

Original Article

Mental Health of Women in India: Stigma and Discrimination

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Abstract - Mental health impacts how to deal with stressful situations, maintain a healthy and stable relationship, stay physically fit, work productively, and give back to the community. However, gender also serves an essential impact since men's, and women's brains function differently, whether they are affected by internal or external factors. In most cases, females are the victims, whether rape cases, domestic violence, or mental health problems. Many women suffer obstacles such as gender inequality, poverty, poor physical health, and caregiving responsibilities that have led women to develop common mental disorders (CMDs). This study aims to study different people's attitudes regarding a person with mental illness in Jodhpur, Rajasthan, India. A mixed-methods technique was used in this study, which included 52 participants. This study included 27 males and 25 females in total. The general public has a high level of perceived stigma. When gender is considered, men exhibited low perceived stigma, whereas women had high perceived stigma and discriminated against people with mental illness. Stigmas and lack of awareness about mental health were the main cause behind people's negative attitudes toward a mentally ill person.

Keywords - Mental health, Mental illness, Common mental disorders, Stigmas, Gender, Women, Domestic violence, Inequality, Negative attitudes, Low and high perceived stigma.

1. Introduction

Mental health refers to the emotional and psychological status of social well-being. It affects how a person senses, observes, and acts, which signifies that it affects an individual's daily living, relationships, and physical health. Many other factors like social and financial circumstances, biological factors, and lifestyle choices can structure a person's mental health. It also affects educational outcomes, crime rates, drug and alcohol abuse, etc. Good mental health is important as it helps handle stressful situations, have a good and stable relationship, be physically healthy, work productively, and contribute to the community. (MentalHealth,2020) Unfortunately, a major segment of society cannot keep a healthy mind due to mental health issues. Biological, psychological, and environmental variables can contribute to mental health issues. People who have a family history of mental illness are more likely to develop one at a certain point. Chemical imbalances resulting from substance addiction or dietary changes can induce mental difficulties. (PsychGuides, 2022) For instance, according to the World Health Organization(WHO), 38 million people struggle with anxiety and 56 million struggle with depression in India. But out of this 20 per cent population suffering from mental illness, only 12 per cent can deal with mental health concerns. (The Hindu, 2018)

Now, gender also has an important role in mental health and mental illness. Males and females differ not just in their

physical appearance but also their mental composition. There are actual differences in the structure and functioning of men's and women's brains. Women and men communicate, deal with relationships, express their thoughts, and react to stress differently. As a result, the distinctions between men and women are based on physical, physiological, and psychological characteristics. (Malhotra, 2015) In different nations, compared to men, women are more prone to suffer from despair, anxiety, sexual violence, domestic violence, rising rates of substance abuse, etc. This is because they are pressured due to gender discrimination, multiple roles, aspects related to poverty, hunger, malnutrition, overburdened with work, domestic violence, and sexual abuse amalgamating with the reasons for women's poor mental health. (World Health Organization,2002) According to WHO, depressive disorders account for 41.9 per cent of neuropsychiatric disorders in women, compared to 29.3% in men.

Furthermore, the most frequent mental health conditions among the elderly include depression, organic brain illnesses, and dementia, with the majority of the participants being female. Women and children account for almost 80% of the 50 million individuals displaced by violent conflicts, civil wars, and natural catastrophes.

Moreover, the lifetime prevalence rate of violence against women ranges from 16 to 50%. In addition, one out



of every five women will be the victim of rape or attempted rape at some point in their lives. As a result of the following facts mentioned by WHO, it can be concluded that women's health is more vulnerable than men's worldwide. Whether it is rape cases, domestic violence, or mental health problems, females are the victims in most cases. (Malhotra, 2015)

Many kinds of research have been done to understand women's mental condition, how various factors affect their mental health, how mental illness differs in men and women, and many more. For instance, a study on Gender disadvantage and reproductive health risk factors for common mental disorders in women shows that Gender disadvantage and reproductive health are major factors that affect women's health in developing countries. This study concluded that men's and women's control over the determinants of their health, such as their economic and social standing, access to resources, and treatment in society, is influenced by gender. The factors connected to gender disadvantage play a role in the epidemiological aspects of health issues in developing countries, such as increased incidence of the human immunodeficiency virus (HIV) and AIDS in women. (Patel, 2006)

The condition mainly of women is even more critical because of illiteracy, domestic violence, child marriage, and many more factors that have shaped their mentality. A populace-based investigation of 5703 wedded provincial ladies in India indicated that out of 5703 women (representing 83.5% of qualified ladies), common mental disorders (CMD) were seen in 609 ladies. Higher age, less schooling, inferior quality of living, recent intimate partner violence (IPV), spouse's unsuitable reaction to share, husband's liquor use, and ladies' tobacco use were all variables in the last multivariable model connected to the results of this study CMD. The end determined was financial, and gender disadvantage aspects like IPV, an absence of independence in direction, an absence of help for regular exercises, and marriage and childbearing during puberty are, for the most part, separately connected to CMD in the female populace. Systems tending to physical determinants, for instance, advancing women's education and diminishing their openness to IPV, can lessen the weight of CMDs in ladies. (Shidhaye, 2010) Another instance is a meta-evaluation of thirteen psychiatric epidemiology research with a total of 33572 people in 6550 families, with an incidence charge of 58.2% people in keeping with thousand people. Organic psychosis (incidence charge of 0.4), schizophrenia (2.7%), and affective disorders (12.3%) all contributed to a psychosis charge of 15.4%. Disorder (6.9%), hypertension (4.4%), worried disorders (20.7%), alcohol/drug addiction (6.9%), and the alternative category (3.9%).

Females in city regions even have a better prevalence. Rural regions have a lot better prices for seizures and insanity. According to the data, 1.5 crore critical intellectual

disorders afflict human beings in India, and extreme illnesses are greater, not unusual, in each specialized and well-known medical institution clinic. (Reddy, 1998) So it can be concluded that people living in metropolitan areas have better socioeconomic status and have access to qualified psychiatrists or psychologists and proper medications that help them cope with various mental disorders. While on the other hand, in rural areas, people either do not know or do not have access to, or cannot afford these entitlements. (The Hindu, 2018)

Now two things are understandable: women are more likely to be affected by mental illnesses, and people in rural areas are less aware of mental health and the available resources. So by combining these two aspects, it can be concluded that the condition of women in rural areas is even more critical. Moreover, it is essential to be conscious of a woman's mental health as they are the primary caretaker of children and elders in their families. Many studies have shown that women's mentality and society play an important role. For example, there are many stigmas associated with depression and other mental disorders in rural areas, as a result of which women in that region are unable to express their mental health issues due to their own or society's perception. Being depressed is a weakness, and one would be embarrassed if someone knew that they are mentally ill are mainly the consequence of the stigmas related to mental illness that prevent rural women from seeking help from mental health care services. Moreover, the mental health care in that region may not be sufficient to fulfil the requirements of women in rural areas. (Montfort, n.d.)

2. Methodology

2.1. Aim of the Study

The study aims to know different people's attitudes towards a person with mental illness in Jodhpur, Rajasthan, India.

2.2. Research Design

A mixed-method approach was used in this study in which a survey was sent out to the respondents where they were asked to fill up a google form carrying questions based on attitudes of people towards a mentally ill person to understand their perspective on how a mentally ill person would be treated by their respective community.

2.3. Sample

This survey elucidates an equal number of male and female participants. The age group participating in the following survey is between 18 and 78.

2.4. Ethical Issues

For this investigation, all ethical considerations were taken into account. The respondents' privacy and confidentiality were respected; no information will be shared

with a third party. There were no identifiers in the article or during the investigation, such as a name or a picture. The research ethics guidelines were followed.

2.5. Instruments

The perceived devaluation and discrimination scale PDD (Link, 1987) determined perceived stigma. The PDD is a 12-item questionnaire that assesses how much an individual accepts that the vast majority will devalue or victimize somebody who experiences a psychological problem. PDD was surveyed utilizing a 3-point Likert scale with potential scores going from 0 to 3, with a higher score demonstrating a more significant level of perceived stigma (0 = strongly disagree, 1 = disagree, 2 = agree, and 3 = strongly agree). The scores for items 1, 2, 3, 4, 8, and 10 were reversed.

The prevalence of strong perceived stigma on the PDD scale was defined as a mean aggregated scale of 1.5 or higher (this criterion indicated the “midpoint” on the 0–4-item scale). Participants with PDD perceived stigma scores more than or equal to 1.5 were categorized as having “high perceived stigma,” while those with scores lower than the mean were labelled as having “low perceived stigma.”

2.6. Data Collection and Analysis

A scaling questionnaire, including the Hindi version of the sociodemographic, perceived devaluation, and discrimination questionnaires, was used to collect data using a google form. (Bifftu, 2014)

3. Results

This study aimed to discover how prevalent perceived stigma and associated traits were in the small community of Jodhpur. Moreover, how it affects women’s mindsets and

living standards. A total of 52 participants participated in this study.

Around 51.9% of the respondents were males, and the rest 48.1% of them were females. The mean age of the respondent is 31 years. The women who responded were mainly housewives (36.53%), and around (21.15%) of the participants were students. Furthermore, the rest, 42.3%, were either enrolled in private jobs like banking or financing(28.84%) or were labourers (13.46%). The maximum number of responses came from respondents aged between 18 and 30 years, comprising about 61.53%. The remaining 38.46% were aged from 30-80 years.

Prevalence of Perceived Stigma: The mean for the overall population was 1.54, indicating that most people have a high perceived stigma or are discriminatory.

Table 1. Distribution based on the prevalence of high perceived stigma at Jodhpur 2021

Discriminatory	Non-discriminatory
1.69	1.27

Total Mean = 1.54

Table 2. Distribution based on the prevalence of high perceived stigma at Jodhpur 2021

Greater than 1.5	Smaller than 1.5
63%	36.54%

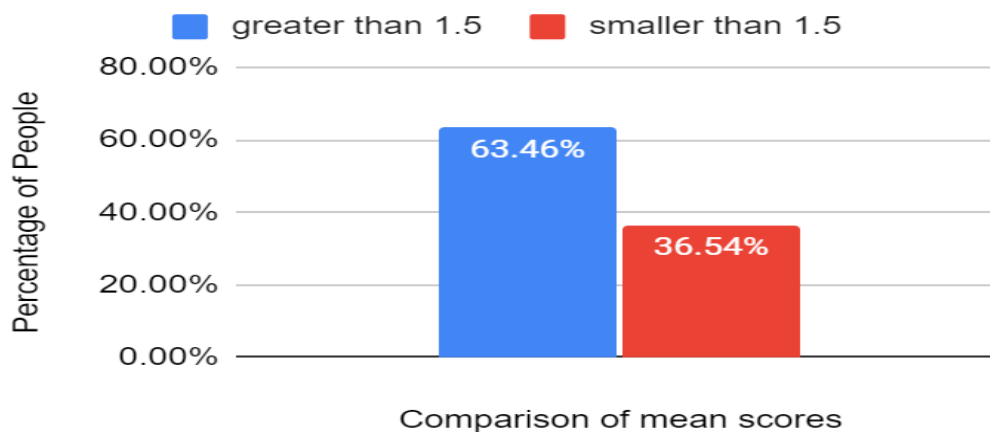


Fig. 1 Distribution based on the prevalence of high perceived stigma, greater than 1.5 - high perceived stigma, less than 1.5 - low perceived stigma

Around 63.46% (33) of the population has a mean score of more than 1.5, whereas 36.54% (19) have a mean score of less than 1.5, implying that roughly 63.46% of the population is prejudiced. The majority (73.1 per cent) (38) of the participants disagreed with the amount of perceived stigma for the item: “Most people believe that a person who has been treated for severe mental illness is just as trustworthy as anyone else.”

3. ज्यादातर लोगों का मानना है कि मानसिक बीमारी के कारण अस्पताल में भर्ती व्यक्ति उतना ही भरोसेमंद होता है जितना कि सामान्य नागरिक।

52 responses

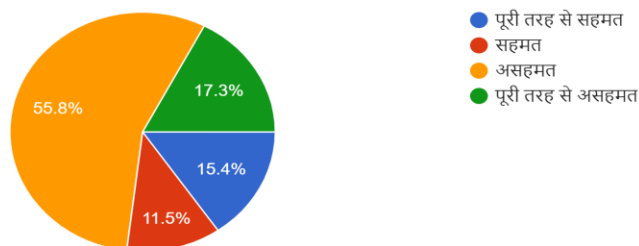


Fig. 2 Percentage of people believing that a person who has been hospitalized for mental illness is as trustworthy as the average citizen. 15.4% - strongly agreed, 11.5% - agreed, 55.8% - disagreed, 17.3% - strongly disagreed

When the results were examined by gender, the mean for the 27 males was 1.46, indicating that the majority of the men had low perceived stigma. In contrast, the mean for the women was 1.63, indicating that women had a high perceived stigma and were discriminated against by people with mental illness.

Table 3. Distribution based on gender for the prevalence of high perceived stigma at Jodhpur 2021

	Males	Females
Mean	1.461481481	1.6348
	1.46	1.63

Table 4. t-test: Two-Sample Assuming Equal Variances between males and females respondents (n = 52) at Jodhpur (2021)

Source	Males		Females		t	p	df
	M	SD	M	SD			
	1.46	0.21	1.63	0.43	-1.86	0.03	50

Note: *p<0.05

Females (M=1.63, SD=0.43) reported significantly higher perceived stigma as compared to males (M=1.46, SD=0.21). (t)= -1.81, (p)= 0.039

Table 5. Sociodemographic characteristics of participants (n = 52) at Jodhpur (2021)

Characteristics	Number	Percentage
Sex:		
Male	27	51.9
Female	25	48.1
Age:		
18-30	32	61.53
30-50	16	30.76
Above 59	4	0.07

4. Discussion

This research focused on seeing how commonly perceived stigma and associated characteristics were in a small community in Jodhpur. And how it affects women’s mentality and standard of living. This study shows that the overall population tends to have a high perceived stigma. More than half of the population had a mean score above 1.5, showing that most of the population was prejudiced. When results were compared on the idea of gender, women tend to possess a high perceived stigma compared to men, stating that women were being more discriminatory than men. This negative attitude towards a person with mental illness is a stigma. Stigmas are when people are prejudiced against mentally ill people and treat them differently from ordinary people. Many people who tolerate major mental illnesses face challenges and troubledness due to these stigmas related to mental illness. They are coping with the disease’s symptoms and impairments.

On top of that, stereotypes and prejudice based on assumptions regarding mental illness create an even more challenging environment for them. People with mental diseases are denied the opportunities that lead to a happy existence, such as gainful employment, adequate shelter, proper health care, and relationships with diverse people. (Corrigan, 2002) Moreover, this is happening due to less awareness of mental health and mental illness among people. Moreover, due to rapid social change, prejudice based on gender, social isolation, gender disadvantages such as child marriage, concerns regarding the husband’s drug and alcohol use, and violence in the family, females have been more vulnerable to mental problems. Divorced or widowed women are disadvantaged and have a higher risk of mental illness. In India, domestic violence is a serious problem. In a survey conducted in Maharashtra, 23% of women had been assaulted in the previous six months. Of the 12% had explicitly been threatened to be in unfavourable life events,

living in crowded or stressful environments, having fewer occupational prospects, and having a chronic illness. Women from lower socio-economic backgrounds are more likely to be victims of violence, known risk factors for common mental illnesses. (Reddy, 2019)

5. Conclusion

Stigmas were the main cause behind people's negative attitudes toward a mentally ill person. There are certain ways to reduce these stigmas, such as listening or talking to someone who has experienced mental health issues. According to the research, knowing or staying in touch with someone with a psychiatric disorder is one of the most effective ways to reduce stigma. People who speak up and share their thoughts or experiences can significantly impact others. It becomes less terrifying and more authentic when we know someone with a mental illness. According to a 2016 overview of research on stigma, initiatives to reduce stigma and discrimination can be effective at both the individual and community levels. The most evidence was found in anti-stigma interventions involving contact with people who had lived experiences of mental disorders and efforts with a long-term commitment. (American Psychiatric Association, 2020)

Another way of reducing stigma is being aware of mental health problems and knowing how it feels to have mental health issues. According to a 2020 national poll of 14- to 22-year-olds, 90 per cent of depressed adolescents look into mental health issues online. The majority read blogs and watch videos about other people's medical experiences. About three out of four teens searching the internet for information about depression said they were looking for anecdotal accounts from people who had been through it. (American Psychiatric Association, 2020)

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Additionally, ordinary citizens can contribute by using social media platforms to inform and educate others about sensitive topics like mental health problems and issues. If individuals start talking about mental health issues more openly, it can encourage others to talk about their issues and seek help from others. Furthermore, children are naturally curious about everything, including mental health, so they have many questions. Adults can assist youngsters in understanding that mental illnesses are real and treatable; this can bring a significant change to the upcoming generation.

Women's socio-economic empowerment through increased access to education and professional possibilities, like in the case of males, is required to reduce the frequency of mental illness in women. They should join farmer's clubs, Mahila Mandals, and adolescent females' groups, among other activities. People will come together due to these cultural, health, and educational pursuits and income-generating ones. Violence and discrimination must be abolished from society. Prejudice based on sex, caste, disability, and social standing must be eliminated if mental illnesses are reduced. (Reddy, 2019)

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Appendix

Table 4. Proportion of perceived stigma response of participants (n =52) to each item at Jodhpur, 2021

Items	SD	D	A	SA
1. Most people would be close friends with someone who once had a severe mental illness.	10	12	16	14
2. Most people think that a person who has been hospitalized for severe mental illness is dangerous.	4	23	18	7
3. Most people believe that a person who has been treated for severe mental illness is just as trustworthy as anyone else	9	29	6	8
4. Most people would accept a person who has had a severe mental illness as a teacher in a school.	7	13	21	11
5. Most people would not hire a person with a mental illness.	3	17	23	9
6. Most people think less of a person who has been treated for severe mental illness.	9	22	15	6

7. Most people will agree to marry a person who has been cured of mental illness.	17	13	17	9
8. Most employers will hire a qualified person even if they have been treated for severe mental illness.	6	7	28	11
9. Most people believe receiving treatment for severe mental illness is a sign of personal failure.	8	14	23	7
10. Most people will not hire a person who has been hospitalized for severe mental illness to take care of their children, even if they have been well for some time.	2	18	15	17
11. Most people would treat a person who has been treated for severe mental illness the same way they treat everyone else.	5	16	19	12
12. Most young people would prefer to date or have a relationship with a mental illness.	4	23	15	10

Table 3. Distribution based on gender for the prevalence of high perceived stigma at Jodhpur 2021

S No.	Males	Females
1	1.41	1.75
2	1.75	1.16
3	1.34	1.58
4	1.5	1.91
5	1.5	1.83
6	1.67	2
7	1.41	1.58
8	1.41	1.58
9	1.5	1
10	1.16	1.5
11	1.5	1.34
12	1.84	2.15
13	1.41	2.25
14	1.58	1.75
15	1.25	2
16	1.58	2.41
17	1.91	2.16
18	1.75	2.08
19	1.41	1.41

20	1.5	1.84
21	1	1.25
22	1.34	0.84
23	1.16	1
24	1.25	1.16
25	1.58	1.34
26	1.25	
27	1.5	
Mean	1.461481481	1.6348
	1.46	1.63