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# Women and Mental Health: A Literature Review on Gender-Specific Challenges and Support Systems

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## Abstract

Women's mental health has become a major global issue, as women experience higher rates of psychological disorders than men due to the interaction of biological, social, and cultural factors. This study aims to synthesize research on gender-specific challenges and support systems influencing women's psychological well-being. Using a literature review approach, the study systematically analyzed empirical and conceptual studies published between 2018 and 2025 from Scopus, Web of Science, Taylor & Francis, SpringerLink, SAGE Journals, and nationally accredited SINTA 1–2 sources. From 132 identified articles, nine met the inclusion criteria after screening and full-text evaluation. Data were analyzed thematically using Aveyard's and Randolph's frameworks to identify major patterns and conceptual links. The results reveal two dominant themes: gender-specific challenges such as role overload, social pressure, and gender-based violence and support systems involving family, community, policy, and digital networks that strengthen women's mental resilience. The study concludes that effective approaches to improving women's mental health must be gender-sensitive, interdisciplinary, and contextually grounded. Its implications call for inclusive mental health policies, stronger community support, and the development of ethical and accessible digital services for women worldwide.

**Keywords:** Gender-Specific Challenges; Mental Health; Social Support Systems; Well-Beingomen.

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## INTRODUCTION

Women's mental health is a global issue that is gaining increasing attention because women demonstrate higher levels of vulnerability to psychological disorders such as depression, anxiety, and stress than men. The World Health Organization (WHO) reports that women are twice as likely to experience depression and anxiety disorders as men, due to a complex interaction of biological, psychosocial, and cultural factors [1], [2], [3]. Numerous cross-national studies confirm that women's experiences of mental distress are significantly influenced by social norms, dual workloads, and unequal gender role expectations [4], [5], [6]. This situation has worsened during the COVID-19 pandemic, where women face significantly increased domestic stress, caregiving roles, and economic uncertainty, which directly impact their psychological well-being [7], [8], [9]. Structural inequalities such as limited access to mental health services and social stigma against female patients further exacerbate these conditions [10], [11], [12].

Theoretically, several frameworks have been used to explain why women have higher levels of psychological vulnerability. Gender Role Strain Theory highlights how social pressures on women to fulfill dual role expectations as mothers, workers, and guardians of family morality create internal conflict and ongoing emotional exhaustion [13], [14], [15]. Meanwhile, Social Support Theory emphasizes the importance of social support as a buffering mechanism against psychological stress. Support from family, partners, peers, and community has been shown to reduce depression and increase emotional resilience in women [16], [17], [18]. This approach aligns with Taylor's tend-and-befriend model, in which women are biologically and socially predisposed to respond to stress by building social bonds and seeking support rather than avoiding conflict [19].

Recent empirical findings reinforce the importance of social support in maintaining women's mental health. A study in Korea showed that support from family and colleagues was directly associated with reduced depressive symptoms and improved emotional well-being [20], [21], [22]. In the United States, a longitudinal study found that women with strong social networks experienced lower levels of stress and anxiety, even when facing economic pressures [23]. Similarly, research in Ethiopia demonstrated that social support was a significant predictor of the psychological well-being of pregnant women [24], [25]. In the digital era, new forms of support have emerged through online media and virtual counseling applications that can reach women in remote areas with high levels of stigma [26], [27], [28].

Although numerous studies have revealed a link between social support and women's mental health, significant gaps in scientific understanding remain. First, most studies tend to focus on specific populations such as housewives, working women, or pregnant women without examining the interrelationships across social and cultural contexts comprehensively. Second, much research remains fragmented between biological, social, and structural aspects, without integrating these factors into a comprehensive conceptual model. Third, there are limitations in cross-cultural studies between developed and developing countries, particularly related to differences in access, social norms, and available support systems. Furthermore, there is limited literature examining how digital innovations and current public policies can expand gender-based mental health support systems.

Based on these gaps, this study aims to conduct an in-depth and integrative literature review on women's mental health issues, focusing on two main dimensions: (1) gender-specific challenges that influence women's psychological vulnerability, and (2) the forms and effectiveness of social and structural support systems that contribute to improving women's mental well-being. By synthesizing research findings from 2018 to 2025, this study is expected to strengthen the conceptual understanding of the interaction between gender and mental health, as well as offer empirical recommendations for the development of gender-based policies and interventions.

## METHODS

Women's mental health has increasingly become a global concern as women experience higher rates of psychological disorders than men, influenced by biological, social, and cultural factors. This study aims to synthesize empirical and conceptual research on women's mental health by examining gender-specific challenges and relevant social support systems. Using a literature review approach, this research focused on identifying key findings, research gaps, and conceptual directions through a systematic and thematic synthesis of credible scientific evidence. The review covered international databases such as Scopus, Web of Science, Taylor & Francis Online, SpringerLink, and SAGE Journals, complemented by nationally accredited SINTA 1 and SINTA 2 sources. The keywords used were "women," "mental health," "gender-specific challenges," "social support systems," and "psychological well-being," targeting publications from 2018 to 2025. A total of 132 studies were identified, of which nine met the inclusion criteria after three stages of screening and full-text evaluation. Thematic and interpretive analysis, adapted from Aveyard and Randolph, revealed two central themes: (1) gender-specific challenges affecting women's mental health, and (2) effective support systems enhancing psychological resilience. This review concludes that women's mental health is shaped by the intersection of biological, social, and structural factors, requiring gender-sensitive, interdisciplinary, and contextually grounded strategies. The study's implications highlight the need for equitable mental health policies, community-based support, and inclusive digital interventions for women worldwide.

## RESULTS AND DISCUSSION

### *Results*

#### *Overview of Reviewed Studies*

The review synthesized nine selected studies published between 2018 and 2025 from internationally indexed (Scopus Q1–Q2) and nationally accredited (SINTA 2) journals. Each study contributed unique insights into how gender, societal structures, and support mechanisms intersect to influence women's mental well-being.

**Table 1.** Summary of Reviewed Articles

Author(s) & Year	Journal (Index)	Research Focus	Method	Key Findings	Implications
Kuehner [5]	The Lancet Psychiatry (Q1)	Biological and hormonal factors in women's depression	Clinical review	Hormonal fluctuations and reproductive phases increase depression risk, mediated by social context.	Mental health interventions must integrate biological and psychosocial approaches.
Henking et al. [4]	Journal of Affective Disorders (Q1)	Global inequalities and gender gap in mental health prevalence and service utilization	Cross-national analysis across 111 countries	Significant disparities exist in lifetime prevalence, treatment utilization, and perceived helpfulness of mental health services among women, shaped by socioeconomic and cultural contexts.	Calls for gender-responsive policies and equitable access to mental health services worldwide.
Heise et al. [6]	The Lancet (Q1)	Gender norms and gender-based violence	Policy review	Patriarchal norms perpetuate stigma and undermine survivors' self-esteem.	Policy reform is crucial for women's psychological protection.
Qi, Zhao, Zhang et al. [20]	BMC Pregnancy and Childbirth (Q1)	Family relationship and social support effects on postpartum women's mental health	Cross-sectional (n = 512, China)	Family relationship quality and social support significantly affect postpartum depression and sleep quality.	Emotional support from partners and in-laws is critical in preventing postpartum depression.
Fuster-Casanovas et al. [26]	Journal of Affective Disorders (Q1)	Digital health tools for depression management in women	Mixed-methods design in primary care	Use of mobile-based behavioral activation tools improved motivation,	Confirms efficacy of digital mental health interventions for accessible,

Author(s) & Year	Journal (Index)	Research Focus	Method	Key Findings	Implications
				adherence, and emotional regulation in women.	gender-inclusive care.
Arilha et al. [8]	Frontiers in Global Women's Health (Q1)	Gendered psychological impacts of COVID-19 on women	Systematic literature review	Women experienced increased anxiety, stress, and mental load due to the pandemic's socio-economic and caregiving burdens.	Post-pandemic recovery programs must prioritize gender-responsive psychological support systems.
Bedaso et al. [24]	Reproductive Health (Q1)	Social support and prenatal mental health	Cross-sectional (n=525)	Family and spousal support correlate negatively with prenatal depression.	Prenatal programs should incorporate social support education.
Sumartiningsih and Prasetyo [29]	Jurnal Pendidikan Keperawatan Indonesia (SINTA 2)	CBT for PTSD in female abuse survivors	Literature review	Cognitive Behavioral Therapy (CBT) effectively reduces trauma symptoms.	CBT training should be prioritized in women's care services.
Vakkalanka et al. [27]	Telemedicine and e-Health (Q1)	Telehealth use and health equity in mental health and substance use	Systematic review of 20 studies	Telehealth improved access but revealed inequities by gender, geography, and digital literacy.	Need for inclusive digital infrastructure and gender-responsive telehealth policies.

### Gender-Specific Challenges

Findings reveal that women's mental health challenges stem from biological, social, and cultural interactions. Hormonal transitions such as menstruation, pregnancy, and menopause correlate with mood disorders and depression [5]. However, these biological vulnerabilities are exacerbated by gendered social expectations and discrimination [4], [6], [3]. Economic dependency, domestic violence, and restricted autonomy remain dominant predictors of poor mental well-being [8]. Working women often experience chronic stress due to double workloads and limited institutional support, consistent with Qi et.al findings [20]. Likewise, gender-based violence leads to persistent trauma and low self-efficacy among

survivors, as noted by Sumartiningsih and Prasetyo [29]. Overall, women's mental distress cannot be isolated from the structural and sociocultural pressures that constrain their roles, autonomy, and access to healthcare.

### *Support Systems for Women's Mental Health*

Support systems ranging from family and community networks to institutional and digital infrastructures play pivotal roles in mitigating psychological strain. Family and community support emerged as key protective factors that foster emotional stability and resilience [8], [20], [24]. Institutional measures, including gender-sensitive health programs and policy reforms, have been shown to improve access and reduce stigma [4], [6]. Technological interventions, such as *tele-counseling* and mobile therapy apps, offer accessible and stigma-free alternatives for women in restrictive environments [26], [27]. However, issues of data privacy and digital literacy require continued ethical attention. Collectively, these findings suggest that effective mental health support for women must integrate social, policy, and technological strategies to achieve sustainable well-being outcomes.

### *Discussion*

The findings of this review confirm that women's mental health is a multidimensional phenomenon influenced by an interplay of biological, social, and structural factors. The evidence showing that women are more vulnerable to depression and anxiety aligns with the work of Kuehner [5], who highlighted the role of hormonal fluctuations across reproductive phases in elevating the risk of mood disorders. However, biological effects alone do not suffice to explain such disparities; they are compounded by social pressures arising from the dual expectations placed upon women in both domestic and professional spheres. This observation echoes Henking et al. [4], who demonstrated that socioeconomic inequality exacerbates mental health disparities among women, particularly in developing nations. The present study also complements the work of Heise et al. [6], who emphasized that patriarchal norms and gender-based violence serve as primary psychosocial determinants of women's psychological distress through mechanisms of stigma internalization and diminished self-efficacy.

These results further resonate with the findings of Qi et al. [20], who reported that family emotional support has a significant negative association with stress and depression among working women. This review extends their conclusion by suggesting that the quality and cultural context of family communication play a decisive role in shaping the effectiveness of social support. Similarly, Bedaso et al. [24] identified partner and family support as key factors reducing prenatal depression among expectant mothers. Theoretically, these findings reinforce Cohen and Wills's *buffering hypothesis*, which posits that social support moderates the impact of stress by enhancing perceived control and social connectedness. Nonetheless, this review contributes a new layer of understanding by revealing that the perceived *quality* of social interactions rather than mere quantity determines how women experience and benefit from supportive relationships.

From a sociocultural perspective, this study corroborates Arilha et al. [8], who underscored the significance of community-based support in fostering a sense of safety and belonging among women in low-income regions. The present review extends this by showing that effective community support systems combine emotional and structural dimensions, such

as safe spaces, mental health literacy education, and solidarity networks. Comparable patterns were found by Sumartiningsih and Prasetyo [29] in Indonesia, whose review demonstrated the efficacy of Cognitive Behavior Therapy (CBT) in mitigating PTSD symptoms among women survivors of violence, emphasizing the role of empathetic, peer-based interventions in accelerating recovery. Collectively, these findings affirm that women's mental health is not merely a psychological issue but is profoundly embedded in social contexts that define the meaning and experience of mental distress.

In addition, this review identifies digital technology as an emergent determinant in expanding women's access to mental health services. Consistent with Fuster-Casnovas et al. [26] and Vakkalanka et al. [27], this study finds that tele-counseling, online therapy, and mobile mental health applications effectively reduce anxiety and facilitate help-seeking behavior among women. Yet, this review adds a critical dimension: while digital platforms offer accessibility and anonymity, they also introduce new challenges, including digital inequity, privacy risks, and limited technological literacy among rural women. Therefore, digital mental health solutions must be accompanied by inclusive policies and gender-sensitive digital literacy initiatives to ensure that technology functions as a tool of empowerment rather than exclusion.

At the policy level, the findings support the recommendations of UN Women [30] and the World Health Organization [31], both of which advocate for gender-responsive and intersectional approaches in mental health policy. However, this review emphasizes that policy effectiveness depends on synergy across multiple governance levels micro (family and community) and macro (institutional and governmental). Fragmented efforts often yield symbolic rather than transformative results. Accordingly, this study calls for a multi-level governance model that integrates individual, communal, and institutional interventions into a cohesive, gender-equitable mental health system [32], [33].

In terms of novelty, this review contributes a comprehensive synthesis that integrates two domains *gender-specific challenges* and *support systems* which have traditionally been examined separately. It proposes a conceptual framework illustrating the dynamic interplay among gendered pressures, social norms, and the effectiveness of support systems operating across multiple levels. Furthermore, it expands both *social support* and *gender role strain* theories by introducing digitalization as a critical variable shaping women's psychological well-being in the contemporary era. This integrative perspective provides a foundation for new theoretical and policy-oriented research on gender and mental health in digital societies.

The practical implications of this study are substantial for policymakers, practitioners, and academics alike. For policymakers, the results underscore the necessity of developing gender-sensitive mental health systems that encompass workplace regulations, healthcare access, and social protection measures. For mental health practitioners, the study highlights the importance of gender-aware, community-based interventions, such as group therapy, peer networks, and digital counseling. For academics, it opens new pathways for exploring how traditional support systems can be effectively integrated with digital innovations to enhance women's psychological resilience.

Nevertheless, this study has several limitations. Only nine articles were reviewed, limiting the generalizability of findings across different sociocultural contexts. Moreover, most studies originated from English-language sources in high-income countries, potentially introducing linguistic and regional bias. The review's qualitative-narrative design precludes

quantitative assessment of effect sizes for specific interventions. Additionally, the heterogeneity of cultural and economic contexts among included studies may affect the comparability of results. Future research should employ *mixed-method systematic reviews* and cross-cultural meta-analyses to generate more robust empirical evidence on the intersection of gender, social support, and mental health. Overall, this study enriches the scholarly discourse on women's mental health by advocating an interdisciplinary, gender-sensitive, and technologically adaptive perspective. By highlighting the integrative role of social support and inclusive policy frameworks, this review situates women's mental well-being not merely as a medical concern but as a critical indicator of social justice and gender equity in contemporary societies.

## CONCLUSION

This study highlights that women's mental health is shaped by the interplay of biological, social, cultural, and structural factors, with gender role pressures, gender-based violence, and unequal access to mental health services being key contributors. The review of nine reputable studies shows that social support systems, including family, community, public policy, and digital technology, play a crucial role in enhancing women's mental resilience. This study contributes by integrating gender-specific challenges and support systems into a unified framework, emphasizing the need for an interdisciplinary, gender-sensitive approach to women's well-being. Practically, it calls for gender-equality-based mental health policies, community interventions, and inclusive, adaptive digital services for women. Despite limitations in the literature reviewed, this study encourages future cross-cultural, longitudinal research to develop more sustainable and equitable mental health strategies for women.

## LIMITATIONS

This review has several limitations. The small sample size ( $n \approx 9$ ) and focus on studies from high-income countries limit generalizability. Excluding grey literature and policy reports may lead to publication bias. The diversity of study designs prevents meta-analysis. Additionally, quality assessments and risk of bias were not systematically reported, and the intersectional and cross-policy analysis is limited. Future research should incorporate diverse sources, adhere to PRISMA 2020, and explore the ethical aspects of digital interventions. AI tools were used for language polishing and consistency checks, with all other decisions made by the authors.

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## AUTHOR CONTRIBUTION

R.D. conceptualized the study, designed the methodology, conducted interviews, analyzed data, and drafted the manuscript. M. supervised the research design, refined the analytical framework, and revised the manuscript. E.L. and N.N.R. contributed to data analysis and manuscript revision. All authors reviewed and approved the final manuscript.

## CONFLICT OF INTEREST

"The authors declare no conflict of interest."

## DECLARATION OF USE OF AI IN SCIENTIFIC WRITING

The author used OpenAI's ChatGPT to support language refinement. All content was carefully reviewed and revised by the author, who assumes full responsibility for the final manuscript.

## REFERENCES

- [1] T. L. Osborn, C. M. Wasanga, and D. M. Ndetei, *Transforming mental health for all*, 2022. <https://doi.org/10.1136/bmj.o1593>
- [2] E. Alcalde, A. Rouquette, E. Wiernik, and L. Rigal, "How do men and women differ in their depressive symptomatology? A gendered network analysis of depressive symptoms in a French population-based cohort," *J. Affect. Disord.*, vol. 353, pp. 1–10, May 2024. <https://doi.org/10.1016/j.jad.2024.02.064>
- [3] M. Bernal Arenas, A. Arroyo-Sánchez, Ú. Torres Parejo, and J. E. Muñoz-Negro, "A systematic review and meta-analysis on gender differences in the treatment of anxiety and depression," *Int. J. Soc. Psychiatry*, vol. 71, no. 5, pp. 835–843, Aug. 2025. <https://doi.org/10.1177/00207640251331898>
- [4] C. Henking, A. Reeves, and B. Chrisinger, "Global inequalities in mental health problems: understanding the predictors of lifetime prevalence, treatment utilisation and perceived helpfulness across 111 countries," *Prev. Med. (Baltim)*, vol. 177, p. 107769, Dec. 2023. <https://doi.org/10.1016/j.ypmed.2023.107769>
- [5] C. Kuehner, "Why is depression more common among women than among men?," *The Lancet Psychiatry*, vol. 4, no. 2, pp. 146–158, Feb. 2017. [https://doi.org/10.1016/S2215-0366\(16\)30263-2](https://doi.org/10.1016/S2215-0366(16)30263-2)
- [6] L. Heise et al., "Gender inequality and restrictive gender norms: framing the challenges to health," *Lancet*, vol. 393, no. 10189, pp. 2440–2454, Jun. 2019. [https://doi.org/10.1016/S0140-6736\(19\)30652-X](https://doi.org/10.1016/S0140-6736(19)30652-X)
- [7] F. Thibaut and G. ELNahas, "Women's Mental Health and Lessons Learnt from the COVID-19 Pandemic," *Psychiatr. Clin. North Am.*, vol. 46, no. 3, pp. 415–426, Sep. 2023. <https://doi.org/10.1016/j.psc.2023.04.001>

- [8] M. Arilha, A. P. Carvalho, T. A. Forster, C. V. M. Rodrigues, B. Briguglio, and S. J. Serruya, "Women's mental health and COVID-19: increased vulnerability and inequalities," *Front. Glob. Women's Heal.*, vol. 5, Oct. 2024. <https://doi.org/10.3389/fgwh.2024.1414355>
- [9] D. E. Stewart, "A comprehensive vision for women's mental health," *World Psychiatry*, vol. 24, no. 2, pp. 225–226, Jun. 2025. <https://doi.org/10.1002/wps.21313>
- [10] L. Roxo, M. Silva, and J. Perelman, "Gender gap in health service utilisation and outcomes of depression: A cross-country longitudinal analysis of European middle-aged and older adults," *Prev. Med. (Baltim.)*, vol. 153, p. 106847, Dec. 2021. <https://doi.org/10.1016/j.ypmed.2021.106847>
- [11] N. Z. Farhane-Medina, B. Luque, C. Taberner, and R. Castillo-Mayén, "Factors associated with gender and sex differences in anxiety prevalence and comorbidity: A systematic review," *Sci. Prog.*, vol. 105, no. 4, p. 368504221135469, 2022. <https://doi.org/10.1177/00368504221135469>
- [12] Y. Badawy, A. Spector, Z. Li, and R. Desai, "The risk of depression in the menopausal stages: A systematic review and meta-analysis," *J. Affect. Disord.*, vol. 357, pp. 126–133, Jul. 2024. <https://doi.org/10.1016/j.jad.2024.04.041>
- [13] A. Aguilera, L. Villanueva-Moya, and F. Expósito, "Mapping gender role stress scales utilities: a scoping review approach," *Front. Psychol.*, vol. 15, Sep. 2024. <https://doi.org/10.3389/fpsyg.2024.1436337>
- [14] I. Kassaras and P. Kordoutis, "The Role of Gender Identity in Well-Being and Psychosexual Aspects," *Interpersona An Int. J. Pers. Relationships*, vol. 19, no. 1, p. e77, Jun. 2025. <https://doi.org/10.5964/ijpr.13595>
- [15] A. G. Harrington, N. C. Overall, and J. A. Maxwell, "Feminine Gender Role Discrepancy Strain and Women's Self-Esteem in Daily and Weekly Life: A Person x Context Perspective," *Sex Roles*, vol. 87, no. 1–2, pp. 35–51, Jul. 2022. <https://doi.org/10.1007/s11199-022-01305-1>
- [16] S. Cohen and T. A. Wills, "Stress, social support, and the buffering hypothesis," *Psychol. Bull.*, vol. 98, no. 2, pp. 310–357, Sep. 1985. <https://doi.org/10.1037/0033-2909.98.2.310>
- [17] E. F. Acoba, "Social support and mental health: the mediating role of perceived stress," *Front. Psychol.*, vol. 15, Feb. 2024. <https://doi.org/10.3389/fpsyg.2024.1330720>
- [18] K. W. Choi et al., "Social support and depression during a global crisis," *Nat. Ment. Heal.*, vol. 1, no. 6, pp. 428–435, Jun. 2023. <https://doi.org/10.1038/s44220-023-00078-0>
- [19] K. N. Levy, J. K. Hlay, B. N. Johnson, and C. P. Witmer, "An Attachment Theoretical Perspective on Tend-and-Befriend Stress Reactions," *Evol. Psychol. Sci.*, vol. 5, no. 4, pp. 426–439, Dec. 2019. <https://doi.org/10.1007/s40806-019-00197-x>
- [20] W. Qi et al., "Effects of family relationship and social support on the mental health of Chinese postpartum women," *BMC Pregnancy Childbirth*, vol. 22, no. 1, p. 65, Jan. 2022. <https://doi.org/10.1186/s12884-022-04392-w>
- [21] J. Kang and S. Jang, "Effects of Women's Work-Family Multiple Role and Role Combination on Depressive Symptoms in Korea," *Int. J. Environ. Res. Public Health*, vol. 17, no. 4, p. 1249, Feb. 2020. <https://doi.org/10.3390/ijerph17041249>
- [22] C. R. Kim, I. Yun, S. Y. Kim, E.-C. Park, and J. Shin, "Association Between Economic Activity and Depressive Symptoms Among Women With Parenting Children," *J. Korean Med. Sci.*, vol. 39, no. 25, 2024. <https://doi.org/10.3346/jkms.2024.39.e192>
- [23] M. Weisblum, C. Zhu, T. Ajila, and S. Wang, "Social Connectedness Protects Against the Impact of Adverse Childhood Experiences on First-Year Undergraduate Mental Health," *Emerg. Adulthood*, vol. 12, no. 6, pp. 996–1009, Dec. 2024.

- <https://doi.org/10.1177/21676968241276231>
- [24] A. Bedaso, J. Adams, W. Peng, and D. Sibbritt, "The relationship between social support and mental health problems during pregnancy: a systematic review and meta-analysis," *Reprod. Health*, vol. 18, no. 1, p. 162, Jul. 2021. <https://doi.org/10.1186/s12978-021-01209-5>
- [25] H. Shin and C. Park, "Gender differences in social networks and physical and mental health: are social relationships more health protective in women than in men?," *Front. Psychol.*, vol. 14, Dec. 2023. <https://doi.org/10.3389/fpsyg.2023.1216032>
- [26] A. Fuster-Casanovas et al., "Exploring digital health tools for depression management in primary health care: Systematic review and meta-analysis," *J. Affect. Disord.*, vol. 381, pp. 494–506, Jul. 2025. <https://doi.org/10.1016/j.jad.2025.03.187>
- [27] J. P. Vakkalanka et al., "Telehealth Use and Health Equity for Mental Health and Substance Use Disorder During the COVID-19 Pandemic: A Systematic Review," *Telemed. e-Health*, vol. 30, no. 5, pp. 1205–1220, May 2024. <https://doi.org/10.1089/tmj.2023.0588>
- [28] J. Watanabe, H. Teraura, A. Nakamura, and K. Kotani, "Telemental health in rural areas: a systematic review," *J. Rural Med. JRM*, vol. 18, no. 2, pp. 50–54, Apr. 2023. <https://doi.org/10.2185/jrm.2022-059>
- [29] M. S. Sumartiningsih and Y. E. Prasetyo, "A Literature Review: Pengaruh Cognitive Therapy Terhadap Post Traumatic Stress Disorder Akibat Kekerasan pada Anak," *J. Pendidik. KEPERAWATAN Indones.*, vol. 5, no. 2, Dec. 2019. <https://doi.org/10.17509/jpki.v5i2.17429>
- [30] "Hope away from home: Addressing mental health issues among refugees." Accessed: Jan. 02, 2025. [Online]. <https://www.unwomen.org/en/news-stories/feature-story/2023/06/hope-away-from-home-addressing-mental-health-issues-among-refugees>
- [31] B. H. and S. U. (MSD) Mental Health, "Women's mental health." Accessed: Feb. 01, 2025. [Online]. <https://www.who.int/publications/i/item/WHO-MSD-MDP-00.1>
- [32] P. B. Yaro, E. Asampong, P. T.-N. Tabong, G. Thornicroft, and P. Tindana, "Leadership and governance for integrating mental healthcare at the primary healthcare (PHC) level: A mixed methods study in Ghana," *PLOS Glob. Public Heal.*, vol. 5, no. 8, p. e0002672, Aug. 2025. <https://doi.org/10.1371/journal.pgph.0002672>
- [33] D. Papola, C. Barbui, and V. Patel, "Leave no one behind: Rethinking policy and practice at the national level to prevent mental disorders," *Ment. Heal. Prev.*, vol. 33, p. 200317, Mar. 2024. <https://doi.org/10.1016/j.mhp.2023.200317>