



A Study on Women with Mental Illness and Human Rights in Kamrup

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Abstract

The status of Women in our country had a drastic change since these passing decades. But is this change has touched all the aspects? The people who are affected by mental disorders/illness are most vulnerable and discriminated in the community. Especially women with Mental illness suffer the most and are neglected in all the areas. These people undergo diffused prejudice and regularly exempted from their rights and services they are worth of. However, solving these issues will be possible only when the public has the awareness about the human rights. As a society, we are committed to providing the support people need to survive in the community. Women with mental health problems should have the same right to a job as anyone else, and all the rights they are worth of, there are special acts in our country for them, such as the "Mental Health Act" and the very recent 'Mental Health Care Bill'. Nevertheless, the women with mental illness remain the most neglected group so far. This study was conducted with the aim to understand the status of Women with Mental illness and their rights. And also to observe the status of women with mental illness in the community, and the utilization of the rights in the district of Kamrup Metro. A descriptive design was distributed amongst the randomly selected asymptomatic psychiatric patients and their caregivers (N= 60) at the in-patient care centre. The data was collected through face-to-face interview and was than analyzed and interpreted using descriptive statistics. This paper concludes that the women with mental illness are far behind in the utilization of human rights.

Keywords: Women, Mental Illness, Human Rights, Kamrup.

Introduction

Empowerment is based on the notion of utilizing resources of individual, employees' skills, giving opportunity, authority, motivation so as holding them accountable and responsible for the result of their works that may contribute to their satisfaction and competence. Empower also includes the practice of sharing information, rewards, and power with the individuals so that they can initiate and take decisions to work on their problem and excel themselves.

Women empowerment is a leading issue now a day. It refers to the empowerment of women irrespective of gender biasness, to create a suitable environment where a female can make decisions of their own without any hindrance¹.

In the developing countries like Asia and Pacific Region, the women with special abilities and suffering from mental illness are always neglected, their concerns are least known and their rights are overlooked². Throughout the region in any community they have to face different problems and been discriminated by the society not only for their condition but also for their gender and poverty³.

The attitude of the public towards the people affected with mental illness has changed now a day. There are very less stigma attached with the issue as it is commonly known that there is treatment available for such illness. Thus, the person

who are suffering from mental illness or in remission need to be treated like any other person who are suffering from any kind of diseases, and environment surrounding them should be friendly and supportive for them.

As like any other person a also desires to have a social intimation, acquire qualification and skills for earning ones livelihood and be a respected member of the society. But in majority it is found that the women with mental illness cannot live like others. They are more likely to i. Be confined in the house, i. Exempted from social gathering, iii. Be without vocational skills, iv. Be unemployed, v. Have less access to public services, vi. Be abused

Though they are vulnerable and neglected and discriminated groups in the society they make out and live their life⁴.

Poverty is one of the major causes of hindrance in the development of the women especially when they are affected with mental illness it gets wider. Poverty is not just lack of money or resources but also of skills, knowledge and social intimation. And lack of these resources they have very limited scope for development. The panoptic discrimination against women with mental illness despoil the principle of equality of rights and their human dignity and are exempted from the equal opportunities in all the factors, which has been recognized globally. Still there are not suitable measures to abolish such

discriminations and make them able to experience a tangible improvement in their lives.

“Disability”, refers to the condition of being unable to perform as a consequence of physical and mental unfitness.

Many literatures on disability and its rights point out that the disabled community is one of very few groups who are not born with but can develop in later life. Disability can be classified into different categories, such as i. Physical disability, like-post-polio syndrome, cerebral palsy, ii. Lack of or amputation of limbs or other body parts, iii. Sensory impairments, like-hearing or visual impairments, iv. Neurological impairments, such as epilepsy, v. Cognitive impairment, like- Autism, down syndrome, vi. Psychiatric conditions such as schizophrenia, depression⁵.

India has sanctioned the United Nations Convention on the Rights of Person with Disabilities (UN CRPD) and has taken on the obligation to ascertain and upgrade the full realization of all fundamental freedoms and human rights for all persons with disabilities without discriminating its type. In achievement of this international consignment, the country is obligated to enact suitable legislation in the forwarding of the rights accepted in the UN convention. India has enacted the Persons with disability (Equal Opportunities, Protection of rights and Full Participation) Act Of 1995 in fulfillment of its obligation as a signer to the promulgation on the equality and full participation of them in Asia Pacific Region. While the requirement to hold the endowing law is unambiguously recognized, it is also admitted that the current Person with Disabilities Act does not unifies a number of rights accepted in the UN CRPD. Even the rights that are not acknowledged are not in totally agreeable with the law of the Convention⁶.

Moreover, the UN CRPD acknowledges that disability is an germinating concept that disability is the outcome of the interaction between persons with impairment and attitudinal and environmental barriers that impede their holistic and real and equal participation. So far as the present Person with Disability Act at no place authorized the right to equality and non-discrimination for the person with disabilities and in a selective manner acknowledges some rights for them⁴. In present it is proposed to replace it with the comprehensive principles, which recognizes all rights in favor of them⁷.

Women suffering from mental illness and in remission are deprived of their rights and needs by the stigma towards mental illness. And as a consequence they are categorized as a useless and unwanted group for the society⁸.

In view of these observations, this study is an attempt to study and understand the current status of the women with mental illness and their human rights of the district of Kamrup Metro, Assam.

Significance of the study: The status of Women in our country had a drastic change since these passing decades. But is this change has touched all the aspects? As a society, we are committed to providing the support people need to survive in the community⁸. The people who are affected by mental disorders/illness are most vulnerable and discriminated in the community¹⁰. Especially women with Mental illness suffer the most and are neglected in all the areas¹¹. These people undergo diffused prejudice and regularly exempted from their rights and services they are worth of. However, solving these issues will be possible only when the public has the awareness about the human rights. Women with mental health problems should have the same right to a job as anyone else, and all the rights they are worth of, there are special acts in our country for them, such as the “Mental Health Act” and the very recent ‘Mental Health Care Bill’. Nevertheless, the women with mental illness remain the most neglected group so far.

Objective of the study: i. To understand the status of Women with Mental illness and their rights. ii. To observe the status of women with mental illness in the community, and the utilization of the rights in the district of Kamrup Metro.

Methodology

Sample: The sample was collected through purposive sampling and randomized group design comprising of N =60 asymptomatic psychiatric women patient and their caregivers who availed in-patient care.

Materials used: The tool includes a brief instruction, respondent’s personal identification sheet, and a questionnaire. i. Personal Identification sheet is used to collect respondent’s personal data like age, gender, locality, occupation and educational level. ii. Face-to-face interview was done with the patients and as well as their caregivers on three areas- i. Aware about the disability benefits, ii. Received any disability benefits, iii. The community acceptance.

Data/Statistical Analysis: The data was collected using the tools and analyzed using descriptive statistics. Frequencies and percentages of the responses were calculated and listed in the table.

Procedure: The institution was selected through purposive sampling and sample of the study was collected from the patient who availed in-patient care through randomized group design. The consent of the institution, patient and their caregiver was collected.

The population of the study includes the women with mental illness who availed in-patient care facility and their caregivers.

The information of the patients was collected from the institution and visit was made to each household for collecting data. Face to face interview was done and the data were

collected. Each interview took nearby 30-40 minutes. Later the data was analyzed using descriptive statistic.

The results of the study are shown with the help of the following tables.

Results and Discussion

The Figure in table-7 depicts that only 5% of the patient are aware about the disability benefits whereas 7% of the caregivers

are aware of it. 2% of the patient as well as the caregiver received disability benefits. It was found that 35% of the patient got positive community acceptance whereas 48% of the caregivers. As a whole it could be said that from the total population very few are aware of the disability benefits and only 1 person received it. The acceptance of the community must have been 100% but for the patient are only 35% and the caregiver 48%. The need of safeguard of rights of women is very necessary.

**Table-1
 Gender**

Gender:	Patient		Caregiver	
	Frequencies	Percentage	Frequencies	Percentage
Male	-		28	47
Female	60	100	32	53

**Table-2
 Education Level**

Education Level:	Patient		Caregiver	
	Frequencies	Percentage	Frequencies	Percentage
Illiterate	9	15	3	5
Literate	14	23	12	20
HSLC	26	44	27	45
Above	11	18	18	30

**Table-3
 Marital Status**

Marital Status:	Patient		Caregiver	
	Frequencies	Percentage	Frequencies	Percentage
Unmarried	18	30	4	7
Married	31	52	53	88
Widow/ Separated	11	18	3	5

**Table-4
 Relationship**

Relationship:	Patient		Caregiver	
	Frequencies	Percentage	Frequencies	Percentage
Spouse	29	48	29	48
Parents	5	8	17	28
Siblings	9	15	9	15
Offspring	17	28	5	8

Table 5
Occupational Status

Occupation:	Patient				Caregiver	
	Frequencies		Percentage		Frequencies	Percentage
	Employed	39	65	51	85	
Unemployed	21	35	9	15		

Table 6
Duration of illness of the patient

Duration of Illness:	Patient		
	Frequencies		Percentage
	<2 years	38	63
>2 years	22	37	

Table-7
The results of the interview shows that

Sl. No.		Patient				Caregiver			
		Yes		No		Yes		No	
		F	%	F	%	F	%	F	%
1	Aware about the disability benefits	3	5%	57	95%	4	7%	56	93%
2	Received any disability benefits.	1	2%	59	98%	1	2%	59	98%
3	The community acceptance	21	35%	79	65%	29	48%	31	52%

Conclusion

It can be concluded from the study that the women with mental illness are far behind in the utilization of human rights. Very few are aware about the disability benefits and also they are not accepted in the community as they worth. In the Indian society it was seen that though women are said to be respected and given the status of “devi” but in the practical world they are seen to be neglected and away from their rights too (Dahiya Seema, 2013). In the present study also it was found that only 2% of the total selected population has received disability benefits. It is high time to bring the theory to practical implication and reform our thinking to accept the literal meaning of gender equality no matter what.

Limitations: i. The samples of the study were selected from only two organizations as there are many more organizations where there is in-house psychiatric facility available. ii. The size of the sample is very less, as it is only N=60, hence the results cannot be used as a generalization. iii. Also the study focuses only on the awareness and utilization of the rights only of the women, and no comparison was made with the gender difference.

Recommendations for further Research: Sample size in related topics of study should be large so that the result can be used as a generalization.

Besides that, Assam has led behind compared to the other states of India in the psychiatric accessibility, thus the difference and problem behind could be a part of the research.

It is recommended for further research that more study should be conducted on PWD act and there utilization and realization in the state by the government and the public.

It is also recommended that other variables such as socio-economic status, gender, races, severity of the illness, academic status etc. can be considered to determine the level of awareness and utilization of the rights.

Moreover, this study is using interview method to know the status from the patient and the caregiver only. Thus it is also recommended that an in-depth investigation can be done through qualitative as well as quantitative method.

Moreover, it is recommended for further research in the similar and related topics. The findings of the study need to be corroborated and expanded in future studies which should be a

prospective study and which draws samples from the tertiary care setup as there is a scarcity of such studies in the districts as well as the whole state of Assam.

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