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Influence of Mothers' Marital Status and Ethnicity on Perceived Depressive Symptoms

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Abstract

Some studies have established linkages between conventional marital status (single, married, and separated/widowed) and symptoms of depression among African-Americans but no studies have shown whether African mothers' marital status i.e., mothers' that are unmarried, married, separated, or widowed, influence their perceived depressive symptoms. Similarly, studies have implicated ethnic influence on depression, but no studies have investigated the influence of Nigerian mothers' ethnicity (Igbo, Hausa, and Yoruba) on their perceived depressive symptoms. The study reported in this paper aimed at closing the gaps in knowledge by studying the influence of marital status and ethnicity of 383 Nigerian mothers' on their perceived depressive symptoms. About 37.9% of the participants were career teachers, 16.5% were in self-employed businesses, and 45.6% were either full-time housewives or without any definite profession. Their age ranged from 18 to 57 years with M_{age} = 34.0 years and SD = .98. The 13-item depression scale (domain-J) of SCL 90 was used to assess depressive symptoms while ethnicity and mothers' marital status were assessed demographically. The results of a 2-way ANCOVA showed significant main influence of mothers' marital status F (3,372) = 15.09, p < .001; their ethnicity F (2,372) = 7.97, p < .001 and interaction of the two factors F (4,372) = 5.48, p < .001, on perceived depressive symptoms. The results confirmed the three hypotheses of the study. The discussion focused on how to reduce the effects of sociocultural factors that enhance depressive symptoms in Nigerian mothers.

Keywords: Mothers'-Marital-Status, Ethnicity, Depressive-Symptoms

Introduction

According to World Health Organisation (2015), depressive symptoms are accountable for 76% and 85% of ill health among the human population. The organization also asserts that melancholy seems to be one of the symptoms of depression (World Health Organisation, 2017). Some medical signs of melancholy include sadness, depressed mood, low intellectual productiveness, decrease in motor behavior, and mental retardation (Tamada, Inove, Sekino, Toda, Takeshima, Sakaki, Shindome, Morita, Kuyama & Ohmae, 2021). The secondary signs and symptoms include: focusing on the body, suicidal introspection and depersonalization, sleep disorder, anorexia, and weight reduction (Riviere & Haza, 2014). Depression is a serious mental health challenge among mothers (Linden, Jackson, Subramanian, Healey & Linden, 2011).

Depression is estimated to affect 350 million people and studies have shown that mothers are affected more than men (Lee & Jeong, 2021). Before puberty depression is rare and its prevalence between men and women is about the same. However, with the onset of puberty girls show a higher level of depression which is about twice that of boys (Zahn-Waxler, 1984). Maternal depression can be a result of children's extra emotional and behavioral problems associated with upbringing, reasoning, brain, and neuro-endocrine functions (Goodman & Tully, 2006). According to some scholars, depression may start in women from early pregnancy through child growth and development up to late adulthood (Jiang, Yang, Li, & Yuang, 2021). Studies have reported that children of depressed mothers exhibit early signs of mental retardation, blame themselves for the negative results, utilize negative attribution methods, are less likely to recall positive self-descriptive adjectives, and have low self-concepts (Field 1992, Tronick et al., 1996). Earlier works have presented various causes of depression among women such as changes in hormone levels that occur during a woman's lifetime (Wisener, et al., 2002, Kessler, 2006), thyroid dysfunction (Harris, 2006), low levels of estrogen and high prolactin (Hendrick et al 2000) and caesarean section (Hannah, 2002). Also reported are unemployment, low income, and low education (Bartley, et al 2000).

It appears according to Connell & Goodman (2002) that mothers are neglected by society with harmful consequences. Since numerous social, biological, and environmental factors are associated with depression, it may reduce the everyday functioning of women living with children. Sometimes social withdrawal, alienation, and marital problems are noticeable and predictable in depressive mothers. Chang & Li (2011) reported a study on gender and marital status differences in depressive symptoms among elderly adults: the roles of family and friend supports. Participants in the study were 1428 elderly adults in Chinese mainland cities. The results revealed a significant relationship between marital status and depressive symptoms. No gender difference was found with respect to depressive symptoms. The widowed experienced more depressive symptoms than married adults. In another study by Williams, Williams, Clark, et al (2020) on the moderating role of social and religious resources in the relationship between marital status and depressive symptoms in Africa Americans, the results revealed that greater levels of depression were found among unmarried than married adults. Other studies have examined the effects of perceived discrimination on depressive symptoms among blacks (Britt-Spells, et al 2018; White et al 2020; Cho, et al 2020; and Kim, 2020). None of these studies addressed the effects of mothers' marital status and ethnicity on the perceived depressive symptom.

Married mothers normally have depression as a result of problems associated with child-raising, but unmarried mothers are likely to experience severer depression. In some Nigerian societies, especially the Ibo tribe, unmarried mothers with children are snubbed, ridiculed, and sometimes insulted and derogated by some individuals. On the other hand, married mothers who became widows receive sympathy and respect and are less likely to experience depressive symptoms compared to less respected divorced or separated. We, therefore, expect mothers' marital status (unmarried, married, widowed, married but separated or divorced) to be a significant cause of depression among Nigerian mothers.

Ethnicity is universal (Cohen, 1974) and refers to the grouping of people based on the "sharing of normative behaviors". Some past studies have linked race and ethnicity to depression (Bailey, Mokonogho & Kuman 2019, Tummala-Narra, 2015). A study by Bailey, et al (2019) reported that major depressive disorders in the US often go underdiagnosed and that Africans are less likely to suffer major depressive disorder than Caucasians. The latter finding of Bailey et al (2019) appears to differ from earlier works in the aspect of variations in levels of perceived depressed symptoms among ethnic groups. In another study, Ikram, Snyder, Wit, Schene, Stronks & Kunst (2015) reported a study on perceived ethnic discrimination (PED) and depressive symptoms, the buffering effects of ethnic identity, religion, and ethnic social network. Results showed that PED was positively associated with depressive symptoms in all groups. Ikram et al (2019) study appear similar to earlier studies in the area of a positive association between ethnicity and perceived depressive symptoms.

In a related study, Tummala-Narra (2015) reported a study on ethnic identity, perceived support, and depressive symptoms among racial minority immigrants-origin adolescents. Participants for the study were 341; 141 foreign-born and 200 US-born, from Asian, Latino, and Afro-Caribbean backgrounds in an urban high school. Ethnic identity was negatively associated with depressive symptomatology in the overall sample. The work of Tummala-Narra (2015) failed to confirm earlier works that positively associated ethnicity with perceived depressive symptoms. More recent studies found a relationship between ethnicity and mental health in Nigeria during the COVID-19 lockdown (Schouler-Ocak, Bhugra, Kastrup, Dom, Heinz, Kuey & Gorwood, 2021). Nigeria has over 250 ethnic groups with Hausa, Yoruba, and Igbo as the most populous, politically influential dominant groups. The three major ethnic groups are differentiated across culture, religion, social norms, language, beliefs, and ancestral heritage. Since a relationship has been found between mental health and ethnicity in Nigeria, we assume the three Nigerian ethnic groups (Hausa, Yoruba, and Ibo) will influence mothers' perceived symptoms of depression. Whereas most communities in Nigeria, especially in the Ibo tribe, discourage motherhood outside wedlock, some in the same tribe and other tribes e.g., Yoruba and Hausa have been observed in some cases to welcome mothers and their babies born outside formal marriage. With this in mind, we want to see if ethnicity (Hausa, Yoruba, and Ibo) will interact with mothers' marital status to influence their perceived depressive symptoms.

Statement of the problem

Literature is replete with studies that examined gender and marital status differences in depressive symptoms among the elderly (Williams, Williams, Clark, et al; 2020; Chang & Li, 2011). The studies investigated the role of the marital status of women, not mothers that are prone to depression. That is none investigated whether African mothers' marital status (i.e., unmarried mothers, married mothers, separated or widowed mothers) influences their perceived depressive symptoms. Several studies reviewed examined racial and ethnic depression (Bailey, et al., 2019); perceived ethnic discrimination and depressive symptoms (Ikram, et al., 2015); ethnic identity, perceived support, and depressive symptoms among racial minority immigrants-origin adolescents (Tummala-Narra, 2015) without any studying the influence of Nigerian mothers' ethnicity (Igbo, Hausa, and Yoruba) on perceived depressive symptoms. These are social problems that need to be resolved since mothers constitute a significant proportion of the population with enormous mental health implications.

Beliefs about mothers' marital status that affect mothers' mental health (e.g., depression) are socio-culturally determined. They differ across diverse societies or ethnic groups and the relationships can be explained with the Social Cognitive Theory (Bandura, 1986). Social cognitive theory assumes that people learn by cognitively appraising observed behaviours of others. According to the theory a mother's beliefs (cognition) acquired from society (e.g., ethnic group) through cognitive appraisal of observed (learned) behaviours about mothers' marital status, may affect how she perceives the symptoms of her depression. Therefore,

mothers' marital status and ethnicity as independent variables in the study being reported here can produce socio-culturally based beliefs and behaviours likely to influence the thoughts (cognition) and perception of mothers' depressive symptoms. These ethnically or socio-culturally dependent thoughts, if negative, have the potential of inducing feelings of inadequacy, self-blame, lack of interest in future events that represent symptoms of depression. Thus the theory explains the relationship between mothers' ethnicity/marital status and their perceived symptoms of depression.

Hypotheses

1. Mothers' marital status (unmarried, married, separated or widowed) will significantly and positively influence their perceived depressive symptoms.
2. Mothers' ethnicity (Igbo, Hausa or Yoruba) will significantly and positively influence their perceived depressive symptoms.
3. There will be a significant and positive influence of the interaction of mothers' marital status and ethnicity on their perceived depressive symptoms.

METHOD

Participants

The participants for the study were drawn from the population of mothers in the southern part of Nigeria. The sample size is three hundred and ninety-two (383) mothers of which the number of Igbo single mothers was 17, Hausa 12, and Yoruba 2. The number of married Igbo mothers was 195, Hausa 56, and Yoruba 22. Separated Igbo mothers were 38, and Hausa 10. The number of Igbo widows was 18 and Hausa 3. The age of the participants ranged from 18 to 57 years with a mean age of 34.0 years and a standard deviation of 0.98. Whereas 37.9% of the women are teachers, 16.5% are involved in one form of business enterprise, and 45.6% have no defined occupation. All participants were of Christian background.

Instruments

The instrument used for the study is the 13-item depression scale (domain J) of SCL 90 developed by Derogates et al., (1973). Erinoso (1996) provided the Nigerian sample psychometric properties. The Cronbach Alpha reliability coefficient of .77 was obtained by Erinoso (1996). The instrument has a Likert-type response scale: 0 "not at all"; 1"a little bit"; 2"moderate"; 3"Quite a little bit"; and 4 "extreme". Does the scale have an item like how much were you bothered by poor appetite? Ethnicity and marital status were measured using demographic information. For instance, ethnicity has three different domains: Hausa, Yoruba, and Igbo. Marital status was determined from endorsements to: unmarried, married, widowed, separated/divorced.

Procedure

Four hundred and twenty-one (421) copies of the questionnaire were randomly distributed in Southern and Northern parts of Nigeria. The participants were met at their places of worship and copies of the questionnaires were given to each participant that indicated interest. It took the researchers a period of 4 weeks to distribute the questionnaires both in the southern and Northern parts of the country in the company of a trained assistant. The participants were orally instructed to complete and return the questionnaires immediately after they filled them. It took each participant about 10 to 15 minutes to completely fill out the questionnaires. The participants were orally assured of anonymity and confidentiality and were instructed on how to complete the questionnaire Four hundred and eighteen (418) were collected; twenty-six (26) copies were incompletely filled. A total of 392 questionnaires well completed and used for the study. Furthermore, the researcher, controlled for education qualification and women with children (whether living with a man or not) by introducing them as inclusion criteria. The 2-way Analysis of Covariance (ANCOVA) with career as the covariate was used to analyse the data that tested the three hypotheses

RESULTS

The results of the analysis are displayed in 3 tables and a plot.

Table 1: Univariate Analysis Result of Ethnicity and marital status on Perceived Depressive Symptoms.

Source	Type III Sum of Squares	DF	Mean Square	F	Sig.
Corrected model	6182.12[a]	10	618.21	5.805	.000
Intercept	570312.78	1	570312.78	5354.836	.000
Career	387.48	1	387.48	3.638	.057
Marital Status	4820.24	3	1606.75	15.086	.000
Ethnicity	1697.30	2	848.65	7.968	.000
Marital Status x Ethnicity	2334.20	4	583.549	5.479	.000
Error	39619.58	372	106.504		
Total	5156157.00	383			
Corrected total	45801.70	382			

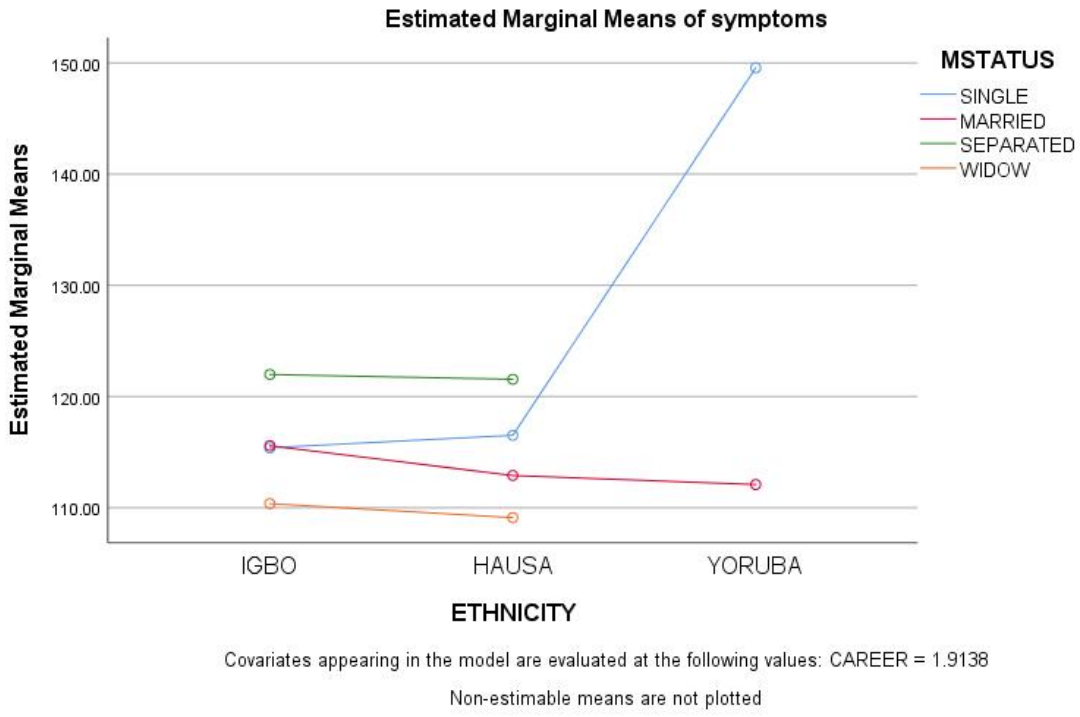
Table 2: Post Hoc Pairwise Comparison of Means of Marital Status

					95% Confidence Interval for Difference[d]	95% Confidence Interval for Difference[d]
(I) Marital status	(J) Marital status	Mean Difference (I-J)	Std. Error	Sig.[d]	Lower Bound	Upper Bound
Single	Married	13.633*	2.919	.000	5.890	21.376
	Separated	5.384[b]	3.312	.629	-3.400	14.169
	Widow	17.412*,[b]	3.338	.000	8.559	26.265
Married	Single	-13.633*	2.919	.000	-21.376	-5.890
	Separated	-8.249*,[b]	2.059	.000	-13.710	-2.788
Married	Single	-13.633*	2.919	.000	-21.376	-5.890
	Separated	-8.249*,[b]	2.059	.000	-13.710	-2.788
	Widow	3.779[b]	2.132	.463	-1.876	9.433
Separated	Single	-5.384[c]	3.312	.629	-14.169	3.400
	Married	8.249*,[c]	2.059	.000	2.788	13.710
	Widow	12.028*,[b,c]	2.632	.000	5.045	19.010
Widow	Single	-17.412*,[c]	3.338	.000	-26.265	-8.559
	Married	-3.779[c]	2.132	.463	-9.433	1.876
	Separated	-12.028*,[b,c]	2.632	.000	-19.010	-5.045

Table 3: Means and standard deviations of perceived depressive symptoms

Marital Status	Ethnicity	Mean	Std. Deviation	N
Single	Igbo	115.7647	8.25779	17
	Hausa	115.8333	11.25597	12
	Yoruba	148.5000	31.81981	2
	Total	117.9032	13.53848	31
Married	Igbo	115.7436	10.41588	195
	Hausa	112.8750	10.07799	56
	Yoruba	112.5000	10.31758	22
	Total	114.8938	10.39017	273
Separated	Igbo	121.6316	10.80396	38
	Hausa	121.3000	10.88373	10
	Total	121.5625	10.70475	48
	Hausa	121.3000	10.88373	10
Widow	Igbo	109.8889	7.08676	18
	Hausa	108.2308	10.81013	13
	Total	109.1935	8.71175	31
Total	Igbo	116.1866	10.45638	268
	Hausa	113.5275	10.80364	91
	Yoruba	115.5000	15.63719	24
	Total	115.5117	10.94987	383

Figure 1: Plot of Interaction of Ethnicity X Marital Status on Perceived Depressive Symptoms



The results of Table 1: revealed a significant difference among the four types of marital status on perceived depressive symptoms, F (3, 372) = 15.09, $p < .001$. Therefore Hypothesis 1 which stated that mothers' marital status (unmarried, married, separated/divorced, and widowed) will significantly influence their perceived depressive symptoms was confirmed. A post hoc pairwise comparison of estimated marginal means (Table 2) showed the greatest difference in perceived depressive symptoms exists between the unmarried and widowed mothers (mean diff. = 17.41, $p < .001$, Scheffe test) with estimated mean of the unmarried (M = 127.15, SE = 2.77) being greater than that of the widowed (M = 109.74, SE = 1.91). This is followed by a mean difference between the unmarried and the married (mean diff. = 13.63, $p < .001$) with the unmarried having greater perceived depressive symptoms (M = 127.15, SE = 2.77) than the married (M = 113.52, SE = .91).

Again the results of Table 1 showed a significant difference on perceived depressive symptoms among the Hausa, Igbo, and Yoruba ethnic groups, $F(2, 372) = 7.97$, $p < .001$; therefore Hypothesis 2 which proposed that mothers' ethnicity (Igbo, Hausa or Yoruba) will significantly influence their perceived depressive symptoms was confirmed. The highest significant mean difference (15.81, $p < .001$, Scheffe test) was between Hausa and Yoruba tribes with Yoruba (M = 130.82, SE = 3.82) being greater. Finally, the Table 1 results revealed a significant interaction effect between mothers' ethnicity and marital status on their perceived depressive symptoms, F (4, 372) = 5.48, $p < .001$. The results supported Hypothesis 3 that predicted a significant influence of the interaction of mothers' marital status and ethnicity on their perceived depressive symptoms. Inspection of the line plots of Figure 1 and means of Table 1 showed the nature of the interaction with unmarried Yoruba mothers (M = 148.50, SD = 31.82) having the highest perceived depressive symptoms, followed by separated/divorced Igbo mothers (M = 121.63, SD = 10.80) and the least being widowed Hausa mothers (M = 108.23, SD = 10.81).

Discussion

Mothers' marital status had a significant effect on perceived depressive symptoms among the Nigerian sample used in the study. The results of the present study revealed that separated/divorced mothers had the highest perceived depressive symptoms, followed by unmarried mothers, married mothers, and the widowed. Although empirical research in the area of marital status on perceived depressive symptoms was extant, there are few available works on the effect of normal marital status on perceived depressive symptoms (Williams, et al 2020; Chang & Li, 2011) and none on the effect of mothers' marital status that support the findings of the present study.

The findings can be explained with Bandura (1986) social cognitive learning theory by relating mothers' perceived depressive symptom to their marital-status and societal norms and expectations. Ethnic sociocultural factors and the Bandura theory can reasonably explain the results. For instance, African societies hold marriage with high esteem, such that women who are opportune to marry are accorded some respect and dignity. In view of this when a woman who has attained a reasonable age for marriage fails to marry, she may have feelings of depression due to a lack of respect and exclusion by members of her family and the immediate society. Initially, the negative treatment of the unmarried woman may be subtle but gradually becomes obvious. To this end, some may decide to get pregnant out of wedlock. When this happens, the unmarried mother begins to struggle in terms of breadwinning and coping with new challenges. The unmarried mother (single mother) begins to have feelings of inadequacy and may feel depressed after seeing mates that have husbands and children. Such challenges are socio-culturally induced and can be removed with education.

Furthermore, in contemporary Nigerian societies acculturated with foreign religions and beliefs about the non-dissolution of marriage, separated/divorced mothers are likely to be at risk of having high levels of

depressive symptoms. This prediction was confirmed by the results of the study with separated/divorced mothers having the highest perceived depressive symptoms followed by unmarried mothers. On the hand, depressive symptoms among widows were the least, probably because widows are traditionally sympathized with and respected in Nigerian societies.

The results of the study also showed that ethnicity (Hausa, Yoruba, and Igbo) had an influence on mothers' perception of their depressive symptoms. The results are well supported by similar earlier studies (for e.g., Bailey, Mokonogho & Kuman 2019; Tummala-Narra, 2015). The mean scores of perceived depressive symptoms showed that Igbo mothers had the highest score, followed by Yoruba mothers and Hausa mothers last. Different societies place different values on the status of motherhood. Whereas some cultures are strict about the need for marriage before procreation, others may not see it as such. Cases of single motherhood are evident and welcomed in some societies. However, this is not prevalent in most African societies, especially among the Igbo people and this is what the results of the study revealed. When a young woman decides to get pregnant without being married, she automatically faces the risk of ex-communication by her immediate family with the likelihood of becoming depressed. The closeness of the mean scores of perceived depressive symptoms for Hausa, Yoruba, and Igbos (see Table 4) to the estimated marginal means suggest that the three tribes have similar sociocultural beliefs about marriage and motherhood.

Finally, the results of the present study revealed a significant interaction effect between mothers' marital status and their ethnicity. Unmarried Yoruba mothers had the highest perceived depressive symptoms followed by separated/divorced Igbo mothers and lastly widowed Hausa mothers. The results for Hypotheses 1 and 2 provided data indicative of a significant interaction between the two independent variables. Therefore, the same sociocultural beliefs used in explaining the other results also apply to this one. The findings are similar to earlier studies (Bailey et al 2019; Ikram et al 2016; and Tummala-Narra, 2015) on marital status and ethnicity on perceived depressive symptoms among mothers.

We recommend that the government through some agencies such as the National Orientation Agency be authorized to educate the people on sociocultural beliefs and practices likely to cause mothers to experience depression.

The Implication and Limitation of the Study

The present study has shown that mothers' marital status and ethnicity have effects on their perceived depressive symptoms. It seems, however, that belonging to a particular ethnic group such as being an unmarried mother from the Yoruba tribe predisposes one to a higher level of perceived depressive symptoms. The convenient method of selection of participants from Anambra, Enugu, and Plateau states and the small sample sizes, are the major limitations of the study. As a result, the findings presented here may not be representative of the characteristics of the three tribes studied. Future studies should take this into consideration.

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