PSYCHOLOGICAL DISTRESS AMONG YOUNG MARRIED FEMALES IN PAKISTAN

Mujahid Khan, Muhammad Owais Amer, Hafsa Irfan, Abdullah Riaz
[1]BS Scholar, School of Professional Psychology, University of Management and Technology (UMT), Lahore Campus, Pakistan
Email: syed.m.mujahid.khan@gmail.com
https://orcid.org/0009-0007-4691-566X
[2]BS Scholar, School of Professional Psychology, University of Management and Technology (UMT), Lahore Campus, Pakistan
Email: owaisdgmedia@gmail.com
[3]BS Scholar, School of Professional Psychology, University of Management and Technology (UMT), Lahore Campus, Pakistan
Email: hafsaansari230@gmail.com
[4]BS Scholar, School of Professional Psychology, University of Management and Technology (UMT), Lahore Campus, Pakistan
Email: abdullahriaz6740@gmail.com

Abstract
Early marriage remains a prevalent practice in rural Pakistan, placing young females at increased risk of psychological distress, including depression, anxiety, and stress. This study examined ethnic differences in psychological distress among married females under 18 years of age from rural Punjab and Khyber Pakhtunkhwa, including Punjabi and Pashtun participants. Using a cross-sectional correlational design, data were collected from 350 married females (aged 13–17 years) through snowball sampling, following informed consent from legal guardians. Psychological distress was assessed using the Depression, Anxiety, and Stress Scale–21 (DASS-21). Results revealed significant positive correlations among depression, anxiety, and stress. Independent-samples t-tests showed no significant differences in depression between ethnic groups; however, Pashtun females reported significantly higher levels of anxiety and stress compared to Punjabi females. The findings highlight the need for culturally sensitive mental health interventions, preventive strategies, and policies aimed at protecting the well-being and rights of young married females in rural Pakistan.
Keywords: Psychological distress, early marriage, ethnic differences, young married females, Pakistan

Introduction

In Pakistan, women continue to face structural inequalities in access to education, employment, healthcare, and property due to deeply rooted patriarchal norms, particularly in rural areas (Aslam, 2014; Sultan et al., 2025). Early marriage remains a persistent social issue in rural Punjab and rural Khyber Pakhtunkhwa (KPK), where traditional values, poverty, and limited educational opportunities strongly influence family decisions. Marriage at a young age often disrupts education, imposes premature domestic and caregiving responsibilities, and exposes young females to serious physical and psychological health risks associated with early pregnancy and childbirth (Muzaffar et al., 2018).

Rural Punjabi and Pashtun societies are characterized by strong family control, gendered division of labor, and limited autonomy for women. Practices such as dowry, arranged marriages, and the involvement of in-laws in daily decision-making contribute to chronic stress among young married females. These social pressures often result in emotional suppression, limited social support, and increased vulnerability to psychological distress. Violence against women, including emotional and physical abuse, is frequently normalized in rural contexts, further exacerbating mental health problems (Niaz, 2004).

Findings from the Pakistan Demographic and Health Survey (2017–2018) indicate that higher education, improved household wealth, employment, rural residence, and media exposure significantly reduce the likelihood of early marriage. Rural residence, in contrast, remains a strong predictor of early marriage, underscoring the vulnerability of girls living in rural Punjab and rural KPK (Malik et al., 2022). Despite these insights, limited attention has been given to the psychological consequences of early marriage among underage females, particularly when comparing ethnic groups.

Psychological distress commonly manifests as depression, anxiety, and stress. Depression is characterized by persistent sadness, loss of interest in daily activities, feelings of worthlessness, and cognitive disturbances. Stress refers to mental and emotional strain resulting from adverse life circumstances, while anxiety involves excessive worry, fear, and physiological arousal (Hwang & Oh, 2024; Iannattone et al., 2024). Young married females in rural settings are particularly vulnerable to these conditions due to social isolation, marital adjustment difficulties, and restricted personal agency.

Previous research in Pakistan has produced mixed findings regarding marital status and psychological distress. For instance, a recent study by Shahid et al. (2025) reported that depression, anxiety, and stress were significantly associated among Pashtun females under the age of 18. Other studies, such as Shami et al. (2025) and Khan et al. (2025), focused on adult or unmarried populations. These studies leave a significant gap in understanding psychological distress among underage married females in rural Punjab and rural KPK, especially when comparing ethnic groups.

Early marriage in these regions is often justified as a means of ensuring social protection and family honor. However, empirical evidence suggests that early marriage is associated with adverse maternal health outcomes, limited educational and economic opportunities, and long-term psychological distress (Neyazi et al., 2023). Despite growing recognition of these consequences, research examining ethnic differences in depression, anxiety, and stress among females married before the age of 18 remains scarce. The present study seeks to address this gap by examining psychological distress among young married **Punjabi and Pashtun females** under the age of 18 in rural Punjab and rural KPK, Pakistan.

Research Objectives

- To assess the relationship between depression, anxiety, and stress among young married females under the age of 18 in rural Punjab and rural KPK, Pakistan.
- To compare levels of depression, anxiety, and stress between Punjabi and Pashtun young married females.

Research Hypotheses

H1: Depression, anxiety, and stress are significantly and positively correlated among young married females under 18.

H2: Pashtun females will report significantly higher levels of anxiety and stress compared to Punjabi females, while no significant difference is expected for depression.

Method

The study adopted a cross-sectional correlational research design and employed a snowball sampling technique. The sample consisted of **350 married females aged 13 to 17 years** residing in rural areas of Pakistan, the data were collected from Punjabi and Pashtun females only. All participants had completed at least primary education from public or private institutions.

Psychological distress was measured using the Depression Anxiety Stress Scale–21 (DASS-21), a 21-item self-report instrument rated on a 4-point Likert scale ranging from 0 (*Did not apply to me at all*) to 3 (*Applied to me very much or most of the time*). Higher scores indicate greater levels of depression, anxiety, and stress. The DASS-21 has demonstrated good internal consistency, with Cronbach's alpha values of .88 for depression, .82 for anxiety, and .90 for stress (Lovibond & Lovibond, 1995).

Ethical guidelines were strictly followed in accordance with the APA Ethical Code of Conduct (Young, 2017). Written informed consent was obtained from participants' legal guardians, and assent was obtained from the participants. Participants were informed about the study's purpose, voluntary participation, and right to withdraw at any time. Data collection required approximately 25 minutes per participant. Initially, 378 participants were approached, of whom **350 completed** the questionnaires. The authors helped the female individuals in understanding the questionnaire. Data were analyzed using IBM SPSS Statistics version 26.

Results

Table 1

Characteristics of the Participants

Characteristics	Frequency	Percentage	Mean	Standard Deviation
Age			14.89	1.34
Socioeconomic Class				
Lower Class	89	25.4		
Middle Class	133	38		
Upper Class	128	36		
Qualification				
Primary	172	49.1		
Middle	77	22		
Matric	62	17.7		
Intermediate	39	11.1		
Ethnicity				
Pashtun	160	54.3		
Punjabi	190	45.7		

Note. *N = 350*

Table 1 presents the demographic characteristics of the participants (N = 350). The mean age of the participants was 14.89 years (SD = 1.34), indicating early to mid-adolescence. Regarding socioeconomic status, 38% (n = 133) of the participants belonged to the middle class, followed by 36% (n = 128) from the upper class, and 25.4% (n = 89) from the lower class. In terms of educational qualification, nearly half of the participants had completed primary education (49.1%, n = 172), while 22% (n = 77) had middle-level education, 17.7% (n = 62) had matriculation, and 11.1% (n = 39) had intermediate-level education. With respect to ethnicity, 54.3% (n = 160) of the participants were Pashtun, whereas 45.7% (n = 190) were Punjabi.

Table 2

Correlational Analysis

Variables	1	2	3
1.Depression	-	.43**	.42**
2. Anxiety		-	.99**
3. Stress			-

Note. N=350, **p<.01

The Pearson correlation analysis (Table 2) among young married females in rural Punjab (N = 350) revealed significant positive relationships between all study variables. Depression was moderately and positively correlated with anxiety ($r = .43$, $p < .01$) and stress ($r = .42$, $p < .01$), indicating that higher anxiety and stress levels are associated with increased depressive symptoms. Anxiety and stress demonstrated a very strong positive correlation ($r = .99$, $p < .01$), suggesting that these constructs are closely related in this population.

Table 3

Mean differences in Study Variables based on Ethnicity

	Punjabi (n=190)		Pashtun (n= 160)				
	M	SD	M	SD	t(348)	P	Cohen's d
Depression	10.28	6.47	11.16	6.06	-1.29	.19	0.14
Anxiety	6.34	5.60	7.75	5.74	-2.30	.02	0.24
Stress	6.42	5.57	7.82	5.72	-2.31	.02	0.24

Note. N=350, *M*= Mean, *SD*= Standard Deviation

Table 3 presents the mean differences in depression, anxiety, and stress between Punjabi (*n* = 190) and Pashtun (*n* = 160) participants. The results indicate that Pashtun females reported significantly higher levels of anxiety (*M* = 7.75, *SD* = 5.74) and stress (*M* = 7.82, *SD* = 5.72) compared to Punjabi females (Anxiety: *M* = 6.34, *SD* = 5.60; Stress: *M* = 6.42, *SD* = 5.57), with both differences reaching statistical significance (*t* = -2.30, *p* = .02; *t* = -2.31, *p* = .02, respectively) and small effect sizes (Cohen's *d* = 0.24 for both). Although Pashtun females also showed higher depression scores (*M* = 11.16, *SD* = 6.06) than Punjabi females (*M* = 10.28, *SD* = 6.47), this difference was not statistically significant (*t* = -1.29, *p* = .19, *d* = 0.14). These findings suggest that ethnicity may play a role in the experience of anxiety and stress among rural females, with Pashtun participants exhibiting slightly greater vulnerability.

Discussion

Early marriage remains a critical social issue in Pakistan, particularly in areas of Pakistan, exposing young females to increased psychological distress, including depression, anxiety, and stress. While research on early marriage has often focused on urban areas or adult populations, limited attention has been given to underage married females and ethnic differences, especially between Punjabi and Pashtun communities. The present study aimed to address this gap by examining psychological distress and ethnic differences among females under the age of 18.

The first hypothesis proposed that depression, anxiety, and stress would be significantly and positively correlated among young married females under 18. Correlational analysis confirmed this hypothesis, showing strong positive relationships among all three variables. This finding aligns with prior studies documenting the co-occurrence of psychological distress among women exposed to early marriage, restrictive socio-cultural norms, and limited social support (Musa et al., 2018). The elevated levels of depression, anxiety, and stress observed in this study may be attributed to early household responsibilities, restricted autonomy, cultural expectations, and frequent exposure to emotional or physical abuse. The lack of education, minimal empowerment, and societal norms that view females as subordinate further exacerbate psychological vulnerability.

The study's focus on ethnic differences revealed no significant difference in depression between Punjabi and Pashtun females; however, Pashtun females scored significantly higher on anxiety and stress. This pattern suggests that while depressive symptoms may be similarly prevalent across both groups, socio-cultural and environmental factors in the Pashtun community—such as stricter gender norms, lower access to education, greater family control, and reduced social support—may heighten immediate emotional responses like stress and anxiety as reported in recent studies (Khan et al., 2024; Shah & Shah, 2024). These findings echo previous research emphasizing the influence of patriarchal structures and ethnic cultural norms on women's mental health in rural Pakistan.

Limitations

This study employed a correlational design, which limits the ability to draw causal conclusions. A longitudinal design could provide a more nuanced understanding of how psychological distress develops over time among young married females. Another limitation concerns the age range: the study considered 13 years as the lower benchmark for marriage, although females may be married at even younger ages; future research should include younger participants to capture the full scope of early marriage. Additionally, the sample lacked balance across socioeconomic classes (upper, middle, and lower), which should be addressed in future studies to enable robust analyses such as ANOVA. Key demographic variables, including pregnancy status and marital order (e.g., being a second, third, or fourth wife), were also not included; incorporating these factors in future research would provide a more comprehensive understanding of psychological distress among young married females.

Implications and Recommendations

The findings underscore the urgent need for culturally sensitive mental health interventions targeting young married females both Pashtun and Punjabi. Mental health professionals, educators,

and media campaigns should play an active role in raising awareness about the psychological risks of early marriage. Parents and guardians need education regarding the negative consequences of marrying daughters at a young age. Although the government has declared 18 as the minimum legal age for marriage, stricter enforcement is essential, particularly in rural areas. Educators, sociologists, and policymakers should advocate for women's rights to education, healthcare, and informed marital consent. Journalists and media teams must also investigate and raise awareness extensively in both Punjabi and Pashtun communities to promote social change and protect the psychological well-being and basic human rights of young married females.

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