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# Mental Health and Married Women: Accessibility of Mental Health Care Services in Malappuram District

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**Abstract**

This study investigates the accessibility of mental health care services for married women in Malappuram District, Kerala, highlighting the complex interplay between cultural norms, stigma, and service provision. Despite the critical role of mental health in overall well-being, married women often face unique stressors — such as role strain, economic dependency, and familial expectations — that hinder their psychological health. Using a quantitative descriptive research design, data were collected from 30 married women aged 18–35 years through structured questionnaires. The analysis reveals that while over 80 percent of respondents report access to mental health facilities in their locality, only 13 percent have actually utilised these services. The most frequently cited barrier to access is social stigma (50 percent), followed by lack of awareness, financial constraints, and family resistance. The study further shows that, though many women discuss mental health issues with their partners, fewer engage in such conversations with their broader family network. Satisfaction with the quality of existing services is moderate, indicating a gap in gender-sensitive and culturally responsive care. Based on these findings, we propose targeted interventions — including community education, family-inclusive outreach, subsidised services, and professional training — to improve mental health-care uptake among married women in this region. The study contributes to understanding gendered barriers in mental health access and offers policy-relevant insights for building more inclusive support systems.

## Introduction

Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is more than the absence of mental disorders. It exists on a complex continuum, which is experienced differently from one person to the next, with varying degrees of difficulty and distress and potentially very different social and clinical outcomes. Mental health is a basic human rights. And it is crucial to personal, community and socio-economic development. The mental health of married women is a significant yet often overlooked area that sheds light on the complex interplay between marital dynamics, societal

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expectations, and psychological well-being. In many cultures, married women are expected to fulfil multiple roles, including those of caregivers, homemaker, and professional, which can lead to increases stress and mental health challenges. Factors such as relationship satisfaction, communication patterns, and external support systems play crucial roles in shaping their mental health outcomes. Understanding these dynamics is essential not only for the well-being of married women themselves but also for fostering healthier family environments and communities.

The accessibility of mental health care services for married women in Kerala is significantly influenced by cultural, religious, and societal factors. Culturally, traditional gender roles often expect women to prioritize their families over their own well-being, leaving little room for addressing mental health concerns. Religious beliefs can also shape attitudes toward mental health, with some communities attributing psychological distress to spiritual or moral causes rather than medical conditions, thereby discouraging professional help. Furthermore, stigma around mental illness in many communities discourages women from seeking care, fearing judgment or ostracism. Economic dependence on their spouses, lack of awareness, and limited availability of gender-sensitive mental health services in rural areas further restrict access. Understanding these intersecting factors is essential to developing inclusive and culturally appropriate mental health care solutions for married women in Kerala.

**Key Words :**
1.Married women mental health

2.Mental health care accessibility

3.Stigma and gender roles

4.Socio-cultural barriers

5.Kerala / Malappuram District

**Opening Statement: Why This Matters**

Before we dive in, I want you to imagine something: a woman comes home after a long day, feeling emotionally drained. She's a homemaker, a daughter, a wife, sometimes an employee. She's handling multiple roles, managing expectations from all sides. But when anxiety creeps in or stress becomes overwhelming, where does she turn? More importantly, does she feel comfortable reaching out for help?

This is the reality for many married women in our communities—and it's the reason we're here today.

## UNDERSTANDING THE CONTEXT

What is Mental Health, Really?

Mental health isn't just the absence of illness. It's about feeling capable, resilient, and able to navigate life. According to the WHO, mental health is a state of well-being where individuals:

- Can cope with life's stresses
- Realize their full abilities
- Learn and work productively
- Contribute meaningfully to their communities

Think of it as a spectrum, not a binary. We all move along this spectrum—sometimes thriving, sometimes struggling—and that's completely normal.

**Why Focus on Married Women?**

Here's what's often overlooked: married women face unique pressures. In many cultures, they're expected to:

- Be caregivers (children, elderly relatives)
- Maintain the home
- Support their families emotionally
- Often, also juggle careers or education
- Put everyone else's needs before their own

When all these roles collide, stress multiplies. Depression, anxiety, and burnout become real possibilities. Yet many suffer silently—not because they don't need help, but because seeking help feels impossible.

**The Kerala Scenario: Where Culture Meets Health**

In Kerala, and particularly in Malappuram District, cultural and religious values deeply shape how people view mental health. Traditional gender roles often teach women to prioritize family over self-care. Some communities view mental distress through a spiritual lens rather than a medical one. And stigma? It's still very real.

The result: married women face intersecting barriers—cultural expectations, economic dependence, limited awareness, stigma, and sometimes a simple lack of accessible services. That's what this study explores.

## 2. What Research Tells Us

**Learning from Similar Communities**

Several studies have already illuminated this path. Let me highlight the most relevant ones:

**Resilience Among Immigrant Women (Jo, 2020)**

This research showed us something powerful: even when women face significant challenges, strong support systems matter enormously. The key finding? Early intervention—within two years of major life transitions—can make a huge difference. That timing insight is crucial for Malappuram as well.

**Cultural Factors and Women's Mental Health (Douki et al., 2007)**

What we see in Arab communities mirrors what happens in Kerala: when women have less social power, they become more vulnerable to mental disorders like depression and anxiety. But here's the hopeful part—when providers address both cultural AND psychological needs, outcomes improve significantly.

**Depression in Rural Kerala Women (Lamiya et al., 2022)**

This is directly relevant to us. Researchers in North Kerala found depression is alarmingly common among married women in rural areas. Factors like limited education, low income, family structure,

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and employment status all play roles. The study confirms: the context matters, and married women in rural settings face distinct stressors.

**Rural Help-Seeking Barriers (Divakaran, Kakkan, & Mangool, 2024)**

Here's a concerning pattern: people in rural North Kerala seek psychiatric help less than expected. Why? Stigma, lack of awareness, limited services, and socio-economic pressures. This is our district, right here.

**Stigma as a Family Concern (Raghavan et al., 2023)**

Perhaps most telling: in Kerala, stigma around mental illness isn't just personal—it affects the family's reputation. People fear not just judgment for themselves, but consequences for their entire family. That's a powerful deterrent to seeking help.

## 3. Our Research: Design and Method

**The Question We Asked**

"What barriers prevent married women in Malappuram District from accessing mental health care? And what can we do about it?"

**Who Did We Talk To?**

We focused on married women aged 18-35 years living in Malappuram District because:

- This age range represents women in active marital and often early parenting years
- They're navigating multiple role transitions
- They represent diverse education and employment backgrounds

We collected data from 30 married women across the district—both urban and rural areas.

**How We Gathered Information**

We used a straightforward approach: questionnaires with close-ended questions that covered:

- Demographic information (age, education, employment, family type)
- Awareness of mental health
- Experience with mental health challenges
- Access to services in their locality
- Actual utilization of mental health care
- Perceived barriers to care
- Family and social support
- Satisfaction with available services

We analyzed everything using simple statistical methods, then presented findings through tables and graphs to make patterns clear.

**4. What the Data Revealed**

**Who Participated?**

Let me paint a picture of the women we spoke with:

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- Most were young professionals: 76.7% had degree-level or higher education
- Predominantly Muslim community: 90% of respondents, reflecting Malappuram's demographics
- Diverse employment patterns: Half were homemakers, 30% students, with some self-employed and formally employed
- Mostly nuclear families: 53% lived in nuclear families, 43% in joint families—a mix that affects available support
- Recently married: 60% had been married 1-5 years, suggesting they're navigating early marital transitions
- Mix of economic backgrounds: 70% from APL (Above Poverty Line) households, 30% from BPL households

**The Awareness Gap and Reality Check**

Here's something encouraging: 60% of married women are strongly aware of mental health and its importance. Another 30% are somewhat aware. That's a solid foundation—we're not starting from zero.

But awareness doesn't translate to experience. Only 36.7% of respondents reported actually experiencing mental health challenges they felt needed attention. This might reflect resilience, or it might reflect underreporting due to shame or lack of recognition. Both are plausible.

**The Availability Paradox**

This was surprising: 83% of respondents reported having mental health care facilities in their locality. That's quite high! The services included:

- Private hospitals (35.7%)
- Private clinics (32.1%)
- Community health centres (21.4%)
- Other services (10.7%)

So accessibility—in a physical sense—isn't the main problem. But here's the catch...

**The Utilization Crisis**

Only 13.3% of respondents have actually used mental health care services, despite 83% having access to them. Let that sink in.

Why the gap? The data points to one overwhelming answer:

50% of women cited stigma and fear of being labeled as the primary barrier.

That single issue dwarfed all others—lack of awareness (20%), financial constraints (10%), distance (10%), insufficient family support (6.7%), and lack of availability (3.3%).

This tells us: It's not really about whether services exist. It's about whether women feel safe and supported in using them.

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**The Communication Question**

Interestingly,86.7% of married women discuss mental health with their partners—that's the good news, but only 56.7% discuss it with their broader families

This suggests women trust their spouses more than extended family. Why? Perhaps partners feel less judgmental, or perhaps women shield their families to protect their reputation. Either way, it highlights where support could be strengthened—at the family level.

**The Support We Have vs. the Support We Need**

63.3% received family support when seeking mental health care, which is substantial. Social support was more variable:

- 36.7% always felt socially supported
- 33.3% rarely did
- 20% often did
- 10% never felt supported

What this suggests: Support exists, but it's inconsistent. Some women have strong safety nets; others feel quite alone.

**Quality Concerns**

Even when women did access services, satisfaction was mixed:

- 20% very satisfied
- 26.7% satisfied
- 43.3% neutral (neither satisfied nor dissatisfied)
- 6.7% dissatisfied
- 3.3% very dissatisfied

Nearly half the users weren't confident the quality was good. That's a red flag. Services might exist, but they're not consistently meeting people's needs.

## 6.What This All Means: Key Findings

**1. Education Is Happening, But Gaps Remain**

Most married women in our sample were educated (76.7% had degrees). They understand the basics of mental health. But pockets of unawareness still exist, particularly in less-educated segments of the population. These gaps need targeted outreach.

**2. Awareness Doesn't Equal Action**

Just knowing about mental health doesn't mean women seek care. The leap from awareness to action is enormous. Fear of judgment and stigma create an invisible wall that awareness alone can't break through.

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**3. The Stigma Shadow**

Stigma isn't just a feeling—it's a structural barrier rooted in culture. Many families fear what others will think. Women internalize this fear. Unless we address stigma head-on, access remains theoretical.

**4. Services Exist, But Trust Is Missing**

The physical infrastructure is there. But women don't trust it enough to use it. This could stem from:

- Inconsistent quality
- Previous negative experiences in their communities
- Perception that providers don't understand women's specific needs
- Fear that confidentiality won't be maintained

**5. Family Dynamics Are Complex**

Partners are trusted confidants, which is positive. But extended families present barriers. Involving families in the solution requires careful navigation of cultural norms—helping them understand mental health as a health issue, not a shameful secret.

**6. Employment Matters**

Homemakers, who make up half our sample, have unique vulnerabilities. When self-worth is tied to homemaking, mental health struggles feel like personal failures. Working women might have more identity beyond these roles—or they might face different work-related stressors. Either way, employment status shapes mental health needs.

## 6. What Married Women are Telling Us

Beyond the numbers, women voiced clear needs:

- "We need mental health education in schools and communities"
- "Campaigns that normalize mental health, not stigmatize it"
- "Affordable or free services—I can't justify spending on therapy when my family has other needs"
- "Online options where I can access care privately"
- "Workplace support for working mothers"
- "Healthcare providers who understand that my depression isn't weakness; it's a medical condition"
- "Support from my family, not judgment"

The message is consistent: women want destigmatization, accessibility, and respect.

## 7. A Path Forward: Recommendations

<u>For Community Leaders and Educators</u>

**1. Launch Awareness Campaigns That Normalize Mental Health**

Don't just educate about mental illness—celebrate mental wellness. Partner with schools, workplaces, and religious institutions. Make mental health as routine as physical health.

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**2. Create Safe Spaces for Dialogue**

Support groups, counseling circles, peer-led discussions. When women hear from others like them who've sought help, stigma loses power.

For Healthcare Providers

**3. Develop Culturally Sensitive Services**

Understand Malappuram's specific context. Train providers in:

- Cultural competency around gender roles
- Sensitivity to religious beliefs without imposing them
- Trauma-informed care (especially regarding domestic dynamics)
- Women-centered approaches to mental health

**4. Improve Service Quality and Accessibility**

- Offer evening/weekend hours for homemakers and working women
- Integrate online counseling options
- Ensure confidentiality safeguards that women trust
- Consider sliding-scale fees or insurance coverage

For Families

**5. Reframe Mental Health as a Family Priority**

Just as you'd support a family member with diabetes or hypertension, support mental health. When families normalize seeking help, women feel safe doing so.

For Government and Policy

**6. Fund Mental Health Infrastructure**

- Invest in rural mental health services
- Support community health centers with mental health specialists
- Make mental health services affordable or free for BPL families
- Monitor and improve service quality

**7. Integrate Mental Health into Women's Health Programs**

Partner mental health support with maternal health, reproductive health, and family planning services—places where married women already engage with healthcare.

For Social Workers

**8. Bridge the Gap Through Social Work Intervention**

Social workers are uniquely positioned to:

- Connect women with services while respecting cultural values
- Empower women through counseling and education
- Advocate for their rights within families and systems
- Build trust in communities that currently distrust formal mental health care

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## 8. Concluding Thoughts.

Here's what our research reveals: The problem isn't a lack of mental health facilities. The problem is a lack of trust, a burden of stigma, and a system not designed around women's needs.

Married women in Malappuram are resilient, educated, and aware. They don't need more awareness campaigns—they need permission to be vulnerable.They need families and communities to stop seeing mental health struggles as family shame. They need affordable, quality services. They need providers who see them as whole people, not just diagnoses.

Most importantly, they need to know: seeking help is not weakness. It's wisdom. It's self-care. It's choosing to be well so you can care for those you love.

The infrastructure can be built. The services can be improved. But real change happens when communities—families, religious leaders, healthcare providers, government officials—decide together that mental health matters. That a married woman's well-being isn't selfish; it's essential.

That's the transformation Malappuram needs. And it starts with conversations like this one

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