Emotional stress and coping mechanisms: experience of poor rural women from Matlab, Bangladesh

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Abstract

Poverty is increasingly being recognised as a risk factor for both the development and the maintenance of common mental problems such as anxiety and depression. This study explored the experience of emotional stress by poor Bangladeshi rural women involved in credit-based income generating activities, using data from BRAC-ICDDR, B Joint Research Project at Matlab. Out of 3,831 ever married women between 15 to 55 years, 39% from BRAC households reported suffering emotional stress in last four months, compared to 44% and 29% among poor and non-poor non-member households respectively. The single major reason was related to poverty (around 40%). The multivariate analysis identified currently married status, good health, generating family income and owning land by household as important predictors for better mental health. Disputes with neighbours, need to sell household assets, having poor health and having children, contributed to greater emotional stress. Around 44% of the women manifested symptoms of depression while coping with such situations. Also, change in women's economic roles within household was found to be initially met with resistance/resentment, and in extreme cases, with physical violence. Thus, stresses resulting from newly adopted non-traditional role by women might act as risk factors for initiating mental health problems.

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Introduction

Bangladesh, one of the world's poorest countries, ranks 144th among 175 countries in UNDP's Human Development Index and has a sex ratio at birth of 105 men per 100 women (1). Given the fact that women live longer than men almost all over the world on account of the in-built biological advantage that they have, the situation in Bangladesh reflects women's extremely disadvantaged position in this society (2). Even in those countries where women live longer, they do not necessarily live better, healthier lives. In both developed and developing countries, women experience greater morbidity, and make more extensive use of health services (3,4,5,6,7). In countries like Bangladesh, poverty, illiteracy, and gender discrimination combined with violence within and outside home, contribute to the adverse effect on women's health (8,9).

Poverty and unemployment are increasingly being recognised as a risk factor for both the development and the maintenance of common mental problems such as anxiety and depression (10,11,12,13,14). Because of their disadvantaged condition, women are more likely to experience stressful life situations than men that may trigger or maintain episodes of mental illness (15). The prevalence of psychiatric morbidity is found to be higher among women than men. In a multicentre study (15 centres from 4 continents) by WHO on psychological problems in general health care, women were universally found to be 1.6 times more prone to suffer from depression, and anxiety disorders (e.g., agoraphobia or panic, compared to men (16). In another longitudinal epidemiological study of young adults conducted in Detroit, Michigan, the lifetime risk for major depression was found to be nearly two-fold higher in females than in males' (17). This difference may not simply be due to more help-seeking behaviour in women; rather a combination of factors related to expression of distress, biology and social situation may be responsible (18). In a cross-sectional study of 327 randomly selected women from a poor urban

area of Brazil, labour force participation in informal work (without formal labour contract and fringe benefit) was found to be a significant risk factor for the development of mental symptom (19).

The poor women in rural Bangladesh are thus vulnerable to various stressful situations predisposing them to disturbed mental state. In this study we have tried to explore the experience of poor women involved in credit-based income generating activities in this field using a set of cross-sectional data from Matlab, Bangladesh.

Materials and Methods

The BRAC-ICDDR,B Joint Research Project

Founded in 1972, BRAC is a large indigenous non-governmental organization involved in rural poverty alleviation. BRAC's Rural Development Programme (RDP) targets the poorest of the poor with special emphasis on improving their health and socioeconomic condition through group formation (village organisation, VO), skill developing training and collateral free loan for income-generating activities. Households possessing less than 50 decimals of land and having at least one member selling manual labour for survival are targeted for BRAC intervention and termed as BRAC-eligible households. Households that are not eligible for BRAC's RDP are comparatively better off socioeconomically, and include rural elite as well.

The International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR, B) has been operating a Demographic Surveillance System (DSS) in Matlab thana since the early 1960s. Matlab, located 55 km south-east of the capital Dhaka, is a low-lying land criss-crossed with canals and rivers. Agriculture is the dominant activity in the area. A research collaboration between BRAC and ICDDR,B was established at Matlab to examine prospectively the relationship between socioeconomic development, and health and well-being of the rural poor since 1992 when BRAC moved to Matlab with its RDP interventions (20).

The Data

The data for this study comes from 14 villages of Matlab DSS area surveyed during April-August 1995 under the above project. Two sets of pre-tested structured questionnaires were administered. The one on demographic and socioeconomic characteristics was administered to the household head and/or spouse or any knowledgeable adult member of the household present at the time of survey. The other which included information on different aspects of women's lives including those on mental state, familial crisis and coping mechanisms were administered to ever married women between 15 to 55 years. The women were asked about whether they have suffered from any disruption of mental peace during last four months, if so, the reasons and also, how they coped with the crisis. Mental peace is presumed to be a condition of mind relatively free of anxieties and worries, a condition, which does not interfere with the daily activities of life. Questions were also asked about occurrence of major familial crises like serious damage to homestead, quarrel with neighbours and sell of valuable household assets during the same period.

Results

In all, 3,831 women from BRAC-eligible and non-eligible households were included in the study. The proportion of women who reported to have had suffered from disruption of mental piece in the last four months was significantly less among BRAC member households compared to eligible non-member households. This proportion was least among non-eligible households (Table 1).

The household characteristics of the study women are shown in Table 2. It is interesting to note that the frequency of disruption of mental peace decreased significantly with the increased amount of household's landholding among BRAC member and BRAC non-eligible households. This was not seen in case of

eligible non-member households. Major crises in the household in the last four months like irreparable damage of physical structure among BRAC-eligible households and major discord with neighbours in all households, were found to significantly increase the prevalence of disruption of mental peace. Again, literacy of the household head was found to be a significant factor for the eligible non-member households but not the other two.

The sociodemographic characteristics of the study women are shown in Table 3 according to the BRAC membership status of the households. For women from BRAC households, good conditions of health and the absence of illness during the last two weeks were significantly associated with decreased prevalence of the disruption of mental peace while the latter increased significantly with perceived contribution to household income by the women. For women from eligible non-member households, literacy and currently married status was found to be significantly associated with decreased prevalence of disruption of mental peace, in addition to those factors found significant for BRAC member households.

The reasons for suffering from disruption of mental peace during the preceding four months as stated by the women are presented in Table 4. The major reason was related to poverty (chronic deficit of daily necessities) in case of BRAC-eligible households, but not the non-eligible ones. For the BRAC non-eligible households, the major reason was illness of close household members. Other reasons reported were: illness or death of close household members; quarrel with in-laws and problems related to husband (e.g., extra-marital affairs, second marriage or threat of it, non-responsibility towards family); around 1% reported abuses related to dowry as the reason for disruption of mental peace. About 20% of the study women could not specify any cause for their reported disruption of mental peace.

Table 5 presents the results of logistic regression for predicting factors responsible for reported disruption of mental peace by the study women. In the first model, all the factors in the bivariate analysis are used; in the second model, in addition to the factors in model I, BRAC membership status of the women's households is added. The results were not much different than what was found in the bivariate analysis. In both the models, being married, good health (past and present), generating family income and owning land by household contributed to better mental health. Disputes with neighbours, need to sell household assets, having poor health (past and present) and interestingly, having children, contributed to more mental distress.

Lastly, the respondents were asked about what they usually do in such circumstances. Table 6 presents the different responses given by the women. A review of the responses show that around 44% of the study women stated to be responding in such situations in a way which matches with the symptoms of depression (e.g., skip meals and shuns household responsibilities, becomes listless, losses initiatives, adopts indifferent attitude towards life). This proportion is less among women from BRAC member households compared to non-members. Of the remaining, majority of the respondents were found to be fatalist (asks help from God, mourns for misfortune), the women from BRAC member households significantly more so than eligible non-members. However, women from BRAC member households explored opportunities for raising household income to a greater extent than the others under these situations (4% vs. 2% or <1%) .

Discussion

Women's health needs should 'take into account social, cultural, spiritual, emotional and physical aspects of well-being'; thus going beyond the traditional definition in mainly biologic terms (21). This is especially necessary because of the impact that poverty and violence has on women. We tried to study the

relatively unexplored field of rural women's mental health conditions, especially poor women. The data used originates from a set of cross-sectional survey done in Matlab, Bangladesh for studying the effects of development interventions on the lives of the poor, in the broader context of human well being.

The finding from this study about the association of poverty with poor state of mental health is consistent with what is found in the literature (10-14). The better socioeconomic condition of BRAC women, supported by documented increase in land and other productive assets, livestock, savings, and monthly food-expenditure, may be the reason why the prevalence of disturbed mental state was less among them compared to the eligible non-members (22). However, this condition was not comparable to the non-eligible non-members who had the least prevalence of such occurrence.

The multivariate analysis also identified marital status, living children, condition of health and illness, distress selling of household assets and dispute with neighbours as significant predictors of mental health condition of the study women beside economic predictors like household land and income.

Maritally disrupted and widowed women had greater disruption of mental health than the currently married women did. In an in-depth case study of maritally disrupted women from the same study area, Momen et al (23) found these women to be particularly disadvantaged both socially and economically without any effective social-support network, and undergo vulnerable life situations which may predispose them to disturbed mental state. Again, good health and absence of illness were found to be significant preconditions for mental peace of these women irrespective of their economic condition, which is plausible. Another factor responsible for disturbed mental state which cut across all the three categories is discord with neighbours, which is not uncommon in rural Bangladesh. Traditionally, land disputes are quite common

in rural areas, sometimes running for generations and a constant source of quarrel and violence in rural life.

One interesting point to note is the fact that women who were perceived by the household heads to be 'contributors to household income' had more disturbed condition of mental health than non-contributors. Women who enter into the credit based income-earning activities, initially meet with resistance and resentment from household members, especially husband and in-laws. This is due to their preoccupation for a substantial amount of time with programme related activities which in itself is a change from traditional role model on the part of the women. Also, in the initial period when the project has not started generating income, the cash is met primarily from husband's income or other source(s) of household income (24). Thus, credit creates a new arena of hostility and conflict within household. In extreme cases, tensions related to re-payment of credit in installments every week or fortnight results in physical violence against women (25,26). In the same study area, Khan et al. found that BRAC members involved with credit-based income generating activities are more than two times likely to be victims of violence in the initial years, with a tendency to decrease in prevalence over time (27). Also, findings from Santana et al. suggest that women's involvement in informal jobs, like those in credit generated self-employment activities, may be a risk factor for development of mental symptom (19). Therefore, the finding about the 'contributors' in this study regarding mental state is not totally unexpected. Failure of BRAC membership status of the households to predict women's mental state in the multivariate analysis shows that it may yet be too early for BRAC (the average membership length at the time of survey was only 22 months) to make any impact on the psychological well-being of the study population. This is also corroborated by findings from a pilot study done to develop an instrument for measuring psychological well being of rural women in the same study area (28). The final 37 item tool was administered to a group of women from all the above three categories of households to test whether psychological well-being differs

as a function of the intervention. It was found that BRAC members could not make a significantly better achievement than eligible non-members could while the score was highest for the non-eligible non-members. The authors concluded that BRAC's RDP hasn't yet been able to improve the psychological well-being of its members and that socioeconomic status has a direct and positive impact on psychological well-being. The fatalist attitude in coping with stressful situations shows the lack of self-confidence of these women in problem solving and constructive engagement for alleviating economic hardships under stressful situations.

Psychological well being, being an indicator of quality of life, does not depend only on socioeconomic condition but also on an individual's expectation and perception of reality. The individual is the best judge of his or her situation of well-being. In an anthropological study of EMIC perceptions regarding well being in the study area, villagers defined well being as *"a condition where one passes life peacefully with family members, relatives and neighbours in economic solvency and good health"* (29). Development interventions, mainly concerned with the improvement of material condition of the programme participants, ignores subjective factors like the gap between expectation and achievement from programme participation, challenges and anxiety associated with newly adopted non-traditional roles, and domestic violence against women resulting in negative effect on mental and physical health. These issues need re-thinking for betterment of both physical and mental health

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Table 1: Distribution of study women who reported to have suffered from disruption of mental peace in the last four months by BRAC membership status of the households, Matlab 1995 (%)

	women from			
	BRAC member HHs	BRAC-eligible non-member HHs	BRAC non-eligible HHs	All HHs
	a	b	c	
%	38.9	44.3	29.4	37.4
N	674	1608	1549	3831
		P<.001		

NB. χ^2 Significance: a VS b: p<.05; a VS c: p<.001

Table 2: Household characteristics of study women who suffered from disruption of mental peace in the last four months by BRAC membership status of the households, Matlab 1995 (%)

	% women from			
	BRAC member HHs	**BRAC-eligible non-member HHs**	**BRAC non-eligible HHs**	**All HHs (N)**
Householdland (decimals)				
None (landless)	48.8	50.9	39.1	49.4 (239)
1-50	40.7	44.1	34.9	41.0 (2572)
51-100	30.9	26.5	26.1	26.6 (503)
101+	11.8	50.0	24.2	23.6 (488)
χ^2	***p<.01***	***ns***	***p<.001***	
Labourselling status				
Labour-selling household	36.0	44.0	46.3	42.4 (760)
Non-labour selling household	39.8	44.5	28.7	36.1 (3071)
χ^2	***ns***	***ns***	***p<.01***	
Literacy of household head				
Illiterate	49.2	59.1	44.4	40.9 (2220)
Literate	58.3	45.5	33.7	32.4 (1605)
χ^2	***ns***	***p<.01***	***ns***	
Household size				
≤ 2	56.5	46.4	38.8	45.7 (197)
3 – 5	40.7	44.0	29.7	39.1 (1717)
≥ 6	35.8	44.4	28.8	35.0 (1917)
χ^2	***ns***	***ns***	***ns***	
Whether household faced serious damage in last four months				
Yes	61.5	60.9	42.9	57.1 (161)
No	37.5	43.4	29.1	36.5 (3670)
χ^2	***p<.01***	***p<.01***	***ns***	
Whether household faced major problems with neighbours				
Yes	74.1	72.4	58.2	68.3 (356)
No	35.8	40.5	27.2	34.2 (3475)
χ^2	***p<.001***	***p<.001***	***p<.001***	
Whether household faced urgent need for selling/mortgaging land/assets				
Yes	41.7	69.7	39.5	51.1 (88)
No	38.8	43.8	29.2	37.0 (3743)
χ^2	***ns***	***p<.01***	***ns***	

Table 3: Socio-demographic characteristics of study women who reported to have suffered from disruption of mental peace in the last four months by BRAC membership status of the households, Matlab 1995 (%)

	% women from			
	BRAC member HHs	**BRAC-eligible non-member HHs**	**BRAC non-eligible HHs**	**All HHs (N)**
Age				
≤ 30	37.0	36.6	26.6	31.5 (1497)
31-45	41.7	49.2	28.8	40.0 (1572)
46+	42.9	47.6	27.8	35.8 (762)
χ^2	*ns*	*ns*	*ns*	
Literacy				
Illiterate	40.2	46.1	32.7	41.1 (2468)
Literate	35.3	37.7	26.9	30.6 (1359)
χ^2	*ns*	*p<.05*	*p<.05*	
Marital Status				
Currently married	37.5	42.2	28.3	35.6 (3460)
Maritally disrupted	52.0	61.2	47.1	54.6 (108)
Widowed	49.0	61.8	42.0	53.2 (263)
χ^2	*ns*	*p<.001*	*p<.01*	
Total live children				
None	39.2	45.7	28.4	38.2 (663)
1 – 2	35.2	35.9	26.4	31.7 (1052)
3 and above	40.3	48.3	31.3	39.9 (2116)
χ^2	*ns*	*p<.001*	*ns*	
Condition of health				
Good	33.4	34.2	22.8	29.2 (2337)
Bad	49.6	57.4	41.1	50.1 (1494)
χ^2	*p<.001*	*p<.001*	*p<.001*	
Whether suffered any illness in last two weeks				
Yes	52.3	64.3	44.1	55.3 (666)
No	37.0	39.2	26.7	33.6 (3142)
χ^2	*p<.05*	*p<001*	*p<.001*	
Perceived contribution to household income				
Yes	45.6	52.0	31.4	42.5 (1762)
No	28.4	39.0	27.9	33.0 (2069)
χ^2	*p<.001*	*p<.001*	*ns*	

Table 4: Stated reasons for which women suffered disruption of mental peace in the last four months by BRAC membership status of the households, Matlab 1995 (%)

	% women from			
	BRAC member HHs (n=262)	**BRAC-eligible non-member HHs (n=713)**	**BRAC non-eligible HHs (n=456)**	All HHs **(N=1431)**
	a	b	c	
Chronic deficit of daily necessities	42.0	42.1	13.4	32.9
Illness of close household member(s)	12.2	23.8	26.3	22.5
Quarrel with husband and in-law(s)	12.6	6.9	11.8	9.5
Problem(s) related to husband	7.6	7.7	11.2	8.8
Death of close household member(s)	3.8	3.2	4.2	3.6
Abused for dowry	1.1	0.7	1.8	1.1
Others	20.6	15.6	31.4	21.5

NB. χ^2 Significance: a VS b: $p<.01$; a VS c: $p<.001$

Table 5: Logistic regression analysis of factors predicting disruption of mental peace of women during preceding four months, Matlab1995.

	Model I		Model II	
	Estimate	Odds ratio	Estimate	Odds Ratio
Literacy				
Literate	0.00	1.00	0.00	1.00
Illiterate	0.12	1.12	0.09	1.10
Marital Status				
Currently married	0.00	1.00	0.00	1.00
Maritally disrupted	1.23	3.38*	1.24	3.46*
Widowed	1.08	2.74*	1.07	2.93*
Living Child				
No	0.00	1.00	0.00	1.00
Yes	0.57	1.77*	0.57	1.78*
Condition of health				
Bad	0.00	1.00	0.00	1.00
Good	-0.70	0.50*	-0.69	0.50*
Suffered illness in last two weeks				
No	0.00	1.00	0.00	1.00
Yes	0.56	1.75*	0.55	1.74*
Perceived contribution to household income				
No	0.00	1.00	0.00	1.00
Yes	0.44	1.55*	0.45	1.56*
Household land (decimals)				
None (landless)	0.00	1.00	0.00	1.00
1 – 50	-0.28	0.75	-0.26	0.77
51 – 100	-0.84	0.43*	-0.74	0.48*
100+	-0.94	0.39*	-0.83	0.44*
Labour-selling status of household				
Labour-selling household	0.00	1.00	0.00	1.00
Non-labour-selling household	-0.09	0.91	-0.06	0.94
Literacy of household head				
Literate	0.00	1.00	0.00	1.00
Illiterate	0.15	1.16	0.13	1.13
Whether household faced urgent need for selling/ mortgaging land/ assets				
No	0.00	1.00	0.00	1.00
Yes	0.68	1.98**	0.68	1.98**
Whether household faced serious damage in last four months				
No	0.00	1.00	0.00	1.00
Yes	0.33	1.39	0.32	1.38
Whether household faced major problems with neighbours				
No	0.00	1.00	0.00	·1.00
Yes	1.22	3.39*	1.22	3.38*
Brac membership status of the households				
Brac non-eligible			0.00	1.00
Brac member			0.08	1.08
Brac-eligible non-member			0.17	1.19
-2 log likelihood	*4473.81*		*4470.76*	
Model χ^2	*518.39**		*521.44**	

NB. **p<.001; **p<.01;*

Table 6: Stated coping mechanisms for managing disturbances in mental peace by women according to the BRAC membership status of the households, Matlab 1995 (%)

	% women from			
	BRAC member HHs (n=271)	BRAC-eligible non-member HHs (n=663)	BRAC non-eligible HHs (n=433)	All HHs (N=1367)
	a	b	c	
Skip meals; shuns household responsibilities; becomes listless; losses initiatives; adopts indifferent attitude towards life	38.0	44.0	48.3	44.2
Seeks help from neighbours / relatives/association members	1.8	6.6	3.0	4.5
Explore opportunities for raising household income	4.1	1.8	0.7	1.9
Ask help from God	31.7	28.1	27.9	28.7
Mourns for misfortune	20.3	17.6	16.2	17.7
Others	4.1	1.8	3.9	2.9

NB. χ^2 Significance: a VS b: $p<.01$; a VS c: $p<.05$