



A study on the mental health problems faced by women residing in urban and rural areas of Kamrup District of Assam, India.

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Abstract

A healthy woman is the backbone of a healthy family and a healthy society. So health and happiness of the family in particular and the welfare of the society in general, depend on the health and happiness of women. But in our society women are being neglected and ill-treated and their needs, views, experiences do not get the recognition they deserve. Women are expected to live like shadows of men. Even after independence and inspite of Indian Constitution providing equal rights to women, in general the status of women are in our society is deplorable. They are disproportionately affected by mental health problems and their vulnerability is closely associated with marital status, work and roles in the society. Generally, women face dilemmas and conflicts in the context of marriage, family relationships, dysfunctional family life, reproduction, childrearing, death, divorce, aging, poverty, feeling of inadequacy, low self-esteem, loneliness, education and work. The investigator on several occasions noticed women being subject to exploitation as a result of which they had to go through a lot of mental health problems. With this view in mind, a study was conducted on mental health problems faced by women residing in urban & rural areas of Kamrup District of Assam, India.

Keywords: mental health problems, urban, rural, women.

1. Introduction

Mental health, the health of the mind, is usually taken as “resistance to or absence of mental health problems”. Mental health cannot be understood unless it is viewed against the background of mental illnesses, the worst form of mental health. In fact, mental illness represents disturbances in mental health.

Mental health problems have long been recognized in every society. Each community had their own mechanisms of handling these problems, many of which are gradually being replaced by modern science. A greater understanding of mind and behaviour from all dimensions has revolutionized the efforts of managing these problems in today's society. In India, stress and strain due to environment and cultural factors, marital problems, severe economic strains, domestic worries, serious childhood problems and death of dear ones are said to be the major resources for mental illness.

Mental health problems affect women and men

equally, but some are more common among women. Various social factors put women at greater risk of poor mental health than men. Women are particularly exposed to some of the factors that increase the risk of poor mental health because of the role and status that they typically have in society. The traditional roles for women can increase their exposure to poor mental health. However, women's readiness to talk about their feelings and their strong social network can help to protect their mental health. Good social support, therefore, can play a part in preventing mental ill health and can help people recover from mental health problem.

Facing reality is a crucial issue in life, and to solve a problem one must be aware of what the problem is. The perception of the world is usually distorted in mental disorders, but not as a product of sensory impairment. Illusions, delusions, and hallucinations are the three levels of losing contact with reality and are indicators of the degree of mental disorder.

Mental illness can be broadly divided into two

categories, namely, major and minor mental disorders. Some of the common major mental illnesses are Schizophrenia, Major Depression, Bipolar Disorder and Schizoaffective Disorders. These are severe psychotic conditions which need psychiatric care and intervention. Some of the common minor mental illnesses are Obsessive-Compulsive Disorder, Anxiety Disorder, Mild Depressive Disorder, Psychosomatic Disorder and Hysteria Disorder. These are neurotic conditions, yet they need to be addressed as they could also have serious affect on the behavioural aspects of an individual.

The common psychological problems observed in women are-

- Inferiority feelings, lack of self-confidence, excess shyness,
- Fearfulness, feelings of insecurity and uncertainty,
- Worrying, getting upset easily, irritability and anger, jealousy,
- Decreased or lack of interest, boredom,
- Sadness, crying spells,
- Feelings of hopelessness, helplessness and worthlessness,
- Indecisiveness, conflicts and confusion,
- Lack of concentration, poor memory,
- Sleep disturbances,
- Appetite disturbances,
- Decreased/lack of sexual desire and satisfaction,
- Frequent health problems- headache, body pain, weakness, easy fatigability, problem with menstrual cycle.

Most recently, the field of global mental health has emerged, which has been defined as the area of study, research and practice that placed a priority on improving mental health and achieving equity in mental health for all people worldwide. In the past, mental health did not find its appropriate place in the national and state level health planning. Since independence, the government recognized the need to be proactive in its approach to promote good mental health of its citizens and to provide good quality care to those suffering from mental disorders.

2. Need and significance of the study

In India, women by and large, are subject to multifarious deprivation, exploitation and humiliation in their day to day life inside and outside the family. Their mental health is being threatened by absence of security and dignity, helplessness, stigma, emotional crisis, deprivation, marital discord, exploitation, sexual and emotional abuse etc. Traditional practices also affect

their living situations. All these factors make them prone to mental health problems. The investigator on several occasions noticed women being subject to exploitation as a result of which they had to go through a lot of mental health problems. Against this backdrop, she felt the urgency to go with the issues relating to their mental health conditions..

3. Objectives of the study

- 3.1 To find out the mental health problems faced by women residing in urban and rural areas of Kamrup District of Assam.
- 3.2 To find out the different coping strategies adopted by women in facing mental health problems.

3.3 Delimitations of the study

The study is delimited to Kamrup (Metro & Rural) District of Assam only. It covers the women ranging from 30 to 60 years of age. The sample comprises of married and single women. Unmarried, separated, divorced, widowed women fall under the single category.

4. Methodology

The present work which is designed to study the mental health problems of women is a normative study which falls under the Descriptive Method of Research.

4.1 Sampling method

Stratified Random Sampling Method has been adopted for the selection of women sample ranging from 30 to 60 years of age.

4.2 Sample size

A sample of 300 women (150 from urban and 150 from rural areas) was selected from different families having a wide variety of socio-economic backgrounds.

4.3 Variables

The different variables studied include- age distribution, marital status, urban/rural differences, education, occupation and income.

4.4 Tools for data collection

- i. Personal Information Sheet
- ii. Observation Schedule
- iii. Interview Sheet

4.5 Statistical techniques applied for data analysis

The collected data were sorted and arranged according to their characteristics and objectives of the study. For analysis of the data, the investigator used

various statistical techniques such as

Diagram

➤ Simple frequency Distribution,

➤ Graphical Representation- Bar Diagram, Pie

5. Analysis and interpretation of the data

Objective No.1: To find out the mental health problems faced by women residing in urban and rural areas of Kamrup District of Assam, India.

Table-1: Distribution of Number and Percentage of Respondents

Mental Health Problems	Options					
	Yes		No		Total	
	N	%	N	%	N	%
Anxiety	82	27.3	218	72.7	300	100.0
Phobia	155	51.7	145	48.3	300	100.0
Depression	186	62.0	114	38.0	300	100.0
Hysteria	129	43.0	171	57.0	300	100.0
Panic	97	32.3	203	67.7	300	100.0
Obsession	149	49.7	151	50.3	300	100.0
Compulsion	167	55.7	133	44.3	300	100.0
Somatization	231	77.0	69	23.0	300	100.0
Insomnia	138	46.0	162	54.0	300	100.0
Substance Abuse	39	13.0	261	87.0	300	100.0

**Percentages do not total up to 100 due to multiple responses*

Interpretation:

Table-1 indicates the number and percentage of women respondents in “Yes” and “No” options of ten common mental health problems.

It is observed that 27.3% (82) women were affected by anxiety, 51.7% (155) by phobia, 62.0%

(186) by depression, 43.0% (129) by hysteria, 32.3% (97) by panic, 49.7% (149) by obsession, 55.7% (167) by compulsion, 77.0% (231) by somatization, 46.0% (138) by insomnia and 13.0% (39) women were by substance abuse.

Table-2 : Distribution of women having mental health problems

Mental Health Problems	Urban			Rural			Total		
	N	%	Rank	N	%	Rank	N	%	Rank
Anxiety	42	28.0	VII	40	26.7	VIII	82	27.3	IX
Phobia	77	51.3	VI	78	52.0	IV	155	51.7	IV
Depression	106	70.7	III	80	53.3	III	186	62.0	II
Hysteria	31	20.7	VIII	98	65.3	I	129	43.0	VII
Panic	30	20.0	IX	67	44.7	V	97	32.3	VIII
Obsession	111	74.0	II	38	25.3	IX	149	49.7	V
Compulsion	101	67.3	IV	66	44.0	VI	167	55.7	III
Somatization	134	89.3	I	97	64.7	II	231	77.0	I
Insomnia	87	58.0	V	51	34.0	VII	138	46.0	VI
Substance Abuse	25	16.7	X	14	9.3	X	39	13.0	X

**Percentages do not total up to 100 due to multiple responses*

Interpretation

The table-2 reveals the number and percentage of respondents along with the rank in order experienced the common mental health problems. The reported results of the total respondents indicates rank wise, I- Somatization (77.0%), II-Depression (62.0%), III- Compulsion (55.7%), IV- Phobia (51.7%), V- Obsession (49.7%), VI- Insomnia (46.0%), VII- Hysteria (43.0%), VIII- Panic (32.3%), IX- Anxiety (27.3%) and X- Substance Abuse- 13.0%.

In urban areas, rank wise, I- Somatization

(89.3%), II- Obsession (74.0%), III- Depression (70.7%), IV- Compulsion (67.3%), V- Insomnia (58.0%), VI- Phobia (51.3%), VII- Anxiety (28.0%), VIII- Hysteria (20.7%), IX- Panic (20.0%) and X- Substance Abuse- (16.7%).

In rural areas, rank wise, I- Hysteria (65.3%), II-Somatization (64.7%), III- Depression (53.3%), IV- Phobia (52.0%), V- Panic (44.7%), VI- Compulsion (44.0%), VII- Insomnia (34.0%), VIII- Anxiety (26.7%), IX- Obsession (25.3%) and X- Substance Abuse (9.3%).

Fig.-1 : Percentage distribution of women on mental health problems

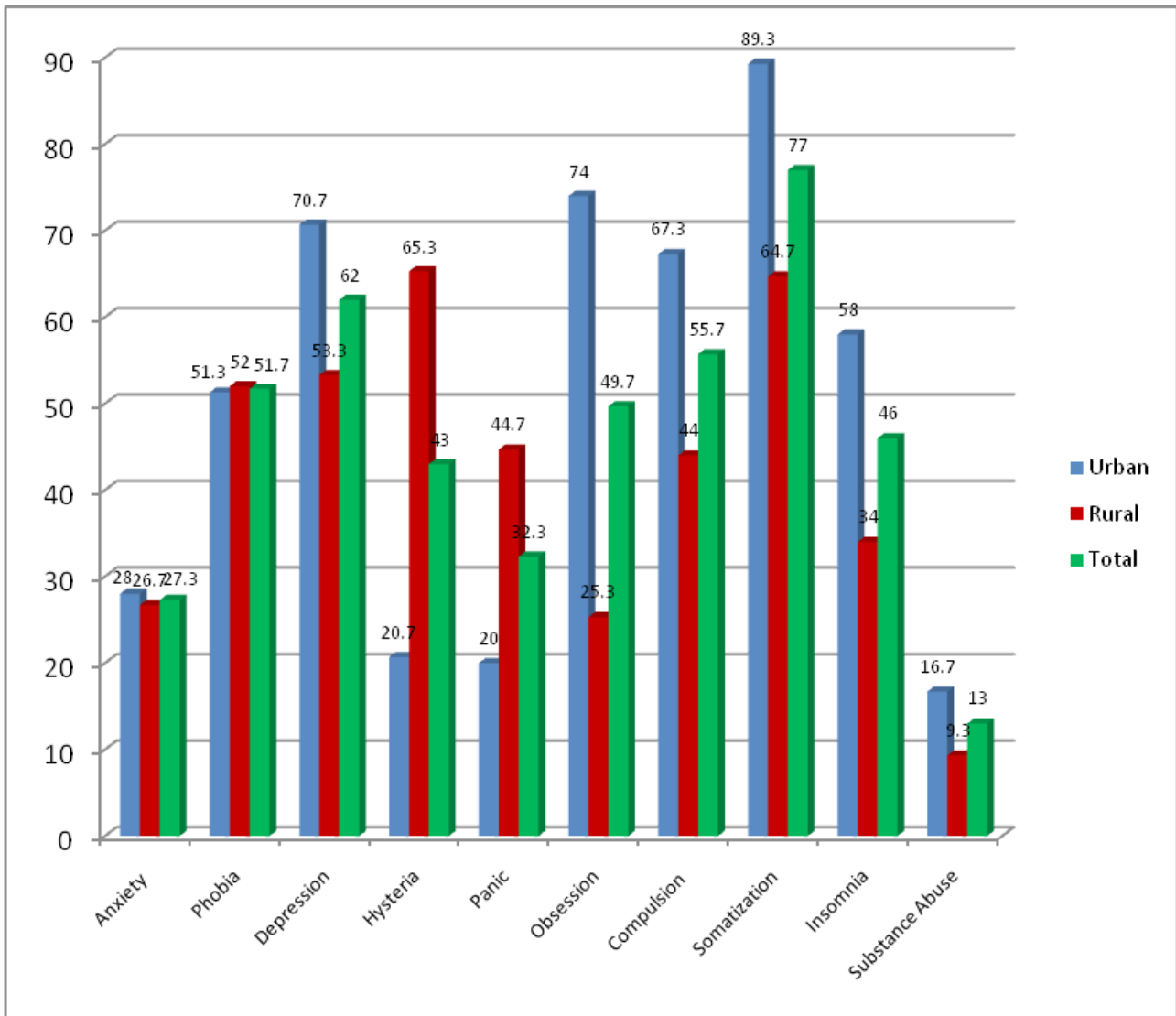
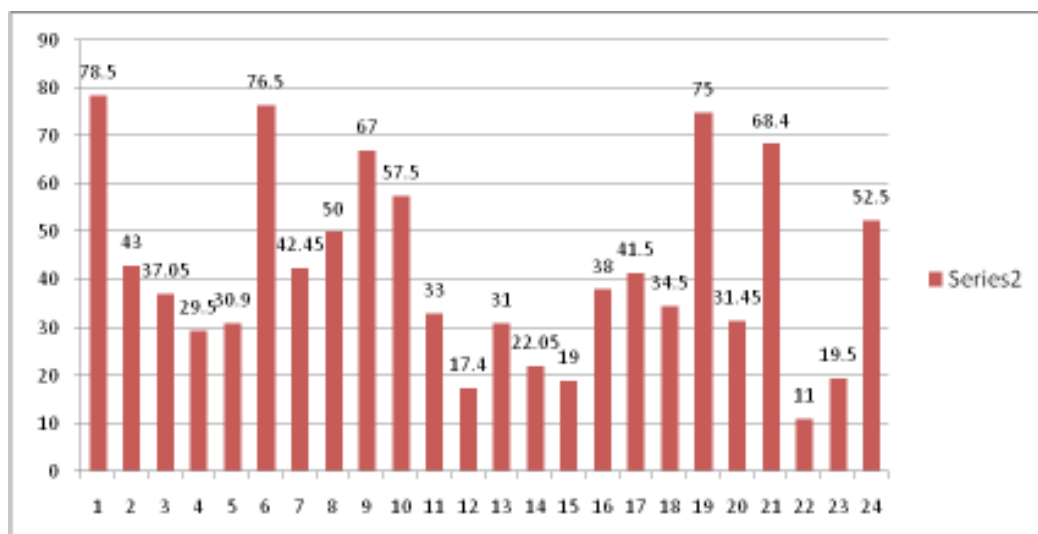


Table-3 : Causes affecting mental health of women

Sl. No.	Causes	Percentage of opinion
1	Frequent health problems	78.50
2	Feeling of inferiority	43.00
3	Lack of love and affection	37.05
4	Poor concentration on work	29.50
5	Stressful and boredom life	30.90
6	Un-fulfillment of needs	76.50
7	Irritability or feelings of sadness	42.45
8	Feeling of indecisiveness	50.09
9	Lack of self-confidence	67.00
10	Shortage of leisure time	57.50
11	Appetite disturbances	33.00
12	Excessive shyness	17.40
13	Feeling of worthlessness	31.00
14	Increased or decreased sexual interests	22.05
15	Dissatisfaction with one's own body structure	19.00
16	Uncongenial home environment	38.00
17	Disturbed relationship with other family members	41.50
18	Overprotection in the family	34.50
19	Lack of interest in day-to-day activities	75.00
20	Communication failure	31.45
21	Financial constraints	68.40
22	Over dependence on drugs and alcohol	11.00
23	Fear of being neglected by friends and relatives	19.50
24	Social restrictions on needs and gratifications	52.50

**Percentages do not total up to 100 due to multiple responses*

Fig. 2 : Percentage distribution on causes affecting mental health of Women

Interpretation

It is observed from the free responses provided by women sample on the causes affecting mental health that the highest 78.50% of women became mentally unhealthy due to frequent health problems, 76.50% due to un fulfillment of their needs, 75.00% due to having lack of interest in day to day activities, 68.40% due to financial constraints, 67.00% due to lack of self confidence, 57.50% due to shortage of leisure time, 52.50% due to the social restrictions on needs and gratification, 50.00% due to the feeling of indecisiveness, 43.00% due to having inferiority complex, 42.45% due to irritability or feelings of

sadness, 41.50% due to the disturbed relationship with other family members, 38.00% due to uncongenial home environment, 37.05% due to lack of love and affection, 34.50% due to overprotection in the family, 33.00% due to appetite disturbances, 31.45% due to the communication failure, 31.00% due to the feeling of worthlessness, 30.90% due to stressful life, 29.50% due to poor concentration, 22.05% due to the increased or decreased sexual interests, 19.50% due to the fear of being neglected by friends and relatives, 19.00% due to dissatisfaction with one's own body structure, 17.40% due to having excessive shyness and 11.00% due to the dependence on drugs and alcohol.

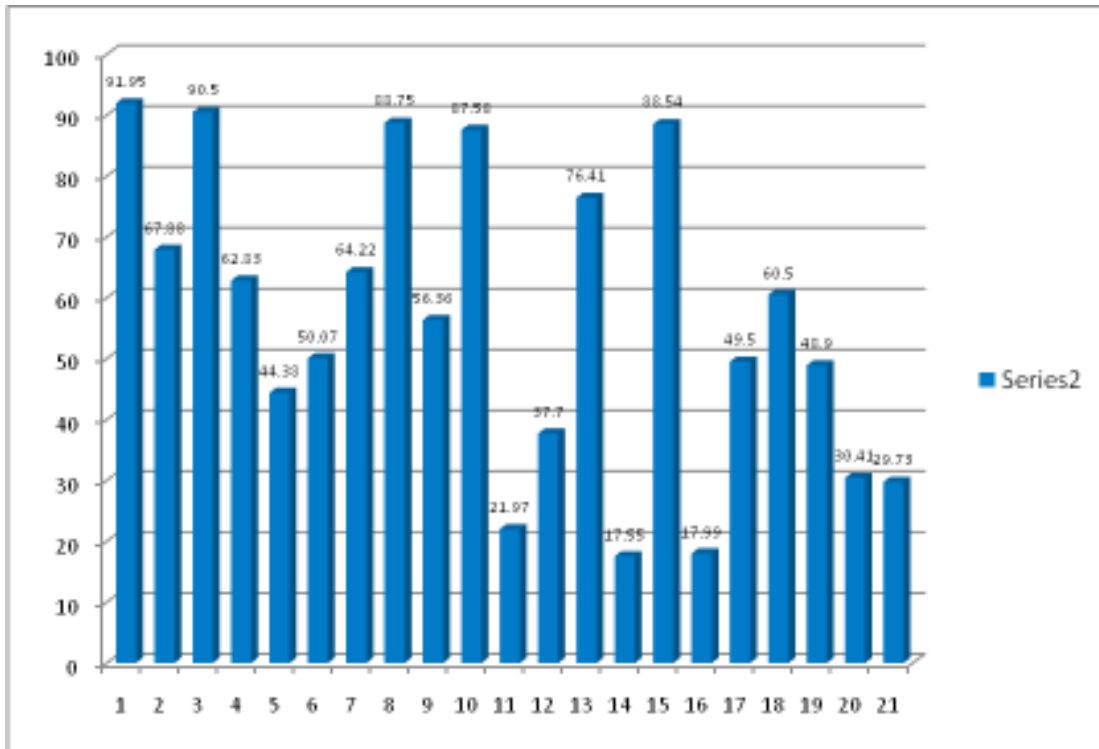
Objective No.2 : To find out the different coping strategies adopted by women in facing mental health problems.

Table-4 : Coping strategies adopted by women in facing mental health problems

SL. No.	Coping Strategies	Percentage of Opinion
1	Going for morning/evening walk and regular exercise	91.95
2	Practicing Yoga, Meditation and Pranayam	67.88
3	Sharing house hold chores	90.50
4	Maintaining self-discipline	62.83
5	Decision making	44.38
6	Organizing and planning daily activities	50.07
7	Listening to Music	64.22
8	Watching Television	88.75
9	Going for movie/theatre	56.36
10	Involving in religious and cultural activities	87.58
11	Involving in literary work	21.97
12	Involving in social work	37.70
13	Reading books/ news paper/ magazine	76.41
14	Taking part in art and creative activities	17.55
15	Going for social visit	88.54
16	Going for pilgrimage	17.99
17	Traveling	49.50
18	Adopting aroma-therapy	60.50
19	Cherishing old memories	48.90
20	Depending on medicines	30.41
21	Consulting doctors	29.73

**Percentages do not total up to 100 due to multiple responses*

Fig. 3 : Percentage distribution of opinion regarding coping strategies adopted by women in facing mental health problems



Interpretation

Regarding coping strategies adopted by women, the highest 91.95% were going for morning/evening walk and regular exercise, 90.50% were sharing house hold chores, 88.75% were watching Television, 88.54% were going for social visit, 87.58% were involving in religious and cultural activities, 76.41% were reading books/ news paper/ magazine, 64.22% were listening to music, 62.83% were maintaining self-discipline, 60.50% were adopting aroma-therapy, 56.36% were going for movie/theatre, 50.07% were organizing and planning daily activities, 49.50% were traveling, 48.90% were cherishing old memories, 44.38% were in decision making, 37.70% were involving in social work, 30.41% were depending on medicine, 29.73% were consulting doctors, 21.97% were involving in literary work, 17.99% were going for pilgrimage and 17.55% were taking part in art and creative activities.

6.1 Findings relating to the mental health problems faced by women

1. Women have high risk for somatization disorders.
2. Women have low risk for substance abuse disorders.
3. Urban women are likely to suffer with higher rates of mental disorder.

4. In urban areas, women are mostly affected by somatization, obsession, depression, compulsion, insomnia and phobia.
5. In rural areas, women are associated with increased risk for hysteria, somatization, depression and phobia.
6. Depression is found to be more prevalent in urban women than rural women.
7. Hysteria is found to be more affected by rural women.
8. Following physical conditions lead to mental health problems among women -
 - Frequent health problems.
 - Over dependence on drugs and alcohol.
 - Appetite disturbances.
 - Dissatisfaction with one’s own body structure.
 - Increased or decreased sexual interests.
9. Following psychological factors contribute to mental health problems of women -
 - Feeling of inferiority.
 - Poor concentration.
 - Irritability and feeling of sadness.
 - Un-fulfillment of needs.
 - Lack of interest in day to day activities.
 - Feeling of indecisiveness,

- Lack of self-confidence, feeling of worthlessness.
 - Excessive shyness.
 - Stressful life and boredom.
 - Shortage of leisure time.
10. Mental health of women is affected due to home and family related problems-
- Uncongenial home environment.
 - Disturbed relationship with other family members.
 - Overprotection in the family.
 - Financial constraints.
 - Fear of being neglected by friends and relatives.
 - Communication failure.
 - Social restriction on need and gratifications.
- 6.2 Findings relating to the coping strategies adopted by women in facing mental health problems**
1. Mentally healthy people adopt different strategies for coping with difficult adverse situations.
 2. The highest 91.95% of women have opined that they have the habit of morning/evening walk and regular exercise.
 3. 90.50% are found in sharing house hold chores to make them engaged in activities.
 4. 80% to 90% women adopt coping strategies-
 - Watching Television.
 - Going for social work.
 - Involving in religious and cultural activities.
 5. 60% to 79% women adopt coping strategies-
 - Reading books/ news papers/ magazines.
 - Practicing yoga.
 - Meditation and pranayam.
 - Listening to music.
 - Maintaining self-discipline.
 - Adopting aroma-therapy.
 6. 60% respondents and less adopt coping strategies-
 - Traveling.
 - Cherishing old memories.
 - Decision making.
 - Involving in social work.
 - Depending on medicines.
 - Consulting doctors.
 - Involving in literary work.
 - Taking part in art and creative activities.

7. Conclusion

The primary objective of the present study is to find out the mental health status of women. The investigator examined the mental health scenario of women population with respect to their age composition, marital status, educational background, occupational pattern, rural-urban residential pattern and economic condition. The study reveals that the women suffer from common mental health problems like insomnia, somatization, depression, stress, phobia anxiety disorder. Urban women are likely to suffer with higher rates of mental disorders than the rural women. They are more affected by somatization, stress, depression, loneliness, insomnia, phobia, anxiety disorders. The rural women are associated with increased risk for hysteria, somatization, depression, phobia disorders. Depression is found to be more prevalent in urban women than rural women. It is observed from the study that women sample have low risk for substance abuse disorder as they do not like to depend on alcohol or drugs.

People who are mentally healthy usually adopt coping strategies to adjust with difficult situations and maintaining balanced life. Most of the women have the habit of regular morning/evening walk and exercise; they keep themselves busy in house hold chores which make them relieved from mental agony.

References

- American Psychological Association 2010. *American Psychological Association Journal*, October, 2010. 65(7), ISSN 0003-066x.
- Basu, S. 2012. Mental Health Concerns for Indian Women. *Indian Journal of Gender Studies*. Retrieved June 1, 2013, from <http://www.ljg.sagepub.com>.
- Baxy, R. and Bhargava, P. 2006. *Prospects of Mental Health*, (Eds). Agra: Bhargava Book House, 337-342.
- Bhargava, M. and Raina, R. 2007. *Prospects of Mental health*. Agra: H.P. Bhargava Book House.

Bhavani, S.V. 2007. Women and Mental Health – A study of utilization of mental health services by women of lower socio-economic groups in Visakhapatnam City. *Doctoral Thesis*. Andhra Pradesh: Department of Social Work, Andhra University.

Choudhury, B. 2012. Aggressive behaviour among school going adolescents with special reference to Kamrup District- A socio-psychological appraisal. *Ph.D. Thesis*. Guwahati: Gauhati University.

Crow, L. D. and Crow, A. 1951. *Mental Hygiene*. New York: McGraw-Hill.

Davar, B. 2003. Women and mental health: Some concerns. *Perspectives in Psychological Researches*, (double issue), 24-26.

Davar, B.V. 1999. The mental health services and women. *Mental health of Indian women- A feminist agenda*. New Delhi: Sage Publication.

Khan, W., & Agarwal, C. 2004. Mental health, coping and social support : A study of working and non-working women. *Paper presented at National Seminar on Mental Health: Problems and Interventions*. Haridwar: Gurukul Kangri Vishwavidyalaya, March, 2004. 27-28.

Saikia, L.R. 2006. Management of mental health problems among widows. *Prospects of Mental Health*. (eds). Agra: Bhargava Book House. 207-216.

