



# DEPRESSION AND CONTRASTING SELF-ANALYSIS BETWEEN BENGALI HINDU HOMEMAKERS AND WORKING WOMEN IN KOLKATA, INDIA

<sup>1</sup>Ratna Mondal, <sup>2</sup>Soumita Chatterjee, <sup>3</sup>Dr. Sutapa Choudhury

<sup>1</sup>Postgraduate student, Department of Anthropology, Mahatma Aswini Dutta Memorial Study Center, Indira Gandhi National Open University, Kolkata, West Bengal, India

<sup>2</sup> State Aided College Teacher, Department of Anthropology, Shyampur Shiddheswari Mahavidyalaya  
Ajodhya, Howrah, West Bengal, India

<sup>3</sup>Associate Professor, Department of Anthropology, University of Calcutta  
35, Ballygunge Circular Road, Kolkata, West Bengal, India

## Abstract:

Women are more depressed in comparison to man. The main focus of this study is to quantify self-realization of depression through self-rated depression scale (SDS) among the Hindu Married Women. An experimental research has been undertaken at Kolkata metropolitan city, India under the frame of purposive sampling. Participants were 124 Bengali Hindu Married Women (64 homemakers and 60 working women) from age in 15 to above 65 years. Zung's "Self rated Depression Scale" has been used as an assessment tool. It has been found that homemakers are affected in higher degree than working women in the studied Bengali population. Women of the age group 31 to 65 years were suffering mild depression, out of them 1.61% of women were affected in severe depression. Age, education, family structure is closely associated with depression. 95% participants have some history of clinical depression. Although, as per mean value both home makers and working women have some positive attitude towards depression. The present study shows that age and educational status influence the self -realization of depression in a different way among the Bengali married women. Various socio-cultural issues also add fuel to fire in it.

Key words: Depression, SDS, women.

## Introduction

Depression depletes our thoughts and mental wisdom like a heap of quicksand. It is the root cause of sadness and loss of interest in our activities. It can lead to a variety of emotional and physical problems and can decrease a person's ability to function at workplace and at home. (Parekh, 2013). According to Oxford Dictionary, depression is a mental condition characterized by severe feelings of hopelessness and inadequacy, typically accompanied by a lack of energy and interest in life (Cesar & Chavoushi, 2013). Several types of depression are prominent in human life such as clinical depression, manic depression or bipolar disorder, postpartum depression, seasonal depression, persistent depressive disorder, situational depression, disruptive mood deregulation disorder and treatment resistant depression (Truschel, 2020). Various theories have emphasized various causes of depression and their interrelationships. These factors include biological predisposition such as temperament- congenital or biochemical, psychological issues like personality, personal history and domestic environment. Socio-cultural factors like socio-economic stresses, social isolation, cultural diversity, socio-political discourses and inequalities may also contribute to the causes of depression (Falicov, 2003).

There is no homogeneity in the symptoms of depression at all places and in all societies. Becker mentioned that depression can be understood in terms of age group irrespective of gender. Wide mood swings have normally been observed in the age group of 12 to 18 years as manifested by tendencies of avoiding friends and tendencies of inflicting harm to self. Symptoms of depression appear in young adults with lack of coping skills and relational maladjustments with others. In the age group of 30 to 60 years depression can appear easily through social isolation and financial crisis, but after 60 years of age a person has least chance of being depressed (Becker, 2020). Depression is a common mental disturbance characterized by a depressed mood, loss of interest or pleasure in the surroundings, loss of energy, and loss of belief in one's own self, disturbed sleep or appetite and poor concentration. Furthermore, depression often comes with symptoms of anxiety (WHO, 2012). The problems can become chronic or recurrent and can significantly damage one's ability to undertake social responsibilities. At worst, depression can lead to suicide. About 1 million people die each year due to suicide which means approximately 3,000 suicidal deaths occur every day (WHO, 2012). As per report, suicidal tendencies are more focused in case of men rather than that in women (Nierenberg, 2017). According to WHO, in 2018-19, India occupies the first place in terms of depression throughout the world (Lewis, 2019). Different kinds of research works have revealed the velocity of depression, contrasting accounts of depression between men and women, numerous health issues related to depression and so on (Gregory, 2006; Paul, 2015; Diamond, 2020). Depression brings sudden fall in mental conditions such as loss of hope, loss of energy to undertake any physical activity and unnecessary and unwarranted grief in life (Khan, 2012).

Studies have shown that the depressed ones have the ability to think in a more realistic way when they are alone. They also feel better when they are alone. According to Beck, under depression, persons justify themselves more rationally by means of their behavior than those by normal ones (Beck, 1996). Previous

research work shows that ratio of major depression for (female: male) is (1.7:1) (Paul, 2015). The risk factors of being prey to depression are closely associated with hormonal changes in women, especially during adolescence, before pregnancy, after pregnancy and during pre-menopause. For this reason, females are prone to be affected more by different forms of depression than males (Diamond, 2020; Paul, 2015).

A Swedish study compares the psychometric characteristics between the Hospital Anxiety and Depression Scale (HADS) and Patients Health Questionnaire (PHQ-9). The study has shown that the primary health care patients and psychiatric cases have reported signs of depression in self-rating scales. However, in these two scales depression cannot be identified in more than half of the total patients. Self-rating depression scales has proved its effectiveness by means of screening for depression, measuring severity and treatment outcomes (Hansson, et al. 2009). The revised Self-deprecating Depression Scale (SDS) has been used to identify the frequency of major depression in Eskimo patients of Alaska. Eskimo patients were referred for diagnosis at a community mental health Centre with the help of modified SDS. The score of 25 patients in a row with a larger depression diagnosis were compared with the score of 25 patients who have already been prescribed for other psychiatric analyses. SDS is a clinically relevant screening tool for detection of large frustrations of the population with limited access to psychiatric care (Gregory, 2006).

Bauer (2007) mentioned that in case of adulthood (after 18 years) depression is one of the prominent disorders in Europe (Bauer, 2007). An intensive comparative study of depression among housewives and working women in Iran and Pakistan reflect that working women are more depressed in Iran whereas, homemakers are severely affected by depression (Soomro, 2012; Dibaji, 2017). In India, several research publications exhibit the contrasting mental states of working women and homemakers in respect of depression and anxiety in different forms. The studies reflect that working women are far more affected by depression than the homemakers (Balaji, et al. 2013; Maqbool, 2014; Akhtar, 2019). The purpose of this present research work is to quantify the intensity of depression through SDS scale under the backdrop of a Bengali socio-cultural context.

## Objectives

1. To study the degree of self-realization of depression among the Bengali Hindu married women through the lens of SDS scale.
2. To determine how depression performs contrastingly in everyday life among the home makers and working women.

## Material and methods

This is purely an experimental study during the period from January to February, 2020 under the frame of purposive sampling. The study has been conducted in Kolkata Metropolitan Area (KMA) and its surroundings in West Bengal, India. All the participants are Bengali Hindu married women in the age group of 15 to 70 years. The respondents are divided into two groups - homemakers (n = 64) and working women (n= 60). Zung's provided Self-rated Depression Scale has been used as an assessment scale of data collection of the studied group. Self-Rated Depression Scale (Zung, 1965) is a likert-type of psychological scale comprising of 20 statements. This scale has been constructed with a set of queries and every single query exhibit four (4) responding options –(i) little of the time, (ii)some of the time, (iii)good part of the time and (iv) most of the time. In the SDS scale these options are denoted by points 1, 2, 3 and 4 by assigning '1' to 'a little of the time', '2' to 'some of the time', '3' to 'good part of the time' and '4' to 'most of the time'. Out of 20 statements, the answering options of the serial number 2,5,6,11,12,14,16,17,18,and 20 are placed in a reversed way i.e., most of the time (4) to a little of the time (1). The data were entered and presented in Microsoft Excel Sheet, 2013. The socio-demographic data were analyzed and explained through percentage. The quality of the SDS responses was measured by means of Mean, Standard Deviation (SD) and Standard Error of Mean (SEM). In addition, participants' responses or total score analysis of the 'Self-Rating Depression scale' were observed through the using of Chi-Square test in the MS Excel sheet (2013).



## Result

The participants of the studied group are Bengali Hindu married women and are inhabitants of Kolkata and its surrounding areas. Socio-demographic profile of the studied participants are given in Table- 1.

Table - 1 Socio-demographic profile of the participants

Variables	Types	Numbers	Percentage (%)
Occupation (n = 124)	Homemaker	64	51.61
	Working women	60	48.39
Age group (n = 124)	15years - 20years	3	2.42
	21years-30years	20	16.13
	31years-65years	96	77.42
	Above 65 years	5	4.03
Educational status (n = 124)	Illiterate	1	0.81%
	Can sign only	3	2.42%
	I –V	0	0%
	V –X	7	5.65%
	Madhyamik	3	2.42%
	XI –XII	8	6.45%
	Higher Secondary	14	14.29%
	Graduation	38	30.65%
	Master degree	43	34.67%
	Above	7	5.65%

The profile shows that 51.61% are homemakers and 48.39% are working women and belong to the age group of 15 years to above 65 years. The majority of the participants (77.42%) are in the age group of thirty one to sixty five years; 2.42% belong to the age group of fifteen to twenty years and 16.13% belong to the age group of twenty one to thirty years. The educational status of the studied participants are such that 0.81% women are

illiterate, 2.42% women are can just sign only, 5.65% women have dropped school education between classes V to X, 2.24% women have qualified matriculation examination, 6.45% women read up to XI / XII, 14.29% women have passed the Higher Secondary examination, 30.65% women are graduates, 34.65% women have completed master degree and 5.65% women have experienced post masters.

Table - 2 Married life of the participants

Married life (in years)	Homemakers	Working women	Total
1 to 5	11	08	19 (15.3%)
6 to 10	08	00	8 (6.45%)
11 to 15	03	14	17 (13.7%)
Above 15	42	38	80 (64.51%)

The study reveals that the nature of married life of a young woman plays a significant role in determining the degree of depression in her life. In the studied group, 15.03% of women have spent married life below five years and 6.45% of women have experienced six to ten years of married life. 64.51% of women who have spent more than fifteen years have more or less adjusted with their married life and 13.7% respondents who have spent married life in the range of ten to fifteen years are still enjoying their conjugal lives without any attack of depression.

Table - 3 Family structure of the participants

Family structure	Homemakers	Working women	Total
Nuclear family	42	52	94 (76%)
Compound family	00	08	08 (6.46%)
Joint family	22	00	22 (18%)

The data set exhibit that 75.80% participants belong to nuclear families. Out of them 33.87% are homemakers and 41.94% are working women. On the other hand, 17.74% homemakers live in joint families and the rest 8 working women (6.46%) are from compound family structure.

Table - 4 Family history of clinical depression among the participants

Family history of depression	Home maker	Working women	Total
Have	50	45	95 (76.07%)
Do not have	14	15	29 (23.38%)

Besides all these, the study shows that 76.62% of women have a family history of depression. The depression range is quite higher in case of homemakers (40.32%) than working women. Some women (23.38%) said that none of their family members is suffering from depression.

Zung (1965) has interpreted the index score of Self – rating Depression Scale (SDS) into four major divisions. The score mainly depicts the summation of all (twenty) queries of the questionnaire. The range of the score index varies from 0 to 80. Below 50 indicates ‘normal’, 51 to 60 means ‘mild depression’, 61 to 70 depicts ‘moderate or marked depression’ and above 70 reflects ‘major depression’ (Zung, 1965). Table no. 5 reflects that 46.87% homemakers are normal and 46.87% are of mildly affected by depression. On the other hand 3.125% are suffering from both moderate and major depression. But the scenario is quite different in case of working women. Most of the women are normal (68.3%) and a few (31.6%) are suffering from mild depression. There is no data under the heading of marked or major depression. In terms of age group, women who are in the intermediate age group of 31 to 65 years, have the highest rate (49.19%) of being normal and 21.8% (27 women) have been affected by means of mild depression. The array of age groups reveals that, apart from the 2 participants, there was no case of severe depression. This 1.61% of women is in the age group of 31-65 years. 9.7%, 2.41% and 1.61% of women are still suffering from mild depression in the age groups of 20-30 years, above 65 years and 15 to 20 years respectively. The study shows that the self -realization of depression has hardly been noticed under the age of 15 to 20 years (adolescent to young) and also for aged ones (above 65 years).



Table -5 SDS score analysis with different variables

Variables	Types	SDS score				Total	Chi-square value	p – value
		Normal [ $<50$ ]	Mild [ $<60$ ]	Moderate (marked depression) [ $<70$ ]	Severe (major depression) [ $>70$ ]			
Occupation (n = 124)	Homemaker	30	30	2	2	64	8.053	0.045
	Working women	41	19	0	0	60		
Age group (in years) (n = 124)	15 – 20	1	2	0	0	3	10.565	0.306
	20 – 30	8	12	0	0	20		
	31 – 65	61	27	2	2	92		
	Above 65	2	3	0	0	5		
Educational qualification (n = 124)	Illiterate	2	2	0	0	4	35.45	0.002
	I–X	4	3	0	0	7		
	Madhyamik	1	1	1	0	3		
	Higher Secondary	8	12	0	2	22		
	Graduation	22	15	1	0	38		
	Master degree and above	35	15	0	0	50		

Higher educational status brings down the possibilities of suffering from depression in life. For instance, 56.06% of the participants are in the normal zone and 28.22% (35 women) have a rich knowledge about their educational status. Only 1.61% of women are suffering from marked depression and among them one has qualified Madhyamik examination (school final examination, West Bengal board) and the rest one has accomplished her graduation.



The present study uses Chi Square test to observe the differences between two or more categories of variables in the studied group. The p - value denotes the level of probability. In cases of occupation and educational status of the respondents, the Chi Square values are 8.053 and 35.45 respectively and p-values indicate the probabilities of occurrences of depression.

Responses of the individual participants in the SDS scale have been shown under Table -7. The scores vary from 0 to 80. The values of the descriptive statistics among the participants are as follows:

	<u>Mean</u>	<u>Standard Deviation</u>	<u>Standard Error of Mean</u>
Homemakers :	42.3	± 10.35	1.3
Working Women:	35.73	± 8.63	1.2

The mean values of both homemakers and working women reflect a positive attitude towards depression i.e., normal.

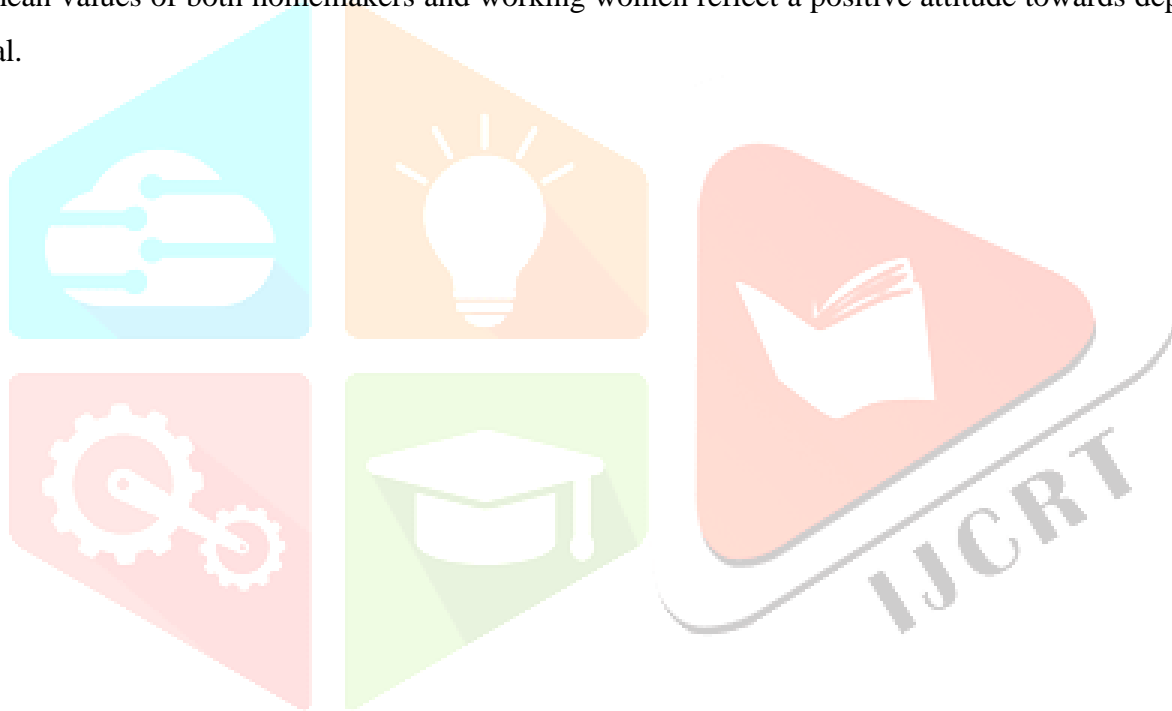


Table - 6 Statement wise comparative score analysis of SDS

SL. No.	Statements of SDS	Statement wise score	
		Homemaker	Working women
01	I feel down-hearted and blue.	129	102
02	Morning is when I feel the best.	146	129
03	I have crying spells or feel like it.	121	83
04	I have trouble sleeping at night.	129	107
05	I eat as much as I used to.	127	114
06	I still enjoy sex.	183	185
07	I notice that I am losing weight.	105	71
08	I have trouble with constipation.	99	95
09	My heart beats faster than usual.	129	115
10	I get tired for no reason.	125	114
11	My mind is as clear as it used to be.	140	95
12	I find it easy to do the things I used to.	139	107
13	I am restless and can't keep still	132	97
14	I feel hopeful about the future.	149	117
15	I am more irritable than usual.	110	74
16	I find it easy to make decisions.	183	143
17	I feel that I am useful and needed.	150	117
18	My life is pretty full.	172	93
19	I feel that others would be better off if I were dead.	103	80
20	I still enjoy the things I used to do.	147	106
	Total	2718	2144

Table no. 6 depicts the cumulative value of the given points (4-point Likert scale) on the basis of occupation of 64 homemakers and 60 working women respondents of the studied group. The total score of homemakers and working women are respectively 129 and 102 in the first parameter of SDS questionnaire. In this case, 27 homemakers' opinion were **a little of the time (1)**, 22 homemakers' opinion were **some of the time (2)**, 2 homemakers opined **good part of the time (3)** and 13 homemakers opined for **most of the time (4)** indicating a total score of  $[(27*1)+(22*2)+(2*3)+(13*4) = 129]$ . The score of second statement are now placed in reverse order. The score of working women on second statement becomes  $[(23*1)+(14*2)+(17*3)+(6*4)=126]$ . The score deals with 23 individuals opining for were **most of the time (1)**, 14 participants opining for **good part of the time (2)**, 17 participants selected the **some of the time (3)**, and 6 working women suggest **a little part of the time (4)**.

Zung's SDS scale (1965) has mentioned some positive and negative impacts towards depression through some specific queries. According to the scale, statements like 2, 5, 6, 11, 14, 17, 18, and 20 exhibit optimistic attitude towards depression. On the other hand, serial number 1, 3, 4, 10, 15 and 19 describe several undesirable mental conditions due to depression.

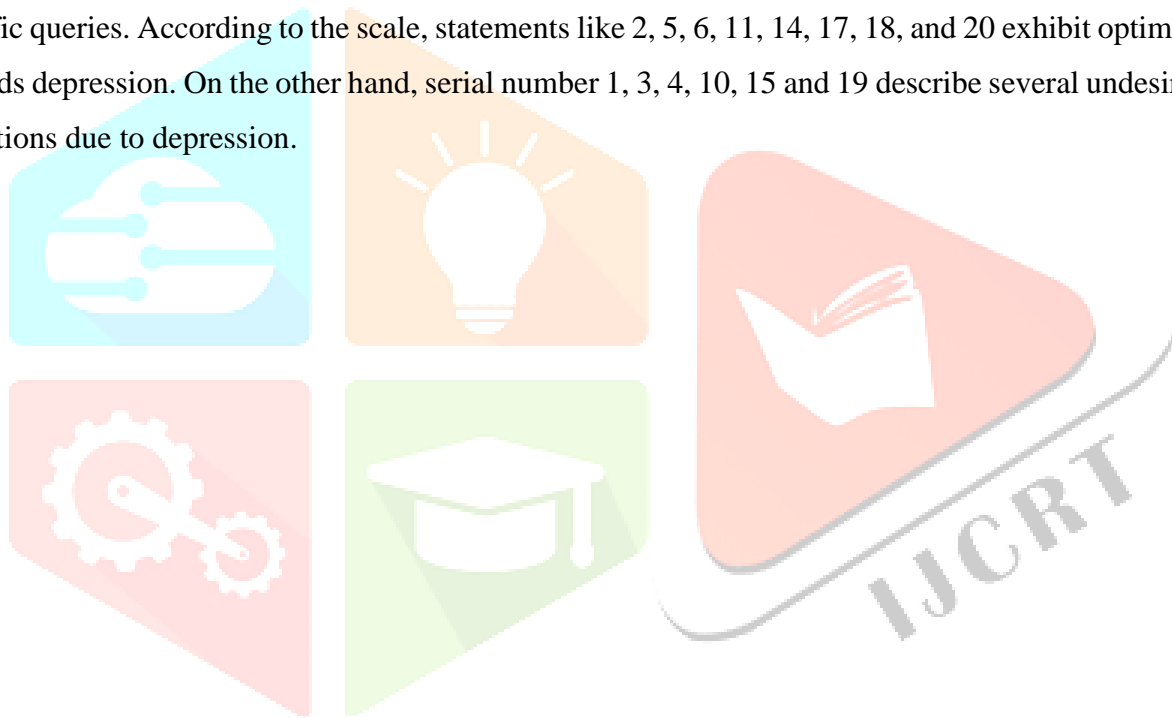


Table – 7 Statement wise responses of individuals in SDS scale

Sl. No	Statements / Parameters	A LITTLE OF THE TIME		SOME OF THE TIME		GOOD PART OF THE TIME		MOST OF THE TIME		TOTAL
		Home Maker	Working Women	Home Maker	Working Women	Home Maker	Working Women	Home Maker	Working Women	
1	I feel down hearted and blue	27	23	22	34	2	1	13	2	124
2	Morning is when I feel the best	12	6	17	17	12	14	23	23	124
3	I have crying spells or feel like it	37	37	13	23	7	0	7	0	124
4	I have trouble sleeping at night	31	38	14	8	6	3	13	11	124
5	I eat as much as I used to	12	10	9	10	11	4	32	36	124
6	I still enjoy sex	27	28	11	17	7	7	19	8	124
7	I notice that I am losing weight	40	50	13	9	5	0	6	1	124
8	I have trouble with constipation	44	41	9	10	7	2	4	7	124
9	My heart beats faster than usual	20	30	30	14	7	7	7	9	124
10	I get tired for no reason	32	29	14	19	7	1	11	11	124

11	My mind is as clear as it used to be	13	6	12	4	13	9	26	41	124
12	I find it easy to do the things I used to	13	4	14	15	8	5	29	36	124
13	I am restless and can't keep still	35	37	5	14	9	4	15	5	124
14	I feel hopeful about the future	18	9	10	10	11	10	25	31	124
15	I am more irritable than usual	40	52	10	4	6	2	8	2	124
16	I find it easy to make decisions	26	14	17	15	7	12	14	19	124
17	I feel that I am useful and needed	14	5	16	14	12	14	22	27	124
18	My life is pretty full	26	3	12	7	6	10	20	40	124
19	I feel that others would be better off if I were dead	42	45	11	12	5	1	6	2	124
20	I still enjoy the things I used to do	19	4	9	10	8	14	28	32	124
	Column wise total	528	471	268	266	156	120	328	343	2480

In terms of the positive attitude, the majority of the participants have selected 'most of the time' (score 1) for the statements 2, 5, 11, 14, 17, 18 and 20 and the percentiles of those responses are respectively 37.1% (homemaker 18.55% & working women 18.55%), 54.84% (homemaker 25.81% & working women 29.03%), 54.03% (homemaker 20.97% & working women 33.06%), 45.16% (homemaker 20.16% & working women 25%), 39.51% (homemaker 17.74% & working women 21.77%), 48.39% (homemaker 16.13% & working

women 32.26%) and 48.39% (homemaker 22.58% & working women 25.81%). However, query number 6 represents a different scenario. Majority of the informants i.e., 44.35% (homemaker 21.77% & working women 22.58%) have preferred to select 'a little of the time' (score 4). All of these queries generally depict a story of some daily actions of the studied group which reflect a certain degree of mental satisfaction. In case of the negative attitude, the majority of the participants have selected 'a little part of the time' (score 1) for the statement numbers 3, 10, 15 and 19 and the percentile of the responses respectively are 59.68% (homemaker 29.84% & working women 29.84%), 49.2% (homemaker 25.81% & working women 23.39%), 74.19% (homemaker 32.26% & working women 41.93%), 70.16% (homemaker 33.87% & working women 36.29%). 17.74% homemaker and 27.42% working women have preferred 'some of the time' (score 2) for first statement. This dataset represent a contrasting situation in respect of parameters of SDS and the responses against these. A least observed frequency against undesirable conditions in some way expresses the decreasing tendency of depression.

Apart from these two arbitrary aspects of depression, SDS scale has also demonstrated some physical attributes of the participants. Parameters 4, 7, 8, 9 and 13 eventually describe the self-realization of sleeping problem at night, frequent weight loss, constipation issues, faster heart beat and some restless attitudes. Most of the participants have indicated 'a little of the time' (score 1) for the above mentioned statements. The percentage of the statements 4, 7, 8, 9 and 13 are respectively 55.64% (homemaker 25% & working women 30.64%), 72.58% (homemaker 32.26% & working women 40.32%), 64.54% (homemaker 35.48% & working women 33.06%), 40.32% (homemaker 16.13% & working women 24.19%), 58.06% (homemaker 28.22% & working women 29.84%).

## Discussion

The purpose of this study is to understand the contrasting mental states of the working women and homemakers by means of SDS scale. The self-rating depression scale has been utilized to indicate the depression status. The statements of SDS mainly depict the decision making ability, sleeping problems at night, restless attitudes, sexual activity with spouse, the degree of self-importance in family, and also highlight some noticeable physical illnesses like weight loss, constipation, fast heart beats etc. (Zung, 1965).

A significant number of women had positive attitude towards depression. Although the scores obtained from the SDS and mean values indicate that most of the working women and housewives have a positive level of attitude towards depression, housewives are significantly more depressed than working women i.e.,  $\chi^2 = 8.053$ ,  $p = 0.045$ . However, the spectrum under age groups reflect that p values are not that much significant and the variables are closely associated with chi square values. In brief, when p value is less than 0.05, it rejects null hypothesis and a p-value greater than 0.05 generally depicts the alternative hypothesis, i.e. there is an association between two variables.

Depression comes with several physical illnesses and some chronic diseases and vice versa. Since women in the age group of 30 to 65 years suffer from depression, unhappy conjugal life and financial stress in the family could be the major causes (Berry, 2018). Dr. T. J. Legg pointed out that “Scientists believe that as many as 40 percent of those with depression can trace it to a genetic link. Environmental and other factors make up the other 60 percent” (Legg, 2017). Majority of the informants have a rich family history of depression, and among them 11.29% are under medication. Flexible understanding among the family members symbolizes strong attachments and deep rooted unity among the members of a family. Mental illness like depression are very rare in case of joint and or compound families (Niranjan, 2005). In the present study, 4 housewives (who are suffering from moderate to severe depression) used to live in nuclear families.

## Conclusion

The study determines how self-realization can change the daily lifestyles under depression. The influence of various socio-cultural factors portray that Hindu middle aged homemakers are combating against depression better than Bengali married working women. A mental conflict on several issues has been observed by SDS scale between working women and homemakers.

## References

1. Akhtar, R; Latif, H.; Masood, Z. (2019). The Effect of Depression Among Working and non-working Married women, A comparative study, Juniper publishers.
2. Balaji, A.; Sarumathi, V.; Saranya, N. (2013). “A Comparative Study on Depression among Working and Nonworking Women in Chennai & Tamilnadu, India”. Available URL: “<http://www.rroj.com/open-acccss/a-comparative-sfudy-on-depression-among-working-and-nonworking-women-in-chennai-tamil-nadu-Indiaphp?aid=34784;>” Accessed on 25/1/2020
3. Bauer, M. et.al. (2007). “Prescribing patterns of antidepressants in Europe Result from the Factors Influencing Depression Endpoint Research (FINDER) study, Europe”. Available URL: [http://plumbed.ncbi.nlm.gov/18164600/prescribing\\_patterns\\_of\\_antidepressants\\_in\\_Europe\\_Result\\_from\\_the\\_Factors\\_Influencing\\_Depression\\_Endpoint\\_Research\\_\(FINDER\)\\_study](http://plumbed.ncbi.nlm.gov/18164600/prescribing_patterns_of_antidepressants_in_Europe_Result_from_the_Factors_Influencing_Depression_Endpoint_Research_(FINDER)_study), Accessed on 28/01/2020
4. Beck, A. (1996). “The Past and the future of Cognitive Therapy”, Journal of Psychotherapy Practice and Research, 6 (4): 276 – 284
5. Becker, D. (2020). “Depression Symptoms by age group”. Available URL: <http://www.sutterhealth.org/health/mental/depression-by-age,depression>. Accessed on 24/02/2020.
6. Berry, N.et al. (2018). “Social media and its relationship with mood, self-esteem and paranoia in psychosis”. Available URL: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6221086/> . Accessed on: 5/7/2020



7. Cesar, J. & Chavoushi, F. (2013). Depression, Priority Medicines for Europe and The World A Public Health Approach to Innovation (pp: 6.15-5,8). Available URL: "[https://scholar.google.co.in/scholar?q=6.15+depression+link&hl=en&as\\_sdt=0&as\\_vis=1&oi=scholar#d=gs\\_qabs&u=%23p%33DWSM1XYkhQeUJPriority\\_Medicines\\_for\\_EuropWorld\\_the\\_World\\_A\\_Public\\_Healt\\_Approach\\_to\\_Innovation,Cesar,J;Chavoushi,F;p-8,2013,](https://scholar.google.co.in/scholar?q=6.15+depression+link&hl=en&as_sdt=0&as_vis=1&oi=scholar#d=gs_qabs&u=%23p%33DWSM1XYkhQeUJPriority_Medicines_for_EuropWorld_the_World_A_Public_Healt_Approach_to_Innovation,Cesar,J;Chavoushi,F;p-8,2013,)" Accessed on 26/1/2020
8. Diamond, J. et. al. (2020). "Gender and depression". Available URL: <https://www.atranceu.com/content/3-gender-and-depression>. Accessed on 5/11/2020
9. Falicov, C.J. (2003). "Culture Society and Gender in Depression Culture, Society and Gender in Depression", (pp:1) Accessed on 2/5/2020
10. Gregory, E. S. (2006). "We bring a practical approach to mental health research, working to break down barriers between research and real-world health care", Available URL: "[https://www.kpashingtonresearch.org/our-research/our-scientists/simon-gregory-e?ccm\\_paging\\_p=19&ccm\\_order\\_by=&ccm\\_order\\_by\\_direction="](https://www.kpashingtonresearch.org/our-research/our-scientists/simon-gregory-e?ccm_paging_p=19&ccm_order_by=&ccm_order_by_direction=)". Accessed on 7/8/2020
11. Hansson, M. et al. (2009). "Comparison of two self-rating scales to detect depression: HADS and PHQ-9". Available URL: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2734374/> Accessed on 20/8/2020
12. Khan, Z. A. (2012). Depression - A Review, Tamilnadu. Available URL: "<http://www.researchgate.net/publication/273769453>" Accessed on 29/1/2020.
13. Legg, T. J. (2017). "What is depression and what can I do about it?". Available URL: <https://www.medicalnewstoday.com/articles/8933> . Accessed on 10/9/2020
14. Lewis, C. S. (2018-19). "Here's a list of countries with the greatest burden of mental and behavioural disorders, in terms of most years of life lost due to disability or death adjusted for population size, according to WHO", Available URL: <http://www.indiatoday.in/education-today/gk-current-affairs/story/india-is-the-most-depressed-country-in-the-world-mental-health-day-2018-1360096-2018-10-10>. Accessed on 25/05/2020.
15. Maqbool, M.; Pandey, M; Shrivastava, N. (2014). "A comparative study of mental health of working women and housewives", Indian Journal of Health and Wellbeing, 2014, 5(11), 1398-1400.
16. Nierenberg, C. (2017). "Seven ways Depression Differs in men and women", Available URL: "<https://www.livescience.com/amp/56599-depression-differs-men-women-symptoms.html>" Accessed on 5/6/2020
17. Niranjana, S. et al. (2005). A Socio-Demographic Analysis of the Size and Structure of the Family in India. Journal of Comparative Family Studies. Vol. 36, No. 4 (AUTUMN 2005), pp. 623-651. Published by: University of Toronto Press.
18. Parekh, R. (2013). "Patients-families depression what is depression", Available URL: <http://www.psychiatry.org/patients-families/depression/what-is-depression>. Accessed on 25/6/2020.
19. Paul, E, H. et al. (2006). "Future Prospects in Depression Research", Available URL: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3181768/>. Accessed on 29/6/2020

20. Soomro, R.H; Riaz, F; Naved, S; Soomro, F. H. (2012). “Comparative Analysis of Depression among housewives and working women in Bilal Colony of Kornagi Area Korachi”, Available URL: [http://www.academia.edu/28100032/Comparative\\_Analysis\\_of\\_Depression\\_among\\_Housewives\\_and\\_working\\_Women\\_in\\_Bilal\\_Colony\\_of\\_Kornagi\\_Area\\_Karachi](http://www.academia.edu/28100032/Comparative_Analysis_of_Depression_among_Housewives_and_working_Women_in_Bilal_Colony_of_Kornagi_Area_Karachi). Accessed on 25/5/2020
21. Truschel, J. (2020). “Psycom explains the different types of depression, from major depressive disorder, to dysthymia, postpartum depression, seasonal affective disorder and more”. Available URL: <https://www.psycom.net/10-types-of-depression/> . Accessed on 6/7/2020
22. World Health Organisation (WHO) (2012). “World Suicide Prevention Day 2012, Available URL: [http://www.who.int/mediacentre/events/annual/world\\_suicide\\_prevention\\_day/en](http://www.who.int/mediacentre/events/annual/world_suicide_prevention_day/en) Accessed on 24/5/2020.
23. Zung, W.W. (1965). A self-rating depression scale. Archives of General Psychiatry,12(1), 63-70

