

Correlation Of Depression And Spiritual Well Being Among Women Residing In Udaipur City, Rajasthan

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Abstract:

Background: The most intriguing and remarkable creation of God is the human being. Spirituality and spiritual care have been a part of nursing and the healthcare system for a long time. Spiritual well-being is an affirmation of living in a way that fosters and celebrates wholeness in individual's bonding with God, the surroundings, oneself, other, the community and environment. Nursing has long recognised the significance of spirituality and the relevant topics of spirituality and well-being. Additionally, research suggests that improving the spiritual component of care has a significant effect on the psychosocial and physical findings. A professional requirement for nurses is to increase their expertise in the provision of spiritual care, assessment, and satisfying the spiritual needs of their patients as the health system grows more complex.

Materials and methods: A quantitative research approach was employed to discover the main objective of finding out the correlation of depression and spiritual well-being among women residing in Udaipur city, Rajasthan. In this study, a non-experimental correlational survey design was adopted. The study was cross sectional in nature. The study was conducted among 400 women residing in the selected areas of Udaipur, Rajasthan and those who fulfilled the inclusion criteria were included in the study using convenience sampling technique. The data were collected by using Beck's Depression Inventory and Spiritual Well-Being Scale.

Result: In this study a negative correlation was identified between level of depression and level of Spiritual Well Being in women. Existential Well Being score has more inverse correlation with depression ($r = -0.55$) than Religious Well Being score had with depression ($r = -0.26$).

Conclusion: The growing intricacies of life have added to the complexity and multiplicity of demands to be fulfilled by a woman both at home as well as at work place. Spiritual wellness provides a sense of purpose and meaning to life which in turn helps them to cope with distress.

Key words: Depression, Spiritual Well Being, Women

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I. Introduction

Men and women are physically and psychologically distinct from one another. The true distinctions are found in how people receive information and respond to stimuli and experiences. Every aspect of a woman's life can be negatively impacted by depression, a serious disorder. It impacts one's sense of self-worth and purpose, as well as social life, family connections and career. According to estimations from WHO (2015), depression is the main reason for disabilities in both men and women. About 20% of women will suffer depression at some point in their life, which is twice as common in women as it is in males.¹ Rapid changes in traditional values, life styles of women, career ambitiousness, competitiveness and industrialization have led the Indian women to go an extra mile to maintain the traditional ethos of household. Women nowadays have developed the skills and ability to be more than simply competent housewives and to be on level with their male counterparts. As not all of them have a wide availability of external help, women are to be prepared to rescue themselves. Spiritual well-being involves a sense of purpose, meaning, and belonging in life, and it can contribute to feelings of inner peace, contentment, and happiness. When spiritual well-being is nurtured, individuals can develop a positive outlook on life, cultivate empathy and compassion, and develop a sense of social responsibility.² In order to enhance health and general wellbeing, holistic approaches are important to the nursing profession. Comprehensive nursing care must include spiritual care. Numerous elements, including life experience, coping mechanisms, social support, and personal belief systems, have an impact on spiritual well-being. Over the course of their lives, people go through many changes and losses, and if their spirit level is low, they may feel disenchanting. In spite of the difficulties they face, people with high spirit titres tend to be inspired and end up inspiring others. By virtue of principles, ethics, and morality, spiritual wellness brings meaning, direction, and purpose to life. One of the most profound and effective sources for healing is the spiritual well-being, a force that is inherent in human nature.³ A professional requirement for nurses is to increase their expertise in the

provision of spiritual care, assessment, and satisfying the spiritual needs of their patients as the health system grows more complex. Nursing professionals will be capable to improve patients' quality of life and lessen their suffering if there capable to identify patients' divine requirements and create modalities' to assist them achieve those requirements.

II. Material And Methods

Study design: Quantitative research approach with Correlation Research Design was employed in the study to discover the main objective of finding out the correlation of depression and spiritual well-being among women residing in Udaipur city, Rajasthan.

Setting: The present research was executed at Shobhagpura, Keshav Nagar and Kushal Bagh Colony areas of Udaipur, Rajasthan.

Sample size: A total of 400 females who were residing in selected areas of Udaipur, Rajasthan

Inclusion criteria:

1. Women of 25-50 years were considered in the research.
2. Women willing for participation in present research
3. Women who were able to read Hindi/ English

Exclusion criteria:

1. Women who were below 25 years and above 50years.
2. Women with any chronic medical problem.

Tool: The tool for data collection in our research study is organized in 3 sections: Section A- Socio-Demographic variables, Section B- Beck's Depression Inventory for evaluation of level of depression of women and Section C- Spiritual Well- Being Scale developed by Paloutzian and Ellison to assess level of religious health among women.

Scoring:

The 21-item Beck Depression Inventory (BDI) is a popular measure of depressive symptoms. Every response on the item receives a number between 0 and 3, and the cumulative score is then evaluated to a key to determine the depression severity. The standard cut- off scores is as follows: - 0-9 – indicates no depression, 10-18 – indicates mild depression, 19-29 – indicates moderate depression and 30-63 – indicates severe depression.

The Spiritual Well Being Scale (SWBS), developed by Paloutzian and Ellison (1982), is a 20-item questionnaire. It was designed to measure two dimensions of spirituality: A religious dimension was based on the individual's relationship with God, and an existential dimension based on the individual's satisfaction with life. The overall SWBS score was computed by summing responses to all 20 items some of which are reverse-scored, answered on a 6-point Likert scale ranging from 1 (strongly agree) to 6 (strongly disagree). The total score of the scale is the sum of the two sub-groups ranging 20 to 120. Spiritual well-being score is divided into three sub-groups called low (20 - 40), moderate (41 - 99), and high (100 - 200) wellbeing.

Procedure Of Data Collection

Ethical consideration was fulfilled by obtaining informed consent from all women prior to data collection and confidentiality was assured to them. The collection of data was executed by the investigator herself. First, the researcher introduced her & research purpose to all women and developed good interpersonal relationship with them. Survey was conducted by using self-reported questionnaire. The scoring of level of depression was done at data collection time & after each respondent filled the questionnaire and handed over the filled questionnaire to the researcher. The score of respondents if indicated depression, then the respondents were handed over a leaflet which consisted information regarding depression. The researcher terminated collection of data procedure by thanking the participants for their involvement & assistance. After the data collection, each variable was coded numerically, according to the scoring procedure for the statistical analysis.

III. Results

Section 1: Socio- Demographic Variables.

This section portrays distribution of samples as per socio-demographic variables.

Table 1 Distribution of age frequency and Percentage of participants.

N=400

Age	Frequency	Percentage
a) 25-30 Years	109	27.25%
b) 31-35 Years	139	34.75%
c) 36-40 Years	105	26.25%
d) 41-45 Years	28	7%
e) 46-50 Years	19	4.75%

AGE

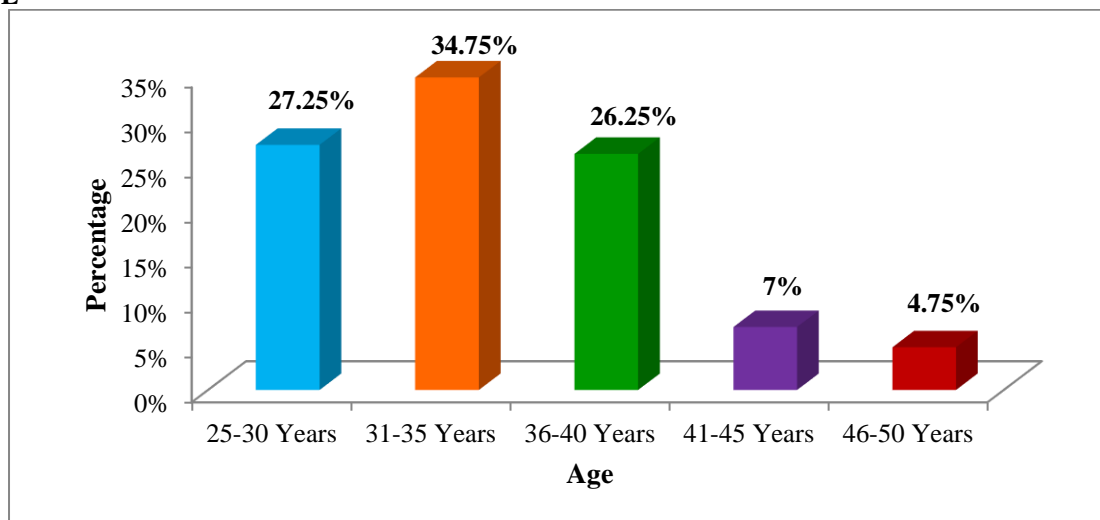


Figure 1- Bar diagram of age distribution frequency of subjects.

Figure 1 highlights that out of 400 females, 27.25% were from 25-30 years, 34.75% were between 31-35 years, 26.25% were from 36-40 years, 7% were from 41-45 years and 4.75% were from 46-50 years.

Table 2 Frequency and Percentage of Samples as per to Educational Status.

N=400

Educational status	Frequency	Percentage
a) Primary	01	0.25%
b) Secondary	0	0%
c) Senior Secondary	06	1.50%
d) Graduate	173	43.25%
e) Post Graduate	209	52.25%
f) Doctorate	11	2.75%

EDUCATIONAL STATUS

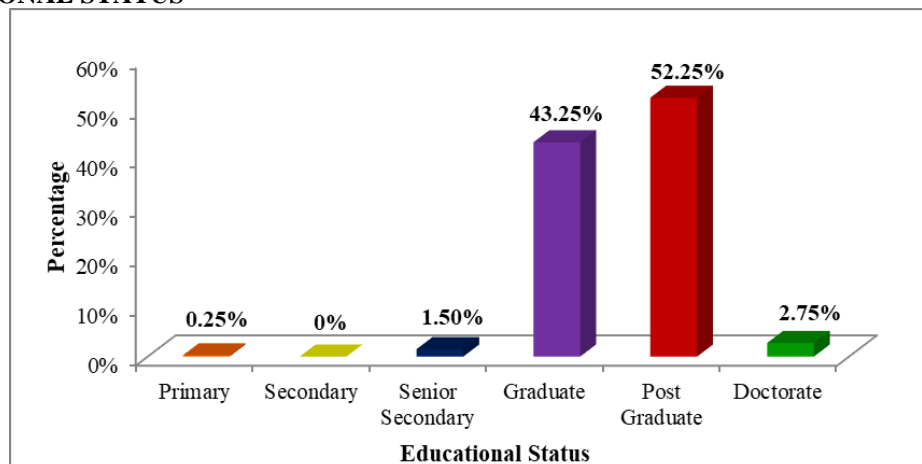


Figure 2- Bar diagram showing the educational status of participants

Figure-2 shows that among 400 samples, 0.25% had primary education, none of them had education till secondary, 1.50% were having senior secondary level of education, 43.25% were graduates, 52.25% were post graduates & 2.75% had doctorate level of education.

Table 3 Frequency and Percentage Distribution of Samples According to Religion.

Religion		Frequency	Percentage
a)	Hindu	100	25%
b)	Muslim	06	1.50%
c)	Christian	291	72.75%
d)	Others	03	0.75%

Religion

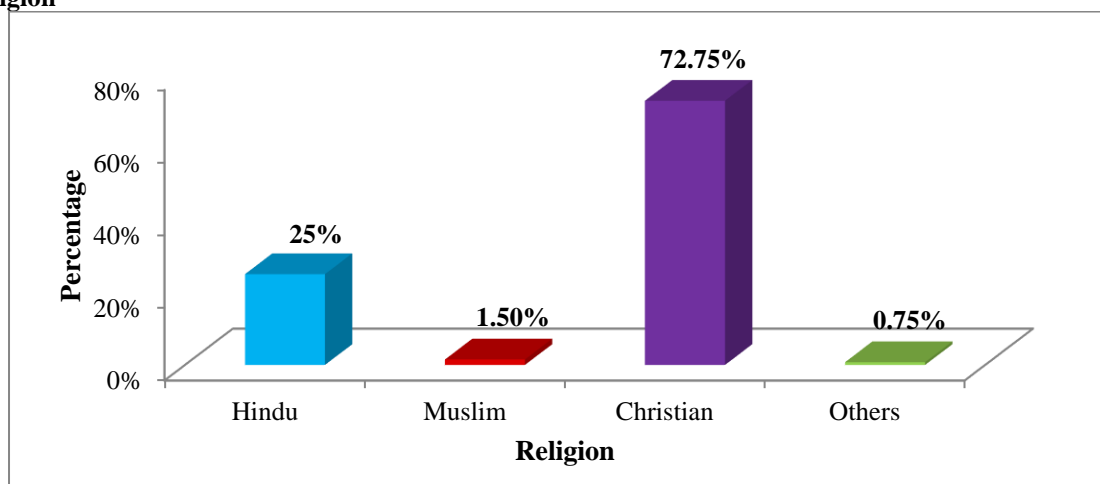


Figure 3- Bar diagram illustrating religion distribution of subjects.

Figure 3 shows that among 400 samples, 25% of women belonged to Hindu religion, 1.50% of women belonged to Muslim religion, 72.75% were Christians and 0.75% of women belonged to other religion.

Table 4 Distribution of Frequency and Percentage among samples as per Marital Status. N=400

Marital status		Frequency	Percentage
a)	Unmarried	56	14%
b)	Married	335	83.75%
c)	Divorced	04	1%
d)	Separated	01	0.25%
e)	Widow	04	1%

Marital Status

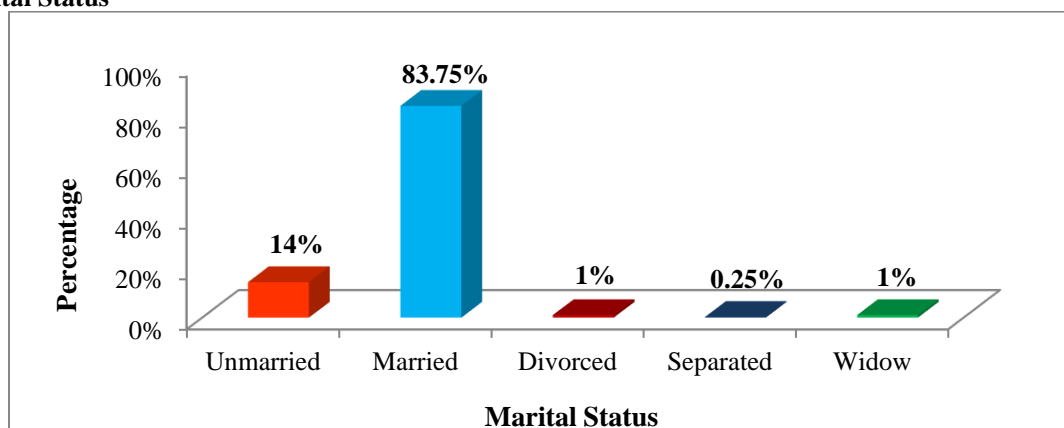


Figure 4- Distribution of marital status among subjects

Figure 4 shows that among 400 samples, 14% of women were unmarried, 83.75% of women were married, 1% of women of them were divorced, 0.25% of women were separated and 1% of them were widow.

Table 5 Distribution of Frequency and Percentage Distribution among Samples as per Family Type
N=400

Marital status	Frequency	Percentage
(a) Nuclear	315	78.75%
(b) Joint	85	21.25%

Family Type

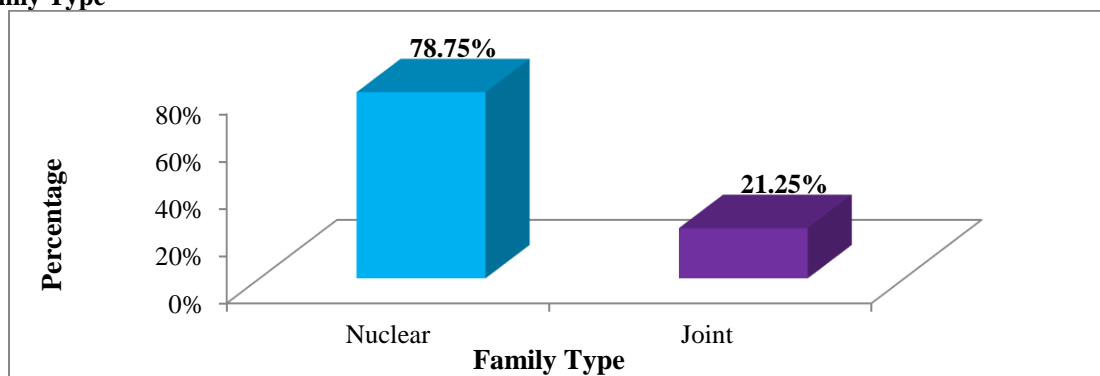


Figure 5- Diagram exploring type of family distribution among subjects.

Figure 5 shows that among 400 samples, 78.75% of women were from nuclear family, 21.25% of women were from joint family.

Table 6 Distribution of frequency & Percentage among Samples as per Occupational Status N=400

Occupational status	Frequency	Percentage
(a) Housewife	55	13.75%
(b) Business	10	2.50%
(c) Private job	219	54.75%
(d) Government job	116	29%

Occupational Status

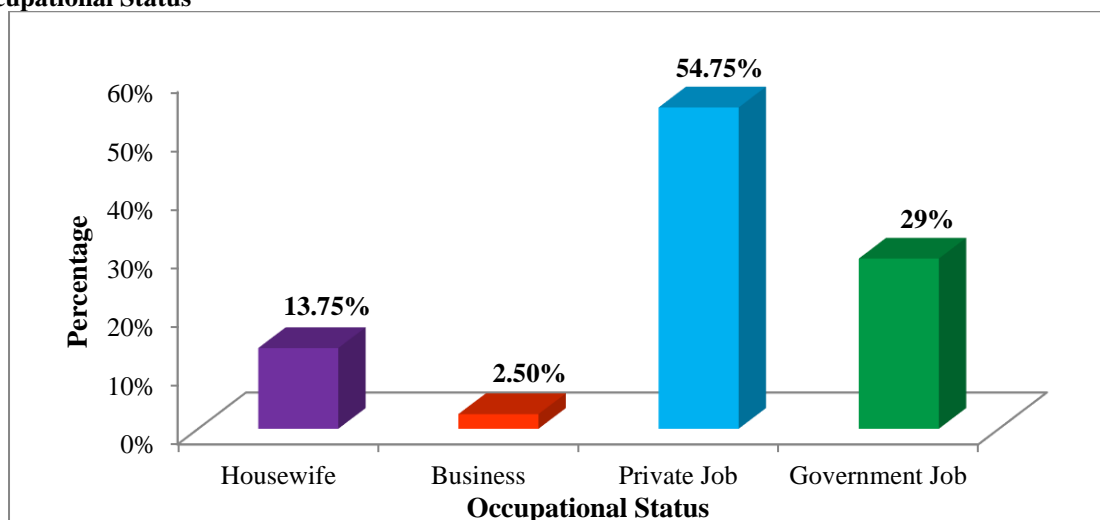


Figure 6- Bar diagram showing the distribution of participants as per area of occupational status

Figure 6 shows that among 400 samples, 13.75% of women were housewives, 2.50% of women were doing business, 54.75% of women were doing private job and 29% of women were doing government job.

Table 7 Distribution of Frequency and Percentage Distribution among Samples as per Monthly Income N=400

Occupational status	Frequency	Percentage
(a) Less Than Rs.5000/-	46	11.50%
(b) Rs. 5000 – 15,000/-	46	11.50%
(c) Rs. 15,001 – 25,000/-	49	12.25%
(d) Above Rs. 25,000/-	259	64.75%

Monthly Income

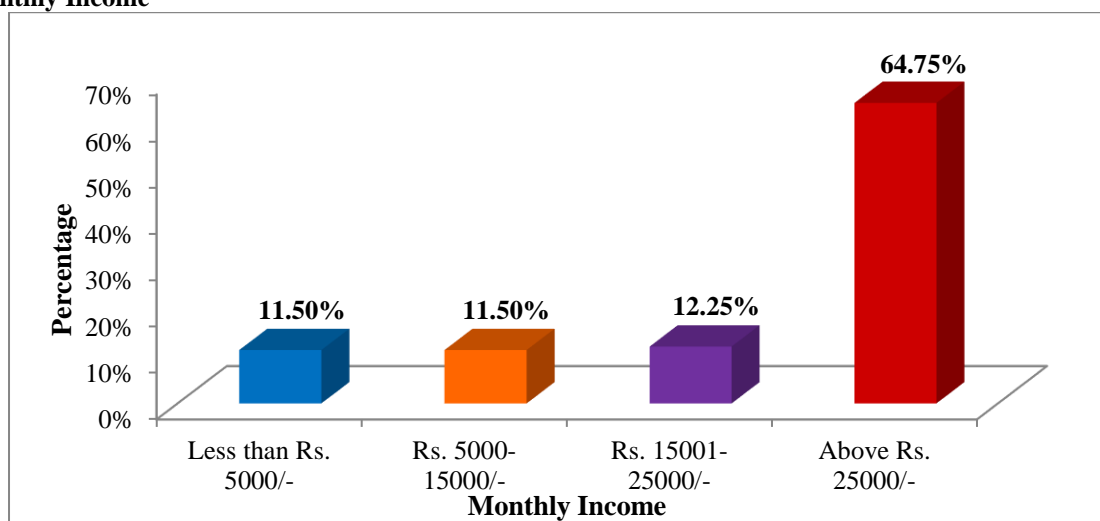


Figure-7 -Bar diagram showing subjects as per monthly income.

Figure 7 shows that among 400 samples, 11.50% of women had monthly income of less than Rs. 5000/-, 11.50% of women had monthly income of between Rs. 5000/- to 15000/-, 12.25% had monthly income between Rs. 15001/- to 25000/- and 64.75% of women had monthly income above Rs. 25000/-.

Section 2- Assessment Of Levels Depression Of Women

Table 8:- Frequency & percentage of levels of depression of subjects.

N=400

Levels of depression	Frequency	Percentage
No depression	291	72.75%
Mild depression	91	22.75%
Moderate depression	17	4.25%
Severe depression	01	0.25%

Table 8 shows that among 400 women, 291(72.75%) had no depression, 91 (22.75%) had mild depression. Moderate and severe depression were present among 17 (4.25%) and 01 (0.25%) respectively.

IV. Discussion

Assessment Of Level Of Depression: -

The findings indicated that among 400 women, 72.75% women had no depression and 27.25% of women were depressed. As per the BDI scores, mild depression had a prevalence of 22.75%, moderate depression had a prevalence 4.25% & severe depression had prevalence 0.25%. Two previous studies, in central part of India and rural Saharanpur, Uttar Pradesh, India have highlighted that prevalence of depression among women were 16.7% and 18% respectively.^{4,5}

Assessment Of Levels Of Spiritual Well Being: -

This study illustrates that among 400 women, 46.25% of women had high spiritual well-being, 53.75% of women had moderate spiritual well-being and no one had low level spiritual well-being. The present results are in harmony with the research done by Abin John Chacko on 100 working mothers at Ernakulam district in “Kerala observed 5% scored between 75-85, 25% scored between 85-95, 34% scored between 95-105, 29% scored between 105-115 and 7% scored between 115-125 on spiritual well-being scale.⁶

Association Between Socio-Demographic Variables & Depression Levels: -

The study outcomes suggested a significant association between levels of depression & family type & monthly income. According to research by Archana et al. (2017), women from nuclear households were shown to have a lower incidence of depression.⁷ Our study showed the females from single families have more depression compare to who lived in combined families. The results are in agreement with Bushra Akram (2014) who conducted a study among one hundred married females who were employed and 98 married females who were not. The result showed that factors like family system, education, monthly income, number of children, and age have association with participant's depression.⁸

Association Between Socio-Demographic Variables & Level Of Spiritual Wellbeing: -

The results explored that no significant association between selected socio-demographic variables like age, education, religion, marital status, family type, occupational status and family income with levels of Spiritual Well Being at $p \leq 0.05$. The present findings were not consistent with research conducted by Nader Aghakhani explored that no significantly relation was existing between selected demographic variables & spiritual well-being, except for the gender variable.⁹

Correlation Of Levels Of Depression With Level Of Spiritual Wellbeing Of Women: -

The present study revealed that negative correlation was identified between levels of depression and levels of Spiritual wellbeing in women at $r = -0.45$. Correlation calculated in the present study shows that depression has negative correlation existential wellbeing ($r = -0.55$) than RWB (Religious Well Being) had with depression ($r = -0.26$). Similar research done by Heo, J. E., & Tae, Y. S. (2014) to identify effect of "spiritual wellbeing & social support on the depression among middle-aged women. Descriptive study design was used. Data were collected from 216 middle aged women. Results indicate that participants with higher depression had lower scores for spiritual wellbeing and lower scores for social support".¹⁰

V. Conclusion

The complexity and variety of demands placed on a woman at home and at work by the developing subtleties of life are increasing. As highly widespread and fatal illnesses, mood disorders must take up more space in clinical syllabus. Primary care providers do not need to use advanced diagnostic tools or special examinations to diagnose depression diseases. In order to effectively treat patients and lessen the financial burden of sickness on the country, it is crucial that depression be seen as a matter of public health importance. Divergent causes of depression exist in females. The environmental and physiological makeup of women contributes to their greater susceptibility to depression. In order to assess and enhance mental health initiatives, investigators & policymakers must be aware of the sociocultural & personal elements that contribute to depression. This study surveyed the women population and revealed that more spiritual health being score has correlation with minor depression. "Belief in higher power and having a relationship with higher power could be an impactful coping measure for the women helping them to remain connected to self, God, society and nature even amidst stressful life situations". Spiritual wellness provides purpose and meaning to life which make helps them to deal with distress. A patient's belief may be a useful tool in the treatment of depression if it is encouraged appropriately.

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