

**Original Article**

**Pattern of psychiatric morbidity among female patients who attended private consultation chambers in Dhaka city**

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**Abstract**

*Mental illness affect women and men differently - some disorders are more common in women; some are manifested with different symptoms. In Bangladesh, 16.1% of the adult populations suffer from some degree of mental disorder and the prevalence is higher in women than men (19.0% vs 12.9%).*

*This study is a cross sectional study, done on female patients who attended at private chambers of psychiatrists located within Dhaka city of Bangladesh. Total sample size is 280 and duration of the study was six months from May 2014 to October 2014. The major objective of the study was to determine the pattern of psychiatric illness among the women who attended some psychiatrist's private chamber in Dhaka city and also to identify the socio-economic and environmental stressors causing psychiatric illness. Findings revealed that highest numbers of the patients (41%) belonged to the age group between 21-30 years and the second largest group having 31-40*

*years of age (21%). Most patients hailed from urban area (79%) and among all the patients most of them were married (58%). There are various psycho-social stressors which can be held responsible for causing psychiatric illness - domestic violence, marital breakdown and co-morbid physical illness. Among the several pattern of mental diseases, depressive disorder was the commonest (17.7%), followed by somatoform disorder (14%) and schizophrenia (13.3%). Among all the patients, substance abuse was found in 4.2% of patients. This study finally argues that for reduction of psychiatric morbidity among female patients, medical services must be extended to the community level.*

**Key words:** psychiatric morbidity, mental health, female patients

**Introduction**

Presently 12% of the world's populations are suffering from mental disorders. According to World Federation for Mental Health, approximately 450 million are going to experience a mental illness that would be benefited by early diagnosis and treatment.<sup>1</sup> Today more or less each and every country is burdened with a vast number of mental illnesses and causes considerable burden on individuals, families and societies. Women are more vulnerable to develop psychiatric disorder (especially depression, rapid cyclers) than men. The hypotheses regarding reasons for the difference are hormonal differences, the effect of childbirth, different psychosocial stressors for women than for men and behavioral models of learned helplessness. In contrast, manic episodes are more common in men.<sup>2,3</sup> Studies in developed countries like USA, Australia and England have shown 15-25% prevalence of psychiatric illness in different population.<sup>4,5</sup> The situation is similar or even worse in developing countries. Unfortunately, data from developing countries especially a country like Bangladesh is very scattered and scarce in this particular field. Uncertainty in every spheres i.e. politics, economies in day to day livelihood are generating constant stress on the people. Bangladeshi people are also facing regular threats from human insecurity emerging from poverty and natural calamities. All these factors are leading towards psychiatric morbidity.<sup>6</sup> It is now a well-established fact that mental disorders would emerge as

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a big health related problem in Bangladesh. Unfortunately a very few studies have so far been conducted. For instance one study reported that 6.5% of people in a village (of all ages) suffered from mental illness.<sup>2</sup> Twenty years later, another study covering an urban area reported prevalence of 28% psychiatric illness among adults.<sup>7</sup> During the period from 2003 to 2005, a national survey was conducted which focused that 16.1% of the adult population were suffering from various mental disorders and the prevalence were higher in women than in men (19% vs. 12.9%).<sup>8</sup>

However to mitigate the severity of the particular disease the resource, manpower as well as relevant medical facilities deployed are meager by counts. Available statistics revealed that the total number of psychiatrists working for mental health service including private practices per 100,000 is 0.073. The density of the psychiatrists in or around the largest city (e.g. Dhaka) is five times greater than the density of psychiatrists in all over Bangladesh.<sup>9</sup>

Apparently people are getting mental health services from two different sources as government as private. There are two big tertiary level hospitals for mental health diseases in our country. One is the Pabna Mental Hospital, situated in Pabna district having residential facilities for 500 patients and also having outdoor service. The other one is National Institute of Mental Health, situated in the capital city Dhaka having 150 bed residential facilities with both outdoor and emergency services. In addition to two big hospitals, people are getting mental health service from the psychiatry department of Bangabandhu Sheikh Mujib Medical University as well as from all the government medical college hospitals throughout the country. In the private sector, some of the private medical colleges and several large private hospitals have residential facilities and outdoor services for mentally ill patients. Furthermore, the psychiatrists are serving people in their private chamber by observing existing rules and regulations.

The prime objective of this study was to determine the pattern of psychiatric illness among the women who attended private chambers of some psychiatrists in Dhaka city. Specifically the other objectives of the study were to identify the socio-economic and environmental stressors causing psychiatric illnesses among females and also to put forward some specific measures which can be undertaken for prevention and cure of the patients.

### Methods

This was a cross sectional study, descriptive and analytic in nature, done on female patients attending in the private chambers of five psychiatrists in Dhaka city. The areas were

Dhanmondi, Sadarghat, Jatrabari, Farmgate and Malibagh.

The study area was Dhaka metropolitan city though it was assumed that many patients came from the periphery districts of Dhaka city, even from the cities long away from Dhaka. So, it can be said that the study population covered a large group of female patients. Investigators collected data from 280 patients who were selected randomly.

Semi-structured questionnaire for socio-demographic variables along with questions related to psychosocial stressor was used as research instrument. Diagnoses were made by respective psychiatrists who used Diagnostic and Statistical Manual of Mental Disorder-Text Review (DSM-IV-TR).

The inclusion criteria were female patients within 18 to 65 years of age who attended within the time frame of study. Patients were identified from psychiatrists' registrar book and data & information were collected from then by interviewing them through a semi-structured questionnaire.

Data and informations were encoded and processed through applications of SPSS. All the ethical issues were maintained throughout the study. Prior to the commencement of the study, pre-testing of the research instruments was carried out on 28 cases (10% of the total sample).

### Results

First attempt was made to identify the age-cohort of the patients. As expected, it is seen that most of the patients (around 59%) belong to the youth group and fall within the age bracket 18 – 30. However, a significant portion of the patients (21%) belonged to the age group between 31–40. (Figure-1)

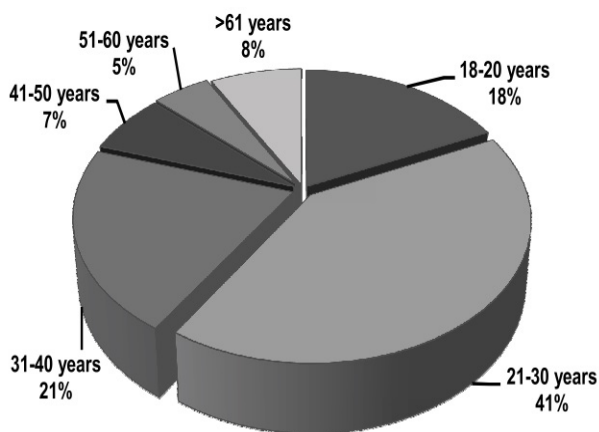


Figure-1: Distribution of the patients according to age groups

ough the study areas were situated in urban Dhaka city, there were also a portion of patients who used to live in rural areas (21%). Among the respondents, 87% were Muslim by religion. Regarding the educational status, highest 50% passed the secondary level; graduates were only 10%. Fourteen percent(14%) patients were illiterate. Highest concentration of mental illness was found among the married females. However, about one fourth of the total females who are unmarried are also mentally ill.

Considering the profession of the patients, housewives and students belonging to the age group of 18 to 26 years su ured most by mental illness. (Figure-2)

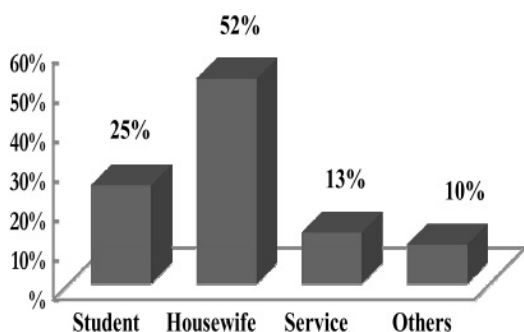


Figure-2: Distribution of the patients according to their occupation

Highest 57% patients belonged to income group of 10000-20000BDT/month. (Figure-3)

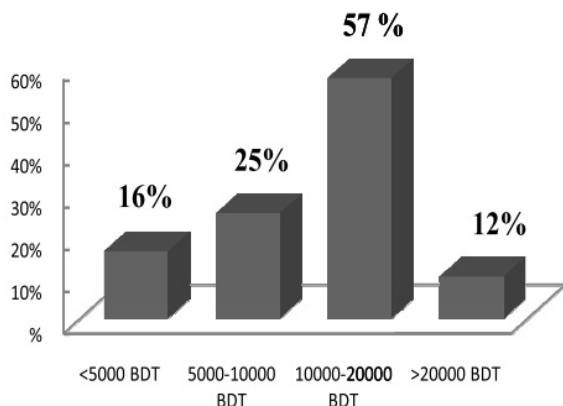


Figure-3: Distribution of the women according to their monthly family income

Among the study patients, 81% belonged to extended family and 19% were from nuclear family.(Figure-4)

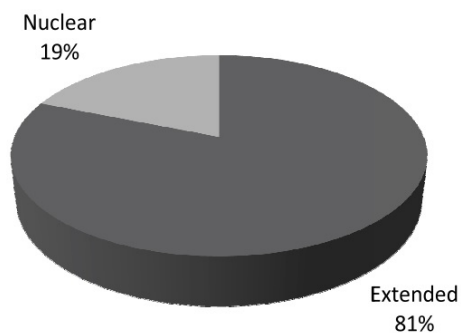


Figure-4: Distribution of the women according to family type

68% women gave history of presence of psychiatric illness within the family. (Figure-5)

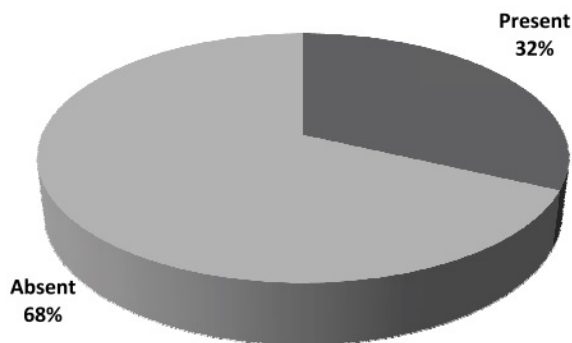


Figure-5: Presence of psychiatric illness within the family

Presence of co-morbid medical illness was found among 19% the women.(Figure-6)

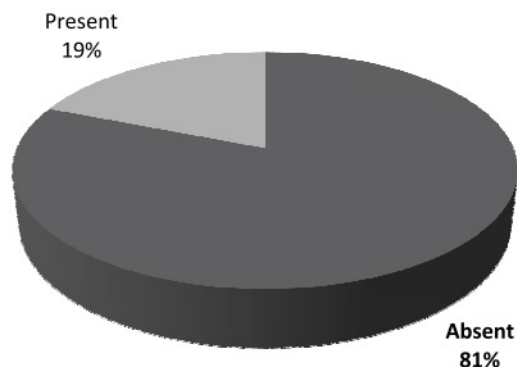


Figure-6: Co-morbid medical illness among the study population

Domestic violence was found among 35% patients as a stressor for psychiatric illness followed by medical comorbidity (19%) and marital discord (17%). No stressor was found in 29% cases.(Figure-7)

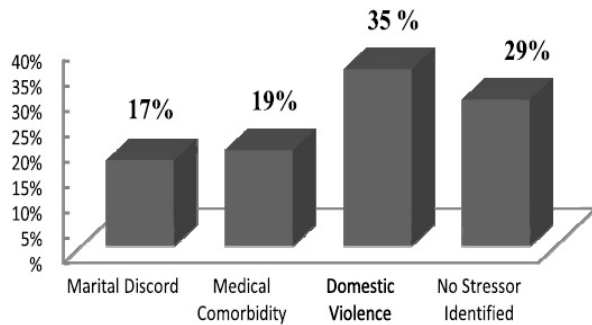


Figure-7: Presence of different types of stressors among the women

More than 10 types of mental disorders were identified among the female patients. The highest number (17.7%) has been suffering from depressive disorder which was followed by somatoform disorder(14%). Almost similar number (13.3%) has been suffering from schizophrenia. There is significant variation in percentage of patients who suffered from anxiety disorder (10.2%), conversion disorder (11%) and bipolar mood disorder (11.5%). (Figure-8)

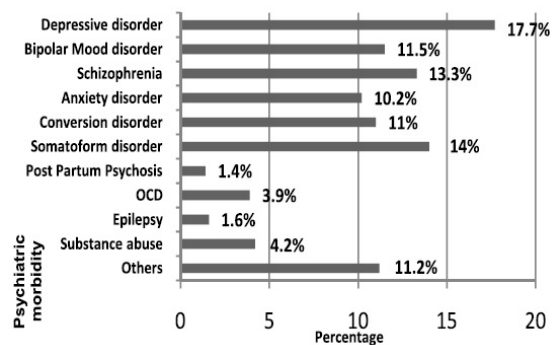


Figure-8: Distribution of psychiatric morbidity among the female patients

## Discussion

It can be clearly argued that the occurrence of psychiatric illness begins as soon as one female make her entry into the stage of adolescence. The probability of becoming mentally ill still remains up to the age of 40.

In this study 41% of the patients belonged to the age group between 21 years to 30 years and 21% belonged to the age

group 31 years to 40 years. It is, majority of the subjects (62%) belonged to under 40 years of age. Many previous studies had found this higher incidence of psychiatric problem in women with young age group in the country.<sup>10</sup> A previous study found that 70.79% female patients belonged to the age group below 40 years.<sup>11</sup> It is also evident from other study that there is a general rise of care seeking psychiatric supports in the age group over 25 years in developing countries.<sup>12</sup>

In this study researcher found that most of the respondents came from urban area of Dhaka city as the research area was Dhaka city but a number of patients (21%) hailed from the rural area around Dhaka city. It is also reflects that the patients from the rural area around the Dhaka city also came to psychiatrist in Dhaka city for receiving the better opportunity of treatment.

Findings indicate that female who have educational level up to primary and secondary become easy prey to mental illness. In fact, this finding justifies our previous statement that occurrence of mental illness increases as soon as a female make her entry into the stage of adolescence. It is needless to say that females who study at primary and secondary level belong to adolescent age group.

This finding is similar with another study conducted in hospital based mental patients, where it showed that 44.64% of psychiatric patients had positive family history of mental illness.<sup>13</sup>

In our country most of the women get themselves married at a very early age. They face several problems during their conjugal life; male hegemony (nurtured in our traditional cultural and values) violates married women in different ways. They feel insecure in enemy sphere. All these insecurities give birth storm and stress which cause mental break down. Ultimately it emerges as psychiatric morbidity.

As a whole most of the patients have come from financially insolvent families. 41% families had a monthly family income less than 10,000 and 47% had an income within the range of ten to twenty thousands. From sociological point of view, this kind of income earners represents a particular social class which is called middle and lower middle class. Members of these families frequently go through ups and downs in their livelihoods. They are ambitious. They always dream sweet dreams but their dreams are shattered every now and then because of hard reality which demands power, money and opportunity for materialization. Failing to manage these creates frustrations which leads to tension, depression and mental breakdown.



Most (81%) of the patient came from large and extended type of family. Only 19% belonged to nuclear families. It doesn't mean that extended family has dominant role to play in expanding mental illness among each family members, rather sociologist as well as psychiatrists strongly opine that extended family system provide enough space for emotion, love and affection through which an individual could become a complete healthy person in true sense of the term. On the other hand a nuclear family can hardly provide any emotional support and protection to its members. Furthermore even the nuclear families are gradually getting smaller and smaller in size and turning into a shape of sub nuclear family wherein (almost in every cases this type of family is run by a single parent who is compelled to remain always busy with earning some money) the children are brought up like weeds and kept detached from love and affection. It makes long lasting effect on the mindset of the children. Specially a feeling of insecurity frequently haunts them and cause mental illness.

Hereditary or genetic reasons behind mental illness can not be completely ignored because 32% show that some of their family members now or not in distance past were a patient of mental illness. However it is gratifying to note that 68% of the patient's family have got no history of mental illness in the past. In this circumstances it would be proper and wise on our part to consider the precipitating factors very seriously rather than the predisposing factors which cause to happen mental illness.

World health Organization (WHO) in 1948 declared health as a state of complete physical, mental and social well being, and not merely the absence of disease or infirmity.<sup>14</sup> In 2003 the commission on human security has moved one step further and stated that health is both objective physical wellness and subjective psychosocial wellbeing and confidence about the future.<sup>15</sup> Finally, therefore purely medical approaches are ineffective without social, economic and political preconditions for good health. Anyway, here within the purview of this study, an attempt was made to see whether any relationship of significance prevail between co-morbid medical illness and mental illness among women. It appears to be not very significant as only 19% women were found to have co-morbid medical illness. However, in absolute number if we count the size of population in Bangladesh is about (160000000) sixteen crore, out of this population 16.1% have been suffering from various mental disorders i.e. more than 2 crores and 57 lakhs people are

mentally ill and among them 49 lakhs have got co morbid medical illness.

The study could not see any stressors among 17% of women but more than one third women (35%) have become mentally ill due to physical violence exerted on them by their close relatives. Absences of good marital relationship also appear as major factor behind being mentally ill by the women. It leads us to conclude violence against woman is wide spread in Bangladesh, again the life after marriage is also full of storm and stress. Most of the women try their level best to cope and adjust but many of them fail and become shattered; consequently they become mentally ill.

It appears from this study that the women between the age group of 20 to 40 years, who are married and predominantly housewives are vulnerable group to develop psychiatric illness. It is also observed that some psychosocial stressors like domestic violence, medical illness and marital disharmony are also the potential factors to develop psychiatric illness.

In terms of psychiatric diagnosis, depressive disorders, somatoform disorder and schizophrenia can be identified as main pattern of mental illness suffered by the female patients in Bangladesh. Other psychiatric illnesses found in the private chamber were bipolar mood disorder, anxiety disorder, conversion disorder, post partum psychosis, epilepsy, obsessive compulsive disorder and substance abuse disorder. It is also observed that that substance abuse in women is not very uncommon in our country.

The data and findings delivered from this study lead to us to argue that the medical services relating to treatment of female mental patients now available at the primary, secondary as well as tertiary level is not at all sufficient. Accelerated expansion is immediately needed to mitigate the sufferings of female mental patients.

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