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Depression among Women Related to Poverty in Rural Area

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Original Research Article

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Abstract: In this modern era, people living in scientific world. They enjoy their life through modern scientific inventions. On the other hand, we can't ignore the dark side like everybody becomes victim of depression, in which poverty is one of the major causes of depression. Depression may lead to psychiatric disorders among people. This was an observational cross sectional study and data was collected from the rural area. Women are diagnosed with depression more frequently than men. The finding of the result revel that poverty lead to depression which affect the mental level. The government of Pakistan should be provided more and more opportunities for the job so that to bycot the poverty.

Keywords: Depression, Poverty, Women, Rural Area.

INTRODUCTION

Depression is the common cold of mental disorders most people will be affected by depression in their lives either directly or indirectly, through a friend or family member. Self-criticism is depression. People with a *depressed* mood may be notably sad, anxious, or empty; they may also feel notably hopeless, helpless, dejected, or worthless [1]. Women are diagnosed with depression more frequently than men. In part, it may be that women find it easier to admit they're depressed. Also, because women are far more likely to seek professional help for depression, they get counted. Many men just try to tough it out white knuckle through it without seeking professional help because depression is viewed as weak or unmanly [2].

Depression is a severe mental disorder, and one that can often go undetected in some people's lives. Depression doesn't need to strike all at once; it can be a gradual and nearly unnoticeable withdrawal from active life and enjoyment of living. Finding and understanding the causes of depression isn't nearly as important as getting appropriate and effective treatment for it. Now a day's poverty is the major cause of depression. Poor people have not enough resources to full fill their basic needs and may result that people undergo depression and developed severe mental disorder at late stage [3].

A situation in which a person or household lacks the resources necessary to be able to consume a certain minimum baskets of goods. The basket consists either of food, clothing, housing and other essential (moderate poverty) or of food alone (extreme poverty). The most common methods use to define poverty is income-based [4]. Poverty refers to the condition of not having the means to afford basic human needs such as clean water, nutrition, health care, clothing and shelter. Poverty is one of the major social problems which Pakistan is facing. It is one of the most important and sensitive issue not only for Pakistan but for the whole world [4].

AIMS OF THE STUDY

The aim of the study was to investigate the relationship between poverty and depression among rural women.

SIGNIFICANCE

Baseline data on Depression among Women regarding Poverty in district Lahore is life mortal. This study is going to obtain baseline information on on Depression among Women regarding measures from study population. It also provides a foundation for future research in the depression. This study helps to promote the health by contributing to positive community change by generating a better understanding of local residents. Study results will help to promote health conditions at country level steps taken by government to make better rural community to enhance disease free living standards.

LITERATURE

A study conducted in 2005, there were 37 million people living in poverty, giving the United States a poverty rate of 12.6%. Nearly one of fourth of Black and Hispanic women lived below the poverty threshold [5], with female headed households reporting even higher poverty rates. Black (39.2%) and Hispanic (39%) families reported similar poverty rates that were

higher than rates reported by white families 27.1% [5]. Similarly, they are increased risk for women living in poverty as compared to their male counterparts; 19% of women 80 and older live at live at or below the poverty line [6] Furthermore, depression were reported more common in women than men, including major depressive disorder, dysthymic disorder, and mood disorder not otherwise specified (MD-NOS), and the prevalence of depression in women and in men were 7.3% and 5.0% respectively [7]. Hence, depression was the fifth leading cause of death, resulting in 287,000 deaths per year, and the risk factors of depression [8]. Moreover, it has long been reported that poverty is a major risk factor for depression among women [9]. The relationship between poverty and depression has been studied with low-income women in various life circumstances and across the life span. Hence, different research has been demonstrated high levels of depression in low-income mothers with young children [10] Poverty has an indirect effect on depression because being poor often places poor women is unsafe and vulnerable positions. Poor women report higher rates of physical and/ or sexual abuse and posttraumatic stress compared to more privileged socioeconomics group of women [10]. Moreover, they were experienced more uncontrollable life events in the context of ongoing, chronic deprivation [11].

Hence, being female is reported to be a risk factor for common mental disorders. Studies from India have shown that poverty and deprivation are independently associated with the risk for common mental disorder in women and add to the sources of stress associated with women [12].

Moreover, the relationship between poor mental health and the experience of poverty and deprivation has been well studied and an association between the two factors has been established. The World Health Organization also reported on mental health states 'Mental disorders occur in persons of all genders, ages, and backgrounds. No group is immune to mental disorders, but the risk is higher among the poor, homeless, the unemployed, persons with low education [13]. Hence, poverty is closely associated with common mental disorder which in turn is associated with deprivation and despair. Primary mental health care priorities in low-income countries need to shift from psychotic disorders which often need specialist care to common mental disorders. Health policy and development agencies need to acknowledge the intimate association of female gender and poverty with these disorders [14]. Similarly, study conducted in Rawalpindi in which 25% of women and 10% of men have suffered from anxiety and depressive disorders. Levels of emotional distress increased with agein both men and women. But women distress level reported higher as compared to men whose suffered from poverty [15]. Furthermore, depression and poverty are not surprising in rural areas, study showed that low-income individuals experience higher rates of mental health problems than individuals in higher earnings class [16]. A recent systematic review of epidemiological research in LMICs found a very strong relationship between many indicators of poverty and common mental disorders [17]. Studies, including those in low-income countries, show that people who lose their livelihood are more likely to develop mental health problems or commit suicide [18, 19].

In Brazil, children living in abject poverty are more than five times more likely to have psychiatric disorders than middle class children [20]. In Australia, the United Kingdom and the United States, four in ten people with a severe mental disorder live in households with incomes below the low-income threshold; the proportion is almost as high in other countries [21].

METHODOLOGY

SETTING

A descriptive correlational study was conducted in Hussain Abad, a rural area of Lahore Pakistan. This is located near to Riawind Road Lahore.

RESEARCH DESIGN

Cross sectional descriptive study was conducted in Hussain Abad of Lahore.

POPULATION

The target populations were female of rural area.

SAMPLING

Data was collected by convenient non-probability sampling technique from women of Hussain Abad Lahore.

RESEARCH INSTRUMENT

In this study tool was adopted scale. The Center for Epidemiologic Studies Depression Scale (CES-D) is one of the most common used to assess the depression [22]. Convenient non-probability sampling was used to acquire study participants (20 year - 54 years of age women) in Hussain Abad rural area. Which is based on evaluates and assesses the depression among women regarding poverty and its effects on mental health.

DATA GATHERING PROCEDURE

Data was collected by convenient sampling technique.

ANALYZE DATA

Data was analyze on SPSS version 21.

STUDY TIMELINE

The data was collected from 2017, Sep to 2018, January.

ETHICAL CONSIDERATION

Participants were informed about the aim of the study.

RESULTS

This section presents the outcomes of the study.

Table-1: Demographic Data

sr. no	Demographic information	Statements	Frequency	%
1	Sex	Female	178	100 %
2	Age group	20-29 years	62	34.8 %
		30-39 years	101	56.7 %
		40-49 years	12	6.7%
		Above 49 years	3	1.7 %
3	Marital status	Married	98	55.1 %
		Unmarried	80	44.9 %
4	Qualification	Primary	37	20.8 %
		Middle	37	20.8 %
		Matric	9	5.1 %
		Illiterate	95	53.4 %
5	Occupation of the people	House Wife	133	74.7 %
		Employee	24	13.5 %
		Farmer	11	6.2%
		Others	10	5.6%

Table-1 shows that the no. of female N =178 who were living in that area. In this table 100% data were collected from female and 0% male.

Table-1 shows that n = 62 (34.8%) belong to the age group of 20-29, n = 101 (56.7%) belong to group 30-39, n = 12 (6.7%) belong to the group of 40-49, n = 3 (1.7%) belong to the group of above 49. Total N = 178.

Table-1 shows that n= 98 (55.1%) belong to the group of married people and n= 80(44.9%) belong to the group of unmarried people. Total N = 178.

Table-1 shows that the qualifications of women n = 37 (20.8 %) were primary, n = 37 (20.8%) were middle, n =9 (5.1%) were matric and n = 95 (53.4%) were illiterate. Total N = 178.

Table-1 shows that n= 133 (74.7 %) sample were housewife, n = 24 (13.5 %) were employee, n = 11 (6.2 %) were farmer and n = 10 (5.6 %) were doing others. Total N= 178.

Table-2 shows that n = 34 (16.35 %) having the knowledge about intake and out put recording were strongly disagree , n = 64 (30.77 %) were disagree, n = 7 (3.37%) were uncertain , n = 66 (31.73 %) were agree and n = 37 (17.79 %) were strongly agree. Total N=178

People who were living in the rural area half or moe people (n=46) 25.84% less than people were read and (n=38) 21.35% people were not read. Total N=178

Household members were 1 for very rarely (less than three times a year) (n=24) 13.5% were now and then (three or more times a year) and (n=90) 50.56% were quite frequently (once or more a month).

The household members (n=9) 5.06% were most of the time (in more than half of the cases) contacted to an allopathic doctor (n=58) 32.58% now and then (half or less of time) and (n=111) 62.36%. once in a while or never were contacted to allopathic doctor.

Household members (n=85) 47.75% administered ORS most of the time, (n=32) 17.98% were administered sometimes and (n=61) 34.27% were administered ORS once in a while or never

(n=77)43.26% people were cooked meat quite commonly (15 days or more in a month), (n=70) 39.33% were cooked meat. now and then (less than 15 days a month) and (n=31) 17.42% were no at all cooked meat.

Table 2: Poverty measuring tool

Questions	Options	Frequency	%
What is the level of education the head of the household had passed?	Above primary	23	12.9
	Primary or less	52	29.2
	Never been to school	103	57.9
	Total	178	100.0
How common is the reading ability of the household members aged 10 years and above?	Half or more can read	46	25.8
	Less than half can read	94	52.8
	None can read	38	21.3
	Total	178	100.0
How frequently do the household members on average suffer from illness or ill-health?	1 for Very rarely (less than three times a year)	24	13.5
	Now and then (three or more times a year)	64	36.0
	Quite frequently (once or more a month)	90	50.6
	Total	178	100.0
In the case of illness of the household members, how often an allopathic doctor is contacted?	Most of the time (in more than half of the cases)	9	5.1
	Now and then (half or less of the time)	58	32.6
	Once in a while or never	111	62.4
	Total	178	100.0
In the case of diarrhoeal illness of the household members, how frequently ORS [Oral rehydration solution] is administered at home?	Most of the time	85	47.8
	Sometimes (half or less of the time)	32	18.0
	2 Once in a while or never	61	34.3
	Total	178	100.0
How commonly meat is cooked in this household?	Quite commonly (15 days or more in a month)	77	43.3
	Now and then (less than 15 days a month)	70	39.3
	Not at all	31	17.4
	Total	178	100.0
How commonly lentil or any kind of legume is cooked in this household?	Quite commonly (almost everyday)	82	46.1
	Now and then (four or less times a month)	58	32.6
	Not at all/rarely	38	21.3
	Total	178	100.0
How frequently milk is consumed?	Quite commonly (almost everyday)	93	52.2
	Now and then (four or less no. of days in a month)	80	44.9
	Not at all/very rarely	5	2.8
	Total	178	100.0
Does this household own any shelter anywhere?	Has house (land and house)	37	20.8
	Has land no house or has house no land	82	46.1
	No land no house	59	33.1
	Total	178	100.0
What is the roof of the largest dwelling made of?	Pucca	74	41.6
	Tin/tiles	74	41.6
	Straw/polythene	30	16.9
	Total	178	100.0
How many ghars (structure/room) the house has?	Three and more	19	10.7
	two	25	14.0

	one	134	75.3
	Total	178	100.0
Do all the members of the household have three or more sets of clothes?	All have	98	55.1
	The majority have	46	25.8
	The majority do not have	34	19.1
	Total	178	100.0
How frequently during the last year at least some household members had to live with clothes received as donation, such as zakat or the like?	Not at all	13	7.3
	now and then	61	34.3
	most of the time	104	58.4
	Total	178	100.0

(n=82) 46.07% were cooked quite commonly (almost everyday), (n=58) 32.58% were. Now and then (four or less times a month) and (n=38) 21.35% were not cooked at all/rarely.

People were consumed the milk (n=93) 52.25%. quite commonly (almost everyday), (n=80) 44.94% were now and then (fou or less no. of days in a month) and (n=5) 2.8% were not at all or rarely consume the milk.

(n=37) 20. 79% people has house (land and house), (n=82) 46.07% has land no house or has and (n=59) 33.1% were have no land or no house.

The roof of the house (n=74) 41.57% were pucca, (n=74) 41.57% were tin/tiles and (n=30) 16.85% were straw/polythene.

The no. of rooms in the house (n=19) 10.67% three and more (n=25) 14.04% were two and (n=34) 75.28% was having one room.

Clothes sets of the household member (n=98) 55.06% were all have, (n=46) were the majority have and (n=34) 19.10% were the majority do not have the sets of clothes.

(n=13) 7.30% were not at all receive any donation etc, (n=61) 34.27% were now and then receive and (n=104) 58.43% were received most of the time.

Table-3 shows that (n=14) 7.87% people were feel strongly no low and cheerless, (n=35) 19.66% were relatively yes and (n=23) 12.92% were strongly yes.

(n=30) 16.85% people were feel strongly no unhappy and discourage,(n=57)32.02% were relatively no, (n=51) 28.65% were relatively yes and (n=20)22.47% were strongly yes.

(n=20) 11.24% people were lots of concern strongly no, (n=29) 16.29% were relatively no , (n=83) 46.63% were relatively yes and (n=46) 25.84% were strongly yes.

(n=33) 18.54% people were think of death or suicide, strongly no (n=93) 52.25% were relatively no, (n=31) 17.42% were relatively yes and (n=21) 11.80% were strongly yes.

(n=15) 8.43 % people were cry easily strongly no, (n=22) 12.36% were relatively no, (n=50) 28.09% were relatively yes and (n=91) 51.12% were strongly yes.

(n=21) 11.80% people were put myself down or make negative comments about myself when something goes wrong strongly no, (n=45) 25.28% were relatively no, (n=90) 50.56% were relatively yes and and (n=22) 12.36% were strongly yes.

(n=26) 14.61% people were feel alone strongly no, (n=55) 30.90% were relatively no , (n=33)18.54% were relatively yes and (n=64) 35.96% were strongly yes.

(n=13) 7.30% people were feel as though and lose interest in everything strongly no, (n=36) 20.22% were relatively no, (n=75) 42.13% were relatively yes and (n=54) 30.34% were strongly yes

(n=18) 10. 11% people were feel hopeless for future strongly no, (n=43) 24.16% were relatively no, (n=90) 50.56% were relatively yes and (n=27) 15.17% were strongly yes

(n=4) 2.25% people were feel difficulties for all things strongly no ,(n=51) 28.65% were relatively no, (n=109) 61.24% were relatively yes and (n=14) 7.87% were strongly yes.

Table-3: Depression measurement tool data

Questions	Options	Frequency	%
I feel low and cheerless	strongly no	14	7.9
	relatively no	35	19.7
	relatively yes	106	59.6
	strongly yes	23	12.9
	Total	178	100.0
I feel unhappy, sad and discouraged	strongly no	30	16.9
	relatively no	57	32.0
	relatively yes	51	28.7
	strongly yes	40	22.5
	Total	178	100.0
I have lots of concerns	strongly no	20	11.2
	relatively no	29	16.3
	relatively yes	83	46.6
	strongly yes	46	25.8
I think of death or suicide	strongly no	33	18.5
	relatively no	93	52.2
	relatively yes	31	17.4
	strongly yes	21	11.8
	Total	178	100.0
I cry easily	strongly no	15	8.4
	relatively no	22	12.4
	relatively yes	50	28.1
	strongly yes	91	51.1
	Total	178	100.0
I put myself down or make negative comments about myself when something goes wrong	strongly no	21	11.8
	relatively no	45	25.3
	relatively yes	90	50.6
	strongly yes	22	12.4
	Total	178	100.0
I feel alone	strongly no	26	14.6
	relatively no	55	30.9
	relatively yes	33	18.5
	strongly yes	64	36.0
	Total	178	100.0
I feel as though I lose interest in everything	strongly no	13	7.3
	relatively no	36	20.2
	relatively yes	75	42.1
	strongly yes	54	30.3
	Total	178	100.0
I feel hopeless for my future	strongly no	18	10.1
	relatively no	43	24.2
	relatively yes	90	50.6
	strongly yes	27	15.2
	Total	178	100.0
I feel difficulties for all things	strongly no	4	2.2
	relatively no	51	28.7
	relatively yes	109	61.2
	strongly yes	14	7.9
	Total	178	100.0

Valid	Strongly Disagree	4	3.3	3.3
	Disagree	12	10.0	13.3
	Somewhat	12	10.0	23.3
	Agree	48	40.0	63.3
	Strongly Agree	44	36.7	100.0
	Total	120	100.0	

DISCUSSION

The aims of this study were to analyze the relationship between depression and poverty among rural women of Hussain Abad, moreover to investigate the association between poverty and depression among rural community of Pakistan. Convenient sampling done to collect the data from the rural women of Hussain Abad community of Lahore Pakistan and the tool for this to collect the data was adopted questionnaire to assess the Depression and poverty. Validity and reliability of the variables was analysis and shows significant values for this study. KMO Bartlett's assumptions were applied for the validity of both variables Depression and Poverty.

To know the Depression and Poverty relation a ANOVA with Friedman's Test and Tukey's Test for Nonadditivity apply. In ANOVA with with Friedman's Test and Tukey's Test the chi square values is compare with the p value .05. Moreover Knowledge Friedman's Chi-Square values are 56.523, 8.414/Sig .000, .004 which were shows the significant results.

The Depression and Poverty Chi-Square show more significant results and shows that the poverty is impact on Depression. The evidence base practices will be done when we eradicate the poverty so, that people can meet their daily life activities and live healthy. But in this study by the analysis of Depression and Poverty, the results shows the Depression and Poverty.

LIMITATIONS

Participants in this research were women of rural area of Hussain Abad. The study is limited to analyze the relationship between Depression and Poverty. The period of study was four month. Each observation done with the help of observational check list.

CONCLUSION

A descriptive study was done to analyze the relationship between Poverty and Depression among rural women of Hussain Abad. Lickert scale was uses to analyze the relationship of Depression and Poverty among the rural women of Hussain Abad Community Lahore. The finding of the results are positive. Poverty shows strong relation with depression.

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