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Department of Forensic Medicine & Toxicology, Third Floor, Library Building, Seth G S Medical College & KEM Hospital, Parel, Mumbai, Maharashtra, India. Pin-400 012. Email id: [mlameditor@gmail.com](mailto:mlameditor@gmail.com) Phone: 022-24107620 Mobile No. +91-9423016325.



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## Original Research Article

### **Common Mental Health Morbidities Among Married Women Attending A Rural Health Training Centre.**

Vinay J<sup>a</sup>, Vijay K<sup>b</sup>, Vinay HR<sup>c</sup>, Raghavendra SK<sup>d</sup>, Smitha R<sup>a\*</sup>

<sup>a</sup>Assistant Professor, Dept. of Forensic Medicine and Toxicology, JSS Medical College, JSS Academy of Higher Education and Research, Mysuru, Karnataka, India. 570015.

<sup>b</sup>Professor & Head, FMT; <sup>c</sup>Assistant Professor, Psychiatry; <sup>d</sup>Assistant Professor, Community Medicine; Adichunchanagiri Institute of Medical Sciences, B G Nagar, Nagamangala, Mandya- Karnataka 571448.

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#### **Key words:**

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#### Abstract

**Background:** Women's equality and empowerment are among the 17 Sustainable Development Goals adopted by the United Nations. Women's health plays a decisive role to attain the set goal. Promoting mental health and wellbeing is found to reinforce empowerment. This study aimed to estimate the prevalence of common mental health morbidities among married women.

**Method:** The study involved 500 married women in the age group of 18-60 years attending the Rural Health Training Centre of a medical college using the purposive sampling method. The study was conducted for one year. General Health Questionnaire-12 was used to assess the mental health morbidities. Those with a score  $\geq 4$  underwent psychiatrist evaluation using ICD-10 criteria for diagnosis. **Conclusion:** The most common mental health morbidity among the women was depression which was found to be 13% followed by generalized anxiety disorder which was 6.8%. However, other mental health morbidities such as panic disorder, dysthymia, panic attacks, phobia and obsessive-compulsive disorder were observed in less than 5% of the study population. Implementation of mental health policies that support women's mental health is critical for overall societal development.

#### 1. Introduction

World Health Organization estimated depression to be the prime source of disability in the developing world by the year 2020. It was predicted that mental disorders will constitute 12% of the global burden of disease and this will result in approximately 15% of disability-adjusted life years lost to morbidity. It was foreseen that the impact of this major psychiatry morbidity will be suffered

inordinately among the developing countries. (WHO, Mental Health Context 2003).<sup>1</sup> In a study conducted to assess the global burden of diseases across 204 countries and territories, it was found that depression and anxiety disorders were the two most disabling mental disorders, and both ranked among the top 25 leading causes of disease burden worldwide in 2019.<sup>2</sup>

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**\*Corresponding author:** Dr. Smitha Rani, Assistant Professor, Department of Forensic Medicine and Toxicology, J.S.S. Medical College, JSS Academy of Higher Education and Research, Mysuru, Karnataka, India. Email: [smitharani@jssuni.edu.in](mailto:smitharani@jssuni.edu.in) (M):+91-9886673946.

The mounting problem is further compounded by the fact that women in urban areas are more vulnerable to psychiatric morbidity due to inadequate social support and poor resources for living conditions in slum dwellings. Adding further evidence to the increased vulnerability of women to mental disorders in urban slum settings is the study done by Patel et al, who reported that the underprivileged experience poor environmental and psychological adversity. The main psychiatric disorders namely anxiety and depression are more common among urban women when compared to men and more prevalent among underprivileged women. This is further linked to the alcoholism in men and the abuse of their partners.<sup>3</sup>

Examination of the correlates of mental health of the women yielded violence as its one of the close associations. Hence, these findings clearly state the main factors associated with the mental well-being of women are the urban underprivileged area of residence, violence inflicted by their partners and alcohol use among their partners. The trend of mental health morbidity among the women in the urban slum is ever dynamic from the observations which have been made by different researchers.

A study done by Balbir S Deswal et al across the urban areas of Pune found that the overall lifetime prevalence of mental illness is 5.03%. The same study revealed that among women, somatic disorders and anxiety were significantly higher than men and more among unmarried women/widowed/divorcees compared to married women. Thus, there is a varying range depending on different regional, cultural, socioeconomic, and demographic patterns.<sup>4</sup> Our study intended to determine the prevalence of common mental health morbidities among married women attending a Rural Health Training Centre.

## 2. Objective:

- To estimate the prevalence of common mental health morbidities among married women attending a Rural Health Training Centre.

## 3. Methodology

A descriptive study was undertaken among 500 married women between the age group of 18-60 years attending Rural Health Training Centre of Adichunchanagiri Institute of Medical Sciences, Bellur, Mandya District, Karnataka by using the

purposive sampling method. The total duration of the study was one year from Jan 2017 till Dec 2017. Using pre-tested semi-structured proforma, information on Socio-demographic and other variables were obtained. General Health Questionnaire 12 was used to assess the mental health burden in the study population. Those individuals with a score  $\geq 4$  underwent a detailed psychiatric evaluation by the psychiatrist for diagnosis using ICD- 10 Criteria. Data were analysed using MS Excel and descriptive statistics.

## 4. Results

Age-wise distribution of the study population is shown in table 1, distribution of study population based on marital status shown in table 2, distribution of study population based on socioeconomic status shown in table 3, distribution of study population based on Psychiatric Morbidity shown in table 4.

**Table 1: Age-wise distribution of the study population.**

S. No.	Age group	Frequency (%)
1	18 - 27 years	50 (10)
2	28 - 37 years	200(40)
3	38 - 47 years	155(31)
4	48 - 57 years	60(12)
5	More than 58 years	35(7)
<b>Total</b>		<b>500(100)</b>

**Table 2: Distribution of study population based on Marital status.**

S. No.	Marital Status	Frequency (%)
1	Married	295(59)
2	Divorced	85(17)
3	Widowed	70(14)
4	Separated	50(10)
<b>Total</b>		<b>500 (100)</b>

**Table 3: Distribution of study population based on Socio-Economic Status.**

S. No.	Socio-economic status	Frequency (%)
1	Class I	85(17)
2	Class II	205(41)
3	Class III	125(25)
4	Class IV	35(7)
5	Class V	50(10)
<b>Total</b>		<b>500(100)</b>

**Table 4: Distribution of study population based on Psychiatric Morbidity.**

S. No.	Morbidity of psychiatric illness	Frequency (%)
1	Depression	65(13)
2	Generalized anxiety disorder	34(6.8)
3	Dysthymia	10(2)
4	Panic disorder	22(4.4)

5	Panic attacks	4(0.8)
6	Phobia	3(0.6)
7	Psychosis	3(0.6)
8	Suicidal attempts	2(0.4)
9	Obsessive-compulsive disorder	5(1)
<b>Total</b>		148(29.6)

The prevalence of common mental health morbidities was 29.6%. Amongst, depression was the most common mental health morbidity found in 13% of the study population followed by generalized anxiety disorder (6.8%), panic disorder (4.4%), dysthymia i.e., persistent depressive disorder (2%) and the other mental health disorders were found in few subjects respectively.

### 5. Discussion

The coping mechanism towards psychological distress and disorders amongst men and women are not alike. "Women have a higher mean level of internalizing disorders while men show a higher mean level of externalizing disorders." Gender variance occurs predominantly in the rates of common mental disorders, wherein there is women preponderance.<sup>5</sup> "Common Mental Disorders (CMDs) are depressive and anxiety disorders that are typically encountered in community and primary care settings."<sup>6</sup> Women are one and a half to two times more likely to suffer from CMDs as compared with men.<sup>7</sup> In this study, the prevalence of common mental health morbidities was found to be 29.6% according to ICD 10 criteria. In a population-based study conducted to study the association of socio-economic, gender and health factors with common mental disorders among the married women of rural India, the researchers reported that the prevalence of CMDs was 10.7 % in their study sample. The authors concluded that socio-economic and gender disadvantage have an independent association with common mental disorders in women.<sup>8</sup>

Intimate partner violence, lack of independence in decision making, lack of assistance for daily activities, early marriage and childbearing during adolescence are certain examples of gender disadvantage. In a community survey conducted at Goa, India to determine the association of factors indicative of gender disadvantage and reproductive health with the risk of common mental disorders in women, it was found that the risk of CMDs was significantly higher among individuals who had been

married during teenage years, those who had reduced independence in decision making and among the women who received less support from their families.<sup>9</sup> In the present study, most of the study subjects had depression (13%) followed by generalized anxiety disorder (6.8%). Similarly, a higher incidence of depression and anxiety disorders was reported in women and have been related to violence, sexual abuse, stress related to pregnancy and hostile socio-cultural customs.<sup>10</sup> Hormones related to the reproductive cycle also plays a part in increasing the susceptibility of women to depression.<sup>11</sup>

Drunkenness and alcohol abuse by the husband is linked with poor mental health and spousal violence amongst married women in India. A study reported that there is a two to threefold increase in the risk of mental health disorders among individuals whose partners are habituated to excessive alcohol.<sup>12</sup> As reported in the literature, the mental health of women is affected by various factors ranging from socio-economic conditions, gender disadvantage, reproductive health, early marriages, spousal addiction, and violence. A robust implementation of existing legislative measures can go a long way in reducing instances of sexual and physical violence against women, child marriage and gender disparity.

Since mental health disorders are multifactorial and the prevalence of mental health morbidities is high, it calls for further research on associated factors and strategies to prevent the occurrence of the common mental health disorders which would pave the way to attain the sustainable development goal of gender equality and empowerment of women set by the United Nations.<sup>13</sup> Combined efforts from legislators, judiciary and effective implementation of criminal justice response can contribute to improving women's mental health.

### 6. Conclusion

In the present study, depression and generalized anxiety disorders were the most prevalent mental health ailment among married women. Since studies conducted across the country have suggested that women are more vulnerable, tackling the risk factors is crucial to reduce the mental health morbidity among them. Planning strategies to educate women about their rights and

legal avenues available for them to address physical/sexual violence against them is essential. Hence, implementing mental health policies that support women's mental health is critical for overall societal development.

**Limitations:** The study is conducted in the hospital setup using purposive sampling hence the findings of the study cannot be generalized.

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**Contributor ship of Author:** All authors have equally Contributed.

**Ethical Clearance:** Yes.

**Conflict of interest:** None declared.

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