MENTAL HEALTH PROBLEMS AMONG TEXTILE FACTORY WORKERS: A GENDER BASED COMPARISON

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ABSTRACT

The objective of the present study was to explore the gender differences in the level of mental health problems (anxiety, depression and stress) among Textile factory workers. It was hypothesized that Female factory workers will score higher on the variable of a) depression b) anxiety and c) stress as compared to male factory workers. Sample consisted of 160 workers (80 female, 80 male) age ranging from 20 to 50 years (mean= 27.13, SD=6.686), working in day shifts, on monthly salary bases, with the minimum qualification of primary and the minimum duration of job was 1 year. Entire sample was drawn from different Textile factories of Karachi, Pakistan. Initially, after taking consent for participation, the participants were required to fill the demographic form, which was followed by the administration of the Urdu version of the Depression, Anxiety, Stress Scale (DASS, Lovibond & Lovibond, 1995) to measure the gender difference in mental health problems, i.e. depression, anxiety and stress respectively. Descriptive statistics and t-test were applied on the results. Results suggested that female factory workers suffer more from mental health problems (i.e depression, anxiety and stress) as compared to male factory workers. Additional finding suggests that there is a significant difference on the scores of severity levels of mental health problems among male and female factory workers. Recommendations to reduce the level of psychological problems among factory workers are also suggested.

Keywords: Mental Health Problems, Textile workers, Gender

INTRODUCTION

Mental Health is a state of well- being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (World Health Organization). **"**Mental health problem" is a term that is used to describe temporary reactions to a painful event, stress or external pressure, or systems of drugs or use of alcohol, lack of sleep or physical illness. The term "mental health" can also be used to describe long-term psychiatric conditions which may have significant effects on an individual's functioning. There are different types of mental health problems, some of which are common, such as depression and anxiety disorders and some not so common, such as schizophrenia and bipolar disorder.

Although mental health problems cover a number of variables, however in the current research only depression, anxiety and stress were considered as mental health problems. Depression is a mood state characterized by lowered sense of self worth, social abandonment, disturbed vegetative functioning (e.g. crying spells, sleeping, and eating disturbance), self destructiveness, and overall impaired functioning (e.g. academic, occupational, and social) (APA, 2000). The depressed person has negative thoughts, low self-esteem, the feeling of the

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hopelessness about the future, loss of motivation, changing aptitude, sleep disturbance, and loss of energy (Cassano & Fava, 2002).

Anxiety is a state of emotional arousal characterized by both somatic and autonomic response and anticipation of negative events which typically, but not exclusively, are psychological in character (Lovibond and Lovibond, 1995). Anxiety is comprised mainly of two symptoms: first at the cognitive level and secondly physiological symptoms. Cognitive symptoms of anxiety include upsetting, impaired attention, poor concentration, and memory problems. Physiological symptoms include hyperventilation, sweating, diarrhea, trembling, and restlessness. Anxiety may be focused on a specific object, situation, or activity or may be unfocused and expressed as a more general fear. The five major types of anxiety disorders are: Panic Disorder, Obsessive-Compulsive Disorder, Post-Traumatic Stress Disorder, Generalized Anxiety Disorder, and Phobias (Anxiety Disorders of America, 2005).

Moreover, stress is a persistent state of arousal which reflects continuing difficulty in meeting life demands. In the current study, stress is measured according to the difficulty in relaxing, nervous arousal, easily getting upset/agitated, irritability/over-reactivity, and impatience (Lovibond and Lovibond (1995). According to Lazarus and Folkman (1984), there are two systems of tension; the atmosphere creates stressors and person deals with these stressors through different methods. Cognitive evaluation is a process through which individuals make understanding about two factors: (a) whether a demand threats their well being and (b) whether a person considers that he/she has the resources to meet the demand of the stress.

The most commonly quoted statistic, and the one which has the most research evidence came initially from a large scale study published first in 1980, then again in 1992 (Goldberg, D. & Huxley, P.,) and Adult Psychiatric Morbidity Surveys (1995). According to this statistic, around 300 people out of 1000 will experience mental health problems every year in Britain. Psychological factors such as depression, anxiety and stress were found prevalent among factory workers (Edimansyah et al., 2008; Brown, et al., 1997; Crawford & Henry., 2003).

Factory workers face many difficulties at work such as stress due to job, work load and over time at job. Low income and high work demand that affect over mental state of employee and in result mental distress is induced in employees, in the organizations such as factories or textiles mills in Pakistan and all developing countries. Furthermore, long term prevalence of these factors leads toward depression, anxiety, and stress among factory workers (Medline, Psych INFO and EMBASE., 1966 -2000).

Psychological problems, like stress, depression, and anxiety, were not noticed in the work settings until recently. When we talk about the old period of 1980s and 1990s, industrial workforce setting was a considerable change in factory work setting, with the passage of time, industrial work settings becomes the interesting topic for the psychologists. Research indicates that workers working in factories have mental health issues causing mental health problems, which affect workers' job performance, satisfaction, and commitment (Tenant, 2001).

In the present study, the gender difference in the prevalence of common mental health problems (depression, anxiety and stress) among textile factory workers was investigated. Gender is a word that is used to describe many characteristic of human beings like biological sex, social role, gender identity and its all associated stereotype (Wikipedia, 2010). Gender studies have contributed a lot to human knowledge but at the same they have initiated a number of controversies. Like the difference in sexes in various aspects of intelligence as suggested by Terman (1916) or the male's superiority in moral development as suggested by

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Kohlberg (1981). It is somewhat difficult to give any definite explanation about what is the actual cause of these differences. However, it is clear that there remain differences in male and female's attitudes, behaviours, choices and problems.

Therefore, the main aim of current research is to investigate the gender difference in prevalence of mental health problems (depression, anxiety, and stress) among factory workers so that there could be implementation of mental health services to prevent the mental health problems among factory workers. There is a dearth of information on this topic in the Pakistani culture, therefore the present study is designed to better understand the problems Pakistani workers face. The objective of the present study was to explore the gender differences in the level of mental health problems (anxiety, depression and stress) among Textile factory workers. It was hypothesized that Female factory workers will score higher on the variable of a) depression b) anxiety and c) stress as compare to male factory workers. Karachi, Pakistan.

OBJECTIVE OF THE STUDY

To explore the gender differences in the level of mental health problems (anxiety, depression and stress) among Textile factory workers.

METHODOLOGY

The main objective of the present study was to explore the gender differences in the prevalence of mental health problems (depression, anxiety, and stress) among textile factory workers in Karachi, Pakistan.

Sample

The sample selected for the present study consisted of 160 participants, 80 female and 80 male textile factory workers belonging to different textile factories of Karachi. The age of the participants ranged from 25 to 50 years. The minimum qualification was primary education. Participants working in the day shifts only, on monthly salary bases, with minimum job duration of one year were selected. This concern has been taken into consideration in order to control the possible effect of socioeconomic status and to maintain the homogeneity of sample.

Description of Measures

Demographic Sheet

Demographic data sheet was developed according to the requirement of research. The information focused on the participants' age, gender, education, marital status, working shifts, and duration of job.

Depression, Anxiety, and Stress Scale (DASS, Lovibond & Lovibond, 1995)

The Depression, Anxiety, and Stress Scale (DASS) is a 42 - items questionnaire which includes three self report measure of depression, anxiety, and stress. Each of the three scales contains 14 items. Item on the DASS are rated on 4 point Likert type ranging from 0 (Did not apply to me at all) to 3 (Applied to me very much or most of the time). The depression scale assesses dysphoria, hopelessness, and devaluation of life, self-deprecation, and lack of interest/involvement, anhedonia and inertia. The anxiety scale assesses autonomic arousal. It assesses difficulty relaxing, nervous arousal and being easily upset/agitated, irritable/over-reactive an impatient. High score reflects high Psychological distress. Construct validity has been demonstrated with significant correlation between the anxiety scaleand Beck Anxiety Inventory (r=.81) and between the depression scale and Beck

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Depression Inventory (r= .74; Lovibond & Lovibond, 1995). The DASS has been found to be a reliable and valid method for assessing changes in depressive mood and anxiety (Antony, Bieing, Cox, Enns, & Swinson, 1998; Brown et al., 1997, Clara, Cox, & Enns, 2001).

Procedure

The present study was conducted according to the standard procedure. A letter of consent describing the research project and inviting participation was provided to the concerned authorities of different textile factories of Karachi-Pakistan. After getting permission, participants fulfilling the predetermined criteria for selection were approached. Then they were asked to read and sign the consent form (in Urdu), describing the nature and purpose of the study, terms and conditions related to confidentiality, and their right to withdraw. Once the rapport was established, the demographic sheet was administered. Participants then continued with the administration of questionnaire that is, Depression, Anxiety and Stress scale (DASS, Lovibond & Lovibond 1995).

All ethical considerations were followed for conducting the research. Informed consent was obtained and participants had the right to withdraw from participation. They were told that their results would only be used for research purpose.

Scoring and Statistical Analysis

After the completion of data, demographic form was evaluated thoroughly, that was followed by evaluation of forms and incomplete and unclear forms were discarded. Scoring of the Depression, Anxiety, and Stress Scale (DASS), was done according to the standard procedures given in the respective manuals. The SPSS 12 (Statistical Package for Social Sciences) was used to analyse the data. Descriptive statistics was calculated to study the sample characteristics. T-test was computed to infer the gender comparison in the prevalence of mental health problems, (depression, anxiety and stress).

Ethical Considerations

All ethical considerations were followed for conducting the research. The questionnaire was used after seeking permission from the author through e-mail. Informed consent was obtained and participants had right to withdraw from participation. They were told that their results would only be used for research purpose. They were told that their results would only be used for research purpose.

RESULTS

Table 1. The Mean Scores of Female and Male Textile factory workers on Depression.

Groups	*N*	*M*	*SD*	*SEM*	*df*	*t*	*sig*
Female	80	15.01	8.109	.907			
					158	2.288	.023
Male	80	12.28	6.983	.781			

Table 2. The Mean Scores of Female and Male Textile factory workers on Anxiety

Groups	*N*	*M*	*SD*	*SEM*	*df*	*t*	*sig*
Female	80	16.51	8.161	.912			
					158	3.833	.000
Male	80	12.06	6.421	.718			

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Table 3. The Mean Scores of Female and Male Textile factory workers on Stress

Groups	*N*	*M*	*SD*	*SEM*	*df*	*t*	*sig*
Female	80	19.52	7.522	. 841			
					158	3.384	.001
Male	80	15.65	6.950	.777			

DISCUSSION

The main objective of the present study was to explore the gender differences in the prevalence of mental health problems (depression, anxiety and stress) among textile factory workers in Karachi, Pakistan. Results that are mentioned in the tables, indicate that the prevalence of the mental health problems among female is high as comparative to the male textile factory workers.

First gender differences in the prevalence of depression among textile factory workers will be discussed. The mean value of female textile factory workers is 15.01 whereas the mean value of male textile workers is 12.28, which indicates that there is a difference in the prevalence depression among both the gender. The prevalence of depression is high among female as compared to male textile factory workers. (See table 1). As far as the other two mental health problems, that is anxiety and stress are concerned, female textile workers prevalence rate is higher compared to male textile factory workers. (See table 2 & 3)

Previous researches done in Western countries support this finding according to a study conducted in Netherlands during the last decade of the twentieth century The prevalence of depressive and anxiety disorders is approximately twice as high among women as among men (Alonso et al., 2004b; De Graaf et al., 2002).

The question rose whether there were specific aspects of females' work roles that contributed to this gender difference in mental health problems. Two main aspects of women's work were seen as possible explanation for the high rates of women mental health problems: the work–family role combination and a poorer quality of work among women (Bekker, 2003).

Being a worker is a relatively new social role among women in most eastern countries. Females had entered the labor market in large numbers only since the past few decades. This new social role did not replace the social role, but has added to the traditional female social roles as caregivers to the family. In contrast, men did not naturally add the caring role to their responsibilities. Although jobs provide possibilities for self-realization and make women more economically independent of their partners, the family and work role combination may be a double burden for women causing stress and mental illnesses.

Additional findings are related to the level of severity of the mental health problems. During interaction with textile factory workers while collecting data it was also noticed that most of the workers irrespective of the gender were curious about their mental health and were seeking information about the mental health problems.

Considering the above mentioned results and review of literature, it is concluded that there is a gender difference in the prevalence of mental health problems (depression, anxiety and stress) among the textile factory workers of Karachi, Pakistan.

Although results support the present study's hypotheses, there were some limitations. This study was focused on investigating the gender difference in the prevalence of mental health problems (depression, anxiety, and stress) only among the textile factory workers. Textile is only one form of factory workers, so it is recommended that the future researches should also

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focus on other areas of work also. Further researches should be conducted on a larger sample, so its finding can be generalized to all the working population. This study focused only on three mental health problems, future research should also focus on other variables that may affect worker's mental health.

On the bases of present findings, as the results are statistically significant, therefore, it is strongly recommended that mental health service must be introduce in the textile work setting for the working staff at the Government level. There should be a check and balance regarding the physical and psychological health of the workers.

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