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IMPORTANCE OF GENDER EQUITY TO REDUCE DISPARITIES IN MENTAL HEALTH DEVELOPMENT AMONG THE WOMEN OF **BARUIPUR SUB-DIVISION SOUTH 24** PARGANAS, WEST BENGAL

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Abstract: "Health is wealth" is a common phase but health does not mean only physical health. Now good health consider both physical and mental health. New day modern sedentary life the physical health is mostly dependent on good mental health. Women suffer twice than men from mental illness. This gender discrimination in depressive disorders may relate to social disparities and standard living across the world. In present these inequalities are not reflected at the level of health care policies. The study describes depressive disorders and socio-economic condition and their correlation between social disparities and gender discriminations in mental health development. Emphasis is given among the male female ratio in terms of different parameters in rural and urban areas. There are various indispensable factors where awareness are needed for gender equity. This gender equity is related to mental health and well-being which simultaneously causes variation in consciousness acceptability, adaptability among human being and problems of gender discrimination can be resolved through proper implementation of gender equity or gender righteousness. As gender equity which leads to gender equality.

Keywords: Gender equity, Mental health, Gender equality, Gender discrimination, Women empowerment.

INTRODUCTION

Gender Equity means rights for human beings; every woman and girl are entitled to live in dignity with freedom and without any fear. Gender equity is the process of being fair to women and provision of fairness and equity in the distribution of benefits and responsibility between women and men. Gender equity is essential for growth and development, for poverty reduction and it is critical for achieving human progress. Realizing gender equity or righteousness also includes sharing of power and liability between women and men at home, in the workplace and in the broader national and international communities. Mental health can be explained as a state of well-being enabling people to realize their capabilities to cope with the common stresses of life, productivity, fruitfulness and positivity in workplace and lastly to make a contribution to their communities. For all human being mental, physical as well as social health is indispensable and interwoven strands of life. Apparently when all these relationship grows, mental health becomes more crucial for overall well-being of individuals, societies and for countries and finally for the whole world. But unfortunately mental health especially in case of women and girl has been largely ignored or neglected in most parts of the world. Though nowadays gender equity has been delivered but it broadly provides emphasis on women's physical, professional sometimes social development where mental health development of women are not at all focused. So eventually a huge gap in gender equality that is gender discrimination has been observed in content of mental health within the women population.

Study Area

South 24 Parganas an area about 9960 Sq. Kms has intra specific morphological variation which indeed made South 24 Parganas a complex district stretching from metropolitan Kolkata to the remote riverine villages of Sundarbans up to the mouth of Bay of Bengal. I have chosen Baruipur sub-division of South 24 Parganas district covering 1350Sq. Kms for my study area.

This sub-division lies between 22.360 N and 88.420 E and consist of seven CD Blocks (Bhangar - I, Bhangar - II, Jaynagar-I, Jaynagar-II, Kultali, Sonarpur, Baruipur)

As Baruipur subdivision cover the urban area surrounding metropolitan Kolkata, urban fringe area and also include extreme remote villages and typical rural areas, so lots of gender discrimination in respect of personal, professional, social, economic, mental wellbeing, standard of living can be observed. On other side gender equity can also be observed in some areas having urban population. All these indispensable factors will lead to variation in awareness about gender equity and mental health and simultaneously variations in consciousness, acceptability, adaptability and implementation of gender righteousness will be analysed and emphasized.

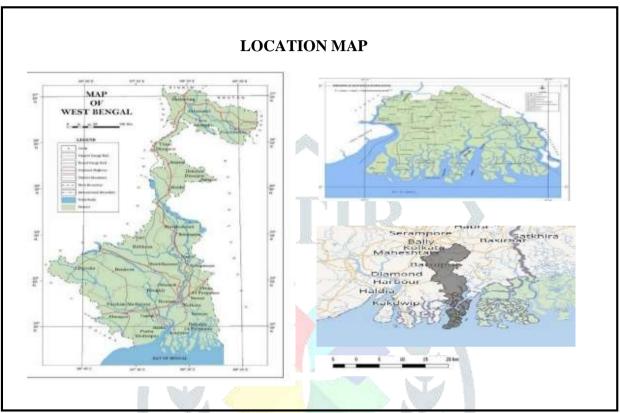


Figure 1: Location map of the study area

Source: NATMO 2000

Objectives

- To study the socio-economic status of the study area
- To study the relative status of the sub-division in respect of gender discrimination
- To study the mental health condition within women in both rural and urban areas
- To analyze the role of gender equity to provide gender equity for better mental well being.

Methods, Data Sources and Materials

The study has been conducted in two parts. The Non-Analytical part with the data of 2018-2019 include the study of health status, economy and essentiality, implementation, relevance of health insurance coverage in 7 CD Blocks of Baruipur Sub-division. The Analytical part include economically and environmentally acceptable new and innovative technology with the help of statistical tools, cartographic depictions and GIS techniques to develop the health status of the district were primary data tools (field visits and semi-structured interviews) and secondary data tools (Natmo, Census of India 2011, different articles, Govt. publications). Statistical Analysis, spatial mapping and analysis are done by using GIS software. The attributes are then layered to ascertain spatial relationship. Finally, the geographical database has been used for analysis to identify the impact of gender discrimination on mental health.

What is meant by Good Mental Health?

According to World Health Organization (WHO), mental health includes "subjective well-being, perceived self- efficacy, autonomy, competence, intergenerational dependence and self-actualization of one's intellectual and emotional potential among others." Mental health also include the ability of people to enjoy life and to create a relation between activities of life and efforts to achieve psychological resilience. An individual with good mental health have a positive feelings within herself and also she will able to form good relationships with others lastly she will have the resilience to overcome challenges. Though good mental health and mental well-being may varies from people to people because every person has his own ways to make life meaningful and satisfactory. Still there are some functions or characteristics of a person which contribute to positive mental health and well-being.

- 1) The ability to feel, express, manage different types of positive and negative emotions.
- 2) To perform the daily activities perfectly and happily
- 3) To build and maintain healthy relationship with others
- 4) The ability to manage the uncertain changes
- 5) To learn new innovative skills which provide pride and achievement
- 6) Spending quality times with family and friends

It is not necessary that every individuals with good mental health will have these abilities or characteristics. Good mental health is all about what is normal and happily acceptable for the individual.

The effects of various parameters on gender discrimination and its impact on the level of mental well-being:

To satisfy the objectives of the study 5 parameters has been chosen and surveying has been done in subdivision Baruipur accordingly. So that a proper result can be achieved which can help further to make a comprehensive decision about my study area.

Table 1: Rural and Urban Population of Baruipur Sub-division.

CD BLOCKS	TOTAL	RURAL	URBAN
BHANGAR-I	249170	228528	20642
BHANGAR-II	246708	246708	N/A
JAYNAGAR-I	263151	216829	46322
JAYNAGAR-II	252164	239784	12380
KULTALI	229053	229053	N/A
SONARPUR	219863	175713	44150
BARUIPUR	433119	315817	117312

Source: Census of India, 2011

Table No.1 represents the distribution of rural and urban population in Sub-division Baruipur where it can be observed that rural population is higher in every CDB and no urban population is found in Kultali and Bhangar-II. Baruipur sub-division consist of 31.05% of urban population and 68.95% rural population according to census 2011.

Table 2: Male and Female Population of Baruipur Sub-division.

CD BLOCKS	TOTAL	MALE	FEMALE	HOUSEHOLD
BHANGAR-I	219863	112238	107625	51502
BHANGAR-II	249170	127702	121468	51711
JAYNAGAR-I	246708	127195	119513	50209
JAYNAGAR-II	229053	117562	111491	45099
KULTALI	263151	134 <mark>966</mark>	128185	55734
SONARPUR	252164	128 <mark>858</mark>	123306	50413
BARUIPUR	433119	221200	211919	97855

Source: Census of India, 2011

Table no.2 reveals the distribution of male and female population of the Baruipur Sub-division and almost 50% of the female population are home maker but scenario is bit different in case of Baruipur block because it has a larger urban population so female also are mostly working.

Table 3: Male and Female Literacy Rate of Baruipur Sub-division.

CD BLOCKS	LITERACY RATE (%)	MALE LITERACY (%)	FEMALE LITERACY (%)
BHANGAR-I	72.06	77.03	66.83
BHANGAR-II	63.94	67.12	60.55
JAYNAGAR-I	73.17	80.09	65.87
JAYNAGAR-II	69.71	77.48	61.55
KULTALI	58.55	66.86	49.78
SONARPUR	79.66	71.37	76.74
BARUIPUR	76.46	94.43	89.62

Source: Census of India, 2011

Table no. 3 represents the male female literacy and literacy rate of Baruipur Sub-division. Literacy rate and female literacy both are lowest in Kultali and highest in Baruipur

The differential rural and urban population of Baruipur sub-division is shown in Table 1. Baruipur sub-division is consisted of both urban and rural population almost at equal term. The economic status of this population irrespective of their existence at urban and rural areas need to be understood from the point of view of gender equity to analyze gender discrimination and its effects on mental health.

Level of Self-independency or Autonomy: In this parameter the level of independency of women in various role has been shown. **Table 4: Role of women as decision maker**

Sl No	Types of decision maker	Rui	ral	Urban		
51110	Types of decision maker	Yes	No	Yes	No	
1	Housewife and decision maker	10	20	20	10	
2	Housewife not decision maker	20	10	10	20	
3	Working women and home decision maker	12	18	20	10	
4	Working women not home decision maker	20	10	16	14	
5	Well accepted as working women in family/society	10	20	18	12	
6	Not accepted as working women in family/society	20	10	12	18	
7	Professionally satisfied decision maker	15	15	12	18	
8	Professionally not satisfied decision maker	22	18	16	24	
		N=250		N=250		

Source: Primary data computed by Author (2021-2022)

In Table No 4. It is revealed that in case of decision makers women of urban part of Baruipur are much self-independent than the rural part of the subdivision. Urban women are less satisfied in their professional life though the professional rural women are less in quantity but they are much satisfied with their profession. This indicates the mental health of rural women population enhances when they are given the independency. But urban women may have much desire from their professional life so they are dissatisfied.

Personal Development: In this parameter emphasis has been given on innovative approaches of women in both rural and urban areas. A comparison has been shown between male and female about innovativeness in Table No 5.

Table 5: Women having Innovative mentality

	VIL	Population in percentage								
			R	ural		Urban				
Sl No	Innovativeness	Male Female			Male		Female			
	A)S		No	Yes	No	Yes	No	Yes	No	
1	Innovative approach in personal life	15	10	10	15	20	5	15	10	
2	Innovative approach in family life	13	12	15	10	10	15	18	7	
3	Innovative approach in social life	18	7	12	13	15	10	15	10	
4	Innovative approach in professional life	15	10	10	15	18	7	15	10	
	1 3. /	100		100		100		100		

Source: Primary data computed by Author (2021-2022)

This table clearly indicates that obviously urban population both male and female are much advance to accept the innovative approach than the rural population. But it is also found both rural and urban women are lacking back from the male in context of innovativeness. So it can be said gender equity may not delivered properly to reduce the gender discrimination and that is the reason having potentiality yet the women of both rural and urban part are mentally far behind from the male in case of innovativeness.

Positive Relationship with others: Different types of achievements are categorized here in Table No 6.

Table 6: Achievement of women and their relationship with communities

			Population in	percentage	entage	
		F	Rural	Urban		
Sl No	Types of Achievements by women	Male	Female	Male	Female	
1	Knowledge going activities	6	4	5	5	
2	Participating in educational discussion	6	4	5	5	
3	Taking vocational training	7	3	6	4	
4	Social work done by individual decision	7	3	6	4	
5	Participating in festival celebration	6	4	5	5	
6	Participating in gossips	3	3 7		6	
7	Access in social networking	6 4		5	5	
8	Attitude of positive learning from internet	4 6		5	5	
9	Relationship making independency	8 2		6	4	
10	Participating in constructive works	8 2 6		4		
		100		1	100	

Source: Primary data computed by Author (2021-2022)

Here comparison between rural male and female and urban male and female are shown. From the comparison multiple results are found. On one side rural male population are much participating in knowledge gaining activities, educational discussion, vocational training, social work, constructive work than the urban male population, where as in urban population gender discrimination is much lesser in most of the categories. Independency of rural women on every aspect is very low than urban women which is creating a mental barrier for them always.

Perspective and Purposes in life: In Table No 7 some purposes are given through which perspective of rural and urban women can be understood.

Table 7: Different purposes in life of women

Sl No	Purposes in life	Rural	Urban
1	Minimum education	30	10
2	Higher education	15	36
3	Job/Business	20	56
4	Marginal worker	30	22
5	Farming	20	5
6	Small scale industry worker	20	30
7	Self-dependent	12	40
8	Housewife	35	20
9	Marriage done forcefully	40	25
10	Not allowing to be independent	28	12
		N=250	N=250

Source: Primary data computed by Author (2021-2022)

Rural women population are still get a chance for minimum qualification, they are mostly engaged in primary activities, their social, economical, mental and marital life are not noticeably good enough. But on the other hand urban women are progressing much in their education, profession, social, mental and marital lives.

Self-Confidence, **Self-Acceptance** and **Satisfaction level**: In the last parameter of the study a relationship has been shown with self-confidence and self-acceptance and satisfaction level of both rural and urban women population.

Table 8: Self-acceptance within women and their satisfaction level

Sl	T. 61	Rural		Satisfaction	Can't	Urban		Satisfaction	Can't
No	Types of decision maker	Yes	No	level	say	Yes	No No	level	say
1	Home decision maker	25	40	35	30	40	25	55	10
2	Socially decision maker	20	40	35	25	35	25	45	15
3	professionally decision maker	25	40	45	20	30	35	35	30
4	Self-decision maker	25	35	35	25	40	20	45	15
	-	N=250		N=250	0	N=2	50	N=250)

Source: Primary data computed by Author (2021-2022)

According to the survey done it can be analysed that in different decision making matters rural women populations are lagging much behind than the urban women population. But it is also observed though they are deprived from many aspects still rural women are leading much satisfactory life than the urban women. In Table No 8 discrimination in mental well-being among urban and rural women population has been shown.

The effect of Gender discrimination on Mental Health

Depression, anxiety, domestic violence, sexual abuse, psychological distress, pressures created by women's multiple roles, gender discrimination and related factors of poverty, hunger, malnutrition, overwork etc. several matters are responsible for poor mental health condition of women. In developing countries almost 20% of those attending primary health care suffer from anxiety and depressive disorders. Women fear to disclose their exact problems, even many health workers tend to have gender discrimination which lead the women to either over-treat or under-treat. Study reveals there are basically 3 major factors which are highly protective against the development of mental problems especially depression.

- 1) In response to severe events women having sufficient autonomy has to exercise hard to perform the work perfectly,
- 2) Access to some materialistic resources that allow the possibility of making choices in the face of severe events.
- 3) In many cases the family, friends or health providers become powerfully protective to provide psychological support.

Effect of gender discrimination in household responsibilities

Gender bias has worldwide profound effect on mental health. Gender discrimination refers to differentiation between genders in terms of powers, standard of living, wealth, health and employment. Where these differences are avoidable and unfair, it is called gender inequity. A study in 2014 revealed that it is common in two parent household, both parents to work, despite the fact women spend more time in parenting and housework than men. Women with partners and children spent an average of 8.5 hours more each week on domestic chores. Among those with partners who have full time employment, women had to take time-off from workplace

to take care of children. That is why government declare 2 years of childcare leave for women after delivery to 18 years of the child. But in case of men it is only 15-30 days in whole service life. On one hand a space is given to working women but it is also creating gender bias where childcare is always expected to be provided by women only.

Effect of gender discrimination among caregivers mostly women

Women provide informal care to family members than men. Sometimes caregivers have higher stress levels which is created ill effect on their mental status than men. Study shows higher incidents of mental disorder in women occur in child bearing age. Unofficial caregiving can effect negatively on women who are caregivers.

- 1) Getting less sleep or exercise.
- 2) Having less leisure hours.
- 3) Earning less money leading to high risk of poverty.
- 4) Becoming socially isolated.

The effect of Gender Discrimination on Mental Health leading to Addiction

The negative effects of gender inequality on mental wellbeing are leading to a abuse problem. People struggling with various mental health problems are eventually addicted to drugs, alcohol or self-medication. The racial and gender discrimination leads to significant increase of alcohol abuse in women and drug abuse in men. Without co-occurring disorder treatment these addiction often worsen their mental health condition.

Gender discrimination affecting the mental health

Post study reveals that women with mental health condition outnumber men by two or threefold, depending on various condition. In comparison to men;

- a) Women generate anxiety disorder twice
- b) Women have panic disorder twice
- c) Women develop depression during their lifetime twice
- d) Women have 4-10 times more eating disorder
- e) Women develop more than twice PTSD (Post-traumatic stress disorder)
- f) Women attempt suicide more but men dies 3.63 more likely by suicide (According to the Medical News Today article 2020)
- g) Unipolar depression which is predicted as leading cause of global disability burden is also twice in women.
- h) 41.9% of depressive disorder occurred from neuropsychiatric disorders among women compared to 29.3% among men
- i) Older adult problems like organic brain syndromes dementias is higher in women

Indicators of Mental illness or Exposure to trauma

Sometimes something is not quite right about attitude, thoughts, feelings, behaviour in oneself can be understood by family, friends, teachers, colleagues or individual themselves. Recognizing the developing symptoms on early warning sign and starting the treatment which is the early intervention can help to reduce the severity of the illness. It can be said as a prevention measure from a major illness in future.

Indicators of Mental illness – Followings are the indicators of mental illness if several of the followings are occurred in oneself then it is time to take action for mental help.

- Sleep or appetite changes: Change in sleeping time and appetite or decline in personal care.
- Mood changes: Feeling depressed or rustic and dramatic change in emotions.
- Withdrawal: Loosing interest in social withdrawal and previously enjoyed activities.
- **Drop of functionalities :** An unusual drop in work, social activities, functioning or difficulties in performing familiar tasks.
- **Problems in thinking:** Facing problems in memorization, concentration, thinking logically, feeling hardness in explaining the speech.
- Increase in sensitivity: Starting to avoid over- stimulating situation, becoming highly sensible to sound, smell and touch.
- Apathy: No interest to take initiative or loss of desire to participate in any activities.
- Feeling disconnected: Unreal feeling, a vague sense of being disconnected from oneself or surroundings.
- Unusual behaviour: Unusual, unexpected, odd, uncharacteristic peculiar behaviour.
- Nervousness feeling: Suspicious feelings about other strong feelings of nervousness.
- Feeling disconnected: Illogical childhood thinking in an adult age. Exaggerated beliefs about personal powers to understand to influence events or factors surrounding oneself.

One or two signs among the following symptoms cannot predict the mental illness of an individual but it may indicate a need for further evaluation. But if a person is experiencing several symptoms at a time and having serious issues about mental abilities then it needs sincere mental health care.

Trauma is a reaction of experiencing a severely distressing moment that can cause a broad range of both mental and physical symptom such as –

- Anxiety and panic a)
- Anger b)
- Sadness c)
- d) Numbness
- Insomnia or nightmares e)
- f) Dissociation or feeling disconnected from own thoughts, feeling or body
- Hyperarousal which put the body and mind in such a traumatic stage or state of alertness that make individual difficult g) to relax
- Flashbacks h)

Affect of traumatic events can be different in case of different people. But if the symptoms remain prolong after the traumatic event then it can be said that people may meet the criteria of PTSD (Post-traumatic Sense Disorder). Women are slightly less likely to experience a traumatic event then men. But the women are mostly prone to PTSD after experiencing traumatic event.

Ways to promote gender equality through gender equity in daily life

The benefits of gender equity are becoming evident day by day. There are 10 ways through which gender equality can be promoted

Sharing household works and childcare equally

Caring children and having household chores are the responsibilities at all adults. It is the equal division of labour at home. But caring of children is always the responsibilities of women. The overload of household chores are increasing mental illness, depression among women which is main factor of decreased productivity of women in workplace subsequently leads to negative affects on the salaries of women. Gender equality is certainly needed in these factor.

Domestic Violence

Domestic violence does not mean only physical aggression. Verbal attacks (curses and threatening) and psychological abuse (controlling attitude, manipulative and intimidating behaviour) also kind of domestic violence. Less of 10 percent of women goes to police after suffering domestic violence.

Support Mothers and Parents

It is very essential to support parents and give importance to the view of mother also in a family. It has been observed in a family where husband does not give importance to his wife there the child disobeys his mother. Where grandparents are neglected few years after parents are also neglected by their children.

Racism is another barrier in gender equity. Liberalization is necessarily needed to reduce racism.

Women empowerment

Men as well as women have to encourage the other women to gain power by making them educated, delivering knowledge, providing opportunities to do leadership in growing sectors, praising their abilities, stopping humiliation in home as well as in workplace.

Listen and Reflect

For promoting gender equity it is needed to listen and reflect to the words of women. The words of women should be given importance in the house, workplace and society.

Hire diversity

Gender inequality in workplace should be brought down by increasing diversity i.e. by hiring women also and giving them equal opportunities, respect, responsibilities, priorities, honours in the workplace. Also same gender inequality is needed in society.

Pay and demand equal salary of equal work

In many areas gender bias is observed in terms of work and salary. Equal salaries are not been provided for equal work in case of women employee. Especially for marginal workers this gender inequality is found highly.

Sexual Harassment and Racism: Zero Tolerance

Employees must have a safe channel to report bullying, sexual harassment and being exposed or dismissed. Proven cases should be punished.

Request of Anti-Bias Training

Micro aggression sometime generate stress among women. That means jokes and offensive comments towards women but without any harmful intension can sometime depresses women. Racism and prejudices at workplace often affect people in forms of micro aggression. So promotion of gender equity can be done through anti-bias training in all sectors from top to bottom level.

Findings and Conclusion

Gender is a critical determinant of mental health and mental illness. Gender indicates various powers and controls men and women in terms of their socio-economic status, mental health and lives, position and behavioural approach in society and their susceptibility and exposure to specific mental health risks. Gender differences occur in the rates of common health disorders like depression, anxiety and somatic complaints and this affects women highly that is approximately 1 in 3 women in the communities have a serious public health problem. Unipolar depression is the cause of global disability burden in 2020 which is twice as common in women. As rural population is higher in Baruipur subdivision and it is observed rural population are always deprived from all sectors and mental health is a negligible matter of decisions in rural areas. So in Baruipur subdivision social inequality and gender disparities in terms of mental health is clearly observed in the study especially in the rural part of the subdivision. If various policies of gender equity are not implemented properly in this subdivision, the mental health quality will reduce among women in both rural and urban areas of Baruipur. So economic and social policies which causes sudden disruption in case of income, employment and social capital that can not be controlled or avoided can increase gender discrimination and rate of mental disorders. So to provide gender equity economic and social policies should also remain undisrupted and in a balanced way. So in all the following sectors gender equity should be promoted necessarily for proper mental health.

- **Families**
- Communities
- Societies
- Individuals
- Media
- Foundation
- Institutions
- Workplaces
- **NGOs**
- Private sectors
- Policy makers and Government sectors
- Mental health professionals

World Health Organization focused on women's mental health to provide gender equity in different ways like -

- To build evidence on the factors and causes of mental health problems in women and to try to mediate and protect their
- To promote, formulate and implement different health policies that addresses women's needs and concerns from childhood to old age.
- To enhance the capacity of primary healthcare provides to identify and treat mental health consequences of domestic violence, sexual abuse and acute chronic stress in women. Currently these disparities are not focussed in the level of health policy

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