

## Research Article



# INTERNATIONAL RESEARCH JOURNAL OF PHARMACY

[www.irjponline.com](http://www.irjponline.com)

ISSN 2230-8407 [LINKING]

## ANXIETY DISORDERS AMONG HOMEMAKERS ATTENDING PSYCHIATRY OUTPATIENT DEPARTMENT: A CROSS-SECTIONAL OBSERVATIONAL STUDY

Dr. Ganesh Ingole

Assistant Professor, Department of Psychiatry, Jagannath Gupta Institute of Medical Sciences & Hospital, Kolkata, West Bengal

Email id: [drganing@gmail.com](mailto:drganing@gmail.com)

How to cite: Ingole G. Anxiety disorders among homemakers attending psychiatry outpatient department: A cross-sectional observational study. International Research Journal of Pharmacy, 2022, 13:2:61-65 .

DOI:10.7897/2230-8407.1312191

---

### ABSTRACT

**Background:** Anxiety symptoms are common mental health concerns among women and may remain underrecognized among homemakers. Daily domestic responsibilities, financial dependency, family conflict, caregiving burden, limited social support, sleep disturbance, and exposure to domestic violence may contribute to emotional distress and greater symptom severity.

**Aim:** To evaluate anxiety severity and associated psychosocial factors among homemakers attending a psychiatry outpatient department.

**Methods:** A cross-sectional observational study was conducted among 122 homemakers aged 20–60 years attending a psychiatry outpatient department. Sociodemographic characteristics, family structure, sleep patterns, and psychosocial stressors were recorded. Each participant underwent mental status examination and anxiety severity assessment using the Hamilton Anxiety Rating Scale (HAM-A). Data were analysed using SPSS software version 20. A chi-square test and independent t-test were applied as appropriate, and a p-value less than 0.05 was considered statistically significant.

**Results:** The mean age of the participants was  $38.2 \pm 8.6$  years, and the majority belonged to the 31–45-year age group. Moderate anxiety was observed in 56 (45.9%) participants and severe anxiety in 24 (19.7%). Excessive worry and sleep disturbance were the most frequently reported symptoms. Family conflict, financial stress, lack of social support, domestic violence, and sleep disturbances showed significant association with greater anxiety severity.

**Conclusion:** Moderate-to-severe anxiety symptoms were common among homemakers attending the psychiatry outpatient department and were associated with important psychosocial stressors. Routine enquiry regarding family difficulties, financial stress, violence, social support, and sleep complaints may assist in planning comprehensive psychiatric care.

**Keywords:** Anxiety, Hamilton Anxiety Rating Scale, Homemakers, Mental Health, Psychosocial Stress, Women.

### INTRODUCTION

Anxiety disorders are common psychiatric conditions characterized by excessive worry, apprehension, restlessness, irritability, autonomic symptoms, sleep disturbance, and impaired day-to-day functioning. They contribute substantially to the global mental health burden. Global systematic reviews have shown that anxiety and related common mental disorders occur across cultures, with burden varying according to social and economic circumstances.<sup>1,13</sup>

Women may be especially vulnerable to common mental disorders because their mental health is shaped by social roles, household responsibility, economic dependence, gender disadvantage, and stressful life circumstances. The World Health Organization emphasized the relevance of social support, violence, discrimination, and access to healthcare in women's

mental health.<sup>2</sup> Malhotra et al. also described the role of marital relationships, caregiving, and social disadvantage in the mental health of Indian women.<sup>3</sup>

Homemakers constitute an important but frequently overlooked group in mental health assessment. Domestic work commonly involves childcare, care of older persons, household management, and maintenance of family relationships, often with limited rest or personal time. Persistent family conflict, financial stress, and lack of emotional support may contribute to anxiety. Psychological distress may also be expressed through headache, palpitations, fatigue, somatic complaints, or sleep difficulty rather than direct reporting of anxiety.

Psychosocial stressors have an important role in common mental disorders among women. Patel et al. reported that gender disadvantage and reproductive and social risk factors were associated with common mental disorders among women.<sup>4</sup> Homemakers facing economic dependency, poor decision-making autonomy, stressful marital relationships, or fear of conflict may experience prolonged emotional distress. Family responsibilities may also reduce opportunities to seek psychiatric care, especially when symptoms are normalized as part of routine domestic life or are not considered important by family members.

Anxiety may remain undetected unless patients are systematically assessed. The Hamilton Anxiety Rating Scale (HAM-A), originally described by Hamilton, is a clinician-rated scale used to assess the severity of anxiety symptoms through psychic and somatic components.<sup>5</sup> It is useful for identifying the degree of symptom burden among patients presenting with anxiety-related complaints. However, HAM-A assesses severity of symptoms and does not by itself establish community prevalence or substitute for a complete diagnostic evaluation. This is particularly relevant in hospital-based studies, where participants may already have higher levels of distress than the general population.

The National Mental Health Survey of India identified substantial mental morbidity and treatment gaps.<sup>6</sup> In a population-based study of married women, Shidhaye et al. found that socioeconomic and gender disadvantage were independently associated with common mental disorders.<sup>7</sup> Sleep disturbance may be both a manifestation and an aggravating factor of anxiety, while domestic violence may result in severe psychological distress requiring confidential assessment and support.

In view of the underrecognized psychological burden among homemakers and the importance of identifying modifiable psychosocial contributors, the present study was conducted to evaluate anxiety severity and associated psychosocial factors among homemakers attending a psychiatry outpatient department.

## **MATERIALS AND METHODS**

This cross-sectional observational study was conducted in the Department of Psychiatry of a tertiary care teaching hospital. The study included 122 homemakers attending the psychiatry outpatient department during the study period. The study was designed to assess the clinical pattern and severity of anxiety symptoms and to examine their association with selected psychosocial factors among homemakers seeking psychiatric care.

Homemakers aged between 20 and 60 years who were willing to participate and provided consent were included. A homemaker was considered a woman primarily engaged in management of household activities and family care without regular paid employment outside the home. Patients with psychotic disorders, severe cognitive impairment interfering with interview or scale administration, substance dependence, or severe medical illness requiring urgent management were excluded. Participants with symptoms requiring immediate intervention were managed according to standard psychiatric care.

A structured clinical format was used to record age, educational and marital status, residence, socioeconomic condition, family type, sleep pattern, and psychosocial stressors including family conflict, financial stress, caregiving burden, perceived lack of social support, and domestic violence. Enquiry regarding violence was undertaken sensitively and privately.

All participants underwent mental status examination. Anxiety symptom severity was assessed by a trained clinician using the Hamilton Anxiety Rating Scale and categorized as mild, moderate, or severe anxiety symptoms for analysis.

Data were entered into a structured sheet and analyzed using SPSS software version 20. Continuous variables were expressed as mean  $\pm$  standard deviation, while categorical variables were represented as frequencies and percentages. The Chi-square test was applied to determine association between categorical psychosocial factors and anxiety severity. The independent t-test was used where comparison of continuous variables between two groups was required. A p-value less than 0.05 was considered statistically significant.

## **RESULTS**

A total of 122 homemakers were evaluated in the present study. The mean age of participants was  $38.2 \pm 8.6$  years.

Table 1: Demographic Characteristics of Study Participants

Variable	Frequency (%)
Age 20–30 years	28 (23.0)
Age 31–45 years	64 (52.5)
Age >45 years	30 (24.5)
Urban residence	70 (57.4)
Rural residence	52 (42.6)
Nuclear family	76 (62.3)
Joint family	46 (37.7)

The majority of participants belonged to the 31–45-year age group, accounting for 64 (52.5%) cases. Nuclear family structure was observed among 76 (62.3%) participants.

Table 2: Anxiety Severity According to HAM-A Scale

Anxiety Severity	Frequency (%)
Mild anxiety	42 (34.4)
Moderate anxiety	56 (45.9)
Severe anxiety	24 (19.7)

Moderate anxiety was the most common category, observed in 56 (45.9%) participants, while severe anxiety was observed in 24 (19.7%) participants. Together, moderate-to-severe anxiety was present in 80 (65.6%) participants.

Table 3: Common Anxiety Symptoms Among Study Participants

Symptom	Frequency (%)
Excessive worry	92 (75.4)
Sleep disturbance	74 (60.7)
Fatigue	68 (55.7)
Irritability	58 (47.5)
Palpitations	36 (29.5)

Excessive worry was the most frequently observed symptom, followed by sleep disturbance and fatigue.

Table 4: Psychosocial Stressors Among Study Participants

Psychosocial Stressor	Frequency (%)
Family conflict	48 (39.3)
Financial stress	42 (34.4)
Lack of social support	38 (31.1)
Caregiving burden	34 (27.9)
Domestic violence	16 (13.1)

Family conflict was the most commonly reported stressor, followed by financial stress and lack of social support.

Table 5: Sleep Disturbances Among Study Participants

Sleep Disturbance	Frequency (%)
Difficulty initiating sleep	38 (31.1)
Frequent awakening	26 (21.3)
Early morning awakening	10 (8.2)
Normal sleep	48 (39.4)

Difficulty initiating sleep was the most common sleep-related complaint.

Table 6: Association Between Psychosocial Stressors and Severe Anxiety

Psychosocial Stressor	Severe Anxiety n (%)	p-value
Family conflict	18 (37.5)	0.002
Financial stress	16 (38.1)	0.004
Lack of social support	14 (36.8)	0.008
Domestic violence	10 (62.5)	<0.001

Family conflict, financial stress, lack of social support, and domestic violence demonstrated a statistically significant association with severe anxiety.

Table 7: Association Between Sleep Disturbance and Moderate-to-Severe Anxiety

Sleep Disturbance	Moderate-to-Severe Anxiety n (%)	p-value
Difficulty initiating sleep	32 (84.2)	<0.001

Frequent awakening	20 (76.9)	0.006
Early morning awakening	8 (80.0)	0.014

Sleep disturbances demonstrated significant association with moderate-to-severe anxiety symptoms.

## DISCUSSION

The present hospital-based cross-sectional study evaluated anxiety severity and associated psychosocial factors among homemakers attending a psychiatry outpatient department. Homemakers' reluctance to seek mental healthcare, somatic complaints, and household responsibilities may conceal emotional distress. In the present study, a considerable proportion of participants had moderate-to-severe anxiety symptoms, and greater anxiety severity was associated with family conflict, financial stress, lack of social support, domestic violence, and disturbed sleep.

The majority of participants belonged to the 31–45-year age group. This stage of life frequently involves simultaneous responsibilities related to children, spouse, older relatives, and household finances. Malhotra et al. described the influence of gender-linked and social circumstances on women's mental health.<sup>3</sup> Our findings indicate the need for enquiry regarding domestic burden, relationships, and emotional support.

Moderate anxiety was the most common category, and 19.7% of participants had severe anxiety. These proportions represent psychiatry outpatient attendees rather than homemakers in the community. Baxter et al. reported that anxiety disorders are common and vary according to demographic and socioeconomic characteristics.<sup>1</sup> Excessive worry was the most frequent symptom, followed by sleep disturbance and fatigue. These manifestations may relate to concern regarding household responsibilities, financial security, marital relations, and family illness. Many women may initially communicate distress through physical symptoms rather than directly describing anxiety.

Family conflict demonstrated significant association with severe anxiety. Patel et al. observed that gender disadvantage and adverse social or reproductive circumstances contribute to common mental disorders among women.<sup>4</sup> Similar findings were reported by Shidhaye et al., who identified socioeconomic and gender-related disadvantage as significant correlates of common mental disorders among married women.<sup>7,12</sup> In the present study, persistent conflict within the family may have produced emotional insecurity, helplessness, and continuing apprehension. This finding emphasizes that psychiatric assessment of homemakers should include confidential exploration of family relationships and decision-making autonomy.

Financial stress was also significantly associated with severe anxiety. Patel et al. reported a relationship between poverty and common mental disorders among women in different social settings.<sup>8</sup> Homemakers may experience financial difficulties indirectly through dependence on the earning member of the family, inadequate household income, treatment expenses, children's educational costs, debt, or lack of personal financial control. Even when a woman is not responsible for earning income, the emotional impact of household financial insecurity can be substantial. Counselling and psychosocial care therefore need to recognize financial concern as an important part of the patient's mental health context.

Lack of social support was significantly associated with severe anxiety. Cohen et al. described the buffering role of social support in reducing the adverse psychological effects of stress.<sup>9</sup> A homemaker with reliable emotional support may be better able to cope with caregiving responsibilities, financial stress, interpersonal difficulties, and illness. In contrast, isolation or lack of someone trustworthy to discuss problems with may increase worry and helplessness. The present study supports the inclusion of family counselling, supportive psychotherapy, and linkage with available social resources where appropriate.

Domestic violence showed the strongest association with severe anxiety, with severe symptoms present in 62.5% of participants reporting violence. Golding, in a meta-analytic review, reported increased mental health problems among women exposed to intimate partner violence.<sup>10</sup> Domestic violence may include physical abuse, threats, humiliation, controlling behaviour, sexual coercion, and economic control. The fear and loss of safety associated with such experiences can result in persistent anxiety, sleep disturbance, depression, and trauma-related symptoms. Clinicians evaluating women with severe anxiety should therefore enquire sensitively about safety at home and provide appropriate support and referral where violence is disclosed.

Sleep disturbances were significantly associated with moderate-to-severe anxiety in the present study. Difficulty initiating sleep was the most frequent sleep complaint. Ford et al. reported a strong association between sleep disturbances and psychiatric disorders.<sup>11</sup> Anxiety may interfere with sleep through repetitive worry and physiological arousal; inadequate sleep may in turn increase irritability, fatigue, emotional sensitivity, and perceived inability to cope. Sleep-related assessment and basic sleep hygiene advice should be included in routine management, with further treatment planned according to clinical need.

The findings have public health relevance. Homemakers may not approach mental health services promptly because of stigma, lack of awareness, limited autonomy, or competing family responsibilities. Screening through general outpatient, women's health, and community services may support earlier identification.

The present study has certain limitations. Being hospital based, its findings cannot be generalized to all homemakers in the community. The cross-sectional design cannot establish causality. HAM-A assessed symptom severity, while formal diagnostic categories and comorbid depression were not separately reported. Sensitive stressors, particularly violence, may have been underreported, and long-term follow-up was not undertaken. Future community-based prospective studies may provide more comprehensive evidence.

## CONCLUSION

Moderate-to-severe anxiety symptoms were frequently observed among homemakers attending the psychiatry outpatient department. Family conflict, financial stress, lack of social support, domestic violence, and sleep disturbances were significantly associated with greater anxiety severity. The findings emphasize that mental healthcare for homemakers should include not only symptom assessment but also a sensitive understanding of domestic and psychosocial circumstances. Early identification, confidential screening for violence, sleep assessment, counselling, family support, and appropriate psychiatric management may help improve quality of life and emotional well-being among affected women.

## REFERENCES

1. Baxter AJ, Scott KM, Vos T, Whiteford HA. Global prevalence of anxiety disorders: a systematic review and meta-regression. *Psychol Med.* 2013;43(5):897-910.
2. World Health Organization. *Women's mental health: an evidence based review.* Geneva: World Health Organization; 2000.
3. Malhotra S, Shah R. Women and mental health in India: an overview. *Indian J Psychiatry.* 2015;57(Suppl 2):S205-S211.
4. Patel V, Kirkwood BR, Pednekar S, Pereira B, Barros P, Fernandes J, et al. Gender disadvantage and reproductive health risk factors for common mental disorders in women: a community survey in India. *Arch Gen Psychiatry.* 2006;63(4):404-413.
5. Hamilton M. The assessment of anxiety states by rating. *Br J Med Psychol.* 1959;32(1):50-55.
6. Gururaj G, Varghese M, Benegal V, Rao GN, Pathak K, Singh LK, et al. National Mental Health Survey of India, 2015-16: Prevalence, Patterns and Outcomes. Bengaluru: National Institute of Mental Health and Neuro Sciences; 2016.
7. Shidhaye R, Patel V. Association of socio-economic, gender and health factors with common mental disorders in women: a population-based study of 5703 married rural women in India. *Int J Epidemiol.* 2010;39(6):1510-1521.
8. Patel V, Araya R, de Lima M, Ludermir A, Todd C. Women, poverty and common mental disorders in four restructuring societies. *Soc Sci Med.* 1999;49(11):1461-1471.
9. Cohen S, Wills TA. Stress, social support, and the buffering hypothesis. *Psychol Bull.* 1985;98(2):310-357.
10. Golding JM. Intimate partner violence as a risk factor for mental disorders: a meta-analysis. *J Fam Violence.* 1999;14(2):99-132.
11. Ford DE, Kamerow DB. Epidemiologic study of sleep disturbances and psychiatric disorders: an opportunity for prevention? *JAMA.* 1989;262(11):1479-1484.
12. Patel V, Kirkwood BR, Pednekar S, Weiss H, Mabey D. Risk factors for common mental disorders in women: population-based longitudinal study. *Br J Psychiatry.* 2006;189:547-555.
13. Steel Z, Marnane C, Iranpour C, Chey T, Jackson JW, Patel V, et al. The global prevalence of common mental disorders: a systematic review and meta-analysis 1980-2013. *Int J Epidemiol.* 2014;43(2):476-493.