



EMERGING EVIDENCE

The impact of gender inequality and early marriage on young women's mental health in rural India



AJWS grantee Vikalp works to strengthen and support the wellbeing of young people through a comprehensive and intersectional understanding of mental wellbeing. Photo by Jonathan Torgovnik. *This photo was not taken as part of the research described in this report.*

BACKGROUND

Although previous policy research has acknowledged the negative effects of early marriage on the mental health of young women in India, resolving this challenge will require a more nuanced understanding of the varied ways in which early marriage can shape young women's perspectives, attitudes, and possibilities in life. For example, forcing young women to adhere to rigid cultural and socioeconomic norms can cause serious mental distress. In addition, young women in India struggle with gender stereotypes and unequal relationships, and they often have limited access to the information, health care and emotional support that they need to make personal decisions and thrive. The diverse factors that drive early marriages—and continue within these relationships—deeply impact young women's mental health.

RESEARCH GOALS

- Understand the factors contributing to young women's mental health challenges in rural India, including the impact of early marriage
- Assess the mental health issues and needs of these young women, along with existing pathways to health care and support

METHODOLOGY

- Indian states of Rajasthan and Uttar Pradesh, May 2015 to June 2017
- Primary data collection: 42 in-depth interviews with young women age 18 to 25, both married and unmarried; 10 focus

group discussions, each with 12 to 15 young women; 39 interviews with representatives of local organizations and government and community leaders

- Secondary data collection: literature review and statistical data, including from the National Family Health Survey, the Indian census and the National Crime Record Bureau
- Analysis: thematic coding and broad categorization of the data; consultation with research advisory group, from design to writing; collaboration with local NGOs

HIGHLIGHTED FINDINGS

Perceptions of Mental Health

- The young women had no consistent terminology to articulate mental health challenges. Their subjective and contextual understandings influenced how they defined and described mental and emotional distress, which they viewed as distinct from mental illness.
- Health care providers often ignored broader social context when describing mental health challenges, instead focusing on family medical history. They consistently pathologized mental distress and often incorporated sexist interpretations in their descriptions.

For example, a medical officer from Rajasthan remarked: "At times, when marriage is delayed, women may become mentally disturbed. Because of that, she has hysteria-like symptoms. In our local language, we call it 'putting up a show.' Dizziness, fainting spells—all these are attempts to seek attention... as their physical [sexual] needs increase."

Emerging Evidence is a series of short summaries of research that American Jewish World Service (AJWS) supports as part of our strategy to advance gender equality and end child, early and forced marriage and unions (CEFMU).

The study summarized here, "[Interrogating Interruptions: Exploring young women's mental health issues](#)," was carried out by Sama Resource Group for Women and Health.

Structural Factors Influencing Mental Health

- The young women's narratives reflected the ways in which the complex intersections of gender, poverty, caste and sexuality determine mental health. For example, members of the Dalit community spoke about caste discrimination in hiring, which exacerbated their poverty and produced feelings of alienation, estrangement and despair.
- The absence of alternatives to early and forced marriage contributed to women's mental health challenges. Intense pressure to marry—and the norms and unequal power dynamics of marriage—cause young women significant anxiety and distress. Girls who are married early or forced to marry often have poor mental health, but those who cannot marry due to poverty also report feeling hopeless.
- Patriarchal expectations for married women to avoid separation and bear children harmed their mental health, especially for those unable to fulfill these obligations. Women who had been separated or deserted experienced extreme distress, often related to social stigma and limits on their legal rights and autonomy. Young women unable to conceive or carry out household work were often subjected to verbal and physical violence and eviction from the marital home; they also reported experiencing guilt and low self-esteem.
- Mobility restrictions and constant surveillance were extremely harmful to women's mental health and directly affected their ability to seek help from neighbors, friends and health care providers.
- Women reported violence and sexual harassment as everyday realities with profound effects on their mental health. They talked about the normalization of violence—how the prevalence and acceptance of it fueled further tolerance and silence. Many young women feared not just violence itself, but the “shame” and “bad name” it could bring their family.

Vineeta, who was residing in her parents' home after her husband abandoned her, said: “I think about it all the time, but what can I do? My brothers don't let me do anything. I want to earn money for my children. I worry about their future. I want them to pursue their studies so that their lives are not like mine. These thoughts—and my inability to do anything—make me feel very depressed.”

Young Women's Resistance and Agency

- Women tried to carve out spaces for themselves in their families and communities. Some women asserted themselves,

expressing their views and decisions overtly. But the backlash they faced often exacerbated their mental distress.

- Women who sought support from **local organizations** were better able to mitigate the backlash and cope, despite extremely adverse situations.

Support, Healing, and Health Care

- Women emphasized the importance of support from certain family members; without it, women struggled to cope with mental distress and access care. Friends also provided support. Although a few women mentioned the **support of local organizations**, these organizations had limited capacity to respond.
- Family members typically made all health care decisions for young women, and these decisions were influenced by family beliefs and financial resources. Often, young women only sought care for mental distress when it affected them physically or limited their capacity to carry out household tasks or economic activities. Care often focused on treating physical symptoms, rather than counseling and care to address root causes.
- Young women and their communities accessed varied sources of healing and care, often simultaneously, and preferred local healers because of their belief systems and social and economic accessibility. Boys were more likely to gain access to trained physicians.
- Affordable mental health care was rarely available.

CONCLUSION

- Recognizing the social, economic and political determinants of young women's mental well-being is crucial to providing effective care for this population.
- Most young women in rural India experience mental health distress distinct from paradigms of disorder and illness, which has important implications for destigmatizing healing and care.
- To help these young women, it might be strategic to create safe, transformative spaces at the community level, where young women can share their mental distress with skilled psychosocial care workers—but avoid pathologizing their distress and labeling it mental illness.
- Multiple pathways of mental health care, involving varied systems of care and healing that include indigenous healers, need to be optimized to better respond to the mental health needs of young women.

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