

## SOCIO - CULTURAL FACTORS AFFECTING DEPRESSION AMONG WOMEN IN DISTRICT FAISALABAD

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### ABSTRACT

*There is a significant global challenge regarding the mental health of individuals worldwide. Major depressive disorder, also known as depression, is quite prevalent in adult Pakistani women. The World Health Organization has highlighted the need for extensive study and research regarding the possible social factors that serve as a threat to the mental health of women in general. This study aimed to recognize the crucial socio-cultural determinants of depression among women in District Faisalabad. The relationship between financial stress and mental health problems among women was also investigated. The nature of this study was quantitative and a cross-sectional design was used. The sampling technique to select the respondents in the ongoing research was purposive. The data was collected from the Department of Psychiatry & Behavioral Sciences of the District Head Quarter (DHQ) Hospital Faisalabad. The target population included adult women between the ages of eighteen and forty-five and the sample consisted of a total of one hundred and fifty respondents. A structured questionnaire was used to record the required responses. Data analysis was done using the Statistical Package for Social Sciences (SPSS) software. The chi-square and gamma tests were used to check the association between the variables, i.e., socio-cultural factors and depression. The findings of the study revealed that forty-nine percent of the women reported that they often face domestic violence, twenty-nine percent of the women were often a target of family violence, eighty-one percent of the women reported having low emotional support, forty-eight percent of the women reported that their parents neglected them physically or emotionally in the childhood or adolescence. Fifty-two percent said that they often experience financial stress, seventy percent of women had high spousal support, eighty-five percent of women had high family support, forty-two percent strongly agreed with having personal autonomy in major decisions of life, thirty-three percent agreed with having personal autonomy in minor decisions and ninety percent of women strongly disagreed with the statement that they can fulfill their basic needs without being dependent on anyone. The bi-variate analysis shows a statistically significant association of domestic violence, emotional support, spousal support, financial stress, parental neglect, personal autonomy in major decisions, financial dependence, and family support with the incidence of major depressive disorder. On the contrary, family violence and*

*personal autonomy in minor decisions of life were not found to be significantly associated with depression among women. It is recommended that women diagnosed with clinical depression should be referred for individual counseling by the relevant healthcare providers and the right investments should be made in empowering women and ensuring the mental well-being of women on the societal level by public policy makers.*

**Keywords:** *Depression, Domestic Violence, Family Violence, Emotional Support, Spousal Support, Financial Stress, Family Support, Parental Neglect, Personal Autonomy, Financial Dependence*

## INTRODUCTION

Psychological disorders are one of the most significant contributors of the health burden on the global level. Among these psychiatric disorders, depression and anxiety are found to be the two most leading causes of functional impairment. They are also included among the top twenty-five indicators of health-related burden world-wide. Depression is considered as a medical illness and a mental disorder that is common in almost every part of the world. Out of total world's population, it is estimated that 3.8% of the people are affected by depression. This includes 5.0% of the people who have reached adulthood and 5.7% of the people belonging to the age category of 60 years and above. Furthermore, it is projected that, approximately 280 million people of the entire world's population are found to have depression (Santomauro, 2021).

The key findings drawn from the data of the National Health and Nutrition Examination Survey indicates that during a certain two-week timeframe, over 8% of individuals aged 20 and above reported that they experienced depression. Women had a significantly higher likelihood of experiencing depression, with 10.4% reporting it compared to men at 5.5%, which is almost twice as much. Women often face stressful situations at home and sometimes at the workplace. The feelings of sadness, loneliness and emptiness are normal to a certain extent, however; these emotions are quite intense in the people having depression. It is also observed that such symptoms last for a duration longer than what is considered as normal, this also serves as another indication of depression. Females are more prone to experience depression than their male counterparts which further explains that why several researches show that the likelihood of depression among women is

2-3 times higher than men (Anxiety & Depression Association of America, 2022).

The mental health of women is often associated with the violence and abuse they are subjected to. It is estimated that 53% of women with mental health problems are the victims of some form of abuse. 36% of women who have experienced severe physical violence either during childhood or adulthood have also attempted suicide. The statistics regarding women's mental health also suggest that 29% of women living in poor conditions are more likely to have common mental disorders such as anxiety and depression as compared to 16% of women who are not facing poverty (Agenda Alliance, n.d.).

The major symptoms of depression are often grouped into three main categories. These groupings include physical symptoms, psychological symptoms, and social symptoms. Depression can manifest in physical symptoms such as slowed movements or speech, low energy levels, alteration in one's appetite, fluctuations in body weight and constipation and body discomfort. Psychological symptoms include feelings of sadness that persist over a longer period, feeling pessimism, losing interest in different daily activities, being irritated by others etc. Finally, the social symptoms of depression consist of people losing social contact with others, avoiding social interaction, and experiencing difficulties in dealing with social life such as with the family or at the workplace (The National Health Service, 2019).

Among the women living in the developing countries of the world, depression is quite prevalent. Studies conducted in Pakistan also suggest that depression is quite common in the country's population. The findings of these researches indicate that depressive disorder is

more rampant in the country's female population than it is in the male population. Assorted factors can be linked with depression among women. Social and cultural indicators of depression are said to be one of the most notable factors as highlighted by various research studies (Ali et al., 2009).

Depression in women is often associated with the reproductive periods including the age of puberty, adolescence, pregnancy, postpartum period and so on. The reason for this observed variability during the reproductive age is the hormonal fluctuations that women tend to experience. Nevertheless, the factors that are rooted in the society can never be ruled out. These social factors in the context of Pakistani society are often known as the domestic violence, lack of education, poverty, and low social support. These aspects of society are significant determinants of the high incidence of depression among women which is quite common in the country's population (Bano et al., 2020).

At present, Pakistan holds the sixth largest population in the world and is projected to be the fourth populous country of the world by year 2030. The statistics indicate that out of the total number of people living in the developing countries, 10-44% are estimated to be affected by depression in some way. Furthermore, 50.8 million people are currently experiencing depression. Every year Pakistan's population is rapidly increasing and the country's position in the world is constantly evolving. These changing events further highlight that how crucial it is to develop certain strategies that work well to address the high incidence of depression in the country (Iqbal et al., 2016).

## **HYPOTHESIS**

**Hypothesis 1:** Married women facing domestic violence are more susceptible to the incidence of depression

**Hypothesis 2:** Women with the low emotional support are highly vulnerable to the occurrence of depression

**Hypothesis 3:** The incidence of parental neglect during childhood and teenage years is responsible

for the increase in occurrence of depression among women

**Hypothesis 4:** The increase in financial stress results in the high prevalence of depression among women

**Hypothesis 5:** Low family support is responsible for the occurrence of depression among women

**Hypothesis 6:** Higher the personal autonomy in making major decisions of life, lower the occurrence of depression among women

**Hypothesis 7:** The increase in financial dependence of women on others is associated with the increase in the incidence of depression among them

## **Research Gap**

There is a growing body of literature on prevalence and factors of depression among women in different global contexts, there still exists a significant research gap regarding the social and cultural experiences of women and how these experiences serve as societal indicators of depression. Several studies have aimed to examine the association between the societal factors and depression among women, however, most of these researches have only explored two or three common factors. The current study aims to identify the significant social and cultural determinants of depression. These factors include domestic violence, family violence, emotional support, financial stress, spousal support, family support, parental neglect, personal autonomy and financial dependence. This way the current study sheds light on assorted societal determinants that can have a role in the major depressive disorder among women.

## **Objectives**

- To explore the socio-demographic characteristics of the concerned women
- To identify social and cultural factors of depression among women
- To understand the role of financial stress in the deteriorating mental health of women

- To suggest the importance of understanding the social context of depression among women in Pakistan

### METHODOLOGY

The current investigation aimed to identify and understand the social and cultural factors of depression among women in district Faisalabad. The study was based in the district Faisalabad. The respondents of the study were selected from the District Head Quarter Hospital (DHQ). The sample consisted of a total of 150 respondents. This sample included women who were clinically diagnosed with depression from a psychiatrist at DHQ hospital. A cross sectional design was employed with an aim to accomplish the objectives of the current study. The purposive sampling technique was used for the purpose of data collection. The interview schedule was used

to record the responses of the participants. The data analysis was done through the Statistical Package for Social Sciences (SPSS). The descriptive statistics including the frequencies, percentages, chi-square, and the gamma test was used to analyze and interpret the acquired information.

### RESULTS AND DISCUSSION

The results of this study are presented in the following tables and thus interpret the association between the variables depending upon the formulated hypotheses.

#### A. Socio-demographic characteristics of the respondents

The socio-demographic characteristics of the respondents who participated in the current study is given below. All the background variables are classified into the particular categories.

Socioeconomic attributes	Frequency	Percentage
<b>Age</b>		
18-23 years	45	33.0
24-29 years	33	22.0
30-35 years	24	16.0
Above 35 years	48	32.0
<b>Education Level</b>		
Less than Matric	95	63.3
Matric	36	24.0
Intermediate	15	10.0
Graduate	3	0.7
Postgraduate	1	
<b>Marital Status</b>		
Married	100	66.7
Unmarried	37	24.7
Divorced	4	2.7
Widowed	9	6.0
<b>Working Status</b>		
Home Maker	122	81.3
Working Woman	10	6.7
Student	15	10.0
Home-Based Entrepreneur	3	2.0
<b>Monthly Income</b>		
Less than 25 thousand	60	40.0
Rs 25000-50000	65	43.3
Rs 50000-75000	16	10.7
Rs 75000-100000	8	5.3
Above-Rs 100000	1	0.7



<b>Family Type</b>		
Nuclear Family	94	62.7
Joint Family	56	37.3

The univariate analysis in the table shows that 30.0% of women present in the sample were between the ages of 18 and 23 and 32.0% of women were above the age of 35. However; 22.0% and 16.0% of women belonged to the age category of 24-29 and 30-35 respectively. In terms of education level, most of the women respondents' schooling level was less than matric. This includes 63.3% of women belonging to this particular category. 24.0 % of women received education up to matric. 10.0% of women had completed the intermediate level of education and only 2.0% of women had completed their graduation. Only one respondent reported having a postgraduate degree.

The marital status of women in the sample showed that the 66.7% were married and 24.7% of women were unmarried. 2.7% of women reported that they were divorced and 6.0% of women were widowed. It was revealed that 40.0% of women have a monthly household income of less than 25 thousand. However; the majority of

the sample comprised of the women belonging to the household income level category of 25-55 thousand. 43.3% of women had a household income level between 25 and 55 thousand. 10.7% of women belonged to the monthly household income category of 50 to 75 thousand. Only 5% of women reported that the monthly income level of their household is above 1 lac.

The working status of the women showed that 81.7% of women in the total sample were home makers. This category included the highest number of the women. 10.0% of the respondents were the students and 6.7% were working women. The study also revealed that lowest percentage of women i.e., 2.0%, were home based entrepreneurs. Finally, the results of the frequency distribution showed that 62.7% of women from the total sample belonged to the nuclear family type. On the contrary, 37.3% of women were found to be living in the joint family system.

**Association of different variables**

**Hypothesis 1: Married women facing domestic violence are more susceptible to the incidence of depression**

**Table 1 Association between domestic violence and depression among married women**

Domestic Violence	Depression			
	Coefficient	Df	p-value	Gamma
	16.136	6	0.000	1.00

Table 2 depicts the association between domestic violence faced by the married women and depression. The chi square value (16.136) indicates a strong relationship between the domestic violence and depression. The positive gamma value of 1.00 and p value of 0.000 shows that a strong positive association exists between the variables under study. This association between domestic violence and depression is statistically significant.

This is in line with the findings of the study conducted by (Ali, 2009) who indicated that domestic violence or intimate partner violence can contribute to depression among women. It was further explained that the women who are often targeted with any kind of domestic violence are

more vulnerable to the incidence of depression as compared to the women who do not face domestic violence. Another study by (Zakar, 2013) indicated that women in Pakistan are generally vulnerable to mental health issues like depression as domestic violence is quite common in the country and the gender-based violence against women is still not considered wrong in many families. The findings of this current study also emphasize that the domestic violence is a strong social indicator and determinant of depression among women especially the women who are already married.

**Hypothesis 2: Women with the low emotional support are highly vulnerable to the occurrence of depression**

**Table 2 Association between emotional support and depression among women**

Emotional Support	Depression			
	Coefficient	Df	p-value	Gamma
	4.111	1	0.043	1.00

Table 4 is illustrated to show the results of the association between emotional support and depression among women through the use of the chi-square test. The emotional support received by the women was divided into four main sources. The emotional support from immediate family, extended family, friends, and colleagues in the case of the working women. The chi square value (4.111) here depicts a substantial relationship between the emotional support provided to women participants and the occurrence of depression. The negative gamma value of -1.000 shows that the emotional support and the depression are inversely associated. Additionally; the p value of 0.043 suggests that the association is statistically significant.

The findings of this study are in line with the study conducted by (Brinker and Cheruvu, 2017)

that individuals who receive more emotional support in their lives are less likely to report any occurrence of depression as compared to their counterparts who report that they do not get much emotional support from the family and friends. The study further suggested that emotional support works like a shield against depression as any adverse impact of previous adverse childhood experience is eliminated to a larger extent. The current study also depicts the importance of the emotional help and support as a key social indicator in determining the mental well-being of the women.

**Hypothesis 3: The incidence of parental neglect during childhood and teenage years in responsible for the increase in occurrence of depression among women**

**Table 3 Association between parental neglect and depression among women**

Parental Neglect	Depression			
	Coefficient	Df	p-value	Gamma
	10.570	2	0.005	0.319

Table 5 delves into the association between parental neglect and the occurrence of depression among women. This comprises of the physical and emotional neglect faced by the women during their childhood and adolescence. The chi square value (10.570) here depicts an essential relationship between parental neglect and the occurrence of depression among women. The positive gamma value of 0.319 shows that as parental neglect increases, the occurrence of depression among women also increases. The p value of 0.005 shows that there is a highly statistically significant association between parental neglect and depression.

Paterniti et al., (2017) in their study concluded that the childhood maltreatment and neglect are significantly associated with psychiatric disorders such as anxiety and depression. If the needs of the children are being ignored by the parents, it exposes them to the occurrence of such mental health conditions like depression during adulthood. The findings of the current study also show that there is a significant relationship between parental neglect and depression among women.

**Hypothesis 4: The increase in financial stress results in the high prevalence of depression among women**

**Table 4 Association between financial stress and depression among women**

Financial Stress	Depression			
	Coefficient	Df	p-value	Gamma
	12.254	5	0.039	0.173

Table 6 shows a substantial relation between financial stress and the occurrence of depression among women with the coefficient value of 12.254. The positive gamma value of 0.173 and p value of 0.039 shows that the relationship between the financial stress and depression among women is positive and statistically significant. These findings align with the research conducted by Guan et al., (2022) who found a significant association between financial stress and depression in adults including men and women. It was further suggested that this association is typically observed in the low socioeconomic groups within a society as they are more likely to

feel stressed out due to the finances. The current research study also shows that financial stress is significantly associated with depression. Women belonging to the low socioeconomic groups are more vulnerable to the occurrence of major depressive disorder. If people cannot afford to fulfil their needs in order to survive or to sustain a standard of living, they often face mental health conditions and the major depressive disorder is one of them.

**Hypothesis 5: Low spousal support is responsible for the occurrence of depression among women**

**Table 5 Association between spousal support and depression among women**

Spousal Support	Depression			
	Coefficient	Df	p-value	Gamma
	1.416	1	0.234	-0.545

Table 7 indicates that there is no significant association between the spousal support and depression. The value of chi square is 1.416, gamma value is -0.545 and the p value is 0.234. Choi and Ha (2011) reported that the spousal support has an inverse relationship with the depression because as the spousal support increases, the incidence of depression decreases. On the contrary, low spousal support results in the

high prevalence of depression among women. The current study showed different results as no significant association was indicated between the spousal support and depression among women.

**Hypothesis 6: Low family support is responsible for the occurrence of depression among women**

**Table 6 Association between family support and depression among women**

Family Support	Depression			
	Coefficient	Df	p-value	Gamma
	11.249	1	0.001	-0.882

Table 8 depicts the substantial link between the family support and depression among women. The chi-square value (11.249) shows a strong association between the family support and depression among women. The p value 0.001 shows a highly significant relationship between the family support and the variable depression. The gamma test representing a negative value i.e., -0.882 reveals an inverse relationship between the two variables.

family support has a direct link with depression among women. It was also observed that as the provision of family support increased over time, any underlying symptoms present in the women suffering with depression, decreased. The findings of the current study also indicates that as the family support increases, the incidence of depression decreases.

**Hypothesis 7: Higher the personal autonomy in making major decisions of life, lower the occurrence of depression among women.**

These findings are in line with the study conducted by Kamen et al., (2011) who found that

**Table 7 Association between personal autonomy and depression among women**

Personal Autonomy	Depression			
	Coefficient	Df	p-value	Gamma
	9.058	3	0.029	0.305

Table 9 depicts the association between personal autonomy in major decisions of life and depression among women. These significant life choices encompass decisions related to marriage, career, and education. The chi-square value 9.058 indicates an association between the personal autonomy in taking major decisions and depression among women. The gamma value for the relationship between these variables is positive 0.305 that suggests a positive relationship between personal autonomy in making major decisions and depression among women. The p value 0.029 also suggests that the association between both variables is statistically significant. The findings of this study are related to the conclusions made by (Zahidie and Jamali, 2013)

who also inferred that lack of personal autonomy provided to women in the major decisions of life such as marriage, education and choosing the profession etc. are detrimental to their mental health leading to depression. It was also concluded that women are often living in excessively controlled households. They are often not allowed to make their own decisions and the decisions are taken by any other member of the household often the male members including father, brother, or husband.

**Hypothesis 8: The increase in financial dependence of women on others is associated with the increase in the incidence of depression among them.**

**Table 8 Association between financial dependence and depression among women**

Financial Dependence	Depression			
	Coefficient	Df	p-value	Gamma
	10.075	4	0.039	0.285

Table 10 the analysis delves into the relation between financial dependence and depression among women. The chi-square value of 10.075 indicates a substantial link between the variables under study. The positive gamma value of 0.285 and the p value of 0.039 suggests that the association between financial dependence and depression is positive as well as statistically significant

Conner (2014) indicated that women's dependence on the spouses and family members

for their basic finances makes them feel more vulnerable and puts them at a high risk of having depression. These findings support the results shown by the current study in which it is revealed that financial dependence has a statistically significant association with depression among women. The positive gamma test value also further assures that this relationship between the variables is positive and goes in the same direction, i.e., if one variable increases, the other increases as well.

**Table 12 Summary of Results**

Determinants of Depression	p values	Signs with gamma values
Domestic Violence	0.000**	+ve
Emotional Support	0.043*	-ive
Parental Neglect	0.005**	+ve
Financial Stress	0.039*	+ve
Spousal Support	0.234	-ve
Family Support	0.001**	-ve
Personal Autonomy in major decisions	0.029*	+ve
Financial Dependence	0.039*	+ve



## CONCLUSION

The findings of the study revealed that the domestic violence and parental neglect have a strong relationship with depression. Moreover; the financial stress, personal autonomy, emotional support, and financial dependence were also found to be associated with depression among women. Most of the women reported that they were constantly abused by their spouses, especially most of them were abused verbally. A good proportion of respondents also believed that they faced lack of spousal and emotional support. It was also found that physical and emotional neglect of the women by the parents during their childhood and adolescence was another indicator of depression. The financial difficulties and the financial dependence of the women on their spouses or any other family members were also found to be important factors in the increasing incidence of depression. It is finally concluded that the mental well-being of women is strongly impacted by the social as well cultural factors present in their surrounding social settings and the society. The higher incidence of these factors can be the cause of the greater prevalence of major depressive disorder among women.

## RECOMMENDATIONS

The current study should be considered a crucial step taken towards exploring the significance of understanding the social context of depression among women. Future studies should be adopted to focus on the preventive measures to fight against the growing threat to the mental well-being of the women in the form of depression. Women diagnosed with clinical depression should be referred for the individual counselling by the relevant health care providers. Public policy makers should make the right investment in empowering women and ensuring the mental well-being of the women on the society level. Such seminars and awareness programs should be organized by the educational institutions that educate women about the possible risk factors of depression.

Counselling and support groups should be established for the women who have been a target of domestic abuse either physically, verbally, or emotionally. Married women diagnosed with

depression should be referred for the appropriate marriage counselling with their spouses. Parents should be given appropriate knowledge regarding the adverse effects of parental neglect and should be encouraged to pay attention on the physical and emotional needs of the children. Such legal reforms should be developed that help to put an end to the occurrence of incidents that include violence against women.

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