

Research Article

## Depression in Women: A Socio-Demographic Analysis

Dr. Sultana Praveen<sup>1\*</sup>

### ABSTRACT

The present paper framed with an aim to study influencing factor the women's encounter in depression, investigate the share of socio-demographic factor causing depression, and describe the phenomenon related to depression among women. A descriptive design was adopted with the simple random sample of 50 women from metropolitan city Delhi, India with the structured questionnaire i.e. Beck Depression inventory to administer the study and to accumulate, the t' value and frequency measures to get the finding of the study, as result shows that the marital status, age and socio economic condition of women differ significantly on various indicator of depression.

**Keywords:** *Depression, Women, Metropolitan, Demography.*

India is going through a revolution in its demographic economy, socio – cultural and psychological status. The life cycle of an individual operates with emotion specify through happiness and dejection, when the long span of time spend in misery despite of concrete capability and efforts to overcome, it develop psychological problem called Depression. It is a complex symptom and multi-factorial in origin (Anju Lijin, 2012) considered as whole body illness which effects the body, mood and thoughts of an individual. Depression is common, though a serious condition which influences every woman's life historically. The exclusive image of depression on span of time depicted from hormones to social pressure on women promote through numerous elements (Neena Bohra, Shuruti shrivastava & Bhatia, 2015).

Basically its categories as-Major depression -unipolar or clinical are the identical title of this type of depression with the occurrence of short span of time such a week or months, Dysthymia is the next to major depression which continues to persists maximum of 2 years as the symptoms are the same of first type. And manic depression which also known as bipolar disorders involve disruptive cycle of depression symptoms that replaced with euphoria, irritable excitement and mania.

<sup>1</sup> PhD, Psychology, Ex- Research Associate, Department of Psychology, Jamia Millia Islamia, New Delhi, India  
*\*Responding Author*

Received: August 17, 2017; Revision Received: December 01, 2017; Accepted: December 05, 2017

## Depression in Women: A Socio-Demographic Analysis

The World Bank reported the estimated prevalence of depression would be 5.7% of the total burden of disease by the year of 2020 and predicted to be world's leading cause of disability by the year of 2030(WFMH,2012) also would be second major cause of disability adjusted life years (DALY).While India with 36% population suffering from depression.

The Indian scenario on depression and particularly the depression related to women are entirely different, as the roles of women are more socially intricate and engrossed by social grounds extensively the prevalence are more on women than men, in addition have greater risk of developing depressive symptoms. A study by government of India outline in Express health care (2015) that out of every 5 Indians are sufferings from mental disorder such as chronic depression. As many studies have estimated the prevalence of depression epidemiologically in India. On a study by Reddy and Chandrashekhar (1998) reported that the prevalence of depression was 7.9 to 8.9 per thousand population and the rates were nearly twice in the urban areas.

### MATERIALS AND METHODS

A widely and internationally identified tool i.e. Beck Depression Inventory comprised of 21 items as indicator of depression used along with the interconnectedness and interaction of the demographic information on women of metropolitan city, Delhi. The sample comprised of 50 women's belongs to working and non- working groups. Further on subjects were divided on the basis of marital status i.e. married (N=25) and unmarried (N=25) with the inclusion criterion of young adult age along with socio-economic background. Purposive random sample was used to select the respondents with the objectives to see the role of different indicator of depression on women lives in metropolitan and the demographic contribution of women on manifestation of depression.

### RESULT AND DISCUSSION

#### *Demographic Profile of Women*

This section take the measures concerning the women's personal information such as age, marital status, and Socio- economic Status to understand the characteristics of the respondents with the prevalence of depression. The demographic profile used in this study as umbrella term to shed the particular study as the contribution on depression broadly associated with it.

*Table N0.1 Demographic profile of women.*

Variable	Group	Frequency	Percentage
<b>Marital status</b>			
Married	1	25	50.0
Un married	2	25	50.0
<b>Age</b>			
18-22 (Group 1)	1	21	42.0
23-28 (Group 2)	2	18	36.0
29 & Above	3	11	22.0
<b>Socio- economic Status</b>			

### Depression in Women: A Socio-Demographic Analysis

Variable	Group	Frequency	Percentage
Upper middle class	1	12	24.0
Middle class	2	28	56.0
Lower middle class	3	10	20.0

Age is important factor in this study as the focus of the present study is young adults belong to the age group of 18 years to 40 years old, majority (42 percent) of the respondents in this study were the age group of 18-22 years. However 36 percent belongs to the age group of 23-28 years and only 22 percent of the sample are 29 years and above age thus the sample of the present study has purely of young adults. The analogous proportion of women represent in this study i.e. married (25) and unmarried (25), as several studies shown that women likely to have depression twice then men. This predominance of female over males persists for the next 35-40 years. Further this study categories socio-economic which include (56 percent) sample from the middle socioeconomic background, while 24 percent from upper middle class and 20 percent respondents were from lower middle socioeconomic family.

#### *Depression and Marital Status of women in Metropolitan*

*Table No.2 Marital status with depression of women in metropolitan.*

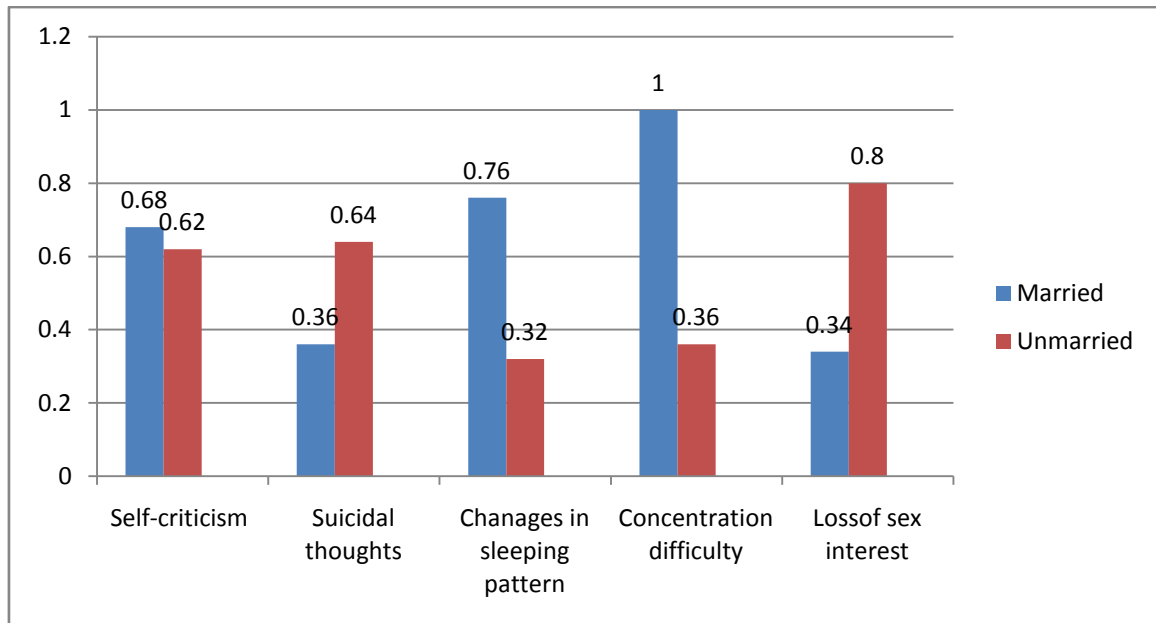
Classification	Level of Scoring	Marital Status	
		Married (N=25)	Unmarried (N=25)
Borderline	0-9	10 (40%)	7 (28%)
Mild Depression	10-18	5 (20%)	13 (52%)
Moderate Depression	19-29	9 (36%)	3 (12%)
Severe Depression	30-63	1(4%)	2 (8%)

On the table No.2, marital status and depression shows that the minimal depression found more on married women (40%) whereas 28 percent depression encountered by unmarried women. While 52 percent unmarried women and (20%) of married women encounter mild depression in metropolitan. The result indicates that prevalence of depression depicted more on unmarried women than married might because of the availability of share of burden on married compare to individually handling the situations by unmarried women.

Additionally on mean comparison, provide in-depth information about difference between the two groups on the marital status of women on depression indicator. On the indicator of self-criticism of depression, significance difference with Mean= 0.68,SD=1.14 of married women and Mean=0.62,SD=0.71 of unmarried women at level of 0.04 observed. Whereas on suicidal thought the reverse outcome seen with the Mean=0.64, SD=1.07 of unmarried women and Mean=0.36withSD=0.75 of married women at significance of 0.04 level found. On the symptom of changes in sleeping pattern, significant variances found with Mean=0.78,SD=1.01 of married women and unmarried were scored Mean=0.32,SD=0.55 at 0.01 level. The finding indicated that the presence of discrepancy among the marital status and depression from the perspective of women in metropolitan, India.

## Depression in Women: A Socio-Demographic Analysis

**Figure No.1 Mean comparison of Marital status and indicator of Depression.**



### Depression and Age

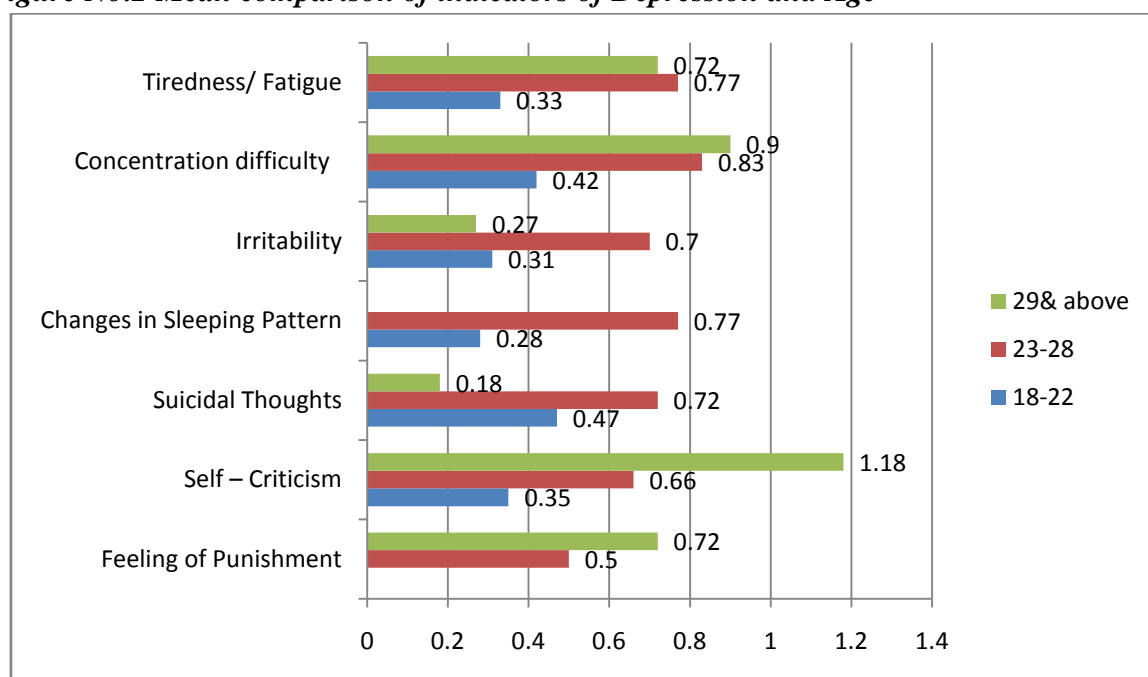
Depression maintains its heterogeneous characteristics and shared with other neuropsychiatric disorders, the prevalence of depression are more on young adults as their episode of illness experiences in early life of an individual. Furthermore, it starts at early year of age and significantly effect to women (Winokur et.al, 2004).

**Table No.3 Depression and age of women in metropolitan.**

classification	Level of Scoring	Age Group			Total
		18-22	23-28	29 & above	
Borderline	0-9	9(18%)	6(12%)	2(4%)	17(34%)
Mild Depression	10-18	9 (18%)	5(10%)	4(8%)	18(36%)
Moderate Depression	19-29	2 (4%)	6(12%)	4(8%)	12(24%)
Severe Depression	30-63	1(2%)	1(2%)	1(2%)	3(6%)
Total		21(42%)	18(36%)	11(22%)	50(100%)

Depression and age on table 3.3 describe that 42 percent women belongs to the age group of 18-22 encountered depression on the mild and minimal level whereas 36 percent total age group of women faced mild level of depression as a whole span of life time.

**Figure No.2 Mean comparison of indicators of Depression and Age**



This particular study focused on young Adult from the age group of 18 to 29&above. It has been seen on mean comparison of age group and symptoms of depression that the age profoundly effect on the feeling of punishment at t' value (.04\*\*) of the age group belongs to 23-28 and 29 & above as it could be interpreted that growing age from young adult to adult make more realize about the circumstances because of which the symptom of feeling punishment emancipate. Similarly the t' value of self- criticism indicated 2.33, with significance difference (.00\* of age group 18-22 to23-28and 23-28 with29 & above at .02\*\* level)of women. Which manifest the suppress tendency utilize by criticize self. On an indicator of suicidal thoughts mean difference shown .03 and .01 of t value, as justified by (Mendez-bust set al.2013) that suicidal risk varies greatly along with the lifespan of women. In a sequence of the study Changes in sleeping patterns found significant variation on the age group of 18-21 and 23-28, as the association of sleep and depression are strong however it indicates as a key factor of the disease like depression.

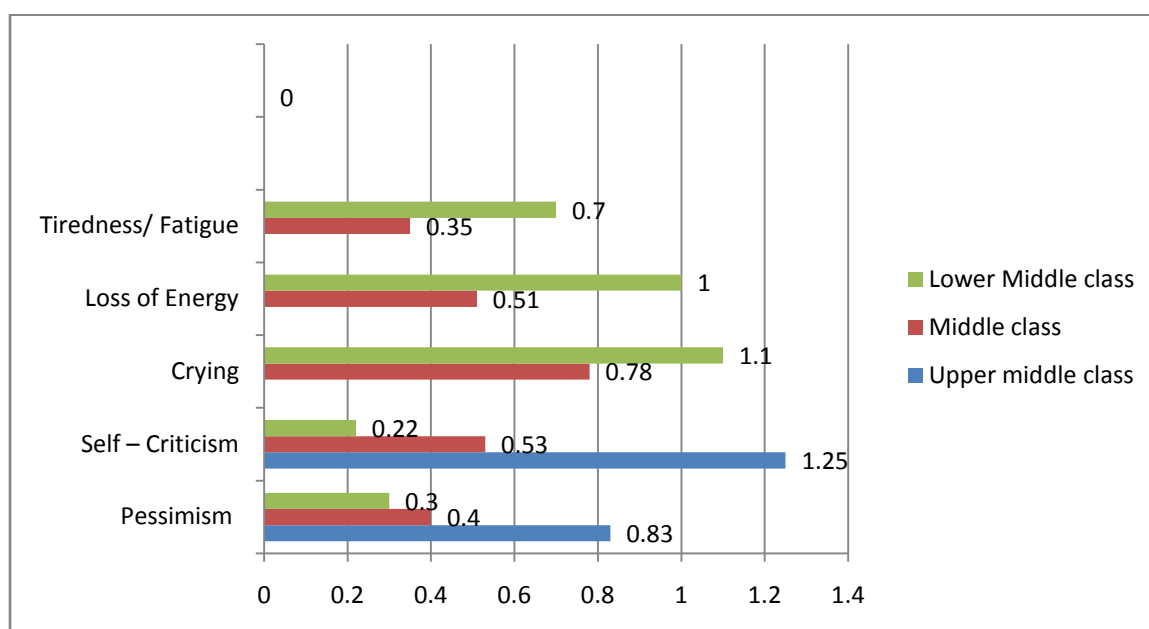
On the symptom of irritability result significantly differ between the age group of 23-28 and 29 & above at the 0.03\* level however the Mean of 18-23 age groups are higher than the age group belongs to 23-28. Similarly difficulty in concentration found more on the age group of 23-28 years old women's at 0.02\*significant level. Further in mean compare on 23-28 age and 29 & above significant difference found at 0.04\*\* value of score which indicate that the concentration difficulty among women are identified with the age group of 23-28 and 29 & above age of women in metropolitan city. Equally on the symptoms of depression i.e. tiredness or fatigue women's established score on the figure above shows significant differences at .00\* level of significance with the higher mean of the age group of 0.77 with the SD of 1.11.

## Depression in Women: A Socio-Demographic Analysis

### *Depression and Socio-economic status*

Socio economic status chiefly associated with the material standard of living which consistently associated with higher prevalence of depression on women (Lorant et al, 2003). The fig-3.3 on mean comparison exhibits the role of socio economic status upon women in metropolitan, the pessimism factor on upper and lower middle class has significance mean difference at .04 and .02 level indicates to the unhelpfulness belong to these specific class of women.

**Figure No.3 Mean comparison of indicators of depression and socio-economic status of women in metropolitan**



While on **self-criticism** women's from all three socio economic background shows significance difference at the level of **.00 and .05** as stated by Patrick (2007) that being a personality dimension, self -criticism measured the susceptibility and linked with severity of depression. Whereas this study connotes that the women in metropolitan differ on to look into self somehow based on the level of their living standard and the lifestyle.

The indicators of depression i.e. crying exhibits significance mean difference at level of **.00** on middle class (Mean= 0.78& SD= 0.95) and lower middle class (Mean=1.10& SD=1.44)on women of metropolitan city, Delhi, indicates that the women from lower middle class cry more on depressive situation than the women from the middle class in the selected sample. Furthermore on symptom of **loss of Energy** of depression it has been seen that lower middle class women encounter more loss of energy than middle class women as mean shows 1.00,SD- 1.15 of group 3 and Mean=0.51 and SD=0.70 of group 1 at .00.

Additionally the study forwarded on same line where tiredness or fatigue shows significance variances at the **.003** level of women belongs to the middle class (Mean=**0.35**,SD=**0.62**) and

## Depression in Women: A Socio-Demographic Analysis

lower middle class(Mean= 0.70, SD=1.05).Therefore the study sustenance that young adult age is the initial stage from which the depression flourishes as the study by Stordal et al( 2003) in a large population based observed that there is a linear rise with age of self -reported symptoms of depression. Further on demographic table 3.4 depicted that the middle class women on socio economic status suffer more and from the mild depression while the second highest fall under the lower middle class.

**Table No.4 Depression and socio- economic status of women in metropolitan.**

classification	Level of Scoring	Socio- economic Status			Total
		Upper middle class	Middle class	Lower middle class	
Borderline	0-9	3(6%)	9(18%)	4(8%)	16(32%)
Mild Depression	10-18	4(8%)	10(20%)	4(8%)	18(36%)
Moderate Depression	19-29	1 (2%)	8(16%)	3(6%)	12(24%)
Severe Depression	30-63	1(2%)	2(4%)	1(2%)	4(8%)
Total		9(18%)	29(58%)	12(24%)	50(100%)

## CONCLUSIONS

Several conclusions have been drawn from the findings reported here. The importance of viewing depression on women as a process of change has only recently been emphasized. The understanding of depression on women is dynamic rather static, process is not essential for clarifying the links between depression and women outcomes, but is also central to identifying effective strategies and resources to support women's with depression although the early detection restrains the population for worst consequences. Supplementary, the comparable rates of the groups are an intriguing finding deserves more exploration.

Although the dynamics of population age always challenge the societies. A structural gap of early and later young adult age with profound variances on the prevalence of depression on this study found. The significance of the demographic profile of women's remained to be elucidated but the prevalence at an early stage may contribute to differentiation of depression.

## Implications & Limitations

Effective program should be established to overcome challenges at different level. In depth exploration to understand the phenomenon and the significant knowledge on the area of study serve to guide the problem with solving efforts particularly women and the link with depression. Awareness should also be raised at multi-variant level.

The limitation of this paper includes the sample size, as the size broadened the scope of the study. Further the self-reported data in which the probability of biasness enhances due to various factors. The age boundary also could be included as it confines the study as well as open the way to further analysis.

### Acknowledgments

The author appreciates all those who participated in the study and helped to facilitate the research process.

**Conflict of Interests:** The author declared no conflict of interests.

### REFERENCES

- Anju,Lijin. (2012). Prevalence and correlates of depression among ever-married women in a coastal panchayat of rural Thiruvanthapuram. Dissertation submitted in partial fulfillment of the requirement for the award of the degree of master of public health. Achuthamenon center for health science studies sreechitrathirunal institute for medical sciences and technology, Thiruvanthapuram, Kerala, India.
- Bohra,N., Shrivastava, S.,& Bhatia,M.S.(2015). Depression in women in Indian context. *Indian journal of Psychiatry*.57(2): S239-S245.
- Express health care (2015). EH news Bureau. May 6. Retrieved from [www.healtheminds.com](http://www.healtheminds.com).
- Lorent,V.,Deliege,D.,Eaton.W.,Robert.A.,Philippot.P.,&Ansseau.M.(2003).Socioeconomic inequalities in Depression: A Meta Analysis. *American Journal of Epidemiology*.2:98-112.
- Pablo. Mendez-B., Jorge. Lopaz-C., Enrique Beca-G &Antonio.C.(2013). Life cycle and suicidal behavior among women. *The scientific world journal*.ID- 48581, 9.<http://dx.doi.org/10.1155/2013/48581>.
- Patric,kluysten.(2007). Dependency and self- criticism: relationship with major depressive disorder, severity of depression, and clinical presentation. *Depress Anxiety*.24 (8):586-96.
- Reddy,M.V., & Chandrashekhar,C.R.(1998). Prevalence of mental and behavioral disorders in India: A meta-analysis. *Indian Journal of Psychiatry*.40:149-57.[Pub Med]
- Stordal E., Mykletun, A., & Dahl,A.A. (2003).The association between age and depression in the general population: a multivariate examination. *Acta Psychiatrica Scandinavica*.107:132–141. [PubMed]
- WFMH.(2012). Depression: A global crisis. World mental health day, October 10, *world federation for mental health*.
- Winokur,C.,Cadoret,R.,Baker,M.,& Dorzab,J.(1975). Depression spectrum disease versus pure depressive disease: some further data. *British Journal of Psychiatry*.127:75-7. [PubMed]

**How to cite this article:** Praveen S (2017). Depression in Women: A Socio-Demographic Analysis. *International Journal of Indian Psychology*, Vol. 5, (1), DIP: 18.01.075/20170501, DOI: 10.25215/0501.075