



Exploring the Pathway towards Depression among Working Married Women – A Qualitative Study Done in Urban Area of Kancheepuram District, Tamil Nadu

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ABSTRACT

Introduction: Globally, around 264 million people suffer from depression according to World Health Organization (WHO). As per the National Mental Health Survey (NMHS), in the year 2015-2016, one in 20 people over the age of 18 years have ever had depression in India amounting to 45 million persons with depression in the year 2015. This study aimed to find out the self-perceived reasons of depression among married working women residing in an urban area of Kancheepuram district, Tamil Nadu.

Methodology: This is a qualitative study done on married working urban women above 18 years of age visiting an UHTC of a private medical college at Anakaputhur. Patient Health Questionnaire (PHQ-9) was used to assess whether they have depression. Data was collected by in-depth interviews, and it was recorded and transcribed verbatim.

Results: Based on the responses obtained from the participants the following themes and subthemes are formed like Workplace factors, Factors related to family, social factors and Mental Health seeking behaviour. Among the workplace factors job satisfaction, long working hours and relationship with peers were common reasons elicited.

Conclusion: Most of these problems could be overcome only if the society changes their mentality about women and practice gender equality and social justice.

Keywords: Patient health questionnaire, job satisfaction, peer pressure

INTRODUCTION

Globally, around 264 million people suffer from depression according to World Health Organization (WHO). Sadness which becomes persistent and lack of any desire or pleasure in doing activities which he/she felt enjoyable. Disturbances in sleep pattern, decreased or increase in appetite and feeling tired are common.¹ India accounts for 18% of the world's population. It accounts for 11.5 million Diseases adjusted Life Years (DALYs) in the year 2013.² As per the National Mental Health Survey (NMHS), in the

year 2015-2016, one in 20 people over the age of 18 years have ever had depression in India amounting to 45 million persons with depression in the year 2015.³

Globally, prevalence of major depressive disorder is higher in women compared to men.⁴ In India; many studies have reported higher prevalence of depression among women, especially working women. The major reasons attributed to this phenomenon include various hormonal and biological factors along with number of social and economic factors.^{5,6}

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According to the globally available data, factors like sexual abuse, psychological distress, and domestic violence have a greater impact on women compared to men across different socio-demographic settings across the world. Due to various factors like urbanization and industrialization, higher educational status, mass media influence, the status of women in the society has changed. They prefer to be employed and engaged in some job so that; they can contribute to financial needs of the family. But the attitude of others in the society remains the same especially culturally rich and diverse country as India. Women are labelled as primary caretakers of the family and children.⁷ Work pressure especially among married women, exhaustion due to overwork, malnutrition, performing multiple roles of a wife, daughter-in law, and mother, combine to contribute to poor mental health among women.⁸

Not all working married women are at risk of developing depression. Factors like having a good working atmosphere, supporting attitude of colleagues at the workplace, understanding husband and in-laws at home are some of the protective factors of good mental health among women.⁹ Though cross-sectional studies were available to quantify the predictors of depression among working married women, there is paucity of research in understanding the individual perceived reasons for depression among married women which could be obtained only through qualitative methods.

Based on the above background the study was done on married working women suffering from depression with the main objective to find out the self-perceived reasons of depression among married working women residing in an urban area of Kancheepuram district, Tamil Nadu.

METHODOLOGY

This was a qualitative study conducted in Anakaputhur, an urban area of Kanchipuram district, Tamil Nadu.

Study population and Sample Selection: Married working urban women above 18 years of age visiting an Urban Health and Training Centre (UHTC) of a private medical college at Anakaputhur were asked to fill the Patient Health Questionnaire (PHQ-9) in Tamil language to assess whether they have depression and the severity if depression was present. Unstructured open-ended questionnaire was used to collect details regarding perceived causes of depression among the study participants. PHQ-9 is validated tools to screen for depression in primary healthcare setting.¹⁰ Those who are suffering from depression according to PHQ-9 were included as study participants.

Inclusion Criteria: Women who are above 18 years of age who are married and employed in any private/government organization for a minimum period

of one year and suffering from depression according to PHQ-9 questionnaire were included in the study.

Exclusion Criteria: Married working women who were suffering from any other psychiatric illness other than depression were excluded from the study.

Data Collection Method: Data was collected by in-depth interviews by the investigator at the UHTC after obtaining written informed consent. Each interview lasted about 45 minutes to 1 hour. Data saturation was reached after interviewing 20 study participants. The interviews were recorded and transcribed verbatim.

Data Analysis: Data was analysed by thematic analysis to obtain the necessary themes and sub-themes.

Ethical Approval: Ethical approval was obtained Institutional Ethical Committee of the private medical college before commencement of the study.

RESULTS

Depression is one among the major disorders which is usually undiagnosed and under diagnosed due to the prevailing stigma in the community as well as the attitude of the illness among the participants. This has led to increase in the rates of suicide, broken families and even poor control of non-communicable diseases like diabetes and hypertension. The qualitative study done among married working women suffering from depression, grounded on socio-cultural contexts gave rise to the following themes and sub-themes which are mentioned below. (Table 1)

Table 1: Themes and Subthemes identified among participants suffering from depression

Themes and Subthemes
Workplace factors
Dissatisfied with the job
Body Image
Long working hours
Relationship with peers
Factors related to family
Parental influence
Domestic violence
Behaviour of children
Social factors
Feeling unworthy
Feeling unwanted
Lack of importance in family
Lack of empathy
Mental Health seeking behaviour
Lack of trust in healthcare
Judgemental opinions
Adherence to medication
Stigma
Trust in Alternate medicine

1: Workplace related factors: Most of the working women interviewed were working in the Information Technology sector. Due to the impact of the

COVID 19 pandemic, work from home has become a norm in the country. Though it has a lot of benefits, most of the study participants felt that working in the office was better than working from home. The various subthemes in this domain are discussed below.

1a. Dissatisfied with the job: All of the study participants were dissatisfied with their job which had either a direct or indirect influence on feeling down and depressed. The major reasons cited for being dissatisfied included, working against their ethics, not aligned with their passion, low pay and delay in promotion.

A 35 year old mother of two children said that, "The job I am currently working does not align with my passion which I had since childhood. Not even a single day passes without me feeling guilty about it". Another 32-year-old said that, "Most of the things I do in my workplace are against my working ethics. I literally had to lie to a person about a specific product to make them buy it".

1b. Body Image: In each and every workplace, passing comments on the physical appearance of the employees and commenting on the way they dress and even being grouped by the superiors happen every day. Not only in workplace, but also in the houses, husband tend to pass defaming comments on their wives which takes a toll on their psychological health and lower their self-esteem. Around 12 of the study participants faced these issues in their workplace and households.

A 28 year old newly married woman said that, "I belong to a conservative family. I don't wear modern outfits to my workplace. Not even a day passes without hearing unwanted comments from my peers and my husband and superiors which is taking a toll on my psychological health".

A 32 year old woman said that, "I am insecure about my physical looks since my childhood. This insecurity worsened when even used to call me by unwanted names regarding my looks in front of whole family".

1c: Long working hours: Since work from home has become a norm recently, the working hours were becoming long and the deadlines short, as the employers felt that working from home increases productivity among employees. But it does not apply to all of them as evident from the responses by the study participants.

A 35 year old working mother said that, "Meeting the deadlines of my clients has become a nightmare because my productivity has gone down due to my inability to balance between personal and professional life".

A 27-year woman who got married 2 months ago said that "due to the erratic and long working hours, I am seldom able to spend quality time with my husband who is increasing the tension between us".

1d: Relationship with peers: In all working environments, peers play a major role in workplace satisfaction. They either make you or break you. But in this modern world, relationship ethics, being lied to, speaking badly about a person behind their backs and ratting out sensitive information of peers to the superiors to gain their favours are happening everywhere.

Around 75% of the study participants responded that they don't have a good relationship with their peers. A 26 year old participant said that, "I don't have a healthy relationship with my peers as they use me only for their gains." Another 30-year-old said that, "Since none of my peers understand. I am unable to discuss my problems in the workplace with anyone who increases my stress".

2. Factors related to family:

2a. Parental Influence: Almost all of the study participants reported that they were unable to disclose their problems related to mind with their parents as all of them rub off as if, it was nothing. A 36 year old mother said that, "I could never discuss my problems with my mother as she still thinks that depression is a term made up by doctors for milking money". A 26-year-old participant told that, "Whenever I say to my parents that that I feel depressed, they judge me based on the cause of depression and ask me to take things in their way which is practically not possible for me".

2b. Domestic Violence: Except two participants, the other 16 of them felt that their partners were un-supportive when they take their problems to them and experienced at least one form of abuse from their partners, which may be emotional, physical, or sexual abuse. A 32 year old participant said that, "My husband would always see things from his point of view rather than empathizing my situation". A 30-year-old said that "I would never take my problems to my husband as I know that I will be judged, criticized and he would make me feel that I am the wrongdoer and the problem is with my mind" A 35 year old participant said that, "When my husband who is currently unemployed, is under the influence of alcohol, he would beat me in front of my children to prove his dominance in the household"

2c: Behaviour of children: Around 60% of the study participants had at least one child. Lack of spending quality time with their children and their lower academic performance and their behaviour towards others were all blamed on their mothers. A 32 year old mother became teary eyed during the interview when enquired about her children and said that "I allocate all of my free time for my children. From his low marks in school to his behaviour towards others, all of which is blamed on me and my work which is unbearable for me". She went on to confess that it made her so depressed and guilty that even wanted to quit her job once.

3. Social Factors

3a: Feeling unworthy: All of the study participants responded that they feel unworthy to exist in this life and have no motive to go on ahead due to low self-esteem and lack of confidence. When enquired about the reasons for the same, a 28 year old married woman responded that, "I feel that my husband deserves someone better than me." She began to cry on speaking on the topic and went on "We have been in love for 5 years. But after marriage, I am unable to satisfy his needs as I am tired most of the time. I don't deserve him"

3b: Feeling unwanted: Around 70% of the study participants felt that they felt unwanted in either their workplace or in their family which is taking a toll on their mental health. A 30 year old participant responded that, "In my workplace and my home, I feel that I am of no importance to anyone." She confessed that, "No one misses me. No one likes me. I am not a person of importance in anyone's lives". She became emotional and said, "Why should I live in this world anymore?"

3c: Lack of importance in family: Around 5 of the study participants felt that their family overpowers them and her decisions or feelings are not of importance to anyone, not even to her own husband or their children. A 34 old mother of 2 children told that, "My husband only listens to his mother. My children don't even have a slight amount of respect towards me as my mother-in law pampers them always". She added that "Even on the way I dress or the restaurants I eat, are all decided by my husband and my in-laws"

3d: Lack of empathy: Empathy is one among the major qualities which each and every human being should possess in his/her lifetime. All of the study participants felt that, one among the major reason they landed up with depression was due to the fact that, no nobody empathized with their situation. A 25 year old participant said that, "No one was willing to hear my side of the story. They were trying to choke me with their preconceived notions and prejudices which I was unable to tolerate".

4. Mental Health seeking Behaviour:

4a: Lack of trust in Healthcare: According to the PHQ-9 scale, around 17 of the study participants were having moderate depression and 3 were having severe depression. When enquired on the reasons they did not seek healthcare on the early stages, a 30 year old participant responded that, "I did not believe that going to a mental health specialist will benefit me in any way". Another 32 year old responded that, "I don't trust mental health specialists as everyone said that, seeking their help will make things only worse"

4b: Judgemental Opinions: One of the most common reason that people suffering from depression

don't open up to anyone is due to the fear of being judged upon by people around them. A 35 year old participant told that, "I switched 3 psychiatrists during my course of treatment of depression." She went on adding that, "The major reason was that, they were more focussed on giving opinions and judge me rather than helping me dealing with my depression"

4c: Adherence to medication: All of the study participants felt that, though drugs were helping to cope them with depression, they were not willing to take the drugs initially due to adverse effects they faced which caused relapses and worsened their depression. A 28 year old participant who was on depression treatment for the past 3 years added that, "Decreased libido and fatigue caused me to discontinue the medication often". A 33 year old participant said that, "Constant nausea, weight gain and insomnia lead to constant change in treatment regimen which made me quit the medication altogether which worsened my depression".

4d: Stigma: All of the study participants found difficulty in convincing their family members that they needed professional help in dealing with depression. A 36 year old participant said that "I had to lie to my family members and visit psychiatrist for treatment of depression because of which, I had to conceal the side effects of the same which I found it very difficult to manage".

4e: Trust in alternate medicine: Since there were lot of alternate ways to overcome depression which were publicized everywhere, almost all of the study participants tried one of those before taking allopathic medicines. One of the participants said that "I tried all the forms of meditation available for 3 years before seeking professional medical help".

DISCUSSION

Married working women have the responsibility to manage the burden associated with both personal and professional life. The study done among married working women who are already suffering from depression to find out individual reasons grounded in human experience yielded interesting results which are discussed below.

In the present study, almost all the women suffered from one or the other form of abuse from their partners which they perceived to be one of the factors responsible for their depression. In a study done by Parkar SR et al, all the participants who partook in focus group discussions responded that they suffered physical abuse from their husbands when he was under the influence of alcohol.¹¹ Similar findings were reported in study done by Das J et al, in which alcohol was found to be a major contributor towards domestic abuse towards women.¹² In a study done by Kermode et al, dowry was also a contributing factor towards domestic abuse from the husband and family members.¹³ These findings highlight the fact that, partners insecurity about their wives are earn-

ing and male dominance practiced in the country are one among the major factors contributing towards depression among working women. In the present study, though all the working women were earning money, they faced financial insecurity as most had to hand over the money to their husbands and in-laws as dictated by cultural norms. This lack of personal autonomy contributed to depression and these findings were supported from a study done by Travasso M et al.¹⁴

The study participants who worked for long hours perceived it as one among the cause of depression. These findings were supported by study done by Weston G et al, in which women who worked extra long hours experienced 7.3% more depression symptoms compared with women who worked on regular working hours.¹⁵ These findings suggest that, women working to satisfy the financial needs of the family need to take care of their mental health too which can be impacted when they work for long hours.

Body image has been defined as “the picture we have in our minds of the size, shape, and form of our bodies.” Women are affected more by body image dissatisfaction compared to males¹⁶. In the present study, most of the women faced certain kind of abuse from their peers and husbands regarding their physical appearance which they perceived as a cause of having depression. Similar findings were obtained in a study done by Jackson KL et al in which dissatisfactions with their physical appearance and perceived unattractiveness were found to be clinically significant with depression.¹⁷

In the present study, all of the study participants were dissatisfied with their jobs which they perceived to have had an influence on their depressive symptoms. Job satisfaction acts as an important predictor of a person’s psychological health and well-being.¹⁸ Aazami S et al, found that, job satisfaction found that there was link between satisfaction in their job and psychological distress faced by them.¹⁹ These problems can be addressed effectively only if there is a combined co-ordination between the employee, employer, and related stakeholders.

Indian women live in a patriarchal society. Though they may have a professional education and earn money, the importance they receive among the peers and family members are always questionable under many circumstances.²⁰ The present study highlights the same, in which most of the study participants feel that they are unworthy, unwanted and they feel that they have a lack of autonomy in making important decisions even regarding themselves. Das J et al, in their study found that, this male dominance and lack of autonomy led women in urban India to become hopeless, helpless which ultimately led them to depression and even suicidal ideation.²¹ This ideation has to change among the Indian families in which due respect and autonomy has to be given to women and make them equally wanted in the family and society which would help in improving their self-

esteem, confidence and lead a productive life. Visiting a healthcare professional for help regarding mental health problems is viewed as taboo even in this developing urbanized world.²² In the present study, all the study participants had hesitancy to visit healthcare which they perceived as cause of delaying the diagnosis. In a study done by Yokoya S et al, 30% of the participants believed that weak mind causes depression and around 50% did not have trust in pharmacotherapy.²³

CONCLUSION

The study highlights some of the glaring problems faced by women in a culturally diverse and rich country like India. Most of these problems could be overcome only if the society changes their mentality about women and practice gender equality and social justice. More gender based mental health research in different socio-cultural scenarios in India is necessary to have a deep understanding, so that, prevention and treatment strategies can be developed for common mental health problems like depression among women.

REFERENCES

1. World Health Organization. Depression. Available from https://www.who.int/health-topics/depression#tab=tab_1. Accessed on 13 November 2021.
2. Charlson FJ, Baxter AJ, Cheng HG, Shidhaye R, Whiteford HA. The burden of mental, neurological, and substance use disorders in China and India: a systematic analysis of community representative epidemiological studies. *Lancet*. 2016; 388:376–89.
3. National Mental Health Survey of India, 2015–16. Prevalence, Pattern and Outcomes. Bengaluru: National Institute of Mental Health and Neurosciences. 2016 Available from <http://www.nimhans.ac.in>. Accessed on 21 October 2021.
4. Cyranowski JM, Frank E, Young E, Shear MK. Adolescent onset of the gender difference in lifetime rates of major depression: a theoretical model. *Archives of general psychiatry*. 2000 Jan 1;57(1):21-7.
5. Deswal B, Pawar A. An epidemiological study of mental disorders at Pune, Maharashtra. *Indian J Community Med*. 2012;37:116.
6. Shidhaye R, Gangale S, Patel V. Prevalence and treatment coverage for depression: a population-based survey in Vidarbha, India. *Soc Psychiatry Psychiatr Epidemiol*. 2016;51:993–1003
7. Dudhatra RR, Jogsan YA. Mental health and depression among working and non-working women. *International Journal of Scientific and Research Publications*. 2012;2(8)
8. World Health Organization. Gender and Women’s Mental health. Available from <https://www.who.int/teams/mental-health-and-substance-use/promotion-prevention/gender-and-women-s-mental-health>. Accessed on 22 October 2021.
9. Kopp MS, Stauder A, Purebl G, Janszky I, Skrabski A. Work stress and mental health in a changing society. *European Journal of Public Health*. 2008;18(3):238–244
10. Kroenke K, Spitzer RL, Williams JBW. The PHQ-9: Validity of a brief depression severity measure. *J Gen Intern Med*. 2001;16(9):606–13.

11. Parkar SR, Fernandes J, Weiss MG. Contextualizing mental health: Gendered experiences in a Mumbai slum. *Anthropology & Medicine*. 2003 Dec 1;10(3):291-308.
12. Das J, Das RK, Das V. The mental health gender-gap in urban India: patterns and narratives. *Social Science & Medicine*. 2012 Nov 1;75(9):1660-72.
13. Kermode M, Herrman H, Arole R, White J, Premkumar R, Patel V. Empowerment of women and mental health promotion: a qualitative study in rural Maharashtra, India. *BMC public health*. 2007 Dec;7(1):1-10.
14. Travasso SM, Rajaraman D, Heymann SJ. A qualitative study of factors affecting mental health amongst low-income working mothers in Bangalore, India. *BMC women's health*. 2014 Dec;14(1):1-1.
15. Weston G, Zilanawala A, Webb E, Carvalho LA, McMunn A. Long work hours, weekend working and depressive symptoms in men and women: findings from a UK population-based study. *J Epidemiol Community Health*. 2019 May 1;73(5):465-74.
16. Aazami S, Shamsuddin K, Akmal S, Azami G. The relationship between job satisfaction and psychological/physical health among Malaysian working women. *The Malaysian journal of medical sciences: MJMS*. 2015 Jul;22(4):40.
17. Slade PD. Body image in anorexia nervosa. *The British Journal of Psychiatry*. 1988;153(S2):20-2.
18. Jackson KL, Janssen I, Appelhans BM, Kazlauskaitė R, Karavolos K, Dugan SA, et al. Body image satisfaction and depression in midlife women: the Study of Women's Health Across the Nation (SWAN). *Archives of women's mental health*. 2014 Jun;17(3):177-87.
19. Faragher EB, Cass M, Cooper CL. The relationship between job satisfaction and health: a meta-analysis. *From stress to well-being Volume 1*. 2013:254-71.
20. Aazami S, Shamsuddin K, Akmal S, Azami G. The relationship between job satisfaction and psychological/physical health among Malaysian working women. *The Malaysian journal of medical sciences: MJMS*. 2015 Jul;22(4):40.
21. Das J, Das RK, Das V. The mental health gender-gap in urban India: patterns and narratives. *Social Science & Medicine*. 2012 Nov 1;75(9):1660-72.
22. Bhattacharya A, Camacho D, Kimberly LL, Lukens EP. Women's experiences and perceptions of depression in India: A metaethnography. *Qualitative health research*. 2019 Jan;29(1):80-95.
23. Yokoya S, Maeno T, Sakamoto N, Goto R, Maeno T. A brief survey of public knowledge and stigma towards depression. *Journal of clinical medicine research*. 2018 Mar;10(3):202.