

Aug-2019

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## Recommended Citation

Rungreangkulkij, Somporn; Kotnara, Inkata; Rujiraprasert, Nilubol; and Khuandee, Napaphat (2019). Gender Inequality Identified as an Underlying Cause of Depression in Thai Women. *Journal of International Women's Studies*, 20(7), 395-408.

Available at: <https://vc.bridgew.edu/jiws/vol20/iss7/25>

## Gender Inequality Identified as an Underlying Cause of Depression in Thai Women

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### Abstract

Depression is increasing worldwide and is the fourth leading cause of global burden of disease. It is one of the most common disorders affecting women worldwide, highlighting the fact that gender is a critical determinant of mental health and illness. This qualitative research employs a gender lens to discover the causes of depression in women in Thailand. In-depth interviews were conducted with 18 women who currently experience depression. The interviews were audio-recorded and transcribed verbatim, then evaluated using gender analysis. The findings revealed two themes relating to gender inequality, namely that women encountered chronic stress as a result of having to perform traditional gender roles and the stress of living in a context defined by an unequal power relationship between genders. The theme of traditional gender roles consisted of two sub-themes: women having to be patient for their children and families and discrimination because of widowhood. The theme of unequal power relationships consisted of three sub-themes: men not being responsible for the duties as the head of the family, men paying for their personal expenses first (before the family), and women having to bear the family's financial burden. These findings suggest that raising awareness about gender inequality is important for the prevention of depression in Thailand. Furthermore, it is recommended that therapists understand the causes of depression beyond the individual level and integrate a gender perspective in their psychosocial treatment regime for women.

*Keywords:* depression, women, gender, Thailand, Thai women, mental health, women and mental health

### Introduction

Depression is a common health problem that has a significant impact on patients' lives (Marcus et al., 2012). According to the World Health Organization, depression is one of the most common disorders affecting women in both high-income and low- and middle- income countries (Marcus et al., 2012). General population surveys conducted in many parts of the world have revealed a high rate of depression, with a lifetime risk of 7-12% for men and 20-

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25% for women (SEARO, 2010). In 2010, depression was reported as the second leading cause of global years lived with disability, accounting for 8.2% (Ferrari et al, 2013):

*Depressive disorders were a leading cause of disease burden in the 1990 and 2000 Global Burden of Disease (GBD) studies, collaborative scientific efforts that quantify the health loss attributable to diseases and injuries in terms of disability adjusted life years (DALYs; one DALY represents the loss of a healthy year of life). DALYs are calculated by adding together the years of life lived with a disability (YLD, a measure that includes a disability weight factor reflecting disease severity) and the years of life lost because of disorder-specific premature death (Ferrari et al 2013).*

In Thailand, according to a 2008 national epidemiology survey on mental health, it was found that the prevalence rate of depression was 1.8% (1.7% for men and 2.9% for women) (Mental Health Department, Ministry of Public Health, 2008).

Depression is a complex phenomenon, resulting from a complex interaction between biological, psychological, and social factors, especially for those who have gone through adverse life events (WHO, 2016). Depression may be a result of circular interactions between inner experiences and outer social systems (Falicov, 2003). However, the main recommendation for the prevention and treatment of depression is based on the biological and psychological dimensions, like encouraging changes in behavior such as exercise, positive thinking, or treatment in terms of psychological counselling or anti-depressant medication (WHO, 2016). This biomedical model disregards the opportunity to explore socio-cultural factors, such as gender or the patriarchal system that encompasses women (Neitzke, 2016). Gender refers to differences between men and women shaped by socialization which determines norms, roles, relationships, behaviors, activities, space, power, expectations, and the value of men and women (WHO, 2011). Gender identifies different relationships between men and women and boys and girls depending on culture, tradition, history, social structure, economy, and politics (WHO, 2011). There is evidence that males are dominant in certain societies, where men/boys are privileged in terms of access to resources and have power over women/girls (Judd, Armstrong, and Kulkarni, 2009).

Furthermore, this patriarchal system often results in women being in a subordinate role, at a material disadvantage, living in poverty, facing domestic violence, and the undervaluation of women's work. Women are expected to sacrifice themselves for the needs of other family members, resulting in a "silencing of the self" (Falicov, 2003). It is suggested that these issues may contribute to depression in women (Falicov, 2003; Chen, Acevedo-Garcia, and Kawachi, 2005). Neitzke (2016) looked at depression from a gender perspective, showing that depression is a matter of power and oppression within a gender system. Studies have found that women with depression experience gender-related causes such as a loss of control over their lives, a sense of powerlessness, a lack of confidence, distress from feelings of entrapment in gender roles, attempting to meet the expectations of being a good mother or woman, a lack of access to financial independence, marital disharmony, marital sexual violence, widowhood, and low levels of autonomy in making decisions and support from one's family (Walters, 1993; Vidler, 2005; Chandra & Satyanarayana, 2010). Most women with depression also experienced more than one adversity or negative life event (Vidler, 2005; Chandra & Satyanarayana, 2010) and depression was more common among poor women (Walters, 1993).

Some studies have been conducted exploring experiences of depression in women in low-income countries such as India and Vietnam and corroborate global trends of this gender role influence. In a study of Indian women (Pereira et al., 2007), the most depressive women reported distress from economic difficulties, worries about their children's behavior and their

futures, their personal health, excessive housework, and marital difficulties, especially spousal abuse and violence. In Vietnam (Niemi et al., 2010), the causes of depression fell into four main categories: external causes, such as physical and economic problems; relational causes, such as family problems (from the husband, children, and in-laws); personal causes, such as over-thinking; and unknown causes.

In Thailand, very few studies have explored the experiences of depressed women. Seeherungunwong (2002) conducted a qualitative study to explore the meaning of depression. The participants reported that they thought that depression was a disease of the insane, a disease of losers, or a tacit disease (not discussed). Women in Phaokuntarakorn's study (2005) described depression as distress and unhappiness. They expressed their depressive symptoms as thinking in negative ways; drowsiness; a lack of energy; the loss of the will to live; and feeling upset, worthless, and helpless. These two studies have shed some light on the meaning of depression for Thai women, but they have not explored the causes of depression or investigated the role of gender. This study, therefore, employs a gender lens to analyze the causes of depression in Thai women. The objective of this study is to use gender analysis to identify underlying causes of depression in Thai women.

## **Methodology**

The study area is a village in the province of Surin, Thailand, bordering Cambodia. Most people speak the local language only. The majority of both men and women only completed elementary school and have low incomes. The main occupations of the villagers are in agriculture, mainly rice farming, daily labor, and trading rice. During the four-month dry season, working-age men and women, except for women caring for small children, go to work in other regions. It is generally agreed that they will get advances on their wages from employers or agents for the expenses of family members. The villagers drink alcohol to release stress and help with the socializing of being a real man. The employers also like to let the workers drink alcohol after work because in Thai culture drinking alcohol after working is viewed as one strategy for relaxation for men. Trading rice allows farmers to earn money fast, so adolescent men in the village tend not to continue their studies at a higher level. Adolescent men leave school to work and earn their own income and drink alcohol like adult men do. Therefore, the alcohol consumption of village men is a financial burden on their wives and mothers.

Depression is a main concern for the Department of Mental Health in the Ministry of Public Health. The Department of Mental Health has a national policy to increase access to health care services addressing depression. As part of this effort, they developed an assessment instrument for measuring depression. The 9Q scale was developed for assessing the severity of depressive symptoms. It was developed from the DSM-IV-TR (Kongsuk et al., 2017). The 9Q test consists of nine questions related to depressive disorder. The 9Q test is performed by asking patients to evaluate each question according to their symptoms or feelings in the past two weeks, the answers to which are then classified as one of four levels on a scale of 0 to 3. The total scores could range from 0 to 24. The 9Q test was examined for psychometric accuracy with 1002 volunteers aged 18 and older. The M.I.N.I (Mini International Neuropsychiatric Interview) was performed by a psychiatrist as the gold standard. The validity of the 9Q test was calculated at the 7-score cutoff point with a Receiver Operating Characteristic Curve (ROC) of 0.9283 (95% CI = 0.8931-0.9635), a sensitivity of 75.68%, and a specificity of 93.37%. A 9Q score of 6 or below is defined as normal, 7-12 as a mild level of depression, 13-18 as a moderate level of depression, and 19-27 as a severe level of depression (Kongsuk et al., 2008).

The policy of increasing access to health services prompted the tasking of professional nurses who work at primary health care centers with conducting depression assessments for chronic patients and elderly patients every year. These two groups were chosen because they are at a high risk for depression. In late 2015, due to economic problems, the village people in this study area showed a lot of stress. There were two cases of suicide. A nurse who worked at a primary care center decided to conduct a depression assessment for people of working-age (18-59 years old) using the 9Q scale from 13-17 June 2016. There were a total of 243 working-age people living in the community at the depression screening period. Only 194 working-age people were assessed, which was 79.83% of the total working-age population. It was found that 84.5% of those who were assessed met the criteria for depression: 6.1% had depression at a moderate level and the rest were at a mild level; 59.15% of those who had depression were women.

The research team was interested in exploring causes of depression based on women's perspectives. Therefore, the principal investigator (the first author) contacted the nurse who worked at the primary health care center and asked her to be part of this project. The inclusion criteria for key participants were women aged between 18-59 years who were assessed with depression symptoms from 13-17 June 2016 and had depression symptoms at mild to moderate levels. The researchers using theoretical sampling for recruiting key informants, such as age, marital status, education level, family economic status, and age of children. The researcher informed potential participants of the project and invited them to participate. The interviews were started after the key informants signed informed consent forms.

This article discusses the qualitative data which is part of a project for the development of care for women with depression in the community. It presents the data in a situational analysis phrase. Data were collected using in-depth, semi-structured interviews. The participants were interviewed by the researcher using the following prompting questions in Thai: How did you notice that you were different from what is considered normal? What is it like to be depressed? What do you think are the causes of depression? The interviews, which lasted from 60 to 90 minutes, were audio-recorded and transcribed verbatim by professional transcription services.

Data on low-income Thai women's perceptions of causes of depression were extracted from the 18 verbatim transcripts and analyzed using content analysis based on gender analysis. Gender analysis is the analysis of phenomena to identify gender socializing messages on men and women, including roles, gender-based division of labor, productive and reproductive activities, and access to and control over resources. Then, the researchers examined how these messages impacted men and women differently (Worel & Remer, 2003). Data were independently coded by two researchers (one who specializes in depression and qualitative research and one who has expertise in qualitative research and domestic violence). The researchers discussed their findings and reached a consensus on emerging themes. The participants were invited to attend a presentation to establish study rigor. The participants agreed with the findings and offered further clarification and explanation on the researchers' interpretations. The study was reviewed and approved by the Human Ethics Committee of Khon Kaen University (HE# 582216).

## **Findings**

The mean age of the 18 women included in this study was 41.9 years (ranging from 32 to 59 years). The majority had completed elementary school (n=16) and were involved in agriculture (n=15). The husbands of two women had passed away and the rest were married. Seven women had depressive symptoms at a moderate level and the rest had depressive symptoms at a mild level (n=11) as presented in table 1.



**Table 1 Demographic characteristics of key informants**

Characteristic	Number (total 18)
Age	Mean age 41.9 years
Marital status	
- Married	16
- widow	2
Educational level	
- elementary school	16
- high school	2
Occupation	
- agriculture	15
- daily labor (รับจ้างรายวัน)	3
Depressive symptoms	
- Mild level	11
- Moderate level	7

The in-depth interviews revealed that the women thought that there were three main causes to the chronic stress in women which led to their depression: 1) women had to be responsible for the family according to the expectations of society, 2) the alcohol consumption behavior of husbands led to their lack of responsibility for the family needs, and 3) the family income was not enough to cover the family expenses. They noted that the main cause was the lack of responsibility for the family by the men. When the gender lens was used to analyze the causes of depression in the women, two themes with five sub-themes relating to gender inequality emerged as presented in table 2.

**Table 2 present themes and sub-themes based on gender analysis**

Major theme	Sub-theme
The traditional gender roles	- women having to be attentive to the children and the family
	- discrimination because of widowhood
The unequal power relationship	- men not being responsible for the duties as the head of the family
	- men paying for their personal expenses first (before the family)
	- women having to bear the family's financial burden

## **Traditional gender roles**

### *Women must be patient for children and family*

Many women reported that they have found that married life is not going as expected. Their husbands are not responsible for the family and do not recognize the problems or pay attention to their wives. They also drink alcohol, gamble, and are violent towards the family. However, many women have to bear this for the sake of the children and the family, as illustrated by the following quotes:

*I had to be responsible for the family's expenses and debts. I had to work very hard. He hardly did anything. My friends recommended that I leave him. Once I was at my mother's house. He was going to hit me with a wooden stick. My friend said that if she were me, she would leave him. But I couldn't do that because he was the father of my children. I had to be patient and I had to tell myself that he was the father of my children. I used to think of committing suicide. I was stressed out and overwhelmed with everything. I took a knife and walked away. But, suddenly I thought, "What if I died and he was not a responsible person?" So, I thought about how my children's lives would be with an irresponsible father. Then I decided to walk back home. [118, 40y, widow]*

When many women find out that their husbands are not as they expected, they realize their own ability to live without their husbands. But their family members try to change their minds by referring to the family needs rather than thinking of the feelings and needs of the woman. Or if a woman wants to break up with her husband, it will be assumed by others that it is because she has flaws that she has to break up with her husband.

*If we break up, I will be blamed. People will say that I am not good. So I have to be patient. When I want to break up, people will tell me to be patient one more time because they like something like this. They do not want us to break up. Our relatives also asked us to change our minds for one more time. It is always like this. I have to be patient then. [107,42y]*

### *Discrimination because of widowhood*

Some of the widowed participants shared their stories indicating the discrimination they felt because they no longer had a husband.

*I like to dress up. But others like to think that I like to hang out just because I dress up. The worst is that they think I am a prostitute. But I'm not. I do not know who I should talk to because they do not say that in front of me. I have just heard from others. I do not have a husband. It is very bad that they think of me this way. It is very bad for a woman. During the rice planting season, I want to hire them (men in the village), but it is very hard for me. I have to do everything myself. When I ask other people's husbands to work, they always say why I dare to ask their husbands to do things. It is very hard for me to hire someone to work. This is a problem. Living alone is very difficult. Even my brother-in-law, I cannot ask him to help. I do not ask him to help for free, but I hire him. Even my sister, she thinks of me that way. So, I have to do everything by myself. I do not dare to ask them even I want to hire them. I am really afraid that their wives do not understand. If their wives understand me, it will be good. I am really afraid of being talked about by others. I used talk to a*



*man whom I knew, and someone said that they were afraid that I would have affair with him. This might be because I like to dress up, so they think I dress up to flirt with men. [I18,40y]*

*As I do not have other people to help earn income, they (creditors) do not want to give me a loan. Even my siblings, they do not let me borrow their money. They are afraid that I cannot pay them back. Living a widowed life is not easy. I am poor. For other people whose husbands died, they may have property, so they can live their lives comfortably. Or some may have a new husband because they are not poor. They have houses or cars. So when their husband died, they can have a new husband. But for me, I am poor. Everyone in this village likes rich people. So those who are rich will be supported by parents' men. Even if they have three or four children, others do not care about it. But those who are poor will be ignored, especially those who have four or five children. No one wants them. [I13, 43y]*

### **Unequal power relationships between genders**

*Men not being responsible for the duties as the head of the family*

Thai social values accept that drinking alcohol is a norm for men. The participants reported that the women or wives suffer if their husbands drink alcohol a lot and do not take family responsibilities seriously, such as not taking care of children, not recognizing the problems in the family, and being violent towards their wives. One of the participants told about her suffering from the behavior of her husband, who could not be trusted:

*When he goes to buy food, I have to go with him (the husband) because if he goes alone, he will buy alcohol. And if he is drunk, he will drive and have an accident. I am very stressed out that he is an irresponsible person. Another thing is that we have two children and the oldest child is studying while the youngest child still has to drink milk. So, I decided to work as a construction laborer. If I work at home, I have to plant rice and my rice field is very far. If I do it, I have to carry around 40-50 kilograms of fertilizer there. And I have to feed cows by cutting grass. So I told my husband that I would go to work and he had to be at home. I gave him (the husband) four to five thousand baht as he had to buy milk and food for our children. I had only fifty baht with me when I went to work. But only one day, my husband spent all the money on gambling, and alcohol drinking. He borrowed money from the neighbor and also lied to my mother that I did not have money for buying milk for the children. So, I was worried, and I did not have money. Then I wondered why my husband was like this and if I can rely on him. So, I was so stressed out. [I16, 44y]*

*Men paying for their personal expenses first (before family needs)*

The participants generally reported that they feel men believe that they have a duty to earn for the family and the wives have to manage the family's expenses, including debts for investments such as the purchase of fertilizer and cars. When men earn additional money from part-time jobs like being daily construction laborers or carrying rice sacks, they will spend the money on themselves, buying things like alcohol and cigarettes or gambling. As illustrated in the following quotes, stress levels are increased when husbands spend money on these types of personal activities instead of spending that money on food, milk, tuition fees, or paying debts:

*He (the husband) works outside the home and he does not give me all the money. He always keeps some of it for himself. For example, if he gets two hundred baht from work, he will give me one hundred baht. The rest is spent on alcohol drinking, smoking or gambling. He has never given me the full amount of money. He keeps it for his personal expenses. He has always been like this. I have never had enough money for spending on the family. So, I am very stressed out. Sometimes I want to sleep and never get up to avoid this problem. [I11, 39y]*

*When he (the husband) has money, he will give it to me. But he keeps some with him for his personal expenses. For example, if he earns one thousand and two hundred baht, he will keep two hundred baht for buying beer and snacks. His friends come to drink with him every day. So, the money used to pay for the family is not enough. What about the debt, right? I have to bear this burden. [I07, 42y]*

#### *Women bear the family's financial burden*

More than half of the women reported that since it was drought this year, they were not able to plant rice. Therefore, it caused stress as they had to manage both the family expenses and tuition fees of the children. In addition, the women had to use their names for borrowing money for the family. As a result, the women were stressed from the financial strain on the family. Most husbands were farmers, so if it was not a rice farming season, they would do extra work such as daily trading rice or daily labor, which generates an inconsistent income. Most men were only responsible for earning money, but the management of the family expenses, tuition fees of children, and debts were the responsibility of women. The participants reported that most men would not recognize the difficulty of financial management. This caused stress for the women who then also do not have anyone to listen to their problems or to give them advice, especially the husband. One of the participants shared that she had wanted to commit suicide. She was diagnosed with depression and is being treated with anti-depressants.

*I am stressed out about the family expenses. When there is no work, our family is faced with the problem of family expenses. We have to pay for water, electricity, food or something like this. I am very stressed out because I do not have money to buy food for the children and pay for utilities. So, I have a lot of debts. I do not know who I can borrow money from. So, I am desperate and stressed out. He (the husband) does not even recognize and listen to me. I feel that women and men have different responsibilities. He is not interested in family expenses. He just goes to work and gives me some money. After that, he does not care what I am going to do. He does not even recognize that the amount of money is not enough for spending each day. I have to save money for the next day. [I11, 39y]*

*Here, (the village) women are responsible for earning income. The loaners of the Bank for Agriculture and Agricultural Cooperatives (BAAC) are mostly women. BAAC told me that men are busy with work, so they could not attend the meeting. Therefore, women must attend the meeting. Right now, the majority of BAAC's members are women. It is said that they do not let men in as BAAC's members. So sometimes, they (men) said that they are not in debt. So, they tell women to earn to pay the debts themselves. Women, therefore, have to pay debts. Even when buying rice, women have to talk to the rice*

*sellers because men said that they do not know how to talk to the sellers. Or even when selling rice, women are the ones who talk with the mill owners.*  
[106, 43y]

## **Discussion**

This research paper aims to use gender analysis to understand the causes of depression in Thai women. The study found that the women were under stress from their husband's behavior and family financial difficulty. Using gender analysis, the women were under chronic stress because of traditional gender norms and unequal power as compared to their husbands. In a culture where women are expected to care for family members rather than men, men feel less bound and responsible for raising the children (Simonardottir, 2016), like in Thai culture. Nowadays in Thailand, due to the difficult economic conditions in the family, many women have the additional role of working to earn supplemental income for the family (Center for Public and Civil Society, 2012). However, they continue to bear the responsibilities of the family including food, costs of utilities, and so on, while men do not have to adjust their roles. This responsibility is harder when the family income is not enough for daily living. These women were under stress because they did not know how to respond to family members' basic needs with limited money. In addition, in traditional Thai society, when people get married the bride is expected to be attentive to the family and keep the family going. Married Thai women are not supported if they want to get divorced (Vasikasin & Haemaprasit, 1998).

In patriarchal societies, remarrying may not be accepted for women (Center for Public and Civil Society, 2012). Therefore, living a hard life after being widowed is more common among rural women whose husbands are the breadwinners, because when their husbands die, the women will have trouble earning an income for the family. They also have to take care of the children alone with a lack of social support. Therefore, these women are at risk of mental health problems (Trivedi, Sareen, and Dhyani, 2009). Widowed Indian women (Jaitly, 2014) also found that the stigmatization of widowhood resulted in limited access to resources or being discriminated against, as found in this study.

In patriarchal societies, as in Thai culture, men are seen as the breadwinners, have more power to make decisions on spending the family income, and more freedom compared to their wives (Vibulsrest, 1995; Vasikasin & Haemaprasit, 1998). Moreover, it is viewed as acceptable for men to drink alcohol or gamble to be happy and to release stress from work (Mongkol et al., 2011). Men's responsibility is earning income, while women's responsibility is managing the income to meet daily expenses for the family's basic needs (Vasikasin & Haemaprasit, 1998). Chandra and Satyanarayana (2010) noted that the male-dominated society has greater expectations on women to have responsibility in caring for family members, responding to the needs of family members and dedicating themselves to the others in the family. But women cannot control the use of resources or decision making. Women also do not receive care from others in assistance, listening and recognizing problems, and support. This causes chronic stress in women and may lead to depression (Neitzke, 2016).

Today in Thailand, there is evidence that giving women access to economic resources enables women to make their own decisions and helps to reduce levels of depression (Chen et al., 2005). However, in this study, agricultural families did not have the opportunity to do business with banks freely. Most income was largely dependent on natural phenomena such as rainfall. Family income was also dependent on the price of rice, something they could not control. They did not have their own mills. In the year with poor yields, women had to bear the burden of debts alone. Men did not even recognize the debts. Some women reported that their husbands claimed that they were not the ones who caused the debts because his signature was

not on the loan agreement. As a result, women had chronic stress, which was one source of depression.

Thai society expects married women to be attentive to and responsible for their families and be good mothers and good wives in terms of sacrifices for the family. As a result, they are trapped by the role of a good women. If these women are not supported by their husbands, the risk of having mental health problems increases. This is more common in women who are married (Bird & Rieker, 2008). Internalization of traditional women gender roles without alternatives exacerbates distress for women (Tang & Tang, 2001). Although the key informants of this study suffered from the behavior of their husbands or were abused, their families were still trying to tell them to be patient and asked them to think of the children. The expectations of society for women may led to chronic stress. There is substantial evidence supporting the finding that stressors and stressful situations can produce depression (Van Praag, 2005).

### **Conclusions and Recommendations**

This study supports the thinking that not only bio-psychological factors, which are at an individual level, but also social structure at a higher-level, have an impact on chronic stress in women, which may lead to depressive symptoms. In a male-dominated society, gender inequality may exist in the family. This manifests as men having the power to decide on the use of family income, men having more freedom of choice in daily behavior, the expectations of society for women to be good mothers and good wives, and the expectation to respond to the needs of the family. In addition, widowed women also face discrimination due to their gender. Therefore, to improve the diagnosis and treatment of women's mental health and to reduce the risk of depression, gender-based analysis should be integrated into the study of mental health, particularly in analyzing the causes of depression in women. This is recommended to increase awareness of gender inequality in order to change attitudes and increase practices that promote gender equality. Health providers should listen to women's voices and experiences and work with them to reconstruct their gender attitudes. The design of gender-based treatments with the goal of changing the attitudes of women who are trapped by being a good wife and a good mother and to encourage women to take care of themselves is needed. Developing strategies to change attitudes of the male-dominated society and promote gender equality is urgent.

## **Acknowledgement**

The authors would like to thank all the women who gave up their time to take part in this study. This research was funded by the Women's Wellbeing Program, Thai Health Foundation.

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