

Women and children: mental health dimensions

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Introduction

In any discussion on the mental health needs of women and children, the focus needs to shift from an individual view towards recognizing the broader social, economic, environmental and legal factors that can influence their lives and thereby affect their mental health. The first part of this chapter deals with the larger framework in which the mental health needs of women in our country needs to be understood and addressed. The latter part focuses on the mental health needs of children, an important but neglected area that has only recently been receiving somewhat greater attention.

Women's Health

'Women's health is inextricably linked to their status in society. It benefits from equality, and suffers from discrimination' (1). Sordid tales of apathy, neglect and indifference to women's woes are frequently encountered in daily newspapers. Issues of female infanticide, rape, dowry harassment, discrimination, and denial of their basic rights continue to be grave issues in Indian society, and all of these carry immense implications for the mental health of women.

Women and mental health

Mental health is recognized globally as being of enormous social and public health importance. World over, more women than men, suffer from common mental disorders (2). Several mental health issues arise from social, psychological and physiological differences on account of gender and need specific attention (3). Gender based violence has far-reaching mental implications (4). Mental ill-health and its profound stigmatization carry with it a burden of human suffering that at times is not only incalculable, but incomprehensible to the non afflicted onlookers. The situation can be much worst if the affected person is a woman.

The critical gap between availability and accessibility of health care services, various social, legal and ethical issues need to be looked at in the care of mentally ill women. Recent research has demonstrated the impact of social circumstances upon women's private experiences and actions. Whether it is denial of economic resources, education, legal and health services deprivation, lack of physical and mental nurturance and exhaustion from overwork or sexual and other forms of physical and mental abuse across the life span, research corroborates that it is women who are at greatest risk. These issues not only fall within the fabric of human rights, but also are those which understandably affect mental health.

Mental illness among women and specific treatment needs have hardly been paid any attention in India. There are gender specific issues like mental illness in pregnancy, motherhood and pre- and postnatal care, co-morbidity, care and custody of children whose mothers have mental illness, trauma, domestic violence, sexual abuse, vulnerability, stigma and victimization in the context of mental illness which need attention (4, 5). In the Indian context, these issues are not even adequately discussed, let alone addressed. Homelessness is a well-known consequence as well as cause of mental illness and disability. For many women, homelessness follows years of violence and abuse which undermines their self esteem, contributes to the pain of powerlessness, and reinforces the social invisibility of their lives.

In addition, the routine of women's lives render them at risk to experience more stress than men. This is reflected by the greater number of social roles women fulfill as wife, mother, daughter, care-giver and as an employee. Furthermore, women's reproductive and nurturing role with respect to children produces unique potential for stress related effects. Thus, the well-documented higher morbidity in women's health across the life span has clear underlying biosocial causes. There is accumulating evidence that links mental disorders with poverty, powerlessness and alienation, alcohol consumption and domestic violence inflicted by their spouses and dowry harassment (4).

The magnitude of the problem and the implications warrants the urgent attention of all the service providers and policy makers. In India a "consciousness raising" exercise is now mandatory.

The relationship between female illiteracy and mental health

The work on the national literacy mission in northern India demonstrates the association between female illiteracy and poor mental health(6). Women belonging to a rural community in Himachal Pradesh had significantly more symptoms of somatic disorders and anxiety than men, and this was strongly associated with the lack of education, poverty and low caste. A community psychiatric survey by Carstairs and Kapur (7) showed that women had higher rates of psychiatric symptoms and that higher levels of education had a positive effect on the well-being of both genders.

DALYs for women

The burden of disease and DALYs (Disability Adjusted Life Years) which have now been extensively studied show the importance of mental health of women in terms of role performance, productivity and health economics.

- For women, neuro-psychiatric conditions were the second leading cause of disease burden, following infections and parasitic diseases worldwide.
- For women between the age of 15 and 44 years, unipolar depression was the leading cause of disease burden in both developed and developing countries.
- Schizophrenia, bipolar disorder and obsessive–compulsive disorders also ranked in the top ten leading causes of disease burden for women aged 15–44 years.
- Projections till the year 2020 still foresee that the major impact of six mental disorders will overwhelmingly affect women in this age group. The ageing effect of this population will not change the profile of the impact of these disorders.

Source: Thara and Patel (8)

Women and Common Mental Disorders (CMDs)

There are a number of potential factors which increase vulnerability of women to common mental disorders (CMDs). In a population based cohort study in Goa in 2006 (9) an association was demonstrated between psychological distress and poverty, being married, using tobacco

and having gynecological problems. The reproductive roles of women, such as her expected role of bearing children, the consequences of infertility and the failure to produce a male child, have been linked to wife battering and female suicide.

Furthermore, the negative effects of globalisation and economic reform on public health are likely to hit women harder than men; for example, since the economic reforms and subsequent crisis in Southeast Asia, there has been a rise in reported domestic violence and alcohol abuse. Indeed, 'it is not surprising that the health of so many women is compromised from time to time, rather, what is more surprising is that stress-related health problems do not affect more women' (10).

Rehabilitation of women with mental illness

This throws up a number of challenges which are different from those concerned with men. It is not unusual that women brought for rehabilitation are more often accompanied by their parents than their spouses, even if they are married. These parents are often quite elderly and burdened by ill-health, as well as the additional stress of having to care for a mentally ill daughter and sometimes her children as well. Concern about early return to their family, lack of social support, side-effects of prescribed medication, particularly weight gain, amenorrhoea and disturbances in lactation are specific problems that must be addressed in their treatment and rehabilitation.

Future directions and suggestions

Women's mental health is increasingly recognised as a major public health concern, with a critical impact on the well-being of individuals, families and society. It is also recognised that this field is in its infancy, calling for more research and the development of policies and programmes consistent with the broader definitions of health.

The last two decades have witnessed a growth of self-help movements in women's groups, and some local groups have been outstanding in their efforts. Example of this is the spearheading of the anti-alcohol movement by women in the South Indian state of Andhra Pradesh. There is an urgency to strongly reinforce such movements in the community. It is important to introduce measures that will strengthen self-esteem, enhance problem-solving abilities, and reinforce autonomy and assertiveness skills among women. It is equally important that clinicians are trained to be sensitive to

the mental health impact that various disorders and their interventions can produce.

Stigma and misconceptions about mental illness can be tackled only by extensive and intense public education efforts. While NGOs can do this in their limited catchment areas, it warrants a national effort by the government to initiate a suitable programme.

Policy planners also play a critical role, since any comprehensive strategy to improve the mental health of women necessitates coordinated action. This involves the improvement of policies and legislation, better access and availability of healthcare facilities, better health education and determination of safety at the places where women live and work. Enhanced gender sensitivity in all walks of life will certainly augur a better future for the mental health of women. Sensitisation of the police and law makers, legal reform, community based facilities and support for homeless mentally ill women in the governmental and non-governmental sector, greater participation of the private sector in the care of women with mental problems, access to benefits under the PWD Act for women with mental illness, special attention to childcare, inclusion for pension and disability allowance are specific needs. Care providers must be sensitive to the needs of women, particularly women with severe mental illnesses. There needs to be effective co-ordination between the Ministries of Health and Family Welfare, Social Justice and Empowerment, Women and Child Welfare, Law, Labour and Education. Stringent action needs to be taken against any human rights violation of women, particularly those with mental illness.

The role of civil society in bringing about attitudinal change and the crucial role of the media in ethical reporting and giving due priority to the subject is also very critical in the efforts to address mental health care issues for women.

Children's Mental Health

It is never too early to consider children's mental health. Genetic factors, maternal ill health, birth complications, a non-nurturing environment can all lead to serious mental health problems among children. While nutritious food, adequate shelter and sleep, exercise, timely immunization and a health living environment are important basics for a child's good physical health, basics for a child's good mental health includes unconditional love from the family, development of self-confidence and self esteem, opportunities

to interact and play with other children, encouraging teachers and supportive care takers, safe and secure surroundings and appropriate guidance and discipline (11).

The global panorama

The global panorama suggests that children's rights have had a real setback with many instances of violence against children, including corporal punishment, sexual abuse, exploitation, including child labour and involving children in armed conflict, illegal adoption and so on. Poverty (12) and additional problems like family disruption, social unrest, involvement in drug use, trafficking and criminality, all lead to poor mental health. Adverse factors in childhood including direct exposure to violence or even witnessing violence can lead to poor mental health later in life (4).

Children and mental health problems in India

In India, children constitute 46% of the population and the country is home to nearly 19% of the world's children. Children thus represent an important constituent for mental health care.

Studies from the Indian Council of Medical Research show that the prevalence of diagnosable mental disorders is 12-13% among children in the community (13, 14). School studies show that more than 17% of school going male adolescents had psychosocial problems (15).

Policies and programmes to promote mental health

Way back in 1977, the World Health Organization made recommendations to protect the mental health of children and subsequently in 2005 recommended health policies and plans for child and adolescent mental health (16). The United Nations Convention on the Rights of the Child (17), often referred to as CRC or UNCRC, is an international convention setting out the civil, political, economic, social and cultural rights of children. Mental health rights are integral to these rights. A recent article, however, argues that rights also need to be accompanied by responsibilities, and that non-western cultures focus on duty, responsibility and a community orientation to promote psychiatric well being (18).

Developments in India

With regard to socially disadvantaged and disabled children there have

been several initiatives in both the government and non-governmental sectors. Preventing child labour, addressing the needs of street children, children of parents with HIV/AIDS, children with physical and developmental disability are issues that have been receiving relatively more attention in recent times. Children's help lines have been set up in some parts of the country. The system of Integrated Child Development Services (ICDS) which is poised for universal coverage has played a pivotal role for mother and child development in rural, urban and tribal areas. Non-formal education component and early childhood stimulation through play way activities help to lay down firm physical, mental and psychological development foundation (19). In a way, the institution of anganwadis has been recognized as a sheet anchor in personality development of young children. Structured programmes for mental health in Indian schools and life skills programmes have been developed (20, 21). An Indian Association for Child and Adolescent Mental Health (IACAM) has been in existence since 1991 (22).

Needs for the future

"Children are our future. Through well conceived policy and planning, governments can promote the mental health of children, for the benefit of the child, the family, the community and society" (16). Although children's mental health has received some attention in the last few decades, it is still far from being a reality. Changing life situations and lifestyles bring newer problems like addictions to the forefront. From the existing governmental policies and national programmes for children, the wide gap between children's mental health needs and existing resources is evident. There is neither an independent nor integrated child mental health policy in India. It is crucial to develop a comprehensive policy to cover all aspects of children's mental health (23, 24).

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