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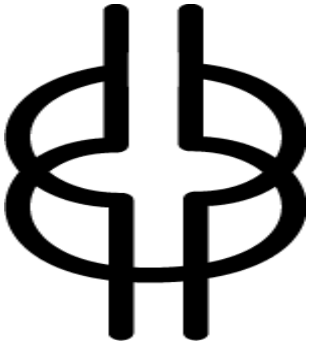

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Family Stressors and Depression among women in the Ketu-South Municipality in the Volta Region of Ghana: Counselling Implications

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Abstract

This study investigated the influence of family stressors on depression among women in the Ketu-South Municipality in the Volta Region. The study used the descriptive survey design. The census method was used to select a sample of 70 women for the study. The Family Inventory of Life Events and Changes (FILE) and Beck Depression Inventory (BDI II) were used to collect data for the study. The data collected were analysed using means, standard deviation, Pearson Product Moment Correlation Co-efficient, and Linear Multiple Regression. The study revealed that the prominent family stressor among the women experiencing depression in the Ketu-South Municipality is loss of family members (overall mean of 4.22). In addition, the study revealed that family stressors significantly contribute to depression among women (R=.749, p=.039) with loss of family members being the highest contributor to depression (Beta=2.123, p=.037). The study recommended that government and non-governmental agencies should control family stressors among women living with depression.

Key words: Family Stressor; Depression; Vulnerability; Strains.

Introduction

Inability to meet the demands that put strains on the family can lead to social and psychological problems. Such problems may raise the stress threshold of the household and bring about subsequent depressive episodes. According to Omotosho, Anyetey, Antiri and Otuei (2016), Stress can be destructive if not well managed. It also has a direct bearing

on the individual's performance and productivity. Globally, more than 264 million people of all ages suffer from depression and more women are affected by depression than men.

(World Health Organization, 2020). Physicians and clinicians have observed how some people behave in obvious and different ways from what would be considered normal at the time. According to Cochran and Rabinowitz (2000), depression is considered a disorder of the mood, sometimes called an affective disorder, signifying the disturbance of "affect" in all widely used classification and diagnostic schemes. In general, a mood disorder represents a departure from what is considered to be a typical mood state experienced by persons most days of their lives.

The World Health Organisation (2016) describes depressive episodes as characterised by lowering of mood, reduction of energy, decrease in activity, decline in capacity for enjoyment, interest and concentration. The episodes are also marked with disturbed sleep, diminishing appetite, reduced self-esteem and self-confidence, ideas of guilt or worthlessness. There is lowered mood which does not only vary from day to day but also unresponsive to circumstances. This may be accompanied by somatic symptoms. Such somatic symptoms include loss of interest and pleasurable feelings, waking in the morning several hours before the usual time, worst depression in the morning, marked psychomotor retardation, weight loss, and loss of libido.

An individual has some degree of vulnerability to developing depression according to Abramson, Alloy, and Metalsky, as cited in O'Mara et al. (2013) development of depression in a vulnerability-stress model. An example is genetic predisposition, or psychological vulnerabilities triggered by either an acute stressor or accumulation of stressors. Abramson et al., claim each individual's vulnerability varies, such that a person with a high level of vulnerability may need only a relatively minor stressor to trigger a depressive episode while a person with a low level of vulnerability may need a high level of stress, or multiple stressors to trigger a depressive episode. The stressors may include trauma and abuse, interpersonal conflicts, and lack of social support. The stressors at one point in time may become diathesis at a later point in time. A woman may initially experience some form of abuse as a stressor, and over time, this experience may increase her vulnerability by lowering the amount of stress needed to aggravate depressive symptoms at a later point in time.

In socio-cultural settings, socioeconomic and demographic characteristics of individuals seem to influence attitudes towards depression. Individuals from lower socioeconomic backgrounds with lower educational levels exhibit less knowledge and more negative attitudes towards depression. In typical socio-cultural settings, emotional disturbances are not really considered within the realm of health and wellbeing. Depressive symptoms are viewed as normal emotional responses to particular events. As a result, the depressed individuals are often discouraged from seeking help and are left to their fate. It is noteworthy that depression is more common than how people perceive it (Cutrona, Wallace, & Wesner, 2006).

Furthermore, Cutrona et al.'s study reveals that neighbourhoods adversely engender depression by intensifying the harmful mental health impact of negative events in people's life. For instance, a married woman who experiences childlessness, or has only a disabled child in a more disadvantaged neighbourhood is more likely to become depressed than a woman who experiences similar challenge in a more advanced neighbourhood. The reasons for this heightened vulnerability may include local norms that promote ineffective coping and negative interpretations of events. In the views of Cutrona, Wallace, and Wesner (2006), adverse neighbourhoods precipitate depression as interpersonal relationship is affected, or as social disorder heightens.

Owusu-Adjah and Agbemafle (2016) asserts that the prevalence of domestic violence in Ghana remains unacceptably high with numerous consequences ranging from psychological to maternal and neonatal outcomes, and morbidity in pregnant women. Their study revealed that regular alcohol consumption by the other partner, exposure to harsh physical discipline during childhood and witnessing the father beating the mother during childhood are all risk factors of domestic violence which put women at an increased risk of depression, suicide attempts, psychological disorder, and physical injury. Focus group discussions from a study by Ardayfio-Schandorf (2005) revealed perceived violent acts against women in Ghana to include wife beating, defilement, rape, forced marriages, and widowhood rites, and that many men who admitted to beating their wives see it as a way of correcting them though it is a wrong practice.

Depressive disorders rank among the leading causes of disability worldwide (World Health Organisation, 2020). According to

the World Health Organisation, depression is a major contributor to global burden of diseases among men and women. However, more women are affected by depression than men. There has been a series of consistent reports of depression in the Ketu-South Municipality from 2015 and persisted through to 2018. Details have been made available in Table 1.

Table 1: The Statistics of Depression Cases in the Ketu-South Municipality

Year	Total Cases	Cases in Women	Cases in Men	Cases in Adolescent Girls
2015	54	66.7%	25.9%	7.4%
2016	81	72.8%	20.9%	6.2%
2017	88	73.7%	20.5%	6.2%
2018	91	83.5%	16.5%	–

Source: Ketu-South Municipality (2019)

Whiffen, as cited in Marshall and Harper-Jaques (2008) establishes that in families with a depressed mother, the interactions between the mother and child show more negativity. Thus, when the mother of a young child is depressed, the effects on the child include impairment on the infant's physiological development, poorer physical health, and incidence of major depressive disorders. A mother's depression in the early years of an infant's life may affect the child's psychological development causing very significant intellectual deficits. Other effects include insecure attachment, difficulties with developing social skills and academic challenges.

Studies such as Ackom (2006), Odame (2010) and Buabeng (2015) focused on depression in Ghana. However, literature reviewed indicates less research work on the influence of family stressors on depression among women in Ghana. Thus, the focus of this study is to identify the influence of family stressors on depression in women in the Ketu-South Municipality in Volta Region.

Research Question

One research question guided the study:

1. What family stressors are present in women experiencing depression in the Ketu-South Municipality?

Research Hypothesis

H_A1: Family stressors significantly contribute to depression among women in the Ketu-South Municipality.

Methodology

A descriptive sample survey design was used for this study. This research design was most appropriate for the study because it presents explicit statement about relationships between variables (Amedahe, 2002). The study was conducted in the Ketu-South Municipality in the Volta Region of Ghana. This area was selected for the study because it illustrates mental health challenges such as depression among women in typical rural communities in Ghana.

The target population for the study comprised all women experiencing depression in the Ketu-South Municipality. The study, however, centred on an accessible population of 76 depressed women who were selected from the Mental Health Unit of the Ketu-South Municipal Hospital and the Department of Social Welfare.

Sampling Procedure

The sample frame of depressed women in the Ketu-South Municipality was not very large (76 depressed women), coupled with the desire to provide all the depressed women a chance to participate in the study, a census of the total population was adopted for the study. All the 55 depressed women were selected from the Mental Health Unit of the Municipal Hospital together with all the 21 depressed women drawn from the Department of Social Welfare. A total of 70 depressed women out of the 76 accessible population, however, responded to the instruments.

Two instruments namely Beck Depression Inventory (BDI II) created by Aaron T. Beck, and Family Inventory of Life Events and Changes (FILE) developed by McCubbin and Patterson were used to collect data for this study. The Beck Depression Inventory is a series of questions developed to measure the intensity and severity of depression. The adopted scale comprises 21 items that are scored on a four-point Likert-type scale with a total score of 63. Each response is allocated a score ranging from zero to three based on intensity of each specific depressive symptom. The 21 items that make up Beck Depression Inventory assess mood, pessimism, sense of failure, self-

dissatisfaction, guilt, punishment, self-dislike, self-accusation, suicidal ideation, crying, irritability, social withdrawal, indecisiveness, body image, work difficulties, insomnia, fatigue, appetite, weight loss, bodily preoccupation, and loss of libido (Beck, Steer, & Brown, 1996). For individuals who have been clinically diagnosed of depression, scores of 0-9 represents minimal depressive symptoms, while scores of 10-16 indicate mild depression, scores of 17-29 indicate moderate depression, with scores of 30-63 representing severe depression (Beck, Steer, & Brown, 1996).

The Family Inventory of Life Events and Changes has 71 items that measure family stressors. The items are organized into nine subscales. These subscales are Intra-Family Strains Scale, Marital Strains Scale, Pregnancy and Child Bearing Strains Scale, Finance and Business Strains Scale, Work-Family Transitions and Strains Scale, Illness and Family Care Strains Scale, Losses Scale, Transitions into and out of Family Scale, and Family Legal Violations Scale (Walsh, 2004; McCubbin & Patterson, 1987). However, the Inventory was adapted and items reduced to 45 rating on a five-point Likert-type scale with scores ranging from (1 – 5) as Very True, True, Somewhat True, Not True, and Not at All True while maintaining the nine sub-scales.

Validity of the Instruments

The Beck Depression Inventory has been tested for content, concurrent, and construct validity. High concurrent validity ratings are given between Beck Depression Inventory and other depression instruments including Hamilton Depression Rating Scale, and Minnesota Multiphasic Personality Inventory. The scale is positively correlated with the Hamilton Depression Rating Scale, r=0.71. The Beck Depression Inventory has also shown high construct validity with the symptoms it measures (Beck, Steer, & Brown, 1996).

According to McCubbin and Patterson (1987), construct validity of the Family Inventory of Life Events and Changes (FILE) is supported when correlated with a family functioning scale. Predictive validity has also been demonstrated. Besides, the scale also demonstrates moderately high concurrent validity with Family Stress and Support Inventory (FSSI) Stress Scale (r=.50, p=.00), indicating that both assess similar, but not identical family stress dimensions (Walsh, 2004; McCubbin & Patterson, 1987).

Reliability of the Instruments

The Beck Depression Inventory (BDI II) has a coefficient alpha rating of .92 for outpatients and .93 for college student samples. The BDI questionnaire also demonstrates high internal consistency with alpha coefficient of .81 for non-psychiatric population and .86 for psychiatric population (Beck, Steer, & Brown, 1996).

To establish the reliability of the modified Family Inventory of Life Events and Changes scale within the current population, it was piloted using 15 women in depressed states, drawn from women victims who lodged complaints at the Domestic Violence and Victims Support Unit of the Ghana Police Service in the Ketu-South Municipality. The overall alpha reliability of the Family Inventory of Life Events and Changes total scale was .89 (Cronbach's alpha) and subscale reliabilities vary from .73 to .30. The internal consistency was also most solidly demonstrated by the total scale (McCubbin & Patterson, 1987).

Two research assistants who also double as mental health nurses were recruited to assist in the data collection.

Data Analysis

Data for the research question were analysed using means and standard deviations while that of the hypothesis was analysed using Linear multiple regression and Pearson Product Moment Correlation.

Result

The research question sought to find out the family stressors among women experience depression in Ketu-South Municipality. The results are indicated in Table 2.

Table 2: Prevalence of Family Stressors among Women with Depression

Strains	Overall Means	Standard Deviations (Overall)
Loss of family members	4.22	1.12
Pregnancy and child bearing	4.17	1.12
Transition into and out of family	4.02	1.17
Family legal violations	3.93	1.25
Work-family transitions	3.69	.96
Marital strains	3.36	1.42
Finance and business	3.21	.79
Illness and family care	3.21	1.08
Intra family strains	2.64	1.12

Source: Field Survey (2019), N=70

It can be inferred from Table 2 that loss of family recorded the highest mean (4.22) followed by pregnancy and child-bearing strains (mean=4.17), transition into and out of family (mean=4.02), family legal violations (mean=3.93), work-family transitions and strains (mean=3.69), marital strains (mean=3.36), financial and business strains, and illness and family care strains (mean=3.21) and intra-family strains recording the least (mean=2.64). The results show that the most prevalent family stressor among women experiencing depression in the study area is loss of family members. This is followed by pregnancy and child-bearing strains, transition into and out of the family, family legal violations, work-family transitions and strains, marital strains, financial and business strains, and illness and family care strains with intra-family strains being the least prevalent.

Research Hypothesis

H_A1: Family stressors significantly contribute to depression among women in the Ketu-South Municipality.

Table 3: Regression analysis on family stressors and depression

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					Durbin-Watson
					R Square Change	F Change	df1	df2	Sig. F Change	
1	.749	.730	.052	1.05866	.730	.709	9	60	.039	1.282

a. Predictors: (Constant), leg, ill, loss, preg, Intra, wor, trans, mari, bus

a. Dependent Variable: BECK

Results in Table 3 show a strong significant positive relationship between the predictor variable (family stressors) and the criterion variable (depression) R = .749, p = .0.39, and thus, the null hypothesis is rejected and the alternate hypothesis is upheld. The results mean that as women experience high level of family stressors it will lead to a corresponding level of depression among them. It can also be inferred from Table 3 that the predictor variable (as determined by family stressors) explain only 73% of the variations in the dependent variable (depression in women) with an R-square of .730. This explains that family stressors significantly contribute to depression among the women that were sampled.

Table 4: Relative Contribution of the predictor Variables

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.	95% Confidence Interval for B	
	B	Std. Error	Beta			Lower Bound	Upper Bound
(Constant)	17.458	6.605		2.643	.010	4.245	30.670
Intra	.029	.107	.040	-.268	.790	-.242	.185
Mari	.067	.108	1.095	1.217	.048	-.283	.149
Preg	.104	.177	2.087	2.585	.040	-.250	.457
Busi	.053	.129	1.068	-1.416	.019	-.311	.204
Workable	.019	.143	.019	.136	.893	-.266	.305
Ill	.087	.248	.054	-.350	.727	-.584	.410

Loss	.123	.168	2.123	2.732	.037	-.213	.460
Tran	.193	.180	1.150	1.555	.026	-.173	.559
Leg	.040	.130	.044	.310	.758	-.219	.300

a. Dependent Variable: BECK

From Table 4, a standard deviation (1.12) increase in Intra Family Strains will increase depression by .40 standard deviations, a standard deviation (1.42) increase in Marital Strains will increase depression by 1.095 standard deviations, a standard deviation (1.12) increase in Pregnancy Strains will increase depression by 2.087 standard deviations, a standard deviation (.79) increase in Financial Strains will increase depression by 1.068 standard deviations. Also, a standard deviation (0.96) increase in Work-Family Strains will increase depression by .019 standard deviations, a standard deviation (1.08) increase in Illness will increase depression by .54 standard deviations, a standard deviation (1.12) increase in Loss of family members will increase depression by 2.123 standard deviations, a standard deviation (1.17) increase in Transition will increase depression by 1.150 standard deviations and a standard deviation (1.25) increase in Family violations will increase depression by .044 standard deviations. However, only the predictions of Marital, Pregnancy, Finance, Losses and Transition Strains were significant with $p < .05$.

Discussion

In answering the research question, the findings of the study revealed that though all the family stressors were common in the women who were sampled, the most prevalent family stressor among women experiencing depression in the study area was loss of family members. This finding is consistent with those from the literature. For example, McCubbin and Patterson (as cited in Mondragon, 2017) contend that family stressors are life situations or changes that place strain on the family unit and may lead to changes in functioning of the family system requiring a need for adjustment. McCubbin and Patterson further indicated that families with a higher accumulation of life events have been found to have lower family functioning and poorer physical and mental health. That is, persistent stressors in the family can influence the development of depression.

According to Mash et al. (2014), a major factor which plays a role in development of complicated grief and depression in bereavement as in losses is the relationship of interpersonal and personality characteristics. Denckla et al., (as cited in Mash et al. (2014)) noted that individuals identified as dependent are likely to be motivated by hopes of obtaining care, nurturance, guidance, and support from the deceased and when such supports are not available can lead to depression. This implies that the extent to which an individual positively values, and is committed to a relationship prior to the loss may contribute to the development of complicated grief or depression after the loss. It is in this regard that Mancini et al. (2009), hold the view that feelings of trust, security, intimacy, and mutual support in a relationship are associated with increased grief, particularly in older adults following loss.

This finding of the study confirms the position of Mash et al. (2014), who found from 157 young adults between ages 17 and 29 who experienced loss of family member within the past three years that 16% of bereaved young adults showed complicated grief, and 34% had mild to severe depression. The study agrees with Fried et al. (2015), who reported that bereavement mostly triggers loneliness, which activates further depressive symptoms. The finding of the study further confirmed the position of Mojtabai (2011), who found that bereavement-induced depressive episodes were more common in women than men.

It can be inferred from the discussion that losses significantly increase the chances of women in getting depressed and that might have happened in the case of the women that participated in the study. The findings confirm Lazarus and Folkman's transactional model of stress which explains that the stress is due to life changing experiences such as losses and for that matter family stressors. For example, if a woman experiences the loss of loved ones, she is likely to experience stress and this will lead to depression.

Also, the research hypothesis sought to investigate if family stressors will significantly contribute to depression among women in the Ketu-South Municipality. The results show that family stressors significantly contribute to depression in the women who were sampled, with losses as part of family stressors which is significantly the best contributor to depression. It must be pointed out that the current finding

is consistent with literature. For example, a study by Beck, as cited in Buabeng (2015) found higher levels of perceived life stress to be associated with depression. This is supported by Mondragon (2017) who found a significant relationship between family stressors and inter-parental conflict among Latino families.

In Buabeng's (2015) study, it was revealed that a father not being part of the life of the mother and baby, and not providing financial support could also increase the risk of depression among women. Also, a significant association between emotional relationship with men whom women had babies could also lead to depression among women. Lambon (2018) suggested that due to the various meanings assigned to stillbirth, mothers after stillbirth grieve and equally face challenges such as isolation, or social withdrawal, spouse or partner challenges and stigma. The author reported that mothers after stillbirth are likely to develop psychological problems including depression.

Abeasi (2014) found that as there is available social support, the financial burden reduces, and consequently the negative impact of financial constraints on emotional or psychological health reduces. A study by Mash et al. (2014) reported that high levels of dependency were related to more depressive symptoms. In a study by the Institute of Development Studies (2016) across the then 10 regions of Ghana to find out the incidence, attitudes, determinants, and consequences of domestic violence, of the 2,989 women, the results indicated a very strong correlation between exposure to domestic violence and women's mental health status including depression. A study by Ju et al. (2017) found from 4,663 women that the combination of family stress and family-work conflicts strongly influenced the depressive symptoms of working married women. This is supported by a study done by Stoeva and Greenhaus, as cited in Ju et al. (2017) in which they reported that family stress and family-work conflict from multiple roles influence depressive symptoms among women.

Contribution to Knowledge

It is very important that any research contributes or adds to existing knowledge. It should be noted that the findings of the study has extended the discussion in literature. The modest contribution of the study is that losses as part of family stressors is the prominent and best predictor of depression, and this is a relatively new finding in family stressors and depression literature, at least in Ghana.

Counselling Implications

Assessment strategies employed by counsellors or psychologists should include assessment of comorbid conditions to help identify psychosocial stressors underlying depression. Also, counsellors should look into the types of treatment that will reduce depression resulting from family stressors. Stress management strategies such as solution-focused and emotion-focused coping should be employed in assisting women battling with stressors in their families so that these stressors do not degenerate into depression. Interpersonal therapy which focuses on current interpersonal relationship by analyzing social dysfunctions related to depression should be employed.

Conclusions

This study provides evidence that family stressors influence depression among women and that loss of family members is the most prevalent family stressor. Respondents might have experienced family losses as compared to the other family stressors at the time the study was being conducted and that could explain why loss of family members was prevalent. Also, it was seen that family stressors are strongly associated with depression among women. This means that the more a woman is exposed to or experiences family stressors, the more likely she is to experience depression.

Recommendations

On the basis of the findings of this study and the conclusions drawn, the following recommendations were made:

1. The study recommends that the Ministries of Health, Gender, Children, and Social Protection, and other non-governmental agencies put up measures to control the family stressors as experienced by women especially those who are living with depression. Prominent among these measures are instituting counselling centers to provide counselling services. This will guide such women to develop better coping strategies where necessary.

2. Women should be equipped with skills to withstand difficult situations such as losses, pregnancy and child bearing issues, financial issues, marital issues, among others. They should be provided with knowledge and skills by experts such as counsellors, psychologists, among others. Members of the families and loved ones should also develop the habit of being empathetic and showing the needed social support in case of such losses or family stressors.

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