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EXPLORING THE EFFECTS OF GENDER ON WOMEN'S MENTAL HEALTH OUTCOMES IN ZAMBIA

Sharon Nsana, Ph.D.
University of Zambia, Institute of Distance Education, Lusaka, Zambia

Abstract
Women's mental health is closely related to their status in society. Their participation as well as empowerment comprise the components of good mental health and is critical for tackling social and health concerns such as maternal and child health, violence at home and in the streets, substance abuse and also gender equity. Mental health illnesses worldwide are accompanied by another pandemic, that of stigma and discrimination and tends to strike those affected having to deal with the symptoms and disabilities on their illness on one hand, and widespread stigma and discrimination on the other. In Zambia, the prevalence of mental disorders is high and common mental disorders include acute psychotic episodes, schizophrenia, affective disorders, alcohol related problems and organic brain syndromes. As such, gender inequalities are important causes of inequality in health and health care because they are one of the most important determinants of health. Gender roles, which are socially and culturally determined, influence the different behavior, roles, responsibilities and expectations of men and women. The delivery of mental health services in Zambia is guided by the Mental Health Act No. 6 of 2019. This study adopted a desk methodology which involved utilizing existing data from various sources such as reports, articles and these were both internal and external sources. The study sought to provide a more detailed perspective on how women are affected differently from men with regards to mental health. It determined that despite the government of the Republic of Zambia enacting a Mental Health Act, aimed at promoting an effective care for mental health disorders, this legal framework has not been matched with any formidable policy framework and that discrimination and marginalization exacerbates feelings of socialization among women which further causes them to suffer mental health more than their counterparts. Further, stigmatization and discrimination are such critical issues when it comes to mental illness. The study recommends that effective and holistic mental health care demands regular access to mental health care by all people in the population and also that there is need to address mental health within a gender based framework of analysis.

Keywords: *Gender, women, mental health, discrimination, gender inequality*

INTRODUCTION

Mental health is a multifaceted problem cutting across various aspects of human life and wellbeing. Mental health problems are among the most important contributors to the global burden of disease and disability. Thus, mental health and illness are conceptualized and experienced differently across and within continents based on unique cultural, religious, social, and political factors. According to the World Health Organization (2004), mental health is a state of mental wellbeing 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 broadly defined by Galderis, Heinz, Kstrup, Beezhold, Sartorius (2017) as a 'dynamic state of internal equilibrium which enables individuals to use their abilities in harmony with universal values of the society, basic cognitive and social skills, ability to recognize, express and modulate one's own emotions, as well as empathize with others,

flexibility and ability to cope with the adverse life-events and function in social roles, and harmonious relationships between body and mind which represent implicit components of mental health and contributes, to varying degrees, to the state of internal equilibrium'. In short, mental health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity (WHO, 2006). Therefore, the Nobel Laureate, Amartya Sen, concludes:

'the success of an economy and of a society cannot be separated from the lives that members of the society are able to lead. Since we not only value living well and satisfactorily, but also appreciated having control over our own lives (Sen, 2003).

According to the WHO (1998), women's [mental] health is inextricably linked to their status in society. Currently, the status and wellbeing of millions of women worldwide remains sadly low. As a result, human wellbeings suffer, and the prospects for future generations are hazier. Reason being, gender inequalities which are important causes of inequality in health as well as health care. The United Nations Development Programme, (2011a), alludes that gender inequalities are one of the most important determinants of health because gender roles, which are socially and culturally determined, influence the different behavior, roles, responsibilities and expectations of men and women. These expectations further influences access to resources and information and the ability to make decisions, individually and within communities. When looking at health, gender roles influence nutrition, educational opportunities, employment and income, which are all important determinants for good health and also whose needs and priorities are addressed; within the health system which entails that the needs of women and girls may not be fully addressed.

Charara and Mokdad (2017) point out that women and persons in the age range of 25 to 49 years are most at risk of mental health disorders, in fact women are more likely to be affected among all age groups in the region. In this way, gender operates as a key form of social stratification that governs access to all sorts of resources and rights. This process of stratification results in gender discrimination, which is the unequal or disadvantageous treatment of a person based on their gender. Women and girls are most likely to experience the negative impacts of gender discrimination in most societies. Therefore, women are particularly vulnerable to mental disorders or illnesses due to various factors, including socio-cultural influences, violence, stress, poverty, conflict, migration and social inequality (Mary-Jo, 2024). In other words, gender is a critical structural determinant of mental health and mental illness that 'runs like a fault line, interconnecting with and deepening the disparities associated with other important socio-economic determinants such as income, employment and social position' (WHO, 2001a).

Women and girls' mental health is closely connected with their social and family lives, which is in turn influenced by community attitudes. Biological and life stage factors also contribute to mental health risks for women, such as hormonal influences and comorbidities such as osteoporosis, dementia or breast cancer (National Institute of Mental Health, 2021). Research shows that socially constructed differences between women and men in roles and responsibilities, status and power, interact with biological differences between the sexes to contribute to differences in the nature of mental health problems suffered, health seeking behavior of those affected and responses of the health sector and society as a whole (Pattyn et al., 2015). Gender norms can be defined in terms of consensus expectations, beliefs, and prescriptions about appropriate behaviors for different genders. Therefore, we see that from conception, the life experiences of women and girls differ from those of boys and men. Some of these relate to intrinsic biological differences. The biggest differences, however, are gender-based and reflect disparities in opportunities, responsibilities, and roles through life. These have consequences for all aspects of health, including mental health. The roles and characteristics which are learnt through the process of differential socialization, which begins at birth and continues throughout life, whereby individuals, through

interaction, learn and internalize the values, attitudes, expectations, and behaviors characteristic of the society to which they belong, enables them to function in it (Giddens, 2014).

Women's health is different from men's health in that women have poorer overall health. They have a higher number of chronic conditions, higher levels of cognitive impairment, and a higher prevalence of severe pain and physical disability (Oksuzyan et al., 2019). However, if there is one area of health where gender based differences in the prevalence of disorders is particularly significant, that is mental health, where the prevalence of mental health problems is twice as high in women as in men (WHO, 2018a). Women are said to have a longer life expectancy, engage in a greater number of preventive behaviors, and have fewer addictions. However, in contradiction, they have poorer health, wellbeing, and quality of life than men. Different genders have very different experiences. For example, in adulthood, the prevalence of depression and anxiety is much higher in women, while substance use disorders and antisocial behaviors are higher in men. According to Shrier (2002), apart from their lower social status, women are disadvantaged also by the multiple roles they perform in society as care givers, partners and workers. Women of reproductive age normally carry the triple burden of productive, reproductive and caring work at the same time. This situation has been found to cause women considerable amounts of stress and is normally referred to as 'role overload', 'role strain or conflict' or the 'Superwoman syndrome'. In this way as women continue to balance working outside the home with their domestic responsibilities, the idea of engaging in multiple roles simultaneously, or 'doing it all', has become a valued social norm which disadvantages them in their health.

The WHO's new Mental Health Atlas Report (2024) indicates that while awareness of mental health is growing, political and financial commitments have not kept pace. Underfunding, workforce shortages and service gaps persist, especially in low-resource settings. The report shows that over one billion people live with a mental health condition, yet most do not receive adequate care. Mental health conditions are among the leading causes of disability globally, and also impose high costs on households, employers and economies. Further, suicide is the third leading cause of death among those aged 15–29-second for young women and third for young men. More than half of deaths occurred before age 50, with 73% in low- and middle-income countries (WHO, 2025). Despite this noticeable increase in case surveillance and treatment, there is still growing public concern about improving the care for people with mental health problems and minimizing the treatment gap (Putri et al., 2021). In fact, in some African countries, mental health care and literacy are not often considered as important due to multiple competing priorities the continent faces.

PROBLEM STATEMENT

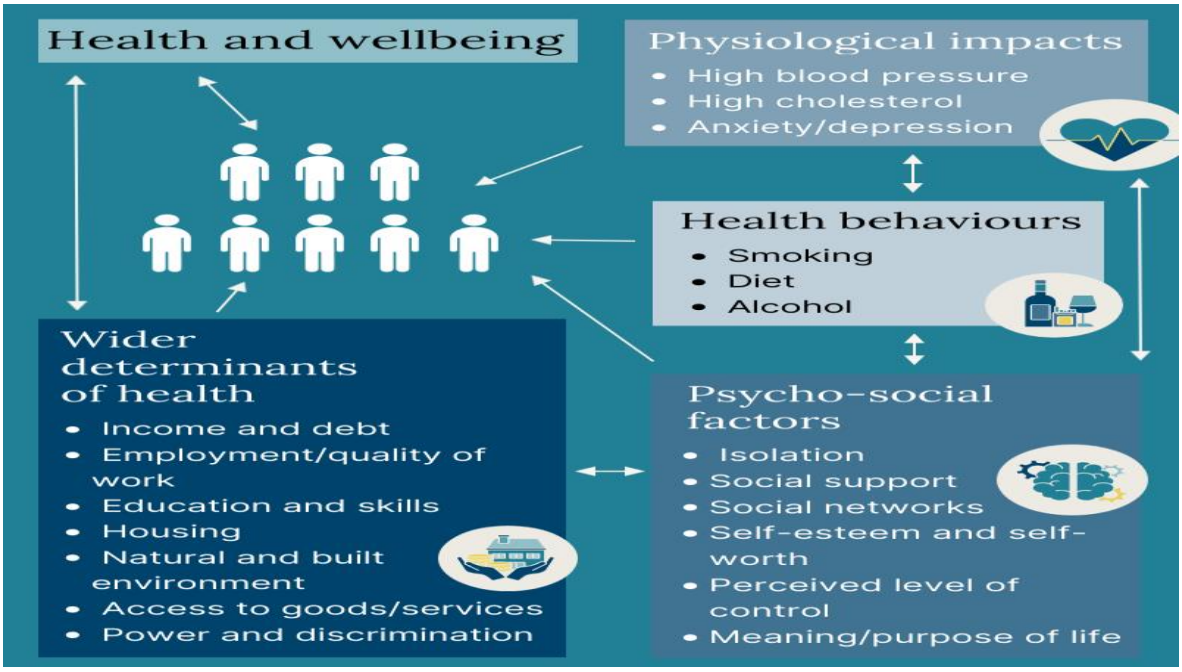
According to the 2022 Census of Population and Housing, Zambia's population stands at 19,610,769 out of which 10,007,713 were female while 9,603,056 were male. This translates to 51.0% for female and 49.0% male (Zambia Statistics Agency, 2022). Gender inequalities remain a major issue in the quest to achieve improved health outcomes. In Zambia, the prevalence of mental disorders is approximately 20%. Common mental disorders include acute psychotic episodes, schizophrenia, affective disorder, alcohol related problems and organic brain syndromes (Munakampe, 2020). From these previous researches, we can see that gender attitudes that individuals hold are associated with their mental health, with more traditional attitudes associated with poorer mental health outcomes in a range of domains. Consequently, the proportion of Africans including Zambians who receive treatment for mental health problems is extremely low (Esponda et al., 2021).

From the above, we can see that the development of mental health issues is usually a combination of genetics and the role and experiences the person has in society and these can influence how

mental health issues develop. This study therefore, uses Labonte Health Promotion and Empowerment: Practice Framework: Centre for Health Promotion, University of Toronto; 1993 as a simple but effective map of the causes of health inequalities in society so as to find ways of reducing them.

Framework - Labonte's Logic Model

Labonte's model is a simple but effective map of the causes of, and opportunities to tackle, health inequalities. This model is a simplification of the complex system that causes inequalities to thrive and it summarizes the different factors that impact our health, where they stem from (wider determinants of health), how they interact, multiply, reinforce and act both in sequence and simultaneously (Labonte, 2016). The model can guide effective strategies to reduce them as shown in the figure below.



Source: Labonte (2016)

The Sustainable Development Goals have laid down 17 goals and with them 169 targets which includes health and gender among them. In his commentary, Labonté identifies a short list of six goals all of which will resonate with those working to promote health and further presents an even shorter list of three goals. These are: Ensure quality education for women and girls (not to ignore men and boys, but emphasizing women and girls can rapidly advance gender empowerment, one of the best known means to improve health equity); and reduce inequality (which in itself should eliminate poverty). As such, Labonté identifies a means by which this imbalance can begin to be addressed. In the process, we can begin to address the structures and processes that create these inequalities in all their forms (Labonte, 2016).

From the model presented by Labonte, we see that there are wider determinants of health such as income, education and power. The model focuses on factors beyond individual choices, such as socioeconomic status, education, housing and environmental conditions. It recognizes that health inequalities are often the result of systemic issues within society. From the model, we are shown how health can be broken down into three main factors, physical, mental and social and each area overlaps to make complete health. Moreover, Lake (2017) highlights that, mental health illness is closely associated with poverty, wars, and other humanitarian disasters and in some cases, this

may lead to suicide at individual level. Such propositions are also backed by the WHO (2013) who opines that disturbances to a person's mental health wellbeing can adversely compromise their motivational drive and intellectual capacity to make palatable choices. Individuals with low control may engage in risky behaviors like smoking or unhealthy eating habits as a coping mechanism. Further, lack of control can lead to chronic stress, anxiety, and depression, negatively impacting mental and physical health.

The World Health Organization says that 'the social determinants can be more important than health care or lifestyle choices in influencing health' (CWLA, 2023). Health inequalities are differences in health across the population and between groups that are systematic, unfair and avoidable. They're caused by the conditions in which we are born, live, work and grow. These conditions influence our opportunities for good mental and physical health. Health inequalities stem from variations in the wider determinants of health and the presence of, or access to psycho-social mediating and protective factors. This means that people do not have the same opportunities to be healthy. While both males and females face health disparities, women have historically experienced a disproportionate amount of health inequity. This stems from the fact that many cultural ideologies and practices have created a structured patriarchal society where women's experiences are discredited (Nissen, 2024). Thus, in terms of gender, the model emphasizes that gender discrimination and social bias are significant factors attributing to low control and autonomy for women. Yet while gender equality has made the most progress in areas such as education and labor force participation, health inequality between men and women continues to harm many societies to this day.

In many societies, women have fewer educational opportunities than men, and their access to resources such as food, income, and other factors affecting health is limited. These unbalanced relationships in power push women to lower positions and keep them economically and socially dependent on men and limit their access to financial resources, employment, education and health care, gender inequality and deprivation of women in various ways. It can affect the health of the community as a whole (Nair, 2021). As such, WHO (2019) states that if people do not conform to norms or roles (including masculinity and femininity), they are often subject to stigmatization, social exclusion, and discrimination, which may eventually have a negative impact on their health. Furthermore, health can influence an individual's ability to reach his or her full potential in society.

EMPIRICAL REVIEW

Existing literature has tried to explain gender differences in mental health and these affirm that gender differences in the prevalence of mental disorders are due to differences in the typical stressors, coping resources, and opportunity structures for expressing psychological distress made available differentially to women and men in different countries at different points in history (Pape et al., 1994). In developed economies such as the United States of America, mental health outcomes have been a subject of significant concern. According to a study published by Keyes (2010), there has been a notable increase in the prevalence of depression among adults in the US over the past few decades. From 2005 to 2015, the percentage of adults experiencing symptoms consistent with major depression increased from 6.6% to 7.3%. Additionally, anxiety disorders have also shown a rising trend, with 18.1% of adults affected in 2017 compared to 15.7% in 2008 (NIMH, 2020). These statistics suggest a growing mental health burden in the USA, highlighting the need for effective interventions and support systems.

Similarly, in Japan, despite its reputation for strong social cohesion and support systems, mental health challenges are on the rise. A study by Sakamoto (2018) indicated a concerning increase in youth suicide rates in Japan, with suicide remaining the leading cause of death among individuals

aged 15 to 39 years. Moreover, the prevalence of mood disorders, such as depression, has been gradually increasing, affecting approximately 6.7% of the Japanese population (Tsuboi, 2019). These trends underscore the importance of addressing mental health issues comprehensively in developed economies like Japan, emphasizing the need for tailored interventions and preventive measures to promote well-being.

In developing economies, mental health outcomes often face additional challenges due to resource constraints and limited access to mental health services. For instance, in India, a study published by Gururaj (2016) highlighted the substantial burden of mental disorders, estimating that around 10.6% of the population was affected by some form of mental illness. Despite this high prevalence, the availability of mental health services remains limited, with significant disparities in access between urban and rural areas. Similarly, in Brazil, mental health issues pose a significant public health concern, with approximately 5.8% of the population affected by depression (Instituto Brasileiro de Geografia e Estatística, 2019). However, access to mental health services in Brazil is hindered by socioeconomic inequalities and insufficient infrastructure, exacerbating the impact of mental disorders on individuals and communities.

In other developing economies such as Bangladesh, mental health challenges are increasingly recognized as a critical public health issue. Studies conducted by the WHO estimate that around 16.1% of the population in Bangladesh suffers from common mental disorders, including depression and anxiety (WHO, 2016). In Kenya, mental health disorders represent a significant public health concern, yet they are often overlooked in healthcare policies and resource allocation. According to the Kenya Ministry of Health, mental health disorders affect about 10-20% of the population, with depression and anxiety being among the most prevalent conditions (Ministry of Health Kenya, 2016). However, the country faces numerous challenges in providing adequate mental health services, including a shortage of mental health professionals, limited funding, and insufficient infrastructure. A study published in BMC Psychiatry highlighted the scarcity of psychiatric facilities in Kenya, with only one psychiatrist for every 500,000 individuals. Moreover, stigma and misconceptions surrounding mental illness persist, leading to discrimination and social exclusion of individuals with mental health disorders (Ndetei, 2018). Addressing the mental health needs of the Kenyan population requires concerted efforts to increase investment in mental health services, strengthen community-based interventions, and promote mental health awareness and education to combat stigma.

Furthermore, a study conducted in Nigeria, respondents of a survey conducted mostly attributed the cause of mental illness to drug misuse, divine wrath/will of God and witchcraft/spiritual possession while few respondents cited family and socio-economic factors as contributing factors. The social implications of mental illness have a particularly negative impact in African societies and this has caused what Amuyunzu-Nyamongo describes as ‘a silent epidemic’. Families often hide members who have either been diagnosed with mental illness or are experiencing mental health challenges for fear of social discrimination (Amuyunzu-Nyamongo, 2013). Thus, the issues surrounding mental health/illness in African communities include acknowledgment of the illness, mental health literacy, stigma, cultural beliefs, and access to care.

Avotri and Walters (1999), in their study of women in the Volta region of Ghana, West Africa, found that psychosocial problems related to a heavy burden of work and a high level of worry predominated over reproductive health concerns. Women attributed their psychosocial distress to financial insecurity, financial and emotional responsibility for children, heavy workloads and a strict gender-based division of labour that put a disproportionate burden on them.

Gender stereotypes are deeply ingrained societal beliefs about the characteristics, roles, and behaviors deemed appropriate for individuals based on their gender. Common gender stereotypes include the beliefs that men are inherently strong, independent, and assertive, while women are nurturing, emotional, and submissive (Lippa, 2018). These stereotypes can have detrimental effects on mental health and well-being outcomes. For example, the expectation for men to adhere to the stereotype of emotional stoicism and self-reliance may discourage them from seeking help for mental health issues, leading to higher rates of untreated depression and anxiety (Addis & Mahalik, 2003). Similarly, women who internalize the stereotype of being passive and accommodating may experience diminished self-esteem and heightened stress when they are unable to meet societal expectations, contributing to poorer mental health outcomes (Eagly & Steffen, 1984).

From the review, it was noted that gender affects the mental health of women and women are affected differently by mental health from men. Malhotra and Shah (2018) argue that gender continues to influence the power and control that men and women have over the determinants of their mental health and lives, including their social position, status, treatment in society, and exposure to specific mental health risks. Women's biological vulnerability is exacerbated by social disadvantages, including multiple roles and the constant responsibility of caring for others. Gender-specific risk factors, such as gender discrimination, poverty, malnutrition, overwork, domestic violence, and sexual abuse, contribute to women's poorer mental health. Therefore, the review presented knowledge gaps in literature in that though the Zambian government enacted the Mental Health Bill, there is a lapse in the focus on gender and how women and men are affected by mental health. Therefore, discrimination and marginalization exacerbate feelings of social isolation and low self-esteem thereby worsening mental health issues. In this vein, addressing gender disparities remains crucial for promoting the mental health of both women and men.

METHODOLOGY

This study adopted a desk methodology (secondary research or documentary research). Desk research, also known as secondary research, involves analyzing existing data and literature to answer research questions (Gupta, 2024). This method involved accessing already published studies and reports accessed through online journals and libraries. This method was used because it provides a strong foundation on the topic and also because of its low cost advantage as compared to a field research. This study used a qualitative desk research methodology also because it provides better understanding by learning from previous research thereby enabling quicker identification of gaps and opportunities by leveraging on readily available information. Therefore, data was collected by reading through existing literature to find gaps, then identify relevant sources and then review that data to be included in the study. Then that literature that were relevant were included in the study. The data was separated between internal and external data sources, thereafter analyzed by synthesizing it and summarizing all literature to identify gaps and trends.

FINDINGS AND DISCUSSION

Mental health disorders have for over a relatively long time affected human society alongside their associated far reaching effects. For instance, statistics reveal alarming concern that, about one billion people worldwide suffer from mental disorder (Lancet Global Heath, 2020). It is now widely accepted that there are links between mortality rates and age, gender, class and employment. As such, discrimination and marginalization exacerbates feelings of social isolation and low self-esteem among the population and women are mostly affected. In other words, mental health problems are wide ranging terms refereeing to all mental health conditions that involve

changes in emotions, thinking, patterns, interaction with other people, and behavior in a person. These include persons living in extreme poverty, children and adolescents experiencing disrupted nurturing, abandoned elderly, women and children experiencing violence, those traumatized by war and violence, refugees and displaced persons and many indigenous people.

Zambia is a multicultural society with 72 different tribes and ethnic groups. Culture shapes people's health and psychological health (WHO, 2002). Community members share cultural values and have common perceptions of what constitutes sexual orientation, disability, sources of ill health and health care-seeking behavior. Cultural orientation, initiation ceremonies and payment of bride price have led men to feel superior to women. Women may become submissive and obedient even when they are physically, sexually and mentally abused. Physical violence (wife battering) is a major cause of injuries to women ranging from minor cuts and bruises to permanent disability and death. Sexual abuse results in unwanted pregnancies, sexually transmitted infections, including HIV, undermines women's sexual autonomy and jeopardizes their health (Office of the President, 2000). Violence against women is linked to the low socio-economic status of women and patriarchal beliefs that reinforce men's and boy's dominance over women and girls. Therefore, borrowing from Anderson's noble argument, mental health situation in Zambia cannot easily be explained or rationalized looked at singularly but when given the same weight as other sectors in the integration (Anderson et al., 2011).

The Government of the Republic of Zambia came up with a Mental Health Bill whose operationalization has remained inadequate. In fact, it presents questions whether this Bill has in practice facilitated the achievement of the prescribed minimum standard or has remained another reflection of government driven 'public relations' stance on mental health issues. The Mental Health Bill (2019), prescribes minimum standards for mental health institutions to function effectively among these; (a) availability of a qualified psychiatrist or a mental health practitioner and other appropriate professional staff; (b) have adequate space; (c) implement an appropriate and active therapy programme (Maila et al., 2020). The other important instrument developed, is the enactment of the Mental Health Act No. 6 of 2019. Part II of the Act dwells on legal capacity and rights of mental patients, and highlights very pertinent assignments of the Ministry of Health. It plainly states that, (1) The Minister shall, in consultation with other relevant Ministries, take policy measures to promote mental health. (2) Without prejudice to the generality of subsection (1), the Minister shall ensure that the policy measures are aimed at-(a) preventing or reducing the occurrence of mental illness; (b) enhancing awareness about mental health; (c) preventing or reducing stigma associated with mental illness; (d) training and sensitization of law enforcement officers and adjudicators on mental health issues; (e) ensuring the provision of adequate mental health services by-(i) training health care providers in public health facilities and correctional centres in basic and emergency mental health care and in human rights of mental patients; (ii) necessary infrastructure provision and development; and (iii) making available finances, medical and non-medical supplies (Ministry of Health, 2019). Therefore, this Mental Health bill plays an important role in the promotion and protection of the rights of persons living with mental illness and mental disability.

Results from this study indicate that mental health issues in Zambia are often compounded by the weak resource base and psychological stress of systemic failures of national health systems. In this regard, the country has made strides in the recent past to address part of the challenges highlighted through these documents and accompanying political talking points. For example, statistical evidence showed that from 2017, at least 1.7million individuals and 1,075 organizations have been sensitized on the dangers of alcohol and substance abuse in the country. Since harmful use of alcohol leads to numerous health complications, including mental illnesses, such statistics

significantly indicate a positive direction towards curbing mental health challenges in the country (Ministry of Health Zambia, 2019). However, Zambia's situation at Chainama mental hospital, has remained way below the prescribed provisions in the Mental Health Bill of 2019. The institution records about 5,000 mental health cases per year while the prevalence is at 20,000 annually (Chainama Hospital Annual Statistical Report, 2021).

The findings of this study found that women are more prone to psychological problems, such as depression, largely due to differences in the brain of men and women. As such, it is important for all mental health providers and patients to understand how gender may impact the diagnosis and treatment of mental health issues. According to UNDP Policy Brief (2020), pre-existing toxic social norms and gender inequalities, economic and social stress caused by for example, COVID-19 pandemic, coupled with restricted movement and social isolation measures, have led to an exponential increase in gender-based violence. Many women in 'lockdown' at home with their abusers were cut off from normal support services. Nyashau et al, (2021) also revealed that challenges on mental health in Zambia (particularly on the Copperbelt) were more compounding during the lockdown. However, mental health support systems are almost non-existent in many hospitals, save alone at community level. Therefore, when it comes to women's mental health, focusing on social aspects influencing the way women fall ill becomes crucial.

Results from the study also indicated that some of the common types of mental disorders in Zambia include depression, anxiety disorders, acute psychotic episodes, schizophrenia, mood disorders, organic brain syndromes, and alcohol and substance abuse (Ministry of Health, 2011a). The prevalence of certain diagnoses, such as eating disorders, depression, anxiety, and borderline personality disorder, is higher among women than among men. These include eating disorders, post-traumatic stress disorder (PTSD), depression and anxiety. It also follows from the above that women have, in general, a higher prevalence of internalizing disorders (anxiety, depression) while men tend towards externalizing disorders (antisocial personality disorder, addictions) (Eaton et al., 2012). Therefore, by unearthing the causes of gender differences in mental health, more people can benefit from increased accuracy in diagnosing mental health conditions and more effective, tailored treatment options. The following were notable mental health disorders highlighted from the study findings.

Depression

Depression is defined as a common mental disorder characterized by persistent sadness and a loss of interest in activities that one would typically enjoy, often accompanied by an inability to carry out daily activities for at least two weeks (WHO, 2017). People with depression experience loss of energy, change in appetite, sleeping more or less, anxiety, reduced concentration, indecisiveness, restlessness, feelings of worthlessness, guilt, hopelessness, and thoughts of self-harm or suicide. Depression disorders account for more than 40% of disability from mental health disorders in women whereas in men, they account for just under 30% of disability. Therefore, WHO noted that persistent depressive disorder, also known as dysthymia disorders, is another form of depression where episodes of significant and less severe symptoms of depression are displayed for up to two years. From a gender lens, twice as many women experience depression at some point in their lives when compared to men. Gender, genetic, social and economic difference all play a role in the development of depression in women. Similarly, echoing our findings, Salk et al., (2017) attests that depression is two to three times more common in women than in men and that rates of bipolar disorder are similar in both sexes, but women's cycles are faster and experience a greater number of depressive episodes and mixed phases.

Anxiety Disorders

The NIMH (2018a) defined anxiety disorders as feelings of extreme fear or stress that could interfere with daily activities such as job performance, schoolwork, and relationships. Other forms of anxiety disorders include generalized anxiety disorder, panic disorder, and social anxiety disorder. According to the NIMH, generalized anxiety disorders include feelings of excessive anxiety or worry for several months. People with generalized anxiety disorders display symptoms of restlessness, being easily tired, difficulty concentrating, muscle tension, difficulty controlling worry, and sleep problems. Findings indicated that in Zambia, anxiety is another very common mental health issue. When looking at it from a gender perspective, results indicated that women are twice as likely to experience anxiety as men. This is because testosterone which is typically found in higher amounts in men than women, has been found to have antidepressant and antianxiety benefits. Also women are more likely to seek help for anxiety than men which may contribute to a higher diagnosis rate in women. Agreeing with our findings, Mwape et al, (2010) said that anxiety increases susceptibility to mental health conditions. Similarly, Perez and Gavina (2015) echoed that anxiety disorders (such as panic disorder, specific phobias, and generalized anxiety disorder) and dysthymia affect women more than men. Finally, some studies suggest that women's hormonal fluctuations (progesterone, estrogens, and oxytocin) may be the cause of sexual differences in anxiety.

Schizophrenia

Schizophrenia is another mental health disorder suffered by many in Zambia. It affects how people think, feel, and behave. According to NIMH (2018b), people with schizophrenia display a loss of touch with reality and symptoms that could be disabling. NIMH reported that positive symptoms of schizophrenia include psychotic behaviors generally not seen in healthy people such as hallucinations, delusions, thought disorders, and movement disorders, including agitated body movements. The negative symptoms of schizophrenia include disruptions to normal emotions and behaviors. Further, cognitive symptoms for schizophrenia may be subtle in some patients and more severe in some patients, including lack of understanding of information to make decisions, failure to focus or pay attention, and poor working memory (inability to use the information immediately after learning). From the study findings, more women than men suffer schizophrenia in that men tend to have a higher mortality than women as a result of poorer lifestyle, an increased risk of cardiovascular disease, and suicide, which may be linked to developing the condition earlier and having more pronounced symptoms. The hegemonic gender construct of man as household head is predominantly related to expectations that men should provide financially for family sustenance in many traditional societies. Similarly, the findings from Evans' study also noted how economic insecurity has catalyzed increased flexibility in gender norms among households in Zambia, where men with traditional gender views who previously opposed their wives going out to work, moved away from their earlier entrenched positions because of the economic difficulties their families had faced (Evans, 2014).

Trauma

Trauma is another mental health disorder as found from the study findings. The overwhelming majority of individuals who are exposed to violent conflicts, civic wars, displacements from home and natural disasters are women and children. About 20% of all women will experience rape or attempted rape at some point in their lifetime. This may increase the risk of developing a mental health issue. Women are exposed to higher levels of sexual violence and have higher rates of PSTD associated with sexual violence. Therefore, women are twice as likely to experience PTSD as men. In Zambia, gender-based violence (GBV) is a serious issue, with nearly 36% of women aged 15-49 experiencing physical violence. Data from the Zambia Police Service shows that a significant portion of GBV cases involve women as both victims and perpetrators. For example, in the second quarter of 2024, women accounted for 85% of Assault Occasioning Actual Bodily Harm (OABH)

cases. Additionally, child defilement is a prevalent form of sexual offense, with 642 cases reported, 641 of which involved girls (Gender Division, 2025). Women and girls are disproportionately affected by various forms of GBV, highlighting gender inequalities within Zambian society. Echoing our findings, Ho et al, (2021) evaluated gender-specific relationships between different types of traumatic events, Complex PTSD (CPTSD), and psychotic-like symptoms in a nationally representative sample of Irish adults. The authors found differences between men and women in their likelihood of reporting experiences of different traumatic events. For example, men reported more often having experienced life threats with a weapon, war and combat, life threatening accidents, and having caused extreme suffering and death compared to women. Compared to men, women reported more often sexual harassment, sexual assault, being stalked, and emotional abuse and neglect. Therefore, sex and gender may also impact the effectiveness of trauma interventions (Hiscox et al., 2023).

Eating disorders

Findings from our study found that eating disorders impact women much more than men. The majority of individuals who struggle with Anorexia and bulimia are women. Similarly, to our findings, a study of Massachusetts Middle School students found that an estimated 6% of girls use disordered weight control behavior, including taking laxatives to control their weight. The most significant example is eating disorders, with the highest female-to-male ratio of all psychiatric disorders 90% of all people diagnosed are women (Ruiz et al., 2016). Eating disorders such as anorexia nervosa, bulimia nervosa and binge eating disorders lead to higher physical and psychological morbidity, disabilities, and mortality rates (NCCMH, 2020. The prevalence of eating disorders is increasing, with the lifetime prevalence between 3.3% and 18.6% among women and between 0.8 and 6.5% among men (Galmiche et al., 2019). Risk factors such as dieting and body dissatisfaction have been considered predictors of ED onset for many years. Individuals suffering from anorexia nervosa or bulimia nervosa also exhibit social anxiety disorders, have low self-esteem and more likely to feel nervous about their appearances in public places (Kerr-Gaffney et al., 2018).

Attitudes and Beliefs about Mental illness

From our study findings, mental health issues in Zambia are a major concern and different genders suffer differently. Within the African context, Zambia included, mental illness is perceived as caused by supernatural forces resulting from spiritual wrath. Similar to other African countries, the mentally ill in Zambia suffer in silence and endure the stressors resulting from mental disorders due to the negative beliefs attached to mental illness (Amuyunzu-Nyamango, 2013). Supporting our findings, Choudhry et al. (2016), stated that mental illness beliefs are shaped by personal knowledge about mental illness, including being personally impacted through sickness or interaction with a mentally ill person, and cultural stereotypes. Further, the cultural context is particularly significant because the interpretation of mental illness varies from culture to culture, and such interpretation could influence help-seeking behaviors of the mentally ill. According to Amuyunzu-Nyamango, mental illness is rarely discussed, preventing the mentally ill from seeking professional help for fear of being stigmatized by society. Similarly, Kapungwe et al, (2010) noted that generalized sentiments of blame and condemnation for the mentally ill, fueled by cultural and religious views about disease etiology, which labeled mental illness as a divine punishment for atrocities committed.

Conclusion and Recommendations

The study found that women suffer more from mental health than men as seen from the results. Existing literature also tried to explain these gender differences in mental health. This study therefore has demonstrated that gender stereotypes can have detrimental effects on mental health

outcomes, including heightened levels of stress, anxiety, depression, and low self-esteem among women more than men. Therefore, it remains essential to keep working on these causes and interventions given the complexity of gender variations in mental health and the increased suffering that comes from these symptoms. Furthermore, understanding the prevalence of mental health problems among women and men can help develop targeted interventions that will help address the unique challenges faced by both genders. Even though progress has been made in decreasing the stigma surrounding mental health issues, there is still more work to be done in the field, especially when looking at variations in mental health between genders. When it comes to the importance of mental health care for women, it is important to take a look at how the mental health issues differ from those of men. In this vein, several key areas require attention to impact on the improvement of women's mental health in Zambia such as:

- Policy developers: Women's health and mental health must be addressed within a gender based framework of analysis. A review of economic policies and development strategies to ensure access of poor women to social and economic resources, such as networking capacity, education, training, employment, trade and social insurance, will have a direct impact on the mental wellbeing of women and their households.
- Planners: The adoption of a gendered perspective that encompasses a broader analysis based on the social determinants of health is necessary for the prevention, diagnosis and treatment of mental illness and the promotion of mental health between women and men.

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