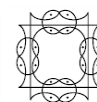


Exploring young women's lived experience of mental well-being and the role of the existing health system in coping with mental distress



BACKGROUND:

Mental health is an emerging public health concern which has long been neglected at the global policy level. Mental health issues start developing during puberty and undetected impact cognitive development of young people. The situation worsens for young women who operate within multiple vulnerabilities emanating from gender biased structures. Gendered norms enforce situations like early marriage, sexual abuse, domestic violence and limitations on sexual and reproductive control, which impacts young women's health. National Crime Records Bureau statistics reveal that the main causes of suicide among young women are marriage related issues and abuse indicating that the gendered reality of young women exposes them to situations of distress. The biomedical discourse on mental health however fails to understand these social triggers and their linkages with 'mental well-being'. The current study departs from this medicalised approach of mental illness.

METHODOLOGY

OBJECTIVES: Explore perceptions of mental health/ wellbeing by the young women, young women's narratives about their mental wellbeing, their access of support and health system response.

Exploratory qualitative study conducted in rural Rajsamand, Rajasthan and Pratapgarh, Uttar Pradesh.

	UP	RJ
FGD	6	4
IDI	27	21
	12(UM)	5(UM)
	15(M)	17(M)
KII	15	23

FGD- Community women IDI- Young women 18-25 years KII- teachers, health system, traditional healers

FINDINGS: SITUATIONS THAT IMPACT 'MENTAL WELL BEING'

For Unmarried women
Sexuality norms -end to education- loss of sanctioned mobility-curtailed aspirations-shrinking spaces to share-helplessness

Girls don't get support in the family.... people say that they are going out to inappropriate places, because of which girls have to stay at home (IDI, young unmarried girl, age 19)
My father was not interested so I couldn't continue my studies (FGD, young unmarried girls)

There is constant fear in the marital house because if you commit any mistake, there is nobody to guide you. (IDI, married woman, age 21)

You have to keep everybody happy in the family, this gives tension. (FGD, married women)

Post marriage
Burden of making a marriage work- ideal daughter-in-law-Natal family support limited-loneliness and isolation

Early marriage- coercion-limited control-choices are thwarted-resignation to fate or extreme steps

Mother decided and selected a groom ...when I said I do not want to marry now...She said marriages don't happen every day (IDI, married woman, age 20)
I don't know how to convince my parents for love marriage. My studies are suffering due to this. (IDI, unmarried girl, age 18)

I use to tell my parents that my husband beats me, they would say he is your husband....since you have cancer so he will do something...(IDI, Married woman,, age 25)

Violence at marital home- impact on physical health-lack of support-fear and distress

Lack of SRH information-taboo and shame-limits expression-violation of bodily integrity-anxiety

I feel ashamed of talking about such thingsI feel dirty during those days (FGD, Unmarried girls)
You have to sleep with your husband and they locked the door.....he forced himself and there was blood all over.....my throat went dry and I felt as if something bad has happened to my body (IDI, married woman, age 24)

EXPRESSIONS OF COMPROMISED MENTAL WELL BEING

Young women used expressions like 'gussa' anger, 'gabrahat' anxiety, 'darr' fear or 'dukh' sadness, 'jee bhaari' 'jee ghabrana', 'matha ghumna', 'chakkar aana', dizzy, 'soonapan' emptiness to describe affected mental well-being.

I used to cry all day (IDI, Married woman, age 20)

For one month, I didn't eat food (IDI, Married woman, age 22)

I couldn't even die, I was so helpless (IDI, Married woman age 21)

COPING PATHWAYS AND INTERFACE WITH HEALTH SYSTEM

In situations of distress, young women initially reach out to natal family, supportive partners and friends. However such spaces often do not provide adequate support.

If physical health is impacted or functionality restricted, the family usually consults multiple providers

Traditional healers: *baoji*, *ojha*-heal the effect of evil spirits, evil eye

Other health practitioners: *Bengali doctor* who provide multiple systems of medicine / healing

Doctors: general practitioners, specialists – psychiatrists, obstetrician-gynecologists (in the private sector).

CONCLUSION: Young women's mental wellbeing was observed to be operating along a continuum. Burden caused by gendered social norms, in the absence of necessary care and support, could cause distress. Over time, in situations where the functionality gets impacted and the ability to contribute to the work is compromised, external help is sought. Families consult medical practitioners as well as alternate healers simultaneously. The public health system in these areas neither recognizes nor is it equipped to address these situations of distress which could become potential precursors to mental health problems.

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