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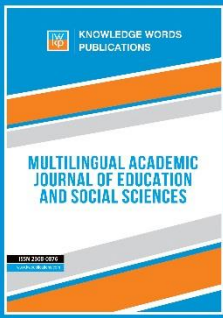
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Women's Mental Health: Indian Perspective

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Abstract

Mental health is a term described either as a level of cognitive or emotional well being or an absence of mental disorder. From the perspective of Positive Psychology or holism, mental health may include an individual's capability to enjoy life and attain a balance between life activities and effort to achieve Psychological resilience. In the discussion of the determinants of poor mental health of women, the focus needs to be shifted from individual and 'lifestyle' risk to the recognition of the broader social, economic and psychological factors that affect women's lives. It is essential to recognize the socio-cultural, economic, legal infrastructure and environmental factors that affect women's mental health. However, the present study has depicted that the more fundamental need is women's education.

Keywords: Mental Health, Women, Education, Well-Being, Psychology.

Introduction

Mental health is a term described either as a level of cognitive or emotional well being or an absence of mental disorder. From the perspective of Positive Psychology or holism, mental health may include an individual's capability to enjoy life and attain a balance between life activities and effort to achieve Psychological resilience. According to the World Health Organization (WHO) mental health is defined as a state of well being in which every individual tries to realize his/her own potential, can cope with the normal stress of life, can work productively and fruitfully, and is able to make a contribution to his/her community.

Gender is a critical determinant of mental health and mental illness. According to World Health Organization (2000) summit held in Geneva "When women's health issues have been addressed in underserved populations, activities have tended to focus on issues associated with reproduction- such as family planning and child bearing- While women's mental health has been relatively neglected gender differences occur particularly in the rates of common mental disorder – depression, anxiety and somatic complains in women predominate.

Depression which is predicted to be the second leading cause of global disability burden by 2020, is twice as common in women. Furthermore, the life time risk anxiety disorder is 2-3 times higher in females as compared to males. Hence, attention is needed to maintain the well-being of the women, who have to work a 'double day' maintaining household, raising children and also financially supporting their husband. Numerous studies show that women 'work' more hours than men. Over work also leads to exhaustion and stress. Depression, anxiety, Psychological distress, sexual violence and escalating rate of substance use affect women's mental health to a greater extent than men across different countries and different

settings. Pressure created by their multiple roles, gender discrimination and associated with factors malnutrition, over work, domestic violence and sexual abuse account for women's poor mental health. There is a positive relation between the frequency and severity of mental health problems in women.

Women Mental Health: The Facts (WHO, 2001)

- Depressive disorders account for close to 41.9% of the disability from neuropsychiatric disorders among women compared to 29.3% among men.
- Leading mental health problems are depression and dementias. A majority of these symptoms affect women.
- An estimated 80% of 50 million people affected by violent conflict, civil wars, disorders and displacement are women and children.
- Life time prevalence rate of violence against women ranges from 16% to 50%.
- At least 1 in 5 women suffer from rape or attempted rape in their life time.

'Women have the right to the highest attainable standard of physical and mental health. The enjoyment of the right is vital to their life and well being....' (United Nations Beijing Platform Action, 1995). The concept of mental health has been limited especially in developing country like India. 45% of women with a mental health problem are between 18 to 44 years of age (Blehar, 2003) up to 20% of them attending primary health care in developing countries suffer from anxiety and depression.

Mental health problems in general affect women and men equally, but some are more common among women.

Depression

Women are at greater risk for depression than are men, especially during the reproductive years (Epidemiologic Catchment Area Study; Reiger et. al., 1990) and (National Co morbidity Survey (NCS); Kessler et. al., 1993). For major depressive disorder the NCS demonstrated a life time prevalence rate of 21.3% in women as compared to 12.7% in men. The life time prevalence rates of depression showed a similar sex ratio, with rates of 8% in women and 4.8% in men (Kessler et. al., 1994). Cross national studies have also found the rate of major depressive disorder to be higher in women; however, the sex ratio may vary among countries. 20% of women attending primary health care in developing countries suffer from anxiety and depressive disorder. This the irony that problems are not treated and are not even recognized.

Anxiety

Anxiety is one of the common mental health problems among the women. An estimate based on data from the Epidemiologic Catchment Area (ECA) and the National Co morbidity Survey (NCS) suggests that life time prevalence rate in females , for panic disorder is 3.4% vs. 0.9%, agoraphobia is 9.0% vs. 3.0%, specific phobia is 13.9% vs. 7.2% , generalized anxiety disorder is 9 7.7% vs. 2.9% and post traumatic disorder is 11.3% vs. 6.0%. These problems are two to three times greater than those demonstrated in males (Kessler et. al., 1994; Regier et. al., 1988; Robins et. al., 1984; Breslau et. al., 1997; Joyce et. al., 1989). Elevated rates of anxiety symptoms are also reported during pre menopause (Huerte et. al., 1995). Pregnancy and post partum period have also been linked to substantial changes in anxiety symptoms including the anxiety disorder, as well as significant changes in the severity of pre existing disorder (Fava et. al. 1990). The onset of Generalized Anxiety Disorder is typically during late adolescence and early adulthood (Kessler, et. al., 1994; Woodman et. al., 1999). Most of the reports

suggest that panic disorder typically emerges during mid twenties (Eaton et. al., 1991; Kessler et. al., 1994), although some reports have suggested additional peaks of onset during adolescence (Weissman et. al., 1997; Reed & Wittchman, 1998) and between thirty or forty of age (Dick et. al. 1994a). The situational types of phobia and zoo phobia are more common in females than males (Fedrickson et. al. 1996; Dick et. al. 1994). Social anxiety disorder is also more common among females than males. Women reported significantly greater fear in association with a wide range of activities including talking to authority figure performing or speaking in front of others or while being observed, expressing disagreement or females (Lecrubier & Weiller, 1997).

Body Image

Body image is the mental picture that a person has about his/her body and the way the person feels about his/her body when looks in mirror. Healthy body image is more than simply tolerating what a person look like. A healthy body image means that a woman accepts and likes the way she looks, and does not try to change the body to fit the way she should look. It means recognizing the qualities and strength that make to feel good about herself, beyond weight, shape or appearance and resisting the pressure to strive for perfect body shape that is shown in media. Body image influences the self esteem of the woman. Body images are associated with media; celebrities, fashion models and the show hosts. They often are seen as role models, especially by teenage girls. There seem to be many factors that contribute to a poor female body image. A poor body image can contribute to various mental health problems like low self esteem, depression, anxiety and eating disorder. Poor body image can also contribute to unhealthy relationships in the family, in the work place and in other walks of life. Ultimately a negative body image can lead to unhappiness and depression.

Eating Disorder

Eating disorder is more common in women than in men (Anderson & Holman, 1997; Streigel Moor et. al., 1998). About 95% to 97% of patients with anorexia nervosa and bulimia nervosa are female and they mostly complain for three physiological symptoms like osteoporosis, cardiac and renal abnormalities (Gucciardi et. al., 2004). It involves body image disturbances of cognitive distortions. There are many abnormalities related to these eating disorders:

- Menstrual irregularity: - Amenorrhea is a key symptoms in females with anorexia and bulimia, the abnormality is also associated with osteoporosis. (Power, 1999)
- Infertility: - (Bulik et. al., 1999) found that 17% of women aged 21-39 yrs who were present at infertility clinic had eating disorder.
- Pregnancy: - (Bulik et. al., 1999) found that compared to the control group, women with a history of anorexia had more miscarriages and cesarean deliveries, and they gave birth to pre-mature and underweight baby.

Alzheimers

Women are disproportionately prone to Alzheimer disease (Tany et. al., 1996). As many as 30 to 50 percent of women older than 80 years suffer from dementia (Bachman et. al., 1992). Women's impairment may also be more severe than men's (Henderson & Buckwalter, 1994).

Women's special vulnerability to Alzheimer disease may be attributed to post menopausal estrogen withdrawal.

Post- Partum Syndrom

Post partum period is also related to women's mental health problem. This period has been divided into three categories; post partum blue, post partum depression and post partum psychosis.

Post partum blue is most common and least severe post partum illness, affecting between 50% and 80% of new mothers (Kennerly & Gath, 1989; O'.Hara, 1991). Post partum blue is for a short period of time. Symptoms for this problem include forgetfulness, irritability, headache, fatigue, confusion, anxiety mood instability and mild depression.

The post partum depression is also severe. Some Psycho-social issues like coping difficulty, marital discord, infant medical problems, unplanned pregnancy, lack of support and stressful life event during pregnancy are the main causes of post partum depression (Righetti & Veltema et. al., 1998; Gotib et. al., 1991; Graff et. al., 1991; Marks et. al., 1992; Unterman et. al., 1990) and a past history of depression (Steiner et. al. 2003) also increases the risk of depression.

According to some studies post partum Psychosis is a less common but most severe problem. It occurs in only 1 or 2 in every 1,000 women (Kendell et. al., 1987). The post partum psychosis has an onset usually within few days of child birth (Brockington et. al., 1981).

Menopause

Menopause is a time of change for women not only in their endocrine and reproductive system, but also in their social and psychological circumstances. Angst (1984) reported that a second peak on the onset of bipolar illness in women was between ages of 45 to 49 years. Allgulander (1984) in his research reported that highest number of observed suicide in women is between 45 to 64 years of age. Women who undergo surgical menopause have in increased risk of depression.

Main causes of Women's mental health problems

Studies show that some biological and psycho social factors have influence on women mental health.

Biological Factors

Women and men are genetically very similar except that different hormones that enter the brain at different times and at different tempos' causing some brain cells to sprout more than others at the same time periods critical to brain development. Female hormones – estrogen in particular, exert important effect on the expression of various form of psychopathology. Effects of estrogen hormone on memory, cognition, emotion and behavior are very critical, and particularly low range of estrogen seems to increase rates of post traumatic stress syndrome and depression. Estrogen receptors in brain somehow render more vulnerability to stress, perhaps through gluco-corticoid. The phase of menstrual cycle, which is a period of estrogen and progesterone withdrawal, is frequently associated with dysphoria, mood change as well as the onset of a major depressive episode (Endicott, 1993; Kornstein et. al. 1996). Thyroid axis abnormalities are much more prevalent in women than in men and have been closely linked to the higher prevalence of depression. This observation is also consistent with the results the of a Positron Emission Technique (PET) Scan that there is individual sex difference in processing of emotional stimuli (George et. al., 1996), and other physiological

evidence of gender based brain difference in appraising positive and negative emotions (Gur et. al. 2002).

Socio Cultural Factors

Some of the common risk factors of depression in women appear to be: poverty, single motherhood, inadequate nutrition, lower educational attainment, fewer opportunities, salary inequality in work place, unhappy marriage and divorce (Brown & Moran, 1997; Wu & De Maris, 1996; Horowitz et. al., 1996; Stewart et. al., 2001). Women are more likely to show typical or 'reverse vegetative' symptoms such as increased appetite or weight gain (Thase et. al., 2000; Kornstein & Wojcik, 2002). According to an eye opening United Nation's report – around two third of married women in India were victim of domestic violence. Furthermore, as many as 70% of married women between the ages of 15 and 49 years are victims of beating, rape or forced sex (Press Trust of India, 2015). The common form of violence against Indian women include female feticide (selective abortion based on fetus gender), domestic violence, sexual trafficking and public humiliation. The reproductive role 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 battering and female suicide (Davor, 1999; Dennerstein, 1993).

Throughout the world, female have unfortunately been the object of sexualization, whether, it be through magazines, movies, television shows or peer relationship. This frequently negative sexualization can cause problem with the healthy development of self esteem and self image among female as reported by American Psychological Association. All these factors can not only tend to unhealthy self image but also to shame, depression, anxiety and stress. It is very difficult for girls and women to develop positive self esteem and good mental health when their lives are considered less valuable than the lives of males (Stewart et. al., 2006) . In his study, Emile Durkheim had vividly demonstrated that socio cultural factors are significant determinants of suicidal behavior and perhaps these impact men and women differently. In an Indian study – the one- year incidents of suicidal behavior was 0.8 and seven of these women 37% has base line Chronic Mental Disease (CMDs). CMD and exposure to violence, and recent hunger were the strongest predictors of the incidence of attempted suicide (Maselko & Patel, 2008). A large degree of attempt is a response to failures in life, difficulties in interpersonal relationship, and dowry related harassment (Biswas et. al. 1997). The precipitants for suicide, according to Indian government statistics, among women compared to men are as follows: Dowry disputes (2.9% vs. 0.2%): love affairs (15.4% vs. 10.9%) : illegitimate pregnancy (10.3% vs. 8.2%) and quarrels with spouse or parents in law (10.3% vs. 8.2%). The common cause for suicide in India is disturbed interpersonal relationship followed by Psychiatric disorders and physical illness. Spousal violence has been found to be specifically associated as an independent risk factor for attempted suicide in women.

What Needs to Be Done

In the discussion of the determinants of poor mental health of women, the focus needs to be shifted from individual and 'lifestyle' risk to the recognition of the broader social, economic and psychological factors that affect women's lives. It is essential to recognize now the socio-cultural, economic, legal infrastructure and environmental factors that affect women's mental health.

The more fundamental need is the women education. Education is the key to power, physical and mental health, proper nutrition, economic well being, fertility control, social

status and participation in social development (UNICEF, 2004). Having been educated a woman can be aware of the rights and resources, the capacity to fight exploitation and injustice. Education will also lead to a better chance of economic independence which enhances the self esteem of women.

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