

## Potential Risk Factors Posing Threat of Mental Depression among Housewives and Preventive Strategies

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### Abstract

Females are two to one affected by depression compared to men. Societal influences stemming from upsetting life events or reproductive hormones that influence a woman's unique reaction to stress may contribute to her sadness. A woman plays several roles in the existence of individuals she interacts with. She has several roles in the community, including those of daughter, sister, friend, wife, mother, and educator. She does all she can to care for and support her loved ones. As a result, she often puts other people's needs above her own health and happiness.

**Keywords:** Depression; Housewives; Age; Education; Socio-economic status

### Introduction

In the first decades of the twentieth century, most women did not work outside the home or have any special interests outside of raising children. Women who attended universities or colleges tended to be either extremely young or single. The Census Bureau reports that although just 5% of the single labour population worked outside the home, 20% of women made significant contributions to the household workforce. Domestic labour, including helping out with a family business or making things like food, clothing, and other consumer items, was traditionally seen as the domain of women. Since they were less inclined to quit housework after marriage, women of colour in the twenty-first century were twice as likely to be in the labour market, as reported by the aforementioned source.

Women throughout the 'great depression' years of 1920–1948 held positions of power in the public and private sectors and engaged actively in expanding government agencies. Many more women entered the labour field as a result of the '60s feminism movement. In order to keep their economies afloat, many women had to enter the workforce during World War II. The *Feminine Mystique*, a book written by Betty Friedan in 1963, was essential in the advancement of the women's liberation movement, which sought to free women from traditional gender roles.

Many American housewives in the middle of the twentieth century were diagnosed with the so-called "housewife syndrome," a mental ailment characterised by episodes of purported craziness and mysterious disorders like hysteria or neurosis that afflicted women who displayed signs of dissatisfaction with the traditional position of homemaker.

A "men only" poster advertising employment opportunities was a regular sight in the middle of the 20th century. It was also standard practise to terminate a woman's employment when she got married or became pregnant. Professors in fields like law and medicine excluded women from their classes because they believed that women should pursue "more feminine" fields like teaching or nursing.

### **Modernity, Rural Areas, Covid-19 and Women**

It seems to reason that if women in rural regions take on more work as a result of modernisation, they would feel more pressure and stress. Researchers have shown that depression is the most prevalent mental illness among females. Women in rural regions, especially those who stay at home or come from lower socioeconomic backgrounds, are experiencing increased levels of stress and anxiety as a result of modernisation. The bulk of the Indian housewives studied were in their middle 30s, and 18% of them exhibited indications of serious depression. Studies have shown that working mothers have less postpartum depression and less maternal anxiety than stay-at-home mothers.

Many women in the workforce were compelled to stay at home because of the COVID-19 pandemic. Some women lost their employment and had to adjust to a new way of life, such as staying at home with their children. Multiple polls found that during the initial few months of COVID-19, mental health issues such significant sadness, mood swings, or anxiety were quite widespread among women, particularly housewives.

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### **Depression can hurt—literally as it is:**

1. Feeling down, apprehensive, or "empty" all the time.
2. Negative or depressing emotions
3. Irritable
4. Negative emotions such as shame, hopelessness, and helplessness
5. lack of strength or exhaustion.
6. Trouble falling asleep, waking up too early, or staying asleep for too long.
7. Decreased enthusiasm for previously enjoyed pursuits.

### **Signs and Symptoms of Depression among Women**

Depressive disorder is a persistent mood disease with substantial consequences. It's depressing people and making them feel like they have no value. Apathy, loss of appetite, sleep problems, poor self-esteem, and mild weariness are all signs of mild to severe depression. It may even go worse than that.

### **Symptoms of depression in women include:**

- a) Sad, apprehensive, or "empty" feelings that won't go away
- b) Disinterest or displeasure in previously enjoyed pursuits; this includes sex
- c) Symptoms such as irritability, anger, or prolonged sobbing
- d) Guilt, shame, powerlessness, despair, and pessimism
- e) Oversleeping, undersleeping, and/or waking up too
- f) Problems with eating and/or weight loss or increase
- g) Having less stamina and generally feeling "sluggish"

- h) Depression, hopelessness, and/or suicidal ideation or behaviour
- i) Challenges with focus, memory, or deliberation
- j) Physical symptoms, such as pain, nausea, and constipation, that refuse to go away despite therapy.

Many women suffer from depression. Clinical depression occurs twice as often in women as in males. One-quarter to one-half of all women will have severe depressive disorder at some time in their lives. Mania, which may occur in bipolar disorder, is characterised by heightened energy and an altered state of mind. Bipolar disorder is characterised by mood swings from depression to mania that may last for many days, weeks, or months. Mania is a heightened mood, but it's still a medical emergency that has to be evaluated and treated by a doctor.

The symptoms of mania include:

- a) abnormally high spirits
- b) Requires less sleep
- c) Expansive concepts
- d) Huge increases in communication
- e) Rapid-fire thinking
- f) elevated levels of physical and sexual activity
- g) Extremely high levels of vitality
- h) Lacking in self-control, which may lead to reckless actions
- i) Misconduct in social settings

### **Gender Differentials in Depression**

Depression is uncommon before puberty, and its prevalence is roughly the same in males and females. Girls are twice as likely as males to experience depression after puberty begins. Hormonal fluctuations through the lives of women are blamed by some researchers for the increased risk of depression she faces. These shifts are most visible throughout a woman's reproductive lifecycle, including adolescence, pregnancy, menopause, and the postpartum period. In addition, premenstrual syndrome, also known as PMS, and premenstrual dysphoric disorders (PMDD), a severe syndrome characterised by depression, anxiety, and irritability that occurs in the week prior to menstruation as well as interferes with daily life, are likely caused by the hormonal fluctuations that accompany each month's menstrual cycle.

The causes of depression were investigated in a research of 528 white, married, housewives from the South. Low total family income, unhappiness with family life and a housewife's position, and a lack of extra-family social connections were all shown to be significant predictors of depression in a multiple regression study. The age of the housewife and the presence of her children in the home both moderate the effect of social connections on alleviating depression. The benefits of having friends outside of one's immediate family are magnified for young women and those without children at home.

There were notable disparities in social functioning between a patient group consisting of depressive housewives and a matched sample of sad working women. There has been a lot of talk about the positive effects of working outside the home on middle- and upper-class women's mental health, but this research suggests that working may also have a protective impact on the mental health of women from lower socioeconomic backgrounds. Researchers in Ludhiana (Punjab) and the city of Saharanpur (UP), India looked at how common depression was among rural women between the ages of 18 and 59. These studies looked for indicators of how depression links to other aspects of a person's life. Depressive symptoms were seen in 43% of the sample. Depressed people, on average, are 42 years old (10.3). The rate of depression among stay-at-home moms was shown to rise with age ( $p=0.0001$ ). Higher levels of schooling were associated with lower rates of depression ( $p=0.0001$ ). There was a significant correlation between depression and socioeconomic class ( $p=0.039$ ).

Housewives in rural regions were shown to have a higher than average rate of depression.

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### **Factors Influencing Onset of Depression among Women**

The National Institute of Health reports that reproductive, inherited, or other biological variables, interpersonal interactions, and certain psychological and personality traits all have a role in elevating the risk of depression in women. In addition, working mothers and single mothers have a higher level of stress, which may exacerbate preexisting depression. Additional factors that may increase danger are:

- a) Ancestral history of emotional instability
- b) Pregnancy-related mood disorders: a case history
- c) Childhood parental loss
- d) The absence of a social network or the fear of losing one
- e) Constant emotional and social strain due to things like joblessness, strained relationships, or a recent breakup or divorce.
- f) Childhood sexual or physical abuse
- g) Prescription Drug Use

Depression after having birth is not exclusive to guys. Wintertime might bring on symptoms of SAD for some individuals. Bipolar disorder includes depressive episodes.

Family history of depression is real. It usually begins between the ages of 15 and 30 when it does occur. Women are more likely to have a relative with depression in their family tree. However, sometimes the causes of a person's clinical depression cannot be traced back to anything obvious in their family history.

There are some key distinctions between depression in men and women:

- a) Women may be more susceptible to the onset, persistence, recurrence, stress-related association, and seasonal variation of depression than males.
- b) Although women commit suicide at a lower rate than males, they are more prone to experience remorse and attempt suicide.
- c) Anxiety disorders, particularly panic and phobic signs, and problems with eating are more strongly associated with depression in women.

Premenstrual syndrome, or PMS, affects as many as 80% of women who menstruate, and its mental and physical symptoms fluctuate in severity from cycle to cycle. Typically, it strikes women in their twenties and thirties. PMDD is a severe type of PMS that affects around 3–5% of menstrual women and is characterised by psychological signs such as depression, anxiety, mood fluctuations, irritability, and lack of interest in activities previously enjoyed. Symptoms of premenstrual syndrome and premenstrual dysphoric disorder often begin 7-10 days before a woman's period and subside significantly after bleeding begins.

In the last decade, researchers have discovered that these circumstances are major contributors to female distress and behavioural shifts. Although the exact cause of PMS, PMDD, and sadness is unknown, it is believed that changes in hormone levels and anomalies in the brain circuits that govern mood have a role.

### **Special Attributes of Depression among Women**

Exercise and meditation are effective treatments for depression in many women who suffer from PMS or PMDD. Medication, person or organisation psychotherapy, and stress management may all benefit people with severe symptoms. Consult your family physician or gynaecologist first. Depression may be diagnosed and treated with the help of your doctor.

It was formerly thought that pregnant women were immune to mental health problems. But pregnancies accompanied by depression are almost as prevalent as pregnancies without depression. Risk factors for postpartum depression in pregnant women include:

- a) Previous experience with major depression or premenstrual dysphoric disorder
- b) The risk increases with the mother's age when she becomes pregnant.
- c) Existing Solely
- d) Fewer social resources
- e) Domestic strife
- f) Concern for the pregnancy's viability

Postpartum depression, or postpartum blues, may sometimes be treated in the same ways as other types of sadness. That includes the use of pharmaceuticals and talk therapy. The choice to take a depression medication while nursing should be determined in consultation with the woman's paediatrician and psychiatrist. The effects, if any, that antidepressants produced in breast milk could have on a breastfeeding newborn are largely unknown.

The perimenopausal transition starts in the forties (or earlier) and continues until menstruation ceases for a full calendar year. The rate of oestrogen decline quickens in the last year or two of perimenopause. Many women have symptoms of menopause at this time.

Menopause refers to the time in a woman's life when she no longer produces oestrogen and begins to experience symptoms as a result. Menopause is medically defined as the absence of menstruation for 12 consecutive months. In most cases, a woman will experience menopause in her forties or fifties. However, "sudden" menopause occurs in women when ovaries are removed medically.

Physical and mental shifts like despair and anxiety are triggered by the decline in oestrogen levels that occurs throughout perimenopause and menopause. There is a correlation between the hormones and physical and mental symptoms, just as there is at any other time in a woman's life. Periods that are lighter or heavier than usual, or that are missed altogether, are examples of bodily alterations.

### **Coping with Symptoms of Depression among Housewives**

You can keep your health in check and alleviate menopausal symptoms in a number of ways. Here are some suggestions for dealing with mood swings, anxiety, and melancholy:

- a) Have a balanced diet and make time for regular exercise.
- b) Take part in anything artistic or a pastime that gives you a feeling of accomplishment.
- c) Try some slow, deep breathing, yoga, or meditation to help you relax.
- d) Keep the temperature down at night to avoid night sweats and sleep disruptions.
- e) If you feel you need to talk to someone about your feelings, whether it be a friend, family member, or a trained counsellor, do so.
- f) Keep in touch with your loved ones and neighbours, and give attention to your friendships.
- g) Get your daily dose of vitamins and minerals and any other medication your doctor recommends.
- h) Wear loose clothes and take other measures to keep cool during flashes of heat.

Depression may be treated with antidepressants, transcranial magnetic stimulation (TMS), electroconvulsive treatment (ECT), or talk therapy. If tensions at home are contributing to your depression, family counselling may be helpful. The optimal course of therapy for you will be determined by your primary care physician or mental health professional. Here are some places to go for information on getting assistance for depression if you don't know who to call.

- a) Centres for Mental Health in the Community
- b) Assistance for Workers' Programmes
- c) Primary care physicians
- d) Social service and welfare organisations
- e) Groups that keep people healthy
- f) Psychiatric wards and walk-in clinics at hospitals
- g) Societies of physicians and psychiatrists in the area
- h) Doctors, Psychologists, Social Workers, and Counsellors in the Mental Health Field
- i) Independent medical centres and practises
- j) Community health centres run by the government

### Conclusion

Housewives in this unique era have an opportunity to reduce their children's vulnerability to developing anxiety and sadness. Housewives might reduce their risk of poor mood, stress, sadness, and bad thoughts by engaging in a pastime as one of several coping techniques. Reading is one hobby that may help reduce stress and boost mental health by providing a relaxing way to spend a few hours each week. Reading increases brain size and improves memory. Taking a stroll in the neighbourhood park or another open place might do wonders for your state of mind. Multiple studies have shown that even a little daily walk may have a profound effect on a person's sense of well-being, including their confidence, self-perception, their level of sleep, and general disposition. Additionally, it lessens feelings of exhaustion, tension, and worry. People who regularly engage in physical activity are less likely to experience depression. Many medical experts believe that having a dog or cat in the home may help alleviate symptoms of sadness, tension, and anxiety. In addition to being a lovely source of company for both young people and housewives, adopting a pet has been proved to dramatically enhance an individual's cardiovascular health.

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