Psychiatric Morbidity Among Rural And Slum Female Population – A Comparative Study.

Jhunu Shamsun Nahar[1], Monami Haque [2], Nafia Farzana Chowdhury [3]. MMA Shalauddin Qusar [4]. Wasima Rahman [5]. Hafizur Rahman Chowdhury [6], Monirul Islam [7], Mohammad Ahraful Siddike Pathan [8]

[1] Professor of Psychiantric [2] Senior Lecturer, University of Liberal Arts, Bangladesh. [3] Medical Officer [4] Associate Professor [5] Medical Officer [6] Resident, [7] Medical Officer, BSMMU.Dhaka. [8]Assistant Professor, Deratment of Psychiatry, Community Based Medical College Bangladesh, Mymensingh.

Abstract:

Background: Psychiatric disorders are more prevalent among women than men worldwide. The lifetime risk of depression and dysthymia are twice as common in women as men. Rural women usually undergoes more stressful situations and also scores more on stress scale than that of urban and slum population. **Objectives:** The research objectives of this study are: 1) To find out the prevalence of psychiatric disorders among the study population. 2) To compare the disorders among the rural and slum female population. 3) To find out the influence of existing socio-demographic factors on psychiatric disorders. **Method:** This is a community-based study, which is also cross sectional and descriptive in nature. The sample for the main study constituted 366 randomly selected respondents. A two-staged screening procedure was carried in the study. First, the total population was studied by screening test – Self Reporting Questionnaire (SRQ) to divide the sample into 'screen positive' and 'screen negative' subjects. In the second stage, full assessment of a mixture of all 'screen positive' and 25% 'screen negative' was carried out by structured clinical interview for diagnosis (SCID- NP). Later SCID filled by the respondents was assessed by consultant psychiatrists by using DSMIV in order to put exact clinical diagnosis. Stress was scored according to Presumptive Stressful Life Events Scale (PSLE). The total duration of the study was from July 2010 to June 2011. **Results:** Higher prevalence of psychiatric morbidity was found among rural sample (22.8%) than slum (10.90%) population. Regarding pattern of psychiatric disorders among rural population, Depressive Disorders (46.7%), Somatoform Disorder (18.3%), and Generalized Anxiety Disorder (16.7%) showed higher prevalence rate. Among slum respondents PTSD (54.5%), Depressive Disorders (45.5%), Generalized Anxiety Disorders and Substance Misuse (18.1%) showed higher prevalence rate. **Conclusion:** Due attention should be given to the female population specially in rural areas regarding diagnosis and treatment of mental disorders.

Key words: Psychiatric Morbidity; Female Population

[BSMMU J 2013 ; 6 (2) : 146-150]

Introduction:

Psychiatric disorders are more prevalent among women than men worldwide.[1] Women are disadvantaged with respect to men especially when it comes to certain disorders like mood disorder, anxiety disorder, somatoform disorder, eating disorder and sleep disorder.[2] The lifetime risk of depression and dysthymia are twice as common in women as men.[3] Search for vulnerability to depression showed that women invest their emotions in interpersonal relationships. Another that women internalize feelings to a greater degree and blame themselves for incompetence and failure. Their passive ruminative style of coping with problems, their conflicting and changing social expectations and high rates of sexual abuse are also considered as possible explanations for high rates of depression and dysthymia among them.[3] A nationwide study in Bangladesh showed that the general prevalence of psychiatric disorders among adult population is 16.2% with male female ratio 12.9: 19.0.[4]

It was also found that prevalence of psychiatric disorder is more common among rural female population than that of urban.[4, 5] Rural women usually undergoes more stressful situations and also scores more on stress scale than that of

Address for Correspondence: Jhunu Shamsun Nahar Professor of Psychiantric Deratment of Psychiatry, Community Based Medical College Bangladesh Mymensingh. Mobile : 01711618307

of urban and slum population.[5]

From the study findings, we will be able to assume some differences in the pattern of psychiatric morbidity among rural and slum female respondents. We may also assume the stressful situations they usually experiences. The magnitude of the problem may be assessed and this may be elaborated by further intensive research. Through comparison between rural and slum population necessary interventions may be taken. The research objectives of this study are: To find out the prevalence of psychiatric disorders among the study population. To compare the disorders among the rural and slum female population and to find out the influence of existing socio-demographic factors on psychiatric disorders.

Methods :

This is a cross sectional study, descriptive in nature. This is a community-based study.

Data collection of rural area was done in village Bahadurpur of Sharsha Upazilla, Jessore. This is a quiet village and there is limited facilities for communication, water supply electricity etc. Effects of urbanization may be seen but not obvious. It has got 647 households with 2000 voters (total population approximately 3500). Data collection of slum area was done in Ward no. 47 of Dhaka City Corporation. The place located near Rayer Bazar. It has approximately 800 to 900 households (slum rooms) with approximate population 4000 to 4500. Inclusion criteria's were respondents over 18 years of age and only female respondents were included Exclusion criteria was that persons suffering from severe physical illness requiring immediate intensive care.

A two-staged screening procedure was carried for the study. First, total population was studied by screening test – Self Reporting Questionnaire (SRQ)[6] to divide the sample into 'screen positive' and 'screen negative' subjects. In the second stage, full assessment of a mixture of all 'screen positive' and 25% 'screen negative' was carried out by structured clinical interview for diagnosis (SCID).[7] Cases as determined in stage 1 was confirmed or disconfirmed by the interview in stage 2. Confirmed cases were considered as true positives. Moreover, inclusion of a random sample of 'screen negative' subjects (25%) makes it possible to determine how often the screening procedure generates false negatives. Consultant psychiatrists assessed later SCID filled by the respondents and diagnosis was assigned according to DSM IV. [8]

A questionnaire for the study was also developed in order to obtain socio-demographic data and other important variables. Stress was scored according to Presumptive Stressful Life Events Scale (PSLE). [9]

For the study, 366 respondents (206 from rural and 104 from slum) were included. About 380 respondents were contacted for inclusion and out of which 366 participated in the present study. The participation rate was 96.3%. Households were selected according to table of random numbers and all the adult female population of that household who fulfils the inclusion criteria was interviewed.

The total duration of the study was from July 2010 to June 2011.

1.Semi-structured questionnaire for obtaining socio-demographic and other important variables

2. The Self Reporting Questionnaire (SRQ) for screening purpose.

3. Structured Clinical Interview for Diagnosis.

4. DSM IV- 4th edition of Diagnostic and Statistical Manual of American Psychiatric Association.

5. Presumptive Stressful Life Events Scale (PSLE). PSLE was developed by Gurmeet Singh (Sing et al. 1984), which has been standardized for Indian population.

Results :

This was a cross sectional, descriptive and comparative study. The main objective of the study was to find out the

prevalence of psychiatric morbidity among rural and slum female population and compare it. A total number of 366 respondents were included in the study. This was a community-based study. Higher prevalence was found among rural sample (22.8%) than slum (10.90%) population. This finding is statistically significant (Table-1). Distribution of respondents according to their mean stress score shows rural respondents scored significantly much more than that of slum ones (Table –II). The pattern of psychiatric disorders among rural populations, Depressive Disorders (46.7%), Somatoform Disorder (18.3%), Generalized Anxiety Disorder (16.7%) showed higher prevalence rate. Among slum respondents PTSD (54.5%), Depressive Disorders (45.5%), Generalized Anxiety Disorders and Substance Misuse (18.1%) showed higher prevalence rate (Table –III). Among rural population 54.9% were housewives, whereas 73.0% of slum females were housemaids (Table-IV). Majority of them were married (rural – 79.0% and slum – 39.4%). Among slum females, divorce rate was 35.5% (Table-V). Relationship of respondent's psychiatric morbidity and their husband's multiple marriage, dowry demands, and number of children they have to rear (Table-VI).

Table-I

Prevalence of psychiatric morbidity among rural, and slum female population

Psychiatric Disorders	Place of residence	
	Rural	Slum
Present	60 (22.8%)	11 (10.9%)
Absent	202 (77.2%)	93 (89.1%)
Total	262	104

$p < 0.001$; x^2 test was applied.

(Figure in parenthesis shows percentage)

Table-II

Distributions of respondents according to their mean stress score

Mean Stress Score (Rural)	Mean Stress Score (Slum)
90.6 ± 17.1	46.5 ± 12.1

$p < 0.001$; z test was applied.

Table -III

Pattern of psychiatric morbidity among rural, and slum female population

Pattern of psychiatric disorders	Rural n= 60 no%	Slum n= 11 no%
Generalized Anxiety Disorder (GAD)	10(16.7)	2(18.1)
Depressive Disorder	28(46.7)	5 (45.5)
Somatoform Disorder	11(18.3)	4(36.4)
Hypochondriasis	3(5.0)	1(9.1)
Substance Dependence	5(8.3)	2(18.1)
Phobic Anxiety Disorders	2(3.3)	0(0)
Post Traumatic Stress Disorder (PTSD)	7(11.7)	6(54.6)
Panic Disorder	4(6.7)	1(9.1)

Co-morbidity was present

(Figure in parenthesis shows percentage)

Table-IV

Distributions of respondents according to their occupation

Occupation	Rural; n= 262	Slum; n= 104
House Wife	144 (54.9)	13 (121.9)
Housemaid	16 (6.1)	76 (73.0)
Student	13 (4.9)	6 (5.8)
Seasonal worker	51 (19.5)	0 (0.0)
Female Service Holders	30 (11.5)	1 (0.96)
Other (old, caring children)	8(3.1)	8 (17.3)
Total	262	104

Table-V

Distributions of respondents according to their marital status

Marital status	Rural; n= 262	Slum; n= 104
Unmarried	23 (8.8)	16 (15.0)
Married	207 (79.0)	41 (39.4)
Widow	26 (9.9)	4 (3.8)
Divorced	2 (0.8)	37 (35.5)
Separated	4 (1.5)	6 (5.7)
Total 262	104	

Table -VI

Distributions of respondents according to psychiatric morbidity and the husband's multiple marriage; dowry demands; mean and number of children

	Rural n= 262	Slum n= 104	p value*
Multiple marriages			
Multiple marriages	82 (31.2)	14(13.4)	<0.001
Psychiatric morbidity	60 (22.8)	11(10.9	
Dowry victims			
Dowry victims	06 (40.5)	47 (45.1)	< 0.001
Psychiatric morbidity	60 (22.8)	11(10.9)	
Number of children			
Average number of Children	4.3	2.8	< 0.001
Psychiatric morbidity	60 (22.8)	11(10.9)	

(Figure in parenthesis shows percentage);
* x^2 test was applied.

Discussion :

A total of 366 respondents were included for the study. Among them 262 was from rural background and rest 104 were from slum area. More rural population was included in the study because majority of our people reside in rural areas. Urban population is only 27% of total population.[10]

Psychiatric morbidity was significantly more among rural respondents (22.8%) than that of slum ones (10.9%). This findings are consistent with the findings of other study.(2,4,5,) Among rural populations, Depressive Disorders (46.7%), Somatoform Disorder (18.3%), Generalized Anxiety Disorder (16.7%) showed higher prevalence rate. Among slum respondents PTSD (54.5%), Depressive disorders (45.5%), Generalized Anxiety Disorders and Substance Misuse (18.1%) showed higher prevalence rate.

The rural group also scored higher than slum ones (46.5 ± 12.1) on stress scale with mean stress score 90.6 ± 17.1. Another study also shows similar findings. [5] In spite of high rate of divorce (35.5%), psycho-trauma in forms of domestic violence and dowry demands slum respondents could overcome and showed less prevalence of psychiatric disorder and scored less on stress scale. One assumption is that slum females can release their feelings, emotions easily without hesitation. They often argue for their rights, sometimes use rude language in order to show their authority and control. Majority of them are employed as housemaid (73.0%) with reasonably good earnings. This financial independency is also important for less scoring on stress scale than rural people. Poverty, loss of crops & household animals, multiple marriages of their husbands, dowry demands, child rearing etc. were the main stress factors for rural women. Stressors like huge loan, unemployment, loss of crops and household animals, problem with neighbor etc. were frequently present among rural sample. All those factors contributed to their economic crisis. Similar types of stressors were also found in rural Punjab.[9] A multicentric study conducted by National Institute of Mental Health, Bangladesh in collaboration with World Health Organization also found more stress among rural population.[2]

Vulnerability factors[11] were also more among rural people than that of slum ones. Those vulnerability factors like having the care of young children, not working outside the home, having no one to confide in also contributed in triggering a depressive episode. Health care service comprises both physical and mental health services, keeping these vulnerability factors in mind if special attention is given to the women health the outcome

of any diseases process will be good enough. In rural areas mental health is still ignored especially in case of females. Medically unexplained symptoms are a common term that remains long term maltreated, if mental illness is screened properly than the prognosis will be better.

Conclusion :

The study was conducted to find out the psychiatric disorder among the females of Slum and rural areas and to compare the morbid condition between these females. Female mental health is ignored in Bangladesh and this study shows that due attention should be given to the female population specially in rural areas regarding diagnosis and treatment of mental disorders.This type of study should be done in different districts of Bangladesh to find out the actual prevalence rate of psychiatric disorder among female population.

References :

1. Mumford DB, Forhad AI, Akhter M et al. Stress and psychiatric disorder in Rawalpindi Community Survey. BJ Psychiatry 2000; 177: 557-62.
2. Jahan, NA, Women mental health- their problems, their disorders. Bangladesh J Psych 2001; 15: 78-83.
3. Seeman MV. Psychopathology in women and men: focus on female hormones. Am J Psychiatry 1997: 154: 16 and 41-47.
4. NIMH, Dhaka, Bangladesh (2006). Community Based Multicentric Service Oriented Research on Mental Illness with focus on Awareness, Prevalence, Care, Acceptance and Follow-up (In press).
5. Nahar JS, Morshed NM, Qusar MMAS, Khanam M, Salam MA. Psychiatric Morbidity Among Rural And Urban Population- A Comparative Study. Bangladesh Journal of Psychiatry, December 2005 19(2): 19-27.
6. WHO 1994. A User's Guide to the Self Reporting Questionnaire (SRQ). Division of Mental Health, World Health Organization, Geneva.
7. First MB, Spitzer RL, Gibbon M, Williams JBW. Structured Clinical Interview For DSM-IV-TR Axis I Disorders; SCID – I/NP. Non-patient Edition (January 2007)
8. American Psychiatric Association. (1994). Diagnostic and Statistical Manual of Mental Disorders, 4th edition, Washington DC, APA
9. Gurmeet Singh, Dalbir Kaur, Harsharan Kaur. Life Events Scale (PSLES)-A New Presumptive stressful Life Events Scale for Use in India. Indian Journal of Psychiatry 1984, 26(2):107-114.
10. Demographics of Bangladesh; en.wikipedia.org; Wikimedia Foundation, Inc. Downloaded on 17.05.2012.
11. Brown GW and Harris TO (1978). Social origins of depression. Tavistock, London.