Original Research Paper

Community Medicine

PREVALENCE OF COMMON MENTAL DISORDERS(CMDS) AMONG WOMEN IN RURAL AREAS OF ASSAM

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ABSTRACT **INTRODUCTION:** The public health significance of mental and behavioural disorders is demonstrated by the fact that they are among the most important causes of morbidity in primary care settings and produce considerable disability.9 Mental and behavioural disorders are among the most important cause of morbidity in primary care settings. **AIMS AND OBJECTIVES:** To assess the prevalence of common mental disorders-depressive, anxiety and somatic disorders among women in reproductive age group(15-49 years).**MATERIALS AD METHODS:** Community based cross sectional study done in a period of one year in Kamrup district Assam taking the list of subcentres as the sampling frame ,taking prevalence of CMD as 10.7% ,20% absolute error ,design effect of 2,the sample size came out to be 900.Out of 41 subcentres 10 were selected randomly and out of that 6 villages were chosen for its subcentre and from 6 villages 15 women were taken to include 900 women. **RESULTS AND OBSERVATIONS:** Out of 900 women majority (33.56%) were from 26-32 years age group and 68.66% were currently married. Out of the ever married women 24.15% were pregnant at the time period of the study, and 75.84%were not pregnant at the time period of the study. Out of 650 women who were ever married, 577 women had been pregnant at least once in their married life (≥ G1). Out of those ever pregnant women 36.22% had their first pregnancy ≤20years. Out of 900 women,114 (12.67%) had Common Mental Disorders (CMD) and in 786 (87.33%) Common Mental Disorders was absent. **CONCLUSION:** The present study shows relatively higher prevalence of Common Mental Disorder compared to other counter parts in the region . Therefore proper screening of the women in reproductive age group can be done for common mental disorders so that the issues and problems faced by them are easily identifiable and due course of action for prevention of such factors can be taken.

INTRODUCTION:

Common Mental Disorders (CMDs) are the depressive and anxiety disorders that are commonly encountered in primary care settings.[1] Mental health illnesses fall under a wide spectrum varying from sub-clinical states to very severe forms .The major mental disorders are easy to recognize and commonly seen in hospitals for psychiatric illnesses, however, minor mental disorders are common in the community.[2]

As per National Mental Health Survey (NMHS), India (2015-16)[3], done across the country in 12 states, 56 million Indians are found to be suffering from depressive disorders, out of which 4.8% are male and 5.7% are females and another 38 million Indians suffer from anxiety disorders. Overall 7.5% of Indians suffer from major and minor mental disorders that need expert intervention. Every sixth Indians need medical help for mental illness.[3]

National Mental Health Survey, Assam (2015-16) [4] reveals that nearly 5.85 % of people of Assam (those above 18 years) are in need of active interventions for one or more mental health issues. Current weighted prevalence observed for any mental morbidity is 5.85%, implying that nearly 12,00,000 people in the state, above the age of 18 years, have one or more mental morbidity and need mental health care services.

AIMS AND OBJECTIVES :

To assess the prevalence of common mental disorders-depressive, anxiety and somatic disorders among women in reproductive age group(15-49 years)

MATERIALS AND METHODS

A Community based cross sectional study was done in sampled villages of Boko Bongaon block ,Kamrup District,Assam for a period of one Year from August 2017 to July2018. Women in the reproductive age group (15-49 years) residing in the area for more than 6 months were included in the study .Considering the prevalence of CMD to be 10.7% ,as per the study[5] done Shidhaye R, Patel V in four states of India -Bihar, Jharkhand, Maharashtra and Tamil Nadu ,in currently married rural women in the age group of 15–39 years in the year 2010 and taking absolute error as 20% of prevalence, with 95% confidence
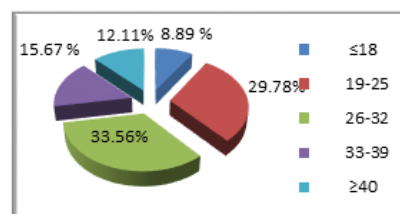
interval ,the sample size was calculated to be 424.67 using the formula .Considering design effect ,the sample size comes out to be 849.34. So taking a few more participants the sample size has been finalised as 900.

There are 41 subcentres under Boko BPHC.The list of all subcentres were obtained and which has been taken as the sampling frame. Taking these 41 as the primary sampling unit, 10 sub centres were selected randomly .From each of the sub centres 6 villages were chosen randomly, from each of the villages 15 women were taken in the age group of 15-49 years, to get the desired sample of 900. Within the selected villages, house to house visit was done until the required number of 15 is obtained. If in a family more than one woman in the desired age group was found than only one filling the inclusion criteria were considered for the study.

Questionnaire was pre-tested on 5% residents which were not included in the study to check for applicability and understand ability of the instrument. Data collection was carried out at the homes of participating women in the form of direct interviews. The interviews were conducted face to face by at the home, in a reserved place to ensure confidentiality and privacy. In those women in whom CMD will be found to be positive,they have been assured that the confidentiality will be maintained and further assessment of their mental status will be done so that they get proper treatment and counselling.Ethics clearance was taken from institutional ethics committee.

RESULTS AND OBSERVATIONS

Fig 1: Percentage wise distribution of women according to their age

Out of 900 women 8.89% were from ≤18 year's age group, majority (33.56%) were from 26-32 years age group.

Table 1: Distribution of women according to their marital status

Marital status	Number	Percentage (%)
Married	618	68.66
Never Married	250	27.77
Divorced/separated	10	1.11
widowed	22	2.44
Total	**900**	**100**

Out of 900 women, maximum number (68.66%) were currently married and living with their husband, 27.77 % were never married, 1.11% were either divorced or separated (presently not living with their husband), 2.44% were widowed.

Table2:Distribution of ever married women according to their current physiological states(n=650)

Physiological states	Number	Percentage (%)
Pregnant	157	24.15
Non-pregnant	493	5.84
Total	**650**	**100**

Out of the ever married 650 women(currently married 618 women ,10 divorced /separated women and 22 widowed) ; 157 (24.15%) were pregnant at the time period of the study , and 493 (75.84%) were not pregnant at the time period of the study.

Table 3:Distribution of women(who have ever been pregnant) according to the age at first pregnancy(n=577)

Age at first pregnancy	Number	Percentage(%)
≤20	209	36.22
21-25	315	54.60
≥26	53	9.18
Total	**577**	**100**

Out of 650 women who were ever married, 577 women had been pregnant at least once in their married life (≥ G1). Out of those ever pregnant women 209 (36.22%) had their first pregnancy ≤20 years , maximum number 315(54.60%) had in 21-25 years period and 53(9.18%) had their first pregnancy ≥26 year

Table 4:Distribution of women according the presence of Common Mental Disorder(CMD)

Presence of CMD	Number	Percentage (%)
Present	114	12.67
Absent	786	87.33
Total	**900**	**100**

Out of 900 women,114 (12.67%) had Common Mental Disorders(CMD) and in 786 (87.33%) Common Mental Disorders was absent.

DISCUSSION:

According to NMHS (2015-16) the overall weighted prevalence for any mental morbidity was 13.7% lifetime and 10.6% current. In the present study the prevalence of CMD was found to be 12.67%

In the present study, out of 900 women,114 (12.67%) had Common Mental Disorders(CMD) and in 786 (87.33%) Common Mental Disorders was absent.

Patel V et al (1999) in their study in four restructuring societies in Goa, (India);Harare(Zimbabwe) and Santiago(Chile) Pelotas and Olinda (Brazil)[6] found the prevalence's as– Goa, India 46% (Patel et al., 1998); Olinda ,Brazil 35% (Lederman,1998); Pelotas, Brazil 23%(Lima et al., 1996); Santiago, Chile (Araya et al., 1994)

A study done in Greater Santiago, Chile in 2001 among adult population (16-64 years) by Araya et al.(2001)[7] Showed the overall prevalence CMD of 26.7% and in women 15.7%

Eleven eligible studies from six countries in Africa (Lesotho and Zimbabwe), Asia (Indonesia and Pakistan) and Latin America (Brazil and Chile); were analysed in a review article by Patel V. and Kleinman A.(2003) in WHO Bulletin .The prevalence's of Common Mental Disorders were found as Brazil[8] 22.7%

The median prevalence rates of common mental disorders varied from 20% to 30%.[9] A population-based study by Shidhaye et al(2010)[10] from low- and middle income countries in a total of 5703 women .The outcome of CMD was observed in 609 women (10.7%, 95% confidence interval 9.8–11.6).

In a study done by Steel et al (2014)[11], period prevalence of common mental disorder was available from 155 surveys with a pooled prevalence estimate of 17.6% (95% CI, 16.3–18.9%) across 59 countries. The pooled lifetime prevalence of common mental disorders across 85 surveys was 29.2% (95% CI, 25.9–32.6%)

In a cross-sectional study done by Husain et al (2009)[12] at Bomu Hospital, Mombasa, Kenya in the year 2009 done with SRQ Scale for measuring common mental disorders among mothers attending a well child clinic, 429 women were screened for the presence of CMD using the Self-Reporting Questionnaire–20 (SRQ-20). The prevalence of CMD was 20%.

A cross-sectional survey among women (18-45 years) living in rural settings in the Anand district of Gujarat, by Fahey et al (2016)[13], CMD symptoms were assessed using the WHO Self-Reporting Questionnaire (SRQ-20) Using the SRQ-20 to assess symptoms suggestive of CMD, 155 out of 658 women (22.8%) participants screened positive having answered yes to at least 8 of 20 questions.

The Ministry of Health and Family Welfare, Government of India commissioned NIMHANS, Bengaluru to undertake a nationally representative mental health study where the prevalence of common mental disorders was found to be 10%

In the present study, the prevalence of Common Mental Disorders was found to be 12.6% which is almost similar but slightly higher to studies done by Patel et al (2006) in Goa , and a study done by Shidhaye et al (2010) which are 6.6% and 10.7% .But the value was found to be much lower than the studies done outside India. The higher prevalence in present study in compared to the other studies in India was due to use of different screening tools CMD.

CONCLUSION

The present study shows relatively higher prevalence of Common Mental Disorder compared to other counter parts in the region and it was found more among women in younger age group. Therefore proper screening of the younger women can be done for common mental disorders so that the issues and problems faced by them are easily identifiable and due course of action for prevention of such factors can be taken.Further research is required to know more about the contributing factor and other risk factors on CMD in the study area involving larger sample size and more frequent follow up and screening procedures to get the core of the problem so that the prevalence of CMD cases in the study area would be reduced effectively in near future.

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