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Gender Differences in Mental Health in Nepal

Based on the peer-reviewed publication by Axinn et al. 2013 in the *Journal of Health and Social Behavior*¹

Depression is the leading cause of disease-related disability among women in the world.² New research conducted by University of Michigan with data from the 2009 Chitwan Health and Stress Study suggests that gender difference in depression and other mental illnesses could be due to different responses to traumatic events.¹

In Nepal, social experiences are important factors in mental illness. Given the country's recent significant armed conflict, and even more recent earthquake, Nepalese women and men have experienced profound stress. Research has found gender differences in responses to stress. In Nepal, women and men may exhibit these differences in different types and rates of mental illness diagnoses.

This policy brief examines the connection between gender, mental illness, and trauma in Nepal, highlighting the need for a renewed commitment to mental health. It focuses on the use of a multi-pronged strategy that includes more effective national mental health policy and programs, more gender-sensitive mental health care, and greater recognition of the cultural norms that contribute to gender differences in socialization and mental illness in Nepal.

“Mental and substance use disorders are the leading cause of disability worldwide.”

- World Health Organization

Research Context

- In agrarian societies like Nepal, female roles are defined largely in terms of home and family.³
- Several discriminatory laws and practices restrict women's access to and control of resources in Nepal.⁴
- Research suggests that social experiences shape the incidence of mental health disorders.¹
- Gender socialization in Nepal may lead to gender differences in mental illness.¹

Data Source

This study uses data from Chitwan Valley Health and Stress Study (CVHSS), which is based on the sampling framework of the Chitwan Valley Family Study (CVFS) – a comprehensive mixed-method panel study of individuals, families, and communities in Chitwan, Nepal. The CVFS investigates the relationships between changing social contexts, environmental factors, and population processes. CVFS data include full life histories for more than 10,000 individuals, tracking and interviews with all migrants, continuous measurement of community change, 16 years of demographic event registry, and data linking human and natural systems.

Findings: Gender Differences in Reactions to Trauma¹

Trauma and Depression. Research from the 2009 Chitwan Health and Stress Study (CHSS) suggests that any exposure to gun battles, bombings, beatings, and abductions increases the likelihood of experiencing depression, intermittent explosive disorder (IED), and post-traumatic stress disorder (PTSD). More exposure to trauma made this relationship stronger.

Gender Differences in Trauma. Women and men in Nepal experience different types of trauma (figure below). In the CHSS, 4.8% of men reported being kidnapped, whereas only 0.4 % women reported being kidnapped. Additionally, men in the CHSS reported a higher total exposure to traumatic events, with 2.23 as the mean number of exposures compared to 1.43 mean exposures for women.

- Women are almost twice as likely as men to experience any mental illness.
- Nepalese women are more likely to respond to trauma with depression and PTSD, while men were more likely to respond with IED.
- Both men and women who experience traumatic events are more likely to have a mental illness.
- The impact of trauma on mental health is greater among women, although women are less likely than men to experience trauma.

Western Chitwan Valley Residents Describe the Conflict⁵

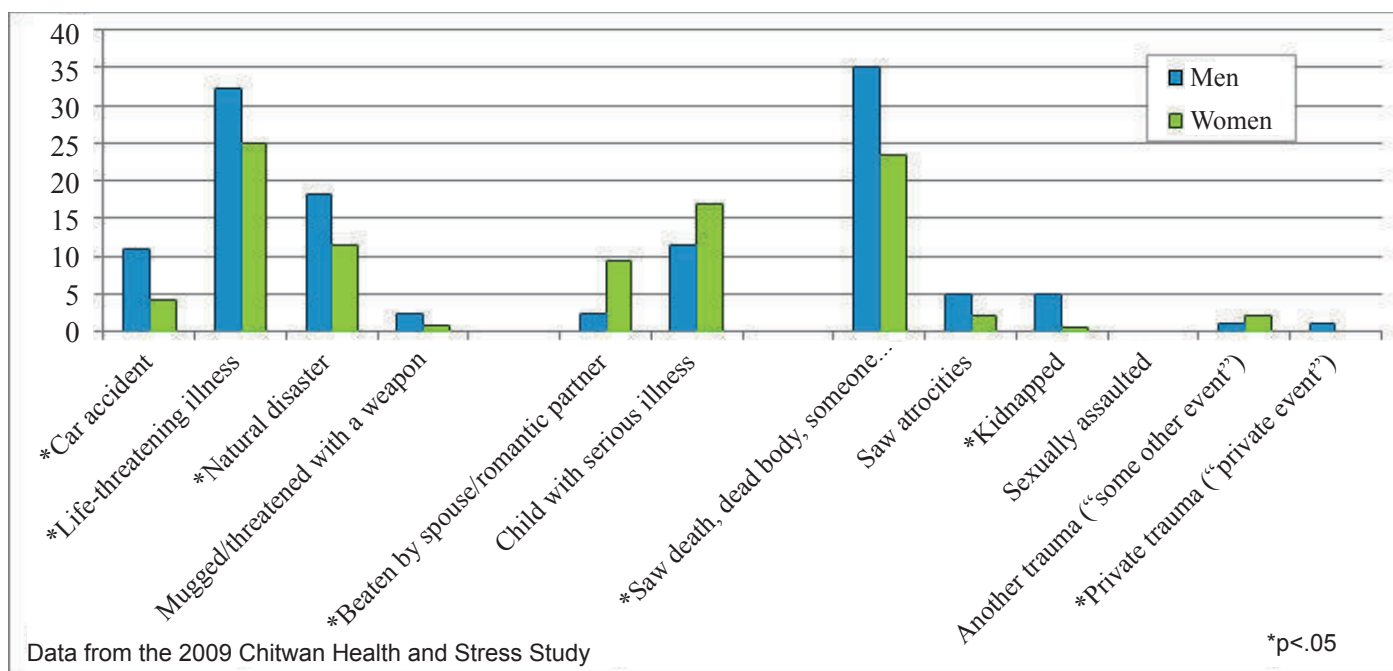
“The people were really terrorized. It was insecure even to go to town to purchase things. It was difficult to send children to school.”

“It was difficult to go anywhere... You never knew if a person who went outside would come back or not.”

“The situation was uncertain. I was confused about what I could do to earn a living. I couldn’t decide exactly what was to be done, where I could go.”

“They were taking young men from every household. One was taken from that house. I thought if the process continued then one day they would ask my son to join their team. If he rejected, they would have hurt him.”

Number of Conflict Events by Type, Western Chitwan, 1996-2006¹



Policy Implications

Recent research from the 2009 Chitwan Health and Stress Study suggests three main findings:

- (1) Women and men in Nepal experience different types of trauma and respond differently.
- (2) Any exposure to trauma **increases the chance** of having depression, IED, or PTSD.
- (3) Nepalese women are more likely to experience depression and PTSD while men are more likely to experience IED.

Overcoming Barriers: The World Health Organization identified five key barriers to improving mental health in Nepal:

- (1) Mental health is not included in the public health agenda.
- (2) The distribution of mental health services is uneven.
- (3) Mental health services are not integrated with primary care.
- (4) Infrastructure and health care worker training in mental health are inadequate.
- (5) Leadership in public mental health is lacking.⁶

Nepal needs effort from policymakers, non-governmental agencies, health care providers, and citizens to address mental illness. Other studies on mental health in Chitwan have highlighted a lack of trust in health care services and a low awareness and high stigma of mental disorders.⁷ Additional analyses find the need for greater access to psychotropic drugs and increased numbers of mental health workers.⁸ Mental health care policy makers and providers should be aware of the gender differences in mental illness to more effectively target treatments for depression, IED, and PTSD in these populations.

Conclusion: Understanding gender differences in Nepal is an important step in improving the mental health of all Nepalis. Mental health professionals in Nepal can use this information in their interactions with men and women seeking mental health care.

WHO on Mental Health Care in Nepal

Quick Facts on Mental Health Care in Nepal:

- Only 2% of medical training in Nepal is dedicated to mental health.⁶
- Nepal has one mental hospital with a total of 0.20 beds per 100,000 citizens.
- Less than 1% of all Nepal's health expenditures are directed toward mental health.
- More than 80% of psychiatric inpatient beds in Nepal are limited to Kathmandu.
- Nepal does not have Mental Health Division within its Ministry of Health and Population.⁶



World Health Organization

WHO RECOMMENDATIONS⁹

Recommendation	Lead
Provide treatment in primary care	Gov't
Make psychotropic drugs available	Gov't
Give care in community	NGO
Educate the public	NGO
Involve communities, families & consumers	NGO
Establish national policies and legislation	Gov't
Develop human resources	NGO
Link with other sectors	NGO
Monitor community health	NGO
Support more research	NGO

Footnotes and References

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