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MENTAL HEALTH IN WOMEN: REVIEW

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Abstarct- The aim of this study to focus on various mental issues of women. In the current context, where there are global concerns about gender equality and many international organizations address any form of discrimination against women, prioritizing women's mental health does not seem appropriate. Gender specific risk factors for common mental disorders that disproportionately affect women include gender-based violence, socioeconomic disadvantage, low income and income inequality, low or subordinate social status and rank, and unremitting responsibility for the care of others. (Isaac et al,2004 & Bharat,2001).Women are important in all spheres of society. However, the many roles they play in society put them at greater risk for mental disorders than others in society. Women have the responsibility of being wives, mothers and caregivers of others. Increasingly, women become an integral part of the workforce and one-third of households are the main source of income (WHO, 1995). In addition to the many pressures placed on women, they have to deal with extreme gender discrimination and the factors associated with poverty, hunger, malnutrition, overwork, domestic violence and sexual violence. Failure to address women's health and psychological problems has devastating social and economic consequences for communities.

Introduction- "The reason firm, the temperate will, Endurance, foresight, strength, and skill; A perfect woman, nobly planned, to warn, to comfort, and command." William Wordsworth.

Why talk of women mental health? This is the objection of many psychiatrists. In the current context, where there are global concerns about gender equality and many international organizations address any form of discrimination against women, prioritizing women's mental health does not seem appropriate. It has been argued that the specialty of obstetrics and gynecology, in medical science, addresses only the specific health needs of women, but there is no such discipline for men's mental health.Gender has been described as a critical determinant of mental health and mental illness. (Nambi S,2005). The reproductive system of women also follows a unique biological rhythm and their body undergoes specific changes with different cycles of reproduction, both anatomical as well as physiological. Menarche, puberty, menstrual cycle, pregnancy, puerperium and menopause are specific life events of a woman's life. These phases are associated with different kinds of stress; and if a woman is not able to cope with the changes or if the social support systems fail, she may develop mental health problems. Gender differences in mental disorders have been reported, particularly, in the prevalence of common mental disorders including depression, anxiety disorders and somatoform disorders (Diwan P, 2008 &Isaac R, 2004). Depression is not only the most common women's mental health problem but may be more persistent in women than men. However, alcohol dependence another common disorder, is twice more common in men than in women. Men are also three times more likely to be diagnosed with antisocial personality disorder than women. There are no marked gender differences in the rates of severe mental disorders like schizophrenia and bipolar disorder that affect less than 2% of the population, though some differences have been reported in age of onset of symptoms, frequency of psychotic symptoms, course of these disorders, social adjustment and long-term outcome. Thara and Rajkumar (1998) have reported better course and outcome in women in schizophrenia as compared to men. Higher rates of depression, anxiety and somatic symptoms are related to a range of

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risk factors such as gender-based roles, stressors and negative life experiences and events. Gender specific risk factors for common mental disorders that disproportionately affect women include gender-based violence, socioeconomic disadvantage, low income and income inequality, low or subordinate social status and rank, and unremitting responsibility for the care of others. (Isaac et al,2004 & Bharat,2001). There is a positive relationship between the frequency and severity of such social factors, and the frequency and severity of mental health problems in women. Severe life events that cause a sense of loss, inferiority, humiliation or entrapment can predict depression. Women are often exposed to sexual violence which leads to high rates of post -traumatic stress disorder (PTSD) following such violence. Psychiatric conditions seen exclusively in women include those seen in association with various phases of the sexual maturation or reproductive phases like pregnancy, menstrual cycle, puerperium, breast feeding, mothering and menopause, and surgical procedures related to specificfemale organs like mastectomy and hysterectomy. Important research findings are discussed below.

Mental health problems have been found to be one of the leading causes of loss of quality of life, accounting for 10.5% of all disabilities. This compares with very low rates of cancer, heart disease and brain disease, all of which are considered important public health problems. In addition, behavioral problems such as violence, diarrhea, malnutrition, tuberculosis, sexually transmitted diseases, drug and motor abuse and other injuries contributed to more than 30% of all disabilities (Murray & Lopez, 1996). The burden of mental retardation and behavioral problems is as important in developing lands as it is in developed lands. A WHO study on strategies to expand mental health care found that 10-20% of the sample of primary care care providers in developing countries such as Colombia, India, the Philippines and Sudan suffer from anxiety and / or depression (Harding et al, 1983). However, in developing countries many patients with mental and behavioral disorders go undiagnosed and as a result do not receive adequate treatment. Until recently mental health has not been given enough attention as a public health issue and as a result there has been little work to solve this problem in developing countries.

In many neglected communities, women have greater mental health needs. However, pregnancy for women's mental health has been limited as it has tried to protect and promote it. Once women's health issues are addressed in these statistics, activities tend to focus on issues related to fertility - such as family planning and childbirth - and women's mental health has been neglected (WHO, 1993; WHO, 1995). Women are important in all spheres of society. However, the many roles they play in society put them at greater risk for mental disorders than others in society. Women have the responsibility of being wives, mothers and caregivers of others. Increasingly, women become an integral part of the workforce and one-third of households are the main source of income (WHO, 1995). In addition to the many pressures placed on women, they have to deal with extreme gender discrimination and the factors associated with poverty, hunger, malnutrition, overwork, domestic violence and sexual violence. Failure to address women's health and psychological problems has devastating social and economic consequences for communities (WHO, 1993; WHO, 1995).

Significant mental disorders and problems experienced by women- In investigating common mental, behavioral and social problems in the community we find that women are more likely than men to be adversely affected by:

o specific mental disorders, the most common being depression;
o the effects of domestic violence;
o the effects of sexual violence;
o escalating rates of substance use.

Mental disorders- Frequent rates of depression and anxiety and depression are higher in women than in men. These findings are consistent with a wide range of studies conducted in different countries

and settings (Desjarlais et al, 1995). In addition to high levels of stress and anxiety, women are more likely to experience the diagnosis of obsessive-compulsive disorder, somatization disorder and panic disorder (Russo, 1990). In contrast, men are more likely to be diagnosed with antisocial personality disorder and alcohol / alcohol abuse. The gender differences associated with mental disorders are most clearly expressed in the case of depression (Russo, 1990). Rate differences between men and women are often more pronounced in the marginalized population (World Bank, 1993). The following examples provide some clues as to the degree of variance in dementia among men and women in the statistically neglected population. Blue et al, (1995) argue that while all of these factors may contribute to high levels of depression or psychological problems among women, social causes appear to be the most important explanation. Women living in poor social and environmental conditions with low related education, low income and difficult family and marital relationships, are at greater risk of mental illness. They conclude that the combined effect of gender and the low socio-economic status are important factors in mental illness (Blue et al, 1995). Women seem to have more affective symptoms, fewer negative symptoms and more of a diagnosis of schizoaffective disorder.It has been documented thatwoman with schizophrenia tend to be more overtly hostile, physically active and dominating, with more of sexual delusions, and more emotional than men (Kumar,1993). They also experience affective and paranoid symptoms, more of anxiety symptoms and less of negative symptoms (Vijaykumar,1993). The meaning of symptoms seems to differ for men and women. While expression of isolation, withdrawal and dependency may reflect a depression syndrome in women, it may reflect a negative syndrome in men. A large sample of Chinese patients with schizophrenia had more paranoid subtype of schizophrenia in females who also showed a different pattern of ongoing symptoms and severity, more severe positive and affective symptoms, and a greater number of suicide attempts, whereas male patients were more likely to show severe deterioration over time. {Pearson,(2002)&Jablensky,(1992)} studied gender specific differences in the association of depression in persons with schizophrenia.

In a study of women, there was a tendency to identify and highlight specific women's stresses / weaknesses. The same exercise was not performed for men. For example, the high level of Indian husbands' dependence on their wives for food, household maintenance and child rearing; because they are not qualified for these jobs, they can be considered weak, and a dangerous factor in creating violence against women. Moving forward it may be argued that empowering men with household chores can significantly reduce the incidence of DV in the home. This needs to be read. In the same line, it can be said that the findings of a study on reproductive mental health are more likely to be biased in men. A reproductive subtype of time-related stress. In a study of women, there was a tendency to identify and highlight specific women's stresses / weaknesses. The same exercise was not performed for men. For example, the high level of Indian husbands' dependence on their wives for food, household maintenance and child rearing; because they are not qualified for these jobs, they can be considered weak, and a dangerous factor in creating violence against women. Moving forward it may be argued that empowering men with household chores can significantly reduce the incidence of DV in the home. This needs to be read. In the same line, it can be said that the findings of a study on reproductive mental health are more likely to be biased in men. A reproductive subtype of time-related stress.

A comprehensive review of gender differences in epidemiology of schizophrenia has been reviewed by Picinelle (1997), A high rate of marriage (70%) (before the onset of mental illness) has been reported with many unmarried men and many women experiencing broken marriages. Getting married before the onset of illness, the presence of children, a short period of illness in inclusion and the presence of sensory perceptions when taking it all were associated with a positive outcome of the marriage. Unemployment, socio-economic decline and the presence of negligence and indifference for 10 years are all associated with the negative impact of marriage. A study by the Schizophrenia Research Foundation (SCARF)(Thar, R.1998).

showed that women were brought in for the most advanced treatment. The average for men: women seeking help enrolled in the SCARF Out Patient Department (OPD) was 2: 1. The vast majority of female patients were in the patient category for a long time. The main reason for this is found to be a priority on women's mental health compared to men. The fact that women are often introduced in recent years with schizophrenia raises concerns about the loss of these women they experience in terms of established relationships, jobs and children (Kulkarni, 1997).A few needs were raised for divorced women including simplifying legal action. It is noteworthy that women with severe mental illness are often greatly discriminated against. Although women are more tolerant, men are not and most marriages of women with a mental illness end sooner or later. Women with severe mental illness are excluded by three accounts. First, the status of the woman, secondly the attitude and third, the state of the marriage (divorce / separation). These three combined forces create "three disasters." What is even more disturbing is the fact that they are often left out because of a negative attitude towards mental illness, rather than individual illnesses.

Domestic violence is considered one of the most pressing social ills in India today. Married women with severe mental illness make the majority of people at high risk of various forms of abuse. Incidents of violence against women, male abuse and laws, murder of lobola, suicide, kitchen accidents occur on a large scale. Many cases have not been reported. Victims are unable to raise their voices, or prevent violence (Sharma & Tripathi, 2011). Domestic violence is a thing of the past. In the past, it was largely hidden behind the four walls of the house. The insiders did not want to talk about it. Outsiders do not want to hear. Social practices, cultures, beliefs, myths, and patriarchy are important factors contributing to domestic violence in India (Domestic violence act).

Conclusion- In the coming years, with changing gender roles, technological advancement, wealth, and global trade, there may be even more challenges for men and women. It must be understood that the mental health of women and the mental health of men are commendable. A balanced approach is needed. Mental health professionals of both sexes should work to meet the challenge.Indian psychiatrists have investigated a number of mental health problems in women including those that occur during pregnancy and puerperium, contraceptive effects, MTP, hysterectomy and mastectomy, suicide, the relationship between domestic violence and mental health, suicidal behavior and habits. -epidemiological. Expected and interventions are often lacking.

Suggestions-

1. It is necessary to established more rehabilitation center for women separately.
2. There is much need awareness program for women to educate them fundamental rights which was given them by constitutions.
3. Mental disorders considered as social stigma still now days. Therefore, counseling center must be open in various government and private institutions.

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