ORIGINAL RESEARCH:

Risk factors for depression among 18-45 year old women in Kabul, Afghanistan

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Abstract

Currently, it is estimated that 350 million people suffer from depression worldwide. Depression is a common problem among women in developing countries, especially in war-torn regions such as in Afghanistan, and may be associated with both socioeconomic and cultural factors. This study examined the possible role of war related socioeconomic and some cultural practices in the affliction of women with depression in Kabul. A cross-sectional study on two groups of subjects and controls, 200 in total, was conducted in two hospitals in Kabul. Depression had been diagnosed by psychologists/psychiatrists in Kabul Mental Health Hospital based on *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.) criteria. The control group was selected from the same socioeconomic group in Istiqlal Hospital without depression and/or severe illness. The comparative research highlighted significant war-related and socioeconomic risk factors for depression including widowhood, forced marriage, living in a crowded household, lower education, and low and/or irregular income.

Keywords: Afghanistan, Cultural factors, Depression, Kabul, War-related factors, Women.

Introduction

The continuous war and conflict in Afghanistan has caused an endless social stress with a destructive effect on the mental health of the people. The objective of this research is to identify the association of war-related, cultural and socio-economic problems with depression among reproductive age women (18 to 45 years old) in Kabul, Afghanistan. Furthermore, through this study we examined the relation of some traditional and social norms that have dominated women's lives in Afghanistan, including forced marriage, low and irregular monthly income, low education, and loss of a family member with depressive symptoms among women. Depression is a serious medical condition in which a person feels very sad, hopeless, and unimportant and often is unable to live in a normal way (Merriam Webster Dictionary).

According to a World Health Organization (WHO) survey released in 2012, many individuals suffer from depression around the world and it is a major "contributor to the global burden of disease". Currently, it is estimated that 350 million people suffer from depression. One out of every twenty persons has experienced an incident of depression in the prior year, according to the World Mental Health Survey, piloted in 17 countries (WHO, 2012). Despite considerable improvements in the modern world, depression is one of the most common psychological disorders. According to the World Health Report 2001, based on "disability-adjusted life years, or DALYs", depression was the fourth main reason of disability among all illnesses. If the existing tendencies remain, it will be the second-most significant root of infirmity in 2020 (Corey & Sherryl, 2006). According to Murrray and Lopez (1996), depression is recognized as a main health problem and is a key reason of "psychological and physical morbidity". It is expected to be second only to ischemic heart disease in terms of total burden of disease by 2020 (Murray & Lopez, 1996).

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However, the situation of mental health in Afghanistan and many other war-torn countries is worse. According to Alemi (2014), more than 50% of the population in Afghanistan has some form of a psychiatric problem. Lopes Cardozo and colleagues piloted a nationwide mental health study in 2002, and stated that 73% of Afghans experience symptoms of depression, 84% have symptoms of anxiety, and 59% have posttraumatic stress disorders (Cardozo et al, 2005). Also, the WHO declared in a report focused on Afghanistan's mental health system, that in 2005 there were only eight psychiatrists, eighteen psychiatric nurses and twenty mental health professionals for a population of 27 million (WHO, 2006). The World Health Organization (WHO) had disclosed in another report in 2001 that there were no mental health centers to deliver proper health services, and the existing centers were not well equipped. The latest battles have totally damaged the core psychiatric hospital in Kabul. Only one of four public mental health clinics work, and there is a shortage of qualified psychiatrists in the country.

Afghans have suffered from prolonged mental disorders for decades. Prior findings have found that 20 to 30 percent of Afghans were suffering from mental illnesses due to continuous war and domestic violence (WHO, 2001). War and internal conflict have damaged all infrastructures, including the health system, in Afghanistan. Many professionals from all fields have immigrated to other countries.

However, studies conducted in Afghanistan on mental health report different results. According to Bolton and Betancourt, generally in Afghanistan the findings on "mental health" have concentrated on the occurrence of "post-traumatic stress disorder (PTSD), depression, and anxiety" (Bolton & Betancourt, 2004). Scholte and colleagues reported that in Afghanistan, the occurrence of symptoms of depression and anxiety was discovered to be excessive: "38.5% to 67.7% for depression and 51.8% to 72.7% for anxiety" (Lopes et al. 2004; Scholte et al. 2004). This study has focused on women's problems in Kabul, the capital of Afghanistan.

Women have suffered more than men because of war and conflicts. According to both Lopes and colleagues and Scholte and colleagues, females after war in Afghanistan live with worse mental health conditions (such as elevated anxiety, PTSD) and have suffered more "traumas" than males (Lopes, et al., 2004; Scholte et al., 2004). Based on above research in Afghanistan, many women live in a worse mental health condition than men. Women suffer more than men because the Afghan society is a male-dominated society. In a majority of families, females have no right to be involved in families' decisions.

According to de Jong, there are numerous reasons that may cause psychological disorders among Afghan females including schooling, age, spousal situation, ethnicity, surviving tools, and uncertain wages. Researchers have regularly discovered that higher educational level has a protective role for psychological disorders. There are many examples that the low level of education is related to PTSD amongst postwar countries such as Afghanistan (de Jong, 2002).

The USSR invaded Afghanistan in 1979 and stayed there until 1989. According to Hilton's argument, after the withdrawal of Soviet forces, the combat continued between the communist party and the resistance parties; the internal conflicts continued for more than 20 years. All of this turmoil badly affected Afghans, particularly the females (Hilton, 2001). Hilton argues that war and domestic conflicts had their own negative impact on Afghans, especially on women. Therefore, we designed an analytical study to determine the association of war related and socioeconomic factors with depression among 18-45 year old women at two hospitals in Kabul.

Methodology

Two data collection methods were used. One was a qualitative focus group discussion with psychologists and psychiatrists in the Kabul Mental Health Hospital. I discussed with them the different problems the depressed women faced and their experiences in treating the women. They treat depressed women in two different departments, OPD (Outpatient department) and IPD (Inpatient Department). A focus group discussion was conducted with psychologists and psychiatrist, including a trainer specialist of psychology in Kabul Mental Health Hospital. An open-ended question (what are the effects of war related and socioeconomic factors on women's mental health?) was asked from the focus group, psychologists and psychiatrists, who discussed it in detail.

For the quantitative study, I designed a questionnaire to conduct a survey on two groups, subjects and a control group. The survey was done in the form of an interview. I interviewed 100 women who were depressed. I asked them many questions related to the factors under study, and I took a control group of women with a similar age and socio-demographic status. The participants of the control group were mentally healthy. I compared the two groups regarding the frequency of these factors to see if any of these factors were more (or less) common among depressed women. The total planned sample size was 220 subjects, 110 subjects and 110 controls.

This research was conducted in two public hospitals in Kabul city, Afghanistan. The sample of the case group (depressed women) was interviewed in Kabul Mental Health Hospital (KMHH) and the control group (non-depressed women) was interviewed in Istiqlal Hospital. They also lived in the same district of the city so that they were similar in socioeconomic conditions. Any woman with a history of serious illness (e.g., heart disease, acute or chronic renal failure, liver disease, COPD, diabetes,…), pregnant women or those in postpartum stage, and as well as any woman with a depressed person in family/household, was excluded from the list of controls. The control data was thus collected from non-depressed healthy women.

The aim of this research was to determine the factors related with depression among women aged 18-45 in Kabul. From the sample size of 110 in the case group, only 100 responded to the conversation, and 10 of them refused to do the interview. The preplanned sample size of the control group was 110, and among these 100 answered questions while 10 rejected to cooperate. The same designed questionnaire, which had 11 questions, was distributed to both case and control groups. Thus the actual number of participants in the case group became 100 and included patients who had already been hospitalized in the psychiatric ward and those who were coming for follow-up to Kabul Mental Health Hospital during the data collection period. These women had already been diagnosed with depression by the psychologists/psychiatrists at the mentioned hospital according to Diagnostic and Statistical Manual of Mental Disorders (DSM-IV criteria).

The questionnaire had 11 questions to cover the war-related and socio-economic condition of respondents. The questionnaire was written in English first, and later translated to Pashtu and Dari (two national languages of Afghanistan), as the majority of respondents were unfamiliar with English, as well as illiterate. Therefore, a face-to-face interview was conducted with every patient, and the purposes of this research and the questions were explained to each patient in Pashtu or Dari.

Findings

Qualitative Analysis: The focus group discussion included a trainer specialist in psychology, five general practitioners of psychology and six psychiatrists. The trainer specialist was the head of the group, and all

other professionals took part in the discussion. The discussion was open, and I asked about war-related and socio-economic factors of depression among women in Kabul from the members of the focus group. The discussion was conducted in Pashto language, and I recorded all the discussion. Then, I translated it from Pashto into English.

Widowhood: Mental health professionals (psychologist and psychiatrists) indicated that widowhood has an influence on the mental health of the women and they had observed too many such cases. Many of the group members pointed out that widowhood would be a risk factor for depression. They stated that war and domestic conflicts caused huge problems in Afghanistan. A lot of people lost their family members, and tens of thousands of women became widowed.

They stated that when illiterate women become widowed and have no supporter, they face vast problems. As the majority of Afghan families is male-dominated, they do not let the widowed to remarry, and they continue their life in widowhood; widowhood is thus a risk factor for depression among women, especially among the poor, illiterate, and male-dominated families. They added that most of the widowed even literates do not have any proper financial support from the government or other entities. Therefore, widowhood from one side and financial difficulties from the other cause many mental problems, particularly depression.

The trainer specialist and member of the panel added that some people are prone to depression due to such difficulties. And key reasons are poverty, financial deficit and violence in the families. When a woman faces violence in the family, she is more susceptible to psychiatric disorders, specifically depression.

Forced marriage: Members of focus group discussion (psychologists and psychiatrists) pointed out that forced marriage is a risk factor for depression among women. Many mental health professionals stated that forced marriage is a risk factor for different mental disorders among women in Kabul. Also, professionals stated that in some cases when a father or brother became widower and wanted to remarry, they then exchanged their adolescent daughter or sister to an adolescent boy or old man, even if their daughter or sister disliked that. In some cases, families try to earn money by marrying their daughter off to a rich old man.

Furthermore, they referred to some cases of forced marriage called *Baad/Baadi*. They explained that in this custom, in a situation where a father, brother or uncle has killed someone due to conflict, after a while, elders of society may come together and try to make reconciliation or peace between the two sides by having their daughter or sister marry the other family. In other words, they exchange or force their daughters/sisters to marry the sons of the other side/family. If a side has no female in legal age, they marry their child, even a newborn girl, and wait for her to reach puberty. Mental health professionals added that:

> "W*e have a forced marriage case right now in the ward. She is an eighteen years girl, and the family engaged her in childhood. But now the girl wants to reject that relation, and she faces the resistance of her family. Finally, she became depressed, and now she is hospitalized in the mental health hospital*."

Therefore, forced marriage appears as a risk factor for depression among women in Kabul. They added that we are still in conflict, and male-dominated families do not give the rights of choosing the husband to their females.

Spouse Unemployment: The focus group members pointed out that spouse joblessness has a direct impact on a woman's mentality. Professionals talked about the negative impacts of spouse unemployment; many panel members agreed that spouse joblessness has a direct influence on women and other family members'

mentality. The level of uneducated and unskilled people is high; thus, the majority of unskilled people cannot find regular jobs, and they do not have any extra support from the government. Therefore, many depressed women come to the hospital, and, after taking their medical history, the doctors find that they have financial problem. The majority of them complain that their spouses are jobless and have no regular monthly income. Thus, psychologists and psychiatrists stated that spouse joblessness is a risk factor for depression among women.

Living away from spouse: Mental health professionals pointed out that living away from a spouse is a risk factor for depression among women, and among men as well. Seventy percent of focus group members stated that living away is a risk factor for depression. The trainer specialist of psychology and member of the panel, talked in detail about this issue, and he added:

> "*These are the spiritual and psychological stresses, thus, definitely it becomes a risk factor of depression. When a couple (wife and husband) live away from each other for a long time, definitely, this situation may cause many problems. The most considerable effect is on sexual desirability for both, and psychologically legal sex is a spiritual support for a wife*."

Some people travel abroad after getting married. These individuals stay there for years. Wives stay at home with in-laws. This psychological stress causes depression. Most poor or low-income people travel abroad to earn money. The main reason is a bad custom, which is called *Walwar (*Bride Price*;* it is a sum of money which the groom has to pay for a bride's family/in-laws*).* In some cases, this amount exceeds 2 million Afghanis (equal to $20,000 US). Thus, due to this hard custom, a groom has to leave after the wedding to earn money for the debt of his wedding. Finally, the young groom struggles to earn more money and work hard; on the other hand, the young bride stays at home for years and faces many problems. Furthermore, a psychiatrist said:

> *"I have many patients in Saudi Arabia, UAE, Kuwait, Oman and other countries. Many of them contact me through mobile and share their sadness and concerns. They call for consultations, and they have been taking medicines. At the end, I can say that there are many causes, such as living away from family, working hard, and having no contact with wife or children for a long time. Thus, the husband becomes depressed there, and the wife gets depression at home."*

Quantitative analysis: One hundred women between the ages of 18-45 were enrolled as the case group. From this group, 20 women (20%) were from IPD (In Patients Department) of Kabul Mental Health Hospital, and 80 (80%) of them were from OPD (Out Patient Department) of the mentioned hospital. A control study group was also selected from a similar socio-demographic group, from the same district of the city, in Istiqlal Hospital. The women, who were selected as control group, were attending the hospital either for the purpose of a general checkup, accompanying an ill family member, or came to the hospital just to visit their hospitalized relatives. These women were healthy, and did not have any mental or psychological problem. The response rate was 89 percent in both groups, and the respondents answered to all the questions (Table 1). The following are found as risk factors for depression among women; the result of each factor will be discussed in detailed.

Forced Marriage: The results indicate that *forced marriage* is one of the risk factors of depression among women in Kabul. The data shows that 8% of depressed women had been forced to marry; on the other hand, none of the women in the control group were forced to marry. The data also shows that 80% of women in

case group and 90% of participants in control group had arranged marriage. Thus, only 12% women in the case and 10% in the control group had voluntary marriage. There were no differences between arranged and voluntary marriage in both groups (Figure 1).

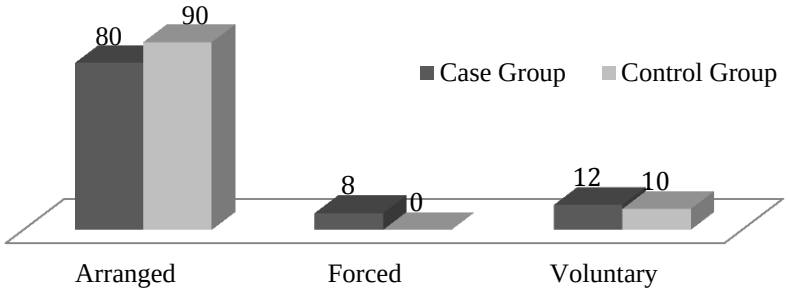

Figure 1: Marriage type (arranged, forced, and voluntary). The data doesn't show an association between arranged or voluntary marriage, and depression among women, but forced marriage is a risk factor for depression.

A statistical analysis of data indicated that forced marriage has a statistically significant association with depression. The Chi-square value was (χ^2 = 9.78). The P value is = 0.0017, which is significant (less than 0.05). It obviously shows that there is an association between depression and forced marriage.

Widowhood: The percentages of lost relatives (father, mother, son, brother and sister) were about the same in both groups. The death of close relatives, other than spouse, in the depressed and control groups were (brother; 9% vs 10%, father; 5% vs 7%, mother; 5% vs 18%, sister; 2% vs 5%, son; 6% vs 3%), respectively. Forty six percent of women in depressed group, and 52% of women in control group, had not lost any close relatives (Figure 2).

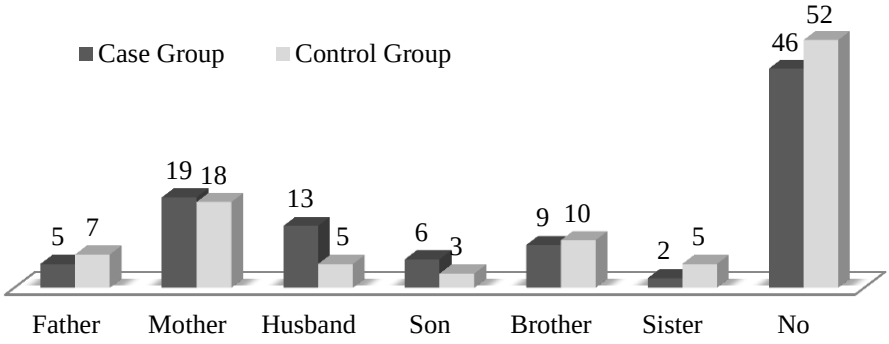

Figure 2: Relation of having a lost relative with the risk of depression among women in Kabul. Only the loss of husbands is significantly associated with depression in the case group.

The result of widowhood in the two groups showed that 13% of women were widowed in the depressed group, but only 5% in the control group. The statistical analysis demonstrates that the Chi-square value is (χ^2 = 3.90) with a P value of 0.048, which is significant (less than 0.05). The data also show that there are no associations between depression and loss of other family members such as father, mother, son, brother or sister. Another research conducted in Kabul among women who had lost their husbands demonstrated that depression symptoms existed among 78.6% (ARE, 2004). The loss of husbands, and subsequent problems in

life, may gradually cause depression in the widowed women.

Household with many members: The study shows that women living in a household with many members are prone to depression. The data was divided into two groups: those women that their household members were less than 10, and households with ≥ 10 members. The data clearly shows that households in the case group have more members than control. Seventy three households in the case group had ≥ 10 members, but only 22 households in the control group had ≥ 10 members; 27 households in the case group had < 10 persons in each household in the case group, but 78 households in the control group had <10 members(Figure 1. 3).

The Ministry of Public Health has announced that "*the average number of people in a household is 7.5*". According to (Marine Corps Institute), a family can reach up to 50 members, and these individuals are controlled by one head that they call "father." Those women who have a collective family life in a household and are constantly abused verbally by their in-laws (mother and father in-laws, brother- and sister-in-laws) are prone to depression. Verbal abuse is one of the prominent risk factors for women leading to depression.

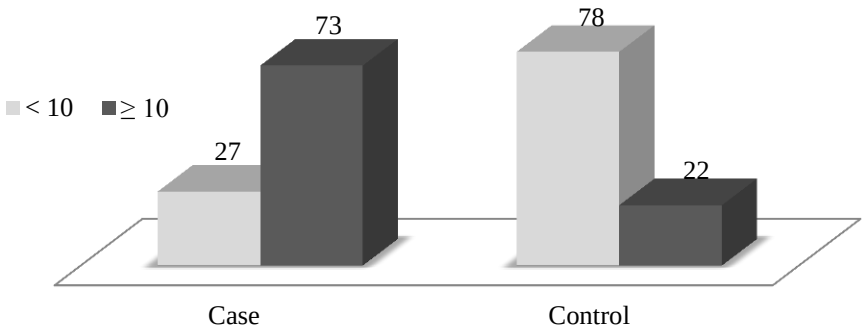

Figure 3: The relation between having less than 10 vs. 10 or more persons in a household with depression among women. As seen, 73 women in the case group had 10 or more persons in their household while only 22 women in the control group lived in such a crowded household.

The statistical analysis demonstrated the chi-square test at (χ^2 = 54.35) with the P value = 0.00, which is significant. The result of Chi-square is a high number. It shows that those women who live in a household with many members are highly susceptible to depression.

Living away from spouses: In this study women who live away from their spouses are 8% in the case group and 4% in the control group. Based on statistical analysis, the result of Chi-square test is (χ^2 = 1.41), and the P value = 0.23 which is not statistically significant. During the interview with psychiatrists and psychologists, however, they believed that living away from spouses is a risk factor for depression among women.

Education: In this study 42% of women in the case group were literate, and 54% of participants in the control group were literate. The percentage of illiteracy in the case group is 58% and in the control group 46%; there are no big differences between the results of the two groups. The result of Chi-square test was (χ2 = 2.88) and P value = 0.089, so statistically insignificant. Thus, no association was observed between illiteracy and depression among women in Kabul. However, the collected data from both the case and the control groups in this study indicate that the education level has its own impact on women mentality. The data precisely shows that those females who have a low level of education are highly prone to depression. Figure 4 shows that 1.68% of women of the case group have higher education (bachelor level), and 8.64% of

women in the control group have a bachelor degree. The percentage of women with high school level education is 7.56% in the case group and 15.66% in the control group. There are many examples that a lower level of education has a relation to PTSD amongst postwar countries such as Afghanistan (de Jong, 2002).

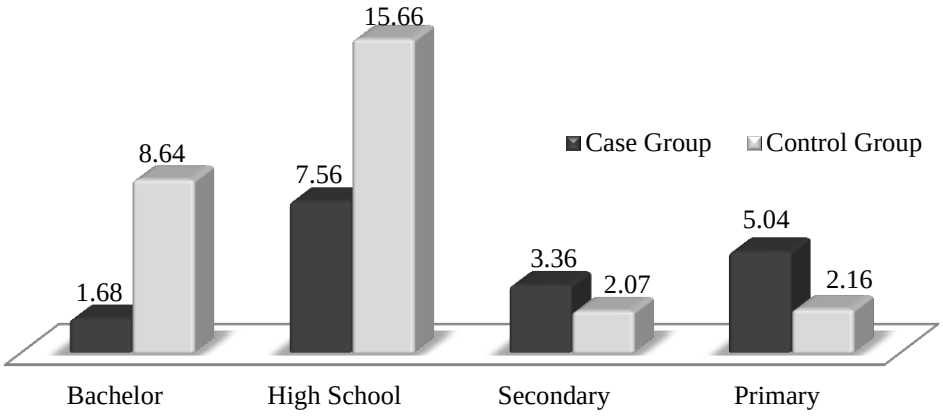

Figure 4: Education level in both groups. The result of Chi-square test was (χ^2 = 43.52) with a P value of 0.004 which is significant. Therefore, the figures demonstrate that the case group has a lower level of education than control group.

Women's occupation: The result of this research did not find any association between women's job and depression. The following chart and statistical analysis clearly indicate that women's job does not have any relation with depression. The frequency of women who work as civil servants in the case group was 17%, while 23% of participants in the control group were civil servants. There are no big differences between these two percentages. Furthermore, 83% of women in the case group and 77% of participants in the control group are housewives. Based on statistical analysis, the Chi-square test is (χ^2 = 1.125), and the P value = 0.28 which is statistically insignificant. Thus, the result of collected data and statistical analysis did not prove an association between women's job and depression.

Husband's occupation: The results show that the husband's job has an impact on women mentality. Sixty three percent of women in the case group said that their spouses had no job, but only 13% of women in the control group mentioned that their husbands were jobless. The Chi-square value is (χ^2 = 53.05) with the P value = 0.00, which is significant (0.05). Therefore, it demonstrates that the husband's unemployment has a high association with wife's depression.

Monthly income: Monthly income of the case group was lower than the control group. The data shows that 43% of women in the case group but none of control group gets less than 9000 Afghanis per month. Thirty one percent women of case group and 7% of control group had 10,000 – 19,000 Afghanis per month (Figure 5).

Living with in-laws: The data demonstrated that 64% of women in the case group lived with in-laws, but only 35% of women in the control group lived with in-laws. The Chi-square value is (χ2 = 16.82), and the P value is = 0.00 which is less significant. Thus, it shows that living with in-laws is highly associated with women's depression.

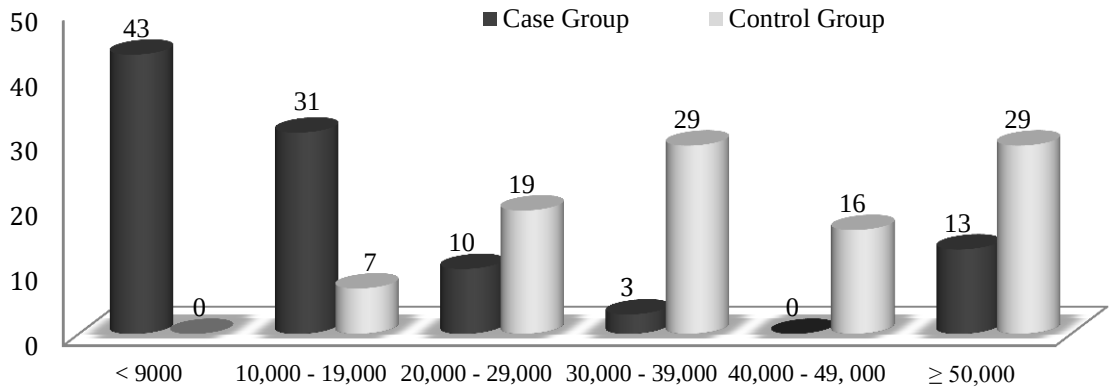

Figure 5: The monthly income of households. The comparison of monthly incomes of case and control group shows that the majority of participants in the case group have less income than the control group. This demonstrates that low income has an association with depression among women in Kabul.

Discussion

This study is the first one in Kabul, Afghanistan to examine the association of women's depression with war-related factors (e.g. losing a husband or other family member), some cultural practices (e.g., living in a crowded household, forced marriage, marriage in *Baad/Baadi*), low and irregular monthly income, living away from spouses, and having a low education (Table 1).

The findings indicate that widowhood is clearly related with depression. This is possibly because living without a spouse is difficult as in the Afghan society, and fewer widows may get married after widowhood, and these woman become further susceptible to depression. Other theories, including the "life course theory" about the difficulty related with losing a spouse (Umberson D & Williams, 2005) and the "distress theory" (Holmes. T & Rahe, 1967) (Mastekaasa, 1994) , explain that altering spousal position is an important lifetime occasion, which could in turn produce tension in a person's life.

Another factor that was divulged through this study was the reality of living in a big joint family without a proper social system. Living together in a big household is common in the traditional system in Afghanistan. Women who live in such a crowded household are susceptible to have quarrels and some abuse by in-laws. This contrasts with other countries where people have their individual households.

Forced marriage was another major problem and a risk factor of depression among women in Afghanistan. There are many cases where women are forced to marry, since they do not have any other options. They are obliged to obey the orders of their father or brothers, which in many cases lead to depression. The trainer and psychology specialist of Kabul Mental Health Hospital stated:

> *"We know that half of our population is women, but unfortunately some negative and unacceptable cultural practices, especially among male dominated families do exist. Therefore, based on those wrong opinions, they consider female as a second or inferior human or gender. … in these families women are oppressed, expose to family violence, and even they do not have a choice or a will of their own".*

Table 1: Univariate analysis shows the distribution and association of war related and socioeconomic factors with depression among women aged 18-45 in Kabul, Afghanistan.

Items		Subjects (n=100, %)	Controls	Chi square	P Value
Age	18 - 24	18 (18)	11 (11)		
	25 - 29	22 (22)	27 (27)		
	30 - 39	27 (27)	32 (32)		
	≤ 45	33 (33)	30 (30)		
Marital status	Married	79 (79)	91 (91)		
	Married (Spouse Away)	08 (8.0)	04 (4.0)	1. 4184	0. 2336
	Widowed	13 (13)	05 (5.0)	3. 9072	0. 0480
Marriage Type	Arranged	80 (80)	90 (90)		
	Forced	08 (8.0)	00 (00)	9. 8702	0. 0017
	Voluntary	12 (12)	10 (10)		
Literate	Yes	42 (42)	54 (54)	2. 8846	0. 0894
	No	58 (58)	46 (46)		
Education Level	Bachelor	04 (1.68)	16 (08.64)	13. 1765	0.0042
	High School (10-12Y)	18 (7.56)	29 (15.66)		
	Secondary (5-9 Y)	08 (3.36)	05 (02.07)		
	Primary (1-4 Y)	12 (5.04)	04 (02.16)		
Job	Civil servant	17 (17)	23 (23)		
	House wife	83 (83)	77 (77)	1. 125	0. 2888
Monthly Income	< 9000 (Afg)	43 (43)	00 (00)		
	10,000 - 19,000	31 (31)	07 (07)		
	20,000 - 29,000	10 (10)	19 (19)		
	30,000 - 39,000	03 (03)	29 (29)		
	40,000 - 49, 000	00 (00)	16 (16)		
	≥ 50,000	13 (13)	29 (29)		
Spouse Job	Yes	37 (37)	87 (87)		
	No	63 (63)	13 (13)	53.0560	0. 0000
Living with in-laws	Yes	64 (64)	35 (35)	16.8216	0. 0000
	No	36 (36)	65 (65)		
lost relative	Brother	09 (9.0)	10 (10)		
	Father	05 (5.0)	07 (7.0)		
	Husband	13 (13)	05 (5.0)		
	Mother	19 (19)	18 (18)		
	Sister	02 (2.0)	05 (5.0)		
	Son	06 (6.0)	03 (3.0)		
	No	46 (60)	52 (52)		
Household No.	≥ 10	73 (73)	22 (22)	54. 3517	0. 0000
	< 10	27 (27)	78 (78)		

Based on data, low and irregular income is another risk factor of depression among women in Kabul city. Results show that in the case group, many women have a low income; also, a majority of them mentioned that their husbands are illiterate and do not have any vocational skills. Furthermore, there are limited opportunities to find a regular and permanent job. Thus, most of the depressed women are from families

whose income is less than 200 USD per month.

Another risk factor of depression among married women is living away from their spouse. The above situation is due to the lack of work or job opportunities in Afghanistan. In order to have a decent life, men have to travel abroad to earn some savings; besides, the family of the wife may ask for some money called *Walwar* which may exceed 1 million AFS (20,000 USD). It was said in the group discussion:

> *"Due to this difficult custom practice, groom has to leave immediately after wedding to earn money for the debt (if any, and in most cases, yes, they have) of his wedding and Walwar. Finally, the adolescent groom struggles to earn more money and work hard; on other side, the young bride stays at home for years and endures many problems".*

The last risk factor, which was recognized through this study, was education level. The results indicate that those women with low education levels were more prone to depression. There is no other previous study done to find out the relation of depression with the low level of education in Kabul.

Conclusion

This research suggested a major and significant relationship between a number of risk factors and depression among women. There were some war-related factors (e.g., losing a husband or other family member), economical (e.g., low and irregular monthly income), education (e.g., low level of education) and even cultural negative customs (e.g., living in a household with many members, forced marriage, marriage in *Badee*).

These results point to policy suggestions in the form of taking some major steps to stop war and conflicts, gradually work on unacceptable traditional customs, and other such problems. Some other suggestions would be educating the society and increasing the awareness level in various branches of life. The government should create more job opportunities for women as well as support widows through local entities. They should work and raise people's awareness about the significance of women's rights. Women by themselves should make progress to gain knowledge about their rights and communicate with their families, especially with their in-laws, in a more proper way.

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