



IMPACT OF MARITAL CONFLICTS AND DOMESTIC VIOLENCE ON OCCURRENCE OF DEPRESSION IN MARRIED WOMEN – A CROSS-SECTIONAL STUDY

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ABSTRACT

Background: Mental health is defined as a state of well-being in which every individual realizes his or her own potential and can cope with the normal stresses of life. Amongst all mental disorders, World Health Organization (WHO) has ranked depression the 4th leading cause of disability worldwide.

Methodology: A cross sectional study was conducted and 1000 married females were selected by systematic random sampling from rural and urban areas of Distt. Amritsar. Pretested and predesigned questionnaire and PHQ9 scale was used to obtain valid results.

Results: In this study, 47.9% women who had conflicts with their husband were found to be depressed. 52.8 % women were found to be depressed amongst those who experienced domestic violence while 71.3 % women were found depressed amongst those who were forced for sexual relations without consent. Also, 48.4 % women with history of mental torture were found to be depressed.

Conclusion and Recommendation: Awareness through public education, early detection and organized national mental health programs can curb the increasing epidemic of depression.

KEYWORDS :

INTRODUCTION

Health is the level of functional and metabolic efficiency of a living organism. In humans it is the ability of individuals or communities to adapt and self-manage when facing physical, mental or social challenges¹.

Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community². Mental health disorders are caused by complex interactions between physical, psychological, social, cultural, and hereditary influences³. Many people suffer from mental health issues in response to the pressures of society and social problems they encounter. Some of the key mental health issues seen are: depression, eating disorders, and drug abuse.

The term depression describes a wide range of emotional laws, from mere sadness to a pathological suicidal state⁴. This is a common mental problem encountered in day to day stress filled life. It is a significant contributor to global burden of disease and affects people in all communities across the world. Life time prevalence rates range from approximately 3% in Japan to 16.9% in the United states with most countries falling somewhere between 8 to 12%–5. In South Asia, 11% of Disability Adjusted Life years and 27% of Years Lived with Disability are attributed to neuro - psychiatric disease⁶. According to the World Health Organization report in 2011, one out of seven people in India i.e. 15 per cent of Indian population was depressed and in 2015, one out of five people in India i.e. 20 per cent of Indian population is depressed that shows an alarming increase in rates of depression by five per cent of the population in just four years⁷.

Amongst all mental disorders, World Health Organization (WHO) has ranked depression the 4th leading cause of disability worldwide and projects that by 2020, it will be the second leading cause⁸. The WHO declared Mental Health: "STOP EXCLUSION: DARE TO CARE" as the theme of the World Health Day, on 7th April 2001 in recognition of the burden that mental and brain disorders pose on people and the families which are affected by them⁹. On 10th October 2016 - World Mental Health Day, the World Health Organization has launched a one-year campaign: Depression: let's talk which is the theme for World Health Day 2017¹⁰.

MATERIAL AND METHODS

A Cross sectional study was done from: 1st January 2015 to 31st December 2015 with a sample size of 1000. The study was conducted under urban and rural field practice area of Department of Community Medicine, Government Medical College, Amritsar after approval from institutional thesis and ethics committee and informed consent of the patient was taken. Those married women who gave consent were included in the study while those women who refused consent, widows and married daughters who visited their parents' home at the time of interview were excluded.

The list of all villages and wards was procured from Municipal Corporation office. 5 villages and 5 wards were selected randomly from the list. From every selected area (village or ward), 100 houses were selected by systematic sampling technique for the study. i.e (total number of houses in the village/ total number of houses to be taken for study).

From every house one eligible person was enrolled. If more than one married women were present, then one member was selected by lottery method. In case, there was no eligible person in the selected house, the very next house was included in the study. The first part of the Questionnaire included socio- demographic information of the women and the second part included questions on various factors which could be deemed responsible for depression, designed specifically for the purpose of study. The third part of the Questionnaire was Patient Health Questionnaire- 9 (PHQ-9). After filling the predesigned and pretested Performa, the data collected was compiled and analysed statistically and valid conclusion have been drawn.

CRITERIA USED IN STUDY

Patient Health Questionnaire-9 (PHQ-9) is multipurpose instrument for screening, diagnosing, monitoring and measuring severity of depression. PHQ-9 incorporates DSM- IV depression diagnostic criteria with other leading major depressive symptoms into a brief self-report tool

Interpretation of Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

RESULTS

Table 1 shows the distribution of respondents who are depressed and non – depressed depending on the marital conflicts. Out of 421 women who had conflicts with their husband, 47.9 % were depressed. While out of 579 women who didn't have significant marital conflicts, 11.6% were depressed. This association is significant statistically.

Table 2 shows the distribution of respondents who are depressed and non – depressed depending on the domestic violence. Out of 212 women who experienced domestic violence, 52.8% were found to be depressed. While out of 786 women who didn't experience domestic violence, 19.9% women were found to be suffering from depression.

Table 3 shows the distribution of respondents who are depressed and non – depressed depending on the history of sexual relationships without consent. 71.3 % women were found depressed amongst those who were forced for sexual relations without consent while 21.6% were found depressed amongst those who were never forced. This association is also found to be significant when analyzed statistically.

Table 4 shows the distribution of respondents who are depressed and non – depressed depending on the history of any mental torture. 48.4 % women with history of mental torture were found to be depressed while 22.1 % women with no history of mental torture were found to be depressed and this is found to be significant statistically.

Table 1. Distribution of respondents according to their marital conflicts

Conflicts with husband	Depressed (%)	Non Depressed (%)	Total (%)
Yes	202(47.9)	219 (52.01)	421(100)
No	67 (11.6)	512 (88.4)	579(100)
Total	269	731	1000

Chi – 164.33
P < 0.05

Fig.1 Distribution of respondents according to their marital conflicts

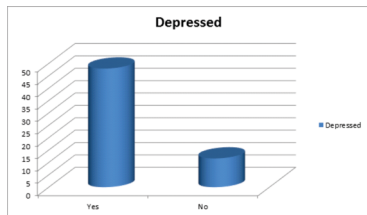


Table 2. Distribution of respondents according to domestic violence

History of domestic violence	Depressed (%)	Non Depressed (%)	Total (%)
Yes	112 (52.8)	100 (47.2)	212(100)
No	157 (19.9)	629 (80.02)	786(100)
Total	269	729	998

Chi – 91.544
P < 0.05

Fig.2 Distribution of respondents according to domestic violence

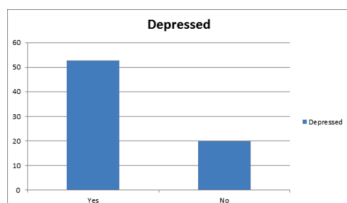


Table 3. Distribution of respondents according to being forced for sexual relations.

Had been forced for sexual relations	Depressed (%)	Non Depressed (%)	Total (%)
Yes	77 (71.3)	31 (28.7)	108(100)
No	192 (21.6)	698 (78.4)	890(100)
Total	269	729	998

Chi – 120.944
P < 0.05

Table 4. Distribution of respondents according to the mental torture

History of mental torture	Depressed (%)	Non Depressed (%)	Total (%)
Yes	89 (48.4)	95 (51.6)	184(100)
No	180 (22.1)	636 (77.9)	816(100)
Total	269	731	1000

Chi – 52.857
P < 0.05

DISCUSSION

The quality of intimate relationships is a critical factor in personal adjustment and well-being. Poor relationship quality is a significant risk factor for both diagnostic and sub-clinical levels of depressive symptoms¹¹.

Intimate partner violence (IPV) is the source of depression and suicidal behavior in women. A study conducted by Karen Devries from the London School of Hygiene & Tropical Medicine along with colleagues found that symptoms of depression, among women, were associated with incident experiences of violence.

According to World Health Organization, 10 to 69 percent of women reported being physically assaulted by an intimate male partner at some point in their lives¹².

According to United Nations report, around two-third of married women in India were victims of domestic violence. The common forms of violence against Indian women include female feticide, domestic violence, dowry death or harassment, mental and physical torture, sexual trafficking, and public humiliation. The reproductive roles of women, such as their expected role of bearing children, the consequences of infertility, and the failure to produce a male child have been linked to wife-battering and female suicide.

In a study by Malhotra and Shah, Sexual coercion was reported by 30% of the 146 women. The most commonly reported experience was sexual intercourse involving threatened or actual physical force (reported by 14% of women), and the most commonly identified perpetrator was the woman's husband or intimate partner (15%), or a person in a position of authority in their community (10%)¹³.

RECOMMENDATIONS

Being depressed feels like that one can never get out from under the dark shadow. However, even the most severe depression is treatable. From therapy to medication to healthy lifestyle changes, there are many effective treatments that can help to overcome depression.

It's important to determine whether depression symptoms are due to an underlying medical condition. If so, that condition will need to be treated first. All depression treatments take time but that is normal. Recovery usually has its ups and downs.

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