A Study on Assessment of Knowledge Regarding Causes and Early Symptoms of Depression among Rural Women in a Selected Community at Gonda to Develop an Information Booklet

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Abstract: *This present study was done under the topic "A study on assessment of knowledge regarding causes and early symptoms of depression among rural women in a selected community at Gonda to develop an information booklet". Objectives of the study are to study the existing level of knowledge of women in the rural areas on causes and early symptoms of depression in a selected community at Gonda, to find out the association between the level of knowledge and selected socio demographic variables regarding causes and early symptoms of depression among rural women in a selected community at Gonda and to develop an information booklet on causes and early symptoms of depression. The conceptual framework was done based on Rosen stock, Maiman and Becker's Health Belief Model (1978). In order to accomplish the objectives of the study, a non-experimental descriptive research design was adopted. In this study, the sample consists of 50 rural women who fulfilled the inclusion criteria for the study. The non-probability purposive sampling technique sampling technique was used for this study. A structured socio demographic data and knowledge questionnaire on causes and early symptoms of depression were selected on the basis of the objectives of the study. The tools are prepared in two sections. Section I was socio- demographic data and the Section – II was knowledge questionnaire on causes and early symptoms of depression. Validity of the tool was established with experts. Pilot study was conducted to assess the tools feasibility and it was found to be feasible to collect the required information. For the main study the data collected from rural women of Colonelganj, Gonda who fulfilled the inclusion criteria. The collected data was tabulated according to various parameters and the complete analysis was done with descriptive and inferential statistics.Maximum 62% of rural women in a selected community at Gonda was having poor knowledge on causes and early symptoms of depression, 20% were having average and 18% was having good knowledge. The chi-square test implies that there is a significant association between sociodemographic variables such as education and source of information regarding depression at 0.05 level of significant as the calculated chi-squares values are higher than the tabulated value. Therefore, the H_0 null hypothesis was rejected. There is a need for awareness program to improve the rural women knowledge on causes and early symptoms of depression.*

Keywords: Depression, causes, signs and symptoms, rural women

1. Introduction

Depression is a disorder of major public health importance, in terms of its prevalence and the suffering, dysfunction, morbidity, and economic burden. Depression is more common in women than men. The report on Global Burden of Disease estimates the point prevalence of unipolar depressive episodes to be 1.9% for men and 3.2% for women, and the one-year prevalence has been estimated to be 5.8% for men and 9.5% for women. It is estimated that by the year 2020 if current trends for demographic and epidemiological transition continue, the burden of depression will increase to 5.7% of the total burden of disease and it would be the second leading cause of disability-adjusted life years (DALYs), second only to ischemic heart disease.[1]

In view of the morbidity, depression as a disorder has always been a focus of attention of researchers in India. Various authors have tried to study its prevalence, nosological issues, and psychosocial risk factors including life events, symptomatology in the cultural context, comorbidity, psychoneurobiology, treatment, outcome, prevention, disability and burden. Some of the studies have also tried to address various issues in children and elderly.

Depression is a serious condition that can 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 female response to stress.[2]

Many studies have estimated the prevalence of depression in community samples and the prevalence rates have varied from 1.7 to 74 per thousand population. Reddy and Chandrasekhar carried out a metanalysis, which included 13 studies on epidemiology of psychiatric disorders which include 33572 subjects from the community and reported prevalence of depression to be 7.9 to 8.9 per thousand population and the prevalence rates were nearly twice in the urban areas.[3]

Studies on the elderly population, either in the community, inpatient, outpatient and old age homes have shown that depression is the commonest mental illness in elderly subjects. A study in psychiatric morbidity of the elderly population of a rural community in West Bengal. In a sample of 183 subjects (male 85, female 98) they found 60% of the population to be mentally ill with higher morbidity in women compared to men (77.6% and 42.4% respectively). There was significantly more morbidity in population in the age group 70-74 and 80+ as compared to normal population. The total mental morbidity rate was as high as 612/1000

population. Depression was the commonest illness of old age in this sample, the rate being 522/1000 population (101 cases out of 112 were diagnosed as cases of depression). Women had a higher rate of depression-704/1000 population.[4]Therefore the researcher thought to do research on assessment of knowledge regarding causes and early symptoms of depression among rural women in a selected community.

1.1 Objectives

1) To study the existing level of knowledge of women in the rural areas on causes and early symptoms of depression in a selected community at Gonda.
2) To find out the association between the level of knowledge and selected socio demographic variables regarding causes and early symptoms of depression among rural women in a selected community at Gonda.
3) To develop an information booklet on causes and early symptoms of depression.

1.2 Hypothesis

H_0: There will be no significant association between the level of knowledge and selected socio demographic variables regarding causes and early symptoms of depression among rural women.

1.3 Assumptions

This study assumes that
1) Women have some knowledge regarding causes and early symptoms of depression.
2) Level of knowledge regarding depression differs from individual to individual.
3) Socio demographic variables influence the level of knowledge among rural women regarding depression.
4) Mass media influences level of knowledge among rural women regarding depression.

2. Methodology

The conceptual framework was done based on Rosen stock, Maiman and Becker's Health Belief Model (1978). In order to accomplish the objectives of the study, a non-experimental descriptive research design was adopted. In this study, the sample consists of 50rural women who fulfilled the inclusion criteria for the study. The non-probability purposive sampling technique sampling technique was used for this study.

A structured socio demographic data and knowledge questionnaire on causes and early symptoms of depression were selected on the basis of the objectives of the study. The tools are prepared in two sections. Section I was socio-demographic data and the Section – II was knowledge questionnaire on causes and early symptoms of depression. Validity of the tool was established with experts. Pilot study was conducted on rural womenfrom 06-02-2019 to 23-02-2019 to assess the tools feasibility and it was found to be feasible to collect the required information. For the main study the data collected from 10-03-2019 to 04-04-2019 from rural women of Colonelganj, Gonda who fulfilled the inclusion criteria. The collected data was tabulated according to various parameters and the complete analysis was done with descriptive and inferential statistics.

Table 1: Frequency and percentage distribution of subjects based on age in years, religion, family income per month and educational status, n=50

S.No.		Variables	Frequency	Percentage
1		**Age in years**		
	a	20 - 30 years	18	36
	b	31 - 40 years	21	42
	c	>40 years	11	22
2		**Religion**		
	a	Hindu	21	42
	b	Muslim	16	32
	c	Christian	8	16
	d	Other	5	10
3		**Family income per month**		
	a	Below 10000	25	50
	b	10000 to 20000	18	36
	c	Above 20000	7	14
4		**Educational status**		
	a	Illiterate	8	16
	b	Primary school	16	32
	c	High school	12	24
	d	Graduate	7	14
	e	Postgraduate	7	14
5		**Occupation**		
	a	Home maker	27	54
	b	Private employee	11	22
	c	Government employee	6	12
	d	Self-employed	6	12
6		**Type of family**		
	a	Nuclear	12	24
	b	Joint	32	64
	c	Extended	6	12
7		**Source of information regarding depression**		
	a	Family members	10	20
	b	Media	8	16
	c	Friends	9	18
	d	Neighbours	9	18
	e	Educational programmes	14	28

The above table depicts maximum 21 (42.0%) rural women were 31 - 40 years old, many 21 (42.0%) of them were Hindu, maximum 25 (50.0%) rural women's family income per month was < 10000, maximum 16 (32.0%) rural women's educational status was primary school. Maximum 27 (54.0%) rural women were home makers, maximum 32 (64.0%) of them were belongs to joint family, maximum 14 (28.0%) rural women's source of information regarding depression was educational programmes.

Table 2: Knowledge Levels of the Subjects

Level	Frequency	Percentage
Poor	31	62%
Average	10	20%
Good	9	18%
Total	**50**	**100**

Maximum 62% of rural women in a selected community at Gonda was having poor knowledge on causes and early symptoms of depression, 20% were having average and 18% was having good knowledge.

Table 3: Association of Knowledge level of rural women towards causes and early symptoms of depression with demographic variables, n=50

S.N	Demographic variables		Level		N	df	X^2	P-value	P<0.05
			Below Mean	Above Mean					
1	Age in years								
	a	20 - 30 years	9	9	18	2	2.013	5.99	NS
	b	31 - 40 years	10	11	21				
	c	>40 years	8	3	11				
2	Religion								
	a	Hindu	13	8	21	3	3.443	7.82	NS
	b	Muslim	7	9	16				
	c	Christian	3	5	8				
	d	Other	4	1	5				
3	Family income per month								
	a	Below 10000	11	14	25	2	2.197	5.99	NS
	b	10000 to 20000	12	6	18				
	c	Above 20000	4	3	7				
4	Educational status								
	a	Illiterate	7	1	8	4	9.682	9.49	S
	b	Primary school	9	7	16				
	c	High school	5	7	12				
	d	Graduate	5	2	7				
	e	Postgraduate	1	6	7				
5	Occupation								
	a	Home maker	14	13	27	3	0.478	7.82	NS
	b	Private employee	6	5	11				
	c	Government employee	3	3	6				
	d	Self-employed	4	2	6				
6	Type of family								
	a	Nuclear	7	5	12	2	1.188	5.99	NS
	b	Joint	18	14	32				
	c	Extended	2	4	6				
7	Source of information regarding depression								
	a	Family members	3	7	10	4	10.04	9.49	S
	b	Media	6	2	8				
	c	Friends	8	1	9				
	d	Neighbours	5	4	9				
	e	Educational programmes	5	9	14				
S=Significant; NS=nonsignificant									

The above chi-square table implies that there is a significant association between sociodemographic variables such as education and source of information regarding depression at 0.05 level of significant as the calculated chi-squares values are higher than the tabulated value. Therefore, the H_0 null hypothesis was rejected.

3. Discussion

The present study has been under taken to assess the knowledge regarding causes and early symptoms of depression among rural women in Colonelganj, Gonda. The finding of the study was discussed in the terms of objectives and hypotheses stated for this study. The non-experimental descriptive research design was adapted to elicit knowledge regarding causes and early symptoms of depression among rural women.

The chi-square test implies that there is a significant association between sociodemographic variables such as education and source of information regarding depression at 0.05 level of significant as the calculated chi-squares values are higher than the tabulated value. Therefore, the H0 null hypothesis was rejected.Similar studies were found and it was conducted to examine the knowledge and attitude toward depression in general hospitals in India. A total of 851 women enrolled at four university-affiliated general hospitals completed self-report questionnaires. Chi-square tests were used to compare the knowledge and attitude of women toward depression. In addition, binary logistic regression analysis was used to adjust for the following confounders: age-group and workplace. The proportion of rational and/or correct responses were higher among urban women than rural women for the following: constellation of depressive symptoms defined by DSM-IV suicide risk in depression recovery and psychological stress as a cause of depression the relationship between chronic physical disease and depression and other items. The results suggest that in terms of the biological model of depression, the understanding of urban women is greater than that of rural women.[5] This result is same as our study because our study also says that there is lack of knowledge on causes and early symptoms of depression.

4. Ethical Consideration

Written permission was taken from PHC. Written Informed consent was taken from each study sample.

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