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Determinants of Mental Health of Working and Non-Working women

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Women's mental health is highly vulnerable to the positive and negative alteration in overall wellbeing of the family. Women's mental health gets improved from equality, equity, inclusiveness and it gets deteriorated due to the discrimination of any form whether it is inside or outside her family. There are certain determinants which are responsible for the better or poor mental health of the working and non-working women across the globe. This paper argues that there are only few specific determinants which affects majority of the women's mental health irrespective of their geographic location, country, religion, cast, creed and race.

This study makes use of the whole lot of published studies and researches available about the mental health of the women in order to find out which are the most dominating one across the boundaries. It is found after the through study of the secondary data that there are few prominent factors which affect the mental health of women most. These determinants are- gender, social integration, employment and income, poverty, abuse and the domestic violence. This study opens up a new research domain as to how the poor mental health of women affects the family, society, children's personality development, their psychological development and the effect of the women's mental health on her work output.
[Key Words:** Gender, discrimination, determinants, subordinate, depression, well being, promotion, poverty, abuse, domestic violence, IPV**]

Introduction

Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. The positive dimension of mental health is stressed in WHO's definition of health as contained in its constitution: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

The definition of mental health used in the 1981 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 (cognitive, affective and relational), the achievement of individual and collective goals consistent with justice and the attainment and preservation of conditions of fundamental equality.

Determinants of Mental Health of women: Gender:

Gender is probably one of the most important factors that determine the metal health of the women. It is another important aspect of the lives of women which shapes it consciously or unconsciously. The position of women in the society is configured by the Gender. Gender is conceptualized as a powerful structural determinant of mental health that interacts with other structural determinants including age, family structure, education, occupation, income and social support and with a variety of behavioral determinants of mental health. In this regard, Niaz & Hassan (2006) have concluded that marked gender discrimination in South Asia has led to second class status of women in society. The patriarchal foundation of the society and the family, the women's mobility, employment, self respect and in fact the identity of the women is dependent on the men. The restricted access to the resources, limited participation in the decision making at family and at societal level, submissive approach imposed on her at almost every stage of life, definitely have the negative impact on her mental life.

These asymmetries are manifested not only in terms of differential susceptibility and exposure to risks - for example vulnerability to sexual violence, but also, fundamentally, in the power of men and women to manage their own lives, to cope with such risks, protect their lives and influence the direction of the health development process. This balance of power has generally favored men and relegated women to a subordinate, disadvantaged position (Pan American Health Organization, 1995). Simon (1995) have found that sex differences in the perceived relationship between work and family roles may help account for sex differences in distress by contributing to male-female differences in both extent and nature of work parent conflict, attributions of personality for marital problems, feelings of guilt and self evaluations as parents and spouses. S/he further adds that by identifying gender differences in the meaning of roles among individuals who have the same multiple role configurations, and suggesting how these differences can help to explain sex differences in well being.

Men and women have a different socio-cultural positions, roles and responsibilities. Further they have altogether different sets of factors affecting their mental health. Similarly the nature of mental health problems faced by the men and women is ought to be different on many occasions. In line with this Rosenfield & Mouzon (2013) have found that men and women experience different kinds of mental health problems. While women exceed men in internalizing disorders such as depression and anxiety, men exhibit more externalizing disorders such as substance abuse and antisocial behavior, which are problematic for others (Rosenfield & Mouzon, 2013). Research on gender and mental health suggests that conceptions of masculinity and femininity affect

major risk factors for internalizing and externalizing problems, including the stressors men and women are exposed to, the coping strategies they use, the social relationships they engage in, and the personal resources and vulnerabilities they develop (Rosenfield & Mouzon, 2013).

Kirmani, Sharma, & Jahan (2015) have found that several mental disorders show patterns of gender differences and some disorders that have no overall discrepancy in prevalence do show gender differences in onset or experience. The most dramatic gender differences occur for anxiety and somatoform disorders, diagnoses overwhelmingly given to women, and sexual paraphilias, diagnoses overwhelmingly given to men. Schizophrenia and bipolar disorder show no gender difference in prevalence, but male schizophrenics show some behavioral differences compared to female schizophrenics.

Cotton, Wright, Harris, Jorm, & McGorry (2006) have conducted a study to observe the Influence of gender on mental health literacy in young Australians Gender differences in mental health literacy and found that males showed significantly lower recognition of symptoms associated with mental illness and were more likely endorse the use alcohol to deal with mental health problems. Such factors may contribute to the delays in help seeking seen in young males. Stansfeld, Chemali, & Shipley(1999) have found that gender differences in social support tend to suggest that women have larger social networks and both give and receive more support than men.

Societal Integration:

It is a well established fact that human being is a social animal and prefers to live in groups. This tendency and preference of the human being have the impact on its psychological and mental well being. This is also true for women's mental health. Kawachi & Berkman (2001) have observed that social ties play a beneficial role in the maintenance of psychological well-being.

Social connections may paradoxically increase levels of mental illness symptoms among women with low resources, especially if such connections entail role strain associated with obligations to provide social support to others. Egocentric networks are nested within a broader structure of social relationships. The notion of social capital embraces the inclusion of individual social ties within the broader social structure (Kawachi & Berkman, 2001).

Bertera (2005) has conducted a research study to find out the role of positive social support and social negativity in personal relationships and concluded based on the study that the social negativity with spouses, relatives and friends had a strong positive association with the number of anxiety and mood disorder episodes.

Almedom (2005) found that the social capital, which is a complex and compound construct and it can be both an asset as well as a liability with respect to mental health of those in receipt of and those providing services and other interventions.

Employment, Income & Poverty:

Poverty is linked directly to the income level and the income level is directly linked to the employment. Mankani & Yenagi (2013) have found that the income of the working women was positively and significantly related to Perception of reality, Integration of personality, Environmental mastery and overall mental health. This could be explained that better financial position contributes for good mental health.

Belle (1990) have reached to a conclusion that the positive association between poverty and mental health problems is one of the most well established in all of psychiatric epidemiology. Research has documented consistently that low income and low socioeconomic status are associated with high rates of mental disorder. With the prevalence of poverty itself now on the rise in our country, particularly among women, children and those from minority groups, increased attention must be paid to the mental health risks that accompany poverty.

Sharma & Rees (2007) observed that a large number of women in new and remote mining towns suffered from neurotic problems. In contemporary times there is a deficit of knowledge about the mental health of women in remote mining towns. However, there are certain indicators of significant mental distress among women living in these particular environments. Limited opportunities and resources within the community isolate women to domestic lives; while atypical work rosters associated with mining employment could negatively impact on the relationship well-being of couples. Kendler, Myers, & Neale (2000) have argued that the mental health is a complex phenotype that is influenced by a diverse array of genetic and environmental factors. While genetic factors appear to be of moderate etiologic importance in all major dimensions of mental health, the family environment is an important influence on only interpersonal relations, social support, and substance use.

Wilkinson (1999) have worked on the income related aspect about the mental health and have found that there is a substantial evidence showing that where income differences are greater, violence tends to be more common, people are less likely to trust each other, and social relations are less cohesive. Low social status affects patterns of violence, disrespect, shame, poor social relations, and depression.

Population health tends to be better in societies where income is more equally distributed. Recent evidence suggests that many other social problems, including mental illness, violence, imprisonment, lack of trust, teenage births, obesity, drug abuse, and poor educational performance of schoolchildren, are also more common in more unequal societies. Differences in the prevalence of ill health and social problems between more and less equal societies seem to be large and to extend to the vast majority of the population (Wilkinson & Pickett, 2009). When women get an employment and opportunity to earn their confidence and mental health is most likely to be sound. Kessler & McRae Jr

(1982) have concluded that employment outside the home is associated with the mental health among the married women.

Rosenfield (1989) have recorded that married women have been found consistently to have higher rates of anxious and depressive symptoms than married men. Power explanations for this difference predicts that employment for women, which is associated with greater power in the family would reduce women's symptoms to approximate men's more closely. Cochrane and Stopes-Roe (1981) concluded that women with unemployed husbands are also particularly likely to report high levels of depression.

Siefert, Heflin, Corcoran, and Williams (2001) conducted a study to analyze the relationship between food insufficiency and physical and mental health of single women who were welfare recipients and found that food insufficiency was significantly associated with poor or fair self-rated health and physical limitations, and these findings add to a growing body of evidence that food insufficiency is associated with serious adverse physical and mental health consequences.

Paul and Moser (2009) studied the relationship between unemployment and the mental health and found that average number of persons with psychological problems among the unemployed was 34%, as compared to the 16% among employed individuals and the negative effect of unemployment on mental health was stronger in countries with a weak level of economic development, unequal income distributions, or weak unemployment protection systems compared to other countries. Unemployment is not only correlated to distress but also causes it.

Kuruvilla, A., & Jacob, K. S. (2007) concluded that the poverty and mental ill health are linked together in a complex manner. Insecurity, low educational levels, inadequate housing and malnutrition, which are the correlates of poverty, are recognized as contributing to common mental disorders.

Carr (1997) reached to the results indicating that the women who could not reach to their earlier career goals suffer from lower levels of purpose in life and higher levels of depression, even after controlling for social background, human capital, family, and health characteristics.

Domestic/Intimate Partner Violence

Women are most affected due to the behavior and treatment given to her and children at the family level. Their abuse, be it a physical, psychological or sexual affects them. Kumar, Jeyaseelan, Suresh & Ahuja (2005) have argued that the domestic violence is an all-pervasive, serious social malady with major public health implications. It is physically and psychologically damaging, often with long-term consequences. The risk of poor mental health was higher among women who had experienced domestic spousal violence compared with those who had not.

Mullen, Walton, Romans-Clarkson, & Herbison (1988) in a study have concluded that the women with a history of being abused were significantly

more likely to have raised scores on both measures of psychopathology and to be identified as psychiatric cases. Similar increases in psychopathology were found in women who had been physically or sexually assaulted in adult life. These findings indicate that the deleterious effects of abuse can continue to contribute to psychiatric morbidity for many years. Roberts, G. L., Lawrence, J. M., Williams, G. M., & Raphael, B. (1998) showed that women who reported lifetime adult intimate abuse received significantly more diagnoses of generalized anxiety, dysthymia, depression, phobias, current harmful alcohol consumption and psychoactive drug dependence than those who reported no abuse ever . Crude prevalence rates of psychiatric diagnoses for women who reported double abuse as child and adult were significantly higher than for women who reported adult intimate abuse only.

A study by the Mankani & Yenagi (2013) reveals that 41.10 per cent and 38.90 percent of the working and non-working women (41.1percent and 38.9 percent) exhibited average level of mental health. There was no significant association between mental health of working and non-working women with regard to all the dimensions of mental health indicates no significant difference between the two groups with respect to mental health. This could be because that the age range of the working and non-working women is very less. They have better mental health because they share the feeling with each other and they are self-confident and realize their capabilities. Garima & Kiran (2014) research revealed that marital status has significant impact on the mental health of working women. The multifaceted stress of married working women with responsibilities at various arenas may be the reason for their weaker mental health. Marital status of women strongly impacts the mental health and their performance at job.

Coker, Davis, Arias, Desai, Sanderson, Brandt, & Smith (2002) have in a study concluded that for both men and women, physical IPV victimization was associated with increased risk of current poor health; depressive symptoms; substance use; and developing a chronic disease, chronic mental illness, and injury.

Sexual Abuse

Mullen, Martin, Anderson, Romans and Herbison (1993) conducted a study with an intention to find out the relationship between childhood sexual abuse and mental health in adult life. The study found the positive correlation between reporting abuse and greater levels of psychopathology on a range of measures.

If a girl or women keep the instances of sexual abuse and rape to her and did not disclose it to anybody, she is more likely to face the problem of affected mental health. She will have to face the consequences for longer durations. Some studies have supported this statement scientifically. Ruggiero, Smith, Hanson, Resnick, Saunders, Kilpatrick and Best (2004) in a study found that there is a significantly higher presence of posttraumatic stress disorder (PTSD) and major depression among women who did not disclose the incident

with anybody and waited longer than 1 month to disclose their rape relative to nondisclosures and women who disclosed within 1 month of the rape and that the delayed disclosure remained associated with PTSD after controlling for demographic and rape characteristics. Patterns of disclosure were not associated with past-year substance-use problems.

Cook, Grey, Burke, Cohen, Gurtman, Richardson, ... and Hessol (2004) have when controlled all other parameters found that AIDS-related deaths were more likely among women with chronic depressive symptoms, and symptoms were more severe among women in the terminal phase of their illness.

Roberts, Williams, Lawrence and Raphael (1999) in a research study found that women who experienced abuse as adults suffered more ill-effects to their mental health than women who did not experience such abuse; also that women who experienced both adult and child abuse suffered more ill-effects than women who experienced abuse either as an adult or child.

Personal Health

Women are always seeking the status that is equal to their counterpart. In that if they have the independent financial source then they would be more than happy and they have the reason to be happy. This boosts her overall wellbeing which in turn improves the wellbeing of her children and the family. In line with this Repetti, Matthews and Waldron (1989) concluded that women's employment does not have a negative effect on their health, on the average. Indeed, employment appears to improve the health of unmarried women and married women who have positive attitudes toward employment (Repetti et.al.(1989). Evidence suggests that increased social support from co-workers and supervisors may be one important mediator of the beneficial health effects of employment (Repetti et.al.(1989). Waldron and Jacobs (1989) found that labor force participation had beneficial effects on health for white women who were not married and for black women who had children at home, but not for other women. It appears that involvement in multiple roles generally contributed to better health, due to the beneficial effects of labor force participation and marriage for some women (Waldron and Jacobs, 1989).

Verbrugge (1986) concluded that dissatisfaction with roles/life and feelings of very great or very little time pressure are associated with poor health. To a lesser extent, very low or very high objective time constraints, irregular and short job schedules, no or high family dependency and very low or very high income responsibility are linked with poor health (Verbrugge, 1986).

Hoogduin and de Graauw (1996) in a study of the women who have lost the pregnancy found that up to 6 months after their pregnancy loss, women showed greater depression, anxiety, and somatization than women who gave birth to living babies. Most of the women are able to recover from pregnancy loss without psychiatric treatment in one year period. However the pregnancy loss is indeed a stressful life event that can give rise to a marked deterioration in a woman's mental health, particularly in the first 6 months following loss.

Van Bussel, Spitz and Demyttenaere (2006) conducted a study to find out the impact of pregnancy on the violence and the mental health of the women and concluded that common mental health disorders are frequent during pregnancy and the postpartum period, but pregnant or postpartum women are not more at risk than those who are not pregnant or who did not deliver.

Conclusion

Determinants of mental health in general and that of women in particular were considered in this paper. Study of the various research all over the world about the factors and determinants responsible for the poor mental health of women have led to conclude that socio-culturally constructed gender, societal integration, income level, employment opportunities, poverty status, abuse of all kind, domestic violence, personal health have been the most dominating determinants of the women's mental health. In addition to these determinants, there could be several other determinants which could be specific to cultures, regions, countries and individual personalities. The further research in these specific determinants could add to the knowledge body in this regard.

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