

# Psychiatric disorders in the Northern areas of Pakistan

Sunita Dodani, Rukhsana W. Zuberi ( Family Medicine Division, Department of Community Health Sciences, Aga Khan University, Karachi. )

There is growing evidence from both the developed and developing countries that the prevalence of common disorders (depression and anxiety) among women is higher than that of men<sup>1</sup>. The global burden of disease featured in the World Development Report is measured in units of disability adjusted life years (DALYs). From the figures presented in this report, it can be seen that women in the developing countries lose 104.8 hundred DALYs due to depressive disorders whereas the corresponding figure for men is 52.8.

The causes of this gender disparity in the prevalence of mental disorders are numerous, but Paykel identifies four possibilities: the different help-seeking behaviour of the sexes, biological causes, social causes and direction distress<sup>2</sup>. Brown and Harris were among the first researchers to carry out detailed studies of women's mental problems in relation to their social positions<sup>3</sup>. Their work focused on women in London and involved a comparison of females of different socio-economic status. Although women's apparent higher prevalence of depression was not discussed, the importance of social roles in determining mental health status has been emphasized<sup>3</sup>. In many ways, urbanization offers a unique opportunity for women to change their lives and escape from some of the oppressive traditions of the past and of village life which have excluded them from positions of control and stifled their initiative<sup>4</sup>. Living in the cities offers women the prospect of education and self-development, learning new skills, earning a living, acquiring knowledge on health care, family planning and women's rights<sup>5</sup>.

There is a persistent belief in the Western world that people who live in the remote areas of the globe, beyond the reach of modern industrial societies, lead comparatively stress free lives. Epidemiological studies offer contradictory evidence for the hypothesis that psychiatric disorders are uncommon in traditional rural societies of developing countries<sup>6</sup>.

In a pioneering study of stress and mental disorders in three rural communities of South India. Carstairs and Kapur gave particular prominence to somatic symptoms in their estimates to the prevalence of psychiatric disorders<sup>7</sup>.

It is because of such findings, that research for possible reasons for the predominance of females among cases of psychiatric disorders, has been carried out in recent years.

## References

1. World Bank. World Development Report 1993. Investing in health. Oxford, Oxford University Press For the World Bank.
2. Paykel ES. Depression in women, Br. J. Psychiatr., 1991;158:22-29.
3. Brown GW, Harris TO. Social origins of depression. A study of Psychiatric disorders in women. London, Tavistock. Sociol.. 1978;9:225-57.
4. Cheng TA. Urbanisation and minor psychiatric morbidity, A community study in Taiwan. Social Psychiatry and Psychiatric Epidemiology, 1989;24:309-16.
5. Dandelman I, Davidson J. Women and environment in the Third world. London: Earthscan, 1988.
6. Rodda A. Women and the Environment. London, Zed Books Ltd.. 1991
7. Carstairs GM, Kaptir KL. The Great (Un)iverse of Kota. Stress Change and Mental Disorder in an Indian Village. London. Hogarth Press. 1976.