

Depression Among Teenage Mothers in Otumi Community in the Kwaebibirim District of the Eastern Region of Ghana

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Abstract

The research investigated depression among teenage mothers in Otumi. The population for the study comprised all teenage mothers in Otumi community. The sample size comprised sixty teenage mothers from Otumi community in the Kwaebibirim District of the Eastern Region of Ghana. The study aimed at finding whether the level of depression varied with age, socioeconomic status and marital status of non-clinical teenage mothers. The main instrument used for the collection of the data was the Beck Depression Inventory, and the data collected was analyzed and presented in descriptive and inferential statistic form using frequencies, t-test tables and percentages. The result of the study revealed that age, socioeconomic status and marital status has significant relationship with the level of depression among the mothers. It was evident from the study that young teenage mothers, teenage mothers from low socioeconomic background and teenage mothers who are single suffer high level of depression. In the light of the above findings, it was recommended that the Ministry of Gender and Social Protection as well as the Department of Social welfare should organize social education and create social safety nets to support teenage mothers to help curb their level of depression.

Keywords: Depression, teenage mothers, socio-economic status

1. Introduction

Various theories of depression have not provided adequate information to questions of researchers. The high susceptibility of women to depression as compared to men and the fact that a fourth of females are prone to experience major depressions in life has been of great interest to psychologists (Klein, 1948; Bibring 1953; Winnicott, 1954; Freud, 1917; Blatt, 1974). Depression is one of the most common problems being encountered by both physical health professionals as well as psychologists (Bibring 1953; Winnicott, 1954) and factors that promote it need to be investigated by people dealing with health and personality. An unusual susceptibility to dysphoric feelings as well as severe and prolonged clinical disorders characterize depression. Clinicians and psychologist continually seek out strategies to relieve patients of these feelings. The major concern of this study is depression as a prevalent and serious disorder among adolescents and young adults and that the problem is more present in females due to the simultaneous tax of earning a living as well as being a primary care giver of her children (Mc Grath et al., 1990; Strickland, 1992). A higher risk of physical and sexual abuse, lower wages, unhappiness in marriages and biological factors such as the use of oral contraceptives may also be underlying causes (Nolen- Hoeksema&Girgus, 1994).

Depression is said to be associated with brain function, neurotransmitters, hormones and other biological processes (Bolton et al, 2003; Patel et al, 2003; WHO, 2012). Factors of depression such as depressed moods, lowered self-esteem and decreased motivation could be as a result of cognitive distortions of negative views of the future (Patel et al, 2003; O'Toole, 2013). Depression could be a mood disorder transferred through the family (Andrews, Cuijpers, Craske, McEvoy, Titov, 2010) or a lack of involvement in intimate relationships(Brown & Harris, 1989; Patel et al, 2003; WHO, 2012). Two main forms of depression exist: anaclitic, depression characterized by feelings of helplessness and weakness, by fear of being abandoned and by wishes to be cared for, loved, and protected (Blatt, 1974); and introjective, depression characterized by intense feelings of inferiority, guilt, and worthlessness; and by a sense that one has failed to live up to expectations and standards. Overall, this work understands depression as a condition that puts a person's life out of balance mentally, emotionally and sometimes physically for a minimum of two weeks. However, the work specifically understood depression among teenage mothers as directly related to their condition of being teenage mothers and the associated factors.

Causes of depression may include stressful events in life such as severe difficulties in childhood (sexual, physical, turbulent upbringing, separation from parent, mental illness of parent (Paykel et al, 1969). A significant cause of stress could be the separation or death of a parent before age 11. These events could make it difficult for children to adjust to changes in their lives such as adolescence and new roles of adulthood or lack emotional development or be emotionally damaged leading to the onset of depression. The understanding and assumption of this study is that the teenage mothers go through chronic stress situations leading to learned helplessness which takes away their sense of control and make them experience symptoms of depression of which those that are single, young and from low socioeconomic background have the highest experience.

This study therefore, assessed a wide variety of experiences that have been described as related to depression and to test whether these different experiences among non-clinical teenage mothers in Otumi

community in the Kwaebibirem District of the Eastern Region of Ghana varies according to their marital status, socio-economic status and age.

2. Method

The design used in this study was a descriptive survey concerned with the present phenomena in terms of conditions, practice beliefs, processes, relationships or trends. The area of study was Otumi in the Kwaebibirem District of the Eastern Region of Ghana, a farming community involved in Palm extraction and processing of local soap, situated West of the Atewa Range in the Birim River basin with a population of 10,000. Otumi was selected for this study because of the ease of access to teenage girls either at the oil processing grounds or at post-natal clinics with babies. Pregnant teenagers were used for the study. Sampling of participants was done using both accidental and purposive sampling techniques.

A total of sixty (60) participants were used comprising of teenage mothers between the ages of thirteen (13) and nineteen (19). The main research instrument used for the collection of data was questionnaire made up of two (2) sections. Section 'A', consist of biographical data touching on variables such as age, marital status, educational level and level of income. Section 'B' was made up of Beck Depression Inventory (BDI) consisting of twenty-one (21) items which were short quantitative and well validated self-report to indicate the level of depression among the teenage mothers.

The data collected were sorted out and organized in two categories for analysis. The independent t-test shall be used to test hypothesis 1, 2 and 3. The independent t-test is being used in order to prevent the probability of committing a type 1 error, since all the hypothesis are being tested on one dependent variable depression. The rest of the data were analyzed using simple percentages and graphs (pie charts and histogram). Where the data could not be quantified, the analysis was descriptive in nature.

3. Results

3.1. Demographic Details

Majority of the teenage mothers 12 (20.0%) were aged between 15 and 17 years while 10 (16.7%) were 18 years, 8 (13.3%) were between 14 and 19 years, 7 (11.7%) were 16 years and the least 3 (5.0%) were 13 years old. These ages were classified into two forms; older (13-16) and younger (17-19). With regard to income levels, majority of the teenage mothers 36 (60.0%) earn below 100 Ghana Cedis a month while 23 (38.3%) earn between 101-200 Ghana Cedis a month, 1 (1.7%) earns between 201- 400 Ghana Cedis a month and none of the teenage mothers earn between 401-1000 Ghana Cedis. It was observed that teenagers who earn more than 101 Ghana Cedis are better off. So for the sake of the study, were categorized in the high socio-economic status and teenagers who earn less than 101 Ghana Cedis were categorized in the low socio-economic status.

Marital status shows that 28(46.7%) of the teenage mothers were married while 32 (53%) of them were single and none of the teenage mothers were divorced or widowed.

3.2. Age and levels of Depression

Hypothesis 1: Older teenage mothers will experience less depression than their younger counterparts.

Table 1: *The mean, standard deviation and independent sample t- test showing age and depression levels of teenage mothers*

Age	Number	Mean	Standard.	Degree. of	T. Value	Probability
Deviation	freedom					
Older (17-19)	34	1.4118	0.43048	58	-4.66	< 0.5
Younger (13-16)	26	1.9580	0.47446			

*P < 0.05 (1-tailed)

The mean score on depression for older teenage mothers was 1.4118 and a standard deviation of 0.43048 as compared to the mean and standard deviation of 1.9580 and 0.47446 respectively for younger teenage mothers. The independent sample t-test used to analyse the data revealed that age had effect on teenage mother's level of depression (tobs = -4.660, df = 58, P < .05). This confirms the hypothesis that older teenage mothers will experience less depression than their younger counterparts, implying that age is a contributing factor to the teenage mother's depression level. The mean scores of depression for the two groups show that the younger teenage mothers are more depressed than the older ones. The outcome of the study accepts the hypothesis that older teenage mothers will experience less depression than their younger counterparts.

3.3. Socio-economic Status and levels of Depression

Hypothesis 2: Teenage mothers from high socio-economic background will experience less depression than their counterparts from low socio-economic background.

Table 2: Mean, standard deviation and independent sample t-test showing socio-economic status and depression levels of teenage mothers

Socio-economic Status	Number	Mean	Standard Deviation	Degree of Freedom	T. Value	Probability
High	23	1.3953	0.34027	57	3.567	<.05
Low	37	1.8384	0.2902			

*P < 0.05 (1-tailed)

The mean scores on depression for teenage mothers with high socio-economic status was 1.3953 and the standard deviation of 0.34027 as compared to the mean and standard deviation of 1.8384 and 0.2902 respectively for teenage mothers with low socio-economic status. The independent sample t-test used to analyze the data revealed that socio-economic status had effect on teenage mother's level of depression ($t_{obs} = 3.567$, $df = 57$, $P < .05$). The mean scores of depression for the two groups show that teenage mothers with low-level socioeconomic status are more depressed than those with high socioeconomic status. The outcome of the study accepts the hypothesis that teenage mothers from high socioeconomic background will experience less depression than their counterparts from low socioeconomic background. Thus, Hypothesis 2 which states that teenage mothers from high socio-economic background will experience less depression than their counterparts from low socio-economic background is confirmed.

3.4. Marital status and levels of Depression

Hypothesis 3: Married teenage mothers will experience less depression than their counterparts who are single.

Table 3: Mean, standard deviation and independent sample t-test showing marital status and depression level of teenage mothers

Marital Status	Number	Mean	Standard Deviation	Degree of Freedom	T. Value	Probability
Married	28	1.2922	0.40908	58	-6.387	<0.5
Single	32	1.960	0.39991			

*P < 0.05 (1-tailed)

The mean score on depression for married teenage mothers was 1.2922 and a standard deviation of 0.40908 as compared to the mean and standard deviation of 1.9602 and 0.39991 for the single teenage mothers.

The independent sample t-test used to analyze the data shows that the teenage mothers marital level had effect on her level of depression ($t_{obs} = -6.387$, $df = 58$, $P = < .05$). The mean scores of depression for the two groups indicated that single teenage mothers are more depressed than the married teenage mothers. The outcome of the study supports the hypothesis that married teenage mothers will experience less depression than their counterparts who are single.

4. Discussion

The level of depression among teenage mothers based on their age, socio-economic status and marital status were found among sixty (60) participants using the Becks Depression Inventory. It was hypothesized that variation in age will have effect on depression so also variation in socio-economic status and marital status will also have effect on depression. At the end of this study it was observed that younger teenage mothers are more depressed than the older ones. A comparison of the mean scores of the younger teenage mothers and older teenage mothers yielded 1.9580 and 1.4118 respectively, demonstrating a higher level of depression among the younger teenage mothers. A t-test analysis of the scores yielded a significantly higher level of depression among younger teenage mothers ($t_{obs} = 4.660$, $df = 58$, $P < .05$). This result therefore supports the hypothesis that older teenage mothers will experience less depression than their younger counterparts.

However, this study deviated a little from those of Radolf (1975), Robert, Robert and Cohen (1997), Wheaton (1980), Waldron (1983), Guralnik and Kaplan (1989), Berkman and Breslow (1983), Shephard (1987) who found that what seems to be age related effect on depression are only attributed to physical health problems, social factors and related problems. It also contradicts the findings of Rowe and Kahn (1987), House and Robins (1983), Schaie (1983), Mirosky and Ross (1989), Selye (1976), who also noted that age related effect on depression are only attributed to decline in cognitive function and emotional well-being.

It was also observed that the level of depression among teenage mothers with low socio-economic status was higher than the level of depression among teenage mothers with high socio-economic status at the end of the study. A comparison of the mean scores of the mothers with low socio-economic status and those with high socio-economic status yielded 1.8384 and 1.3953 respectively, demonstrating a higher level of depression among the teenage mothers with low socio-economic status. A t-test analysis of the scores yielded a significantly higher level of depression among the teenage mothers with low socio-economic status ($t_{obs} = 3.567$, $df = 57$, $P < .05$). This results therefore supports the hypothesis that teenage mothers from high socio-economic

background will experience less depression than their counterparts from low socio-economic background.

This result agrees with those of Wheaton (1978), Thoits (1995), Benzeval&Judge (2001), who identified that individuals with low socio-economic status have higher level of depression or in other words individuals with high socio-economic background suffer less depression as compared to those with low socio-economic background.

The results of this present study also seem to be in agreement with the prediction that marital status will have some effect on the level of depression. The mean scores of married and single teenage mothers yielded 1.2922 and 1.9602 respectively. The independent sample t-test also shows that marital status of the teenage mothers had effect on the level of depression ($t_{obs} = -6.387$, $df = 57$, $P < .05$). The findings therefore support the hypothesis that married teenage mothers will experience less depression than single teenage mothers.

The results showing that single teenage mothers were more depressed, supported the findings of Kohn (1972), Mechanic (1972), Bradburn (1969), and Bris-coe and Smith (1974), that there is an increase in the happiness of both married males and females and a slight decrease in the happiness of the never married. It must be realized that even though several studies including the present study have supported hypothesis three and answered the research question three, it is of the view of the researchers that other factors directly or indirectly have contributed to the marital status leading to the significant result. One of such factor is the place marriage holds in social organization and norms defining marriage as the most desirable state adults can attain which lead to psychological disturbances in the lives of the single teenage mothers. With this, the teenage mothers feel they are moving against these norms and running the risk of being treated as people either unwilling or unable to conform to acceptable practice, unfit or deviant and outside the normative pattern of living.

5. Conclusion

From the analysis and discussions of the data collected for this study, a number of conclusions can be drawn. First, it can be argued that depression among teenage mothers is related to several factors including age, socio-economic status and marital status. The findings revealed that, there was a significant different between the two groups in relation to age, this is because the younger teenage mothers are more depressed than the older ones. This implies that age is a contributing factor to the level of depression experienced by the teenage mothers.

In relation to socio-economic background, there also existed a significant difference between the two groups. That is the teenage mothers from low socio-economic background experience high depression level than their counterparts from high socio-economic background. This explained that socio-economic status was an important factor in the explanation of depression among teenage mothers.

There was also a significant difference between the two groups in relation to marital status. This is because the single teenage mothers were more depressed than their married counterparts. This also shows that marital status is a contributing factor to the teenage mother's level of depression.

However, the findings have to be interpreted carefully given that the research site - Otumi- is predominantly an agrarian area and where society frowns upon pregnant teenagers. The results might be different if teenage mothers were supported through social safety nets, shown love and affection. Thus the findings must be interpreted in the context that teenage mothers in Otumi find it difficult to find friends with whom to share parenting experiences, a condition which exposes them to a high risk for depression due to the stress they experience. Thus even though the study supported all stated hypothesis, it can only be supplementary to other research findings that produce contrary findings due to the different kinds of environments in which the studies were carried out, differences in race of participants etc. It should also be noted that the findings of the present study cannot be generalized due to the small sample size and the accidental and convenience sampling methods used.

References

- Andrews, G., et al. (2010). Computer therapy for the anxiety and depressive disorders is effective, acceptable and practical health care: a meta-analysis. Retrieved from <http://dx.doi.org/10.1371/journal.pone.0013196>
- Benzeval, M. & Judge, K. (2001). Income and health: the time dimension. *Social science and medicine*. 52, 1371-1390.
- Berkman, L. F. & Breslow, L. (1983) Health and ways of living: *The Alameda County Study*. New York: Oxford.
- Bibring, E. (1953). The mechanism of depression. In P. Greenacre (Eds.), *Affective disorders* (pp. 13-48). New York: International Universities Press.
- Blatt, S.J. (1974). Levels of object representation in analytic and introjective depression. *Psychoanalytic study of the child*. 29, 107-157.
- Bolton, P., Bass, J., Neugebauer, R. (2003) Group interpersonal psychotherapy for depression in rural Uganda: A randomized controlled trial. *JAMA*, 289, 3117– 3124.
- Bradburn, N. M. (1969). *The structure of psychological well-being*. Chicago: Aldine.

- Bris-coe, C. W. & Smith, J. B. (1974). Psychiatric illness-marital unit and divorce. *Journal of nervous and mental disease*, 158, 440-445.
- Brown, G. W. & Harris, T. O. (1989). In G. W. Brown and T.O. Harris (Ed). *Life event and illness*. New York: Guilford Press.
- Freud, S. (1917). Mourning and melancholi. In J. Strachey (Ed. And Trans), *Standard edition of the complete psychological work of Sigmund Freud*. (Vol. 14) London: Hogarth Press
- Guralnik, J. M. & Kaplan, G. A. (1989). "Predictors of health aging: Prospective evidence from the Alameda County study." *American journal of public health*. 79, 703-708.
- House, J. S. & Robbins, C. (1983) Age, psychosocial stress and health. In *aging and society: selected reviews and recent research*, edited by Riley, M. W., Hess, B. B & Bond, K. Hillsdale, N. J.: Lawrence Erlbaum and associates.
- Klein, M. (1935). A contribution to the psychogenesis of manic-depressives. *States*. Int. J. Psycho- Anal., 16:145-174 Copyright © 2009, Psychoanalytic Electronic Publishing. Retrieved from <https://nonoedipal.files.wordpress.com/2009/10/psychogenesis-of-manic-depressive-states.pdf>
- Kohn, M. L. (1972). Class, family and schizophrenia: A reformulation. *Social Forces*, 50, 295- 304.
- Mc Grath, E., Keita, G. P., Strickland, B. R., & Russo, N. F. (Eds.) (1990). *Women and depression: Risk factors and treatment issues*. Washington, DC: American Psychological Association.
- Mechanic, D. (1972). Social class and schizophrenia: Some requirements for a plausible theory of social influence. *Social forces*, 50, 305-309.
- Mirosky, J. & Ross, C. E. (1989). *Social causes of psychological distress*. New York: Aidine de Gruyter.
- Nolen-Hoeksema, S., & Girgus, J. S. (1994). The emergence of gender differences in depression during adolescence. *Psychological Bulletin*, 115, 424-443.
- O'Toole, M.T. (Ed.) (2013). *Depression*, Mosby's Dictionary of Medical, Nursing & Allied Professions. St Louis: Elsevier Mosby.
- Patel, V., Chrisholm, D., Rabe-Hesketh, S. (2003). Efficacy and cost-effectiveness of drug and psychological treatments for common mental disorders in general health care in Goa, India: a randomized, controlled trial. *Lancet*, **361**, 33– 39.
- Paykel, E. S., Myers, J. K., Diendelt, M. N., Klerman, G. L., Lindenthal, J. J. & Pepper, M. P. (1969). Life events and depression: A controlled study. *Archives of General Psychiatry*, 21, 753-760.
- Radolf, L. (1975). "Sex differences in depression: The effect of occupation and marital status." *Sex roles* 1:249-265.
- Roberts, R. E., Roberts, C. R, & Cohen, Y. R. (1997). Ethnocultural differences in prevalence of adolescent depression, *American Journal of Community Psychology*, 25 (1), 95-110.
- Rowe, J. W. & Kahn, R. J. (1987). Human aging: usual and successful. *Science*, 143, 143-149.
- Schaie, W. K. (1983). The seattle longitudinal study: A 21-year exploration of psychometric intelligence in adulthood. In *Longitudinal studies of adult psychological development*, edited by Schaie. K. W., New York: Guilford.
- Selye, H. (1976). *The stress of life, revised edition*. New York: Mc Graw- Hill.
- Shephard, R. L. (1987). *Physical activity and aging* (2nd ed.). Rockville, MD: Aspen.
- Strickland, B. R. (1992). Women and Depression, *Current directions in Psychological Science* 1(4). 132-135, <http://dx.doi.org/10.1111/1467-8721.ep10769766>.
- Thoits, P. A. (1995). Stress, coping and social support processes: Where are we? What next? *Journal of Health and Social Behavior* (Extra Issue): 53-79.
- Waldron, I. (1983). Sex differences in illness incidence, prognosis and mortality: issues and evidence. *Social Science and Medicine* 17 (16), 1107-1123.
- WHO (2010). *World health statistics*. New York: WHO
- Wheaton, B. (1980). The sociogenesis of psychological disorder: An attributional theory. *Journal of Health and Social Behavior* 21, 100-124.
- Wheaton, B. (1978). The sociogenesis of psychological disorder: reexamining the causal issues with longitudinal data. *American Sociological Review*, 43, 383-403.
- Winnicott, D. W. (1954). The depressive position in normal emotional development. *British Journal of Medical Psychology*. Pp 28, 89-100.