

# STUDY OF MENTAL HEALTH STATUS OF HOUSE WIVES LIVING IN SURAT CITY

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**Abstract:** *Women are the most integral entities of any societies of any country world over. Just like her overall development and growth decides the future of that country similarly her living conditions, health and social status reflects the mentality and health of that society. With a view to find out what is the present mental health status of women this study was undertaken mainly with respect to housewives as majority Indian women even today play this role to the maximum. Present paper tries to put forth a small study on the mental status of 26 housewives of age group 21 to 54 years, living in one of the areas of Surat city. Even though the number seems to be small, yet it reveals much more about the conditions of women especially housewives who are the backbone of the family, yet remain unnoticed and are mistreated by our societies. The study was carried out using standard Beck Depression Inventory and the obtained results were also analyzed as per the inventory's guideline. It was found that 38% of the study subjects were suffering from mood disturbances and borderline clinical depression. Also, almost all respondents complaint of suffering from increased fatigue, depressed moods, insomnia, agitation, lack of concentration and change in appetite or weight. From further analysis, it can be interpreted that mood disturbances seem to be a chief mental problem in the case of women. Despite being healthy, normal and not suffering from any major health diseases, nor having any affective, important socio-economic issues, these housewives showed persistent depressed moods which should be considered alarming from the point of view of normal mental health. This research paper emphasizes on improving not only the life style but also the social and cultural set up of our societies for sake of women's mental health which has remained neglected since ages. India might become superpower by the end of 21<sup>st</sup> century but it fails in improving the conditions at the core level of its vulnerable groups including women.*

**Keywords:** Beck Depression Inventory, depression, housewives, mental health.

## **I. INTRODUCTION**

WHO gives definition of health and mental health as "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" whereas mental health means "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" respectively. We pay more attention towards physical health and fail to recognize the need for mental health equally for a well being state of a person. Human community is more unaccountable when it comes to becoming attentive towards health and that to mental health of feminine gender.

Recent WHO statistics revealed that burden of depression is 50% higher in female than males, and report says that the Indian women are more depressed (Chowdhury, 2013). Depression is 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 while according to American Psychological Association (APA), anxiety is an emotion characterized by feelings of tension, worried thoughts and physical changes like increased blood pressure.

Women has a great part to play in the progress of our country, as the mental and physical contact of women with life are much more lasting and comprehensive than that of men (Bernard, 1971, Adhikari, 2012). She remains primary caretaker and housekeeper. Her demand in each walk of life remains unnoticed yet high. Catering different needs of the stalk holders of her life and playing various roles, this multitasking gender is ought is suffer some or the other mental health problems. Again these issues are more induced due to social, cultural, religious background whose norms she is supposed to follow with sealed lips! Lacking of sharing, stressful life events and boredom generated due to overload of responsibilities for house work and child care add to their troubles.

The present study tries to throw light on the mental health status of housewives and tries to put forth the real facts of their lives.

## **II. AIMS AND OBJECTIVES**

The present study was undertaken to randomly check the mental health status of women with special emphasize on depression. It meant to screen whether the women of varying age

groups have any mental issues or not. Also the study wanted to identify the major mental health complaints of these women.

### **III. METHODOLOGY**

A random survey was conducted in the societies of Sarthana Jakat Naka area, Nana Varachha, East zone urban area of Surat city with prior concern of the subjects from the age group 21 to 54 years of age. EHNMC Beck Depression Inventory of 21 questions with rating scale was adopted for the survey. General Profile of the subjects was also undertaken like age, diet, vital statistics, information related to their general physical health; blood pressure etc. Total 26 respondents were interrogated and the questionnaire was filled. According to the answers given, scores were noted, data was processed and further analysis was done to derive error free results.

### **IV. RESULT AND DISCUSSION**

After survey, when the results were analyzed and interpreted, very important facts were revealed in present study. From Table 1 and Table 2, the overall summary of the results can be noted. All the subjects were vegetarian by diet. All the subjects were physically found healthy and were not having any major health diseases. Their blood pressure and weight were also noted to be normal. None of these women were working women. Indeed their lifestyle, cultural backgrounds and religious beliefs were also found to be quiet similar. Still, it was surprising to note that 38% women were suffering from depression. Further, it was more shocking as this mild depressive problem was never noticed by anybody in their families and never considered by these ladies as an important health issue which can further deteriorate their lives. From table 1 one can study that there were 40 % of females suffering from border line clinical depression which if taken care of can be corrected with exercise, change in lifestyle and few medicines but which if neglected can push these females to the most severe state of depression and even suicide!

The lowest Beck Depression score noted during the study was 1 in women with age 27 years while the highest score noted was 19 in women with age 31 years. Interestingly, these age groups are not far apart that the lapse of these few years should be considered! According to Beck Depression scale the scores 1-10 indicate that these up and downs are considered normal, 11-16 means mild mood disturbance, score between 17-20 means

borderline clinical depression, 21-30: moderate depression, 31-40 indicates severe depression and over 40 means extreme depression.

Table 2 indicates that 60% women are suffering from mood swings and mod disturbances which are a part of anxiety disorder and affective disorder while 40% were having borderline clinical depression. It should be significantly marked that mood disturbances are higher in this gender that to in housewives due to number of factors like hormonal changes, psychosocial aspects, psycho-cultural aspects, nutritional status, lack of sharing etc. (Gorver et al., 2010). In one of the study conducted by Karman et al., (2012) on quality life of employed women and housewives of southeast Iran, results clearly indicated that employed women were having far better health in terms of psychological health, emotional status and vitality as compared to housewives. Due to such mental health problems these housewives are more prone to other severe forms of mental disorders, heart related diseases, hypertension, diabetes, gastrointestinal problems and sleep disorders too. Few of these were indicative when they reported 'other complaints' (Table-1) during survey.

From the results obtained, present study is a brief yet important indication that these housewives suffer from mild depression and anxiety disorder and they should be taken care of or in years the diseases will turn into acute or chronic conditions and worsen their health status.

**TABLE 1: - SURVEY RESULTS**

Sr. No.	Scores and Result of Beck Depression Inventory			
	Age of the Women (in years)	Depression Score	Result from Beck Depression Inventory	Other health complaints
1	54	12	Mild mood disturbance	depressed mood, impaired concentration, increased fatigue, agitation
2	32	17	Borderline clinical depression	depressed mood, impaired concentration, increased fatigue
3	41	13	Mild mood disturbance	depressed mood, impaired concentration, increased fatigue, agitation
4	36	6	These ups & downs are considered as normal	impaired concentration
5	35	2	These ups & downs are	Nil

			considered as normal	
6	49	8	These ups & downs are considered as normal	increased fatigue
7	39	14	These ups & downs are considered as normal	insomnia, increased fatigue, impaired concentration
8	41	11	Mild mood disturbance	agitation, increased fatigue
9	26	5	These ups & downs are considered as normal	increased fatigue
10	28	9	These ups & downs are considered as normal	change in appetite, insomnia
11	27	1	These ups & downs are considered as normal	<b>Lowest Beck score,</b> change in appetite
12	29	4	These ups & downs are considered as normal	insomnia
13	33	10	These ups & downs are considered as normal	agitation, increased fatigue, impaired concentration
14	23	9	These ups & downs are considered as normal	Nil
15	22	5	These ups & downs are considered as normal	Nil
16	38	12	Mild mood disturbance	increased fatigue, impaired concentration
17	38	10	These ups & downs are considered as normal	depressed mood, increased fatigue, impaired concentration
18	54	16	Mild mood disturbance	Nil
19	36	17	Border line clinical depression	depressed mood, increase in weight, increase fatigue, suicide attempt
20	31	19	Border line clinical depression	<b>Highest Beck score,</b> depressed mood, insomnia, agitation, increased fatigue, impaired concentration
21	29	17	Border line clinical depression	change in weight, hypersomnia, agitation, increased fatigue, impaired concentration
22	36	8	These ups & downs are considered as normal	depressed mood, change in weight, insomnia increased fatigue
23	33	12	Mild mood disturbance	insomnia, increased fatigue, impaired concentration
24	36	10	These ups & downs are considered as normal	change in weight, insomnia, increased

				fatigue
25	21	6	These ups & downs are considered as normal	increased fatigue
26	30	2	These ups & downs are considered as normal	Nil

Table 2:- Summary of the Present Study		
1	Out of 26 subjects, 10 (38%) had mental health issues , 13 (62%) were healthy	
2	Out of 10 subjects with mental health problems, 6 (60%) suffered mood disorder while 4(40%) suffered borderline clinical depression	
3	In other complaints	17 (65%) complaint of increased fatigue
		6 (23%) complaint of depressed moods
		11 (42%) complaint of impaired concentration
		6 (23%) complaint of insomnia
		6 (23%) complaint of agitation

## V. CONCLUSION

- The social structure of Indian family system needs to be revived and become considerate towards housewives and their conditions. Directly or indirectly society does play a vital role in inducing mental health problems in these women.
- From the present study it is crystal clear that mental health of women needs to be addressed urgently. The number might seem to be small, but it can't be neglected. Moreover mental health issues are prevailing in almost all age groups of women.
- There is an alarming need for imparting proper health education and awareness to all especially medical education regarding mental health. Looking to the role played by female gender in the society and the bodily mental changes she undergoes during her life time, they should be taken care of specially. It is high time we stop neglecting mental health.
- Central and State Government should make appropriate policies with reference to improving social conditions and thereby health conditions of women in our society.

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