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LOOKING AT MENTAL HEALTH FROM A GENDER LENS

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Abstract
Mental health and mental illness are determined by multiple and interacting social, psychological and biological factors, just as health and illness in general. A person's mental health is affected by individual factors and experiences, social interactions, the environment, societal and cultural norms and expectations (WHO, 2004). The clearest evidence related to the risk of mental illness, which in the developing and developed world are associated with indicators of gender, poverty, including low levels of education. The association between poverty and mental illness appears to be universal, occurring in all societies irrespective of their levels of development. Gender influences mental health in a variety of ways. Factors such as power, control, decision making, and access influences the mental well-being of individuals. Reviews indicate that mental health problems affect men and women differently. The socio-demographic factors of age, gender, marital status, education, and income, have consistently been identified as important factors in explaining the variability in the prevalence of mental health problems among women and men. These gender factors cannot be seen just as socio-economic and cultural in nature, but have to be understood from a human rights framework to interpret and understand injustices that can lead to poor mental health for individuals, especially women.

Key Words: Mental Health, Gender, Violence, Poverty, Socio-Cultural Factors, Marital Status, Economic Factors.

Introduction

Mental health and mental illness are determined by multiple and interacting social, psychological and biological factors, just as health and illness in general. A person's mental health is affected by individual factors and experiences, social interactions, the environment, societal and cultural norms and expectations (WHO, 2004). The risk of mental illness is associated with indicators of gender, poverty, including low levels of education. Reviews indicate that gender influences mental health ofmen and women differently. Factors such as power, control, decision making, and access along with socio-demographic factors of age, gender, marital status, education, and income, have been identified as important factors in explaining the variability in the prevalence of mental health problems among women and men. Psychological well-being increased with increased levels of education (Khumalo I.P., Temane Q.M. and Wissing M.P, 2012). Insecurity and hopelessness, rapid social change and the risk of violence may further explain this greater vulnerability (Patel & Kleinman, 2003).

The risk of depression and some anxiety disorders, such as panic disorder, social anxiety disorder, and generalized anxiety disorder, is higher in women than in men (Hales R.E. 2008). Various cultural, social and economic factors interact to cause mental health risk. Tabish,Syed Amin (2005) highlights the burden of responsibility that women shoulder in being wives, mothers, educators and caretakers of others, while they are also increasingly becoming an essential part of the labour force. He states that in one-fourth to one-thirds of the household's, women are the prime source of income, but in spite of this, women face discrimination and other associated problems. Additionally, women are more likely to experience rape and domestic abuse and are more sensitive to crisis in their social network. Gender role socialization and the tendency of higher anxiety and rumination as well as lower self-efficacy in women also contribute to the increased vulnerability to anxiety in the face of adversity (McLean C.P., Anderson E.R., 2009).

Prevalence of Mental Health Problems

There is growing evidence to suggest that the prevalence of certain types of mental health problems like depression are more common in women (Bluhn, R. 2011; Kaisla J., et al, 2006; Walter, 1993).Review of studies even back in the 90's suggests thatwomen all over the world experienced depression twice as frequently as men (Culbertson, 1997). The Global Burden of Disease (GBD), 2000, estimates that the point prevalence of unipolar depressive episodes to be 1.9% for men and 3.2% for women, and that 5.8% men and 9.5% women will experience a depressive episode in a 12-month period (WHO, 2001). Gender differences are also seen in suicides with more suicidal death among men and more women attempting suicides. Indian and international studies confirm that men who attempt suicide are more likely to be unemployed, never married, have alcohol-related problems, and have a stressful life. (Hawton K., 2000; Dombrovski AY, 2008; Vijayakumar L., 2010).

Reviews of studies in other countries have also pointed to a higher prevalence of affective disorders associated with psychosocial causes among women, (Medina-Mora, et al, 2005; Noori & Janet L., 2007; Kvrgic, 2013; Gitto, et al**.,** 2015) and the rates among the poor women is three times higher than among those with higher incomes (Berenzon, et al, 1998). Results of a cross-cultural study indicated that women have a significantly higher prevalence of anxiety and mood disorders

than men, while men have consistently higher prevalence of substance abuse than women (WHO, 2000).Men develop alternative disorders in response to stress, such as antisocial behaviour and alcohol abuse. Studies on men have indicated that mental health professionals have not typically identified men as a high risk or vulnerable population. This was attributed to men's reduced help-seeking behavior and their reluctance to report depressive symptoms associated with their traditional male role (Benett& Jones, 2006).

Socio-Cultural Factors Associated with Mental Health

There is growing evidence that social and cultural factors play a role in the mental health of women and men. Research indicates that the impact of biological and reproductive factors on women's mental health is strongly mediated, or in some cases reduced or disappear when psychosocial factors and quality of life is taken care of (Dennerstein & Burger, 1997). In India, the incidence of post-partum depression was associated with low income, birth of a daughter, relationship difficulties, adverse life events during pregnancy and lack of practical help (Chandran et al, 2002). Studies in other countries have also revealed the association between socio-cultural factors, lack of support, abuse, domestic violence with depression or anxiety among pregnant women (Kazi A., et al., 2006; Lee A.M., et al., 2007; Karmaliani R, et al. 2009; Nasreen H.E., et al. 2011; Ali, N.S., 2012).

In most developing countries, including India, 'gender roles are in transition' due to social transition, migration and economic crisis (Maria et al, 2005). The lives of women and men, the relationships that they establish, and their work, have changed dramatically in the past 50 years (Barnett& Hyde, 2001).Although these social trends have increased the visibility of women and brought them into the work force, thereby enhancing their role as contributors to social development, on the other hand it has also increased the burden on women.The multiple roles that women fulfill in society put them at greater risk of experiencing mental health problems than others in the community.Many women experience work overload, and there are few resources to help them cope (Maria et al., 2005).

Predictors of women's mental health was associated with socio-cultural factors and such as women's illiteracy, being unemployed or solely engaged in home duties,polygamy andphysical abuse were the strongest determinants of mental distress (Maziak, Wasim et al, 2002; Outram, Sue,et al., 2004). Research studies on mental health status of South-Asian women in Britain have highlighted the influence of culture, acculturation and cultural conflict on the mental health of women. Studies report the prevalence of depression, suicide, para-suicide, deliberate self-harm and eating disorders in this community (Anand & Raymond, 2005). Women who have experienced depression, and suicidal behaviour reported of having relationship problems, substance-abusing, and violent partners (Pillay AL, Kriel AJ., 2006).

In Pakistan, societal attitudes and norms, as well as cultural practices play a vital role in women's mental health. Niaz (2011) stated that the religious and ethnic conflicts, along with the dehumanizing attitudes towards women, the extended family system, role of in-laws in daily lives of women, represent major issues and stressors and has an adverse psychological impact.

Studieson Korean women's mental healthindicates that cultural context plays an important role in gender differences in expression of emotions. Hwa-byung (HB) is a Korean culture-bound syndrome that translates into English as an anger disorder. Women's anger is often generated by problems related to family, health, finances, and society, as well as stress due to women's adjustment to cultural and social frameworks, thus provoking anger. (Choi, 2011).

Women in India attributed their illness to a larger number of social factors when compared with men. Interpersonal conflict, alcoholism or illness of a family member, domestic violence and over-work, were more commonly cited by women. On the other hand, old age was more commonly mentioned by men and this was mainly related to inability to work which, in turn, was causing financial difficulties or the fear of being dependent on others in old age. Both men and women explicitly linked their somatic and psychological experiences to social difficulties and often described multiple inter-related social difficulties (Andrew et al, 2012).

Marital Status and Mental Health

Marital status has shown to have an impact on the mental health of women and men. Studies have indicated that married people reported higher levels of positive mental health and general psychological well-being, than both, the never married and the divorced and widowed. (Khumalo et al., 2012).Astudy in Australian indicated a decline in mental health for men who were separated or widowed, compared to men who remained married. Similar declines in mental health were found for women who separated or became widowed. The study concluded that marital loss significantly decreased mental health and maintaining high levels of social support has the potential to improve widowed men's mental health immediately after the death of their spouse (Hewitt, B., et al., 2012). A study among Finnish population, indicates that living arrangements were strongly associated with mental health. Compared with married persons, persons living alone and persons living with other(s)

than a partner had high odds for psychological distress and psychiatric disorders. Unemployment, lack of social support, as well as alcohol consumption reduced the mental health of persons living alone, especially among men (Joutsenniemi, et al, 2006).Though number of studies has noted the positive impacts of marriage on mental health, in some instances marriage can have a negative impact on the mental health of individuals. Davar (1999) found in her survey that in India being married is an important predictor of mental illness in women, but not so in men. Married women reported more psychological problems than single women, and the pattern was reversed for men.

Violence, Abuse and Mental Health

Violence against women is a global phenomenon and constitutes a major social and public health problem, affecting women of all ages, cultural background and income levels (Ahmed, S., 2005). Women are significantly more likely than men to experience physical and sexual intimate partner violence and abuse. With the growing concern over women's mental health globally, violence against women should be placed in the forefront of any mental health agenda.Studies in India have also indicated that violence against women constitutes a major risk factor for mental illness among women (Davar B.,1999, 2001). Approximately 40% of Indian women report lifetime physical, sexual, or psychological domestic violence (Yoshikawa K, et al., 2012). A study in Rural Maharashtra (Jain D., et al., 2004) indicated that 23% of the women reported of being beaten over the last 6 months.

In Bangladesh, extreme poverty, patriarchy, systematic discrimination from birth, illiteracy, early marriage, and unequal power relations, make women vulnerable to gender-based violence, especially domestic violence(Ahmed, S., 2005). Such acts of domestic violence have been linked to substantial mental health problems among women. Even having experienced only one form of gender based violence doubled or tripled the odds of each of the mental health conditions (Rees S, et al. 2011). Women in abusive relationships are more likely to live in poverty and have less education and few employment opportunities.Indian women who report domestic violence have a higher likelihood of having depression, post-traumatic stress disorder, attempted suicide, and adopting maladaptive health behaviours (Chandra et al., 2009). Women usually grow up in a climate of fear and violence and this can have devastating consequences on their mental health (Anuradha K. & Uma V., 2002).Studies have indicated that depression is estimated to be four times more frequent among women who have been exposed to violence, than among women who have not and the risk is higher when physical violence has been experienced during pregnancy (Romito, P., et al., 2005). Women in domestic violence situations invariably feel very trapped, humiliated, inferior and vulnerable thus increasing their risk to mental health problems and attempting suicide (Parakh P., 2011).

A study in Tamil Nadu indicates that the adverse effects of abuse range from insomnia, constant feelings of ill health to shame, guilt, alienation, emotional trauma, suicidal tendencies and low self-esteem (Subadra & Catherine, 2005). The experience of abuse often erodes women's self-esteem and puts them at greater risk of a variety of mental health problems, including depression, anxiety, phobias, PTSD and alcohol and drug abuse (Heise, Ellsberg & Gottemoelloer, 1999).

Sexual violence has been associated with a number of mental health and behavioral problems. The first report of the "WHO Multi-country study on women's health and domestic violence against women" (2005) in 10 mainly low- and middle-income countries found that, among women aged 15-49:

- between 15% of women in Japan and 71% of women in Ethiopia reported physical and/or sexual violence by an intimate partner in their lifetime;
- between 0.3–11.5% of women reported sexual violence by someone other than a partner since the age of 15 years;
- the first sexual experience for many women was reported as forced – 17% of women in rural Tanzania, 24% in rural Peru, and 30% in rural Bangladesh reported that their first sexual experience was forced.
- These studies indicate a strong association between domestic spousal violence and poor mental health, and underscore the need for appropriate interventions.

Economic Factors and Mental Health

Review of research has indicated that there is a strong link between gender inequality, poverty and socio-economic inequality and mental health. The 1998 World Health Report states that 'Women's health is inextricably linked to their status in society. It benefits from equality, and suffers from discrimination. Today, the status and well-being of countless millions of women world-wide remain tragically low (WHO, 1998)'.

Disadvantaged groups associated with poverty and other associated factors in society carry the greatest burden of mental illness(Lorena Numez C., 2009). Variation in mental health and well-being are associated with socio-economic differences (Talala et al, 2008) and studies have indicated that persons with low levels of education, unemployed and income present with more indicators of poor psychological well-being. Poverty and its associated problems lead to more stressful life events

for persons from low income groups and hence the poor experience higher levels of psychological distress. By ignoring the mental health dimensions, the MDG has failed in developing a comprehensive approach to poverty and has thereby perpetuated the invisibility of mental health in poverty (Miranda and Patel, 2005; Lorena Numez C., 2009). Poverty affects the subjective well-being of individuals in a direct way, as well as through other variables, on which poverty exerts a direct or indirect influence (Palomar, L.J. et al., 2005).

Unemployment was found to be associated with low self-esteem, social isolation and low income and thus affected the mental health of persons (Talala, et al, 2008). In a study in Iran it was found that, the highest risk of mental disorders was related to unemployment (unemployed people were 1.813 times more at risk of mental disorders compared with employed people) (Noorbala, A.A., et al., 2003).

However, despite the high prevalence of unemployment and mental health disorders among women, the different position of men and women in the labor market, and gender differences in the social determinants of mental health, potential gender differences in reactions to unemployment have rarely been addressed. Many studies focusing on unemployment have included only men.

Studies have indicated that there is an association between poverty and related social conditions on mental health of women and on abuse women experience.Both mental illness and food insufficiency are common in low and middle income countries In a study in Africa it was found that: (1) 38% of South Africans report that their households are food-insufficient; (2) after controlling for conventional socioeconomic and sociodemographic variables food insufficiency was associated with an increased risk of having diagnosis of anxiety disorder; and (3) respondents who reported that their household 'often did not have enough food were also more likely to have substance use disorder than those who were food-sufficient (Sorsdahl, Katherine; et al., 2011).

Mental well-being was significantly associated with various factors in the socio-physical environment such as flood risk, sanitation, housing quality, sufficiency and durability and other factors such as population density, job satisfaction, and income generation (Gruebner, et al., 2012).Factors such as the experience of insecurity and hopelessness, rapid social change and the risks of violence and physical ill-health may explain the greater vulnerability of the poor to common mental disorders (Patel V, Kleinman A., 2003).

Gender Differences in Response to Stress

People use the word "stress" to describe a wide variety of situations. Stress is a condition or feeling experienced when a person perceives that "demands exceed the personal and social resources the individual is able to mobilize." In less formal terms, we feel stressed when we feel that "things are out of control" (Lazarus R.S., 1977).Stress has different meaning for women and men, andwomen tend to respond to stress differently when compared to men.For instance, women invariably internalized psychological stress leading to higher levels of psychological distress among them. On the other hand, men tend to externalize their stress leading to mental health issues such as addiction or violence (Umberson, et al 2012; Rosenfieldet al., 2005).

A study in Rural Nepal (William G. A., et al., 2013) indicated a gender difference in the response of men and women to stress and traumatic events. Women were more likely to experience PTSD than men - 5.96 % of women compared to 1.21 % of men. Thus, the prevalence of PTSD was nearly five times higher for women, even though men were more likely to experience trauma. A study in India pointed out important differences between stressors experience among male and female suicide attempters that may have implications for preventive work. Men were more likely to be substance abusers and attempt suicide under intoxication. The stressors experienced also differed between the two genders with work-related stressors commoner in men and excessive use of alcohol or drugs by another family member more frequently reported by females (Menon, Vikas, et al., 2015).

In a study on association of perceived stress with stressful life events in Iran, it was observed that stressful life events including family problems, job insecurity, financial problems, and social relations were associated to level of perceived stress. Among them, family and social problems had more significant relation with stress perception. This could be due to different Iranian cultural aspects where people are more sensitive to familial and social relationships (Feizi, Awat, et al., 2012.

The *Stress in America* survey (2012) reports interesting differences in the way women and men experience and manage stress. While both genders report stress levels beyond what they consider healthy, women continue to report higher stress

levels than men. Women are also more likely than men to report symptoms of stress, ranging from feeling depressed or sad to experiencing headaches and changes in sleeping habits (APA, 2012).

Social Support and Mental Health

Considerable research indicates that social support reduces, or buffers, the adverse psychological impacts of exposure to stressful life events and ongoing life strains. Interpersonal relationships with significant others can lower the risk of psychological disturbances in response to stress exposure. Social support is essential for maintaining physical and psychological health. Studies have also found a positive correlation between perceived social support and level of self-esteem: self-esteem increases as perceived social support increases (Budd, et al., 2009).

Social support most commonly refers to functions performed for an individual by significant others, such as family members, friends, co-workers, relatives and neighbours. One of the first definitions was put forward by Cobb(1976). He defined social support as 'the individual belief that one is cared for and loved, esteemed and valued, and belongs to a network of communication and mutual obligations'. Cohen (2004) explicitly defines social support as "a social network's provision of psychological and material resources intended to benefit an individual s ability to cope with stress", while "social connectedness is beneficial irrespective of whether one is under stress".

Social support is defined as "a network of family, friends, neighbors, and community members that is available in times of need to give psychological, physical, and financial help" (www.cancer.gov). Theoretical models of social support specify the following two important dimensions: (1) a structural dimension, which includes network size and frequency of social interactions, and (2) a functional dimension with emotional (such as receiving love and empathy) and instrumental (practical help/assistance) components (Charney D.S., 2004). Research has found that quality of relationships (functional dimension) is a better predictor of good health than quantity of relationships (structural dimension), although both are important (Southwick S.M., Vythilingam M., Charney D.S., 2005).

Psychosocial variables such as low satisfaction with partner or close relationships, low perceived social support outside family, and more life-events over the past 12 months are independently associated with poor mental health (Outramet al., 2004). Some studies suggest that women employed increase their sources of social support and have more independence over use of economic resources, where as being a homemaker encourages social isolation and depression (Lara, 1999). There is a significant relationship between multiple roles, role imbalance and lack of social support with mental health symptomatology (Juliao 2006). Higher social support scores are associated with a significantly reduced risk of poor perceived mental health (Coker, Ann L. et al, 2002).

A study on religiousness and perceived social support as predictive factors for mental health outcomes,indicated that although there is some evidence about associations of religiousness and social support with mental health, insufficient data exists to explain which dimensions of religiousness and social support are related to mental health outcomes. However, the findings supported the hypotheses that religiousness and social support are predictive factors for mental health outcomes. Both, religion and social support can influence mental health by imbuing life with a sense of meaning and significance, and offering fellowship in times of stress and suffering (Krok, Dariusz, 2014).

Resilience as a Protective Factor for Mental Health

Recent writings on resilience, understands resilience not just in terms of the 'rugged individual' (Ungar, 2010), but rather as a 'social ecological construct' (Ungar, 2008, 2011). The term *resilience* refers to the positive side of individual differences in people's responses to stress and adversity (Rutter, 1987). Researchers have suggested that demographic variables, personal attributes, such as internal locus of control and active coping strategies,positive psychological factors, such as hope, optimism, gratitude and purpose in life,(Hoge E.A., Austin E.D., Pollack M.H., 2007), and socio-contextual factors, such as supportive relationships and community resources,contribute to resilience in both children and adults (Rutter, 1987). Spirituality and religion have also been suggested to have a protective effect for mental health (Kulis S., 2012; Lamba G., Ellison J.M., 2012).

Ann S. Masten (2015) states that an individual's potential for resilience will be influenced both by the interactions within the individual and also with the social and ecological environment that the individual is in. Therefore, resilience of an individual will depend on multiple systems and that it will always be dynamic since individuals and their situations are dynamic and not static. Resilient individuals are thought to use active coping mechanisms when dealing with stressful life situations (Moos RH., Schaefer J.A., 1993).Even prior to this, Rutter's work as early as 1987 identified four protective mechanisms in resilience, namely: (i) reducing the impact of risk; (ii) reducing the negative chain reactions following risks; (iii) enhancing self-esteem and self-efficacy; and (iv) creating opportunities for individuals to realize their potential (Rutter, 1987).

Some of the current writings on resilience refer to three orientations of resilience: trait, outcome and process. Trait resilience refers to inner ability or personality trait of an individual and outcome resilience refers to resilience as an outcome, that helps an individual to come to terms with adversity. The process orientation understands resilience not just as a trait or a behavioural outcome, but rather as a dynamic process interacting with and adapting to the environment to cope with difficulties in life (Hu, Zhang & Wang, 2015).

Resilience has been linked to outcomes of mental health. Hu, Zang & Wang's (2015) found that individuals with higher rates of depression and anxiety had lower levels of trait resilience, and individuals with positive levels of life satisfaction had higher levels of trait resilience. From the analysis they concluded that resilience fosters mental health through 'harm reduction, protection and promotion'. Their result strongly suggest that resilience plays an important role in enabling individuals achieve positive mental health.

Conclusion

Mental health is undeniably one of the most precious possessions to be nurtured, promoted and preserved by an individual. It is a state of mind in which the individual can experience sustained joy of life while working productively, interacting with others meaningfully and facing up to adversity without losing capacity to function physically, psychologically and socially. It is undoubtedly a vital resource for a nation's development and its absence represents a great burden to the economic, political and social functioning of a nation (Kumar, Anant, 2002). Gender and other socio-economic factors play an important role in the mental health of individuals. Development agendas will fail in achieving goals if mental health is not central to their agenda. There is a need to adopt a holistic and inclusive approach in the development agenda and mental health should play a crucial role in conceptualizing and implementing such programmes. In addition to this mental health, programmes need to adopt 'culturally sensitive and politically engaged approaches' (Lorena Nunez C., 2009) that will cater to the mental health needs of not just diverse populations but different genders to promote well-being for all.

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