

PERSPECTIVE

Mainstreaming Reproductive Mental Health of Women: The Unmet Need of the Hour

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ABSTRACT

Background: While the existing research is limited, over recent years, there has been growing awareness to understand the mental health of women during menstruation, menopause, and postpartum. **Methodology:** A woman's distinct reproductive life stages adversely affect her psychological well-being, aggravated by other underlying social, economic, and cultural factors. Drawing upon the analysis of governing laws and women's reproductive health literature. **Results:** The existing reproductive health law, educational, and workplace frameworks in India are inadequate for supporting the reproductive mental health of women. **Conclusion:** It is of critical importance to adopt a holistic approach and call for mainstreaming the reproductive mental health of women through urgent legal and healthcare reforms.

KEYWORDS

Reproductive Mental Health; Menstruation; Postpartum; Menopause; Mental Well-being; India

INTRODUCTION

Reproductive life stages significantly impact a woman's body, mind, and everyday social activity. In 2022, during the 50th session of the Human Rights Council Panel, the World Health Organization (WHO) explicitly recognised that menstruation is a health issue with physical, psychological, and social dimensions, and must be addressed in every stage from before menarche to after menopause.(1) The physical effects of menstruation have been receiving modest attention, however, the intersection of reproductive life and mental health needs is neglected and inadequately researched. Consequently, the significant menstruating population is left with minimal legal support and healthcare options. This paper explores literature on women's reproductive mental health, analyses the existing legal framework in addressing the distinct mental health needs and advocates that there is requirement for more focused research on the mental health of a woman during each of the reproductive processes i.e menstruation,

menopause and postpartum to inform the legal and health care system for inclusive practices.

Reproductive life stages and women's mental health: The menstrual cycle, in addition to producing physical symptoms that include heavy bleeding, dysmenorrhea, fatigue, is linked to premenstrual mood disorders and hormonal fluctuations, leading to mood and anxiety symptoms, depression, and anger.(2) The increasing body of evidence has established the prevalence of premenstrual syndrome (PMS) or premenstrual dysphoric disorder (PMDD) among menstruating women, which are classified as psychiatric or somatic symptoms that emerge during the post-ovulation stage of the menstruation and subside after menstruation begins.(3) A few research points out that these psychological side-effects can adversely affect women's career, education, or their activities of daily living. Further, this interacts with the social and cultural taboos surrounding the subject of menstruation. To illustrate, a growing body of evidence shows that the girls' inability to manage their menstrual hygiene in schools results in school

absenteeism.(4) Some alarming research studies have identified that suicide attempts or death in women have a direct correlation with particular menstrual cycle phases (5) particularly in the early menstrual and luteal phases.(6) The detrimental effects of menopause include vasomotor symptoms, insomnia, sexual health issues, cognitive loss, and depressive symptoms, and may even lead to escalation in the rise of severe mental disorders, such as depression or schizophrenic psychoses(7) though research findings show mixed results.(8) Many mothers in the postpartum period experience adverse changes in mental health, particularly depression and anxiety-related problems(9) which are attributable to inadequate maternity leave benefits, prolonged work hours, newborn illnesses, lack of domestic support, and physical changes and hormonal fluctuation that surface after childbirth.(10) These adverse mental health challenges following postpartum are linked to increased maternal deaths due to suicide and dysfunctional parenting behaviors, which consequently affects the overall well-being of their children.(11) In addition, a plethora of studies indicate that the menstruating population experiences a lack of adequate facilities to change the menstrual absorbents used and their safe disposal at home, schools, work, as well as the public settings due to the insensitivity towards gender inclusive practices, adding further to the mental strain.

India's Response to Reproductive health of Women: Though the research is limited and still emerging, mental health challenges of the menstruating population are a daily reality that highlight the urgent need to mainstream reproductive mental health through legal and healthcare reforms across different reproductive life stages. As a sizable section of society experiencing menstruation and menopause comprises the students and the working women, adopting supportive practices at schools and workplaces, and integrating with the education and employment sector is the desired step. Inclusive work practices, including flexible working hours, increased awareness about menopause, the employer's support, and employee autonomy at the workplace are some of the validated practices that have reduced the impact of menopause symptoms in the workplace.(12) In this context, the idea of 'Menstrual flexibility' introduced by Australian menstruation researcher, Lara Owen (2016), is a financially feasible choice. It allows the women to absent themselves from work during their menstruation and compensate for the lost time on other days.(13) While the developments in terms of protection of maternal health of working

women have been progressive by providing twenty-six weeks of maternity leave benefits, other critical areas of women's reproductive health, like menstrual leave, menstruation, menopause, and postpartum-related mental health care, remain largely overlooked in India. While a few states and companies introduced menstrual leave policies at workplaces, India lacks a national legal framework on the same. Hitherto, the distinct and allied Swachh Bharat programmes regarding menstrual health and hygiene at schools have been focusing on providing access to menstrual absorbents to the underprivileged, adequate sanitation and waste disposal facilities, etc which is noteworthy. However, it is silent on the issue of painful menstruation and cramps, which also require special attention and care. In this regard, workplaces and schools often lack resting areas. The lack of facilities and support at schools and workplaces further escalates the reproductive-related mental health needs and related challenges. The availability of qualified mental health counselors at schools and the establishment of resting areas, menstrual leave must be normalised and formalised in the educational system and workplace settings.

Bridging the gap and way forward: According to the World Health Organisation there is significant under-recognition of mental health aspects of women's reproductive health and experiences not only by the general public and healthcare professionals but also there is lack of awareness amongst the women themselves.(14) Taking this into account, healthcare services must integrate reproductive health and psychological care, in particular, the gynaecology department of each hospital must ensure affordable and easy access to reproductive mental health care, counselling, diagnosis, and treatment for mental-related disorders. In this context, along with the upgrade of facilities for improved quality of mental health provision in hospitals, stigma barriers must be addressed through educational and public awareness. This is because despite the availability of some hospitals in India catering to menopausal health needs, the situation remains substantially the same. In the global context, around 25–35% of women seek help for both mental and physical menopausal symptoms, according to The Lancet Psychiatry, but in India, this figure is anticipated to be much lower due to cultural silences and women's family responsibilities.(15) Pertaining to this, the awareness, involvement, and support of the family and society are equally vital during the different reproductive phases of a woman's life. With the help of education, healthcare, and workplace policies, more inclusive and supportive

environments can be created to address the reproductive mental health needs of women.

DECLARATION OF GENERATIVE AI AND AI ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

The author has not used any generative AI/ AI assisted technologies in the writing process

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