AN OVERVIEW ON WOMEN'S MENTAL HEALTH AND ITS DETERMINANTS

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Abstract

Burden of mental illness is huge in India as in other countries. In mental health and mental illness gender plays an important role. Apart from this many determinants also play an important role in women's mental health.

Keywords: *Mental health, mental illness, determinants and violence*

Gender plays an important role in mental health and mental illness. The World Health Organization report placed in Geneva (2001) represents these facts effectively. This report revealed that depressive disorders account for close to 41.9% of the disability from neuropsychiatric disorders among women, compared to 29.3% among men. An estimated 80% of 50 million people affected by violent conflicts, civil wars, disasters, and displacements are women and children. Lifetime prevalence rate of violence against women ranges from 16% to 50%. At least one in every five women suffers rape or attempted rape in their lifetime (WHO, 2001). Spence (2016) has mentioned that, according to the National Crime Records Bureau, over 1791 women had died between 2001 and 2010 due to accusations of witchcraft. Women are, without doubt, the key targets for witchcraft accusations in Indian society. Witch-hunting is essentially a legacy of violence against women in our society, it also cause of mental health problem. It is mostly Dalit or Adivasi women, who are branded as *dayans* or witches (Spence 2016). There exists a huge difference in the way men and women experience psychiatric disorder and psychological distress. Symptoms of depression, anxiety, and unspecified psychological distress are 2–3 times more common among women than men (Malhotra and Shah, 2015).

Many researches show gender wise differences in mental illness in western countries and non-western countries such as India too. In this section, we describe women's mental health in global perspective and the Indian context. Here are some researches that present evidence for this.

Caballo et al (2014) have done meta-analysis in 18 countries (Latin American countries, Spain and Portugal), on 31,196. Their research found significant differences between men and women in the general degree of social anxiety. It is also important to note that self-reported fears of interactions with the opposite sex, criticism and embarrassment, speaking in public, and talking to people in authority is prevalent more amongst women, because of the social position that they are in. This result shows significant differences in social anxiety in men, 41.50 and 46.04 in women.

Another study on social anxiety was conducted by Xu et al (2012) in USA in 1983. Their research also shows significant difference in life time prevalence of social anxiety disorder between men and women. This research shows that life time prevalence of social anxiety disorder stood at 4.20 for men and 5.67 for women.

Haq et al (2014) in their cross sectional study using baseline data on the sub-group, UK Bio-bank participants who were assessed for mood disorders found that mood disorder and depression to be more significant in women. Prevalence of mood disorder in men stood at 21.5 and prevalence of major depression at 16.3. Prevalence of mood disorder in women stood at 53.4 and prevalence of major depression at 26.0.

McEvoy, Grove and Slade (2011) did a household survey on 8,841 community residents in Australia. The findings of this study shows lifetime prevalence of anxiety disorder in male at 15.5 and 12-month prevalence of anxiety disorder in male at 11.8 and lifetime prevalence of anxiety disorder in female to be 24.3 and 12-month prevalence of anxiety disorder in female to be 14.6. This research also shows anxiety disorder as being more prevalent in women.

Mc Lean et al (2011) study also shows women to suffer more from anxiety disorders. Their research shows that 12-month prevalence of any anxiety disorder in male at 13.0 and life time prevalence of any anxiety disorder to be 22.0, 12-month prevalence of any anxiety disorder in female was at 22.0 and life time prevalence of any anxiety disorder to be 33.3.

King et al (2008) did a study in six European countries (UK, Spain, Portugal, Slovenia, Estonia and the Netherlands) on 2,344 males and 4,865 females. This research shows that major depression in male at 8.5, panic syndrome 5.6 and other anxiety disorder at 5.0. Major depression in female at 13.9, panic syndrome 9.2 and other anxiety disorder at 10.0.

These researches show that women suffer more from anxiety, depression and mood disorders in western countries as well as in non-western societies. Some researches clearly show the problems related to women's mental health.

Ziad et al (2015) had done research in Qatar, on 1,660 respondents. This research indicated the prevalence of bipolar disorder among male to be 3.1 and prevalence of bipolar disorder among female was 5.3. Research from Singapore, done by Lee et al (2015) on 6616 respondents' shows that life time prevalence of generalized anxiety disorder in men to be 0.6 and twelve-month prevalence of anxiety disorder to be at 0.2. For women, life time prevalence of generalized anxiety disorder was 1.1 and twelve-month prevalence of anxiety disorder stood at 0.6.

In 2010, Levinson, D. and Ifran, A, researched in Israel on 4859 respondents. Their research also shows women to have high prevalence of mood disorders and anxiety both. This study reported that twelve-month prevalence of mood disorder or anxiety disorder in men from Jews 0.7, Arab 1.9 and immigrants 1.7, twelve-month prevalence of mood disorder or anxiety disorder in women from Jews 0.8, Arab 2.0 and immigrants 1.6. Another study done by Stein et al (2008) in South Africa also shows high prevalence of anxiety and mood disorders in women compared to men.

Women report significantly high level of distress compared to men all over the world. Study from India also shows women to report worse mental health scores compared to men. Sethi et al (2016) have done research in Faridkot, Punjab amongst 50 couples. Their research reported that prevalence of psychiatric morbidity in male to be 26%, major depressive disorder 6.0, generalized anxiety disorder 2.0, and dysthymia 6.0. On the other hand, prevalence of psychiatric morbidity in female was at 54%, major depressive disorder 18.0, generalized anxiety disorder 16.0 and dysthymia 12.0.

Another study conducted in Punjab in 2015 by Bansal et al, was a community based study done on 180 women. This study shows that depression and anxiety among middle age women was found to be 86.7% and 88.9% respectively.
Tiwari et al (2014) Lucknow did a study on 13000 respondents, and reported that the prevalence of psychiatric morbidity in males in the age group 55-59 years is 6.8 and age group 60 and above stood at 10.1. Study reported that prevalence of psychiatric morbidity in females in the age group 55-59 years is 11.1 and age group 60 and above stood at 13.6. Tiwari conducted another study in Lucknow in 2013. This study shows that prevalence rate of psychiatric disorders in male was 9.87 and psychosis at 0.27 and neurotic, stress related disorder at 0.79, and in females to be 13.60, 0.37 and 1.25 respectively.
One study from Bangalore shows that the prevalence of obsession compulsion symptoms in males, towards contamination was 53 and washing cleaning was 50.6 and in women to be 64.3 and 64.8 respectively. (Cherian et al (2014)
Mattoo and Singh (2010) based on their study in Chandigarh reported the prevalence of Metabolic syndrome for severe mental illness to be, psychosis 13.5, bipolar 8.1 and unipolar depression 10.8 in male and in females to be 18.2, 9.1 and 24.2 respectively.
One epidemiological study from South India reported the prevalence of depression in male at 13.9 and at 16.3 on females. This research also revealed that prevalence of depression is high among divorced, widowed and low income groups. (Poongothai et al 2009)
Researches from the Indian context also shows similar picture of women's mental health as in other countries. Some findings on women's mental health have come from cross-national surveys such as the Global Burden of Disease sponsored by the World Health Organization (2001). This study shows the prevalence of neuro-psychiatric condition as the second cause of disease burden in women, only behind infectious and parasitic conditions. The study also mentions that depression is the leading cause of disease burden in women, especially in their reproductive years, in both developed and developing countries. Amongst the women of the age group of 15-44, Schizophrenia, bipolar disorder and obsessive compulsive disorders also rank among the top ten leading causes of disease burden. Women manifest higher rates of mental disturbance in all age groups after puberty in comparison with men. (Addlakha 2008, pp 182) mentions that "several studies have found higher distress rates in married women than in married men and higher rates in single women as compared to single men". She also writes that violence against women affects both physical and mental problems. The psychological effects of any kind of violence can range from shock, anxiety, fear and shame to post traumatic stress disorder. Apart from the mental co-morbidity associated with sexual exploitation, rape and battering in the marital home, studies suggest that women with a history of child sexual abuse are, in comparison to non-abused women, more predisposed to emotional and anxiety disorders (Addlakha, 2008, pp189).

Determinants of Women's Mental Health

As shown above, it is clear that women face more mental health problems compared to men. Most of the researches have revealed the determinants that have a correlation to women's mental health to be violence against women, mental health and reproductive health and socio-economic status.

Violence against women and mental health

Violence against women affects their mental and physical health both. It could be the cause of life distress, post-traumatic stress disorder, poor reproductive health, depression, anxiety etc. Sharma and Pathak (2015) have mentioned in their paper that women are often exposed to sexual violence, which causes high prevalence of post-traumatic stress disorder. A better course and outcome of schizophrenia in women, compared to men has also been reported (Sharma and Pathak, 2015).

The United Nations report shows that around two-third of married women in India is victims of domestic violence. The report mentions that 70% married women between the age group of 15-49 are victims of beating, rape or coerced sex. The most common forms of violence against Indian women, it goes on to say, include female foeticide (selective abortion, based on gender or sex selection of child), domestic violence, dowry death or harassment, mental and physical torture, sexual trafficking and public humiliation. In India, the reproductive roles of women, such as their expected role of bearing children, the consequences of infertility and the failure to produce a male child have been linked to wife beating and female suicides. The consequences of gender based violence are devastating including lifelong emotional distress, mental health issues including post-traumatic stress disorder and poor reproductive health. Common mental health problems experienced by abused women include depression, anxiety, post-traumatic stress, insomnia, alcohol use disorders as well as a range of somatic and psychological complaints. Globally, sexual violence is experienced more by girls and women, and there is a strong association between being sexually abused in childhood and the presence of multiple mental health problems in later life (WHO, 2001, Addlakha, 2008 and Afifi, 2007).

Due to domestic violence and physical abuse, huge number of women suffer from physical and mental illness such as mood disorder, anxiety, post-traumatic stress disorder, eating disorders, sexual dysfunction, multiple personality disorders, obsessive compulsion disorder and suicide etc (Bird and Fremont, 1991). Afifi refers to the evidence from forty well-designed population based studies which suggested that between 25% and 50% of the women around the world reported to be being victims of physical abuse (Afifi, 2007). Women attributed their mental health problem to a range of causes. Common causes are economic difficulties, other common causes are distress, worry about their children's behavior and their future, about their personal health and about problem faced by their family members. More than half of the women attributed their distress with reproductive health problems, due to sterilization, vaginal discharge and infertility. The most commonly cited causes however were abuse and violence both from the spouse and in-laws leading to physical symptoms and emotional difficulties. (Pereira et al, 2007)

Chandra et al (2009) research findings indicate that 56% of their respondents had reported at least one form of intimate partner violence. Physical abuse typically involved kicking, beating and grabbing, whereas psychological abuse usually included belittling, insult, humiliation, infidelity and neglect.

Reproductive health and mental health

Since ancient times, mood and behavioural changes have been associated with menstrual cycles. During pre-menstrual and menstrual phase, women show certain symptoms like irritability, restlessness, anxiety, tension, migraine, disturbances in sleep, sadness in mood, dysphoria and lack of concentration. During late pregnancy and postpartum period, mental disturbances frequently occur. In India, depression among women commonly occurs during late pregnancy and after delivery, as in developed countries. However, there are cultural differences in risk factors (Malhotra and Shah 2015). For instance, in one of the studies in rural Tamil Nadu, the incidence of postpartum depression was 11%. (Candran et al, 2002). In some families, when women give birth to a girl instead of a desired boy, they face difficulties in relationship with mothers-in-law and parents. Constraints during pregnancy and lack of physical help are all risk factors for the onset of postpartum depression. Depression during pregnancy is a strong predictor of postpartum depression. Alzheimer's disease which usually occurs after 65 years is same for women and men but women's longer life expectancy means that there are more women living with the degenerative disease (WHO, 2001).

Socio-economic status and mental health

Most of the researches on prevalence of mental illness attributed low socio-economic status as one of the causes of mental illness. The socio-economic status has a specific effect on women and hence, women from low income families are more prone to mental disorders than men from the same socio-economic background. Here mentioned some researches for evidence.

Rajkumar et al, 2009 did a study in Vellore in south India. They found higher prevalence of geriatric depression on women, illiterate and those from low socio-economic status. Patel, et al, 1999 mentioned in their paper that female gender, low education and poverty were strongly associated with common mental disorders.

Shidhaye and Patel (2010) have done population based study of 5703 women in India. They found that socio-economic and gender based disadvantage are independently associated with common mental disorders. Data of this study shows that low socio-economic group has high prevalence 54.0 in common mental disorders compared to medium socio-economic group 38.3 and high socio-economic group.

Maselko et al (2008) in their study in Goa found that 37% of women had common mental disorders, exposure to violence, recent hunger, and low socio-economic status in an investigation on factors of attempted suicide cases. Sawant et al (2010) have also mentioned that low socio-economic status is a high risk factor for prevalence of schizophrenia in women.

Conclusion

Most studies show that huge burden of mental illness in India as well as other countries too. When we see gender wise differences in mental illness, then it is very evident that more women suffer from mental illness in both western and non-western societies. Apart from this many researches have revealed the determinants that have a correlation to women's mental health to be violence against women, mental health and reproductive health and socio-economic status and mental health. These determinants play an important role in women's mental health, therefore we have to

need analyse these determinants and have to make good strategies for improvement of women's mental health.

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References

Addlakha, R. (2008), "Deconstructing mental illness, an ethnography of psychiatry, women, and the family", *Zubaan, New Delhi*, pp.6-303.

Afifi, M. (2007), "Gender differences in mental health", *Singapore Medical Journal*, Vol. 48, No.5, pp-385-391.

Cabello, M. et al (2014), "Risk factors for incidence and persistence of disability in chronic major depression and alcohol use disorders: Longitudinal analysis of a population based study", *Health and quality of life outcomes*, Vol.12, No.186.

Chandra, P.S. et al (2009), "Women reporting intimate partner violence in India: association with PTSD and depressive symptoms", *Archives of women's mental health*, Vol.12, pp 203-209.

Chandran, M, et al (2002), "Post-partum depression in a cohort of women from a rural area of Tamil Nadu, India incidence and risk factors", *British journal of psychiatry*, Vol. 118, pp 499-504.

Cherian, A.V. et al (2014), "Gender differences in obsessive-compulsive disorder: findings from a large Indian sample", *Asian journal of psychiatry*, pp 17-21.

King, M. et al (2008), "Prevalence of common mental disorders in general practice attendees across Europe", *The British journal of psychiatry*, Vol.192, No.5, pp 362-367

Levinson, D. and Ifrah, A. (2010), "The robustness of the gender effect on help seeking for mental health needs in three subcultures in Israel", *Social psychiatry and psychiatric epidemiology*, Vol.45, No. 3, pp 337-344.

Malhotra, S. and Shah, R. (2015), "Women and mental health in India: An overview", Vol.57, No.2, pp 205-211

Mattoo, S.K. and Singh S.M. (2010), "Prevalence of metabolic syndrome in psychiatric inpatients in a tertiary care center in north India", *Indian journal of medical research*, Vol. 131, pp 146-152.

McEvoy, P.M., Grove, R. and Slade, T. (2011), "Epidemiology of anxiety disorders in the Australian national survey of mental health and wellbeing", *Australian and New Zealand journal of psychiatry*, Vol. 45, pp 957–967.

McLean, C.P et al (2011), "Gender differences in anxiety disorders: prevalence course of illness, comorbidity and burden of illness", *Journal of psychiatric research*, Vol.45, No.8, pp 1027-1035

Maselko, j. and Patel, V. (1979), "Why women attempt suicide: the role of mental illness and social disadvantage in a community cohort study in India", *Journal of epidemiology and community health*, Vol.62, No.9, pp 817-822.

Poongothai, S. et al (2009), "Prevalence of depression in a large urban South Indian population-The Chennai urban rural epidemiology study (Cures - 70)", *PloS one*, Vol.4, No.9, pp 1-6.

Pareira, B. et al (2007), "The explanatory models of depression in low income countries listening to women in India", *Journal of affective disorder*, Vol.102, Issues 1-3 pp. 209-218.

Rajkumar, A.P, et al (2009), "Nature, prevalence and factors associated with depression among the elderly in a rural South India community", *International psychogeriatric association*", Vol.21, No.2, pp 372-378.

Sawant, N. S. et al. (2010), "Understanding family functioning and social support in unremitting Schizophrenia: a study in India", *Indian journal of psychiatry*, Vol. 52, pp 45-49.

Sharma, I. and Pathak, A. (2015), "Women mental health in India", *Indian journal of psychiatry*, Vol.57, No.6, pp 201-204.

Sethi, P. et al (2016), "Prevalence of psychiatric morbidity in females amongst infertile couples-a hospital based report", *Journal of clinical and diagnostic research*, Vol.10, No.7, pp 4-7.

Shidhaye, R and Patel, V. (2010), "Association of socio-economic, gender and health factors with common mental disorders in women: a population-based study of 5703 married rural women in India", *International journal of epidemiology*, Vol. 39, No.6, pp 1510-1521.

Spence, S. (2016), "*Witchcraft accusations and persecution as a mechanism for the marginalisation of women*", PhD thesis, Law school, Lancaster university*, UK.*

Tiwari, S.C. et al (2014), "Prevalence of psychiatric morbidity among urban elderlies: Lucknow elderly study", *Indian journal of psychiatry*, Vol. 56, No.2, pp 154-160.

World Health Organization (2001), "*Atlas: mental health resources in the world*" Geneva

Xu, Y et al (2012), "Gender differences in social anxiety disorder: Results from the national epidemiology sample on alcohol and related conditions", *Journal of anxiety disorders*, Vol.26, No.1, pp 12-19.

Ziad, K. et al (2015), "Bipolar disorders in the Arab world: a critical review", *Annal of the New York academy of sciences*, Vol. 1345, pp 59-66