ORIGINAL RESEARCH PAPER
Volume - 9 | Issue - 6 | June - 2020 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

MENTAL HEALTH IN RELATION TO AUTONOMY AMONGST WOMEN OF REPRODUCTIVE AGE IN SLUMS OF MEERUT.

Community Medicine

Vertika Agarwal* Junior Resident, Department of Community Medicine, L. L. R. M Medical College, Meerut *Corresponding Author

Seema Jain Professor, Department of Community Medicine, L. L. R. M Medical College, Meerut, UP

Sunil Kumar Garg Professor and Head, Department of Community Medicine, L.L.R.M Medical College, Meerut, UP

Ganesh Singh Professor, Department of Community Medicine, L.L.R.M Medical College, Meerut, UP

Chhaya Mittal Associate Professor, Department of Community Medicine, L.L.R.M Medical College, Meerut, UP

ABSTRACT

Autonomy, defined as the right of person to make decision for herself/himself, is an important psychosocial determinant of mental health which is often ignored. Lack of autonomy leads to dissatisfaction, low self-esteem and confidence which in turn severely affect their mental health. So, this study was undertaken to assess mental health of women in reproductive age residing in an urban area of Meerut and to study the impact of autonomy on it. This was a cross-sectional study where 266 women in reproductive age were interviewed using a predesigned pretested questionnaire regarding socio-demographic and autonomy profile. The mental health status of these women was assessed using Self- Reporting Questionnaire-20. It was found that 24.2% women had poor mental health and poor mental health of these women was significantly associated with poor autonomy in life

KEYWORDS

Mental Health, Autonomy, Women , Urban

INTRODUCTION:

Mental well-being is a fundamental component of WHO's definition of health and 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 community."[1] Mental disorders are associated with a significant burden of morbidity and disability and are much common in women specially those in reproductive age group.

The mental health of women is severely affected by many psychosocial factors one of which is autonomy in life. Autonomy is the capacity to make an informed, uncoerced decision by person himself/herself. In conservative and patriarchal Indian society it is often men of family who take most of decision on behalf of women, be it regarding education, marriage, work, finances or any other decision of family concerning women herself or her children. Her role is mostly miniscule in such decisions. Lack of this autonomy is often due to low or subordinate social status imparted to women in the society and is a gender specific risk factor for poor mental health. Poor autonomy often result in low self-esteem, dignity and confidence which are in turn risk factors for poor mental health. Considering the public health importance of mental health of women in current times this study was planned to assess mental health of women in reproductive age (15-49 years) residing in slums of Meerut and also to study the impact of autonomy on mental health of these women.

MATERIAL AND METHOD

This cross-sectional study was conducted in the urban area of Meerut from June 2018 to October 2019. The study was conducted among population covered by Urban Health Training Centre, Surajkund which serves as urban field practice area of Department of Community Medicine, L.L.R.M. Medical College, Meerut . The sample size was estimated as 266 by taking prevalence of poor mental health among reproductive age women (15-49years) in urban area as 22.1%[2] at 95% confidence interval and 5% absolute error. There were 9 slums registered at UHTC and women in age group 15-49 years in all these slums formed the sample frame. Before starting the survey a baseline information about number of women aged 15-49 years in each slum was collected from urban health training centre. Proportionate number of women were interviewed from among total women of reproductive age in each locality using probability proportional to size method.

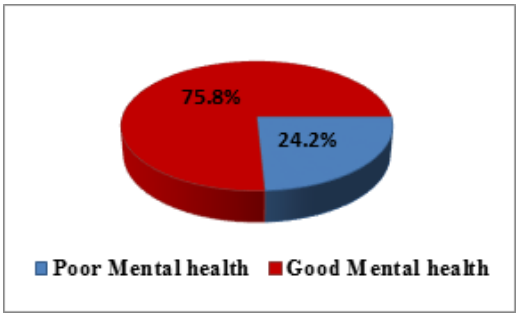
In each locality the first house was selected randomly by pencil/pen tip drop method to start the survey. Then house to house survey was done picking all the eligible women in the adjacent houses towards right of the first house till the required sample size for that locality were covered. If the house had more than one eligible women all were interviewed. During home visits each women was interviewed using oral questionnaire method after taking verbal informed consent. Women who were hostile or unavailable during data collection or had psychotic illness, mental retardation, poor hearing, incomprehensible speech, any other serious illness were excluded.

Detailed information was collected on predesigned and pretested schedule regarding socio-demographic profile and autonomy in life. Self-Reported Questionnaire-20 (SRQ-20) a standardised and validated tool developed by WHO [3] in 1994 was used to assess the mental health of these women by personal interview method. SRQ-20 is a 20 item questionnaire, requiring answers in yes/no format. SRQ has been standardized in India in two studies Chincholikar (2004)[4] and Patel et al (2008).[5] Respondents were asked if they had any of the listed 20 symptoms since last 4 weeks. An affirmative answer was given score of 1 and negative answer given score 0. Total score >10 was taken as poor mental health.[4,5] All attempts were made to maintain anonymity of participants. The data obtained was tabulated and statistically analysed. P value <0.05 is taken as significant. All participants who had poor mental health were referred to a psychiatrist. The study was approved by the Institute's ethical committee

RESULTS:

In the present study a total of 269 women of reproductive age group participated (last house had more than one eligible women) of which 24.2% of women had poor mental health (figure 1).

Figure 1. Mental health status of participants



It was observed that 36.8%(99) women were in age group 30-39years followed by 35.3%(95) in age group 20-29years, and 21.6% (58) in 40-49 years and least in age 15-19years which was 6.3%(17). Of 269 women 86.6% (233) were married, 10.8%(29) were unmarried and 2.6%(7) were separated/widowed. Maximum women belonged to nuclear family which was 52.8% (142) followed by 43.1% (116) belonging to joint family and 4.1%(11) to broken family. Women belonging to SC/ST caste were 35.3% (95) followed by 32.7% (88) OBC and 32.0% (86) general caste. Only 13%(35) women were illiterate rest all were educated to varying levels, maximum being graduate or above which was 27.2% (73) followed by 18.9% (51) middle school, 18.2% (49) intermediate, 13.4% (36) high school and 9.3% (25) primary school. Only 19.7% (53) women were employed. Maximum women belonged to middle class 30.9%(83) and equal number of women belonged to upper middle and lower middle class being 24.9%(67).

Table 1: Socio-demographic profile of study participants (N=269)

Variable	Study population N=269	
	No.	%
Age		
15-19years	17	6.3
20-29years	95	35.3
30-39years	99	36.8
40-49years	58	21.6
Marital status		
Unmarried	29	10.8
Married	233	86.6
Seperated/Widow	7	2.6
Type of family		
Nuclear	142	52.8
Joint	116	43.1
Broken family	11	4.1
Caste		
General	86	32.0
OBC	88	32.7
SC/ST	95	35.3
Education		
Illiterate	35	13.0
Primary	25	9.3
Middle school	51	18.9
High school	36	13.4
Intermediate	49	18.2
Graduate and above	73	27.2
Occupation		
Unemployed	216	80.3
Employed	53	19.7
Socio-economic status		
Upper	41	15.2
Upper middle	67	24.9
Middle	83	30.9
Lower middle	67	24.9
Lower	11	4.1

Table 2. shows that when effect of various factors related to autonomy was observed, it was found that the women who cannot exercise enough autonomy in their life had significantly poorer mental health compared to those who had good autonomy in life. It is seen that 47.1% who were not allowed to make decision for herself had significantly poor mental health compared to 20.8% of those who can take their decisions. Also 39.1% women who could not participate in decision making in family had poor mental health compared to 21.1% who can participate. It was observed that 50% women who had no freedom to meet friends and family had poor mental health which is more than twice of 20.9% women who had autonomy to meet friends and family (P<0.05). Financial autonomy was also significantly associated with poor mental health. It was seen 52.4% women who don't get enough money for personal use suffered from poor mental health which is almost 3 times to those who get enough money (21.8%) and this difference was significant.

Among employed women 24.5% were not allowed to spend their earned money according to their own will. Presence of poor mental health was higher among these females (61.5%) as compared to those who were free to spend earned money at will (32.5%) but this difference was not significant (P>0.05)

Table 2. Relationship of autonomy in life to mental health of women

Autonomy	Study population		Poor mental health(SRQ ≥10)		Chi –square , P value
	No. N=267	%	No. N=64	%	
Freedom to make decisions for herself					
Yes	235	87.4	49	20.8	$\chi2$:11.13 P=0.001
No	34	12.6	16	47.1	
Participate in decision making in family					
Yes	223	82.9	47	21.1	$\chi2$: 6.78 P=0.009
No	46	17.1	18	39.1	
Freedom to meet family & friends					
Yes	239	88.8	50	20.9	$\chi2$:12.29 P=0.001
No	30	11.2	15	50.0	
Enough money for personal use					
Yes	248	92.2	54	21.8	$\chi2$: 9.89 P=0.002
No	21	7.8	11	52.4	
Spend earned money on will*(N=53)					
Yes	40	75.5	13	32.5	$\chi2$: 3.45 P=0.629
No	13	24.5	8	61.5	

* among females who were employed(N= 53)

DISCUSSION:

In present study 24.2% women had poor mental health which is slightly higher than 22.1% found by Panigrahi et al (2017)[2]in Bhubaneswar. The prevalence was much lower than 27.2%and 33.5% reported by Tawar et al (2014)[6] in South Mumbai and Sathyanarayan et al (2019)[7] in Bangalore respectively, probable reason could be use of SRQ-20 at cutoff -7 by them compared to cut off-10 used in present study.

Poor Autonomy was found to be an important factor associated with poor mental health of these women. Those who had no autonomy to make decision of their life had poor mental health compared to those who can. These findings are consistent with Patel et al (2006)[8] and Panigrahi et al (2014)[9]. It was also seen that women with no autonomy to meet friends/family (50%) and those who don't get enough money for personal use (52.4%) had poor mental health which was significantly higher when compared to their counterparts. This could be explained by the fact that not involving females in decision making lowers their self-confidence and self-worth thus making them unsatisfied in their life thus predisposing them to poor mental health.

CONCLUSION :

Almost one fourth (24.2%) of participants had poor mental health which was quite high and was significantly higher in women who cannot exercise enough autonomy in life when compared to those who can. Not able to take decisions in life, non-participation in decision making in family, inability to meet friends/family at will and not having enough money to spend were all significantly associated with poor mental health.

RECOMMENDATIONS:

1. Integration of mental health in existing health services is need of the hour. Steps must be taken to identify women with poor metal health and provide them appropriate treatment and counselling.
2. Behaviour change communication and IEC activities must be undertaken to provide education and counselling not only to women but also motivating their family and the community they live in to have more liberal attitude towards women and provide them an environment where they can have freedom and exercise basic human rights they deserve and are entitled to.
3. Women must be educated and motivated to get financial independence so as to uplift their self-esteem and self worth in family. Government should make policies to give vocational trainings to women and should give them financial support to start small business like greh udyog, catering, tailoring shop etc. which will give them financial independence and boost up their confidence and dignity.
4. Families should be motivated to provide proper education and care to the girls so that they develop confidence and decision making power to meet future challenges in life.

REFERENCES

1. WHO Regional office for South-East-Asia : Promotion of mental well-being-Persuit of Happiness . World Health Organization, 2017, New Delhi.
2. Panigrahi A, Panigrahi M, Padhy AP, Das SC. Common mental disorders and its socio-demographic correlates among married women residing in slum areas of Bhubaneswar, India. Women Health. 2017 May-Jun:57(5):521-533
3. Beusenberg M, Orley J H & World Health Organization. Division of Mental Health. (1994). A User's guide to the self reporting questionnaire (SRQ / compiled by M. Beusenberg and J.Orley.) World Health Organization. https: //apps. who. int/iris/handle/10665/61113
4. Chincholikar S.V. Use of SRQ in Psychiatric epidemiology. Indian journal of Community medicine,2004. Volume 29/4,190-911
5. Patel.V, Araya C, Chowdhary N, King M, Kirkwood B, Nayak S, Simon G. Detecting common mental disorders in primary care in India: a comparison of five screening questionnaires. Psychological Medicine (2008), 38, 221–228
6. Tawar S, Bhatia SS, Ilankumaran M. Mental Health, Are We at Risk? Indian Journal of Community Medicine, Vol 39, Issue 1, Jan 2014
7. Sathyanarayana RK , Manjunatha S. Common mental disorders among women of reproductive age group in an urban area in Bengaluru. International Journal of Community Medicine and Public Health , 2019 , Vol 6 , Issue 4
8. Patel V, Kirkwood BR, Pednekar S, Pereira B, BarrosP, Fernandes J. Gender disadvantage and reproductive health risk factors for common mental disorders in women: A community survey in India. Arch Gen Psychiatry.2006:404-13
9. Panigrahi A, PadhyA P, Panigrahi M. Mental Health Status among Married Working Women Residing in Bhubaneswar City, India: A Psychosocial Survey. Bio Med Research International 2014, Article ID 979827