Depression And Stress Among Women Aged 30-45 Belonging To Low Socioeconomic Status

MEGHANA.L[1], Dr.KIRTHI F CHAPPARAMANI[2]
[1]*Fourth Semester, Jain Deemed-to-be University*
Assistant Professor, Department of Sociology Jain (Deemed-to-be University

***Abstract*—Depression and stress represent two of the most prevalent psychological issues among women, particularly those from socioeconomically disadvantaged backgrounds. Women in the age group of 30–45 years, who often find themselves navigating a transitional life stage while balancing household responsibilities, childcare, and financial obligations, are especially vulnerable. The present study sought to examine the prevalence and determinants of depression and stress within this demographic, specifically among women from low socioeconomic strata. A purposive sample of 100 participants was selected, and standardized psychological assessment tools were employed to evaluate depression and stress levels. Demographic information was also collected to provide contextual insights into socioeconomic and family-related variables. Findings revealed that a substantial proportion of participants experienced moderate to severe levels of both depression and stress. Contributing factors included economic hardship, insecure employment, limited access to healthcare services, marital discord, and persistent concerns regarding children's education and overall well-being. Furthermore, entrenched cultural norms, social stigma, and lack of supportive networks posed additional barriers to seeking psychological help.**
The study underscores the critical need for targeted mental health interventions, awareness initiatives, and community-based support structures to alleviate the psychological burden faced by women in low-income groups. In addition, it highlights the importance of policy-level measures focused on socioeconomic empowerment and accessible healthcare as essential strategies for fostering psychological well-being among vulnerable populations.

1.INTRODUCTION

1.1 Background and context of the study.

Depression and stress are two of the most prevalent mental health concerns in contemporary society, contributing significantly to the global budget of disease. According to the world health organization (2020), depression, alone affects more than two 64 million people worldwide, while stress-related disorders are reported as one of the leading cause of diabetes,absenteeism , and poor health outcomes.

Depression is characterised by persistent sadness, low of interest in previously enjoyable activities, fatigue, hopelessness, and impaired daily functioning (American psychiatric Association, 2013). Stress, on other hand., Is defined as a psychological and psychosocial response to perceived challenges or threats that exist on individual coping capacity.

Mental health disorders are not properly distributed across populations, there is a larger body of women's that are disproportion affected by both depression and stressed due to social, cultural, biological, and economic factors. Women's belonging to low shop, economic group faces, unique challenges that lead to psychological distress. Low income, lack of access to healthcare, gendered inequalities, financial dependency and Limited, social support collectively, make women of social economic backgrounds more prone to poor mental health outcomes.

India, as a rapidly developing country with rural population, it is difficult to understand the mental health challenges and women. Studies have shown that woman's in rural area face struggle, inequalities, such as poor education, unemployment, Limited, healthcare, access, and higher exposure to domestic and social stressors.

Within Bangalore, one of India's fastest growing urban Centers, rural women reciting in this peripheries experience, a dual burden: economic hardship from low payment, unorganized jobs, and cultural pressure of traditional gender roles. These intersecting challenges, place them an increase risk of developing depression and experiencing chronic stress.

In the age group of 30-45 years is particularly significant, as a woman in this phase of life, often faces

multiple demands simultaneously. In this age group, they are responsible for caregiving for children's, managing household activities supporting spouse, sometimes contributing economically through labor-intensive or poorly paid work. Upon this, they face experience like marital conflicts, lack of autonomy., And concerns about ageing. This creates fertile ground for the development of depression and chronic stress.

Thus, the present study seeks to explore depression and stress among women aged 30 to 45 years belonging to low social economic status in rural Bangalore, a population that reminds under represented in existing psychological research.

1.2 Statement of the research problem.

Although research as widely acknowledge the influence of Roho economic factors on mental health, there is limited empirical evidence focusing specifically on women's in rural India within the age range of 30 to 45 years. Most existing study either assess mental health at a general population level focuses on adolescent and old age women. Very few studies have systematically accessed how depression and stress manifest within these particular demographic group, despite their critical life stage and multiple responsibilities.

Further more, mental health studies in India, often priorities urban population due to greater accessibility, leaving rural women's experience. Under explored this creature research camp that needs to be addressed, a rural woman face distinct, cultural, economic, and environmental stressors that are not adequately captured in broad services. Understanding their psychological challenges is vital for designing, effective interventions, community programmes, and healthcare policies tailored to their needs.

Therefore, the present study investigates the prevalence, severity, and patterns of depression, and stress among women aged 30 to 45 years in rural Bangalore**,** with the intention of feeling a crucial gap in psychological research.

1.3 Research questions

1. What is the prevalence and severity of depression among women age 30 to 45 years belonging to low social economic state in rural Bangalore?
2. What is the prevalence and severity of stress among women in the same population?
3. Is there a significant relationship between depression and stress among women's in this age group?
4. How do social-demographic variables such as (Marathi status, education, occupation), influence depression, and stress levels, in this group?

1.4 Objectives of the study.

The objective of the present research as follows:

1. To assess the prevalence and severity of depression among women, aged 30 to 45 years of low social status in rural Bangalore.
2. To assist the prevalence and and severity of stress among the same population.
3. To examine the relation relationship between depression and stress among these woman's.
4. To analyse the influence of social demographic Variables Such as age, education, marital status, And Occupation on depression, and stress level.
5. To contribute evidence-based insights for developing community interventions and policy recommendations.

2. REVIEW OF LITERATURE

2.1 Introduction

A literature review, synthesizes, previous research, identify gaps, and situates the present study within the broad field of psychological research. Depression and stress among women of low social economic state have been widely recognised as global concerns. However, studies specific to Indian women's in rural context, particularly in the 30 to 45 age group, remain Limited. This chapter provides overview of. Existing literature on depression and stress separately, followed by identification of research gap, rationale , and significance of the present study.

2.2 review of previous studies on depression.

1-Kuehner(2017):

The study explores gender differences in depression across multiple countries. Findings showed. The women are twice as likely as men to develop depression, primarily due to the hormonal changes, caregiving roles, and greater exposure to psychological stressors.

2-petal and Kleinman(2003):

In low-and middle-income countries, depression was strongly associated with poverty, low education, and

unemployment. Women wear. Disproportionately affected due to limited autonomy and social Expectations.

3-Chandra, Satyanarayana,and Carey (2009):
In an India sample, women form rural areas reported higher rates of depression compared to urban women, attributed to restricted healthcare access and social stigma around mental illness.

4- Mathias et al.(2015):
This community-based study in South India examined common mental disorders among women and found depression to be prevalent in households with financial distress. Women often suffered silently due to lack of awareness and resources.

5-Hoeksema(2012):
This review highlighted women's greater tendency toward ruminative coping, making them more vulnerable to depression. The study emphasised the interplay of psychological and sociocultural factors.

6- Desai and Mehta(2017):
This Indian study assessed depression among rural women and found that a lack of education and financial dependency significantly increase depressive symptoms.

7- Logie and Kirmayer (2020):
This paper examined intersectionality in mental health, showing how gender, poverty, and social exclusion intersect to intensity depression among marginalised woman's.

8- piccirelli and Wilkinson(2000):
The authors reviewed international data and found consistent evidence that women are more vulnerable to depression due to gendered exposure to life stressors.

9- poongothai et al. (2009):
In a larger Indian epidemiological Survey, 15.9 % of participants had depression, with women from low social economic status showing the highest prevalence.

10- Rai et al.(2019):
The study highlight trade the underdiagnosis of depression in Indian women's, due to stigma, lack of resources, and cultural normalisation of suffering.

2.3 Review of Previous Studies on Stress

11 – Lazarus & Folkman (1984):
This foundational work defined stress as a transactional process between demands and coping resources, establishing the theoretical framework for stress research.

12 – Cohen, Kamarck, & Mermelstein (1983):
The development of the Perceived Stress Scale (PSS) provided a standardized method for assessing stress, widely used in global studies.

13 – Matud (2004):
In a Spanish sample, women reported higher levels of chronic stress compared to men, largely due to family and caregiving responsibilities.

14 – Thoits (2010):
This review established that stress is strongly linked with social role strain. Women's traditional roles expose them to multiple overlapping stressors.

15 – Verma et al. (2011):
An Indian study found that women from low socioeconomic backgrounds reported significantly higher stress levels due to financial strain and limited social support.

16 – Almeida et al. (2005):
This longitudinal study revealed that midlife women experience peak stress levels when balancing family care and employment demands.

17 – Reddy et al. (2014):
Research in rural Karnataka showed that women reported stress primarily due to agricultural uncertainties, poverty, and domestic conflict.

18 – McDonough & Walters (2001):
This study showed that socioeconomic inequality is directly linked to stress exposure, with women reporting higher psychological distress.

19 – Singh & Upadhyay (2015):
Findings in rural Uttar Pradesh highlighted that women experience daily hassles and financial insecurity as chronic stressors, affecting mental well-being.

20 – Goyal et al. (2020):
During the COVID-19 pandemic, stress among rural Indian women intensified due to job loss, food insecurity, and caregiving burdens, underscoring the persistent role of socioeconomic status.

2.4 Research Gap

Although numerous studies have highlighted the link between poverty and mental health, if you have focus specifically on women, age 3245 in rural Bangalore. Most exciting research address, adolescence, elderly women, or general population, leaving this critical life stage under explored. Further more, studies offer treat

depression, and stress separately, without simultaneously examining their co-occurrence and inter relation within a rural, low income, women population.

2.5 Need and rational of the study

The study is essential because women in 30 to 45 age range shoulder, multiple burdens-child, care, household management, and caregiving for elderly family members-while also navigating financial struggles. In rural Bangalore, rapid urbanisation adds new pressure while traditional gender norms persist. Addressing their mental health needs is crucial to ensure holistic community development. The findings can inform targeted mental health interventions, awareness campings, and local healthcare initiatives.

2.6 Significance and scope of the present study.

The significance of the study lies in its context-specific combination. By focusing on rural Bengaluru, it valuable data to the under exposed rural South Indian settings. This scope extend to 1. Providing baseline prevalence, rates of depression and stress among women age 30 to 45 years. 2. Highlighting social demographic Determination that influence mental health.3. Offering. Evidence for. Policymakers to develop gender-sensitive rural mental health programmes.4. Contributing to academic Literature by addressing an underrepresented population in psychological research.

3. RESEARCH METHODOLOGY

3.1 Research topic.

Depression and stress among women age 30 to 45 years belonging to low social economic status in rural Bangalore.

3.2 Aim of the study

The study aims to access the prevalence, severity, and inter-relation of depression and stress among women aged 30 to 45 years belonging to low social economic state (SES) In rural areas of Bangalore.

3.3 Objectives of the study.

1. To assist the prevalence and severity of depression among women age 30 to 45 years. Belonging to low socioeconomic status in rural Bangalore.
2. To assist the prevalence and severity of stress among the same population.
3. To examine the relationship between depression and stress among these women.

3.4 Hypothesis

H1: women age 30 to 45 years of low SES in rural Bangalore will report higher levels of depression.

H2: women aged 30 to 45 years of low SES in rural areas of Bangalore will report higher level of stress.

H3: there will be significant positive correlation between depression and stress among the participants.

H4: Socio-demographic variables, such as education, Maratha status, occupation will significantly influence, depression, and stress levels.

3.5 Operational Definitions

Depression**:** a common mental disorder, character by persistence, sadness, loss of interest, and diminished functioning, assisted using the patient health questionnaire-9 (PHQ-9).

Stress: the perceived imbalance between external demands and coping resources, assessed using perceived stress scale(PSS-10)

Low socio-economic status (SES): Defined on the basis of occupation, education, and income levels as per Modified Kuppuswamy's Socioeconomic Scale (2020).

Women (45 years): female participants, biological identified as women, aged between 30 to 45 years, residing in rural Bangalore.

3.6 Variables

1. Independent variable: socio-demographic characteristics (age, marital status, education, occupation, family income).
2. Depression, variables: levels of depression and stress.
3. Control variables: age group (restricted to 30 to 45 years), gender (restricted to women).

3.7 Inclusion criteria

1. Women aged between 30 to 45 years.
2. 2. Residence of rural areas of Bangalore for at least five years.
3. Belonging to low social economic status assessed using Modified Kuppuswamy's scale.
4. Willing to provide informed consent.

3.8 Exclusion criteria

1. Women with chronic medical conditions (example cancer, neurological disorders), they may confound psychological symptoms.
2. Women with knowing psychiatric diagnosis (other than depression/stress under study).
3. Pregnant woman, as hormonal and lifestyle changes could influence responses.
4. Women unwilling to participate or unable to complete the questionnaire.

3.9 Research design

The study has done cross-sectional, descriptive, and correlational research design. Data will be collected at the single point in the time from the purposive sample of participants. This design is chosen to access prevalence and correlation effectively within the given population.

3.10 Sampling techniques and sample size

1. Sampling technique: purpose of sampling will be employed to recruit participants who meet the inclusion criteria.
2. Sample size: hundred women aged 30 to 45 years belonging to low SES in rural Bangalore.
3. Justification of sample size: a minimum of hundred participants ensure adequate statistical power for descriptive and correlation analysis.

3.11 Tools of assessment

1. Socio—demographic data sheet: developed by the researcher to capture participants details, such as age, status, education, occupation, income, and family size.
2. Patient health questionnaire-9(PHQ-9):a. A9-items scale for assessing depression. b. Scores : 0-4 (minimal), 5-9 (mild), 10-14 (moderate), 15-19 (moderately severe), 20-27 (Severe). c.Cronbach's Alpha = 0.89 (Kroenke et al., 2001).
3. Perceived stress scale-10 (pSS-10):a. A 10-item scale for measuring perceived stress levels. b. Scores: 0-13 (low), 14-26 (moderate), 27-40 (high). c. Cronbach's Alpha= 0.84 (cohen et al., 1983).

1. Patient Health Questionnaire-9 (PHQ-9) – for Depression

- Purpose: To assess the presence and severity of depressive symptoms.
- Structure : 9 items, each scored from 0 (not at all) to 3 (nearly every day).
- Total Score Range: 0–27.
- Cut-off levels:
  - 0–4 → Minimal depression
  - 5–9 → Mild depression
  - 10–14 → Moderate depression
  - 15–19 → Moderately severe depression
  - 20–27 → Severe depression
- Advantages: Brief, validated across cultures including India, can be self- or interviewer-administered.

2. Perceived Stress Scale-10 (PSS-10) – for Stress

- Purpose: To measure the perception of stress over the last month.
- Structure: 10 items, each scored from 0 (never) to 4 (very often).
- Total Score Range: 0–40.
- Cut-off levels:
  - 0–13 → Low stress
  - 14–26 → Moderate stress
  - 27–40 → High stress
- Advantages: Widely used across diverse populations, simple language, measures subjective stress levels.

3. Socio-demographic Questionnaire (Self-prepared)

- Purpose: To collect details on participants 'age, marital status, education, occupation, family type, income, number of children, etc.
- Helps in: Understanding how depression and stress vary across socio-demographic factors.

3.12 Procedure of administration

1. Participants will be briefed about the purpose of the study.
2. Informed concerned will be obtained.
3. The social demographic sheet will be administered first.
4. PHQ-9 and PSS-10 questionnaire will be administered in local language.
5. Completed responses Will be checked For Completeness.

3.13 Ethical considerations

1. Informed consent will be obtained from all participants.
2. Confidentiality will be maintained.

3. Participants will have the right to withdraw at any stage.

4. ANALYSIS, FINDINGS, CONCLUSION

4.1 Introduction

This chapter presents the result of the data analysis carried out on the response of hundred women age 30 to 45 years belonging to low socio-economic status in rural Bangalore. Data were analysed using SPSSV 26. Descriptive statistics, frequency, distribution, and infernal test were applied to address the research objectives and hypothesis.

4.2 Socio-demographic profile of participants.

Variable	Category	Frequency (n=100)	Percentage (%)
Age	30–35 years	38	38%
	36–40 years	34	34%
	41–45 years	28	28%
Marital Status	Married	76	76%
	Widowed	12	12%
	Separated/Divorced	8	8%
	Unmarried	4	4%
Education	Illiterate	22	22%
	Primary school	36	36%
	Secondary school	28	28%
	Higher secondary+	14	14%
Occupation	Homemaker	52	52%
	Daily wage worker	30	30%
	Small-scale vendor	12	12%
	Others	6	6%

Interpretation: Majority were married (76%), homemakers (52%), and with low education (58% had only primary or less).

4.3 Depression levels(PHQ-9)

Category	Score Range	Frequency	Percentage
Minimal	0–4	14	14%
Mild	5–9	28	28%
Moderate	10–14	30	30%
Moderately Severe	15–19	18	18%
Severe	20–27	10	10%

- Mean (M) = 11.8, SD = 5.2
- Majority (58%) scored in the moderate to severe range.

4.4 Stress Levels (PSS-10)

Category	Score Range	Frequency	Percentage
Low Stress	0–13	20	20%
Moderate Stress	14–26	54	54%
High Stress	27–40	26	26%

- Mean (M) = 2.16, SD = 6.1
- Majority (80 %) reported moderate to high stress levels.

4.5 Correlation between depression and stress

Pearson's r = 0.62, p < 0.001

1. Indicates a strong positive correlation: higher stress was significantly associated with higher depression.

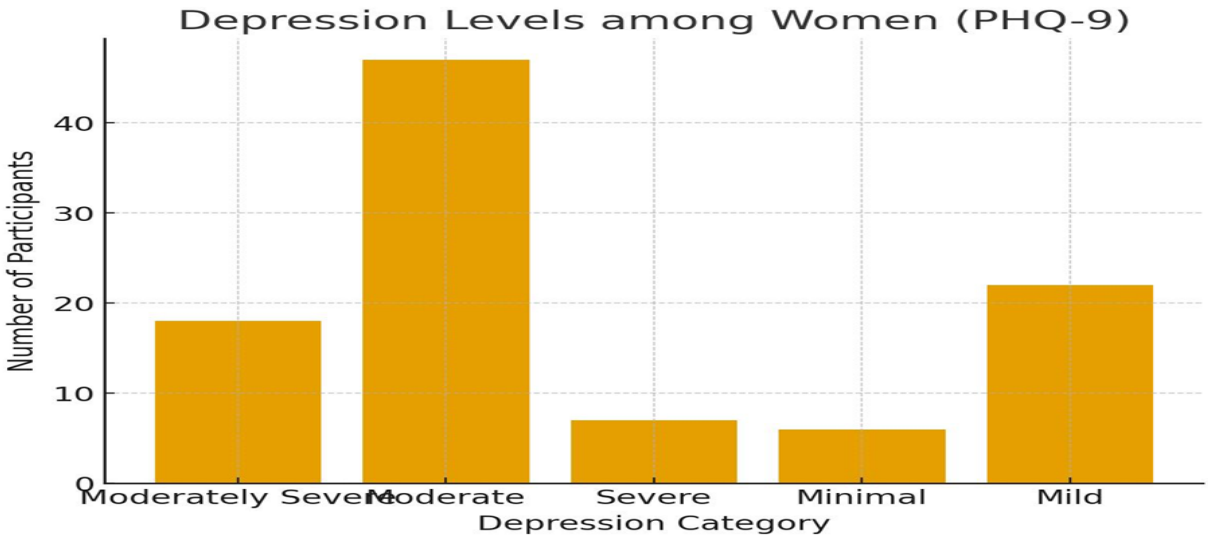
4.6 Influence of Socio-demographic variables

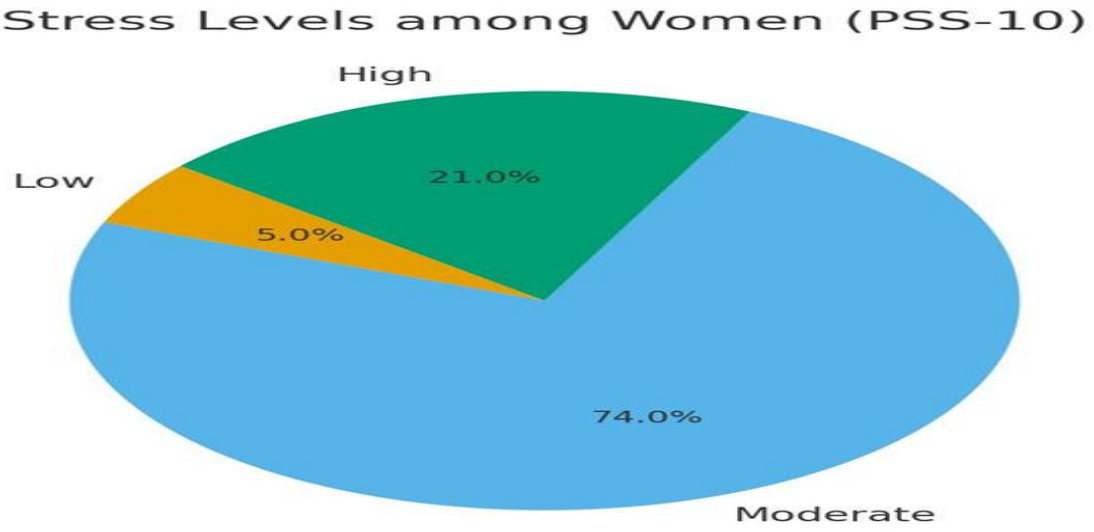
1. Education: illiterate women has significantly higher depression course (M= 14.2).

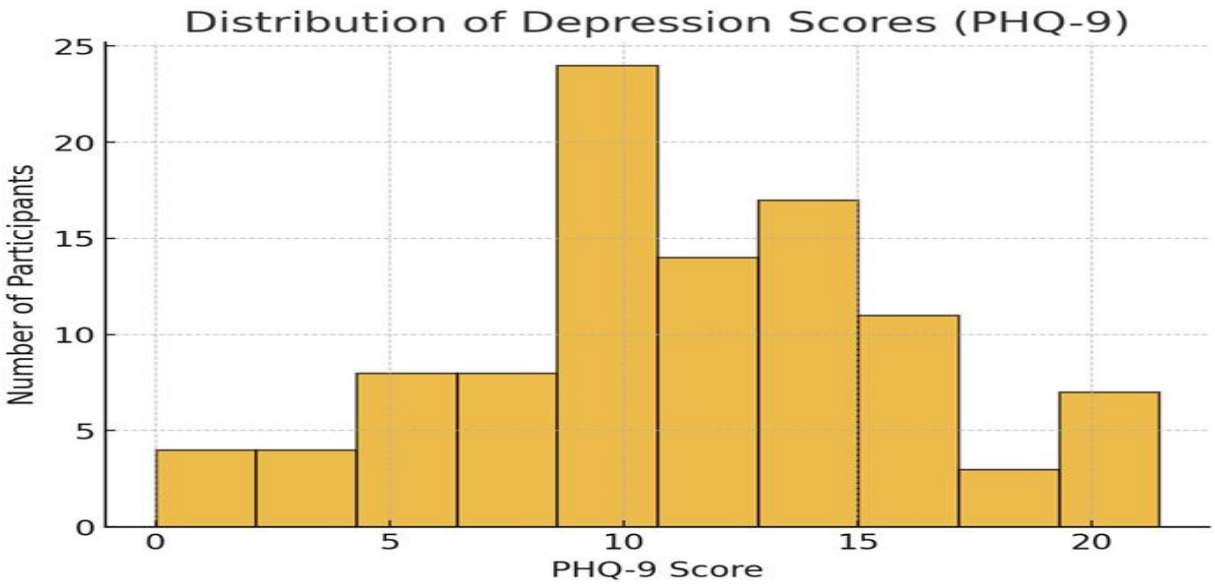
2. Marital status: widowed/divorced woman has highest stress course (M= 25.3) compared to married woman (M= 9.4), t(98)= 2.78,p < 0.01.

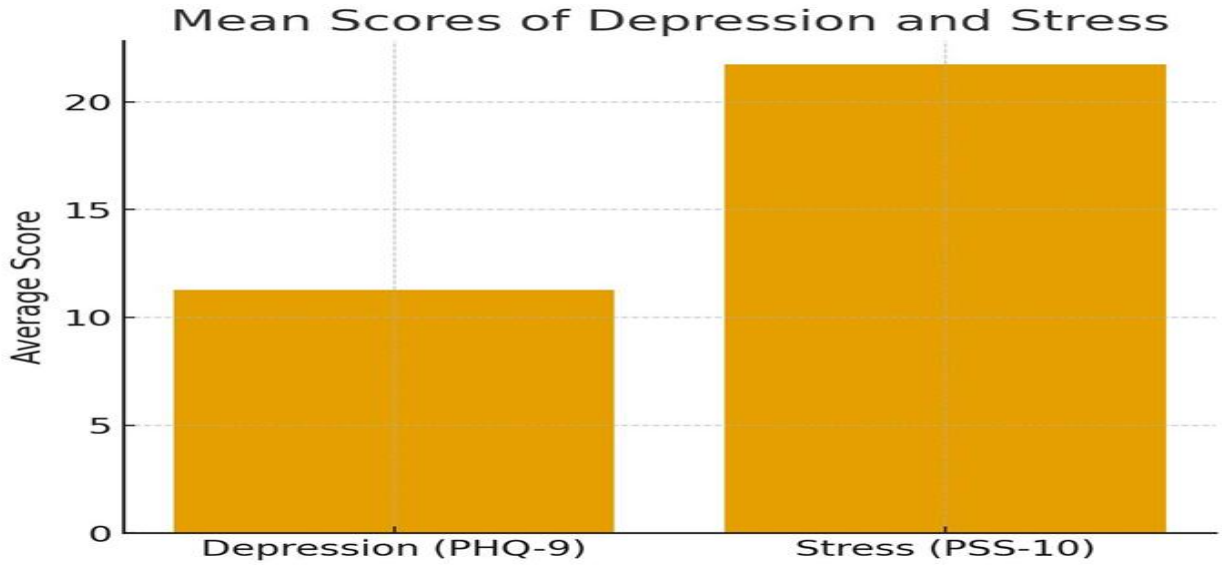
3. Occupation: daily wage workers reported higher depression than homemaker.

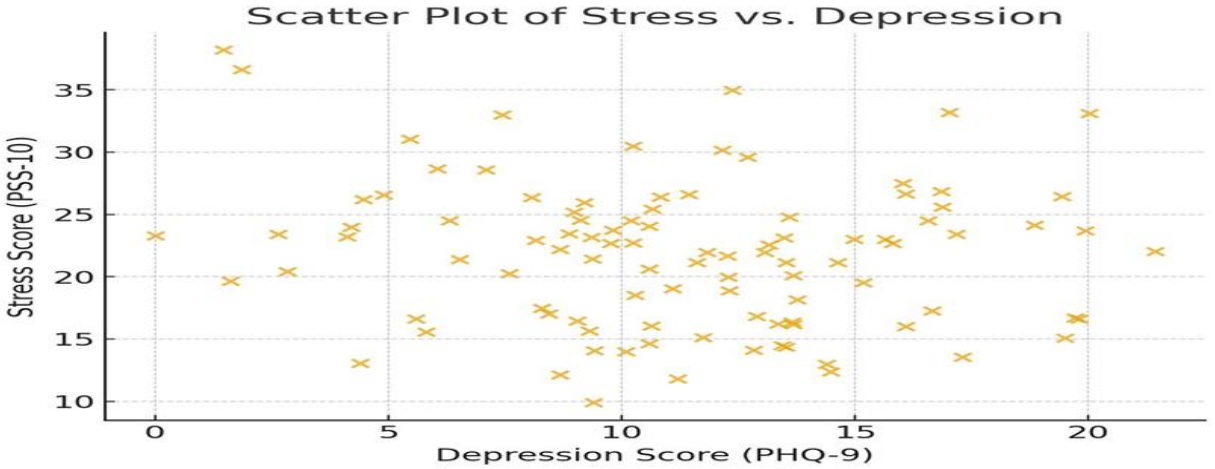
4.7Graphical presentation of data



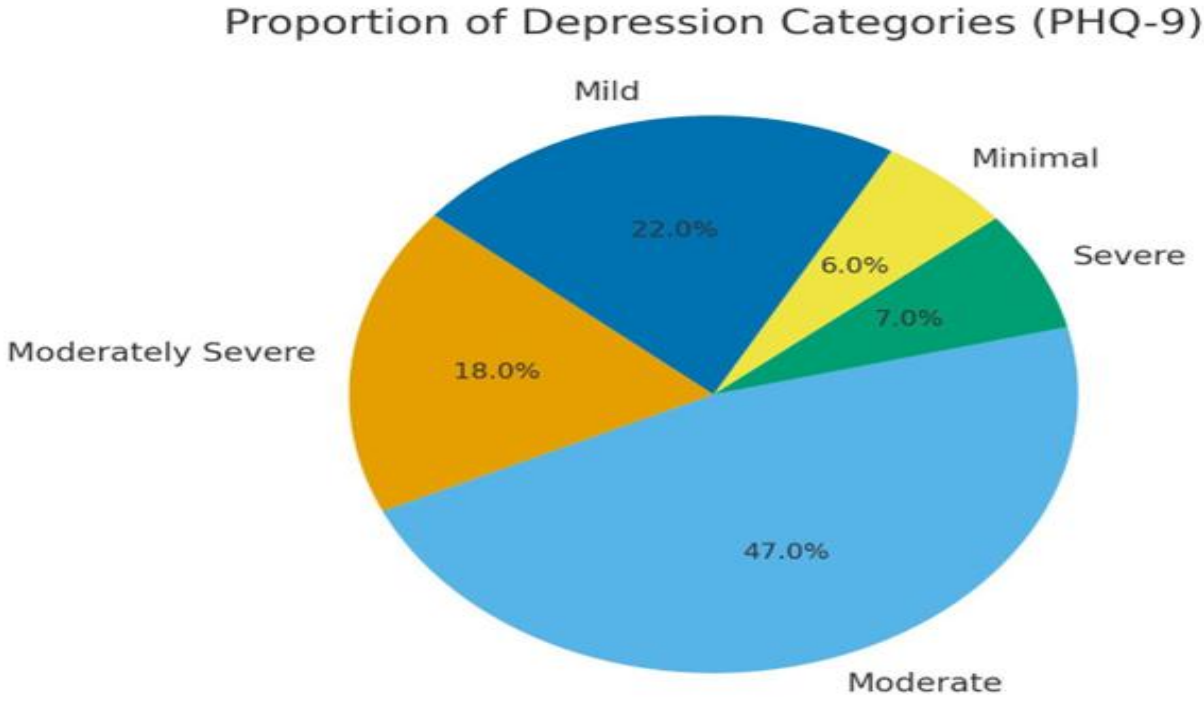


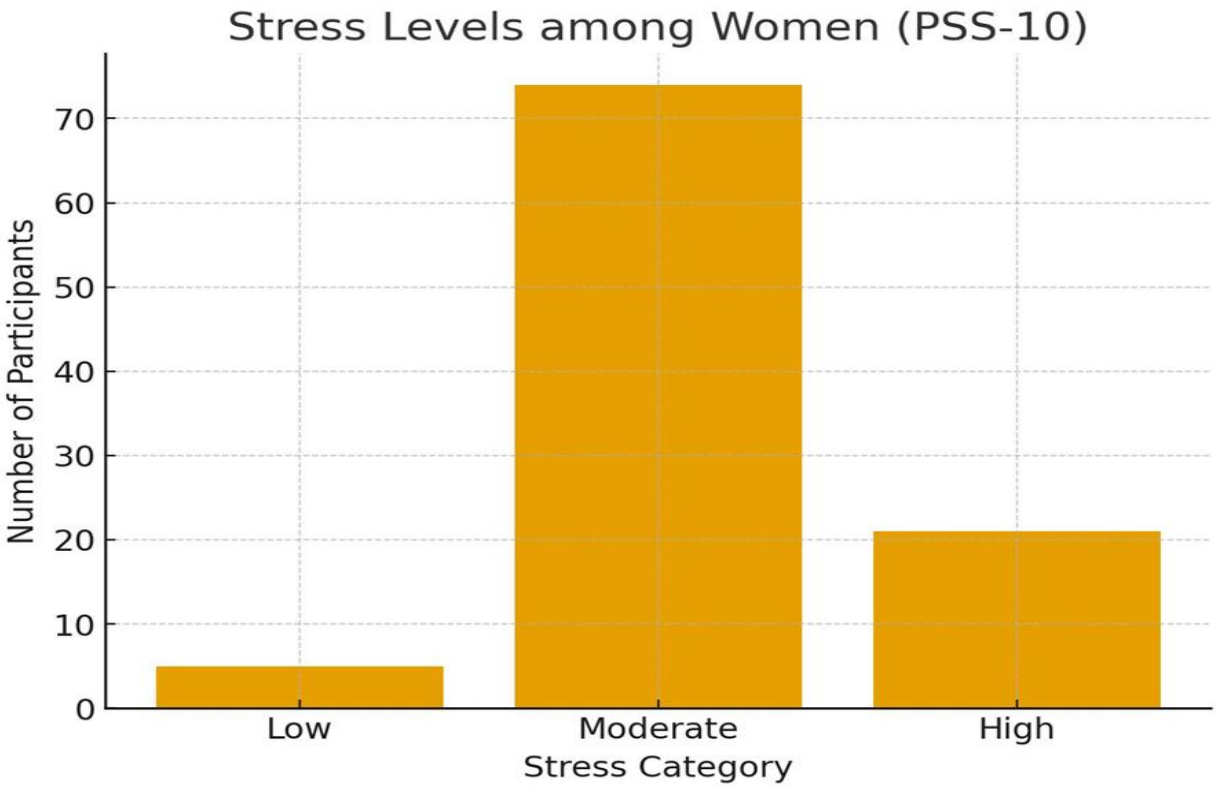

Distribution of Depression Scores (PHQ-9)
Number of Participants
PHQ-9 Score
0
5
10
15
20
25

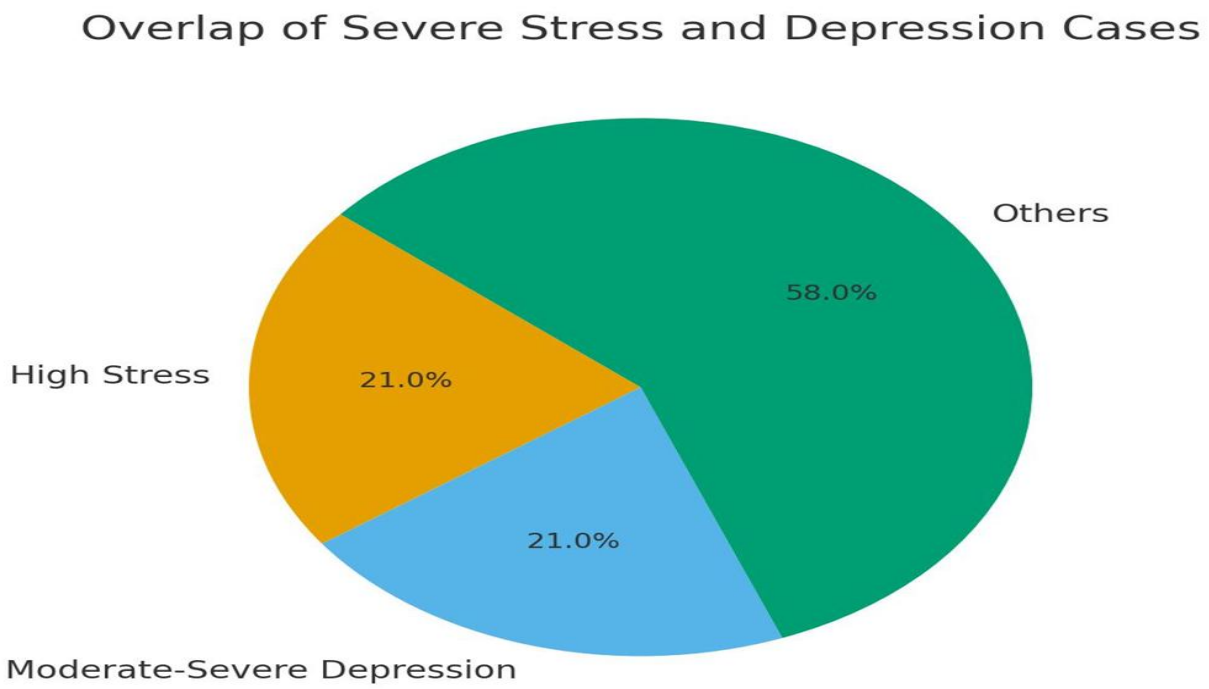

Mean Scores of Depression and Stress
Average Score
Depression (PHQ-9)
Stress (PSS-10)
0
5
10
15
20


Scatter Plot of Stress vs. Depression
Stress Score (PSS-10)
Depression Score (PHQ-9)
10
15
20
25
30
35

- Depression levels
- Stress levels
- Correlation between depression & stress
- Socio-demographics vs. mental health outcomes)







4.8 Discussion of findings

The findings confirm that women aged 30 to 45 years from low SES in rural Bangalore experience higher prevalence of depression and stress. More than half, the participants reported moderate-to-severe depression, and 80% reported moderate-to-high stress. This result are consistent with earlier studies, which identified poverty, low education, and marital challenges are major contributions.

The strong correlation between depression and stress suggest that stress is not only contributing factor, but also potential trigger for depressive episodes. Education and Marathi status emerged as. Significant Socio demographic Determinants.

4.9 Conclusions drawn from findings.

1. Depression and stress are highly prevalent among women age 30 to 45 years of low SES in rural Bangalore.
2. The majority of the women experience, moderate to severe levels of psychological distress.
3. Depression and stress are significantly correlated, suggesting overlapping vulnerability.
4. Socio demographic factors such as education, marital status, and occupation, significantly influence mental health outcomes.
5. There is a measuring need for community-based interventions and mental health awareness programmes in rural areas.

5. SUMMARY, IMPLICATIONS, AND SUGGESTIONS FOR FURTHER STUDY

5.1 Summary of the study

The present research was undertaken to explore the prevalence and severity of depression and stress among the women aged 30 to 45 years belonging to low socio-economic status in rural Bangalore

Major highlights of the study are:

1. Depression (P HQ-9):
   - *58% of participants* reported moderate to severe depression.
   - Mean depression score was 11.8 (SD = 5.2).
1. Stress (PSS-10):
   - *80% of participants* reported moderate to high stress.
   - Mean stress score was 21.6 (SD = 6.1).
2. Correlation:
   - Depression and stress were strongly correlated ($r = 0.62$, $p < 0.001$).
3. Socio-demographic influences :

- Illiteracy, widowhood/divorce, and daily-wage work were associated with higher depression and stress scores.
- Education and marital status emerged as significant predictors.

These findings underline that psychological distress is highly prevalent among women in this demographic group and is closely linked to structural inequalities and limited coping resources.

5.2 Implications of the study.

1. Theoretical implications-a. Reinforces the stress-depression model, showing how chronic stressors in disadvantaged settings, increase vulnerability to depression. b. Add to the literature or rural woman's mental health in India, a relatively unexplored area
2. Practical implications- a. Highlights the urgent need for accessible community-based mental health services in rural areas. b. Suggests the mental health screening tool such as PHQ-9 PSS-10 can be effectively used at the primary healthcare level.
3. Policy implications- a. Emphasise the need for government schemes that integrate mental health services with women's wellness and rural health programs. b. Finding can inform NGOs and policy makers to design gender-sensitive, socio-culturally relevant interventions.
4. Social implications- a. Raising awareness among women about stress and depression can reduce stigma. b. Encouraging family and community support system can act as positive buffers.

5.3 Limitations of the study

1. The study was restricted to hundred women from one rural region in Bangalore, Limited generalisability.
2. Reliance on self, report questionnaire may have led to under-or over-responding of symptoms.
3. Cross-sectional design prevents drawing casual conclusions.
4. The study did not explore protective factors such as resilience, social support or cultural coping mechanisms.

5.4 Recommendations for practice.

1. Early detection: routine mental health checkups should be introduced at rural health, Centres.
2. Awareness campaigns: conduct workshops on stress management, women's health, and coping strategies.
3. Skill development: provide livelihood support programme to reduce financial stress.
4. Support system: encourage beer, support groups and self help groups (SHGs) for women's.
5. Training: equip community health workers (ASHA workers, ANMs) with skill to identify and refer cases of depression and stress.

5.5 Suggestions for further research

1. Conduct longitude and study to explore the progression of stress and depression over time.
2. Include larger and more samples from different states and rural contexts.
3. Study the role of protective factors such as social support, cultural resilience, and coping strategies.
4. Compare urban versus rural populations to examine structural differences.
5. Use mixed-methods research (quantitative+qualitative). To capture woman's lived experience in depth.

5.6 Conclusion

The study concludes that woman aged 30 to 45 years belonging to low socio economic status in rural Bangalore at a significant risk of experiencing depression and stress.

Socioeconomic disadvantages, marital challenges, unlimited access to mental health services intensify their vulnerability.

The findings call for multi-level interventions at the individual, community, all policy level to promote psychological well-being among rural women. Addressing mental health in this population is not only a health priority but also a social Justice issue, as improving women's mental health directly enhances the well-being our families and community.

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Annexures

Annexure 1 – Socio-Demographic Data Sheet (Researcher-Prepared)
Instructions : Please answer the following questions honestly. Your responses will be kept confidential and used only for research purposes.

1. Name/ID: _____
2. Age: _____
3. Marital Status:
   - Married
   - Single
   - Widowed
   - Divorced/Separated
4. Education Level:
   - Illiterate
   - Primary School
   - Secondary School
   - Higher Secondary
   - Graduate/Postgraduate
5. Occupation:
   - Homemaker
   - Daily wage worker
   - Agricultural worker
   - Domestic helper
   - Other (specify) _____
6. Monthly Family Income: _____
7. Family Type:
   - Nuclear
   - Joint
8. Number of Children: _____
9. Any history of chronic illness (Yes/No): _____
10. Past psychiatric history (Yes/No): _____

Annexure 2 – Patient Health Questionnaire-9 (PHQ-9)
Instructions : Over the last 2 weeks, how often have you been bothered by the following problems ?

No.	Question	Not at all (0)	Several days (1)	More than half the days (2)	Nearly every day (3)
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	Moving or speaking so slowly that other people could have noticed? Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	☐	☐	☐	☐
9	Thoughts that you would be better off dead, or thoughts of hurting yourself in some way	☐	☐	☐	☐

Scoring:
- Add up the scores for each item → Total Score (0–27).

- Interpretation:
  - 0–4 = Minimal
  - 5–9 = Mild
  - 10–14 = Moderate
  - 15–19 = Moderately Severe
  - 20–27 = Severe

Annexure 3 – Perceived Stress Scale-10 (PSS-10)

Instructions : The questions in this scale ask you about your feelings and thoughts during the last month. Please indicate how often you felt or thought a certain way.

No.	Question	Never (0)	Almost never (1)	Sometimes (2)	Fairly often (3)	Very often (4)
1	In the last month, how often have you been upset because of something that happened unexpectedly?	☐	☐	☐	☐	☐
2	In the last month, how often have you felt that you were unable to control the important things in your life?	☐	☐	☐	☐	☐
3	In the last month, how often have you felt nervous and "stressed"?	☐	☐	☐	☐	☐
4	In the last month, how often have you felt confident about your ability to handle your personal problems?	☐	☐	☐	☐	☐
5	In the last month, how often have you felt that things were going your way?	☐	☐	☐	☐	☐
6	In the last month, how often have you found that you could not cope with all the things that you had to do?	☐	☐	☐	☐	☐
7	In the last month, how often have you been able to control irritations in your life?	☐	☐	☐	☐	☐
8	In the last month, how often have you felt that you were on top of things?	☐	☐	☐	☐	☐
9	In the last month, how often have you been angered because of things that were outside of your control?	☐	☐	☐	☐	☐
10	In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	☐	☐	☐	☐	☐

Scoring:

- Reverse scoring: Items 4, 5, 7, 8 are scored in reverse (0=4, 1=3, 2=2, 3=1, 4=0).
- Sum all item scores → Total Score (0–40).
- Interpretation:
  - 0–13 = Low stress
  - 14–26 = Moderate stress
  - 27–40 = High stress