WOMEN AND MENTAL HEALTH

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INTRODUCTION:

There was a famous slogan in the ancient Tamil Nadu saying that “Why is the education to women who blows oven?” Now due to the writings, speeches and preaches of various Rationalists, Philosophers and Poets it has become pale in to insignificance slowly but still it is hidden somewhere. The law handed down by the widely proclaimed sage of ancient India, “MANU” ordained in Mitakshara law that “A woman must serve her father then her husband and latter her son. She must live forever in servitude. She deserves no liberty.

Women are integral to all aspects of society. However the multiple notes that they fulfill in society render them at greater risk of experiencing mental problems than others in the community. Women bear the burden of responsibility associated with being wives, mother and carers of others. Increasingly, women are becoming an essential part of the labour force and in one quarter to one third of households they are the prime source of income. (WHO 1995). In addition to the many pressures placed on women, they must centered with significant gender discrimination and the associated factors of poverty, hunger, mal nutrition and over work. An extreme but common expression of gender inequality in sexual and domestic violence, Perpetrated against women. These forms of socio-cultural violence, contribute to the high prevalence of mental problems experienced by women.

The Magna Carta in England considered all men equal before law. Yet when higher education systems opened and women started applying, one Dean remarked “We are running a University, not a bathing institution” when women did secure admissions, the science stream showed streaks of difference in the majors of students – women are compelled to pursue home science, botany etc., and were not allowed admissions in the field of pure science micro biology etc.,.
When the French Revolution demanded liberty, equality and fraternity, liberty was meant for men, equality was not demanded between men and women and fraternity was to be between brother Frenchmen. In the 19th century America, the issue of equality of the sexes elicited mixed response even at a highest bench. The claim of one Myra Bradwell for admission in the Bar was denied by the Supreme Court. This state of affairs, though legally ignored out in the latter Century, still leaves traces of similar mindset, in the society.

**THE RIGHTS AND ROLE OF WOMEN IN THE SOCIETY:**

In that it is, and ought to become, a commission and community of persons, the family finds in love the source and their constant impetus for welcoming, respecting and promoting each one of its members in his or her lofty dignity as person that is, as a living image of God. The moral criterion for the authority of conjugal and family relationships consists in fostering the dignity and vocation of the individual persons, who achieve their fullness by sincere self-giving. In this perspective special attention is to be focused on women in respect of their rights and role within the family and society. In the same perspective are also to be considered men as husbands and father, and likewise children and elderly.

Above all it is important to underline the equal dignity and responsibility of women with men. This quality is realized in unique manner in that reciprocal self-giving by each one to the other and by both to the children, which is proper to marriage and the family. What human reason intuitively receives and acknowledges is fully revealed by the word of God. The history of salvation, in fact is a continuous an luminous testimony to the dignity of women.

In creating the human race “Male and Female” God gives men and women an equal personality, endowing them, the inalienable rights and responsibilities proper to the human person. Without intending to deal with all the various aspects of the vast and complex theme of the relationships between women and society and limiting these remarks to a few essential points, one cannot but observe that in the specific area of family life a wide spread social and cultural tradition has considered women’s role to be exclusively that of wife and mother, without adequate access to public functions, which have generally been reserved for men.
There is no doubt that the equal dignity and responsibly for men and women fully justifies women’s access to public functions. On the other hand the true advancement of women requires that clear recognition be given to the value of their natural and family role, by comparison with all other public roles and all other profession. Further more, these roles and professions should be harmoniously combined if we wish the evolution of society and culture to be truly and fully human.

This will come about more easily if “Theology of work” can shed light upon and study depth the meaning of work in the life and determine the fundamental bond between the work and family and therefore the original and irreplaceable meaning work in the home be recognized and accepted by all in its irreplaceable value.

This is of particular importance in education: For possible discrimination between the different types of work and profession is eliminated as its very root once it is clear that all people in every area are working with equal rights and equal responsibilities. The image of God in man and in women will thus be seen with added luster.

While it must be recognized that women have the same right as men to perform various public functions, society must be structured in such a way that wives and mothers are not in practice compelled to work outside the home, and that their families can live and prosper in a dignified way even when they themselves devotes their full time to their own family.

Furthermore, the mentality, which honors women more for their work outside the home than for their work within the family must be overcome. This requires that men should truly esteem and love women with total respect of their personal dignity, and that society should create and develop conditions favoring work in the home.

With due respect to the different vocations of men and women, the church must in her own life promote as far as possible the equality of rights and dignity; and this for the good of all, the family, the church and society.

But clearly all of this does not mean fee women a renunciation of their femininity or an imitation of male role, but the fullness of true feminine humanity which should be expressed in their activity, whether in the family of outside it, disregarding the differences of customs and cultures in this
sphere. The advancement of women’s genuine emancipation is a matter of justice, which can no longer be overlooked; it is also a question of society’s welfare. Fortunately, there is a growing awareness that, women must be enabled to play their part in the solution of the serious problems of society and society’s future. In every area, “a greater presence of women in society will prove most valuable, for it will help to manifest the contradictions present when society is organized solely according to the criteria of efficiency and productivity, and it will force systems to be redesigned in a way which favours the processes of humanization which mark the ‘civilization of love’.

PROMOTING WOMEN’S MENTAL HEALTH

As feminist theorists have recently argued women’s well being is “not solely determined by biological factors and reproduction, but also, by the effects of work load, mutation, stress, war, migration. Main streaming a gender prospective in to the health sector requires a broad – based definition of health for women as well as men that addresses well being across the lifecycle and in domains of both physical and mental health issues as well, because women disproportionately suffer from mental health disorders and are more frequently subject to social causes that lead to mental illness and psychological distress.

It is essential to recognize how the socio-cultural, economic, legal infrastructural and environmental factors that affect the women’s mental health are configured in each country or community setting. A gender – based social model of health needs to be adopted to investigate critical determinants of women’s mental health with the overall objective of contributing to improve, more effective promotion of women’s mental health. Risk factors for mental disorders as well as for good mental health used to be addressed and where possible, a clear distinction should be made between the opportunities that exist for individual action and individual behavior change and those that are dependent on factors outside the control of individual woman.

To help laryfy the meaning them selves ascribe to mental health and various forms of psychological distress finings from qualitative research need to augment those from quantitative research. Descriptions of life situations, case studies and direct quotes from women themselves can verify the contexts in which emotional distress, depression, anxiety and
other psychological disorder occur. Such first hand accounts of the experience of poverty, inequality and violence will assist in developing a more accurate understanding of the structural barriers women face in attempting to exercise control over the determinants of their mental health and in effecting behavioral change. Both are needed to better inform the promotion of women's mental health.

When the world of health policy and public health considers the health of women, are tendency first and foremost to link the well being of women to that of children and the family, and, legitimately, to the health of society overall.

Epidemiologic and anthropological data point to different patterns and clusters of psychiatric disorder and psychological distress, among women then among men. The origins of much of the pain and suffering particular to women can be traced to the social circumstances of many women's lives. Depression, hopelessness, exhaustion, anger and fear grow out of hunger, overwork, domestic and civil violence, entrapment and economic dependence.

Understanding the sources of ill health for women means understanding how cultural and economic forces interact to determine their social status. If the goal of improving women’s well being from childhood through old age is to be achieved.

Understanding the sources of ill health for women means understanding how cultural and economic forces interact to undermine their social status. If the goal improving women’s well-being from childhood through old age is to be achieved, “healthy” policies aimed at improving the social status of women are needed along with the “health policies” targeting the entire spectrum of women's health needs.

Comparative analysis of empirical studies of mental disorders reveals a constancy across diverse societies and social contexts. Symptoms of depression and anxiety as well as unspecified psychiatric disorder and psychological distress are more prevalent among women, where as substance disorders are more prevalent among men.

In short, a considerable body of evidence points to the social origins of psychological distress for women. In the chapters on ‘women’ and on
‘violence’ for world mental Health (1955) the issues of hunger, poverty and overwork, sexual and reproductive violence and the rational noxious effects of certain state economic policies, such as structural, adjustment programs and monetary crises, on the mental health and general well being of the majority of women. (See World Mental Health 1995 for data summaries).

In the world of work, Employment may bring self-esteem and independence, however low paid or unpaid labour may contribute to oppression rather than independence. Many women work a “double day” maintaining house holds raising children, carrying out economically productive activities in marketing and agriculture and in house hold base industries.

The World Bank (1993) estimates the consequences of familial a communal abuse account for approximately five percent of the global burden of disease for women during the reproductive years. Such abuse is often associated with depression, dissociative disorders, and suicide.

It took United Nations “Decade for Women” to begin to make women’s productive, as well as reproductive, roles visible to the world. Just as important as an understanding of social origins of women’s ill health is a recognition of what can be done is being done to improve women’s status and well being. These development policies and programs consistent with broader definitions of health require listening to the women whom such programs are designed to serve and giving voice of their concerns, at all stages of planning, implementation and management.

The voices of the contributors to the 1991 National Council for International Health’s Conference on Women’s Health represent a broad perspective as well.

Mental health services have a crucial Role to play in alleviating suffering associated with psychiatric illness, emotional distress, psychological disorders, and behavioural pathology. Abused women, troubled children, those traumatized political violence, those who have attempted suicide or are addicted to alcohol or narcotics, and especially those who suffer acute or chronic mental illness and uphold subsequently by competent mental health care. We have seen how illness such as depression, and anxiety and disassociative disorders with sexual abuse, and yet there are the illness that competent clinicians may best help.
CONCLUSION:

Much local listening work – that is, going in to communities and talking with women about how they live and what their health and particular mental health needs are remains to be done. In the meantime, we may listen to the work of many NGOs and women’s groups that have mounted programs to defend and promote the overall well – being of women. Such as recent efforts being undertaken by Indonesian Women’s Organization to address the mental health consequences of the sexual violence perpetrated against Chinese Indonesian Women during the May 1998 riots. NGOs and women’s organizations are also seeking ways to give voice to ordinary women’s concerns about feeding their families and causing for the sick in this stressed Period created by the monetary crisis.

Building on local movements and enhancing grass – roots strengths offer pathways through which the status of women and women’s health may be improved. Numerous local initiatives abound, from adult literacy programs in India to grass roots movements through out the world’s local communities of women, to resist oppression and organize and reshape Community health programs.

As lamented by “ANUSUYA SENGUPTA”

Too many wonder in too many countries speak the same language of Silence”.

- Published in The Law Weekly 8.11.2008.

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