

Prevalence of neurotic mental disorders & its association with socio-demographic factors amongst women residing in field practice area of RHTC of IIMSR Medical College, Badnapur, Maharashtra, India

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ABSTRACT

Background: Mental disorders seen by the world is only a tip of iceberg. The most common mental illnesses in adults are anxiety and mood disorders. Major mental disorders are easy to recognize and commonly seen in mental hospitals, however, minor mental disorders are common in the community. In a society we live in, males are supposed to be dominant and women are supposed to be submissive though the trend is slowly changing. Therefore, this study focuses on women in age group of 15-65 years in rural population. **Objectives:** To screen for the presence of mental disorder in women using SRQ20 and association of mental disorders with socio-demographic status. **Methods:** A community based cross sectional study was conducted in the field practice area of Rural Health Training Centre of IIMSR Medical College, Badnapur, Jalna, Maharashtra. All women were belonging to 15 to 65 years of age group. Subjects examined with the help of pre-tested performa & the Self Reporting Questioner (SRQ) developed by the World Health Organization. Data entered and analyzed by using online statistical software. **Results:** Out of 263 women participated in the study, 21 women scored 10 or more on SRQ20 scale showing probable cases of neurotic mental disorder with reasonable accuracy hence prevalence of mental disorder in women was 8%, while remaining 242 women got a score of less than 10 on scale of SRQ. **Conclusion:** The prevalence of neurotic psychiatric morbidity in the women of rural area is a growing concern over the years. Illiteracy & poverty are the major socio-economic factors playing a vital part. Post-menopausal age group should be paid attention towards their hormonal & mental health.

Key word: Prevalence, Mental disorders, Reproductive age group women, Postmenopausal women

INTRODUCTION

Mental health defined by WHO expert committee as “the capacity in individual to form harmonious relation with other and to participate in or contribute constructively to change in social and physical environment”. Mental illness is an important public health problem, both in its own right and because the condition is associated with other chronic diseases and their resulting morbidity and mortality. According to the World Health Organization (WHO), mental illnesses account for more disability in developed countries than any other group of illnesses, including cancer and heart disease.^[1]

Mental disorders seen by the world is only a tip of iceberg. The most common mental illnesses in adults are anxiety and mood disorders.^[2] The effects of mental illness range from minor disruptions in daily functioning to incapacitating personal, social, and occupational

impairments and premature death.^[3] The World Bank report (1993) revealed that the Disability Adjusted Life Year (DALY) loss due to neuro-psychiatric disorder is much higher than diarrhea, malaria, worm infestations and tuberculosis if taken individually. The WHO had declared that the World Health Day theme for the year 2001 is "Mental Health: Stop exclusion - dare to care." in order to focus global public health attention on this relatively neglected problem. Together these disorders account for 12% of the global burden of disease (GBD) and an analysis of trends indicate this will increase to 15% by 2020 (World Health Report, 2001). The Global Burden of Disease (GBD) study published in 1996 showed that neuro-psychiatric disorders account for more than a quarter of all health loss due to disability, more than eight times greater

than that attributed to coronary heart disease and 20-fold greater than cancer.^[4]

In India National Institute of Mental Health and Neurosciences (NIMHANS) in Bangalore estimates that two crore Indians need help for serious mental disorders, while a further five crore suffer from mental illnesses not considered very serious. These figures do not include neurological age-related progressive disorders such as Alzheimer's and Parkinson's. One in four families is likely to have at least one member with a behavioral or mental disorder (WHO 2001). These families not only provide physical and emotional support, but also bear the negative impact of stigma and discrimination. There is a widely shared but mistaken idea that all mental health interventions are sophisticated and can only be delivered by highly specialized staff. Research in recent years has demonstrated the feasibility in delivery of pharmacological and psychosocial interventions in non-specialized health-care settings.^[5]

The society we live in, men are supposed to be dominant and women are supposed to be submissive though the trend is slowly changing. Just as women show more often signs of emotional distress such as crying and other for help with emotional problem than men who may be interpreting this as a sign of weakness or inadequacy. Therefore, in this study we chose only women in age group of 15-65 years in rural population.

Objectives: To screen for the presence of mental disorder in women using SRQ20; To study the association of mental disorder with socio-demographic status.

MATERIAL AND METHODS

A community based cross-sectional study was carried out over a period of six months from Feb. 2016 to July 2016 at Rural Health Training Centre field practice area of Dept. of Community Medicine of Indian Institute of Medical Science & Research Medical College, Badnapur, Jalna, Maharashtra. There were six villages covered under the field practice area of RHTC of IIMSR Medical College & out of those villages one village i.e. Kasturwadi was selected by using chit draw method. All women in the age group of 15-65 years of age were enrolled for the study. This group comprises of reproductive as well postmenopausal women. Out of total 292 women, 12 women unwilling to participate and 17 were out of village during the study period, so the study population was 263 women who were enrolled for the study.

Study conducted with the help of pre-tested Questionnaire by personal interview method. questionnaire contains two parts, first part consists of socio demographic profile and second part contains Self Reporting Questioner (SRQ)20. Modified B.G Prasad scale of socio-economic classification was used.^[6]

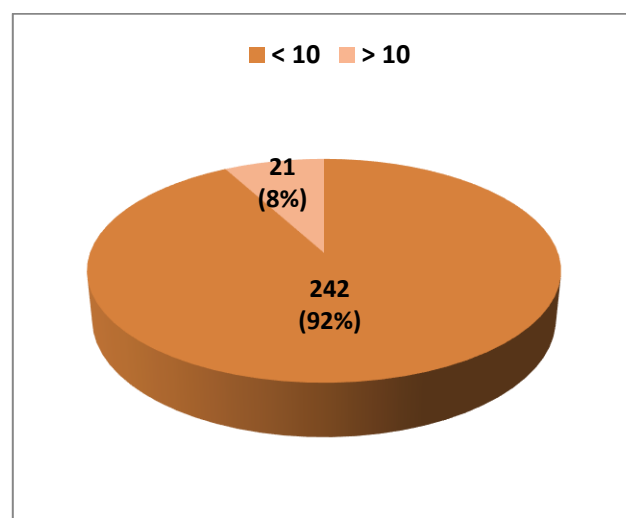
The Self Reporting Questionnaire (SRQ)¹ developed by the World Health Organization (WHO) for screening the presence of neurotic mental disorder in patients contacting

primary health care settings. The SRQ-20 has been used in many community-based surveys conducted in developing countries. The SRQ-20 consists of the neurotic items only. These reflect depressive symptoms, anxiety and psychosomatic complaints and have been found to detect probable cases of common mental disorder with reasonable accuracy. The instrument met several criteria for use in this study, which was carried out by interviewers with limited training. It is a self-reporting questionnaire. The questionnaire was translated in vernacular language for ease of self-assessment. For illiterate respondents the questions were read aloud by interviewers & response was noted. The SRQ-20 items are scored 0 ('no', i.e symptom absent) or 1 ('yes', i.e symptom present) consistently since past month. Item scores are summarized to obtain a total score. A score above cut-off point indicates the existence of a probable mental disorder. As per norms a cut-off score of 10 was used. Institutional ethical committee approval sought. Informed consent of all participants was taken. All data was entered in Microsoft Excel sheet and analyzed by using appropriate statistical test.

RESULTS

Out of the 263 women participated in the study, 21 women scored 10 or more on SRQ-20 scale showing neurotic mental disorders with reasonable accuracy, hence prevalence of mental disorders in women is 8% (As shown in **Graph1**). Prevalence of mental disorders was more in age group 55-65 i.e 33.3% which comprises postmenopausal women, while women in age group of 15-54 showed a prevalence of 5.58% (Shown in **Graph2**).

Graph 1: Prevalence of mental disorders in participants (%)



The socio-demographic distribution of participants showed women between the age group of 25 to 54 were maximum in number i.e. 67.59%. Among the participants 47.14% women completed their primary & secondary education, while 7.98% women were illiterate. Maximum participants 58.17% were belonging to middle or lower middle class (As shown in **Table 1**). The prevalence of mental disorders

in women between age group 55- 65 was more i.e. 24.2% as compared to other age groups & was statistically significant. Mental disorders in illiterate women is more as compared to literate ones& as education level increases the chance to get mental disorder decreases which was statistically significant. Most of the women i.e 7.5% in lower & lower middle socio-economic class were having mental disorders as compared to other socioeconomic classes and this finding is not statistically significant (As shown in Table 2).

Graph 2: Prevalence of mental disorders in age groups

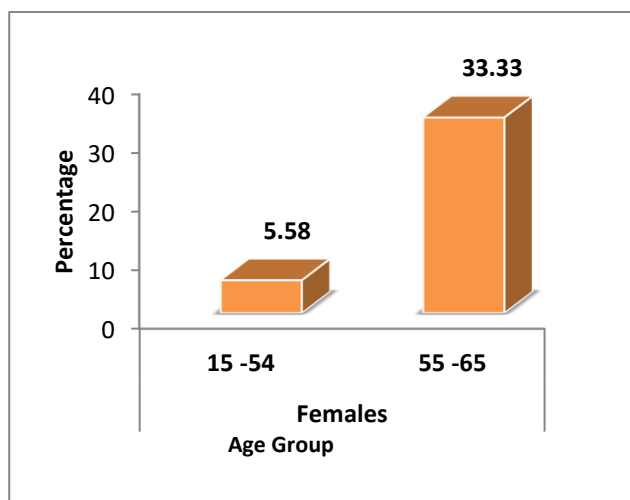


Table 1: Socio demographic distribution of participants

Age (in yrs)	Number (n=263)	Percentage
15-25	43	16.34
25-35	62	23.57
35-45	54	20.53
45-55	67	25.47
55 -65	37	14.06
Total	263	100
Education		
Illiterate	21	7.98
Primary& Secondary	124	47.14
SSC	87	33.07
HSC	23	8.74
Graduate	8	3.04
Total	263	100
Socio-economic class		
Upper class	7	2.66
Upper middle class	18	6.84
Middle class	65	24.71
Lower middle class	88	33.46
Lower class	85	32.31
Total	263	100

Table 2: Socio demographic distribution wise mental scores of participants

Age (in yrs)	Number (n=263)	Less than 10	10 and more than 10	χ^2 value	P Value
15-24	43	38	5	19.51	0.001
25-34	62	60	2		
35-44	54	51	3		
45-54	67	65	2		
55-65	37	27	9		
Total	263	242	21		
Education					
Illiterate	21	8	13	91.72	0.001
Primary & Secondary	124	119	4		
SSC	87	85	1		
HSC	23	21	2		
Graduate	8	6	1		
Total	263	242	21		
Socioeconomic Class					
Upper class	7	6	1	3.39	0.49
Upper middle class	18	15	3		
Middle class	65	61	4		
Lower middle class	88	83	5		
Lower class	85	77	8		
Total	263	242	21		

DISCUSSION

The present study was undertaken to find out the neurotic mental morbidity in the rural women. Out of the total 263women screened,21 diagnosed to be suffering from some mental morbidity. Thus, the prevalence of mental morbidity in the present study was 8.0%. One of the most striking features revealed by the study of psychiatric morbidity is its variability. Not only is variable in the way people are affected but its variability of different individual is also surprisingly different. Similarly Sharma *et al*^[7] in their study found the prevalence of 60.2per 1000population whereas Shaji *et al*^[8] found14.57 per 1000individual suffering from psychiatric morbidity. The high prevalence of psychiatric morbidity in women could be due to a combination of various factors. Women are innately more emotional than men and more prone to emotional upset. Biological factors may also be playing a role such as the stress of pregnancy, different premenstrual tension, postpartum depression and menopause etc. As woman show more often signs of emotional distress such as crying and other for help with emotional problem then men might be interpreting this as a sign of weakness or inadequacy. Howitz *et al*^[9] got similar findings in his study. When men are emotionally troubled, they may turn to

alternative forms of deviance such as drinking which is socially defined as more appropriate and acceptable behaviour for men than women. Such women preponderance in psychiatric morbidity in primary care setting has been also reported by chaturvedi s.k. *et al*^[10], jacobsson *et al*^[11], kessel *et al*^[12], shrinivasan T.N. *et al*^[13]. The prevalence of neurosis in the present study was more than reported by Banerjee *et al* and Wintrobe and Winttkower^[14] postulate that neurosis maybe related to the stressful life situation associated with higher level aspiration engendered in urban society.

Conclusion:

The prevalence of neurotic psychiatric morbidity in the women of rural area is a growing concern over the years. Illiteracy & poverty were the major socio-economic factors playing a vital part. Postmenopausal age group should pay attention towards their hormonal & mental health.

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