

QUALITY OF LIFE AND SOCIAL SUPPORT IN PATIENTS WITH MAJOR DEPRESSIVE DISORDER: A GENDER DIFFERENCE STUDY

Maheshbabu.N, Shital.M.

N.Maheshbabu. Assistant Professor, Dept. of PG Studies and Research in Psychology, Sri Dharmasthala Manjunatheshwara College (Autonomous), Ujire. Dakshina Kannada, Karnataka. India madhupratihasta@sdmcujire.in

ShitalM., Ph. D. Independent Researcher

ABSTRACT

The present study was planned to investigate gender differences in (Quality of Life) and social support as well as relationship between QOL and social support in patients with depressive disorder. **Methods:** The study was conducted in Out Patient Department of Ranchi Institute of Neuro Psychiatry and Allied Sciences (RINPAS), Kanke, Ranchi. It was a cross sectional study, comprised sample of 80 patients depressive disorder, among 40 were male and 40 were female selected with purposive sampling technique and fulfilling inclusion and exclusion criteria. **Result:** Female patients with depressive disorder scored significantly lower than male patients with depressive disorder on physical, psychological and environmental QOL domain. In female patients, social support had significant positive correlation with physical, psychological and environmental domain of QOL. In male patients, social support was positively associated with psychological and social relationship QOL.

INTRODUCTION

Mental disorders are now widely recognized as a major contributor to the global burden of disease. In 2000, suicide ranked as the thirteenth leading Cause of death, accounting for 815000 deaths or 1.5% of all deaths worldwide. Just over a quarter of these deaths occurred in young adult males(i.e. those aged 15-44 years)(WHO, 2002). In terms of ill-health and disability, the

impact of poor mental health is even greater: according WHO estimates, nearly one-third of all years lived with disability (YLDs) worldwide can be attributed to neuropsychiatric conditions(i.e. mental disorders and neurological disorders combined) (WHO, 2001b).

Sex and gender are both important determinants of health. Biological sex and socially-constructed gender interact

to produce differential risks and vulnerability to ill health, and differences in health-seeking behavior and health outcomes for women and men. Despite widespread recognition of these differences, health research has hitherto, more often than not, failed to address both sex and gender adequately. The gendered aspects of mental health and delivery of mental health care services has been an evolving area of research and practice in the last three decades elsewhere in the world, as well as in India. The area of research began with the understanding that men and women occupy different status in all societies and that this difference is bound to affect their health, mental health as well as their experiences with the mental health services. The differences in enjoyment of social status may relate to various socio-economic dimensions, such as access to basic needs, education, housing, social security, employment and a good Standard of life.

In applied health research, including the social sciences, the problem has traditionally been viewed as one of rendering and interpreting sex differentials in data analysis and exploring the implications for policies and programmes. However, examining the gender dimensions of a health issue involves much more than this. It requires unraveling how gender roles and norms, differences in access to resources and power, and gender-based

discrimination influence male and female health and well-being.

The present study was planned to investigate gender differences in QOL and social support as well as relationship between QOL and social support in patients with depressive disorder.

METHODS AND MATERIAL

Objectives:

To study the quality of life in male and female patients with depressive disorder

To study the social support in male and female patients with depressive disorder

To study the relationship between quality of life and social support in male and female patients with depressive disorder

Hypothesis

There will be no significant difference on quality of life between male and female patients with depressive disorder

There will be no significant difference on social support between male and female patients with depressive disorder

There will be no significant difference between quality of life and social support in male and female patients with depressive disorder

RESEARCH METHODOLOGY

The study was conducted in Ranchi Institute of Neuro Psychiatry and Allied Sciences (RINPAS), Kanke, Ranchi. The samples for the study were taken from Out Patient Department (follow up patients). The present study was a cross sectional, hospital based one. The sample was comprised of 80 patients

depressive disorder, among 40 were male and 40 were female. All the cases were diagnosed as per ICD-10 criteria by consultant of RINPAS at outpatient department. The subjects were selected by using purposive sampling technique. An inclusion and exclusion criterion used for selecting study subjects was as below.

Inclusion Criterion for the Depressive Disorder

- Patients in the age range of 18-45 yrs.
- Educated at least up to primary level.
- The patient accompanied by key care giver

Exclusion Criteria for the Patients Depressive Disorder

- Presence of any psychiatric co-morbidity.
- Any history of alcohol or substance abuse (except tobacco).
- History of head injury
- History of epilepsy.
- Patient with any chronic medical condition

Tools

Socio Demographic Data Sheet

It is semi structured proforma. It contains information about socio-demographic variables like age, sex, religion, education marital status, domicile and occupation and clinical details like diagnosis, age of onset, total duration of illness, history of alcohol or substance abuse, family history of

mental illness, any history of significant head injury, seizures, mental retardation and any other significant physical, organic or psychiatric illness.

Social Support Questionnaire (SSQ), (Nehra, Kulhara And Verma, 1995).

The questionnaire was developed by Nehra, Kulhara and Verma, (1995). The PGI Social Support Questionnaire is a reliable and valid measure of perceived social support. It is simple, easy, and quick to administer, score and interpret and it is dependable both in term of consistency and stability of sources. This scale measures perceived social support i.e. social support received by the subject. It has total of 18 items (including positive and negative items). Item no. 2, 4, 8, 9, 11, 12 and 18 are positively worded and scored as such but item no. 1, 3, 5, 6, 7, 10, 13, 14, 15, 16 and 17 are negative items and have to be scored in the reverse order. Scoring pattern (of 4 to most agree to 1 to least agreed responses) was retained. The total score indicates the amount of social support perceived by the individual. Higher score indicates more perceived social support. The reliability and validity was highly satisfactory. Mean differences were insignificant ($t=.64$ ns) and relative reliability was highly significant and satisfactory ($r=.59$, $p<.01$). The concurrent validity was established by correlating score on Hindi adaptation of PGI Social support questionnaire. The score obtained

correlation of $r=.80$ was highly significant ($p<.01$).

WHOQOL - BREF scale (Hindi version)

Hindi version of the WHOQOL - BREF has derived from the original world health organization quality of life 100 scales. The WHOQOL-BREF contains a total of 26 questions. To provide a broad and comprehensive assessment, one item from each of the 24 facets contained in the WHOQOL-100 has been included. In addition, two items from the Overall quality of Life and General Health facet have been included. This scale is developed by Saxena et.al (1998). WHOQOL-BREF is a short version of WHOQOL -100 questionnaires. WHOQOL-BREF has been tested in 15 centers including New Delhi and Chennai from India. WHOQOL-BREF contains 26 questions in 4 major domains i.e. physical health, psychological health, social relationships and environment, to measure the quality of life. Activities of daily living, dependence on medicinal substances and medical aids, energy and fatigue, mobility, pain and discomfort, sleep and rest these facets incorporated with physical domain. Psychological domain included facets are bodily image and appearance, negative feelings, positive feelings, self-esteem, spirituality / religion / personal beliefs, thinking, learning, memory and concentration. Personal relationships, social support, sexual activity and work

capacity facets come under social relationship domain. Financial resources, freedom, physical safety and security, health and social care: accessibility and quality, home environment, opportunities for acquiring new information and skills, participation in and opportunities for recreation / leisure activities, physical environment (pollution / noise / traffic / climate) and transport facets are of environmental domain.

Procedures

The patients of Depressive Disorder, fulfilling ICD-10 criterion and satisfying the inclusion and exclusion criterion) at the OPD (Out Patient Department) level were selected for the study. The informed consent from the patients was obtained for willingness to participate in the study. The patients were informed and explained about the purpose of the study. After initial conversation for establishing rapport, the demographic information was recorded on socio demographic assessment proforma in the presence of the accompanying relative. There after Social Support Questionnaire and Quality of Life scale was administered on patients.

Statistical Analysis

The Descriptive statistical methods were used for nominal data. The non-parametric test Mann-Whitney U Test was used for analysis of ordinal data. And the non –parametric Spearman correlation method was used to

investigate the relationship between study variables.

RESULT

Table1: Mean (SD) of Socio-demographic and Clinical Variables of Depressive Disorder Patients

Socio-Demographic/ Clinical Variables	Patient's Group Depressive Disorder Patients		t (df=78)
	Male Mean ± SD	Female Mean ± SD	
Age	30.32 ± 5.61	29.17 ± 2.64	0.245NS
Age of Onset	26.97 ± 3.67	27.17 ± 1.93	0.762NS
Duration of Illness	3.35 ± 3.25	2.00 ± 0.87	0.013*

*=p<0.5; NS= Not Significant

Table 2: Socio Demographic and Clinical Variables of Depressive Disorder Patients

Socio-Demographic Variables		Patient's Group Depressive Disorder Patients		X2 (df=1)
		Male N (%)	Female N (%)	
Age	18 to 30 yrs	22 (55)	25 (62.5)	0.496
	31 to 45 yrs	18 (45)	15 (37.5)	NS
Education	Up to 12 th Std.	30 (75)	25 (62.5)	0.228
	Above 12 th Std.	10 (25)	15 (37.5)	NS
Occupation	Unemployed	16 (40)	33 (82.5)	0.000**
	Employed	24 (60)	7 (17.5)	
Marital status	Single	11 (27.5)	7 (17.5)	0.284
	Married	29 (72.5)	33 (82.5)	NS
Socio-Economic Status	Lower	10 (25)	15 (37.5)	0.228
	Middle	30 (75)	25 (62.5)	NS
Domicile	Rural	25 (62.5)	16 (40)	0.132 NS
	Urban	5 (12.5)	8 (20)	
	Semi-Urban	10 (25)	16 (40)	
Religion	Hindu	33 (82.5)	30 (75)	0.412
	Muslim	7 (17.5)	10 (25)	NS
Family Type	Nuclear	26 (65)	18 (45)	0.072
	Joint	14 (35)	22 (55)	NS

** = $p \leq 0.01$; NS= Not Significant

Table3: Comparison on QOL in Male and Female Patients with Depressive Disorder

Sr. No	QOL Domains	Patients Group		Mann-Whitney U
		Depressive Disorder Patients		
		Male	Female	
		Mean \pm SD	Mean \pm SD	
1	Physical Domain	81.70 \pm 15.10	67.50 \pm 23.00	417.50**
2	Psychological Domain	66.10 \pm 14.06	50.20 \pm 5.35	309.00**
3	Social Relationship Domain	35.50 \pm 6.85	37.10 \pm 7.79	642.50NS
4	Environmental Domain	89.90 \pm 16.25	80.30 \pm 24.53	535.00*

*= $p \leq 0.5$ ** = $p \leq 0.01$ NS= Not Significant

Table 4: Comparison on Social Support in Male and Female Patients with Depressive Disorder

Sr. No	Patients Group		Mann-Whitney U
	Depressive Disorder Patients		
	Male	Female	
	Mean \pm SD	Mean \pm SD	
1	40.92 \pm 6.49	42.57 \pm 6.41	652.00 NS

NS= Not Significant

Table 5: Relationship between QOL and Social Support in Male and Female patients of depressive disorder

Depressive Disorder Patients' Group	QOL Domains	Physical Domain	Psychological Domain	Social Relationship Domain	Environmental Domain
Male	Social Support	-0.129	0.884**	0.831**	-0.092
Female	Social Support	0.489**	0.074	0.782**	0.964**

** = $p \leq 0.01$

DISCUSSION:

The objective of the study was to explore gender differences in quality of life and social support in the patients with depressive disorder. In addition to investigate the relationship between QOL and Social support in male and female patients with depressive disorder.

Study findings showed that female patients with depressive disorder scored significantly lower than male depressive disorder patients on physical, psychological and social environmental domain. The present study findings are supported by Bonsaksen, T. 2012; Gostautas, et al., 2006.

The lower mean score on physical domain by female patients suggested that the female patients are more dependent on medical aids, having less energy and fatigue, pain and discomfort and difficulty in mobility, sleep and taking rest.

The fewer score by female patients on psychological domain indicated that female patients dominated by negative feelings, low self esteem, poor personal appearance and difficulty in concentration, memory, thinking and learning processes.

Female patients perceived poor environmental quality of life than male patients. They found lack of financial resources, freedom, physical safety and security and poor home environment.

There is no significant difference found on social support between male and

female patients with depressive disorder. The present study findings are similar to study findings of Gostautas, et al., 2006; Kuehner, C., &Buerger, C. 2005.

The findings on relationship between QOL and social support in male and female patients indicated that social support has significant association with psychological and social relationship domain in male patients. It suggested that when male patients received positive social support from their family and friends is influence positively on psychological and social relationship QOL. But negative association ship of social support with physical and environmental domain suggested that lack of social support influence negatively on physical and environmental QOL.

In female patients, social support had significant relationship with physical, social and environmental domain. It indicated that better social support help to improve physical, social relationship and environmental QOL.

CONCLUSION: Female patients with depressive disorder had poor QOL than male depressive disorder patients. Social support helps in enhancing and maintaining physical, psychological and environmental QOL in female and in male patients with depressive disorder.

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