PERSPECTIVE

Women Mental Health in Context to the Social and Geopolitical Perspective

Udbhav Tiwari*, Mona Srivastava

Department of Psychiatry, Institute of Medical Sciences, Banaras Hindu University, Varanasi, Uttar Pradesh, India

Abstract

Since time, immemorial women have been nurturing children, taking care of the families, and paving the way for men, shaping a better future without proper accreditation. Women's contributions, social status, and mental health have been neglected. Theorists have often stressed upon women's health which is not merely related to biology and child bearing, but also due to the effects of overwork, food, stress and strain, strife and displacements. Comparative analysis of such experimental research of psychiatric ailments revealed a uniformity across varied social classes and social contexts: presentations of anxiety and depression, unspecified mental disorder and psychological distress are among the most prevalent of mental ailments among women, whereas among men substance abuse is more prevalent. Correlations between financial constraints, infant mortality, relationship loss, and psychiatric illnesses in women have also been shown in multiple anthropological studies as the social origin of distress. Mainstreaming gender perspective in mental health policies and formulating "healthy" policies, by upliftment of the status of women and their health, is to build on local movements and improve grass-root strengths. National gender policies, that increase political, legal and cultural status of women by legalizing good public investment and by offering protection to women and men alike will be helpful. To further the mainstreaming of gender perspectives, programs and policies related to health which incorporate mental wellbeing into general well being while addressing a females physical, economical, socio psychological needs from pediatric to geriatric age groups needs to be developed.

INTRODUCTION

When the health of women is considered by the universal health policy and general public health, the most prominent tendency is to link the well-being of women with the well-being of their offspring's and the health of the family and to the societal wellbeing at large.[1] Under the health policy domain, the female's health is defined as the obstetric health and is often identified with their babies health.[1] These methods to advance the well being of the children through policies that affect the maternal well being are admirable. The queries about the female's health trends have begun to rise, more so in the past ten years as the females have started focusing more over their health and the associated health policies. Several question marks regarding the women's

health program have risen regarding; "Where is the "M" in maternal and child health (MCH) programs?" "What about programs designed to address women's needs as women as well as mothers?".[2] As feminist theorists have often emphasized upon female's health argued that their well-being is not merely determined by biology and child rearing, but also due to the effects of over work, food, tensions, warfare and displacements.[1] To mainstream a sexual narrative into the health there is a need of a broader explanation of health for females and males that addresses holistic heath across the life span which incorporates the health of body and mind equally. For incorporating a gender narrative in health there is a need to address mental health issues as well, since females are maximally affected by psychological disorders and are frequently subjected to social causes leading to mental afflictions and distress.[3]

To understand the role of cultural and financial factors related to the social status of women, the key is to understand the sources of diseases in a female. To achieve the goal of betterment of a women's health from infancy, we need to target at bettering the health policies to emphasize on the holistic women's health and to devise "healthy" policies intended at the upliftment of females in the society at large.[1]

An Overview of Psychiatric Morbidity and Psychological Stress

Psychiatric Disorders

A Comparative analysis of experimental research of psychiatric illnesses revealed uniformity across varied social classes and contexts: presentations of anxiety and depression, unspecified mental disorder and psychological distress are among the most prevalent of mental ailments among women, whereas among men substance abuse is more prevalent.[3] The disability-adjusted life years data freshly ascertained by the World Bank (WB) highlights these points. Among the disabilities from neuropsychiatric disorders, depressive disorder accounts for 30% in women and 12.6% in males. On the contrary, substance use disorders (SUD) accounts for 31% of neuropsychiatric distress in males, but for only 7% of the disorders in females.[3] In

the land mark study by Brown and Harris, depressive disorders were seen to be higher in prevalence in the working class females than their middle class counterparts living London.[4] Increasing evidence is pointing towards the multiple jeopardy which poor females face like severe life events more than the general public, having to deal with chronic sources of societal distress such as poor households, violent neighborhoods, they are vulnerable to falling prey to universal violence;[5] and so they are all the more subjected to facing hardships related to child birth and child rearing. Gender difference contends that usually males tend to externalize their feelings and sufferings by means of substance abuse and aggressive behavior, as a result psychological problems are under reported. Females on the contrary suffer stress commonly in the form of a depressive disorder, anxiety, "nerves," and similar afflictions.[5,6]

Social Origins of Distress

The groups of disorder like depressive disorders, dissociative disorders, post-traumatic stress disorder, conduct problems, and other similar ailments are highly linked with anarchy and social fabric collapse. Problems like household violence, locality related violence, civil conflict, family breakdown, substance abuse and community disintegration are known to have implications on health.[5] Multiple research show that these socio-psychological clusters have links to monetary hardships, infant deaths, psychological loneliness, and emotional stresses in females.[6,7] Higher prevalence of such problems is commonly found in females. Such disorders are consistently found to be prevalent among females. Cautious consideration to cultural and social meanings related with symptoms of nerves are often indicative of oppression, power struggles and molestation in families and communities.[6] Illiteracy, poor educational standards, financial dependency, poverty, domestic isolation and feudalistic oppressions were all found to be related to high prevalence of psychiatric morbidity among females.[2] A substantial amount of research evidence suggests the 'social origins' of psychiatric problems in females. The deductions from these reviews are undeniably disheartening. Nutritional deficiencies

are commonest in females than males and the sex bias is evident worldwide. The traditions of female infanticide and preferred choices of fetuses, through selective abortion is rampantly practiced across the globe.[2,3]

On the work front and capitalism, it is evident that employment inspires confidence, self-worth and financial freedom; however low pay, unequal pay or forced labor can lead to abuse of human rights and subjugation.[8] Women literally and figuratively work a "double day" , managing household, rearing off- springs, providing financial assistance through activities in the agricultural sector, domestic sector and house hold-based industries amounts to "double" work and single or poor pay. This leads to being over worked resulting in physical exhaustion and poor health. In the last 10 years the cases of intimate partner violence (IPV) have been widely reported across the globe. United Nations program called "Decade for Women" had to be initiated to make the world aware of a female's role in the production as well as the society.[5,8] Programs that address to female voices, their desires, and triumphs have a direct positive effect on females' mental health.[7] Similarly strengthening programs that contribute to female independence in terms of finances, political/social ways have a positive effect for the present and future of the females and their families.

Gender and Health Related Policies: Streamlining Gender Narratives in Mental Health

Gender Narrative

It is important to understand the causes of social origins of women's ill health and it is more significant to realize the actions which need to be undertaken to improve women's status and health. While developing policies and programs that are associated with comprehensive definition of health, it should be kept in mind that listening to women for whom such policies are designed becomes very important.[3,8,9] Special attention should be paid to their concerns at all the phases of planning, management, and implementation. A lot of the work in the areas of listening is needed.

Listening like going into their midst, talking to them, asking about how they live and what are their needs for bodily health and mental well being is still not complete.[3] Another step towards upliftment of the status of women and their health, is to build on local movements and improving grass-root strengths.[9] Multiple local startups abound, from adult literacy programs in India to that at the primary level, there is a movement across the world to involve grass root communities of females in order to provide resistance against abuse and also to consolidate and utilize community health programs. Connection between the works performed at both primary level and at global level is important for these efforts to become effective to provide upliftment of the health and status of women in the society.[9] Out of the multiple ways that this can be initiated, one most important method is "listening". Second is to learn from and use of local policies to provide models for inspiration to implement and design novel and indigenous ideas.

Health Policies for Mental Health

At the level of the states and nations the regulations can be differentiated from "healthy" policy to a useless one.[8] Here "healthy" policy is that government program, which may not be targeted at alleviating ailments and distress but will still provide an impact on the health and overall wellbeing. State gender policies, that increase overall i.e., political, legal and cultural position of females by legalizing unbiased public involvement and protective status of both sexes, support the healthy programs for women.[6] The countries where equitable gender ideologies were followed were found to have education of women at the same rate as men, be able to provide legal protection, provide equal economic opportunities and political rights to women than the countries where the equity was not advocated. While advocating gender equity ideologies it has been noticed that there is a considerable effect on female health and indirectly on the societal health. There has to be a considerable political readiness, proactive stance and vision to promote and mobilize a females voice and narrative into the national programs so as to further their cause.[6,8]

To further the mainstreaming of gender perspectives, health related programs that

accommodate psychological health into overall health while addressing a female's voice and worries from pediatric to geriatric age needs to be formulated.[7,8] Ethical contemplations and capabilities of professionals are vitally needed for designing, promoting and implementing of cohesive health policies targeted towards remedying the traumatic experiences domestic violence, shame and guilt of sexual violence and rape, gender oppression, anxiety of scarcity, depression and isolation.[9] The major disturbing aspect of mental health outcome in various communities is the high IMR (infant mortality rate) and the steep increase in the HIV infection rate, this aspect has an impact on many families throughout generations. Expert professionals and holistic programs are required to solve the distressing experiences females have to undergo wherein they have to choose from choices of mobilizing meager familial money in order to take care of children when they have been orphaned as a result of parental HIV.[2,9]

Both international and nationally funded health programs are confronted with the tough task of devising ethical but "culturally sensitive" solution for hazardous rituals that affect psychological and bodily health of girls and grown up ladies (such as female infanticide, female circumcision, and feeding rituals which are discriminatory towards female child).[10] These quandaries can be y reduced to some extent by giving help to the regional non-government organizations, local health initiatives and primary level movements.[2]

Evidence suggests that educating the female is imperative in augmenting the health of children as well as men. Parallel analysis and its association between legal discriminations like gender differences at the familial set up as well as physical and domestic violence leading to negative health related problems is high in the societies. Health policies and "healthy" policies are required to foster and promote methods to facilitate equal state gender ideas that may result in incorporating a gender perspective into physical and mental health sectors. Many targeted programs have been undertaken so that mental health is given primacy in community research at the national, local, and international level.[5,8]

Ideas for Initiating and Optimizing Mental Health Programs

- Upliftment and rejuvenating the psychiatric health services and improvement of its delivery. Psychiatric health and its delivery to the masses has an important role in relieving the misery associated with mental problems, psychological disorders, mental stress, and psycho pathology. Troubled children, molested females, those who have attempted suicide, those traumatized by political violence or addicted to narcotics or alcohol and those who suffer from psychiatric illnesses can be aided markedly by competent psychiatric care. With the major advancement in psychiatric treatments and targeted psychotherapeutic treatments, the scale and impact of improvement is massive. Services for mental health in most communities are insufficient.[2,3] There is shortage of trained specialists, psychological and social help is missing or scarce, medications where available are of inferior grades and equitable distribution of these resources is lacking. The humane aspect of treatment of psychiatric patients are most often ignored. Mental health interventions are usually associated with a punitive and degrading social control. Initiating a gender narrative in the psychological health delivery system, creating awareness and empowering females in all strata of community regarding the relevance of psychiatric treatments has the potential for improving the acceptability of services and programs. This gender inclusion is essential for the success of mental health programs and the female upliftment.[6,8]

- Boosting and streamlining the work to efficiently uplift the scale and quality of psychological health expertise of the workforces at every level, from community health workers, nurses, medical students and graduate physicians. for delivering mental health programs is a niche group of expert professionals like psychiatrists, psychologists, social workers and psychiatric nurses.[7,8] This group should be the flag bearer to spearhead the campaign regarding mental health services, its delivery and training. More heed should be paid towards the training of

the health workers, nurses, and primary care physicians in the diagnosis, suitable reference and treatment of psychiatric problems. There is a need to improve the curriculum of medical education and there is a dire need to include more about mental health. Targeted training, exposure of trainees at undergraduate level and postgraduate level is of primary importance to optimize the delivery and accessibility of mental health services at the primary health level.[1] Sincere efforts to improve the state gender policies to eradicate violence against women, and to empower them financially can be achieved by making women central to policy planning and implementation. Research should be designed to understand the psychological results of these programs for children, females and males.[3] World mental health (1995) places value in education of women, as an important pre-requisite for the psychological health of children, males and females. Educating women also makes them less likely to endure violence and molestation. Education gives them confidence to express their opinion, it gives their thoughts a voice, all of which leads to a better mental health of the society in general.[8] Education is more likely to make women aware to engage on an equal footing in public health policies; as females around the globe form the major chunk of caretakers for disabled home bound family members which includes incapacitated elderly, mentally challenged child and others ailing suffering from psychological or physical illnesses. It is in the interest of societies to contribute to the shouldering of the burden through an efficient health care and delivery system. Females and allied groups should be allowed to evaluate the governmental and local policies in terms of its efficiency in how they help in female mental health, and the quality of services they offer to females and children.[5]

■ Across the world collective and individual violence is the number one problem today. For any peaceful rehabilitation and security the mental health perspectives have to be addressed in totality.[9] Psychological well being stemming out of the ethno racial identity and its consequent hatred leading to widespread violence for

revengeful activities ought to be addressed in the new policies by focusing on education in schools and empowering inclusivity in the communities.[10] To decrease and eliminate community and individual violence, which often is the result of a societal decay, a renewal and strengthening of the gender outlook in formulating health care policies and also empowering the legal system becomes imperative. Even if mental health care for psychological wounds and medical care for physical ailments alleviate the long-term anguish, still discouraging and ultimately preventing domestic violence requires strong laws which make an act of violence against female and children punishable by strictest of punishments.[8,9]

■ Concrete actions have to be undertaken to treat and prevent various psychiatric, behavioral, psychosocial and neurological disorders. The success of the prevention programs depends upon a good intermix of both psychosocial and biological factors and also solid scientific steps need to address the preventive strategy.[8,9] Interventional programs should be comprehensively designed so that stress, co-morbidity, and groups of many disorders must be targeted for a holistic management and rehabilitation services. Local protective customs and traditions should also be encouraged, like activities of caretakers of ill and dependent individuals. The preventive programs of individuals in a community must be very well understood and prevention programs should be formulated accordingly after listening to women, professionals and representatives of the communities as it will help in broadening the scope of these programs.[10,11]

Conclusion

Much has been done in relation to women's health; however, considering the enormity of the work still to be done, there is still a huge gap in the desired services.

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