ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 6 | Issue: 4 | April 2020 || Journal DOI: 10.36713/epra2013 || SJIF Impact Factor: 5.614||ISI Value: 1.188

FAMILY SIZE AND DOMESTIC WORKLOAD AS CORRELATES OF DEPRESSION AMONG MARRIED WOMEN IN PORT HARCOURT METROPOLIS, RIVERS STATE, NIGERIA

Njoku, Joyce Ugochi (Ph.D.)
Department of Educational Psychology,
Guidance and Counseling,
Faculty of Education,
University of Port Harcourt,
River State,
Nigeria

Vilawa, Mercy Omoyeme Barine
Department of Educational Psychology,
Guidance and Counselling,
Faculty of Education,
University of Port Harcourt,
River State,
Nigeria

ABSTRACT

The study family size and domestic workload as correlates of depression among women attending University of Port Harcourt Teaching Hospital, Port Harcourt. The aim of the study is to investigate the correlation between family size and domestic workload with depression among women attending University of Port Harcourt Teaching Hospital. The design for the study is the correlational research design with a sample size was 280 women who were purposively selected from the population of women attending University of Port Harcourt Teaching Hospital. Two research questions and two hypothesis were formulated to guide the study. Two valid instruments were used for the collection of data for the study. The findings of the study revealed that family size and domestic workload of women significantly correlates with depression Recommendations proffered included organizing health talks on the dangers of depression from time to time for proper family planning to avoid having too large family size and encouragement of division of labour in the family to avoid too much workload on the women etc.

INTRODUCTION

Depression has been aptly described as the common cold of mental health due to the prevalent nature of the disease. It is therefore on this basis that the World Health Organization (2017) made the theme of the 2017 World Health Day as "Depression, Let's Talk." From the report of the global health monitor in March 2017, there is an estimated 300 million individuals currently living with depression. This estimate shows an increase of more than 18% in the number of people living with depression from 2005-2015.

Although depression has been an age-long problem among humans, the high rate of the condition among women has recently generated global and international concern. Worse still, most women who suffer from depression are sometimes not aware of the nature or magnitude of the problem. Sometimes depression strikes quickly after a particular draining emotionally or physical event. Other times, the individual may not notice the onset and progression of the problem for weeks, months or even years. It becomes evident when its effects on the victims has become obvious and debilitating. This variation in individuals' experiences regarding the onset and spread of the virus has made the definition of the problem relatively difficult, as such different authors define it variously. However, the generic description of depression is that it is a feeling of sadness, hopelessness, and loss of interest in life, combined with a sense of reduced emotional well-being (British Medical Association, BMA, 2002).

In more formal terms, Depression may also be defined as a state of psychomotor retardation

ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 6 | Issue: 4 | April 2020 || Journal DOI: 10.36713/epra2013 || SJIF Impact Factor: 5.614||ISI Value: 1.188

characterized by pessimism, sad feeling of gloom, feelings of inadequacy and a loss of interest in previously pleasurable activities. More than mere sadness, depression can make someone feel as though work, school, relationships, and other aspects of life have been derailed or indefinitely put on hold. It can sap the joy out of once-pleasurable activities and leave someone feeling continuously burdened (Sadock, Sadock, & Ruiz, 2015). Depending on the time of onset, duration of the condition, and the causative factors, depression has been classified into various categories such as atypical depression, post-natal depression, Seasonal affective disorder and premenstrual dysphoric disorder.

As stated previously, depression is more common in women than in men. According to Albert (2015), its global annual prevalence was 5.5% for women while for males it was 3.2% which represents a 1.7% fold greater incidence in females than for males. Furthermore, for those between the ages of 14-25 years, there is twice the prevalence rate in women than for men, with the ratio decreasing with age according Pearson, Janz, and Ali (2013). This trend remains the same through the period of middle adulthood.

Although the aetiology of depression remains unclear, it is known and established that some sociological and demographic factors continues to increase women's prevalence for depression including physical illness, hormonal changes dues to pregnancy and child birth as well as family dynamics. The extent to which family dynamics factors contribute towards depression among women is the focus of the present study. Two of such factors were considered in this study which includes family size and domestic workload of married females attending the University of Port Harcourt Teaching Hospital Rivers State.

A family refers to a group or structure of individuals functioning in ways which determines their interactions and relationships among themselves. The defining hallmark of a family is that each member has a specific role important to the system. The relationships within the system are adjusted and shaped to adapt for each member and provide individual responses toward each other (Nelson, 2003). The nature and composition of the family determines the dynamics operational in a family. Specifically, family dynamics is the way in which members of a family interact with each other in relation to their individual goals and preferences. Although the family is a unit, people are individuals and have their preferred ways of interacting as well as their roles and responsibilities. Therefore, family members often develop a unique system of interacting and engaging in trade-offs between personal and collective interest, thus the whole substance of family dynamics.

As previously opined, family dynamics are impacted by many different variables including family size and domestic workload which are considered in the current study. Family size as used in this study, refers to the number of children in a family. According to Ramesh, Dorosty, and Abdollahi (2010), the size of the family maybe associated with food insecurity, difficulty in securing employment, and inadequate distribution of family resources which leads to adverse effects on women, including depressive disorders.

Similarly, the domestic workload of women as a result of their numerous roles in the family is increasing. Women are often expected to occupy a number of roles at the same time: wife, mother, homemaker, employee, or caregiver to an elderly parent or even as the head of the family. Meeting the demands of so many roles simultaneously leads to stressful situations in which choices must be prioritized. Women are exposed to conflicting expectations that arise from the fact that they occupy many positions simultaneously (Mordi & Ojo, 2011). The fact that these challenges exist mostly among women might result in a state of sadness which in turn might contribute to the problem of depression among women. Furthermore, as this problem continues, there is the tendency that unless they are given empirical attention, most women might have difficulty identifying the extent to which they contribute experienced state of depression. It was therefore against this background that the present study was conducted to ascertain the extent to which family size and domestic workload are correlates of depression among women attending the University of Port Harcourt Teaching Hospital Rivers State.

Aim and Objectives of the Study

The aim of the study was to investigate the extent to which family size and domestic workload correlates with depression among women attending the University of Port Harcourt Teaching Hospital, Rivers State. In specific terms, the objectives of this were to:

1. Examine if family size have any relationship with depression in women attending the General Out-Patient Clinic of the University of Port Harcourt Teaching Hospital.
2. Determine whether domestic workload of women in the family could lead to depression in women attending University of Port Harcourt Teaching Hospital.

On the basis of the objectives developed to guide the study, the following research questions were further proposed:

1. How does family size relate to depression among women attending University of Port Harcourt Teaching Hospital?

ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 6 | Issue: 4 | April 2020 || Journal DOI: 10.36713/epra2013 || SJIF Impact Factor: 5.614||ISI Value: 1.188

2. What is the relationship between depression and domestic workload of women in the family attending University of Port Harcourt Teaching Hospital?

In addition, the under listed hypotheses were formulated for testing at 0.05 level of significance to also guide the study:

1. Family size does not correlate significantly with depression among women attending University of Port Harcourt Teaching Hospital.
2. Domestic workload of women in the family does not correlate significantly with depression among women attending University of Port Harcourt Teaching Hospital.

LITERATURE REVIEW

Depression

Defining the concept of depression has not been an easy endeavor in the scholarly literature due to social and cultural factors. However, ample effort has been made towards a proper understanding of the concept, especially as related to depression among women. For example, Saul et al. (2005) defined depression as a mood disorder characterized by feelings of sadness, low self-esteem, pessimism, apathy and slowed thought processes, while Taylor (2006) defined depression as a mood state of sadness, gloom and pessimistic ideation with loss of interest or pleasure in normally enjoyable activities accompanied in severe cases by anorexia and consequent weight loss, feelings of worthlessness or guilt diminished ability to think or concentrate or recurrent thoughts of death or suicide which claims hundreds of thousands of lives each year.

The extent to which family variables influence depression among individuals has been a subject of concern. According to Martire, Lustig, Schulz, Miller and Helgeson (2004), families can either make or mar a person's disposition towards depression. When the family is there for the person, they can help to reduce the person's stress and anxiety by showing their love. A family can help their relative by getting one the help one needs so that one does not fall into a deeper depression. However, as Gregory (2017) argued, families were there is a lack of social support systems and repeated incidences of abuse and conflict can substantially contribute to the problem of depression among women. The pathways through which this can occur is very complex, thus this study focused on two family dynamics that are related to the problem of depression among women. These are family size and the domestic workload among the women.

Family Size and Depression in Women

Small families have possibly less ability to cope with multiple or increased demands upon their members. In other words, members of small families are likely to be under greater pressure to meet their family duties in situations of unemployment, illness or death, than members of larger families. Since a small family has fewer people to rely on, the load has to be distributed among fewer available kin.

In this direction, Dastgiri, Mahboob, Tutunchi and Ostadrahimi (2006) reported that there was a significant positive relationship between the prevalence of food insecurity and family size. The woman who knows more about this food condition is likely to be depressed as a result of food insecurity resulting from increased family size of low socioeconomic status. Similarly, as Blundell et al (2013) reported Women with children experience worse labor market outcomes than childless women. Their chances to participate are lower and once in employment their chances to take a part time job are lesser and their earnings lower. Therefore, Waldfogel (1998) reported that depression is likely to occur in in women of lower socio economic status with large family size while large family size with higher socio economic status may be least affected.

Domestic Workload and Depression in Women

Women are often expected to occupy a number of roles at the same time: wife, mother, homemaker, employee, or caregiver to an elderly parent. Meeting the demands of so many roles simultaneously leads to stressful situations in which choices must be prioritized. Women are exposed to conflicting expectations that arise from the fact that they occupy various positions simultaneously (Mordi & Ojo, 2011). Along with changes in family structure and responsibilities within the family, the status and the role of women has changed. New economic, social, demographic and educational conditions are beginning to affect the family. These conditions have a great influence on the relations existing between family members. Changes in family structure determine and influence women's activities and status within the family and society. This is the case, for example, with changes due to decreasing fertility and changes in mother/child relations. Other factors also determine family dynamics, with resulting changes in the responsibilities of women within the family.

Another important aspect of the role played by women in the family is that of their economic activity. Although a lot of women's work is within the household, bringing up and educating the children and caring for and helping other people (especially elderly

ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 6 | Issue: 4 | April 2020 || Journal DOI: 10.36713/epra2013 || SJIF Impact Factor: 5.614||ISI Value: 1.188

people), they also are becoming increasingly active in the economy. They therefore have activities outside the family. As a general rule, the workload of women is increasing both within the family and in society.

Research indicates that children create more burdens for women who are exclusively housewives than for employed women. Young children separate mothers from other adults and make them feel they are stuck in the house, at the same time decreasing their privacy and time alone (Gove, 1984). House-wives who are not employed are much more likely to feel that others are making demands on them than are employed mothers or fathers. House-wives feel more burdened by their children-feel their children are making too many demands, get in their way, are too noisy, and interfere with their privacy; and wish they could get away from their children-than do employed mothers (Goldsteen & Ross, 2009). In turn, mothers who feel burdened by their children have low levels of psychological well-being compared to mothers who feel fewer demands. Kotler and Wingard (2000) found an increased risk of mortality among mothers who are exclusively housewives, but no increased risk among working mothers. Employed mothers report better health than non-employed mothers on a number of measures, including self-rated health, chronic conditions, and days of restricted activity (Verbrugge, 1983). Cleary and Mechanic (2003) make the opposite argument, that children distress employed women more than housewives because of role strain. Many employed wives are largely responsible for child care. Role overload results from the sheer amount of effort it takes to perform in both arenas, and role conflict results from trying to meet the expectations of people who do not take each other into account, which might lead to depression.

Considering the mixed reports on the influence of family size and domestic workload on the depression among women, it is revealed that previous studies were not conducted in Rivers State. It was further to fill this gap in the literature that informed the conduct of the present study.

METHODOLOGY

Design: The research design adopted for this study is the correlational research design to determine the extent to which family size and domestic workload correlates with depression amongst women attending University of Port Harcourt Teaching Hospital.

Population and Sample of the Study: The population for this study comprised of 1000 women attending the Outpatient department of the University of Port Harcourt Teaching Hospital. Systematic random sampling technique was used to draw a sample of 280 women with depressive symptoms attending the out-patient clinic of the University of Port Harcourt Teaching Hospital. The selected sample was screened with the Beck's Depression Inventory to determine those with depressive symptoms.

Instrument for Data Collection: Two instruments were used for data collection which were the Family Size and Domestic Workload Inventory (FSDWI) and the Beck's Depression Inventory (BDI). The FSDWI was divided into two sections A and B. Section A was used to gather information on respondents' educational qualification, family type, income level and number of children. Section B of the instrument was constructed in two broad sections to gather information on family size and domestic workload. This section was composed of 10 items constructed using the four-point Likert scale of Strongly Agree (SA), Agree (A), Disagree (D), and Strongly Disagree (SD) scored 4, 3, 2, and 1 point(s) respectively. The Beck's Depression Inventory (BDI) is a questionnaire comprising 21 items with four (4) statements in each item. Each subject is expected to choose one of 4 statements; the one that best explains his/ her feelings and each option carry a score of 0-3. The score of the respondents were used to identify those with depressive symptoms.

Validity and Reliability of the Instruments: Copies of the instruments and were given to three experts for face and content validity. They vetted the items in terms of relevance, appropriateness and language level. Their recommendations and corrections were incorporated in the final version of the instruments. Using test-retest technique, the BDI had a score of 0.91, while the FSDWI had a value of 0.83, which showed that both instrument possessed suitable level of reliability.

Data Collection and Analysis: The researchers administered copies of the instruments directly to the respondents and instructions guiding the responses of the instruments was explained to the respondents. The researcher supervised the administration of the instruments and completed instruments were collected on the spot from the respondents. The research questions were answered with linear regressions while the hypotheses were tested with Analysis of Variance (ANOVA) associated with linear regression.

ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 6 | Issue: 4 | April 2020 || Journal DOI: 10.36713/epra2013 || SJIF Impact Factor: 5.614||ISI Value: 1.188

RESULTS

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

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.400[a]	.160	.157	4.23250

a. Predictors: (Constant), Family Size

As shown in Table 1, the multiple regression coefficient R= 0.400, R square = 0.160, adjusted R square = 0.157 and standard error of the estimate = 4.23250. It can be seen that the regression coefficient R gave a value of R = .400 which implies that the influence of family size on depression is about 40.0%. The coefficient of determination R Square and adjusted R square are 16.0% and 15.7% respectively. This implies that only about 15.7% of the variation in proportion of depression can be explained by the influence of family size while the remaining 84.3% may be explained or accounted for by other variables.

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

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	947.452	1	947.452	52.889	.000[b]
	Residual	4980.115	278	17.914		
	Total	5927.568	279			

a. Dependent Variable: BDI

b. Predictors: (Constant), Family Size

In order to test hypothesis 1: ANOVA associated with simple regression was employed as shown in Table 2. The computed F-value = 52.889, Df = (1, 278), P = 0.00, P < 0.05. This therefore means that the null hypothesis 1 which says that family size does not correlate significantly with depression among women attending University of Port Harcourt Teaching Hospital was rejected. This is because the p–value of 0.00 was less than the critical value of 0.05 and was found to be significant at 95% confidence interval. The conclusion reached was that family size influence depression among women attending University of Port Harcourt Teaching Hospital.

Table 3: Regression analysis showing the influence of domestic workload on depression among women attending University of Port Harcourt Teaching Hospital.

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.603[a]	.363	.361	3.68538

a. Predictors: (Constant), Domestic Workload

As shown in Table 3, the multiple regression coefficient R= 0.603, R square = 0.363, adjusted R square = 0.361 and standard error of the estimate = 3.68538. It can be seen that the regression coefficient R gave a value of R = .6038 which implies that the influence of domestic workload on depression is about 60.3%. The coefficient of determination R Square and adjusted R square are 36.3% and 36.1% respectively. This implies that only

ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 6 | Issue: 4 | April 2020 || Journal DOI: 10.36713/epra2013 || SJIF Impact Factor: 5.614||ISI Value: 1.188

about 36.1% of the variation in proportion of depression can be explained by the influence of children's negative attitude while the remaining 63.9% may be explained or accounted for by other variables.

Table 4: ANOVA associated with multiple regressions showing the influence of domestic workload on depression among women attending University of Port Harcourt Teaching Hospital.

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	2151.767	1	2151.767	158.428	.000[b]
	Residual	3775.801	278	13.582		
	Total	5927.568	279			

a. Dependent Variable: BDI

b. Predictors: (Constant), Domestic Workload

In order to test hypothesis 2: ANOVA associated with simple regression was employed as shown in table 4. The computed F-value = 158.428, df = (1, 278), P = 0.00, P < 0.05. This therefore means that the null hypothesis 2 which says that domestic workload of women in the family does not correlate significantly with depression among women attending University of Port Harcourt Teaching Hospital was rejected. This is because the p–value of 0.00 was less than the critical value of 0.05 and was found to be significant at 95% confidence interval. The conclusion reached was that domestic workload influence depression among women attending University of Port Harcourt Teaching Hospital.

DISCUSSION

The present study revealed that family size correlates significantly with depression among women attending University of Port Harcourt Teaching Hospital. Table 1 indicated the multiple regression coefficient R .400, Coefficient of determination R square .160, while the adjusted R square .157. This implies that 15.7% of the variation in depression among women attending University of Port Harcourt Teaching Hospital was accounted for or explained by the influence of family size. More so, table 2 indicated an F-value of 52.889, Df = (1, 278), P = 000, P < 0.05 which implies that family size have a significant influence on depression among women attending University of Port Harcourt Teaching Hospital. The findings of this study are similar to those of Payab et al., (2014) who found a significant positive correlation between family size and depression in mother with primary school children. The findings of this study is to an extent not in agreement with the findings of Onya and Stanley who found that lack of family is one of the factors that leads to depression (Onya & Stanley, 2013), and this findings are not also in agreement with those of Okeafor and colleagues who found that depression is more common among unmarried than on married women (Okeafor et al., 2017).

In the present study, it was found that domestic workload significantly contributes to depression among women attending University of Port Harcourt Teaching Hospital. Table 3 indicated the multiple regression coefficient R = .603, Coefficient of determination R square .363, while the adjusted R square .361. This implies that 36.1% of the variation in depression among women attending University of Port Harcourt Teaching Hospital was accounted for or explained by domestic workload of women. More so, Table 4 indicated an F-value of 157.428, Df = (1, 278), P = 000, P < 0.05 which implies that domestic workload of women have a significant influence on depression among women attending University of Port Harcourt Teaching Hospital. The findings of this study are similar to a study conducted Batool and colleague in district Faisalabad who found that the factors that cause depression married women are workload due to large family size, long term of stress at home and other factors (Batool et al., 2008).

RECOMMENDATIONS

Based on the findings of the study, the researcher has suggested the following recommendations:

1. Health talk on the dangers of depression should be organized from time to time for women for proper family planning to avoid too large family.
2. Division of labour is encouraged in the family to avoid too much workload on the women.

ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 6 | Issue: 4 | April 2020 || Journal DOI: 10.36713/epra2013 || SJIF Impact Factor: 5.614||ISI Value: 1.188

3. Enlightenment programmes should be organized for family members on management and care of depressed women in the family.

REFERENCES

1. *Albert, P. R. (2015). Why is depression more prevalent in women: Journal of Psychiatry and Neuroscience, 40(4). Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4478054/*
2. *Batool, Z., Abbasi, S. R. S., Zafar, M. I. & Hameed, S. (2008). Evaluation of risk factors and prevalence of depressive disorders among rural females in district Faisalabad. Journal of Anim. Pl. Science, 18(2-3). Pp. 1-5.*
3. *Blundell, R., A. Bozio, and G. Laroque (2013).Extensive and Intensive Margins of Labour Supply: Work and Working Hours in the US, the UK and France". Fiscal Studies 34(1), 1{29.*
4. *Cleary, P. D., & Mechanic, D. (1983). "Sex differences in psychological distress among married people." Journal of Health and Social Behavior 24, 111-121.*
5. *Dastgiri S, Mahboob S, Tutunchi H, Ostadrahimi A (2006): Determinants of food insecurity: a cross – sectional study in Tabriz. J Ardabil Univ Med Sci Health Serv 2006, 6(3):233–239.*
6. *Goldsteen, K, & Ross, C. E (1989). "The perceived burden of children." Journal of Family Issues 10: 504-526*
7. *Gove, W. R., & Peterson, P. (1980). An up-date of the literature on personal and marital adjustment: The effect of children and the employment of wives." Marriage and Family Review 3(3/4): 63-96.*
8. *Gregory, S. B. (2017). Social Courses of Depression, American Psychological Association, Washington, DC.*
9. *Kotler, Pamela, and Deborah Lee Wingard. 1989. "The effect of occupational, marital, and parental roles on mortality: The Alameda County Study." American Journal of Public Health 79: 607-612.*
10. *Martire, L. M., Lustig, A. P., Schulz, R., Miller, G. E., & Helgeson, V. S. (2004). Is It Beneficial to Involve a Family Member? A Meta-Analysis of Psychosocial Interventions for Chronic Illness. Health Psychology, 23(6), 599–611.*
11. *Mordi, C. & Ojo, S. (2011) Work-Life Balance Practices in The Banking Sector: Insights from Nigeria. Ife Psychologia, 19(2): 285-295.*
12. *Payab, M., Motlagh, A. D., Eshraghian, M., Rostami, R. & Siassi, F.(2014). The association of family food security and depression in mothers having primary school children in Iran. Journal of Diabetes & Metabolic Disorders, 13:65. . 1*
13. *Pearson, C. Janz, T. & Ali, J. (2013). Mental and substance use disorders in Canada. Health at a glance. Retrieved from www.statcan.gc.ca/pub/82-624-x/2013001/article/11855-eng.htm.*
14. *Ramesh T, DorostyMotlagh A, Abdollahi M: Prevalence of household food insecurity in the City of Shiraz and its association with socio-economic and demographic factors, 2008. Iran J NutrSci Food Technol 2010, 4(4):53–64*
15. *Sadock, B. J., Sadock, V. A. & Ruiz, P. (2015) .Kaplan & Sadock's Synopsis of Psychiatry (11th Edition).Wolters Kluwer, New York. P. 752.*
16. *Saul, K., Sharon, S B. & Steven, F. (2005). Social Psychology, New York. Houghton Mifflin Inc.*
17. *Verbrugge, L M. (1983). "Multiple roles and physical health of women and men."Journal of Health and Social Behavior 24, 16-30.*
18. *Waldfogel, J. (1998). \Understanding the "Family Gap" in Pay for Women with Children". The Journal of Economic Perspectives 12(1), 137-156.*
19. *World Health Organization (2017). Let's talk depression. Retrieved from https://www.who.int/campaigns/world-health-day/2017/toolkit.pdf?ua=1*