Empowerment of women and mental health improvement with a Preventive approach

Shahin Shooshtari, M. R. Abedi, M. Bahrami, Rahele Samouei

Abstract:

AIM AND BACKGROUND: Mental health and empowerment are two of the women’s essential needs. These two related concepts play an important role in women’s lives. Therefore, this study aimed to investigate empowerment of women and its relation with mental health problem prevention during difficult situations.

METHODS: This qualitative study was conducted through semi-structured interviews with 33 experts in the fields of psychology, social sciences, women studies, medicine and crisis management specialists using snowball sampling in cities of Tehran, Isfahan, Tabriz, and Mashhad during the year 1395 (March 2016–March 2017). Samples were selected heterogeneously. The interview transcripts and codes were presented to the participants, and structural analysis was used for data evaluation.

RESULTS: The factors related to empowerment of women with consideration to their mental health were determined based on Longew theory and interviews and include: welfare (primary needs (biological and security) and developmental needs (social needs and dignity), access (facilities and values), knowledge (about inequalities and rights), participation (in politics, decision-making and society), and control (implementation and institutionalization of the above-mentioned needs).

CONCLUSIONS: The indicators determined in this study show that empowerment has an important role in determining women’s real position in society. Since women make up half of the population and affect society as a whole, the advantages of empowerment of women will be felt in the entire society.

Keywords: Empowerment, mental health, preventive, women

Introduction

Mental health in all stages of life plays an effective and important role in national and ideal goals of every society.[1] This is especially important for women who make up half of the population and are important members of their families during financial austerity periods.[2] In this regard, changes in social attitudes are one of the methods for improving the mental health of women and reduce their mental problems[3] and are one of the important steps in their empowerment[4] which is a social and multifactorial phenomenon related to factors such as human rights, education, social and financial participation, security, lack of discrimination, equal opportunities, responsibilities, roles and lifestyles and physical, mental, and financial conditions of women.[5,6]

Various studies and theories have introduced various factors and stages for the empowerment of women, for example, Longew proposed various factors and stages for the empowerment of women, for example, Longew proposed various factors and stages for the empowerment of women, for example, Longew proposed various factors and stages for the empowerment of women, for example, Longew proposed various factors and stages for the empowerment of women, for example, Longew proposed various factors and stages for the empowerment of women.
medical insurance, and creation of household jobs in this empowerment.\[8\] In another study, Zadeh et al. investigated empowerment of women on four financial, social, political, and mental aspects.\[9\] In a longitudinal study on 539 Egyptian women, the results showed that single women attempt to gain social support and empowerment by taking advantage of education and financial activities before marriage.\[10\] The study on 200 female students in Lahore also showed that educational content, participation, and fanatical opportunities accessible to women affects their empowerment process.\[11\] A study in Italy showed that empowerment of women is significantly related to social norms about culture, women’s roles in society and especially religious culture.\[12\] Another longitudinal study on married women showed the role of financial empowerment, and women’s decision-making power in households\[13\] and a study in England showed that promotion of gender equality is one of the methods for the empowerment of women and improving their mental health.\[14\] Scientific studies also show that women’s mental health is endangered when they are faced with gender discrimination such as nonequal access to education, society and employment.\[8,10,16\] Empowerment of women also shows its effect during accidents and disasters because it is related to discrimination against women often in the name of religion, tradition, and social norms and regulations.\[17\]

Given the fact that previous studies were based on the cultural situation of their country of origin and due to cultural nature of empowerment and mental health, it is necessary to conduct studies based on opinions of experts in Iran which is possible through qualitative studies. To this end, due to positive effect of empowerment of women on their mental health,\[18\] the importance of mental health in prevention or reduction of social and mental harms in crisis situations and difficult times and based on the important role of women in family and society, this qualitative study was conducted to determine the effect of empowerment on women’s mental health with a preventive approach.

**Methods**

This study uses the qualitative method with inductive logic. The experts in the fields of psychology, social sciences, women studies, medicine and crisis management specialists using snowball sampling in cities of Tehran, Isfahan, Tabriz, and Mashhad for face-to-face semi-structured interviews in the year 1395 (March 2016 to March 2017). Sampling was continued until achieving saturation, and a total of 33 interviews were conducted by coordinating an appointment over the phone and in the participants’ offices. Interviews were recorded with the full consent of the interviewees and participants were assured about the confidentiality of the interviews and following of ethical principles and were also informed that more than one interview session might be necessary. Participants were also informed that they can leave the study at any time and that the information will be used without mentioning any names. The predicted length for the first interview was 45 min which was conducted without judgment from the interviewer, and in some cases, more interview sessions were needed. An interview guide with main and probing questions was used for each interview.

Some of the questions used included: Are women more vulnerable in regards to mental health in the society? How do you compare mental health and empowerment of women with other groups? What are the factors related to empowerment of women with consideration toward mental health?

To transfer findings and gaining access to knowledge, experience, and perspectives on the individual, heterogeneous samples were also selected and to increase reliability and verifiability, the text and code of each interview was presented to the interviewee. After each interview, the records transcript was created and structural data analysis was used to report the findings. To this end, first answers were divided into the smallest possible units, and their internal concepts were extracted. Then, each data point was compared with other data points to determine their similarities and differences, and data categorization became possible through repeated reviewing and aggregation of similar data points. To this end, first extracted codes with similar concepts were aggregated with each other and then the main categories were created and presented in the form of tables.

**Results**

In the presents study 9 categories and 5 main themes were extracted from the interviews and are presented in Table 1.

**Discussion**

The findings of this study based on Longew theory and participants’ answers are presented in Table 1. The first stage of empowerment of women was identified as welfare including primary and developmental needs. In the Maslow theory, biological and security needs are the most basic needs of individuals. In other words, people need to first have adequate nutrition, sleep and a safe living environment before meeting their emotional, social and belonging needs that give them feelings of being valued. In this stage, women are in fact not empowered yet and only seem to use the welfare facilities. However, there is a minimum of empowerment in this stage which
is the start of women entering other stages and their desire for reducing inequalities and receiving peace of mind. Such a desire takes women to the second stage which is “access.” In the society, women usually have less access to properties, healthcare and medicine and related facilities, leading to inequalities, most of which is created in the society itself. In this regard, two studies\cite{8,9} mentioned the effect of social factors on empowerment of women. The results of other studies emphasized the importance of education and financial independence of women\cite{10,11,13} stating that access to cultural, social, and financial resources affects empowerment of women. In this stage, women identify the gap between current and ideal situations and can start their attempts to improve their access to society. For such an attempt, the third stage, “knowledge,” is important. In this stage, thinking has more prominence compared to previous stages because

in this stage women are familiarized with the roots and reasons for the inequalities, lack of empowerment and their mental health problems and will understand that most of these problems have social roots and can be changed. In this regard, Yount et al. and Bushra and Wajiha in their studies emphasize the importance of knowledge on empowerment of women.\cite{10,11} This finding confirms that women’s knowledge about the current state of society is one of the stages in their empowerment. This leads to the need for equity, cooperation, and reaching the fourth stage of “participation.” Of course, simple participation is not enough and participation needs to be effective and useful. In other words, the goal of this stage is the participation of half of the population and using and sharing their useful and constructive ideas. In this regard, the study by Bonilla et al. states that women’s participation in decision-making is one

Table 1: Women’s empowerment factors related to their mental health

| Theme        | Category                        | Code                                                                 | Interviewees’ experiences |
|--------------|---------------------------------|----------------------------------------------------------------------|---------------------------|
| Welfare      | Primary                         | Adequate and healthy nutrition, physical activity, entertainment, free time, sleep, safe residence, safe society, satisfied sexual needs | “There was a time people though walking and exercising is inappropriate for women; healthy body has nothing to do with gender,” “just like men, women should be able to walk in a park at any hour without fearing heavy looks or teasing” |
|              | Developmental                   | Being loved, kindness, vitality, lack of violence, peace of mind, self-esteem, self-confidence, self-reliance, purposefulness | “We take away women’s self-confidence, since a young age we tell them girls shouldn’t do this or that, and then, we expect them to solve problems in the worst situations,” “If women are happy they grow and create happiness” |
| Access       | Facilities                      | Employment, finance, education, property, services, health-care, medicine, healthy | “After an earthquake, we wanted to make women more active; we did a survey, they had no education, no job, no property, they owned nothing except housework and taking care of children,” “do you think what percentage of out women have constant physical and mental evaluations?” |
| Values       |                                 | Social dignity, respect, social worth, worth in family, social standing, familial standing | “Household and society which doesn’t value women had no value. On the other hand, when women are respected and valued, they transfer this respect to others,” “there are places that call women “weak” and then want to talk about empowerment” |
| Knowledge    | Inequalities                    | Discrimination, extra responsibility, multi-role, low-level jobs, social insecurity, being judged, social stigma | “During a disaster, a woman has to take care of herself, her children, her life, her husband’s peace of mind, household’s finance and ten other jobs; anything goes wrong, and she has to answer to people as well” |
|              | Rights                          | Independence, education, skill acquisition, well-paid job, citizenship rights, laws, authority and responsibilities, sources of accountability | “Society doesn’t give women independence and they don’t believe in it themselves either. After an earthquake, a woman whose husband was dead came to take her food rations, one old woman was telling her ‘your husband’s dead, what are you doing outside?’” |
| Participation| Politics and lawmakers          | Creation of protective laws, modification of laws, women’s medical insurance, programs’ evaluation, political role, key government positions | “Women should have representatives in all political fields and not only in women’s affairs,” “policies should also be implemented: it’s not enough for changes to be on the paper, the effects must be seen in their mental health” |
|              | Social                          | Identification of needs, problems of participation in decision-making, fighting for rights, social participation, organization, social link, effective social participation | “Women must be demanding, must know their needs. Society does its own thing,” “I was a middle manager during an earthquake, I saw women working together spontaneously. Those that knew social relations had found each other quickly” |
| Control      | Institutionalization            | Control power, institutionalization of participation, creating equity, reducing inequalities, power balance, continued knowledge and access, stable equal welfare | “It’s not only participation that’s important, it’s important to be effective. Women shouldn’t just get busy with participation,” “empowerment of women doesn’t mean that they should rule over others, it means participation and cooperation, it has a deep meaning” |
of the factors in their empowerment and Bozzano believes that empowerment of women is related to their role in society. Based on these results, although social limitations have managed to reduce women’s participation, self-confidence, self-esteem, and women’s demands play important roles in this stage. These demands should be made with knowledge about the results of cooperation which leads to the fifth stage or “control.” In this stage, by controlling their power and participation, institutionalize the results of their empowerment which leads to reduced inequality and better fairness. In this regard, Newbigging emphasizes the importance of gender equality for empowerment of women. However, the results of this study showed that women do not have a desirable situation in this stage of empowerment.

In general, the study by Herrman confirms the relation between empowerment and mental health of women and we can say that when empowerment stages and factors are correctly implemented, women’s mental health also improves. Especially in difficult situations and disasters, this relation between mental health and empowerment can lead to better participation in controlling the situation.

Conclusions

This study aimed to determine the experts’ opinions on factors related to empowerment of women. One of the limitations of this study was the small number of experts and researchers in fields related to women’s studies who were familiar with psychological aspects of empowerment.

Suggestions

This study suggests that women should gain knowledge and actively pursue their demands through participation and cooperation instead of being passive recipients of help and take responsibility for implementation of personal and social programs. The society also should consider the potential benefits and effectiveness of women and creates the basis for their empowerment and health.

Financial support and sponsorship

We would like to thank all participants whose opinions helped us reach the goals of our study. This study is the result of a PhD thesis and was carried out without outside financial support and sponsorship.

Conflicts of interest

There were no conflicts of interest in this study.

References

1. Health Deputy Minister of Health, Treatment and Medical Education. Comprehensive Program to Improve the Mental Health of the Country (2011-2015). Ministry of Health and Medical Education; 2015.
2. Bradshaw S. Fordham M. Women, girls and disasters, a review for DFID. London Middlesex University; 2013.
3. Fisher J, Herrman H, Cabral de Mello M, Chandra P. Women’s mental health. In: Patel V, Minas H, Cohen A, editors. Global Mental Health. New York: Oxford University Press; 2013: 354-84.
4. Leeder S. The global challenge of women’s health. Med J Aust 2015;202:277.
5. Herrman H. Improving the mental health of women and girls: Psychiatrists as partners for change. World Psychiatry 2016;15:190-1.
6. Kaldi A, Salahshourí P. The investigation of social support’s effect on women empowerment. J Iran Soc Dev Stud 2012;4:7-22.
7. Gholipour A, Rahimian A. Economic, cultural, and educational factors related to empowerment of head-of-household women. Soc Well 2011;11:29-62.
8. Kayanighalesard S, Arsalanbod MR. Economic Empowerment of Women, According to the Experience of Japan. National Conference of Women and Rural Development, Ferdowsi University of Mashhad; 2014.
9. Zadeh A, Boodaqi M, Aghdasi A, Alamdari F. Empowerment of Women Heads of Household with an Emphasis on Local Strategies. Papers of the National Conference of Empowerment; 2011.
10. Yount KM, Dijkerman S, Zureick-Brown S, VanderEnde KE. Women’s empowerment and generalized anxiety in Minya, Egypt. Soc Sci Med 2014;106:185-93.
11. Bushra A, Waijha N. Assessing the socio-economic determinants of women empowerment in Pakistan. Procedia Soc Behav Sci 2015;177:3-8.
12. Bozzano M. On the historical roots of women’s empowerment across Italian provinces: religion or family culture? Eur J Polit Econ 2017;49:24-46.
13. Bonilla J, Zarzur RC, Handa S, Nowlin C, Peterman A, Ring H, et al. Cash for women’s empowerment? A mixed-methods evaluation of the government of Zambia’s child grant program. World Dev 2017;95:55-72.
14. Newbigging K. Mainstreaming gender equality to improve women’s mental health in England. The Psychology of Gender and Health. Ch. 12. London: Academic Press 2017: 343-61.
15. Devries KM, Mak JY, García-Moreno C, Petzold M, Child JC, Falder G, et al. Global health. The global prevalence of intimate partner violence against women. Science 2013;340:1527-8.
16. García-Moreno C, Hegarty K, d’Oliveira AF, Koziol-McClain J, Colombini M, Feder G, et al. The health-systems response to violence against women. Lancet 2015;385:1567-79.
17. Prevention of harmful practices in women and children. Lancet 2014;384:1722.
18. Herrman H, Swartz L. Promotion of mental health in poorly resourced countries. Lancet 2007;370:1195-7.