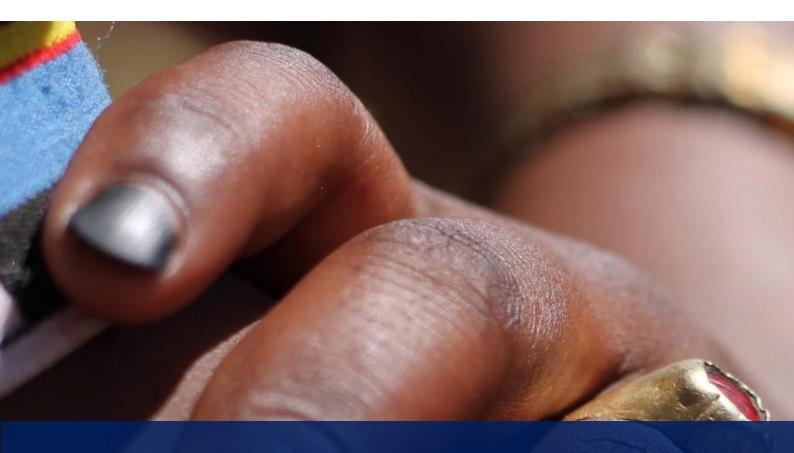# ALiGN

Advancing Learning and Innovation on Gender Norms

Gender norms and psychosocial wellbeing

The 'social' in 'psychosocial': how gendered norms drive distress

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Introduction and key concepts

We know that norms are part and parcel of everyday life, shaping attitudes and behaviours. We know that they are produced and reproduced both formally and informally through a range of mechanisms and institutions, including social interactions. We also know that many are gendered and discriminatory, with girls and women often feeling their constraints more keenly than boys and men.

As a result, a girl who reaches puberty may well be forced into an early marriage, where she is expected to bear male offspring, drop-out of school and discouraged from – or completely barred from –seeing or talking to other males. The effects of such gendered norms are far-reaching, touching every aspect of her life, including her mental health and psychosocial well-being. The impact can leave girls and women facing isolation, depression, anxiety, fear and some even contemplate or commit suicide.

Key concepts

Before exploring these issues, it is useful to have some background on the global prevalence of mental health problems and their causes, as conceptualised in the broader literature. According to IHME Global Burden of Disease study, in 2016 globally, around 1-in-6 people (15-20 percent) had one or more mental or substance use disorders. Similarly WHO (2018a) estimates that globally, an estimated 300 million people are affected by depression; and suicide, which has strong links to depression in high-income countries, claims the lives of over 800,000 people annually across the globe (WHO, 2018b). Whiteford et al. (2013) find that the burden of mental and substance abuse disorders increased by 37.6% between 1990 and 2010.

Research by WHO (2001a) reveals that mental ill-health and psychosocial problems often start during adolescence with the common mental disorders (CMDs) of anxiety and depression being the most prevalent psychiatric illnesses among adolescents and young people worldwide. Other studies show that suicide rates among young people are increasing, often a result of un-diagnosed and untreated mental ill-health and psychosocial distress. Young people are now the highest-risk group for suicide in around 30% of all countries, and in China, India and South-East Asia, suicide is the leading cause of death among those aged 15 to 19 (see, for example, Patel et al., 2007; WHO, 2014; WHO, 2016; Samuels et al., 2016).

A body of literature across various disciplines, though largely from psychology, has explored the causes of mental ill-health and psychosocial distress, confirming that it is driven by a wide range of biological, psychological and social and environmental factors (see, for example, Chesney et al., 2015; WHO, 2001; WHO and Calouste Gulbenkian Foundation, 2014).

This guide:
- examines social and environmental factors that contribute to mental ill-health and psychosocial distress.
- focuses on the CMDs at the less severe end of the mental health disorder spectrum (including those defined internationally as internalising/emotional problems such as anxiety, depression, loneliness, sadness and somatic complaints), all of which can have a range of disastrous consequences, including suicide.
- focuses largely on the Global South, while recognising that such issues are just as pertinent to the Global North, as shown by growing media attention for mental ill-health in the UK, focused largely on CMDs as a result of social and environmental factors. An article in the Guardian, for example, notes that being lonely can be as bad for health as a long-term illness.

Box 1: Definitions

According to WHO (2018a), mental disorders are 'generally characterised by a combination of abnormal thoughts, perceptions, emotions, behaviour and relationships with others. Mental disorders include: depression, bipolar affective disorder, schizophrenia and other psychoses, dementia intellectual disabilities and developmental disorders including autism'.

As well as the biologically based disorders described above, mental health can also be affected by psychosocial factors that cause distress. According to the Cape Town Principles developed by UNICEF (1997), 'psychological effects are defined as those experiences that affect emotions, behaviour, thoughts, memory and learning ability and the perception and understanding of a given situation'. These include social effects on well-being as a result of various factors such as poverty, war, migration, famine and climate change.

Discriminatory gender norms, mental ill-health and psychosocial distress

A range of social and environmental factors have been recognised by researchers such as Patel et al. (2007), Stavropoulou and Samuels (2015) and WHO (2010), as being key drivers of mental ill-health and psychosocial distress among young people. These factors include rapid social change, migration, social isolation, conflict/post-conflict environments, unemployment and poverty, individual and family crises, changes in traditional values and conflict with parents.

Yet there has been little in-depth discussion around the role of gender norms in particular as underlying causes of mental ill-health and psychosocial distress. This is not to say that there is no awareness of the importance of gender norms as an influence. A welcome report by Kapungu and Petroni (2017) addresses this to some extent as does an article by Prateek Sharma on the links

between patriarchy and the mental health of women in India. Norms that are framed in terms of 'culture and context' are often cited when discussing the mental health and psychosocial needs of displaced persons or refugees in humanitarian contexts, as shown by Hassan et al. (2015). In addition, a range of innovative tools have been developed to deal with issues of culture and context, primarily for use in humanitarian contexts (see Stavropoulou and Samuels, 2015, as well as websites for the Mental Health and Psychosocial Support {MHPSS} network and the Reference Centre for Psychosocial Support of the IFRC).

Nevertheless, further study is needed to unpack and explore the pathways between context-specific gender norms and outcomes in terms of broader well-being. This is particularly true in relation to mental health and psychosocial well-being. While gender norms wield enormous influence at every stage of life, it is critical to explore the intersection of such norms and mental health and psychosocial well-being during adolescence because this is such a decisive moment. Girls and boys start to go through many developmental changes as they make the transition from childhood to adulthood.

It is during this period that developmental changes occur (including bodily changes such as the start of menstruation for girls and deepening of the voice for boys) and key skills are acquired such as those that relate to: health and physical development; social behaviours and attitudes; and education and employment. More critically perhaps, the environment in which adolescents live and, in particular, the norms embedded in their communities that guide their behaviour, attitudes and social interactions, start to play a pivotal role in their lives.

Adolescent girls, in particular, begin to feel the constraining role and influence of gender norms across their lives, from education and marriage to mobility and career aspirations outside the home. These gender norms often curtail the freedoms they once enjoyed: while a younger girl may be able to go out of the home relatively easily in a context such as Nepal, she is no longer able to do so once she reaches adolescence – or no longer able to do so on her own. Similarly, in Afghanistan and Pakistan, strict rules that enforce *purdah* aim to limit girls' mobility in the public domain, as shown by Kabeer et al. (2011).

Such restrictions are imposed because an adolescent girl in these settings is considered 'marriageable' and her honour (and that of her family) could be at risk if she moves around on her own. This loss of freedom often coincides with her being taken out of school, as her parents may see her marriage into a good family as a greater priority. As a result of all of this, the girl is likely to feel powerless or disempowered, unable to control her own destiny and future. Ghimire and Samuels (2014) find that she may lose hope and become anxious and fearful, particularly if she is being married to an older man (still a common practice in many contexts).

Once she is married, a young bride can face psychosocial distress, as she is often living away from her natal home in an area where she knows no one. As an outsider, she can easily become isolated with no opportunities for social interaction and, therefore, no one in whom she can confide.

One young married women interviewed in Viet Nam told the author that if it were not for her children, she would have taken her own life a long time ago. She was depressed at having married young (in an elopement marriage in her case), completely isolated and said that her husband was abusing her, a story captured in Samuels et al. (2018).

China, which accounts for 26% of global suicides, is the only country where suicide rates among women are higher than among men, with between 25% and 40% more woman than men committing suicide each year. This is attributed largely to women marrying young, being isolated, taking on a disproportionate burden of household work, facing great pressure to produce a male heir and being denied the same level of education as boys.

Norms also include implicit rules on how men should treat women, often based on contrasting and opposing notions of masculinity and femininity. Men, in short, should be seen to control women and particularly their wives, who are seen as inferior and subservient. In many contexts this male control can turn into violent abuse of wives, both physical and psychological. Such violence may be seen as acceptable by many people, including the wives themselves, because tolerance of violence is reinforced by a range of additional or intersecting norms that stop women speaking about it.

Such intersecting norms include a perception that violence between a husband and wife is a private matter, that it is perceived as a husband showing 'love' for his wife. It also plays into beliefs that leaving a husband or divorcing him would bring such shame and stigma to both the woman and her family, and that staying in an abusive relationship is preferable (see Naved et al., 2017, for example).

While such notions are changing, and there are examples of positive role models and champions in all contexts, they still persist. What's more, new forms of violence are emerging, such as online or cyber violence as outlined by Samuels et al. (2017). All of these behaviours affect the mental health and psychosocial well-being of girls and women.

Interventions to mitigate psychosocial distress from a gender norms perspective

Meeting the psychosocial-related needs of adolescents

There is growing awareness of the challenges facing adolescents in relation to mental ill-health and psychosocial distress, alongside greater awareness of the need to address mental health challenges more generally. One example is the welcome addition to the Sustainable Development Goals (SDGs) of the need to strengthen mental health by promoting 'physical and mental health and well-being...for all' with specific targets on mental health: 3.4, 3.5, and 3.8. There is also the WHO Mental Health Gap Action Plan, which aims to scale up national services for mental, neurological and substance use disorders, particularly in low- and middle-income countries (LMICS).

Despite greater awareness, however, the needs of adolescents in this area are largely unmet, particularly in LMICS, with programmes often age and gender blind. Some countries may have some infrastructure and capacity (as well as appropriate policies) to address severe mental health disorders

that are relatively recognisable, such as autism, schizophrenia or, epilepsy. Yet less severe forms of mental ill-health, including depression, anxiety and stress, often go unreported and untreated because they are more difficult to diagnose, are less visible, and because people may be unwilling to come forward because of the associated stigma, preferring rather to deal with it either at home or alone, as highlighted in Samuels et al. (2018).

Programmes to address the underlying drivers of mental ill-health and psychosocial distress should include efforts to unpack and address the discriminatory gender norms that contribute to these challenges. Programmes to tackle early marriage, for example, should include discussion on how norms around the sexual purity of girls and restrictions of their mobility and freedoms can lead to isolation, depression, anxiety and fear. Ways to mitigate the impact need to be front and centre.

A cadre of service providers with social work or psychology backgrounds is also critical to address these less severe forms of mental ill-health and psychosocial distress – a cadre that is often missing in many LMIC contexts. Similarly, there is a clear need for capacity building and for services that are tailored to the specific needs of adolescents, and indeed other age groups, as well as being gender sensitive. For example, adolescent girls are often fearful of, or unable to access, reproductive health services often because providers are male and may display patronising attitudes.

More generally, service provision should be informed by an understanding of the prevailing gender norms that underpin much of the mental ill-health and psychosocial distress endured by adolescents, particularly girls, and that influence the extent to which they are able and willing to access services.

Case studies: Some success stories

Some positive interventions for adolescents and young people can be found in some contexts and could be adapted for use elsewhere, or replicated and scaled-up. Many address the isolation that adolescents, and in particular adolescent girls, may be feeling often as a result of underlying discriminatory gender norms. They include various school-based programmes, such as the use of psychosocial counselling units in some schools in **Viet Nam**. Where these have been well applied, and accompanied by school support for parenting skills, these units have had positive results, as noted in Samuels et al. (2018) and Kieling et al. (2011).

Hotlines have also proved to be a vital resource for adolescents and young people facing stress and anxiety in many countries, including **Bangladesh and Viet Nam**, and have had similarly positive results.

While the internet can lead to addictive behaviours and cause stress, it can also be a useful platform for the establishment of virtual (and often anonymous) support for adolescents and young people facing distress. For example, simple devices such as mobile phones have made a difference to the lives of young brides in **Nepal** who have married out of their natal area, as they are able to maintain some connection with their family and friends back at home.

Given that mental ill-health and psychosocial distress are also driven by social and environmental factors, including gender norms, it is critical to think beyond any single focused or single-sector responses. Approaches that aim to empower girls (economically or socially) have been shown to lead them, in some cases, to challenge norms around early marriage). Similarly, girl clubs have been shown to be a positive tool for empowering girls. All of these approaches (and others) have instilled self-confidence, self-esteem and self-belief. This, in turn, has had a positive effect on girls' mental health and psychosocial well-being.

It is also important to raise the awareness of those who enforce norms (parents, parents-in-law, husbands, community elders) as well as key stakeholders in the broader service and policy environment on the critical role of gender norms in driving mental ill-health and psychosocial distress.

Finally, programmes that keep girls in school, such as cash transfer programmes, as well as those targeting early marriage are critical not only for the promotion of gender equality and gender justice, but also to combat the mental ill-health and psychosocial distress that continue to affect so many adolescents in developing countries.

Useful resources

Further reading

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