

**Research Article**

**Do Women Suffer More Mental Health As Compared To Men**

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**Abstract**

A significant factor in both mental wellness and mental illness is gender. Women experience psychological anguish and psychiatric disorders in different ways than males do. Men have greater mean levels of externalising disorders than women do, with internalising illnesses being more prevalent in women. In instance, there are gender variations in the prevalence of common mental diseases, where women predominate. Age of beginning of symptoms, clinical characteristics, frequency of psychotic symptoms, course, social adjustment, and long-term fate of serious mental diseases have all been found to differ between genders. Women who abuse alcohol or drugs are more likely than other women to blame traumatic experiences or stressors for their drinking, and they are also more likely to have experienced physical or sexual abuse. Girls from nuclear households and young brides are more likely to try suicide and damage themselves. The occurrence and progression of mental diseases in female patients are influenced by social and gender-specific factors.

policy or even simple discussion regarding issues related to their health at all phases of life. Policies in India frequently have a very limited understanding of women's health, focusing mostly on maternal and reproductive health. The assumption that women only exist as mothers and procreators has been strongly reinforced in India by policies with such a narrow focus.

**Keywords:** mental wellness, illnesses, sexual abuse, social and gender-specific factors, alcohol or drugs

### **Introduction:**

The paucity of resources for women is one factor in the low attendance in hospital settings. In India, over two thirds of married women experienced domestic abuse. Consolidated efforts on the social, political, economic, and legal levels can transform the lives of Indian women and help them feel better mentally.

WHO report on the social dimensions of mental health, which 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 involves cognitive, affective and relational, the achievement of individual and collective goals consistent with justice and the attainment and preservation of conditions of fundamental equality [1]

Women and men are different not only in their obvious physical attributes, but also in their psychological makeup. There are actual differences in the way women's and men's brains are structured and "wired" and in the way they process information and react to events and stimuli. Women and men differ in the way they communicate, deal in relationships, express their feelings, and react to stress. Thus, the gender differences are based in physical, physiological, and psychological attributes. There are psychological theories that present a gender sensitive viewpoint called as alpha bias, and there are others that are gender neutral representing beta bias. Alpha bias proposes that men and women are different and

opposite, and in beta bias differences between men and women are ignored. Alpha bias is seen in psychodynamic theories and therapies where according to Freudian viewpoint, male anatomy and masculinity is the most desired and cherished goal and female anatomy and femininity are seen as a deviation. In contrast, the cognitive theories, behavioral theories, and humanistic-existential theories have beta bias. Alpha bias could be rooted more in the social conditioning and power structure in the societies.

Gender roles have been culturally prescribed through the prehistoric cultures to the more civilized societies. In hunter-gatherer societies, women were generally the gatherers of plant foods, small animal foods, fish, and learned to use dairy products while men hunted meat from large animals. In more recent history, the gender roles of women have changed greatly. Traditionally, middle-class women are typically involved in domestic tasks emphasizing child care. For poorer women, economic necessity compels them to seek employment outside the home. The occupations that are available to them are; however, lower in pay than those available to men leading to exploitation. Gradually, there has been a change in the availability of employment to more respectable office jobs where more education is demanded. Thus, although, larger sections of women from all socioeconomic classes are employed outside the home; this neither relieves them from their domestic duties nor does this change their social position significantly. For centuries, the

differences between men and women have been socially defined and distorted through a lens of sexism in which men assumed superiority over women and maintained it through domination. This has led to underestimating the role a woman plays in the dyad of human existence.

It is necessary to understand and accept that women and men differ in biological attributes, needs, and vulnerabilities.

Therefore, despite the fact that more women across all socioeconomic strata work outside the home, this neither relieves them of their domestic responsibilities nor materially alters their social position. Via a sexist prism that claimed that males were superior to women and upheld that superiority through dominance, the differences between men and women have been socially defined and distorted for generations. As a result, women's contributions to the human dyad have been underestimated.

### **Main causes of Day to Day Life Stres of Women [in brief]**

- 1) lack of Education sources
- 2) Death/breakup of a loved one
- 3) Marriage and Divorce
- 4) Loss of job
- 5) Unequality
- 6) Sexual abuse

### **MENTAL HEALTH AND MENTAL DISORDERS**

Gender is a critical determinant of mental health and mental illness. The morbidity associated with mental illness has received

substantially more attention than the gender specific determinants and mechanisms that promote and protect mental health and foster resilience to stress and adversity.[2]

A level of cognitive or emotional well-being or the absence of a mental condition are both referred to as having good mental health. According to positive psychology or holistic viewpoints, a person's ability to enjoy life, strike a balance between daily activities and endeavours to develop psychological resilience, may be considered a sign of mental health. A mental disease or mental illness, on the other hand, is an uncontrollable psychological or behavioural pattern that affects a person and is believed to cause distress or incapacity and is not expected as a natural component of development or culture.

### **WOMEN'S MENTAL HEALTH:**

- Compared to males, women are more likely than men to experience depressive disorders, which account for over 41.9% of the disability caused by neuropsychiatric illnesses.
- Dementia, organic brain disorders, and depression are the three most common mental health issues among the aged. most of them are female
- The lifetime prevalence rate of violence against women ranges from 16% to 50% • An estimated 80% of the 50 million people affected by violent conflicts, civil wars, disasters, and displacement are women and children
- At least one in five women experience being raped or having a rape attempt made against them.[2]

## COMMON MENTAL DISORDERS

Gender differences occur particularly in the rates of common mental disorders (CMDs)-depression, anxiety, and somatic complaints wherein women predominate. Unipolar depression, which is predicted to be the second leading cause of global disability burden by 2020, is twice as common in women. Furthermore, the lifetime risk of anxiety disorders (e.g., generalized anxiety disorder) is 2–3 times higher in females as compared to males.[3]

Moreover, depression is not only the most common women's mental health problem, but may be more persistent in women than men.[4] Although depressive symptoms in men and women have generally been found to be similar overall, women are more likely to present with atypical or “reverse vegetative” symptoms such as increased appetite and weight gain. In case of anxiety disorders, females have greater severity of symptoms, have more often comorbid depression and complicated course.[3]

As across the world, studies in India have shown that CMD such as depression and anxiety are strongly associated to female gender besides poverty. Both community-based studies and studies of treatment seekers indicate that women are, on average, 2–3 times, at greater risk to be affected by CMD.[5] In light of this convincing evidence that CMD are more common in women, the next most intriguing question is what makes females apparently more vulnerable. Hormonal factors related to the reproductive

cycle may play a role in women's increased vulnerability to depression.[6] Another answer may be that the factors independently associated with the risk for CMD are factors indicative of gender disadvantage. These factors include excessive partner alcohol use, sexual, and physical violence by the husband, being widowed or separated, having low autonomy in decision making, and having low levels of support from one's family.[7,8,9]

Lastly, despite much attention to the 2:1 ratio for the gender difference in *major depression*, the magnitude of the gender difference in levels of *depression symptoms* in the general population has received less attention. Psychiatric research in the past several decades has focused on the use of diagnostic categories as specified in the *Diagnostic and Statistical Manual of Mental Disorders [10-14]* and *International Classification of Disease [15]*. However, there is increased recognition of the validity [16] and value [17] of dimensional assessments, as well as the impairment associated with sub-threshold levels of symptoms that do not meet diagnostic criteria.

## Working Women's Mental Health

The survey suggested some of the possible reasons for that and one of the major contributors is lack of mental health care. It was observed that while 40 percent of working women received proper mental health support globally, only 38 percent of women in India agreed that their employer supported their mental health. When it came to gender-exclusive behaviour like interruption during meetings, mansplaining, someone else taking

credit for their work and exclusion from informal conversations, Indian women saw lower levels of such behaviour as compared to their global counterparts.

A good thing that the survey observed was that the younger generation was more aware of and vocal about their mental health. They are comfortable talking about mental health challenges at the workplace and that's what we need to encourage the older generation as well. Women often neglect their mental health at the workplace as well as at home which has a drastic impact on their long-term health. It is important to encourage such conversations in the workplace and at home so that we can find a way to deal with these challenges because you cannot perform your best if your mental health is not at your best.

Today, women's responsibilities are changing as they become more committed to both their families and their careers. As a result, working women experience various forms of stress and strain as a result.

In the current environment, women may be seen working everywhere, both inside and outside of India. Women have gained recognition and are utilising these opportunities as government-provided education, knowledge, and opportunities for them have increased daily. They are gradually establishing parity with males in many aspects of life. While working side by side with men at the office, working women also take on a variety of duties, such as child rearing, parenting, teaching, caring for their elderly parents, and many more, which is quite taxing for them. Their psychological well-being is

undoubtedly impacted by the additional responsibility and stress of tasks, particularly for working mothers with young children. According to role theory and role scarcity, many studies on work-family conflict are predicated on the idea that taking on many roles will necessarily lead to stress [25].

The prevalence of common mental disorders like depression, anxiety, and somatoform disorders has been found to vary significantly by gender. The most prevalent mental health issue among women is depression, which may also be more persistent in women than in males.

The most significant finding is that a variety of risk variables, including genderbased roles, stresses, unpleasant life experiences, and events, are associated with increased rates of depression, anxiety, and somatic symptoms.

Gender-based violence, financial poverty, poor income and income inequality, a low or subservient social status and rank, and unrelenting duty for others' care are among the genderspecific

risk factors for common mental disorders that disproportionately affect women. Due to the frequent sexual violence against women, posttraumatic stress disorder is very common (PTSD). It has been noted that schizophrenia in women progresses and resolves more successfully than in men.

#### **Violence and abuse**

A startling United Nations survey found that over two-thirds of married women in India were victims of domestic violence, and that one instance of violence cost a woman 7

working days in the nation. Additionally, between the ages of 15 and 49, up to 70% of married women report having been beaten, raped, or forced into sexual activity. Female feticide (selective abortion based on the gender or sex selection of the child), domestic abuse, dowry death or harassment, mental and physical torture, sexual trafficking, and public humiliation are among the frequent types of violence against Indian women. Wife-battery and female suicide have been connected to the reproductive duties of women, including their expected role of having children, the effects of infertility, and the failure to deliver a male child. [18-20]

Several studies show that there is greater distress in married women as compared to married men. The birth of a child, abortion or miscarriage, economic stresses, and major career changes are some of the stressful events in married life; many of these are gender specific.[21]

The responsibility of care for the mentally ill women is often left to her own family than to husband or his family. In a study, of women with schizophrenia and broken marriages, Thara *et al.*[22,23] found that the stigma of being separated/divorced is often felt more acutely by families and patients than the stigma of having a mental illness.

The majority of the patients at the mental hospitals seem to be men, and there is sexism in the allocation of beds. In government mental institutions with merely service, the male to female bed allocation was 73%:27%, but those combining service, research, and training were 66%:34%.[24]

In India, there are laws in existence that forbid the payment of dowries in marriages. Despite this, the practise of dowry-related conflicts continues to be a major source of violence against and fatalities of women. When dowry demands are not met, the bride is frequently driven to commit suicide or is even killed by the in-laws. “ According to figures provided by the Indian government, women are more likely than men to commit suicide due to: disagreements about dower (2.9% vs 0.2%); relationships (15.4% versus 10.9%); illegitimate pregnancies (10.3 versus 8.2); and arguments with a spouse or in-laws (10.3% versus 8.2%). Disturbed interpersonal connections, psychological diseases, and physical illnesses are the leading causes of suicide in India. Gender-based violence

Approximately two thirds of married women in India were victims of domestic violence, and one instance of violence resulted in a woman missing seven days of work in the nation, according to an eye-opening UN research. Additionally, between the ages of 15 and 49, up to 70% of married women report having been beaten, raped, or forced into sexual activity. Nine Indian female psychiatric patients all express grave concerns about sexual compulsion. In a study conducted in India, 30% of the 146 women reported experiencing sexual coercion. A person in a position of authority in the woman's community (10%) or her husband or intimate partner (15%) were the most frequently mentioned perpetrators of the most frequently reported experience, which involved sexual intercourse involving actual or threatened

physical force (14% of women reported). One's mental and psychological health can be permanently damaged by gender-based violence, resulting in indescribable misery. As a result, women who experience violence experience depressing emotions and stress, post-traumatic stress disorder, fertility issues, and other types of psychosomatic ailments, etc. Suggestions for promoting women's mental health In India, the human resource pool is composed primarily of women. Therefore, preserving the women's mental and emotional health is crucial for the advancement and development of the nation. As we have been studying, gender roles, stereotypes, and societal expectations have a substantial impact on a woman's emotional and mental health throughout her life cycle, including as a young girl, teenager, adult, married woman, mother, and also as an older woman. Therefore, it is crucial to implement effective intervention and supportive measures in order to improve and maintain women's mental health in light of the current social landscape. The following are a few recommendations for a preventative, protective, restorative, and promotional framework for women's health in India: The development of evidence-based knowledge on the underlying causes and current state of women's mental health issues, as well as on the mitigating and defensive factors; policy stage interventions to effectively design policies that are sensitive and respond to women's mental health needs from childhood to old age and take steps for rapid and effective implementation.

- Improve and calibrate the abilities of primary healthcare practitioners so they can treat the mental health effects of abuse, assault, and domestic violence victims.
- Supporting projects including action research in the area of women's mental health.
- Raising women's knowledge of mental health problems and their treatability in order to lessen and ultimately eliminate their taboo status in Indian society.
- Sharing practical knowledge on legal services and healthcare The health care services offered to women must be gender sensitive and take into account their unique demands in light of the various social roles they perform. Offering prompt and efficient treatments for women's mental health issues requires gender-mainstreaming in health care facilities. Consequences of rape, sexual assault, domestic violence, stalking, and other crimes of this nature, as well as the many rights that women have against these wrongs.
- "working together with national and international organisations and agencies to reduce/eliminate intimate partner and sexual violence worldwide." The health care services offered to women must be gender sensitive and take into account their unique demands in light of the various social roles they perform. Offering prompt and efficient treatments for women's mental health issues requires gender-mainstreaming in health care facilities.

## **MATERIALS AND METHODS**

In this study, a dual-earner family is referred to as a household where both the husband and wife have salaried employment as their

primary source of income. Similarly, a typical single-earner family is one in which the husband is the primary breadwinner and is gainfully employed in a salaried position; the wife does not work but is responsible for the majority of household duties and raising the children.

**Inclusion criteria**

In the study, only homemakers from single-earner families who are married and both partners are employed as well as working women between the ages of 21 and 52 were considered.

**Exclusion criteria**

Those working women who are unmarried, single, divorcee, or widow were excluded from

the study. The working women who do the job intermittently in between are also excluded from the study.

**Health Questionnaire N-1**

Finally, using purposive sampling, a total sample of 164 working women and 164 stay-at-home moms who met the aforementioned sampling criteria were chosen. They were informed of the study's objective, which aided in developing a positive rapport. They each received separate interviews. The questionnaire was to be filled out by the respondents in accordance with the guidelines. They were told to be honest in their responses and that their answers would be kept private.

**RESULTS**

Results are shown in the following Tables and Figures.

**Table 1:** Description of the sample included in the study: Domicile

Group	Urban, n (%)	Rural, n (%)	Semi-urban, n (%)	df	$\chi^2$
Working women	128 (78.05)	10 (6.09)	26 (15.85)	2	15.7**
Nonworking women	102 (62.19)	48 (29.26)	14 (8.54)		

\*\*Significant at 0.01 level

**Table 2:** Description of the sample included in the study: Family income

Group	Up to 152,000 (lower), n (%)	Up to 40,000 (middle), n (%)	Up to 50,000 and above (upper), n (%)	df	$\chi^2$
Working women	18 (10.97)	20 (12.19)	126 (76.83)	2	16.5**
Nonworking women	50 (30.49)	38 (23.17)	76 (46.34)		

\*\*Significant at 0.01 level

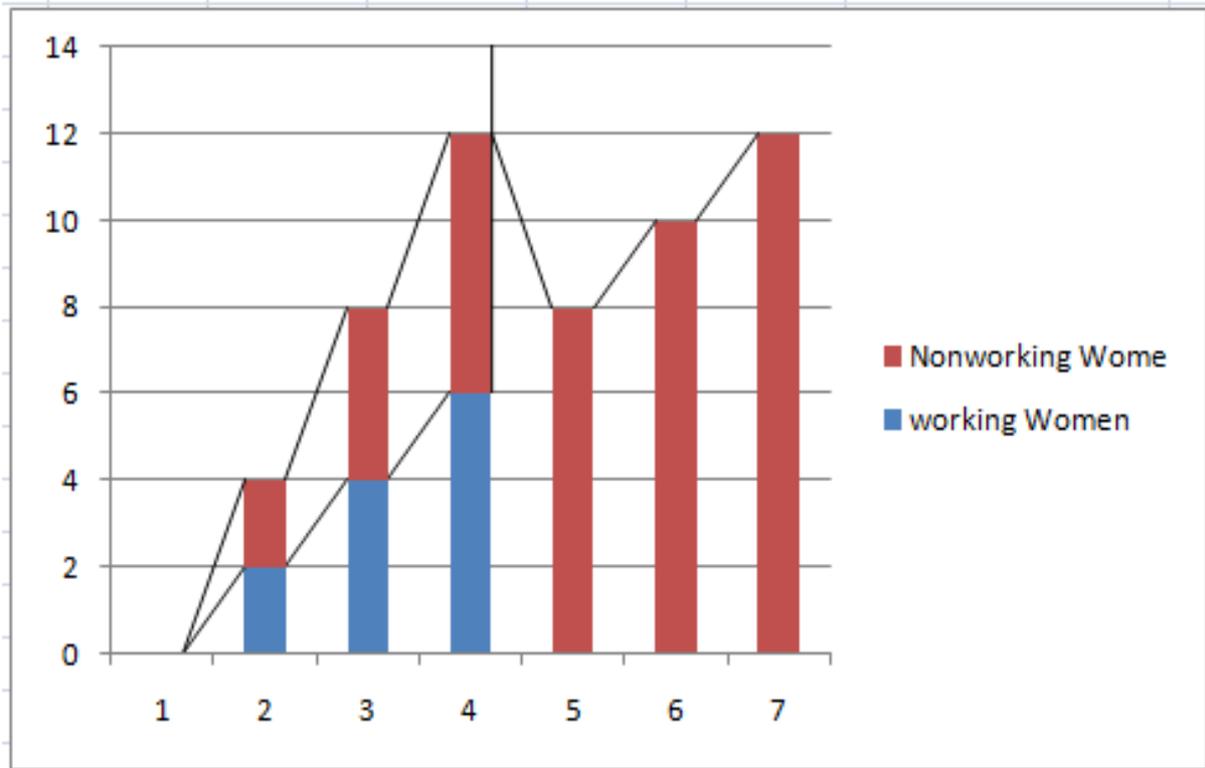


Figure 1: Graphic representation of mean scores on Health Questionnaire for working and nonworking women

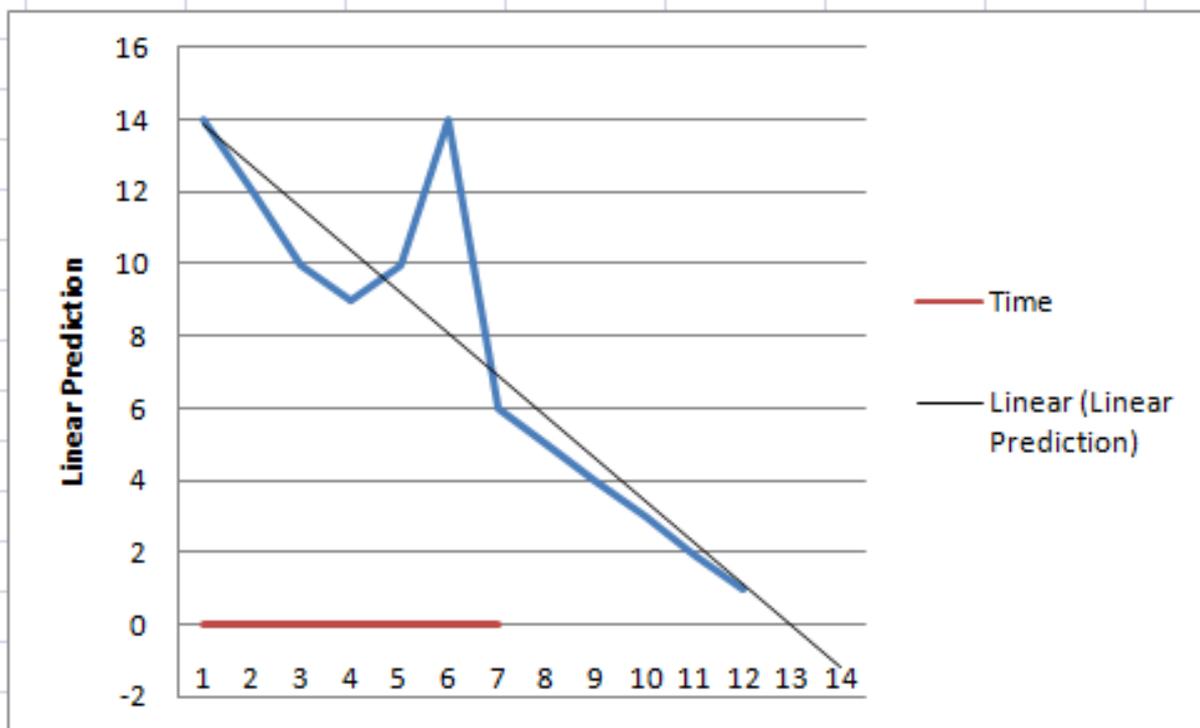


Fig: 2 Average marginal effects of time on the occurrence of major depressive disorders by gender.

The emotional distance or feeling of being subordinate to their loved one's eating disorder is something that spouses and partners of persons who have eating disorders frequently report.

## Conclusion

Therefore, it has become undeniably evident that gender roles and women's sociocultural background must also be taken into account when evaluating the mental health of women. Women's emotional, mental, and physical health should be taken into account in any policy or even simple discussion regarding issues related to their health at all phases of life. Policies in India frequently have a very limited understanding of women's health, focusing mostly on maternal and reproductive health. The assumption that women only exist as mothers and procreators has been strongly reinforced in India by policies with such a narrow focus.

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