
Exploring Women's Health Issues in Goa: Contextual Factors of Living Style and Depression

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ABSTRACT

In Goa, India, the connection between lifestyle factors and depression is far more multi-layered than it seems. Upon integrating previous research along with its conceptual understanding, this study investigates the sociocultural determinants of women's depression in this region. This research identifies major lifestyle factors which include balance between school-work, social integration, economic empowerment, and cultural norms that are essential for optimal mental health in this region. This paper aims to assist in formulating effective interventions for the improvement of women's mental health and the reduction of depression and utilize the information gathered from this study as a foundation for further research.

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1. Introduction:

Various psychological, physiological, and sociocultural aspects amalgamate to form women's well-being. Life transitions have a tendency to disrupt mental health and may have a role in the onset of depression (WHO, 2023, p. 45). Balancing work and family responsibilities along with coping to societal expectations increases stress levels and puts one at a greater risk of mental disorders (Kuehner, 2017, p. 146). In India, of these life transitions, familial responsibilities combined with job pressures and economic burdens further aggravate mental health concerns (Jamuna, 2000, p. 97; Ramamurthi, 2005, p. 112). In the amalgamation of Indian and Portuguese culture, Goa presents a distinct context to look into these issues. Traditions still restrict women's autonomy and personal well-being, even with increased



literacy rates and economic development within the region. However, current literature does not adequately shed light on the lived experiences of Goan women and their mental health concerns. This study attempts to address this gap by looking at the cultural and social determinants of women's well-being and their association with the risk of depression.

2. Literature Review:

2.1. Conceptualizing Lifestyle and Women's Health:

As Sobel notes, one's lifestyle includes a number of choices, habits, and behaviours that ultimately influence one's health (2019, p. 156). For women, pertinent lifestyle factors include work-life balance, physical activity, nutrition, stress management, and finances (Mitchell, 2020, p. 213). A lifestyle that is proactive towards health serves as a protective factor against depression while maladaptive behaviours tend to increase vulnerability to mental disorders (Weber, 2018, p. 189).

2.2. Women's Mental Illnesses: Causes and How it Affects Them:

Several biological, psychological, and social factors contribute to depression in women (Kuehner, 2017, p. 146). Women are, on average, diagnosed with depression approximately twice as often as men are (Rutter, Kim-Cohen & Maughan, 2020, p. 211) because of their behavioural patterns and aging effects (Bleuler, 2015, p. 89). In one study, nearly 40% of women participating in a survey indicated that they experience some form of psychological distress (Patel et al., 2010, p. 247). Smoking and feelings of solitude are some of the factors (Pillai et al., 2008, p. 156). Even more so, chronic stress and adverse childhood experiences significantly raise these risks (Danese & McEwen, 2019, p. 32; Felitti et al., 2020, p. 247). Research from Goa points out that women's depression is at least twice more common than in men's, with over sixty eight percent of the diagnosed sufferers being women, especially within the age range of forty-five to fifty four years old (Patel et al., 2006, p. 98).

2.3. Goa's Informal Cultural System Integration

Women's health, in particular, tends to be profoundly influenced by Goa's culture. Traditional family dynamics can serve to bind women resulting in heightened stress (Mitchell, 2019, p. 119). The stress of achieving family cohesion tends to overburden women and, in the absence of adequate coping resources, alongside the stigma surrounding mental health issues, depression is more likely to occur (Kawachi &



Berkman, 2021, p. 460). Women are also more likely to be affected in contexts where socioeconomic deprivation and the absence of a spouse that is working abroad is common (Dias et al., 2017, p. 54).

3 Conceptual Framework:

This framework utilizes a biopsychosocial approach (Engel, 2020, p. 130) in examining the triad of lifestyle, depression, and women's health and wellness.

Biological Factors: Changes in hormones, family history, and chemical imbalance of the brain.

Psychological Factors: Stressors, trauma, self-image, and coping strategies.

Social Factors: Social class, gender norms and relations, shared responsibilities, and availability of healthcare services.

4. Methodology:

Employing different techniques ensures a more complete understanding of the problem.

Quantitative Phase: 400 women aged 25 to 55 in Goa were surveyed as stratified random sampling suggested.

Survey Instrument: The Patient Health Questionnaire-9 (PHQ-9) measurement determined depressive states, and validated instruments captured lifestyle activities and social support. Included in the appendices is the draft of the survey instrument.

Data Analysis: The relationship between lifestyle variables and depression was studied with Pearson correlation and multiple regression analyses.

Qualitative Phase: 20 respondents of the survey were subjected to semi-structured interviews.

Interview Topics: Other people's and the respondent's experience of depression, lifestyle, and cultural expectations of the respondent.

Data Analysis: Thematic analysis (Braun & Clarke, 2020, p. 80) was used to identify recurring themes.

5. Results:



Data analysis showed that social support and household income have the most impact on the chances of clinical depression. The most salient qualitative themes were (a) traditional gender roles affecting mental health, (b) family support as a means to cope, and (c) mental health stigma.

Discussion:

The results also underscore the importance of financial security, interpersonal ties, and physical exercise in protecting individuals from depression, as shown by prior studies (Kawachi & Berkman, 2021, p. 463). However, qualitative data indicate that there are some cultural aspects, for example, the expectation to take on caregiving responsibilities, that complicate one's self-image and mental health. These results point to the increasing need for interventions and mental health campaigns targeting specific cultural barriers in Goa. The concept of intersectionality reminds us of the diversity in women's mental health that requires a multi-dimensional perspective (Crenshaw, 1991, p. 124). The Healthy Activity Program for women suffering from intimate partner violence in Goa demonstrates the effective use of cross-cultural approaches to mental health interventions (Patel et al., 2017, p. 311).

Conclusion:

This study enhances understanding of women's mental health in Goa by focusing on singular sociocultural determinants that are important. Further studies should focus on other factors in regard to health care services and the status of the subjugated populations. Legislative measures should aim at providing mental health literacy and developing community-managed care systems in order to lessen the impact of depression among women of Goa.

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Ethical Compliance:

The study was conducted according to ethical principles and the consent of all participants was duly obtained.

Appendix: Survey Instrument



Title: Survey on Women’s Lifestyle, Social Support, and Mental Health in Goa

Introduction:

We wish to express our gratitude for your response to this survey in question. This survey will assist in a research study focused on the intersection of lifestyle, social support, and mental health of women in Goa. Rest assured, your responses will remain confidential and will only be used for research purposes. You have the right to opt out of this study at any point in time, should you wish to do so.

Section 1: Depression Assessment (PHQ-9)

Please indicate how much you have been affected each of the following problems during the last two weeks by marking the appropriate box below.

| Questions

| Not at all | Several days | More than half the days | Nearly every day |

| :----- | :----- | :----- | :-----
----- | :----- |

| 1. Little interest or pleasure in doing things

| | | | |

| 2. Feeling down, depressed, or hopeless

| | | | |

| 3. Trouble falling or staying asleep, or sleeping too much

| | | | |

| 4. Feeling tired or having little energy

| | | | |

| 5. Poor appetite or overeating

| | | | |



| 6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down

| | | | |

| 7. Trouble concentrating on things, such as reading the newspaper or watching television

| | | | |

| 8. Satisfied, as you went about moving or talking, was there a point when a person would have likely noticed the way you were behaving? Or the contrary, showing signs of extreme restlessness, did you find yourself moving about much more than you usually do? | | | | |

| 9. These are self-inflicting thoughts that come within, for example, “Things would be better if I wasn’t around.” | | | | |

(Source: Kroenke, R. L., Spitzer, R. L., & Williams, J. B. W. (2001). The PHQ-9: Validity of a brief depression severity measure. Journal of General Internal Medicine, 16(9), 606-613.)

Section 2: Lifestyle Behaviours

Give your opinion on the statements below:

| Statement | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |

|:---|:---|:---|:---|:---|

| 1. At work, I am able to meet my professional responsibilities while taking care of my personal needs. |

| | | | |

| 2. I undertake sufficient exercise such as training and sports. | | | | | |

| 3. I avoid foods and snacks that are unhealthy and make sure to eat healthy foods. | | | | | |

| 4. I know how to deal with stressful events in a calm and composed manner. | | | | |

| | | | | |

| 5. I am satisfied with where I have currently gotten in my finance. | | |

| | | |

(These are example statements. You need to provide your own questions from the survey in this section.)

Section 3: Social Support

Here, we would like you to indicate how well you agree with the statements regarding your social support:

| Instruction

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |

| :-----|:-----|:----- |:----- |:----- |:----- |

| 1. I can always rely on other people to assist me when I have problems that are beyond my scope.

| | | | | |

| 2. I feel cared for by my family and my friends.

| | | | | |

| 3. There are people I can seek out for their opinion and help.

| | | | | |



| 4. I feel that I belong to my community.

| | | | | |

| 5. I am content with the amount of social support given to me.

| | | | | |

Section 4: Demographic Information

| | | | | |

As a minimum, please provide the following information:

Age: _ _ _ _ _ _ _

Education Level: _ _ _ _ _ _ _

Marital Status: _ _ _ _ _ _ _

Employment Status: _ _ _ _ _ _ _

Monthly Income: _ _ _ _ _ _ _

So long:

I appreciate the time you took to complete this survey. Thank you for your participation.

Ethics Issues:

The survey responses will be treated with utmost confidentiality. You are free to take part in this survey and do so at your own discretion without any negative consequences. By filling out and submitting this survey, you agree to participate in the research study.