

PILOT SURVEY OF THE MENTAL HEALTH STATUS OF FARMING FAMILIES IN EIGHT VILLAGES OF AURANGABAD DISTRICT, MAHARASHTRA, INDIA

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Article Received on
11 June 2016,

Revised on 01 July 2016,
Accepted on 21 July 2016

DOI: 10.20959/wjpr20168-6807

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ABSTRACT

The mental and behavioural problems are increasing the global burden of disease. Since the past few years there has been an increase in the number of farmer suicides in India. These suicides can be attributed to crop failure, debt, alcoholism, family problems and physical illness. We conducted our pilot study in Aurangabad district of Marathwada region in Maharashtra, India. This is a predominantly drought prone region and has seen a rise in the number of suicides in the past few years. Based on these issues we conducted a pilot study to assess mental health status of farming families in 8 villages of the Aurangabad district. A Cross-sectional descriptive study was used on a sample size of 689 farming families between the ages of 18-60 years.

A psychiatric history taking questionnaire was used to interview the families. Our results revealed that drought was not a driving force of suicides (mental illnesses) and that these could be related to other aspects such as alcoholism (24.89%), family disputes (22.7%), loss of land, debt and loss of money (23.41%).

KEYWORDS: Drought, Farming Family, Mental health, Suicides.

INTRODUCTION

Mental and Behavioral problems are increasing the burden of health problems in the world. Currently mental health problems account for about 12% of the global burden of disease and Psychiatric Disorders cover at least 14% of global disease burden (Prince et al., 2007) WHO's Global Burden OF Disease Project estimated that by the year 2020 depression would rank as the second highest reason for the global burden of disease along with other

psychiatric disorders. Furthermore, it would also have a high prevalence rate in the top 20 diseases in the world (Murry & Loper, 1996).

According to American Association of Suicidology 90% suicides are committed by farmers in India. According to the National Crime Record Bureau out 5,650 total farmers suicide in India (Rahul Mahajani, 2014) 2,568 farmers suicides occurred in the state of Maharashtra (Kunal Purohit, HT Times 2014). Maharashtra is the the third largest state in India. It has four regions, Western Maharashtra, Vidharbha, Kokan and Marathwada.

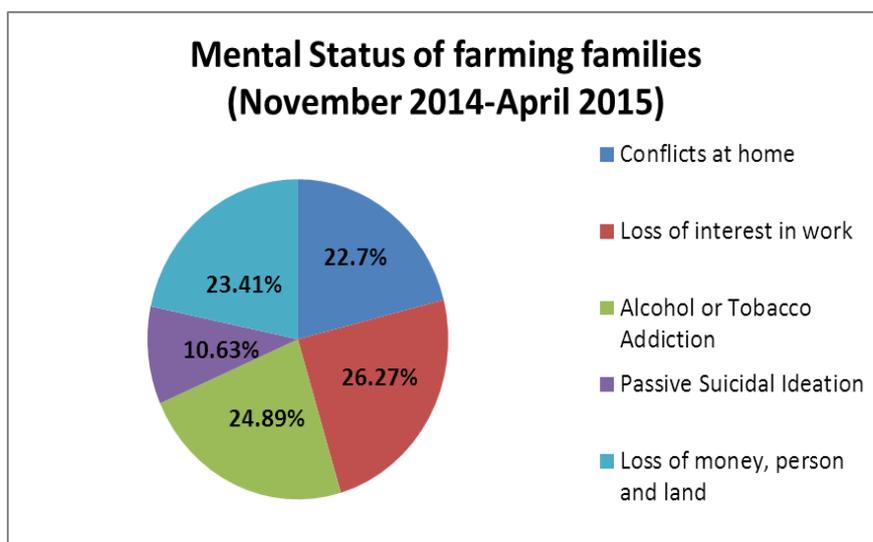
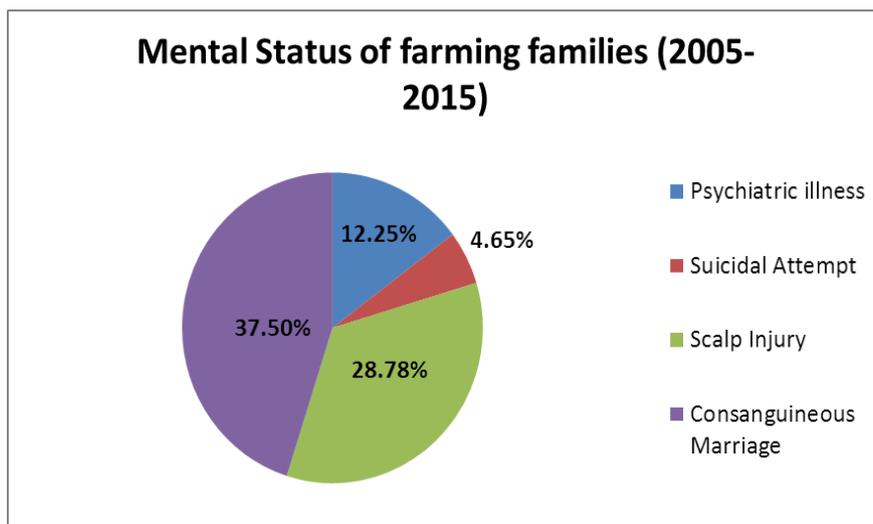
We conducted our research in the Aurangabad district of Marathwada region. Aurangabad comprises nine tehasils and 1368 villages, located in a total geographical area of 10107sq km. Agriculture is largely dependent on monsoon rainfall.

We are working in three areas in Aurangabad district, Aurangabad, Phulambri and Gangapur. Phulambari tehsil comes under the Central Maharashtra plateau zone and Gangapur tehsil comes under Western Maharashtra dry or scarcity zone. Within these two agro-climate zones we are working in the Khamkheda and Ambegaon clusters. A recent study shows that Aurangabad district has seen as fall in depth of ground water level in the month of January from five year average of 8.52 meters to 9.46 meters. These are the long term issues which impact and influences farmers and their families and increase the burden of health as well as mental and emotional problems.

MATERIALS AND METHODS

A cross-sectional descriptive study was conducted on 689 farming families from eight villages in Aurangabad district. The participants ranged from 18-60 years. Interviews were conducted with participants upon their consent wherein they were asked about any past mental illness in the family (since the last 10 years) as well as any present mental illness (since the past 6 months to 1 year). The questionnaire used was based on established psychiatric history taking procedures. Interviews with participants were conducted in person and their responses were noted down.

RESULTS AND DISCUSSION



Our findings reveal that drought was not the driving force of mental illnesses in the Aurang abad region. The mental status of the last ten years of eight villages for 689 farming families (2005-2015) shows that people in the region suffer from a psychiatric illnesses (12.25%), some have attempted suicide (4.65%), a few participants have had a past scalp injury (28.78%) and majority of the participants have been married to relatives or consanguineous marriage (37.50%).

Additionally in the last 6 months (November 2014- April 2015) participants reported that they had regular fights and conflicts at home (22.7%), have lost interest in their daily work (26.27%), are troubled by their own or a family members alcohol and tobacco addiction (24.89%), have lost money, land or a close loved one (23.41%) and have even experienced passive suicidal ideation (10.63%).

The mental status of the last ten years (2005-2015) shows that majority of our participants (37.50%) had been married to a relative. This could mean there is a certain amount of genetic loading for mental disorders and that they could be passed down in families. Furthermore marrying blood relatives can lead to the offspring having innate physical and mental health problems.

The mental status of the last six months (November 2014-April 2015) reveals that a large percent of families (24.89%) are troubled by alcohol and tobacco addictions within the family. These addictions have arisen as a coping strategy against the stress of work and everyday life. Furthermore an alarming number of participants (10.63%) reported having passive suicidal ideation indicating that they must suffer from severe depression.

CONCLUSION AND RECOMMENDATIONS

The results of our research revealed that drought was not the major contributing factor for mental illnesses in the Aurangabad region. The farming families interviewed reported that they were troubled by many problems such as debt, loss of land, alcohol and tobacco addiction, family conflicts and a general disinterest in work.

Conducting this research brought to light many issues that need to be addressed. Most of the farming families that participated in this research were mentally and emotionally distressed by work and the effort of everyday life. Therefore, we recommend that the government focus more on creating policies to improve the mental health of farmers. The government could organize group or personal counseling sessions for farmers so that they could share their problems. Furthermore, since many farmers and their families are troubled by alcohol and tobacco addiction the government could open de-addiction centers to help them find better coping strategies. Lastly, many farmers are steeped in debt and do not have good knowledge about managing their finances. The government should provide financial literacy for farmers so that they are better able to manage their finances and not succumb to debt.

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