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Spatial assessment of gender related policies on the incidence of depression amongst women aged (18-49): A cross sectional study in Peshawar

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Key words: Depression, Gender, Policies, Intervention, Awareness, Focus group

Abstract

The main objective of the study was to determine the awareness level of women aged 18-49 year old about depression, gender related policies and to explore the effectiveness of the policies introduced by the government for the reduction of depression. The study was conducted into two groups i.e. intervention group and control group. The intervention designed adopted for the reduction of depression amongst the target group through the community focus group discussion and participation of community notables after conducting survey in the individual women age 18-48 and analysis. Focus group discussion was conducted as part of this research where both qualitative and quantitative research techniques were applied. The intervention theme consists of two very important components viz awareness about depression and legislation about the gender. The odd ratio result reveals that intervention group having knowledge more information as compared to control group where no intervention has been made. Through intervention the situation may be improved. Increased awareness brings change in attitudes or approaches.

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Introduction

Medical Geography is a main area of health research a hybrid between Human, Population and Social Geography dealing with the environmental aspects of health and healthcare. Medical geography analyses the influences of local conditions and environments such as, climate, socio-economic, cultural and epidemiological conditions upon health. Its purpose is to increase the understanding of many aspects which affect the health of people, called Health Geography. Related to the concept of Health and diseases is investigating prevalence and incidence of diseases so that health policies, proper intervention plan, human and physical resources can be arranged as per need of the population By using various geographical tools such as, maps, GIS/Remote Sensing, researcher can easily find out where disease can occur, what are the contributing factors and how it can be minimized which further help policy makers not only to deal effectively with ongoing issues but also work on prevention and community intervention. Human life consists of different life cycle. Since each stage of life has its own unique gift to give to humanity, we need to do whatever we can to support each stage, and to protect each stage from attempts to suppress its individual contribution to the human life cycle (Armstrong, 2007). Changes in our physical health also affect our mental health.

As per report of WHO (2001) depression which is currently ranked fourth among the 10 leading causes of the global burden of disease, it is predicted that by the year 2020, it will have jumped to second place. Projections indicate that depression may be the second leading cause of life lost after heart disease by 2020 (Lopez & Murray. 1998). Constant Increase in the registration of depress patients in the psychiatry wards of the Lady Reading, Khyber Teaching and Mental hospital Peshawar is alarming, Preliminary data collected from hospitals and discussion with the officials and experts also indicates that depression is a severe problem amongst women and there are chances that many women cannot approach hospitals. Therefore, it seems that the problem is more severe than seen from the available data.

This if not taken seriously can lead to further psychological complications which will be detrimental to individuals, families and society.

Spatial distribution of health related phenomena amongst adult women is one of the focus areas of medical, social and gender geography. The major causes of high prevalence rate of depression among women is due to the various responsibilities they accomplish in society, subject them to a greater consequences of facing mental problems.

Women being half of the population are significant members of a family, if they are exposed to depression, the whole family especially children's are at risk of developing psychiatric and behavioral problems (Shah, 2007).

In order to investigate the impact of policies on the incidence of depression amongst women age 18-49 year old, we need to look at the spatial distribution of depression in different areas of the study universe. For this purpose, a baseline study has already been conducted during 2007 research which concludes that poverty and low level of education were the main causes of depression among women. The present cross sectional research is the continuation and extension of 2007 research. Based on that research community interventions are designed and will be implemented in the study area before conducting the household survey. With extended sample survey will be conducted in both intervention areas (2007 research areas) and control areas (2013 sample areas) where no intervention is made yet which will show the impact of .research intervention and of gender related policies mentioned earlier on the reduction of depression among the target women.

Although govt. has initiated few programmes for improving the quality of life of women in general in Pakistan. In line with the policy of the Government, the Ministry of Women Development is dedicated to remove all types of differences and violence against women through various steps i.e.; educating masses, running awareness programmes and events, law making and its implementation through strengthening of institutions.

Furthermore, practical steps already on ground taken by the government are the establishment of 26 Shaheed Benazir Bhutto Centers for Women throughout Pakistan and Azad Jammu Kashmir. Rawalpindi District Government has arranged land in the building of Social Welfare Complex Rawalpindi. The Centre is now serviceable and offering help to affected women effectively (GoS, 2009).

These initiatives helped the women in Pakistan to some extent but the issues related to Mental Health remains unaddressed which needs serious consideration. Quaid-e-Azam (1944) also said in his speech that "No nation can rise the height of glory unless your women are side by side with you". There is dearth of research in this significant area in Khyber Pakhtunkhwa. And neither special mental health facilities available for women all over the country, nor any statistical data available on the basis of which policies and mental health plan can be developed.

Keeping in view these facts, the main aim of the present research is to investigate the impact of gender related policies on the reduction of depression in women aged 18-49 in Peshawar. Besides, to evaluate the effectiveness of the recently introduced legislative and policies changes on status of women. To find the awareness level of women about gender related policies and programme. The study will evaluate the impact of gender related policies and programmes on the reduction of depression amongst women. This study will also provide some information both quantitative (households Survey) and qualitative FGD (Focus Group Discussion) to strengthen the data base for further policy planning, legislation and intervention.

Materials and methods

Sample

• The research was based on primary data. For this purpose, household questionnaire was designed which helped in collecting the information about relevant variables.

• The study area/universe for this research was Peshawar, consisting of four towns.

• Twenty Union Councils out of 92 of the Peshawar were randomly selected for this research and from each Union Council one community was randomly selected. From each community 50 households were randomly selected to administer the questionnaire.

Hypothesis

Government policies and programmes meant for the improvement of women status including poverty, economic status and education are not effective for reducing the incidence of depression amongst women in Peshawar.

Instruments

Two types of data were collected for this research i.e. primary and secondary

Primary Data

Primary data was collected through self-constructed questionnaire survey, interviews, field observation and focus group discussion. For data analysis odd ratio and chi square statistics were applied.

Secondary Data

Secondary data was collected from books, journals, reports and Internet etc.

Procedure

The baseline study has already been conducted in 2006. Discussion was made with selected community stakeholders for intervention through action planning. Cross sectional study method with extended sample size was adopted to find out the difference between two groups i.e. intervention group and controlled group. With intervention group where already survey was done and information available, focus group discussion with community notables like public representatives, teachers, government officials, councilors, imams and others to make people aware regarding problems and related policies and programmes for bringing improvement. After the implementation of action plan in the intervention group, the survey was carried out across in both intervention and controlled group to find out the effects of intervention. If successful, the same strategy can be suggested for the rest of Khyber Pakhtunkhwa and Pakistan.

Results

Data necessary for this study was collected both from primary and secondary sources. The collected data and information were analyzed and presented in the form of maps, table and Fig.s. Analysis of data was carried out through computer accessories. Finally, the collected data and information were interpreted

Table 1. Peshawar: Age group of respondent (Female) in control and intervention group

	Control Group		Intervention Group	
Age group	F	%	F	%
18-23	60	12	80	16
24-29	100	20	125	25
30-35	170	34	130	26
36-41	145	29	100	20
42-49	25	5	65	13
Total	500	100	500	100

Source: Field Survey, 2013.

According to the field survey conducted in 2013, in sample communities the age data reveals that As shown in Table 1. 13% respondents belong to age group 18-23, 22% respondents belong to age group 24-29, 30% respondents belong to age group 30-35, 28% respondents belong to age group, 28% respondents belong to age group 36-41, and 7% respondents belong to age group 42-48. From 18-49 age women pass through from many phases of life and if she cannot cope with the changing situation of life there is greater chances, she may suffer from depression.

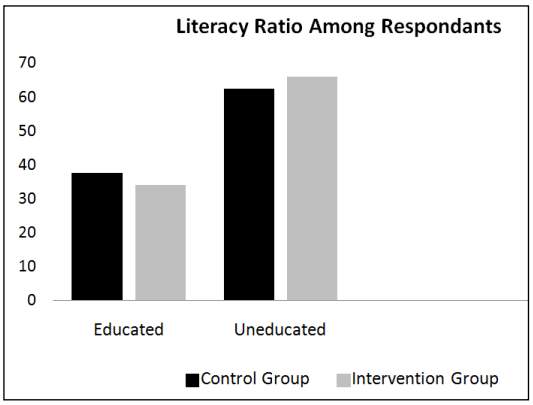


Fig 1. Peshawar: Literacy ratio of respondents by groups.
Source: Field Survey, 2013.

Education is another important aspect related to the overall wellbeing of individual. Data clearly mirror that there is a low literacy percentage among female. Due to the absence of education the ignorance problem rises. Table 2 shows the validity of the given statement. The Table 2 result shows that in both groups more than half respondents were uneducated and if we educate the mother we educate the nation, but still deficient in it. In control group, 37.5% females were educated while the corresponding Fig. for intervention group was 34%. The high percentage of uneducated females also reflects that male only think about their male children to educate so that they become basis of income in future

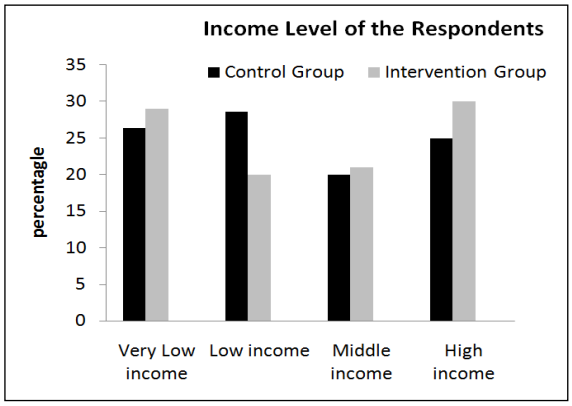


Fig 2. Peshawar: Income level of the respondents by group.
Source: Field Survey, 2013.

Though the Economic Survey of Pakistan shows the decline of poverty line but data collected from the field shows low percentage of unemployment. However, the income level clearly discloses that majority of people i.e. 49 percent belong to low-income group in Peshawar who can hardly justify their simple necessities because of poverty. Under these conditions, women are badly affected and get depressed. Therefore poverty is the prime cause of depression among women. The Table 3 result shows distribution of income level of both groups. In control group, 26.4% household had belong to very low income, 28.6% belong to low income, 20% households had belong to middle income and 25% households had belong to high income group, while in intervention group, 29% household had belong to very low income, 20% households had belong to low income, 21% households had belong to middle income and 31% households had belong to high income group. In both group approximately half percent population fall in the category of very low to low income group.

Table 2. Peshawar: Acceptance towards Customs and Traditions by Groups.

Acceptance towards Customs and Traditions						
Peshawar	Yes		No		Total	
	F	%	F	%	F	%
Control Group	200	40	300	60	500	100
Intervention Group	150	30	350	70	500	100
Both Groups	350	35	650	65	1000	100

Source: Field Survey, 2013.

The data collected from field reveals that most of the women don't like their norms and traditions, just because these traditions upset only women. With the help of these customs the male dominant culture bound the women. The Table 2 shows the female attitude to accept customs and traditions. In control group, 40% respondents liked their customs and traditions while more than half almost 60% respondents did not like them.

The corresponding Fig. for intervention group is more or less similar to control group i.e. 30% respondents liked their customs and traditions while 70% respondents did not like them. Most of the females whether they belong to wherever they did not like their customs and traditions because these customs and traditions are just for women in male ruled society and females have to follow them. Low level of education among women is, because of tradition preoccupied society and poverty. The customary believed of people is that girls are born to be nourished throughout their lives and boys are born to earn and support the entire family.

Table 3. Peshawar: Awareness about depression.

Awareness about depression						
Peshawar	Yes		No		Total	
	F	%	F	%	F	%
Control Group	100	20	400	80	500	100
Intervention Group	200	40	300	60	500	100

Source: Field Survey, 2013.

The field survey has revealed that high share of women do not have any information about psychological illnesses and very low percentage of women know about depression even then they did not consult the doctor because of ignorance that it is an illness which should be treated as it is clear from the result shows that in control group, 20% respondents know about psychological disease while 80% respondent did not knowledge about depression. The data exposes the problem of ignorance among all four towns of Peshawar. Researcher make interventions with the help of focus group discussion in certain area called as "intervention group" by discussing the issue with community notables both male and female and try to aware people about the important issue of depression which suffered women a lot and in turn the whole family suffered.

The odd ratio (Table 4.) result reveal that intervention group having knowledge 2.6 time less likely to suffered from psychological disease as compared to control group where no intervention (did not have knowledge) has been made. Interventions that help to make strong and healthy *spaces* and *practices* to support healthy community members.

The chi-square statistics calculated was 47.62, which is significant at .05. Pearson's chi square test for goodness was applied on the data in both group and result support our assumption as our calculated value is greater than tabulated value therefore it supports our assumption that there is lack of awareness related to psychological problems due to which its result in the incidence of depression. Through intervention the situation may be improved

Table 4. Odd ratio.

Awareness about depression		
	Yes	No
Control group	100	400
Intervention group	200	300

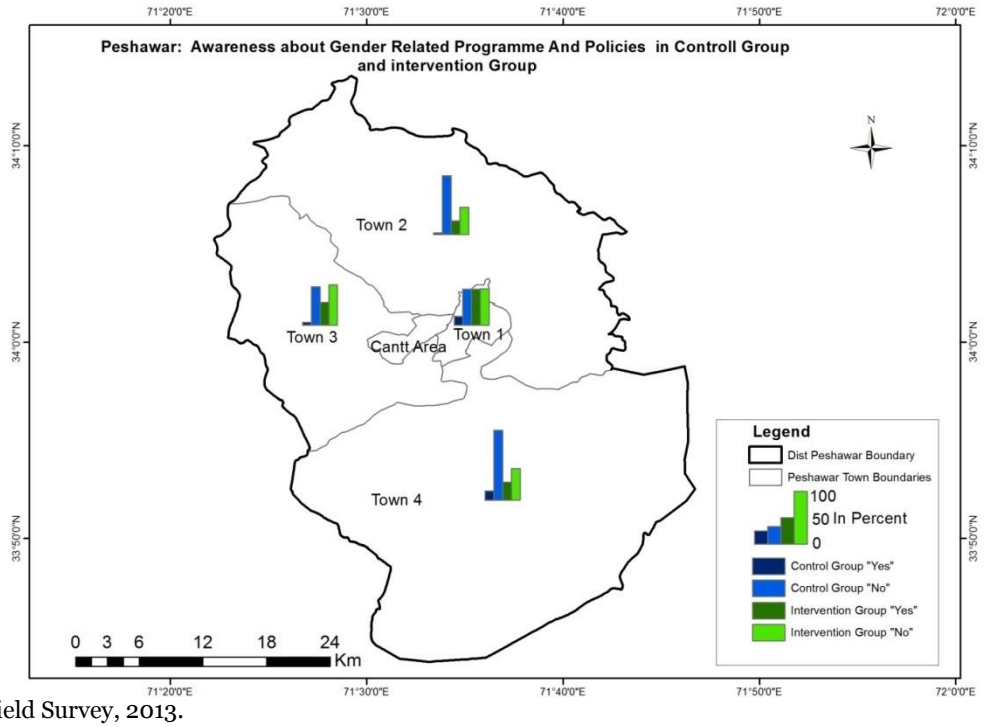
In the last few years, many important laws have been approved by assemblies in the country; however they could not be executed efficiently. Civil society and women's rights activists presumed remarkable change in the situation of women in Pakistan. The facts are other way round. There is lack of awareness regarding gender related programme and policies. The odd ratio (Table 5.) result reveals that intervention group having knowledge 3.8 times more information as compared to control group where no intervention has been made.

Table 5. Odd ratio

Awareness about gender related programme and policies		
	Yes	No
Control group	50	450
Intervention group	150	350

The chi-square statistics is 62.5. This result is significant at .05.Pearson's chi square test for goodness is applied on the data and result support our assumption as our calculated value is greater than tabulated value therefore it supports our assumption that there is lack of awareness related to gender related programme and policies. Through intervention the situation may be improved. This study empirically proved the role of awareness besides the low Socio Economic Status (SES) is the key determinants of depression among women (Map 1).

Map 1.



Source: Field Survey, 2013.

Discussion

Socioeconomic status (SES) is often measured as a combination of education, income and occupation. It is commonly conceptualized as the social standing or class of an individual or group. When viewed through a social class lens, opportunity, power and control are highlighted. Furthermore, an analysis of SES as a gradient or continuous variable reveals discriminations in access to and distribution of resources. SES is relevant to all realms of behavioral and social science, including research, practice, education and promotion. In the present study which was the combination of both qualitative and quantitative approaches of social research. Study was conducted in Peshawar Pakistan. All the women of age18-48, constituted the population for this study. Qualitative information was also collected by conducting survey in sample areas.

Collected data was coded, edited and analyzed. In this study women's awareness about depression was measured and used as response variable (dependent variable) and influence of the various demographic, socio-cultural and gender related programme and policies, variables (independent variable) on women's depression was assessed. Descriptive analysis was used to explain the socio-cultural and demographic condition of the respondents and to identify the socio-cultural determinants of women's depression Research indicates that SES is a key aspect in determining the quality of life of women, with resulting effects on the lives of children and families. Inequities in wealth and quality of life for women are long standing and exist both locally and globally. Low SES among women and its correlates, such as poverty, lower education and poor health for children and families, ultimately affect our society as a whole.

As shown in results that majority of the women were uneducated (more than 60%), under the pressure of financial burden (50% belong to low income), environmental problems (more than 50% affected by noise pollution) and cultural barrier (more than 65% did not like their custom and tradition).

These proofs support the connection between lower SES and negative psychological health consequences for women. Present research shows that social and cultural factors are strongly responsible for depression amongst women in Peshawar. Behavioral and social science professionals possess the tools necessary to study and identify strategies that could alleviate these disparities at both individual and societal levels. The study strongly support that there is lack of unawareness about depression (psychological disease) and gender related programme and policies. Until women are unaware they can't utilize effectively.

The depression and anxiety are more common among women aged 18-49, as compared to girls less than 18 years and mature women 50+ years old. The high prevalence among the age group 18-49 is due to the fact that age of 18 is the age of physical, psychological development and identity development in which there is great concern of one's identity, self-esteem, individuality and expectation from family and society.

Due to biological, emotional changes and social requirements it is sometime difficult to manage and adjust to external and internal demands, which can lead to anxiety and depression and become permanent trait of personality if not treated on time. These effects can show up at middle age where the crisis is to deal with the settlement of children career and family.

The highest percentage of uneducated respondents were found in Town II, and Town IV intervention and control group respectively which is rural in character where male did not give importance to girls education due to cultural and traditional values because of the male dominancy they do not want to expose girls to education and other learning opportunities which they fear if they do, the girls or women will know and speak their rights.

The highest percentage of the respondents who likes their custom and tradition were found in Town III in control group and in Town II in intervention group although Town III is in urban in character where the male folk is flexible in understanding and dealing with women issues. In order to create awareness amongst the community notable (CN) and resident there was a need to increase awareness level about depression and gender related policies.

Spatial distribution of depression in different areas of the study universe explored the impact of policies on the incidence of depression amongst women age 18-49 year old, For this purpose, a baseline data from 370 houshold was collected in 2007. This group is known as intervention group. The present cross sectional and longitudinal research for which survey was carried out in 2013 was the continuation and extension of the previous research with extended sample of one thousand known as control group. Based on collected data and information of 2007 the community interventions were designed and implemented in the intervention group of the study area in 2009-2011. After intervention the household survey with extended sample known as control group, was conducted in both intervention group and control group. In control group no intervention was made whereas intervention was made only in the intervention group. In order to assess the impact of intervention the findings of both groups were compared. With intervention group where information about the risk reduction was available, focus group discussion was conducted in each community with community notables to make people aware regarding problem.

The initial focus group discussion result showed that people have very poor knowledge regarding women depression as well as gender related policies. It clearly manifests the low awareness level of the people and ignorance of women health segment and related policies and programmes for bringing improvement. Focus group discussions also clearly revealed that people have no idea about gender related policies at large.

The field survey revealed that high share of women do not have any information about depression and very low percentage of women know about depression even then they did not consult the doctor because of ignorance that it is an illness which should be treated. Another reason of not going for consultation is the perception of mental illness and stigma attached to it.

The data exposes the problem of ignorance among all four towns of Peshawar. In town IV 27% respondents were unaware about depression the highest %age among all towns (in control group). The reason behind this, is mostly rural setup while the lowest %age Fig. out by town III which is 15% because the areas is mostly urban. In contrast we can see the result of intervention group where highest %age i.e 16% in town I among all towns which aware about depression mostly urban and education is also better than others while lowest %age i.e.8% is shown in town IV which is mostly rural in character. Because of rural character, the attitude of male towards physical and mental health of women is not that positive, when they suffer from serious physical illness they may arrange for treatment but when it comes to mental illness where the physical symptoms are not visible are usually attributed to dramatization or possession of evils spirits.

Though the government introduces some programme and policies but the data exposes the problem of ignorance among all four towns of Peshawar. In town II 26% respondents unaware about gender related programme and policies the highest percentage among all towns (in control group). The reason behind this, is mostly rural setup while the lowest percentage figure. out in town I which is 16% because the areas is mostly urban. In contrast we can see the result of intervention group where highest percentage i.e 16.2% in town I among all towns which aware about gender related programme and policies mostly urban while lowest percentage i.e.6% is shown in town II. The area is mostly rural in character.

The main contribution of this study is its potential to cast light on the factors that give rise to women depression.

Unless these underlying factors are properly identified and addressed, such problems would persist and continue to fuel the issue in spite of gender related policies introduced by government, A significant proportion of both men and women still unaware about mental health, including urban areas where literacy levels and awareness are high. The need for targeted community education and awareness can create improvement. However, it is also important that both community and government work together to reduce the incidence of depression amongst women.

It was also observed that male and female respondents in rural areas were more likely to unaware about depression than their urban counterparts, as the rural areas lack access to information and resources to obtain knowledge about depression and gender related policies. Also, in the rural areas it is not surprising that female respondents were more likely to unaware about depression as well as gender related programme and policies. Higher levels of ignorance endorsement could be the factor contributing to an increasing prevalence of depression amongst women. Thus, our findings emphasize the need for intervention programs.

Conclusion

The findings highlight the complex and dynamic role of family community and culture in the helping relationship and in the development of women. Lack of education, especially girl's education is the major problem. Until and unless it is not taken seriously it will be difficult to achieve any goal easily. Along with education, unawareness problem intensified which make situation more difficult and women suffered a lot through psychological problems. Interventions for the general population can raise knowledge about the scale of depression in women and gender related policies in a community, help inform law or programs regarding gender, and create an environment that promotes and supports other interventions too. Increased awareness brings change in attitudes or approaches. Interventions are intended to improve behaviors and environments in order to address the issue.

These interventions have the potential to reach all community members if implemented sincerely and consistently can create community changes that last much longer. Interventions that help create healthy *places* and *practices* to support healthy community members. Policy interventions are laws or regulations that are put in place to achieve a goal, including organizational policies or public policies at the local, state or national levels.

Policies are an important way to focus on the social, economic, and environmental issues. Surroundings and interventions are planned to enhance behaviors and situations in order to tackle the problem. These interventions have the ability to reach all community members if employed honestly and constantly can make community changes that last much longer.

Recommendations

Active policy steps to endorse awareness in the present-day are crucial. In particular, short-term attitudes must work across existing boundaries on women, increasing their access to elementary services and possibilities for decision making in the public area.

We can use already existing infrastructure like social welfare department and Lady Health workers by doing there capacity building in this subject.

We also take benefit of elected women under the local body system that can easily access to community level and can bring change.

Local institute like pesh imam and community notables also help in this regard. Establish an office or authority to focus women's health issues.

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