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MENTAL HEALTH CHALLENGES IN WOMEN IN LOW- AND MIDDLE-INCOME COUNTRIES (LMICS): A SCOPING REVIEW

Aquartuti Tri Darmayanti*, Joko Tri Atmojo, Aris Widiyanto, Hakim Anasulfalah, Ahmad Syauqi Mubarok, Atina Maya Fadhila,
Sekolah Tinggi Ilmu Kesehatan Mamba'ul Ulum Surakarta, Jl. Ring Road No.Km 03, Mojosongo, Jebres, Surakarta, Jawa Tengah 57127, Indonesia
*tutiaquar@gmail.com

Women are more likely than men to experience common mental disorders, especially in Low-Middle Income Countries (LMIC). Mental disorders contribute substantially to global disability. Overcoming this problem should be come to the priority. This review aims to synthesize the current understanding of the mental health challenges in women in low middle income country based on socioeconomic status, stigma, and integration with primary care. This scoping review was conducted following the framework outlined by Arksey and O'Malley. A literature search was conducted in the following databases: PubMed, Scopus, and Web of Science. Additionally, grey literature was searched through the World Health Organization and regional health ministries. Articles published since 2016-2026 were included. Keywords and phrases related to "mental health OR Depression OR post-traumatic stress disorder OR Anxiety," AND "women OR Mothers" "low- and middle-income countries," "Poverty OR Food insecurity OR Unemployment OR Joblessness," "stigma OR Gender Inequity" and "primary care integration." A qualitative synthesis of the extracted data was performed by thematic analysis. Poverty, unemployment, and unsafe social environments consistently emerge as major structural determinants that increase women's vulnerability to depression, anxiety, and post-traumatic stress disorder. Stigma remains a pervasive and cross-cutting barrier operating at public, self, and structural levels. Integrated primary care models show promising potential to mitigate some of these challenges. The findings underscore that improving women's mental health in LMICs requires multilevel strategies that simultaneously address socioeconomic inequities, stigma reduction, and health system strengthening.

Keywords: mental health; low-middle income countries; women

INTRODUCTION

Mental health disorders represent a growing public health concern in low- and middle-income countries (LMICs), where the burden of disease is disproportionately high, and health systems are often under-resourced (Okesanya, 2025). Mental disorders contribute substantially to global disability, with treatment gaps reaching up to 90% in some LMIC (Rajan, 2025). Women in LMICs experience particularly elevated vulnerability due to intersecting biological, social, and structural determinants, making gender-responsive analysis essential. Evidence suggests women are more likely than men to experience common mental disorders, and depression is approximately 50% more prevalent among women globally (Kuehner, 2017).

Research indicates that women in LMICs exhibit elevated rates of common mental disorders (CMDs), including depression, anxiety, and post-traumatic stress disorder (PTSD). The prevalence of these disorders is often higher than that observed in high-income countries. Notably, perinatal mental health issues affect approximately 20% of women during pregnancy and the postpartum period (Sommer, 2021). Several risk factors contribute to these mental health challenges, including socioeconomic stressors such as poverty and low educational attainment, as well as gender-based violence, which is strongly correlated with mental health disorders (Reiss, 2019). Additionally, cultural and social norms that perpetuate gender inequality and caregiving responsibilities further exacerbate these issues. Health-related stressors,

including inadequate access to healthcare and limited mental health literacy, also play a critical role in the mental health landscape of women in LMICs.

The socioeconomic impact of women's mental health challenges in LMICs is profound and multidimensional. Poor mental health is linked to reduced productivity, impaired social functioning, and diminished quality of life, creating a cycle that reinforces poverty and gender inequality (De Oliveira, 2023). Maternal mental disorders also adversely affect child health outcomes, contributing to low birth weight, developmental problems, and impaired mother–infant bonding (Mathewson, 2017). At the macro level, mental illness is projected to generate enormous economic losses globally, reflecting decreased workforce participation and increased healthcare costs (Arias, 2022). These consequences highlight that women's mental health is not only a clinical issue but also a critical development and equity concern for LMICs.

Multiple structural and systemic challenges continue to hinder effective responses to women's mental health needs in LMICs. Health system limitations are prominent; many LMICs have fewer than one psychiatrist per 100,000 population and allocate less than 1% of health budgets to mental health services (Freeman, 2022). In addition, limited education consistently shows strong associations with depression, such as persistent stigma. Women in LMICs face significant mental health challenges due to a combination of socioeconomic, cultural, and environmental factors. This review aims to synthesize the current understanding of the mental health challenges in women in low middle income country based on socioeconomic status, stigma, and integration with primary care.

METHOD

This scoping review was conducted following the framework outlined by Arksey and O'Malley, as well as the updated guidelines from the Joanna Briggs Institute. The aim was to map the existing literature on mental health challenges faced by women in low- and middle-income countries (LMICs), focusing specifically on socioeconomic factors, stigma, and integration with primary care.

Inclusion criteria

We included studies that: (1) focused on women living in LMICs. (2) Addressed mental health challenges, including but not limited to depression, anxiety, and stress-related disorders. (3) Discussed socioeconomic factors, stigma, or integration of mental health services with primary care. (4) Were published in English between 2016 and 2026. (5) all study design but we excluded letters to the editor or short reviews.

Searching Strategy

A comprehensive literature search was conducted in PubMed, Scopus, and Web of Science. Additionally, grey literature was searched through relevant organizational websites and databases, including the World Health Organization and regional health ministries. . Articles published since 2016-2026 were included. Keywords and phrases related to "mental health OR Depression OR post-traumatic stress disorder OR Anxiety," AND "women OR Mothers" "low- and middle-income countries," "Poverty OR Food insecurity OR Unemployment OR Joblessness," "stigma OR Gender Inequity" and "primary care integration." Boolean operators (AND, OR) were used to refine the search results.

Data extraction

A qualitative synthesis of the extracted data was performed. The findings were categorized into themes of socioeconomic factors, stigma, and integration with primary care. This thematic analysis allowed for the identification of gaps in the literature and areas for future research. Data were extracted using a standardized form that included information on study characteristics (author, year, country), participant

demographics, and mental health challenges identified. All authors are reviewers who screened the titles and abstracts of the identified studies for eligibility. Full-text articles were retrieved for those that met the inclusion criteria. Discrepancies between reviewers were resolved through discussion and consensus.

RESULTS AND DISCUSSION

Socioeconomic Challenge

1. Poverty

Previous research has consistently highlighted the profound impact of poverty on women's mental health in low- and middle-income countries (LMICs. Women living in poverty face heightened risks of mental illnesses such as depression, anxiety, and post-traumatic stress disorder (PTSD) due to the stress of constrained financial resources and increased exposure to violence (Low-Income, 2016) . The cyclical relationship between poverty and mental illness exacerbates these conditions, as mental health issues can further entrench women in poverty due to disability and stigma (Espinola, 2022).

2. Joblessness

Unemployment and economic hardship significantly contribute to mental health problems among women in LMICs. The COVID-19 pandemic has intensified these issues, with studies showing that young women who lost jobs or income were more likely to report anxiety compared to their male counterparts (Hossain, 2021). Financial constraints during the perinatal period also lead to increased maternal stress and mental health issues, highlighting the need for economic support and empowerment programs (Taylor, 2021).

3. Crime and Security in the Social Environment

Exposure to personal and neighborhood violence is a critical factor affecting women's mental health in LMICs. Women in low-income communities often face domestic and gun-related violence, which contributes to psychological conditions such as depression and PTSD (Anjum, 2025). The stress from unsafe living conditions and the responsibility of caregiving in such environments further deteriorates their mental health. Security is not only about crime; food supply in the house is also a crucial point. Food insecurity is a significant contributor to mental distress among women in LMICs. Studies have shown that food insecurity is associated with increased levels of depression, anxiety, and stress among women. Specific groups, such as older adults and mothers, are particularly vulnerable. Older adults in LMICs experiencing food insecurity have shown worsening mental health outcomes. Similarly, mothers in Nicaragua facing food insecurity reported higher levels of mental distress, with social support playing a mixed role in moderating this relationship (Osei-Owusu, 2024).

Stigma Challange

Across studies, stigma was consistently reported in three interrelated forms: public stigma, self-stigma, and structural stigma. Multiple cross-sectional and qualitative studies conducted in South Asia and Sub-Saharan Africa reported that women with depression, anxiety, or perinatal mental disorders frequently experienced labeling, social exclusion, and negative stereotyping within their communities. Previous research by Graham Thornicroft and colleagues highlighted that stigma in LMICs often intersects with gender norms, amplifying discrimination against women compared with men. Overall, the literature indicates that stigma is pervasive across cultural contexts and strongly associated with delayed help-seeking (Thornicroft, 2022). Among low-income women, both internalized and experienced poverty stigma were linked to depression. Internalized stigma was partially mediated by self-esteem and fear of rejection, while experienced stigma was mediated by fear of rejection (Inglis, 2025). Self-stigma was another prominent finding across the reviewed studies. Women commonly internalized negative societal attitudes, leading to feelings of shame, worthlessness, and self-blame.

Several quantitative studies reported significant associations between self-stigma and reduced mental health service utilization in LMIC populations. Women experiencing perinatal depression were especially likely to avoid disclosure due to fear of being judged as "bad mothers." (Pinar, 2022) Evidence synthesized from multi-country research initiatives, including work associated with the World Health Organization, indicates that internalized stigma contributes to poor treatment adherence, worsening symptom severity, and prolonged duration of untreated illness. These findings suggest that self-stigma operates as a critical psychological barrier that compounds already limited service access in LMICs.

Integrated Primary Care

Integrating mental health services into primary care has been shown to improve outcomes for depression and other mental health conditions, particularly in low- and middle-income countries (LMICs) (Park, 2023). Integration of mental health services in primary care settings has been particularly beneficial for women. Studies have shown that women veterans are more likely to be diagnosed with depression in integrated care settings compared to non-integrated settings (Davis, 2016). Additionally, women veterans with depression often have comorbid conditions such as anxiety and PTSD, which are also addressed more effectively in integrated care models. Integrated care models, including those that incorporate psychotherapy, have been shown to increase healthcare utilization without significantly increasing costs. For example, in Nepal, integrated care with psychotherapy led to greater healthcare use but did not significantly increase costs (Aldridge, 2022). The use of digital technology, such as mental health mobile apps, has been explored as a means to augment integrated primary care services. These tools have been found to be feasible and acceptable, particularly for managing stress and anxiety (Hoffman, 2019). Despite the benefits, several barriers to the adoption of integrated care models exist, including patient and family factors, provider supply and culture, and organizational issues (Gómez-Restrepo, 2022). Additionally, the COVID-19 pandemic has exacerbated access issues, particularly for mental health services.

CONCLUSION

Poverty, unemployment, and unsafe social environments consistently emerge as major structural determinants that increase women's vulnerability to depression, anxiety, and post-traumatic stress disorder. Financial hardship not only heightens psychological stress but also perpetuates a vicious cycle in which mental illness further entrenches women in poverty through reduced productivity, disability, and social marginalization. Food insecurity and exposure to violence further compound these risks, particularly among mothers and older women, underscoring the multidimensional nature of socioeconomic disadvantage. Stigma remains a pervasive and cross-cutting barrier operating at public, self, and structural levels. The evidence demonstrates that women in LMICs frequently experience labeling, social exclusion, and gender-based discrimination, which delay help-seeking and worsen mental health outcomes. Integrated primary care models show promising potential to mitigate some of these challenges. Evidence indicates that embedding mental health services within primary care can improve detection, increase treatment uptake, and enhance management of comorbid conditions among women. Innovations such as task-sharing, psychotherapy integration, and digital mental health tools have demonstrated feasibility and cost-effectiveness in several LMIC contexts, including programs supported by the World Health Organization. However, persistent barriers—including workforce shortages, organizational constraints, cultural factors, and disruptions during the COVID-19 pandemic—continue to limit widespread implementation. Future research should prioritize longitudinal and intervention studies, culturally adapted anti-stigma programs, and scalable integrated care models tailored to women's needs. Policymakers and practitioners must adopt gender-responsive and context-sensitive approaches to break the reinforcing cycle between poverty, stigma, and untreated mental illness among women in LMICs.

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