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FEMALE OUTPATIENT POPULAITON IN INSTITUTE OF MENTAL HEALTH AND RESEARCH : DEMOGRAPHY AND MORBIDITY

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Summary :

The study was carried out to find out sociodemographic characteristics and psychiatric morbidity in 329 female psychiatric patients attended first time at the outpatients department of Institute of Mental Health and Research, Dhaka. In the calendar year 1990. Sociodemographic information revealed that mean age of the cases was 29.61 years and more than a half of the total number of patients fell into 20-39 years age group. Most of the cases were illiterates Housewives and came from poor economic group with urban background though a significant proportion, 36,78% came from rural areas to this city centre. By using ICD-9 criteira in assessment of psychiatric condition, Affective disorder (42.25%) and Schizophrenia (29.18%) were found to be two commonest group of illness. Neurotic disorder comprised 17.93%. Childhood & adolescence disorder comprised 6.39% and rest 4.25% comprised of other group of disorders. The study indicates the need of promotion of mental health service in Bangladesh with equal importance and provision of women mental health service.

Key words : *Demography and morbidity, Female psychiatric outpatients.*

Introduction :

Psychiatric disorder is common in Bangladesh as any other country. All the surveys done in the developing countries have amply brought out again and again that serious mental disorder is al least 1% of population is as common in developing countries as in the affluent Western countries. The prevalence of minor mental disorder is 5 to 6 times more[1]. Women are much more sufferer than men. In a rural community survey in Bangladesh. the prevalence rate of psychiatric disorder was reported 65.20/1000 population. Of these, prevalence rate of 60.20/ 1000 were female population and 39.74/1000 male population were found[2].

Psychiatric service in our country is mainly based on one Mental Hospital, one Psychiatric Institute and General Hospital set up. Of these, first two are very much particular for mentally ill patients. At present sufficient data are not available to assess the actual situation of women mental health and ill health in our country. Therefore, it is also difficult to evaluate the delivery of mental health service for the women. This study was undertaken to delineate the sociodemographic characteristics and pattern of psychiatric morbidity among female patients attending in outpatients department of urban based Institute of Mental Health and Research.

Materials and Methods :

This study was conducted in the Institute of Mental Health and Research which was situated in Sir Salimullah Medical College Mitford Hospital premises at Dhaka, during the period the of study. All the female patients with psychiatric disorders attending OPD of the Institute for the first time

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from January to December 1990 were included in the study. A pretested psychiatry history taking proforma was designed for the purpose of the study which consisted of sociodemographic information, psychiatric history and mental state examination. Each case was interviewed by outpatient medical officer who had a good psychiatric background in supervision with one of the Investigators. Information were also obtained from attendants of the patients. Psychiatric diagnosis was made according to ICD-9 criteria of WHO[3]. Relevant information were carefully recorded. The data so collected were processed and analyzed.

Results :

A total of 329 female psychiatric patients were interviewed. Table-I presents the distribution of cases according to their socio-demogrphic characteristics. Their age ranged between 3 and 75 years with a mean of 29.61(SD=12.53) years but the most frequently treated age group was20-29 years with 39.21% of the total number of patients. Most of the patients were either illiterate (41.95%) or primarily educated (15.5%). Graduates and above were found only 6.38%. Regarding occupation, housewives contributed 32.52% and household workers was the second group(27.36%) largest Service holder compoised 15.5%. Unemployed group contributed only 6.08%.The urban-rural distribution of cases were 63.22% and 36.78% respectively. Maximum cases were found in lower income group(51.37%) Only 5.17% were of higher income group.

Table-II shows the diagnostic distribution of the patients. Affective disorder and Schizophrenia formed two largest group with 42.25% and 29.18% respectively. Third largest grouping the present series was neurotic disorder (17.93%) Childhood and adolescence disorder comprised 6.39%. Sexual disorder comprised 0.91% and rest 3.34% comprised of other group of disroders. Of the 139 cases of affective disorders, depressive illness and manic depressive psychosis were found 113(81.30%) and 26(18.70%) respectively which is shown in Figure-I. Neurotic disorder was further grouped according to the specific diagnosis which is presented in Figure-II. Hysteria formed the largest group with 24(40.88%) cases. Anxiety state was the next common group with 22(37.29%) cases. Obsessive compulsive disorder was found with 6(10.17%) cases. Phobic state and hypochondriasis were least in number with 3(5.08%) cases and one (1.70%) case respectively. Other type of neurotic disorders comprised 3(5.08%) cases of the total number of neurotic group.

Sexual disorder comprised only three cases. Of these, two cases of frigidity and one case of dyspareunia were found. Two(0.61%) cases of drug dependence group were heroin addicted.

The distribution of 21 cases of childhood and adolescence disorder is shown in Table-III. Emotional disorder formed the largest group with 10(47.62%) cases. It is observed that majority of the patients with emotional disorders had either anxiety or hysteria. Epilepsy with behavioural problems was the second largest group with 4(19.05%) cases. Infantile autism and mental retardation were of 2(9.52%) cases for each group. Only one (4.76%) case of conduct disorder was found and there was no case of hyperkinetic syndrome.

Discussion :

The present study is the first describing the soico-demographic and diagnostic categories of female outpatients of Institute of Mental Health and Research, Dhaka.

A total of 329 female psychiatric cases attended for the first time over the period of a calendar year 1990 were included in this study. In the similar type of overall survey, 599 male psychiatric cases attended for the first time at OPD of the Institute over the same study period[4]. Therefore, male to female ratio was 1.82:1 in the studied population. In earlier studies in inpatient and outpatient population of Mental Hospital, Pabna, revealed the similar finding[5,6]. The evidence from the survey

of psychiatric patients attended a psychiatric clinic at Chittagong, lower percentage (37%) of female was reported[7]. These all findings are poor representation of sex distribution of the population of Bangladesh. According to 1991 population census, male to female ratio of the population was 106.1[8]. Smaller number of women in the present sample may be due to the fact that they are less frequently brought for treatment than their male counterpart because of the conservative nature of our society and because our women play subordinate role in the family as well as in the society and as they are economically dependent. However, the trend of female attendance in GPD of the Institute is increasing as reflected by the analysis of the outpatients in the following year 1991 and 1992 where male to female ratio was found 1.04:1(unpublished data).

In the present series 20-39 years of age group contributed more than a half of the total number of patients. Similar age distribution has been also reported in other series in Bangladesh,[2,5-7,9]. and in India [10,11]. About 42% of the female psychiatric patients in this study were illiterate. Yet this figure is much lesser than the report of 1991 population census where 80.5% female population was illiterate[8]. Poor representation of this group was most likely due to ignorance, poor economic condition, believe pattern about the causation & treatment of mental disorder, social attitude about the relatives of female patients, prevailing social prejudice and superstition and less opportunity to avail the hospital facilities. In contrast, the urban influence of the sample and educated peoples better health consciousness may explain the higher representation of literate group.

Most of the cases were either housewife or household workers which reflects the overall socioeconomic background of female population. In 1991 population census the economic activity rate of women was only 6.66%[8]. This could be explained by the fact that women infrequently work in this country outside the family and being housewife is widely accepted as an occupation. However, considerable amount of woment (15.5%) in the present series were service holders which indicate the trend of changing pattern of occupation among females.

In our study, female psychiatric patients from urban areas were higher than from the rural areas. This finding is somewhat unusual in comparison with urban/rural distribution of female populaiton. In 1991 population census 81.45% of the female population were of rural dwellers[8]. Selective factors like location of the hospital where urban people are in more privileged position to avail the treatment, economic factor, urban people's better health consciousness and better information about the mental health service may explain the preponderance of the urban patients rather than any specific vulnerability between urban-rural female population in our study. However, 36.78% came from rural areas to this city centre. In the present study, cases from lower income group were overrepresented. Similar finding was reported in an earlier community survey in our country[2].

In the present female population, affective disorder (42.25%) was found to be the largest diagnostic category and Schizophrenia (29.18%) was the second commonest group. This finding is somewhat similar with the study among the patients of both sex attended in a psychiatric clinic in our country where affective disorder and Schizophrenia were found 25% and 30% respectively[7]. In Pabna Mental Hospital survey, 99.8% of psychiatric patients were Schizophrenia and Affective disorder[6]. Since it was a study among treated inpatients of both sex in mental hospital of severe nature. Such diagnostic pattern was different from the present study which is basically a study among outpatients of a city psychiatric center. Interestingly, in a study among the medical outpatient population in central general hospital of Dhaka, affective disorder was found 18.41% of the female psychiatric cases[12].

In our study. depression was found 34.5% of the total cases and 81.3% of the affective disorder group. This result is consistent with report of Dasherkandi community survey where depressive state was the largest diagnostic group among the female population[2]. Increased insecurities. life style pattern of our woman. the burden of having a large family with younger children and extreme dominating role of the male partner may played a significant role in the higher incidence of depression. However. the higher incidence of depression among female population is universally represented

In the present series,neurotic disorder was found 17 93% of the total cases. This figure is far lesser in comparison with estimated incidence of neurotic disorder in general population of the developing countries[1]. This can be explained by the fact that neurotic disorder is less recognized as mental illness among female. Moreover, this type of patients are usually seen by the traditional healers.GPs and OPDs of the general hospitals. Among the neurotic group in our study. hysteria and anxiety state found the two largest group which is more or less consistent with other reports in this country2,9,12 and reports in India[10,11,13,14].

Only 0.91% cases of sexual dysfunction were found in our study. This least number could be explained by the shame and passive role about sex in the females. In the present study. two cases of drug dependence were found with heroin type. This finding indicates that heroin has a higher potentiality of spreading dependence.

In the present series. a significant proportion (6.39%) of childhood and adolescence disorder was found which was not perceived so long. This indicates awareness about the existence of psychiatric problems among the child and adolescent and the acceptance of the psychiatric treatment among the parents as well as general population is gradually improving. Emotional disorder comprised largest group with 47.62% and the conduct disorder comprised only 4.76%. This finding is just reverse to the prevalence report of several studies among the child and adolescent population. Yet emotional disorder was reported excess among girls[15]. About 9.52% of cases of the group was found to be suffering from mental retardation. This indicates that a considerable amount of mental retardation among female child and adolescent population is existing in our country

Conclusion :

This study highlights the considerable amount of different types of psychiatric disorders found in female patients attending OPD of a Psychiatric Institute. It is universal that overall psychiatric morbidity among female population are significantly greater than male population. Moreover, the majority of the female psychiatric cases in our country still do not come to the hospital for treatment. If these untreated cases are taken into account. the total psychiatric morbidity in the present study would be worse. Further survey is required to know the actual pattern and extend of psychiatric illness among women populaiton.

The attendance of women in psychiatric OPD of the Institute is gradually increasing from report of this study which is further evident in the subsequent analysis of the outpatients statistics of the Institute following 1991 and 1992 which is more representative of the population census and reflects the changing social attitude regarding women.

It is no longer possible for any enlightened community to neglect the problems of women mental health who belong to half of the population of the country. Mental health service in Bangladesh at present is extremely poor and insufficient. This study indicates an urgent need of promotion of mental health service in our country with equal importance and provision of women mental health service.

Table - II Distribution of patients according to diagnostic categories

Diagnosis	Number (N=329)	%
Schizophrenia	96	29.18
Affective disorder	139	42.25
Neurotic disorder	59	17.93
Drug Dependence	2	0.61
Organic Psychosis	2	0.61
Paranoid state & other Psychosis	2	0.61
Sexual disorder	3	0.91
Personality disorder	1	0.30
Mental Retardation	2	0.61
Childhood & Adolescence disorder	21	6.39
Miscellaneous	2	0.61

Table - III Distribution of types of childhood adolescence disorder

Type	Number	%
Emotional disorder	10	47.62
Infantile Autism	2	9.52
Other Psychosis	1	4.76
Conduct disorder	1	4.76
Hyperkinetic Syndrome	0	0.00
Tic disorder	1	4.76
Specific delays in development	0	0.00
Mental Retardation	2	9.52
Epilepsy with behavioural problem	4	19.05

Table I Sociodemographic characteristics of the patients

Characteristics	Number (n=329)	%	Characteristics	Number (n=329)	%
Age :			***Occupation :***		
Below 9	11	3.34	Housewife	107	32.52
10-19	49	4.89	Household worker	90	27.36
20-29	129	39.21	Student	26	7.90
30-39	71	21.58	Service	51	15.50
40-49	44	13.37	Retired	2	0.61
50-59	21	6.38	Business	0	0.00
60-69	3	0.91	Minial Worker	10	3.04
70 & above	1	0.30	Self employed	23	6.99
Mean age=29.61(SD=12.53)years			Unemployed	20	6.08
Education :			***Social background :***		
Illiterate	138	41.95	Rural	121	36.78
Primary	51	15.50	Urban	208	63.22
Secondary	41	12.46			
SSC	36	10.94	***Economic background :***		
HSC	42	12.77	Higher	17	5.17
Graduate	16	4.86	Middle	143	43.46
Postgraduate	5	1.52	Lower	169	51.37

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