun Newspaper reported on its 19th March, 2017 edition that another individual jumped to death in Lagos, which was eventually traced to the problem of depression. With these short anecdotes, it is therefore revealing that the problem of depression has taken the front burner of public discourse both at the formal and informal sector.

The repeated cases of depression that one encounters daily has become a source of concern and has existed for much of human recorded history. The Holy Bible recorded that Elijah, someone reckoned as an upright man of God suffered from symptoms of depression after he received a death threat from the then Queen Jezebel (I Kings 19: 4). This instance was quite severe that it triggered a sudden descent into a deep and dark depression that he (Elijah) expressed his desire to commit suicide. As this story illustrates, the problem of depression has a long history among people of different times and different cultures. It is not a respecter of tribe, creed and religion.

However, this impression is not one that enjoys universal meaning. To many people, depression is regarded as a form of personal weakness. But this assumption cannot be farther from the scientific evidence. Empirical evidence points at the fact that depression is a serious medical problem, that if not watched has the propensity to crumble the health and stability of many families, as evident in the lead researcher's years of clinical practice. From her observation, depression is one of the commonest emotional and psychological challenges that people, especially women experience. Also, the medical attention that depression requires is often not provided and results in more serious psychiatric condition called psychotic disorder.

Considering the dangers inherent in overlooking depression, large scale investigations have been conducted to determine the

factors contributing to depression. According to Paykel (1994), the association between depression and multiple psychosocial factors, including stressful life events, chronic stressors, and low social support, are seen across the lifespan. For example, Aseltine and Kessler (2005) reported that job loss and widowhood have been linked with the development of depression, as well as marital disruption with an increased risk of experiencing significant depressive symptoms or a depressive episode. It was therefore in this direction that Basavanthappa (2007) stated that depression may be a temporary normal human emotional response to a loss, disappointment or failure.

Although various factors have been implicated in the onset and severity of depression, the identifying features have remained fairly consistent. Depression is often characterized by pessimism, prolonged feeling of gloom, feelings of personal inadequacy and a loss of interest in previously pleasurable activities. More than mere sadness, depression can make an individual feel as though work, school, relationships, and other aspects of life have been derailed or indefinitely put on hold. It can sap the joy out of previously pleasurable activities and leave the individual feeling continuously burdened.

An observation of the above characteristics of depression shows that it not only affects the individual, but furthermore impacts on their social relationship, especially among those they share family bond with. This is especially so for married women who have multiple roles they function including mother, wife, and in-laws. With the increasing trend of women working in paid jobs outside the home, experiences of depression is likely to decrease the productive capacity of women. It has therefore become necessary to investigate on some factors which predisposes married women to become depressive patients. It was in this direction that the present study considered the extent to which socioeconomic status of the family and the extended family system correlates with depression among married women attending the University of Port Harcourt Teaching Hospital, Port Harcourt, Rivers State in Nigeria.

## AIM AND OBJECTIVES OF THE STUDY

The major aim of the study was to investigate the extent to which the socioeconomic status and the extended family system predicts depressive symptoms among married women attending the University of Port Harcourt. In specific terms, the study was guide by the following objectives:

1. Find out if the economic status of the family relates with depression amongst women attending University of Port Harcourt Teaching Hospital.
2. Determine the extent to which the contribution of extended family members could lead to depression among women attending University of Port Harcourt Teaching Hospital.

## RESEARCH QUESTIONS

From the above objectives, the following research questions were developed direct the study:

1. What is the relationship between economic status of the family and depression in women attending University of Port Harcourt Teaching Hospital?
2. How do the contributions of extended family members contribute to depression among women attending University of Port Harcourt Teaching Hospital?

## HYPOTHESES

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

1. There is no significant relationship between economic status of the family and depression among women attending University of Port Harcourt Teaching Hospital.
2. Contributions of extended family members do not correlate significantly with depression among women attending University of Port Harcourt Teaching Hospital.

## LITERATURE REVIEW

**Depression:** Defining the concept of depression has not been an easy endeavor in the scholarly literature due to social and cultural factors.

However, ample effort has been made towards a proper understanding of the concept, especially as related to depression among women. For example, Saul et al. (2005) defined depression as a mood disorder characterized by feelings of sadness, low self-esteem, pessimism, apathy and slowed thought processes, while Taylor (2006) defined depression as a mood state of sadness, gloom and pessimistic ideation with loss of interest or pleasure in normally enjoyable activities accompanied in severe cases by anorexia and consequent weight loss, feelings of worthlessness or guilt diminished ability to think or concentrate or recurrent thoughts of death or suicide which claims hundreds of thousands of lives each year.

**Causes of Depression**

The Anxiety and Depression Association of America (ADAA, 2016) observed that there is no single obvious cause for depression among women. However, but it may be triggered by physical illnesses such as a viral infection, hormonal disorders such as hypothyroidism and hormonal changes after child birth, drugs, inheritance, seasonal affective disorder syndrome as well as social and psychological factors. Other factors that may precipitate depression include:

**Marital Status:** The relationship between marital status and mood disorders is quite complex. For example, being single, divorced, or separated can be either a risk factor for depression or the result of the adverse life events generated by depressive or manic psychopathology, or both. Major depressive disorder and bipolar illness are most frequent among divorced, separated, or widowed individuals. The risk of major depressive episode is very high among recently widowed individuals of all ages but is particularly high in the elderly (Ross, Mirowsky, & Goldsteen, 1990).

**Social Economic Factors:** Although the relationship between depressive symptoms and low social class is well documented, most studies (Stansfeld & Marmot, 2002) found only a weak (but consistent) correlation between major depressive disorder or bipolar illness and lower socioeconomic status. Individuals with lower socioeconomic status have a lower level of education, lower income,

and poorer living conditions as well as a higher rate of unemployment and, ultimately, homelessness. Finally, many women face the additional stresses of work and home responsibilities, caring for children and aging parents, abuse, poverty, and relationship strains. It remains unclear why some women faced with enormous challenges develop depression, while others with similar challenges do not.

**Biological and Hormonal Factors:** Biological, life cycle, and hormonal 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).

**Economic Status of the Family and Depression in Women**
Major depression and depressive symptoms are more prevalent in women with lower socioeconomic status (Stansfeld & Marmot, 2002). A meta-analysis reported that those with low socioeconomic status were 1.8 times more likely to be depressed as compared to those in the highest socioeconomic status category (Lorant et al., 2003). Women with insecure, low-status jobs with little to no decision-making authority experience higher levels of negative life events, insecure

housing tenure, more chronic stressors and reduced social support. Low employment rank is a strong predictor of depression. Rates of depression and anxiety have increased significantly for poor women in developing countries undergoing restructuring (World Health Organization, 2013). Data show that one in nine babies have a mother suffering from severe depression, and half have mothers experiencing depression at some level of severity (Veriker, Macomber, & Golden, 2010). Women with low income are more likely to develop problems with drinking and drug addiction, which are significantly influenced by the social stressors linked to poverty (Mulia, Schmidt, Bond, Jacobs, & Korcha, 2008). Lack of safe, affordable housing puts women and children at greater risk for violent victimization and depression (World Health Organization, 2013).

**Extended Family System and Depression in Women**

Norms are strongly adhered to in Nigeria families. The woman either as a daughter or sister has more value, authority and even in many cases right to inheritance (Ogundipe-Leslie, 2014). Immediately she marries, she is treated as one of the possessions, voiceless, without rights, with constrained freedom and without her own identity (since she has to take up her husband's family name and drop her father's family name). She is treated as a nobody in her matrimonial home especially by her in-laws, with constraints which are not imposed on either their (in-laws) daughters or sisters imposed on her. She becomes the wife who is left to do all the house chores (which in her father's house is either shared or left for the youngest) and still go to a paid job and fulfill her sexual role at home. When it comes to social obligations such as marriages, meetings, naming ceremonies, chieftaincies, funerals, birthdays etc., she is usually the first to get to the venues where these occasions are done, and most times the last to leave. The bulk of the preparation, cooking and cleaning is done by her with little time to enjoy the occasion (Aluko & Alfa, 1985). She is treated as a slave without consideration or feelings (after all that is how slaves are treated). In many cases, the mother-in-law and even the sister(s)-in-law mistreat the wives, forbidding their sons (or brothers) to do any house chores. These same in-laws in so many cases either rule and run the woman's home from theirs or even move in to

live in their son's (or brother's) home. Certain situations and people can have a huge impact on the path that a depressed person goes through. However, there is also a positive side to the interaction of relatives with one another. These people can help to prevent and lower depression in others. The help and support of others increases the happiness and sense of belonging in the world.

## METHODOLOGY

**Design:** The research design adopted for this study is the correlational research design to determine the extent to which family socioeconomic status and extended family system 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 Extended Family and Socioeconomic Status Inventory (EFSSI) and the Beck's Depression Inventory (BDI). The EFSSI 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 family socioeconomic system and extend family system. 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 EFSSI had a value of 0.75, 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.

## REGRESSION

**Table 1: Regression analysis showing the influence of economic status on depression among women attending University of Port Harcourt Teaching Hospital.**

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
|---|---|---|---|---|
| 1 | .435[a] | .189 | .186 | 4.15862 |

a. Predictors: (Constant), Economic Status

As shown in Table 1, the simple regression coefficient R= 0.435, R square = 0.189, adjusted R square = 0.186 and standard error of the estimate = 4.15862. It can be seen that the regression coefficient R gave a value of R = .435 which implies that the influence of economic status on depression is about 43.5%. The coefficient of determination

R Square and adjusted R square are 18.9% and 18.6% respectively. This implies that only about 18.6% of the variation in proportion of depression can be explained by the influence of economic status while the remaining 81.4% may be explained or accounted for by other variables.

**Table 2: ANOVA associated with simple regressions showing the influence of economic status on depression among women attending University of Port Harcourt Teaching Hospital.**

| Model | | Sum of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|---|
| 1 | Regression | 1119.808 | 1 | 1119.808 | 64.751 | .000[b] |
| | Residual | 4807.760 | 278 | 17.294 | | |
| | Total | 5927.568 | 279 | | | |

a. Dependent Variable: BDI

b. Predictors: (Constant), Economic Status

In order to test hypothesis 1: ANOVA associated with simple regression was employed as shown in Table 2. The computed F-value =64.751, Df = (1, 278), P = 0.00, P < 0.05. This therefore means that the null hypothesis 2 which says that there is no significant relationship between economic status of the family and depression amongst 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 economic status influence depression among women attending University of Port Harcourt Teaching Hospital.

**Table 3: Regression analysis showing the influence of extended family member's contributions on depression among women attending University of Port Harcourt Teaching Hospital.**

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
|---|---|---|---|---|
| 1 | .068[a] | .005 | .001 | 4.60704 |

a. Predictors: (Constant), Extended Family Members Contributions

As shown in table 3, the simple regression coefficient R= 0.068, R square = 0.005, adjusted R square = 0.001 and standard error of the estimate = 4.60704. It can be seen that the regression coefficient R

gave a value of R = .068 which implies that the influence of extended family on depression is about 6.0%. The coefficient of determination R Square and adjusted R square are 0.005% and 0.001% respectively. This implies that 0.001% of the variation in proportion of depression can be explained by the influence of contributions of extended family members which means that contributions of extended family members 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 extended family member's contributions on depression among women attending University of Port Harcourt Teaching Hospital.**

| Model | | Sum of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|---|
| 1 | Regression | 27.078 | 1 | 27.078 | 1.276 | .260[b] |
| | Residual | 5900.489 | 278 | 21.225 | | |
| | Total | 5927.568 | 279 | | | |

a. Dependent Variable: BDI

b. Predictors: (Constant), Extended Family Member's Negative Contributions

In order to test hypothesis 2: ANOVA associated with simple regression was employed as shown in Table 4. The computed F-value = 1.276, Df = (1, 278), P = 0.260, P > 0.05. This therefore means that the null hypothesis 6 which says that negative contributions of extended family members do not correlate significantly with depression amongst women attending University of Port Harcourt Teaching Hospital was accepted. This is because the p–value of 0.260 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 extended family member's contributions do not influence depression among women attending University of Port Harcourt Teaching Hospital.

**DISCUSSION OF FINDINGS**

The result analyzed from research question 1 indicated that economic status influence depression among women attending University of Port Harcourt Teaching Hospital as shown table 1 which showed a

multiple regression coefficient R = .435, R square = .189 and adjusted R square of .186. This meant that 18.6% of the variation in depression among women attending university of Port Harcourt Teaching Hospital was accounted for or explained by economic status. Hypothesis 1 as shown in table 2 indicated an F-value = 64.751, Df = (1, 278), P = 0.00, P <0.05. This means that economic status influence depression among women attending University of Port Harcourt Teaching Hospital. This research is similar to that of Khalaila, (2016) who conducted a longitudinal study of community-dwelling older adults in Israel and found that low family income, unemployed and other variables where associated with increasing chance of depression in older adults in Israel.

In the present study, it was found that contributions of extended family members do not significantly contributes to depression among women attending University of Port Harcourt Teaching Hospital. Table 3 indicated the multiple regression coefficient R = .0068, Coefficient of determination R square .005, while the adjusted R square .001. This implies that 0.01% of the variation in depression among women attending University of Port Harcourt Teaching Hospital was accounted for or explained by negative contributions of extended family members. More so, Table 4 indicated an F-value of 1.276, df = (1, 278), p= 0.260 > 0.05 which implies that negative contributions of extended family members do not have a significant influence on depression among women attending University of Port Harcourt Teaching Hospital.

## RECOMMENDATIONS

From the results obtained from the study, the following recommendations were made:

Government should formulate and implement policies and strategies that will improve the standard of living for women, thereby improve the economic status of women.

The family support system should be called upon as an intervention scheme to assist women who are suffering from depression.

Irrespective of the nature or perceived cause of depression, women should be encouraged to develop a support system between themselves and their family members in their effort to improve their emotional and psychological state.

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