



A STUDY OF SOCIODEMOGRAPHIC CHARACTERISTICS AND PSYCHIATRIC MORBIDITY IN WOMEN RESIDING IN A SHELTER HOME IN KOTA, RAJASTHAN

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ABSTRACT

Background-The women shelter home is supportive institutional framework of women victim of difficult circumstances. High psychiatric morbidity has been reported in such women in various studies. **Aims**

& Objectives-To find out socio-demographic characteristics, psychiatric morbidity, factor responsible for stay in shelter home & its association with psychiatric morbidity. **Material & methods**-40 women above 18 years residing in shelter home of district headquarter of Rajasthan were the subjects of study. They were evaluated on a specially designed proforma. GHQ-12 was administered to all women & GHQ positive subjects were assigned a psychiatric diagnosis as per ICD-10 criteria & confirmed by a consulted psychiatrist. **Results**-Results of the study showed that 70% of women belonged to age group 19-40 years, 65% were illiterate, 50% were housewives & 42.5% unemployed. 55% of women were staying in shelter home for a period of 2-10 years. Most of the family members (77.5%) did not come to meet them. 77% women had psychiatric morbidity, of which 35% were schizophrenic, 22.5% mentally retarded, 10% were suffering from BPAD & 10% from depression. Most common reason for admission of women in shelter home was found wandering (62.5%), followed by lack of financial affordability. Schizophrenia was most commonly found associated with wandering (57.1%) followed by financial affordability. The most common cause of depression was rape (50%), other reason were divorce (25%) and breakdown of family (25%). **Conclusion**-Shelter home women had psychiatric morbidity as high as 77% which mainly included schizophrenia (35%) and mental retardation (22.5%). Most of them (62.5%) were found wandering. Schizophrenia was most commonly associated with wandering (57.5%) and depression with rape (50%).

KEYWORDS : Psychiatric morbidity, Shelter home, kota

INTRODUCTION

Women play an integral role in the overall functioning of the society. As per census 2011, females are contributing nearly half (48.4%) of the population¹. Women's health is an important indicator of nation's political, social and economic development¹. The health of women is of particular concern because they are disadvantaged by discrimination rooted in socio cultural factors. In addition there is prevailing attitude in the society towards women for example misconception and stereotypes about vulnerable women like widow, single women or women who have been sexually exploited, abused, rape victim etc². As a result many women are forced to leave their home.

The women shelter home is a supportive institutional framework for women victim of difficult circumstances, so that they can lead their life with dignity and conviction. Shelter homes in India are run under the Swadhar Greh scheme (1969) and Swadhar scheme (2001), set up by department of social welfare and department of women and child development, respectively³.

Risk factors for becoming homeless^{4,5} are disputes and relationship breakdown, financial issues, physical abuse, gender based violence, domestic violence, sexual abuse, unemployment, substance misuse, mental illness, contact with criminal justice system, lack of social support⁶, institutionalization or death of parents during childhood⁷. As a consequence, they become increasingly vulnerable to mental, social and physical ill health.

The relation of homelessness and mental health is bidirectional i.e., homelessness leads to deterioration of mental health and in turn mental illness can also lead to

homelessness. Homelessness itself can be psychologically traumatic and becomes a risk factor for developing psychological disorder. Two common symptoms of trauma are social disaffiliation (e.g., isolation, distrust of others and disruption of social bonds) and learned helplessness, which are common in homeless population⁸.

AIMS & OBJECTIVE

The present study aimed to find out socio-demographic characteristics, prevalence of psychiatric morbidity, various factors responsible for stay in shelter home and its association with psychiatric morbidity in women residing in shelter home in Kota.

MATERIAL AND METHODS

Study Design

This is a cross sectional descriptive study done in month of february in a shelter home at Kota. This study was done by using semistructured proforma (age, education, marital status, duration of stay in shelter home, reason for stay), Goldberg's Health Questionnaire (GHQ-12), Hamilton Depression Rating Scale (HAM-D). This study was done on all the 40 women residing in that shelter home.

Study subjects

Study sample comprises all the 40 women residing in a shelter home at Kota.

Participants

The participants, who included in this study were the all women staying in shelter home. The participants were voluntary and selection and inclusion criteria in this study were the women age 18 years and above & women willing to participate in study. The study excluded those who were non cooperative and unwilling.

Ethical Clearance

Institutional ethical committee clearance was obtained for the study. Consent from care taker of respective shelter home was also taken. Informed consent was obtained from all the women in their own language before collecting data in proforma.

RESULTS

Table 1: Sociodemographic Characteristics Of Women Residing In Shelter Home

S.N.	VARIABLE		NUMBER (N=40)	PERCENTAGE (%)
1.	Age (years)	Up to 18	1	2.5%
		19-40	30	75%
		41-60	9	22.5%
2.	Religion	Hindu	38	95%
		Muslim	2	5%
3.	Marital status	Married	20	50%
		Unmarried	15	37.5%
		Divorced	3	7.5%
		Widow	2	5%
4.	Education	Illiterate	26	65%
		Up to middle class	7	17.5%
		Up to sr secondary	4	10%
		Graduate & pg or professional	3	7.5%
5.	Occupation	Unemployed	17	42.5%
		Housewife	20	50%
		Govt job	1	2.5%
		Private job	2	5%
6.	Home state	Rajasthan	25	62.5%
		Other state	15	37.5%
7.	Duration of stay in	<1 year	11	27.5%
	Shelter home	2-10 years	22	55%
		10-20 years	3	7.5%
8.	Information about	Available	17	42.5%
	Family	Not available	23	57.5%
9.	Family member	Yes	9	22.5%
	Visit	No	31	77.5%

Table 1 shows the socio-demographic characteristics of women residing in shelter home. Most of the women residing in shelter home were between the age of 19 to 40 years(70%), were Hindu(95%) & were married(50%).Majority of women were illiterate(65%),while 17.5% were educated up to middle class & 10% up to senior secondary class. Occupation wise either they were housewives (50%) or unemployed (42.5%).

Two third (62.5%) of women's home state was Rajasthan. Most of women (55%) were staying in shelter home for a period of 2-10 years and only 27.5% were staying for less than 1 year. About half (57.5%) women did not have any information about their family and family members of most of the women (77.5%) did not meet them.

Table 2:psychiatric Morbidity In Women Residing In Shelter Home

S.N.	PSYCHIATRIC DISORDER	NUMBER (N=40)	PERCENTAGE(%)
1.	Depression	4	10%
2.	Schizophrenia and other psychotic disorder	14	35%
3.	Affective disorder	4	10%
4.	Mental retardation	9	22.5%

Table 2 shows psychiatric morbidity in women residing in shelter home. Regarding psychiatric morbidity 77% women had a psychiatric disorder. Most of them (35%) were suffering from schizophrenia and other psychotic disorder followed by mental retardation (22.5%), affective disorder (10%) and depression(10%).

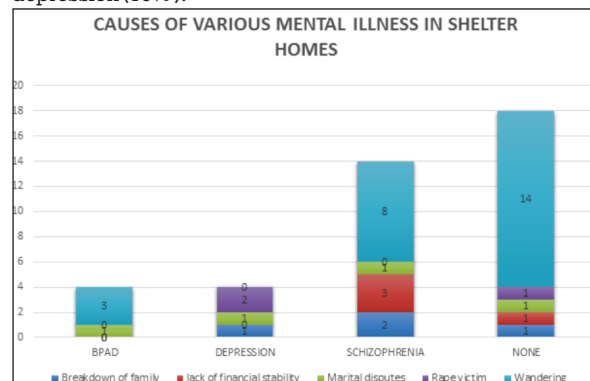


Table 3: Reason For Admission Of Women In Shelter Home

S.N.	REASON	NUMBER (N=40)	PERCENTAGE (%)
1.	Found wandering	25	62.5%
2.	Lack of financial affordability	4	10%
3.	Breakdown of family/ Left by family member	4	10%
4.	Marital dispute	4	10%
5.	Rape victim	3	7.5%

Table 3 shows reason for admission of women in shelter home. The most important reason was that they were found wandering in the society (62.5%) followed by lack of financial support (10%), breakdown of family(10%) marital dispute (10%) and being rape victim (7.5%).

Table 4: Association Between Psychiatric Morbidity And Reason For Stay In Shelter Home

REASON FOR HOMELESSNESS	AFFECTIVE DISORDER	DEPRESSION	SCHIZOPHRENIA & OTHER PSYCHOTIC DISORDER	NO MENTAL ILLNESS	TOTAL
BREAKDOWN OF FAMILY	0(0%)	1(25%)	2(14.29%)	1(5.6%)	4
LACK OF FINANCIAL AFFORDABILITY	0(0%)	0(0%)	3(21.43%)	1(5.6%)	4
MARITAL DISPUTE	1(25%)	1(25%)	1(7.14%)	1(5.6%)	4
RAPE VICTIM	0(0%)	2(50%)	0(0%)	1(5.6%)	3
WANDERING	3(75%)	0(0%)	8(57.14%)	14(77.78%)	25
TOTAL	4(100%)	4(100%)	18(100%)	14(100%)	40

(chi square value 21.572, df = 12, p value = 0.0425)

Table 4 shows association between psychiatric morbidity and reason for stay in shelter home. When we tried to find out the association between psychiatric morbidity and reason for stay in shelter home, we came to conclusion that schizophrenia was most commonly associated with wandering (57.14%) followed by lack of financial affordability (21.4%). The most common cause of depression was rape (50%) followed by divorce (25%) and break down of family (25%). Affective disorder (BPAD) was most common among wandering females (75%). There is a significant difference in the reason

of stay in shelter home and mental illness (chi square = 21.57, DF = 12, P value = 0.0425).

DISCUSSION-

The current study was conducted to determine the sociodemographic characteristics & psychiatric morbidity in women residing in shelter home.

In the present study the prevalence of psychiatric morbidity was 77%. Most of them (35%) were suffering from schizophrenia and other psychotic disorder followed by mental retardation (22.5%), affective disorder (10%) and depression (10%).

In this regard findings of our studies are in line with **Nimesh G. Desai et al (2008)** who in their study reported that among homeless women 40 to 60 % were having some form of mental disorder with 70 to 80 % receiving lifetime diagnosis. The common disorders were substance abuse, schizophrenia, depression, personality disorder and organic problems⁹.

Similarly **Guru S. Gowda et al (2017)** in their study done at NIMHANS on homeless mentally ill patients found that 53.8% inmates were females of which 65% had schizophrenia and other psychotic disorder, 30.8% had mental retardation and 29.5% had a comorbid substance abuse disorder¹⁰. In the same way **Tripathi et al (2013)** among 140 homeless persons admitted in department of psychiatry found psychiatric morbidity in these persons as high as 90%. 56% had more than one psychiatric diagnosis, 44% had comorbid substance abuse and 39% had intellectual disabilities¹¹. On the other hand **Toole et al (2004)** and **Levil et al (2009)** reported that 30% persons experiencing homelessness suffer from serious mental illness^{12, 13}. **Langle et al (2005)** in Germany in a study on homeless persons found that 26% were suffering from anxiety disorder, 15% from affective disorder and 11% from schizophrenia spectrum disorder¹⁴.

When we tried to find out the association between psychiatric morbidity and reason for stay in shelter home, we came to conclusion that schizophrenia was most commonly associated with wandering (57.14%) followed by lack of financial affordability (21.4%). The most common cause of depression was rape (50%) followed by divorce (25%) and breakdown of family (25%). Affective disorder (BPAD) was most common among wandering females (75%). There is a significant difference in the reason of stay in shelter home and mental illness (chi square = 21.57, DF = 12, P value = 0.0425).

CONCLUSION :- It can be concluded from this study that

1. Most of the women (70%) were between the age 19-40 years, were illiterate (65%), were either house wife (50%) or unemployed (42.5%).
2. Two third (62.5%) of women's home state was Rajasthan.
3. 55% of women were staying in shelter home for a period of 2-10 years.
4. About half (57.5%) women did not have any information about their family and most of the family members (77.5%) did not come to meet them.
5. 77% of women had psychiatric morbidity of which 35% were suffering from schizophrenia and other psychotic disorders, followed by mental retardation (22.5%), affective disorder (10%) and depression (10%).
6. Most common reason for admission of women in shelter home was found wandering (62.5%) followed by lack of financial affordability (10%), left by family member (10%), marital dispute (10%) and rape (7.5%).
7. Schizophrenia was most commonly found associated with wandering (57.14%) followed by financial affordability (21.4%).

8. The most common cause of depression was rape (50%) followed by divorce (25%) and breakdown of family (25%).

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