

Review Article

A brief review on Woman Mental Health As Compared To Men

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Abstract

The gender distinctions we draw in our society are among the most significant. However, there have been contentious discussions regarding the disparities between the mental health of men and women for a while. Some contend that men have greater psychopathology than women do, while others contend the opposite. Others believe that while both genders experience certain diseases, they do so equally. In this chapter, we show examples of these opposing views, look at the supporting data, and talk about sociological causes for gender discrepancies. In the end, this dialogue directs us to circumstances that are beneficial for both men and women's mental health.

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. Consolidated efforts on the social, political, economic, and legal levels can transform the lives of Indian women and help them feel better mentally.

Keywords: gender distinctions, women, men, wellness, Mental Health

INTRODUCTION

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.

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]

HOW TO COPE WITH STRESS

Education, training, and interventions targeting the social and physical environment are crucial for addressing women's mental health. Identification of significant persons in government departments and other relevant groups in the community, to obtain and document data indicating the extent of women's problems and the burden associated with women's mental problems and the development of policies to protect and promote women's mental health are extremely crucial.[25]

Allow women to Access to Economic Resources like work, education, housing,

satisfying with their current and future financial position ,self-reliance, self-esteem, improved competence violence against women and girls (VAWG).

However, there is little evidence that awareness-raising activities on their own can significantly reduce VAWG. While programmes designed to prevent VAWG have raised awareness and shifted attitudes about abuse, few have successfully reduced violent behaviour, and there is often a mismatch between the intended aims of awareness-raising activities and what they are likely to achieve. In conclusion, coordinated actions at the social, political, economic, and legal levels can enhance the lives of Indian women and help them maintain good mental health.

In conclusion, women experience an alarming amount of violence as children and adults, and the consequences are frequently severe and long-lasting.

Conclusion:

the study makes an effort to emphasise numerous recommendations for creating all-encompassing solutions to promote the mental health of women. 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. There are several examples of women donning social-activist garb to battle their own inner demons, such as the anti-arrack movement in Maharashtra, where they were successful in stopping husbands' alcoholism and wife-beating. The unfair socioeconomic conditions that women in India must endure can be greatly improved by movements along the same lines for combating the evils of rape, sexual assault, and other similar crimes. In conclusion, coordinated actions at the social, political, economic, and legal levels can

enhance the lives of Indian women and help them with their mental health.

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