

Socio-Psychological Stress Reduction Among Women: Institutional and Practical Approaches

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Abstract: This article examines the role of institutional structures (state, civil society, and family) and their effectiveness in reducing stress among women from a scientific and practical perspective. The social mechanisms for enhancing stress resilience, the protective function of social networks, and innovative forms of community-based psychological support are analysed. Based on empirical research, practical recommendations for optimising psychological services provided to women have been developed.

Keywords: social stress, psychological support, institutional approach, social capital, stress resilience, mahalla, psychological services system, coping strategies.

Introduction

According to the World Health Organization (WHO) data for 2023, 15% of the global population suffers from clinically significant stress and anxiety disorders each year[1]. This figure is 1.7 times higher among women than among men. Recent studies conducted in Uzbekistan have identified the same trend, indicating that 63% of women in the country live under constant stress[2].

The scientific literature identifies two primary approaches to stress reduction: individual-therapeutic and socio-institutional. The first approach focuses on psychotherapy, medication, and the development of personal coping skills, while the second is directed at changing the social environment, strengthening institutional support, and mobilising communal resources to prevent and reduce stress[3].

This study prioritises the second approach — socio-institutional mechanisms — because practice demonstrates that while individual psychotherapy addresses the individual dimension of the problem, if the social roots of stress remain unchanged, its effects are temporary[4]. For this reason, taking socio-institutional factors into account is of strategic importance in building a psychological support system for women experiencing stress.

Social Capital and Stress Resilience in Women

The concept of social capital (Putnam, 1993; Coleman, 1988) encompasses the totality of trust, norms, and networks among members of society, and is regarded as an important protective factor in combating stress. Research shows that women with strong social networks suffer less from the effects of stress, as they have greater access to social, informational, and emotional support when encountering stressors[5].

Three levels of social capital can be distinguished in women: primary (family and close friendship networks), secondary (mahalla, workplace, religious community), and tertiary (civil society organisations, professional associations)[6]. Psychological research indicates that women who maintain complex social connections at all three levels experience stress levels 42% lower than those who do not.

In the context of Uzbekistan, the mahalla structure represents a distinctive form of social capital. Traditional collective activities such as 'gap' (community gatherings) and 'xashar' (communal work) enable mahalla members, and women in particular, to maintain a mutually supportive environment. Integrating these social mechanisms with modern psychological services creates significant opportunities[7].

Analysis of the Institutional Support System

The institutions involved in providing psychological services to women and their functions are presented in the following table:

Type of Institution	Core Functions	Challenges
State institutions (Women's Committee, Primary Healthcare)	Legal protection, social benefits, referral services	Underdevelopment of the psychological support component
Mahalla organisations	Primary social support, mediation, information dissemination	Absence of professional psychologists; confidentiality issues
NGOs and civil society organisations	Group programmes, crisis intervention, legal counselling	Financial sustainability and scaling challenges
Family counselling centres	Individual and family counselling, mediation	Insufficient integration of psychological and legal assistance
Private psychology clinics	Professional psychotherapy, diagnostics, rehabilitation	Financial barriers; limited geographical access

Table 1. Analysis of institutions providing psychological services to women

As the table reveals, the existing institutional system has a number of systemic shortcomings in providing psychological support to women. Firstly, coordination and cooperation among the various institutions is insufficiently developed. Secondly, psychological support is frequently given lower priority than legal and social assistance. Thirdly, access to professional psychological help is very limited for women in rural and remote areas[8].

Coping Strategies and Their Social Determinants

Coping strategies — that is, the methods used to deal with stressful situations — are, in women, largely dependent on their social environment and social resources. According to the classification of Lazarus and Folkman (1984), coping strategies can be divided into two main types: problem-focused coping and emotion-focused coping[9].

Our research findings indicate that women with high levels of social support more frequently employ problem-focused coping strategies (active problem-solving, help-seeking, positive reappraisal). Conversely, women living in social isolation or with insufficient social support are more likely to use emotion-focused yet dysfunctional coping strategies — denial, avoidance of the problem, and suppression of feelings[10].

These findings have important practical implications within the context of psychological services: developing functional coping skills in women can be achieved more effectively precisely through strengthening their social resources and enriching their social networks. In other words, teaching coping skills and building social capital must be pursued simultaneously[11].

Methodology

During the course of the research, we developed and piloted a community-based psychological support model — the 'Mahalla Health' programme. This model comprises three core components:

Network of Mahalla Psychologist-Consultants

At least one specialised psychologist-consultant operates in each mahalla. These are professionals registered with and trusted by the mahalla citizens' assembly, which partially addresses the problem of social stigma. It is recommended that psychologist-consultants hold consultations twice a week and maintain regular contact with family counselling centres.

Women's Mutual Support Groups

At least twice a month, women's mutual support groups are organised in each mahalla, facilitated by a professional psychologist. Groups consist of 8 to 12 members drawn from women within the same mahalla. In the group sessions, stress management skills, communication competencies, and methods of mutual emotional support are developed.

Results & Discussion

As a complement to the community-based model, telephone and online psychological support services (helplines) were established. This service is particularly relevant for women who are unable to leave the home, women with children, or women with physical limitations[12].

According to the six-month pilot results of this model, the participating women's group demonstrated the following outcomes relative to the control group: a 38% reduction in stress levels, a 29% decrease in the frequency of family conflicts, a 33% increase in life satisfaction scores, and a 41% reduction in depressive symptoms[13].

Social Barriers to Accessing Psychological Services

Social barriers to seeking professional psychological assistance are particularly acute for women. The primary barriers identified in our research are: social stigma and feelings of shame (identified in 64% of participants); financial barriers (59% — inability to pay for a private psychologist); time and logistical barriers (52% — childcare responsibilities, transport problems); and informational barriers (47% — lack of awareness about available psychological support options)[14].

Several strategies are recommended to address these barriers. Firstly, integrating psychological services with existing institutions (polyclinics, schools, mahalla centres) can help normalise and destigmatise seeking psychological assistance. Secondly, the path must be opened to training mahalla activists, school teachers, and healthcare workers in 'psychological first aid' skills. Thirdly, incorporating psychological services into state subsidies and the health insurance system would significantly reduce financial barriers[15].

Recommendations:

Based on the research findings, the following recommendations have been developed to improve the socio-institutional dimension of the psychological services system for women:

At the state level: adoption of a national programme on 'Women's Mental Health'; integration of psychological services into the health insurance system; establishment of specialised women's psychological support centres in all districts and cities; introduction of specialised advanced training programmes in gender psychology for psychology professionals.

At the mahalla level: formal introduction of the position of mahalla psychologist-consultant and state funding for these roles; incorporation of psychological education and support directions into

the activities of mahalla women's committees; organisation of anonymous psychological counselling days at mahalla centres.

At the civil society level: support for NGOs establishing mutual support groups for women; strengthening educational content on mental health across social media and information channels; creation of online psychological support platforms in collaboration with diaspora communities and local communities.

Conclusions

The research findings confirm that providing psychological support to women experiencing stress is not merely a medical-psychological issue but a broad socio-institutional challenge. An effective solution is only possible through a harmonious combination of individual therapy and socio-institutional mechanisms.

The community-based psychological support model has proven to be particularly effective in the context of Uzbekistan, as it enables existing social capital and communal culture to be transformed into a resource for psychological support. This approach, by combining professional psychological knowledge with local communal resources, creates the opportunity to extend psychological assistance to a wide range of people.

In the future, conducting comparative cross-national studies in this field, integrating digital technologies and artificial intelligence into the psychological support system, and implementing longitudinal impact assessment studies will remain important scientific directions.

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