



Comparative Study Of Mental Health Among Urban And Rural Women

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ABSTRACT

Mental health and sickness are significantly influenced by gender. When compared to men, women exhibit distinct patterns of emotional anguish and mental condition. The prevalence of internalizing disorders is higher in women than in men, whereas the prevalence of externalizing disorders is higher in males. Particularly in the prevalence of prevalent mental diseases, where women predominate, gender inequalities exist. The group of rural women considerably demonstrated stronger mental health than their urban counterparts, despite the fact that the felt level of mental health appeared as moderate, according to the analysis.

Keywords: Urban, Gender, Psychological, Women, Sickness.

I. INTRODUCTION

Not only do men and women have various physical characteristics, but they also have varied psychological profiles. Men and women receive information and respond to events and stimuli in ways that are fundamentally different from one another. Men and women approach relationships, express their emotions, and handle stress in different ways. Hence, the distinctions between the sexes are based on biological, physiological, and psychological characteristics. Certain psychological theories, known as alpha bias, take into account differences between men and women, while others, known as beta bias, take no such considerations into account. Beta prejudice ignores distinctions between men and women, whereas alpha bias assumes that men and women are fundamentally unlike.

From ancient civilizations to modern ones, gender roles have been culturally dictated. In hunter-gatherer civilizations, women often foraged for plant meals, small animal foods, fish, and discovered how to use dairy products, while males focused on hunting meat from large animals. Women's gender roles have significantly evolved throughout recent history. As a rule, middle-class women are responsible for the upkeep of the home and the upbringing of any children living in the household. Women from lower socioeconomic backgrounds often have to leave the house in order to support their families. Women are

exploited because the jobs available to them pay less than those open to males. Throughout time, there has been a shift in the labour market towards more conventional office positions that need a higher level of education. Although more and more women from all walks of life are finding paid work outside the house, this does little to alleviate their domestic responsibilities or improve their social standing. For millennia, sexism has been the societal lens through which males have asserted superiority over women and perpetuated it via dominance, distorting the reality of how men and women vary from one another. As a result, women's contributions to the human race have been undervalued.

Although while there is no statistically significant difference between the sexes in the general frequency of mental health issues, some mental health disorders are more frequent in women than in males. Women (29% vs. 17%) are more likely than males to have sought care for mental health issues. As a result, women are more inclined than men to ask for help, which is a well-known fact. It may also reflect clinicians' assumptions about which sex is more likely to have a certain health issue. Almost 25% of suicide victims are female. Women may be less prone to consider suicide because they are more emotionally literate, more open to discussing their feelings, and more likely to seek assistance when they need it. Becoming a mother also reduces a woman's chance of suicide. Certain risk factors for poor mental health are more common in women than in males because of the status and role that women have traditionally had in society. Several ethnic groups' customs may render women more vulnerable to these dangers.

Women's mental health may be disproportionately impacted by societal influences, such as:

- Women are more likely than males to be primary caregivers for their children and may also care for other dependent relatives; this position can have a substantial influence on a person's mental and physical health as well as their capacity to engage in social and economic life.
- Since working women usually juggle many roles, including those of mother, wife, employee, and housewife.
- Women are disproportionately engaged in low-paying, low-status jobs, many of which are only part-time, and women are more likely to be poor than men.
- Loneliness can be exacerbated for women who are poor, do most of their job at home, and worry about their own safety.
- Abuse of girls and women, whether physical or sexual, can have long-lasting impacts on their mental health, especially if they haven't received any help processing their trauma.
- Women are more likely than men to have mental health problems.

Women who have trouble expressing their emotions may "internalise" them, which can lead to mental health issues including depression and eating disorders. In order to "act out" their suppressed emotions, men are more likely to resort to violence than women.

II. MENTAL HEALTH AND MENTAL DISORDERS

The phrase "mental health" can refer to either a state of cognitive or emotional well-being or the absence of a mental illness. A person's capacity to take pleasure in life and find a middle ground between work and play may be considered indicators of their mental health from the vantage points of positive psychology and holistic approaches. A mental disease or sickness, on the other hand, is an unconscious psychological or behavioural pattern that develops in a person and is believed to cause discomfort or incapacity and is not regarded as a natural component of normal growth or culture.

Mental health and sickness are significantly influenced by gender. The gender-specific variables and processes that promote and safeguard mental health and encourage resilience to stress and adversity have received far less attention than the morbidity associated with mental disease.

Psychiatric problem and psychological distress patterns differ between men and women, according to an analysis of mental health indices and data. Although addictions, drug use disorders, and psychopathic personality disorders are more frequent in men, symptoms of depression, anxiety, and unexplained psychological discomfort are 2–3 times more common in women. The study from the World Health Organization does a good job of laying out all of these details. It has also been hypothesised that the disparities in prevalence rates between the sexes may be traced back to women's greater mean level of internalising and men's higher mean level of externalising on the latent internalising and externalising liability characteristics.

III. REVIEW OF LITERATURE

Jena et al (2020) Due to the growing number of individuals suffering from mental health issues, this has spread worldwide. Because of shifting societal norms, more people in rural India are receiving medical attention. On the other side, mental health concerns are frequently disregarded. The focus of this study was on the perspectives of rural residents of Odisha, India, on the possibilities for mental health treatment that are now accessible. 395 people between the ages of 18 and 65 participated in this mixed-methods study conducted in two rural blocks of Odisha's Khurdha district. 16 interviews were performed with the patients' primary carers. Results The amount of education, religion affiliation, age, and gender of respondents all significantly linked with their negative views of mental health care institutions (p 0.05). The main obstacles to mental health therapy were patients' unwillingness to seek assistance due to societal shame, dependence on religious healers, and a lack of available resources. In conclusion, while designing the infrastructure for mental healthcare and psychiatric institutions, it's crucial

to take into account patients' and visitors' ages, races, genders, socioeconomic status, and other factors.

Kamlesh Sharma, et al., (2019) Women's health may be negatively impacted by the pervasive problem of domestic violence (DV). The mental health of DV victims was one of the objectives of this research. This cross-sectional study, which involved 827 married women, was carried out in the neighborhood's around Delhi, India. The data was gathered through lengthy, carefully written surveys. A self-report questionnaire with 20 questions was used to gauge the respondent's mental well-being. It was discovered that abuse of all kinds, including sexual, emotional, and physical abuse, happened at dangerously high rates. Twenty-five percent (25.3%) of the women who took the survey said they had a mental health problem (score ≥ 8) within the preceding four weeks. Compared to women who had not been exposed to DV, those who had experienced it had lower mental health and more suicidal thoughts. The detrimental impacts of DV on women's mental health highlight the necessity for preventative public health measures.

Desley Harvey (2014) The best way to appropriately care for rural women's mental health is not yet clear. This study examines the conflicting narratives about rural women and shows how they might reinforce negative gender stereotypes and put rural women in danger. For studying rural women's mental health and developing methods to promote their mental health and well-being, social work and health promotion offer relevant structural analyses, practice frameworks, and skills.

A. K. Anant (2011) The people of India, their elected officials, and the government itself need to do more to support mental health. Although the National Mental Health Program has been in place since 1982, and the National Rural Health Mission was established to address the lack of mental health services in rural areas, nothing has been done to address this issue. The prevalence of mental illness is predicted to climb sharply in rural areas as a result of population shifts, lifestyle changes, unemployment, a lack of social support, and heightened insecurity. By better understanding the needs of the rural population and the treatment gap, the research aims to recall and advocate for rural mental health services as well as to develop a strategy to decrease the treatment gap.

Nayak (2010) undertook a population-based survey in India to look at the link between partner alcoholism, physical abuse, and women's mental health. Nothing is known about how a woman's mental health is affected by the drinking and violence of a spouse. The objectives of this research were twofold: (1) to identify and define partner-related and other psychosocial risk factors for common mental disorders in women, and (2) to analyses the relationships between these risk variables. This research looked at 821 women between the ages of 18 and 49 from a broader demographic census conducted in north Goa, India. Several tests of mediation were performed to investigate the potential mediating role of partner alcohol intake in this connection, and logistic regression models were used to assess the risk of various mental health problems women suffer. Having a companion who drinks significantly on a regular basis increases the likelihood of

developing common mental health conditions by a ratio of two to three. These mental illnesses and spouse excessive drinking were tempered by relationship violence and alcohol-related issues. These elements were also linked to the women's perceptions on violence. Preventing and treating prevalent mental disorders in women requires addressing partner alcohol use, relationship violence, and women's attitudes towards violence.

IV. METHODOLOGY

Sample

Almost 220 rural women (aged 22 to 50) and 220 city women participated in the current study (Aged about 22-50 years). Originally, the researchers contacted around 350 rural women and 350 urban women, from whom they randomly chose 220 participants for both the rural and urban groups.

Measure

The self-constructed mental health scale has 35 items. Each response was accompanied by a five-point likert scale, with higher scores indicating better mental health and lower scores indicating worse mental health. A mental health scale was developed by the researcher, containing 16 elements relating to societal and 19 relating to individual mental health. The scale's possible scores ranged from 35 to 175 points.

Procedure

In their homes, all 220 rural and 220 urban participants were contacted individually. Before recording the participants' responses, any problems they were having with the questionnaire's instructions were eliminated. In order to get the data, the researcher conducted 460 house visits during the course of the questionnaire, which lasted between 30 and 35 minutes.

V. RESULTS AND DISCUSSION

Individual total raw scores on the mental health scale were used to assess the collected data. The outcomes are listed in table 1.

Table 1: Mental health among rural and urban participants

Background	Mean score	Level of Mental health
Rural	90.41	Moderate
Urban	76.73	Moderate

The chart makes it quite evident that urban women had a moderate level of mental health, whereas rural women had a higher level. The t-ratio was used to analyse the raw scores obtained from both rural and urban individuals. Table 2 displays the results.

Table 2: Mean, S.D. and t-ratio between the responses of rural and urban females

Mental Health	Mean score	S.D.	SED	t-ratio	Significance level
Rural	90.411	12.44	1.48	9.24*	< 0.01
Urban	76.73	15.6			

* Significant on. 01 level of confidence.

Both rural and urban women's responses to the mean scores of the Mental Health Scale differed considerably, as seen in Table 2.

Compared to urban women, rural women had better mental health. According to the findings, women in rural areas experienced better mental health than women in urban areas. While urban women's greater opportunity for outside interaction may be viewed as the cause of greater sufferings and more stress, which becomes responsible for less mental health, rural women in India have less opportunity to interact with the outside world. The characteristics of the rural and urban settings are distinct.

VI. CONCLUSION

It is crucial to create and implement policies that will raise women's social standing, eliminate gender inequities, provide them economic and political influence, raise knowledge of their rights, etc. Women must learn to speak for themselves, even if much rests on the policymakers and planners. To combat the systemic ills that are to blame for their problems, women must take up the role of social activists. Although the degree of mental health among rural and urban women was found to be about the same, Yet, compared to the urban women, the group of rural women had much better mental health. According to the data thus far, rural communities appear to have better mental health.

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