

# Study of demographic profile of psychiatric patients of rural Maharashtra

Pradeep Bodke<sup>1\*</sup>, Rama Bhosle<sup>2</sup>

<sup>1</sup>Assistant Professor, Department of Psychiatry, Government Medical College, Latur, Maharashtra, INDIA.

<sup>2</sup>Assistant Professor, Department of Pharmacology, Government Medical College, Kolhapur, Maharashtra, INDIA.

Email: [drpradeepbodke@gmail.com](mailto:drpradeepbodke@gmail.com)

## Abstract

**Introduction:** Mental disorders comprise a broad range of problems, with different symptoms. However, they are generally characterized by some combination of abnormal thoughts, emotions, behavior and relationships with others. Mental disorders are not randomly distributed throughout a population, but rather subgroups differ in the frequency of various disorders. Knowledge of this uneven distribution can be used to investigate causative factors and to lay the groundwork for programs of prevention and control. **Aims and Objective:** To study the demographic profile psychiatric patients of rural area of Maharashtra **Materials and Method:** The present study was conducted in nine PHCs selected in the rural area. All the patients were screened for psychiatric morbidity. And demographic details of them were studied in detail. **Result:** The prevalence of psychiatric morbidity in the present study was 42.4%. Maximum individuals were of young age and female. The study did not show any statistically significant relationship between psychiatric morbidity and education and religion; its prevalence was more in uneducated individuals and Hindus. Psychiatric morbidity was seen to be more prevalent among those who were unemployed (92.92%) and it was statically significant. And also in singles (58.96%) with significant statistical difference as compared to married individuals (41.06%). **Conclusion:** The factors which contribute to the development of psychiatric morbidity were lower age, female sex, illiteracy, unemployment and single marital status.

**Keywords:** psychiatric morbidity, demographic features.

## \*Address for Correspondence

Dr. Pradeep Bodke, Assistant Professor, Department of Psychiatry, Government Medical College, Latur, Maharashtra, INDIA.

Email: [drpradeepbodke@gmail.com](mailto:drpradeepbodke@gmail.com)

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## INTRODUCTION

Mental disorders comprise a broad range of problems, with different symptoms. However, they are generally characterized by some combination of abnormal thoughts, emotions, behavior and relationships with others. Examples are schizophrenia, depression, mental retardation and disorders due to drug abuse. Most of these disorders can be successfully treated.<sup>1</sup> Psychiatric epidemiology has gone through various stages of growth over the past five decades in India, starting from the first psychiatric epidemiological study by K.C. Dube<sup>2</sup>, in 1961 at Agra, to the development of tools like the Present

Status Examination (PSE)<sup>3</sup> and Indian Psychiatric Survey Schedule (IPSS)<sup>4</sup>. A major advance in Psychiatric epidemiology is the development of reliable and valid diagnostic interviews. Psychiatric epidemiology lags behind other branches of epidemiology due to difficulties encountered in conceptualizing, diagnosing, defining a case, sampling, selecting an instrument, lack of resources and stigma (Kessler RC, 200). A 1993 static report of World Health Organization shows that the prevalence of neurotic, (worldwide) stress related and somatoform disorders are the third most frequent cause of morbidity. Psychiatric morbidities area an important causes of disability and have identified as significant public health problems. Mental health problems currently are said to constitute about 8% of the global burden of the disease and more than 15% of adults in developing societies are estimated to suffer from mental illness<sup>5</sup>. According to the new concept of measuring disability called Disability Adjusted Life Years (DALY), mental illness constitute a significant part of total disability adjusted life years (8.1%) , more than the disability caused by several well recognized disorders such as cancer ( 5.8%) and heart diseases ( 4.4%).<sup>6</sup> Mental disorders may not produce high mortality rates (except for a proportion of suicides) but do

give rise to high morbidity which implies debility or disability. The seriousness of the problem in India is indicated by the fact that the estimated overall prevalence rates of mental illness vary from 9.5/1000 to 102.5/1000. It is further estimated that nearly thirty million suffer from mental illnesses every year and that 175,000 new cases are added every year (Prabhu G. G., Raghu ram, *et al* 1987). It was commonly believed that the prevalence of mental illness in India was much less than in the western countries, citing the “oriental philosophy life”, the strong family ties as factors responsible for the low prevalence of mental illness. Representative surveys of mental morbidity were also not taken up till the 1960s since then however, the accumulated evidence based either on hospital data or community surveys, points out that the prevalence rate of the mental illness in India is not significantly less than that in the west. However much of the work in the area of mental health continues to be directed at treatment of illness, rather than towards preventive or promotion efforts. Mental disorders are not randomly distributed throughout a population, but rather subgroups differ in the frequency of various disorders. Knowledge of this uneven distribution can be used to investigate causative factors and to lay the groundwork for programs of prevention and control. More women than men, the world over, are said to suffer from mental disorders. Also the various factors such as educational status, literacy, marital status and agewise distribution play an important role in psychiatric morbidity. Thus the present study was undertaken to study the demographic profile of individuals suffering from psychiatric morbidity.

### AIMS AND OBJECTIVE

To study the demographic profile psychiatric patients of rural area of Maharashtra.

### MATERIAL AND METHODS

#### Study Design

**Table 2:** Demographic features of study subjects

Demographic variables	Psychiatric morbidity		Total	Significance
	Present	Absent		
Age	5-14	27 (12.74%)	26 (9.03%)	X <sup>2</sup> = 39.19, df=5, p< 0.01, significant
	15-24	41 (19.34%)	48 (16.67)	
	25-34	42 (19.81)	31 (10.76)	
	35-44	33 (15.57)	64 (22.22)	
	45-54	60 (28.30)	59 (20.49)	
	55-64	09(4.25)	60 (20.83%)	
Sex	Male	107 (50.47)	182 (63.19)	X <sup>2</sup> = 8.10, df=1, p< 0.01, significant
	Female	105 (49.53)	106 (36.81)	
	Illiterate	47 (22.17%)	45 (15.63%)	
Education	Primary	109 (51.42%)	184 (63.89%)	X <sup>2</sup> = 3.48, df=1, P>0.05, Not Significant
	Secondary	54 (25.47%)	49 (17.01%)	
	Graduate	2 (0.94%)	10 (3.47%)	

The present cross sectional study was conducted to study the demographic profile of patients suffering from psychiatric morbidity in the rural Maharashtra. For this screening camps were organized at primary health centers. Total 9 PHCs were selected to conduct the study. Out of these three places (Islapur, Bodhadi, Umari) were from tribal areas and six places (Bhokar, Khandala, Shahapur, Barad, Kolad, Manor) from other rural area of Maharashtra. Total population of above villages was 20023 and distance was ranging from 125-750 kms from Mumbai. A total 500 patients were evaluated in all the nine PHCs.

#### Methodology

On the scheduled day of the camp a team from our department of psychiatry was present to evaluate the screened patients (by PHC medical officer) assembled in the PHC.

Each patient was evaluated according to the following procedure.

- Detailed history, from patient and relative according to the format.
- Mental status examination of the patients.
- M. M. S. E. of the patients

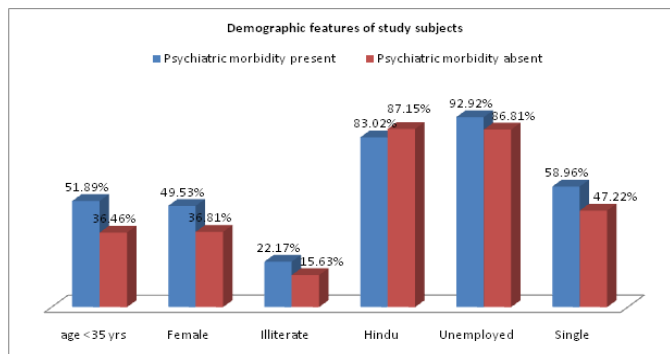
Those in whom a psychiatry diagnosis could be established were entered on the multi-axial systems DSM IV. Typical cases were discussed with medical officer and health worker with emphasis on prevention, treatment maintenance and rehabilitation in situ.

**Table 1:** Prevalence of psychiatric morbidity

Psychiatric morbidity	No.	Percentage
Present	212	42.4
Absent	288	57.6
<b>Total</b>	<b>500</b>	<b>100.0</b>

Total 500 individual screened in the study total 212 individuals were diagnosed to be suffering from psychiatric morbidity. Thus the prevalence of psychiatric morbidity was 42.4% in the study.

Religion	Hindu	176 (83.02%)	251 (87.15%)	427 (85.40%)	$\chi^2 = 1.77, df=2, p>0.05,$ Not significant
	Muslims	32 (15.09%)	32 (11.11%)	64 (12.80%)	
	Christians	4 (1.89%)	5 (1.74%)	9 (1.80%)	
Employment	Employed	15 (7.08%)	38 (13.19%)	53 (10.60%)	$\chi^2 = 4.82, df=1, p< 0.05,$ significant
	Unemployed	197 (92.92%)	250 (86.81%)	447 (89.40%)	
Marital status	Married	87 (41.04%)	152 (52.78%)	239 (47.8%)	$\chi^2 = 6.75, df=1, p< 0.05,$ significant
	Single	125 (58.96%)	136 (47.22%)	261 (52.2%)	



It was observed that psychiatric morbidity was common in younger age group and middle age group patients as compared to old age group individual. Maximum patients (28.30%) were of age group 45 to 54 years followed by 15 to 24 and 25 to 34 years age group (19.34% and 19.81% respectively). The age wise difference observed in the presence and absence of psychiatric morbidity was statistically significant ( $\chi^2 = 39.19, df=5, p< 0.01$ ). In the present study there were 211 females and 289 males. It was observed that out of total 289 male 107 were suffering from psychiatric morbidity. Whereas out of 211 female; 105 were suffering from psychiatric morbidity. Thus we could say that as compare to male more female was suffering from suffering from psychiatric morbidity. And the difference was also statistically significant ( $p< 0.01$ ). The educational status of the study population was also studied and it was observed that majority of the subjects were literate. Among the individuals suffering from psychiatric morbidity only 22.17% were illiterate. The difference in the educational status between individuals suffering and not suffering from psychiatric morbidity was not statistically significant. Majority of the individuals suffering from psychiatric morbidity were Hindu (83.02%) followed by Muslim (15.09%) and Christians (1.89%). The religion wise distribution of psychiatric morbidity was not statistically significant. It was observed that majority of the individuals in the study were unemployed (89.40%). But the proportion of unemployment was higher in individuals suffering from psychiatric morbidity (92.92%) as compared to individuals not suffering from psychiatric morbidity (86.81%). And the difference was also statistically significant ( $p< 0.05$ ). It was observed that proportion of psychiatric morbidity was higher in the single individuals

as compared to married individuals and the difference was also statistically significant.

## DISCUSSION

The present study was undertaken to study the demographic profile of individuals suffering psychiatric morbidity in the rural population. Out of the total 500 individuals screened 212 individuals were diagnosed to be suffering from some psychiatric morbidity. Thus the prevalence of psychiatric morbidity in the present study was 42.4%. One of the most striking features revealed by the study of psychiatric morbidity is its variability. Not only is variable in the way people are affected but its variability of different individual is also surprisingly different. Sharma *et al*<sup>7</sup> in their study found the prevalence of 60.2per 1000 population whereas Shaji *et al*<sup>8</sup> found 14.57per 1000 individual suffering from psychiatric morbidity. It was observed that psychiatric morbidity was common in younger age group and middle age group patients as compared to old age group individual. The prevalence of psychiatric morbidity was found to be statistically highly significant. Early adulthood is a period during which a person has to take the responsibilities of his family. He is now independent. There are higher chances of this person having problem with employment, finances and family relationships. It is also the beginning of vices or the period, in which he may get married, he is also prone to vices such as alcoholism in this period. Similar observations were made by Hesbacher *et al*<sup>9</sup> in their study. It was observed that out of total 289 male 107 were suffering from psychiatric morbidity. Whereas out of 211 female; 105 were suffering from psychiatric morbidity. Thus we could say that as compare to male more female was suffering from suffering from psychiatric morbidity. And the difference was also

statistically significant ( $p < 0.01$ ). Such female preponderance in psychiatric morbidity in primary care setting has been also reported by chaturvedi s.k.*et al*<sup>10</sup>, jacobsson *et al*<sup>11</sup>, kessel W.I.N<sup>12</sup>, shrinivasan T.N.*et al*<sup>13</sup>. Women are innately more emotional than men and more prone to emotional upset. Biological factors may also be playing a role such as the stress of pregnancy, different premenstrual tension, postpartum depression and menopause etc. It was observed that among the individuals suffering from psychiatric morbidity only 22.17% were illiterate. The difference in the educational status between individuals suffering and not suffering from psychiatric morbidity was not statistically significant. It was observed that among the individuals suffering from psychiatric morbidity 83.02% were Hindu, 15.09% were Muslims and 1.89% were Christians. The religionwise distribution of psychiatric morbidity was not statistically significant. This was in accordance with Shrinivasan T. N. *et al*<sup>13</sup> who did not demonstrate any significant difference in psychiatric morbidity based on religion. While studying the employment status of the study population it was observed that proportion of unemployment was higher in individuals suffering from psychiatric morbidity (92.92%) as compared to individuals not suffering from psychiatric morbidity (86.81%). And the difference was also statistically significant ( $p < 0.05$ ). Similar finding were also reported by Shrinivasan T. N. *et al*<sup>13</sup> and Mc Farlane A. C *et al*<sup>14</sup>. The individuals who are unemployed face numerous problems: poorer physical health, loss of sense of purpose, family tensions, negative self attitudes, feelings of degradation, inertia, laziness, boredom, lower ambition, social isolation. They also see it as less attractive. It goes without saying that work plays a very important role in man's life. It imposes a definite time structure on the working day. It compels people come into contact with people outside their immediate family environment. It demonstrates that there are goals beyond the individual and which require collaborative action. It confers a certain status and an aspect of social identity. It was observed that proportion of psychiatric morbidity was higher in the single individuals (unmarried/divorced/widowed/separated) as compared to married individuals and the difference was also statistically significant. This is consistent with the study of L. Jacobson *et al*<sup>15</sup> who observed that married people had lowest frequency of psychiatric morbidity.

## CONCLUSION

The demographic profile of psychiatric patients showed grate variation. The factors which contribute to the development of psychiatric morbidity were lower age, female sex, illiteracy, unemployment and single marital status.

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