

MENTAL HEALTH ISSUES IN WOMEN RESIDING IN INDORE CITY OF MADHYA PRADESH, INDIA

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Abstract: Mental health is a major public health issues as it is a major contributor to the global burden of disease world wide. Contributing factors include reproductive hormones, stress, and social pressure, that are unique to a woman's life experiences. WHO states that the burden of depression is 50% higher in female than males and Indians are reported to be among the worlds most depressed. Bearing the fact in mind a study was carried out to assess mental health status of female. In the study 300 women in the age bracket of 20 to 60 years were surveyed in selected areas of Indore city during 2015-16. In the present study we observed that the prevalence of poor mental health among women was 33.33%. Depression or stress due to social factor was seen in 65.63% women and stress due to biological factors was observed in 23% women. Where as psychological cause for depression was found in 11.66% women.

Keywords: depression, health, hormones, psychological, stress.

Introduction: Women play many roles in their life. The complexity of all of these roles cans ups and downs throughout the life thereby leading to various mood changes. Some of these mood changes affect the mental health of women. These may be due to life events, psychological or may be due to hormonal (e.g. pregnancy, menstrual cycle etc.).

Mental health is a major public health issues as it is a major contributor to the global burden of disease world wide contributing factors include reproductive hormones, stress, and social pressure that are unique to a woman's life experiences. Women are more likely than men to be adversely affected by mental disorders, the most common being anxiety and depressive disorders.

WHO states that the burden of depression in 50% higher for female than males and Indians are reported to be among the world's most depressed.

Psychological problems like role conflict, job strain, mental fatigue, stress, anxiety, frustration, depression anger, phobias and other social and emotional stress. Mental health can be defined as the ability to face and accept the realities life (Bhatia, 1982).

The interface between work place and the family life is more stressful for the women who work outside the home as they have to perform both familial and professional role. This in turn, leads to stress and mental health.

Data from a variety of study show that depression clearly has psychological, environmental and biological roots. In other words, an increased risk for depression in women might stem from genetics, the effects of stressful event or social pressures or some combination of all three.

Material & Methods: Bearing the fact in mind a study was carried out to assess mental health status of female. In the study 300 women in the age bracket of 20 to 60 years were surveyed in the selected areas

of Indore city during 2015-16. The present study was based on interview and questionnaire.

Observations: In the present study we observed that the prevalence of poor mental health among women was 33.33%. Depression or stress due to social factor was seen in 65.63% women and stress due to biological factors was observed in 23% female. Whereas psychological cause for depression was found in 11.66% women.

Result: It was observed that one third (33.33%) women had poor mental health outcome. Means age of the study was 37.

The background information of the selected women is presented in table-1. In the study majority of women had attained graduation (45%) or post graduation (32%). In this study 74% women belonging to nuclear family. Two third of the women (57%) were homemaker and one third (37%) were doing job in public or private sector. 78% women was married and 7% was widowed or divorced. In 21% houses, economic status was found good, whereas 68% and 11% houses were found to have medium and poor economic status respectively (Table 1: a, b, c, d, e).

Working women stated that attitude of colleagues and husband / in-laws were favorable at workplace (62%) and home (50%) respectively. Average 80% women shared their own problems with husband. 15% to 20% of married women blame to there husband for some type of verbal (19.24%), physical (15.62%) or sexual abuse (4.46%). 46.48% cases told that their family members expected them to do the same work as non working women. 79.27% women found in stress due to job pressure. 15% participants reported long lasting illness or disability. 29% women full support from their family. 25% of female reported chronically illness among family members. (Table 2: a, b, c, d, e, f, g, h).

Under biological risk factors Pre menstruation or during menstruation stress was found in 32% female. Stress due to gynecological problem were found in 15% female. Nearly about 66.12% of female reported stress during or after pregnancy. 32% women were found stress during pre menopause and menopause. 40% female having stress because of infertility (Table 3: a, b, c, d, e). Percentage of stress was found higher in divorced/widowed as compare to married women. Other social factors were family violence, job stress, husband verbal, physical and sexual abuse

Discussion: The key findings of this study among woman from Indore city are summarized as follows. The present study was based on risk factors for common mental disorders in women. The main findings were the economic difficulties, social, economic risk, infertility, work pressure, divorced, widowed, gynecological morbidity and self reported chronic illness associated with common mental disorders.

Poorer women are more likely to suffer from adverse life events. The fact that there is association between poverty and common mental disorders (Patel & Kleinman, 2003). Kumar et. al. (2005) & Patel (2006) reported strong association between domestic violence and common mental disorders.

In the present study widowed and divorced were more likely associated with mental illness. Vikram Patel et. al. (2006) also reported association between mental illness and widowed or divorced women. Recent cross sectional surveys have shown that psychological factors including common mental disorders are major risk factors (Prasad et. al., 2003; Patel et. al., 2005)

Studies have reported that women typically attribute their gynecological symptoms to tension in their lives and so symptoms of tiredness and weakness, which turns into mental disorders.

Women are more likely to develop depression from marital or relationship problems, work life balance issues financial troubles and stressful life events including loss of a loved one.

In the present findings, there is correlation between mental health and biological indicators or reproduction health. Depression increases with duration of infertility also (Domar, 1990).

Thus the above contributing factors include reproductive hormones, stress and social pressure that are unique to women's life experiences.

Researchers have learned much about the biology of depression. It's often suggested said that depression results from certain brain chemicals. Biology of depression is important to improve the brain's ability to regulate mood.

Brain cells usually produce levels of neurotransmitters that keep senses for moods. In depressed or manic people specific neurotransmitters

causing their response to its release to be excessive or inadequate and these system faults could significantly affect mood. Mood is also affected by dozens of genes, and as our gene differs, so do our depressions. When genetic, biological and stressful life situations come together, depression can result.

Stress has its own physiological consequences. It triggers a chain of chemical reactions and responses in the body. If stress is short lives, the body usually returns to normal. But when stress in chronic or the system gets stuck in overdrive, changes in the body and brain can be long lasting.

The stress response starts with a signal from the part of brain known as hypothalamus. The hypothalamus joins the Pituitary gland and the Adrenal glands to form a trio known as Hypothalamus Pituitary Adrenal (HPA) axis, which governs a multitude of hormonal activities in the body and may play a role in depression as well, according to Elizabeth Lee it is better to understand how hormones affect a woman's emotional health and well being, throughout her life time.

Depression is very real phenomenon and that it is the result of a complex biochemical / hormonal fluctuation that affects women on a physical, behavioral and emotional level.

Conclusion: The present study suggests that there is multitude or genetic, hormonal, psychological and social factors for the cause of depression in women. Other biological and hormonal factors are also likely to increase chances of suffering from depression. Issues with pregnancy, fertility, peri menopause, menopause and menstrual cycles increase women's risk factors developing depression.

To reduce the burden of mental disorders in women, there is need to do socio economic empowerment of women by improving access to education and employment opportunities.

Recommendations: If a woman is suffering from depression it is best to seek treatment to right away to improve her quality of life. First course of action should be a visit to doctor or mental health professional. Doctor will ask a series of question and perform tests to rule out an underlying medical condition causing depression or determine if certain medication might be to blame for depressed mental state and make recommendation for treatment. The most common treatment options for women's suffering from depression include medication and therapy. Proper diet and meditation can also play an important role to come out from stress

Research that integrates the disciplines of gynecology, psychiatry / psychology and endocrinology is needed to develop a better understanding of how to treat mood disorder in woman.

Table -1: Personal information of the selected cases:

a. Education (N=300)

Education	N	%
PG and above	96	32%
UG	135	45%
Higher Secondary	54	18%
Illiteracy	15	5%

b. Type of Family (N=300)

Family	N	%
Nuclear	222	74%
Joint	78	26%

c. Occupation (N=300)

Occupation	N	%
Home maker	171	57%
Employed	111	37%
Other	15	5%

d. Marital Status (N=300)

Marital	N	%
Married	224	78%
Single	45	15%
Divorced / widowed / separated	21	7%

e. Economic status (N=300)

Economic	N	%
Good	63	21%
Medium	204	68%
Poor	33	11%

Table -2 Social risk factors for stress:

a. Husband verbal abuse (N=224)

Husband	N	%
No	180	80.35%
Yes	44	19.24%

b. Husband physical abuse (N=224)

Husband	N	%
No	189	84.37%
Yes	35	15.62%

c. Husband sexual abuse (N=224)

Husband	N	%
No	214	95.53%
Yes	10	4.46%

d. Expectations from family (N=111)

Family expectations	N	%
No	59	53.33%
Yes	52	46.48%

e. Job pressure at work (N=111)

Job pressure	N	%
High	88	79.27%
Low	23	20.72%

f. Self illness (N=300)

Self illness	N	%
Yes	45	15%
No	255	85%

g. Support from family (N=300)

Family	N	%
Low	63	21%
Medium	87	29%
High	150	50%

h. Illness in family (N=300)

Illness in family	N	%
Yes	75	25%
No	225	75%

Table 3: Biological risk factors for stress:

a. Pre menstruation/ menstruation stress (N=300)

Pre menstruation/ menstruation	N	%
Yes	96	32%
No	204	68%

b. Gynecological problem (N=300)

Gynecological	N	%
Yes	45	15%
No	255	85%

c. Postpartum disorder (after birth) stress (N=245)

Children	N	%
Yes	162	66.12%
No	83	33.87%

d. Pre menopause/menopause= (N=300)

Pre menopause/ menopause	N	%
No	204	68%
Yes	96	32%

e. Infertility (N=245)

No	233	95.10%
Yes	12	4.89%

Table- 4 Types of depression – cause and symptoms:

Type	%	Cause	Symptoms
Psychological cause	11.66% (N=35)	Adverse circumstances	Negative thoughts, being emotional, hope lessness, severe tiredness, sadness etc. suicidal thought or attempts of suicide
2. Social Cause	65.63% (N=196)	Life style choice, marital or relationship problem, life balance issue, financial problem, stressful life events (such as loss of loved one)	
3. Biological and hormonal factors	23% (N=69%)	Because of hormones or genes, or by health problem.	

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