



ROLE OF WORKING STATUS AND FINANCIAL INDEPENDENCE IN OCCURRENCE OF DEPRESSION IN MARRIED WOMEN IN URBAN AND RURAL AREAS OF DISTT.AMRITSAR

Community Medicine

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ABSTRACT

Background: Mental health is important at every stage of life, from childhood and adolescence through adulthood. Many people suffer from mental health issues in response to the pressures of society and social problems they encounter. The World Health Organization (WHO) says the burden of depression is 50% higher for females than males.

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, it was observed that amongst working women, 25.2% were depressed amongst those whose husband used to drop them while 20.7% were depressed amongst those who reached workplace by their own. Also, majority of women were depressed i.e. 25.4% and 26.9% amongst those who had non-cooperative or indifferent colleagues at workplace. In both urban and rural areas, maximum women were depressed amongst those who had indifferent and non-cooperative colleagues at workplace. It was observed that 10% women were depressed in rural areas that had an incident of harassment at work place whereas no such case was found in urban areas. Also, this has been observed in the study that in rural areas, majority (36.8%) of the women were depressed where financial matters were looked upon by their mother-in law. Whereas in urban areas, maximum women (40%) were depressed who were themselves responsible to deal with all the financial matters and thus, the responsibility on their shoulders could be the reason for depressive symptoms in these women.

Conclusion and Recommendation: Too much stress exacerbates depression. So, one should try to minimize the impact of stressful events like work overload or unsupportive relationships.

KEYWORDS

Introduction

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 community¹. It includes our emotional, psychological, and social well-being and affects how we think, feel, and act. Mental health is important at every stage of life, from childhood and adolescence through adulthood².

Mental health disorders involve disturbances in thinking, emotion, and behavior. Small disturbances in these aspects of life are common, but when such disturbances distress the person greatly and interfere with daily life, they are considered mental illness or a mental health disorder. These 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.

It is suggested that prevalence of depression in females is higher than males. The National Co morbidity Survey in the United States (1993) also indicated that the prevalence rate of depression among women was higher (21%) than men (13%)⁴. The World Health Organization (WHO) says the burden of depression is 50% higher for females than males⁵.

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

1-4
5-9
10-14
15-19
20-27

Depression Severity

Minimal depression
Mild depression
Moderate depression
Moderately severe depression
Severe depression

Results:

In this study, it was observed that amongst working women, 25.2% were depressed amongst those whose husband used to drop them while 20.7% were depressed amongst those who reached workplace by their own (Table 1)

Also, majority of women were depressed i.e. 25.4% and 26.9% amongst those who had non-cooperative or indifferent colleagues at workplace.

Table 2A shows that in both urban and rural areas, maximum women were depressed amongst those who had indifferent and non-cooperative colleagues at workplace.

It was observed in Table 2B that 10% women were depressed in rural areas that had an incident of harassment at work place whereas no such case was found in urban areas.

Also, this has been observed in the study that in rural areas, majority (36.8%) of the women were depressed where financial matters were looked upon by their mother-in law. Whereas in urban areas, maximum women (40%) were depressed who were themselves responsible to deal with all the financial matters and thus, the responsibility on their shoulders could be the reason for depressive symptoms in these women (Table 3)

Table 1. Distribution of respondents regarding the factors related to their working status

Reaches workplace	Depressed (%)	Non-Depressed (%)	Total (%)
Husband Drops	27 (25.2)	80 (74.8)	107 (100)
By own	18 (20.7)	69 (79.3)	87 (100)
Any other	1 (25)	3 (75)	4 (100)
Total	46	152	198
Chi Square – 0.563, P > 0.05			
Attitude of Colleagues at work place			
Cooperative	12 (17.1)	58 (82.9)	70 (100)
Non- Cooperative	15 (25.4)	44 (74.5)	59 (100)
Indifferent	17 (26.9)	46 (73.1)	63 (100)
Any other	2 (33.3)	4 (66.7)	6 (100)
Total	46	152	198
Chi Square – 2.455, P > 0.05			
Incidence of women Harassment at work place			
Yes	2 (66.7)	1 (33.3)	3 (100)
No	44 (22.6)	151 (77.4)	195 (100)
Total	46	152	198
Chi Square – 3.222, P > 0.05			

Table 2A. Distribution of depressed respondents regarding the factors related to their working status in rural and urban area

Reaches workplace	Rural (%)	Urban (%)	Total (%)
Husband Drops	13 (68.42)	14 (51.85)	27 (58.70)
By own	5 (26.32)	13 (48.15)	18 (39.13)
Any other	1 (7.69)	0 (0)	1 (2.17)
Total	19 (100)	27 (100)	46 (100)
Chi Square – 3.301, P > 0.05			
Attitude of Colleagues at work place			
Cooperative	5 (26.32)	7 (26)	12 (26)
Non- Cooperative	5 (26.32)	10 (37)	15 (32.61)
Indifferent	7 (36.84)	10 (37)	17 (36.96)
Any other	2 (10.52)	0 (0)	2 (4.35)
Total	19 (100)	27 (100)	46 (100)
Chi Square – 3.236, P > 0.05			

Table 2B. Distribution of depressed respondents regarding the factors related to their harassment status at workplace in rural and urban areas

Incidence of women Harassment at work place	Rural (%)	Urban (%)	Total (%)
Yes	2 (10.53)	0 (0)	2 (4.35)
No	17 (89.47)	27 (100)	44 (9.57)
Total	19 (100)	27 (100)	46 (100)
Chi Square – 2.971, P > 0.05			

Table 3. Distribution of depressed respondents in rural and urban areas regarding financial independence

Who deals with Financial matters at home	Rural (%)	Urban (%)	Total (%)
Husband	5 (26.32)	7 (26)	12 (26.09)
Mother - in law	7 (36.85)	4 (14.81)	11 (23.91)
Father in law	5 (26.32)	5 (18.51)	10 (21.74)
Independent	2 (10.53)	11 (40.74)	13 (28.26)
Total	19 (100)	27 (100)	46 (100)
Chi Square – 6.178, P > 0.05			
Spend money independently with own choice			
Yes	3 (15.79)	10 (37.04)	13 (28.26)
No	16 (84.21)	17 (62.96)	33 (71.74)
Total	19 (100)	27 (100)	46 (100)
Chi Square – 2.483, P > 0.05			

Discussion:

The Office of Applied Studies (OAS) of Substance Abuse and Mental Health Services Administration (SAMHSA) reported that an annual average of 7.0% (10.1% for female vs. 4.7% for male) of full-time adult workers experienced a depressive episode. Increasing work stress can be associated with the increasing prevalence of depressive disorder⁶.

A study by Melchior et.al. stated that participants exposed to high psychological job demands (excessive workload, extreme time pressures) had a twofold risk of major depression compared to those with low job demands (RR: women: 1.90 (95% CI 1.22–2.98); men: 2.00 (95% CI 1.13–3.56)⁷.

It is said that long hours of working under strict deadlines cause up to 75% of working women to suffer from depression or general anxiety disorder compared to women with lesser levels of psychological demands at work. Work pressure and deadlines have led 53% of the respondents to skip meals and go for junk food⁸.

Houle et.al.stated that women and men who experience more frequent sexual harassment at work have significantly higher levels of depressed mood than non-harassed workers. Moreover, evidence has been found that sexual harassment early in the career has long-term effects on depressive symptoms in adulthood⁹.

In rural areas, 84.2% women were depressed amongst those who were not allowed to spend money independently whereas in urban areas, amongst those, 63% women were depressed.

Sense of freedom is a natural phenomenon that prevails in everybody. If that is compromised, it can lead to anxiety and depression.

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