

**PREVALENCE AND ASSOCIATED FACTORS OF DEPRESSION AMONG
TEENAGE MOTHERS IN BENIN METROPOLIS**

BY

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CERTIFICATION

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ABSTRACT

Depression among teenage mothers has emerged as a significant public health concern globally. This study investigates the Prevalence and Associated factors of Depression among Teenage Mothers in Benin Metropolis of Edo State Nigeria. The study adopted Multi stage sampling technique while primary data collection was used to obtain data from the respondents. Data gathered was subjected to Pearson Product Correlation Coefficient which was used to establish the study feasibility. 500 female participants aged between 13 to 19 years were purposely selected with a structured questionnaire. Ambiguity in the instruments was eliminated. The data collected was analyzed and presented in percentages and tables. Results revealed that there is high degree of depression among teenage mothers in Benin metropolis and identifies lack of social support, stigma, and economic dependence as predictors of depression, highlighting the need for targeted interventions to address the mental health needs of teenage mothers in Benin metropolis. The study recommends that to address depression among teenage mothers, accessible and affordable mental health services, including counseling and therapy, should be provided within existing healthcare facilities. Routine screening for depression during antenatal and postnatal care can help identify those in need of further support. Peer support groups, education on family planning and parenting, and social support networks can empower teenage mothers and enhance their self-esteem. Childcare support and community-based initiatives can also promote socialization and reduce isolation. Ultimately, policy reforms are necessary to address the unique needs of teenage mothers and ensure they have access to education, healthcare, and social services.

Keywords: depression, teenage mothers, social support, post-natal, interventions, child care, support group.

SECTION ONE

INTRODUCTION

1.1 Background to the Study

The central purpose of this study was to investigate the prevalence of depression as a disorder, its effects and frequency on teenage mothers due to their burden of earning a living as well as the primary caregiver for their children. McGath (2013) found that depression is a mental health disorder that affects people of all ages, causing emotional imbalance over a period of time because it takes away the ability to control and expose them to different symptoms. It also affects people who are single, young and economically disadvantaged.

There are two types of depression. The first is Anaclitic depression. According to Gepp and Cronkleton (2022), Anaclitic depression is “a condition that relates to attachment and interpersonal dependency often accompanied by symptoms of social withdrawal, appetite changes and sleep issues and occurs most often in infants who experience neglect or separation from their birth parents or primary caregiver and can also occur in adults”. The second is internal or Endogenous depression. Thourani (2022), says this occurs when there is no stress or trauma present. It could be caused by genetic or biological factors with symptoms of low self-esteem, guilt, worthlessness, self-criticism and a feeling of not meeting expectations and standards. One of the negative effects of teenage pregnancy is stigmatization. Toole (2013) found that other factors that lead to depression such as low mood, low esteem, and low motivation can also result from perceptual distortions of vision and negative attitudes about the future. In addition to physiological causes, depression can also be a mood disorder

that runs in families. (Andrews et al. 2020). Other causes of depression include stress, difficult childhood, turbulent sexual and physical upbringing, separation from parents, mental illness or early death of parents. Parekh et al. (2017) and De Jong (2011) in their research showed that one in four adult women in the postpartum period experience some form of emotional distress and that various theories of depression did not provide sufficient information for the researcher's questions. Kalil et al. (2012) state there is likelihood of women being more prone to depression than men and the fact that a quarter of women are likely to experience major depressions in their lifetime is of great concern to psychologists. Bilbring et al. (2013) found that depression is one of the most common problems faced by physical health professionals, psychologists and social workers and factors that contribute to it must be studied by those interested in health and personality. Unusual susceptibility to discomfort as well as serious and persistent clinical disturbances are characteristic of depression.

According to the diagnostic criterion of the major depressive episode by the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), there must be a presence of depressive mood or a loss of interest or pleasure for at least two weeks, in addition to other related symptoms, such as psychomotor and sleep disturbances, a reduction in concentration, a change in body weight, and loss of energy. Maskey, (2016) in his study found that "anxiety in adolescence is related to deep transformations experienced that provoke a feeling of restlessness and self-estrangement. It is a frequent symptom in this stage of life and a warning signal in the face of a potentially threatening situation".

1.2 Statement of the Research Problem

Depression in adolescent and child bearing mothers is a growing global problem. An estimated 20,000 teenage girls give birth every day and 70,000 adolescent girls die each year from complications during pregnancy and birth according to United Nations Population Fund (2013). A report by UNFPA (2017) also shows that 9 out of 10 countries inhabited by Africans have the highest teenage pregnancy rates in the world. According to Amoran (2012) “in Nigeria, an estimated 23% of women aged between 15-19 years of age have started childbirth, while 17% have given birth to their first child and 59% are pregnant with their first child although it depends on the country’s border, religion, educational level and wealth group.” Ardington, (2015) has found that most teenage girls are more likely to conceive than their peers with lower educational achievement, school drop out with lower socio-economic outcomes. In his research findings, there is also evidence that mental health problems including depression are two to three times more common in pregnant and teenage mothers. This is a serious problem even though the pregnant mother is a teenager. In other related research, the infant mortality rate in mothers under 15 years old is two times higher than that of women 20-24 years old and in the 15-19 age group and it’s lower than in women 20 years old according to (United States Department of Health and Human Services, 2016).

Depression is a mental condition of low mood and aversion to activity. It affects more than 280 million people of all ages, about 3.5% of the global population. (Depression, 2020). Research findings also found that most depressed victims are suicidal and have anxiety. According to a study by Ramgasamy et al. (2020) they stated that, “in adolescents, depression is considered a large-if not the leading cause of suicide”. Bilbing, et al. (2013) discovered that depression is one of the most prevalent issues encountered by physical health professionals,

psychiatrists, social workers and social psychologists, posing significant concerns. Consequently, investigating the contributing factors to depressions is crucial for healthcare professionals and researchers addressing health and personality problems. Specifically, understanding the causes and consequence of depression among adolescents is vital for developing effective prevention and treatment strategies. It is because of these background that this research work aims to study the prevalence of depression on adolescent mothers in Benin metropolis.

1.3 Aims and Objectives

The main aim of this study is to examine the prevalence and associated factors of depression among teenage mothers in Benin Metropolis

The specific objectives is to:

1. Determine the prevalence of depression among teenage mothers in Benin Metropolis.
2. Identify the associated factors (socio-economic, psychological, and environmental) that contribute to depression among teenage mothers in Benin Metropolis.
3. Examine the relationship between depression and the socio-demographic characteristics of teenage mothers in Benin Metropolis.
4. Investigate the impact of depression on the daily lives and well-being of teenage mothers in Benin Metropolis.
5. Explore potential interventions and support systems that can help alleviate depression among teenage mothers in Benin Metropolis.

1.4 Research Questions

1. What are the types of depression and its prevalence on teenage mothers in Benin metropolis?
2. What are the causes of depression prevalent on teenage mothers in Benin metropolis?
3. What are the effects of depression of teenage mothers in Benin metropolis?
4. What are the ways to deal with depression of teenage mothers in Benin metropolis?
5. What are the possible Social work coping strategies to address the issues of depression of teenage mothers in Benin metropolis?

1.5 Significance of the Study

As we shall discover in this study, the prevalence of depression is the leading cause of health challenges leading to disability in the world as it affects all ages, social class, ethnicity and socio-economic life with high personal economic cost. Depression is also the leading cause of untimely death most especially suicide in most countries of the world. It is also the cause of feelings of sadness or people losing interest in social activities leading to different emotional and physical challenges thereby decreasing people's ability to function at work or home. In view of the negative consequences of depression discussed above, it is imperative to investigate and find solutions to the prevalence of depression on teenage mothers in Benin metropolis.

The result of this study will have great implication for those directly involved in management of adolescent mothers, especially those managing the training function and development of Non-Governmental Organizations. It will provide an overview of coping strategies and best ways to overcome depression of teenage mothers in Benin metropolis. This study will

examine the causes, effect, types and Social Work coping strategies of adolescent mothers with depression with the aim of supporting girls and accessing information and quality care. It will also lead to a better understanding of the factors needed to prevent depression. More importantly, the research will help us to see how developing good framework can change a teen mother's quality of life and improve her overall wellbeing. It is also believed that this study will be of benefit to educators by exposing them to the solutions of the prevalence of depression of teenage mothers in Benin metropolis. The study is also expected to add to the existing body of knowledge for researchers to draw on and act as a reference for further research in similar studies. Lastly, the findings of this study will also serve as a resource material for further research and will be of great benefits to various organizations with the intent to find solutions to the problems of depressions.

1.6 Scope of the Study

This research focuses on three local government areas of Benin metropolis, namely Oredo, Ikpoba-Okha and the Local Government of Egor. Oredo local government has a population of 374,671 people and a landscape of 349 sq km. Census (2006).

Not less than 50% of the population is Christian, 10% is Muslim while the remaining 40% is of African traditional and other religion. The occupation of Oredo people are civil servants, farmers, traders, students, mechanics, welders, skilled workers etc. Ikpoba-Okha has a geographical landscape of 862km square and a population of 372,080 people. Census (2006). It's headquartered is the town of Idogbo. Ikpoba Okha as its counterpart has a population of at least 50% Christian, 10% Muslim, the remaining 40% is of African traditional and other religion. The occupation of people here is the same as that of the Oredo Local Government

Area. The Local Government of Egor is located in South-south geo-political region of Nigeria and has its headquarter at Uselu in Benin City. Towns and villages like Okhoro, Useh, Uwelu, Ugbighoko etc. are located in this sizeable local government area. Egor's population is about 258,442 Census (2006). Tribal groups such as Esan, Bini, Owan and large tribes like Ibos, Yorubas, and Hausas reside in this quiet local government area. It is also a home for people of different religion like its other counterparts local government. Egor's Local Government falls into the tropics. The occupation of the people is same as Oredo and Ikpoba Okha Local Government. The postal code of the area is 300.

1.7 Definition of Terms

Adolescence: The state of development from childhood to adulthood or the period of life between puberty and adulthood generally considered between 13 to 21 years of age.

Unmarried Teenagers: A mother under the age of 20 and not bound by sacred marriage.

Family: Family is a social group whose members are related by blood (by recognized birth) or by kinship (by marriage, or other relationship) and cohabitation, economic cooperation and ensuring the welfare of the members.

Depression: Depression is thought to be related to brain function, neuro-transmitters, hormones and other biological processes. Depressive factors such as low moods, low self-esteem and reduced motivation can be the result of a distorted perception of a negative perception of the future.

Adjustment Disorder: This occurs in response to a life's event such as unwanted pregnancy, the death of a loved one or dealing with a parent's divorce. It is also known as Stress Response Syndrome and Situational Depression. (SRSSD)

Persistent Depressive Disorder: This is a mental and behavioural disorder specifically relating to moods and consisting of similar and physical problems with longer lasting symptoms for more than one year.

Major Depression: This is the most severe form of depression. It is believed that this depression is caused by heredity, environmental and psychological factors with 40% of the risk being heredity.

Antenatal Depression: This is a type of depression that can affect a woman during pregnancy and can lead to postpartum depression.

Postnatal Depression: This is a type of mood disorder associated with childbirth.

Sadness: Affected with or expression of grief or unhappiness.

Crying Spells: Crying for every insignificant reason.

Suicidal Behaviour: Marked by impulse to commit suicide.

Hopelessness: Having no expectation of good or success.

Extreme Fatigue: Over tiredness or exhaustion from labour or stress.

Low Self Esteem: The regard in which one sees himself as less important.

Exhaustion: Burnout or extreme tiredness.

Low Libido: Low sexual drive.

Social Withdrawal: Social or emotional detachment from friends and associates.

Insomnia: Prolonged and usually abnormal inability to get enough sleep.

Labeling: The process by which some people are labeled deviant, begin to think of themselves as deviants, and enter deviant careers.

Society: A fairly large number of people, living on the same territory, relatively independent of the outside and participating in a common culture.

Stigma: A label used to devalue members of deviant social groups. The phenomenon of an individual endowed with an attribute and deeply discredited or rejected by society because of this attribute. It is a process through which normal identity is negatively affected by the reaction of others.

SECTION TWO

LITERATURE REVIEW

2.1 Review of Relevant Literature

Overview of relevant and several studies have investigated the prevalence and risk factors for depression on teenage mothers. A systematic review of several researches has shown that the prevalence of depression among teenage mothers ranged from 11% to 60% with younger mothers having higher rates of depression reported in low-income earners and minorities. Risk factors for depression in teenage mothers includes social isolation, lack of social support, history of abuse and financial problems. Other studies show that teen mothers are more likely to suffer from depression. Low levels of maternal susceptibility and high incidence of negative outcomes in parenting, harsh discipline can adversely affect the health of mothers and children's mental health. Previous research also suggests that depression is a significant problem among teenage mothers and eliminating underlying risk factors, offering effective intervention such as cognitive behavioral therapy and group support can reduce symptoms and improve the mental health of children and mothers. Given the above, It is ill advised and futile to proceed with research without clearly understanding the above.

Also, it would be difficult to gain insight into this problem of study unless we learn what others have been doing and what must be done in a specific area of interest. From this, we can conclude that review of the literature holds the backbone of all research work and helps you find grounded support, learn theory, create a background for selecting procedures, acquire methodological knowledge, help the researchers customize tools and identify recommendations for further research. This section also deals with literature reviews of the

existing volumes on similar or related topics that have helped shape the theoretical perspective of this research project. The comparison of research results is important to determine the relationship between the main variables of the topic and how they relate to the theories of the topic. This section deals on the review of telecast literature on the prevalence of depression among teenage mothers in Benin urban: a survey of Benin metropolis and it has been reviewed under the following sub-titles:

- Conceptual assessment of the impact of depression on adolescent mothers.
- Depressive problems in teenage mothers.
- Types/effects of depression in adolescent mothers.
- Social work strategies for dealing with the prevalence of depression of adolescent mothers.
- Review of empirical study.
- Review of Relevant Theories.
- Theoretical framework. (The theory adopted for my study)

2.1.1 Conceptual Assessment of The Impact of Depression on Adolescent Mothers

According to World Health Organisation, depressive disorder is a mental health disorder or non-psychotic depressive episode that affects people of all ages but teenage mothers are more likely to get it during pregnancy and after giving birth. It further says that teen mothers face many challenges such as social stigma and financial stress that contributes to depression. Reis (1988) posits that early adolescent sex and contraceptive use also increase the risk of

depression in teenage girls with unintended pregnancies. He also said that due to the complex nature and the development of the sex hormones in adolescents, there is a desire to having sex at an early age and it is this desire that makes adolescents to indulge in sex while they are still developing into adulthood. In most cases, this can lead to unwanted pregnancy and to depression if the young mother is unable to cope with the challenges of pregnancy. It was also said in a study that Vesico-vaginal Fistula (VVF) of teenage mothers sometimes leads to depression and that 73.81% of patients diagnosed with VVF were having depression as a major clinical consequence. VVF is an abnormal opening between the bladder and the vaginal that results in constant urination. It is most common among mothers.

Colleta et al. (1983) conducted a study of young mothers and found that they were often depressed and also found that the occurrence of depressive symptoms ranged from 28% to 67%. Their study also revealed that contraceptive use also increased the risk of depression in teenage girls. Reis et al. (1988) found that 6% of adolescent mothers in their study met the criteria for depression. They also found that depression was more common in younger mothers than in older mothers. Deal et al. (1989) also found that adolescent mothers are twice as likely to suffer from depression than adult mothers. Hudson et al. (2000) found that teenage mothers with depression are also at higher risk of developing depression in adulthood. Dewey et al. (2005) in their study also found that Afghanistan have the highest rates of depression in the world; although the study doesn't say that the majority of those with depression are teenage mothers. They also found that the high incidence of adolescent pregnancies which leads to depression in Sub-Saharan African countries is estimated at 19.3%. Kekesi (2017) suggested that depression has a negative impact on the mental health of the mother and the cognitive development of the child. Nolen et al. (2020) is of the opinion in their research that

a higher risk of physical and sexual abuse, lower wages, an unhappy marriage and biological factors such as the use of birth control pills may be an underlying cause of depression in teenage mothers.

2.1.2 The Problem of Depression in Teenage Mothers

According to the National Library of Medicine based on analysis on geographical regions of Nigeria, the study shows that the region with the highest prevalence of depression was the North -West region at 45% followed by the South-South at 33%, the South-East at 22.1% and the South-West region at 18.1%. In view of above, the data of depression of teenage mothers in Benin City may likely be included in the South-South region with 33% depression of teenage mothers. Let us not forget that Benin City is one of the most populous state in the South-South region of Nigeria and may not have been excluded in the study. In another study of the Department of Health and Human Services in the United States, their study also found that in 2014, nearly 250,000 babies were born to teenage mothers and about 77% of the pregnancy were unplanned and they concluded that teenage pregnancy can change a teen's life and also puts her in a place where she is not only responsible for herself but also for someone else. Dewey et al. (2005) said that adolescent mothers are still dependent on their parents and guardians and therefore pregnancy also affects her mental changes for which she was not prepared. Macleod, C. (2019) found that young mothers face additional stress from sleepless nights, by organizing babysitting, making doctors appointment and trying to finish high school after having a baby.

In a study by Omorogiuwa et al., (2023), it was posited that truancy is a contributory factor of child abuse with chain consequences leading to several problems in teenage children. These

problems may likely create mental health challenges and depression among teenagers. According to (Hodges 2001), some parents abuse their children by forcing them into early marriage. These cultural practices will prevent a girl child from receiving education. Also, the cultural practices of marrying of young girls in some societies in order to prevent early premarital sex and supplement family's meagre income could lead to untimely deaths, high mortality rates or death after childbirth. (Braithwaite, 2014). In view of above facts, the researcher concludes that since the effects of early marriage are numerous, there is no doubt that depression will also be a recurring effect on teenage mothers.

2.1.3 Four Types and Effects of Depression in Adolescent Mothers

There are four fundamental types of depression that affects teenage mothers. For a clearer understanding of this study, let us briefly discuss them.

a. Adjustment Disorder with Depressed Mood

This mental condition occurs in response to a life's event such as unwanted pregnancy, moving to a new school, the death of a loved one or dealing with a parent's divorce etc. It starts within a few months of the event and may last up to six months. Another diagnosis may be done if symptoms persist more than six months. Though the duration is short, this disorder can interfere with sleep, school work and social functioning. Adjustment disorder is also known as Stress Response Syndrome and Situational Depression. (SRSSD). Common signs of this disorder are sadness, hopelessness, lack of enjoyment, crying spells, nervousness, anxiety, desperation, feeling overwhelmed and thoughts of suicide etc. According to Bronish and Hetch (1989), suicidal behaviour is very common among people with adjustment disorder. In their research findings, they discovered that one fifth of adolescent suicide victims may have

adjustment disorder and about 70% of patients with this disorder have attempted suicide. Bolu et al. (2012) in their study carried out on 82 adjustment disorder patients at a clinic, found that 22 (26.8%) of the patients were admitted due to suicide attempts. It was also discovered that 15 of the 22 patients chose methods that involved chances of being saved.

b. Persistent Depressive Disorder (Dysthymia)

Dr. Sartorius et al. (2004) described depressive disorder (dysthymia) as a mental and behavioural disorder specifically relating to moods and consisting of similar cognitive and physical problems with longer lasting symptoms for more than one year. Persistent depressive disorder concept was coined by Robert Spitzer to replace the term “depressive personality” in 1970. Brody Jane (1995) remarked that people with dysthymia are always irritable, with low energy, low self-esteem and feelings of hopelessness. They also have problems with their eating habits and sleep. One common symptom of dysthymia is lack of attentiveness and slow decision making. It is estimated that about 11% of teenagers aged between 13 to 18 years’ experience dysthymia. Though dysthymia is not as severe as a major depression, the duration can take a toll on a teen’s life. According to Harvard Health Publications (2005) It can last for two years in adults and one year for children. Niculescu et al. (2001) said that it can interfere with learning, socialization and overall functioning. It also makes a teen more susceptible to other mood disorders later in life. Cognitive behavioural therapy and medication are often very effective in treating dysthymia.

c. Major Depression

This is the most serious form of depression. According to the National Institute of Mental Health, younger children have equal rate of depression based on gender. After puberty, girls

are twice likely to be diagnosed with depression. Symptoms of this type of depression include persistent sadness and irritability, depths of despair thoughts, lack of interest in social activities and regular aches and pains in the body. This severe depression can cause severe impairment at home or school and treatment usually involves therapy and medication. It is believed that this disorder is caused by heredity, environmental and psychological factors with 40% of the risk being heredity and the risk factors are family history of the condition, major life changes, certain medications, chronic health problems and substance abuse according to (American Psychiatric Association 2013 p. 166 -168.) They also found in their study that there are multiple reasons why young people might become depressed. They can develop feelings of worthlessness and inadequacy, comparison of social status with peers, sexual orientation, unwanted pregnancy that pushed them into early motherhood and environmental and economic pressure. Depression among teenagers usually starts between the ages of 13 years and can run among adolescents in families with history of depression. This depression affects approximately 163 million people (2% of the world's population) as at the year 2017 according to (Disease and Injury Incidence and Prevalence Collaborators, 2018). Kurtz et al (2019) said that low social support, parental stress and inadequate coping responses could also lead to depression mostly among teenage mothers.

2.1.4 Two Types of Depression that Affects Teenage Mothers

There are two major depressions that affect young mothers. They are Antenatal and Postnatal depression. These two depressions could lead to more serious cases of depression if not treated. Antenatal depression also known as “prenatal or perinatal’ depression is a form of clinical depression that can affect a woman during pregnancy and can lead to postpartum

depression if not properly treated. (Depression in Women 2019). Wilson (2013) estimated that 7% to 20% of pregnant women are affected by antenatal depression.

Antenatal Depression

Antenatal depression can be caused by the stress and worry that pregnancy can bring but at a more severe level. Other trigger includes unplanned pregnancy, history of abuse, economy and family. Symptoms involve how the patient views herself, how she feels going through such a life changing event, the restrictions on the mother's lifestyle that motherhood will place on her and how the partner or family will feel about the baby. Antenatal Depression (2013) in their findings cited that pregnancy places strain on a woman's body and therefore results in stress, mood swings, sadness, irritability, pain and memory changes. Antenatal depression (2011) also cited in their research recommendation that if antenatal depression is untreated, it can be extremely dangerous for the health of the mother and the baby.

Effects and Symptoms of Antenatal depression

Antenatal depression comes with devastating effects and symptoms. According to Ibanez, G. et al. (2015), the effects and symptoms are as follows: Inability to concentrate; overwhelming anxiety and fear; difficulty remembering; feeling emotionally numb; extreme irritability; sleeping too much or not enough or restless sleep; extreme or unending fatigue; desire to overeat or not eat at all. Other symptoms and effects are: weight loss/gain unrelated to pregnancy; loss of interest; a sense of dread about everything including the pregnancy; feelings of failure or guilt and persistent sickness; thoughts of suicide or death; Inability to get excited about the pregnancy or the baby or feeling of disconnection with the developing baby.

Aghajafari et al. (2011) in their studies have also shown that there may be a connection between antenatal and postpartum depression in pregnant women with lower vitamin D deficiency.

2.1.5 Postpartum Depression

Postpartum depression (PPD) also called Postnatal depression is a type of mood disorder associated with childbirth. Symptoms may include extreme sadness, low energy, anxiety, crying episodes, irritability and changes in sleeping or eating habits. It is also symptomatic to loss and emptiness felt after childbirth that makes some women feel they are useless. According to Atuhaire et al. (2020), Africa like all other parts of the world struggles with a burden of postpartum depression. Current studies estimate the occurrence to be 15-25% but this is likely higher due to a lack of data and recorded cases. The magnitude of postpartum depression in South Africa is between 31.7% and 39.6. in Morocco, between 6.9% and 14%, in Uganda 43%, in Tanzania 12%, in Kenya between 13% and 18.7%and in Ethiopia 19.9% and Nigeria 10.7% and 22.9% among studies carried out in these countries among postpartum mothers of ages between 17-49 years old.

2.1.6 Effects and Symptoms of Postpartum Depression

According to Mayo (2018), symptoms of Postpartum Depression can occur anytime in the first year postpartum. A diagnosis of postpartum depression is considered after signs and symptoms persist for at least two weeks. Depression can affect everyday life and subject people to alcohol and substance abuse and create unstable behaviours. Some depressed persons also occupy themselves with suicidal thoughts or self-harm. Effects of postpartum depression are many and shows in different ways as listed by Cleveland Clinic (2018) and

they are as follows: persistent sadness, anxiousness or empty mood; severe mood swings; frustration, irritability, restlessness and anger; feeling of hopelessness and helplessness; guilt, shame; low self-esteem; numbness, emptiness; exhaustion; inability to be comforted. Other symptoms and effects of postpartum depression are: trouble bonding with baby; feeling inadequate in taking care of the baby; lack of interest or pleasure in usual activities; Low libido; changes in appetite; fatigue, decreased energy and motivation; poor self-care; social withdrawal; insomnia or excessive sleep and worry about harming self, baby or partner.

2.1.7 Social Work Coping Strategies for Teenage Depression

Gibelman (DSW) in her study of how Social Workers can help teenage mothers with depression suggested that it is important that victims of depression should consult Social Workers for treatment. This will enable the Social Worker to interview the patient and also suggest ways on how to cope with every day task and events. The Social Worker can come up with definite diagnosis and help to create and coordinate a treatment plan. This may mean negotiating with your insurance company to assure that you qualify for payment as well as arranging for consultation with a psychiatrist or other medical to know whether you will benefit from medication. Finally, the Social Worker can connect a patient to support groups where they can explore their feelings with others in a safe facilitated setting or as well refer them to a mental health professional who can provide the type of one on one therapy most appropriate for their type of depression.

Richards in his article on “Tips for coping with depression” suggested that depressed persons should not withdraw from life by staying in touch with people through socialization; they should engage in regular exercises; face their fears; reduce alcohol consumption a mandatory

to eat healthy diets. Finally, he suggested that they should have a routine by trying to get up at normal times instead of living passively. Coping strategies for depression is the treatment of depression that involves therapies, medication, behaviour therapy and psychotherapy. Apart from the use of anti-depressants and therapy, there are various coping strategies for depression. Psychiatric medication is one of the prescribed therapies for major depression while psychotherapy may be effective either alone or in combination with medications. Teenagers under the age of 19 years can be treated with psychotherapy. Social supports or building support networks can also help teenage mothers to reduce the effects of depression. The social supports network could be families, friends and community resources. According to Taylor (2011), provision of social support through community programs also helps in depression control. Social community support is the collective effort of members of a connected network to manage a distressing situation.

According to Lyons et al. (1998), Cognitive behavioural therapy (CBT) helps individuals to identify and change negative thought patterns and behaviour. Group therapies also provide a supportive bridge for teenage mothers by enabling them to connect with others who are going through the same experience and also enable them to learn how to cope and increase their social support. Most teenage mothers experience financial stress. The provision of financial resources such as financial counseling, job training and access to functional and accessible child care can help reduce financial stress and depression. It is also important to educate teenage mothers with education and workable resources on parenting. Basically, parenting is a new phase which teenage mothers go through ill-equipped and for this reason, most teenage mothers find parenting very hectic. This education will reduce feelings of stress and anxiety.

2.2 Review of Empirical Study

In a comparative study of the prevalence of depression among the pregnant adolescents (8.4%) was significantly higher than that of the non-pregnant adolescents (3.0%), $p=0.033$, this pattern followed the previous findings of pregnant adolescents having a higher risk of depression than their non-pregnant counterparts as at April 2022. On the statistics of depressed teenage mothers in Nigeria, studies have reported a prevalence of 14% to 20% among new mothers in Nigeria. According to World Health Organisation (2017) report, depression is a significant public health problem and at a prevalence rate of 3.9%, about 7million Nigerians presently suffer from it. On the prevalence of depression among adolescents in Nigeria, a report says that those in the age groups greater than 15 years had a higher prevalence (23,1%) than those in the age groups 13-15 years (13.7%) and 10-12 years (13.2%). Female adolescents had a higher prevalence (19.9%) than their male counterparts (12.9%)

According to James, B. et al. (2011) in “Depression in primary care: the knowledge of depression, five facts Nigerians should know about depression”, it was reported in a study that majority of healthcare workers in health facilities in Benin city do not have adequate knowledge of depression with 78% of them facing difficulties in working with patients suffering from depression. Study by Abiodun (2006) on new mothers and depression shows that there is a prevalence in depression of 14% to 20% among new mothers in Nigeria. On the Prevalence of Mental Health Concerns among adolescent mothers, rates of depression are estimated to be between 16% and 44%. In contrast, the lifetime prevalence of major depression among non-pregnant adolescents and adult women is between 5% and 20%. According to Forbes Health on the statistics for depression in 2023, about 280m people

worldwide live with depression according to the World Health Organisation, depression affects all age groups. About 1.9m children between the ages of 3 to 18 years suffer from depression.

On the trends in Postpartum Depression, the prevalence of postpartum depression was 13.9%. Prevalence increased from 9.4% in 2010 to 19.3% in 2021 (a relative increase of 105%, $p < 0.001$). In a comparative analysis of depression between pregnant and non-pregnant adolescents in a southwestern town in Nigeria by Mosanya, (2022), the prevalence of depression among the pregnant adolescents was 8.4% while that of the non-pregnant adolescents was 3.0%. $P=0.033$, and this pattern followed the previous findings of pregnant adolescents having a higher risk of depression than their non pregnant counterparts. The result showed that pregnant adolescents are prone to have depression than non-pregnant ones.

On the statistics of depressed teenage mothers with VVF, there is a report that 73.81% of patients diagnosed with VVF were having depression as a major clinical consequence. According to World Health Organization, about 280 million people worldwide have depression including 5% of the world's adults and 5% of adults above 60 years. On the Global prevalence of perinatal depression and anxiety during the Covid-19 pandemic, before the corona virus disease 2019 (COVID-19) pandemic, the prevalence of antenatal depression symptoms was estimated at around 20.7% worldwide, with differences among high-income countries (9%) and low-income countries (19%). The global prevalence of postpartum depression symptoms was instead 17% as at 19 Dec 2023.

2.3 Review of Relevant Theories

There are several theories that have been advanced to explain teenage motherhood as the phenomena that can result in significant levels of psychological distress. In this study, two such theories, namely Problem Behaviour Theory and Erik Erikson's Psychosocial Theory of Development are presented. Gerald Caplan's Crisis Theory is presented hereafter as a theoretical framework that informed the current study.

2.3.1 Problem Behaviour Theory

According to Problem Behaviour Theory by Richard Jessor, "teenage motherhood is considered a problem behaviour that results in significant levels of psychological misery". This theory says that adolescent behavioral problems precede structural social development variables. Boyer, (2006). Social structural variables include education, occupation, religion, ideology, family structure, home environment, peer and media involvement. These social networks that "interact and create a personality system that includes motivation, beliefs, and factors of self-control and a cognitive system of environment, including perceptions of parental support, and parent-peer interaction". Boyer, et al. (2006p. 293). These social structural factors create systems that define problematic behaviour. According to Boyer, et al. (2006) the decision to accept a problematic behaviour is the result of personality interactions. From the perspective of Problem Behaviour Theory, teenage motherhood could be seen as developing from problem behavior that adolescents engage in as they negotiate their path towards independence, with the perceived support that social structures provide. How does this theory relate with this study? The problem behaviour theory explains the challenges that teenage mothers encounter due to psychological challenges. As they experience motherhood

and go through independence, the support and structures established by Social Work will help them to cushion or act as a coping strategy for the teenage mothers who may be battling with the problems of depression.

2.3.2 Psychosocial Theory of Development.

Kendra (2022) in her article “An overview of Erickson’s stages of development ” explains that each stage is governed by the epigenetic principle of maturation meaning that the “Human personality develops in principle according to pre-determined stages in the adult person’s will to be directed towards, to perceive and to interact with an ever widening social radius, and in principle that society tends to constitute itself in a way that responds to and invites sequence of these interoperability and tries to protect and encourage the correct speed and sequence of their deployment”.

Erikson hypothesized that “each of the eight psychosocial stages all have tasks and outcome characterized by contrasting terms, one that emphasizes a positive need and a positive outcome if the need is successfully met, and the other a possible negative outcome”. In other words, each of the eight stages is characterized by a “stage specific crisis that needs to be addressed at that particular moment. Erikson understands “a crisis in this context signifies a turning point in an individual’s life arising from physiological maturity and the social demands imposed on the person at a particular stage. During Erikson’s first psychosocial stage known as Infant: “(Basic Trust versus Mistrust – Hope) infants must deal with the crisis between belief and mistrust in order to move to the next developmental stage. Other psychosocial stages associated with childhood are (autonomy versus shame and doubt); (initiative versus guilt); and (industry versus inferiority)”. (Parekh et al. 2017).

Adolescence, which is the fifth stage, known as (Ego Identity versus Role Confusion – Fidelity), is according to Erikson “that critical developmental period which is roughly between the ages of 12 or 13 to about 20 years.” During this stage, the adolescent is “confronted with various social demands and role changes that are essential for meeting the challenges of adulthood.” Erickson also posited that, “the adolescent needs to resolve the crisis of ego identity versus role confusion in order to successfully advance to the next developmental stage.” (Erickson Erik 1956). According to Hjelle and Ziegler (1981), many adolescents in the struggle of this age specific conflict “experience a profound sense of futility, personal dis-organisation, and aimlessness. They feel inadequate, de-personalized, alienated and sometimes even seek “negative identity”, an identity which is opposite to the one prescribed for them by their parents and peers. (p.127). Based on the above understanding of the conflict associated with adolescent stage, it can be argued that teenage pregnancy is likely to precipitate a developmental crisis that could lead to role confusion instead of positive self-identity.

Sadler and Catrone (2013) have in their study on adolescent parent reported that “the process of identity formation and role experimentation may be inhibited by maternal identification and role definition”. After the stage of adolescence, Erikson postulated that “the individual progresses to adulthood which progressively consists of intimacy versus self-absorption, generativity versus stagnation, and finally, integrity versus despair.” According to Erikson, “each of the eight stages is a developmental crisis because in each, there is both the opportunity for significant growth and an occasion for the dangers of the failure to grow.” Consequently, each of these stages is bound to have its own particular emotional stress. The implication of Erikson’s theory is that so long as a person stays alive, there is no possibility of

avoiding having to deal with the external and internal situations presented by each stage. This theory was significant to this study as it addresses development throughout a person's life not only during childhood. It also explains the necessity of social relationship in shaping personality and growth at each stage in development. Erickson believes that people experience conflicts that serves as a turning point in development. He believes that if each stage is handled well, the person will feel a sense of mastery which is referred to as "Ego strength or Ego quality". On the other hand, if the stage is handled poorly, the person will emerge with a sense of inadequacy in that aspect of development. It is in this condition that Social work remedies will be applied as a coping strategy to resolve the challenges faced by depressed teenage mothers in Benin metropolis.

2.3.3 Crisis Theory

In the current study, the crisis theory as elucidated by Gerald Caplan (1964) is advanced to conceptualize teenage pregnancy as a crisis whose positive resolution leads to fundamental integrity of the pregnant teenager. According to Caplan (1964), "a crisis arises out of some change in a person's life space that produces a modification of his/her relationship with others and/or perceptions of the self". Such a change may come about relatively slowly and as a result of rather normal and inevitable experiences of growing and developing physically and socially or quite rapidly as a result of some unforeseen and traumatic event. Based on this explanation of a crisis, teenage pregnancy could be perceived as an experience that leads to rapid physical, emotional and social changes that are usually unforeseen by the pregnant teenager. Caplan (1964) outlined four phases of a crisis situation to illustrate how the process takes place:

Phase 1: During this particular phase, “there is a rise in tension as a result of the problem stimulus which generates anxiety and perceptions of threat to the self.” This anxiety and perceived threat to the self, “triggers habitual problem-solving responses which the individual has learnt previously and which might be generalized to this particular situation.” In the case of teenage pregnancy, it can therefore be postulated that the “teenager will become anxious as soon as she realizes that she is pregnant” (the problem stimulus). This will then trigger some of the habitual problem-solving responses that the teenager is accustomed to.

Phase 2: in this phase, he posits that “since the problem stimulus and the situation will be of such novelty and intensity, the individual experiencing the crisis will fail to reduce the anxiety in the period of time expected.” This perceived failure to apply the usual coping mechanisms will lead to feelings of helplessness and ineffectualness. Similarly, a pregnant teenager may be overwhelmed by her pregnancy to the point of feeling helpless.

Phase 3: He posits that It is during this phase, known as the “hitching up the belt” that “the individual will try to draw from her reserve of strength in order to maintain her ego integrity. The individual may even try to redefine the problem to bring it into the range of prior experience. Trial and error behavior may be contemplated, both in thinking and in overt act, to change or remove the problem stimulus. In some cases, the individual may even try to redefine her role in order to accommodate the new situation. The individual may accept the situation and then integrate it into her self-image.” Caplan (1964) points out that “such acceptance may result in the individual becoming stronger and thus moving farther along the continuum toward mental health. It is this acceptance of the situation that helps the individual to develop new methods of effectively dealing with a new and threatening situation”. It can therefore be postulated that a pregnant teenager may, during this stage, try to maintain her ego

integrity by associating the experience with her other previous experiences. If the experience is perceived as acceptable, the teenager could become more positive about the pregnancy and thus develop new and positive ways of dealing with it.

Phase 4: Finally, he posited that “if the problem fails to be resolved during the third phase, the tension produced by the anxiety is likely to take the individual beyond the threshold of rational responding.” He concluded that the fourth phase is “characterized by personality decompensation (where there are exaggerated distortions of one’s identity or of the situation) and other maladaptive behaviour patterns like compulsive and ineffective behaviour, socially unacceptable behaviour and extreme withdrawal. Failure by a pregnant teenager to accept and cope with the new experience, could lead to various forms of psychological and mental distress.” How does the Crisis theory relate to his study? If the tension created by the fourth stage is not resolved, this is where social work coping strategies is used for this study. This theory explains the fall back and resultant application of social work remedies to ameliorate the effect of depression on teenage mothers in Benin metropolis.

2.3.4 The Theory Adopted for This Study

The Crisis theory by Gerald Caplan was adopted for this study. This theory explains teenage pregnancy as a crisis stage which arises as a result of changes in a person’s life space that produces a modification of her relationship with others and perception of the self. These changes could lead to usual and unavoidable experiences of growing and developing physically and socially or as a result of some unforeseeable and distressing event. The research topic, “The prevalence of depression of teenage mothers in Benin metropolis” stands to investigate how the unforeseen and traumatic event of unwanted pregnancy result in

depression among teenage mothers and the coping social work strategies to ameliorate the problems. Unwanted pregnancy by teenager mothers is not a comfortable experience as it came unprepared and the resultant effects of depression experienced by some teenage mothers cannot be completely ruled out. Therefore, it is imperative for me to know how the crisis of unwanted pregnancies results in depression and to also recommend Social work coping strategies to ameliorate the social, mental and psychological crisis experienced by teenage mothers in Benin metropolis. Omorogiuwa (2020) says in her book, “International Social Work in Perspective”, “Social work as a humanitarian and democratic ideals and its values are based on respect for the equality, worth and dignity of all people. She also posits that ‘since its beginning over a century, Social work practice has focused on meeting human needs and developing human potentials’”. For above reasons, Social work Crisis theory by Gerald Caplan is in agreement with my study and also is in agreement with the principles of Social work and is therefore adopted as the theory for this study. It is my ardent desire that problems of depression experienced by teenage mothers will be reduced to minimal with the adoption of the Crisis theory and the application of Social work remedies.

SECTION THREE

METHODOLOGY

3.1 Study Design

This study adopted the descriptive survey research design. This was considered appropriate because it systematically gather and analyse data from a small number of subjects or study objects within a community. According to Nworgu, (2016) descriptive research design was also considered appropriate because it used primary data to describe the nature and causes of events. This was why it was used for conducting the research on depression among teenage mothers in Benin metropolis.

3.2 Population of the Study

The Population of study will consist of females within the ages of 13-19 years in Benin Metropolis. The population of Benin Metropolis consisting of Oredo, Ikpoba-Okha and Egor Local Government will be used in the survey. Table below gives the estimates of the local government that was used for this study.

Figure 1 showing population of the study area

Local government area	Population
Oredo	374,671
Ikpoba-Okha	372,080
Egor	258,442
Total	1,005,193

Source: National Population Commission (2006)

3.3 Sample Size

The sample of the study will be derived using Yamane (1967) formula given as:

$$n \approx (N * e^2) / (1 + e^2)$$

$$n \approx (1,005,193 * 0.05^2) / (1 + 0.05^2)$$

$$n \approx (1,005,193 * 0.0025) / 1.0025$$

$$n \approx 2,513.04825 / 1.0025$$

$$n \approx 497.30$$

So, the calculated sample size using the Yamane (1967) formula is approximately 497.30.

Therefore, a sample size of 500 respondents will be gathered for the investigation.

3.4 Sampling Techniques

Multi-Stage Sampling Techniques was used. Benin Metropolis was divided into wards using Oredo, Ikpoba-Okha and Egor Local Government areas which are the three major LGA that makes up Benin Urban Metropolis. Four wards was randomly selected. In the second stage, each of the four wards was stratified into streets in which two streets was randomly selected in each ward making a total of 10 streets in the entire study area. In the third stage, I assigned 50 questionnaires to the residents of the streets so chosen. Therefore, each street has a total of 50 respondents and the 10 streets has 500 respondents altogether.

3.5 Instrument of Data Collection

Primary data collection was used to obtain data from respondents. A structured questionnaire titled “The Prevalence and Associated Factors of Depression among Teenage Mothers in Benin Metropolis”: (PAFDTMBM) was used to obtain data that was based on the research questions. The first part of the questionnaire constitutes the demographic information of the respondents while the second part consists of questions which addressed the objectives of the study. The items on the research instrument was on modified Four-Point Likert Scale format of: Strongly Agreed (SA), Agreed (A), Disagreed (D), Strongly Disagreed (SD). Interview was designed to ask questions that aligns with the research objectives. Therefore, the interview consists of five sections according to the learning objectives.

3.6 Validity of the Instrument.

The instrument was validated by three experts in the social work department. Copies of the questionnaire was given to the research supervisor and two lecturers in the department of Social Work at the University of Benin for consideration of measures of the instrument to ascertain whether the questionnaire was relevant to the study. Their corrections and criticisms of the reports was used to prepare the final draft of the questionnaire to ensure that research related questions was asked.

3.7 Reliability of the Instrument Study

A test–retest method of reliability was used to establish the reliability of this study. The instrument was administered on 30 subjects with subsequent doses occurring after two weeks interval. The data collected was subjected to Pearson Product Correlation Coefficient to establish the study feasibility.

3.8 Method of Data Collection

Copies of the questionnaires was administered by me and two research assistants. Respondents was given instructions on how to complete the items given to them by me. The survey is clearly formatted to make it easier for the respondents to understand. The survey was randomly administered to all stakeholders. After some time, the completed copies of the questionnaires was collected by me for scoring and data analysis.

3.9 Method of Data Analysis

Descriptive and inferential statistics was used in the study to measure the demographic characteristics of respondents and to answer research questions. Frequency and percentages was used to analyse the data generated from the respondents' demographics. The average score was used to answer question One through Five. The Mean criterion that was used for this study is 2.50. This implies that any entry with a mean score that is greater than or equal to 2.50 and above was accepted while any item below 2.50 was rejected.

3.10 Ethical Considerations

I'm aware of the sensitive nature of the study, therefore, consideration of fundamental ethical issues concerning those involved was considered. Their rights, dignity, integrity, privacy and safety were protected at their discretion. Respondents was duly informed that this study is strictly for academic purposes. They were assured that the study will not interfere with their privacy and that all information will be kept confidential. They were notified that they reserve the right to participate or decline.

CHAPTER FOUR

PRESENTATION OF RESULTS AND DISCUSSION OF FINDINGS

This Chapter presents the analysis of data collected from self-administered questionnaires to 500 respondents from three local government areas namely Oredo, Ikpoba-Okha and Egor local government areas of Benin metropolis of Edo State. Frequencies, percentages and mean were used to analyze the data in tables.

4.1 Respondent's Demographic Variables

The demographic variables that pertained to this and assessed by the me were Sex, Age, Religion, Educational qualifications, Occupation, Marital status, Income, Profession, Ethnicity and Local government area. Table 4.1 below shows the demographic variables with respect to the afore-listed variables.

Table 4.1 Demographic Information

S/N. Variables	Attributes	Frequency	Percent(%)
1. Gender	Female	500	100
2. LocalGovt.Area	Oredo	234	46.85
	Ikpoba Okha	153	30.6
	Egor	113	22.6
3. Age	13-15 years	418	2
	16-18 years	129	25.8
	19 years	330	66
4. Religion	Christian	280	56
	Muslim	113	22.6
	African.Trad.	107	21.4
5. Educationallevel.	Pry Edu.	185	37
	Sec. Edu.	315	63
6. No. ofKids	1 kid	325	65
	2 kids	150	30
	3kids	25	5
7. Occupation	Trader	210	42
	Farmer	55	11
	Salesgirl	109	21.8
	Housewife	48	9.6
	Unemployed	36	7.2
	Student	42	8.4
8.Marital status	Married	148	38
	Single mother	350	70
	Widows	2	0.4
9.Income of Respond.	No Income	50	10
	N10,000-N20,000	200	40
	N30,000- N40,000	250	50
10.Ethnicity of Respond.	Edo	190	38
	Ishan	79	15.8
	Igbo	37	7.4
	Yoruba	70	14
	Hausa	65	13
	Others	59	11.8

Source: Field survey, 2024

Analysis of Data in table 4.1

The distribution of respondents based on gender showed that there were 500 (100%) females sampled in the study. In terms of local government distribution, Oredo has 234 (46.8%)

Ikpoba Okha has 153 (30.6%) while Egor local government has 113 (22.6%) respondents. On the distribution of respondents on age, it was revealed that 41 (8.2%) were between the ages of 13-15 years, 129 (25.8%) were between the ages of 16-18 years while 330 (66%) respondents were 19 years. The distribution of respondents based on religion revealed that 280 (56%) were Christians, 113 (22.6%) respondents were Muslims while African traditional religion has 107 (21.4%) respondents. On the distribution of respondents based on Educational level, it was revealed that 185 (37%) were primary school certificate holders while 315 (63%) were secondary school certificate holders. The distribution of respondents based on the number of kids revealed that 325 (65%) respondents have 1 kid, 150 (30%) have 2 kids while 25 (5%) respondents have 3 kids. The distribution of respondents based on Occupation revealed that out of 500 respondents that were sampled in this study, 210 (42%) were traders, 55 (11%) were farmers, 42 (8.4%) were students, 48 (9.6%) were Housewives, 109 (21.8%) were Sales girls while 36 (7.2%) were unemployed. On the distribution of respondents based on marital status, 148 (29.6%) respondents were married, 350 (70%) were single mothers while 2 (0.4%) respondents were widows. On the income of respondents, it was revealed that 50 (10%) earns no income, 200 (40%) respondents earn between N10,000-N20,000 monthly, 250 (50%) respondents earn N30,000-N40,000. The distribution of respondents based on ethnic groups revealed that Edo has 190 (38%), Ishan 79 (15.8%), Igbo 37 (7.4%) Yoruba 70 (14%) Hausa 65 (13%) and others 59 (11.8%) respondents respectively.

Analysis of Data

4.2 Analysis of Research Questions

The analysis of this study was based on the research questions. Consequently, the five (5) research questions of the study were duly analyzed. Data collected to answer the research

questions were answered using mean and standard deviation. The results were shown in Tables 4.2 - 4.6.

Research Question 1. What are the types of depression and its prevalence on teenage mothers in Benin metropolis?

Table 4.2 contains responses from the respondents as regards the types of depression on teenage mothers in Benin metropolis. The responses from the respondents were used to answer research question one (1).

Table 4.2 Descriptive Statistics on the types of depression on teenage mothers in Benin metropolis.

S/N	ITEMS	N	Mean	St.dev	Remark
1.	My depression lasted for few days.	500	3.68	.683	Agree
2.	My depression lasted for more than one month.	500	3.52	.735	Agree
3.	My depression lasted for about six months.	500	3.50	.789	Agree
4.	My depression lasted for One year	500	3.42	.950	Agree
5.	My depression continued for years.	500	3.42	.906	Agree
	Cluster Mean		3.51	0.81	Agree

Note: (Sample Size), St.d (Standard Deviation)

Source: Field survey, 2024

Response to the 5 items in Table 4.2 showed that the mean response to each of the items were above the decision point of 2.50, thus indicative that majority of the respondents agreed to all the items in the table. The average mean to the items were computed as 3.51 with standard deviation of 0.81 which indicates that the respondents agreed that there are different types of depression on mothers.

Research Question 2: What are the causes of depression and its prevalence on teenage mothers in Benin metropolis?

Table 4.3 contains responses from the respondents on the causes of depression and its prevalence on teenage mothers in Benin metropolis. The responses from the respondents were used to answer research question two (2).

Table 4.3 Descriptive statistics on the causes of depression and its prevalence on teenage mothers in Benin metropolis.

S/N	ITEMS	N	Mean	St.dev	Remark
1.	Financial lack causes depression.	500	3.44	.837	Agree
2.	Motherhood is a great burden to teenage mothers and can lead to depression	500	3.46	.862	Agree
3.	Shame and stigmatization leads to depression.	500	3.36	.964	Agree
4.	Teenage pregnancy and postpartum stress can lead to depression.	500	3.46	.838	Agree
5.	Unexpected pregnancies can disrupt immediate plans of teenage mothers.	500	3.56	.733	Agree
	Cluster Mean		3.85	.460	Agree

Note: (Sample Size), St.d (Standard Deviation)
Source: Field survey, 2024

Response to the research number two. 5 items in Table 4.3 showed that the respondents agreed to items one to five with mean rating ranging from 3.36 to 3.56 while the standard deviation also ranges from 0.733 to 0.964. The cluster mean showed a mean of 3.46 with a standard deviation of 0.85. which indicates that the respondents agreed that there are many causes of depression on teenage mothers.

Research Question 3: What are the effects of depression on teenage mothers in Benin metropolis?

Table 4.4 Descriptive Statistics on the effects of depression on teenage mothers in Benin metropolis.

S/N	ITEMS	N	Mean	St.d	Remark
1.	Persistent sadness and empty mood is an effect of depression.	500	3.51	.739	Agree
2.	Low self esteem is an effect of depression.	500	3.46	.838	Agree
3.	Frustration, irritability, restlessness and anger are the effects of depression.	500	3.38	.830	Agree
4.	Feelings of hopelessness and helplessness is an effect of depression.	500	3.24	.916	Agree
5.	Suicidal thoughts is an effect of depression.	500	3.46	.862	Agree
	Cluster Mean		3.41	.084	Agree

Note: (Sample Size), St.d (Standard Deviation)
Source: Field survey 2024

Response to the 5 items in Table 4.4 showed that the mean ratings range from 3.24 to 3.51. The standard deviation also ranges from 0.739 to 0.916. The cluster mean indicated a mean of 3.41 with corresponding standard deviation of 0.84. With these results, the mean score showed that the respondents agreed that there are many effects of depression on teenage mothers in Benin metropolis.

Research Question 4: What are the different ways to deal with depression and its prevalence on teenage mothers in Benin metropolis?

Table 4.5 contains responses from the respondents as regards the different ways of dealing with depression on teenage mothers. The responses from the respondents were used to answer research question four.

Table 4.5 Descriptive Statistics on the various ways to deal with depression on teenage mothers in Benin metropolis.

S/N	ITEM	N	Mean	St.d	Remark
	1.Avoiding unwanted pregnancies is one of the ways of dealing with the prevalence of depression among teenage mothers in Benin metropolis.	500	3.50	.647	Agree
	2. Avoidance of contraceptives by teenagers can reduce depression among teenage mothers.	500	3.56	.760	Agree
	3. Depression can have negative impact on the mental health of teenage mothers.	500	3.52	.646	Agree
	4. Higher risk of hysical and sexual abuse an lead to depression of teenage mothers inBenin metropolis.	500	3.44	.760	Agree
	5. Vesico-vaginafistula (VVF)can lead to depression among teenage mothers.	500	3.60	.693	Agree
	Cluster Mean		3.52	.690	Agree

Note: (Sample Size), St.d (Standard Deviation)
Source: Field survey, 2024

Response to research question four of the 5 items in Table 4.5 showed that the respondents generally agreed with the items statements in of one to five. The mean ratings range from 3.44 to 3.60 while the standard deviation ranges from 0.639 to 0.760. The cluster mean showed an average of 3.52 with a standard deviation of 0.69. With these results, the mean scored showed that the respondents were unanimous in their responses that there are various ways to deal with depression on teenage mothers in Benin metropolis.

Research Question 5: What are possible Social work coping strategies to address the issues of depression on teenage mothers in Benin metropolis?

Table 4.6 contains responses from the respondents as regards the social work coping strategies to address the issues of depression on teenage mothers. The responses from the respondents were used to answer research question five.

Table 4.6 Descriptive Statistics on possible Social Work coping strategies to address the issues of depression on teenage mothers in Benin metropolis.

S/N	ITEMS	N	Mean	St.d	Remark
1.	Financial support for teenage mothers can reduce depression.	500	3.74	.711	Agree
2.	Therapy and medication can be effective treatment for depression.	500	3.66	.913	Agree
3.	Change of environment is necessary to reduce depression.	500	3.49	.809	Agree
4.	Educating of teenage mothers on proper ways of motherhood can reduce depression.	500	3.51	.599	Agree
5.	Social community support network is a way to manage depression.	500	3.33	.825	Agree
	Cluster Mean		3.55	.077	Agree

Note: (Sample Size), St.d (Standard Deviation)
 Source: Field survey, 2024

Responses to research question four showed that the respondents generally agreed with items statement one to five with a mean rating ranging from 3.33 to 3.74 while the standard deviation ranges from 0.599 to 0.91. The cluster mean for all the five items was computed as 3.55 with corresponding standard deviation of 0.77 which indicates that the respondents agreed that there are possible Social Work strategies to address the issues of depression on the respondents. The strategies include financial supports, therapy and medication, change of environment, educating teenagers on proper ways of motherhood and social community support to manage depression on teenage mothers.

4.3 Discussion of Findings

Study findings for research question one revealed that majority of the respondents are in agreement that there are various types of depression on teenage mothers. This is due to the fact that there is a high mean response score of 3.51 to the five items in table 4.2. In line with

this finding, Asiimwe et al. (2022) and Dinwiddle et al. (2017) in their studies investigated postpartum depression in adolescent mothers, exploring its epidemiology, risk factors, treatment and prognosis. They concluded in their studies that there are various types of depression on teenage mothers.

In regards to research question two, the study discovered that majority of the respondents are of the opinion that there are various causes of depression on teenage mothers. This is due to high cluster mean of 3.46 to the five items in table 4.3. In line with this finding, “Teen depression” by Mayo Clinic Staff (2022 and BMC Psychiatry (2019) studies have shown that there are various causes of depression on teenage mothers.

Results obtained from the present study as regards research question three revealed that there are various effects of depression on teenage mothers. The cluster mean was 3.41 with corresponding standard deviation of 0.84 to the five items listed in table 4.4. In line with this study, Brown et al. (2012) and Barnet et al. (1996) studies revealed that there are various effects of depression on teenage mothers.

Study findings for research question four revealed that their different ways to deal with depression on teenage mothers. The cluster mean for the five items in table 4.5 was 3.20 with a corresponding standard deviation of 0.69. In line with this study, Olley et al. (2020) study revealed that there are different ways to deal with depression on teenage mothers.

Results obtained from the present study as regards research question five revealed that five Social Work strategies were highlighted by majority of the respondents. The cluster mean for the items was computed as 3.55 with corresponding standard deviation of 0.77. Therefore, according to the respondents, the social work strategies include financial supports, therapy

and medication, change of environment for teenage mothers, educating teenage mothers on proper ways of motherhood and social community network to manage depression on teenage mothers. In line with the study findings, Anglely et al. (2014) and Brown et al. (2012) agreed that there are various social work coping strategies to improve the wellbeing of teenage mothers.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS.

5.1 Summary

The aim of this study was to examine the prevalence of depression on teenage mothers in Benin Metropolis of Edo State. To achieve these objectives, five (5) specific objectives and research questions were raised to guide the study. I used a well-structured questionnaire. 500 questionnaires. administered to respondents who responded to all the questionnaires. The data collected were analyzed using simple percentages and mean. The criterion mean used for this study was 2.50. The research instrument was validated by two lecturers including my supervisor. Their comments and observations were incorporated in the instruments to ensure that the instrument is valid. The reliability of the research instrument of the study was tested using the Cronbach Alpha method of statistics with coefficient value of 0.70 Based on the analysis of the data, the following findings were made:

1. There is a level of influence on the types of depression on teenage mothers.
2. There is a level of influence on the causes of depression on teenage mothers.
3. There is a level of influence on the effects of depression on teenage mother.
4. There is a level of influence on ways to deal with depression on teenage mothers.
5. The coping strategies includes financial supports, therapy and medication, change of environment for teenage mothers, educating teenage mothers on proper ways of motherhood and social community network to manage depression on teenage mothers.

5.2 Conclusion

This study highlights the critical need for support and interventions tailored to address the unique experiences of teenage mothers with depression. By understanding the types, causes, effects, and social work coping strategies for depression in this population, we can work towards improving their mental health outcomes, mother-child relationships and overall wellbeing. Implementing the recommended support systems and resources will help alleviate the burden of depression among teenage mothers, promoting a healthier and brighter future for them and their children.

5.3 Recommendations

In the light of the significant discoveries of this research study, mental health professionals and support services should be made accessible to teenage mothers to address the various types of depression they experience. The government should also provide accessible and affordable mental health services, including counseling, therapy, and medication, within existing healthcare facilities. It should implement routine screening for depression among teenage mothers during antenatal and postnatal care, and refer those who screen positive for further evaluation and treatment. Peer support groups for teenage mothers should be established to share experiences, receive emotional support, and develop coping strategies. Education on family planning, parenting, and child development should be provided to empower teenage mothers and enhance their self-esteem. Social support networks, including mentorship programs should be established to connect teenage mothers with positive role models and supportive peers. Implement community-based initiatives, such as community centers and recreational programs, to promote socialization and reduce isolation. Childcare support, including childcare services and parenting assistance should be offered to enable

teenage mothers to pursue education and employment opportunities. Social workers and mental health experts should advocate for policy reforms to address the unique needs of teenage mothers, including access to education, healthcare, and social services.

5.4 Contributions to Knowledge

- i. Prevalence and risk factors: This study have established that teenage mothers are at a higher risk of developing depression and also identified risk factors such as young age, single parenthood, low economic status and lack of social amenities.
- ii. Impact on child development: Research have shown that depression in teenage mothers can negatively impact child development, including increased behavioural problems, emotional difficulties and delayed cognitive development.
- iii. Intervention and treatment: Studies have informed the development of effective intervention and treatment for depression in teenage mothers such as cognitive behavioral therapy (CBT) interpersonal therapy (IPT) and other social work interventions aimed to improve mental health outcomes, parental skills and child development. These contributions have helped shape our understanding of depression in teenage mothers and inform strategies for prevention, intervention and treatment.

5.5 Suggestions for Further Reading

Here are some suggestions for further reading on the prevalence of depression among teenage mothers.

- i. Social support and Depression Among Teenage Mothers: This article discusses the high rates of prenatal and postpartum depression among adolescent mothers with

estimates ranging from 16% to 63% for prenatal depression and 14% to 42% postpartum depression.

- ii. Postpartum Depression and Social Support in Adolescents: This article examines the relationship between social support and postpartum depression in adolescent mothers, highlighting the importance of social support in preventing and managing depression.
- iii. Depression, Symptom, Prevalence and Demographic Risk Factors among U. S. Women During the First 2 Years Postpartum: This article provides an overview of depression symptoms prevalence and demographic risk factors among postpartum women, including adolescents' mothers, and discusses the implications for healthcare providers and support services.

These articles provide valuable insights into the prevalence and risk factors of depression among teenage mothers and highlights the importance of social support in preventing and managing depression. (Prevalence of depression on teenage mothers).

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APPENDIX A

Department of Social Work,
Faculty of Social Sciences,
University of Benin, Benin City,
Edo State.

10th December, 2024.

Dear Respondent,

SURVEY OF THE PREVALENCE AND ASSOCIATED FACTORS OF DEPRESSION AMONG TEENAGE MOTHERS IN BENIN METROPOLIS (PADTMBM)

I am a postgraduate student pursuing a Masters degree in Social Work at the University of Benin. As part of the requirements for the Master of Science (Msc) in Social Work, I'm conducting a research study on the Prevalence of Depression Among Teenage Mothers in Benin Metropolis.

I kindly request your participation in this academic research by completing the attached survey questionnaire. Your honest responses are crucial to the success of this study. Please read the questions carefully and answer them to the best of your ability.

Thank you for your cooperation and willingness to participate.

Yours faithfully,

Micheal Sunday Chiazor.

INSTRUCTION

Please tick [X] or [tick] the correct response (s) for the given close ended items, and where applicable, fill the blank spaces.

SECTION A: Demographic Data.

Name of respondent: _____

Occupation: _____

Ages:13-15 []16-18 []19 []

Local government Area: Oredo[]Ikpoba [] Egor []

Religion: Christian [] Moslem []Atheist [] African Trad. Religion []

Others please specify: _____

Ethnic group: Edo [] Ishan [] Igbo []Yoruba [] Hausa []Others []

No income: [] N10,000-N20,000 [] N30,000-N40,000 []

Marital Status : Single [] Married []Divorced [] Widow [] Single Mother []

Others specify: _____

Educational level: Primary Education []Secondary Education[] Tertiary Education []

Others please specify _____

No. of kids: 1 [] 2 [] 3 []

SECTION B: Depression of Teenage Mothers in Benin Metropolis.

Please tick (X) appropriately in the rate of agreement for each question below. The options available in the spaces provided are Strongly Agree [SA]; Agree [A];Disagree [D]; Strongly Disagree [SD].

S/N. Types Of Depression On Teenage Mothers In Benin Metropolis.

- | | | | | |
|--|-------|------|------|--------|
| 1. My depression lasted for few day. | SA[] | A[] | D[] | SD[] |
| 2. My depression lasted for more than one month. | SA[] | A[] | D[] | SD[] |
| 3. My depression lasted for about six months. | SA[] | A[] | D[] | SD[] |
| 4. My depression lasted for one year. | SA[] | A[] | D[] | SD[] |
| 5. My depression continued for years. | SA[] | A[] | D[] | SD [] |

Effects Of Depression Of Teenage Mothers In Benin Metropolis.

- | | | | | |
|---|-------|------|------|-------|
| 6. Persistent sadness and empty mood is an effect of depression. | SA[] | A[] | D[] | SD[] |
| 7. Low self-esteem is an effect of depression. | SA[] | A[] | D[] | SD[] |
| 8. Frustration, irritability, restlessness, anger is an effect of depression. | SA[] | A[] | D[] | SD[] |
| 9. Feelings of hopelessness and helplessness is an effect of depression. | SA[] | A[] | D[] | SD[] |
| 10. Suicidal thoughts is an effect of depression. | SA[] | A[] | D[] | SD[] |

Causes Of Depression Of Teenage Mothers In Benin Metropolis.

- | | | | | |
|---|-------|------|------|-------|
| 11. Financial lack causes depression. | SA[] | A[] | D[] | SD[] |
| 12. Motherhood is a great burden to teenage mothers and can lead to depression. | SA[] | A[] | D[] | SD[] |
| 13. Shame and stigmatization leads to depression. | SA[] | A[] | D[] | SD[] |
| 14. Teenage pregnancy and postpartum stress can lead to depression. | SA[] | A[] | D[] | SD[] |

15. Unexpected pregnancies can disrupt immediate plans
of teenage mothers. SA[] A[] D[] SD[]

Different Ways To Deal With Depression And It's Prevalence on Teenage Mothers in Benin Metropolis.

16. Avoiding unwanted pregnancy is one of the ways of
dealing with the prevalence of depression on
teenagers. SA[] A[] D[] SD[]

17. Avoidance of contraceptives by teenagers can reduce
depression among teenagers. SA[] A[] D[] SD[]

18. Depression have a negative impact on the mental
health of teenage mothers. SA[] A[] D[] SD[]

19. Higher risk of physical and sexual abuse can lead to
depression of teenage mothers. SA[] A[] D[] SD[]

20. VVF can lead to depression among teenage mothers. SA[] A[] D[] SD[]

Social Work Strategies To Improve The Well Being Of Teenage Mothers In Benin Metropolis.

21. Financial support for Teenage mothers can reduce
depression. SA[] A[] D[] SD[]

22. Therapy and medication can be effective treatment for
depression. SA[] A[] D[] SD[]

23. Change of environment is necessary to reduce
depression. SA[] A[] D[] SD[]

24. Educating of teenage mothers on motherhood can
reduce depression. SA[] A[] D[] SD[]

25. Social community support network is a way to manage
depression. SA[] A[] D[] SD[]

APPENDIX B

OUTPUT OF RELIABILITY OF THE STUDY

Scale: ALL VARIABLES

Case Processing Summary

	N	%
Valid	20	100.0
Case Excluded	0	.0
Total	20	100.0

a. Listwise deletion based on all Variables in the procedure.

Reliability Statistics

Cronbachs' Alpha	N of Items
.700	25

APPENDIX C

OUTPUT OF RESEARCH QUESTIONS

Descriptive Statistics

	N	Minimum m	Maximum	Mean	Std. Deviation
Q1	500	1	4	3.68	.683
Q2	500	1	4	3.52	.735
Q3	500	2	4	3.50	.789
Q4	500	1	4	3.42	.950
Q5	500	1	4	3.42	.906
Valid N (Listwise)	500				

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Dev.
Q6	500	1	4	3.44	.837
Q7	500	1	4	3.46	.862
Q8	500	1	4	3.36	.964
Q9	500	1	4	3.46	.838
Q10	500	1	4	3.56	.733
ValidN (Listwise)	500				

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Dev.
Q11	500	2	4	3.51	.739
Q12	500	1	4	3.46	.838
Q13	500	1	4	3.38	.380
Q14	500	1	4	3.24	.916
Q15	500	1	4	3.46	.862
ValidN (Listwise)	500				

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Dev.
Q16	500	1	4	3.50	.647
Q17	500	1	4	3.56	.760
Q18	500	2	4	3.52	.646
Q19	500	1	4	3.44	.760
Q20	500	2	4	3.60	.639
ValidN (Listwise)	500				

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Dev.
Q21	500	2	4	3.74	.711
Q22	500	1	4	3.66	.913
Q23	500	2	4	3.49	.809
Q24	500	1	4	3.51	.599
Q25	500	2	4	3.33	.825
ValidN (Listwise)	500				

SURVEY OF THE PREVALENCE AND ASSOCIATED FACTORS OF DEPRESSION AMONG TEENAGE MOTHERS IN BENIN METROPOLIS (PADTMBM)

Please tick(X) appropriately in the box [] in agreement for each Questions.

This questionnaire fulfils the first research question of the study: What are the types of depression and its prevalence on teenage mothers in Benin metropolis?

1. My depression lasted for few days. (a) Strongly Agree [] (b) Agree [] (c) Disagree [](d)Strongly disagree []
2. My depression lasted for more than one month. (a) Strongly Agree [] (b) Agree [] (c) Disagree [](d)Strongly disagree []
3. My depression lasted for about six months. (a) Strongly Agree [](b) Agree [] (c) Disagree [](d)Strongly disagree []
4. My depression lasted for One year.(a) Strongly Agree [] (b) Agree [] (c) Disagree [](d)Strongly disagree []
5. My depression continued for years.(a) Strongly Agree [] (b) Agree [] (c) Disagree [](d)Strongly disagree []

This questionnaire fulfils the second research question of the study: What are the causes of depression prevalent on teenage mothers in Benin metropolis?

6. Financial lack causes depression. (a) Strongly Agree [] (b) Agree [] (c) Disagree [](d)Strongly disagree []
7. Motherhood is a great burden to teenage mothers and can lead to depression.(a) Strongly Agree [] (b) Agree [](c) Disagree [](d)Strongly disagree []
8. Shame and stigmatization leads to depression.. (a) Strongly Agree [](b) Agree [](c) Disagree [](d)Strongly disagree []

9. Teenage pregnancy and postpartum stress leads to depression. (a) Strongly Agree [] b. Agree [] (c) Disagree [](d)Strongly disagree []
10. Unexpected pregnancies can disrupt immediate plans of teenage mothers. (a) Strongly Agree [] (b) Agree [] (c) Disagree [](d)Strongly disagree []

This questionnaire fulfils the third research question of the study: What are the effects of depression on teenage mothers in Benin metropolis?

11. Persistent sadness and empty mood are effects of depression. (a) Strongly Agree [](b) Agree [] (c) Disagree [] (d)Strongly disagree []
12. Low self esteem is an effect of depression. (a) Strongly Agree [] b. Agree [](c) Disagree [] (d) Strongly disagree []
13. Frustration, irritability, restlessness, are effects of depression. (a) Strongly Agree [](b)Agree [] (c) Disagree [](d)Strongly disagree []
14. Feelings of hopelessness and helplessness are effects of depression. (a) Strongly Agree []b. Agree [] (c) Disagree [](d)Strongly disagree []
15. Suicidal thoughts is an effect of depression.(a) Strongly Agree []b. Agree [](c) Disagree [] (d)Strongly disagree.[]

This questionnaire fulfils the fourth research question of the study: What are the different ways to deal with depression and its prevalence on teenage mothers in Benin metropolis?

16. Avoiding unwanted pregnancy is one of the ways of dealing with the prevalence of depression on teenage mothers. (a) Strongly Agree [] b. Agree [] (c) Disagree [](d) disagree []

17. Avoidance of contraceptives by teenagers can reduce depression among teenagers. (a) Strongly Agree [] b. Agree [](c) Disagree (d) Strongly disagree []
18. Depression have negative impact on the mental health of teenage mothers. (a) Strongly Agree [] b. Agree [](c) Disagree [] (d) Strongly disagree[]
19. Higher risk of physical and sexual abuse can lead to depression of teenage mothers. (a) Strongly Agree [] b. Agree [] (c) Disagree [](d) Strongly disagree []
20. Vesico-vagina fistula (VVF) can lead to depression among teenage mothers. (a) Strongly Agree [] b. Agree [] (c) Disagree [](d) Strongly disagree []

This questionnaire fulfils the fifth research question of the study: What are the possible Social Work coping strategies to address the issues of depression and its prevalence on teenage mothers in Benin metropolis?

21. Financial support for teenage mothers can reduce depression. (a) Strongly Agree [] (b) Agree [] (c) Disagree [](d) Strongly disagree []
22. Therapy and medication can be effective treatment for depression. (a) Strongly Agree [](b. Agree [](c)Disagree [] (d)Strongly disagree []
23. Change of environment is necessary to reduce depression. (a) Strongly Agree [] b. Agree [] (c) Disagree [](d) Strongly disagree []
24. Educating of teenage mothers on proper ways of motherhood can reduce depression. (a) Strongly Agree [] b. Agree [] (c) Disagree [](d) Strongly disagree []
25. Social community support network is a way to manage depression. (a) Strongly Agree [] b. Agree [] (c) Disagree [](d) Strongly disagree []