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Depression and Coping among Women Working In Rural Areas

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ABSTRACT

Every individual now and then experience depression that one can hardly deny. Gender has been described as a critical determinant of mental health and mental illness. The condition of women in third-world countries continues to be dismal. The study was focused on female subjects to assess the depression level and coping among rural working women. Depression scale was used to assess the depression level of the subjects and coping inventory was used to assess the coping mechanisms used by the subjects. The sample of the present study consists of Teachers (n=40) and Nurses (n=40) working women in rural areas selected in Kurnool district of Andhra Pradesh by purposive sampling technique. The selected tools were administered to the teachers and nurses, the responses of the subjects were recorded. Results reveal that the subjects in the age group of 20-30, and those who are working as nurses, the private employees, and there who are poor and married reported high levels of stress than others. Results were discussed in the light of psychological interventions particularly for working women.

Keywords: *Depression, Coping, Working women, Rural Areas.*

During the last two decades, depression has been a significant field of concern for the Clinicians, Psychiatrists, Psychologists and Educationalists. Depression has become the part and partial of our everyday life. Mental health disorders have reached epidemic proportions globally, with more than 450 million people suffering from mental health disorders (WHO, 2010). Both globally and within India, women are disproportionately affected by depression (Fichter et al., 1996; Patel & Shidhaye, 2011; WHO, 2012). More women than men experience depression. One in four women will require treatment for depression at some time, compared with one in 10 men. The reasons for this are unclear, but are thought to include social factors such as poverty and isolation and biological factors such as the hormonal changes experienced by women. Several studies have shown that a female preponderance in rates of depression occur at low symptom thresholds and becomes more pronounced as the number of symptoms increases. Moreover, similar relationships between levels of depression and occupational impairment have been reported in males and females (Fenning et al., 1994; Kessler et al., 1993). The psychoanalytic

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theory interprets depression as anger turned inward against the self and the behaviorist approach to depression as the phenomenon of learned helplessness.

The role of adverse life events in producing depression is mostly mediated through interaction with individual vulnerability, as expressed by personality characteristics, attribution style and cognitive coping (Brewin, 1996, Hanninen & Aro, 1996). Increased vulnerability of females to depression is mainly related to gender differences in coping with an initial lowering mood, which may predispose to depression. Less effective coping responses involving verbal and self-consolatory strategies have been shows to occur more frequently in females(Nolen, Hoeksema, 1987; Hanninen & Aro, 1996). Few studies were carried out on gender differences and depression in relation to the factors like social roles (Bebbington, 1996, 1998); expectations and attributional style (Brewin, 1996; Hanninen & Aro, 1996); physical activity (Heller, 1993); social support (Brugha, 1990); life events (Kendler et al., 1999). Individual beliefs, attitudes and appraisals pertaining to pain impact , pain perception and coping behaviours (Unruh, 1996). For women with depression, negative thinking is a difficulty symptom to overcome and may maintain the depressed mood. Negative thinking has a tremendous impact on depressed women and contributes to interpersonal pattern that perpetuated depression (Peden, 2000).

Few studies indicated that females may be more likely to exhibit internalizing symptoms such as depression, while many men may be more likely to show externalizing behaviours (Feurer et al., 2002). Depression is particularly devastating for women, with women being at a 2:1 greater risk than men for most types of depression (Blehar &Keita, 2003). Primary care providers to screen for depression in their female patients, particularly those who are poor. Poor and low-income women will bring a broader and deeper perspective to the those in terms of how the mental health system can be transformed to better meet the mental health issues of women who present with complex and diverse needs(Groh, 2007) . Local social support reduces risk for depression among women in Mumbai contending with husbands' spousal violence and risky alcohol use and findings support the likely utility of community-based social support building to reduce risk for depression among this vulnerable population of women. (Anindita Dasgupta et. al. 2013). There are dearth of studies on depression and coping particularly on women in working in rural areas.

The present study was planned with the following Objectives:

- To assess the depression level in the women working rural areas.
- To assess the coping in the women working rural areas.
- To assess the coping mechanisms in terms of life style factors by the subjects.
- To find out the association between depression with different sub groups.
- To find out the association between coping with the different subgroups.

METHODOLOGY

Sample:

For the present study, the sample consists of 80 teachers (n=40) and the nurses (n=40) working woman in the rural areas were selected by using purposive sampling technique in Kurnool district of Andhra Pradesh.

Table:1: Sample characteristics of different sub groups

S.No	Sub-groups	N	%
1.	Age – wise		
	20-30	43	50.8
	30-40	29	36.7
	40-50	8	10.30
2.	Job		
	Government	40	50.0
	Private	40	50.0
3.	Economic status		
	Poor	28	35.0
	Low	33	41.3
	middle		
	Middle	19	23.8
4.	Marital status		
	Married	45	56.3
	Unmarried	17	21.3
	Widowed	18	22.5
5.	No. of Children		
	No	19	23.8
	Yes	61	56.2
6.	Living arrangements		
	Husband	38	47.5
	In-laws	17	21.3
	Others	25	31.3
7.	Nature of work		
	Teacher	40	50.0
	Nurse	40	50.0

Table – I Show the socio-demographic characteristics of the sample. The sample consists of 80 working women in government and Private sectors. The age wise details show that 50.8% belongs to 20-30 year of age 36.7% belongs 30 to 40 years and 10.30% belongs to 40 to 50 years of age. In the present sample 48.8% are working in the government jobs and 51.3% are working in the private sector. The economic status of sample shows that 35% are poor 41.3% below belongs to low middle and 23.8% belongs to middle class. The marital status wise data shows that 56.35 are married, 21.3% of the subjects unmarried and 22.5% are widowed.

Further information was collected about the living arrangements and nature of work. In the sample 23.8%of the subjects are without children and46.3% are having children. The living arrangement of the sample shows that 7.5% are living with husbands 21.35 are staying always with in- lows and 31.3 are living independently. In the sample 50%of them are working as teachers.

Tools used:

Depression and coping level among the rural working women was assessed by using the following tools. The depression scale(shortened version of Beck ,1972) consists of 25 statements with 2 responses i.e. Yes or No. The maximum score of depression score is 25 . An adapted version of Coping Inventory (Jamuna & Ramamurti, 1999) which consist of 25 statements with 4 responses i.e. Almost never, Sometimes, Often, Almost always. The range of Coping Inventory is 100. Minimum possibility score for the test is 25. A personal data sheet was used to get personal details of the sample including socio-demographic factors and life style factors.

Procedure of testing:

The data collection for the present study was drawn as follows. Firstly, the general enquiry was mode to find out teachers and nurses women working in rural areas. . The subjects were contacted personally and explained the purpose and objectives of the study. The purposive sampling technique was used to collect the data. The subjects usually take 20 to 25 minutes to complete the tools.

RESULTS AND DISCUSSION

Experiencing Depression has become the part and parcel of our day today life. The behaviorist approach to depression focuses in the similarity between depression and the phenomenon of learned helplessness. Accordingly to this view, depression occurs when a person believe that his actions make no difference in bringing above either pleasure or pain. The social factors particularly affecting women's mental health include: more women than men are the main caregivers for their children and for the in-laws and at times intensive caring can affect emotional health, physical health, social activities and finances. And it is a fact that women often juggle multiple roles – they may be mothers, partners and carers as well as doing paid work and running a household. Women are over represented in low income; low status jobs – often part-time – and is more likely to live in poverty than men. Researchers indicate that the Mental health problems particularly depression is highly reported by women than men. To realize the above objectives, the obtained data was analyzed.

Firstly, the data with regard to depression was analyzed (see table -2). From the table – 2, it clearly states that the subjects in the age 20-30 years (M=12.12), Nurses (M=12.33), those who are working in the private (M=11.83), who belongs to poor economic status (M=12.32), and married (M=11.76) reported high depression than their counter parts. The sub-group differences between the age groups of 20-30 and 30-40 shows significant difference and also between the Teachers and the Nurses showed significant differences (t=1.79). The data obtained in other sub-groups showed no significant differences in depression. The age –wise and nature of work shows significant differences. In the early stages of life, the women face lot of stress in looking after the family, doing household work and in meeting the demands of work place and other social needs. In the modern society, it is very difficult for women to handle the household's responsibilities as well as workplace with proper social supports either from parents or from in-laws. It may be the reason that few subject those who are lonely and working as nurses reported high depression than teachers.

Table-2: Means, S.D's of Depression among different sub-group.

S.No	Sub Groups	N	Mean(SD)	t-value
1.	Age- wise 20-30 30-40 40-50	 43 29 8	 12.12 (2.57) 11.24 (3.05) 11.88 (2.90)	 1.31* 0.54
2.	Nature of work Teacher Nurse	 30 40	 11.23 (3.0) 12.33 (2.3)	1.79*
3.	Job Govt. Private	39 41	11.72 (2.8) 11.83 (2.7)	0.178
4.	Economic Status Poor Low middle Middle	 28 33 19	 12.32 (2.5) 11.79 (2.3) 10.95 (3.6)	 0.84 1.09
5.	Marital Status Married Unmarried	 45 17	 11.76 (3.0) 11.53 (3.0)	0.26
*significant @ 0.05 level				

To realize the above objective. 2, the obtained data was analyzed and presented Table -3, which shows the means and S.D's of coping among different sub-groups. The means show that the subjects in the age-group 30-40 years and 40-50 years of life scored highly compared to the age-group of 20-30 years. The subject who are working as nurses and those who are government

jobs, the subjects who belongs to low middle, middle and unmarried are having high coping compared to their counterparts. It is clear from the table that there is significant difference between the Govt. and private employees with regard to coping.

Table 3: Means and S.D's of Coping among different sub groups

S. No	Sub-Groups	N	Mean(SD)	t-value
1.	Age-Groups			
	20-30	43	50.09 (6.85)	0.59
	30-40	29	58.03 (6.1)	0.43
	40-50	8	56.7 (7.6)	
2.	Nature of work			
	Teacher	40	56.70 (7.17)	0.94
	Nurse	40	58.10 (6.0)	
3.	Job			
	Govt.	39	59.18 (6.7)	2.41**
	Private	41	55.74 (6.1)	
4.	Economic Status			
	Poor	28	56.32 (6.4)	0.78
	Low Middle	33	57.67 (6.8)	0.44
	Middle	19	58.53 (6.6)	
5.	Marital Status			
	Married	45	57.04 (6.5)	1.04
	Un Married	17	58.04 (16.3)	
*significant @ 0.05 level				

To realize the objective-3, the data was presented in Table -5, which shows the percent and frequency of coping mechanisms used by the subjects. Data shows that in the sample of study 20% of the subjects from the age groups of 20-30, 30-40 are drinking occasionally. Even over eating was reported by 20% of the subjects of age-group of 20-30 years. Smoking was less reported by 20-40 years age-group but the subjects in the age –group of 40-50 years reported smoking 25 percent of the subjects of all the age-groups reported over-exercise. Drug in take was highly reported in the age-group of 20-30 years of women. The drug in take means taking general medicines like paracitmaol, comb flam etc., just to get relief from fatigue and strain.

Table 4: Percent and frequency of Coping mechanisms(life style) used by the subjects age-wise

S.No	Sub-Groups	20-30 (43)	30-40 (N=29)	40-50 (n=8)
1.	Drinking			
	Never	36 (83.7)	24 (82.8)	5 (62.5)
	Occasionally	10 (2.3)	1 (3.4)	2 (25.0)
	Rarely	4 (9.3)	3 (10.3)	------
	Frequently	2 (4.7)	1 (3.4)	1 (12.5)
2.	Over eating			
	Never	38 (88.4)	28 (96.6)	6 (75.0)
	Occasionally	1 (2.3)	-----	-----
	Rarely	1 (2.3)	-----	-----
	Frequently	3 (7.0)	1 (3.4)	4 (25.0)
3.	Smoking			
	Never	39 (90.7)	28 (96.6)	6 (75.0)
	Occasionally	2 (4.7)	------	------
	Rarely	2 (4.7)	1 (3.4)	2 (25.0)
	Frequently			
4.	Over exercise	37 (86.0)	28 (96.6)	6 (75.0)
	Never	1 (2.3)	-----	-----
	Occasionally	3 (7.0)	-----	-----
	Rarely	2 (14.7)	1 (3.4)	4 (25.0)
	Frequently			
5.	Drugs	34 (74.1)	28 (96.6)	6 (75.0)
	Never	6 (14.0)	----	---
	Occasionally	3 (7.0)	1 (3.4)	1 (12.5)
	Rarely	6 (14.0)	1 (3.4)	1 (12.5)
	Frequently			

Table -5 shows the Correlations of depression and coping in different sub-groups. The ‘r’ scores of depression shows that the depression (r= -0.54) is significantly but negatively correlated with number of children(r= -0.54) and with living arrangements (r=0.36) and not significantly with nature of work (r =0.19), job (r=0.02) economical states (r= -0.18) and marital status (r= 0.03). The data on coping shows that coping was significantly correlated with the marital status (r= 0.47). The other variable like age, nature of work, economic status, the number of children and living arrangements were not found to be significant with regard coping.

Table -5 correlation matrix of depression and coping among different sub-groups

Sub-groups	Depression	Coping
Age	- 0.09	0.10
Nature of work	0.19	0.02
Job	0.02	-0.26
Economical status	- 0.18	0.12
Marital status	0.03	0.47*
No. of children	-0.54**	-0.01
Living arrangement	-0.36*	0.22
*significant @ 0.05 level,** significant @0.01 level		

IMPORTANT FINDINGS

The subjects in the age group of 20-30, and those who are working as nurses, the private employees, and economically poor and married reported high level of depression than others. The teachers and Nurses differ significantly in experiencing the depression. The subject in the age-group of 30-40 years, the nurses and those who are working in the area of government, the middle income group and those who are married reported to have good coping comparing with others. Coping between Government and Private Employees is significant. Some of the subjects are using coping mechanisms in their life style factors like overeating, over exercise frequently, and rarely drinking and smoking. The association between depression and number of children, and type of living arrangement is significant. The association between coping and marital status is statistically significant. From the above findings, it is clear that the age, economic status, marital status and number of children are playing a significantly role with regard to depression.

IMPLICATIONS OF THE STUDY

- Traditional mental health services (e.g., therapy, cognitive behavioural therapy, education and yoga) are necessary for the women particularly working in rural areas.
- Family counseling need to extend in the case of women with severe depression.
- Social support (instrumental, emotional, conflict) need to be strengthened.
- Knowledge about good mental health practices need to be disseminated through media.

REFERENCES

Anindita Dasgupta et.al.(2013). Social support mitigates depression among women contending with spousal violence and husband's risky drinking in Mumbai slum communities, *Journal of Affective Disorders,* Volume 145, Issue1, Pages 126-129, ISSN 0165-0327.

Bebbington, P. E. (1996) The origins of sex differences in depressive disorder: bridging the gap. *International Review of Psychiatry, 8*, 295 -332.

Bebbington, P. E. (1998) Sex and depression. *Psychological Medicine, 28,* 1-8

Beck, A.T. (1972). *Depression: Causes and Treatment.* Philadelphia: University of Pennsylvania Press. ISBN 0-8122-1032-8.

Blehar, M.C, & Keita, G.P. (2003). Women and Depression: a millennial perspective. *Journal of Affective Disorder, 74*(1), 1-4.

Brewin, C. R. (1996) Cognitive processing of adverse experiences. In The Causes of Depression A. H. Mann & M. J. Owen (Eds.,). *International Review of Psychiatry, 8,* 333-339.

Brugha, T. S. (1990) Social networks and support. *Current Opinion in Psychiatry, 3,* 264-268

Fennig, S., Schwartz, J. E. & Bromet, E. J. (1994) Are diagnostic criteria, time of episode and occupational impairment important determinants of the female: male ratio for major depression? *Journal of Affective Disorders, 30,* 147 -154.

Feurer,C., Jefferson, D. Resick, P.C., (2002). Post traumatic stress disorder(PTSD). In Judith Worell (Ed.,) *Encyclopedia of Women and Gender* (Vol. II) (pp. 827-841). California: Academic Press.

Fichter, M.M, Narrow, W.E., Roper, M.T., Rehm, J., Elton, M., Rae D.S., Locke, B.Z., Regier, DA.(1996). Prevalence of mental illness in Germany and the United States. Comparison of the Upper Bavarian Study and the Epidemiologic Catchment Area Program. *J Nerv. Ment. Dis.* Oct; 184(10):598-606.

Groh,C.J. (2007). Poverty, Mental health and women: Implications for Psychiatric nurses in Primary care settings. *Journal American Psychiatric Nurses Association, 13*(5), 267-274.

Hänninen, V. & Aro, H. (1996). Sex differences in coping and depression among young adults. *Social Science and Medicine, 43,* 1453 -1460.

Heller, W. (1993). Gender differences in depression: perspectives from neuropsychology. *Journal of Affective Disorders, 29,* 129 -143

Jamuna, D., & Ramamurti, P.V. (1999). *Psychological Correlates of Longlived Individuals.* Project report to University Grants Commission, New Delhi.

Kendler, K. S., Karkowski, L. M. & Prescott, C. A. (1999). Causal relationship between stressful life events and the onset of major depression. *American Journal of Psychiatry, 156,* 837 -84.

Kessler, R. C., McGonagle, K. A., Swartz, M., et al., (1993). Sex and depression in the National Comorbidity Survey I: Lifetime prevalence, chronicity and recurrence. *Journal of Affective Disorders, 29,* 85 -96

Nolen-Hoeksema, S. (1987). Sex differences in unipolar depression: evidence and theory. *Psychological Bulletin, 101,* 259 -282

Patel V, Shidhaye R. 2011. *Depression* [online] Available at:< http://sancd.org/uploads/pdf/Depression_fact_sheet.pdf>

Peden, A.R. (2000). Negative thoughts of women with depression. *Journal of the American Psychiatric Nurses Association, 6*(2), 41-48.

Unruh Anita M. (1996). Gender variations in clinical pain experience, *Pain*, Volume 65, Issues 2–3, Pages 123-167, ISSN 0304-3959.

World Health Organization, (WHO). 2010. *Mental health: Strengthening our response*. [online] Geneva, Switzerland.

World Health Organization, (WHO). 2012.*Mental health: Gender and women's mental health.* [online] Geneva, Switzerland: [accessed on 14 April 2012]. Available at: < http://www.who.int/mental_health/prevention/genderwomen/en/>.