Discuss Gender and Cultural variations in prevalence of disorders

What to write in this essay

* You will need a definition of prevalence
* You still need to identify the disorders you will discuss. You will need at least two.
* You need to identify the disorders and describe the symptoms in terms of PEBC (Physiological, Emotional, Behavioural and Cognitive).
* The disorders you write about will have different gender and cultural variations. It is probably best to deal with gender variations first and then cultural variations.

Affective disorder: Major Depressive Disorder

Gender variations in prevalence

* Re-cycle
* The National Institute of Mental Health in the USA found the lifetime prevalence of depression for Males was 13.2% and Females was 20.2% **(Kessler et al 2005)**
* Nolen-Hoeksema (2001) Women are about twice as likely as men to develop depression. However there is no single variable that can account for this.
* Weisman et al found women had a higher prevalence of depression than men in 10 different countries

You will need to provide explanations for the gender differences

* What are the biological explanations for women’s higher prevalence?
* Historically it was thought that the hormones oestrogen and progesterone could cause women to be vulnerable to depression BUT there is little scientific evidence to support this. Nolen-Hoeksema (2001)
* Weiss et al suggested that women have a dysregulated response to stress because they are more likely to have been exposed to regular episodes of trauma.
* What are the sociocultural explanations for women’s higher prevalence?
* Nolen Hoeksema (2001) Women’s low power and status. This may lead to constrained choices and make women feel like they have a lack of control
* The role strain hypothesis. Women may have to rely on the role of housewife for identity and self esteem. Brown and Harris’s study also supports the idea that women’s social roles carry a number of strains like childcare. Bebbington home/small children=depression

Cultural variations in prevalence

* There are some similarites across cultures. According to the World Health Organisation, identified common symptoms of major depression in Iran, Japan, Canada and Switzerland? Sad effect, loss of enjoyment, lack of energy. An etic approach showing universal symptoms.

However there are many differences

* Re-cycle
* Andrade and Caraveo (2003) found the lifetime prevalence of depression varies across cultures. 17% in USA and 3% in Japan.
* What do you think the key findings are according to Weisman et al (1996)? Varying rates of depression worldwide. Beirut 19%, Taiwan 1.5%. Different risk factors, social stigma and cultural reluctance to endorse mental symptoms may account for the differences.

You will need to provide explanations for the cultural differences

* Historically, depression was common in western culture and appeared to be absent in Asian cultures. This has been explained in many ways.
* Rack (1982) Asians only consult their doctor for physical problems (tiredness, insomnia). Emotional issues are sorted out within the family.
* Klienman (1982) Neurasthenia in China. 100 patients with neurasthenia were interviewed using DSM III criteria. 87% of the patients could be classified as suffering from depression. 90% complained of headaches, only 9% complained of depressed mood.
* Marsella (2003) argues that in individualistic cultures depression takes a primarily emotional form (loneliness). Whereas in collectivist cultures physiological symptoms (headaches) dominate.
* Marsella (1995) Urban settings are associated with increased stress (housing problems, underemployment, limited education).
* Dutton (2009) People in some countries have much harder lives due to war, economic changes, unemployment. They are exposed to different social stresses.
* Reporting Bias Rates are based on figures from hospital admissions which may not reflect true prevalence rates. Rack (1982) found that there is a great stigma attached to mental illness in China. Therefore only psychotics are labelled.

Even within culture there are differences (this is an added extra)

* Re-cyle
* Poongothai et al (2009). Overall prevalence for MDD in the city of Chennai, South India was 15.9%. Similar to the USA. Self report study of 25,455 participants. Depression rates were higher in the low income group-19.3% compared to the higher income group-5.9%. Also rates among divorced-26.5% were higher than currently married-15.4% Evaluate the use of self study.
* This shows that factors other than culture are responsible for differing prevalence rates.

Use terminology correctly

* Individualistic
* Collectivist
* Emic-one culture, culturally specific
* Etic (the t represents together)-across cultures, universal behaviours

Eating disorder: Bulimia Nervosa

Gender variations in prevalence

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Cultural variations in prevalence

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