



Women Mental Health: Resetting the Priorities

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Women Mental Health

In the era of Gender equality, talking about women's mental health (WMH) seems a regressive approach to many, but considering the underlying neurobiological, physiological, and psychosocial underpinnings still makes this relevant to be discussed. The psychosocial and reproductive factors play differently in the female gender, thus affecting women's mental health in a specific and different manner than the men.

WMH and Psychiatric Illness

Though there is almost similar neurobiological etiopathogenesis of psychiatric illnesses in both men and women, gender plays an important role in determining the age of onset of many psychiatric illnesses, clinical presentation, course of illness, prognosis, severity, response to treatment and overall outcome of the illness.¹ Worldwide and Indian studies indicate that the lifetime prevalence of common mental disorders (CMD) such as depression and anxiety disorders is 2–3 times higher in women than men. Also, depression runs a more chronic and severe course in women. The World Health Organization (WHO) report on WMH in 2001 quoted that disability due to “depressive disorder” was 41.9% in females compared to 29.3% in males.²

There is no significant difference in the prevalence of severe mental disorders (SMD) in both genders, but severity, social adjustment, access to the mental health care facility, and long-term course and prognosis are different.³ Women with SMD are twice more subjected to abuse and broken marriages. They along with their female caregivers are challenged with stigma more than their male counterparts.⁴

WMH and Social Determinants

This raises emphasis in exploring specific factors making females more vulnerable to CMD, and it was found that not only hormonal factors related to reproductive cycle but psychosocial factors like patriarchal structure of society, subservient status of females, internalizing personality characters, financial dependency on male members, poor support in raising voice against physical, financial, emotional and sexual abuse play significant role in making females more vulnerable.⁵

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WMH and Society

Women are predisposed to various psychosocial stressors during different phases of their lives like marriage, childbirth, working women looking after both job and household responsibilities, and taking care of children and elderly family members. Financial insecurity and no say or participation in making important family decisions add to their miserable situation in the family. Also, females were found to have a 16–50% lifetime prevalence rate of violence, including domestic violence, and one in five women reported to have suffered rape or attempted rape.⁶ Sexual coercion and abuse are other significant problems in the life of women, more so when they are mentally compromised or ill. Gender-based violence leads to the most severe form of mental health issues, including depression, insomnia, severe anxiety, and post-traumatic stress disorder.⁷

WMH and Suicide

Although the prevalence of complete suicide is higher in men than women, more females are reported to attempt suicide following any stressor. The mentally ill women suffer physical, emotional, and sexual abuse and are abandoned by their husbands and many times by their own families. The study reports that the suicide rate peaked in the age range of 18 to 29 years while females exceeded males in 10 to 17 years. Thus, girls marrying at a younger age are vulnerable to suicide and self-harm.⁸

WMH and Reproductive Health

During a female lifetime, various phases of reproductive life starting from menarche, menstrual cycle irregularities, pregnancy, postpartum period, and menopause are vulnerable periods for mental health issues. Also, complications related to infertility and its treatment, contraception, and urogenital surgeries involving the uterus and breast removal pose a threat to femineity and body image.⁹ A systematic review reported that women, especially in the economically disadvantaged population, are prone to developing CMD postpartum. The situation is worse in the case of unplanned pregnancy or after the birth of a female child.¹⁰

WMH Sexual Health

Researches in the area of female sexual dysfunction are very few and lag behind exploration in the area of male sexual disorders. Some Indian literature explores female sexual dysfunction in married women and reports frigidity, vaginismus, dyspareunia, and lack of sexual desire in females attending medical and special clinics.^{11,12} Recently studies on female “Dhat syndrome” are available, which was majorly unexplored for years and belonged to a culture-bound syndrome of males only.¹³

WMH and Legal Issues

Getting married for women with mental health issues is challenging and mostly ends up facing separation or divorce. Also, they have to face all kinds of abuses, and their fundamental rights are not well taken care of by the husband and his family.¹⁴ There was a felt need, and the specialty sections on Forensic Psychiatry and WHM were constituted, which provided guidelines regarding legal issues in marriages of persons with major mental disorders.¹⁵

WMH and Management Issues

Although females' treatment and management approaches fall within broad domains of the management protocols. Managing women of childbearing potential during pregnancy, location, perimenopausal periods, and premenopausal women need certain understandings and adaptations in the approaches. However, there are several situations where a different approach and considerations are required. Many psychotropic medications have the potential of unsolicited side effects leading to derangement of menstruation, childbearing potential, physical and/or behavioral teratogenic side effects requiring specific alterations in management planning. Additionally, metabolic, skin-related effects and other adverse effects affecting aesthetic aspects are more bothersome to women than men.

WMH Promotion

Thus, promoting WMH is a multifaceted domain requiring interventions at clinical, economic, sociocultural, environmental, and legal aspects.



Educating women will make them financially independent and generate awareness regarding their fundamental rights. At the society level, campaigns and awareness against gender discrimination, female feticide, and the dowry system will strengthen women's status. Improving the criminal and justice system to look after female safety and respond to their grievances proactively will boost confidence in females to raise their voice against the social evils.

CONCLUSION

Several unique factors are affecting WMH in comparison to men. Biological factors affect underlying vulnerabilities. Various social, legal, and cultural factors result in systemic and organized conditions unfavorable to many women, leading to the higher overall stress and the possibility of causing multiple influences on mental health and psychiatric disorders. Mental health professionals and other stake holders, policymakers, politicians, and administrators need to be aware of these factors, and specific provisions need to be made and upscaled to promote WMH.

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