

Review Article

Stress and Women – An Indian Perspective

Gopinathan.N¹ and Raghavi.K^{2*}

¹ Associate Professor, VIT Business School, VIT University, Vandalur – Kelambakkam Road, Chennai – 600127, Tamil Nadu, India

² Research Scholar, Sathyabama University, Chennai, Tamil Nadu, India

*Corresponding Author: gopi_nishnava@yahoo.com/raghavi.k@gmail.com

Keywords

Women,
Stress,
Coping,
Work,
Aging,
Motherhood

Abstract

A society is formed by individuals of both men and women though the ratios differ. Women were considered to be a symbol of sacrifice irrespective of cultures and religion. The status and growth of women has been changing periodically around the globe. There was a time where women were considered only for doing household work and giving birth to a child. But gone are those days. We are now seeing the participation of women folks equivalent to that of men. This is a good sign of showing the concept of equality. Now the question arises about stress. Do women really have stress? The answer is YES. There is no gender difference for stress. When there is equality between both the sexes than where comes the reservation for stress? This paper tries to bring out the various aspects of stress among women based on Indian perspective.

Introduction

Stress can involve a recent change or a daily pressure. Stress happens to everyone and can be motivating and productive or negative and destructive. Tension and anxiety, as well as depression, are frequent emotional consequences of stress. The mind and body are linked throughout our lives. We must learn to respect both our emotional and physical needs, or we will lose our equilibrium and ability to adapt specially in the changing environment. Stress is neither a disease nor a disability but a kind of live with it concept. The more we cherish its presence and understand to manage - more we are successful. After all life is not only made with bed of roses but also thorns. Irrespective of the gender stress is prevalent in everyone. No one can say that they don't have stress. Research says that there are no barriers for stress with regard to age or sex. It's the entire mind set to tackle the situations and come of it and try to live a life happily with stress as an integral part of it.

Women

Women by and large live for others and are merely caretakers of others. Gone are those days where women sit in the house and do not have any knowledge about the world. In other words they were a mere puppet in the hands of men. The Revolutions, Renaissance, Reforms etc., changed this scenario

and women are now considered as equivalent to men. This is evident in our entire surrounding. The ratio of women choosing a career irrespective of its risk is increasing rapidly.

Women who are successful in their career do very good in their home and try to juggle traditional responsibilities after hours also. They try to bring a balance between the two and excel in both career and home making. Over 70% of married women with children under the age of 18 are employed outside the home. Sociologists describe women as struggling to achieve the "male standard" at work, while trying to maintain the perfect wife and mother standards at home. Women are basically soft in nature – there are exceptions in this case. Emotional imbalance is comparatively more in women than men. There are many women who have a circle within them and do not cross their limitations. They sacrifice their desires not for anything else but for the happiness of the family. Women are also less likely to be in as powerful positions as men to change their environment. Women find it harder to say no to others' requests and often feel guilty if they can't please everyone. As women progress through life's stages, hormonal balance associated with premenstrual, post-partum and menopausal changes can affect chemical vulnerability to stress and depression.

Stress

Stress refers to any event in which environmental demands, internal demands, or both tax or exceed the adaptive resources of an individual. Our actual understanding of stress is broad enough to transcend physiological reactions and include social and cultural forces. The concept cross cultural stress emphasizes them, although those experiencing it may not recognize it or respond effectively to the issues confronting them.

According to Dr. Hans Selye, stress can be defined as the nonspecific response of the body to any demand placed upon it to adapt, whether that demand produces pleasure or pain (Selye, 1975). Although stressors can elicit different responses in different individuals depending on “conditioning” or interactions with the environment, the sympathetic nervous system and the hypothalamo–pituitary–adrenal (HPA) axis are typically activated (Stratakis and Chrousos, 1995).

From a psychological perspective stress has often been defined as an unfavourable person- environment relationship (Lazarus, Folkman, 1984), which is related to negative psychological and/or physical health (Murphy, Schoenborn, 1987; Brown, O’Brien, 1998). This definition includes that stress should be conceived as a multidimensional construct which can include the perception of, or responses to events and environmental factors. Stress is often considered to be primarily an emotional process, but can affect physical health as well.

Women and Stress

Gender is a critical determinant of health, including mental health. It influences the power and control men and women have over the determinants of their mental health, including their socioeconomic position, roles, rank and social status, access to resources and treatment in society. As such, gender is important in defining susceptibility and exposure to a number of mental health risks.

Mental illness is associated with a significant burden of morbidity and disability and lifetime prevalence rates for any kind of psychological disorder are higher than previously thought. Rates are increasing in recent cohorts and affect nearly half the population. Comorbidity contributes significantly to the burden of disability caused by psychological disorders (Kessler, McGonagle, Zhao et al, 1994; WHO & ICPE, 2000).

A comprehensive review of almost all general population studies conducted to date in the United States of America, Puerto Rico, Canada, France, Iceland, Taiwan, Korea, Germany and Hong Kong, reported that women predominated over men in lifetime prevalence rates of major depression (Piccinelli & Homen, 1997). This difference is documented in clinical and community samples and across racial groups (Kessler et al., 1994; Gater et al., 1998, WHO & ICPE, 2000). Depression may also be more persistent in women (Bracke,

2000) and female gender is a significant predictor of relapse (Kuehner, 1999).

Women also have significantly higher rates of post-traumatic stress disorder (PTSD) than men (Kessler et al, 1995). General population surveys have reported that around 1 in every 12 adults experiences PTSD at some time in their lives and women’s risk of developing PTSD following exposure to trauma is approximately twofold higher than men’s (Breslau et al, 1998), and thus paralleling the difference found in rates of depression.

The multi-country WHO studies on Psychological Problems in General Health Care also found that current panic attacks and a diagnosis of panic disorder were frequently associated with the presence of a depressive disorder. Women predominate in all three disorders- panic attacks, panic disorder and depressive disorder.

Female gender is a significant predictor of being prescribed psychotropic drugs. It has also been reported that women are 48% more likely than men to use any psychotropic medication after statistically controlling for demographics, health status, economic status and diagnosis (Simoni-Wastila, 2000).

According to the 1998 World Health Report:

Women’s health is inextricably linked to their status in society. It benefits from equality, and suffers from discrimination. Today, the status and well - being of countless millions of women world-wide remain tragically low (WHO, 1998: 6).

In every country, gender development continues to lag behind human development (UNDP, 2000) or as an earlier Human Development Report (UNDP, 1997) put it: ‘no society treats its women as well as its men’. Women constitute more than 70% of the world’s poor (UNDP 1995) and carry the triple burden of productive, reproductive and caring work.

Even in developed countries, lone mothers with children are the largest group of people living in poverty (Belle 1990) and are at especially high risk for poor physical and mental health (Macran et al., 1996; Lipman, Offord and Boyle, 1997). Clearly, gender must be taken into account in looking at the way income disparities, inequalities and poverty impacts on mental health.

From the reviews mentioned above it is very clear that women are basically soft in nature and take in their shoulders lot of burden be if career or family. Olden day’s life style was different to what it is now. There was lot of household in the house and women were occupied fully in the house. Education was deprived for women and they did not have any world knowledge. But now the situation is totally different. Women are educated and that has given lot of confidence to them. It is only the women folk who should have a proper Work Life Balance (WLB) and be able to manage and cope up stress and lead a happy life.

Stress levels of women

'All the world's a stage' – a play written by William Shakespeare. The meaning is nothing but a human being plays different roles at different stages. This poem is more apt for women when compared with men. From birth to death the stress levels of women is something which cannot be explained in words but has to be experienced as a woman. At all levels she has to live for others and satisfy everyone. A woman plays the role of a daughter, wife, daughter-in-law, mother, sister, sister - in-law, grandmother, aunty etc. In all these roles somehow she is under the clutches of a man. A woman needs to have a lot of patience and perseverance to perform these roles.

Coping strategies

As mentioned earlier in the paper women are basically soft in nature. But when a woman wants to sustain in the environment be it career or home she has to be mentally strong enough and be able to access, analyze, appreciate and plan herself so as to make her life a fruitful one. We cannot satisfy everyone all the time. Some tips are suggested here:

- Satisfy yourself and then others.
- Learn to say no.
- Be courageous.
- Think well in advance.
- Prioritize work.
- Devote time for your own space.
- Don't exaggerate or overdo things.
- Be positive
- Try to achieve beyond boundaries.
- Love yourself.

WHO'S Focus on women's mental health

- Build evidence on the prevalence and causes of mental health problems in women as well as on the mediating and protective factors.
- Promote the formulation and implementation of health policies that address women's needs and concerns from childhood to old age.
- Enhance the competence of primary health care providers to recognize and treat mental health consequences of domestic violence, sexual abuse and acute and chronic stress in women.

Conclusion

It is very well understood that a house is shaped by a woman. If we give responsibilities to women folk they do the job with much dedication and involvement when compared with men. As mentioned earlier our society has reformed and lot of reservations has been made for women. We can give lot of examples of successful women in all walks of life .Women excel in politics, business, social work, sports, career, home making and the list goes on. In spite of these tremendous

growth women should keep in mind the fact that success and happiness in their career and life is solely in their hands. Of course they are more stressed – but still when a woman wishes she can do many wonders in the world.

References

1. Breslau N., Kessler R.C., Chilcoat et al (1998) Trauma and posttraumatic stress disorder in the community: The 1996 Detroit Area Survey of Trauma. Archives of General Psychiatry, 55, 626-632.
2. Kessler, R.C., McGonagle, K.A. and S. Zhao S. et al. (1994). Lifetime and 12 month prevalence of DSM-III-R psychiatric disorders in the United States. Archives of General Psychiatry. 51: 8-19.
3. Kuehner, C. (1999) Gender differences in the short term course of unipolar depression in a follow up sample of depressed inpatients. Journal of Affective Disorders. 56: 127-139.
4. Lazarus, R.S., Folkman S., (1984). Stress, Appraisal, Coping. New-York: Springer Publishing Company.
5. Macran, S., Clarke, L., and H. Joshi. (1996). Women's health: dimensions and differentials. Social Science and Medicine. 42(9): 1203-1216.
6. Murphy, L.R., Schoenborn, T.F. (Eds., 1987). Stress management in work setting. Cincinnati, OH, NIOSH.
7. Piccinelli, M. and Homen, F.G. (1997). Gender differences in the epidemiology of affective disorders and schizophrenia. Geneva: World Health Organization.
8. Selye, H. (1950). Stress. Acta Incorporated, Montreal
9. Simoni-Wastila, L. (2000). The use of abusable prescription drugs: the role of gender. Journal of Women's Health and Gender Based Medicine. 9: 289-297.
10. Stratakis, C.A., Chrousos, G.P., 1995. Neuroendocrinology and pathophysiology of the stress system. Ann. N. Y. Acad. Sci. 771, 1– 18.
11. UNDP. (1995), (1997), (1998), (1999), (2000). Human Development Report. New York: Oxford University Press.