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GENDER DIFFERENCES IN COMMON MENTAL DISORDERS

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ABSTRACT

Objective: *This study aims to examine gender differences in common mental disorders in Pakistan*
Design: *Survey Research Design was used in the present study.*
Sample: *219 married and unmarried men (n=35) and women (n= 184) experiencing mild and transitory medical conditions.*
Place and Duration of Study*: The sample was recruited from General Practitioners' clinics located in dense areas and free dispensaries in Lahore.*
Method: *Symptom Checklist-R (Rahman, Dawood, Rehman, Mansoor, & Ali, 2009) and General Health Questionnaire (GHQ-28) Urdu Version (Minhas & Mubbashar, 1996) were administered on the participants to identify common mental disorders.*
Results: *Results revealed the presence of significant gender differences with women scoring significantly higher on Depression, Somatization, Anxiety and Low Frustration Tolerance. Data revealed that a huge majority (91% women and 80% men) were experiencing Psychological Distress. This signified that though women tend to experience more Common Mental Disorder than men however both of them were experiencing distress. In addition, men's mental well-being was significantly better than that of women.*
Conclusion: *Overall this research signified a need of General Practitioners to realize and understand that Common Mental Disorders are common in individuals presenting in primary health care set ups which would enable timely identification of vulnerable individuals so that interventions could be implemented accordingly.*

Keywords: *Common Mental Disorder, Gender Differences, Primary Health Care*

INTRODUCTION

The significance and prominence placed on human health increased noticeably in the 20th century. It is a known fact that health not only includes physical aspect, but it is also comprised of psychological health of an individual. This paradigm change is now dispersing across the globe especially in developing countries, including Pakistan (Gadit & Reed, 2004). A number of researches have been carried out related to the commonly occurring mental disorders in both developed and developing countries (Mirza & Jenkins, 2004; Mumford, Saeed, Ahmad, Latif, & Mubashhar, 1997; Mumford, Minhas, Akhtar, Akhtar, & Mubasshar, 2000). Frequently reported psychological disorders are referred to as Common Mental Disorders and they may tend to economic, social, and everyday living problems among the sufferers (World Health Organization [WHO], 2001).

Common Mental Disorders referred to commonly occurring mental disorders due to which individual's functioning patterns become dysfunctional (Goldberg & Huxley, 1992). The Common Mental Disorders mainly comprise of Depressive Disorders, Anxiety Disorders (Generalized Anxiety Disorder, Panic and Social Anxiety Disorder) and Obsessive Compulsive Disorders. Additionally, these disorders can be associated with widespread problems, relapse and remission rate. For example depression and anxiety both have more occurrences of relapse throughout life (National Institute for Health and Care Excellence [NICE], 2011). Likewise, research findings reveal that anxiety and depression serve as co-morbid diagnosis in people fulfilling the diagnostic criteria of any of the Common Mental Disorders (National Institute for Health and Care Excellence [NICE], 2011).

As the concern for mental health is increasing, many studies have highlighted the etiological factors for them. Among the key risk factors are disadvantages associated with gender and socioeconomic status. Women have been reported to be at a greater threat for developing mental health problems especially from low socioeconomic countries (Patel, Kirkwood, Pendekar, Weiss, & Mabey, 2006). Similarly women who face more stressful life events experience more pathology as compared to those women who face lesser stressful situations in their lives (Brown, Brochlain, & Harris, 1975).

Gender is found to be a significant factor in Common Mental Disorders as Women presenting in primary care setting suffer through Common Mental Disorders more, as compared to men in Asian population (Patel, Pereira, Coutinho, Fernandes, Fernandes, & Mann, 1998; Araya, Rojas, Fritsch, Acuna, &Lewis, 2001). A number of prevalence studies conducted in different cities of Pakistan reported high prevalence of anxiety and depression among women compared to men (Mumford, Saeed, Ahmad, Latif, & Mubashhar, 1997; Mumford, Minhas, Akhtar, Akhtar, & Mubasshar, 2000; Faraz, Ansari, Janad, Danson, & Baig, 2009; Mumford, Nazir, Jilani, & Baig, 1996).

This high prevalence of Common Mental Disorders highlights the need to study CMDs in the developing countries and to develop awareness in general public and Health Professionals about these mental illnesses. Moreover, women' responsibilities in the society are increasing day by day, making it a greater concern for professionals to pay heed towards their wellbeing.

The objective of present research is to examine gender differences in Common Mental Disorders in Pakistan. It was hypothesized that women reporting at primary health clinics are likely to present more Common Mental Disorders than men.

METHOD

Research Design

Survey Research Design was used in the present study.

Participants

Sample was recruited from 219 (Men=35, Women=184) participants, both married and unmarried consulting at general health practitioners for mild and transitory medical conditions. Data was recruited from small General Practitioners' clinics situated in dense areas and free dispensaries in Lahore.

Table 1
Demographic Characteristics of the Sample at Primary Health Care (N= 219)

Variables	**Men (*n* = 35)**		**Women (*n* = 184)**	
	f	**%**	***f***	**%**
Education				
Primary	3	8.6	23	12.5
Secondary	7	20.0	22	12.0
Matric	8	22.9	24	13.0
Intermediate	5	14.3	20	10.9
Bachelors	5	14.3	21	11.4
Masters	2	5.7	14	7.6
Certification/Diploma	1	2.9	11	6.0
Illiterate	4	11.4	49	26.6
Region				
Lahore	31	88.6	158	85.9
Any other City	2	5.7	18	9.8
Village	2	5.7	8	4.3
Marital status				
Unmarried	7	20.0	50	27.2
Married	28	80.0	120	65.2
Widow/Widower	-	-	13	7.1
Divorced	-	-	1	0.5
Occupation				
Students	7	3	25	13.5
House wives	-	-	98	53.3
Unemployed	5	14.2	5	2.7
Jobs	13	37.1	39	21.2
On Daily Wages/ Seasonal Job	5	14.3	15	8.2
Self-employed/Business	11	31.4	2	1.1
Nature of health problems				
Psychological	1	2.9	1	0.5
Physiological	20	57.1	132	71.7
Both Psychol. & Physiological	1	2.9	12	6.5
Any other (Spiritual/Magic)	13	37.1	39	21.3

Table 1 of descriptive analysis indicate that majority of the participants were married (65%) women, who were illiterate (26%). Contrary to women, 80% of participants were married men, who did matriculation (22%). A large number of female participants were housewives (53 %) while majority of men did jobs. Similarly, women reported more physiological nature (71%) of health problems compared to men who reported 57% of physiological nature of health problems.

Measures

A Semi-Structured Interview was designed to gain information regarding demographic characteristics of the participants experiencing Common Mental Disorders.

General Health Questionnaire GHQ-28 (Goldberg, 1978)

This scale was used to assess Common Mental Disorder. After taking formal permission from author, Urdu translated version of GHQ-28was administered on the sample (Minhas & Mubbashar, 1996). The scale used to screen out four areas Depression, Anxiety, Social Impairment and Hypochondriasis. The scale has high test retest reliability i.e. 0.78 to 0.9 (Robinson & Price, 1982) and high internal consistency (Failde & Ramos, 2000). GHQ-28 have a high correlation with Depression and with other measures of Depression and Anxiety (Robinson & Price, 1982).

The scoring of GHQ scale is based on 5 point Likert scale ranging from 0-4. Calculation of all scores gives total score ranging from 0 to 28. The greater the score, the higher the probability of psychological distress. Cut off score of GHQ-28 for 5 point Likert scale is 23 (Swallow, Lindow, Masson, & Hay, 2003).

Symptom Checklist-R (Rahman, Dawood, Rehman, Mansoor, & Ali, 2009)

Symptom checklist -R is a standardized indigenous tool comprised of six scales. In the current study only four scales; Depression, Somatoform, Anxiety and Low Frustration Tolerance (LFT) were used. The scoring is based on four point Likert scale (0-3). 0 stands for never and 3 stand for always. The calculation of total score gives the score on each domain. Higher score indicates a greater probability for a psychiatric disorder. Cut off for domains are: Depression 37; Somatoform 41; Anxiety 56; Low Frustration Tolerance 47.

Procedure

Formal permissions to use the assessment measure were sought from the authors. Permissions were taken from general practitioners for data collection from their respective clinics. Informed consent was taken from every participant and confidentiality was guaranteed.Questionnaires were administered verbally to all participants. Time taken for administration of questionnaires was 15 minutes.

RESULTS

To analyse the Reliability of Symptom Checklist-R and General Health Questionnaire (GHQ-28) for the present study Cronbach Alpha value was calculated using SPSS.

Table 2
Reliability Analyses of the Measures of Present Study

Assessment Measures	***K***	***M***	***SD***	α
Depression	24	1.14	1.33	.85
Somatization	34	.78	1.16	.87
Anxiety	29	1.23	1.40	.93
Low Frustration Tolerance	23	1.30	1.50	.87
Psychological Distress	28	.35	.21	.91

Note. *k* = No. of items of the scale, M = Mean, SD =Standard Deviation, α = Cronbach alpha

Table 2 shows Reliability Analyses of Symptom Checklist-R and General Health Questionnaire (GHQ-28). Results revealed high reliability of all scales for the present study ranging between 0.8 – 0.9.

Table 3
Frequency and Percentages of Psychological Distress among Patients at General Health Practitioners Clinics

Characteristics	**Gender**	***F***	***%***
Psychological Distress			
Above cut off	Men	28	80
	Women	169	91.84

Subsequently there is difference in sample size between males and females, so effect size is calculated that is of 0.20 that shows small difference between both groups.

Table 4

Inter-Correlations, Means, and Standard Deviations of Demographic Variables (n = 219)

Variables	1	2	3	4	5	*M*	*SD*
1. Gender	-	.01	.01	-.40**	-.12	1.84	.36
2. Region		-	.11	.02	-.03	1.18	.49
3. Marital status			-	.17**	-.17*	1.80	.55
4. Occupation				-	.02	3.07	1.78
5. Nature of Health problems					-	2.75	1.24

*p< .05 (two tailed). **p< .01 (two tailed)

To check the interaction of recorded demographics with gender to rule out their role in participants' psychological disorders and distress Pearson product moment correlation was carried out that revealed that Gender is negatively related with occupation only. No other demographic variable is correlated with gender.

Table 5

Independent Sample t-test Comparing Common Mental Disorders and Psychological Distress in Men and Women (N = 219)

Variables	Men		Women		*t*(217)	95% CI		Cohen's d
	M	*SD*	*M*	*SD*		LL	UL	
Depression	16.37	11.65	29.47	12.68	-6.01**	-17.48	-8.72	0.81
Somatization	16.85	12.21	27.81	15.95	-4.61**	-15.71	-6.20	0.62
Anxiety	21.40	14.93	38.59	19.90	-5.88**	-23.03	-11.35	0.79
LFT	21.05	15.26	31.64	13.83	-3.81**	-16.17	-5.00	0.51
Psy. Distress	44.17	11.38	49.32	14.65	-2.33*	-9.56	-.73	0.31

Note. CI=Confidence Interval; LL=Lower Limit; UL=Upper Limit; LFT=Low Frustration Tolerance; Psy. Distress= Psychological Distress*p< .05, **p< .01

The study hypothesized that women are likely to present more Common Mental Disorders than men. To test the hypothesis Independent sample t-test conducted to compare common mental disorders and psychological distress among men and women.

Table 5 indicates significant gender differences at $p < .05$ and $p < .01$ level. The results depict that the mean level of Depression among men was 16.37 (*SD* = 11.65) and the mean score for women was 29.47 (*SD* = 12.68); *t* (217) = -6.01, p = .001, two tailed, 95% CI [-17.48, -8.72] which indicate significant mean difference between these two groups. Similarly on Somatization, women participants experienced Somatic symptoms (*M* = 27.81, *SD* = 15.95) more than men participants (*M* = 16.85, *SD* = 12.21). *t* (217) = -4.61, p = .001. However, it represent a medium-sized effect *r* = 0.29. Subsequently, women experienced more Anxiety (*M* = 38.59, *SD* = 19.90) compared to men (M = 21.40, SD = 14.93), *t* (217) = -5.88, *p* = *.001*. Also a significant difference was found among the two groups on Low Frustration Tolerance *t* (217) = -3.81, *p* = *.001*(Men: *M* = 21.05, *SD* = 15.26; Women: M = 31.64, SE = 13.83) where women experienced more LFT compared to men. This tends to reveal that women experience more Common Mental Disorders than men. In addition, women (*M* = 49.32, *SD* =14.65) in our society experienced more Psychological Distress compared to men (*M* =44.17, *SD* = 11.38), *t* (217) = -2.33, *p* = .05. However these results represent a small effect size *r* = 0.15. This also highlights that men's mental wellbeing is significantly better than women.

DISCUSSION

It was hypothesized that women are likely to present more Common Mental Disorders than men as supported by previous findings (Mirza & Jenkins, 2004; Patel, et al., 1998). These findings can be explained by relating them to our everyday life experiences where women are expected to perform various roles from carer, homemaker to the breadwinner due to economic concerns as well as the requirements of daily life stressors. These pressures further lead to stress eventually causing anxiety and depression (Brady, 2013). These circumstances may also culminate into overall Psychological Distress, Low Frustration Tolerance and Somatization.

A study reported that somatic symptoms correlate with depression and anxiety (Allen, Gara, Escobar, Waitzkin, & Cohen-Silver, 2001), this relates well with the findings of the current study. Somatic symptoms experienced more by

women can be attributed to the vulnerability of women to attend to any changes in bodily symptoms and also to express bodily pain and distress more often than men (Barsky, Peekna, & Borus, 2001). However demographics of the present study also revealed more proneness of both gender to show physiological nature of health concern, this may be due to the acceptance and concern given to the physiological nature of illness in Asian countries (American Psychological Association [APA], 2013).

The same concept of multiple roles, child rearing and unequal power relation with men is leading to more distress in women (Kuruvilla & Jacob, 2007). These social and cultural norms affect the psychological health of women. This relates well with the current study where women's Psychological Distress is higher than men.

Despite the fact that the psychological distress is high in both men and women, a limited population consult general health practitioners which is a concern for the wellbeing of those individuals and thus make them prone for psychological disorders.

It can be concluded from the findings of the current study that there is an association between Gender and Common Mental Disorders. The study also showed that prevalence of Common Mental Disorders was higher in women than men. Overall the study signified that general practitioners need to be mindful of the fact that Common Mental Disorders are quite common in individuals presenting at health care settings.

Common Mental Disorders are not a priority in Pakistani medical and health care faculties, despite an underdeveloped country. Hence there is a dire need that the Pakistani Government and policy makers realizes the importance of roles of Clinical Psychologists and accept their identity and facilitate them in providing their services as a part of Mental Health Professionals. They must identify and provide separate teaching units in teaching hospitals to help people gain these services at an easily accessible place and in affordable prices.

The study has certain limitations as it only focused primary health care settings however in our society there other services are availed by the community in attending health clinics. Subsequently the data was recruited only from the clinics of general practitioners. However it is suggested that in future the data will be taken from Hakims, Homeopaths and Spiritual Healers.

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