

Conundrums of Women's Mental Health: Challenges and Social Influences

Kumari Pooja Anand

PhD Scholar, Department of Psychology, Patliputra University

Email: [pooja632nal\[at\]gmail.com](mailto:pooja632nal[at]gmail.com)

Abstract: *Mental health problems significantly contribute to the global burden of non - communicable diseases. In particular, young women face unique challenges that impact their mental and overall well - being. This review intends to dig deep into the issues of women's mental health by portraying factors that influence the ways women think and feel. It further depicts how factors such as socio - economic and environmental projections influence women's mental health. Women more than often are exposed to gender - assigned stereotyping, especially about the way they should act both at the workplace and home. This can bring anxiety, uneasy feelings, and inferiority. An intersectional view of these social issues is crucial here. It is a concept that every woman is born with based on her ethnicity, identity, and socio - economic status. There are plenty of women in the world who comprise the big picture. Their uniqueness in terms of mental health and life makes their lives unique. If, in addition to dealing with discrimination or difficulties stemming from their environment, women experience cognitive issues, those issues might be even harder to deal with. Problems with work are another factor. When women can't feel safe in their jobs or don't have much space for expressing themselves, it accumulates stress, which may end up giving the woman a sense of huge loss.*

Keywords: Women's mental health, Well - being, Gender studies, Intersectionality, Coping mechanism, Discrimination, and Victim blaming.

1. Introduction

The psycho - social health of women is one of the more significant subtopics in the general theme of international health and welfare. Depression and other mental illnesses are partly responsible for the burden of non - communicable chronic diseases, and despite advances in technology, women, irrespective of age and particularly the youthful bracket, are faced with challenges that affect their mental health. This study was designed to undertake an analysis of multiple interrelated aspects that affect women's mental health and the need to adopt an intersectional framework to inform this understanding.

Mental health disorders are more common among women, and biological, psychological, and social factors determine different pathways' interactions. This paper acknowledges that societal norms, economic factors, and the physical environment have an impact on women's mental health, and they employ gendered experiences that can be distinct from those of men. For example, sexism or gender bias promotes women's inequality and denied opportunities and high - level stress leading to mental disorders like anxiety and depression. Moreover, this is worsened by economic inequalities, such as the income divide between men and women and the division of labor that maintains women and other minorities at the lower end of the economic ladder. Focusing on a woman's social and economic status, living conditions, exposure to violence, and other factors, we can conclude that these factors massively influence a woman's mental health as well. Stressful circumstances affect the health of women; those living in violent conditions or exposed to domestic abuse are at increased risk of developing mental conditions like PTSD, anxiety, and depression. Therefore, the above environmental factors justify the need for pro-female affirmative action and support structures to enhance handling these vulnerabilities. Thus, when analyzing opportunities and barriers to women's mental health, it is crucial to identify their relations from an

intersectional perspective. The concept of intersectionality acknowledges that oppression based on race, class, and gender are like matrices, which are interdependent, forming a network of discrimination or marginalization. Women of different ethnic and economic statuses are, in one way or another, bound to experience some level of mental health issues, given the prevailing social stressors that hinder their mental health. For instance, women of color or lower socioeconomic class face prejudice not only in matters related to mental health but also suffer economic difficulties that detrimentally affect their overall quality of life.

However, irrespective of the various challenges faced by women, they use various strategies to overcome the issues affecting their mental health. These are asking for help from friends/relatives, personal activities such as exercise, taking medication when available, and talking to mental health workers. The role of social support networks is unrivaled in this case, most especially for women, because they offer both emotional and tangible support to help the ladies overcome stressful and mental illnesses.

As a result, this research paper will discuss the factors that affect women's mental health, emphasize the need for intersectionality, and describe common methods of coping with mental health issues among women. In this regard, by way of evaluating these elements, the paper will contribute to enhancing the understanding of mental health issues among women and proposing possible solutions that should be put in place for the improvement of mental health for women. In light of this, this paper aims to present diverse and extensive research on the importance of mental health, particularly the care that women require and the issues they face.

2. Social Factors and Women's Mental Health

Gender roles, bias, and traditions play a vital role in women's mental health and are a critical determinant of their

well - being and, hence, mental health. Consequently, moving down the hierarchy and being more vulnerable to multiple negative experiences, women are more susceptible to developing mental health problems. This paper critically discusses these factors and their effects on women's mental health using the most current and realistic sources that would provide a fresh and different perspective to the existing literature.

1) Gender - based Stereotypes and Discrimination

Female clients, therefore, experience gender - based issues that affect their psychological well - being. The existing stereotyped perception of women and their abilities in those areas restricts opportunities or continues to subject them to chronic stress.

a) Pervasive and Stifling Norms and Meager Chances

Gender roles dictate the status of women in all sectors; women's roles are reduced, and they feel frustrated due to these traditional cultural practices. Such restrictions lead to chronic stress, anxiety, and depression as the women fail to satisfy the demands of the culture that is incongruent with women's desires and goals (Eagly & Wood, 2012).

b) Internalized Stereotypes

These internalized beliefs then cause the individual to doubt oneself, decrease one's self - esteem, and contribute to the worsening of mental health problems. Daily disappointments in efforts to meet the unattainable standards create stress, which in turn causes anxiety and depression (Brescoll & Uhlmann, 2008).

2) Societal Roles and Expectations

Females customarily have many responsibilities of sexuality, which include being a wife, mother, employee, and housekeeper. Such balancing can lead to a lot of stress and cause serious problems to the mental health of a person.

This pressure results in role strain and conflict because it is difficult for the employee to meet high standards in all roles at the same time, especially working mothers. This stress emanating from work and family demands leads to burnout and mental strain (Duxbury and Higgins, 2001).

3) Discrimination in Various Sectors

Gender disparities remain apparent in women who face workplace imparity, education, and healthcare inequality, all of which harm mental health.

a) Workplace Discrimination

This paper focuses on gender issues in the workplace where women are paid lower wages than men and survive on low wages because promotions and other top executive positions are dominated by males. Discrimination on such a basis only makes an individual feel frustrated and helpless, which has negative effects on mental health (Heilman & Eagly, 2008).

b) Educational and Healthcare Discrimination

Some prejudices might affect women in learning institutions, hence denying them the opportunities that they deserve in their careers. Stereotypes that are often associated with different genders mean that even in healthcare, people of one sex are denied proper care and

support, which only complicates mental health disorders (Thompson et al., 2016).

4) Media and Cultural Norms

Women's mental health deteriorates due to unrealistic roles that media and culture portray concerning beauty and demeanor. Research has found that exposure to thinness in the media motivates people to become dissatisfied with the natural dimensions of their bodies and fatten eating disorders. These skewed parameters, if adopted by females, may cause them to have poor body image and poor self - esteem (Grabe, Ward & Hyde, 2008).

5) Social Support Networks

Social support is equally important in reducing or preventing the socially stressed effects on the mental health of women. Social support includes people's encouragement, help, and inclusion in informal circles. These networks can offset the adverse influence of stress and discrimination and enhance an individual's well - being or mental health (Taylor, 2011).

3. Economic Pressures and Women's Mental Health

Indeed, the social determinants bear a close and profound relation to female mental health as they are subject to economic challenges, stereotyped gender roles and discrimination, and culture. These factors are reviewed critically in this paper, and their relationship and effects on women's mental health are discussed with a synthesis of current and realistic references to provide a new and valid perspective.

1) Employment Insecurity

Wage disjoints, exclusive labor market positions, and single motherhood with employment insecurity dramatically affect women's mental health.

a) Wage Disparity and Exclusive Labor Market Positions.

Discrimination in wages and the availability of several opportunities in the labor market also play a part in the stress of women. These economic factors put the females in question in a position that breeds mental health issues like anxiety and depression (Barnett, 2004).

b) Impact of Single Motherhood

Single mothers struggle in the sense that they are solely responsible for providing for the family's needs as well as providing for the children's needs. Managing both of these roles can be stressful, which can result in serious mental health problems (Cairney et al., 2003).

2) Financial Instability

It also demonstrated that economic troubles are directly linked to an inclination for women to develop depression and anxiety conditions. Economic hardship brings about the fear and pressure that pose havoc on the mental health of individuals (Lund et al., 2010).

3) Gender Pay Gap

The gender pay gap is not only an economic problem, but it also influences female respondents' self - esteem and the necessary resources to sustain proper mental health. Being

paid less is related to an increased prevalence of mental disorder symptoms in women in particular (Glynn, 2018).

4) Occupational Segregation

Female employees tend to be vulnerable to low wages and unstable employment, which in turn intensifies economic stress and mental health issues. This occupational segmentation keeps them chained in terms of promotions and financial freedom (Tomskovic, 2005).

5) Single Parenthood

This paper aims to prove that single mothers have a lot of problems trying to balance full - time childcare with economic responsibilities. These multiple roles put women in a doubled work burden, which can affect their stress levels and even their mental health (Cairney et al., 2003).

6) Access to Mental Health Services

All the aspects that cause peoples' inability to access mental health services are barriers in their own right. Unfortunately, many factors limit women's access to professional mental health services, such as costs and availability. Such barriers hinder women from getting the required assistance, and this accelerates mental health issues (Mojtabai et al., 2011).

Women's mental health is a significantly affected aspect of their lives with factors such as economic strain, cultural gender expectations, prejudice, and traditions. Analyzing the above aspects, this paper aims to explore the relationship between those factors and their effects on women's mental health through current and credible references to provide a fresh perspective on the topic.

4. Environmental Stressors and Women's Mental Health

Societal factors, including economic pressures, gender - based stereotypes, discrimination, and cultural norms, profoundly influence women's mental health. This paper critically examines the interplay of these factors and their impact on women's mental health, drawing on current and authentic references to present a comprehensive and unique perspective.

1) Living Conditions

From the living conditions, it was evident that women's mental health was greatly affected. Their dwelling place shares some characteristics such as substandard housing, overcrowding, and exposure to different forms of environmental toxins, all of which exert chronic stress on one's mind and lead to mental disorders.

a) Effects of Poor - Quality Shelter and Population Density

Poorly housed women who are exposed to substandard housing and overcrowding are more stressed and have mental health problems. Stressful living environments cause stress, which results in anxiety and depression (Evans, 2003).

b) Exposure to Environmental Toxins

In poor living conditions, due to contact with toxic substances in the environment, mental health issues are even worse. There are indications that women are the most affected beings by the impact of pollutants; they

suffer from long, complicated health complications and psychological problems.

2) Exposure to Violence

In particular, violence elevates women's vulnerability to develop PTSD, anxiety, and depression. Any woman who either uses violence or is on the receiving end is likely to suffer from PTSD, anxiety, or depression. It is clearly understood that the impact of such experiences has serious repercussions on the mental well - being of the victims (Goodman et al., 2009).

3) Social Determinants of Health

Hypothesis For this study, socio - economic status, education, and health facility access will be used to assess women's mental health because these are fundamental social determinants of health.

a) Socioeconomic Status and Education

Socio - economic status and education also influence mental health since people who belong to the lower class are more likely to experience mental health problems than people of high education standards. In a similar vein, Marmot (2005) has found that women who are in some way disadvantaged socioeconomically suffer from the problems related to finance and resources and hence have mental health problems.

b) Access to Healthcare

People can sustain their mental health if they have access to proper healthcare services. Women with low healthcare access are often denied proper treatment and appropriate management of their mental illness, hence a worsened illness course (WHO, 2014).

4) Impact of Urbanization

A few of these complications that affect women's mental health are population density, noise, and social pressure as a result of urbanization.

a) Population Density and Noise Pollution

Population pressure and noise stress are characteristic features of large cities and lead to more stress and health issues. Hence, living in an environment where one is exposed to constant noise and congested living density will prove to have a powerful influence on stressing one's anxiety level (Stansfeld & Matheson, 2003).

b) High Social Pressures

The social competitive stress and rate of urbanization contribute to poor mental health among women. There is a tendency for the sales force to be under different kinds of pressures, resulting in more stress and poor mental health (Lederbogen et al., 2011).

5) Intersectionality

Intersecting factors such as race, class, and gender inherent in intersectionality increase environmental stressors and the severity of their effects on women's mental health. This study has shown that through the hypothesis of multiple stressors, women who belong to two or more of the above - stated vulnerable groups, such as being minorities or belonging to a lower socio - economic status, would have their mental health greatly affected. This is why intersectionality is important in trying to explain the nature of the difficulties that these women encounter (Crenshaw 1989).

6) Coping Mechanisms and Resilience

The process of adaptation and the means and methods of countering stress in women and their roles in environmental adaptability include social support and community participation.

a) Role of Social Support and Community Involvement.

Environmental stressors should be countered by social support networks and community participation as they enable one to cope with the problems. These support systems deliver the requisite motivation and help in maintaining better mental health (Thoits, 2011).

b) The Desire to Improve One's Quality of Life & Get a Better Job

Interventions aimed at improving the quality of lives include speaking out for improved living conditions like houses and less toxin - withdrawal, which are critical for improving women's psychological well - being (Evans et al., 2003).

5. Gender, Race, Ethnicity, and Women's Mental Health

Women's mental health is severely impacted by social aspects such as economic stressors, gender roles, prejudices and practices, and cultural models and norms. Gender, ethnicity, and social class are the key social factors that are discussed in this paper about their effects on women's mental health; thus, the paper uses current and credible sources of information to provide a fresh perspective regarding the issue.

1) Concept of Intersectionality

The theory of intersectionality is crucial as it explains how the forms of oppression are interconnected in the case of women. Intersectionality is a concept that can be used to examine how women's experiences of subjugation and privileged elements of their lives, such as their class, sexual orientation, disability, and/or immigration status, operate simultaneously and influence each other (Crenshaw, 1989).

a) Definition: Framework for Comprehending Intersectionality of Oppression

Intersectionality looks at how multiple aspects of a person lead to marginalization and prejudice. It stresses that it is necessary to look not only at the state of female subjectivity but also at a range of factors that might impact women's mental health (Collins, 2019).

2) Race and Ethnicity and their Influence

Due to this reason, females of color are more vulnerable to mental health disorders because, in addition to color prejudice, they also experience gender discrimination.

a) Compounded Discrimination

The combinations of racism and sexism give a new dimension of stress to women of color; therefore, they experience high rates of anxiety, depression, and other similar mental illnesses (Lewis et al., 2015).

3) Effects of socioeconomic status (SES)

Lack of economic power and health insurance increases the rates of mental disorders in women with lower SES.

a) Lack of Quality and Decent Employment and Restricted Healthcare Services

Financial stress and poor access to healthcare are the most noticeable aspects of worse mental conditions experienced by women fit lower socio - economic categories (Adler et al., 1994).

4) Sexual Orientation and Gender Identity

Women of the LGBTQ+ community are excluded and discriminated against, with higher percentages suffering from mental health problems.

a) Exclusionary Stigmatization

Stigma and prejudice experienced by lesbian, gay, bisexual, trans, queer, and intersex women increase their stress, anxiety, depression, and suicidal thinking (Meyer 2003).

5) Women with Disabilities

Females with disabilities face ableism and sexism, which worsens their levels of stress and mental health issues.

a) Ableism and Sexism

Women with disability face the double risk of both ableism and sexism and experience high levels of stress and mental illnesses (Nosek et al., 2001).

6) Immigrant and Refugee Women

Thus, immigrant and refugee women employed in the studied countries are likely to experience high levels of acculturation stress, language barriers, and trauma - related symptoms, including anxiety, depression, or PTSD. Acculturation, together with language and previous traumatic exposure, results in considerable and predominant mental health problems for immigrant/refugee women (Berry, 1997).

7) Coping Mechanisms and Resilience

Female individuals use different actions and approaches to prepare themselves against intersectional stressors, examples are community networking, advocacy, and culturally sensitive service.

a) Community Networking and Advocacy

To the current paper's argument that communities offer a source of strength and advocacy for women experiencing multiple oppression, it is important to consider that these forms of social connections are critical correlates of well - being (Thoits, 2011).

b) Services for Mental Health with Cultural Competence

The availability of culturally appropriate mental health services is very important to meet the psychological needs of women from multicultural populations. Thus, such services enhance mental health because those patients receive suitable care and support (Sue et al., 2009).

Sometimes, culture can serve as a form of social support; other times, it can be oppressive, and this is how it is in the coping mechanisms for women's mental health.

6. Coping Mechanisms and Women's Mental Health

This review seeks to highlight the specific factors that exert an impact on women's mental health as resulting from societal factors such as economic burdens, stereotypes,

prejudice, and culture. Therefore, this paper aims to critically assess the relationships between these factors and their effects on coping as a mechanism in women's mental health, supported by recent and credible sources to provide a fresh and rich perspective.

1) Social Support Networks

The role of social support networks is quite significant and concerns the functioning of psychological and practical assistance to women with mental health issues. Such networks are family and friends, and members of the communities, who support emotionally, advise, and assist.

a) Psychological and Practical Support

Factors such as strong social relationships assist in moderating stress levels and enhance well-being for people for the reason that they feel that they are part of a group and, most importantly, they are safe (Cohen & Wills, 1985). According to Taylor (2011), ladies who have proper networks in place are more protected against severe mental problems than those with inadequate networks.

2) Self - Care Practices

Thus, the best practice of self-care serves as an important characteristic of mental health. Practical and preventative self-care methods include exercise, continued calmness, involving one's self in creative projects, and having a nutritious diet and restful sleep.

a) Exercise and Meditation

Fitness and meditation have the effect of reducing the symptoms of anxiety and depression; thus, incorporating both activities into one's lifestyle is essential for health and well-being (Salmon, 2001; Goyal et al., 2014). This activity promotes endorphin production and eradicates stress hormones, while meditation enhances the subject's awareness and minimizes stress (Biddle & Asare, 2011).

b) Creativity Healthy Diet and Sufficient Sleep

Art, regular meals, and enough sleep are some of the ways through which one can improve his or her mental health and, therefore, improve his or her ability to handle stress. Art and creating music help relieve stress through creative expression, as postulated by Taylor (2010). Healthy eating is good for the brain; sleep is a vital component in helping manage emotions and positively impacting the brain (Walker, 2017).

3) Professional Mental Health Services

Therapies, counseling, psychiatric, and group therapy are some of the important mediums of mental health services essential for women.

a) Therapy and Counseling

Counseling and therapy involve methodologies that enable structured discussion and formulation of women's mental health problems and solutions to them. These services are useful in treating abundant forms of mental health disorders as postulated by Smith & Glass (1977). For instance, CBT is known to be holistic in the treatment of depression and anxiety, as noted by Hofmann et al. (2012).

4) Community Resources

Mental health help services in the community include the centers of the neighborhood, support groups, and non-profit organizations that aid women.

a) Neighbors, Businesses, Associations, and Support Groups

Local businesses and support groups allow dissimilar and supportive women to express their stories. Such programs assist in coming up with a remedy to isolation and encourage people to be more involved in the community through integration (Gottlieb & Bergen, 2010).

b) Non - Profit Organizations

Charities are usually able to offer low-cost or sometimes free mental health services to the women they advocate and educate, thus increasing the availability of mental health solutions to women of all sorts (Anheier & Salamon 2006, p 278).

5) Online Support and Digital Resources

Telecounseling, social media mental health platforms, mental health websites, mental health applications, and online communities provide mental health assistance to women.

a) Currently, Some of the Therapy Websites and Mental Health Apps that are Available Include:

Heavily used forms consist of accessible online therapy, therapeutic applications, web-based consultation, and self-help programs (Andersson & Titov, 2014). Such applications are convenient and helpful, which is why Head Space and Better Help are so popular (Firth et al., 2017).

b) Online Forums

One of the methods used by women to seek support regarding mental health is the online forums where people can share their concerns and still be unidentified. Such forums could be most useful to people who cannot find usual support systems (Barak et al., 2008).

6) Types of Coping Mechanisms

It is, therefore, possible to classify coping strategies into adaptive and or manipulative and their effects on mental health.

a) Adaptive Coping Mechanisms

Humor, acceptance, problem-solving, and seeking social support as some coping strategies that are helpful regarding better mental health status. Thus, these strategies enable people to regulate stress and develop personal resources (Carver et al., 1989).

b) Maladaptive Coping Mechanisms

Alcohol or drugs, avoiding people, situations, or things that trigger the symptoms, and self-mutilation worsens mental disorders and develops negative cycles. This unbalanced cortisol regulation is from the following short-term coping strategies that have long-term negative effects on human health (Hasking et al., 2016).

7. Conclusion

To guide effective interventions and policies about women's mental health, it is crucial to identify the social, economic, and environmental factors impacting this construct. It is essential to address gender-based stereotypes,

discrimination in the system, economic issues, and unrealistic culture. However, efforts to increase appropriate mental health care and support for individuals are necessary to strengthen their ability to cope with life's challenges. If one fails to address these causes, which may be complex and affect the society at large, women's mental health will further deteriorate. The actions proposed above are too limited, and only when they are complemented by others and combined with them is it possible to envision the creation of a more effective approach to support women's mental health needs.

Acknowledgments

I would like to express my sincere gratitude to Dr. Vijay Kumar Yadavendu, Head & Associate Professor of the Post Graduate Department of Psychology, Patliputra University, Patna, India, for his invaluable guidance and support in completing this paper. My sincere gratitude for his mentorship throughout my academic endeavours.

Conflict of Interest

The authors declared no potential conflicts of interest concerning this article's research, authorship, and/or publication.

Funding

The authors received no financial support for this article's research, authorship, and/or publication.

Orcid iD: - Kumari Pooja Anand. <https://orcid.org/0009-0005-6391-3223>

References

- [1] Adler, N. E., Boyce, T., Chesney, M. A., Cohen, S., Folkman, S., Kahn, R. L., & Syme, S. L. (1994). Socioeconomic status and health. The challenge of the gradient. *The American Psychologist*.49 (1), 15–24. <https://doi.org/10.1037//0003-066x.49.1.15>.
- [2] Andersson, G., & Titov, N. (2014). Advantages and limitations of Internet - based interventions for common mental disorders. *World psychiatry: Official Journal of the World Psychiatric Association (WPA)*.13 (1), 4–11. <https://doi.org/10.1002/wps.20083>.
- [3] Anheier, H., & Salamon, L. (2006). The nonprofit sector in comparative perspective. In W. W. Powell & R. Steinberg (Eds.), *The nonprofit sector: A research handbook* (pp.89 - 114). Yale University Press.
- [4] Barak, A., Boniel - Nissim, M., & Suler, J. (2008). Fostering empowerment in online support. *Computers in Human Behavior*.24 (5), 1867 - 1883. <https://doi.org/10.1016/j.chb.2008.02.004>.
- [5] Barnett R. C. (2004). Women and multiple roles: myths and reality. *Harvard Review of Psychiatry*.12 (3), 158–164. <https://doi.org/10.1080/10673220490472418>.
- [6] Berry, J. W. (2008). Immigration, Acculturation, and Adaptation. *Applied Psychology*.46 (1) 5 - 34. doi: 10.1111/j.1464 - 0597.1997. tb01087. x.
- [7] Biddle, S. J., & Asare, M. (2011). Physical activity and mental health in children and adolescents: a review of reviews. *British Journal of Sports Medicine*.45 (11), 886–895. <https://doi.org/10.1136/bjsports-2011-090185>.
- [8] Brescoll, V. L., & Uhlmann, E. L. (2008). Can an Angry Woman Get Ahead?: Status Conferral, Gender, and Expression of Emotion in the Workplace. *Psychological Science*.19 (3), 268 - 275. <https://doi.org/10.1111/j.1467-9280.2008.02079.x>.
- [9] Cairney, J., Boyle, M., Offord, D. R., & Racine, Y. (2003). Stress, social support and depression in single and married mothers. *Social Psychiatry and Psychiatric Epidemiology*.38 (8), 442–449. <https://doi.org/10.1007/s00127-003-0661-0>.
- [10] Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: a theoretically based approach. *Journal of Personality and Social Psychology*.56 (2), 267–283. <https://doi.org/10.1037//0022-3514.56.2.267>.
- [11] Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*.98 (2), 310–357.
- [12] Collins, P. H. (2019). *Intersectionality as Critical Social Theory*. Duke University Press. <https://doi.org/10.2307/j.ctv11hpkdj>.
- [13] Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of anti - discrimination doctrine, feminist theory, and anti - racist politics. *University of Chicago Legal Forum*, 1989 (1), 139 - 167.
- [14] Duxbury, L., & Higgins, C. A. (2001). Work - Life Balance in the New Millennium: Where Are We? Where Do We Need To Go? CPRN Discussion Paper.
- [15] Eagly, A. H., & Wood, W. (2012). Social role theory. In P. A. M. Van Lange, A. W. Kruglanski, & E. T. Higgins (Eds.), *Handbook of theories of social psychology* (pp.458–476). Sage Publications Ltd. <https://doi.org/10.4135/9781446249222.n49>.
- [16] Evans G. W. (2003). The built environment and mental health. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 80 (4), 536–555. <https://doi.org/10.1093/jurban/jtg063>.
- [17] Evans, G., Wells, N., & Moch, A. (2003). Housing and mental health: A review of the evidence and a methodological and conceptual critique. *Journal of Social Issues*.59 (3), 475 - 500. <https://doi.org/10.1111/1540-4560.00074>.
- [18] Firth, J., Torous, J., Nicholas, J., Carney, R., Prapat, A., Rosenbaum, S., & Sarris, J. (2017). The efficacy of smartphone - based mental health interventions for depressive symptoms: a meta - analysis of randomized controlled trials. *World Psychiatry: Official Journal of the World Psychiatric Association (WPA)*, 16 (3), 287–298. <https://doi.org/10.1002/wps.20472>.
- [19] Glynn, S. J. (2018). Gender Wage Inequality: What We Know and How We Can Fix It. Washington Center for Equitable Growth. Retrieved from [Equitable Growth]
- [20] Goodman, L. A., Smyth, K. F., Borges, A. M., & Singer, R. (2009). When crises collide: how intimate partner violence and poverty intersect to shape women's mental health and coping?. *Trauma, Violence & Abuse*.10 (4), 306–329. <https://doi.org/10.1177/1524838009339754>.
- [21] Gottlieb, B. H., & Bergen, A. E. (2010). Social support concepts and measures. *Journal of Psychosomatic Research*.69 (5), 511–520. <https://doi.org/10.1016/j.jpsychores.2009.10.001>.

- [22] Goyal, M., Singh, S., Sibinga, E. M., Gould, N. F., Rowland - Seymour, A., Sharma, R., Berger, Z., Sleicher, D., Maron, D. D., Shihab, H. M., Ranasinghe, P. D., Linn, S., Saha, S., Bass, E. B., & Haythornthwaite, J. A. (2014). Meditation programs for psychological stress and well - being: a systematic review and meta - analysis. *JAMA Internal Medicine*.174 (3), 357–368. <https://doi.org/10.1001/jamainternmed.2013.13018>.
- [23] Grabe, S., Ward, L. M., & Hyde, J. S. (2008). The role of the media in body image concerns among women: a meta - analysis of experimental and correlational studies. *Psychological Bulletin*.134 (3), 460–476. <https://doi.org/10.1037/0033-2909.134.3.460>.
- [24] Hasking, P., Boyes, M., & Mullan, B. (2016). Linking Emotion Regulation and Menstruation to Self - Injury: The Mediating Role of Avoidance. *Comprehensive Psychiatry*.69: 8 - 15. doi: 10.1016/j.comppsy.2016.04.006.
- [25] Heilman, M. E., & Eagly, A. H. (2008). Gender stereotypes are alive, well, and busy producing workplace discrimination. *Industrial and Organizational Psychology: Perspectives on Science and Practice*.1 (4), 393–398. <https://doi.org/10.1111/j.1754-9434.2008.00072.x>.
- [26] Hofmann, S. G., Asnaani, A., Vonk, I. J., Sawyer, A. T., & Fang, A. (2012). The efficacy of cognitive behavioral therapy: A review of meta - analyses. *Cognitive Therapy and Research*.36 (5), 427–440. <https://doi.org/10.1007/s10608-012-9476-1>.
- [27] Lederbogen, F., Kirsch, P., Haddad, L., Streit, F., Tost, H., Schuch, P., Wüst, S., Pruessner, J. C., Rietschel, M., Deuschle, M., & Meyer - Lindenberg, A. (2011). City living and urban upbringing affect neural social stress processing in humans. *Nature*.474 (7352), 498–501. <https://doi.org/10.1038/nature10190>.
- [28] Lewis, T. T., Cogburn, C. D., & Williams, D. R. (2015). Self - reported experiences of discrimination and health: Scientific advances, ongoing controversies, and emerging issues. *Annual Review of Clinical Psychology*, 11, 407–440. <https://doi.org/10.1146/annurev-clinpsy-032814-112728>.
- [29] Lund, C., Breen, A., Flisher, A. J., Kakuma, R., Corrigall, J., Joska, J. A., Swartz, L., & Patel, V. (2010). Poverty and common mental disorders in low and middle income countries: A systematic review. *Social Science & Medicine* (1982), 71 (3), 517–528. <https://doi.org/10.1016/j.socscimed.2010.04.027>.
- [30] Marmot M. (2005). Social determinants of health inequalities. *Lancet (London, England)*, 365 (9464), 1099–1104. [https://doi.org/10.1016/S0140-6736\(05\)71146-6](https://doi.org/10.1016/S0140-6736(05)71146-6).
- [31] Meyer I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological Bulletin*.129 (5), 674–697. <https://doi.org/10.1037/0033-2909.129.5.674>.
- [32] Mojtabai, R., Olfson, M., Sampson, N. A., Jin, R., Druss, B., Wang, P. S., Wells, K. B., Pincus, H. A., & Kessler, R. C. (2011). Barriers to mental health treatment: results from the National Comorbidity Survey Replication. *Psychological Medicine*.41 (8), 1751–1761. <https://doi.org/10.1017/S0033291710002291>.
- [33] Nosek, M. A., Hughes, R. B., Swedlund, N., Taylor, H. B., & Swank, P. R. (2003). Self - esteem and women with disabilities. *Social Science & Medicine*.56 8, 1737 - 47.
- [34] Salmon P. (2001). Effects of physical exercise on anxiety, depression, and sensitivity to stress: a unifying theory. *Clinical Psychology Review*.21 (1), 33–61. [https://doi.org/10.1016/s0272-7358\(99\)00032-x](https://doi.org/10.1016/s0272-7358(99)00032-x).
- [35] Smith, M. L., & Glass, G. V. (1977). Meta - analysis of psychotherapy outcome studies. *American Psychologist*.32 (9), 752–760. <https://doi.org/10.1037//0003-066x.32.9.752>.
- [36] Stansfeld, S. A., & Matheson, M. P. (2003). Noise pollution: non - auditory effects on health. *British Medical Bulletin*, 68, 243–257. <https://doi.org/10.1093/bmb/ldg033>.
- [37] Sue, S., Yan Cheng, J. K., Saad, C. S., & Chu, J. P. (2012). Asian American mental health: a call to action. *American Psychologist*.67 (7), 532–544. <https://doi.org/10.1037/a0028900>.
- [38] Taylor, S. E. (2011). Social support: A review. In H. S. Friedman (Ed.), *The Oxford handbook of health psychology* (pp.189–214). Oxford University Press.
- [39] Taylor, S. E. (2012). Social support: A review. In H. S. Friedman (Ed.), *The Oxford handbook of health psychology* (Oxford Library of Psychology). Oxford University Press. <https://doi.org/10.1093/oxfordhb/9780195342819.013.0009>.
- [40] Thoits P. A. (2011). Mechanisms linking social ties and support to physical and mental health. *Journal of Health and Social Behavior*.52 (2), 145–161. <https://doi.org/10.1177/0022146510395592>.
- [41] Thompson, R. S., Bonomi, A. E., Anderson, M., Reid, R. J., Dimer, J. A., Carrell, D., & Rivara, F. P. (2006). Intimate partner violence: prevalence, types, and chronicity in adult women. *American Journal of Preventive Medicine*.30 (6), 447–457. <https://doi.org/10.1016/j.amepre.2006.01.016>.
- [42] Tomaskovic - Devey, D. (2005). Occupational ghettos: The worldwide segregation of women and men (review). *Social Forces*.84 (2), 1311 - 1312. <https://doi.org/10.1353/sof.2006.0038>.
- [43] Walker, M. (2017). *Why we sleep: Unlocking the power of sleep and dreams* (1st Scribner hardcover ed.). Scribner.
- [44] World Health Organization. (2014). Social Determinants of Mental Health. <https://www.who.int/socialdeterminants/en/>.

Author Profile

Kumari Pooja Anand is a PhD Scholar at the Department of Psychology, Patliputra University. Ms Anand broadly works in the area of the mental health of women in its larger socio-economic contexts. Ms Anand has four years of experience as a clinical psychologist. She has specialization in treating mental illness such as anxiety, depression, PTSD, and OCD. She has written many papers in reputed journals. Additionally, she has co-authored a book titled, “**Beyond the Limits,**” which offers accessible insights into overcoming various challenges. Email: [pooja632nal\[at\]gmail.com](mailto:pooja632nal[at]gmail.com)