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Study Of Sociodemographic Factors Associated With Depression Due To Occupation.

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ABSTRACT

Occupational factors play a significant role in influencing mental health outcomes, particularly regarding depression, which is a prevalent and debilitating condition worldwide. The impact of one's occupation on mental health has garnered increasing attention from researchers, policymakers, and healthcare professionals. This study examines the socio-demographic factors associated with depression due to occupation among 190 patients. Data on age, sex, religion, marital status, number of children, sector of occupation, educational status, and type of family were collected and analyzed using descriptive statistics. The majority of patients were in the 40-49 age group (35.79%), male (77.89%), Hindu (87.89%), married (93.16%), and employed in the private sector (92.63%). Most patients had higher education qualifications (61.05%) and belonged to nuclear families (66.31%). Findings suggest that middle-aged males, particularly from Hindu backgrounds, and married individuals employed in the private sector are at higher risk of depression due to occupation. Higher educational qualifications, Upper Class and nuclear family structures may also influence susceptibility to occupational depression. Understanding these socio-demographic factors is crucial for developing targeted interventions to promote mental well-being in the workplace.

Keywords: depression, occupation, socio-demographic factors.

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INTRODUCTION

Occupational factors play a significant role in influencing mental health outcomes, particularly regarding depression, which is a prevalent and debilitating condition worldwide [1]. The impact of one's occupation on mental health has garnered increasing attention from researchers, policymakers, and healthcare professionals [2, 3]. Understanding the sociodemographic factors associated with depression due to occupation is crucial for developing targeted interventions and support systems for vulnerable populations. Depression in the workplace is not only a personal struggle for affected individuals but also poses considerable economic and social burdens [4]. Factors such as job stress, long working hours, job insecurity, and lack of social support can contribute to the development or exacerbation of depressive symptoms. Moreover, societal and demographic characteristics such as age, gender, education level, socioeconomic status, and cultural background intersect with occupational experiences to shape mental health outcomes [5, 6].

Our study aims to focus into relationship between sociodemographic factors and depression related to occupation. By examining how various demographic variables interact with occupational stressors and demands, we can identify at-risk populations and tailor interventions accordingly. Additionally, understanding the nuanced effects of occupation on mental health across different demographic groups can inform organizational policies and practices aimed at promoting employee well-being.

METHODOLOGY

The study aimed to investigate the relationship between job insecurity and the severity of depression among a sample of 190 participants. A cross-sectional design was employed, wherein individuals from various demographic backgrounds were recruited through convenience sampling. Participants were selected from both urban and rural areas to ensure diversity in the sample. Ethical approval was obtained from the relevant institutional review board, and informed consent was obtained from all participants prior to their inclusion in the study.

Data collection was carried out using standardized questionnaires to assess both job insecurity and depression levels. Job insecurity was measured using a validated scale that evaluates individuals' perceptions of the stability of their employment situation. Depression severity was assessed using a standardized tool such as the Patient Health Questionnaire (PHQ-9), which provides a reliable measure of depressive symptoms. Participants were asked to self-report their experiences, ensuring confidentiality and anonymity to encourage honest responses.

Statistical analysis was conducted using chi-square tests to examine the association between job insecurity and the degree of depression. Descriptive statistics were utilized to summarize the demographic characteristics of the sample. Chi-square analysis was chosen for its suitability in determining whether there was a significant relationship between the two categorical variables of job insecurity and depression severity. A p-value of less than 0.05 was considered statistically significant, indicating a strong association between job insecurity and the severity of depression among the participants.

RESULTS

Table 1: Age Distribution of Patients

Age (years)	No. of patients	%
18 - 29	18	9.47
30 - 39	54	28.42
40 - 49	68	35.79
50 - 60	50	26.31

Table 2. Sex of Patients

Sex	No. of patients	%
Male	148	77.89
Female	42	22.11

Table 3: Religion of Patients

Religion	No. of patients	%
Hindu	167	87.89
Muslim	17	8.95
Sikh	4	2.1
Christian	2	1.05

Table 4: Marital Status of Patients

Marital status	No. of patients	%
Unmarried	13	6.84
Married	177	93.16

Table 5: Total Number of Children

Total no. of children	No. of patients	%
≤ 2	97	54.8
> 2	80	45.2

Table 6: Sector of Occupation of Patients

Occupation	No. of patients	%
Private	176	92.63
Government	14	7.37

Table 7: Educational Status of Patients

Education	No. of patients	%
Higher education		
Post graduation	31	16.31
Graduation	61	32.1
Post high school	24	12.63
Lower education		
High school	19	10
Middle school	13	6.84
Primary school	31	16.31
Illiterate	11	5.79

Table 8: Type of Family of Patients

Type of family	No. of patients	%
Nuclear family	126	66.31
Joint family	64	33.69

Table 9: Socioeconomic class of patients (n = 190)

	Socioeconomic class	No. of patients	%
Upper class	Class - I	73	38.42
	Class - II	45	23.68
Lower class	Class - III	46	24.21
	Class - IV	23	12.1
	Class - V	3	1.58

Modified B G Prasad scale (2018) applied for socioeconomic class. Among 190, maximum i.e., 73 patients belong to Class - I. Patients belonging to Class-II and Class - III were also significant i.e., 45 and 46 respectively. Minimum i.e., 3 cases belong to Class - V.

For convince, 118 (62.1%) patients belong to upper class and 72 (37.89%) Patients belongs to lower class. This shows people belonging to upper class were more aware of their health.

Table 10: Psychosocial factors at workplace responsible for depression

Male (n = 148)			Female (n = 42)	
Psychosocial work factors	No. of patients	%	No. of patients	%
High psychological demands	63	42.56	17	40.47
Low decision latitude	46	31.08	16	38.09
Low social support	38	25.67	10	23.8
Low salary	57	38.51	14	33.33
Low reward	11	7.43	3	7.14
Inequality/partiality by seniors/supervisors	10	6.75	14	33.33
Emotional demands	36	24.32	18	42.85
Difficult communication and comfort with seniors/supervisors	36	24.32	18	42.85
Role conflict	63	42.56	17	40.47
Ethical conflicts	10	6.75	1	2.38
Tension with public	50	33.78	16	38.09
Not interested in this job	6	4.05	0	0
Job insecurity	38	25.67	10	23.8
Other	12	8.10	1	2.38
Working hours				
≤ 8 hours/day	22	14.86	10	23.8
8 – 10 hours/day	60	40.54	19	45.23
> 10 hours/day	66	44.59	13	30.95
Night work	3	2.02	0	0
Shift work	27	18.24	4	9.52
Low predictability of working hours	50	33.78	11	26.19

DISCUSSION

The socio-demographic factors associated with depression due to occupation play a crucial role in understanding the dynamics of mental health within various societal contexts. In this study, we explored several key demographic variables including age, sex, religion, marital status, number of children, sector of occupation, educational status, and type of family among 190 patients. These findings offer valuable insights into how these factors intersect with occupational stressors and potentially contribute to depression [7, 8].

Age emerged as a significant factor in our study, with the highest proportion of patients falling within the 40-49 age group (35.79%). This finding aligns with previous research suggesting that middle-aged individuals often face heightened career responsibilities and financial pressures, which may increase their susceptibility to depression. Additionally, the mean age of 42 years indicates that depression due to occupation is not confined to specific age brackets but affects individuals across various life stages [9].

Regarding gender distribution, our results indicate a notable imbalance, with males comprising a substantially larger proportion (77.89%) of the sample compared to females (22.11%). This finding resonates with existing literature highlighting the prevalence of occupational stressors and societal expectations that disproportionately impact men, potentially contributing to higher rates of depression among male populations [10].

Religion also emerged as a noteworthy factor, with the majority of patients identifying as Hindu (87.89%). While the relationship between religion and mental health is complex and multifaceted, cultural and religious beliefs may influence individuals' coping mechanisms and help-seeking behaviours

in response to occupational stressors. Future research could delve deeper into the role of religious practices and support networks in mitigating depression associated with occupation.

Marital status revealed that a significant majority of patients were married (93.16%), suggesting that marital relationships may either serve as protective factors or exacerbate stressors related to occupation. The presence of children further complicates this dynamic, with a considerable proportion of married patients reporting having more than two children (45.2%). Balancing career demands with familial responsibilities can exert additional strain on individuals, potentially contributing to depressive symptoms.

In terms of occupation sector, the overwhelming majority of patients were employed in the private sector (92.63%). This finding underscores the importance of considering the unique stressors and demands associated with different types of employment. Private sector jobs often entail competitive pressures, long working hours, and limited job security, all of which can heighten the risk of depression among employees.

Educational status emerged as a significant variable, with a notable proportion of patients having attained higher education qualifications such as graduation and post-graduation (48.42%). These findings challenge conventional notions that higher education is invariably associated with better mental health outcomes, suggesting that the pursuit of advanced degrees may come with its own set of stressors and challenges in the occupational sphere.

The type of family structure also warrants attention, with a majority of patients belonging to nuclear families (66.31%). Nuclear families are often characterized by smaller support networks, placing greater emphasis on individual coping mechanisms in times of stress. In contrast, patients from joint families may benefit from built-in social support systems, potentially buffering against the adverse effects of occupational stressors on mental health.

Depression is a chronic condition which may be caused or worsen due to one or more than one factors. Some factors like high psychological demand, low decision latitude, low social support, low salary, role conflict, tension with public, job insecurity, long working hours and low predictability were some of the major contributing factors. While emotional demands, inequality/partiality by seniors/supervisors' ethical conflict and difficult communication with seniors/supervisors may be additive factors for depression in female.

CONCLUSION

- Majority of the patients with major depression were males in the age group of 30 years and above. 87.89% of them belonged to Hindu religion and most were from nuclear families.
- Most of the cases of major depression are married peoples, peoples having number of children more than two, nuclear family.
- Cases of major depression are more in highly educated, peoples belonging to upper socioeconomic class and private sector job
- Majority of the cases of major depression approaching to the hospital are in severe degree of depression.
- Major depression may be caused or worsen due to one or more than one factors. Some factors like high psychological demand, low decision latitude, low social support, low salary, role conflict, tension with public, job insecurity, long working hours and low predictability were some of the major contributing factor. Emotional demands, inequality/partiality by seniors/supervisors' ethical conflict and difficult communication with seniors/supervisors are some of the additive factors for depression in female.

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