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**Research Paper** 



# The Prevalence of Depression among Unwed Mothers in Kerala India

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## **ABSTRACT**

Motherhood is claimed as a desirable role that all women want and are willing to sacrifice for it. However, the value and dignity of motherhood depend on specific ethical and social norms and structures, like marriage and, thereby, maternity. Indian society places a high value on fertility and motherhood in marriage, but it entirely rejects and stigmatizes the unmarried woman and child born out of wedlock, forcing the mother to give her child for adoption. This study examined the prevalence of depression in unwed mothers, staying in shelter homes in Kerala, India. The Beck Depression Inventory was administered. The results showed that a moderate level of depression is high (58%).

**Keywords:** Depression, unwed mothers, Shelter homes and BDI

everal studies on unwed mothers in India have identified the family rejections, social discrimination, and economic instability that have direct effects on their psychosocial lives leading to stress, depression and anxiety, and other mental disorders, (Behera and Behera, 2018; George, 2012; Jose et al., 2011; P. Sharma and Khan, 2020); as a result, their life was made so miserable that many were forced to commit suicide (Jose et al., 2011). Both earlier and current studies have shown clearly that mental health problem among unwed mothers is more prevalent than others (Cairney et al., 1999; Davies et al., 1997; Gudina, 2020). Stressful life events that are often faced by unwed mothers, such as unemployment, housing issues, inadequate income, social stigma, and relationship dysfunction, may lead to the comparatively greater prevalence of mental health problems in this group (Jana et al., 2016; Jo et al., 2018). Similarly, the study further explores the perceptions of discrimination of unwed mothers in different life areas, such as family, job, children's educational institutions faced in giving birth, and raising children. This can cause mental issues (Kim and Gerber, 2012).

Indian studies have shown that 60% of unwed mothers were suffering from psychological distress (Powathil and Parthsarathy, 2017); many have low self-concept (P. Sharma and Khan, 2020), depression, and anxiety (Gwon et al., 2019). In unwed mothers, significant depressive symptoms (12.5%), dysthymia (6.3%), and bipolar psychiatric disorder (12.5%)

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were significantly more prevalent than in the general female population (Jo et al., 2018). Furthermore, poor unmarried mothers in the community are around twice as likely to develop major depression as in the general population (Belle and Doucet, 2003). This study found that more than one-fifth of mothers met diagnostic criteria for major depression in their research. Furthermore, the struggle to live in dire conditions raises the risk of depression (2003). Higher depression rates among unwed mothers than women in the general population suggest that their environments have contributed to these conditions (George, 2012).

Some studies were conducted to investigate the leading causes of unwed pregnancy, and they are as follows:

- Love affairs: A relationship that starts in a phase of sexually active time (McCloskey, 2016). There are many cases where a relationship that begins as a joke is later cheated on by the perpetrators when it reaches pregnancy. Such severe betrayal would make her even more miserable (Jose et al., 2011). Both the unexpected pregnancy and the partner's cheating result in severe mental conflicts among women (Garthus-Niegel et al., 2018; Liang et al., 2019; Peel et al., 2018) and their unborn child as well (Schaffir, 2018).
- Rape: After going through a traumatic incident such as rape or sexual assault, when a ii. woman gets pregnant (N.F.A and Fitriani, 2019), it adversely affects her physical, psychological and social life and then consequently, mental disruption, remorse, and fear trauma (Herisasono et al., 2020; Mukamana et al., 2018), and also depression (Bhuptani et al., 2019; Mgoqi-Mbalo et al., 2017).
- iii. Sexual assaults in the family: Many young girls are sexually assaulted by their family members, including uncles, cousins, and even fathers (Greydanus, and Joav Merrick, M. D., 2017). They are forced to abort if they get pregnant or be at risk of being killed because of social stigma in the particular context of India. Depression and other psychological problems also arise from this threat and compulsion (George, 2012).

The current study was conducted in three shelter homes Idukki, Kottayam, and Ernakulam with around 150 residents.

Table 1 Demographic Profile of the 120 Research Participants

| 1. Age                     | Mean      | SD             |
|----------------------------|-----------|----------------|
| 18-35                      | 21.2      | 2.9            |
|                            | Frequency | Percentage (%) |
| 2. Education               |           | _              |
| Junior School              | 12        | 10.00          |
| High School                | 36        | 30.9           |
| Senior High School         | 51        | 42.5           |
| Diploma                    | 21        | 17.5           |
| 3. Identity of perpetrator | r         |                |
| Family member or Relative  | 51        | 42.5           |
| Lover                      | 42        | 35.00          |
| Neighbor/Stranger          | 21        | 17.5           |
| Rape                       | 6         | 5.00           |

The participants' ages range from 18 to 35, with a mean age of 21.22 (SD 2.9). Among the 40 participants, the majority (42.5%) had completed the senior higher secondary level, while

30% were either high school or completed high school. Another 17.5% had finished their diploma courses after their senior higher secondary school, and 10% completed their junior level. Direct family members and relatives of the perpetrators were questioned about their identities (42.5 %). The lovers were (35%), neighbors were (17.5%), and rape was (5%).

## Depression in Unwed Mothers

According to DSM-5, depression is characterized by at least five or more depressive symptoms; those suffering from depression lack enthusiasm in almost all activities, have significant weight loss, insomnia or hypersomnia, fatigue and tiredness, feelings of worthlessness and guilt, constant restlessness, decreased ability to think and decide, and recurrent thoughts of suicidal ideas (American PsychiatricAssociation, 2015). Persons with depressed moods are unfortunate, anxious, hopeless, helpless, and even restless, which lasts for at least two weeks.

Depression in women is more prevalent than in men (Albert, 2015; Avalos et al., 2020; Benatar et al., 2020; Freedman et al., 2020; Matei and Ionescu, 2020; Romero et al., 2020). Multiple triggers are associated with maternal depression, such as financial difficulties, nonarranged marriage, unwed pregnancy, marital dispute, male child preference, past miscarriage, stillbirth, children with special needs, domestic violence, and alcoholdependent partner, but these differ based on local and cultural factors (GK Kannan, 2020; Jokinen et al., 2020). All of them suffer from many internal problems, particularly unwed mothers (Corcoran, 2016).

There are many causes of unwed mothers' internal conflicts, such as embarrassment, anxiety, and remorse that contribute to depression. Shame has also been linked to unmarried parenthood. (Adams, 2017; Faudzi et al., 2019). Williams (2018) explains the evolving negative emotions by reflecting on shame after being pregnant; the critical emotions are anxiety and fear of the future and the consequences they have to face in the family and society. Consequently, they may have guilt and regression, and they blame themselves for such abundant internal tension that leads to depression (Samsuddin and Masroom, 2019). Other external factors, such as social stigma, family rejection, and unemployment, may increase the risk of depression (Moseson et al., 2019; Shahbani and Fuziah, 2020).

## METHOD, PROCEDURE AND DATA COLLECTION

The researcher contacted 130 unwed mothers and administered BDI- II. Among them, 120 unwed mothers completed the tests. The following tables indicate the depression experienced by unwed mothers as measured by BDI- II.

Table 2. Prevalence of depression in BDI

| Psychological depression | N   | %    |
|--------------------------|-----|------|
| Normal                   | 5   | 4.16 |
| Mild                     | 16  | 13.3 |
| Moderate                 | 69  | 58   |
| Severe                   | 25  | 21   |
| Extremely severe         | 5   | 4.16 |
| Total                    | 120 | 100  |

Beck= *Depression* 

## DISCUSSION AND RECOMMENDATION

Table 2 shows the prevalence of depression of unwed mothers, measured by BDI- II. The results revealed that depression was relatively high, and many factors were associated with this higher level of depression among unwed mothers. A total of 70 unwed mothers scored 21 to 30 on BDI-II, suggesting a 58.3 % prevalence rate of moderate depression among unwed mothers. Recent researches support the findings that depression remains a significant risk factor for unwed pregnancy (Assari et al., 2020; Cook & Cameron, 2020; Khan, 2015; Mann et al., 2020; Matei & Ionescu, 2020; Vafai et al., 2020; Wong et al., 2020). The unwed mothers' traumatic experiences and subsequent depression have been documented in this research, suggesting the need for psychological therapy to improve their quality of life and well-being and reduce depression. Recent researches depict that depression remains a significant risk factor for young unwed pregnancy (Assari et al., 2020; Cook & Cameron, 2020; Khan, 2015; Mann et al., 2020; Matei & Ionescu, 2020; Vafai et al., 2020; Wong et al., 2020). Furthermore, the timing of the first depressive episode, relative to age, at first sexual intercourse plays a critical role in determining the risk of young girls' pregnancy (Wan et al., 2020). It is evident that 48% of the sample had clinically high levels of depressive symptoms (Niyonsenga and Mutabaruka, 2020).

In unwed mothers, Major Depressive Disorder (M.D.D.) has been reported as a widespread, but often under-detected, characteristic in this population. Depending on the survey features and method used to measure depressive symptoms, prevalence rates vary from 13% to 30% (Coelho et al., 2015). In pregnancy, risk factors for depression include socio-demographic features and neonatal variables. According to some research, previous episodes of depression, intimate violence, and the degree of perceived social support tend to be the most critical risk factors (Benatar et al., 2020; Romero et al., 2020). These variables can help define risk factors and guide strategies to avoid adverse effects. There is a significant correlation between antenatal depression and postpartum depression. Many researchers have identified the factors associated with M.D.D. They found that during pregnancy in adolescent mothers seems crucial (Matei and Ionescu, 2020; Niyonsenga and Mutabaruka, 2020; Osok, 2016).

A study conducted in Malesia to understand unwed mothers' mental issues revealed that they feel sad, uninterested in any activities, tired, and lethargic. There is a chance of worthlessness and excessive fear. Unwed pregnancy may cause a diminished ability to think or concentrate and recurrent thoughts of death, and decreased participation or enjoyment in all activities most of the day (Nasir et al., 2016).

Researcher tried to estimate the prevalence of depression in sheltered unwed mothers. The study excluded from other unwed mothers those who are staying in their own home and facing many social stigmas. Such unwed mothers have a greater risk of developing depressive episodes, and this could be a limitation in the shelter home-based study. Hense future focusing on a wider population and detailed evaluation in high-risk groups can add valuable evidence to formulate management guidelines and policies in unwed mothers.

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## Conflict of Interest

The author(s) declared no conflict of interest.

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