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A Study on Post Traumatic Stress Disorder (PTSD) with respect to Gender

[1] Rubia Jan, [2] Zainab Hamid, [3] Dr. Shawkat Ahmad Shah, [4] Dr. Arshad Hussain
[12] (Research scholar), [3] (Associate Professor, Department of Psychology)
[4] (Professor in the Department of Psychiatry)

***Abstract*: --- It has been evaluated that by 2020 psychological trauma will be the main cause of disability, next to depression and heart diseases (Michaud, Murray & Bloom, 2001). The present study entitled as "A Study on Post Traumatic Stress Disorder (PTSD) with respect to Gender" was aimed to understand the PTSD in respect to gender. The objectives of the study were to assess levels of PTSD experienced by male and female, apart from this it also aimed to explore the significant difference in male and female participants with respect to PTSD. The sample of the study consists of 100 participants. Out of 100 participants, 50 were male and 50 were female. PTSD symptom scale (PSS) developed by Foa, Riggs, Dancu and Rothbaum (1993) was used to assess the levels of PTSD. The collected data was subjected to comparative analysis (t-test) with the help of SPSS. The comparative analysis highlighted that there is significant mean difference in PTSD with respect to gender. Further comparison of means indicates that female participants have higher PTSD as compared to male participants.**

***Key Words*:- PTSD, Gender.**

I. INTRODUCTION

Countries and states affected by conflict with combined effect of exposure to traumatic experiences, restrictions on economic development and the breakdown of traditional social support mechanisms place the population at greater risk of psychological distress and mental health disorders (Housen, et al. 2017). Kashmir has been a conflict zone since decades and the chronic socio-political conflict has had a tremendous effect on various segments of Kashmir society. As a result of ongoing conflict there has been a massive damage to the life and property, infrastructure, tourism and other sectors of socio-economic development, however its effect can be felt nowhere more on the mental health of the people of Kashmir. Considering upon the human sufferings the conflict in the valley has not only left thousands dead and orphaned, it also becomes a powerful cause of violence on women and children, but the worst impact of suffering was the alarming increase in the psychiatric morbidity in general people. As far as prevalence of PTSD is concerned, there is disagreement in literature. The National Comorbidity Survey Replication NCS-R estimated that the lifetime prevalence of PTSD among adult Americans to be 6.8% (Kessler, Berglund, Demler, Jin, Merikangas, & Walters,2005). The lifetime prevalence of PTSD among men was 3.6% and among women was 9.7%. However as per the National Comorbidity Survey (2005) the prevalence of PTSD was 1.8% among men and 5.2% among women. In 2007 National Comorbidity Survey (NCS) revealed that the prevalence of PTSD among adults was higher for females (5.2%) than for males (1.8%). In India, it was observed that a considerable proportion of children and adolescents had PTSD symptoms (Mohapatra, Nayak, Pattanaik, Swain & Kar, 2007). According to ICD-10-DCR the proportion of subjects having PTSD syndrome at one year was 30.6% with an additional 13.6% having a probability of sub-syndromal PTSD. In Kashmir, the estimated prevalence of mental distress in adults was 45%; 41% of adults are having probable depression, 26% with probable anxiety and 19% with probable PTSD (Housen, et al. 2017). Study conducted by leading psychiatrist of Kashmir Dr. Margoob, et al. (2006) reported that due to the conflict and violence, prevalence of PTSD in Kashmir is 15.9% which is quite higher when compared to other places. But research conducting by Action Aid in 2016 highlighted that the prevalence of PTSD is 1% as they state the cause of low prevalence of PTSD in Kashmir is because they are misdiagnosed with depressive disorders. As par National Comorbidity Survey, the life time prevalence of PTSD is 7.8 (Kessler, Sonnega, Bromet, Hughes & Nelson, 1995).

Post-Traumatic Stress Disorder (PTSD) is no longer anxiety disorder but it is a trauma and stressor related disorder (DSM-5, 2013). PTSD is a progressive disorder characterized by exposure to an extreme traumatic stressor such as direct personal experiences of an event, involves actual or threatened death or serious injury of oneself or

another person. According to DSM-5 the response of a person towards that event must include helplessness, intense fear, or horror. According to the psychology today (2018) Post Traumatic Stress Disorder (PTSD) is a trauma and stress related disorder which occurs due to exposure to a traumatic event in which severe physical harm, violence or even death occur. According to National Centre for PTSD (2018) PTSD "is a mental health problem that some people develop after witnessing or experiencing life threatening event such as natural disaster, war, motor vehicle accident, or sexual assault". National Institute of Mental Health (NIHM), indicated that Post-traumatic stress disorder (PTSD) develops after exposure to a potentially traumatic event such as violent personal assaults, natural or human-caused disasters, accidents, combat, and other forms of violence, all are beyond typical or normal stressor. People who experience PTSD may have persistent frightening thoughts and memories of the event, sleep problems, emotional numbness, or even it can severely impair a person's ability to function effectively at work, family and other social life. Other symptoms frequently associated with PTSD are depressed mood, anhedonia, feeling tired most of the time, lack of appetite, hopelessness and indecisiveness (Mohapatra, Nayak, Pattanaik, Swain & Kar, 2007). Also factors like gender, high exposure, lower educational level and middle Socio-Economic Status are significant determinants of PTSD.

As per reports of study conducted by Fredy, Magruder, Mainous, Frueh, Geesey and Carnemolla, (2010) men reported war related trauma while as females report sexual or physical trauma. Research study conducted in Kashmir by Tambri Housen etal (2015) highlighted that females have more PTSD than males. Another study conducted by Ditlevsen and Elkhit (2010) also reported that women had two times more risk of developing PTSD than men. However, at the same age the female to male ratio was 3; 1.and the highest female male ratio was found at the age of 21 to 25 year. According to the study conducted by Norris (2012) when exposed to trauma, women are at great risk of developing PTSD because of intensified fear. In contrast, Resnick, Mallampalli and Carter (2012) found that women's in the military are not at risk than men in developing PTSD However Galovski, Blain, Chappuis, and Fletcher (2013) revealed that the history of lifetime trauma did not differ by gender, except women endorsed a higher occurrence of sexual assault.

Purpose of the study:

Considering upon the human sufferings the conflict in the valley has not only left thousands dead and orphaned, it also becomes a powerful cause of violence on women and children, but the worst impact of suffering was the alarming increase in the psychiatric morbidity in general people. Due to socio-political unrest in Kashmir the number of PTSD cases is tremendously increasing and there is also lack of studies conducted on PTSD with respect to gender. In this context, the present study entitled as "A Study on Post Traumatic Stress Disorder(PTSD) with respect to Gender" is carried with a rationale that it will not only add to literature on the mentioned construct but also helps the policy makers and social workers, clinicians to develop the strategies for prevention, treatment of PTSD.

Research Instrument/ Tool:

PTSD symptom scale (PSS) developed by Foa, Riggs, Dancu and Rothbaum (1993) was used to assess the levels of PTSD. PSS consists of 17 statements that assess the severity and presence of PTSD symptoms related to Single identified traumatic events in individuals with a known trauma history. The internal consistency of PSS was found to be .89 and test retest reliability .87.

Participants: The sample of the study consists of 100 participants. Out of 100 participants, 50 were male and 50 were female.

Sampling Technique: Purposive sampling has been used with following inclusion criteria:

Only those traumatic victims were included in the study who met the criteria of PTSD with the help of Clinician-Administered PTSD Scale (CAPS; Blake et al.,1995). CAPS is a structured interview measures current, past week and lifetime diagnosis of PTSD. It also measures symptom severity, duration onset. Other Criteria are given below:

1.Double Orphans were taken as a sample.
2.Low education status.
3. Below the age of 25.

Objectives:

1. To assess levels of PTSD experienced by male and female.
2. To study the significant difference in PTSD with respect to gender.

Hypothesis: On the basis of above objectives, following hypothesis are formulated

1. H1: There is significant difference in the levels of PTSD between male and female participants.

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II. RESULTS AND INTERPRETATION:

Table 1.1: Showing mean difference in the levels of PTSD with respect to Gender.

Variable	Gender	N	Mean	SD	t- value	Sig.
PTSD	Male	50	4.7640	1.21813	1.920*	0.05
	Female	50	5.0034	1.46009		

* =significant at 0.05 level

The above table reveals that PTSD differ significantly with respect to gender (t=1.920, P=0.05). A comparison of means indicates that female participants (M=5.0034, SD=1.46009) have higher PTSD as compared to male participants (M=4.7640, SD=1.21813).

Thus hypothesis H1 "There is significant difference in the levels of PTSD between male and female participants", stands accepted.

Discussion: The findings of the study highlighted that PTSD differ significantly with respect to gender. Further comparison of means indicates that female participants have higher PTSD as compared to male participants. The results of study are consistent with National Comorbidity Survey (2005); Fredy, Magruder, Mainous, Frueh, Geesey and Carnemolla, (2010); Tambri Housen etal (2015); Ditlevsen and Elkhit (2010) and Norris (2012) who also found in their studies that female are at greater risk to develop PTSD. However, the findings of the study are incongruent with the results of Resnick, Mallampalli and Carter (2012); Galovski, Blain, Chappuis, and Fletcher (2013) who highlighted that either male have higher chances of developing PTSD or gender doesn't have significant effect on PTSD.

Conclusion: The present study was aimed to explore the significant difference in male and female participants with respect to PTSD. Results of the study have shown that females have higher mean score on PTSD then male participants. Therefore, its mandatory to provide help and treatment to women survivors and bring them in contact with psychotherapists who treat them effectively. It is also important to have number of psychologists and clinicians who have experience in treating trauma survivors so that the risk of developing PTSD becomes less. One of the main problem faced by researchers and policy makers in case of PTSD is development of appropriate treatment strategies for PTSD. This study is beneficial for policy makers to develop measures to improve the overall quality of life. This study is helpful for policy makers to develop policies in order to reduce the risk of mental disorders. Actions and policies should be made that protect basic human rights of humans especially women's which proves powerful preventive strategy. Furthermore, in case of PTSD collaboration of policy makers and clinicians is important for developing pervasive preventive strategy. Policies and laws should be amended regarding the use of lethal weapons.

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