



MENTAL HEALTH ISSUES AMONG WOMEN IN INDIA

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ABSTRACT

Mental health is the base for the well-being and effective functioning of an individual. Anyone of any gender, race or age can be affected by mental health disorders. However, women are more likely to have mental health problems than men. Particularly with young women are at high risk. So, mental health is more important especially to women as they do multitasking in the family. Even in modern India, women are often burdened by the responsibilities of home and work place simultaneously. Thus, carrying out duties and responsibilities both at home and workplace overstrains a woman, thereby leading to various psychological problems like role conflict, job strain, mental fatigue, stress, anxiety, frustration, depression, anger, phobias, and other social and emotional distress.



KEY WORDS : *Mental Health, Woman, Mental Health Disorders, Stress, Anxiety, Frustration, Depression.*

INTRODUCTION

Mental health is the base for the well-being and effective functioning of an individual. Anyone of any gender, race or age can be affected by mental health disorders. However, women are more likely to have mental health problems than men. Particularly with young women are at high risk. So, mental health is more important especially to women as they do multitasking in the family. Culturally women have been laden with domestic tasks emphasizing care and well-being of their families apart from their own health. To be specific, women are the primary caregivers for children and elderly, which augment stress in a woman's life. Multitasking and women thus go hand-in-hand. Even in modern India, women are often burdened by the responsibilities of home and work place simultaneously. Women roles though have seen a shift in our culture by taking employment outside the home, this neither relieves them from their domestic duties nor does this change their social position significantly. In turn, this has placed a big amount of stress placed on women. As women find it difficult to internalize their stress, could develop depression and eating disorders. Thus, carrying out duties and responsibilities both at home and workplace overstrains a woman, thereby leading to various psychological problems like role conflict, job strain, mental fatigue, stress, anxiety, frustration, depression, anger, phobias, and other social and emotional distress.

Moreover, women develop a surge of emotions, including anxiety, tearfulness and irritability out of puberty, menstruation, pregnancy and menopause. A reaction to those bodily changes linked to depression. This apart, women go through turmoil in mood, sleep, and cognitive functioning due to a convergence of hormonal surges and changes in body fluids. Prolonged pain, suffering and turmoil in women results severe mental disorders.

Women's hormonal fluctuations are also known to play a role in mental illness. Women are known to produce less of the mood stabilizer, serotonin, and synthesize it more slowly than men, which can contribute

to fluctuations in mood which in turn may account for the higher rates of depression. A woman's genetic makeup is also believed to play a role in the development of neurological disorders such as Alzheimer's.

For centuries, the prevalence of differences between men and women have been socially defined and distorted through a lens of sexism in which men assumed superiority over women and maintained it through domination. This negative sexualization of feminine gender fosters women's exposure to adversity, shame, depression, anxiety, stresses and there on to morbidity associated with mental illness. Thus, sadly, discrimination increases women's exposure to stress and stress is a significant predictor of mental illness

In conjunction with the sexualization of women, violence and sexual abuse are two more important factors contributing to mental health issues in women. Reportedly one in five women will experience rape or attempted rape, which can lead to depression and panic disorder. Thus women are subjected a higher instance of experiencing sexual abuse. All of these problems can interactively affect the mental well-being of women in general and married working women in specific. Women who fall prey to mental health issues out of the said social circumstances realize this vulnerability only at a very late stage out of their pre-occupied roles and responsibility.

Gender is thus being a critical determinant of mental health and mental illness. Mental health indices reveal that the patterns of psychiatric disorder and psychological distress among women are different from those seen among men. Symptoms of depression, anxiety, and unspecified psychological distress are 2-3 times more common among women than among men; whereas addictions, substance use disorders and psychopathic personality disorders are more common among men. The World Health Organization report lays out these facts effectively. It has further been suggested that observed gender differences in the prevalence rates originate from women and men's different average standings on latent internalizing and externalizing liability dimensions with women having a higher mean level of internalizing while men showing a higher mean level of externalizing.

WOMEN, VULNERABILITIES AND MENTAL HEALTH

As mentioned earlier, the social factors and gender specific factors determine the prevalence and course of mental disorders in female sufferers. For instances, the social factors such as the differential power and control that men and women have over the socioeconomic determinants of their lives, social position, status and treatment in society and their susceptibility determines the mental health of women. Moreover, the birth of a child, abortion or miscarriage, economic stresses, major career changes and the stressful events of married life forms the gender specific factors for mental ill health of women. Familial pressures generated by the multiple roles carried out by the women and their incessant responsibility of caring children and elderly in specific and the family as whole in general along with the routine family chores place a heavy stress on them, and exposure to specific mental health risks. In addition, gender specific risk factors such as gender discrimination and allied factors like poverty, hunger, malnutrition, overwork, domestic violence, and sexual abuse cause for women's poor mental health. Severe life events that cause a sense of loss, inferiority, humiliation also pave's for mental ill health in women.

Further, the mental health of women also has triggered by the gender bias that women have in the society. The social disadvantages and biological vulnerability faced by the women through the gender bias leads to somatic complaints that form the most prominent presentation of common mental disorders. The effect of mental health problems also shows a gender differential. For instance, women who used to be the primary care givers for their husbands mental health problems, if at all affected need to carry out the role of care giving to the family despite their problems.

The social situation in India is in miserable state out of a strong patriarchal family system where woman having no say on any familial matters, Poor opportunities for getting education and employment, hardness of dowry practices add-on to the plight of women. There is a strong positive relationship between the frequency and severity of such social factors and the frequency and severity of mental health problems

in women. Furthermore, when a woman becomes ill, she is blamed for the illness rather than treating her immediately. The mentally ill woman may be socially ostracized and abandoned by her husband and her own family or else the responsibility of caring for the mentally ill women is often left to her own family than to husband or his family. Hence, being a "woman" and being "mentally ill" is a dual curse. Thus, women's mental health tends to suffer as they are faced with stressors and are ill-equipped to cope with the same.

MEASURES TO PREVENT THE MENTAL DISORDERS

Women's mental health cannot be understood without recognizing their social, political, and economic milieu. Ignoring the sociocultural factors, if the individual factors alone are focused in isolation, there will be a problem in cognizing the causes for the mental ill health of women. So, recognizing the social, economic, political and legal factors that affect women's lives is equally important rather than considering the individual and "lifestyle" risk factors alone in understanding the women's mental health.

Education, training, and interventions targeting the social and physical environment of women's mental health are crucial for addressing the problem. Moreover, identification of suitable persons in government departments and other appropriate groups in the community, to acquire and document data indicating the magnitude of women's problems and the burden connected with women's mental problems and the development of policies to protect and promote women's mental health are extremely important.

It is important to have interventions both on individual women and women as a large section of the society at various levels are essential. These should be implemented at primary care delivery as well on legal and judicial fronts. The primary care providers, who take-up the interventions process, must be aware of the major mental health problems that affecting womenfolk and provide the most appropriate intervention and support. It is also equally important on the part of the primary care providers to provide education to the community on issues related to the mental health of women.

There are many reasons for not reporting the incidents of assault and abuse to police by women. Mainly, a belief that imbibed in the women that the incident is a "normal" part of life; feeling responsible for the violent incident; intimidation by the partner; fear of reprisal; financial dependence; continuing love or affection for the partner; inability to respond as a result of the psychological and emotional trauma arising from repeated abuse; and intimidation by the whole legal process. Barriers to an effective criminal justice response also relate to the attitudes and beliefs of those people working within the criminal justice system. Taking the above into account, it is imperative to improve the criminal justice response to violence against women. The initiative of Government of India asking victims to report any incident of domestic violence is commendable and may go a long way to provide security to the women.

Woman/girl's education is the more fundamental need in understanding the women's mental health. Education that we impart provides awareness of rights and resources, the capability to fight exploitation and injustice to women. Education will also lead to improved chances of economic independence of women, which is so important.

It is necessary to develop and adopt strategies that will develop the social status of women, take away gender disparities, make available economic and political power, increase awareness of their rights, and so on. Although much depends upon the policy makers and planners, but women must also learn to speak for themselves. Women must act as social activists to fight against the social evils, which are responsible for their anguishes. Concerted and committed efforts at social, political, economic, and legal levels alone can bring change in the lives of Indian women and contribute to the improvement of the mental health of these women.

CONCLUSION

It is obvious from the available epidemiological data that there are different patterns and clusters of psychiatric disorders and psychological distress among women. The roots of much of the pain and suffering of women can be found from the social circumstances of many women's lives. In fact, it is meaning

less to talk about the mental health and mental ill-health of women without considering the sociocultural factors. Depression, hopelessness, exhaustion, anger and fear grow out of hunger, overwork, domestic and civil violence; entrapment and economic dependence are the few which cause distress among women. Thus, depression, anxiety, somatic symptoms, and high rates of comorbidities are significantly related to interconnect and co-occurring risk factors such as gender based roles, stressors, and negative life experiences and events.

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