



ISSN: 0976-3031

Available Online at <http://www.recentscientific.com>

CODEN: IJRSFP (USA)

*International Journal of Recent Scientific Research*  
Vol. 9, Issue, 4(I), pp. 26121-26125, April, 2018

**International Journal of  
Recent Scientific  
Research**

DOI: 10.24327/IJRSR

## Research Article

### WOMEN AND MENTAL HEALTH IN INDIA

**Annapurna Pattnaik\***

Law SNIL, SOA Deemed to Be University, Bhubaneswar

DOI: <http://dx.doi.org/10.24327/ijrsr.2018.0904.1996>

#### ARTICLE INFO

##### Article History:

Received 5<sup>th</sup> January, 2018  
Received in revised form 20<sup>th</sup>  
February, 2018  
Accepted 8<sup>th</sup> March, 2018  
Published online 28<sup>th</sup> April, 2018

##### Key Words:

Common mental disorder, disorder,  
domestic violence, mental health, substance  
abuse, suicide, women

#### ABSTRACT

This article studies the mental health problems of women, especially in the Indian context. As per World Health Organization (WHO) estimates, depression is expected to be the second largest contributor to disease burden by 2020, and with one in every three women worldwide being afflicted by common mental disorders including depression. Women face gender-based discrimination at every stage of their lives. Gender is a critical determinant of mental health and mental illness. The patterns of psychological distress and psychiatric disorder among women are different from those seen among men. Women have a higher mean level of internalizing disorders. Differences between genders have been reported in the age of onset of symptoms, clinical features, frequency of psychotic symptoms, course, social adjustment, and long-term outcome of severe mental disorders. Women who abuse alcohol or drugs are more likely to attribute their drinking to a traumatic event or a stressor and are more likely to have been sexually or physically abused than other women. Girls from nuclear families and women married at a very young age are at a higher risk for attempted suicide and self-harm. Social factors and gender specific factors determine the prevalence and course of mental disorders in female sufferers. Low attendance in hospital settings is partly explained by the lack of availability of resources for women. Around two-thirds of married women in India were victims of domestic violence. 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. This note attempts to explore the various risk and protective factors affecting the mental health of women. Considering the gravity of the matter, urgent remedial measures such as understanding the underlying causes of psychological distress among women, adopting a gender-sensitive approach, working towards women's empowerment and formulating women-friendly health policies could work wonders for the mental health of Indian women.

**Copyright © Annapurna Pattnaik, 2018**, this is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution and reproduction in any medium, provided the original work is properly cited.

#### INTRODUCTION

Our Indian Prime minister Jawaharlal Nehru said that we can tell the condition of the nation by looking the status of its women. 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.

##### Present Scenario

This research focuses on explaining how the different dimensions of the society affects the women of India and creating awareness of mental health to reduce the stigma against it. A woman's mental health and psychological wellbeing is deeply affected and influenced by her society and

the roles she plays in her society. Whether it is the role of a daughter, a wife, a mother, a sister, a homemaker, a manager, a teacher, etc., all influence her quality of life. Stigma, discrimination and awareness can seriously affect the health, welfare and quality of life of women with mental health problems. Stigma is rampant in Indian communities all over the world. The ignorance, fear, misunderstanding and prejudice that surround mental illness deepen the severity of the illness as individuals withdraw further from the world around them. These are a result of a combination of negative stereotypes (often from the media in some form: either movies or news reports) and a lack of new, more positive and sympathetic view points to replace these stigmas. Gender influences the control men and women have over the determinants of their health, for example, their economic position and social status, and their access to resources. Gender configures both the material and symbolic positions that men and women occupy in the social hierarchy, and shapes the experiences that condition their lives.

\*Corresponding author: **Annapurna Pattnaik**  
Law SNIL, SOA Deemed to Be University, Bhubaneswar

Gender is a powerful social determinant of health that interacts with other variables such as age, family structure, income, education and social support, and with a variety of behavioural factors. India is strongly a man-centric society. The structural hierarchy of Indian society, which puts patriarchy at the top of gender cycle, has been predominant in deciding how women lead their lives in India and elsewhere across the globe

### **Objectives**

1. To analyze the social stigma against mental health and illness that exists in the society of India
2. To analyze the role of physiology and its effects on mental health of women in India.
3. To analyze the role of family and its effects on mental health of women in India.
4. To analyze the role of socio-economic status and its effects on mental health of women in India.
5. To analyze the role of culture and its effects on mental health of women in India.
6. To analyze the role of media and its effects on mental health of women in India.

In India, people with severe mental illnesses often turn to temples and shrines, not to doctors. It is a serious issue related to mental health where it is believed in rural areas that the symptoms of mental illness are caused by visitations and wrath of spirits, demons and ghosts. In India, there is a tremendous social and cultural pressure to marry. It is of paramount importance to discuss the relationship between marriage and mental illness in Indian scenario as marriage is perceived to be a panacea to mental illness by many. Marriage is a socially acceptable way to satisfy the basic human need for sexual gratification.

### **METHODOLOGY**

The research is based on secondary data and based on the WHO report and survey. WHO predicts that 20% of the Indian population will suffer from mental health illness by the year 2020. Barely 1-2% of the health budget is dedicated to mental health in comparison to 10-12% in other countries. In India, the prevalence of mental disorders ranges from 10 to 370 per 1000 population in different parts of the country. The rates are higher in females by approximately 20-25%.

WHO finds that there are many facts for mental health. They are given below: -

- Depressive disorders account for close to 41.9% of the disability from neuropsychiatric disorders among women compared to 29.3% among men
- Leading mental health problems of the elderly are depression, organic brain syndromes, and dementias. A majority are women
- An estimated 80% of 50 million people affected by violent conflicts, civil wars, disasters, and displacement are women and children
- Lifetime prevalence rate of violence against women ranges from 16% to 50%
- At least one in five women suffers rape or attempted rape in their lifetime.

In spite of all these there are also other reasons for mental health and mental illness. The two important factors are

marriage and family in women life. It thus forms the basis for procreation and building up of family. Other reasons for marriage could be legal, emotional, economic, spiritual and religious. Marriage is an important institution in human society and particularly so in Eastern countries, including India. In India, it is almost compulsory for every individual to marry and "settle down." Depression and anxiety are the most common mental health problems in pregnancy. These affect about 10 to 15 out of every 100 pregnant women. Women also experience many other mental health problems during pregnancy, just like at other times. Many women have good mental health during pregnancy.

Role of Family is an important factor in the field of mental health in India. India is a secular and pluralistic society characterized by tremendous cultural and ethnic diversity. In India the family is the most important institution that has survived through the ages. Family is the key resource of good mental health. Since ages, the Indian family has been a dominant institution in the life of individuals. In India the patriarchal ideology and joint family environment plays an important role in women life.

As a daughter, women's role is very limited and restricted to certain level. Their freedom is controlled and disciplined by their parents. In the majority of Indian families at every level of socialization, a distinction between sons and daughters is commonly observed. In middle class families, a strong discrepancy is found in the education of female as compared with the male child. This situation often brings frustration and conflict among the aspiring female off springs. The same level of discrimination was shown by many families in sending their daughters and sons to employment which further affects their confidence, self-esteem, and handicaps them to reach their potential. Sometimes, in the extreme cases, this oppression many lead to psychological distress, depression, conduct disorder, defiant disorder etc.

As a wife her relationships and obligations with her husband and with other members of the family are expected to be more or less in tune with traditional relationships of women. Traditionally, the expectations of every member of the family are to be fulfilled by her and further with her behaviour and activities, she has to earn the appreciation and approval of not only of her husband but also of other members of the family. If the woman is working, she has to make adjustments between her traditional role in her family that cannot be totally neglected, and new roles outside the family. India Today survey shows that marital rape can also lead to suicidal tendencies, depression, post-traumatic stress disorder, anxiety, poor self-esteem, neurosis, chronic pain, odd sexual behaviour and substance abuse disorder etc.

In Hindu society, a woman as a mother has a unique place. Despite her inferior position as a daughter and a housewife, she has a supreme position in the society as a mother. At the same time, this is not practiced. She has no voice in family and social matters. Her ignorance and illiteracy were the responsible factors of her inferior status in the family. The higher education of women and their entry into employment has brought a radical change in the concept of child rearing and these factors are remarkably influencing the socializing role of a woman as a 'mother'. Low education and poverty were strongly associated with common mental disorder in women.

The urbanization brings deleterious consequences for mental health through the influence of increased stressors and factors such as overcrowded and polluted environment, dependence on a cash economy, high levels of violence, and reduced social support. There is considerable stigma attached with mental health and ignorance regarding information about mental health and available help and treatment. The mental health care in urban areas is at present limited to psychiatric hospitals and departments of psychiatry in medical colleges.

#### **Constitutional Provisions**

1. Equality before law for women (Article 14)
2. The State not to discriminate against any citizen on grounds only of religion, race, caste, sex, place of birth or any of them (Article 15 (i))
3. The State to make any special provision in favour of women and children (Article 15 (3))
4. Equality of opportunity for all citizens in matters relating to employment or appointment to any office under the State (Article 16)
5. The State to direct its policy towards securing for men and women equally the right to an adequate means of livelihood (Article 39(a)); and equal pay for equal work for both men and women (Article 39(d))
6. To promote justice, on a basis of equal opportunity and to provide free legal aid by suitable legislation or scheme or in any other way to ensure that opportunities for securing justice are not denied to any citizen by reason of economic or other disabilities (Article 39 A)
7. The State to make provision for securing just and humane conditions of work and for maternity relief (Article 42)
8. The State to promote with special care the educational and economic interests of the weaker sections of the people and to protect them from social injustice and all forms of exploitation (Article 46)
9. The State to raise the level of nutrition and the standard of living of its people (Article 47)
10. To promote harmony and the spirit of common brotherhood amongst all the people of India and to renounce practices derogatory to the dignity of women (Article 51(A) (e))
11. Not less than one-third (including the number of seats reserved for women belonging to the Scheduled Castes and the Scheduled Tribes) of the total number of seats to be filled by direct election in every Panchayat to be reserved for women and such seats to be allotted by rotation to different constituencies in a Panchayat (Article 243 D(3))
12. Not less than one- third of the total number of offices of Chairpersons in the Panchayats at each level to be reserved for women (Article 243 D (4))
13. Not less than one-third (including the number of seats reserved for women belonging to the Scheduled Castes and the Scheduled Tribes) of the total number of seats to be filled by direct election in every Municipality to be reserved for women and such seats to be allotted by rotation to different constituencies in a Municipality (Article 243 T (3))

14. Reservation of offices of Chairpersons in Municipalities for the Scheduled Castes, the Scheduled Tribes and women in such manner as the legislature of a State may by law provide (Article 243 T (4))

#### **Legal Provisions**

To uphold the Constitutional mandate, the State has enacted various legislative measures intended to ensure equal rights, to counter social discrimination and various forms of violence and atrocities and to provide support services especially to working women.

1. The Crimes Identified Under the Indian Penal Code (IPC)
  - a. Rape (Sec. 376 IPC)
  - b. Kidnapping & Abduction for different purposes ( Sec. 363-373)
  - c. Homicide for Dowry, Dowry Deaths or their attempts (Sec. 302/304-B IPC)
  - d. Torture, both mental and physical (Sec. 498-A IPC)
  - e. Molestation (Sec. 354 IPC)
  - f. Sexual Harassment (Sec. 509 IPC)
  - g. Importation of girls (up to 21 years of age)

#### **Special Initiatives For Women**

1. National Commission for Women

In January 1992, the Government set-up this statutory body with a specific mandate to study and monitor all matters relating to the constitutional and legal safeguards provided for women, review the existing legislation to suggest amendments wherever necessary, etc.

2. Reservation for Women in Local Self -Government  
The 73rd Constitutional Amendment Acts passed in 1992 by Parliament ensure one-third of the total seats for women in all elected offices in local bodies whether in rural areas or urban areas.
3. The National Plan of Action for the Girl Child (1991-2000)

The plan of Action is to ensure survival, protection and development of the girl child with the ultimate objective of building up a better future for the girl child.

4. National Policy for the Empowerment of Women, 2001

The Department of Women & Child Development in the Ministry of Human Resource Development has prepared a "National Policy for the Empowerment of Women" in the year 2001. The goal of this policy is to bring about the advancement, development and empowerment of women.

The Indian constitution grants women equal rights to men, but strong patriarchal traditions persist in many different societal parts, with women's lives shaped by customs that are centuries old. A tradition that was highly prevalent in India was the dowry tradition in which women were married to men based on the condition that they get money, property, gold or other assets to the man's family at the time of marriage. Although, dowries were made illegal in India in 1964, women are still treated as a commodity. It is deeply seated in the Indian culture. In our epic mythology, The Mahabharata, even Draupadi was legally

wedded to Arjuna who was shared by other four siblings as a commodity and later on staked by her husbands in a game of dice. Media is a very important medium for broadcasting information to a large population and when misused it can have a very negative impact. The influence of film industry is a strong example of objectifying women in our society.

## CONCLUSION

The study indicates that mental health in India is attached with strong social stigma against it. Most people are still unaware or ignorant about the importance of mental wellbeing. Terms such as 'pagal', 'mental' and 'crazy' should not be thrown around casually. Awareness of mental health in general and that women in particular, should be spread even in the remote areas of India where there are people who still hold the notions of spirits and demons when the explanation lies in understanding of a mental illness. The physiological changes cannot be controlled but the way we deal with that can be worked on. Women going through phases such as menstruation, pregnancy or not being able to conceive and menopause are biological changes that cannot be manipulated but therapy can be used to help women cope with the stressors related to it. Because of the lack of education, nutrition, exposure to knowledge, and other important facilities also contributes in the ignorance and stigma that is attached with the mental health. There is a strong need to eradicate poverty and create awareness of mental health, especially in the remote and rural areas of India. Putting up posters is not enough, we need to reach out and help with their everyday issues by putting up weakly camps where psychologists listen and provide help to the people. In urban areas, life is fast paced. Women, in particular, deal with taking care of the family as well as focusing on their careers. Monthly therapy sessions and positive programmes such as 'Thank you Therapy' could be introduced in workplace. Our culture has features of collectivism and individualism. Although in the constitution, women have equal rights, India is a very patriarchal society. Strong stereotypes that are gender specific exist. For example, when thinking of an 'ideal' family, we have an image where the male goes for work and the woman's job is to take care of the home and the family. Women have a specific code of conduct that the society expects them to follow, which, if broken by them, has serious repercussions. The youth, however, is realising these strong ideologies need to change and that women are not to be treated as a commodity anymore. Many women empowerment programs are introduced which help them raise their voices and be assertive about their choices in life and stand by them independently.

The role of media and how it portrays women influences the thinking and attitudes of the entire country. The biggest problem here is how the media objectifies women. It is very important to show that there are also women out there like Indira Gandhi, Kiran Bedi, Mary Kom and although not India but even Malala Yousafzai who are strong female characters, instead of women as living barbie dolls. Further, in relation to the serious medical cases, the supreme court has provided certain directions such as:

- Provision of adequate health facilities at public health centers.
- Upgradation of sub-divisional level hospitals to make them capable of treating serious patients.

- To ensure availability of bed in any emergency at State level hospitals, there should be a centralized communication system so that the patient can be sent immediately to the hospital where bed is available in respect of the treatment, which is required.
- Proper arrangement of ambulances adequately provided with necessary equipments and personnel.

Further, the Supreme Court in *ParamanandKatara v Union of India* case gave a landmark judgment that a every doctor at government hospital or otherwise has the professional obligation to extend his services with due expertise for protecting life of a patient.

Good health is a key criterion, which contributes to human wellbeing and economic growth. Adequate nutrition for women would help them to serve as productive members of the society to develop the consequent health generations. The government should take necessary and compulsory policies to improve the literacy rate and quality education as well as to provide adequate employment opportunities for women, which might explore positive impact on the women's menatal health concerns. The government can also improve the health status of women by strengthening and expanding essential health services as well as by frequent counselling on safe sex, awareness on educational and nutritional needs and gender based violence.

## References

1. Elwér, S., Harryson, L., Bolin, M., Hammarström, A. (2013). Patterns of gender equalityat workplaces and psychological distress.
2. Davar, B.V. (1999) *Mental Health of Indian Women - A Feminist Agenda*. New Delhi: Sage.
3. Patel, V., Araya, R., de Lima, M., *et al* (1999) Women, poverty and common mental disorders in four restructuring societies. *Social Science and Medicine*
4. Campbell, C. J. & Lewandowski, L. A. (1997) Mental and physical health effects of intimate partner violence in women and children
5. Hare-Mustin RT, Marecek J.(1988) The meaning of difference. *Gender theory, postmodernism and psychology*.
6. Geneva: World Health Organization; 2001. *World Health Organization. Gender and women's mental health*.
7. Pigott TA. , 2002 *women's Mental Health – A Comprehensive Textbook*. In: Kornstein SG, Clayton AH, editors. *The Gulliford Press*: New York.
8. Patel V, Kirkwood BR, Pednekar S, Pereira B, Barros P, Fernandes J, *et al*. 2006 *Gender disadvantage and reproductive health risk factors for common mental disorders in women: A community survey in India*.
9. Shidhaye R, Patel V. 2010 *Association of socio-economic, gender and health factors with common mental disorders in women: A population-based study of 5703 married rural women in India*.
10. Nayak MB, Patel V, Bond JC, Greenfield TK. 2010 *Partner alcohol use, violence and women's mental health: Population-based survey in India*.

11. Piccinelli M, Homen F. Geneva: World Health Organisation; 1997. Gender Differences in the Epidemiology of Affective Disorders and Schizophrenia.
12. Freeman MP, Arnold LM, McElroy SL. Bipolar disorder 2002. *Women's Mental Health & – A Comprehensive Textbook*. New York.
13. Rao V 2004. Suicidology: The Indian context. In: Agarwal SP, editor. *Mental Health: An Indian Perspective 1946-2003*. New Delhi: Directorate General of Health Services.
14. Biswas S, Roy S, Debnath C, Sengupta SB. 1997 A study of attempted suicide in adolescents in west Bengal. *Indian J Psychiatry*.
15. Maselko J, Patel V. 2008 Why women attempt suicide: The role of mental illness and social disadvantage in a community cohort study in India.
16. Chowdhary N, Patel V. 2008 The effect of spousal violence on women's health: Findings from the Stree Arogya Shodh in Goa, India.
17. Davar BV. 1999 New Delhi/Thousand Oaks/London: Sage Publications.
18. Chandran M, Tharyan P, Muliylil J, Abraham S. 2002 Post-partum depression in a cohort of women from a rural area of Tamil Nadu, India.
19. Lex BW. 1991 Some gender differences in alcohol and polysubstance users.
20. Niaz U, Hassan S. 2006 Culture and mental health of women in South-East Asia. *World Psychiatry*.

**How to cite this article:**

Annapurna Pattnaik.2018, Women and Mental Health in India. *Int J Recent Sci Res.* 9(4), pp. 26121-26125.  
DOI: <http://dx.doi.org/10.24327/ijrsr.2018.0904.1996>

\*\*\*\*\*