GLOBAL PSYCHIATRY ARCHIVES

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Relevance of gender in mental health in India: women are disadvantaged

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Abstract

When it comes to mental health, gender matters. Men and women experience psychological stress in different ways. Gender disparities are especially noticeable in mental illnesses that are more common in women. In addition to being more likely than other women to experience sexual or physical abuse, women who misuse alcohol or drugs tend to blame their drinking on stressful situations or traumatic experiences. Young married women and girls from nuclear homes are more likely to commit suicide or self-harm.

Social and gender-specific variables influence the occurrence and progression of mental illnesses in female patients. The low number of hospital visits among women can be partially attributed to their lack of resources. In India, over two-thirds of married women are victims of domestic abuse. The prevalence of domestic violence from 2019 to 2021 was 31.2%. Approximately 28.5%, 13.1% and 5.7% of women reported experiences of physical, emotional and sexual violence (Mishra SK et al., 2024).

Social, political, economic and legal reforms have the potential to transform Indian women's lives and improve their mental wellbeing. To deal with the difficulties that women's mental health presents today, it is critical to approach mental health initiatives from a gender perspective. In addition, investigating alternative approaches to service delivery, including the use of mobile phone technology, which has the potential to be efficient and increase accessibility to services, can enhance the provision of mental healthcare for women.

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INTRODUCTION

Men and women differ not only in physical but psychological traits. The structure and 'wiring' of men's and women's brains, as well as how they absorb information and respond to situations and stimuli, differ considerably (Liu et al., 2020). There are differences in how men and women express emotions, manage relationships, communicate and handle stress (Hyde, 2017). Consequently, physical, physiological and psychological traits explain gender differences (Hyde 2018). One of the most notable features of women's psychology is their way of processing emotions (Worell, 1978). Women are often seen as more in tune with their emotions than men. Studies show that they tend to feel emotions more deeply and are better at understanding and interpreting others' emotions (DiDonato et al., 2013). Increased emotional sensitivity can be a double-edged sword, leading to deeper, more meaningful relationships, but it also makes women more vulnerable to stress and anxiety (Bassoff & Glass, 1982).

The psychology of women

Biological, social and cultural factors shape women's psychological development (Schulte-Rüther et al., 2008). In childhood, parents, teachers and peers treat girls and boys differently. Girls are often praised for their looks and good behaviour, while boys are encouraged to be active and confident. These gender differences continue into adolescence, with girls more likely to internalise their problems as boys externalise them. This causes differences in how men and women handle stress and emotional issues.

Women face challenges

Women face many career, relationship and family challenges in adulthood. (Michel et al., 2011). Women are more likely than men to experience discrimination and harassment in the workplace, which can harm their mental health. They are also more likely to take on caregiving responsibilities, which can be stressful and lead to burnout as they are also juggling a job. In addition, women are more likely to suffer sexual and domestic violence, which can have long-term psychological effects (Crain & Hammer, 2013). According to the National Family Health survey report from 2019 to 2021, 29% of married women aged 18 to 49 years faced physical and sexual violence by their husbands.

In the modern world, women are just as capable as men when it comes to handling family and professional responsibilities. Women go through many phases throughout their lives. Starting life at home is often but not always a positive experience, where appearance plays a vital role. If a woman is not beautiful, society's comments and bullying about her looks can significantly affect her mental health. Research shows that girls and adolescents (age 21 to 24 years, as well as women of all ages, for example, 12, 25, 26 years), report dissatisfaction with their bodies. Body image dissatisfaction was present among 77.6% of girls with factors such as higher BMI and sociocultural pressure (Ganesan S et al., 2018).

Many women do not want to interact with anyone during their teenage years (Mond et al., 2013). They think everyone will laugh at them because they do not look good, even though they never discuss their feelings with anyone. Later in life they feel confident that their husband will understand them once they complete the marriage phase of adulthood. He will take care of them, but a woman's condition remains the same. In a typical Indian family, the husband holds all the rights, leaving the woman feeling powerless and unappreciated. She is unable to communicate her desires or preferences. As a family member, she is expected to take on all responsibilities, but she is not allowed to express her anger, needs, desires or emotions.

Gender roles and socialisation

Gender roles are the set of behaviours and expectations associated with being a man or a woman in a given society. Women are more likely to internalise stress, which can result in various mental health issues compared to men, as they generally externalise their stress (Eaton et al., 2012). These roles are learned through socialisation, which is the process of acquiring the norms, values and beliefs of a particular culture (Blackstone, 2003). Girls are socialised from a young age to be nurturing, emotional and empathetic, while boys are taught to be independent, competitive and confident. These gender roles can significantly affect women's mental health and wellbeing (Kanter, 1977). For example, women who adhere to traditional gender roles may feel pressured to prioritise their caregiving responsibilities over career or personal goals. This can lead to feelings of guilt, stress and frustration. On the other hand, women who challenge traditional gender roles can face social exclusion and discrimination, which can hurt their self-esteem and mental health (Williams, 1995).

Women's mental health problems

Particularly in common mental health conditions, gender disparities are noticeable. Anxiety, sadness and physical problems, with a predominance in women, constitute a depressive disorder. At double the frequency among women, unipolar depression is expected to overtake all other causes of disability globally by 2020. The World Health Organization (WHO) estimates the global prevalence of depression in women to be 5.1% and 7.7% for anxiety.

Approximately 25% women globally experience some form of mental health issues during their lifetime (Annajigowda et al., 2023).

Depression is not only the most prominent mental health issue among women, but it can also affect them more consistently than it does men (WHO, 2000). Men and women have been reported to experience depression symptoms in general somewhat similarly; however, women are more prone to experience unusual or "reverse autonomic" symptoms, such as increased hunger and weight gain. Women experience more severe symptoms, more frequent co-occurring sadness, and a more convoluted path when it comes to anxiety disorders. Globally, men die by suicide three times that of women; women

attempt suicide but with less fatal means.

From 1990 to 2016, studies suggest suicide rates in India have increased in women by 36.6%. Women with delayed conception are 20% depressive, 16% anxious, and 54% psychologically stressed, with a high correlation between poverty and anxiety and depression (Pathak et al., 2025). Studies conducted in treatment and community settings indicate that women have an average two to three times higher risk of developing anxiety and depression (Thara & Patel, 2001).

There is a second issue in what makes women more vulnerable to anxiety and depression – they may have higher rates of depression due to reproductive cycle-related hormonal issues (Parry, 2000).

Another explanation might be that there are characteristics that reflect gender disadvantages that are independently linked to depression and anxiety risk. These characteristics include a partner's excessive alcohol use, a spouse's physical and sexual abuse, widowhood or separation, a lack of decision-making autonomy, and a lack of support from family members and a demanding life (Patel et al., 2006; Shidhaye & Patel, 2010; Nayak et al., 2010).

In susceptible individuals, depression is strongly correlated with events. Throughout their lives, women are subjected to a range of pressures, such as child-rearing, becoming mothers and providing care for the sick and older members of the family. Women also have less influence in the community since they have less access to respectable jobs and educational possibilities. Even individuals with stable finances are susceptible because they fear stepping outside of societal norms.

Schizophrenia impacts the lives of women patients and their families. The concept that marriage cures mental illness is still widely prevalent, though people with schizophrenia find difficulty in marriage, especially women. Divorce and separation are more common even when the female is asymptomatic and childless. Side effects of antipsychotics can cause a lot of distress, such as amenorrhea (not menstruating), galactorrhea (hormonal imbalances that cause the nipples to produce discharge), obesity, decreased sexual interest and functioning, changes in bone density, and major complications during pregnancy and motherhood.

Finally, a woman's mental state is greatly impacted by encounters with sexism, discrimination and gender-based violence. Women are compelled to traverse a society that is hostile to their wants and interests and they are more prone to experience various types of oppression. This may have a very negative effect on their mental health and general wellbeing, leading to trauma, despair and stress.

Culture and women's mental health

However, psychiatry, with its biomedical perspectives, uses diagnostic criteria that use symptom counts without context to identify mental diseases and prescribe particular therapies. But this can fail to capture the unique, subjective experience of an individual and does not count for how complex and multifaceted trauma can be. The failure to acknowledge the role of psychosocial, cultural and economic contexts in producing mental distress and ill health among girls and women in patriarchal societies suggests a lack of understanding of the complex stressors they experience, as well as a lack of support and opportunities available to women more generally. While attempting to empower people, psychiatric diagnostic systems should elicit and understand a person's background, as well as consider psychosocial and economic stress, supports and coping strategies.

Medicine and psychiatry, as institutions under capitalist political and economic systems, must push for public health measures to lower mental anguish and illness among girls and women. To bring gender justice to girls and women in the near future, all policies and programmes should be assessed through a "gender lens" (Kuruvilla & Jacob, 2020).

Depression has been linked to factors such as limited economic and educational prospects, economic challenges, reduced autonomy, forced marriages, domestic abuse, and poor levels of family support in low-income and developing nations. In India, women are more likely to suffer these situations, making gender disadvantage a significant risk factor for depression (Patel, 2001; Patel & Kleinman, 2003).

The stigma and prejudice associated with mental health, as well as its possible effect on discrimination, have been documented in the literature, ranging from opportunity denial to social and cultural exclusion (Mahomed & Stein, 2017). Multidimensional poverty and the stigma associated with it, because of the pervasive combination of stigma, mental illness and gender, means women in these situations were more likely to be financially poorer than men (Trani et al., 2015).

In India, people with mental illnesses are generally cared for by their close families (Chadda, 2014). However, the label of mental illness regarding the feminine gender frequently causes problems in familial and marital relationships. It is impossible to analyse a woman's scenario in isolation, instead, a thorough grasp of the various interacting social institutions and cultural norms is required. There should be a discussion about the mental health issues women face between various institutions and a norm should be formulated to support their mental health.

CONCLUSIONS

Unfortunately, there is often the lack of attention given to women's wishes and feelings, which can harm their mental health and may lead to increased aggression. Women's health should encompass both mental and physical wellbeing throughout their lives, moving beyond the narrow focus on reproductive and maternal health that is prevalent in political discussions. Some major stressors that women face include occupational demands, societal stigma, financial instability, a lack of support, sleep disturbances, and challenging family dynamics. It is therefore quite clear that women's mental health cannot be considered in isolation from social, political and economic issues. These stressors, both directly and indirectly, affect women's wellbeing and quality of life.

To improve overall family and community wellbeing, it is essential to recognise that these are social factors that impact health. Family members should be encouraged and sensitised to support women, especially during maternity, as the family environment plays a crucial role in a woman's life overall. Maintaining good mental health for women is vital in preventing the broader impacts of mental health issues on families and society.

To address these challenges, effective communication techniques are needed to raise awareness about the negative effects of societal stigma on mental health, particularly regarding maternal mental health. Community health workers and leaders should initiate informational, educational and communication campaigns to educate the public about the importance of mental health, the reasons and methods for seeking help, available mental health services and their benefits. On the other hand, promotion of gender-sensitive workplace reforms should be mandated. Training and guidance to healthcare providers should be given for assessment and guidance to women sufferers. The services should be made available in medical centres, linking with multidisciplinary programmes in the community, such as those dealing with obstetrics and gynaecological clinics and paediatric clinics.

DECLARATIONS

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