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Mental Health Status Of Rural Women In Manipur: A Systematic Review

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ABSTRACT

Mental health can be regarded as an onset for every human being in this world. Basically, mental health implies a free mental condition of an individual. Rural women's mental health must be prioritized. Gender disparities leave women and their health needs at the margins during health emergencies. There are already existing inequalities in terms of gender-based roles, economic insecurity, food insecurity, gender-based violence, household and work pressure and unequal access to repercussions on the physical and mental health of women. Overall, it found a very high level of mental stress among the rural women, predominantly due to economic and health covers that found women experienced greater mental stress, possibly explained by the additional social pressures they face when all family members are at home. Food insecurity and limited nutritional intake are often limited by financial resources, which have a strong correlation with physical and mental well-being. The women in rural areas are more sufferers of mental health problems, and some factors follow many traditional rules, regulations, and superstitious beliefs, as the majority of women suffer from mental anxieties unknowingly.

Keywords: Mental Health, Physical Health, Gender Inequality, Rural Women

INTRODUCTION

Conventionally being healthy implies a healthy body with no distinct ailment detected by a medical expert. With the passage of time, this trend of thought underwent a visible change. Being in good health also includes possessing a healthy mindset. The demand to fulfil the rising needs of life daily has incurred heavy stress upon people. Every day there is a rat race to meet the escalating demands of life. In the urban scenario, this great modern-day crisis is an accepted fact or reality. When it comes to the rural side, many are still oblivious about the dark side of being in a social context that is informed by too much of social change. The most challenging aspect to mention here is the way new trends of thoughts and livelihoods set in already and yet, many age-old conventional ways of belief systems still affect many deeply. There is a global order standing tall and proud but there is another side of the coin, wherein, rigid and limited conventional based order of social structure limits an individual's potential to stay physically and mentally healthy. One such aspect is related to the perspective of gender and its deeply related aspects in an individual's overall well-being. Gender plays a major role in determining socio-economic position, access to resources and social status, which in turn influence mental health. Gender is a critical determinant of mental health and mental illness. India is home to an estimated 56 million people suffering from depression and 38 million more from anxiety disorders (WHO, 2018). But while 20 percent of the country's population suffers from mental illness, only 12 percent at most seek aid for their mental health concerns. It is reported that 80% of women in rural areas believed mental illness to be a result of supernatural causes rather than a medical condition. This stigma inhibits help-seeking behaviour and perpetuates

a cycle of suffering and isolation (India Times, 2023). Numerous socio-economic challenges that exacerbate mental health issues are faced by rural women due to poverty, lack of education, unemployment and limited access to basic amenities, which contribute to heightened stress levels and psychological distress among rural women. Rural women are particularly vulnerable to mental health problems. Gender based discrimination, domestic violence and lack of empowerment add to their psychological burden. High prevalence of depression among rural women, linking it to their socio-economic status and limited decision-making power (Journal of Mental Health and Human Behaviour, 2023).

Factors Affecting Mental Health on Rural Women

1. **Lack of Education:** Lack of education among women in rural areas leaves them without a voice, amplifying the rise of mental health problems due to a sense of disempowerment.
2. **Gender Discrimination:** Gender disparities confine women within societal boundaries, curtailing their freedom and self-expression, which limits their ability to contribute significantly to mental health issues, fostering an environment of emotional stress and anxiety.
3. **Social Superstitions and Prejudices:** Social superstitions and prejudices prevailing in rural areas significantly affect mental health. These often lead to discrimination and exclusion and amplify the vulnerability to mental health disorders.
4. **Social Insecurity:** The fear of isolation and neglect in their later years affects their mental stability, potentially leading to significant mental health disturbances.

Mental Health Status of Rural Women in Manipur

In rural communities, women's mental health is affected by the reinforcement of traditional gender roles, which leads to fewer women in areas of employment or higher education. Manipur is among the States with the highest number of mental health problems caused by many social and economic issues. The status of women in the State is already occupied and empowered in a high position, but when it comes to mental health care, rural women in Manipur are deprived of. The culture they represent is often misunderstood. Illiteracy and the stigma keep them hiding themselves and muffle their voices to avoid being noticed. The mental health care facilities are available, but the rural part of the State gets a biased preference over the urban set up. They are unaware of the existing Centre professionals and, therefore, awareness is unfounded. Treatment with adequate facilities is dear as many can't afford the cost, and lack of transportation and communication as well. Manipur's mental health landscape is both severe and under-addressed. Manipur had the highest lifetime prevalence (19.9%) of Mental Health disorders among the surveyed States. Yet, it ranks among the lowest in prioritising mental health programmes as well as developing mental health action plans. Barriers to care are compounded by inadequate access to mental health resources and trained service providers. The situation is further complicated by the fact that the mental health landscape is shaped by strong cultural beliefs and a deeply rooted stigma surrounding mental illness (National Mental Health Survey, 2016). It also highlighted a significant treatment gap of 86% for mental health disorders (NMHS Report). This combination creates significant barriers to care, leaving many individuals without the necessary support. Women had the highest share of mental health disorders in India, amounting to 39 per cent and 30 per cent for stress and anxiety disorders, respectively. Comparatively, 33 per cent of men had depression as compared to women with 31 per cent respectively (Minhas, 2023). In India, depression and anxiety in women are twice as much as in men and affect twenty-five per cent of women. Two-thirds of married women in India were victims of domestic violence, and thus more prone to mental disorders (The Times of India: Mental Health and Women, 2022).

REVIEW OF LITERATURE

1. Mulder et al. (2000) revealed that utilization of healthcare services within the rural community is influenced by many factors, such as the stigma attached to mental illness, lack of understanding about mental illnesses and their treatments, lack of information about treatment facilities, and the capacity to pay.
2. Firoz et al. (2006) in a multicentric study conducted in Bangladeshi women above 18 years had a higher prevalence of mental disorders compared to men, and the rural population had higher rates compared to urban. Depression and somatoform disorders were the commonest conditions.
3. Singh et al. (2014) found that in India, rural women enjoyed performing household chores and undertaking agricultural activities and animal husbandry work. They also endorsed enjoying dual roles and revealed that they would like to work outside the home too. Age and education were significant factors that affected their experience of well-being. Those with higher levels of education experienced greater subjective well-being and better psychological well-being and projected more positive relations with others compared to those with lower levels of education. Women in the youngest age group showed higher levels of subjective happiness and well-being and reported better personal growth and positive relations with others.

SIGNIFICANCE OF STUDY

Human society is evolving and adapting itself to pulsating trends of social change. The amount of stress that an individual has to suffer and survive daily is not a new scenario. Irrespective of gender or race or community a person belongs to, the number of people suffering from silent mental health crisis is increasing in number over time. Mental health problems affect women, and it has undoubtedly become a very common issue nowadays. A microscopic focus on the trend of women as victims of mental health related issues will enlighten many regarding the urgency with which such a study will throw light upon a serious social crisis. Our country today has marched forth in various development aspects and yet, many age-old systems that marginalised women are still in practice. Women specifically are situated at the periphery when it comes to giving them their due share of credits and opportunities. Various social factors put women at greater risk of poor mental health than men, especially rural women, due to many social, economic, and political issues. Because of the roles, responsibilities, and status they typically have in society, increase the risk of poor mental health. The present study would help to know the level of awareness and attitudes of the people regarding mental health, what intervening measures can be taken for them at the rural level, and what are the factors that create stress and mental health problems for rural women. Hence, the investigators felt the urgent need to take up reviews to find out the significant information.

OBJECTIVES OF THE STUDY

1. To identify the common mental health problems affecting rural women
2. To examine the intervention programs of mental health of rural women

RESEARCH QUESTIONS

1. What common mental health problems are prevalent among rural women?
2. What socio-economic, cultural and environmental factors influence the mental health of rural women?
3. What intervention programs have been implemented to improve mental health among rural women?

RESEARCH METHODOLOGY USED

The investigators used a narrative review method by using secondary data of published literature, such as journals, articles, reports, and other databases. The investigators applied thematic analysis of the findings related to mental health status, determinants, and intervention measures for the present study.

DISCUSSION

Zeynep, Dilek, Altindag, Gunes (2008) found in their study that a considerable proportion (25.9%) of women had any mental disorder, and only 4.7% had ever received care from mental health services. Malhotra and Shah (2015), Nayak, Patel, Bond, Greenfield (2010), and Kruger and Lourens (2016) revealed that younger married working women had poor mental health as compared to older counterparts. This could be due to the reason that younger women might be starting to handle new additional responsibilities after marriage. Women whose husbands were addicted to alcohol or any drug, and women who had family members suffering from chronic illness, were found to be at increased risk of developing poor mental health. Halliburton (2005), Rodrigues et al. (2003), Pereira et al (2007), Rashid (2007), Snell Rood (2015), Weaver (2017) found that middle-aged women have mental disorders due to low levels of empowerment, poverty, spousal violence, family conflicts, sexual violence, and feelings of uncontrollability.

SUGGESTIONS

1. Providing access to affordable psychiatric treatment and counselling, government-aided schemes, vocational training, psycho-social support and rehabilitation can help those affected with mental illness, women and their families.
2. There is an urgent need to strengthen the mental health care infrastructure in rural Manipur. This includes the establishment of mental health clinics, tele psychiatry services and mobile mental health units to reach remote areas.
3. Government initiatives like the National Mental Health Programme (NMHP) and District Mental Health Programme (DMHP) in Manipur need to be expanded and adequately funded to provide comprehensive mental health services in rural communities specially focusing on rural women.
4. Providing proper education and awareness to the people in rural areas by integrating mental health education into school curricula can help to foster a more inclusive and empathetic society.
5. Efforts can also be made to de-stigmatise mental health issues through community-based awareness programmes by collaborating between health care providers, NGOs and local leaders to promote understanding, dispel myths and encourage early intervention.
6. Training and capacity building should be held to help rural women stay mentally healthy.
7. Tie-ups with social media platforms (audio, audio-visual medium) and local/regional/state/national level programmes related to empowerment of women to popularise and sensitize social order regarding the urgent need to revolutionize rigid mind frames regarding treatment meted out to women must be promoted.

CONCLUSION

Rural women with mental health problems are part and parcel with many factors related to rural life. Social isolation, high work burden both at home and outside, and poor access to physical and mental health services have placed rural women in a very vulnerable position. There are also many risk factors on cultural and social issues such as patriarchy, traditional roles, low levels of economic independence, poor access to transport and communication, and gender-based violence. Fear, lack of autonomy in decision-making, lack of self-esteem, self-confidence, and fear of failure are barriers in the path of psychological empowerment in rural women. On the other hand, health services in rural areas are not geared up to meet the mental health needs of rural women. Therefore, the study recommends that appropriate intervention programmes can help rural women boost their mental health. This would improve their well-being and happiness.

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