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A Comparative Study to Assess the Prevalence of Depression and Its Risk Factors among Homemakers between the Selected Rural and Urban Areas in Puducherry



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ABSTRACT

Aim: The objective of the study is to assess the level of depression among homemakers and to associate the level of depression with basic demographic variables and anticipated risk factors at selected rural and urban areas in Puducherry. **Materials and Methods:** A quantitative research approach and descriptive research design were adapted to conduct the study among 320 Homemakers (160 from rural and 160 from urban). The areas were selected by multi-stage sampling and the subjects were selected by purposive sampling technique. A set of the questionnaire including basic demographic variables, anticipated risk factors and Beck Depression Inventory Scale-II was used for data collection. **Results and Conclusion:** The study findings revealed that in a rural area, 72 (45%) of them were suffering from depression whereas, in an urban area, 65 (40.6%) of them were suffering from depression. The study concluded that the prevalence of depression was high in rural area when compared to an urban area. Education, Medical Illness, Level of Family Support, Violence in the Family, Presence of Partner Violence, Alcoholic Husband, Minimum time spend with Husband/Children in a day and Entertainment Activity were found to be the risk factors for depression in both the rural and urban areas. Providing Counseling to the high risk population may help to prevent the prevalence and incidence of depression.

INTRODUCTION

One of the most important public health issues throughout the world is the mental health [1]. Depression is a common worldwide mental health illness. It is estimated that 350 million were affected by Depression [2,3]. It is one of the leading causes for disability and a major contributor to the disease worldwide [3]. It often affects women more commonly than men [4]. Depression is a major mental health problem which affects woman's overall health [5]. The social life, family relationships, career and one's sense of self-worth of women's life are also affected by Depression [6].

Homemaker is a person, especially a woman who manages home affairs and often raises children instead of earning money from a job. They spend lot of time in looking after their home and family. They typically handle everyday household task. Even though the Homemakers played the central part in meeting the basic needs of the family, their position was not considered as a vital one. Their importance was well known once they were sick or absence. Usually, they won't express their problems to the family members due to their economical dependency. Also in the fast-moving world, no one in the family members have the patience and time to hear the needs and wants of the Homemakers. The household work overload may affect the degree of psychological wellbeing of the Homemakers [7]. Homemakers are susceptible to numerous health problems. Depression is the major psychological health issues faced by them. It is assumed that homemakers of rural and urban areas may differ in the prevalence of depression and also the risk factors may enhance the vulnerability of depression. The objectives of the study are to assess the prevalence of depression among homemakers in selected rural and urban areas of Puducherry and to associate the level of depression with basic demographic variables and anticipated risk factors.

MATERIALS AND METHODS

Study Design

A Quantitative research approach with Descriptive Survey Research Design was adapted to assess the level of depression among the homemakers residing in the selected rural and urban areas of Puducherry. The period of the study was from 03.11.2020 to 30.11.2020.

Study Participants

Homemakers residing in the selected rural and urban areas in Puducherry who fulfilled the inclusion criteria and available during the period of data collection were taken as the study participants. 320 Samples were taken for this research. The tool used in this study consists of three sections – Basic Demographic Variables, Anticipated Risk Factors, and Beck Depression Inventory-II.

Data Collection

Approval and ethical clearance from the dissertation committee of the institution was obtained by the researcher. Formal permission was obtained from the concerned authority. The study was conducted both in rural and urban areas of Puducherry. The area was selected by multistage sampling technique. Based on the inclusion and exclusion criteria the subjects were selected by non-probability purposive sampling technique.

The researcher introduced herself and the purpose of the study was well explained after selecting the subject. Informed written consent was obtained from all the subjects. Assurance was given to all the subjects that the collected information will be kept confidential and also they can leave the study at any point of time if they were not willing. Data were collected from 320 Homemakers. The information was collected from all subjects by survey method (self-administered questionnaire).

RESULTS AND DISCUSSION

The study findings revealed that, in rural area, 72 (45%) of the Homemakers were suffering from depression whereas in urban area, 65 (40.6%) of them were suffering from depression.

Table No. 1: Frequency and Percentage Distribution of Level of Depression

Level of Depression	Rural				Urban				
	No.	%	Mean	S.D	No.	%	Mean	S.D	
No Depression	88	55.0	15.11	12.28	95	59.4	12.38	10.99	
Mild Depression	22	45.0			27	65			40.6
Moderate Depression	22				21				
Severe Depression	28				17				

In rural area, the majority 88 (55.0%) were not having depression, 28 (17.4%) were in severe depression, 22 (13.8%) were in mild and moderate depression respectively. In urban area, majority 95 (59.4%) were not having depression, 27 (16.9%) were in mild depression, 21 (13.8%) were in moderate depression and 17 (10.6%) were in severe depression.

The present study was supported by the study done by Priya Paul *et al.* (2013). The study was a cross-sectional study to assess the prevalence of depression and its association among 400 women in the reproductive age group of 15-49 years, using Patient Health Questionnaire. The study findings showed that the majority 241(60.3%) of the subjects were not suffering from depression, 159 (39.7%) were suffering from depression, in that 11% were in mild level of depression, 7.5% were in a moderate level of depression, 19% were in the moderately severe level of depression and 9% were in severe level of depression [8].

Table No. 2: Comparison of Level of Depression among Homemakers between the selected Rural and Urban areas of Puducherry

Area	Mean	S.D	Mean Difference & Percentage	Unpaired 't' test
Rural	15.11	12.28	2.73 (4.33%)	t = 2.097 p = 0.037, S*
Urban	12.38	10.99		

The study findings revealed that the mean score of depression among Homemakers in the rural area was 15.11±12.28 and the mean score in the urban area is 12.38±10.99. The mean difference score between rural and urban was 2.73 (4.33%). The calculated unpaired 't-test' value was t = 2.097 (0.037) which was found to be statistically significant at the level of p<0.05. This infers that there was a significant difference in the level of depression among Homemakers between the rural and urban areas.

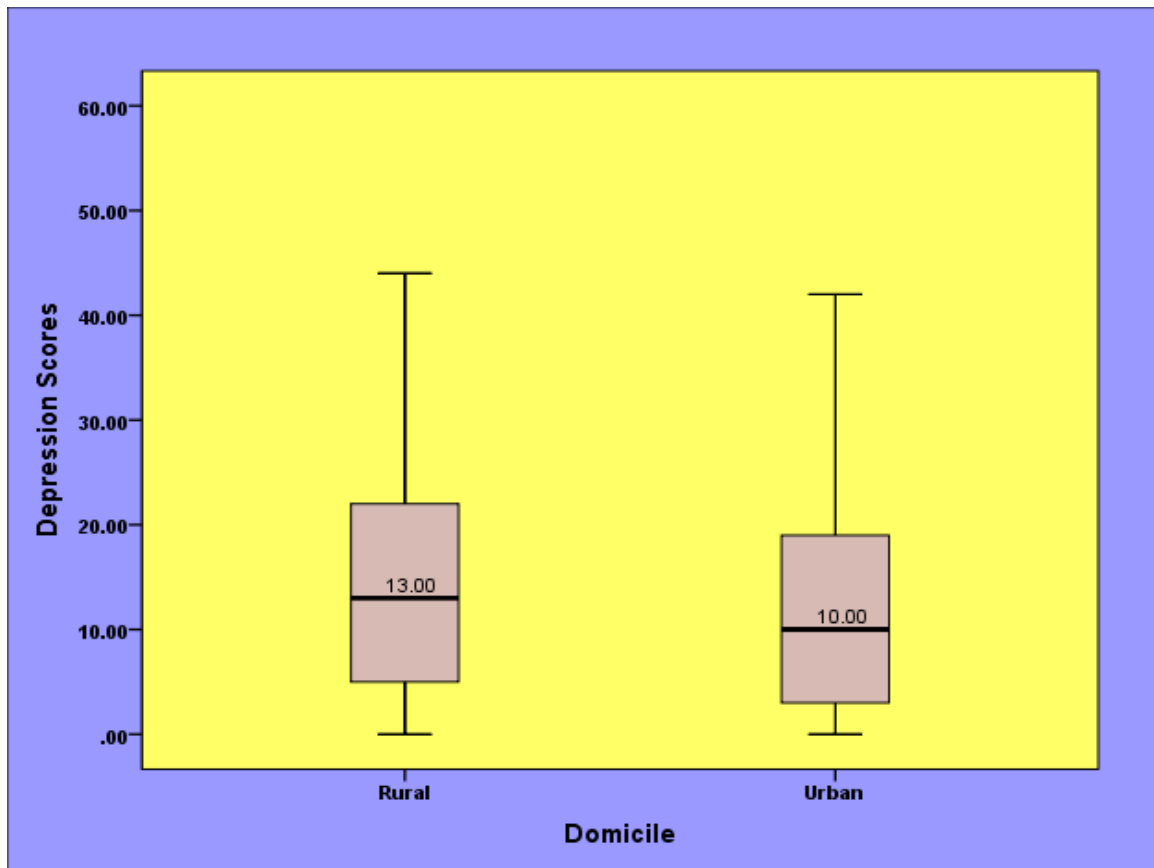


Figure No. 1: Boxplot showing the comparison of Level of Depression among Homemakers between the selected rural and urban areas in Puducherry

Table No. 3: Association of Level of Depression among Homemakers with Basic Demographic Variables

Demographic Variables	Rural (N = 160)					Urban (N = 160)				
	No Depression		Depression		Chi-Square Value	No Depression		Depression		Chi-Square Value
	No	%	No	%		No	%	No	%	
Age										
31 to 40 years	59	60.2	39	39.8	$\chi^2=10.321$ df=6 p = 0.111 N.S	57	64.8	31	35.2	$\chi^2=12.404$ df=6 p = 0.053 N.S
41 to 50 years	21	51.2	20	48.8		26	57.8	19	42.2	
51 to 60 years	8	38.1	13	61.9		12	44.4	15	55.6	
Education										
Illiterate	4	21.1	15	78.9	$\chi^2=20.059$	4	26.7	11	73.3	$\chi^2=22.309$

Upto 5 th	12	54.5	10	45.5	df=9 p = 0.017 S*	15	68.2	7	31.8	df=9 p = 0.007 S**
Upto 12 th	60	60.0	40	40.0		37	52.9	33	47.1	
Graduate	12	63.2	7	36.8		39	73.6	14	26.4	
Religion										
Hindu	87	55.1	71	44.9	$\chi^2=2.577$ df=3 p = 0.859 N.S	77	61.1	49	38.9	$\chi^2=1.959$ df=6 p = 0.693 N.S
Muslim	0	0.0	0	0.0		4	80.0	1	20.0	
Christian	1	50.0	1	50.0		14	48.3	15	51.7	
Others	0	0.0	0	0.0		0	0.0	0	0.0	
Religious Involvement										
Not at all	13	56.5	10	43.5	$\chi^2=2.885$ df=6 p = 0.823 N.S	23	56.1	18	43.9	$\chi^2=20.083$ df=6 p = 0.002 S**
Moderately	55	53.9	47	46.1		58	67.4	28	32.6	
Extremely	20	57.1	15	42.9		14	42.4	19	56.6	
Family Status										
Living Together	76	57.1	57	42.9	$\chi^2=4.441$ df=6 p = 0.617 N.S	78	63.4	45	36.6	$\chi^2=7.893$ df=6 p = 0.245 N.S
Living Separately for Job	5	55.6	4	44.4		10	50.0	10	50.0	
Separated / Divorced / Widow	7	38.9	11	61.1		7	41.2	10	58.8	
Type of Family										
Nuclear Family	46	51.1	44	48.9	$\chi^2=3.435$ df=6 p = 0.753 N.S	61	59.8	41	40.2	$\chi^2=4.847$ df=6 p = 0.563 N.S
Joint Family	40	58.8	28	41.2		34	60.7	22	39.3	
Extended Family	2	100.0	0	0.0		0	0.0	2	100.0	
Number of Children										

No children	2	28.6	5	71.4	$\chi^2=20.106$ $df=9$ $p = 0.017$ S*	9	60.0	6	40.0	$\chi^2=9.190$ $df=9$ $p = 0.419$ N.S
1 child	15	50.0	15	50.0		22	68.8	10	31.2	
2 children	58	63.7	33	36.3		46	55.5	37	44.5	
More than 2 children	13	40.6	19	59.5		18	60.0	12	40.0	
Self – employment										
Yes	18	41.9	25	58.1	$\chi^2=4.719$ $df=3$ $p = 0.193$ N.S	19	51.4	18	48.6	$\chi^2=8.606$ $df=3$ $p = 0.034$ S*
No	70	59.8	47	40.2		76	61.8	47	38.2	
Family monthly income										
Below Rs.10,000	45	50.0	45	50.0	$\chi^2=11.409$ $df=9$ $p = 0.248$ N.S	27	51.9	25	48.1	$\chi^2=7.908$ $df=9$ $p = 0.543$ N.S
Rs.10,000 – 25,000	39	60.9	25	39.1		41	57.7	30	42.3	
Rs.25,000 – Rs.50,000	3	60.0	2	40.0		21	70.0	9	30.0	
Above Rs.50,000	1	100.0	0	0.0		6	85.7	1	14.3	

*** $p \leq 0.01$, ** $p < 0.01$, * $p < 0.05$, S – Significant, N.S – Not Significant

In rural area, the level of depression was statistically associated with education (0.017), the number of children (0.017) at the level of $p < 0.05$, whereas in urban area, the level of depression is statistically associated with education (0.007), religious involvement (0.002) at the level of $p < 0.01$ and self-employment (0.034) at the level of $p < 0.05$.

The present study was supported by the study conducted by Priya Bansal *et al.* (2015). She conducted a cross-sectional community-based study to determine the level of depression and anxiety among 180 women in the age group of 40-60 years, using Zung self-rating depression

and Zung self-rating anxiety scale. Level of depression was statistically associated with demographic variable, education (0.004) at the level of $p < 0.01$ [9].

Table No. 4: Association of Level of Depression among Homemakers with Anticipated Risk Factors

Anticipated Risk Factors	Rural (N = 160)					Urban (N = 160)				
	No Depression		Depression		Chi-Square Value	No Depression		Depression		Chi-Square Value
	No	%	No	%		No	%	No	%	
Financial Problem										
Present	68	54.8	56	45.2	$\chi^2=3.615$ df=3 p = 0.3060 N.S	64	54.2	54	45.8	$\chi^2=5.620$ df=3 p = 0.131 N.S
Absent	20	55.6	16	44.4		31	73.8	11	26.2	
Family Psychiatric History										
Present	8	53.3	7	46.7	$\chi^2=23.170$ df=3 p = 0.3096 N.S	7	22.6	24	77.4	$\chi^2=23.170$ df=3 p = 0.0001 S***
Absent	80	55.2	65	44.8		88	68.2	41	31.8	
History of Psychiatric Illness										
Present	1	20.0	4	80.0	$\chi^2=2.935$ df=3 p = 0.4016 N.S	4	21.1	15	78.9	$\chi^2=29.761$ df=3 p = 0.0001 S***
Absent	87	56.2	68	43.8		91	64.6	50	35.4	
Medical Illness										
Present	14	46.7	16	53.3	$\chi^2=32.642$ df=3 p = 0.0001 S***	23	41.1	33	58.9	$\chi^2=45.918$ df=3 p = 0.0001 S***
Absent	74	56.9	56	43.1		72	69.2	32	30.8	
Alcoholic Husband										
Yes	20	37.7	33	62.3	$\chi^2=12.292$ df=3 p = 0.006 S**	16	36.3	28	63.7	$\chi^2=19.761$ df=3 p = 0.0001 S***
No	68	63.7	39	36.3		79	68.1	37	31.9	

Level of Family Support										
Poor	4	25.0	12	75.0	$\chi^2=33.149$ df=6 p = 0.0001 S****	1	7.7	12	92.3	$\chi^2=44.215$ df=6 p = 0.0001 S****
Fair	43	44.4	44	55.6		56	53.8	48	46.2	
Good	41	71.9	16	28.1		38	88.4	5	11.6	
Violence in the Family										
Yes	11	27.5	29	72.5	$\chi^2=21.099$ df=3 p = 0.0001 S****	21	30.0	49	70.0	$\chi^2=46.498$ df=3 p = 0.0001 S****
No	77	64.2	43	35.8		74	82.2	16	17.8	
Presence of Partner Violence										
Yes	3	17.6	14	82.4	$\chi^2=24.452$ df=3 p = 0.0001 S****	2	16.7	10	83.3	$\chi^2=9.9846$ df=3 p = 0.018 S*
No	85	59.4	58	40.6		93	62.8	55	37.2	
Disabled Dependent Family Members										
Yes	5	45.4	6	54.6	$\chi^2=4.390$ df=3 p = 0.2222 N.S	2	20.0	8	80.0	$\chi^2=9.747$ df=3 p = 0.021 S*
No	83	55.7	66	44.3		93	62.0	57	38.0	
Spending Personal Time with Husband										
Yes	63	69.2	28	30.8	$\chi^2=18.950$ df=3 p = 0.0002 S****	51	68.0	24	32.0	$\chi^2=5.843$ df=3 p = 0.119 N.S
No	25	36.3	44	63.7		44	51.8	41	48.2	
Minimum Hours Spend with Husband / Children in a Day										
Nil	4	23.5	13	76.5	$\chi^2=20.924$ df=9 p = 0.0129 S*	7	33.3	14	66.7	$\chi^2=25.823$ 6 df=9 p = 0.002 S**
Below 5 Hours	52	51.0	50	49.0		36	55.4	29	44.6	
5 – 10 Hours	27	77.2	8	22.8		38	66.7	19	33.3	
10 – 20 Hours	5	83.3	1	16.7		14	82.4	3	17.6	

High Consumption of Food										
Vegetarian	47	53.4	41	46.6	$\chi^2=0.2925$ df=3 p = 0.961 N.S	61	61.0	39	39.0	$\chi^2=4.3087$ df=3 p = 0.230 N.S
Non-Vegetarian	41	56.9	31	43.1		34	56.7	26	43.3	
Friends Circle										
Yes	49	59.8	33	40.2	$\chi^2=1.9077$ df=3 p = 0.591 N.S	65	61.9	40	38.1	$\chi^2=3.794$ df=3 p = 0.284 N.S
No	39	50.0	39	50.0		30	54.5	25	45.5	
Support System										
Family	74	56.4	57	43.6	$\chi^2=10.474$ df=6 p = 0.313 N.S	86	65.6	45	34.4	$\chi^2=26.213$ df=9 p = 0.001 S**
Friends	8	80.0	2	20.0		6	30.0	14	70.0	
Medical Service Provider	0	0.0	0	0.0		0	0.0	2	100.0	
Others	6	31.6	13	68.4		3	42.9	4	57.1	
Entertainment Activity										
Yes	32	59.3	22	40.7	$\chi^2=8.766$ df=3 p = 0.032 S*	54	60.0	36	40.0	$\chi^2=8.974$ df=3 p = 0.029 S*
No	56	52.8	50	47.2		41	58.6	29	41.4	

***p≤0.01, **p<0.01, *p<0.05, S – Significant, N.S – Not Significant

The study findings in the association of level of depression with anticipated risk factors revealed that in rural area, level of depression was statistically associated with medical illness (0.0001), level of family support (0.0001), violence in the family (0.0001), presence of partner violence (0.0001), and spends personal time with husband (0.0001) at the level of p≤0.001. Alcoholic

husband (0.006) at the level of $p < 0.01$. Minimum time spends with husband/children in a day (0.0129), entertainment activity (0.032) at the level of $p < 0.05$.

Whereas in an urban area, level of depression was statistically associates with family history of psychiatric illness (0.001), history of psychiatric illness (0.0001), medical illness (0.0001), alcoholic husband (0.0001), level of family support (0.0001), violence in the family (0.0001) and support system (0.001) at the level of $p \leq 0.001$. Minimum time spends with husband/children in a day (0.002) at the level of $p < 0.01$. Presence of partner violence (0.018), disabled dependent family members (0.021) and entertainment activity (0.029) at the level of $p < 0.05$.

The study was supported by the study conducted by Archana PS *et al.* (2017) a cross-sectional study to identify of depression on 594 middle aged women of age group 40-60years using Patient Health Questionnaire. Depression was statistically associated with variables such as education (0.05), birth order (0.027), family support (0.014), menstrual cycles (0.036), domestic violence (0.012) at the level of $p \leq 0.05$, history of postpartum (0.007), family type (0.004), family size (0.008) at the level of $p < 0.01$ and marital status (0.001), menopause (< 0.001), perimenopausal features (< 0.001), intimate partner violence (< 0.001), alcoholism of husband (< 0.001), disabled children (< 0.001), and stress (< 0.001) at the level of $p \leq 0.001$ [10].

CONCLUSION

The study concluded that the prevalence of depression was high in a rural area when compared to urban area. In this study Education, Medical illness, level of family support, violence in the family, presence of partner violence, alcoholic husband, minimum time spent with their husband/children in a day and entertainment activity were found to be the risk factors for depression in both the rural and urban areas. In addition to these, a number of children and personal time spent with their husband were found to be the risk factors in rural area and religious involvement, self-employment, family history of psychiatric illness, history of psychiatric illness, medical illness, alcoholic husband, level of family support, violence in the family support system, and disabled dependent family members were found to be the risk factors for depression in urban area. Providing Counseling to the high risk population may help to prevent the prevalence and incidence of depression.

REFERENCES

1. Fernandes. S., *et al.* Depression among married working women and homemakers: a comparative study. *The International Journal of Indian Psychology.* (2020); 8[1].
2. Balaji.A., A Comparative Study on Depression among Working and Non-Working Women in Chennai, Tamil Nadu, India. *Research & Reviews: Journal of Medical and Health Sciences.*(online). 2013.
3. Bibiana Dias, *et al.* Depression symptoms in rural women sociodemographic, economic, behavioral and reproductive factors: (online). 2017 (cited 2019 October 13). Available from: <http://dx.doi.org/10.1590/1982-0194201700056>.
4. Sandeep, *et al.* An overview of Indian research in depression. *Indian Journal of Psychiatry* (2010); 52[1]:178-188.
5. Archana, P.S *et al.* Prevalence of depression among middle aged women in the rural area of Kerala. *Asian Journal of Psychiatry.* (2017); 29:154–159. Available from: <http://dx.doi.org/10.1016/j.ajp.2017.05.016>.
6. Bhatia, M.S. *et al.* Depression in women in Indian context. *Indian Journal of Psychiatry.* (2015); 57[2]:239-245.
7. Anis Ahmad. *et al.* A study of psychological wellbeing among housewives and working women of Mithilia region, North Bihar, India. *International journal of Human Resource & Industrial Research.* (2017); 4[2]:8-15.
8. Paul. *et al.* A Study on the Prevalence of Depression among Women in the Reproductive Age Group (15- 49 Years) in A Rural Population. *Indian journal of Research.* (2013); 2[9]:169-172.
9. Bansal, P. *et al.* Depression and anxiety among middle-aged women: A community-based study. *Journal of Family Medicine and Primary Care.* (2015); 4[4]:576–581. Available from: <http://doi:10.4103/2249-4863.174297>.
10. Archana, P.S. *et al.* Prevalence of depression among middle aged women in the rural area of Kerala. *Asian Journal of Psychiatry.* (2017); 29:154–159. Available from: <http://dx.doi.org/10.1016/j.ajp.2017.05.016>.

