

INFLUENCE OF ETHNICITY, CAREER AND MARITAL STATUS ON DEPRESSIVE SYMPTOMS: THE PERSPECTIVES OF NIGERIAN MOTHERS

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ABSTRACT

This study examined Influence of ethnicity, career and marital status on depressive symptoms among mothers. Three hundred and eighty three participants were used for the study. They all consist of mothers who were selected through simple random sampling procedure. Their age ranges from 18- 57 years, with a mean age of 3.39080 and standard deviation of .98052. The instrument adopted for the study consists of 13-items which measure depressive symptoms classified as (Domain J) of SCL 90 developed by Derogates et al., (1973). The study adopted 3x3x3 factorial design was adopted, while 3 way Analysis of Variance (ANOVA) was used to test the hypotheses. The first hypothesis which stated that Ethnicity will significantly influence Depressive Symptoms among Mothers was accepted at ($F=9.204$, sig.000). The second hypothesis which stated that Career will significantly influence Depressive Symptoms among Mothers was accepted at ($F=5.966$, sig.003). The third hypothesis which stated that Marital Status will significantly influence Depressive Symptoms among Mothers was also accepted at ($f=3.558$, sig.015). Based on the findings of this study, the researchers, therefore, recommended that they should endeavour to put more efforts in observing how ethnicity, career and marital status have influence on elevating depressive symptoms in mothers, mothers with depressive symptoms should be encouraged and taught the importance of primary group relation, clinical psychologist and other Health Professionals should intervene and deal with hidden factors associated with Depressive Symptoms among mothers.

Keywords: *Ethnicity, Career, Marital Status, Depressive Symptoms, Mothers*

Background to the Study

Depression is a serious mental health challenge among mothers. From early on during pregnancy and then afterward during the child's growth and development, maternal depression can also be as a result of the children's extra emotional and behavioural problems and also their general difficulties in emotion, interpersonal relationship reasoning, brain and neuroendocrine function (Goodman et al., 2006).

The offspring of depressed mothers show early signs of mental retardation, including being more likely to blame themselves for negative result than the control group, more negative attribution methods, less likely to recall positive self-descriptive adjectives, and lower self-concepts (Field 1992, Tronick et al., 1996). According to Anderson and Hammen (1993), "children of depressed mothers have been found to score lower on measures of intelligence and also to have poorer academic performance overall". Depression is a significant contribution to

the worldwide burden of disease and has an effect on people in all communities around the world. Depression is estimated to affect 350 million people and studies have shown that mothers are victims of this depression compared to men. Before puberty, depression is rare and prevalence between men and women is about the same. However, with the onset of puberty, girls have a greatly increased of depression which is twice that of boys (Zahn-waxler, 1994). The risk of depression has increased significantly to twice that of boys. Some professionals consider that the growth chance of depression in women can be associated to changes in hormone levels that occur during a woman's lifetime. These changes are obvious during adolescence, pregnancy, menopause and afterbirth or miscarriage. The hormone fluctuation that occur with each month's menstrual cycle probably will contribute to premenstrual syndrome and premenstrual dysphonic disorder a severe syndrome marked especially by depression, anxiety and mood swings that occurs the week before menstruation can interferes with normal functioning of daily life so mothers from their beginning of their life have evidence to develop depressive symptom than men (Kessler, 2006).

According to Targosz (2003), "In recent years, mental health has been highlighted as important area of policy concern, with the growing incidence of depression among woman. Lone mothers' risk of depression is three times greater than that of partnered mothers or women with dependent children". In Nigeria society always criticizes single mothers (here are those that got pregnant they take up the responsibility of their child alone), this women undergo a lot of insults, judgment and discrimination for not having husband. This can lead to severe case of depression in the life of these mothers.

From existing literatures, Ethnicity is a social group that shares common and distinctive culture, religion and language. Nigeria have about 250 ethnic groups, the most populous and politically influential are Hausa, Yoruba and Igbo. These three major ethnic groups are differentiated not only by region, but also by religion and life style. The Hausa or Fulani suppressed northern Nigeria and implemented sharia law. Compared with other races such as Igbo and Yoruba, they have a lower level of education. In Hausa/ Fulani, early marriage before the age of 16 are common, This increases younger age at first birth and lead to early struggling and striving as the men marry up to four of them and they are left with catering for their babies at a very early age, this will lead to depression, when the compare their life and achievement with that of the Igbo and Yoruba counterpart.

The Igbo people from south eastern Nigeria are family-oriented, have a strong kinship system, and are highly patriarchal men have traditional titles, land ownership and decision-making rights, while women cannot own land or make decisions. Despite the emphasis on western education, these cultures have been preserved for hundreds of years and passed on the younger generation. Therefore, woman of this ethnic group are usually suppressed, and even if they are severely abused by their husbands/ family members, they do not have a voice, which may lead to depressive symptoms. Yoruba men have a tendency to be very promiscuous and polygamous just like the northern. Despite their education, religion and marital status, these men leave their wife and lived with other women, thus making these women single mothers without their knowledge. In the long run, when these women realise this, they will being judged and discriminated against by the family and society and let their children raise their children without help, and have their own careers. This issue developed symptom among this mothers. They level of education and what people study in school will determine their career choice. Some of these mothers are educated and have career of their own and are faced with big time decision to make on their wellbeing of her children, marriage, and career. While some mothers want a career but have to stay at home moms. Mothers of young children face difficult when it

comes to employment. Some feminists warn that staying home lead to social isolation, increasing the risk of maternal depression. But many neo-traditionalists counter that employment increase woman's stress level, leading to depression because of lost time with children or worries about child care. The impact of working or staying home on mother's risk of developing depressive symptom not just the mother but also the well-being of children, since maternal depression is a risk factor for children depend on the mother's preference and on their job quality. Mothers who stay home because they prefer not to work outside of home have relatively low risk of depression, but stay-at home mothers who would desired to be working will develop symptom of depression.

Marital status of mothers will determine the level of depression they faced. Lone mothers (separated and single mother) working more hours for less income will eventually breed depression.

This research will help the society at large to make them understand what mothers are going through in other to finds to help them in order to reduce depression among mothers in their different ethnic groups. Some of these mothers married early because of particular tribe they found themselves.

Theoretical Framework

The theoretical framework guiding this research is Social Cognitive Theory by Bandura (1986). Social cognitive theory believes that people are shaped by the interaction between the behaviour, thought and environment. Every piece in the puzzle can and does affect the shape of the other pieces. This can also be done in different races, career choice and the marital status of the mother. The theory holds that people suffer from depression and find that they evaluate events in a negative way. Social cognitive theory also portrays that one of the adverse consequences of the use of certain substances is depression; thus this theory holds as a framework and basis for this study. This will lead us to view the empirical review.

Statement of the Problem

Life without depression is worth living. A mother who lives without depression is opportune and well positioned in a normal healthy living to cater for the motherly roles and family duties, yet, depression or depressive symptoms when creeps into the life of any mother influences negatively the expected motherhood roles. This is because of loss of interest, moody as well as loss of desire to face the future.

A lot of works have been done on issues concerning depression or depressive symptoms, a good number of them looked at depressive symptoms among mothers of children with epilepsy. According to World Health Organisation (2015), depressive symptoms are accountable to 76% and 85% of ill health among the human population. In Nigeria works has being done in areas of depressive symptoms and women receiving treatment from polycystic ovary syndrome (Umeaku et al., 2020).

Although, few works have been done on ethnicity, career and marital status and depressive symptoms among mothers in the western setting but from the existing studies, factors such as the effects of ethnicity, career and marital status on depressive symptoms have not been given adequate attention particularly in this part of the world as there are been a dearth of research in this area among mothers in African setting and this is why this research has come to close this gap.

To the best knowledge of the researcher there is no existing study in Nigeria that focused on the influence of career and marital status on depressive symptoms among mothers. There is no

work that focuses on the influence of ethnicity on depressive symptoms among mothers in respect to different ethnic group.

This gap in knowledge prompted this research work that seeks to fill this existing gap, this study was conceived.

Purpose of the Study

The general purpose of this study is to determine the extent in which ethnicity, career, and marital status influence depressive symptoms among mothers. Specifically, the study will determine:

1. Whether ethnicity has an influence on depressive symptoms among mothers.
2. Whether career has an influence on depressive symptoms among mothers.
3. Whether marital status has an influence on depressive symptoms among mothers.

Research Questions

1. Will ethnicity have significant influence on depressive symptoms among mothers?
2. Will career have significant influence on depressive symptoms among mothers?
3. Will marital status have significant influences on depressive symptoms among mothers?

Research Hypotheses

1. Ethnicity will significantly influence depressive symptoms among mothers.
2. Career will significantly influence depressive symptoms among mothers
3. Marital status will significantly influence depressive symptoms among mothers.

METHOD

Participants

The participants were drawn from the population of mothers and the sample size is three hundred and eighty-three (383). Sixty percent (60%) of sample size are gotten from the southern Nigeria while forty percent (40%) are from the Northern Nigeria. The age range of the participants ranges from 18- 57 years with the mean age 3.39080 and standard deviation of .98052. Two hundred and sixty-eight (268) representing (60%) are Igbos, ninety one (91) representing twenty-five percent (25%) are Hausas, and twenty-four (24) representing fifteen percent (15%) are Yorubas.

Instruments

The instrument used in this study is the 13-item depression scale (domain J) of SCL 90 developed by Derogates et al., (1973), was adopted into the study to assess depressive symptoms among mothers. They provided the original psychometric properties, but Erinoso provided the Nigerian sample with psychometric properties in 1996. He reported on the concurrent validity of .47 and Omoluabi's retirement stress scale 1996. The Cronbach Alpha reliability is .77. The instrument has a likert reaction mode; the response option is 0. Not at all; 1. A little bit; 2. Moderate; 3. Quite a little bit; 4. Extreme. The scale has item like loss of sexual interest or pleasure.

Procedure

Four hundred and twenty one (421) copies of questionnaire were randomly distributed in Southern and Northern Nigeria. Sixty percent (60%) of sample size are gotten from the south East Nigeria, while forty percent (40%) of the remaining were filled from the Northern Nigeria. It takes the researcher two month to fully distribute these questionnaires and the participant were assured anonymity and confidentiality and were instructed on how to complete the

questionnaires and were encouraged to do so honestly. Four hundred and eighteen (418) were collected; thirty-five (35) copies were incompletely filled. A total of three hundred and eighty three (383) copies of questionnaires were used for further statistical analysis.

RESULTS

Table 1: Summary table of mean, standard deviation, variance and descriptive statistics

	N	Range	Minimum	Maximum	Sum	mean	St. Deviation	variance
Career	383	2.00	1.00	3.00	746.00	1.9227	.91171	.831
Ethnicity	383	2.00	1.00	3.00	541.00	1.3696	.60881	.371
M.Status	383	2.00	1.00	3.00	822.00	2.0969	1.10372	1.218
DS	383	2.88	2.04	4.92	1241.13	3.1184	.30044	.090
Valid N	383							

Table 2: Summary table of Analysis of Variance (ANOVA)

Model	Sum of Squares	Df	Mean Square	F	Sig
Corrected Model	6.064	21	.289	3.558	.000
Intercept	349.543	1	349.543	4307.285	.000
Ethnicity	1.494	2	.747	9.204	.000
Career	.968	2	.484	5.966	.003
M. Status	.866	3	.289	3.558	.015
Ethnicity*Career	.231	3	.077	.947	.418
Ethnicity*M.Status	1.747	3	.582	7.177	.000
Career*M.Status	.107	4	.027	.331	.857
Ethnicity*Career*M.Status.	.183	4	.046	.563	.690
Error	29.296	361	.081		
Total	3746.743	383			
Corrected Total	35.359	382			

a. R Squared = .171 (Adjusted R Squared = .123)

Summary of the Result

The ANOVA table above shows the summarized results of the tested hypotheses. The first hypothesis which states that Ethnicity will significantly influence depressive symptoms among mothers is thereby accepted at ($f= 9.204$, $sig.000$). This finding implies that Ethnicity has influence on depressive symptoms among mothers.

Also, the second hypothesis which states that Career will significantly influence depressive symptoms among mothers is thereby accepted at ($f= 5.966$, $sig.003$). This finding implies that career has influence on depressive symptoms among mothers.

Lastly, the third hypothesis states that marital status will significantly influence depressive symptoms among mothers was also accepted at ($f=3.558$, $sig.015$). This finding implies that marital status has influence on depressive symptoms among mothers.

Discussion

The main focus of this present study is to investigate the influence of ethnicity, career and marital status on depressive symptoms among mothers. The study examined ethnicity, career and marital status with the aim of finding out if these factors possible influence lead to depressive symptoms among mothers.

During the course of the research, three hypotheses were postulated by the researchers. Hypothesis one states that “Ethnicity will significantly influence depressive symptoms among mothers is accepted”. This is consistent with Pervious research review shows that there is little yet known whether ethnicity will significantly influence depressive symptoms among mothers. Countless studies have focus on signs of depression (post-delivery) due to its unwanted consequence on affected person well-being, role, mother-infant interaction and intellectual child development. Research on ethnicity differences in the physical symptom burden and daily function of new mothers is virtually absent from the medical literature. Scholars have continuously pointed out that past depression history and storage of social service are indicator of depressive symptoms after childbirth.

However, there is insufficient evidence for racial difference in these factors. Similarly the degree of difference in postpartum physical symptoms, daily functions and neonatal characteristics of minority and majority women have not been studied. That there is little research on whether ethnicity will not significantly influence depressive symptoms among mothers. Countless studies have focus on signs of depression (post-delivery) due to its unwanted consequence on affected person well-being, role, mother-infant interaction and intellectual child development. Research on ethnicity differences in the physical symptom burden and daily function of new mothers is virtually absent from the medical literature. Scholars have continuously pointed out that past depression history and storage of social service are indicator of depressive symptoms after childbirth. However, there is insufficient evidence for racial difference in these factors. Similarly the degree of difference in postpartum physical symptoms, daily functions and neonatal characteristics of minority and majority women has not been studied.

The prevalence of postpartum depression of 47.5% found in pervious study is higher than the 44.5% prevalence range reported by Obinda et al, (2013) in there study among postpartum women in a clinical setting in the north central of Nigeria. The result of this study is in line with the global findings that postpartum depression cut crosses ethnics groups and nations in general. The prevalence rate of 41% among postpartum women in Thailand was closer to this result. The rate of 16-35% recorded among Zimbabwean mothers and 31.2% among Mzuzu population in Malawi Chilale and Tugumisirize as cited in (Ukaegbe, 2012) and Udedi (2013) signified that postpartum depression is frequent and common among low and middle income mothers. This research outcome was also supported by a studies that reviewed about 143 studies in 40 countries. These studies reported the prevalence of postpartum depression ranging from 0% to 60%. Countries with less prevalence rate of postpartum depression include Singapore, Malta, Malaysia, Austria and Denmark, while countries like Italy, Guyana, Costa Rica, Chile, Taiwan, Korea and Brazil, recorded high rate marital status. The differences in the prevalence rate of postpartum depression reported by various studies might be attributed to cross cultural differences, diverse socioeconomic position, prenatal depression, poor living standard, stress in child care, absence of social support, low self-esteem, poor problem solving ability, research methodology differences in measurement tools as well as the systems of research reporting.

The cut of scores of 10 was used in this study to arrive at 47.5%, but the prevalence rate could have been more than the present result if a cut of score of 9 was used. The rate at 12 was 36.0%, and 28% at 12 cut of scores using EPDS. The cut of scores determine the sensitivity and specificity of the instruments. Study has suggested the cut of scores of 9 for optimum reliability and less misclassification. The cut of scores of 10 and 11 have been reported with highest efficiency of 0.95 (Ukaegbe, 2012).

These variations of low prevalence findings of these studies were attributed to the additional of more stringent diagnostic criteria like international classification of disease (ICD) and other instruments that are less sensitive in detecting depression during postpartum period. The other reasons are due to differences between the population characteristics such as risk factors differences, postpartum cultural beliefs and practices, knowledge of the illness and religious variability.

Based on this research finding it shows that ethnicity will significantly influence depressive symptoms among mothers thereby accepted by the first hypothesis.

This finding implies those different ethnic groups have a greater influence on depressive symptoms among mothers. Ethnicity has three (3) levels which are Igbos, Hausas, and Yoruba's. The most contributed or the particular levels that brought about this significant is Igbo (n= 268) and Yoruba's (n= 24) and Hausas did not contribute to the significant (n=91). The implication of this finding of the most influence which is Igbos and Yoruba's play a vital role in increasing the level of depression or depressive symptoms among mothers of this ethnic group, which further means that more attention to place on Igbos and Yoruba's than Hausas who their mothers do not suffer much in having depression or depressive symptoms.

Second hypothesis states that "career choice will significantly influence depressive symptoms among mothers is accepted."

This is consistent with Previous research finding according to Xue Wang and Gluzman (2012) research on career mothers and the impact of working for pay or staying home on mother's risk of depression depend on mother's preference and on the job quality. Their finding shows that mothers who stay home because they prefer not to work outside the home have a relatively low risk of depression. This means that these research findings support the second hypothesis and that of Xue Wang and Gluzman (2012) that career will significantly influence depressive symptoms among mothers. This implies that career has an influence on depressive symptoms among mothers. Career in this research work have three (3) levels which includes None, Business, and Teaching. The result shows according to post hoc table, that most levels that contributed to make career to be significant are Business and Teaching. Meanwhile, mothers with career of None did not contribute to its significant at (n= 176). The implication of this finding is that, mothers with career of business, and Teaching have a greater chance to have depression or depressive symptoms, than mothers who careers are None. Business and teaching should pay more attention in order to control their levels of depressive symptoms among mothers.

The third hypothesis states that "marital status will significantly influence depressive symptoms among mothers is accepted".

This is consistent with the review of Repetti (2001), he states that married mothers and single mothers work do have little or no effect on mothers 'mental well-being. Research has been done on social factors and it shows that (both married and single mothers) there is a relationship between life events and depression episodes is well established (Brown & Harris, 2000). Experiences such as death of a loved one, breakdown of a relationship or divorce,

unemployment or moving house are known to cause stress and may trigger depressive episodes in people without a history of affective disorders. This research does support the above hypothesis which state that marital status will significantly influence depressive symptoms among mothers. This research implies that marital status has a significant influence on depressive symptoms among mothers.

According to Repetti (2001), close those single mothers (unmarried/ separated) work can help to decrease the danger of depression when the policy environment is enabling. Single mothers have to work weather the payment is much or not and also the burden may also be greater risk of depression because they have no one to share the difficulties of caring for their children and family this means that the research for single mothers according Repetti (2001) does support the above hypothesis.

Also research was done on unplanned or unwanted pregnancy. Beck (2000) studied the effects of unplanned or unwanted pregnancies and the development of postpartum depression. He included the result of 6 studies from 1,200 subjects and found that effect was small. These results are supported by Warner (2000), she found a significant relationship between unplanned pregnancy and 6weeks postpartum depression in a sample of 2,375 women. Unplanned or unexpected pregnancy is a risk factor for postpartum depression and should be carefully considered. It cannot measure how a women feels about the growth of the fetus, but only what happens during pregnancy. This shows that beck studies supported the above hypothesis.

This finding implies that marital status have a greater influence on depressive symptoms among mothers. Marital Status have three (3) levels which are single, married and separated. The most contributed or the particular levels that brought about this significant are separated (n=49) and married (n=311), while single (n=31) did not contribute to its significant. They implication of this finding of the most influence which is married and separated play a vital role in increasing the level of depression or depressive symptoms among mothers.

Furthermore, Ethnicity interacted with Career at (sig<.418) shows that Ethnicity and Career will not significantly influence depression or depressive symptoms among mothers, while Ethnicity interacted with Marital Status at (sig<.000) shows that Ethnicity and Marital Status will significantly influence depression or depressive symptoms. There is a relationship between Ethnicity and marital Status will lead to depression among mothers. Joining the three variables together which are Ethnicity, Career interacted with Marital Status does not influence depressive symptoms among mothers at (sig <.690).

This research shows evidence that little attention has been paid to ethnicity and marital status have a great influence on depressive symptoms among mothers in Nigeria through the literature reviewed.

However there is dearth of studies on the influence of ethnicity and marital status among mothers in Nigeria who developed depressive symptoms and the risk factors involved to the best of the researcher's knowledge. The result generated from this study will help ti mark the beginning of such research.

Implication of the Study

The present study has shown that ethnicity, career and marital status have an influence on depressive symptoms among mothers, theoretically, the study will be added to the existing literature and enhance more understanding on the concept of depressive symptoms and related underline association with ethnicity and marital status.

Therefore it suggest that different ethnic group influence depressive symptoms in mothers, marital status of mothers are vulnerable in developing depressive symptoms. When there is no

guidance or awareness of depression, mothers that are not knowledgeable about these depressive symptoms might fall prey.

Recommendations

The researchers made certain recommendation based on the finding of the study. These recommendations include:

1. Public awareness by the government: they should endeavour to put more efforts in observing how ethnicity, and marital status has influence on elevating depressive symptoms in mothers
2. Mothers with depressive symptoms should be encouraged and taught the importance of primary group relations. They ought to relate with their peers to curb out loneliness, this will go great length in helping them adjust to the society.
3. Clinical psychologist and other health professionals should focus their clinical intervention on aiding mothers with depressive symptoms in obtaining a good psychological well-being and psychosocial functioning in the aspects of marital status of mothers.

Conclusion

This study investigated the influence of ethnicity, career, and marital status on depressive symptoms among mothers. Based on the finding the researcher concludes that ethnicity career and marital status will significantly influence depressive symptoms among mothers. Empirically, the finding of this study expanded the knowledge base by extending depressive symptoms literature to areas of ethnicity, career, and marital status.

Also, the study will contribute to the existing knowledge by enhancing the understanding of the influencing factors of depressive symptoms. Given the result of the finding, different ethnic group should endeavour, effective and consistently look on the mental health of mothers and remove customs that does not favour their mother's mental health, marital status, cultures and career that will assist mothers to harmonize and balance work-family roles and also handle frustration posed by ethnicity and marital status.

Based on the findings, the study contributes to knowledge by enhancing the understanding of the influencing factors of depressive symptoms. Also the present study expanded knowledge base by extending depressive symptoms literature to areas of ethnicity, career and marital status.

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Appendix DEPRESSION SCALE

Age: 8-17 18-27 28-37 38-47 48-57 Others

Genders: Male Female Transgender

Complexion: Dark Fair Chocolate Others

Ethnicity: Igbo Hausa Yoruba Others

Education: None FSLC SSCE OND HND/BSC Master

Marital status: Single Married Separated Divorced Widowed

Duration of Marriage: 0-2 3-5 6-8 9-11 12+

Number of children: None 1 2 3 4 Others

Career: None Medical Teaching Clerics Engineers
 Legal practitioner Business Journalist Banking Others

Pious Organization: Sacred Heart Precious Blood Legion of Mary Army
 St. Theresa Miraculous Medal St. Anthony Guild

SECTION A:

Instruction:

Please answer the following questions as they apply to you. Leave none of the questions unanswered for any unanswered question will render the questionnaire invalid.

The response options are: 0. Not at all, 1. A little bit, 2. Moderately, 3. Quite a bit, 4. Extremely

S/N	ITEMS	0	1	2	3	4
1	Loss of sexual interest or pleasure					
2	Feeling low in energy or slowed down					
3	Thought of ending your life					
4	Crying easily					
5	Feeling of being trapped or caught					
6	Blaming yourself for things					
7	Feeling lonely					
8	Feeling blue					
9	Worrying too much about things					
10	Feeling no interest in things					
11	Feeling hopelessness about the future					
12	Feeling everything is an effort					
13	Feeling of worthlessness					