

# Women's Mental Health in India: An Analysis through the Gender Lens

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## Abstract

As opposed to the traditional biomedical view of health, the social model of health defines it essentially, as a positive concept which significantly hinges on and is impacted by the social settings, personality of the individual, as well as physical capacities.' It is in this context, mental health issues among women in general and Indian women in particular, as a subset of the larger corpus of health concerns needs to be inevitably understood and contextualised in the societal and cultural milieu within which women operate. One of such important societal constructs that seems to have a significant impact on mental and emotional health and experience of women is the the construct of gender and its corollaries like gender roles, expectations, demeanour, stereotypes etc. The social construct of gender engineers a woman's position in the social hierarchy and also has a prominent bearing on her social and personal life experiences. Consequently, socio-cultural context and gender need to be understood as powerful decisive factors of one's mental and emotional make-up that colludes with other variables like age, family, educational attainment, occupational structure, income and social support etc. The paper attempts to study the mental health concerns among women in India by especially, trying to locate its causes in the socio-cultural factors amid which the women live. Conclusively, the paper tries to highlight various suggestions for developing holistic solutions towards the improvement of mental health of women.

**Keywords:** *Mental health, gender, domestic violence, social model of health*

## Introduction

The World Health Organization's Ottawa Charter for Health Promotion (1986) sees health as multidimensional and espouses a social model of health. It defines health as 'a positive concept emphasising social and personal resources, as well as physical capacities.' In the social model of health, while human biology, physiology and health care are considered as important elements, besides these, it incorporates within its purview a variety of other variables and factors that have the potential to impact the health of an individual. These factors range from social and cultural attributes, political environment, economic and financial factors, psycho-social factors to various other inter-personal and environmental factors as well as their reciprocal communications that might lead to health or illness. Therefore, the concept of health is definitely not unidimensional, it is multifaceted and involves multiple causal factors and similarly, the concept of women's mental health is no exception.

The inevitable foremost step towards sculpting a socially-rooted and contextualised model for improvement of women's mental health is figuring out a definition of mental health that can be usefully applied to women. The 1981 WHO report on the social dimensions of mental health, states that: '***Mental health is the capacity of the individual, the group and the environment to interact with one another in ways that promote subjective well-being, the optimal development and use of mental abilities (cognitive, affective and relational), the achievement of individual and collective goals consistent with justice and the attainment and preservation of conditions of fundamental equality.***'

This definition is apt for a holistic understanding of women's mental health because it:

- emphasises the intricacies of mutuality and interrelations among a host of variables that that determine mental health and that the determinants of health function at multiple stages.

- looks and reaches beyond the ‘biological’ and ‘individual’ concedes the significance of the society and the ‘social’

- Acknowledges the primal importance of values and principles of justice and equality in configuring mental and emotional well-being.

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### **Objective and Method**

The primary motive of the paper is to study the present scenario of women’s health in India. This research paper whilst trying to enquire into the status of women’s health, particularly, tries to understand and highlight the role of the contextual socio-cultural factors and gender constructs that operate in society; in serving as determinants of women’s mental health. To this effect, a predominantly qualitative research approach has been adopted to critically inquire into the topic at hand. Data at all stages are secondary in nature and garnered from a variety of published sources. A thorough study of journal articles, newspaper and government health reports, books relevant to the topic has been undertaken. The methodology of data analysis is descriptive, explorative and analytical whereby observations, facts and ideas relating to women’s mental health indices and conditions corresponding to the socio-cultural patterns and process of gender socialisation operating in the society are recorded and systematically presented in the prescribed format.

### **Findings and Discussions**

The findings of the study have been presented and discussed in various sections dealing with various related observations and ideas. The first concrete finding of the study is the inevitable relationship shared by the social realities and indicators of women’s mental health . The next section discusses exclusively the gender specific risk factors that have a significant bearing on women’s mental health. The subsequent sections deal with mental health issues like prevalence of suicide among women with special emphasis on locating the socio-economic

and gender identities and positionalities of women as a determinant. In the final analysis, on the basis of various suggestions as presented by credible health organisations and reports that might prove beneficial in improving mental health of women, a future roadmap to a holistic solution to the mental health crisis among women has been forwarded.

### **The Indian social reality and women’s mental health**

It has been evident that women in modern India face a paradoxical situation<sup>1</sup>. While women are increasingly making inroads into erstwhile male-dominated professions and admirably hiking up the corporate hierarchy, there is still a sizeable section of Indian women languishing without any sense of their identity or any form of human rights. Although, the government is striving hard to bring in women-centric legislations and devise policies for women empowerment and uplift, what is happening in ground reality remains unaffected; women still in a very large number and in variegated ways receive systemic discrimination in society. Patriarchy as the basis of India’s social functioning operates within a web of norms that possess an inherent tendency to disempower and control women’s every aspect of life. The women in India having to survive and grow up in such an environment and simultaneously having to do their best and live up to their own best potential as well society’s expectations from her, proves to be a burdensome toil for all women throughout their life-cycle. This can often lead to emotionally explosive situations wherein women start experiencing mental health problems. Indian society is in an indecisive phase of passage from traditional to modernity, while new modern liberal values are being circulated and are afloat in the socio-cultural milieu, they have not been able to completely eradicate and displace certain old parochial traditional values that are endemically gender discriminatory; This kind of gender discrimination reinforces women’s feeling of social disadvantage and further aggravates their psychological conditions<sup>1</sup>.

### **Gender-specific risk factors featuring in women’s mental health scenario**

Gender plays an important role when it comes to deciding women’s mental health. Gender also determines one’s ability and capacity to avail various resources and facilitates. Self evaluation, self concept, self image, styles of interpersonal interactions, spirituality, mechanisms of

coping with stress, needs, expectations and all the other individual differences are, up to some extent determined by gender.

The mental health issues of women are a result various gender based risk factors like; violence, low income, income inequality, care giving responsibility, role stereotyping and etc. Mental disorders commonly seen in women are depression, anxiety, somatic complaints and eating disorders. The various atrocities faced by women like sexual violence, domestic violence and issues of multiple roles, overwork fairly contribute to mental disorders they suffer from, resulting in poor mental health. A positive correlation has been established between the scales of these social variables and the occurrence of mental disorders in women.. However, the taboos related to mental health issues and the differential treatment of genders stand as an obstacle in stimulating adequate mental health development and care amongst women.

### **Gender and Depression**

“In 1977 Weissman and Klerman reviewed the evidence for differing rates of depression between the sexes, in the United States and elsewhere, during the previous forty years. They found that studies showed women experienced depression at rates much higher than men,”<sup>12</sup> The higher occurrence of depression in women cannot be solely attributed to biological factors. The social and culturally dictated mores and gender roles too have a part to play in propelling depression in women. The unequal power status cemented by the prevailing patriarchal social system has resulted in women reeling under a vicious circle of feminisation of poverty where women more often find themselves stuck in a state of economic deprivation inciting feelings of helplessness and hopelessness. Due to the advantages bestowed upon by globalisation and acceptance of liberal values, women now are able to make inroads into the public sphere breaking the patriarchal shackles ordaining them to relegate and confine themselves to the domestic sector only. While women are moving up the corporate ladder and marking their place in the public sphere, this does not necessarily entail that they have been liberated from the confines of domesticity. The perplexity reality is that the educated and working women today end up shouldering an excessive double burden of both work and domestic chores whisking away all of their personal time and energy, finally taking a toll on their emotional well-being. Additionally, gender crimes like sexual

violence, domestic violence, eve-teasing , stalking which is a common occurrence in India cumulate to act as catalysts for mental diseases.

### **Women and suicide**

There appears to be deeper connexion between gender and suicidal behaviour. Factors like childhood abuse, marital rape, domestic atrocities play a significant role in goading suicidal behaviour among women. A socio-cultural variable responsible for female suicide typical to Indian society is the practice of dowry in marriages. There are legislations in place that prohibit dowry dealings in marriages in India. In spite of this, the practice of dowry-related disputes still remains a leading cause of women’s atrocities and death. Failure to meet dowry demands in many cases, leads the bride to be forced to commit suicide or even killed by the in-laws. “The precipitants for suicide, according to Indian government statistics, among women compared to men are as follows: Dowry disputes (2.9% versus 0.2%); love affairs (15.4% versus 10.9%); illegitimate pregnancies (10.3 versus 8.2); and quarrels with spouse or parents-in-law (10.3% versus 8.2%). The common causes for suicide in India are disturbed interpersonal relationships followed by psychiatric disorders and physical illnesses”<sup>7</sup>.

### **Gender-violence**

“According to an eye-opening United Nations report, around two-third of married women in India were victims of domestic violence and one incident of violence translated into women losing 7 working days in the country. Furthermore, as many as 70% of married women between the ages of 15 and 49 years are victims of beating, rape or coerced sex.”<sup>9</sup> Female Indian psychiatric patients share a serious concern of sexual coercion. “Sexual coercion was reported by 30% of the 146 women in an Indian study. The most commonly reported experience was sexual intercourse involving threatened or actual physical force (reported by 14% of women), and the most commonly identified perpetrator was the woman’s husband or intimate partner (15%), or a person in a position of authority in their community (10%).”<sup>11</sup>

Gender-based violence can cause untold sufferings and permanent damage to one’s emotional and psychological well-being. Resultantly, women as victims of violence, suffer from emotions despondence and

stress, post-traumatic stress disorders, fertility problems and other variants of psychosomatic diseases etc

Suggestions for promotion of mental health among women

Women make up half of the human resource repository in India. Therefore, ensuring good mental health and emotional well-being of the women is quintessential to the country's progress and development. As we have been discussing, societal impositions, expectations, bindings, control, gender roles and stereotypes in Indian society impacts significantly on the emotional and mental well-being of a woman throughout her life-cycle- as a young girl, teenager, adult, married woman, mother and also as an older woman. Therefore, it is very important to undertake efficient intervention and assistive strategies to promote and sustain women's mental health under the prevailing social conditions.

Various suggestions for a preventive, protective, remedial and promotional framework for women's health in India can be advocated as follows:

- constructing evidence-based knowledge on the causative factors and extant of women's mental health issues as well as on the interceding and defensive factors. ;
- Policy stage interventions to efficiently sculpt policies that are sensitive and responds to women's mental health needs from childhood to old age and take steps for speedy and effective implementation.
- Calibrate and strengthen the capacities of primary healthcare providers enabling them to address and cure mental health consequences in victims of domestic violence, abuse, sexual assault.
- Promoting action research initiatives in the field of women's mental health.
- Promoting awareness of mental health issues and its curability among women to de-emphasise and eradicate its taboo nature in Indian society.
- Disseminating useful information of health care services and legal consequences and the various rights available to women against evils of rapes, sexual assault, domestic violence, stalking and other such crimes.
- "collaborating with international agencies and organizations to reduce/eliminate intimate partner and sexual violence globally."<sup>10</sup>

The health care services available to women need to gender sensitive taking cognisance of the special needs of women in terms of the differential social roles they play along. Gender-mainstreaming in health care services is a pre-requisite for offering timely and effective remedies against women's mental health concerns.

## Conclusion

Therefore, it has been made inarguably clear that women's mental health is not a lone impervious variable, it has to be considered in association with their socio-cultural context and gender roles . Any policy or mere discussion on women's health concern should involve her emotional and mental well-being along with her physical health at all stages of her life. It is a common occurrence where policies in India view women's health very narrowly in terms of reproductive and maternal health solely. Such a constricted policy worldview in India has greatly contributed towards reinforcing the idea that women only exist as mothers and procreators. Moreover, when an individual woman suffering from a certain mental health concern is focused in isolation as a singular independent biological entity divorcing her condition from her sociological realities, it runs a risk of placing the burden of reformation on the women alone. But as we would agree that change for women is well beyond their control and is possible only with a bigger positive social transformation. Given these realities, it becomes imperative to undertake stratagems and schemes that would target the social factors responsible for having a degrading impact on women's health. Such strategies may involves social policies to reduce gender gaps in all fields of social existence, enhance women's status in society by giving them their due or at least empower and educate them enough that they are able to voice out their demands and grasp their rights for themselves. Although a large portion of the responsibility of change lies on the policy makers but women in India too must speak up to bring about the change they want in their lives. There are ample instances where women have taken on a social-activist vesture to fight off their own devils, for instance, the anti-arrack movement in Andhra Pradesh where they fruitfully succeeded in fighting off liquor addiction in their husbands and wife battering. Movements on the same line for fighting evils of sexual abuse, rape etc can go a long way in remedying the unjust social circumstances under which women live in India. "In summary, concerted efforts at social, political, economic, and legal levels can bring change in the lives

of Indian women and contribute to the improvement of the mental health of these women.”<sup>4</sup>

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