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Research Article

Appraising the Knowledge and Attitude towards Clinical Depression among Women of Reproductive Age in Akure South Local Government Area of Ondo State, South Western Nigeria

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Abstract

The study aims to appraise the knowledge and attitude towards depression among women of reproductive age in Akure South Local Government area of Ondo State, South Western Nigeria. The study relied on Health belief theory as a theoretical fulcrum to explain health-related behaviour with respect to health intervention. A descriptive cross-sectional study was adopted for the quantitative appraisal. The sample consists of a hundred and nine (109) women of reproductive age (18-49 years) residing in Akure South Local Government Area. A multi-stage sampling technique was used to select the informants from the population sample. Secondary sources like journals, WHO documents, publications, and relevant internet materials were utilized for information, while primary data were collected using the self-structured questionnaire. Both descriptive and inferential statistics (chi-square) were employed for data analysis via statistical package for the social sciences (SPSS). The results of the study revealed that the majority of the respondents have good knowledge about clinical depression: 63.6% agreed that depression is caused by biological change in the brain and 77.1% agreed that it can be treated by psychiatrists. The study also showed that majority of the respondents have positive attitude toward depression; 91.7% disagreed that person suffering from depression should keep as a secret while 73.4% agreed that people suffering from depression should always be in the midst of the people. The result of the hypothesis testing between knowledge of clinical depression and education status revealed a significant association between the two variables (x^2 = 44.3. p <. 000). Conclusively, despite the good knowledge and positive attitude of woman of reproductive age in AKSLGA, the rate of incidence of depression is high. The study, therefore, recommended that government should strengthen the various mental health units in government-owned hospitals with a view to providing adequate counselling and psychotherapy services while NGOs should intensify awareness campaigns in order to reduce the high incidence of depression among the populace.

Keywords: Knowledge, Attitude, Depression, Psychotherapy, Counselling.

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Introduction

Merriman-Webster defines depression as "A psychoneurotic or psychotic disorder marked especially by sadness, inactivity, difficulty in thinking and concentration, a significant increase or decreases in appetite and time spent sleeping, feelings of dejection and hopelessness, and sometimes suicidal tendencies."

Depression, according to the World Health Organisation (WHO),2023, is a common and serious medical illness that negatively affects how one feels, the way one thinks and acts, a constant sense of hopelessness, and the difficulty of working, studying, sleeping, eating, and enjoying with friends and activities. Some people have depression once in their life while others have it several times in a lifetime particularly in the morning, and a loss of interest in normal activities and relationships-symptoms that are present every day for at least 2 weeks. The World Health organization (WHO) hereby estimates that a million people commit suicide every year worldwide. Clinical Depression is projected to be the second cause of disability in the world in 2020 but it is often overlooked and untreated.

Depression can affect anybody include children. But it was reported that women are affected by depression as twice as men. According to World Health Organization,(2019) surveys, it was revealed that approximately 20 in 100 people suffer from depression at any one time and globally, more than 264 million people of all ages and all races suffer from depression.

In Nigeria, one in four people suffer from some sort of mental illness according to Obadeji, Ogunlusi and Adebowale (2014). They also said that Nigeria has Africa's highest prevalence rate of depression, ranking 15th in the world in the frequency of suicide. The Africa Polling Institute (API) in collaboration with EPIC-Africa conducted a survey in mental health in Nigeria in 2019 and estimated that 20-30% of the Nigeria population suffer from mental health disorders. According to this report, economic hardship, negative environmental factors and skyrocketing cost of living in the country have been identified as contributory conditions for this high figure.

Depression can occur for variety of reasons as it has no single cause, but has many different triggers. The risk factors according to National Health Scheme (NHS) include: stressful events, personality traits like low self-esteem, family history pre and postnatal hormonal and physical changes, Menopause, loneliness, alcoholism or drugs such as some medications for high blood pressure, and illness. Evidence has shown that depressive disorders related to the occurrence and cause of many chronic diseases, including diabetes, and obesity and can have devastating consequences including suicide (AbdElmageed and Hussain, 2022). Although, there are known, effective treatment for depression, few people, almost 10% of those affected in some counties of the world receive treatment.

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Barriers to effective care include: insufficient resources, paucity of trained health care providers and social stigma associated with mental disorders. The negative perception and lack of understanding of clinical depression prevent millions of people from seeking appropriate and timely medical interventions leading to distress and increased burden, as well as increased morbidity and mortality for affected people and their families.

Statement of the Problem

Depression is a disorder that has been identified by various researchers such as Adewuya and Makanjuola, (2009); Abdalgeleel, Moneer, Reface, Samir, Khalef and Allam (2023) and Guruje and Lasebikan, (2006) as one of the leading causes of mortality among women of Reproductive age, Particularly in Sub-Saharan Africa. Increases in the rate of suicide occasional by depression and drugs among women and youths has been observed overtime in Ondo State with Akure having the highest prevalence. It has now become common occurrences to hear cases of suicide traceable to depression among the citizens. Some of the reported cases of suicide in Akure South Local Government and some part of Ondo State include:

A 300–level student of the Federal University of Technology Akure, Olama Oluwapelumi who committed suicide at his Aule residence in Akure on 20th January, 2023.

Abraham Arowogun, a police inspector who after killing his boss in Kajola town, Odigbo over money issue, killed himself as well by jumping into a well.

On the January 5, 2021, it was reported that a 23year old female employee of Shoprite committed suicide after she was suspended from work for lateness.

Awelewa who resided at Powerline axis of Ijoka AKSLGA of Ondo State attempted suicide on September 5, 2022, after his earlier plan to kill his wife failed.

A 50- year old man, Ojo Ogundeji reportedly set himself ablaze inside his father's house in Ondo town, Ondo State.

The escalated cases of suicide traceable to depression among Ondo State indigenes had generated concerned among the government and stakeholders. To mark the 2019 World Suicide Prevention Day, It was reported that TVC news on the 10th September, 2019, that some youths who were surprised by the worrisome dimension of suicide, marched round Akure city to raise awareness on suicide in the country and how to address the situation.

In the light of the above, the study aims to proffer solutions to the health challenge by appraising the knowledge and attitude of depression towards women of reproductive age in Akure South Local Government Area.

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Justification of the Study

The study will help the governments, health bodies and policy makers in formulating programmes and policies that will proactively address this medical illness. At the same time, it will increase the body of knowledge about the depression and provide useful information for future researchers.

Objectives

The study objective is to appraise the knowledge and attitude among women of Reproductive age in Akure South Local Government Area towards clinical depression.

Research Questions

The study is guided by the following research questions.

(i). What is the level of knowledge of women of Reproductive age in Akure South about clinical depression?

(ii) What is the attitudes of women of Reproductive age towards clinical depression?

Literature Review

Psychiatrists have identified depression according to symptoms and causes. In some people, they can linger much longer than in other for no obvious reasons.

Types of Depression

There are different types of depression according to American Psychiatrists Association (2017).

Major Depressive Disorder (MMD): Major depression (clinical depression) has intense or overwhelming symptoms that last longer than two weeks. These symptoms interfere with everyday life.

Bipolar Depression: People with bipolar disorder have alternating periods of low mood and extremely high energy (maniac) periods. During the low periods, they may have depression symptoms such as feeling sad or hopeless or lacking energy.

Prenatal and postpartum depression: Prenatal means around birth. Many people refer to this type as postpartum depression. Prenatal depression can occur during pregnancy and up to one year after having a baby. Symptoms go beyond the baby blues'' which causes minor sadness, worry or stress.

Persistent Depressive Disorder (PDD): is also known as dysthymia. Its symptoms can be experienced for two years or longer.

Premenstrual Dysphonic Disorder (PMDD): This is a severe form of premenstrual Disorder (PM). It affects women in the days or weeks leading up to their menstrual period.

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Psychotic Depression: People with psychotic depression have severe depression symptoms and delusion or hallucination involved seeing, hearing or feeling touched by things that are not actually there.

Seasonal Affective Disorder (SAD): This is a type of depression that usually starts in late fall and early winter. It often goes away during the spring and summer.

Causes of Depression

Various factors have been identified as the causes of clinical depression. These include:

i. Brain Chemistry: Abnormalities in brain chemical levels may lead to depression.
ii. Genetics: if you have a relative with depression, you may be predisposed to clinical depression.
iii. Life events: Stress, the death of loved ones, upsetting events (trauma), isolation and lack of support can cause depression.
iv. Medical Conditions: Ongoing physical pain and illness can cause depression. People often have depression along with conditions like diabetes, cancer and Parkinson's disease.
v. Medication: Some medications have depression as a side effect. Recreational drugs and alcohol can cause depression or make it worse.
vi. Personality: People who are easily overwhelmed or having trouble coping may be prone to depression.

The risk factors of Depression

According to the National Institute of Mental Health, major depression affects about 6.7% of the population. Between 20% and 25% of adults may suffer an episode of major depression at some points during their lifetime major depression also affects older adult, teens and children, but frequently goes undiagnosed and untreated in these population. Therefore, almost twice as many women as men have major or clinical depression, hormonal changes during puberty, menstruation, pregnancy, miscarriage and menopause may increase the risk.

Other risk factors that boost the risk of clinical depression women who are biologically vulnerable to it include increased stress at home or at work, balancing family life with career and caring for an aging parent, raising a child alone will also increase the risk.

Diagnosis of Clinical Depression

A health provider such as those in primary healthcare doctor or a psychiatrist will perform a through medical evaluation, where screening for depression may be carried out at a regular doctor's visit. This is carried out through asking questions on personal and family psychiatrist history of the patient. There is no blood test, x-ray or other laboratory test that can be used to diagnose major depression. However, doctor or psychiatrist may run blood test to help detect any other medical problems that have symptoms similar to these of depression. For example, hypothyroidism can cause some

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of the same symptoms as depression as an alcohol or drug use and abuse, some medications and stroke according to Nigerian Psychiatrists Association.

Treatment of Clinical Depression

Major or clinical depression is a serious but treatable illness, depending on the severity of symptoms. Doctors or psychiatrists usually recommend treatment with an antidepressant medication. They may also suggest psychotherapy or talk therapy, in which you address your emotional state. Other medications are added to the antidepressant to boost its effectiveness. Certain medicines work better for some people. It may be necessary for psychiatrist or doctor to try different drugs at different does to determine which medicine works best for the patient.(Perusinghe, Chen and McDermott,2021).

Theoretical Framework

The study adopted the Health Belief Model theory to explain and predict health-related behaviour of human beings with respect to acceptance of health interventions or otherwise. The theory was propounded by Rosenstock, Stretcher and Becker (1988). Therefore, the relevance of this theory to this work rested on the fact that women of reproductive age experiencing depression will embrace any form of intervention against the conditions only if they perceived the severity of their conditions, they beliefs about the causes of depression and their perception of the efficacy of the available interventions or treatments.

Research Methodology

This method allows quantitative collection of data. The research design adopted for this study is Descriptive Cross-Sectional design. It also involves the study of more than one variable of a population of interest at the same time. The study population comprises women of reproductive age (15-49 years) residing in Akure South Local Government Area.

One Hundred and Nine (109) women of reproductive age were selected from the study population using multi-stage Random Sampling technique. The participants were selected from 11 political wards within the Local government area in stages until the required sample size was attained. The selected participants were assessed using structured self-administered questionnaire. The instrument has three sections. Section A which contains the socio-demographic profile of the respondents. Section B contains questions raised to assess the respondents' knowledge on Depression and section C consists of questions raised to assess the attitude of the respondents on Depression. The questionnaire consists of open and close ended questions. The reliability of the instrument of the instrument was tested through a pre-test in Oke-Aro, a community in ward 8 Akure South Local government area selected through random sampling by balloting. A total of 30 participants were selected for the study.

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Results and Discussions

Data generation was analyzed using descriptive statistics such as frequency table, percentage and inferential statistics (Chi-square).

Table 1. Socio-demographic profile of the respondents.

Variable	Frequency	Percentage
Age group		
15 – 24	10	9.17%
25 – 34	30	27.52%
35 – 44	40	36.70%
45 – 54	29	26.61%
Total	109	100%
Marital status		
Single	10	9.17%
Married	90	82.57%
Divorced	9	8.26%
Total	109	100 %
Occupation		
Civil servants	50	45.87%
Traders	30	27.5%
Self employed	10	9.17%
Unemployed	19	17.43%
Total	109	100%
Education		
Primary school Certificate	20	18.35%
Secondary school Certificate	30	27.51%
NCE/OND	15	13.75%
Graduates	35	32.11%
Uneducated	9	8.26%
Total	109	100

Source: Field Survey, 2023

The Table 1 presents the analysis of the socio demographic profile of the respondent. The table shows that the majority of the respondents are within the age bracket of 35-44yrs representing 36.7% of the respondents. Similarly, majority of the respondents 90 representing (82.5%) are married. It also revealed that 50 of the respondents representing 45.87% are civil servants while 30 (27.5%) are traders and 10 (9.17%), 29 (26.6%) respondents are self-employed and 19(17.43%) are unemployed respectively. On educational status, graduates are in the majority 35 (32.10%) while 15 NCE/OND

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accounted for 13.76% and secondary school certificate holders made up 30 (27.5%) of the respondents. Primary school certificate holders and uneducated respondents accounted for 20 (18.3%) and 9 (8.26%) respectively.

Research Question 1:- What is the level of knowledge of woman of reproductive age in Akure south on clinical depression?

Table 2:- Respondents knowledge on clinical depression.

S/N	Variable	Yes %	No %
1	**Where did you hear about depression?**		
	1. Radio	29 (26.6%)	80 (73.4%)
	2. Television	20 (18.3%)	80 (73.4%)
	3. Social media	67 (61.5%)	42 (38.5%)
	4. Hospital	14 (12.8%)	95 (87.2%)
	5. Friends	16 (14.7%)	93(85.3%)
2	**What do you understand by depression?**		
	1. Medial mental illness	18(16.5%)	91(83.49%)
	2. Same thing as sadness	29(26.6%)	80(73.4%)
	3. Weakness of character	21(19.3%)	88(80.7%)
	4. Biological changes in brain	69(63.3%)	40(36.7%)
3	**What are the symptoms of depression?**		
	1. Sadness	49(44.95%)	60(55.05%)
	2. Weakness	29(26.6%)	80(73.3%)
	3. Been early frustrated or irritated	19(17.4%)	90(82.5%)
	4. Changes in how much you sleep	32(29.4%)	77(70.6%)
4	**How do you think depression can be treated?**		
	1. Through psychiatrists	84(77.1%)	25(22.9%)
	2. Through herbalists	18(16.5%)	91(83.5%)
	3. Though religious healers	27(24.8%)	82(75.2%)
5	**Depression could be caused by?**		
	1. Witchcraft	16(14.7%)	93 (85.3%)
	2. Loss of job	69(63.3%)	40 (36.7%)
	3. Loss of loved ones	79(72.5%)	30 (27.5%)
	4. Financial problems	61(53.96%)	29(26.6%)
	5. Genetic factor	48(44%)	61(53.96%)
6	**What are the factors that can make one to be vulnerable to depression?**		
	a. Genetic make up	80(73.4%)	29(26.6%)

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b.	Increased stress	66(60.6%)	43(39.4%)
c.	Marital problem	83 (76.1%)	26(23.9%)
d.	Alcoholic	61 (56%)	48(44%)

Source: Field Survey, 2023

The Table 2 shows the respondents knowledge about clinical depression, from the table out of the 109 respondents, 67 respondents representing 61.5% of the respondents claimed they heard about depression through the social media and they are in the majority. Also, 29(26.6%) said they heard through television and radio respectively. The respondents showed their understanding of depression as the majority 69(63.6%) agreed it is caused biological changing in the brain while about 40(36.7%) disagreed. With respect to how depression can be treated, the majority of the respondents 84(77.1%) agreed with the assertion that it can be treated by psychiatrists. 27(24.8%) said it can be treated by religious healers while 18(16.5%) agreed it can be treated by herbalists. On the cause of depression, the majority of the respondent 79(72.5%) agreed it can be caused by the loss of loved ones, while 69(63.3%) said it can be caused by job loss only. 16(14.7%) agreed it can be caused by activities of the witches. From the above analysis, it can be inferred that the majority of the respondents have good knowledge of clinical depression.

Research Question 2: What is the attitude of women of reproductive age in Akure South Local Government Area toward clinical depression?

Table 3: Respondents attitude towards clinical depression

S/N	Variable	Yes %	No%
1	A person with depression should keep it as a secret	9 (8.3%)	100 (91.7%)
2	It is best to avoid people with depression so that you don't become infected with depression	10 (9.2%)	99 (90.8%)
3	Does depression need to be treated by specialist?	90 (82.6%)	19 (17.46%)
4	People that suffer depression need to be in the midst of people all the time	80 (73.4%)	29 (26.6%)
5	Is depression a sign of personal Weakness?	20(18.3%)	89(81.7%)
6	Depression people need to be cheerful at all times	80(73.4%)	29(26.6%)

Source: Field Survey, 2023

Table 3 presents the analysis of the attitude of respondents toward clinical depression. The table revealed that the majority of the respondents representing (91.7%) disagreed with the assertion that person suffering from depression should best keep it to himself or herself only 9(8.3%) agreed. Similarly, 99(90.8%) of the respondent equally disagreed with the assertion that people with depression should be avoided only 10(9.17%) agreed. In the same vein,

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90(82.6%) respondents agreed the depression should be treated by specialists only 19(17.40%) disagreed.

Furthermore, majority of the respondent 80(73.4%) agreed that people suffering from depression should always be in the midst of the people only 29(26.6%) disagreed. With respect to whether depression is a sign of personal weakness or not, majority of the respondent 89(81.7%) disagreed only 20 (18.3%) agreed from the above analysis it can be inferred from this study that majority have positive attitude towards clinical depression.

Hypothesis Testing

Ho_1– there is no significant relationship between the level of knowledge of the respondents on depression and their educational status.

Table 3: Results of the hypothesis test

Variable	N	Means	Std	df	X^2	P
Education status	109	2.85	494	4	44.38	.000
Level of knowledge of respondents on depression	109	1.85	.5%			

n=109

Table 3 shows there is significant relationship between level of knowledge of patients on depression and their level of educational attainment. This implies that patients that are educated have better knowledge on depression than their counterparts that are illiterates, hence null hypothesis should be rejected (X^2=44.3 P<.000).

Discussion

The purpose of this study is to appraise the level of knowledge and attitude of women of reproductive age (15-49) years in Akure South Local Government Area of Ondo State on clinical depression.

Findings from the study revealed that the:

1. Majority of the participants enlisted in the study are within the age bracket of 35-44yrs. This aligned with the study of Sulter Health (2023) which stated that adults between the ages of 30 to 60 years have a lot of tendencies that can trigger depression such as marital and societal responsibilities, financial stress and isolation.
2. Similarly, married women are in the majority 90(82.5%). Girgus and Yang(2015) in their study of gender and depression opined that female are about twice likely to be diagnosed with depression and exhibit twice as many depressive symptoms as male due to pressure or stressors. Also, Albert (2015) showed that depression is more prevalent in women because they are more sensitive to interpersonal relationships and hormonal changes during puberty, pregnancy and perimenopause.

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3. Findings from this study showed that the informants have good knowledge of clinical depression and this was supported by the previous study of Mojiminiyi, Balogun and Ogunnowo (2020) on "Knowledge and attitude toward mental disorders among adults in an urban community in South West, Nigeria".
4. In the same vein, majority of the respondents have formal education which might be responsible for their good knowledge about clinical depression. This was corroborated by the study of Feinstein, Sebates, Anderson, Sorhaindo and Hammond (2006). They posited that formal education attainment has association with both physical and mental health. Their study also revealed that education increases socio-economic conditions leading to fewer stressors, better coping strategies, better solutions of health problems thereby reducing risk factors for depression.

   In the same vein, findings from this study which posited that the respondents have positive attitude which may lead to improved treatment and care of those suffering from depression aligned with the findings of Abayomi, Adelufosi and Olajide (2012) in his study on " Changing attitude to Mental Illness among community Health volunteers in South -Western Nigeria".

   Hypothesis testing revealed that there is a relationship between level of knowledge of patients on depression and their level of educational attainment as P< .000 was supported by Halpen-Manners, Schnabel, Hernandex, Silberg and Eaves (2016) in their study on relationship between education and mental Health.

   The limitations of this study included the reluctance of the respondents to divulge the information that could assist this investigation and the small sample size that might not reflect the generalised opinions of the study population.

Conclusion

Based on this study. It is concluded that the majority of reproductive age in Akure South Local Government of Ondo State have good knowledge and positive attitude toward clinical depression. However, further awareness should be created to disabuse the minds of the few women in the area who still hold on to the belief that depression can be cured by faith healers and herbalists or caused by witches and wizards or "ogbanje" spirits. Further research should be conducted to determine the connectivity between clinical depression and the academic status of the informants. It is also advisable that more of the sample population should be investigated to get a broader representation.

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Recommendations

i. Patients with clinical depression should always engage in regular exercise, getting enough sleep and spending time with people who care about them
ii. Counselling or psychotherapy is highly needed from qualified health professional (psychologist or psychiatrist) to address the problem and to develop coping skills.
iii. Medication: Perception medicine called anti-depressants can help change brain chemistry that causes depression.
iv. The use of the brain stimulation therapy is also encouraged among the depressed patients. This includes the use of Electronvulsive therapy (ECT), trans cranial magnetic stimulation.
v. Depression sufferers should always endeavour to avoid depression stringers like addictive behaviours
vi. People suffering from depression should as a matter of necessity comply with their medication to avoid relapse.
vii. Awareness campaigns about depressions must be intensified.

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