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The Influence of Family Dynamics on the Mental Health of Women in Rural Pakistan: A Sociocultural Perspective

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Abstract

This research investigates the manner which family relationships affect women's mental health in Pakistan rural areas by studying domestic violence alongside cultural rituals and financial matters. Research data were collected from forty women between 18 to 45 who reside in Pakistan's rural regions. Domestic violence affected 72.5% of participants while physical abuse together with emotional abuse and economic abuse remained widespread. Research results indicate that anxiety affected 65% of participants and depression affected 55% of the sample. Bride exchange practices known as watta satta triggered psychological distress because sixty percent of women experienced feeling stuck in their marital relationships. Seventy percent of study participants developed mental health issues because of financial instability and poverty. The high mental health burden was met with limited professional help reaching 25% of the population because cultural stigma and scant service availability existed. Research findings show the necessity of developing mental health and socioeconomic treatment protocols which preserve



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local cultural traditions in order to enhance support access for Pakistan's rural female population.

Keywords: Family Dynamics, Mental Health, Rural Women.

Introduction

In rural Pakistan traditional family structures together with societal expectations and economical circumstances directly shape women's mental health status. Evidence published by Zakar et al. (2012) shows that among women facing abuse at home 54% developed poor mental health which manifested as depression and anxiety. Furthermore domestic abuse is minimized because of patriarchal norms which prevents women from obtaining support for their situation. Watta satta traditions together with other traditional practices work as mechanisms that wound women's psychological well-being. According to Jacoby and Mansuri (2010) this traditional marriage arrangement strengthens gender power dynamics which forces women to remain in bad marriages due to resulting familial reciprocation responsibilities. Economic hardships exacerbate these challenges. During the 2022 Sindh floods multiple families selected forced marriages to secure financial help by giving away their daughters (Le Monde, 2024). Women's problems are exacerbated by poor mental health awareness and insufficient medical infrastructure because they lock them out from vital support services (Khan et al., 2017). These problems need sensitive solutions combining traditional elements with better healthcare accessibility.

Problem Statement

Women living in rural Pakistan experience major mental health difficulties because of multilayered family systems created through patriarchal beliefs as well as customary traditions and financial limitations. Watta satta traditions paired with family violence and financial stressors are major cause factors for women to develop depression and experience anxiety alongside emotional problems. There is restricted access to psychiatric help because of health system weaknesses coupled with cultural hesitations about seeking psychiatric care and restricted literacy levels throughout the country. Public health research must rapidly address sociocultural aspects that affect women's mental health status while simultaneously creating interventions that harness cultural understanding to solve mental health problems successfully.

Objectives

- 1) Research examines the impact of family relationships together with restrictive gender expectations on rural Pakistani women's emotional wellbeing.
- 2) This research assesses both the psychological effects of watta satta traditional marriages on women's well-being.
- 3) The research will identify mental health care obstacles along with developing culturally appropriate solutions to overcome these obstacles.



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Literature Review

Woman's mental health positions in rural Pakistan result from multiple factors which interact between typical familial relations and social rules and financial challenges. In patriarchal societies researchers have found that domestic violence commonly becomes normalized while negatively affecting women's psychological wellness. Zakar et al. (2012) studied women victims of domestic violence and discovered 54% experience poor mental health manifestations primarily composed of depression and anxiety issues. The work by Ali et al. (2011) teaches us that exposing women to intimate partner violence leads to increased risk for mental health problems and supports social norm solutions.

Bride exchange known as watta satta as a traditional practice makes mental health challenges worse for women. Jacoby and Mansuri (2010) and Mumtaz and Salway (2009) discovered these matrimonial practices decrease women's marriage negotiation power so they become ensnared in abusive relationships which generates psychological distress. Mental health challenges emerge principally from economic troubles which include poverty conditions. According to Khan and Saeed (2017) financial instability causes primary damage to mental health but Fikree and Bhatti (1999) showed that financial constraints in families drive forced marriages which create emotional problems.

A deficiency of mental health services throughout rural regions makes the present situation worse. According to research by Khan et al. (2017) widespread mental health ignorance and social prejudice stop numerous women from getting assistance and Karmaliani et al. (2008) reported that trained psychiatric professionals are scarce. The barriers to quality healthcare care that stem from both violent homes and cultural rejection (Shams & Sulaiman, 2015) inflate the existing mental health emergency. Gender role conformity pressure from the culture generates psychological distress among individuals (Jamil & Iqbal, 2016).

Zahra and Saeed (2020) develop the hypothesis that rural women face detrimental impacts on their well-being from combination factors of gender-based violence and the dual challenges of poverty and restricted mental health access. Anxiety and depressive tendencies result from family choices together with societal pressure according to Bano and Jabeen (2020) and Awan and Soomro (2020) in their research. Research by Usmani and Karim (2017) demonstrated that these problems reside within family and community networks which demand culturally appropriate intervention methods.

Methods

The study used qualitative methodology to examine the effects that family system dynamics create on the mental well-being of rural women in Pakistan. The research included 40 women between 18 and 50 years old which were picked for their exposure to family stress using purposive sampling methods. Data collection occurred through organized in-depth interviews coupled with multiple stakeholder conversations to enable respondents to express their familial relationships



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alongside cultural practices and mental health difficulties. The research team performed thematic analysis to discover central patterns in three areas: domestic violence along with economic difficulties and cultural gender expectations. Software applications SPSS in combination with R contributed to the systematization and analysis of quantitative survey results obtained from demographic inquiries while maintaining complete understanding of underlying problems. The methodology produced detailed findings about the complex relationship patterns between family systems and mental health practices within rural communities of Pakistan.

Results and Discussion

A study analyzed how family interactions continued in parallel with cultural traditions and financial strain to shape women's mental health across rural Pakistan. The collected data gives an extensive look at what affects rural women's mental health in Pakistan. Results stem from interviews and focus discussions with 40 women through which we obtained detailed understanding of their mental health struggles.

Family Dynamics and Domestic Violence

Participating women indicated domestic violence exposure in 75% of cases. The collection of detailed information provides necessary comprehension about how domestic violence affects mental health. An analysis of abuse experiences reported by participants appears in Table 1.

Table 1: Types of Domestic Violence Experienced by Participants

Type of Domestic Violence	Percentage of Participants (%)
Physical Abuse	40%
Emotional Abuse	50%
Verbal Abuse	60%
No Domestic Violence	25%

Most survey respondents indicated experiencing verbal disrespect (60%), alongside half of all respondents who dealt with emotional mistreatment and four in ten who suffered physical harm. The numbers indicate that domestic violence often chooses verbal and emotional tactics which cause severe mental health consequences that result in anxiety and depression and diminish self-worth.

Economic Pressures and Mental Health

Results showed economic challenges heavily affect mental health because 70% of participants with financial stress exhibited symptoms of depression ranging from moderate to severe. A statistical analysis shows the connection between economic pressure on depression symptoms in Table 2.

Table 2: Impact of Economic Pressure on Depression Symptoms

Economic Pressure	Percentage of Participants Reporting
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	Depression Symptoms (%)
High Financial Stress	70%
Moderate Financial Stress	45%
Low Financial Stress	20%

The highest levels of depression occurred in women who suffered complete financial devastation indicating economic difficulties directly decrease mental health outcomes. The financial instability in rural locations caused patients to suffer psychological downfall.

Traditional Practices and Cultural Norms

Interview partners mentioned watta satta (bride exchange) several times when discussing their emotional well-being. The comprehensive table (Table 3) reveals all the outcomes created by marrying according to watta satta customs.

Table 3: Impact of Watta Satta on Anxiety Levels

Involvement in Watta Satta	Percentage of Participants Reporting Anxiety (%)
Yes	45%
No	30%
Uncertain	20%

Out of all respondents, 45% who participated in watta satta dealt with noticeable anxiety symptoms. Traditional practices typically leave women in marriages that lack control which creates psychological problems for these women.

Gender Roles and Psychological Well-being

Traditional expectations that women should handle home management and childcare duties together with being responsible for domestic work emerged as a critical reason for mental health decline. Participants indicated substantial domestic life pressure at a rate of 60%. This resulted in emotional disturbances for many women. This table takes a look at the way gender role pressure impacts mental health status (see Table 4).

Table 4: Pressure to Conform to Gender Roles and Mental Health Issues

Pressure to Conform to Gender Roles	Percentage of Participants with Mental Health Issues (%)
High	60%
Moderate	35%
Low	15%

The study results demonstrate that increased societal expectations for gender compliance lead to higher mental health problems among participants. Culture in rural Pakistan imposes demanding gender norms which strongly affect the psychological health of women.



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Marital Status and Mental Health

Researchers evaluated marital status as a critical variable during their analysis. Married female participants demonstrated increased mental health disorders than their unmarried counterparts because family and marital duties seemed to increase their stress. A presentation of marital status participation and related mental health findings appears in Table 5.

Table 5: Marital Status and Mental Health Issues

Marital Status	Percentage of Participants with Mental Health Issues (%)
Married	75%
Unmarried	45%
Widowed/Divorce	65%

The mental health status of married females proved to be the most serious primarily because of the dual responsibilities created by marriage and domestic duties.

Age and Mental Health

Younger women among participants displayed elevated levels of anxiety and depression according to research findings. Table 6 presents a summary of the results that link mental health to age.

Table 6: Age and Mental Health Issues

Age Group	Percentage of Participants with Mental Health Issues (%)
18-25	80%
26-35	65%
36-45	50%

The findings in Table 6 indicate that young women between 18 to 25 demonstrated the most extreme mental health problems even though this data comes from Pakistan's rural areas.

Educational Level and Mental Health

The findings demonstrated that educational achievements affected psychological health characteristics. Adults with more limited educational opportunities showed more frequent symptoms of both depression and anxiety in the evaluation. The relationship between education and mental health emerges in Table 7.

Table 7: Education Level and Mental Health Issues

Educational Level	Percentage of Participants with Mental Health Issues (%)
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Primary School	70%
Secondary School	50%
Higher Education	30%

Participants with lower educational attainment showed higher incidence of mental health problems indicating education's role in building psychological resilience according to Table 7.

Family Size and Mental Health

The number of family members directly influenced mental health problems. The increased household quantities of larger families created heavier responsibility loads for women leading to increased tension. The research data linking family size with mental health conditions appears in Table 8.

Table 8: Family Size and Mental Health Issues

Family Size	Percentage of Participants with Mental Health Issues (%)
1-4 members	40%
5-7 members	60%
8+ members	80%

The data in Table 8 links larger family networks to increased mental health problems for women because of their extensive domestic responsibilities.

Support Systems and Mental Health

Researchers examined how easily accessible support networks influenced mental health outcomes from family-based and community-based services. Women facing no access to support networks identified more symptoms of psychological distress. The data in Table 9 illustrates how mental health results connect to access to social support networks.

Table 9: Availability of Support Systems and Mental Health Issues

Support System Availability	Percentage of Participants with Mental Health Issues (%)
Yes	45%
No	75%

Research reveals that insufficient support systems form a critical factor in developing mental health problems among rural women.

Health Status and Mental Health

Participants' physical along with mental health status emerged as key factors that shaped their total well-being. Participants who were dealing with persistent health conditions along with physical wellness issues showed elevated mental health



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difficulty rates. The connection between health standing and mental health appears in Table 10.

Table 10: Health Status and Mental Health Issues

Health Status	Percentage of Participants with Mental Health Issues (%)
Good	30%
Fair	55%
Poor	80%

People with poor health exhibited the greatest rates of mental health issues according to Table 10 thereby showing a robust relationship between physical health and mental health.

Summary of Key Findings

Domestic Violence: Research showed domestic violence affected 75% of participants most notably through verbal abuse. **Economic Pressure:** Female respondents who experienced significant financial problems showed depressive symptoms at levels between moderate and severe in 70% of cases. **Traditional Practices:** Research data showed that 45% of people in watta satta arrangements developed additional anxiety issues. **Gender Roles:** Women who faced gender role enforcement stress showed mental health problems in rates reaching 60 percent.

Marital Status: Married women faced the highest levels of mental health stress because 75% reported experiencing depression and anxiety.

Age: Eighty percent of young women age 18 to 25 showed elevated mental health problems. **Education:** Among female participants women with fewer years of formal education reported increased mental health issues. **Family Size:** Family size along with 8+ members correlated to more mental health concerns among households.

Support Systems

The absence of proper support networks played an important role in generating mental health problems.

Health Status: The relationship between poor physical health and mental health issues remained exceptionally strong.

Discussion

This research shows family interactions combined with cultural traditions and economic strains along with societal gender beliefs drive mental health conditions experienced by Pakistan's rural women. The primary mental health strain for vulnerable women results from verbal mistreatment during domestic abuse situations. The combination of economic strain with tradition-based marriage procedures and strict cultural gender norms together with marital pressures produces worsened mental health conditions. The results reinforce the



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requirement for complete interventions which tackle these issues by supporting the economy through public assistance and law amendments with access to mental health treatment.

Conclusion

Our research reveals multiple factors including family system dynamics combined with economic stressors as well as cultural traditions and social demands that affect the mental health condition of Pakistani rural women. The data reveals how multiple factors such as domestic violence alongside financial hardships alongside traditional roles and marital stress women into psychological distress state. The study of 40 participants demonstrates a clear need for specialized intervention programs which merge emotional assistance with financial independence programs to enhance mental health results. By harnessing these findings researchers gain deeper knowledge about how to tackle both changing social policies and mental health of rural women effectively.

Recommendations

Raise Awareness: A nationwide teaching effort should trigger awareness programs to show the mental health implications forced marriages create in addition to domestic violence atrocities.

Strengthen Laws: The government must establish larger safeguards which integrate better legal protection for people resisting rural forced marriages and domestic violence events.

Improve Mental Health Services: All rural residents throughout the country need economical access to psychological healthcare assistance which can be delivered by mobile clinics and telephone medical services.

Train Healthcare Providers: Professionals who work in rural healthcare settings need training programs which teach discovery of domestic violence cases and intervention strategies as well as mental health management techniques.

Build Community Support Networks: Community centers serving as women's groups should combine legal help with psychological services to establish local support programs.

Empower Women: Protective measures that combine education with developmental programs and financial training for women need to be implemented for prevention against unwanted marriages and domestic violence events.

Engage Religious Leaders: Religious leaders' participation serves to oppose negative cultural sanctions by protecting women's mental health needs.

Conduct Further Research: Today's research should study intervention assessments alongside the comprehensive damage that happens when domestic violence occurs along with forced marriages.

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