Socioeconomic Factors of Depression among married females visiting outpatient clinic in District Ghizar-A pilot study

by Shakila Bano

SOCIOECONOMIC FACTORS OF DEPRESSION AMONG FEMALES VISITING OUTPATIENT CLINIC IN DISTRICT GHIZAR, GILGIT-BALTISTAN: A PILOT STUDY

Abstract

Objective: This pilot study was conducted to find out the socioeconomic factors leading to depression in married females of district Ghizar, Gilgit Baltistan.

Methods: The study followed a case control design and was conducted at District Headquarter Hospital Gahkuch, Ghizar. Depression was diagnosed using DSM-IV criterion and socioeconomic status was assessed by a self designed questionnaire.

Results: The interim analysis for this study included 73 females. About 53/73 (72.6%) were depressed according to DSM-IV. Majority of women were uneducated 23/73 (31.5%). Most females were married 50/73 (68.5%) followed by divorced females 8/73 (11%). A total of 61/73 (83%) had arranged marriage. A greater share of women 43/73 (58.9%) were housewives. Most females 37/73 (50.7%) had non cordial relations with in laws. Domestic violence was reported by 41/73 (56.2%) women. More than 2/3rd of women had land ownership of some kind, 61/73 (83.5%).

Binary regression model was applied to analyse the data. Analysis shows marriage outside family are less likely to suffer from depression (Odds of 0.43 to 1, p=0.010). If the husband is depressed wife has lesser odds of being depressed (0.25 to 1, p=0.045). Non cordial relation with in laws was a strong predictor of depression (Odds of 24 to 1, p=0.002). Analysis was performed with SPSS version 23.

Conclusion: Majority of the females had no cordial relations with in laws, more than half had history of domestic abuse. Marriages outside family have inverse relation with depression. Domestic violence and bad relationship with in laws are strong predictors for depression.

Key words: depression, socioeconomic, domestic violence

Introduction

Depression is affecting 350 million people worldwide annually; it is projected to be the second commonest cause of mental disability by the year 2020.[1] Depression is defined as "a common mental disorder characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, feelings of tiredness, and poor concentration" with mild, moderate and severe depression as its main categories, depending on the number and severity of symptoms.[2]

Depression is a psychiatric illness with a wide spectrum of cultural, socioeconomic and behavioural dilemmas of our society, nurturing at its genesis. In a study conducted in United Kingdom the results demonstrated that common mental disorders were significantly associated with poor material standard of living, including low household income and not saving from income.[3] The prevalence of depression in selected areas of Pakistan as found by Niaz et al is 72% in women and 44% in men.[4] Another study in the Hindu Kush region of Pakistan revealed that 46% of women had depression as compared to 15% of men, it also showed that illiteracy and lower socioeconomic status is associated with higher levels of emotional distress.[5] There are a multiplex of factors fuelling depression in females in our society, a few of them are domestic violence, early marriage, low household income, unrest in marital life and desire for a male child.

Gilgit Baltistan (GB) is an administrative territory of Pakistan, previously known as the Northern Areas of Pakistan. District Ghizar is one of the ten districts of Gilgit Baltistan. GB has a total population of 1.3 million; no data on gender population breakdown is available.[6] Ghizar has a population of 0.19 million.[7] According to Gilgit Baltistan Demographic and Health Survey 2008, GB has a population of 20% with the lowest socioeconomic status index and 15% with the highest socioeconomic index, rest of the population resides in the wealth quintiles between these two. About one fourth (23%) of women with age between 15 to 49 yrs are literate.[8]

Furthermore, it is pertinent to mention that mental disorders in general, depression and its management in particular, are misdiagnosed and undertreated in our health facilities nationwide, making their timely management a challenging and arduous task.

This study will focus on identifying the socioeconomic factors leading to depression, the severity of depression and the impact of the depressive illness on the family and household of the affected females in district Ghizar of Gilgit Baltistan region of Pakistan.

Methods

In this study a total of 73 non pregnant, married females with depression were interviewed, from November 2015 to February 2016. The study was conducted at female outpatient department; District Headquarter Hospital Gahkuch, Ghizar. Informed consent was taken from all patients prior to the interview.

Patients were assessed and diagnosed with depression on the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV) criterion. This criteria recognizes depression by identifying depressed mood for at least 2 weeks in a continuous pattern and with any five of the following symptoms present; decreased interest or loss of interest in daily activities (anhedonia), significant changes in weight or appetite disturbance, lack of concentration, sleep disturbances, fatigue and suicidal ideation.[9] Non-pregnant patients who fell into this category were selected for inclusion in the study and were then interviewed. Patients who gave history of being previously diagnosed with depression at a health care facility and were put on anti depressant medication but later discontinued medicines on their own and did not undergo follow up visits were not included in the study.

Interviews were conducted by licensed medical practitioners. Patients, who did not understand Urdu and instead spoke the local language Shina, were interviewed by a licensed medical practitioner who was well versed in Shina.

A self designed questionnaire with 35 items was used to interview patients. The questionnaire is developed focusing on the social and economic scales in a household as independent variables and depression as the dependant variable.

The 35 items were ramified into personal profile, family structure, economic profile, and details of deliberate self harm (where applicable). Each category had a detailed cluster of questions investigating the socioeconomic status of the patient's house hold.

Personal profile included questions probing age, marital status, education, occupation, age at the time of marriage, years of marriage, type of marriage (arranged, love, eloped, exchange, inter family, outside family), years since divorced or widowed (where applicable), history of infertility, number of male and female children, any personal disability (mental , physical), history of substance use, duration of depression (if previously diagnosed) and treatment of depression, and history of Deliberate Self Harm (DSH).

Details of family set up were retrieved by questions inquiring whether family structure was joint, nuclear or extended, relation of patient with head of the family, husband's history of polygamy, any physical or mental disability in family, history of intoxicating substance use and depression in family, history of domestic violence (verbal, physical, emotional) and the perpetrator of violence (husband, in-laws, relatives).

Economic profile included questions on monthly household income, freedom of spending of patient, if family is in financial debts, and is monthly expenditure within income range.

The last category of the questionnaire inquired about details of deliberate self harm (where applicable) with questions pertaining to reason of DSH (psychiatric illness, economic or family issues, academic, job problems or any other), method of DSH used (over dose, hanging, near drowning, jumping from height, slashing, gun, any other), number of DSH attempts and if treatment was undertaken after DSH.

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Results:

The first interim analysis for this study includes 73 female subjects in total as shown in table 1. More than two third, 53/73 (72.6%) were depressed according to DSM IV definition. A majority 23/73 (31.5%) was uneducated. Most females 50/73 (68.5%) were married followed by 8/73 (11%)

who were divorced. A total of 61/73 (83%) had arrange marriages rather than love marriage. A greater share of women 43/73 (58.9%) were housewives. Most females 37/73 (50.7%) had non cordial relations with in laws. History of domestic violence was reported by 41/73 (56.2%) women. A great majority of women had land ownership of some kind 61/73 (83.5%).

Table 1: Descriptive analysis of the study participants

Variable		Frequency	Percentage
Depression	Depressed	53	72.6
	Non Depressed	20	17.4
Education	Uneducated	23	31.5
	Primary	10	13.7
	Secondary	17	23.3
	Higher Secondary	2	2.7
	Graduation or more	21	28.8
Marital Status	Married	59	80.8
	Widowed	5	6.8
	Divorced	9	12.3
Type of Marriage	Arrange Marriage	61	83.6
	Love Marriage	12	16.4
Occupation	House Wife	43	58.9
	Other	30	41.1
Relation with laws	Non Cordial	37	50.7
	Cordial	36	49.3
Ever Faced Domestic Violence	Yes	41	56.2
	No	32	43.8

Binary regression model was applied to the available data to analyze if any predictors were significantly associated with the presence of depression. The model explained about 69% of the variation observed in the dependent variable (presence of depression). The model shows that if someone is married outside family, they are less likely to suffer from depression (odds of 0.43 to 1, p=0.010). Interestingly, if the husband is depressed in a family, wife has less odds to be depressed (0.25 to 1, p=0.045). A very obvious relationship was found between those women who had non cordial relation with in laws and presence of depression (odds of 24 to 1, p=0.002).

Table 2: Association of depression with social factors.

Variable	beta	p-value	Odds ratio (OR)
Type of marriage	1.346	0.408	
Marital status		0.875	
Years of marriage	-024	0.622	
Married within family	-3.142	0.010	0.43
History of depression in family		0.107	
Husband	-0.90	0.045	025
others	-3.694	0.938	
Joint family	-127	0.903	
Non cordial relations with in-laws	3.205	0.002	24
Domestic violence by husband	-22.056	0.998	
Accommodation		0.629	
Owned	-22.012	0.999	
Rented	-23.708	0.999	

Discussion

This research is one of the few studies which have analysed the conduit between depression and socioeconomic multiplicities that lead to depression in females in Gilgir Baltistan(GB). Despite of

being a pilot research it has revealed an intriguing pattern of association of depression with socioeconomic in female population.

The results of this study show that disharmonious relations with in laws are a major risk factor for depression in females of Ghizar. Almost 50 percent females reported to have been negatively affected by the antagonistic behaviour of their in laws. These results are also consistent with previously reported findings that strained relationship with husband and extended family has a strong association with depression in women.[10] Similar association was reported earlier in women having discordant relationship with their husbands and those who are facing the daily life challenges of living in an extended family system were more likely to suffer from depression.[11]

Furthermore this study has demonstrated a strong relationship between depression and domestic violence which includes verbal, physical and emotional abuse. This finding is supported by the results of another study conducted in the women belonging from the lower socioeconomic set ups of Karachi which stated that women from this strata are victims of intimate partner violence either in the form of verbal or physical abuse.[12] Pakistan has a society with collectivistic properties; where women have little liberty to make major decisions. They are dependent socially and economically on their spouse which can give rise to complications in interpersonal relationship of husband and wife, and creates a serious conflict of interest with the in laws. This situation eventually bears down its deleterious strain on the couple, making them highly vulnerable to heightened strife. These stressors are triggering factors for psychiatric morbidity in females. Additionally another study reported the causal relationship of emotional and verbal abuse of women with depression in lower middle class communities which is in accordance with the results of this research.[13]

According to Human Rights Commission of Pakistan, the incidence of domestic violence ranges from 70% to 90% in the female population of the country.[14] The variegated forms of violence consist of domestic violence which includes acid attack, beating, edged tool attack, setting on fire; sexual violence which includes sexual harassment, rape and honour killings. In spite of the alarming nature of violence against women, the attention given to this crucial zone of human rights by political establishment and civil society is unsatisfactory to say the least.

One of the primary causes of many forms of violence against women is dowry related which has unfortunately not been given due attention and recognition in scientific literature. Dowry related

form of violence is now declared as a "socially endorsed form of violence in Pakistan", which creates a significant psychological quandary for the girl and her family. [15] This practice imposes a large economic burden on the family of the girl; this dilemma has deep seated social consequences with people being reluctant to embrace the possibility of having a girl child. Though in recent years dowry related violence has received attention from electronic media but a lot more needs to be done on the platform of legislation and social reform to aptly address this issue.

Limitations of the study

This research was conducted to run as a pilot project for a PhD research so the sample size was quite small. Therefore the results of this project cannot be generalised on the common population. Again it a hospital based study so the therefore many not be true reflection of socioeconomic factors in women of the community.

References

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