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An investigation rates of depression in women and its factors
in Afghanistan

Study plan (Proposal) for PHD in Psychology

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1. INTRODUCTION

Healthy is one of the most basic needs humankind; all people specially teenager live in human society, for them very valuable who would be healthy, in other ways it's impossible without healthy people, to bring development and healthy society. Because the health's of the society needs to human's without mental problems. Most people will experience at least one potentially traumatic event (PTE) during their lifetimes, though only a minority will develop posttraumatic stress disorder (PTSD) as a result (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995). Depression experiences in women such as domestic and school violence, accidents, and sexual assault are common on the women and lead to depressions in some individuals. Humankind has the greatest potential for growth and development of all the species.

1.1. Statement of the problem:

War, human resources, economic, cultural, social and political developments in the country, affecting as many injuries, Oregon, drug addiction, poverty and unemployment have provided, its impact today on different aspects of society.

Afghanistan has experienced more than two decades of war, political conflict and upheaval caused by the Soviet invasion and occupation (1979–1989) and the Taliban (1994–2001), an Islamic fundamentalist group that stabilized political control of the country while imposing extreme restrictions on the Afghan people (Physicians for Human Rights Report), especially women.

Mental health services are limited, as the main psychiatric hospital in Kabul was destroyed in the war and the few community mental health centers are no longer functioning (WHO, 2001). Studies on mental health in Afghanistan have mainly focused on the prevalence of post-traumatic stress disorder (PTSD), depression, and anxiety (Bolton & Betancourt, 2004; Lopes Cardozo et al., 2004; Scholte et al., 2004). The problems of trauma in Afghanistan are broadly, according to the ministry of public health: symptoms (male 59.3%, female 83.5%) and Post traumatic Stress Disorder (male 32.1 %, female 48,3%). Respondents with physical disabilities had an even higher chance of developing psychopathology ([www. moph.gov.af](http://www.moph.gov.af), accessed 02.08.2013).

A survey in Eastern Afghanistan ($n = 1,011$) showed that 3.7% of respondents

experienced between eight and ten traumatic events and 14.1% experienced 11 or more in the last 10 years (Scholte et al.). In the same study the symptoms of PTSD were reported by 20.4% of the respondents. Another study showed that 62% of respondents experienced at least four traumatic events in the 10-year period prior to the study (Lopes Cardozo et al.). The prevalence of symptoms of depression and anxiety was found to be high in Afghanistan; 38.5% (Lopes Cardozo et al.) to 67.7% (Scholte et al.) for depression, and 51.8% (Lopes Cardozo et al.) to 72.7% (Scholte et al.) for anxiety. In comparison to other war affected areas (de Jong, Komproe, & Van Ommeren, 2003; Lopes Cardozo, Vergara, Agani, & Gotway, 2000) the prevalence of depression and anxiety was relatively high in Afghanistan, although PTSD symptoms were not (Hilton, 2001).

In the midst of constant war and conflict, Afghan women have been a focus in the media due to the impact that the Taliban takeover had on their status and role in society. Women who lost their husbands during the rule of the Taliban became ‘unprotected women’ and considered the lowest socioeconomic strata of society (Povey, 2003). A cross-sectional survey of 160 women in Afghanistan reported significant decline in physical health (71%) and mental health status (81%) after the takeover of the Taliban (Rasekh, Bauer, Manos, & Iacopino, 1998). Moreover, there was a decline in access to health care (62%), as health care was officially denied to women during the rule of the Taliban (Anonymous, 2005). This limited access to health care for women continued even after the Taliban reign, due to the lack of facilities and cultural factors. The reported symptoms of major depression (97%), anxiety (86%), and clinical PTSD (42%) were also very high among Afghan women (Rasekh, Bauer, Manos, & Iacopino, 1998). Several studies have demonstrated that women in postwar Afghanistan have significantly poorer mental health status (e.g. increased anxiety, PTSD, and number of traumas experienced) than men (Lopes Cardozo et al., 2004; Scholte et al., 2004).

1.2. Factors of depression in women:

Several factors have been found to affect the mental health status of Afghan women, namely, education, age, marital status, ethnicity, coping mechanisms, and regular income. Studies have consistently found that education level is a protecting factor for

mental health. For instance, the association between a lower level of education and PTSD among post-conflict areas including Afghanistan (de Jong, 2002) as well as depression and anxiety (Scholte et al., 2004) is consistent with the findings from Western countries (Kessler, Sonnega, Bromet, & Nelson, 1995).

Education is speculated to be one of the best predictors of health status (Reldman, Makuc, Kleinman, & Cornoni-Huntly, 1989) and affects the health of mothers and children by limiting access to information and health services and the utilization of coping strategies. In addition, older age was associated with a higher prevalence of PTSD (de Jong) and depression (Scholte et al.). In some studies marital status and ethnicity affected symptoms of PTSD, where being single and belonging to the Tajik ethnic minority group was associated with higher symptoms of PTSD than in people from other ethnic groups (Scholte et al.).

1.3. Purpose of the study:

The purpose of the current study is to determine and examine research and find out the depression and factors in women of Afghanistan.

At result, the target of this research are:

- 1) Identify which post-traumatic disorder will commonly affect women in Afghanistan.
- 2) To observe and analyze the application of depression and factors in women of Afghanistan (DFWA).
- 3) Analyze the factors that cause the effect of post-traumatic disorder problem and find the remedial solution for the problem in women in Afghanistan.
- 4) Finding the effects depression and factors in women of Afghanistan DFWA on life.

1.4. Research questions:

For the purpose of this study, the following questions will be addressed:

1. How widespread is depression disorder in Afghanistan?
2. How is the effect of war, illiteracy to the mental problem?
3. Do are the lower socioeconomic and lack of learning lifestyle more effect than higher socioeconomic and learning lifestyle?
4. How does depression disorder impact on lifestyle?

1.4. Limitations of the study:

Due to the design of the study and the condition in Afghanistan, were some

limitations of this investigation that will be projected the following:

- 1- Lack of sufficient information
- 2- No more professional counselors in Afghanistan
- 3- Security problems
- 4- Existential suicide
- 5- Costumes, cultural and circumstance for women.

2. METHODOLOGY

2.1. Research Design:

The researcher tries to select a suitable design. In the present study will be use descriptive research design and correlation research design.

2.2. Hypotheses:

Based on Lenore Terr, theory of trauma reviewed three major hypothesis areas will guide the analysis of data. The following are the hypotheses regarding the traumatized problem antecedents and effects of that:

- A. There will be more participants who will be rated *Moderately* and *above*) as symptomatic of PTSD.
- B. The level of war, illiteracy and racism will be different effectiveness to the depression problem
- C. The lower socioeconomic and lack of learning lifestyle more effectiveness than higher socioeconomic and learning lifestyle.

2.3. Population and Sampling:

Sample size is simply the number or units available to be studied. The researcher will select the women those representing between all of women in Afghanistan.

2.4. Procedure:

There are different types of research studies, its dependent on the study area that researcher will choose, the procedure will be follow that.

2.4. Data collection:

The research will require a special approach, here's the research area or field use, In this study, to understanding depression and its factors in women. To indicate how

much they have been bothered by that problem in the last 5 months.

Then among all of respondents, those participants who have serious or strictly problems will be examined. We will provide better and quite place for the interview and survey with peaceful and safety according to area.

3. PROJECTED RESULTS:

The results will show that women in the sample size of this research will design with three hundred (300) women those chosen from women of Afghanistan that participants in this study.

Also the expected results that:

- There will be more participants who will be rated *Moderately* and *above*) as symptomatic of PTSD.
- Many participants will be found not to concentrate in their learning due to the depression; as a result, the performance will negatively be affected.
- Many participants will be found not to be having better life in their lifestyle due to the depression.
- War, immigration and economy will be found to explain DFWA.

This result will be support the hypothesis of study that students who were in the war, illiteracy and some bad culture.

The purpose of the current study was to determine and examine research and find out the depression and its factors in women Afghanistan. in other words to Identify which post-traumatic disorder will commonly affect in women Afghanistan,

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