

Mental Health and Well-being of Hypothyroid Women

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Abstract

In the previous researches it was found that the fundamental features of all thyroid conditions are exaggerated by cognitive, motivational, somatic and emotional manifestations. But in this research our aimed is to investigate the mental health and well-being of female hypothyroid patients viz a viz with their normal counterparts. Ex-post facto research design was used for this research. The sample for the study consisted of two groups. Group-I consisted of 30 female hypothyroid patients, age-range from 30 to 40 years. Group-II consisted of 30 non-hypothyroid females, compared with group-I in terms of age, education and marital status. A comprehensive methodology is applied for this and the results of research revealed that hypothyroid and non-hypothyroid women are different from each other in their mental health and well-being. Hypothyroid females found to be in a poor mental health and well-being as compared to non-hypothyroid females. High positive correlation is found between mental health and well-being of hypothyroid females. It is concluded that poor mental health affect hypothyroid female's well-being. These findings can be helpful in providing better preventive methods and treatment of hypothyroid condition patient. The present research is an effort in this direction.

Keywords: Hypothyroid, mental health & well-being

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Introduction

Well-being is a complex manifestation of optimal psychological function and experience. To some extent this reflects the rising understanding that just as positive affect is not the opposite of negative affect, well-being also is not the lack of mental illness. Maslow, (1968) described well-being as “wholeness of body”, “mind” and “spirit in terms of health”, “prosperity” and “self actualization”. Well-being depends upon the person's perception. According to Kumari, Sharma, & Yadava, (2013) “well-being as the concept is very much close to the concept of mental health, happiness, full of life, vital, energy, interest, self-actualization, of one's full potential and prosperity as well as health”. Well-being is a vibrant conception that includes subjective,

social, economic, and psychological dimensions as well as health-related behaviors (McDowell, 2010). Well-being is a multidimensional notion that includes different aspects of physical and mental health, supporting social relationships, and capability to deal with demanding situations (Stikes, Noren, & Shindell, 1982).

Physical health is a primary dimension of an individual's overall well-being. Vital elements of physical well-being include good nutrition, prevention health care, physical activity, substance abuse prevention, safety and security. Mental health is one of the most connected components of physical health through which individuals realize their cognitive, affective, and rational abilities with a balanced mental disposition. Mental health is an indicator that shows the degree to which the

person is able to meet his environmental demands i.e., social, emotional or physical. Whenever, a person finds himself unable to cope or deal with the situations effectively, he/she faces mental stress. This mental strain is normally reflected in symptoms like nervousness, anxiety, restiveness or depression etc. If the person felt all these symptoms extensively for a long time, these symptoms may take form of syndrome. For this reason physical problems are complex and can change well-being.

Rationale of the Study: Hypothyroid is a medical condition whereby not enough thyroid hormone is being produced for the body to properly function. It is also known as Underactive thyroid. Thyroid disorders are affecting countless numbers of women every year resulting psychological and physical imbalance. Hypothyroidism is a more common form of thyroid disorder among women (**EndocrineWeb.com, 2005**). It is a fact that thyroid hormones play an important role in the health of metabolic endocrine, nervous and immune system, they in turn regularise optimal functioning of the brain resulting in maintaining health of a person (**Hall, 2002**).

Studies on thyroid subjects have indicated that the fundamental characteristics of all thyroid conditions are exaggerated by emotional (Aufmkolk et al., 1985; and Lowrance, 2006), motivational, cognitive (Nazliel, 2008; Albert, 1988) and somatic manifestations (Cohen, 2005; Moore, 2006) and these serious psycho-somatic symptoms are distressing the person's well-being. So, the present research is carried out with the **objective to study the mental health and well-being of hypothyroid and non-hypothyroid women.**

Method

Design

Ex-post facto research design was used.

Sample

The sample for the study is consisted of two groups. Group-I consisted of 30 female hypothyroid patients, age-range from 30 to 50 years taken from the clinics of physicians and S.N. Medical College, Agra. Group-II consisted of 30 non-hypothyroid females, matched with group-I in terms of age, gender, education and marital status. Subjects suffering from any other psycho-somatic disorder were not included in the sample. The following inclusive and exclusive criteria were followed for selection of subjects:

- Patients diagnosed by doctor to have thyroid problem and under treatment of a doctor for hypothyroidism at least for last five year.
- Age: 30 to 50 years.
- Education: graduate.
- Marital status: married.
- Gender: females only.

Tools

The **Mental Health Check-list (MHC)** by **Kumar (1992)** and **P.G.I. Well-Being Scale** by Moudgil, Verma, Kaur & Pal (1986) were used for the collection of data for the present research.

Procedure

The sample was purposive in nature as data was to be collected. Subjects were given to test booklets to fill up and also requested to complete the entries of name, age, sex, education, occupation, and address given on the first page. Then the instructions were readout which was printed on the first page of the test booklet. After the completion, the questionnaires were taken back from the subjects and they were thanked for their cooperation. The scoring was done for MHC and PGI Well-being questionnaires with the help of manual. The MHC questionnaire consists of total 11 (6 mental and 5 somatic symptoms) items, presented in a 4 point rating format, viz

always, frequently, sometimes, and rarely. A numerical value of 1 (rarely), 2 (sometimes), 3 (frequently), and 4 (always) is assigned to the 4 response categories. The total score varies from 11 to 44, showing the highest/better to the lowest/poor mental health status of the subjects. In the scoring of PGI Well-being scale, every item responded as tick () was scored '1' and left item was scored '0'. The lowest score of the P.G.I Well-being scale is 0 and the highest score is 20. After gathering the raw data statistical calculation was done with the help of the SPSS programme.

Results

To compare the mental health and well-being of hypothyroid and non-hypothyroid females Mann Whitney U test was applied and to find out the relationship between mental health and well-being Product Moment coefficient of correlation was calculated. Results are shown in the tables.

Result Table-1: Mean, SD & Zu values of mental health in respect of hypothyroid and non-hypothyroid females.

| GROUPS | N | Mean | SD | Mean Rank | Zu | Level of Significance |
|------------------------------------|----|-------|------|-----------|-------|-----------------------|
| Group-1 (Hypothyroid Women) | 30 | 31.76 | 4.93 | 44.57 | 28.00 | p<.01 |
| Group-2 (Non-Hypothyroid Women) | 30 | 20.83 | 3.63 | 16.43 | | |

Result table-1 showed that the mean score of mental health for group-I is 31.73, and that for group-II is 20.83. The mean score of group-I is higher than group-II. Zu value =28.00 is significant at .01 level of significance. It indicates that there is a significant difference in the mental health of group-I and group-II.

Result Table-2: Mean, SD & Zu values of well-being in respect of hypothyroid and non-hypothyroid females.

| GROUPS | N | Mean | SD | Mean Rank | Zu | Level of Significance |
|------------------------------------|----|-------|------|-----------|-------|-----------------------|
| Group-1 (Hypothyroid Women) | 30 | 9.90 | 3.36 | 17.70 | 66.00 | p<.01 |
| Group-2 (Non-Hypothyroid Women) | 30 | 15.73 | 2.03 | 43.30 | | |

It can be observed from result table-2 that the mean score of well-being for group-I is 9.90, and that for group-II is 15.73. The mean score of group-II is higher than group-I. Zu value = 66.00 is significant at .01 level of significance. It indicates that there is a significant difference in the well-being of group-I and group-II.

Result Table-3 Coefficient of correlation ® values.

| Groups → Variables ↓ | Group-1 (Hypothyroid Women) N=30 df=28 | Group-2 (Non-hypothyroid Women) N=30 df=28 | Combined Group-3 N=60 df=58 |
|-------------------------|--------------------------------------------------------|------------------------------------------------------------|------------------------------------------|
| Mental Health | r= -0.62** | r= -0.64** | r= -0.84** |
| Well-being | | | |

**Significant at 0.01 level.

Results table-3 reveals that the coefficient of correlation between mental health and well-being for group-1, group-2 and group-3 was (r) -0.62, -0.64 and -0.84 respectively. These results represent a positive high correlation coefficient between mental health and well-being. As the scores on MHC show that with the increase in scores there is the decrease in well-being, hence the negative values in table-3 may be interpreted as showing positive correlation.

Findings & Discussion

Results revealed that...

- There was significant difference among mental health and well-being of hypothyroid and non-hypothyroid females. Hypothyroid women scored higher on mental health and lower on well-being. This indicates that women have found lower/poorer mental health and lower/poorer well-being than non-hypothyroid females. This findings are supported by several studies by Moore (2007) and Marazziti, (1998) indicated that hypothyroid people can lead to progressive loss of interest and slowing of mental processes, restlessness and anxiety due to their medical condition.
- Hypothyroid women have found more physical and mental ramifications in comparison to non hypothyroid women. They have emotional instability, feeling of guilt, low self-esteem, sadness, disagreeableness, embarrassment, and despondency and psychological distress. Various researchers (Arem, 2007) stated that thyroid imbalance has severe effects on the patient's 'emotions and behavior'. A person may experience mild to severe exhaustion and depression when hypothyroidism is present (Nippoldt, 2008).
- There is a positive correlation has been found between mental health and well-being. Poor mental health of hypothyroid females affects their well-being. They often feel the mental and physical ramifications as well as stomach pain, rapid irregular heartbeats, insomnia, fatigue, pain in the neck and shoulders, depression, nervousness, panic or anxiety attacks. These findings are in agreement with previous researches, demonstrating that severe hypothyroidism lead to impaired mental health and well-being of patients (Sauro, Jorgensen and Pedlow, 2003; Hogan, 2003)

Conclusion

On the basis of results findings it can be concluded that a significant difference exists in mental health and well-being of hypothyroid and non-hypothyroid women. They differ with each other in their mental health and well-being. Hypothyroid women have been proved to have comparatively lower mental health and well-being in comparison to their normal counterparts and these findings are consistent with a large body of researches.

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