EVALUATION OF RISK FACTORS AND PREVALENCE OF DEPRESSIVE DISORDERS AMONG RURAL FEMALES IN DISTRICT FAISALABSD

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ABSTRACT

We all go through ups and downs in our mood. Sadness is a normal reaction to life's struggles, setbacks, and disappointments. We may feel "down in the dumps" for a short period of time, but gradually the painful feelings dissipate and we move on with our lives—often the wiser for the experience. But if these feelings of sadness don't go away or if they are so intense that they interfere with your ability to work, study, eat, sleep, and enjoy life, you may be suffering from depression. We are all at risk for developing a depressive illness. People of all ages, races, and social class can become depressed. No one is completely immune to this condition. Everyone experiences feelings of unhappiness and sadness occasionally. But when these depressed feelings start to dominate everyday life and cause physical and mental deterioration, they become what are known as depressive disorders. Nearly twice as many women as men develop depression and related disorders at some point in their lives. A woman's unique biological, psychosocial and cultural factors may increase her risk of depression. Married women are more depressed. It is usually because a married woman has many responsibilities to fulfill. The present study was conducted in district Faisalabad.The purpose was to study the risk factors, prevalence and impact of depression on married women. Women were interviewed through a well-structured interviewing schedule consisting of close-ended questions. The sample size was 200 respondents. Four villages from two union councils of one rural town were selected randomly through multi stage sampling technique. This study entails with the perception of rural married women about the risk factors, prevalence and impact of depressive disorder. After a comprehensive research the factors that cause depression in married women are husband wife conflict, in-laws conflict, baradari conflict, death of a close relative, loss of children, loss of husband's job, financial difficulties, addiction in family, long term of stress at home, rented house, pregnancy, miscarriage, infertility, early motherhood, caring of children and aging parents, single parenthood and workload due to large family. On the basis of results and findings of the study, different recommendations are proposed, focusing on preventive measures for depression and emphasizing on improving the mental health of women. The study has deeply indicate that low socio-economic status, conflict with husband and in-laws, early motherhood and heavy workload are the major risk factors of depression among women

Key words: Women perceptions, risk factors, depressive disorders.

INTRODUCTION

Depression or depressive disorders are mental illnesses characterized by a profound and persistent feeling of sadness or despair and/or a loss of interest in things that once were pleasurable. Disturbance in sleep, appetite, and mental processes are a common accompaniment. Depressive disorders are common in all regions of the world. They constitute a substantial proportion of the global burden of disease, and are projected to form the second most common cause of disability by 2020. This increased importance of non-communicable diseases such as anxiety and depressive disorders presents a particular challenge for low income countries, where infectious diseases and malnutrition are still rife and where only a low percentage of gross domestic products are allocated to health services. These disorders are also important because of their economic consequences (Anonymous, 2001). Depression has been recognized as a major public health problem evidenced by its ranking of fourth position among the global burden of diseases. Many believe it will occupy second position by the year 2020. Three hundred and forty (340) million people above the age of 18 years suffer from depressive disorders that contribute to a high suicide rate (Desjarlais, 2001). In Pakistan along with other basic health problems, the social upheaval, political instabilities, lawlessness, terrorism, economical disparity, problems with security and safety has created a ground fertile for depression, which has almost taken first position among the all psychiatric conditions (Mirza and Jenkins, 2004). Depression, anxiety, psychological distress, sexual violence, domestic violence and escalating rates of substance abuse affect women to a greater extent than men across different countries and different settings. Pressures created by their multiple roles, gender discrimination and associated factors of poverty, hunger, malnutrition, overwork, domestic violence and sexual

abuse; combine to account for women's poor mental health. There is a positive relationship between the frequency and severity of such social factors and the frequency and severity of mental health problems in women. Severe life events that cause a sense of loss, inferiority, humiliation or entrapment can predict depression (APA, 2007). Women experience depression about twice as often as men. Many hormonal factors may contribute to the increased rate of depression in women particularly such factors as menstrual cycle changes, pregnancy, miscarriage, postpartum period, pre-menopause, and menopause. Many women also face additional stresses such as responsibilities both at work and home, single parenthood, and caring for children and for aging parents. Many women are also particularly vulnerable after the birth of a baby. The hormonal and physical changes, as well as the added responsibility of a new life, can be factors that lead to postpartum depression in some women (Blehar and Oren, 1997). Married women are more depressed. It is usually because a married woman has many responsibilities to fulfill. She has to do much effort to achieve her goals. They have worries about their future. Another important cause of depression among married women is marital dissatisfaction. Usually married women suffer from depression because they are not satisfied with their spouses (Jackson, 2004). Married women are prone to suffer greater depression than married men especially mothers who have more children. Women who have been victims of rape or domestic violence are at high risk of acquiring major depressive illnesses and should seek counseling from the time the incident occurs. Older women who are depressed may be at a greater risk for falls that may result in bone fractures.The magnitude of mental illness in Pakistan is: 6% depression, 1.5% schizophrenia, 1% Alzheimer's disease, 1–2% epilepsy and the other disorders. The current situation in Pakistan along with other basic health problems, the social upheaval, political instabilities, lawlessness, terrorism, economical disparity, problems with security and safety has created a ground fertile for depression which has almost taken first position among the all psychiatric conditions. The prevalence rates for depression in Pakistan yields approximately 8,437,406 out of the 157,935,000-population figure. Prevalence of depression in all provinces of Pakistan, were: Sindh: 16% urban, 12% rural, Punjab: 8% urban, 9% rural, Baluchistan: 40% urban, 2.5% rural, NWFP: 5% urban, 3% rural. Lahore had the maximum number 46.8%, as compared to Quetta (24.1%) and Karachi (29.0%) (Gadit and Khalid, 2002).

MATERIALS AND METHODS

The present study was conducted in district Faisalabad.The purpose was to study the risk factors, prevalence and impact of depression on married women. Women were interviewed through a well-structured interviewing schedule consisting of open and close-ended questions. The sample size was 200 respondents. Four villages from two union councils of two rural towns were selected randomly through multi stage sampling technique. The data so collected were tabulated and chi square analysis was performed to infer conclusions.

RESULTS AND DISCUSSION

Socio-economic characteristics are that information by which individuals can be clarified according to age, sex, marital status, education and income. Such classification in turn may help in explaining difference in behavior and attitude.

Table 1 Distribution of the respondents according to their socio-economic status and family size

Age (in years)	Frequency	Percentage
20-25	35	17.5
26-30	45	22.5
31-35	62	31.0
36-40	37	18.5
40+	21	10.5
Total	200	100.0
Illiterate	87	43.5
Primary	34	17.0
Middle	26	13.0
Matric	29	14.5
Intermediate & above	24	12.0
Total	**200**	**100.0**
Labor	99	49.5
Govt job	19	9.5
Private job	47	23.5
Agriculture	10	5.0
Business	25	12.5
Total	**200**	**100.0**
Respondents income (in Rs.)		
Upto 5,000	126	63.0
5,001-10,000	53	26.5
Above 10,000	21	10.5
Family size (Nos.)	**200**	**100.0**
1-5	42	21.0
6-10	112	56.0
11-15	34	17.0
15+	12	6.0
Total	**200**	**100.0**

Age composition of the population determines the socio-economic roles of the people and profoundly affects the social institutions in a society. It refers “the number of years completed by particular person at the time of interview. The above table shows that respondents

belonged to different age groups. Age is an important factor in variation in perception of the people about depression and its impact. Education is considered one of the most important factors for variation in knowledge, perception and attitude. Education is the process of bringing desirable change in the behavior of human beings. In the present study education refers to that education one gets through formal and organized institutions. It is regarded as one of the most important factors for the formulation of the attitudes and behavior patterns. Data in the table 1 shows that about half (44%) of the respondents were illiterate, while 56% received formal education to different levels. Education is very important factor because education opens the mind and enables people to solve their problems. Highly educated women are less depressed than low educated women. Occupation is interpreted as an index of social position in any society. Occupation has been defined as a kind of work performed by the individual regardless of the working place where the work is performed for earning his livelihood. Regarding the occupation of respondents of the study as evident from the table, 49.5% of the respondent's husbands were laborers, 9.5% of them were govt. employs, 23.5% of them were private employs and 5% of them were related to agricultural activities, while 12.5% of them had their own business. The income stands for the gross total earning of all the family members from all sources. It includes money from wages, farm, and pension etc. The occupation of respondents of the study are presented in table 1. Income is one of the most causative factors of depression. Majority of the people were depressed due to financial difficulties. Family size refers to the total number of members living at home. The last part of the table shows that 21% of the respondents had family members from 1-5, majority of the respondents (56%) of the respondents had family members from 6-10, about 17% of the respondents had family members from 11-15 and 6% of the respondents had family members more than 15.

The table 2 shows that majority of the respondents i.e. 72% reported that they were often depressed and remaining 28% reported that were depressed some time. The second part of the table shows that majority of the respondents (41%) perceived that their depression was due to their conflict with their husband, while 29% of them said that their depression was due to their conflict with their in-laws, about 24.5% of the respondents perceived that their depression was due to bradari conflict, and remaining 5.5% said that the cause of their depression was tension in parental home. The third part of the table indicated the life experiences that caused depression in women 14% of the respondents said that the cause of their depression was loss of husband's job, majority of the respondents (55%) were depressed due to financial difficulties, 7.5% were depressed due to addiction in family, the cause of depression of 7% respondents were long period of unemployment, while 10.5% of them were depressed due to long term stress at their home, about 3.5% respondents were depressed because they had rented house and remaining 2.5% were depressed because they had unitary house. The fourth part of the table indicates the causes of depression after the birth of baby. According to this 5% of the respondents perceived that they became depressed due to hormonal and physical changes that occur after the birth of baby, about 43.5% of the respondents became depressed by the added responsibilities of new life, while majority of the respondents (51%) were depressed due to early motherhood, and remaining 0.5% were depressed due to other reason that were not given. The fifth part of the table shows that 22.5% of the respondents perceived

Table 2. Distribution of the respondents according to their Perception about depression, due to family problems, life experiences, due to birth of baby and other family related depression

Perception about depression	Frequency	Percent
Often	144	72.0
Sometime	56	28.0
Total	200	100.0
Family problems		
Husband and wife conflict	82	41.0
In laws conflict	58	29.0
Bradari conflict	49	24.5
Tension in parental home	11	5.5
Total	200	100.0
Life experiences		
Loss of husband's job	28	14.0
Financial difficulties	110	55.0
Addiction in family	15	7.5
Long period of unemployment	14	7.0
Long term stress at home	21	10.5
Rented house	7	3.5
Unitary house	5	2.5
Total	200	100.0
Birth of baby		
Hormonal and physical change	10	5.0
Added responsibility of new life	87	43.5
Early motherhood	102	51.0
Any other	1	.5
Total	200	100.0
Family situation		
Caring of children and aging parents	45	22.5
Single parenthood	2	1.0
Responsibility at work and home	9	4.5
Work load due to large family	144	72.0
Total	200	100.0

that the cause of their depression was caring of children and aging parents, 1% of the respondent's depression was caused by single parenthood, while 4.5% of the respondents said that the cause of their depression was responsibility both at work and home, and the majority of the respondents (72%) said that the cause of their depression was work load due to large family.

Table# 3: Relationship between variables Association between monthly income of the respondents and depression among them

Monthly income from all sources(Rs)	Depression among women		Total
	Often	Sometimes	
Up to 5000	102	24	126
5000-10,000	32	21	53
10,000+	10	11	26
Total	144	56	200

Chi-square = 14.752 D.F. = 2 Significance = .001 Gamma = 0.496 S.E. = 0.108

Table.4 Association between educational level of the respondents and depression among them.

Educational level of the respondents	Depression among women		Total
	Often	Sometimes	
Illiterate	83	4	87
Primary	34	-	34
Middle	23	3	26
Matric	2	27	29
Intermediate and above	2	22	24
Total	144	56	200

Chi-square = 149.577 D.F. = 4 Significance= .000*
***** = Highly significant** **Gamma = 0.918 S.E. = 0.035**

Table 5.Association between the marital problems and the depression among women

Marital problems	Depression among women		Total
	Often	Sometimes	
Loss of husband's job	18	10	28
Financial difficulties	85	25	110
Addiction in family	8	7	15
Long period of unemployment	11	3	14
Long term stress at home	12	9	21
Rented house	6	1	7
Unitary house	4	1	5
Total	144	56	200

Chi-square = 8.347 D.F.= 6 significant = 0.214 Gamma = 0.036S E.= 0.126

Table 6. Association between workload in the family and depression among women.

Family situation that caused depression	Depression among women		Total
	Often	Sometimes	
Caring of children & aging parents	25	20	45
Single parenthood	2	-	2
Responsibility at work & home	6	3	9
Work load due to large family	111	33	144
Total	144	56	200

Chi-square = 8.787 D.F. = 3 significant = 0.032 Gamma = -0.397S.E. = 0.134

The table 3 reflects the statistical results regarding the relationship between income and depression. The result of the table is that the depression is greater in low-income category as compared to medium and high-income categories. The chi-square value indicates a significant relationship between monthly income of the respondents' family and depression among women. The gamma value shows negative relationship between the two variables. It is clear from the table 4 that depression is high in illiterate and low educated women as compared to highly educated women. The value of chi-square indicates that there is significant relationship between education of the respondents and depression among women. So lower the educational level, higher the depression among women. The gamma value shows positive relationship between these two variables. It is clear from the table 5 that problems in married life and marital dissatisfaction are responsible factors of depression among women. The women who had problems in their married life are more depressed than the women who are satisfied with their married life. The value of chi-square shows that the relationship between the marital problems and depression among women is significant and the value of gamma shows positive relation between the two variables. The table 6 shows that caring of children and aging parents and workload caused depression among women. The chi-square value shows that there is significant relationship between the family situations (work load) and depression among women. The gamma value shows negative relationship between the two variables.

Conclusion: The overall objective of the study was to investigate the risk factors of depression. The idea is to discuss this topic with the respondents and to find out their perception regarding the factors that caused depression in women. In light of this research following recommendations are made to improve the mental health

of women. They should be provided public education and special depression management programs for women that enhance early and effective treatment and relapse prevention and also implement education programs aimed at primary care providers to screen and treat those at higher risk for depression. The government should support effective strategies, including social and psychotherapeutic to prevent or shorten episode duration and prevent recurrence in at risk populations. It should be developed and adapted interventions for reducing the disabilities associated with depression.

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