



RESEARCH ARTICLE

POSTNATAL DEPRESSION AMONG THE FEMALE AIC YOUTH: CASE OF WAMUNYU, MACHAKOS COUNTY, KENYA

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ARTICLE INFO

Article History:

Received 22nd April, 2018
Received in revised form
06th May, 2018
Accepted 20th June, 2018
Published online 31st July, 2018

Key words:

Depression, Post natal,
Premarital pregnancies.

ABSTRACT

Background: Depression is a common psychological disorder in the world today. Despite the fact that a number of studies have been conducted on depression among the general youth population, limited studies have been done on the youth in the church especially those who have fallen victims of premarital pregnancies. There is an assumption that youths in the church don't suffer the same way psychologically like those youths who are not in the church. This study therefore sought to investigate whether the female youths who have fallen prey to premarital pregnancies in AIC church also suffer from postnatal depression.

Objective: To investigate the level of depression among AIC youths aged 13-24 involved in premarital pregnancies in Wamunyu DCC

Methods: Purposive sampling was used to recruit female youths aged between 13-24 years in AIC churches within Wamunyu DCC. Those recruited had been victims of premarital pregnancies. After recruitment, Beck's Depression Inventory was used to assess their level of depression. Besides this, a socio-demographic questionnaire was also used to gather relevant data for this study.

Results: The study found out that the youths who were victims of premarital pregnancies suffered moderate levels of depression ($20.38 \pm (12.62SD)$). This affected their mental health adversely besides stagnating their spiritual welfare.

Conclusion: Female youth in the AIC church and who have been victims of premarital pregnancy suffer from postnatal depression. The church should therefore re-invent ways of helping such youth to return to normalcy and continue gaining from the spiritual nourishment.

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Citation: Reuben Muthengi, Niceta Ireri and Jared Menecha. 2018. "Postnatal depression among the female aic youth: case of wamunyu, machakos County, Kenya", *International Journal of Current Research*, 10, (07), 71764-71768.

INTRODUCTION

Postnatal depression is a serious disorder and affects approximately 10% of women in high-income countries (Howard, Molyneaux, Dennis, Rochat, Stein and Milgrom, 2014) with higher percentages expected in low income countries like Kenya. This type of depression not only affects the mother but the offspring too. Children raised by mothers with depression are at a risk risk of contracting depression at a later time in their lives (Patterson & Albers, 2001; Murray, Arteché, Fearon, Halligan, Croudace and Cooper, 2010). Proponents of the psychodynamic theory agree that depression is a disorder that is attributed to real or imagined object loss (Sadock and Sadock, 2003).

In addition, Holmes (1994) maintains that people who are depressed are often unduly self-deprecating and harbor angry thoughts about themselves. At times people encounter problems in developing clear representations of sound and healthy relationships thus plunging into depression. Depression can therefore be viewed as an outcome of a continuing struggle that depressed people undergo in order to try and uphold emotional contact with preferred objects. It involves a person who feels reliant upon relationships with others and who principally laments over the actual loss or anticipated losses of those relationships. When individuals find themselves in such a situation, they experience intense fears of desertion and desperately struggle to uphold direct physical contact with the need-gratifying object. Depression can also occur when a person feels inadequate or develops feelings of inadequacy seeing himself/herself as a failure to an extent of the individual turning anger to himself/ herself (Holmes, 1994). Sadock and Sadock (2003), pointed out that depression emerges from

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DOI: <https://doi.org/10.24941/ijcr.31432.07.2018>

specific cognitive distortions present in a person. This is a view supported by cognitive theorists. The distortions can be seen as cognitive patterns that recognize both internal and external data in certain ways that are changed by early experiences. In this regard, depressive symptoms are alleged to be facilitated by faulty and maladjusted thinking patterns. People who are disposed to depression have a negative view of themselves, they perceive the world as hostile and demanding, and the future as being characterized by anticipation of suffering and disappointment (Sadock and Sadock, 2003). Research has indicated that negative cognitions are the most likely causes of depression (Holmes, 1994). Majority of pregnant mothers (80%) suffer from postpartum depression (Lee, Lam, Lau, Chong & Chui, 2007). Other recent studies have shown that majority of pregnant women suffer from depression during the prenatal period and this is more common as compared to the postpartum depression (Sajjadi, Kamal, Rafiey, Vameghi, Forouzan, Rezaei, 2013). It can be concluded that a good number of studies have shown a high prevalence of depressive symptoms among pregnant women and this prevalence is likely to be more among teenagers who are pregnant. McCrory and McNally (2013) claimed that premarital pregnancy is accountable of the poor maternal mental health. These mothers suffer from depression, stress and in turn succumb to a decreased level of psychological well-being. Therefore premarital pregnancy gradually increases the risk of maternal depression and parenting stress. Premarital or unwanted pregnancies may result in increased risk of depression among pregnant women (Hamirani, Sultana, Ibrahim Z, Iqbal, & Sultana, 2006). This includes both antenatal and postnatal depression. For instance, some studies have reported that the prevalence of depression during pregnancy is about 13% (Gaynes, Gavin, Meltzer-Brody, Lohr, & Swinson, 2005). A 2006 study in Karachi, Pakistan reported a 34% prevalence of antenatal depression (Hamirani, Sultana, Ibrahim, Iqbal, Sultana, 2006). Later studies conducted in rural Bangladesh in 2011 found out that the prevalence of antenatal depression and antenatal anxiety were 18% and 29% respectively (Nasreen, Kabir, Forsell, Edhborg, 2011). Depression not only affects the mother but also the babies born. Some studies have shown that children of depressed mothers are at an increased risk of contracting cognitive deficits (Sohr-preston & Scaramella, 2006), emotional dysregulation and reduced social competence (Cornish *et al.*, 2005). In addition, children of depressed mothers are more vulnerable to developing common psychiatric disorders such as depression and anxiety, negative affect, behavioral problems, and an overall impairment in functioning (Goodman *et al.*, 2011; Weissman *et al.*, 2005). Depression has fatal consequences on both the mother and the child. The depressed mothers feel helpless and due to elevated states of anger, they turn to harsh treatment of their children thus affecting the child's behavior (Goodman, 2007).

H₀: AIC youth victims of premarital pregnancies do not suffer from depression

MATERIALS AND METHODS

A total of 60 female youth aged between 13-24 years and who had fallen victims of premarital pregnancies were selected through purposive random sampling from the 6 out of the 10 AIC churches in Wamunyu DCC. In addition 13 pastors were selected from each of the 10 churches. The youths were required to complete a socio-demographic questionnaire and undergo screening for depression using BDI. The pastors also

completed a structured questionnaire. The data obtained was analyzed using SPSS version 23 and information obtained was presented using both descriptive and inferential statistics.

RESULTS AND DISCUSSION

Socio-demographic characteristics: The researcher sought to find out the respondents' gender, age, period of current membership in AIC, their age when they got pregnant, whether they were forced into the sexual act or not, and the challenges they were going through as young mothers. Information on age was important because the researcher wanted to establish the vulnerable age of the young mothers in Wamunyu DCC. On the other hand, the age of the respondent when she became pregnant was of great importance since people go through the developmental tasks associated with different ages and when responsibilities come earlier than expected then emotional turmoil is most likely to arise. The respondents participating in this study had been members of AIC for an average of $18.91 \pm (5.008 \text{ SD})$ years. This implies that majority of them have been members of AIC since birth. Regarding the age of the respondents, the study found out that majority of the respondents (55%) were aged between 21-24 years followed by respondents aged 18-20 years (27%). Respondents aged 13-17 years comprised only (18%) of the total numbers of the youth respondents. The information on figure 1 indicates that although majority of the victims of premarital pregnancies in Wamunyu DCC are adults (18-24 years), it is worrying that we have very young children (below 18 years) who are mothers. Table 1 shows the age at which the respondent became pregnant. The age between 18-20 years had most youths which comprised of 37.5%. This is probably the period between finishing form four and joining university or a tertiary institution.

Table 1. Age at which the respondent got pregnant

Age of the respondent	Frequency (N)	Percentage %
13-17 years	16	28.6
18-20 years	21	37.5
21-24 years	19	33.9
Total	56	100.0

The findings from table 1 indicate that most of the youths get pregnant between the ages of 18-20 (37.5 %) while the least age bracket is between 13-17 years (28.6 %) and 33.9 % of them get pregnant between ages 21-24. From the results given above and the interviews that were carried out with the youths, most of them agreed that they indulged in sexual activity after they had finished their secondary education waiting to join colleges. As a result of the long wait, they were idle thereby most likely getting lured to engage in sexual activity. Others cited various reasons for getting pregnant before marriage such as ignorance, temptations, peer group pressure, financial pressures and coping with a stylish living. Regarding whether the respondent was forced to have sex when she became pregnant, 11 youths (20%) said that they had been forced while 45 youths (80%) were not forced or raped as seen in figure 2. From the figure above, the results indicate that most of the youths engage in sexual activities consciously without taking into consideration the consequences. It is disturbing given the context of this research. They also point out that the youth most likely get into early relationships and due to lack of proper guidance, they find themselves deeply sunk into relationships.

These findings suggest that the value system in our societies is declining. This is a worrying trend. When the respondents were asked on how they became pregnant, the following were the responses (Table 2). Table 2 presents the results from the female youths regarding how they became pregnant.

Table 2. How the respondents became pregnant

Reason for becoming pregnant	Frequency(N)	%
Ignorance	17	34.4
The act was Consensual	29	51.8
Forced sex	7	12.7
Rape	3	5.4
Total	56	100.0

Table 3. The age of the pastors

Age bracket of the pastors	Frequency (N)	%
Below 30 years	1	7.7
Between 31-40 years	4	30.8
Between 41-50 years	1	7.7
Above 50 years	7	53.8
Total	13	100.0

From the table, it is shocking that majority of the respondents (51.8 %) reported that the act was consensual, 34.4% reported that it was due to ignorance, 12.7% reported that they were forced to have sex, and only 5.4% reported that they were raped. These findings report that the morality of some of the youths in our churches is quite questionable given that most of the respondents had been members of the AIC church for as many years as their age. They also indicate that most Christian youths are ignorant of the dangers of risky sexual behaviors. In addition, some youths are coerced to have sex or even getting raped thus implying that there is also a need to protect our female youths from people who are likely to exploit them sexually. Regarding the gender of the pastors, there was a gender balance in that 6(46%) of the pastors were females while 7(54%) were male pastors. This finding was important to this research because the pastors are likely to serve as role models and mentors to the youths. From figure 3, there is proper representation in regard to the gender of the pastors. However the study seems to suggest that there is a gap between the pastors and the youth in the church because the pastors are meant to offer more than spiritual nourishment to these youth yet there are quite a number of them that have been affected and became mothers in such a tender age. It is the responsibility of the pastor to offer moral guidance to the congregants that come to fellowship in a particular church. This however is most likely lacking in Wamuyu DCC from the results that were obtained. Majority of the pastors participating in the study were aged above 50 years (53.8%) followed by pastors whose age was between 31-40 years (30.8%). Pastors aged between 41-50 years and those below 30 years were each 7.7% (Table 3). The above findings indicate that there is a good representation of the age brackets of the pastors in AIC churches thus serving as a mirror to the youth population and the entire congregation. This also indicates that the pastors are capable of offering guidance to the entire church congregation due to their varied experiences. However from the results that were gathered, there seem to be a gap between the pastors and the youth since the premarital pregnancies are alarming thereby suggesting that the pastors are either not acting as role models or are not offering guidance and counseling services.

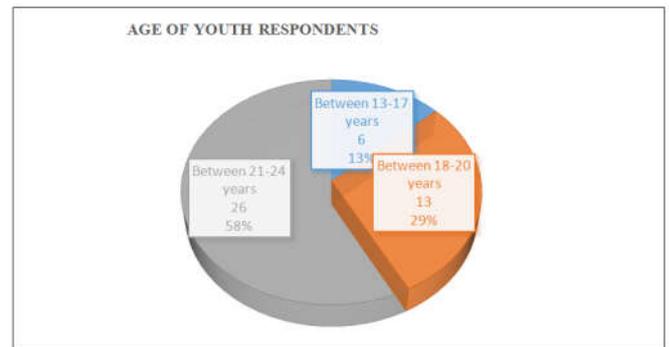


Figure 1. Age of the Youth Respondents

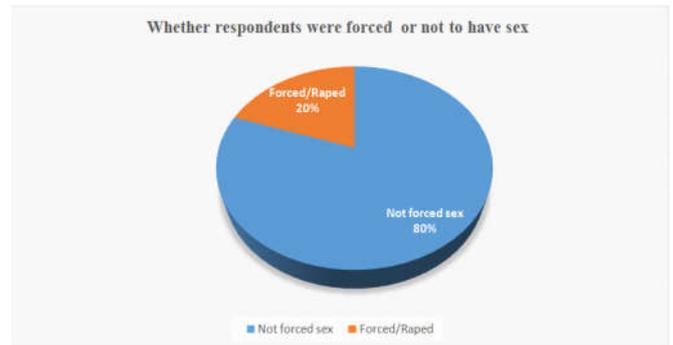


Figure 2. Whether the respondent was forced to have sex

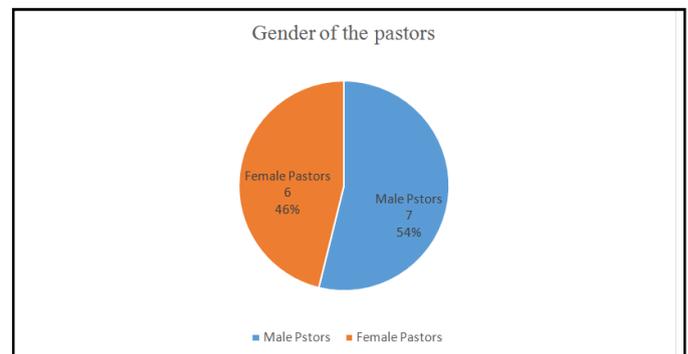


Figure 3. Gender of the pastors

The study established that majority of the pastors (8) had diploma training in pastoral work and none of them had no training at all (Figure 4). This is a clear indication that the pastors in Wamuyu DCC are well equipped to handle pastoral issues in the DCC. Despite this, only 8 of them had training in psychology. The few pastors that have training in counseling psychology argued that sometimes they are overwhelmed giving counseling services to the entire congregations who are very many let alone the youth in particular. These results (table 4) indicate that majority of the pastors in Wamuyu DCC have worked for more than 11 years implying that they understand the region as well as their congregants very well. From the findings of the length of service in the particular churches, study seems to suggest that nothing has been done to prevent teenage pregnancies and therefore implying that the pastors have failed to curb this situation as the rate keep increasing at an alarming rate. Apart from the spiritual nourishment, the pastors in the church are supposed to offer physiological and emotional support and offer proper guidance to their congregants considering that the congregants go to church so as to follow the right path/direction.

Table 4. Symptoms of Depression among the youths

Item	Percentages (%)	
	Strongly agree and agree	Strongly disagree and disagree
Youths who are victims of premarital pregnancies are sad most of the time	61.5	38.5
Youths who are victims of premarital pregnancies lack pleasure in most activities in life	92.3	7.7
Youths who are victims of premarital pregnancies have less interest in activities within the church and outside church	84.6	15.4
Youths who are victims of premarital pregnancies have been reported to have suicidal ideations, plans or attempts	46.2	53.9

**Figure 4. Highest education level of the pastors****Table 4. Length of service as a pastor in Wamunyu**

Length of service as a pastor in Wamunyu DCC	Frequency	Percent
Below 5 years	2	15.4
Between 6-10 years	6	46.2
Over 10 years	5	38.5
Total	13	100.0

The results obtained in table 5, indicate that pastors are also aware of the depressive symptoms among the youths faced with premarital pregnancies. All the pastors agreed that premarital pregnancies most likely bring depression among the female youths. Although most youths have some depressive symptoms, the findings seem to suggest that they don't harbor suicidal ideations, plans or attempts.

DISCUSSION

From the results given out above, the findings show that the youth have depression and most of them have lost the meaning of life. Of those that were interviewed, 70% of them said that they no longer have any interest in activities pertaining to their social lives but their focus is geared towards taking care of the children. 80% of the respondents who were interviewed said that most of the time they find themselves sad and lonely because their friends no longer wanted to be associated with them since they've moved on to the next stage of life and become mothers. It is also important to note that though these youths are depressed, majority of them don't harbor suicidal ideations, plans or attempts. This may be attributed to the spiritual dimension whereby Christians are always reminded that committing suicide is ungodly and it is always important to trust in God even when life pushes you to the very edge.

These findings confirm that youths who are victims of premarital pregnancies are suffering from depression. This is moderate depression in regard to the BDI scoring cut off points. Given that there is an inverse variation between depression and work productivity, the youth are thus rendered unproductive due to this level of depression. Low productivity results to a decline in mental performance and this may affect the overall quality of life. The findings showed that the youth have depression and majority of them reported that they no longer had any interest in activities pertaining to their social and spiritual lives. Their focus was geared towards taking care of their children. This shows a shift in thinking thus likely to bring emotional imbalance. The findings of this study concur with those of Holmes (1994) who suggested that depression can also occur when a person feels that they have failed to meet their own standards or the standards of others, and that therefore they are failures. The person ultimately turns the anger to self. Anger is a disruptive emotion and is correlated to anxiety and depression thus an angry youth suffers from high levels of anxiety and depression. This study confirmed previous studies that showed an association between maternal postnatal depression and psychological health (Sanger, Iles, Andrew and Ramchandani, 2015) in offspring. The adverse effects of depression impacts negatively on the mother affecting feelings about herself, her interpersonal relationships, and the relationship with her offspring, the entire family, and

the society at large (Lee & Chung, 2007). Additionally, the study findings concurs with those of Beck and Indman, (2005) that pointed out that mothers with postnatal depression experienced sleeping and eating disturbances, high levels of anxiety, insecurity, emotional instability, a state of mental confusion, loss of self, excessive guilt, shame, and threatening suicidal thoughts. A Christian youth is two times more likely to suffer from depression after giving birth as compared to youth who are not Christians. The challenging aspects of motherhood including physical adjustment, uncertainties about health of their baby, social discrimination and loss of former self such as a shift in sexual identity are among the precipitators of postnatal depression (Nicolson, 1990). Since these young mothers are depressed, this study shows that they have challenges in meeting their children's emotional and social needs. This is because they tend to feel helpless amidst the parenting challenge. This finding is supported by other previous studies that asserted that premarital pregnancy increases the risk of maternal depression and parenting stress (McCrary & McNally, 2013).

Conclusion

Female youth in the AIC church and who have been victims of premarital pregnancy suffer from postnatal depression. The church should therefore re-invent ways of helping such youth to return to normalcy and continue gaining from the spiritual nourishment.

Acknowledgements: I convey my gratitude to the DCC chairman, all pastors and the female youths of Wamuyu DCC.

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