



MENTAL HEALTH OF WOMEN: SOCIO CULTURAL REASONS NEED MORE EMPHASIS

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Introduction

Mental health and related issues are discussed and researched more widely in recent days. It may be a sign that the stigma around mental health is slowly disappearing. The past two decades has seen a dramatic change in attitudes towards mental health and mental illness. Public figures and celebrities now freely open up their own struggles with depression, anxiety, eating disorders, bipolar disorder, phobias and other mental health problems. According to WHO mental health is a state of wellbeing in which people realise their potentials and work productively as well as fruitfully and are able to make contributions to their communities. It is a positive concept related to the individual's social, emotional, and psychological wellbeing.



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The concept is culturally defined, but generally relates to the enjoyment of life, ability to cope with sorrows and sadness, the fulfillment of goals and potentials and a sense of connection to others. Therefore, mental health is an important aspect in an individual's wellbeing and health in general. It is a complex construct that concerns optimal experience and functioning. Mental health is adjustment of human being to the world and to one another with a maximum of effectiveness and happiness. From the positive psychology point of view, mental health may include an individual's ability to enjoy life, and make a balance between life activities and endeavors to accomplish psychological resilience.

There are several factors like social, cultural, economic and biological factors that affect women's mental health. However, the influence of these factors on women's mental health also vary to a great extent with the individual's multifarious dispositions. Women's mental health research emphasizes social and cultural influence on health outcomes and reports gender differences in the prevalence and clinical manifestations of mental disorders. Clinical depression is used to exemplify the usefulness of a sex or gender perspective in understanding mental illness and major theories proposed to account for gender differences are critically evaluated. The review surveys areas of emphasis in women's mental health research and anticipates that a more fundamental understanding of the biological and behavioral mechanisms underlying sex and gender differences in mental illness will emerge. These issues are discussed with reference to their impact on the field of women's mental health research (Blehar, 2006). The present paper is based on the literature review on gender differences and factors affecting mental health of women in the global, Indian and Kerala contexts. The review sample included articles and documents published between 1990 to 2020. Total fifty studies were reviewed. In the identification stage, articles, essays, archives, and documents were included through



titles and keywords. Articles were read once to determine whether they critically contributed to the research questions. Only articles that contributed important findings were closely read.

Gender and mental health of women

It is a universal fact that women in every country in general face lot of gender-based discriminations in their life. Gender plays an important role in determining women's mental health. Almost every study related to gender and mental health proves that women face more depression than men. Depression is one of the leading health concerns worldwide. Although depression is highly prevalent in both men and women, the striking feature of this disorder is that women are twice as likely to experience depression compared with men (Sloan & Sandt, 2006; Mitchel & Abbott, 1987). While Piccinelli and Wilkinson (2000) also pointed in their study the prevalence, incidence and morbidity risk of depressive disorders are higher in females than in males, beginning at mid-puberty and persisting through adult life. However, Simonds and Whiffen (2003) also found that women are more likely than men to be diagnosed with either disorder alone or comorbidity. They concluded that attempts to explain the gender difference in rates of depression would benefit from the understanding that women are more likely to experience anxiety. Somatic depression which is associated with high rates of anxiety disorders is much higher among women than men (Rao & Tandon, 2015). Here Weissman et al. (1996) observes that the lifetime rates for major depression vary widely across countries. In every country, the rates of major depression were higher for women than men. Although Eaton et al. (2012) shows the Epidemiological studies of categorical mental disorders is consistently report that gender differences exist in many disorder prevalence rates, and that disorders are often comorbid. Gender differences in prevalence were systematic such that women showed higher rates of mood and anxiety disorders and men showed higher rates of antisocial and substance use disorders. While, Hoeksema, Larson and Grayson (1999) found that chronic strain, low mastery, and rumination were each more common in women than in men and mediated the gender difference in depressive symptoms. Why women are face more mental health issues than men are a highly thoughtful question. All studies discussed about or discovered that women are more depressed than men and the gender differences existing in mental health. But they never try to find out the factors which are contributing to it. Most of the studies followed a psychological perspective and they just mentioned the gender differences are present. But were not able to give clear reasons has to why the women only face more depression or other mental health issues than men. Some existing literature shows that biological and socio-cultural factors are highly influenced on women's mental health status.

Socio cultural factors and mental health

There are some studies related to socio cultural factors and mental health of women. The existing studies show that socio cultural factors are highly influential in determining women's mental health. The culturally created practices, social restrictions and ignorance are the important thing in women's life and their mental health. Socio cultural factors like violence against women, restricted mobility, lack of decision-making capacity even with personal matters, domestic violence, intimate partner violence, economic dependency, gender division of labour, alcoholism of partner all have tremendous impact on low mental health status of women in world wide.

Here Busfield (1988) points that feminists have been taken to task for suggesting that the higher level of mental illness observed in women and this is a consequence of oppression that they face in their lives which drives them to madness and mental disorder. Thus, the concept of mental illness is a social construct inappropriately and incorrectly applied to women by a patriarchal order as a means of existing social control. Female youth experienced more mental health



problems when their households engaged in practices that favored males over females (Ram, Strohschein and Gaur, 2014). While Moss (2002) shows that higher level of household gender discriminatory practices, though lower the amount of mental health problems in male youth. In contrast, females reported higher mental health problems as the number of gender-discriminatory practices in their households increased.

The freedom of movement is, in fact, recognized, under the Constitution and international instruments, as an essential human right (Adeel, 2016). While in US, African Americans with severe depressive symptom have been reported to have higher odds for mobility limitation than those without severe depressive symptoms (Thorpre et al. 2011). A recent systematic review in low and middle income countries found that low levels of autonomy for women including freedom of movement were associated with poorer mental and physical health. (Pennington et al. 2018). In most of the traditional societies child rearing and home maintenance were normally regarded as women's task, while hunting and fighting were always reserved for man (Cohen, 2004). Bianchi, Milkie, Sayer and Robinson (2000) indicate that one of the most important factors affecting women's mental health in dual-earner couples is the division of labor. women typically perform two to three times more of the daily, repetitive, and necessary household labor than men. Shelton and John (1996). Inequity in the division of household labor has a greater impact on distress than does the amount of household labor (Bird, 1999). While measures of both household and child-care task involvement have found evidence that these two domains may have different implications for women's mental health (Coltrane, 2000; Goldberg & Jenkins, 2004). In general, 12.1% of women in Sub-Saharan Africa had decision-making capacity and 87.9% had no decision-making capacity. Although, there is no more studies are done in the gender perspective on women's decision making power and mental health. All these studies focused on the psychological side like how mental health issues like depression, anxiety (etc) is affected on decision making.

Gender based violence is one of the most prevalent human rights violations in the world. It knows no social, economic or national boundaries. Worldwide, an estimated one in three women will experience physical or sexual abuse in her lifetime. Gender-based violence undermines the health, dignity, security and autonomy of its victims, yet it remains shrouded in a culture of silence. Intimate partner violence is the dangerous mental health issue in the entire world. The violence happened in between the partners has got more attention in the area of mental health. Recently women are encouraged to come out and report these kinds of violence occurred in their marital life. (Campbell & Soeken, 1999; Russo, Denious Keita and Koss, 1997; Bonomi et al., 2006; Cole, Logan and Shannon, 2005). Also, we have some studies related to mental health and intimate partner violence in Indian context (Nayak, Patel, Bond & Greenfield, 2010; Chowdhary & Patel, 2008; Bergen, 2006; Mukhopadhyay, 2007). Domestic spousal violence against women has far-reaching mental health implications. It is now generally recognized that experiencing domestic violence and abuse is associated with mental health problems including anxiety and depression among women (National Domestic Violence Hotline, 2017). During this lock down domestic violence cases highly reported in India.

All these studies make a sense on violence against women and its hardness on mental health and its effect varying by culture and societal situations. Culture has an important role on violence and mental health of women. Not only that, The United Nations Division for the Advancement of Women defines dowry related violence or harassment as any act of violence or harassment associated with the giving or receiving of dowry at any time before, during or after the marriage. Dowry is practiced in many different countries in the world, dowry related violence is most prevalent in south Asia, in the nations of India, Pakistan, Sri Lanka and Bangladesh. The most common forms of dowry related



violence are battering, marital rape, acid throwing, wife burning, and other forms of violence. Perpetrators use method of starvation, deprivation of clothing, eviction and false imprisonment as a method of extortion. They often use violence disguised as suicides or accidents, such as stove or kerosene disaster, to burn or kill women for failing to meet dowry demands (UNDAW, 2009). While Connor (2017) illustrates the serious mental health impacts of repeated emotional and physical trauma inflicted by a husband who was dissatisfied with his wife's dowry. And also add Cultural factors are important determinants of mental illness. Although alcoholism is a universal phenomenon. Down the centuries, numberless women across the globe have been coping with husbands who come home drunk, bash their wives and children and make everyone's life miserable. However, surprisingly, most women timidly adjust to their husbands' ways rather than raising their voices in protest. The consumption rates of alcohol are so high in India, that it has been identified as the third largest market for alcoholic beverages in the world. The wives of alcoholics undergo intense trauma and stress in their domestic environment which brings about major psychological problems in them (Vaddiparti&Benegal, 2010).

Biological factors and mental health

There are some biological factors also have a sound impact on women's mental health. Every research on mental health in psychology first focused on physiological factors. Many studies are done in this area and the main biological factors affecting mental health of women are postpartum depression, menopause, PMS and infertility. Here, Hara (2009) mention that Postpartum depression is a serious mental health problem. It is prevalent, and offspring are at risk for disturbances in development. Major risk factors include past depression, stressful life events, poor marital relationship, and social support. Public health efforts to detect PPD have been increasing (Jabali,1991). It is estimated that 10–35% of women around the world including India suffer from depression during pregnancy and postpartum (Upadhyay et. al, 2017). Here another study has reported an increased risk of postpartum depression in women who experience marital problems during pregnancy (Kumar et al. 1984; Braverman & Roux ,1978). While Cohen, Soares, and Vitonis (2006) analyzed that premenopausal women with no lifetime history of major depression who entered the perimenopause were twice as likely to develop significant depressive symptoms as women who remained premenopausal, after adjustment for age at study enrollment and history of negative life events (Bromberger, Matthews & Schott, 2007). Other risk factors for depressed mood in perimenopausal women include poor sleep, hot flashes, stressful or negative life events, employment status, age, and race (Freeman, 2010).

Childlessness is of particular concern because of the global extent of the problem and the social stigma attached to it (Lee et al. 2001). While Hart (2002) points that infertility is not a disease, it and its treatment can affect all aspects of people's lives, which can cause various psychological-emotional disorders or consequences including turmoil, frustration, depression, anxiety, hopelessness, guilt, and feelings of worthlessness in life (Damti et. al, 2008). The reasons for anxiety and depression in infertile women are easy to presume but remain unclear. Anxiety and depression in childless Japanese women were significantly associated with lack of husband's support and feeling stress (Matsubayashi et al., 2004). In India, male infertility is largely an ignored phenomenon and women are subjected to a lot of social stigma for being unable to bear children. The need of the hour is, therefore, to give equal importance to male infertility and create awareness about the condition. The conflux of personal, interpersonal, social, and religious expectations may bring a sense of failure, loss, and exclusion to those who are infertile. Relationships between couples can become very strained when children are not forthcoming. One partner may seek to blame the other as being



defective or unwilling. Childless couples are sometimes excluded from taking leading roles in important family functions and events such as birthdays, christenings, confirmations, bar Mitzvahs and weddings. Moreover, many religions assign important ceremonial tasks to the couple's children. Many societies are organized in such a way that children are necessary for the care and maintenance of older parents (Lee et al. 2001). So, the impact of depression and other mental issues are varying by socio cultural context like employment, life style, social support, family, economic status, religion etc.

Hence the studies prove that these biological factors are also affected on women's mental health. While in the light of these studies biological factors also have a narrow connection to the socio-cultural context of a person. that is, every biological factor has an interconnection to the culture and the societal interventions. In the case of woman, culture played an important role on their mental health. All the cultural and social factors mentioned above evidenced that there are some socio-cultural impact on mental health of women. Despite that, studies are comparatively less on cultural factors and mental health of women and the gender perspective also lacking in existing studies. Although Mental health is not an individual problem. It is inter linked with a person's social position determined by factors like gender, caste, class, religion and more. we must shift the onus from the individual to the social and cultural institutions and the people who perpetuate the vicious cycle of discrimination, harassment and abuse.

Discussion and Conclusion

The analysis shows that gender based violence, restricted mobility, lack of economic independence, lack of decision making power, differential socialization practices, alcoholism etc impact more upon women's mental health status (Moss,2002; Thorpre et al. 2011; Cohen, 2004; Bianchi, Milkie, Sayer & Robinson, 2000; [Coltrane, 2000](#); Goldberg & Jenkins, 2004; Campbell & Soeken, 1999; Russo, Denious Keita and Koss, 1997; Bonomi et al.,2006; Cole, Logan and Shannon, 2005) than biological factors like hormonal variations and physical conditions associated with menstruation, pregnancy, delivery or menopause (Hara,2009; Jabali,1991; Cohen, Soares, & Vitonis, 2006; Freeman, 2010, Hart, 2002; Damti et. al, 2008). Whatever the biological factor, an impact of the socio-cultural factor can be seen in it. Hence Stern and Kruckman (1983) draw attention to the fact that the defining criteria for depression may vary greatly across different cultural settings, so the problem cannot simply be resolved by applying a Western concept of depression to other cultures. While, gender plays an important role on women's mental health, studies shows that gender discrimination reflected in the mental health status of women more over the socio-cultural factors are not more far on the gender-based discrimination. Every study related to women and mental health proves that women face more mental health issues than men all around the world. (Sloan & Sandt, 2006; Mitchel & Abbott, 1987; Piccinelli & Wilkinson,2000; Simonds & Whiffen, 2003; Weissman et al.,1996).

The study concludes that women's biological factors affecting mental health has associated with the socio-cultural context of an individual. The mental health issues are not confined to women's physiology but also are hugely impacted by the culture and society. Every physiological factor is strongly linked with the socio-cultural practices of an area or community. The socio-cultural stressors are heavily impact on physiological dimension of mental health. While, biological factors are desperately influenced on women's mental health is a fact, and many studies have proven, but the impact of mental health issues is varying based on socio cultural context of a person. Hence socio-cultural contexts are mandatory for determine the mental health status of women. The literature analysis conducted by the author in this context supports the argument that more thrust is required on socio-cultural factors in mental health studies. So, the



study suggests that socio cultural factors among women's mental health need more emphasis in future studies in the area.

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