

Prevalence Of Depression And Anxiety Disorders Among The Workers In Some Selected Garments Factories Of Dhaka City

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Abstract

This cross-sectional study was conducted among one hundred and fifty garment workers from three garment factories located in Dhaka city with a view to assess depression and anxiety disorders among them. The workers were interviewed through a pre-tested questionnaire by using GHQ and ICD-10 diagnostic criteria. The study results showed that 70% workers were female and 30% workers male. Among the garment workers depression and anxiety disorders according to ICD-10 diagnostic criteria were found 21.3%. The workers with rural background and primary education who lives in Dhaka on their own and do not have any confiding relationship or are over burdened with extra responsibility were found to suffer more from depression and anxiety disorders. Recently employed group working in long shifts and lack of job satisfaction shown highest incidence of depression and anxiety disorders

Introduction

Bangladesh is a developing country with a population of 126 million and density of population is very high¹. Like other developing countries it is facing the health problem related to occupation and at the same time getting the challenges emerging from industrialization and rapid urbanization. Currently garment-making is one of the most promising industrial activities in Bangladesh and by this time this sector has been the top in terms of foreign revenue earning of this country. This industrial field provides employment to few hundred thousands of people, most of them are females.

All over the world, there is growing interest in studying the effect of increasingly specific

division of labor on the emotional quality of our lives. Many garment workers are noted to attend the psychiatric outpatient departments of different general hospitals, which has created a research interest in looking for any association between this occupation and depression and anxiety disorders.

Previous community surveys reported a predominance of depressive disorder among the working class women². It has been found that working class women with young children are particularly prone to respond badly to mental illness³. So our female garment workers, who are simultaneously looking after young children, can be a vulnerable subgroup for depressive disorder. A study shows that more stressful and less satisfying jobs can be predispose neurosis. Another study reports that repetitive machine work requiring constant attention, but little initiative or responsibility can cause neurosis⁴.

Lack of job related social support i.e. support from supervisors and co-workers has been shown to be a potential occupational stressor⁵. The disruption in social, personal and family life makes the workers more vulnerable to occupational stressors. Some studies have illustrated that the absence of supportive friends

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and family is important as a predictor of emotional disturbance⁶.

Moreover prejudice against psychiatric illness is largely prevalent in our society. Ignorance as well as limited psychiatric service is probably responsible for this. A large number of undiagnosed hidden cases are suspected to be present particularly among the lower socioeconomic population.

The aim of this present study is to assess depression and anxiety disorders in this population group and look for the factors associated with these problems.

Background

Mental health services in Bangladesh have generally followed a pattern similar to that of other developing countries. Though mental disease is prevalent in Bangladesh, it is the most neglected area in this country with shortage of service facilities, manpower and logistic support to provide service to the people. Side by side, prejudice, superstitions and ignorance about mental illness continue to exist since time immemorial. Physical torture of a mentally ill person is a common phenomenon in our society. WHO estimates that at any given time at least 1% of any geographically defined population suffers from severe mental disorders and at least 10% will be thus affected at some time in their lives. Less disabling mental disorders e.g. emotional and behavioral disorders including depressive states are much higher. At least 30% of all illness coming to attention of the general practitioners or family doctors is primarily mental illness⁷.

Due to rapid industrialization and urbanization particularly in developing countries mental health problem is getting worse for their ubiquitous nature⁸. Most of the garment workers are mainly unskilled, come from rural community having low socio-economic

background in search of fortune. Because of these rapid transition from rural to urban lifestyle they are faced adverse situations including separation from the family, financial hardship, frustration, adjustment problem as well as many other factors encountered in their working environment. Garment workers usually have to work for long hours under strict supervision. Moreover, the physical working conditions i.e. noise, vibration, temperature, lighting, ventilation etc. can have a negative effect on their mental health. This poverty stricken population groups, however in many cases fail to adapt either due to excessive stress at work or personal susceptibility, or both, which results in psychological and psychosomatic disturbances.

Materials and Methods

The study was conducted at Mirabela Dresses Ltd. and Deco Neatwears Ltd., Mirpur, Dhaka, and Nahar Garments, Kawranbazar, Dhaka.

These garments were chosen purposively and depending upon easy communication, availability of samples or other relevant factors. Equal numbers (50) of samples from each factory and prior permission from the factory management was taken.

The study was conducted from March 2000 to June 2000. For the sake of convenience a work schedule was prepared and the tasks were accomplished accordingly (Appendices).

Sample Size: One hundred and fifty garment workers were selected as sample.

Sample Technique: Systematic sampling.

Research Tools:

Structured questionnaire comprising relevant socio-demographic variables and related information about job was prepared and pre-testing was done and then applied on subjects for required information through direct face to face interview.

Procedure of Data Collection:

The purpose of the study was elaborated clearly to the respondents before interview. Each subject was interviewed separately and anonymity was maintained. Initial screen was done by applying General Health Questionnaire (12 items English version)⁹. The questions were asked in Bengali and explained in a simplified manner to avoid any error from faulty understanding. Interview was conducted by the researcher himself. Those who scored 2 and above were considered as the positive cases. They were then re-interviewed by the researcher under the guidance of a qualified psychiatrist for proper diagnosis according to ICD-10 classification of mental and behavioral disorders¹⁰.

Results

The garment workers were distributed by age and sex (Table-I) and found that out of 150 workers 30% were male and 70% female.

Table-I: Distribution of respondents by sex

Sex	Number	Percent
Male	45	30.0 %
Female	105	70.0 %
Total	150	100.0 %

Table-II: Distribution of respondents by educational status

Educational Status	Number	Percent
Illiterate	38	25.3
Primary	84	56.0
Secondary & Above	28	18.7
Total	150	100.0

Table-II shows that majority (56.0%) of garment workers were found to have their educational qualification within primary level and illiterate level comprised of 25.3% followed secondary level and above were 18.7%.

Table-III: Distribution of respondents by monthly income

Monthly Income (in Taka)	Number	Percent
1000-2000	5	3.3%
2000-3000	135	90.0%
Above 3000	10	6.7%
Total	150	100%

Mean Income= Tk. 2400 ±300

Table-III shows that 90.0% workers had monthly income between Tk. 2000-3000, 6.7% workers had monthly income above Tk. 3000 and 3.3% had monthly income in between Tk. 1000-2000. The monthly mean income Tk. 2400 ±300.

Table-IV: Distribution of respondents in relation to GHQ score

GHQ>2		GHQ<2	
Number	Percent	Number	Percent
66	44.0	84	56.0

Table-IV shows that 44.0% garment workers scored more than 2 in GHQ and 56.0% scored less than 2. Those who scored more than 2 and qualified the diagnostic criteria described in ICD-10 were diagnosed as a positive cases and who scored more than 2 in GHQ but did not qualify any of the diagnostic criteria described in ICD-10 were considered as a negative cases.

Table-V: Prevalence of depression and anxiety disorder among the garment workers (n=150)

Type of disease	Number	Percent
Depressive Disorder	20	13.3 %
Generalized Anxiety Disorder	12	8.0 %
Obsessive-Compulsive Disorder	00	00 %
Panic Disorder	00	00 %
Somatization Disorder	00	00 %
Total	32	21.3 %

Table-V shows that pattern of diseases among the garment workers. It was found that depression was 13.3% and generalized anxiety disorder was 8.0%.

Table-VI: Distribution of depressive disorder in relation to place of residence

Place of residence (n=150)	Depressive illness present		Depressive illness absent	
	Number	Percent	Number	Percent
Rural (n=82)	16	19.5 %	66	80.5 %
Urban (n=68)	4	5.9 %	64	94.1 %

$$\chi^2=5.9, df=1, P<0.05$$

Table-VII: Distribution of generalized anxiety disorder in relation to place of residence

Place of Residence (n=150)	Generalized Anxiety Disorder		Generalized Anxiety Disorder Absent	
	Number	Percent	Number	Percent
Rural N=82,54.7%	10	12.2 %	72	87.8 %
Urban N=68,45.3%	2	2.9 %	66	97.0 %

$$\chi^2=4.3, df=1, p<0.05$$

Discussion

The garment workers were selected by systematic sampling from three different factories located in Dhaka City. The socio-demographic data and GHQ (12-item version) were filled up by the researcher. Those with high scores (>2) were re-interviewed by using ICD-10 diagnostic criteria for proper diagnostic evaluation. Depression and anxiety disorders were as a whole found considerably high among the workers. This can perhaps be explained by the fact that majority of our subjects were females, coming from poor socio-economic background and largely comprised of young adult and pre-menopausal women lacking adequate family and social supports. These common factors also seem to have played an important role in raising the GHQ scores.

A study conducted in the past using GHQ, screened middle aged women, it was found 29.0% psychiatric morbidity in the general population from the same geographical area and in the same age range¹¹. In the present study total psychiatric morbidity was 21.3% among the garment workers. The result was slightly lower than the earlier report. There was a separate group who scored high in GHQ but did not qualify any of the diagnostic criteria described in ICD-10 considered as a negative cases but these group of people might develop psychological disturbance in future with the continuation of the present job.

As a whole the occurrence of depression and generalized anxiety disorders among the workers were found fairly high (depressive disorder 13.3% and anxiety disorder 8.0%). Similar study was done in Bangladesh among the female garment workers depression and generalized anxiety disorders were found 15.1% and 4.7% respectively. The present study finding is almost consistent with the previous study done¹².

In relation to educational status primary, secondary and above group showed more depression and anxiety disorder than illiterate groups. This finding corroborates previous report study¹³.

Depression and generalized anxiety disorder were found more among the workers having rural background, which can be explained by the fact that they are faced with adverse situation in the new urban life as well as separation from the family, lack of social support, security and above all failure to enjoy expected level of better life.

During interview most of the workers expressed jobs satisfaction 86 out of 150 and rest 64 out of 150 expressed lack of job satisfaction, primarily due to overwork. Depressive and anxiety disorders were found more among this group. This finding highly correlates with previous reports^{14,15}. This finding is also statistically significant.

Conclusion

In this descriptive type of cross-sectional study one hundred and fifty garment workers were assessed for depression and anxiety disorders by using GHQ and ICD-10 diagnostic criteria. Most of the findings were in conformity with the national norms with few exceptions. It is evident from the study that workers having rural background, working in long shifts and lack of job satisfaction were suffering more from depression and anxiety disorders.

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