**Depression among Single Indian Women in Malaysia**

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# **Background of Study**

Depression has been regarded as a mood disorder that results in sadness and loss of interest. According to the American Psychiatric Association Diagnostic Statistical manual, the mental disorder has classified depressive disorder as disruptive mood deregulations disorder. Depressive illness is associated with both biological and environmental determinants that contribute to the increment of depression. The relatives of the depressant individuals are likely to suffer from depression. World health organizations have categorized depression as a public health concern worldwide, and it is graded as one of the most significant burdens that interfere with one's personal life, family, and society. Most of the individuals with the condition are suffer from decreased self-esteem, self-worth, disturbed periods of sleep, low energy, and insufficient activity concentrations. It has accounted for 850,000 suicidal deaths reported every year. Tan & Yadav (2013) explain that assessing the disease's global impact has depicted an enormous burden to the community and society, accounting for the third leading cause of burden amongst all the diseases. The condition has been ranked with a 4.3% contribution of the total disability in adjusted lives. Possible by 2030, the condition is predicted to rise to 6.2 of the total burden of the disease, ranking the topmost cause of lost disability-adjusted life years.

## **Problem Statement**

In the last few decades, Depression amongst Indian women in Malaysia has been categorized as the second leading health problem after cardiovascular disorder and is projected to increase as the country continues to experience economic upheavals. A preview of the recent research depicts that there are generally higher levels of depression in Malaysia. However, the validity of the information has faced interpretation limitations as there are numerous studies with different measures and inconsistent samples. For example, there have been 11.3% reported depressions through the hospital anxiety and depression scale. In the same study using the patient's health questionnaire, nine reported a 12.3 rate of depression among the urban poor Indian Malaysian women. On another scale, the variables are still different. The condition is more prevalent in single Indian Malaysian women who are aged 60 years and above. Depression to the Indian women in Malaysia has been associated with a myriad of stress and lower internal locus of control. The rates of Depression in Malaysia range from 20-25 % (Yeoh, Tam, Wong, & Bonn, 2017). Previous researchers have depicted that 10% of the population has major or minor depression or depressive disorder and is commonly known to be prevalent among single Indian women. The rationale is predicted to be accelerated by ethnic, economic, social, and other social determinant factors.

# **Literature Review**

According to the national and morbidity surveys (NHMS), psychiatric morbidity was 11.2% and is commonly prevalent in low-income and rural areas. Research amongst the Malaysian residents predicted that the prevalence of the disorder was highly associated with race, religion, miscarriage history, and the level of education. Cheah, Azahadi, Phang, & Abd Manaf (2019), depressive conditions achieve surged by almost 200% from the 1990s to 2015, generalized anxiety disorder (GAD) and depression in 2011 to 2015 increased by 17%, as presented by the national health report referencing to the number of people who visited psychiatrists. According to Kim, Choi, & Kim (2018), depression was more prevalent in single-parent households. Single households consist of the mother and the child. As a result, the mother is the economic provider in the family and is associated with low income. The notion has been facilitated by the prevalence of the masculine cultural dimension that the male is the sole provider of income, and hence the women will experience challenges in securing employment. Additionally, as single women focus on seeking job opportunities outside the home locality, they are vulnerable to economic struggle, parenting strain, increasing unemployment, and housing insecurity.

Most of the previous studies focused on exploring why most women in Malaysia were single. However, this research is aiming to study the well-being of single women in Malaysia. As a result, the previous studies have presented single women's association to a myriad of challenges that interfere with their psychological well-being and cause distress among them. Single women in the community are observed as a deviation from the cultural norms, and it is perceived as abnormal to live a single life. According to Alwi & Lourdunathan (2020), women's identities are delineated by a set of family roles and responsibilities, and women are required to fulfill the roles. Amongst the vital stages of women are married and childbearing; however, failure to pass these stages in success will leave the women behind and are likely to experience inadequacy. In most cases, these single women are in high peril to face societal discrimination and inequalities in accessing social and economic resources to cater to their families.

Compared to t married women in Malaysia, single women are at higher risks of elevated levels of chronic stress due to the economic struggles and experiencing week social support. The single house survey present in 2015 depicts that 20.2% of single parents show depressive signs with a copping rate of 54%.5.7% of these single women will frequently seek professional help. However, this contrasts with the previous research that depicted that depression was only present in single women at 25-50 years. The previous works of literature also depicted a relationship between economic strain and fragile social support, and depression. Furthermore, the economic strain encountered by single mothers in their daily lives has a significant impact on single households (Endut, Azmawati, & Mohd Hashim, 2015); According to Kim, Choi, & Kim 2018). 20.8% of the women who report chronic stress cannot access the physician, with 53.4% of the population citing that they are experiencing economic stress as the core reason for not attending medical services. Most of the economic struggles experienced by single parents have as a result of unemployment. On the other hand, those who are employed are subject to low income. These women are prone to challenges to finding appropriate childcare, which overweighs the prevailing challenge of satisfactory employment. Even those single women who are successful in getting a job will spend more than the expected time in work and pay less payment and insufficient holidays. According to Kim, Choi, & Kim (2018), single women are disadvantaged as they encounter various economic, psychological, and parenting difficulties.

Most Single Indian women in Malaysia are subjected to performing housewife responsible due to discrimination. With the current economic situation of Malaysia, dealing with stigmatization and discrimination can be the most agitating phase of life. Older women aged 35 are less prone to ambiguity and dissatisfaction as compared to younger women. Alwi, & Lourdunathan, (2020) present the trends of depression most prevalent in single women between the ages of 25-35. Women past these ages are scrutinized by their families members and the community and are likely to become depressed as they try to cope with the situations of self-dependent (Endut, Azmawati,& Hashim,(2015). The recent studies have presented research findings integrated from the Malaysian women showing dissatisfaction with single women in the community. As a result, the paucity of literature presents the difference in the experience of married women compared to single women. Single women in the previous decades have experienced more loneliness, less caring, and less warmth than married women. Married women have been found to experience more light, limiting them from the vast perils of psychological wellness. The chances and opportunities of single women are limited compared to married women. Furthermore, single women are a high Perlis to encounter physical challenges. As a result, they will have increased chances of experiencing loneliness and depression. Alwi & Lourdunathan (2020) presents that single women will try to fight the deficit of singleness identity by portraying more positive feedback. As a result, they will experience series of struggles which will eventually lead to stress and depression.

Health locus of control (HLOC), single women struggling to control the events in their lives are at higher risks of encountering depression. People with internal locus control will tend to attribute the consequences of their actions and events while their external locus of control will blame outside the forces, such as a more powerful individual. The aspect that other people influence outcomes is referred to as "powerful others." Finally, the notion that consequences are essentially random is referred to as chance. As a way of evaluating beliefs about each of these three dimensions, the Multidimensional Health Locus of Control Scale can be helpful to develop (Yeoh, Tam, Wong, & Bonn, 2017). According to research employing this measure, persons with an internal control locus take more personal responsibility, discover more effective coping methods, and postpone pleasure better than individuals with an external locus of control. Internals are believed to be less prone to mental disorders. Additionally, external beliefs impact their situation less and are more towards helplessness, anxiety, and depression.

The paucity of research indicates that stress has been associated with the increment in Depression prevalence among single women in Malaysia. Despite stress being the body response to any demand and threats, when the condition is experienced in high levels and over an extended period, it may result in negative moods, irritability, disrupted sleep patterns, irritability, and disrupted sleep (Yeoh, Tam, Wong, & Bonn, 2017). Most of the single Indians living in Malaysia are likely to experience working difficulties and financial problems concerned with depression. Other recent research has indicated that high levels of perceived research have indicated the development of the depressive symptoms to more severe depressive symptoms.

Other social demographic factors such as age, gender, ethnicity, and education have also been associated with depression for single Indian women in Malaysia. Depression has been found to increase with the increase in age. Endut, Azmawati, & Mohd Hashim (2015) depicts that most of the depressed Indian women in Malaysia are aged 60-64 years while the majority earn a monthly income that is below RM1000 while the majority in the group earn a monthly income less than RM500.most of the single women in Malaysia will remain in urban areas where the government support is min more. Additionally, the population in Malaysia is very diverse and covers different havens to different communities. The highest population is the Malay, followed by the Chinese and lastly the Indian. According to Yeoh, Tam, Wong, & Bonn (2017), those reported to be others in Malaysia are 17.6% oppressed, followed by the Chinese 13.8%, Malay 10.8%, and finally, the Indian which holds 6.1%. The research has also found Indian descent to be the most depressed and is aged 60-69. On the other hand, education and occupation also played a critical role in the increment of the condition. Most Indian single women are commonly low-level schooled victims and hence will are at lower opportunities for employment. As a result, they are subjective to severe depression

Additionally, most Indian Malaysian women have little or no literacy about depression and other mental health issues. The notion is facilitated by most of these women who will live in rural areas as their economic per capabilities. Loo & Furnham (2013) defines that culture shapes the recognition and the presentation of mental health. The cultural and religious beliefs of the rural and the urban Indians serve as the most inferior group in Malaysia. The aspect has served as the primary contributor to the low mental health literacy about depression compared to the other Malaysian groups. The notion has also been guided by the westernization of values and beliefs (Loo, & Furnham, 2013). However, due to the prolonged history of Ayurveda, some Indian Malaysian women are ignorant of the mental health condition and the well-being of individuals.

## **Research Objectives**

The research objectives of the recent research will investigate the prevalence of Depression amongst Indian single women in Malaysia and whether their experience determines their well-being. The study will also evaluate and assess the social demographic, lifestyle, and health factors associated with the prevalence of depression amongst single Indian women living in Malaysia and how the cultural and personal perceptions have contributed to the solemnity of the issue. The study will purposively and inductively investigate whether income, ethnicity, marital status, and unemployment are the cause of the major concerns of depression. The study also aims to assess the trends by evaluating the depressive disorder symptoms and their correlation to the Malaysian section population.

## Research Questions

1. What is the correlation between depression, stressor factors, and the physical environment?
2. What are the social determinants for depression amongst single Indian women in Malaysia?
3. What are the perceptions of Indian Malaysian women towards depression?
4. How do the challenges faced by single Indian women in Malaysia relate to their well-being?

## Purpose Of Study

The purpose of the study is to address the existing gap in the extant literature on the mental health concerns of single Indian women in Malaysia. Secondly, the research proves the prevalence of Depression in Malaysian women rather than the previous studies which aimed to prove the prevalence of the disorder in married women and men. The studies purposively aim to assess the prevalence of depression and anxiety in women and the variables that contribute to these conditions, and the validity of the Indian Malaysian Single Women Depressive Disorders. The study will also give a comprehensive insight into the primary care setting to establish interventions to help reduce and treat depression among Indian Malaysian women.

# **Conceptual Framework**

There is an existing interplay between stress venerability, depression, and health outcomes. The concept is to understand how the three aspects are interrelated and how stress vulnerabilities play into depression. The researcher will develop n interrelationship between the three values and how it will result in depression in single Indian Malaysian women. Several studies have correlated the individual, environment, biological environment, and physical environment in the previous research. A person's life's complex and possible stresses may interplay and lead to an elevated risk of depression. Furthermore, sadness may increase an individual's proclivity for stressful episodes (Kinser, & Lyon, 2014). Stressors that are persistent and severe may hinder regulatory systems from adapting correctly, perpetuating the loop of neurobiological deregulations, poor health outcomes, and perhaps accelerated cellular aging.

Individual chronic and acute loads result from a simulation of life stresses, encompassing current or previous stressful life episodes and present or previous diseases. Acute stressful life situations and present or previous diseases can trigger or worsen depressive symptoms. Current research and preliminary human studies show a significant influence of mind development by life experiences. According to Kinser & Lyon (2014). Demographics and socioeconomic position, perceived social support, lifestyle, and interpersonal circumstances are some of the psychosocial variables that contribute to depression on health outcomes. As demonstrated in low-income communities such as the Indian Malaysian with high-stress levels, poor coping, and depression, socioeconomic status is connected to stress vulnerability. Stress sensitivity is connected to disparities prevalence, primarily in educational and financial possibilities; these gaps are also associated with health inequalities, bad lifestyle choices, and poor health outcomes (Kinser, & Lyon, 2014). Women's mental and physical health may be harmed even more in nonviolent gender-specific interpersonal settings, especially if there are feelings of guilt or selfishness connected with engaging in appropriate self-care activities rather than focusing on the family's financial or other needs.

**Conceptual framework for single Indian Malaysian women depression Fig 1.0**ulnerabilities

**Health Outcomes**

**Morbidity and mortality**

* Diseases
* Cognitive suicide

**Recurrent Psychiatric**

* MDD
* Altered HQoL
* Anxiety

**Biological &Acute burdens**

(Life events, past vulnerabilities,)

**Cognitive factors**

**(**Sense of control, copping behaviors, lifestyle **)**

**Physiological factors**

**Physiological environment**

(Demographics, social support, lifestyle)

**Depression**

**Stress vulnerability**

# **Limitation Of Study**

The qualitative approach study is projected to have both strengths and imitations. The open-ended dialogue question is expected to gather various depression narratives from the participants to unfold naturally as they occur in their natural settings. One limitation that is likely to be encountered during the study is that not all the participants will turn out for the study. This may limit the diversity of the information that will be recorded for projected research. Secondly, time may be a limiting factor ad there might not be enough time required to gather all the information with the participants. Despite the qualitative method being an effective method in data collection, the data that will be collected is likely to have some self-reported biases. The participants may not remember all the experiences and the events that have occurred in their lives. Since the information will be gathered from the patient's own experiences and felling, there is a likely hood of exaggeration of the information, and hence may the finding gathered may not be reliable.

On the other hand, the information gathered for the research may not be generalized since it shall be obtained from a community sample. Different feelings and different experiences may vary with different determinants. Additionally, it is also possible that the research will encounter cultural and other types of bias. The Indian people are so sensitive to culture, which might limit the data collection process. Finally, the research is protected from facing inappropriate corporations amongst the participants, and if the corporation will be effective, there is likely that communication will be a problem. Most of the Indian single women in Malaysia are not fluent in English communication. The researcher is required to be the consent to the deficiency. Additionally, other longitudinal effects, such as the time factor, might be limited to perform an interview on each participant. Hence, the collected data might not fully provide adequate information to comprehensively answer the research questions and correspond to the research objectives. Finally, a substantial group of the Indian Malaysian may not be willing to answer the open-ended questions, so limited that can be attained.

# **Research Design and Methodology**

The research will integrate qualitative methods to explore the prevalence of depression disorder amongst single women living In Malaysia. It shall be conducted a study focusing on the purpose and the objectives of the study. The rationale for using the method is to provide an inductive and in-depth insight into the mental health of Indian women. The qualitative methods will also provide the personal perspectives that Malaysian women have concerning depression.

## **Procedure**

 The study shall follow an ethical approval from the health insurance and portability and accountability Act HIPAA and other relevant committees before commencing. Secondly, the research shall be voluntary, and the Indian Malaysian community must have consented to the conduct of the study within the community. When obtaining the group, the researcher requires to be discrete facilitate vast populations for required sample size representatives

### **Sampling**

All the participants of the study shall be Indian single mothers living or working in Malaysia. The sampling shall include Indian single women at the age of 35 and above who have passed the marriage rites of life. The sampling strategy will aim to describe each woman's experience. Since there has been limited information on the study, multiple case study research methods will be employed. The researcher will ensure that to use purposive and snowball sampling. In the snowballing technique, the researchers shall ensure that advertising mental is all over the public facilities and the primary care hospitals (Endut, Azmawati, & Hashim, 2015). The sample size will encompass 200 women aged 35-69 years old. All the participants shall also be notified through personal contacts to ensure diversity. The researchers shall ensure that all the participants in the research are single Indian women who were never married.

The inclusion into the research will also involve collecting psychiatric health records from the Malaysian local psychiatric center to identify the demographics of the single women who have been consecutive visiting for psychotherapy, taking medication to manage depression, and those doing yoga, reading self-help groups. The rationale of the considerations is to ensure that the participants have, at one point or another, experienced depression. The following shall be face-to-face in-depth interviews.

### Data Collection

Upon arrival, the participant's social demographic information shall be collected and correlated with the data retrieved psychiatric database to prioritize those who experience depression or other stressors. The rationale is to ensure that accuracy is a priority to avoid unwanted and flagged information. The researchers shall utilize a semi-structured interview that shall consist of open-ended questions (Weitkamp, Klein, & Midgley, 2016). During the research study, the researcher must observe, mine them in the participant's response, and systematically record the observations. The open dialogue utilized during the study through semi-structured questions will allow the researcher to gather in-depth participants' reactions and allow their feelings and perceptions to develop for appropriate response. The purpose of the semi-structured questions will be to construct a thorough perspective of the understudied aspect of Malaysian women's mental health that will emerge directly from the Malaysian participants. The open-ended questions will prompt the participants to respond to their terms and focus and reflect on their thoughts, feelings, and experiences. The thematic analysis shall expand what already exists beyond the rhetoric and theories of mental health. The semi-structured approach will allow flexibility in the interview flow, and all the questions shall follow the wording of the participants.

As the interview continues, the researcher shall be required to audiotape each participant for later interpretation of the information available. The researcher shall encompass the follow-up questions to help the researcher address any upcoming themes and develop questions to assist the researcher in the coding process. The dialogue will help the researcher identify the participant's feelings, group them according to their identities, mattering, and performativity for easy data analysis. At the end of the interview session, the participants shall receive the ten-item survey to gather more information on the women's mental health demographics and compile standard information about the women participants. Maximum, the interview for each person individually shall take 45 -60 minutes to complete the interview. The researcher shall observe the time frame to ensure that they attend to all the participants and all the questions to be addressed to gather in-depth information about the depression experiences. Data accuracy shall be ensured through a sonny digital audio tape to record and capture the participant's response. The researcher will also take field notes during the interview session. The following shall be the encryption and transcription of the data verbatim.

### Data Analysis

The data collected shall be organized through a thematic analysis since it is aimed to study the single women's perceptions and processes as the researcher develops them about the mental health concerns based on the participant's experiences (Weitkamp, Klein,& Midgley, 2016). The thematic analysis will interpret the raw data, allowing the researcher to pay critical attention to the women under investigation. The researcher shall develop themes based on the inductive approach of recursive data examination, and getting more insights will depend on the upcoming themes. The themes shall also depend on the continuous and close observations, interviewing, and the participant's reflections.

The researcher shall include the Coding of data according to different categorizations of the developed themes. Integration of the three coding types will assist the researcher in getting a clear connection of the themes. The initial Coding will allow the researcher to get a comprehensive sense of the data patterns. Secondly, axial Coding will help the researcher develop tentative labels to assist them according to significant data categories for future review and procession (Weitkamp, Klein,& Midgley, 2016). Finally, the researcher shall integrate selective coding o develop the story by connecting the categorized Coding. All these processes shall be enhanced by using NVivo computer software to minimize errors due to human error. Finally, the data shall be reviewed by the dissertation supervisors for the effectiveness of the software.

# **Summary**

In conclusion, previous researchers have categorized depression as the third leading cause of mortality worldwide. The disorder is associated with a change in operation, concentration, moods, feelings, and experience to affected victims. The disorder has been caused by various determinants ranging from social determinants, stressors, and economic struggles. Other factors such as educations and other social demographics have contributed to the depression amongst the single women in the Malaysian community. Indian Malaysian women have also been found to less accept their conditions, leading to self Struggles that have also contributed to stress and depression. A paucity of literature has identified low esteem development, discrimination as the driving factors towards the developing Depression in Malaysian women. As a result, the research is aimed to find the in-depth correlation between depression and single India Malaysian women. The recruitment research is also aimed to evaluate the critical determinants of depression in single Indian Malaysian women. Most of the previous research has focused on the challenges faced by single women in Malaysia and fail to address the determinants and their relation to depression.

As a result, the research is expected to take a qualitative method, where the researcher will have an in-depth understanding of the participant's feelings, experiences, and moods as they engage in the open-ended interview for data collection. The researcher will use a thematic approach to the data analysis, and Coding shall be utilized through the three critical steps for accurate categorization and development of the times. The research data collection will involve not taking, and audiotaping which shall be incorporated and transcribed verbatim. The researcher will assess and validate the results according to the objectives and the purpose of the research.

Furthermore, the research is expected to follow the ethical considerations and comply with HIPPA and other communities. Data analysis through NVivo shall be assessed and reviewed by the dissertation supervisors for the effectiveness of the software. Moreover, depression among the Indian Malaysian single women has been prevalent for years, and then it is expected to predominate with the increase in the economic upheaval amongst the core providers in the single families.

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