การรับรู้ภาวะซึมเศร้าของชาวขอนแก่น : มิติเชิงเพศภาวะ
Perceptions of Depression among People of Khon Kaen City: A Gender Perspective

บทความวิจัย
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Journal of Nursing Science & Health
ปีที่ 34 ฉบับที่ 1 (มกราคม-มีนาคม) 2554
Volume 34 No. 1 (January-March) 2011

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บทคัดย่อ

ในสังคมไทยยังมีความรู้ที่จำกัดสำหรับอธิบายเรื่องเพศภาวะกับภาวะซึมเศร้า การวิจัยเรื่องนี้จึงมีวัตถุประสงค์เพื่อศึกษาการรับรู้ของชาวขอนแก่นต่อภาวะซึมเศร้าในประเด็นความคาดหวังบทบาท ความรับผิดชอบและอิทธิพลของพลังอำนาจ โดยใช้วิธีการวิจัยเชิงคุณภาพศึกษาในระหว่างเดือนตุลาคม 2551-กรกฎาคม 2552 มีผู้ให้ข้อมูลหลักทั้งหมด 101 คนเป็นผู้หญิง 50 คน และผู้ชาย 51 คน เก็บข้อมูลด้วยวิธีการสนทนากลุ่มและสัมภาษณ์เชิงลึก ใช้การวิเคราะห์แก่นสาระวิเคราะห์ข้อมูล พบว่าผู้ให้ข้อมูลหลักทั้งหญิงและชายเข้าใจว่าภาวะซึมเศร้าเป็นผลมาจากปัจจัยทางวัฒนธรรม สังคมและเศรษฐกิจ บทบาทความเป็นชายสร้างความเครียด ขณะที่ความเป็นหญิงมีสถานภาพ การส่วนร่วมในการตัดสินใจ การได้รับค่าตอบแทน การมีโอกาสและการเข้าถึงและใช้ทรัพยากรต่าง ๆ ต่ำกว่าชาย การแสดงออกและการจัดการกับภาวะซึมเศร้าของผู้หญิงและผู้ชายแตกต่างกัน ข้อค้นพบว่าชี้นำว่าเพื่อเป็นการลดความชุกของภาวะซึมเศร้า การส่งเสริมสุขภาพจิตและการป้องกันภาวะซึมเศร้าจะต้องเน้นให้มีความจำเพาะเชิงเพศภาวะเป็นอย่างยิ่ง

คำสำคัญ : การรับรู้ ภาวะซึมเศร้า เพศภาวะ ประเทศไทย

Abstract:

There are limited studies describing the contextualization of gender and depression within the Thai society. The study aimed to identify gender based expectations on the roles, responsibilities and influence of power that contribute to depression as perceived by people in Khon Kaen City, Northeast Thailand. A qualitative study was employed during October 2008 - July 2009. One hundred and one key informants, 50 women and 51 men, took part in focused group discussions and in-depthed interviews. The discussions and interviews were tape-recorded, transcribed and thematically analyzed. It was found that depression was understood by both men and women to be a product of cultural and socio-economic factors. The men's role as a family leader was stressful. The women had a lower status, lower participation in decision-making, less pay, less opportunity, and less access and control of resources. The expression of and dealing with depression were somewhat different between men and women. It is suggested that in order to reduce the prevalence of depression, greater emphasis should be placed on gender-specific mental health promotion and prevention of depression program.

keywords: perception, depression, gender, thailand

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Introduction

Depression is broadly defined. It encompasses the spectrum of emotions from ongoing low mood, unhappiness or distress, grief and sadness to the full range of depressive disorders. In terms of illnesses, characteristics of depression are excessive and long-term mood disturbances, often accompanied by anxiety[1]. The causes of depression are understood to be complex and related to the interaction of many different factors, including environmental, social, biological and psychological risk. In Thailand, depression is one of the highest mental health risk factors for suicide and suicidal behavior. Statistics revealed that the number of patients in psychiatric hospitals has increased with more women than men diagnosed with depression. Epidemiological studies indicated that the prevalence of major depressive disorders in Thailand is 3.98% in women and 2.47% in men. The number of suicides, however, was greater in men than in women[2].

Differences of prevalence of depression and depressive disorders are explained in terms of both sex and gender. Sex is a biological factor and regarded as a determinant rather than a category comprising biological, psychological and socio-cultural factors that together determine the status of a person's mental health. Gender on the other hand, is socially constructed differences between men and women in terms of their roles and norms, status and power, and the interaction with biological differences between sexes. The World Health Organization states that biological explanations of depression in men and women are overly simplistic. Women's depression can be linked to their exposure to social determinants of health, which differ to men's[3-6]. The gendered division of labour, gender roles, responsibilities and power relations also contribute to higher risk of depression in women [7-9].

Although the primary symptoms of depression are similar in both men and women, depression in men seems to be hidden in antisocial and risk taking behaviors, including drug and alcohol abuse, deliberate self-harm, suicide, road rage, sexual encounters, gambling, binge drinking, aggression and violence, often referred to as "depressive equivalence" or "masked depression" [10]. Cultural prohibitions placed on men against expressing one's feeling (e.g. crying) make clear and simple descriptions of male depression difficult[11]. As a result, these influence health seeking behaviors, access to mental health promotion programs and the prevention of depression among males, which are gender bias and health inequitable.

There is a paucity of information on gender and depression in Thailand. Although statistical data on mental health problems are sex-disaggregated, the epidemiological studies are gender-insensitive[12, 13]. Previous qualitative studies, which focused on experiences of women's cultural sensitivity related to depression, support the notion that gender plays a major role in the cause and recovery from depression[14-16].

The present study aimed to identify gender-based roles expectations, responsibilities and influence of power relations that contribute to depression as perceived by people living in Khon Kaen City, Northeast (Isan), Thailand. The study was approved by the Khon Kaen University Research Ethics Committee.

Methods

A qualitative method was selected as the basis for the study since it is valuable when investigating about a subject whom little is known[17]. Khon Kaen City was selected as the study site based on the mixture of Thai-Isan ethnicity people, living in urban and rural areas. Purposive sampling method[18] was used to select key informants (KIs). To achieve maximum variation

of informant experiences, variations in sex, age, employment and environment were initially noted. The study included 50 women and 51 men aged 18-60 years, comprising of 44 and 57 who lived in the urban and rural areas respectively. The majority of key informants were aged 26-45 years, married, Buddhists, primary school graduates, and wage laborers. Characteristics of KIs are presented in Table 1. Key informants were on a voluntary basis and written consents were obtained from each participant.

Table 1 Characteristics of key informants

Characteristics	Female (N=50)	Male (N=51)
Age		
18-25 years	5	7
26-45 years	38	32
46-59 years	4	8
More than 60	3	4
Marital Status		
Single	8	14
Married	35	31
Divorced	4	3
Widow	3	3
Career		
Wage labor	22	19
Agriculture	4	10
Small groceries worker	5	4
Small business owner	1	2
Government services	2	3
Student	3	5
Housework	3	1
Private organization services	5	5
No employment	5	2
Education Level		
No formal education	2	4
Primary school	25	24
Secondary school	17	20
College/University	6	3
Religion		
Buddhism	50	49
Christian	0	1
Islamic	0	1

Data were collected through focus group discussions and unstructured face to face in-depth interviews. Eight focus group discussions were conducted among 93 KIs with each group consisting of all women or men only. Focus group discussions focused on male-female's way of life, femininity and masculinity, expressions of one's feeling and experiences of depression. The sessions took place in the community. Additionally, eight KIs including three men and five women who had experienced depressive disorders were invited for in-depth interviews. The interviews focused on KIs' experiences with

depression. Each KI was interviewed 2-3 times and each session lasted between 1 and 2 hours. Twenty interviews were conducted to achieve data saturation. The study was carried out during October 2008 - July 2009, throughout the study.

Findings

Two major themes related to the KIs' perceptions of depression emerged.

1. Depression is a product of cultural and socio-economic factors.

Women in rural areas are less educated and poorer than women in urban areas. However, they share similar roles and responsibilities. They take care of all domestic work as well as work outside for income. A woman, aged 37, residing in a rural area said:

"Women in my age (30-40 years old) work for the family. We do wage labor and anything to earn money to feed our families, such as selling clothes, noodles, sweets, or laundry. Then we come home to complete all household chores."

Few women performed only domestic work and very few shared housework with their husbands. All women mentioned that doing domestic work is a role of "a good woman" and a lucky woman is one whose husband helps with household chores.

A woman's work, especially domestic work, was perceived as less valuable than a man's work, since neither monetary nor political power is earned. Therefore, women who participated in this study indicated that they have limited power to control their lives.

Men described themselves as the head of the family. A good man has, both physical and emotional strength, and must take great responsibility towards his family. The responsibility is perceived as a dignity and it may turn to a great pressure if not achieved.

Both men and women have learned about depression from the media. They cited that people residing in the city were more vulnerable to depression than those in a village or rural area since city life was believed to be more stressful.

This study also showed that KIs perceived that women are more likely to have depression than men. Causes of depression in women are related to gender-based violence and family life while for men is about earning income as shown in Table 2.

Table 2 Causes of depression perceived by key informants.

Causes	Urban area		Rural area	
	Female	Male	Female	Male
1. In debt	✓	✓✓	✓	✓✓✓
2. Affair by husband	✓✓✓	-	✓✓✓	-
3. Affair by wife	-	✓	-	-
4. Stubborn children	✓✓	✓✓	✓	✓✓
5. Sexual relation	✓	-	✓	-
6. Secretly like other person's husband	✓	-	-	-
7. Quarrel with husband, hit by husband	✓	-	✓	-
8. Husband gamble	✓✓	-	-	-

Table 2 Causes of depression perceived by key informants (continue).

9. Unhappy family	-	✓✓	✓	-
10. Drinking and smoking by husband	✓	-	-	-
11. Irresponsible and unemployed husband	✓	-	-	-
12. Unfaithful husband	✓	-	-	-
13. Unhappy work	-	✓	-	-
14. Unhealthy	✓	-	-	-
15. Low spirit	-	-	✓	-
16. Chemical changes in brain	-	✓	-	-
17. Overthinking, having no solution	✓	-	-	-

Note: ✓ = Some responses
✓✓ = Responses from more than half of key informants
✓✓✓ = Responses from all key informants
- = No response

2. Men and women express depression and health seeking behaviors somewhat differently

Both men and women expressed similar behaviors such as withdrawn from others, lack of communication and daydreaming. Table 3 illustrates the expressions of depression as perceived by KIs. It shows that there are greater differences of expressions between men and women in terms of biological, affective and cognitive symptoms. Men express more irritation and anger than women. Women, on the other hand, express fatigue, poor appetite, headache, low spirit, panic attack, and forgetfulness.

Table 3 Perceived depressive symptoms by key informants

Expression	Urban area		Rural area	
	Female	Male	Female	Male
1. Headache	-	-	✓	-
2. Fatigue	✓	-	-	-
3. Insomnia	✓	✓	✓	-
4. Poor appetite	✓	-	-	-
5. Lack or short in communication	✓✓	✓	✓✓	✓
6. Daydreaming	✓✓	✓	✓✓	✓
7. Withdrawn from others	✓	✓	✓	✓✓

Table 3 Perceived depressive symptoms by key informants (continue)

8. Irritability, agitation	-	✓	✓	✓✓
9. Self-harm	✓	✓✓	-	✓
10. Negative thoughts	✓	✓	✓	-
11. No interest in dressing up	✓	-	✓	-
12. Crying easily	✓	-	✓	-
13. Lowered voice	-	-	✓	-
14. Sad eyes	-	-	✓	-
15. Panic attack	✓	-	-	-
16. Hallucination	✓	✓	-	-
17. Low in spirit	✓	-	-	-
18. Isolation	✓	-	-	-
19. Loneliness	-	-	-	✓
20. Feeling hatred	-	✓	-	-
21. Forgetfulness	✓	-	-	-

Both men and women performed different activities to relieve from depression as shown in Table 4. Women tend to talk with friends more than males. Men on the other hand tend to be quieter and think of suicide more often than women. Men in rural areas performed more outdoor activities such as sports, gardening, and going to a Buddhist temple and traditional healers while men in urban areas performed more indoor activities such as listening to music, working, watching television and talking with relatives. Outdoor activities for urban male residents would be driving a car. All males drank alcohol to relieve depression while all females consult their parents. Furthermore, only men and women living in the urban areas would seek help from health personnel.

Table 4 Activities for relieving depression expressed by key informants

Activities	Urban area		Rural area	
	Female	Male	Female	Male
1. Talk with friend	✓✓✓	✓	✓✓✓	✓
2. Keep quiet	✓	✓✓	✓	✓
3. Drink alcohol	-	✓✓✓	-	✓✓
4. Listen to music	-	✓✓	✓	-
5. Let things go	-	-	✓	✓✓

Table 4 Activities for relieving depression expressed by key informants (continue)

6. Attempt suicide	✓	✓	-	✓
7. Travel	-	✓	✓	-
8. Go to work	-	✓	✓	-
9. Talk to parents	✓	-	✓	-
10. Exercise	-	✓	-	✓
11. Talk with relatives	-	✓	✓	-
12. See health personnel	✓	✓	-	-
13. Play Sports	-	-	-	✓✓
14. Think positively	-	-	✓	-
15. Sing, play music	-	-	-	✓
16. Do aerobic exercise	-	-	✓	-
17. Go fishing	-	✓	-	✓
18. Adjust feeling to be happy	-	-	✓	-
19. Pray	-	-	✓	-
20. Go to the temple, talk to the monk	-	-	✓	✓
21. Go to the rice field, gardening	-	-	-	✓
22. Seek traditional healer	-	-	-	✓
23. Watch television	-	✓	-	-
24. Watch comedy programs	-	✓	-	-
25. Drive motorbike dangerously	-	✓	-	-
26. Talk to husband/wife	✓	-	-	-

The activities to relieve depression expressed by men reflect masculinity – specific features of showing strength and using external defense, while women reflected femininity – of emotional and family dependence.

Discussion

The findings revealed that men's and women's perceptions of depression are similar in terms of gender roles and gender relations. Gender relation is a product of cultural and economical power, affects self-esteem of both men and women. The men's role as a family leader is stressful, while women have a lower status, lower participation in decision making, less pay, less opportunity, and less access and control of resources. Gender is a social phenomenon that describes what it means to be a man or a woman in a specific society. Gender interacts with other social factors due to

stressful life events as a consequence of their sensitivity to different events and not because women are faced with greater stress than men. Women have a higher risk of depression following crises involving children, housing, reproduction and violence, while men's strain due to those involving finances, work and marital relationship[20-23].

Only women mentioned domestic violence as a cause of depression. Domestic violence, especially gender based violence, is one of the major causes of depression in women and rape will cause one in three women to experience depression[24-26]. Studies indicated that women were usually the victims of an attack and the perpetrator may well be motivated directly by the desire to demonstrate their masculine power and control over women[27-30].

Expressions of and dealing with depression in this study emphasize that the relief of depression expressed by men reflect masculinity - specific features of showing strength and using external defense, while women reflect femininity - of emotionally and family dependence. A number of studies support the findings, for example, Nolen-Hoeskema[31] indicated that men are more likely to engage in distracting behaviors and reduce their depressive mood, while women are more likely to increase their mood by ruminating. Other studies revealed that males appear to favor stress release through other activities and tend to more often turn to drugs or alcohol compare to females[32-33].

Gender differences in dealing with depression may reflect socialization differences between men and women. Men are expected to be more independent, instrumental, and ambitious, whereas women are expected to be emotional, supportive, and dependent, as reflect gender role orientation[34]. These findings are consistent with the notion that "the tendency for women to gigue distress and to expose their need for help or support seems to be inversely matched by men's internalized avoidance of, or aversion to, showing signs of weakness or vulnerability"[10]. This notion indicates an importance of understanding gender issue in expressing of and dealing with depression[35-37]. However, it is argued that although gender-role orientation may play a role in gender differences in coping, others variables such as personality maybe important mediators of this relation[32]. This issue needs more investigation in Thai society.

Conclusion

Findings have clearly shown that gender, which is socially constructed, is an important factor for the onset of depression, expression and help seeking behaviors. To create a gender sensitivity program, a deep understanding of gender expectations of men and women in a specific society and the perceptions of mental health personnel on gender sensitivity are crucial. Greater emphasis should be placed on gender-specific mental health services. The increase in gender awareness and gender sensitivity are important competencies that mental health workers at all levels should possess to tackle depression.

Limitation of the study

The current study has some limitation. It was set up on a specific area and focused only to people in one Isan culture, where there were many sub-cultures in this region. Therefore, the findings should be treated with caution. However, the present study offers an evidence of gender differences in depression in Isan culture. It is a starting point to debate cross-cultural issues in mental health promotion and prevention of depression, and mental health policy in Thailand.

Acknowledgement

The study was conducted with support from the Mental Health Department, Ministry of Public

Health of Thailand. We appreciated the sincerity and devotement of all key informants for sharing their life experiences with us. We also thanks Mr. Erico Saito for English editing the manuscript.

References

1. Evan B, Burrows G, Norman T. Understanding Depression. Victoria: Mental Health Promotion Unit; 2000.
2. Monkol A. Project report on Prevention and intervention for people with depression and suicide risks. Jitavej Khon Kaen Hospital, Division of Mental Health, the Ministry of Public Health; 2002.
3. World Health Organization. 1998. Gender and Health: technical paper. Geneva: World Health Organization. (Report no. WHO/FRH/WHD/98.16); 1998.
4. World Health Organization. Gender and mental health. In Wilkinson, R., & Marmot, M. (Eds.), Social Determinants of Health: the Solid Facts, 2nd ed. Geneva: World Health Organization; 2003.
5. World Health Organization.Gender in Mental Health Research, Geneva: WHO Press; 2005.
6. World Health Organization. Gender disparities in mental health. Retrieved August 27, 2006, from www.who.int/mental_health/media/en/242.pdf.
7. Bishop A. Depression and gender issues. In: A Gender Agenda: Planning for an Inclusive and Diverse Community. Footscray: Women's Health West; 2002.
8. Asbury J. Gender and Mental Health. Key Centre for Women's Health: University of Melbourne, Australia; 1999.
9. Chirawatkul S. Mainstreaming Gender Perspectives in Women's Mental Health. Thai J Nurs Res 2005; 9(2): 133-40.
10. Brownhill S, Wilhelm K, Barclay L, Schmied V. 'Big build': Hidden depression in men. Aust NZ J Psy 2005; 39(1): 921-31.
11. Cochran SV, Rabinowitz FE. Men and depression: Clinical and empirical perspectives. San Diego: Academic Press; 2000.
12. Mental Health Department. Epidemiological Study of Mental Health Status in Thailand. Nontaburi: Ministry of Public Health; 2003.
13. Mental Health Department. Epidemiological Study of Mental Health Status in Thailand. Nontaburi: Ministry of Public Health; 2010.
14. Seeherunwong A., Boontong T, Sinthu S, Nilchaukovit T. Self-regaining from loss of self-worth: A substantive theory of recovering from depression of middle-ages Thai women. Thai J Nurs Res 2002; 6(4): 186-99.
15. Powkantarakorn W. Depression: Experiences of Jomtook-Pontook among Isaan Women. Unpublished PhD Thesis, Faculty of Nursing, Khon Kaen University; 2005.
16. Chirawatkul S, Rungreonkulkij S, Meenongwha J, Hatapanom W, Srisangpang P, Junpen U, Sriwisej S, Ratanadej P, Poumeesuk S, Thanee T, Rountam S. Perceptions and dealing with depression among 4 villagers of Isaan region. J Mental Health Thai 2008; 16(1): 229-41.
17. Strauss A, Cobin J. Basic of the Qualitative Research: Technique and Procedures for Developing Grounded Theory. Thousand Oaks, CA: Sage; 1998.
18. Polit DF, Beck CT. Essential of Nursing Research: Methods, Appraisal and Utilization. Philadelphia: Lippincott; 2006.
19. Dey, I. Qualitative Data Analysis. London: Rutledge; 1993

20. Nazroo JY. Exploring gender difference in depression. Retrieved 14 January 2011 From http://www.Psychiatrictimes.com/p01034.html
21. Veldel KL. Gender differences in patients presenting with a single depressive episode according to ICD-10. Soc Psych Psych Epid 2005; 40(3): 197-201.
22. Takkinen S. Gold C, Perdersen NL. Gender differences in depression: a study of older unlike-sex twins. Aging Ment Health 2004; 8(3):187-95.
23. Afifi M. Gender differences in mental health. Singap Med J 2007; 48(5): 385-91.
24. World Health Organization. World Report on Violence and Health. Geneva: World Health Organization; 2002.
25. Loxton D, Schofield M, Hussain R. Psychological health in midlife among women who have ever lived with a violent partner or spouse. J Interpers Violence 2006; 21(8): 1092-107.
26. World Health Organization Collaborating Centre for Health and Development Kobe. Gender equity and health. Int J Public Health 2007; 52(Supplement 1):S1-S67.
27. Heise L, Pitanguy J, Germain A. Violence against women: the hidden health burden. Washington DC: World Bank; 1998.
28. Douki S, Nacef F, Belhadj A, Bouasker A, Ghachem R. Violence against women in Arab and Islamic countries. Arch Women Ment Hlth 2003; 6: 165-71.
29. Wonge JY, Tiwari A, Fong DY, Humphreys J, Bullock L. Depression among women experiencing intimate partner violence in Chinese community. Nurs Res 2011; 60(1): 58-65.
30. Zimzow HM, Resnick HS, McCauley JL, Amstadter AB, Ruggiero KJ, Kilpatrick DG. The role of rape tactics in risk for post-traumatic stress disorder and major depression: results from a national sample of college. Depress Anxiety 2010; 27(8): 708-15.
31. Nolen-Hoeksema S. Responses to depression and their effects on the duration of depressive episode. J Abnorm Psychol 1991; 100: 504-11.
32. Lengua LJ, Stormshak EA. Gender, gender roles, and personality: gender differences in the prediction of coping and psychological symptoms. Sex Roles; 2000.
33. Kuniko Y, Haruo N, Kounosuke T, Tosinori K, Toshiaki F. Coping behavior in depressed patients: a longitudinal study. Psychol Res 2003; 121:169-77.
34. Ptacek JT, Smith RE, Dodge KL. Gender differences in coping with stress: When stressor and appraisals do not differ. Pers Soc Psycho Bull 1994; 20: 421-30.
35. Marmot M, Wilkinson RG. Social Determinant of Health. New York: Oxford University Press; 2006.
36. Parker G, Hadzi-Pavlovic D. Is the female preponderance in major depression secondary to a gender difference in specific anxiety disorders? Psychol Med 2004; 34: 461-70.
37. Dalgard OS, Dowrick C, Lehtinen V. Negative life events, social support and gender difference in depression: a multinational community survey with data from the ODIN study. Soc Psy Psy Epid 2006; 41: 444-51.