Life Events and Depression among Children from Broken Families in Northern Province of Rwanda

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ABSTRACT

Background: Child and adolescent growth involves both positive and negative life events, and families play a crucial role in psychological, moral, and spiritual development. Dysfunctional or hostile families can negatively affect their mental health. **Objective:** The study aims to investigate Depression related of being raised from broken families among children in Rwanda's Northern Province, focusing on the impact of family on their welfare, mental health, and advocacy. **Method:** The study used a questionnaire and interview guide to gather data from 120 participants in Northern Province, Rwanda. The participants were chosen from various demographics, including school setting, out-of-school framework, and parents. Descriptive statistical analysis used mean and standard deviation, while inferential statistical analysis used Pearson correlation and multiple linear regression. **Results:** Research shows broken families negatively impact children's mental health, with 69.4% of participants having a depression diagnosis. Children raised in broken families have a higher risk of mental illness, while healthy families have better psychological, socioeconomic, and physical/biological status. **Conclusion:** Depression is common among participants raised from broken families, highlighting the significant role of families in shaping children's psychological, socioeconomic, and biological status and the high likelihood of experiencing depression.

Keywords: children, live events, mental health, broken families**.**

INTRODUCTION

The world's assets are children. According to UNICEF, A child is any individual who is younger than eighteen.(Bäckström, 1989) Life events can be both negative and positive experiences in one's personal life, thus influencing the developmental stage of life. These include events like birthdays, engagements, marriages, babies, anniversaries, graduations, moving into a new house, getting a new pet, and even retiring.(Gao et al., 2022; Gao & Xu, 2022) The way we treat children now will determine how our world develops because they will become the young people of tomorrow and provide the human capital required for that advancement.(Piao et al., 2022) Family, a fundamental societal unit, has undergone significant changes owing to rapid civilizational changes, leading to an increase in divorce, desertion, and separation.(Faisal et al., 2020; Hassan et al., 2022; Hayati, 2022; Hussein et al., 2023; K & Desai, 2022; Mensah et al., 2018; O. Digon, 2023; Ramla et al., 2023; Rotimi et al., 2023) Family disagreement is increasing, particularly among families with divorced or separated parents. These families may disintegrate because of illness, insanity, or desertion. Children from such families are more prone to mental problems or antisocial conduct. Meeting basic psychological needs such as praise, new experiences, love, security, and responsibility is crucial for personality development. (K & Desai, 2022)(Ayres, 2015; Bhagwandas, 2019; Fatima et al., 2021; Future et al., 2002; Gao et al., 2022; Hassan et al., 2022; Mcmahon, 2010; O. Digon, 2023; Piao et al., 2022; Ren et al., 2023; Rohner et al., 2023).

The family is a child's first place of contact with the world.(Abbas et al., 2022) Children's initial education and socialization are shaped by their families, which provide a psychological, moral, and spiritual foundation for

their development. Structural home conditions can be broken by factors such as divorce, separation, death, and illegitimacy, which can negatively affect mental health.(Bernaras et al., 2019; Fagan & Churchill, 2012; Future et al., 2002; K & Desai, 2022; Mooney et al., 2019; Shute & Hogan, 2017; V et al., 2023; Yimer, 2021) Insufficient data on the correlation between adverse childhood life events and depression in children from broken families hinders effective mental health care and promotes children's rights worldwide.

Rationale

The relationship between children and their parents is significant and necessary during the childhood stage and even for youngsters because these early ages are a fundamental period in which they take significant initial steps in life; in bio-psycho-social dimensions.(Indrawati & Dewi, 2022) Studies have shown that children, adolescents, and young adults raised in broken families, such as those with divorced or dead parents, often face various life conditions owing to vulnerability, missing relatives, or negative consequences, leading to mental health issues and illnesses.(Hayati, 2022)(Junaid et al., 2023; Matlin et al., 2018; Mental & Treatment, n.d.; Piao et al., 2022)

Research shows that parental relationships and parenting styles affect children's mental health and educational performance, but there is a lack of evidence of depression in children from broken families. No study has been conducted on family and child relationships, and few studies have been conducted in this field, such as the studies by Wa Ramla,(Ramla et al., 2023) Prof Rotimi,(Rotimi et al., 2023) and Amrita Vishwa.(Vidyapeetham & Vidyapeetham, 2022)

Family significantly shapes an individual's personality, beliefs, and capacity, but mental health problems, particularly depression, often stem from being raised from broken families.

This study looked into the connections between different life experiences (not living with parents) and depression among children aged under 18 years in Rwanda, focusing on a case study in the Northern Province of Rwanda.

Therefore, we hypothesize that (i) there is a family role in the welfare of children, (ii) a broken family has an effect on children's mental health, and (iii) the advocacy of children from broken families plays a role.

METHODS

Study Design, Sample, and Procedures

The Institutional Review Board at Mount Kenya University in Rwanda (IRB-MKUR) gave its approval to this study. This study's research methodology was descriptive since it facilitates the research to have to mix of qualitative and quantitative approaches. Thus, a descriptive research design was defined with the research design with the help of detailed qualitative and quantitative data. Thus, a qualitative approach was used to collect detailed information using interviews with children raised from broken families, and the data were thematically analyzed to obtain narratives that support the quantitative data of the study. In the case of the quantitative approach, the researcher used it to collect quantitative data using a questionnaire, and the results were analyzed using descriptive and inferential statistics, which helped the researcher decide the correct perception based on the quantitative results.

This research used a quantitative methodology utilizing a cross-sectional community-based study design. A convenience sample of 108 children (52 females and 56 males) was picked from the Northern Province with three categories of broken families: absence of both parents, single-parent family, presence of both parents, and conflict (separated parents). There were 120 participants in all among the three groups (60 females and 60 males) aged <18 years, but 108 were eligible.

The District Administrative Committees' consent was sought before choosing the participants. The inclusion criteria were a Rwandan child aged less than 18 years, raised from a broken family with a well-known address specifically in the Northern Province of Rwanda, were prepared to take part in the study willingly. Inability to communicate, psychological distress from the research questionnaires, or psychological instability from long-term illnesses or psychotropic drugs were all grounds for exclusion from the study.

The research aims and ethical criteria were communicated to the participants prior to the collection of data. For voluntary involvement, they gave written informed consent or oral informed consent that was approved. Written consents used to those who were familiar with readings and Oral Consents used by those who were not familiar with readings. Documentation of this statement done by a researcher facilitating those who were not familiar with readings. According to the surveys, a licensed psychologist was prepared to offer individuals who were experiencing psychological distress the proper psychological support. The participants were also made aware of their freedom to withdraw from the study at any time, without consequence, and without incurring any penalties. Non-commercial use of the study questionnaires was authorized. The surveys were translated from English into Kinyarwanda and back again from Kinyarwanda to English in order to guarantee the Kinyarwanda version's content validity. The two English versions' resemblance contributed to ensuring the questionnaires' content validity. The participant's information was kept private and confidential, and only the researcher had access to it.

Measurements

Nine items make up the patient health questionnaire-9 (PHQ-9) which is used to test for symptoms of depression "over the past several days." According to the PHQ-9 score, 0–4 indicates minor depression, meaning the person is not depressed, while 5–9 indicates mild depression. With a watchful waiting approach and a follow-up PHQ-9, the treatment strategy aims to treat mild depression (10–14). Counseling, follow-up care, and/or psychotherapy are all part of the treatment approach; a score of 15 to 19 indicates moderately severe depression. A treatment plan consisting of active medication and/or psychotherapy is recommended; scores between 20 and 27 indicate serious depression. The recommended course of treatment involves starting medication very away, and if there is significant impairment or a poor response to therapy, a quick referral to a mental health professional for collaborative management or psychotherapy.

Data Collection

The data were collected through reaching out to children of broken homes, location by location; the participants were grouped into categories like age, sex, and type. Local administrative representatives and those who took care of the participants were used to facilitate the data collection process through a personal information questionnaire. Face-to-face interviews with children’s caregivers were conducted for data collection between November 2023 and January 2024. Participants were divided into two groups according to their age, children and adolescents (aged 9–13), and pre-adolescents (aged 14–18). They were also separated based on their gender.

Statistical Analysis

Using IBM SPSS version 23, data analysis was carried out in accordance with the goals and hypotheses of the research. Descriptive statistics were used in the first phase to ascertain the frequencies of sociodemographic variables and clinical symptoms of depression severity based on cut-off scores, as well as to confirm the validity of the standardized scales, means, and standard deviations of the study variables. Second, skewness and kurtosis were employed to ascertain the normality of the study variables.

RESULTS

Features of the Research Participants

The results in Table 1 indicate as follows; 11.1% were living without both parents (absence of both parents), 70.4% were being raised in single parent families, and 18.5% of participants were living with both parents but living in conflict (separated parents).

Table 1. The Life Events of the Participants.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Absence of both Parents	12	11.1	11.1	11.1

	Single Parent family	76	70.4	70.4	81.5
	Presence of both parents but in Conflict (Separated Parents)	20	18.5	18.5	100.0
	Total	108	100.0	100.0	

The results in Table 2 indicate that 25% had dropped out of school while 75% were still active students.

Table 2: The Schooling Status of Respondents

		The Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	27	25.0	25.0	25.0
	Yes	81	75.0	75.0	100.0
	Total	108	100.0	100.0	

The results in Table 3 indicate that 51.9% of the participants were male and 48.1% female.

Table 3: The Respondents' Gender Status

		The Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	56	51.9	51.9	51.9
	Female	52	48.1	48.1	100.0
	Total	108	100.0	100.0	

The results in Table 4, indicate that 30.6% of participants were not depressed and 69.4% were diagnosed as depressed. The screening tool used was PHQ-9.

Table 4: depression diagnosed cases

		The Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not depressed	33	30.6	30.6	30.6
	Depressed	75	69.4	69.4	100.0
	Total	108	100.0	100.0	

The results in Table 5 indicate the severity of depression were as follows: 30.6% were not depressed at all (non-minimal), 26.6% were mildly depressed, 31.5% were moderately depressed, 7.4% were moderately severely depressed, and 0.9% were suffering from severe depression.

Table 5: Depression Severity

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	none-minimal	33	30.6	30.6	30.6
	Mild	32	29.6	29.6	60.2

	Moderate	34	31.5	31.5	91.7
	Moderately Severe	8	7.4	7.4	99.1
	Severe	1	.9	.9	100.0
	Total	108	100.0	100.0	

Results in Table 6, indicate the ages of the participants were distributed as follows; 14-year-olds made up 13% of the participants, of them, 25 percent were 15 years old, and 23.1% were 16 years old, Of them, 4.6% were 18 years old and 34.3% were 17 years old. The age range was 14 to 18 years old, the mean was 15.93 years and the standard deviation is 1.141 years.

Table 6: Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Age of student	108	14	18	15.93	1.141

Results in Table 7 indicate how participants responded to the questionnaires; they agreed 100% that family plays a role in children's mental health.

Table 7 Role of Family on Children's Mental Health

		The Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	108	100.0	100.0	100.0

Results in Table 8 indicate how participants responded to whether they agreed if a broken family had a negative effect on a child's mental health, as illustrated participants agreed 100% that a broken family negatively affected the mental health of the child.

Table 8: The effects of broken family on Children's mental health

		The Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	108	100.0	100.0	100.0

Results in Table 9 indicate that 100% of the participants agreed that not living with parents was an adverse life event which caused depression among those under 18 years of age.

Table 9: Relationship between Life events (Not living with parents) and Depression

		The Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	108	100.0	100.0	100.0

Results in Table 10 indicate that 100% of participants agreed that those aged <18 years old, may suffer from some mental problems/or illness.

Table 10: Mental illness among youths

		The Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	108	100.0	100.0	100.0

Results in Table 11, indicate that the following variables are linked to depression.

Age

A statistically significant association was discovered between age and depression (-0.051, $p < 0.01$). Children aged less than 18 years were more likely to suffer from depression.

Adverse life event of not living with parents

A statistically significant association was found between the adverse life event of not living with parents and depression (-0.021, $p<0.01$). Children aged less than 18 years were more likely to suffer from depression.

Table 11: Correlation Analysis

		Life Event	Diagnosed with Depression	Age of student	Gender of student
Life Event	Pearson Correlation	1	-.021	-.051	.005
	Sig. (2-tailed)		.832	.597	.958
	N	108	108	108	108
Depressed Diagnosis	The Pearson Correlation	-.021	1	-.556**	-.085
	Sig. (2-tailed)	.832		.000	.382
	N	108	108	108	108
Age of student	The Pearson Correlation	-.051	-.556**	1	.275**
	Sig. (2-tailed)	.597	.000		.004
	N	108	108	108	108
Gender of student	The Pearson Correlation	.005	-.085	.275**	1
	Sig. (2-tailed)	.958	.382	.004	
	N	108	108	108	108
Notes: ** the Correlation is significant at the 0.01 level (two-tailed).					

The results in Table 12 indicate that the following variables were associated with depression among children from broken families: age gender ($p \leq 0.05$) and ($p \leq 0.001$). After testing the variables in the bivariate analysis, An investigation of multivariate logistic regression was carried out. The age and sex of students, which demonstrated a statistically significant p-value (≤ 0.05) in the bivariate analysis, were incorporated into the multiple logistic regression model.

Table 12: Analysis of Logistic Regression

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 1[a]	Broken_family	-.433	.429	1.020	1	.312	.648
	Age	-1.769	.379	21.767	1	.000	.170
	Gender	.335	.533	.394	1	.530	1.398
	Constant	29.621	6.293	22.157	1	.000	4.135
Notes: Step 1: Age, gender, and broken_family were the variable(s) entered.							

DISCUSSION

This study was carried out with the main aim of examining of Depression related of being raised from broken families among children, as their mental health issues , that is to say; single parenting family (fatherless or motherless), having both parents but separated, and total absence of parents (orphaned), with a case study in the Northern Province of Rwanda. The study findings indicated 69.4% of children from such families are suffering from depression.

The parents play a big role in a child's mental health, shaping a child's character as other studies have revealed,(Ramla et al., 2023)(Determinants & Report, n.d.; Fatima et al., 2021; Jamison et al., n.d.; Ongider, 2013; Ren et al., 2023; Shute & Hogan, 2017; Sudarmono, 2019; WHO, 2005) and as the theory of attachment describes.(Ongider, 2013)(Bukhalenkova & Gavrilova, 2021; Ceulemans, 2019; Fatima et al., 2021; Gao et al., 2022; Gao & Xu, 2022; Gong et al., 2023; Grundström et al., 2021; Jiang et al., n.d.; Lafreniere et al., 2022; Marlies et al., 2019; Publications, n.d.; Rohner et al., 2023; Yang, 2022) The welfare of children is greatly influenced by families. Children raised in healthy families bear a healthy child in terms of their psychological, socioeconomic, and physical/biological status.

The broken family affect negatively affects a child's mental health, a broken family bears a broken child.(O. Digon, 2023)The research conducted in Northern Province of Rwanda indicated that in 108 participants in total used in this study, 69.4%, by using PHQ-9, were diagnosed with depression. Children raised in a broken family have a higher probability or risk of mental illness, such as depression.(Yang, 2022)

The advocacy of children from broken families in the Northern Province of Rwanda is crucial so that children's rights will be met by those children who will also play a significant role. Even though All Children are vulnerable regardless of status but children from broken families are highly negatively affected psychologically by broken family which means a broken family bears a broken child, a healthy family bears a healthy child; unhealthy child is a sign of unhealthy family. the process of influencing governments, legislators, decision-makers, stakeholders, and other pertinent audiences to endorse and carry out measures that further the implementation of children's rights is known as advocacy for child rights.(Kam et al., 2018) Hopefully, the consequences of being raised from broken families on children will decrease, such as unhealthy life conditions, dropping out of school, and having socially isolated feelings, which directly affect their mental health. As the science of psychology states, people with mental health problems are hindered from being productive. However, it is difficult for them to achieve success. In that regard, the role of advocacy for these children will prepare them to have a healthy future.

Advocacy also works on the preventable risk factors of broken families like divorce, separation of spouses, and left behind children. Intervening in relationship of the parents means encouraging parents to stay together, which will be profitable to the government by having a healthy future generation in terms of mental health and socio-economic and biological status. In other words healthy people = healthy family = healthy society = healthy country = healthy world.

Strength and Study Implications

This study on the Life Events and Depression among Children from Broken Families in Northern Province of

was carried out in a nation where there hasn't been much research in this area, found a high prevalence of depression. These findings suggest that children from broken families should be cared by Government of Rwanda for to improve their quality of life and to prevent depression. This research recommends collaboration with policymakers, including the Northern Province Administration staff, the Ministry of Health, the Rwandan Government, and the Ministry of Youths, to advocate for child rights and work policies, and carry out child-centered therapies to enhance the wellbeing, Mental Health Professionals are suitable and qualified team to use for .

Limitations

The first limitation is that the participants were not found in the same framework; some were found in the schooling framework, that is to say, pupils and students, and others were found out of the schooling framework and who had experienced life differently. Second, their backgrounds were different. Third, For further support, it is important to look into how much community factors and comorbidities contribute in this sample.

CONCLUSION

Depression is common among participants raised from broken families, highlighting the significant role of families in shaping children's psychological, socioeconomic, and biological status and the high likelihood of experiencing depression.

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