Demographic Correlates of Psychological Distress among Women Presenting at Gynecological Clinics in Lahore, Pakistan

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Abstract

Background: The present study was aimed to find the relationship between psychological distress and demographic characters among women with gynecological. It was hypothesized that there would be a correlation between demographic characters and psychological distress.

Settings & Design: Patients were selected from outpatient departments of various public and private hospitals of Lahore, Pakistan. Purposive sampling strategy was used and research design of the present study was correlational.

Materials and Method: The sample comprised of 110 married women with gynecological problems. To identify the demographic characters, semi structured interview was devised. Symptom Checklist – Revised [1] was used to measure psychological distress.

Statistical Technique: Through Pearson Product Moment Co relation was the used analysis.

Results: It was revealed that low level of education, low socio economic status, nuclear family system, and unhealthy relationships were associated with psychological distress among women with gynecological problems.

Conclusion: Therefore, it can be implied from the present study that steps for health promotion should be taken along with counseling guidelines to decrease level of distress. Health professional should be trained so as to identify the psychological symptoms and to counsel them and teach appropriate stress management skills.

Keywords: psychological distress, demographic characters, gynecological problems

Introduction

Psychological distress is a term, widely used to refer to the mental health of population. [2] According to Merriam-Webster’s online dictionary, [3] distress is referred to as suffering or pain in the body that inhibits the individual to perform tasks or it may be defined as suffering that affects the mind.

Psychological distress restrains the individual from functioning and thinking healthily and affects men and women equally. It may include symptoms of depression, anxiety, somatic symptoms and distraction whereas, in extreme cases psychotic symptoms may also be experienced. The symptoms may be permanent or transient. [4] And they may vary from gender to gender e.g., a study revealed that participants having low education distressed both the genders, however stress and insomnia was greater among women as compared to men with low education. Moreover individuals with low socio economic status and unemployment suffered more from depression, insomnia and stress. Furthermore, individuals with no intimate partners reported highest risk for psychological distress. [5]

Various stressors, environmental factors, drug usage, biological factors, socio economic factors, medical factors, psychological illnesses or a combination of these are the prominent factors for causing distress. [4] A few other researchers have also put forward some other causes of psychological
distress. According to them physical assault, domestic abuse, rape, incest, bodily harm, automobile accidents, witnessing a horrifying fatalities, surgery, serious medical illness, and birth trauma may lead an individual to experience distress. In addition, childhood experiences i.e., low intimacy with primary care takers also creates emotional and psychological distress. Low socio-economic status is a high predictor of psychological distress. Similarly, married individuals lead a more happy life as compared to unmarried individuals. They also believe that with the advance in age people tend to become more anxious. Lower the level of tolerance of uncertainty the greater is the distress that individual experiences when an undesirable change occurs in his life. Along with these demographic characteristics such as age, socio-economic status and marital status etc. the probability of experiencing psychological distress also depends on the coping styles of individuals.

Severity and type of psychological distress vary from culture to culture. Depression and anxiety are common in developing countries, and depression in Pakistani women is even higher as compared to other third world countries. Along with high prevalence of depression and anxiety in low socio economic individuals, the Pakistanis also report frequent somatic complaints. Pakistan is such a country where physical and mental health is generally overlooked and people have little or no knowledge of psychological health. Thus due to the scarcity of awareness regarding psychological distress and yet high prevalence of depression in Pakistan there was a need to investigate the demographic characters among women with gynecological problems and also manifesting symptoms of psychological distress.

Hypothesis
There would be a correlation between demographic characters and psychological distress.

Materials & Method
Participants
Participants included 110 married women with gynecological problem reporting at various public (n = 55) and private (n = 55) hospitals of Lahore. The health professionals were provided with an inclusion criteria sheet, so that they could help the researcher in screening the patients. The inclusion criteria included married women between the ages of 20-50 years old and reporting a gynecological problem. However infertile and pregnant women and those having history of major psychological disorders were excluded.

Measures
Semi Structured Interview: A semi structured interview was formulated by the researcher. The information for constructing the semi-structured interview was obtained from the existing literature review and by consulting various health professionals. The interview included questions regarding demographic characteristics of the participants, social status, nature of relationships, history of gynecological problems and psychological health. Each question consisted of specific set of options. The semi structured interview was developed in Urdu, Pakistani national language.

Symptom Checklist-Revised: (SCL-R) adapted in Urdu was used to assess psychological distress among the participant. It consists of six scales: Depression (24 items); Somatoform (34 items); Anxiety (29 items); Obsessive Compulsive Disorder (15 items); Schizophrenia (24 items) and Level of Frustration Tolerance (15 items). The items were rated on a four point rating scale (0=not at all, 1=very few, 2=moderate, 3=very much). The studies done on SCL-R suggest that its validity range was 0.40-0.60 and the reliability range determined by test retest method was 0.74- 0.92.

Procedure
Purposive sampling strategy was used. The participants were approached from different public and private health professionals of Lahore, Pakistan. Formal permission for conducting interviews was obtained by contacting the health professionals by explaining them about the nature of the study and assuring them about the confidentiality of patients’ information. Data was collected by taking consent from each participant by informing them about the purpose procedure, duration and confidentiality of research. The questionnaires were filled by the participants within the respective clinics.

Results
The data was analyzed by Statistical Packages for Social Sciences (SPSS) and frequencies and percentages of demographic variables were calculated. Pearson Product Moment Correlation Coefficient was also calculated to find the relationship between psychological distress and demographic characters of the sample. Ninety nine percent of the participants were Muslims. Almost 51 % of the participants reported themselves to be moderately religious. Almost 57.3 % of the participants had a nuclear family system, and most of them reported to have conflicting and unhealthy relationship with their in-laws.

Table 2 illustrates that there is a negative correlation between education of the participant and anxiety, level of frustration tolerance and schizophrenia. It means that lower education the participant had she manifested more symptoms of anxiety had low level of frustration tolerance and more symptoms of schizophrenia. Moreover monthly income of the family also correlated negatively with depression, somatoform and level of frustration tolerance. It depicts that low social status has high prevalence of depression, somatoform and low level of frustration tolerance. Furthermore, no of children of the participants correlated positively with level of frustration tolerance i.e., more children a participant had the higher will be her level of frustration tolerance.

**Discussion**

The present study was aimed to investigate the demographic correlates of psychological distress among women with gynecological problems in Pakistan. The study was based on the assumption that different demographic characters among women with gynecological problems would be related to psychological distress. The current study was conducted, as very little work has been done for promoting health issues of women in Pakistan. [10] So the present research helped to highlight the importance of women’s gynecological issues and correlates of psychological distress.

Information about demographic characters and other possible reasons for psychological distress was obtained through detailed interview. The present research indicated that most of the women with gynecological problems were young, unemployed and belonged to a low socio economic class and had difficulty in making the both ends meet. Almost 25 % of the women had completed their graduation whereas almost 23 % of the women were uneducated. The profile is somewhat similar to that suggested by a study [8] according to which illiterate women have the highest tendency to be psychologically distressed. The slight contradiction in education level might be due to the fact that most of the participants in the present study also reported conflicts with in-laws which is a leading cause of psychological distress. [11] A distinctive profile of women with psychological distress cited by earlier research are young women, having socio economic background, less educated, unemployed and those who had separated [12] is in concordance with the finding of the present study.

Present research also revealed that almost 57.3 % of the participants belonged to nuclear family system with only 3 to 4 people living in the home and due the lack of strong social support might also be responsible for psychological distress. According to an Indian researcher joint family plays an important role in providing social, economical and psychological support to other people. Within the joint family system there is mutual sharing of burden and is a good source of relieving the pain. [12] In his study Avasthi also found that individuals from nuclear family system were more likely to experience psychological distress as compared to those from joint family system.

Moreover, as the sample population was women with gynecological problems so the resulting distress might have been due to these problems, as supported by a study conducted in Pakistan vaginal discharge and psychological distress were highly correlated. [13]

This study had certain limitations. As in the government hospitals, due to lack of a separate room the questionnaires had to filled in public and it may have threatened the confidentiality of their responses. Another limitation was that in the present study the women from government hospitals were mostly illiterate and had difficulty in understanding the research question. They had little knowledge of the problems they were facing. Most of the participants had no exposure of research so they were threatened by the personal information that was being asked from them like monthly income, relationships patterns etc. In private hospital the women were usually in a hurry and were reluctant to participate in the study.
Keeping in view the current study certain suggestions are projected. Qualitative work would help in better understanding the causes of psychological distress among women in Pakistan. In a country like Pakistan where the women are deprived of their rights and only a few have access to the health services there is an ominous need to give women their true rights and to raise educational level of women in Pakistan. Furthermore, health professionals should be trained in such a way so as to identify psychological distress among their patients and they should be trained about psychological intervention so as to relieve the women of the disturbances. There is an urgent need for taking steps for promoting psychological well being among men and women from low socio economic class.

References