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## GENDER DIFFERENCES IN THE SOCIAL DETERMINANTS OF DEPRESSION AMONG MEN AND WOMEN IN GHANA

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### ABSTRACT

This study aims at exploring the differences in the social factors that pre-dispose men and women to depression. The study employed a qualitative research approach where in-depth interview techniques were employed with a sample of 60 participants (30 males and 30 females) from the Accra and Pantang Psychiatric Hospitals in Ghana. The results were analyzed qualitatively from gender perspectives using the Constant Comparative Approach of the grounded theory. The results of this study showed that the major social causes depression emanate from experiences associated with the dynamics of marriage. While experiences within conjugal relationships presents the greatest challenges to women that of men rested on experiences as a result of breakdown of conjugal relationships. Moreover, in contrast to the theory of learned hopelessness known to be associated with depression, respondents in this study showed extreme degrees of hopefulness based on a strong belief of divine intervention. The study advocates for better understanding of the unique nature of the social causes of depression among men and women in order to provide resources that can help in developing and implementing sustainable strategies to prevent its occurrences and mitigate its effects on households and communities.

**Keywords:** Conjugal relationships, learned helplessness, depression, social determinants, psychiatric hospitals.

### INTRODUCTION

Depression is a mental disorder largely marked by alterations in mood, thinking and behaviour associated with distress and or impaired functioning (Gaffney, 2006). It is also characterized by loss of interest in pleasurable events and is one of the problems associated with the patterns of thought, feeling and behavior that interrupts an individual's sense of wellbeing, emotional, social and occupational functioning (Atindanbila, 2000). Exposure to depression is noted to have gendered dimensions and the role of gender as a determinant of health is well established in the literature (Beck, 1999; Doyal, 2000, 2001, 2003, Phillips, 2005). In dealing with gendered differences in exposures to depression, it is vital to understand that there are 'sex' or biological based differences as well as socio-cultural driven

'gender' differences. Biologically, it is evident with issues associated with life cycle and hormonal changes such as transition into menopause or susceptible to developing premenstrual dysphonic disorder and postpartum depression after giving birth (National Institute of Mental Health, 2004).

Studies from Doyal (2003), point to fact that differences in depression in men and women often can also be traced to cultural expectation because gender inequalities at the social and cultural context are more likely to disadvantage women with regard to health. In terms of women's cultural role expectation. Gender roles disadvantage women because of a higher burden of housework and care-giving roles beyond their usual responsibilities of employment as compared to men. Many women face the additional stresses of caring for aging parents, abuse, poverty, and relationship strains. As a result, women experience increases in physical and

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mental stress illnesses more than men (Beck, 1999; Garcia-Moreno *et al.*, 2005). It is still unclear, though, why some women faced with enormous challenges develop depression, while others with similar challenges do not.

Moreover, exposures to physical violence and sexual abuse as a result of social inequalities has been identified to play a role in depression among women. Girls are much more likely to be sexually abused than boys. Research has found that sexual abuse against girls in childhood puts them at increased risk for depression, more than boys, in adulthood. Higher rates of depression are also found among victims of rape, a crime almost exclusively committed against women (Garcia-Moreno *et al.*, 2005).

Cultural expectations also play a role in contributing to causes of depression also in men. In many African cultures men are supposed to be successful and also men are brought up to believe that expressing emotions is largely a feminine trait therefore they should restrain or be in control of their emotions. These cultural expectations can mask some of the true symptoms of depression, forcing men to express aggression and anger which is viewed as more acceptable "tough guy" behavior. Men may perceive depressive symptoms as a flaw and as such they are more likely to deal with their symptoms with a macho attitude or by drinking alcohol and at the worse state, commit suicide rather than seek help. Men also tend to deal with the loss of a loved one differently than women. Men tend to assume full responsibility for their bereavement and suppress their grief. This may also be related to their belief that men must be strong in the face of adversity, and that showing emotion is a sign of weakness (NIMH, 2004).

The symptoms of depression are similar for both men and women, but they tend to be expressed differently. Symptoms include disturbances in appetite, sleep and concentration. Major depressive disorder may also include excessive fatigue that can trigger sleep day and night, inability to go to work or perform household chores (Atindanbila, 2000). Men tend to act out their mood disorder while women typically turn it inward. However, rumination has been found to maintain depression and even make it worse. While women with depression are more likely to have feelings of sadness, worthlessness, and excessive guilt, men are more likely to be very tired, frustrated, irritable, angry, demonstrate loss of interest in once-pleasurable activities, and have

difficulty in sleeping, and sometimes be abusive. Men may be more likely than women to turn to alcohol or drugs when they are depressed. Some men throw themselves into their work to avoid talking about their depression with family or friends. Poverty is a more severe stressor and can lead to depression among both men and women. Studies have shown that majority of those suffering from their first major depressive episode will suffer from at least one more during their life with a lifetime average of four episodes (National Institute of Mental Health, 2004).

Differences also in terms of coping strategies women and men are also acknowledged. Women are more likely to cry to relieve emotional tension, try to figure out why they are depressed and talk to friends and other people about their depression. Though more women attempt suicide, more men are successful at actually ending their lives and when they do, men tend to use more lethal methods of committing suicide, for example using a gun rather than taking an overdose (Weissman *et al.*, 1999). Understanding how men and women in our society are brought up to behave is particularly important in identifying and treating depression within specific social context.

Though the American Psychological Association (1994) noted a higher rate and prevalence of depression among women than men, Rothblum (1983), emphasized that much depends on the context. For example, he noted that in developing nations such as India, men manifest more depression and are more affected than women. However, studies of Crawford and Unger (2000) identified no differences in the incidence of depression in relation to gender among some ethnic groups like Asian, American men and women demonstrating that men are actually just as likely to be depressed as women. One theory of depression that has gained popularity is the theory of learned hopelessness which draws on the hypothesis that depressed people view themselves and the future negatively and that affect their mood, motivation and behavior. The theory of learned hopelessness also manifests itself in avoidance, increased dependency and suicidal wishes (Beck, 1976; Alloy *et al.*, 2000). In their research about depression, Kaplan, Sadock and Grebb (2004) confirmed the theory by asserting that depressed people often feel worthless, shoulder excessive guilt and often preoccupied with thoughts of suicide. In identifying gender differences in exposures to depression it very important to find out

what social factors predispose men and women and how they view themselves and their future.

### **STATEMENT OF THE PROBLEM**

Depression is one of the main emotional disorders that affect men both men and women in Ghana. Mental Health in Ghana receives less attention and care is inadequate. Ghana has only three mental health institutions at Ankaful, Pantang and Accra. Mental health is also limited to urban areas of the southern sector where all the three psychiatric hospital are situated. Many regional hospitals do not have psychiatrists and there are only twelve practicing psychiatrists but Ghana requires not less than one hundred and fifty. Only 3 out of 100 Ghanaians who require mental health services have access to it. More so, much emphasis is on treatment rather than prevention (Mensah, 2013). In Ghana, research findings indicate that depression rate is extremely high, almost one third of the patients in mental hospitals in Ghana suffer from depression (Osei, 2011). Every year depression affects a greater number of people in Ghana, but men account for only about one in ten diagnosed cases (NIMH, 2004).

Considering the magnitude of the of depression and its negative impact on human development and well-being of men and women, it is striking that overwhelming focus of the health research within communities has been on biomedical determinants of health and illness at the level of individuals and in most instances clinically based. Investigations into depression in relation to social determinants have received a much smaller share of research focus. In view of this this study is aimed at identifying the major social causes of depression among men and women in Ghana.

### **METHODOLOGY**

A qualitative research design was employed by the study through face to face in depth interviews with the participants. The purposive sampling technique was used and a sample of 60 respondents were selected (30 males and 30 females). Primary data was obtained from the Accra and Pantang Psychiatric Hospitals in Ghana. Eligibility was defined as those who have the mental capacity to engage in the interview. Efforts were made to ensure that only those who were psychologically capable to give consent and to understand the purpose and procedures of the study were involved. In this case they were able to make voluntary, informed decisions concerning their participation. This was done to enlist cooperation of participants to prevent possible

aggression from them. Interview guide focused on factors that exposed them to their current situation and the support obtained from family members among others. All interviews were recorded verbally and transcribed. After the transcription, time was spent reading through the transcripts a number of times and making notes of interesting or significant words, statements identifying key words that captured the essence of the research questions. Afterwards key ideas were identified; the ones with higher frequencies were coded and organized into overarching themes from male and female perspectives. In the presentation of results themes identified are bulleted and supported with direct quotations presented in italics in single spacing. In all, the verbatim accounts or direct quotes that were more explicit in portraying the themes were presented. The discussions of results involved descriptive and analytical discussions of the themes with reference to the literature review to arrive at interpretation of data. The approach formed the basis for bringing out meaning and understanding of the themes, leading to the findings the study.

### **RESULTS AND DISCUSSION**

**Social determinants of depression with regards to demographic variables of respondents:** The study demonstrated that majority of the men affected by depression were between age 40-49, whereas the peak time for depression in this study showed that the majority of women were in their 30-40 years and majority, ten years lower than that of men. It was also found out that married women or women in conjugal relationships suffered from depression more than single women. Conversely, single or unmarried men suffer from depression more than men who are married.

**Social determinants of depression among women:** The respondents were asked to identify what they thought brought about or were the causes of the experiences they had already mentioned. In analyzing the responses from qualitative perspectives, the study picked the three most prominent overarching themes identified first among women and then men as factors resulting in their present state. Among women the three most prevalent themes identified from the analysis as causing depression were Infidelity, childlessness and domestic violence.

The results showed that 17 out of 30 females respondents complained about unhealthy relationships in their marriage and conjugal relationships. Their major

complaints centered on the attitude and behavior of their spouses or conjugal partners towards them. Their submissions ranged from discourses of infidelity, unfaithfulness, poor relationships, disloyal husbands and intimate partners, extra marital affairs of spouses and intimate partners. These experiences seemed to have been a severe source of anxiety to them. Responses demonstrated that women felt neglected and isolated by their partners and complained of lack of attention, support and care from their spouses. In relation to infidelity and extra-marital relationship, women showed a very high sense of apprehension and perceived that infidelity or extra marital relationships served as a source of marital conflict and resulted in their neglect by spouses and which made them unhappy all the time. The women complained about the emotional and psychological stress associated with such behavior and attitude of spouses and they interpreted such attitude as resulting in humiliation, disappointments, isolation, and rejection from spouses. Some verbatim statements made to that effect were "He treated me badly by abandoning me for other women. My husband cheats on me, I do everything for him but he does not appreciate it. He is always blaming me. My husband keeps on lying to me about everything, his extra marital relationship. My man does not care about me."

Cultural and social factors also explain why women feel insecure in their circumstances. From the interactions with the respondents, it was noticed that for the majority of the women marriage as a traditional and cultural institution occupied the center stage of their lives. They saw it as a social obligation and that they felt that there was the need for women in conjugal relationships to try hard to secure the relationships in order to gain social acceptance, dignity and respect. Majority of the women believed that their husbands are the cause of their predicament and had a lot of advice for women as follow;

People must be very careful before they get into marriage, men are cheats, men who cheat on their wives should be dealt with by the government, people should not rush into relationships and men who abuse their wives must be punished.

It was identified that, women were highly sensitive and emotional about issues of love, relationships and marriage. I identified that neediness for marriage and the fear of the risk of losing out created power imbalances between women and their spouses and made

women very vulnerable. The second theme as another major source of anxiety associated with state of depression among the women was childlessness. From the interactions, evidences portrayed that childlessness was also perceived by six of the respondents as intense source of sadness and misery which according to many of them made it difficult for them to sleep and sometimes eat. It was also evident from responses that childlessness among the women made them feel highly insecure in conjugal relationships. Some of their comments were "I don't have a child, I am worried about that, my husband does not care, I am concerned because he may call for a breakup of the marriage by using that as an excuse and if I am not sent out, he will marry another woman again."

The issue of infidelity and childlessness is discussed in relation age and the neediness for securing marriages or conjugal relationships in order to gain social recognition. Cultural and gender expectations created heightened tensions for achieving life goals in relation to age. Though the age range for both men and women can largely be described as people in their middle adulthood ages (Havighust,1972; Erikson, 1950). This study showed that majority of the women who experienced depressions were between the ages of 30-40 years. Culturally, women normally develop the capacity for intimacy earlier as they are expected to marry at an earlier age in order to have children. In a society where culture places, a high premium on marriage and childbirth women's deepest hopes and aspirations could be fashioned towards being successful in marriage and having children. Heightened levels of anxiety, stress and negative feelings could be associated with the fear of inability to secure marriages and to give birth with the passage of time. Though women face stricter societal pressure in terms of marriage and childbirth, they are culturally not expected to propose marriage to men and this pose as a limitation in meeting these cultural expectations of being married or having children, especially with older age.

On the issue of infidelity, Oheneba-Sakyi (1999) recognized that common practice associated with marriage that has failed to die out with time in the Ghanaian society is male extra marital relationships and that all types of marriages in Ghana, be it customary law or Islamic marriages can develop into polygyny. Ghanaian marriages have a higher potential of male spouses having relationships outside their marriage in

the form of girlfriends, mistresses or additional wives but women do not enjoy the same rights. Only marriages under the ordinance attract legal sanctions. Traditionally, a man can choose to marry as many wives and engage in extra marital relationships. In such situations scanty resources for household provisioning are shared among other women, female partners are denied adequate care and attention. Infidelity as part of multiple relationships breeds discrimination, feeling of neglect and abandonment among women. In many marriages in Ghana the male partner with the social right as the head or patriarch may disrespect the woman and trample on her dignity. As rightly put by Coker Appiah and Cussack (1999) women in Ghanaian societies are still defined in terms of their relation to men, with their worth or value being measured in accordance with their ability to fulfill their roles as wives and mothers, even though in most instances the rights and dignities that should be accrued from the relationships are be denied them. All these experiences have very demoralizing and humiliating effect, cause deep hurt, disgrace and cripple many women emotionally and psychologically.

The issue of childlessness promoted insecurity in conjugal relationships as many women felt that status in marriage is determined by the children that come out of it. Mbiti (1989) identifies that barrenness can be a cause of divorce in many African societies. In many traditional societies wealth flow from children to adults, having no children implies that the person has no other form of social security. As Ghana does not have welfare system, children often serve as security for both parents at old age. From a cultural point of view, age 30-39 years possess a critical period because those who lose their marriages as well as those who are married and without children may think time is running out for them because women have limited time span in terms of biological reproduction. Even with the advent of medical sciences few people can settle with the belief that childless marriages could also be a problem with men. In the typical traditional systems childlessness in marriage is always blamed on the women. These experiences leave a feeling of deep misery, unhappiness and life unfulfilled. Women's neediness for marriage exposes them to higher vulnerabilities and wherever where neediness and vulnerability exists there is always a potential for abuse. Majority of the women complained about lack of respect and dignity from partners and spouses. Culturally,

women's greater vulnerability in life stems from the higher societal pressure to marry, secure marriages and to have children.

The third most cited reason for depression among women bordered on violence and abuses within their marriages. From the interactions six of the women cited experiences of insecurities in terms of domestic violence in their marriages such as verbal, physical, emotional and psychological abuse. The women believed that they have often been mistreated by their spouse and complained about battering, unfair treatment and verbal assault. Discussions showed that majority of women interviewees thought their spouses engagement in extra marital relationships which often generated disagreement and often resulted in abuse. They were very much disenchanted by this male attitude and behavior. Some of their remarks were "My man expects too much from me, He is always abusing me. He is not happy with everything that I do. When he insults and I try to explain myself then it results in beating."

In the traditional set up, violence is often used as a powerful weapon by men to cause pain and ensure the subjugation of women. The position of the woman in conjugal relationships, in the domestic situation, is a typical demonstration of power and control of the men. Inequalities in gender relationships are the basis of all types of violence that are noticeable in intimate partner relationships. There were evidences of erosion of any comfort and that women lacked the security and social safety that their partners owned them as a source of their dignity. Though women's submissions were very disgusting, it was a surprise to me that none of the women in conjugal relationships ever expressed the desire to quit the marriage but rather articulated hopefulness in its extremities that things will get better with prayers. In all the ramifications in the exposures to risks by women in their marriages discussions demonstrated that they lacked the social skills, supportive and protective measure to deal with the voracious behavior of partners in their conjugal relationships and the only resource at their disposal was to resort to divine favor.

Violence against women has long been a societal phenomenon which has been ignored in the Ghanaian society. In support of this finding, Manu (2009) asserted that, in intimate partner relationships the man has the 'cultural right' to correct, supervise and monitor the intimate partner and bringing the female partner in line

can be manifested in many forms of behavior and attitudes which can be described as an abuse or violence. Justified by social power and right to correct intimate partner when she falls out of line, the man may use his physical strength to prove his superiority by physically abusing the female partner or abusing her emotionally and psychologically. Manu further intimated that, in many instances, out of act of securing their relationship, women defend their male partners when it comes to correcting abusive behavior through legal action. As a consequence, many women tolerate and remain in abusive relationships and do not complain publicly about their ordeals. Many Ghanaian women still find it difficult to report issues of intimate partner violence to the police due to societal pressures on them not report and so keep to the pain within them and suffer high levels of emotional trauma. In all their submissions all women interviewees complained of worry, sadness and unhappiness as a result of infidelity, childlessness domestic violence and spouses treated them with indignity. The outcomes are exposure to higher psychological stress leading to their depressed status. The National Coalition against Domestic Violence (2005) observed that violence in any form create insecurity as it makes a person feel constantly unhappy or diminishes one's self worth and that women report greater number of stressors related to their social life. These other forms of abuse have the potential to lead to mental illness. Supporting the research of Avotri and Walters (2001) to findings of this study, is a reminiscent of connect between socio- cultural vulnerabilities and psychological distress. Avotri and Walters (2001) concluded that a number of factors that appear to be associated with women's psychological and emotional stresses are so much associated with their experience within conjugal relationships and summarily described those experiences as sources of women's poor psycho-social health. Societal pressure, perceptions and expectations create an atmosphere of greater neediness for marriage as a source of recognition among women more than men. These are basic issues that can lead to negative livelihood outcomes for women within conjugal households.

**Social determinants of depression among men:** Men's experiences in exposures to depression were explored in this section. The discussion and interactions with male participants was centered on the causes for the current situation.. The results in this section evinced three major

themes identified through analysis of verbatim response as the major social determinants of depression among men and they were separation from loved ones, poverty and substance abuse.

One of the main themes gathered from men was the separation between them and their loved ones. In contrast to the women in the study, 8 out of the 30 men interviewed had been married once but were divorced, 12 had once been in a relationship but were separated and only 6 of them were married and 4 were single. Interactions revealed among the majority of the men interviewed there had been a separation between the men and their intimate partners and many of them felt that reasons for their intimate partners leaving the relationship was petty and unacceptable and so discussions regarding separation from loved ones were very much highlighted with deep concerns. They shared some of their concerns as:

There is a saying that man must not bank his hopes on women, they will desert you if you are poor. Women are not grateful, they easily forget. Irrespective of what you do for a woman, she will turn around one day and easy you are worthless

When the interviewer probed for how and why these separations came about, it unearthed that majority of the men perceived that it was due to the women's lack of respect for them, lack of cooperation, women demanding more than necessary or women wanting to go their own way. Majority of the men in this category claimed that their spouses did not show concern, when times were really hard for them.

The second major theme that emanated from the interviews of men was alcohol misuse; many of them admitted to have been drinking excessively but did not admit to the use of any other substance yet, the possibility of other substance misuse could not be ruled out. When probed further to ascertain what made them resort to drinking. Some of the responses were "everything I laid my hands on, failed. I am not succeeding in anything. I cannot always be depending on people."

With such short answers, this category of interviewees gave an indication of the root causes of the predicament. Though, many of the male respondents admitted to alcohol abuse, none of the women mentioned any exposure to any form of alcohol or substance abuse. Another problem area for men was the area of unemployment. The study also demonstrated that eleven

out of the 30 men interviewed were unemployed and thereby lacking the means to achieve adequate livelihood outcomes.

They complained that their livelihoods were characterized by insufficient incomes and insecure income generating activities. To them their livelihoods were unreliable, unpredictable and life had always been uncertain. Evidence gathered from discussions portrayed that male participants perceived that everything they tried their hands on turned against them.

Data on the characteristics of respondents indicated that general educational levels of all respondents were low even though that of men were slightly higher than women and the unemployment rate of men were seriously higher. It is widely acknowledged that low levels of education and unemployment are core dimensions of poverty (Yeboah, 2008). The overall picture portrayed by men could be equated to people who are persistently without regular income for most of their life course and so could not meet basic needs for survival. The respondents seemed to suffer from chronic or extreme poverty and this served as a source of intense frustration among majority of the men in the study.

In the circumstances of men too, social and cultural factors leading to gendered expectations is also played out. The norm regarding gender expectations and appropriate behavior for men is not to be celibate. Though men and women are traditionally expected to marry, comparatively society is a little bit sympathetic when a woman is unmarried at a certain age than and men may be treated with more serious contempt, because society gives men the privilege to make as many marriage propositions as possible and to have multiple wives but women do not have that opportunity (Benneh, 2012).

Cultural expectations also explain why unemployment could be an intense social stressor for men within the Ghanaian society. Unemployment or poverty among males are perceived as unacceptable because males are culturally expected to be able to work and earn income to support the family, especially to provide what is commonly referred to as 'chop money' or housekeeping money in Ghana. Cultural perceptions therefore explain why an unwaged man who married is seen to be "irresponsible" in society (Oheneba-Sakyi, 1999; Benneh, 2012).

In fact, a man's ability to provide the chop money is one of the mainstays of marriages. Where women's burden of maintaining the household increases as a result of the man's inability to provide their share, 'women feel that they can manage better without having to support a man or enduring the constant disappointment of not receiving the expected chop money. Women could bear the situation for some time and would leave if the man continues to be unemployed (Overy, 2007).

The gendering of this household responsibility though currently fluid defines a socio-cultural boundary for men and women. Culturally, access to financial resources is also one strategy used by men to gain or maintain power and control over intimate partner. The failure of any man to fulfill this responsibility is hard felt at the personal level and perceived as a loss of social positioning and status in marital relationships.

In discussions, male interviewees seem to link unemployment and poverty as a cause of the breakdown of their conjugal relationships and alcohol and substance misuse as a consequence of the breakdown of amorous relationships. All of which culminated in destruction of self, loss of ability to reason and function effectively leading to depression. They narrated their experiences with a lot of misgiving also related them to a perception of diminishing social status and power.

Seven of the men reported having misused alcohol whereas no female interviewee admitted to having engaged in any substance misuse. In terms of alcohol use, statistics compiled the Narcotics Control Board across the psychiatric hospitals supported the research that much of depression among men is caused by substance abuse, disappointments in marital problems, stress and pressures from family members and poverty (Boateng, 2014).

Data from the psychiatric hospitals suggests that cannabis and alcohol are the most frequently used substances and may be a risk factor for the development of psychosis amongst young men (Osei, 2013). The posture of the male respondents during the interviews demonstrated weakness and a contradiction to the well-known patriarchal psyche. In all the interactions, the men seemed very feeble and also vulnerable and lacked total composure in narrating their stories. What I gathered from the interviews made me conclude that patriarchal pride and masculinity were shamed at the instance of ill health among men. Both men and women complained to have encountered social, emotional and

family problems such as interference from family members, friend relative and perceived this as a border. Though majority of both men and women said they relied on extended family for support and before taking important decisions they as well found undue interference from family members especially of in laws, as a source of stress in their households.

Some of the remarks from respondents' were "There are too much interference of other people in my marital affairs especially my in laws. Family members are pressurizing me; they want to force me to leave the marriage. My husband listens too much to his friends." As rightly cited by Nukunya (2003), culturally, Ghanaian marriages are not between individuals but families, distant kinsfolk's, neighbors and friends and married couples have to cope with them and inability conform to such norms could serve as extreme stress to couples.

Both men and women in the study attributed their circumstances to external forces and did not see themselves as blamable. It was also evident that both men and women perceived and believed that their predicament were as a result of the evil machinations of witchcraft and it is worthy to note that beliefs in witchcraft are very prevalent in Ghana and this shows cultural influence where causes of adversaries are believed to be worked through by witches. This finds support with the findings of Karmode *et al.* (2009) where most of bad things or mental illnesses in Africa are attributed supernatural causes.

The study also revealed that most of the depressed patients at the psychiatric hospital have been admitted before and that women demonstrated the highest frequencies. The interview also included a question to establish how often respondents were visited by friends or relatives and whether they regularly attend any social or leisure events. The response from both sexes identified that going to church was the major social activity where they socialized with other people frequently. Though women had more family support than men it was worthy to note that women expressed the desire to go back to their marriages but information from the men seemed to show that they were more comfortable in the environment than home.

The interviews included a question to establish how participants see themselves and their present circumstance and in contrast to the theory of learned hopelessness known to be associated with studies in

contemporary west, (Beck, 1976; Good and Kleinmann, 1984; Alloy *et al.*, 2000) where guilt is a common component of depression and where depressed people apportion blame to themselves as inner sense of helplessness, hopelessness, guilt and low self-esteem depression, the respondents in this study never expressed any self-guilt or self-blame but apportion blame to their spouses, external family members and witchcraft. They showed extreme degree of hopefulness, by hoping for divine Grace and intervention. Both men and women expressed a strong belief in divine intervention and hope that they would overcome whatever they were going through. From all indications experiences within marriage institution seemed to be the nexus of the experiences of majority of all the problems encountered by the women. The results of this study showed that the major causes depression emanate from experiences associated with the dynamics of marriage or conjugal relationships yet whilst experiences within marriage presents the greatest challenges to women that of men rested on experiences as a result of breakdown of marriages. Other factors causing stress among both men and women were undue interference from people in their marriage and the belief that their plight was caused by the act of witchcraft.

All experiences of both men and women have social and cultural undertones. The study therefore advocates for better understanding of the unique nature of the social causes of depression among men and women in order to provide resources that can help in developing and implementing sustainable strategies to prevent its occurrences and mitigate its effects.

As suggested by the role of somatic symptoms in the presentation of depression in Ghana, this study has important implications regarding the limitations of standardized psychiatric diagnoses and the need to recognize cultural and social influences. All these social determinants of males and females are summarized in the figure 1.

#### **SUMMARY OF FINDINGS**

1. While the study demonstrated that majority of the men affected by depression were between age 40-49 years, whereas the peak time for depression in this study showed that the majority of women were in their 30-40 years and majority, ten years lower than that of men.



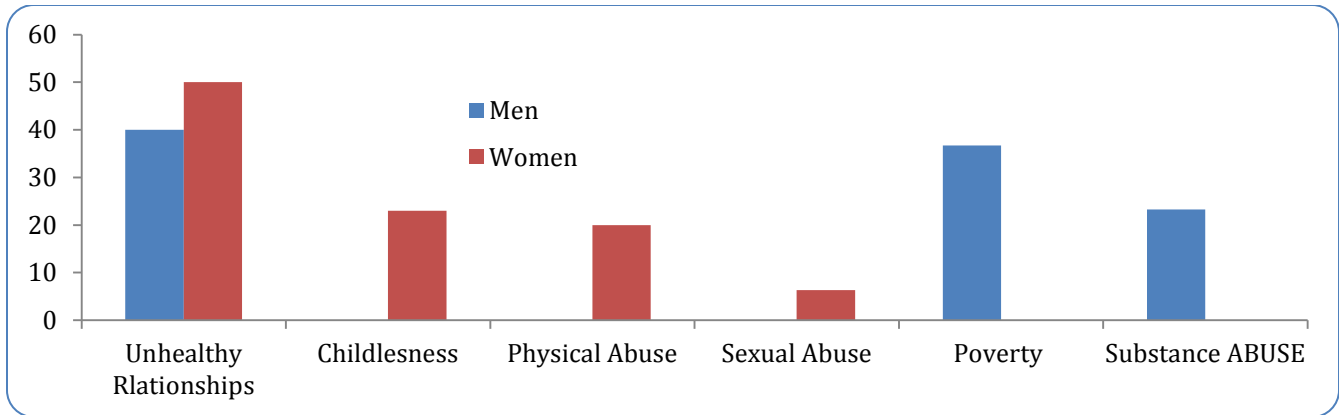


Figure 1. Social Determinants of Depression among Men and Women

2. In another development the study exposed that married women or women in conjugal relationships suffered from depression more than single women.
3. Conversely, single or unmarried men suffer from depression more than men who are married.
4. The three major social causes of depression among women happen within marriage and are experiences of infidelity among spouses, childlessness and domestic violence.
5. The three major social causes of depression among men happen outside marriage and they are broken relationships, alcohol misuse and unemployment.
6. In addition, the study revealed that men who are unemployed suffer from depression more than men who are employed.
7. Peculiar to men were substance and drug abuse while that of females were sexual abuse
8. Both men and women have a belief that their situation is caused by witchcraft.
9. The study showed that women have intensive support from family members' more than the men but had higher frequencies of re-admission
10. Both men and women absolved themselves from the issue of self-blame.
11. Both men and women attributed their predicament to external sources and believed that witchcraft was a cause of their predicament.
12. Both men and women seem to cope with their situation by expressing a very high state of hopefulness as against the state of hopelessness noted to be associated with depression.
13. Both men and women allayed their worry or tried to avoid thinking about their predicament by hoping for divine intervention.

### RECOMMENDATIONS

The following recommendations were made based on the findings of the study

1. Churches promote and implement effective pre-marital counseling and "in-marriage" counseling to enable men and women to understand and muddle through the ups and downs of marriage life.
2. The government of Ghana must motivate health workers at the psychiatric hospitals to embark on mental health literacy based on the knowledge and beliefs about mental disorders and equip men and women with the skills, knowledge the ability to gain access to, understand and use information on the social factors pre-dispose men and women to depression so as to promote and maintain good mental health.
3. The government should create more jobs to reduce the poverty level in Ghana so that living conditions will be tolerable.
4. The Narcotics Control Board organizes more education on drug abuse and should be carried out frequently on the various media networks to discourage people from abusing drugs.
5. Mass media can be a powerful and effective tool raising awareness could adopt a multi-disciplinary approach drawing on the skills of a range health, social and youth practitioners who focus on strategies that reduce drug related risks and harm.

### CONCLUSION

The study confirmed gender differences in the social determinants of depression among men and women and that the dynamics of expectations and responsibilities associated with the social institution of marriage pre-disposes both men and women to depression. When women are inside they encounter mental health

problems, when men are outside the face depression. Prominent among the social causes were the dynamics associated with the institution of marriage as regards traditional and cultural expectations among men and women. This calls for implementation of gender mainstreaming in mental health delivery which can promote the psychological wellbeing of both men and women.

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