UNIVERSITY OF MALAWI

KAMUZU COLLEGE OF NURSING

RESEARCH PROPOSAL

ON

FACTORS CONTRIBUTING TO THE INCREASE IN DEPRESSION AMONG WOMEN PSYCHIATRIC CLIENTS AT ZOMBA MENTAL HOSPITAL

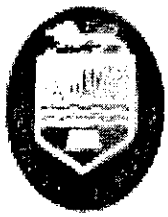
BY

MISS RUTH MNYANGA

SUBMITTED TO FACULTY OF NURSING IN PARTIAL FULFILMENT FOR THE AWARD OF BACHELOR OF SCIENCE DEGREE IN NURSING

RESEARCH SUPERVISOR: MR. MSISKA

DATE OF SUBMISSION: 14th JULY, 2010



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DECLARATION

I hereby declare that this proposal is my own work and done through my own effort and has never been submitted for any degree and is not being submitted for any degree.

NAME OF CANDIDATE : MISS RUTH MNYANGA

SIGNATURE : .....

DATE : 14th July 2010.

NAME OF RESEARCH SUPERVISOR : MR.M.Y. MSISKA

SIGNATURE : .....

DATE : 15-07-10

DEDICATION

I dedicate this work to my lovely father, Mr. M.J. Mnyanga and all my siblings Christopher, Cornelius, Paul and Martha for their love, support, guidance and encouragements which contributed much to the success of this work. To my aunt, Mrs. C. O. Sawasawa and Mrs. Gabriel for their financial support throughout the time I was doing this work. You are wonderful and precious indeed.

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I acknowledge the God almighty for keeping me strong throughout the time I was writing this paper.

Sincere gratitude should also go to my supervisor, Mr. M. Y. Msiska who has been guiding me throughout the time I was writing this research proposal.

Finally, I extend my acknowledgement to my parent Mr. M. J. Mnyanga, my siblings, my aunt Mrs. C. O. Sawasawa as well as Mrs. Gabriel and friends for supporting me financially as well as psychologically throughout the time I was writing this research proposal. They are great blessings.

ABBREVIATIONS

EPDS:	Edinburgh Postnatal Depression Scale (EPDS)
HIV:	Human Immunodeficiency Virus
NIH:	National Institute of Health
NIMH:	National Institute of Mental Health (NIMH)
PLWHAs:	people living with HIV and AIDS
WHO:	World Health Organization
WHO-WHS:	Word Health Organization- World Health Survey (WHO WHS)
ZMH:	Zomba Mental Hospital

RESEARCH SUMMARY

Background: Depression is one of the most common causes of morbidity in developing countries and studies have showed that is one of the contributory factors to fatal coronary disease. According to Elder, Evans & Nizette (2005); Habib & El Din (2007); WHO (2001), depression will be one of devastating diseases and second largest killer after heart disease by the year 2020.

Purpose: To explore the factors contributing to high prevalence of depression among women at Zomba Mental Hospital.

Methodology: The research will be in a qualitative descriptive phenomenology design. The study will be conducted at Zomba Mental Hospital at out-patient department and at out-reach clinics. Systematic sampling will be used to recruit 10 women who will participate in the study. The pretesting of the interview guide will be done at Bwaila Hospital. The responses of each question will be analyzed manually and statistical method will be applied. Tables, diagrams, graphs and pie charts will be used to present the findings.

Results: The findings of the study will be presented in a written report to Kamuzu College of Nursing, Zomba Mental Hospital as well as to the Ministry of Health for the development of policies and programs concerning the problem that will be found.

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1.0 CHAPTER ONE

1.1 INTRODUCTION AND BACKGROUND

1.1 I INTRODUCTION

Depression is an emotional state/ condition characterized by extreme sadness, dejection, despair, discouragement, social withdrawal, guilt, worthlessness and hopeless (Uys & Middleton, 2004). It may range from mild and moderate to severe states with or without psychotic features (Stuart & Sundeen, 1995, p415). It affects one's feelings, thoughts, and actions thereby changing one's normal activities to the abnormal.

The feeling of sadness or down heartedness is common among people and is considered to be a normal response to everyday disappointments in life but depression goes beyond sadness. These episodes have to be short lived and an individual has to adapt to the stressor (real or perceived) that has been experienced. Pathological/ clinical depression occurs when adaptation is ineffective or fails (Townsend, 2006, p483).

According to Murray & Fortnberry (2005) depression will be the second largest killer following heart diseases by 2020. They further reported that depression contributes to coronary disease, which eventually kills. The same study revealed that depression contributes and results in more absenteeism at work which makes the employers to cost more than 51billion United States dollars per year and it also lowers productivity.

Depression causes the intense suffering and has an inherent risk of suicide. According to Elder, Evans & Nizette (2005), depression is one of the leading causes of disabilities worldwide and predicted to be ranked second by the year 2020 (as cited by WHO, 1996), therefore there is a need to assess the contributing factors to depression in women which will help health personnel to give them appropriate care.

1.1.2 BACK GROUND

Depression is the most frequent occurring of psychotic-mood disorders worldwide. Depression accounts for approximately 75% of all psychiatric hospitalized clients (Beattie, 2005). In most cases depression is time- limited and if left untreated, usually resolves between three to six months. Relapse among depressed clients occurs frequently and 15% to 20% of people develop chronic depression. Literature has also revealed that depression affects 10% to 19% of the population each year and among the depressed clients 71% are women of which approximately 15% of severely depressed clients commit suicide irrespective of intervention (NIMH, 2001 & Uys & Middleton, 2004, p319).

According to Faridah (2005), it has shown that depression is common among women especially between the ages of 25-44 and in developing countries. According to the statistics provided by

National Institute of Mental Health (2005), during any six months period over 10million people suffer from depressive illness worldwide.

While women are less susceptible to suffer from alcohol and drug use disorder, they are more susceptible to depression and anxiety. It was estimated that 73million of women worldwide suffer major depression episode each year (WHO, 2009, p53).

Studies have shown that during the lifetime more women become clinically depressed. The number of depressed women doubles or trebles the number of depressed men (10-25% of women and 5-12% of men). This gender difference has been found throughout the world using variety of methods of interview and population [National Institute of Mental Health (NIMH), 2001].

Studies have also revealed that the life risk of major depression is 7-12% for men and 20-30% for women. The risk-rate of depression among women almost doubles that of men with rates peaking between adolescence and early adulthood. The recurrence of depression is suspected to occur in approximately 50% of which 25% is suspected to have a chronic recurrent depression (Stuart & Sundeen, 1995, p415).

1.2 PROBLEM STATEMENT

Statistics at Zomba Mental Hospital shown that women are the most vulnerable group of depression as also revealed by National Institute of Health (2005) that depression is common among women. According to literature, women are almost twice as likely as men to experience depression. Despite the high prevalence of depressed women at Zomba Mental Hospital, no studies have been done to establish the leading cause of depression among women. Many factors unique to women are suspected to play a role in developing depression. This study is therefore trying to explore the reasons behind the increase of this psychological problem among women.

1.3 SIGNIFICANCE OF THE STUDY

The results of the study will be beneficial to the Malawian women and the whole nation for it intends to find out the factors that contribute to the high number of depressed females among psychiatric clients.

The findings will direct the ministry of health in developing the policies and programs and allocate appropriate resources for primary prevention of this disease.

The findings will also help the mental hospitals in providing an improved care to the clients. The study findings will also guide in the development of strategies and guidelines in better nursing management especially when primary prevention fails.

Finally the findings would generate literature and act as a baseline for further research/studies.

1.4 OBJECTIVES OF THE STUDY

1.4.1 BROAD OBJECTIVE

The aim of the study is to explore the factors contributing to the increase in depression among female psychiatric clients at Zomba Mental Hospital.

1.4.2 SPECIFIC OBJECTIVES

To assess knowledge on the causes and complications of depression.

To identify the possible predisposing factors of depression.

To explore stress-coping mechanisms used by clients.

To assess the clients compliance to treatment.

2.0 CHAPTER TWO

2.1 LITERATURE REVIEW

2.1.1 INTRODUCTION

Literature review is an organized written presentation on what has been published on the topic by others. The purpose of literature review is to convey to the reader what is currently known regarding the topic of interest (Burns & Grove, 2005). This chapter discusses the available literature and studies that are relevant to the topic under study. It includes studies that were done in Malawi and in other countries that are related to the topic under study.

Literature review provides the readers with background information for understanding existing evidence on the problem being addressed and determines the reality of the study. Review of relevant literature is also conducted to generate a picture of what is known about a particular situation and the knowledge gap that exists in it (Burns & Grove, 2005; Polit, 2003). This section has been divided into three sections: studies done globally, studies done in Africa and studies done in Malawi.

2.1.2 STUDIES DONE INTERNATIONALLY

Chatterji, Moussari & Verbs (2005) conducted a cross-sectional study on how people rate the effect of depression on their overall health status in comprises to Angina, arthritis, asthma and diabetes. 2454004 people from different countries throughout the world were selected to participate in the study. Face to face interview was used in their home countries using a standardized WHO World Health Survey (WHO WHS). The results revealed that depression is common in people with chronic diseases. It was also found to be one of the leading causes of disability and decreases the quality of life and increases mortality.

A qualitative exploratory type of study on depression among black African immigrant women was conducted in the United States by Ward, Sellers & Pate (2005). The study examined major health and wellbeing concerns experienced by African immigrant women residing in the United States. Results revealed depression as a major health and well being concern experienced by the African immigrant women. In conclusion this study highlighted the multidimensionality and complexity of depression for African immigrant women and suggests the need for a more comprehensive system of mental health services to effectively meet the needs of this group of women. It was found that depression among African immigrant women was influenced by cultural perceptions, situations, and coping mechanisms according to culture. It was concluded that the knowledge of cultural differences and perceptions can help to discover the way of practice, training, and research thereby delivering culturally competent health care.

Raja Lexishimi, Ho, Hamidah, Rohani & Syed Zulkifli (2007) conducted a cross-sectional study on anxiety and depression with the purpose of determining the level of anxiety and depression among high risk pregnant women and identifying its contributing factors. 38 high risk mothers who stayed in the hospital for more than three days in the obstetric ward of Hospital Universiti Kebangsaan, Malaysia participated in the study. A questionnaire as well as 'Hospital Anxiety Depression Scale' was used to measure the level of anxiety and depression among high risk pregnant women. The results have shown that, amongst 38 participants, 42% of women experienced a mild level of anxiety and 57.7% experienced a severe level of anxiety. And amongst the subjects, 44.7% was classified as having a mild depression and 55.3% had severe depression. The research also revealed the factors contributing to the level of anxiety and depression and factors related to knowledge, family maters and finance was mentioned. It was concluded that the health workers, especially nurses and doctors are supposed to know and be sensitive to influencing factors that cause anxiety and depression as to enable high risk mothers to enjoy their pregnancy and childbirth

Another study was done in Washington by O'Malley, Forrest & Miranda (2003) on the association between the attributes of primary care provider and care for depression from a patient's perspective. The sample was taken from the low-income African American women and 1202 women participated in the study. Computer telephone interviews were used as data collection tool. The results revealed that women with primary care physicians and provided with comprehensive medical services were advantaged to be asked and treated for depression than those whose providers were less medically comprehensive. On top of that, it also revealed that women whose providers show more respect were more likely to be asked about and receive treatment afterwards. It was concluded that, comprehensive primary care delivery and care provider-client relationships with mutual respect are associated with greater rates of provider assessing and give treatment for depression among vulnerable women.

A multisite randomized study was conducted by Dennis, Hodnett, Keriton, Weston, Zupancic, Stuart & Kiss (2008) on the effect of peer support on prevention of post natal depression among high risk women in Canada. 701 women, who were identified as high risk post natal depression with the Edinburgh Postnatal Depression Scale (EPDS) in their first two weeks of postpartum participated in the study. The subjects were grouped as interventional and control group. The results revealed that 14% of women in the intervention group and 25% in the control group had clinical depression with the scale of EPDS of more than 12. It was recommended that postnatal depression can be prevented effectively by telephone based peer support.

Dienemann, Boyle, Baker, Resnick, Wiederhorn & Campbell (2000) investigated on the extent to which domestic violence is part of the history of women diagnosed with depression. 82 women were surveyed. Results revealed the 61% lifetime prevalence of domestic violence and 29.3% of sexual violence. This study revealed the severity of abuse significantly correlated with severity of depression.

A national wide qualitative study on the barriers to diagnosis and treatment of depression in the primary care setting in Jordan was conducted by Nasir & Al-Qutob (2005). 5 focus groups were used and 50 primary health care providers working in the Jordanian ministry of health were involved. Results revealed lack of education on depression, lack of available and appropriate therapies, competition on clinical demands, social issues and lack of patient's acceptance of the diagnosis. In conclusion, education and counseling at primary care level were recommended so as to increase rate of recognition and treatment and that traditional support may help in reducing the number of referred clients for medical care.

According to British Medical Journal, a study done by Pampalloma, Bollin, Tilbaldi, Kulpenick and Munnizza (2002) on factors associated with adherence enhancing intervention. The results revealed the problem with treatment adherence since the evidence from descriptive epidemiological studies confirmed that about one in every three could not complete treatment.

2.1.3 STUDIES DONE IN AFRICA

A study done on depression among pregnant rural African women undergoing HIV testing was conducted in KwaZulu-Natal in South Africa by Rochat, Richter, Doll, Buthelezi, Tomkins & Stein (2006). 242 women participated in the study. The results revealed that, 41% of women had depression and 19% of them had suicidal thoughts. It was reported that depression was very prevalent (41%) in this study as compared to the antenatal study that was conducted in England using the same instrument and found a prevalence of only 13%. Limitations of the study were that the clinical interview was not used to diagnose depression and that the responses provided might be affected by the stress of the testing environment. In conclusion, this study has revealed the high rate of postnatal depression in black South African population.

Another study was done by Deyessa, Berhane, Alem, Ellsberg, Emmelin, Hogberg & Kullgren (2009) in Ethiopia on the relationship between intimate partner violence and depression. The community-based cross-sectional study was undertaken among 1994 currently married women, using a standardized questionnaire. Women who experienced violence by an intimate partner were identified and participated in the study. The results revealed that the 12 month prevalence of depressive episode among women was 4.5% but the lifetime of any form of intimate violence was estimated to be 72%. It was shown and concluded that there is a high prevalence of intimate violence in general life events. This has to be put into consideration as one of the contributing factors of depression thereby finding out ways of prevention in terms of public health strategies intervention and service provision.

Olley (2006) conducted a cross-sectional study to evaluate the diagnosis and stability of psychological responses associated with HIV infection in South Africa. 105 black and colored women who were recently diagnosed with HIV were identified and participated in this study.

The subjects assessed on their first visit and results acted as the base line. The assessment was repeated at the follow-up visit. The results revealed and helped to make a conclusion that psychotic morbidities, especially stress disorders may be associated with HIV and AIDS diseases. In the study, depression was found to be the most frequent diagnosis amongst stress disorders and the study revealed that depression had 38.1% at initial assessment and amongst them 11.4% were at risk of committing suicide.

Kenyan article by Pambazuka news broadcasts reported on depression issues, presented by Okwemba (2010). The paper has shown the results of the study done in Zimbabwe. It was reported that 172 women were involved in the study. The report of the results revealed that 65% of them had anxiety features and that men were the leading cause of the problem. The news also revealed the results of the study done by Njenga on depression in Kenyan professional women where 86 women participated. The results revealed that 22% of them had depression and the other 30% reported that they were less coping by then.

Dyer, Abrahams, Mokwena, Lombard & Spuy (2005) conducted a study on psychological distress among women suffering from couple infertility in South Africa. 120 women identified from the infertility clinic participated in the study. Its results revealed that 24% reported their partner's verbal or emotional abuses.

A study on depression and anxiety among women in urban areas was done in Zimbabwe by Abas & Broadford (1997). The aim of the study was to assess the suggestive symptoms of emotional distress. A sample of 72 women was selected and interviewed. The results showed that 30.8% had depression and anxiety. Their suggestive symptoms were also included in the report and include too much thoughts, deep sadness and different terms describing heart discomfort, expressions of grief and fear or the possessions of insoluble problems. The results of this study were also compared with the one which was done in London where 70% of depressive women recover or cope within 12months while in Harare (Zimbabwe) the prevalence of stress disorders was accounted for the increase of onset cases.

2.1.4 STUDIES DONE IN MALAWI

A qualitative and cross-sectional type of study on the prevalence of psychological distress and associated factors among people living with HIV and AIDS (PLWAs) attending Antiretroviral Therapy clinics in Mzuzu, Malawi was conducted by Mwale (2006). 438 clients were selected at ARV clinic and participated in the study. The findings revealed that the prevalence of psychological distress was 50% among people living with AIDS (PLWAs) and depression was found to be more prevalent in women than in men. It was recommended that there is a need for satisfactory assessment and treatment at primary level of care and even to the entire population because some people cannot go for treatment due to personal reasons for example culture. It was

pointed out in the study that "treatment is very important if we are to address the burden of depressive disorder in the developing world" (as cited by WHO, 1996).

Chilale & Tugumusirize (2002) conducted a cross-sectional survey study design on the prevalence of postnatal depression and its associated psychosocial factors using a locally validated EPDS among mothers in Mzuzu, Malawi. A sample of 250 women was selected using a systematic sampling method and participated in the study. The findings revealed that 31.2% had depression. Results revealed high but unrecognized burden of depression among mothers in Northern Malawi. Therefore, there is a need for the public and health workers to become aware of postnatal depression. This would help in alerting health personnel to be taking their time in assessing depressive symptoms when dealing with postnatal mothers.

2.1.5 CONCLUSION OF LITERATURE REVIEW

The above-presented literature indicates that there is high prevalence of depression among women worldwide including Malawi as one of the developing countries. A lot of studies have been done on depressive illnesses mainly related to certain diseases /conditions like postpartum, HIV and AIDS, diabetes and situations like infertility, just to mention a few. This shows that a lot of diseases and conditions are linked to depression.

According to literature, no specific research has been done on the factors contributing to the increase in depression among women in Malawi. However, the literature indicates a strong association between physical, psychosocial, sexual and socio-economic characteristics with depressive symptoms. It has also revealed on what is supposed to be done so as to reduce number of women suffering from clinical depression such as women empowerment, peer support and primary prevention where education and counseling should be done.

In conclusion it has shown that depression among women is manageable as long as health personnel are sensitized the importance of assessing mental status at each and every visit a woman come to the hospital. There is a need that primary prevention should be utilized more than the rest so as to reduce the risk of pathological depression. This will be easier if the contributing factors are known by the health personnel and the government.

3.0 CHAPTER THREE

3.1 CONCEPTUAL FRAMEWORK

3.1.1 INTRODUCTION

A framework is a concept abstract that guides in the development of the study and enables the researcher to link the findings to nursing body of knowledge. A conceptual framework is made up of ideas that explain and study phenomenon of interest thereby gives a meaning and perception of the world (Allender & Spradley, 2005; Burns & Grove, 2005). Conceptual frameworks or models present an understanding of the phenomenon of interest at a broader and wider way and reflects the assumptions and philosophic views of the model's designer. Conceptual models can also provide baseline information for generating research hypothesis (Polit & Beck, 2008). The researcher will use health care systems model by Betty Neumans to guide in the study.

3.1.2 HEALTH CARE SYSTEMS MODEL

Health care systems model was developed by Betty Neumans. It says that the total person's approach can be used to provide an organized approach to a variety of nursing problems and to develop an understanding of humans and their environment. The model focuses on the client's reaction to stress and his/her adaptation factors. A person is an open system which interacts with both internal and external factors where there is full of stressors. The person deals with stressors using his/her biological, psychological, socio-cultural and developmental skills. Stressors may be extra personal, interpersonal or intrapersonal. The effect of the stressors on the systems is individualized and depends on how long it last and how an individual copes.

Nursing interventions can be done in three levels of prevention and according to presenting clinical manifestations. When the stressor is identified but no reaction has occurred, interventions can decrease the degree of reaction or increase the line of defense which is primary prevention; when the reaction has already happened, secondary prevention is carried out with interventions aimed at treating symptoms and reducing reactions and after treatment, tertiary prevention comes in, thus to prevent further occurrence.

3.1.3 APPLICATION OF THE MODEL

This model can be used by influencing or motivating women clients to utilize all levels of prevention according to their clinical presentation. This will also help nurses to be helping these clients accordingly so as to prevent depression occurrence and recurrence. It also states that each

person is a complete system and the goal of nursing is to assist in maintaining the client's system stability. This should be used by utilizing all levels of prevention according to the problem at hand for example, in primary prevention, people being taught on how to prevent depression thus by managing the stress in time and accordingly, secondary prevention to be used by managing depression as early as possible so as to prevent the complication which can come due to depression like suicide and finally by using tertiary prevention when they have recovered from depressive illness has to be taught on what she should be doing by using her own or available resources so as to prevent recurrence.

4.0 CHAPTER FOUR

4.1 RESEARCH METHODOLOGY

4.1.1 INTRODUCTION

This chapter will discuss how this study will be conducted. It will include; study design, setting and population to be studied, sample size, sampling method, inclusion criteria, data collection, data analysis, pilot study, ethical consideration and limitations of the study as well as dissemination of results.

4.1.2 STUDY DESIGN

Research design refers to an overall plan for addressing research question. The researcher structures a plan on how to obtain the data needed. The research will be in a qualitative descriptive phenomenology design. This approach will help to identify the beliefs and opinions on the condition under study and attach a meaning to it. In-depth interview with individuals who ever suffered from depression will be done. The purpose of descriptive design is to provide a picture of situations as they naturally happen since the participants will have an opportunity of clarifying issues concerning the problem (Burns & Grove, 2005; Polit & Beck, 2006).

4.1.3 STUDY SETTING

The study will be conducted at Zomba mental hospital specifically at out-patient department and community psychiatric out-reach clinics. These areas are the places where a lot of women who ever suffered from clinical depression can be found hence will be easier to find the sample.

4.1.4 POPULATION AND SAMPLING

Sampling is the process of selecting a portion of the population to represent the entire population of the study. The study will comprise of 10 participants because in phenomenology research very small samples are used and there is no rule on the sample size since the aim of the researcher is to understand the phenomena (Polit & Beck, 2006). Systematic sampling technique will be used to recruit the participants. This sampling method is appropriate for it intends to reduce bias regarding proximity to the researcher and other factors (Polit & Beck, 2007). The sample will be homogenous where the subjects will be women only and especially those who ever suffered from depression. The sampling will be done from the records/register of depressed clients from out-patients department and community clinics.

4.1.5 DATA COLLECTION

Data will be collected using san interview guide. The interview guide will be developed in English and then translated in Chichewa for easy communication and understanding during data collection. It will contain both open ended and closed ended questions, so that the participants will be able to express their views. The researcher will be actively involved in the process of data collection by interviewing the subjects (Burns & Grove, 2005).

4.1.6 INCLUSION CRITERIA

Every participant will have to meet the following criteria

Be a woman age18 years and above.

Ever suffered from depression and admitted at Zomba Mental Hospital.

4.1.7 PILOT STUDY

Pilot study is a smaller version of a proposed study conducted to refine the data collection instrument. This will be done much like the proposed study using similar subjects, the same or similar setting, the same treatment, and the same guide for data collection and analysis techniques (Burns & Grove, 2005). This will be conducted to ensure the ability of research tools to obtain the data needed. It tells the investigator whether the tool will measure what he/she wants by showing whether the tool is accurate and consistent. This will help the researcher to check and correct any systematic errors in the interview guide by suggesting areas to be modified. The pilot study will be carried out at Bwaila hospital and three participants will be involved.

4.1.8 DATA ANALYSIS

Data analysis involves synthesis of all data collected. This will be done to organize and give meaning to the data. The process of analysis will involve reading each questionnaire thoroughly, identifying the information provided, developing codes and applying the codes in the answer sheets/transcript. The information will be compared to identify what is similar and what is different on the information provided. Data analysis will begin soon after collecting data from the first client. Data will be analyzed manually and using the content analysis where by the narrative, qualitative information will be organized and integrated according to emerging themes and concepts (Polit & Beck, 2006). The responses of each question will be analyzed manually

and the statistical method will be applied. Tables, diagrams, graphs and pie charts will be used to present the findings.

4.1.9 ETHICAL CONSIDERATIONS

Ethical considerations are very important in research especially when dealing with human beings. This provides the basis of moral conduct in respect of human life. Subjects will be made to participate voluntarily and will be allowed to make an informed consent. Before participation, each subject will be given an explanation on the nature, purpose of the study and the benefits if any. After the participants have accepted to participate in the study, they will be requested to sign a consent form as evidence that they have accepted to participate in the study without being forced.

Confidentiality will be observed in the way that accessibility of the data will be restricted to the researcher and her supervisor. Ethical consideration is an important ethical requirement in research because some people may not want the information they have provided to be linked with them. Therefore, the information provided will not be disclosed in anyway traceable by other or any of the subjects and on top of that the information will be kept nameless. Every subject will be alone when providing information and interview guides will be destroyed at the end of the study. Anonymity of the participants will be ensured by using codes instead of their real names. Furthermore, participants will be assured that they can drop out at any point they feel like.

Ethical approval will be obtained from the college research and publications committee and letters requesting for permission to conduct the study will be written to the Ministry of Health and to the director of Zomba Mental Hospital as a study setting. Finally, the contacts of the researcher will be indicated on the participants' consent form incase subjects may have questions.

4.1.10 STUDY LIMITATIONS

The findings of this study can be difficult to generalize to the whole Malawian population at large due to the use of small sample and that the subjects might be from similar area (near Zomba Mental Hospital). Time will also be limited since the study will be done together with other academic issues as well as lack of funds to conduct the study hence leading to small scale research.

4.1.11 DISSEMINATION OF RESEARCH FINDINGS

The results together with recommendations will be communicated through a written report. These findings will be presented to the KCN Research and Publications Committee and its copy will be submitted to Zomba Mental Hospital.

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APPENDICES

APPENDIX 1: BUDGET FOR THE RESEARCH PROJECT

ITEM	QUANTITY	COST PER ITEM IN MWK	TOTAL AMOUNT IN MWK
Stationery			
Plain paper reams	3	900	2, 700
Ball point pens	5	25	100
Pencils	2	25	50
Ruler	1	70	70
A4 envelopes for answered questionnaires	3	50	150
Small envelopes for sending letters	5	10	50
Secretarial services			
Interview guide printing	35copies, 4pages each	10/page	1, 400
Printing of participant informant and consent form	35 copies, 1 each	10/page	350
Proposal printing	4 copies (50 pages each)	10/page	2,000
Proposal binding	4 copies	150	600
Dissertation printing	4 copies (70 pages each)	400	2, 800
Dissertation binding	4 copies	150	600

Transport and communication			
Transport to and from ZMH	6times	4000	24, 000
Tape recorder			10,000
Meals and accommodation			
Meals	18	500	9,000
Accommodation	6	1000	6000
Subtotal total			**59,870.00**
Incidentals/ Contingency	10% of subtotal sum		5987.00
Grand Total			**65,857.00**

JUSTIFICATION OF THE BUDGET

STATIONERY

This is useful since will be used to print the softcopy information into hardcopy which are very useful in research field. Pens, pencils, and rubbers will be used when writing drafts and recording participants responses. When seeking permission to various organization and institutions; Intemet, envelopes, stamps, and fax will be used.

SECRITARIAL SERVICES

Printing and binding of research proposals and dissertations will be done before submission. I will need some people to help me with typing, printing and binding of the proposal and dissertation which will be paid for.

TRANSPORT AND COMMUNICATION

These are very useful when traveling to and from the field for data collection. Money will be necessary for communicating with the supervisor. Since the study is a qualitative study, tape recorder will be needed to record the interview sessions.

MEALS AND ACCOMODATION

The researcher will need food and accommodation during data collection.

INCIDENTAL ALLOWANCE

This money is there incase something related to this study arises during data collection.

APPENDEX 2: WORK TIMETABLE

	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV
Literature review								
Proposal writing								
Submission of proposal								
Awaiting feedback								
Preparation for data collection								
Pretesting of questionnaire								
Data collection								
Data analysis								
Writing and submission of dissertation								

APPENDEX 3: PARTICIPANT INFORMATION DOCUMENT AND CONSENT FORM

University of Malawi

Kamuzu College of Nursing

Private Bag 1

Lilongwe.

0999166000

Dear participant,

I'm Ruth Mnyanga, a fourth year student from Kamuzu College of Nursing, pursuing a Bachelors Degree in Nursing. I would like to conduct a study in partial fulfillment of my degree program. The purpose of this study is to identify factors contributing to the increase in depression among women at Zomba Mental Hospital.

I hereby request you to be one of the participants. By participating in this study, you will be required to answer some questions on the above specified topic. Your participation in this study is voluntary and you are free to refuse participation or withdraw at any point. Your withdrawal will have no negative effects on you and no services will be withheld.

I assure you that your name will not appear in the research write up instead numbers/codes will be used. Information given will not be disclosed to anyone except those closely involved in the study. I therefore assure you that privacy, confidentiality and anonymity will be maintained throughout the period of the study.

I let you know that there is no direct risk on you but if there will be any, it will be handled appropriately. However there is no direct benefit to you, but the results of the study will benefit the Zomba Mental Hospital, health personnel, and the nation at large.

This study will be conducted at Zomba Mental Hospital in Zomba and will take a maximum of 45 minutes. In case you require more information regarding the study, feel free to contact me on the above address.

I....., undersigned having fully understood and agreed with the above information freely give my consent to participate in this study.

Participant's signature/ Thumbprint ..... Date.....

Researcher's signature..... Date.....

APPENDIX 4: PARTICIPANT INFORMATION AND CONSENT FORM CHICHEWA VERSION

Kalata Yopempha Chilolezo Kupanga Kafukufuku wa Zifukwa zomwe Zikuchititsa zuti Chiwerengero cha Amayi Okhumudwa Kopyolera Muyeso Chichuluke mwa Amayi pa Chipatala Cha Anthu Amisala ku Zomba Mental.

Ndine Ruth Mnyanga, wophunzira wa ku Kamuzu College of Nursing, sukulu ya ukachenjede ya zaunamwino, ndipo ndili m'chaka chomaliza. Ine ndikupanga kafukufuku pa mutu wanenedwa kalewu. Cholinga cha kafukufukuyu ndi kupeza zifukwa zomwe zikuchititsa kuti chiwerengero cha matenda okhumudwa kopyolera muyeso chikule pakati pa amayi. Izi zithandiza kumbali yopanga ndi kuika m'malo ndondomeko ndi mapologalamu ochepetsa ndi kuthetsa vutoli.

Muli kuitanidwa kutenga nawo mbali pakafukufukuyu. Mupatsidwa pepala la mafunso limene mungayankhe mu mphindi makumi anayi kapena asanu. Palibe cholowa chilichonse mukatenga nawo mbali mukafukufukuyu koma mutha kukhala ovutika m'maganizo pang'ono pokha chifukwa chofunsidwa mbali zina zokhuzana ndi moyo wanu.

Chithandizo chomwe muyenera kulandira sichizachotsedwa chifukwa cha kutenga mbali kwanu. Dzina lanu silizatchulidwa kwina kulikonse, m'malo mwake manambala agwiritsidwa ntchito pa pepala lomwe mutayankhirepo mafunso. Mayankho amene mutapeleke adzasungidwa pa malo achinsinsi kuti inu musadziwike koma adzagwiritsidwa ntchito popereka zotsatira za kafukufukuyu.

Muli ndi ufulu kutenga nawo mbali kapena ayi mu kafukufukuyu, kapena kusiya nthawi iliyonse yomwe mungafune. Ngati muli ndi mafunso ena aliwonse, mutha kundipeza poyimba lamya ku 0999166000 kapena kulemba kalata ku keyala iyi, Ruth Mnyanga, KCN, Private Bag 1, Lilongwe.

Ine ..... Ndafotokozeredwa ndipo ndamvetsa za kafukufukuyu, ndikulolera kutengapo mbali popanda ondikakamiza.

Saini kapena chidindo cha chala cha otenga mbali..... Tsiku.....

Saini ya opanga kafukufuku..... Tsiku.....

APPENDEX 5: INTERVIEW GUIDE IN ENGLISH

Factors Contributing to Depression among Women Psychiatric Clients at Zomba Mental Hospital

Code number:..... Date of interview:.....

Starting Time..... Finishing Time.....

SECTION A. Demographic Data

1. How old are you?

2. Which tribe do you belong to?

3. Where do you stay/Place of residence

4. Which religion do you belong to?

5. Have you ever gone to school? Yes/no

If yes how far have you gone with your education?

6. What is your occupation?

7. What is your marital status?

SECTION B: Clients' Knowledge on Depression

8. May you please tell me what you know about depression?

Probing: What is it?

What do you think are the causes of depression?

What do you think are the complications?

9. Do you think you are depressed now? Yes/no

If yes how do you know? Explain

10. Have you ever felt that you are a worthless person? Yes/no

If yes, what happened? Explain

11. Has the thought of ending your life ever been on your mind? Yes/no

If yes, what happened/why? Explain

SECTION C: Possible Predisposing Factors of Clients' Depression

12 When did you start having depression?

13. What happened? Explain

Probing:

Did you enjoy your first pregnancy and child? Yes/no

If no why?

: How was your relationship like with your husband?

: Did/do you have any physical problem which you think was/ is troubling you?

: Do you think there is something which happened in your life and is affecting you now?

14. Are you happy with your marital status? Yes/no

If not, why? Explain

If married, how is your relationship with your husband/ in-laws? Explain

15. Do you have children? Yes/no

If not go to number 18

16. If yes, how many.....

How many are

Alive ..... Dead .....

17. Are these children enough for you? Yes/no

If not, why do you think they are not enough? Explain

Probes: Do you or the husband or the in-laws need more children?

18 (If no to 15) is this affecting your daily living? Yes/no

If yes how? Explain

19. Have you ever raped or having forced sexual intercourse yes/no

If no, go to number 21

If yes when?

By who?

20. Is this experience affecting your life? Yes/no

If yes, how? Explain

SECTION D: Treatment Compliance

21. How many episodes of depression have you ever had?

22. Are you on any antidepressants? Yes/no

23. If yes for how long have you been on these drugs?

24. Do you know how the drug works?

If yes, explain

25. How often do you take the drugs?

26. Do you really follow the drug instructions? Yes/no

If not, why? Explain

Probes: Do you think there are some barriers for you to comply to treatment yes/no

If yes what are they?

27. When do you go for drug refill?

Probe: Do you wait for health personnel to come to your community? Or

Do you go to the hospital when all the drugs are finished?

28. Do you have anyone who support you or help you to go for drug refill? Yes/no

If not, what happens when you are sick? Explain

Probe: Do you just stay without drugs or you try to go and collect them on your own?

SECTION E: Stress Coping Mechanisms used by Clients

29. Where do you get psychological support when stressed up?

30. Do you think these people help you accordingly? Yes/no

If not, why do you think so? Explain

31. Apart from these sources what else do you do when stressed up?

Probing: Do you chat with friends properly?

Do you accept that the problem is there and is yours?

Do you put the blame on somebody else?

32. Do these helps to relieve the stress? Yes/no

If yes how? Explain

-END-

THANK YOU VERY MUCH FOR TAKING PART IN THIS STUDY

APPENDEX 6: INTERVIEW GUIDE (CHICHEWA VERSION)

Zifukwa Zimene Zikuchititsa Kuti Amayi Ambiri Azikhumudwa Mopyolera Muyeso ku Zomba Mental Hospital

Nambala:.....

Tsiku:.....

GAWO LOYAMBA

Kodi muli ndi zaka zingati?

Kodi ndinu wamtundu wanji?

Mumakhala kuti?

Mumapemphela mpingo wanji?

kodi munapitako ku sukulu? eya/ayi

Ngati eya munalekezela pati?

6. kodi mumachita chiyani kuti mupeze ndalama?

7. Kodi ndinu wokwatiwa? Eya/ayi

Ngati ayi chifukwa chiyani? Fotolozani

GAWO LACHIWIRI: Zomwe Akudziwa za Matenda Okhumudwa Mopyolera Muyeso

8. Mungandiuzeko zomwe mukudziwa pa za kukhumudwa kopitilira muyeso

Probing: Ndichiyani?

Kodi mukuganiza kuti chimayambitsa ndi chiyani?

Nanga mukuganiza kuti kuyipa kwake ndi kotani?

9. Kodi mukuganiza kuti ndinu okhumudwa mopitilira muyeso panopa? Eya/ayi

Mwadziwa bwanji? fotokozerani yankho lanu

10. Kodi munayamba mwazionapo kapena mukuziona kuti ndinu munthu wosafunikira? Inde/ayi

Ngati eya, chinachitika ndi chiyani/chifukwa chiyani? Fotokozani

11. Kodi munayamba mwaganizapo zofuna kuchotsa moyo wanu? Eya/ayi

Ngati eya chifukwa chiyani? Fotokozani

GAWO LACHITATU: Zomwe Zingamuchititse Munthu kuti Akhumudwe kopitilira Muyeso

12. Kodi munayamba liti kudwala matenda amenewa?

13. chidachititka ndi chiyani? Fotokozani

Probing: Kodi munali okondwa pamene munali ndi pakati poyamba komanso mwana woyamba? Eya/ayi

: Ngati ayi, chifukwa chiyani? Fotokozani

: ubale wanu unali wotani ndi amuna anu?

: Kodi muli/munali ndivuto lililonse limene mukuganiza kuti linkakuvutitsani/likukuvutitsani mmoyo mwanu?

: Kodi chilipo chimene chinakuchitikilanipo m'mbuyomu ndipo chikukuvutitsani mmaganizo panopa?

14. Ngati ndiwokwatiwa,

: Kodi mumakhala osangalala ndi banja lanu? Eya/ayi

Ngati ayi, mukuganiza kuti ndi chifukwa chiyani? fotokozani.

: Kodi nanga mgwirizano wanu ndi amuna anu/ azilamu anu/ apongozi anu ndiwotani? Fotokozani

15. Kodi muli ndi ana? eya/ayi

Ngati ayi pitani pa funso 18.

16. Ngati eya, angati.....

Amoyo angati..... omwalira angati.....

17. Kodi kwa inuyo ana amenewa ndi okwanila? eya/ayi

Ngati ayi mchifukwa chiyani mukuganiza kuti anawa ndi osakwanila? Fotokozani

Probes: inuyo/amuna anu/ alamu anu/ apongozi anu amafuna ana ochuluka?

18. (Ngati ayi pa funso 15) kodi zimenezi zimakhudza moyo wanu watsiku ndi tsiku? Eya/ayi

Ngati eya, zimakukhudzani bwanji? Fotokozani

19. Kodi munayamba mwagwiliridwapo kapena kugonana ndi munthu mokakamizidwa? Eya/ayi

Ngati ayi pitani pa funso 21

Ngati eya: zimenezi zidachitik

Ndani adachita zimenezi

20. Ngati eya pa 19, kodi mukuganiza kuti zimenezi zimakhudza moyo wanu watsiku ndi tsiku? Eya/ayi

Ngati eya, zimakukhudzani bwanji? Fotokozani

GAWO LACHINAYI: Zakutsatira Ndondomeko Yomwela Mankhwala

21. Kodi mwadwalapo matenda akukhumudwa kopyolera muyeso kangati kapena mwagonekedwapo kangati mchipatala chifukwa cha kukhumudwa kopyolera muyeso?

22. Kodi muli pamankhwala aliwonse anthenda imeneyi? Eya/ayi

Ngati eya mumamwa mankwala anji?

23. Mungandiuzeko mmene mankhwalawa amagwilira ntchito? Eya/ayi

Ngati eya, fotokozani

24. Kodi mwakhala mukumwa mankhwala amenewa kwa nthawi yayitali bwanji?

25. Kodi mumamwa kangati patsiku komanso angati.

26. Kodi mumamwa mankhwalawa motsatira malangizo

Probe: kodi pali vuto lililonse limene mumakumana nalo limene limakulepheletsani kumwa mankhwala motsatila ndondomeko yake? Eya/ayi

Ngati eya, fotokozani

Probes: Mungandiuzeko zomwe zimakukanikitsani kutsatira ndondomeko ya kamwedwe ka mankhwala amenewa? Eya/ayi

Ngati eya, fotokozani

27. Kodi ndinthawi iti yomwe mumakatenga manhkwala?

Probe: kodi mumadikila achipatala choyendayenda kudzakupatsani mankwala? kapena

:mumadikila kuti mankhwala onse athe kenaka ndikumapita bwino kuchipatala?

28. Kodi muli ndi m'bale amene amakuthandizani pa nkhani yakamwedwe kamankhwala komanso kukakutengelani pamene mankhwalawa atha? Eya/ayi

Ngati ayi, zimakhala bwanji pamene inu mwadwala? fotokozani

Probe: kodi mumangokhala popanda mankhwala kapena mumazilimbitsa ndikupitabe kukatenga nokha mankhwalawo?

GAWO LACHISANU: Zomwe Amachita kuti Apeputsa Kukhumudwa

29. Kodi mukakwiyitsidwa kapena kukhumudwitsidwa mumapeza kuti chithandizo?

30. Kodi amenewa mukawauza mumaona kuti akukuthandizani? Eya/ayi

Fotokozerani yankho lanu

31. Kupatulapo zimene mwanena pa funso 29, ndichiyani china chimene mumachita mukakhumudwitsidwa kapena kukwiyitsidwa

Probe: kulira

kukana kuti sizinachitikile inu

kungokhala panokha osayankhula ndi munthu

kuyika vutolo mwa munthu wina osati inu

32. Kodi zimene mwatchulazi zimathandiza pochepetsa kukhumudwa?

Ngati eya, mukuganiza kuti zimathandiza bwanji?

TAFIKAPA NDIPAMAPETO PAMAFUNSO ATHU

ZIKOMO KWAMBIRI POTENGA NAWO MBALI MUKAFUKUFUKU AMENEYI

APPENDIX 7: A LETTER TO KCN RPC APPLYING FOR APPROVAL

University of Malawi,

Kamuzu College of Nursing,

P/bag 1,

Lilongwe.

The Chair person,

KCN Research and Publications Committee,

Private Bag 1,

Lilongwe.

Dear Sir/Madam,

RE: **Application for Approval to Conduct a Study on Factors Contributing to the Increase in Depression among Women at Zomba Mental Hospital**

I am Ruth Mnyanga, a fourth year student pursuing Bachelors Degree in Nursing. In partial fulfillment of this program, I am required to conduct a research study. I therefore would like to conduct a study on the above mentioned topic. Therefore I write this letter to seek permission to conduct this study at Zomba Mental Hospital. The pilot study will be conducted at Bwaila Hospital on three participants.

Your favorable consideration will be greatly appreciated.

Yours faithfully,

.....

RUTH MNYANGA

(0999166000 or rmnyanga@ymail.com)

APPENDIX 8: A LETTER TO THE MINISTRY OF HEALTH APPLYING FOR APPROVAL

University of Malawi,

Kamuzu College of Nursing,

P/bag 1,

Lilongwe.

The Secretary for Health,

Ministry of Health,

P.O. Box 30077,

Lilongwe.

Dear Sir/Madam

RE: **Application for Permission to Conduct a Study at Zomba Mental Hospital**

I'm a student at Kamuzu College of Nursing in my final year of study doing Bachelors Degree in Nursing. In partial fulfillment of this program, I am required to conduct a study on the topic of my interest after being approved by the research committee of the college.

I therefore write to apply for a national clearance to conduct a research study on the factors contributing to high prevalence of depression among women at Zomba Mental Hospital. The results of the study will help in improving the services and providing clients with proper interventions or services in order to prevent depression.

Your favorable consideration will be greatly appreciated.

Yours faithfully,

.....

RUTH MNYANGA

(0999166000 Or rmnyanga@ymail.com)

APPENDIX 9: ALETTER TO ZMH SEEKING PERMISSION TO CONDUCT A STUDY

University of Malawi,

Kamuzu College of Nursing,

P/bag 1,

Lilongwe.

The Hospital Director,

Zomba Mental Hospital,

P.O. Box 38,

Zomba.

Dear Sir/ Madam,

RE: Application for Permission to Conduct a Study at Zomba Mental Hospital

I'm a student at Kamuzu College of Nursing in my final year of study of Bachelors Degree in Nursing. In partial fulfillment of this program, I am required to conduct research study.

I'm requesting for permission to conduct a research at your institution. The study is aimed at exploring the factors contributing to high prevalence of depression among women at Zomba Mental Hospital. The results of the study will help in improving the health services to be given to clients and in the formulation of the most appropriate interventions and services so as to prevent depression.

Your acceptance will be sincerely appreciated.

Yours faithfully,

.....

RUTH MNYANGA.

(0999166000 or rmnyanga@ymail.com)

APPENDIX 10: A LETTER TO BWAILA HOSPITAL SEEKING PERMISSION TO CONDUCT A PILOT STUDY

University of Malawi,

Kamuzu College of Nursing,

P/Bag 1,

Lilongwe.

The Hospital Director,

Bwaila Hospital,

P/Bag 1274,

Lilongwe.

Dear Sir/ Madam,

RE: Application for Permission to Conduct a Pilot Study at Bwaila Hospital

I am a student at Kamuzu College of nursing in my final year of study of Bachelors Degree in Nursing. In order to be awarded a degree, I am required to conduct a research study. I therefore would like to conduct a study on the factors contributing to high prevalence of depression among women at Zomba Mental Hospital.

I am requesting for permission to conduct a pilot study at your institution. The results of the study will help in improving the health services to be given to clients and in the formulation of the most appropriate interventions and services so as to prevent depression.

Your acceptance will be sincerely appreciated.

Yours faithfully,

.....

RUTH MNYANGA.

(0999166000 or rmnyanga@ymail.com)