PSYCHIATRIC MORBIDITY AND ASSOCIATED SOCIO DEMOGRAPHIC FACTORS IN YOUNG UNEMPLOYED PEOPLE

Usama Bin Zubair, Sawera Mansoor*, Mowaddat Hussain Rana, Usman Ali*, Abdul Raafeh Jamal*, Huzaifa Qureshi***

Mujahid Force Center Bhimber Pakistan, *Foundation University Medical College Rawalpindi Pakistan, **The Healing Triade Islamabad Pakistan

ABSTRACT

Objective: To determine the prevalence of psychiatric morbidity in young unemployed people and analyze associated socio demographic factors.

Study Design: Cross sectional study.

Place and Duration of Study: Enrollment camps at Punjab and Kashmir, from Jan 2014 to March 2014.

Material and Methods: The sample population comprised of unemployed people who came for recruitment in Pakistan Army at different parts of the country. General Health Questionnaire 12 (GHQ12) was used to screen the population for psychiatric morbidity, 3 was used as cut off score. Age, province, education, level of family income, tobacco smoking, naswar (a tobacco based substance) use, marital status, dependent family members, worrying about the future and social support status were correlated with high GHQ score. Descriptive statistics were used to describe the characteristics of participants and the distribution of GHQ score.

Result: Out of 2511 people 1887 (75.1%) had GHQ score more than 3 showing some psychiatric morbidity. A total of 696 were Kashmiris out of which 540 (77.5%) were GHQ positive, 1329 were Punjabis out of which 978 (73.5%) were GHQ positive, 339 were Pakhtoons out of which 258 (76.1%) were GHQ positive, 129 were Balti out of which 102 (79%) were GHQ positive and 18 were from other ethnicities out of which 9 (50%) were GHQ positive. With logistic regression we found that family size, smoking, naswar use, family income, family history of psychiatric disorder, lack of social support, and low education were significantly correlated with high GHQ score while age of individual, worry about future and marital status had no significant relation with high GHQ score among unemployed people in our study.

Conclusion: This study showed a high prevalence of psychiatric morbidity among unemployed youth of our country. Special attention should be paid to poor people, people with low education and large families. Adequate social support should be provided to young people with no jobs and use of cigarette and naswar should be discouraged.

Keywords: Prevalence, Psychiatric morbidity, Socio demographic factors, Unemployment.

INTRODUCTION

Pakistan is a developing country with an unstable political and social environment. Low literacy rate, poverty, inadequate health facilities and unemployment are basic challenges which our country is facing nowadays. A total of 55.6% of our population is below the age of 25 out of which 21.6% are between the age of 15 and 24 who need sources for employment in near future[1].

Correspondence: Dr Usama Bin Zubair, House No 222, Lane 10, Askari XIII, Rawalpindi Pakistan
Email:usamabinzubair@yahoo.com
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Employment status has been found to be related to psychiatric symptoms. A study done in US suggests that the impetus for unemployment be it voluntary or involuntary, may significantly impact a person's mental health[2]. In the few studies that focused on employment status the results consistently show that employed participants were less depressed than unemployed subjects[3,4]. A study done in France revealed that unemployed men are found to have significantly higher prevalence of depression than the working population[5]. A study done in our neighboring country India showed that unemployment is a risk factor for psychological symptoms among alcohol dependent people[6]. A

study done in a big city of our own country also revealed that unemployment is a risk factor for anxiety and depression[7].

Many studies have reported a correlation with psychiatric problems and such factors as smoking[8-9], drinking[10], family structure[11,12], parental relationships[13,14], family income [15],and family history of depression [16]. Stressors are also found to be correlated with psychiatric illness. They include the military[17], family[18], love relationship[19], finances[20], worrying about the future18, poor coping skills[21-24] and inadequate social support[25-27].

There is evidence to support a link between unemployment and lower levels of psychological well-being, but debate continues as to whether unemployment results in psychological morbidity, or whether the association is due to those who are more vulnerable to mental illness becoming unemployed.

Here we assess the effect of unemployment in young men on the risk of developing psychiatric illness and to further evaluate and

Table-1: Characteristics of the study group and their General Health Questionnaire 12 scores.

Socio demographic factors	No psychiatric morbidity (0-3)		Psychiatric morbidity (score >3)		*p*-value
Total	**N**	**%**	**N**	**%**	
	624	**24.9**	**1887**	**75.1**	
Age					
<20	234	37.5%	669	35.4%	0.356
20-23	390	62.5%	1218	64.6%	
Education					
10 or less	51 3	82.2%	1653	87.5%	0.001
>10	111	17.8%	234	12.5%	
Marital status					
Married	45	7.2%	150	7.9%	0.551
Un married	579	92.8%	1737	92.1%	
Family income					
<Rs.12000	423	67.7%	1656	87.76%	
Rs.12000 or more	201	32.3%	231	12.24%	<0.001
Tobacco smoking					
Smoker	3	0.48	54	2.86%	<0.001
Non smoker	621	99.52	1833	97.14%	
Naswar use					
User	18	2.9%	123	6.5%	<0.001
Non user	606	97.1%	1764	93.5%	
Social support					
Adequate	246	39.4%	306	16.2%	<0.001
Inadequate	378	60.6%	1581	83.8%	
Worry about future					
Yes	495	79.3%	1641	86.96%	<0.001
No	129	20.7%	246	13.04%	
Family size					
< 5 members	117	18.7%	252	13.3%	
5 or more members	507	81.3%	1635	86.7%	0.001
Family hx of psychiatric disorder					
Yes	6	0.96%	123	6.5%	<0.001
No	618	99.04%	1764	93.5%	

analyze factors associated with psychiatric morbidity

MATERIAL AND METHODS

This cross sectional study was planned from January 2014 to March 2014. All the applicants who came for enrollment and met the inclusion criteria were included in the study. Males of age greater than 18 years who were unemployed and came for enrollment in Pakistan Army and gave written informed consent were included in the study. Non consenting applicants or applicants with past or current history of any psychiatric illness or with past or current psychoactive substance use or those who were unable to understand / complete the required questionnaires were also excluded.

Non probability convenient sampling was done. After the application of inclusion and exclusion criteria, 2511 subjects were included in the analyses.

Different cultures use various methods or screening questionnaires for assessment of mental disorder or psychiatric morbidity. We used validated Urdu version of General Health Questionnaire 12 (GHQ 12)[28,29]. It is a standardized psychometric test for assessing the general health status of individuals and is used as a screening test. It is 12-item rating screening instrument. The cut off score is greater than 3 by Likert scoring. Severe psychiatric morbidity is suspected above score of 15.

The sample was drawn from unemployed applicants who came to get enrolled in Pakistan Army at enrollment camps at different areas of Pakistan. The applicants were gathered in a quiet field with complete reassurance of

Table-2: The correlated factors relating to psychiatric morbidity: binary logistic regression.

	B	*p*-value	Odds ratio	95% C.I for EXP(B)	
				Lower	Upper
Education (reference is higher than matriculate)	.381	.005	1.467	1.121	1.910
Marriage (reference is unmarried)	.214	.266	1.238	.83150	1.804
Family size (reference is <5 members)	.383	.004	1.467	1.131	1.903
Family income (reference is low income)	1.118	.000	3.059	2.425	3.859
Smoking (reference is no smoking)	1.667	.007	5.295	1.580	17.739
Naswar use (reference is no use of naswar)	.701	.010	2.016	1.186	3.427
Family history of psychiatric disorder (reference is negative family hx)	2.015	.000	7.504	3.197	17.616
Worry about future (reference is not worried)	.260	.049	1.297	1.001	1.681
Social support (reference is adequate support)	1.134	0.000	3.109	2.511	3.849

confidentiality. The subjects were provided with a detailed description of the study and were inducted into the study after written informed consent. The socio demographic data of the full sample of subjects participating in the research was entered in a structured Proforma. The confounding variables were taken care of by detailed history taking about any current or previous psychiatric illness and any current or previous evidence of illicit substance/drug use. Those subjects with confounding variables were excluded from the study. GHQ 12 was administered to the subjects and 3 was taken as cut off value.

Descriptive statistics were used to describe the characteristics of participants and the distribution of GHQ score. Between-group variances in categorical correlates were determined using chi-square. Binary logistic regression analysis was done to evaluate factors related to depressive symptoms.

All statistical analysis was performed using Statistics Package for Social Sciences version 20.0. Differences between groups were considered significant if *p*-values were less than 0.05

RESULTS

Out of 2511 people 1887 (75.1%) had GHQ score more than 3 showing some psychiatric morbidity. A total of 696 were Kashmiris out of which 540 (77.5%) were GHQ positive, 1329 were Punjabis out of which 978 (73.5%) were GHQ positive, 339 were Pakhtoons out of which 258(76.1%) were GHQ positive, 129 were Bulti out of which 102(79%) were GHQ positive and 18 were from other ethnicities out of which 9(50%) were GHQ positive. With logistic regression we found that family size, smoking, naswar use, family income, family history of psychiatric disorder, lack of social support and low education were significantly correlated with high GHQ score

DISCUSSION

Our study is unique in a sense that it helps in the understanding of psychiatric morbidity among young people who are unemployed and struggling to survive in a competitive environment where making both ends meet is a problem. Using GHQ [12] we found that more than 75% of our sample population showed psychiatric morbidity. This is similar to other studies and surveys showing mental health issues among unemployed people[30,31]. We used a screening tool so result may show a higher reflection and needs some diagnostic tool to ascertain the problem among the positive individuals. Reason for high frequency may also be inflation and political instability in the country.

Low education was found significantly correlated with psychiatric morbidity in our sample similar to the studies done in the past[7].

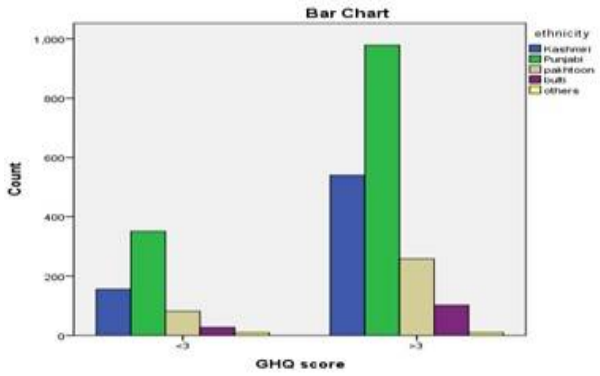

Figure-1: Ethnical distribution according to GHQ 12 score.

Large family size and low family income is also associated with psychiatric morbidity in accordance with foreign literature[3,7]. Reason is very clear as large family with less income needs more earning hands to earn adequate to meet the needs. Lack of social support is also found associated with psychiatric morbidity in accordance with the studies done in the past[2-4]. Smoking and naswar use also have a strong link with psychiatric morbidity in our study sample. Use of these may give a temporary relief but in long term they have adverse effect on mental health. A study done in France showed the similar results[5].

Our study has few limitations as well. Randomized selection of study subjects from all

the unemployed people was not done. Therefore, the results of the present study cannot be generalized. We used the cross-sectional study method.

CONCLUSION

This study showed a high prevalence of psychiatric morbidity among unemployed youth of our country.

CONFLICT OF INTEREST

This study has no conflict of interest to declare by any author.

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