Original Article

Psychological Health Challenges Faced by Women in Pakistan: A Study from Twin Cities Islamabad and Rawalpindi

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ABSTRACT

Objective: To assess the psychological health challenges faced by the women in Islamabad and Rawalpindi (community of town areas and slums).

Methodology: The cross-sectional descriptive research study with a sample size 240 patients was conducted in the twin cities of Rawalpindi and Islamabad to assess the prevalence of different psychological problems faced by women permanently resident there. The respondents were assisted in understanding the questionnaire. The primary data was accumulated in Microsoft Excel sheet and statistical analysis was done SPSS, version 22. A frequency distribution test and descriptive statistical analysis was carried out to draw the inferential information.

Results: The statistical analysis presented that the women were suffering from a diversified number of psychological health challenges which are caused by psychological violence 42.4%, sexual harassment and workplace fears 28.21% and psychological, physical violence 29.5%. The women were suffering from the number of diseases such as memory and concentration problem 34.17%, irregularities in the activities 10.284%, difficulties in decision making 35.42%, loss of interest in things 29.17%, feelings of worthlessness 42.5%, suicidal ideation or intention 58.75%. Depression among the women was found 55.9%, in four forms, such as borderline clinical depression, moderate depression, severe and extreme depression. About 1.39% of women were suffering from the extreme level of depression.

Conclusion: It was concluded that the health of the woman in Rawalpindi in Islamabad is greatly affected by the factors such as physical, psychological and sexual violence. They are suffering from the moderate to extreme level of depression, suicidal ideation and other psychological problems such and as memory loss and feeling themselves as worthlessness.

Keywords: Depression, Suicidal Ideation, Psychological Health Challenges, Memory Loss, Sexual Harassment.

Introduction

The women's psychological health is associated with the multiple factors such as general physical health, environmental health and their reproductive as well as the professional life health parameters.[1] The preexisting researches have investigated the association of the psychological health with the nutritional value and the quality of the life.[2] The recently published research study from the Brazil, Vietnam, Ethiopia the United States of America and European Union countries have investigated a number of factors such as professional activities, global crisis, conflicts and wars, the gender inequalities and masculine oriented approaches against feminism movements associated with the psychological health of the women.[3, 4] The repeatedly reported factors negatively affecting the psychological health of women includes intimate partner violence, the suffrage from the domestic violence, sexual violence, psychological violence as well as the professional harassment.[5] All these type of violence are increasing the psychological issues in the women including the suicidal thoughts anxiety, memory loss and concentration problem.[6]

Similarly, the recent researches have also reported the association of the life circumstances food insecurity, poverty and gender inequality as a significant contributor of the mental health issues and interpersonal stress among the women.[7] Furthermore, the education is a greater contributor of the quality of life and psychological health [8]. The environment is found to play a greater role among the psychological health of women. The domestic women facing the conflicted environment of the family, community and society due to the domestic or family members and neighborhoods.[9]

Similarly, the previous literature has described that the neighborhood base factors such as fighting, drug abuse, community conflicts, prostitution and personal life issues such as the low socio demographic background, partner behavior and abuse as well as the mistrust and betray of the partner are contributing the psychological disorder of women.[10] Pakistan is a Muslim country with the population of almost 8 billion. [11] The pray the literacy rate of the women in Buxton is 22.2%, whereas debt of the male is 77.8%.[12] The studies from the diversified provincial area of Pakistan have highlighted the male dominancy, patriarchic society with limited nuclear family system. [13] The women are dependent financially and personally on the male partners. Sometimes, they are least accounted for the decision making in their personal life such as the marriage decision and education. [14] Such factors are also contributing a higher level of anxiety and psychological disorders in the women.

The Islamabad is capital city of Pakistan with the relatively higher level of education and development as compared to the decentralized areas of Pakistan. The psychological health of a women in Pakistan Islamabad must be different from the psychological health of the peripheral women. There are limitedly identified studies accounted to contribute conclusive and a comprehensive assessment of the prevalence of psychological challenges and the associated factors faced by the women in Rawalpindi and Islamabad.[15] The current research study is aimed at assessing the challenges faced by the women in Islamabad and Rawalpindi. It is significant to assess the spectrum of psychological disorder faced by women in twin city Rawalpindi and Islamabad to identify the actual disease burden in society. The accurate estimation of the proportion of women's psychological disorders and associated factors are essential for resource allocation and formulation of strategic framework to overcome the prevalent disease.

Methodology

This cross sectional descriptive research study was conducted in the twin cities of Rawalpindi and Islamabad from October 15, 2022 to January 15, 2023to assess the prevalence of different, resident there. The women between the ages of 20 to 60 years from the low, middle and high socio demographic status of developing and peripheral town areas and slums of Rawalpindi and Islamabad were approached to collect the data. The married women were included in this research study. The women from the highly developed areas and established colonies of Rawalpindi and Islamabad were excluded from the research study.

Furthermore, only the permanent residents (who were never migrated from the last two generations from out to inside or inside to outside) were included. The selection criteria was established to rule out confounding factors of psychological coping behavior and to assess the psychological problems of native women. The data was collected through the pre-structured developed questionnaire of the World Health Organization regarding psychological health problems of women. The women were approached by a proper channel of the health care facilities and organization.

The pre-structured questionnaire consisting of Beck Depression Inventory and psychological disorder scale 5, 16 was circulated to the guardians/husbands of dependents women, whereas directly given to the independent educated women. All the respondents were firstly trained and directed to understand all the terms and the specific questions of the questionnaire. They were ensured for the privacy and confidentiality of their personal data and will only be used for the academic activities. Being male dominant societies and patriarchal environment the women were approached by first approaching the guardians and husbands to take the ethical approval and permission to collect the data.

The primary collected data was firstly saved in Microsoft Excel sheet. The statistical analysis was done in the statistical package for Social Sciences SPSS version 22. The descriptive statistical analysis and frequency distribution tests were applied to assess the actual prevalence rate of psychological disorders in women permanent residents of Rawalpindi and Islamabad.

Results

The table I is explaining the social demographic variables of the women who participated in this research study. The data was collected from the developing regions of Rawalpindi and Islamabad, (town and slum areas) from the respondents who were permanent residents and not migrated from anywhere else or purchased the land from outside were included in this research study. It is indicated in the table that on the basis of age the women were categorized into three categories. The majority of the women were from 20 to 35 years of age with a proportion of 141 (68.75%) whereas the proportion among the 36 to 45 years was 72 (30%) and among 46 to 60 years was 27 (11.25%).

Similarly, on the base of education, the higher majority of the women was of those who are having no formal education ŋ=114 (47.5%). About 62 (25.8%) women were having secondary school education and 22% were having primary school education. The women having intermediate and university level education were 3.8%. The majority of the women ŋ=156 (65%) were having no regular employment and they were spending their life as housewife. the proportion of skilled workers was 16.1% and low to medium level professional was 13.2%.

Table 1: Demographic Characteristics of Women

	Respondents	N	%
Age	20 to 35 Years	141	58.75
	36 to 45 Years	72	30
	46 to 60 Years	27	11.25
	No formal education	114	47.5
	Primary school (<6 years)	55	22.9
Education	Secondary school (6–10 years)	62	25.8
	Intermediate and university education (>11 years)	9	3.8
Employment	Yes	84	35
	No	156	65
	Housewife	156	65
Occupation	Unskilled workers	14	5.7
	Skilled workers	39	16.1
	Low and medium level professionals	31	13.2

Similarly, table II is explaining the demographic characteristics of the husbands of the women who have contributed to this study. The majority of the women and their husbands were 25 to 35 years of age. Their proportion was 97 (40.4%) whereas that for 36 to 45 years was 83 (34.7%) and for 46 to 90 years was 60 (24.9%). Similarly, the majority of the men were having low school secondary education 93 (38.6%), intermediate or university level education 32 (13.4%). The unemployment among the husbands of these women was low. The proportion of individuals who were working or having proper employment were 209 (87%). The proportion of medium socio economic status of the women and their husband was proportional to 118 (49.3%) and higher socioeconomic status 45 (18.8%).

The figure 1 is explaining the reasons and the causes of the psychological problems faced by the women. It is reported that the higher majority of the women, 42.4%, were facing psychological violence in the form of abuse, misbehavior of partners, problems with the neighbors and the family or domestic issues. The environmental problems and sociology, conflicts with neighbors, personal social demographic problems such as low income, poverty, inflation and dependency etc. also contribute to the psychological challenges.

Table II: Demographic Characteristics of Husbands.

	Respondents	N	%
Husband Age	25–35	97	40.4
	36–45	83	34.7
	46–90	60	24.9
Husband Education	No formal education	87	36.3
	Primary school (<6 years)	28	11.7
	Lower secondary school (6–10 years)	93	38.6
	Intermediate and university education (>11 years)	32	13.4
Husband Employment	Yes	209	87
	No	31	13
Husband Occupation	Unskilled workers	158	65.9
	Skilled workers	46	19.1
	Low and medium level professionals	36	15
Socio-economic Status	Low SES	77	31.9
	Medium SES	118	49.3
	High SES	45	18.8
	0 children	13	5.4
Number of Children	1–4 children	149	61.9
	5 or more	78	32.7
Number of Family Members	1–4 family members	84	35
	5–17 family members	156	65

Furthermore, about 28.1% women were facing the sexual harassment at workplace and in society during the movement and travel to the workplace or in markets. The forced marriages against the will and partner relationships against the desire of women also contributes to the psychological problems of the women. Similarly, 29.5% of women were facing physical violence at domestic level. These factors were a major contributor to the psychological problems among women permanently resident to the twin cities. As previously explained the data was collected from the developing areas of Rawalpindi in

Islamabad, (towns and slums), it is explaining the actual presentation of the low socio demographic families and their psychological problems.

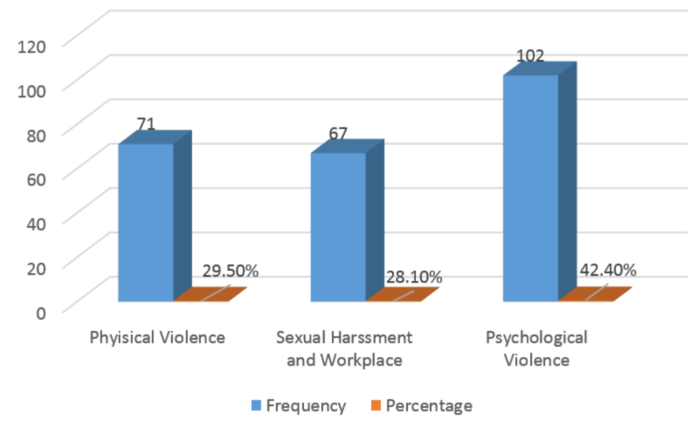

Figure 1. Causes of Psychological Problems in Women.

The table III is explaining the prevalence rate of the different psychological problems faced by the women living in closely peripheral town and slums areas of Islamabad and Rawalpindi. It is reported through the statistical analysis of the data to the most prevalent psychological problems among the women are memory disorder and concentration issues, irregularities in the routine activities, difficulties in decision making and loss of interest in the previously enjoyable things or loss of interest in the things repeated after the time, considering herself as the worthless, suicidal intention and depression. It is estimated that about 82 (34.17%) of women were facing extreme memory loss and concentration problems.

Table III: Prevalence of Psychological Disorders in Women.

		N	%
Memory & Concentration Problems	No, or Few Problems	158	65.83
	Extreme Problems	82	34.17
Regularity in Activities	Regular	214	89.16
	Irregular	26	10.84
Difficulties in Decision Making	No	155	64.58
	Yes	85	35.42
Loss of Interest in things after time	No	170	70.83
	Yes	70	29.17
Considering herself as Worthless	No	138	57.50
	Yes	102	42.50
Suicidal Intention	No	99	41.25
	Yes	141	58.75

Similarly, about 26 (10.84%) women were irregular in their activities of daily life. About 85 (35.42%) women were facing difficulties and decision making. These psychological issues were even impairing their normal domestic life. They were incapable of making the scene about the choices of clothes, foods and other daily use of utensils for their domestic life. This psychological issue was also hampering their professional life. About 70 (29.17%) women were having loss of interest in the things repeatedly after that time. It was calculated that 102 (42.5%) women were considering themselves as worthless. The prevalence of suicidal intention of the women was ŋ=141 (58.75%).

The figure 2 is explaining the level of depression among the women. It was estimated that the prevalence rate of depression among women was 55.9%. The depression exists in women in four categories i.e. borderline clinical depression, moderate depression, severe depression and extreme depression. Depression was assessed in women by using the Beck's Depression Inventory Scale of the World Health Organization. Out of this 55.9% depressive women, ŋ= 30 (12.48%) were having borderline clinical depression, ŋ= 73 (30.37%) moderate depression, ŋ= 28 (11.64%) severe clinical depression and ŋ= 3 (1.39%) extreme clinical depression. Severe and extreme clinical depression was diagnosed among women. These women were under psychiatric treatment for depression.

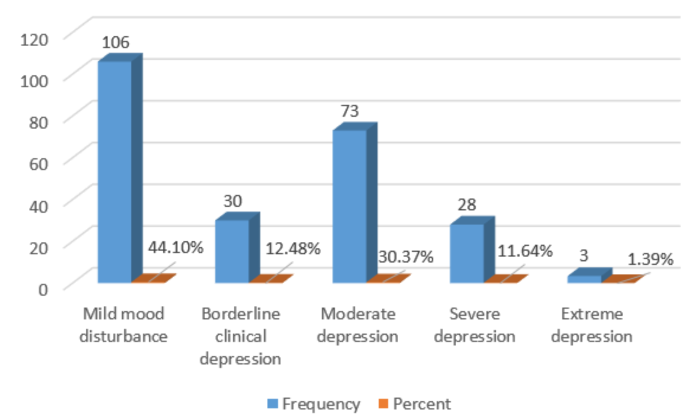

Figure 2: Prevalence of Depression in Women.

Discussion

The psychological health is very important for the both genders for productive contribution in the community and to improve the quality of life [17-20]. The psychological health of the women is essential to regulate the general health as well as the reproductive health.[21] The literature has established the significant correlation of the psychological health and its parameter with menstrual cycle of the women.[22] The World Health Organization has explained the psychological health or the mental health as a complete absence of disease physically and mentally or psychologically wellbeing. [23]

Similarly, the current research study assesses the psychological health challenges faced by the permanent resident women of town areas and slums of Islamabad and Rawalpindi. The statistical findings have revealed that there are a significant number of the diseases or the psychological challenges faced by the women living in these areas. Among these psychological problems the loss of memory or concentration problems, irregularities in activities of daily life and decision making process for the normal life choices or important family contribution, loss of interest in things are very prevalent among the women. Along these, the psychological dilemma of considering themselves as worthlessness and suicidal ideation or intention are also most prevalent among these women. Depression with its moderate to severe and extreme form is also found in this research study. The memory loss and concentration problem was found in both adult and young age women. The previous researcher analysis has revealed that the disease of Schizophrenia is most important factor for the loss of memory and concentration problem in old age or geriatric patients.[24]

However, the recently published research studies have established the association of social isolation and memory loss among patients. David et all 2022 has documented that during the COVID-19 surveillance, this social isolation was triggering agent of various psychological disorder.[25] The most prominent psychological disorder was the memory loss and concentration problem.[25] The author of that research study conducted a cross sectional observational study of 46240 medical members with the age 65 and below. The outcome suggested the need to development of the reduction program of social isolation to reduce the negative effect of these potential factor on the memory loss of patient.[25]

Similarly, disciplinary or regularized patterned behavior is necessary for the domestic as well as the professional women. In Pakistani society the regularity or the discipline in the mother determines the behavioral and psychological pattern of the offspring.[26] Therefore, the irregular activities are negatively associated not only the personal life of patient, but deteriorates and jeopardize the welfare of connected individuals.[26] The research study published in Journal of Science and practices in 2006, determined that the maternal environment and regularized patterned of behavior moderates the offspring's behavior.[26] However, this research study found a relatively low prevalence rate of the irregular and irresponsible behavior of the married women in the society of Pakistan. The majority of the women were regular in their domestic as well as their professional.

Likewise, being a male dominated and patriotic society of Pakistan, the inherited capacity of the women regarding decision making is greatly jeopardized and affected. The current estimation of study regarding the decision making problems in women was high. As compared to the Pakistani nationals the research study published from the developed countries estimated the higher rate of decision making capability among the women. The studies published from the United States of America and United Kingdom have indicated the higher rate of capability of decision making among the women.[27-29] The women in these societies are empowered to take the decision regarding their pregnancy or childbirth.[29] Their personal choices, marital partners and professional affairs. In Pakistani society the male dominance and dependence of the women on men make them reluctant to make the decision regarding most of their personal and professional affairs resulting to reduce their inherent capacity to make a decision at appropriate time.[30]

Similarly, it was estimated that a higher number of the women were suffering from a low level of interest in previously enjoyable things and considered themselves worthlessness. In society such stigmas of the women who are deeply associated with their quality of the life partner, behavior, environmental circumstances and social status. Abu-Bakr Saeed and Muhammad Sameer et All., 2022 published their research work in 2022 to investigate the stigmas and narratives related with the divorced women. They have investigated a higher rate of negative stigmas, associations and personal victimization gossips and harassment at the workplace, in society even women face discrimination at domestic level. All these negative factors increase their loss of interest in the life and considering them as the worthlessness.[31]

Furthermore, the suicidal ideation or intention rate was high among the female. The suicidal ideation is a severe psychological disorder which agitates the person to commit suicide.[32] A previous research study has documented that the person suffering from the suicidal ideation and early decades of the life committed suicide in the second or third decade of the life.[33] This suicidal ideation is not the ignorable psychological disorder. A meta-analysis concluded that the sleep deprivation, maternal health issues, pregnancy complication, mood disorder, intimate partner violence, childhood maltreatment, abuse, low socioeconomic status, alcoholism, tobacco misuse, miscarriage and perinatal care dilemmas and birth trauma are significantly associated with the psychological disorder of suicidal ideation.[33]

Similarly, the women of Rawalpindi and Islamabad are having the higher level of depression among them. The depression is apparent among the women in four forms such as borderline clinical depression, moderate depression, severe depression and extreme depression. The beck inventory scale of depression categorized the women having these four types of depression. The depression is under concentration of most scholars worldwide. A number of research studies published in the International Journal of Environmental Research and Public Health, BMC public health, European journal for Oncology Nursing and Asian Journal of Psychiatry have evaluated the prevalence and risk factor of the depression among women.[34-37] The investigations of these research studies were assessing the number of factors associated with the depression such as perinatal issues, pregnancy complications, low socio demographic status, poverty, low education level and bad behavior of Husband.[34-37] The depression among women investigated through these research studies was affecting their personal life and their quality of contribution to society. The local investigation through this study estimated depression among the neglected community of low socio-economic status of slums and towns areas of Islam and Rawalpindi. The strategic coping measures are necessary to be formulated to reduce the psychological disease burden and depression among the women in Pakistan.

Conclusion

The statistical analysis concluded that the women in Rawalpindi and Islamabad are suffering from a diversified spectrum of psychological disorders. These psychological challenges include memory loss and concentration problems, irregularities in routine life, loss of interest in the women's previously enjoyable things and considering themselves as worthless. Furthermore, the sense of loneliness and the suicidal thought were also highly prevalent in women. The women of Rawalpindi and Islamabad were found to be victimized by borderline clinical depression, moderate, severe and the extreme depression. All these psychological problems were arising from diversified interpersonal, societal, environmental, professional and domestic family based problems broadly categorized in to three forms i.e. physical, psychological and sexual violence against women.

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