

WOMEN'S MENTAL HEALTH: DEPRESSION AND ANXIETY

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ABSTRACT : The estimate of the worldwide burden of disease predicts that depression is going to be the second-leading reason for disability worldwide in days to come. Depression is widely seen in women in all age groups especially in a giant country like India where women population lives substantially. In the current scenario of underdiagnosed, untreated cases of females affected by depression, the hurdles faced by Indian women include inadequate number of psychological state professionals, lack of awareness, stigma, disadvantaged position of girls, multiple roles, increased levels of stress, and violence. The literature search included an on-line database, published materials, and standard textbooks. The authors have provided a brief overview of different types of depression in females.

Keywords: Depression, female, stigma, domestic violence, India

INTRODUCTION - The word depression has become the most commonly used word in our day to day life. This is indeed not a healthy sign for us. We can see the symptoms of depression vividly among all age groups. This is mostly because all of us live in a world of uncertainty, chaos and ambiguity. The constant pressure from our parents, relatives, friends, well-wishers and peers and growing cut throat competition to prove that you are the best among all and in everything, result in depression.

Depression can be seen a serious condition which will impact every area of women's life. It affects social life, family relationships, career, and one's sense of self-worth and purpose. There are several factors that contribute to the unique picture of depression in women from reproductive hormones to social pressures to the feminine response to worry.

We can see Major depressive disorder (MDD) as the commonest psychiatric disorder. Unipolar clinical depression is that the fourth commonest explanation for disability in females, altogether ages as per the worldwide Burden of Disease, 2000. The lifetime prevalence of MDD is 10–25% for ladies, and 5–12% for men. consistent with the planet Health Organization (WHO), it's also the foremost important precursor of

suicide and can be the second explanation for Global Disease Burden by the year 2020, WHO states that the burden of depression is 50% higher for females than males and Indians are reported to be among the world's most depressed. The prevalence of depression is 9%, of major depressive episode is 36%, and therefore the average age of onset of depression is 31.9 years, in India.

The higher rates of depression are reported within the rural compared to the urban population. Up to twenty of these attending primary health care in developing countries suffer from the usually linked disorders of hysteria and depression, but the symptoms of those conditions are often not recognized. The preponderance of female cases of clinical depression is consistent finding from India. Women have the best risk for developing depressive disorders during their child-bearing years. Psychosocial events like role stress, victimization, sex-specific socialization, internalization, coping style, disadvantaged social station, and perceived stigma of mental disease, more in females have all been considered to contribute to the increased vulnerability of girls to depression.

In addition, depression is a crucial consequence of violence, which affects between one-quarter and over one-half of girls at some point in their lives. Routine screening of all female patients visiting general hospital settings for violence should be made mandatory so on prevent detrimental physical and psychological state consequences. Recently, there has been a growing trend in India of shifting the age-old status of girls from homemakers to the labor, which offers them independence, and financial stability. Within the study, released by the Associated Chambers of Commerce and Industry, working women within the age group of 21–52 years were surveyed. Sixty-eight percent of the ladies were afflicted with lifestyle ailments like obesity, depression, chronic backache, diabetes, and hypertension.

It has been often observed that long hours of working under strict deadlines cause up to 75% of working women to suffer from depression or general mental disorder compared to women with lesser levels of

psychological demands at work. Work pressure and deadlines have led 53% of the respondents to skip meals and choose food. Women employed in sectors that demand longer like media, knowledge process outsourcing, and touring jobs are unable to require leave when unwell and force themselves to figure mainly thanks to job insecurity, especially, during the present financial meltdown, the report said. Factors such exposure to industrial pollutants and environmental toxins, poor quality of sleep, lack of exercise, sunlight exposure, poor nutrition, excessive intake of alcohol, and substance abuse also cause depression.

Although Depression is considered so common these days but at the same time it's a serious illness, and most that have it need treatment to urge better. Depression affects both men and ladies, but more women than men are likely to be diagnosed with depression in any given year. Efforts to elucidate this difference are ongoing, as researchers explore certain factors (biological, social, etc.) that are unique to women. Many ladies with a depressive illness never seek treatment. But the overwhelming majority, even those with the foremost severe depression, can recover with treatment.

The depression is marked by recurrent episodes of depressive symptoms followed by periods of remission, and therefore the course of depression tends to be more chronic in late life than in younger adults. For some, an initial episode of major depression will evolve over time (with remissions and recurrences) into unipolar major depression, whereby each new episode confers new and more severe risks of chronicity, disability, and suicide. Major depression is related to considerable impairment in functioning, like and sometimes worse than that experienced by patients affected by a spread of chronic medical conditions. One study reported that depressed outpatients function at lower levels than outpatients with the other illness except cardiac illness.

There are several forms of depression that includes major clinical depression, dysthymic disorder, depressive disorder, postpartum depression, and seasonal major affective disorder, and is characterized by persistent sadness, anxiousness, hopelessness, guilt, worthlessness, irritability, restlessness, loss of interest in activities or hobbies, fatigue, difficulty concentrating, impaired memory and deciding, insomnia or hypersomnia, overeating or appetite loss, suicidal ideation or attempts, or persistent aches or pains, headaches, cramps, or digestive problems that don't ease with treatment. Symptoms interfere with normal functioning in lifestyle, and persist for a matter of months to years.

A past depressive history is a major risk factor for a future depressive episode. Women with a history of depression are nearly five times more likely to possess a future episode of major clinical depression, with the danger of recurrence increasing with each episode, and an association with a stressful life event becoming progressively weaker with each new depressive episode. Treatment of depression most frequently includes pharmacologic agents in conjunction with cognitive-behavioral therapy or interpersonal therapy, the mixture proving important for full recovery and preventing relapses. However, a good more aggressive and comprehensive program that has dietary and lifestyle changes including regular exercise and sleep, a diet high in w-3 fatty acids, tryptophan, vitamin Bc, vitamin D, and B-complex vitamin complex, exposure to bright light, spiritual "therapy," and complementary and alternative medicines like acupuncture, may cause even more thorough and long-lasting recovery.

Women suffer more than men across different countries and different settings because of Depression, anxiety, psychological distress, sexual violence, etc. Women face gender discrimination and associated factors of poverty, hunger, malnutrition, overwork, violence and sexual abuse; combine to account for women's poor psychological state. There's a positive relationship between the frequency and severity of such social factors and therefore the frequency and severity of psychological state problems in women. Severe life events that cause a way of loss, inferiority, humiliation or entrapment can predict depression.

Communication between doctors and ladies patients is extremely authoritarian in many countries, making a woman's disclosure of psychological and emotional distress difficult, and sometimes stigmatized. When women dare to disclose their problems, many doctors tend to possess gender biases which lead them to either over-treat or under-treat women.

Women do play multiple life roles. Mother, wife, employee, friend, healer, caregiver, and therefore the list goes on. The complexity of all of those roles can cause ups and downs throughout life. A number of these mood changes could also be thanks to life events (e.g., getting into an argument with a friend) or could also be thanks to hormones (e.g., pregnancy, menstrual cycle). Generally, after a couple of days, your emotions tend to level out and you don't feel down within the dumps anymore. But, if you're affected by depression, your "downs" don't get away after a couple of days and should interfere together with your lifestyle activities and relationships. This will be a debilitating cycle and may occur thanks to

variety of causes. Symptoms can last weeks, months, or years and may be intermittent or a one-time occurrence. Depression affects women and it tends to possess different contributing causes in women than it does in men. Contributing factors include reproductive hormones, a differing female response to worry, and social pressures that are unique to a woman's life experiences.

Signs and Symptoms

Signs and symptoms of depression vary from woman to woman. A number of the foremost common signs and symptoms are listed below:

- Feelings of emptiness, hopelessness, despair, and sadness
- Irritability, anxiousness, and guilt
- Feelings of exhaustion, severe tiredness
- Loss of interest in previously pleasurable activities
- Inability to concentrate or remember details
- Sleep disturbances; sleeping an excessive amount of or insufficient, insomnia
- Changes in appetite – eating an excessive amount of or insufficient
- Physical symptoms – aches and pains, cramps, headaches, digestive issues, breast tenderness, bloating
- Lack of energy
- Feeling out of control
- Mood swings and feelings of tearfulness
- Panic attacks
- Feelings of tension
- Disinterest in daily activities and relationships are the best risk factor for a future depressive episode may be a past depressive history.

Causes of depression in women - It's a fertile topic for research to explore potential causes and contributing factors to women's increased risk for depression. It's likely that genetic, biological, chemical, hormonal, environmental, psychological, and social factors all intersect to contribute to depression.

According to a study by Winokur et al., "depression spectrum disease" has been characterized relative to "pure depressive disorder" as follows: Relatively, early age of the onset of depression (typically under 40), greater incidence of familial major affective disorder, significantly more female than male first-degree relatives with major affective disorder, significantly greater familial alcoholism, and antisocial personality.

A depressive episode is caused because of trauma, loss of a beloved, a difficult relationship, or any stressful

situation often triggers. Additional work and residential responsibilities, caring for youngsters and aging parents, abuse, and poverty also may trigger a depressive episode in women. Evidence suggests that ladies respond differently than men to those events, making them more susceptible to depression.

CONCLUSION -Depression is not uncommon in women in India across all age groups. They do play multiple roles and that contribute to worry, thereby making them vulnerable to depression, which is usually under-reported thanks to stigma. The influence of female hormones during the reproductive years contributes to the premenstrual dysphoric syndrome, depression during pregnancy, postpartum depression. Emphasis should get on early detection at the first care level, and routine screening of intimate partner/ domestic violence should be made mandatory. The mainstay of treatment is that the use of antidepressants which should be made available freed from cost in the least medical care levels. Adequate dose, sufficient duration of medication, along side consistent contact with psychological state professionals brings good results. Creating an awareness among women is must to help them overcome their depression.

REFERENCES

1. *The World Health Report*. 2001. [Last accessed on 2014 Jun 30]. Available from: <http://www.who.int/whr/2001/en/>
2. Rihmer Z, Angst A. *Mood disorders: Epidemiology*. In: Sadock BJ, Sadock VA, editors. *Comprehensive Textbook of Psychiatry*. 8th ed. Baltimore: Lippincott Williams and Wilkins; 2004. [Google Scholar]
3. [Last accessed on 2014 Jul 07]. Available from: <http://www.timesofindia.indiatimes.com/india/Womenmore-prone-to-depression-than-men-Indians-worst-hit-WHO/articleshow/16746142.cms> .
4. Robins LN, Regier DA. *New York: The Free Press*; 1990. *The Epidemiologic Catchment Area Study. Psychiatric Disorders in America*. [Google Scholar]
5. Burt VK, Stein K. *Epidemiology of depression throughout the female life cycle*. *J Clin Psychiatry*. 2002;63(Suppl 7):9–15. [PubMed]
6. Winokur G, Cadoret R, Baker M, Dorzab J. *Depression spectrum disease versus pure depressive disease: Some further data*. *Br J Psychiatry*. 1975;127:75–7
7. *National Institute of Mental Health*. Available at: <http://www.nimh.nih.gov/health/topics/statistics/index.shtml>. Accessed March 18, 2009.
8. Alexander JL. *Quest for timely detection and treatment of women with depression*. *J Manag Care Pharm* 2007;13(9suppl a):S3–11.