

Investigation of Depression Status of Adana Brothel Sex Workers

Adana Genelevi Seks İşçilerinin Depresyon Durumunun İncelenmesi

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Abstract

Objective: The aim of our study is to determine depression status of registered sex workers working in the Adana brothel.

Material and Methods: A questionnaire consisting of 21 questions regarding sociodemographic characteristics and sexual history, and Beck Depression Inventory(BDI) that aimed identifying cases of depression were applied on participants.

Results: BDI mean score was 15.90 ± 11.67 , and median was 16 (min=0, max=44). BDI score those over 17 was 48.1%. There was a significant relationship between age and incidence of depressive symptoms ($p=0.001$), and a statistically significant difference between education level and incidence of depressive symptoms were found in sex workers ($p=0.01$). Logistic regression analysis performed using variables that have p-value less than 0.1 show that increasing age causes increase of risk of depressive symptoms.

Conclusion: In our study on sex workers, as the duration of working in the sector increased and the age of starting the profession decreased, rates of depressive symptoms increased. (**Sakarya Med J 2017, 7(2):85-91**).

Keywords: Sex workers; Depression, Psychological Tests

Özet

Amaç Çalışmamızın amacı, Adana genelevinde çalışan kayıtlı seks işçilerinin depresyon durumlarını belirlemektir.

Gereç ve Yöntemler: Katılımcılara, sosyodemografik özellikler ve cinsel öykü ile ilgili 21 sorudan oluşan bir anket ve depresyon vakalarını tanımlamayı amaçlayan Beck Depresyon Envanteri (BDE) uygulanmıştır.

Bulgular: BDE ortalama skoru 15.90 ± 11.67 ve ortanca 16 idi (min = 0, max = 44). BDE puanı 17 yaş üstü olanlar% 48.1 idi. Yaş ile depresif belirtilerin insidansı arasında anlamlı bir ilişki vardı ($p = 0.001$) ve eğitim düzeyi ile depresif belirtilerin insidansı arasında istatistiksel olarak anlamlı farklılık bulundu ($p = 0.01$). P değerinin 0,1'in altında olduğu değişkenleri kullanarak yapılan lojistik regresyon analizi, artan yaşın depresif belirti riskini artırdığını göstermektedir.

Sonuç: Seks işçileriyle ilgili çalışmamızda, sektörde çalışma süresi arttıkça ve mesleğe başlama yaşı düştükçe, depresif belirti oranları arttığı bulunmuştur. (**Sakarya Tıp Dergisi 2017, 7(2):85-91**)

Anahtar Kelimeler: Seks işçileri, Depresyon, Psikolojik testler

Introduction

Depression is a disease in which one's desire for life and pleasure disappear, feel a deep sorrow, have pessimistic, gloomy thoughts, intense regret to the past, guilt feelings, and sometimes thoughts of death and suicide. It is associated with physiological disorders of appetite, sexual desire and sleep. In addition, because of the depression, or complete loss of interest in the world, the loss of binding capacity or investing in other people; the fall of self-esteem and self-worth which is a combination of emotions such as self-reproach, reprimand and humiliation are confirmed.¹

Depression is one of the most frequently seen psychiatric disorders. It can be seen at any age but more common in middle age and especially in the 25-44 ages. Lifetime prevalence of major depression is given in 4.4% - 19.6% and 17%.^{2,3} In women compared to men, it is seen twice as often. In women, developing this disease for a lifetime is 10-25%, and for men, this rate changes between 5% to 12%. One out of every 4 women or one man every 8-10 undergoes a major depressive disorder during their lifetime. These people also have a 50-80% risk of recurrence of depression. If there are other people who have had depression in the biological family of the person, the risk of disease for him increases 1.5-3 times.⁴ According to the first studies that investigate the prevalence of depression in Turkey, the point prevalence rate is approximately 10%.⁵

Additionally, women with STI and sexually abused women are confirmed to experience much more psychological problems compared to other women.⁶ Brothel women constitute one of the high-risk groups in terms of STIs. According to a report of Ankara Chamber of Commerce (ATO), in 56 brothels operating in Turkey, about 3,000 registered prostitutes are working. The number of registered prostitutes in Turkey is more than 25,000. It is stated that in brothels, to avoid creating legal problems, many women without the document are employed, and many of them do hidden prostitution because they could not find brothels.⁷

The purpose of this study is; to determine registered sex workers' depression status who are working in Adana brothel. As a result of this, due to the small number of studies in this field, it is to contri-

bute to determining problems in this regard.

Methods

This is a cross sectional study planned to determine sex workers' depression status in Adana brothel.

The scope of the research is composed of registered sex workers in Adana brothel. The number was 113 sex workers at the time the study was conducted. The study was aimed to reach the entire field. As a result 108 people were reached. Five people were not involved in research because they were off or on leave at the research time.

The research was started after obtaining necessary approvals from Cukurova University, Faculty of Medicine Ethics Committee and Adana Provincial Public Health Office. Women working in the brothel were given information on the purpose of the study and received approval before interviews. Surveys of literate sex workers were made by themselves, and surveys of illiterate sex workers were made through face to face interviews. Data were collected between April-June, 2014. SPSS 15.0 was used for statistical evaluation, situations where p value is of <0.05 was considered statistically significant.

The sociodemographic characteristics of the person (age, sex, educational level, parents' educational level, marital status, etc.), smoking, alcohol, addictive substances / drug use, whether they have received training on STI and information about their sexual histories with a questionnaire consisting of 21 questions and Turkey version of Beck Depression Inventory consisting of 21 questions were used.

The original name as Beck Depression Inventory (BDI) is one of the most widely used scales in research on the mental health screening or for depression. It was developed by Beck in 1961. It was enhanced in 1978 by Beck and colleagues, aimed to determine the severity of depressive symptoms, can be applied to adults and adolescents over the age of 15, and is a self-rating scale that can be answered in about 10-15 minutes and answered by the patient. The purpose of the questionnaire consisting of 21 items for mea-

suring the symptoms such as emotional, motivational, vegetative and cognitive areas seen in depression is to quantify objectively the number of degrees of depression, not used to diagnose depression. An important feature is its ability to distinguish between depression and other psychopathology. But there is insufficient evidence about the distinction of subgroups of depression.⁸ BDI consists 21 depressive symptoms identified in clinical observations during the psychotherapy. Each item in the BDI is scored between 0 and 3 points. The maximum score can be 63. The higher score indicates a high level of depression or violence. Hisli's work on validity and reliability determined the cut-off point at 17, indicated that 17 and more BDI score distinguishes severe depression with the accuracy rate of 90%.^{9,10}

Results

The study was performed in 108 sex workers working in Adana brothel. The youngest of those surveyed was 24, the eldest of them was 63 years old, the mean age was 43.8 ± 8.3 and the median was found 43 years old.

The average score of Beck Depression Inventory of sex workers was 15.90 ± 11.67 , and the median was 16 (min=0, max=44). 52 participants (48.1%) got 17 and above from BDI (48.1%) (Table 1). When classified according to the BDI scores, 39 people with minimal signs of depression received scores between 0-9 (36.1%), 17 people with mild signs of depression received scores between 10-16 (15.7%), 38 people with moderate depressive symptom levels received scores between 17-29 (35.2%), 14 people with severe depressive symptoms received the score between 30-63 (13.0%).

Table 1. Distribution of the Beck Depression Inventory score of Sex Workers

Beck point	Number	%
< 17	56	51.9
17 and over	52	48.1
Total	108	100.0

When we divided into three groups as 20-39 years, 40-49 years and 50 years and above, we found a significant relationship between age groups and BDI. The more age increases, the more

incidence of depressive symptoms increases. ($p = 0.001$) (Table 2) 13% of sex workers participating in the study were illiterate, 7.4% were literate, 49.1% were graduated from primary school, 14.8% were graduated from secondary school, while 15.7% were graduated from high school. A significant difference between education level and incidence of depressive symptoms were found in sex workers. The more education level increases, the less the incidence of depressive symptoms is seen. ($p = 0.01$) (Table 2)

Of mothers of sex workers participating in the study, 44.4% were illiterate, 15.8% were literate, 25.0% graduated from primary school, 8.3% graduated from secondary school, 6.5% graduated from high school and above. A significant difference between the education level of mothers and the incidence of depressive symptoms was not found. ($p = 0.07$)

When looked at the education level of the fathers of sex workers participating in the study, 20.4% were not literate, 16.7% were literate, 43.5% were graduated from primary school, 9.3% were graduated from secondary school, 10.2% were graduated from high school and above. A significant difference between prevalence of depressive symptoms and fathers' education level was not found. ($p = 0.08$)

Considered as two groups as sex workers who have never got married and others (married, divorced, widowed), a significant difference was found between depressive symptoms and marital status ($p = 0.01$) (Table 2). BDI scores were significantly lower in single than married, divorced or widowed women.

When compared to income levels and incidence of depressive symptoms of sex workers, we did not find a significant association between the occurrence of depression and level of income. ($p = 0.06$)

When examined situations of smoking of sex workers participating in research, 83.3% smoked, 16.7% mentioned that they did not smoke. Compared to the distribution of the smoking habit and depressive symptoms of sex workers, we did not find a significant association between the occurrence of depressive symptoms and

smoking habit. ($p = 0.86$)

When examined Participants'cases of alcohol using, 47.2's% used alcohol, while 52.8% did not. Compared to the depressive symptoms and the distribution of those surveyed by the alcohol habit, we did not find a significant difference between depressive symptoms and the habit of using alcohol. ($p = 0.07$)

When examined participants' cases of drug using, while 2.8% used drugs, 97.2% did not use drugs. When incidence of depressive symptoms of the survey participants was compared to the distribution according to patterns of drugs used, significant difference between depressive symptoms and the habit of using drugs were not found. ($p = 0.06$)

70.4% of sex workers participating in study have been working for less than twenty years while 29.6% have been doing this job over twenty years.

When looked at the years of work of participating sex workers, the incidence of depressive symptoms was significantly higher in employees working more than twenty years. ($p = 0.01$) (Table 2) 20.4% of sex workers participating in the study underwent an infection, while 79.6% had not had any infections. When the depressive symptoms of those who hadn't had infection was compared to the cases of previous infection, we found a significant difference between depressive symptoms and passing infection. ($p = 0.03$) (Table 2) BDI score was significantly higher in pre-STI. When examined that the participating sex workers' cases of using condoms, %89.8 used condoms, while %10.2 did not. A significant association between depressive symptoms and condom use were not found. ($p = 0.08$)

Logistic regression analysis using variables (age, education status, marital status, working age, alcohol use, income status, pre-STI transmission, condom use) with p values less than 0,1 as a result of pairwise comparison resulted in an increase in Beck depression inventory increased the risk of showing depressive symptoms. According to this, it was observed that the individual increases the risk of depressive symptoms every year by 1.111 times (95% GA:

1,050-1,175)(Table 3)

Table 2. Distribution of Sex Workers and Factors Affecting Beck Depression Inventory							
variable	BDI< 17		BDI≥ 17		Total		P value
	Number	%*	Number	%*	Number	%**	
Age group							
20-39	27	75.0	9	25.0	36	33.3	$p=0.001$ $\chi^2=13.37$
40-49	22	45.8	26	54.2	48	44.4	
50 and over	7	29.2	17	70.8	24	22.3	
Education							
Illiterate	5	35.7	9	64.3	14	13.0	$p=0.01$ $\chi^2_{df}=6.72$
Literate	3	37.5	5	62.5	8	7.4	
Primary school	24	45.3	29	54.7	53	49.1	
Secondary school	12	75.0	4	25.0	16	14.8	
High school	12	70.6	5	29.4	17	15.7	
Marital status							
Single	36	63.2	21	36.8	57	52.8	$p=0.01$ $\chi^2=6.18$
Other	20	39.2	31	60.8	51	47.2	
Working years							
<20 years	45	59.2	31	40.8	76	70.4	$p= 0.01$ $\chi^2=5.56$
≥20 years	11	34.4	21	65.6	32	29.6	
Effectuated by infection							
Yes	7	31.8	15	68.2	22	20.4	$p= 0.03$ $\chi^2=4.44$
No	49	57.0	37	43.0	86	79.6	

Table 3. Riskof Depressive Symptoms Seen for sex workers in the Beck Depression Inventory carried out by Logistic Regression Analysis			
	P value	Odds Ratio (OR)	(95%Confidence Interval)
Age	<0.001	1.111	(1.050-1.175)

Discussion

The concept of health degradation includes both physical and mental disorders. According to the results of several investigations, it is known that occupational exposure affects the health. Working under stress, shift work, not having sufficient autonomy and all the factors, such as lack of physical working conditions can lead to ill-health.^{11,12}

Studies for mental disorders of women working in the sex industry are very few. First, working in the sex business can have a negative

impact on health. The reason of these negative effects may be by the work itself or associated with socially, emotional load connected to work in the sex industry. For example, working in the sex business, confidentiality (privacy) and as well as the complex role for stigmatized can include an intense emotional labor expenditure. At the same time it is stated that sex work brings the social isolation.^{13,14}

Experienced violence at the working conditions of sex workers at studies carried out is between 35% and 94%.^{14,15} All these unfavorable conditions may lead to the emergence of mental disorders in sex workers.

Depression is fifth among the top ten diseases that lead to global disease burden.¹⁶ According to preliminary studies on the prevalence of depression in Turkey, point prevalence rate is about %10.5 Many epidemiological and clinical studies show that depressive symptoms and depression in society is higher among women.¹⁶ In Kayahan and his friends' study (2003) about women between 15-49 years in Izmir, according to BDI, 51.3% of women had experienced depressive symptoms.¹⁷ By Çetin and his friends (1999), in studies conducted with people in a health center in Trabzon, the frequency of depressive symptoms in housewives were found to be 42.9%.¹⁸ However, a study about this issue in our country is not available for brothels.

In our study, by using BDI and considering the cut-off score of 17, the ones which is 17 and above in BDI were 48.1%. 15.7% of these patients showed medium level symptoms while 35.2% of them showed moderately severe depressive symptoms.

In Australia and New Zealand, in the study that examined their physical and mental health status about sex employees working in three different ways (in brothels, as private employees, working on the streets) it has been stated that illegal working group were observed up to 4 times in negative mental health scores. This case may be associated with poor health status of these people while entering the sex industry, however it should be stated that the form of mental health can be affected more because of the risk of the working conditions.¹⁴

Because of the fact that most of the studies to investigate the effects on health of sex workers as research are the short-term studies, these studies are reported to be insufficient to assess the long-term effects. Therefore Ward and Day (2006) researched the situation of women who worked in the sex industry in London, for a 15-year period, in terms of health and career in this business. Between the years of 1986-1993, they met 354 women who were doing this job at least for 3 months and had an interview with them at least two times. Between 1997-2000, they tried to make contact with the same women again and reached 130 of 354 women. They found that 59% of the women still worked in this sector. In addition to the high mortality rate among women in the study, STIs, mental illness and addiction have been seen at high rates. They found that the most common chronic diseases was the psychiatric disorders and, psychiatric disorders in 40% of women (depression, psychosis, eating disorders, addictions) have been reported. They stated that sex work was associated with sexually transmitted sequelae of disease, mental health and high mortality and morbidity containing drug addiction problem, but stated that the relationship between health problems and sex work was complex.¹⁹

Depression is a disorder that can be seen in every age from the early childhood years later ages. The first opinion about the frequency and prevalence of depression, indicates that when age increases, depression increases.^{20,21} In our study, we've found that there was a significant correlation between age and the incidence of depressive symptoms, and increasing age causes increasing the depressive symptoms. According to this case, with increasing age, residence time in sector increases for those women. Still, it is stated that there was a significant association between depressive symptoms and duration in the sector. Increasing age and staying in the sector were found to cause the risk of depressive symptoms. This might be connected to both the reduction of earnings and increasing the risk of STIs because of the working conditions and the increasing age in the sector. Our study can support this view that the incidence of depressive symptoms of sex workers who had previously STIs is higher than those without infection.

Most of the studies has informed that at women's depressive

disorder, widowed or divorced ones have the highest risk.^{18,22,23} Economic hardship, loss and loneliness, lack of partner support, particularly at a young age beginning with losing the husband society pressures to marry in the direction are shown as reasons for it.²⁴ In our study, we found a significant correlation between depressive symptoms and marital status. The rate in depressive symptoms of divorced and widowed women was found to be higher than never-married women.

Studies have found the relationship between depression and alcohol addiction higher levels in females than in males. The risk of alcohol addiction in depressive symptoms of women was found 2.6 times more than non-depressive symptoms of women.²⁵ We in our study could not determine any significant relationship between alcohol and cigarette use and depressive symptoms. In a study made by Karabilgin about women between 15-49 years also could not find any significant association between depressive symptoms and the use of cigarettes and alcohol.²⁶

Literature shows that mental disorders is concentrated on the unemployed women with low education and income levels.²⁷ Warren indicated that higher education, increasing the ability and the knowledge could decrease the rate of depressive disorder by increasing the ability to cope with the problems and also with developing competence and control on their emotions.²⁸ In a study made by Çetin and his friends in Trabzon, a significant relationship was conducted between education levels and the prevalence of depression, depression was mostly occurred in illiterate population, the higher education level was getting, the less the rate of depressive symptoms was seen.²⁹ In our study, it was likewise found that when education level increases, the incidence of depression reduces. It can also be interpreted as a reason to be aware of the risks related professions and to have more information about ways to be protected from them, especially from STIs, while the educational level of women working in the brothel increases.

Logistic regression analysis using variables (age, education status, marital status, working age, alcohol use, income status, pre-STI transmission, condom use) with p values less than 0,1 as a result of pairwise comparison resulted in an increase in Beck depressi-

on inventory increased the risk of showing depressive symptoms. According to this, it was observed that the individual increases the risk of depressive symptoms every year by 1.111 times (95% GA: 1,050-1,175)

In the logistic regression analysis, only the age measure was significant and the other measures had no effect on the depressive symptom risk. This is due to the correlation of the other measures with age. That is, age increases lead to similar changes in other measures and in this case prevents other measures from being meaningful as it will also age out in logistic regression analysis.

Women working in brothels suffer serious psychological isolation from society and verbal and physical violence as well as being risk group for sexually transmitted diseases. This can cause a number of psychological disorders, especially depression. In our study, the number of women working in the brothel, who had 17 scores and over from BDI, was a high figure as 48.1%.

Therefore, at dispensaries in brothels there should be the presence of the person to give psychological support to sex workers, to provide the compulsory gynecological examinations twice a week legally at least, to examine their psychological evaluation periodically, and to help sex workers to get a word from an expert on this subject if necessary.

Limitations of the study

Answering the questionnaire took 20-30 minutes for each sex worker. Women's education levels to answer the questions were thought as an obstacle to understand them. This obstacle were tried to resolve by making the statements while the women were answering them.

Still, a diagnosis of depression is diagnosed after a psychiatric interview. Beck Depression Inventory is a scale used to measure changes in the level and severity of depressive symptoms. And the cut-off score in clinical studies is considered of 17. In our study, evaluation was made into groups under 17 points which is not significant depressive symptoms and 17 points and above as meaningful form.

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