

## The Identification of the Factors Related to Mental Illnesses in Hospitalized Women of Sirjan

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### ABSTRACT

The aim of this research is to identify the factors related to mental illnesses in women hospitalized in Imam Reza [as] hospital in 1390. The current research method is a description of the kind of solidarity and census population of women, hospitalized in Imam Reza hospital in the city of Sirjan, where 200 individuals were selected, tested and filled the current psychological disorders Questionnaire research tool, and made this research possible to be achieved. The analysis of data with descriptive and statistical methods (the mean and standard deviation) and the deductive statistical solidarity ratio signify that there is a relation between genetic factors, drug use, social class, financial situation, family relations, occupation and psychological illnesses.

**Keywords:** Mental Disorders, Hospitalized Women, Related Factors

### INTRODUCTION

In scientific fields, apart from describing a phenomenon, there is also an effort to justify its cause or in other words, to explain or describe the causes of its existence [1]. Psychological or mental disorders are illnesses with all kinds of mental signs of confusion in the regular function of the body, the result of which are of a social biological disorder, psychological, genetic, physical or chemical dysfunctions[2].

Each mental disorder has been identified as an important syndrome or behavioral or psychological pattern that occurs in a patient and is followed by discomfort (a sign of pain) or disability (a feeling of destruction in one or more areas) or even with the considerable increase risk of death, pain, disability or lack of freedom. Also this syndrome or behavioral pattern should not solely be an approved cultural answer to special events like death of a beloved person [3].

Thus, by identifying the related factors to mental illnesses and finding a way to properly fight these factors, we could prevent those patients to become ill. Thus we could help and assist the mothers who live in the society with necessary medications in orders to prevent the formation of such psychological illnesses in their persons [4].

In like manner, by studying the measure and level of depression among career women and housewives in the city of Rafsanjan, a certain Mohsenian [5] has showed that the measure and level of depression among carrier women is 32% and among housewives is 42.7% .in like manner the measure and level of deep depression among carrier women is 6.5% and among housewives is 3.8%. In a similar research, conducted in the city of Kerman, a certain Ghaffari Nejad [6] from among 318 housewives, 31.4%, and from among 82 career women 30.5% suffered from depression, while at the same time, according to research, conducted in Canada, the level of depression was found more in career women.

In the year 2000, Ivanson [1] in his turn, concluded that after researchers conducted in studying the different factors such as the gender of the patient and the professional factors and the presence of different stresses tend to provoke those illnesses. He came to know that depressions in career women who are working in masculine professions such as accounting are more prone to depression [7].

In 1988, Polasky in his turn, believed that the support showed by the husband and the professional security have positive effect in regard with all kinds of anxieties, depressions and violence and the decrease of such supports has a negative effective influence on provoking those illnesses [8].

Seines et.al showed in a national survey that a large number of Spanish women believed that to only have a profession and a career does not provoke depression in itself. At the same time, Spanish women who are career

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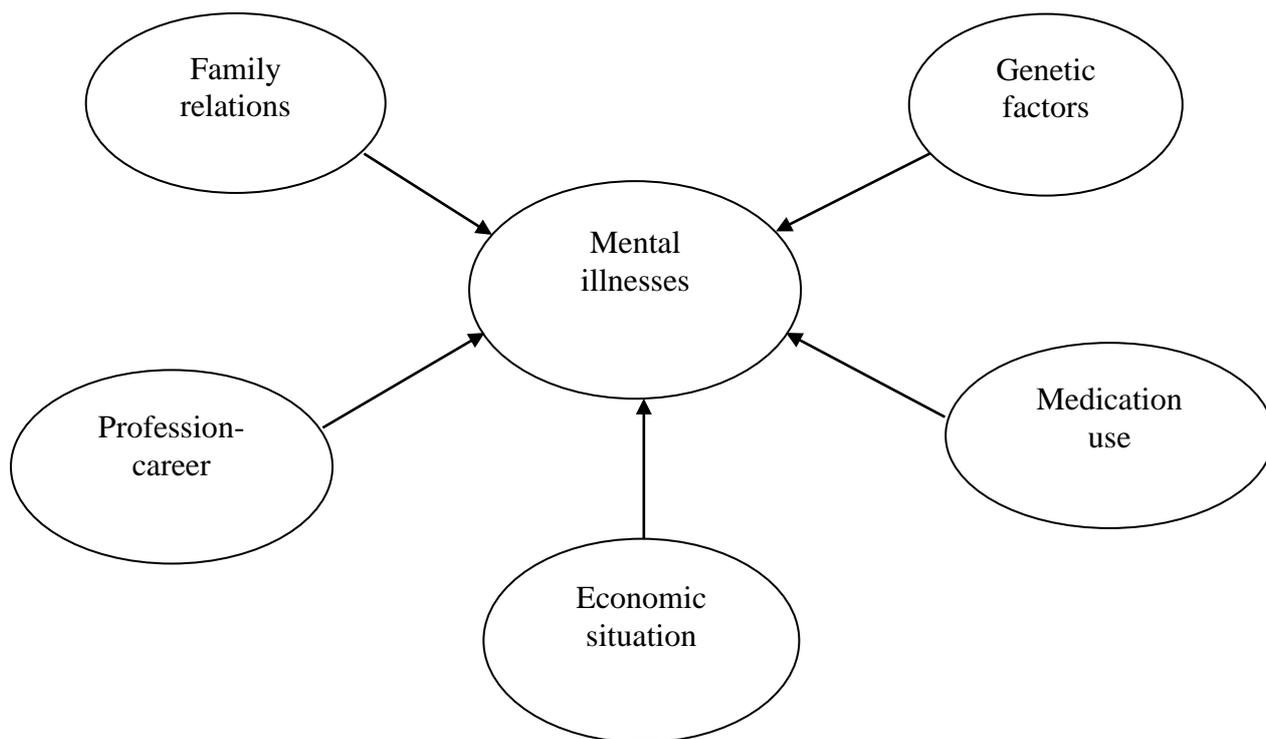
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Seines et al. showed in a national survey that a large number of Spanish women believed that to only have a profession and a career does not provoke depression in itself. At the same time, Spanish women who are career women who are helped and assisted by their husbands and who are more happily married suffer less from depression compared to other groups of women.



**Figure 1.** Analytical model of present study

## MATERIALS AND METHODS

This research is a descriptive investigation, conducted by the solidarity method. In this type of investigation, the attention is on the relation between two variables or two phenomenons. The specific census population in this investigation includes all the women hospitalized in the mental disorders section of Imam Reza [as] hospital in the city of Sirjan that include 200 patients. In regard to the limited number of the census population, the total census populations were selected as our mass sample and the instruments for gathering data in this investigation were questionnaires. In order to measure the effectiveness and the mental disorders of the questionnaires, they were tested by experts of the field who not only verified the questionnaires, but also stated that they evaluated the components which unveil any mental disorder. In order to ultimately evaluate the said questionnaire, a new test was once again conducted on small group of women who suffered from mental disorders and the result was 0.75.

In order to analyze the data they had used the descriptive and deductive statistics. In the descriptive level and by using all the statistical indicators, the percentage, distribution frequency charts, diagrams, mean and solidarity towards analyzing the data. And for the deductive level in order to evaluate the information in regard with the questions of the research, they had used the coefficient test for solidarity made by Pierson.

## RESULTS

According to the facts in the table 1, 1 percent of individuals below 20 years old, 15.5 of individuals between 20-25 years old, 22 percent of individuals between 26-30 years old, 49.5 percent of individuals between 31-35 years old, 8.5 percent of individuals between 36-40 years old, 3.5 percent of individuals 41 years old and above were selected. According to the facts in the table 2, 41.5 percent are single, 37.5 percent are married and 21 percent are divorced and the most frequent answer belongs to the single individuals. According to the facts in the table 3, 5.5 percent are employed, 26.5 percent are unemployed, 10.5 are retired, 57.5 percent are housekeeper and the most frequent answer belongs to the housekeeper option.

**Table 1.** Frequency chart for selected individuals according to their age

Option	Frequency	Percentage
Below 20 years old	2	1
20-25 years old	31	15.5
26-30 years old	44	22
31-35 years old	99	49.5
36-40 years old	17	8.5
41 years old and above	7	3.5
Total	200	100

**Table 2.** Frequency chart for selected individuals according to their Marital Status

Option	Frequency	Percentage
Single	83	41.5
Married	75	37.5
Divorced	42	21
Total	200	100

**Table 3.** Frequency chart for selected individuals according to their state of employment

Option	Frequency	Percentage
Employed	11	5.5
Unemployed	53	26.5
Retired	21	10.5
Housekeeper	115	57.5
Total	200	100

**Table 4.** Frequency chart for selected individuals according to the level of their income

Level of income	Frequency	Percentage
Low	168	84
Medium	25	12.5
High	7	3.5
Total	200	100

According to the facts in the table 4, 84 percent of have low level of income, 12.5 percent have a medium level of income and 3.5 percent have high level of income.

In order to test the hypothesis 1, non-parametric chi-square test was used which the amount of chi-square was estimated to be 30.28 which appear to be meaningful with the freedom level of 4 in the level of 0.05; therefore, we may conclude that there is a relationship between genetic factors and women’s mental illness.

In order to test the hypothesis 2, non-parametric chi-square test was used which the amount of chi-square was estimated to be 39.41 which appear to be meaningful with the freedom level of 4 in the level of 0.05; therefore, we may conclude that there is a relationship between use of medication and women’s mental illness.

In order to test the hypothesis 3, non-parametric chi-square test was used which the amount of chi-square was estimated to be 36.29 which appear to be meaningful with the freedom level of 4 in the level of 0.05; therefore, we may conclude that there is a relationship between social class and women’s mental illness.

In order to test the hypothesis 4, non-parametric chi-square test was used which the amount of chi-square was estimated to be 15.30 which appear to be meaningful with the freedom level of 4 in the level of 0.05; therefore, we may conclude that there is a relationship between economic situation and women’s mental illness.

In order to test the hypothesis 5, non-parametric chi-square test was used which the amount of chi-square was estimated to be 36.29 which appear to be meaningful with the freedom level of 4 in the level of 0.05; therefore, we may conclude that there is a relationship between family relations and women’s mental illness.

**Hypothesis 1:** there is a relationship between genetic factors and women’s metal illness.

Factors/genetic mental illness	1	2	3	4	Total
1	9	26	5	2	32
2	27	63	15	3	88
3	7	18	3	2	30
Total	43	7	23	107	43

**Hypothesis 2:** There is a meaningful relationship between the use of medication and women’s mental illness

Use of medication/ mental illness	1	2	3	Total
1	17	22	2	31
2	30	72	5	97
3	7	25	0	22
Total	54	119	7	200

**Hypothesis 3:** There is a relationship between social class and women’s mental illness

Social class/ mental illness	1	2	3	4	5	Total
1	2	5	1	22	9	39
2	0	3	2	55	52	112
3	0	0	0	2	27	29
Total	2	8	3	79	88	200

**Hypothesis 4:** There is a relationship between economic situation and mental illness

Economic situation/ mental illness	1	2	3	4	5	Total
1	34	6	0		0	30
2	82	27	0		0	99
3	25	6	0		0	21
Total	41	39	0			200

**Hypothesis 5:** There is a relationship between family relations and mental illness

Family relations/ mental illness	1	2	3	4	5	Total
1	2	5	1	22	9	39
2	0	3	2	55	52	112
3	0	0	0	2	27	29
Total	2	8	3	79	88	200

### Hypothesis 6: There is relationship between occupation and mental illness.

Occupation/mental illness	1	2	3	4	5	Total
1	2	5	1	22	9	39
2	0	3	2	55	52	112
3	0	0	0	2	27	29
Total	2	8	3	79	88	200

In order to test the hypothesis 6, non-parametric chi-square test was used which the amount of chi-square was estimated to be 36.29 which appear to be meaningful with the freedom level of 4 in the level of 0.05; therefore, we may conclude that there is a relationship between occupation and women's mental illness.

## DISCUSSION

In today's society, we pronounce someone as being ill, when there is disruption in his everyday activities. Unfortunately, in this contemporary, modern society, our confrontation with individuals, who suffer from mental disorders is in the way that even increases the intensity of their illness and this applies more in the case of women who suffer from mental illnesses because they tend to get affected more by the people of society.

Generally speaking, depression is a complex emotional disturbance that many people have experienced its minor and medium anxiety in certain real-life situations. Depression is not among the main emotions such as love or grief, but includes the more basic situations, which itself includes various emotions. In fact, depression includes sadness and self-reflecting emotions such as shame.

The Freudian theory is the best possible approach for psychological analysis of depression. He states that extremes in satisfying the oral phase needs, results in an ultimate and dependable self-assumption.

According to the findings of hypothesis number 1 we can conclude that there is a relationship between genetic factors and women's mental illness. This hypothesis is in harmony with the research, made by Ahmadi [10].

According to the findings of hypothesis number 2 it can concluded that there is a relationship between the use of medication and women's mental illness that is in harmony with the research made by Havours [11].

According to the findings of the hypothesis number 3 we can conclude that there is a relationship between economic situation and women's mental illness which is in harmony with the research made by Ahmadi [10].

According to the findings above we can conclude that there is relationship between occupation and mental illness that is in harmony with the researches made by Mohsenian [5] and Ghaffari Nejad [6].

According to the findings of the hypothesis number 6 we can conclude that there is a relationship between family relations and women's mental illness. That is in harmony with the researches made by Hoffman and Youngbuild [12].

Today one of the main concerns of the health department authorities is mental hygiene and in this specific field the mental hygiene of employed and housekeeping women is very important. So these suggestions are presented below:

1. Offering an independent unit as the mental hygiene with the help of experts in all urban health centers and also educating the society and raising the people's awareness on mental hygiene.
2. Those individuals who have the tendency towards depression get identified by the experts in urban health centers and directed to higher medical centers.
3. To boost even more the counseling bureau and employing dedicated capable individuals can result in attracting the women's attentions for using the help of these medical centers in solving their mental problems so ultimately effective measures can be taken to address their issues.
4. For decreasing the pressures caused by employment and housekeeping activities and to prevent depression simultaneously, it should be asked from the authorities to lessen the amount of occupied women's working hours in offices and take these into considerations.
5. Educated authorities and experts and the media attention given to the use of female labor get into consideration and women's representation in positions related to their mental state be provided and reduce the number of house-keeping women.

## REFERENCES

1. Ebrahimi Nejd, Gh. 2005. Reliability and validity of HADS anxiety and depression scale in patients before and after surgery, neurosurgery, psychiatry and psychology Research Congress of Iran, Imam Hossein Hospital
2. Purafkary, Nosratollah. 1373. the classification of mental disorders in DSMIV, Tehran
3. Pvrakfary, N. 2000. Synopsis of Psychiatry, Tabriz, Hope Publishing Revolution.

4. Khosravi, Z. 1999. The study of emotional problems, mental, social, women headed households, Tehran, Office of the Presidential Women's Participation.
5. Mohsenian, M. 2007. The study of the amount of depression in working women and housewives in Rafsanjan, Master's thesis, Islamic Azad University, Kerman.
6. Ghaffari Nejad, M. 1999. The study of depression in working women and housewives Kerman, Master's thesis, Islamic Azad University, Kerman.
7. O, Halloran; T. M. & Jeremy, M. 2000. Stress on the Job: Self- car Resources For counselors, *Journal of mental Health counseling*, 22(4): 354-364.
8. Long, B.C. & Sharon, E.k. 1993. *Women, work, and Coping: A multidisciplinary Approach to workplace stress*. Montreal, auebec, Canada: Mccill- Queen S university press.
9. Sanez, R. Goudy, W.J. & Lorenz, F.O. 1989. The effects of employment and matrial relations on depression among Mexican American women. *Journal of marriage and the family*, 51: 239-251.
10. Ahmadi, J. 1992. Depression in undergraduate students of Ahvaz University. *Thought and Behavior Quarterly*, 1(4): 6-12.
11. Haworth, J.T. 1997. *Work, Leisure, and well- Beind* London, uk: Routledge.
12. Hoffman, L.W. & Lise, M.Y. 1999. *Mothers at work: Effects on children s well- Being* Cambridge, UK: Cambridge University press.