

Female Marginalization by Male Head of the Household and Mental Health Concomitants amongst Educated Women of Urban Lahore, Pakistan

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ABSTRACT

Aim of the Study: The aim of the study was to investigate marginalization from male head of the household and mental health concomitants in a sample of educated women in Pakistan.

Methodology: The study is quantitative in nature and a questionnaire was completed by (n=200) women using purposive sampling. The mean age was 25.03 years (SD 5.76). The questionnaire included two scales for measuring marginalization and mental health concomitants.

Findings: The sample revealed significant levels of marginalization, with patriarchy and customs/traditions exerting greater influence than religious indoctrination or economic dependence. The most frequent patriarchal act was making unpleasant remarks, while traditional marginalization often involved restricting women from pursuing business studies. Women experiencing higher marginalization reported significantly greater anxiety, depression, obsessive-compulsive, and somatization symptoms. Patriarchal marginalization predicted anxiety, obsessive compulsive, and somatization symptoms, whereas traditional marginalization predicted depressive symptoms. Overall, marginalization by male household heads through patriarchy and tradition was strongly linked to adverse mental health outcomes.

Conclusion: This study concludes that there is significant female marginalization in elite households of Pakistan. Pakistani women are subject to mental health issues and psychological disorders due to patriarchal systems within their households regardless of socio-economic status. There is a need for the government to take strict actions against female marginalization and involve NGOs and international organizations to facilitate gender equality and security for women in their households. More importantly, similar studies on other South Asian countries can help in highlighting the severity of the issue internationally and collectively looking for solutions for coming generations.

Keywords: Marginalization, Patriarchy, Custom and Tradition, Religious Indoctrination, Economic Dependence, Mental Health, Women, Pakistan.

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1. INTRODUCTION

Gender marginalization is the inequality of rights and treatments towards human beings on the basis of their gender identity (Ali et al., 2022). The self-expression of women individuals is suppressed by the cultural norms and men are considered to be their source of protection, caretakers and decisionmakers (ibid). A United Nations study reveals that 90% of women are mentally and verbally abused by their male partner (Tinker, 1999). For more than a decade, researchers have tracked alarming rates of gender-based violence and discrimination across the Global South, particularly in Afghanistan, Pakistan and Iraq (Iqbal, Afzal, & Inayat, 2012). Pakistan is traditionally a feudal patriarchal society which is largely recognized as gender discriminatory as it institutionalizes the male power within the social norms of the society (Shah, & Shah, 2012).

1.1 South Asia and Mental Healthcare

The people of South Asia share the same cultural and political heritage and 12.2% of the total South Asian population account for the reported cases of mental health problems in the region (Ranjan, & Asthana, 2017). In general, South Asia lacks in mental health research due to lack of political will, infrastructure, cultural and social issues. Research developed to date suggests that in South Asia, 122 per 1000 persons suffer from some form of mental illness (Ranjan, & Asthana, 2017). The social culture, family values and the medical support available plays a vital role in addressing female mental health issues (Mian et al., 1998). Women with supportive extended families and paid employment reportedly enjoy better mental health, secure better position in family hierarchy and develop better time management skills and caregiving towards their families (Ali et. al, 2011).

1.2 Gender Marginalization in Pakistan

Women in Pakistan face gender-based marginalization in health, education, employment and in core social norms, practices and traditional values (Ali et al., 2022). Amongst South Asian countries, Pakistan suffers drastically from issues of female health and gender equity (Tinker, 1999). Women, despite being almost 50% of the total population of Pakistan, suffer from multidimensional inequality issues which bars them from independent personal and socio-economic growth (Hamid, & Ahmed, 2011). In Pakistan, gender marginalization begins right from childhood, where there is limited access to education opportunities, health and nutrition and other basic necessities based on male to female superiority in household decisions (Hamid, & Ahmed, 2011). A study conducted from 1990-2019 in Pakistan reveals that the severity of mental health disorders based on gender has changed over time in terms of more depressive disorder cases reported by women than men (Alvi et al., 2023). Women in Pakistan suffer from low self-esteem, interpersonal violence, severe life altering family events, untreated postpartum depression and lack of gender equality in society that causes mental health trauma (Hamid, & Ahmed, 2011).

1.3 Gender based Violence in Pakistan

Understanding gender-based violence in the name of honor is crucial for a nuanced understanding of gender marginalization in South Asia (Iqbal, Afzal, & Inayat, 2012). The gender violence in this region is a crucial form of structured violence, and it is actively strengthened to keep up the disparity between genders (Tinker, 1999). Most gender based domestic violence issues are considered private and hence dealt with according to the wishes of family members inside the homes (Alvi et al., 2023). Women not only face verbal, physical and sexual abuse, but they silently go through honor killing, watta-satta (two households marrying a brother-sister pair to another brother-sister pair), vani (marrying a girl to someone in settlement of a murder or similar issue committed by a father, brother, or another man or men in a tribe), marrying to the Holy Quran (largely done to take legal control over the property in name of the girl and be in-charge of her assets) and similar heinous acts that are pre-Islamic and completely against the teachings of Islam (Iqbal, Afzal, & Inayat, 2012).

1.4 Mental Health and Social Stigma

In Pakistan, mental health and gender-based issues have a strong stigma attached to them due to which there is a lack of social and professional support available (Tharani et al., 2024). It is considered taboo to discuss and highlight mental health issues and therefore, right from adolescence, people learn to internalize their mental health concerns and suffer in silence. 70% of abused women have never reported abuse to a friend or family member due to the fear of social stigma, and they suffer in silence with severe mental and psychological consequences (Niaz, 2004).

A study at Agha Khan University revealed that 50% of married women with university education and professional occupations reported palpitations, headaches, choking feelings, sinking heart, hearing weakness and numb feet prior to any medical and psychiatric diagnosis, while 28% were diagnosed with depression and anxiety, 5-7% were diagnosed with personality and adjustment disorders and 17% were diagnosed with other mental health disorders. A cross-sectional study in Khyber Pakhtunkhwa reveals that the most common mental disorders in women are depression, generalized anxiety disorders, conversion or dissociative disorders, obsessive compulsive disorders and panic attacks (Wazir et al., 2023). Women tend to report somatic symptoms more than the men, including palpitations, body aches, heartburn, loss of appetite, chest pains, hot flashes, constipation, nausea and headaches (Wazir et al., 2023).

1.5 Gender and Mental Health Disorders in Pakistan

According to World Health Organization reports, an estimated 24 million people in Pakistan require mental healthcare attention (WHO, 2009). About 10% of Pakistanis suffer from mental health issues, and the rate of psychiatric illnesses in Pakistan is one of the highest in the world (Sikandar, 2020). Depression and anxiety are the most common symptoms that lead to self-harm and suicidal tendencies (Alvi, et al., 2023). An open study of female patients at Mayo hospital in Lahore indicated that women suffer from somatization symptoms with underlying anxiety and depression (Mian, 1998). Generally, in the psychological literature, lower socio-economic status (SES) is associated with higher mental health problems, but in countries like Pakistan and generally in Pakistani households, these problems occur at any level, and particularly develop in early and later adolescence when even young adults are still considered children and not heard in family and matters related to their own life decisions (Tharani, et al., 2024). In Asian societies, the presence of somatic symptoms can mean an indication towards serious mental health disorders like clinical depression, schizophrenia and suicidal tendencies (Wazir et al., 2023). In Pakistan, many patients that seek mental healthcare have somatic complaints and very limited help is provided due to the difficulty of understanding of the exact diagnosis by the doctors. 73% of women reported headaches, 56% of women reported extreme pains and 42% women reported lethargy as most common somatic symptoms. Rani & Hasan (2017) found that the prevalence of obsessive-compulsive symptoms in women as compared to men in Pakistan is predominantly due to the ways that household chores, responsibilities and expectations of women take a toll on their mental health. Obsessive compulsive disorders are scientifically proven with cultural norms and social expectations that give women the mental anxiety to be on their top behavior to maintain spirituality and cleanliness (ibid). Women suffering from obsessive compulsive symptoms face psychological trauma, social exclusion, functional disability, and self-doubt along with lack of healthcare support (Tharani, et al., 2024). Furthermore, a study of both nuclear and joint family systems in the Hindukush Mountain region of Khyber Pakhtunkhwa province found that 46% of women suffer from anxiety and depression as compared to 15% men (Mumford, et al., 1996).

1.4 Discriminatory Gender Roles

According to cultural practices, men working professionally outside the house tend to have more socio-economic value and women are expected to dutifully do house chores without any expectation of reward (Tharani, et al., 2024). Such a patriarchal system is deeply rooted through societal norms and traditions and practiced under the name of Islamic teachings in this Muslim-majority country (Wazir et al., 2023).

As per Pakistan's patriarchal custom and tradition, the gender roles are very distinctively defined and people from very young age are expected to learn them and live in accordance with them (Tharani et al., 2024). Women are under severe societal surveillance and they need to abide by the rules unquestionably which leads to identity crisis, disorientation, personal and social insecurities.

1.5 The Economics of Patriarchy

Patriarchal marginalization has caused mental health damage to women and other minority groups across the world by facilitating male dominance (Gupta, Madabushi, & Gupta, 2023). The embedded patriarchal values that facilitate the misuse of Islamic teachings to determine the societal value of gender has created a clear line of disparity between man and woman (Ejaz, & Ara, 2011). In fact, patriarchy is not considered a valid mental health construct in already limited research on marginalization of women and its psychological implications (Gupta, Madabushi, & Gupta, 2023). Men as young boys face severe social and peer pressure to be brave and strong individuals due to which clinical studies have shown unstable and stunted emotional development (Wazir et al., 2023). This leads to complex long-term relationship development with women and abuse of the power of patriarchy. Patriarchy strictly abolishes the concept of gender equity by equating biological sex with the socially constructed elements of gender discrimination. In the absence of fathers, when women take charge as acting heads of their households, instead of realizing their own fundamental roles and positions as main caregivers of their families, mothers try to imitate male heads of the household by, for example, threatening to convey the misconduct of kids to the male head of the household and creating fear of severe punishment by the male head of the family (Ali et al., 2011).

1.6 Working Women, Families and Socio-economic Class System

It is found that women are psychologically twice as affected by the type of family structure and their position in the family as compared to men (Mumford et al., 1996). A study in urban Rawalpindi revealed that 25% of women reported psychological disorders as compared to 10% of men. Women belonging to upper and upper middle socio-economic classes have reported to share the financial responsibilities with their husbands along with the added burden of household work and being sexually present for the husband (Ali et al., 2011). The overload of work in all forms create mental health issues, anxiety, restlessness, powerlessness, depression and guilt in women as they are trained to be present for their husband and families and compromise themselves, their health, their dreams and their needs. Working women belonging to lower socio-economic class showed higher somatic symptoms and emotional distress (Mian et al., 1998). An assessment of women's mental health during Covid-19 in urban Karachi revealed that women reported higher levels of depression and anxiety due to constant family presence, economic recession and interference (Asim et al., 2021).

1.7 Inequality in Education and Food Distribution

Gender marginalization based on food discrimination is observed to be a consistent trend in South Asia as compared to rest of the world (Iqtadar et al., 2022). When it comes to the most basic rights such as food distribution in households, food discrimination is four times higher in families where males are the main bread winners (Wazir et al., 2023). This despite higher female mortality rate due to micronutrient deficiency and healthcare facilities in Asian countries, and gender marginalization due to strong patriarchal beliefs dominates the region (Hamid, & Ahmed, 2011).

Girls have low enrollment and high dropout rates with lesser number of female teachers and all girls' educational institutes (Hamid, & Ahmed, 2011). In cases where the choice of education has been given to boys and girls, boys themselves chose not to study while, for girls, either the family or the Imam of the society, the Islamic religious cleric decided if education was to be pursued or not (Shah, & Shah, 2012). The proximity of educational institutes, segregation, veiling, inadequacy of female teachers and the resource investment output are some of the key factors for marginalization of women in securing equal opportunity in education (Hamid, & Ahmed, 2011).

1.8 Originality of the Study

It has not previously been investigated by qualitative measures to what degree female marginalization from the male head of the household related to patriarchy, custom and tradition, religious indoctrination and economic dependence is associated with mental health concomitants among the urban and educated women in Pakistan. Furthermore, the present investigation is on dominant Pakistani society that recognizes only two sexes and genders strictly under the religious, cultural and traditional realm. Despite the fact that pop culture represents issues of female marginalization quite evidently every now and then in Pakistan, there is still a huge scientific research gap that needs to be filled up through quantitative and qualitative research. Through this research, a base for further investigation on such gender issues shall be created as it takes firsthand information, opinions and views from women who are victims of female marginalization. The study also keeps its focus only on elite and urban women because they are considered to be the “so-called” empowered women of the Pakistani society, and yet the scenario is far from reality for them when it comes to gender marginalization in their domestic lives. There has been quite a good amount of research on domestic violence issues and women from rural and sub-urban areas but unfortunately, the real-life struggles and challenges that persist for urban and educated women remain under-investigated. For actual female empowerment to prevail in Pakistan, it is very important to highlight the gravity of the issues faced even by elite urban women and to envision solutions to these problems through investigation, negotiation and women’s rights advocacy.

2. METHOD

2.1 Participants

The study was quantitative in nature and a questionnaire was completed by 200 women in Lahore, Pakistan. The mean age was 25.03 years (SD 5.76) and the age range was between 18 and 45 years. Of the respondents, 64% were single, 34% were married, 2% were divorced and 1% were widowed. All respondents had a university degree and belonged to elite urban neighborhoods of Lahore. Participants were recruited through different social gatherings of women at the top elite clubs of Lahore. Firstly, as a part of community engagement activity, the study was discussed with the women during their social gatherings at the clubs. Then through word of mouth, a first set of women agreed to be a part of the survey. Thereafter, survey participants were recruited via snowball sampling as women who were recruited in the first phase then got in touch with their friends and acquaintances and shared the recruitment poster, and grew the sample size to 200. Survey method was chosen because it is an efficient way to collect and analyze the opinions and views on qualitative issues. Moreover, it is also time and cost effective. In this case, particularly, women found the survey method to be comfortable for them to answer anonymously and freely give out their responses.

2.2 Instrument

A questionnaire was constructed including a scale for measuring female marginalization by the male head of household and four mental health concomitants. The instrument was developed to gather responses on four forms of gendered marginalization experienced by these women in their households: marginalization perpetrated due to patriarchy (9 items), marginalization perpetrated due to custom and tradition (5 items), marginalization perpetrated due to religious indoctrination (7 items) and marginalization perpetrated due to economic dependence (6 items). Responses were invited along a five-point scale: 0 = never, 1 = seldom, 2 = sometimes, 3 = often, 4 = very often. Anxiety, depression, obsessive compulsive symptoms, and somatisation were measured with four subscales from the Brief Symptom Inventory (Derogatis & Melisaratos, 1983). Responses on these subscales were invited along another five-point scale: 0 = not at all, 1 = a little, 2 = moderately, 3 = much, 4 = very much.

2.3 Procedure

The data were collected with an online questionnaire during a period of two months in 2023 and 2024. Respondents were a convenience sample of women from Lahore, a provincial capital city of Pakistan. Participants were selected through various social gatherings of women in different elite clubs of the city. Out of all the densely populated main cities of Pakistan, Lahore was selected because there is very little scientific research conducted on such issues in this city. Furthermore, the people of Lahore are highly class conscious and divided by the relative class privilege. When it comes to marriages in particular, the cast system, financial wealth and status of the family are considered of high importance in Lahore which ultimately determines the treatment towards women marrying into families too.

3. RESULTS

The ratings from marginalization from patriarchy, custom and tradition, religious indoctrination and economic independence were significant. There were no significant correlations with age and level of education. 53% of the respondents reported that the most common single behavior for male head of the household when perpetrating patriarchal marginalization against women was not allowing after school to go to coaching or tuition centres (after school tutoring programs). 51% of the respondents reported that the most common single behavior for male head of the household when perpetrating marginalization due to custom and tradition was not allowing women to take up business studies as a career option. 50% of the respondents reported that the most common single behavior for male head of the household when perpetrating marginalization due to religious indoctrination against women was forcing women to wear the Hijab while attending educational institutions. And according to 50% respondents, they were not allowed to do part-time work outside the home due to economic dependence marginalization perpetrated by male head of household. The least common behavior due to patriarchal marginalization, reported by 37% of respondents, was not being allowed to go out with friends. Under custom and tradition, the least common behavior reported by 45% of the respondents was not to make their comparison with their brothers and other male members of the family which means they are not allowed to consider themselves equal to their age fellow male members in the family. The least common behavior, reported by 31% of the respondents, for female marginalization due to religious indoctrination was not being allowed to wear western clothes or do makeup. And the least common behavior, reported by 37% of the respondents, from marginalization perpetrated due to economic dependence was the preference to spend more money on the male offspring in the family.

Table 1: Responses of Respondents towards female marginalization perpetrated by male head of the household

S. No.	Marginalization Perpetrated by Male head of the household	VO %	O %	ST %	S %	N %
<i>Patriarchy</i>						
<i>The male head of the household has...</i>						
1	hesitated enrolling me into a university	52	11	27	9	2
2	refused me from attending coeducation	50	16	20	11	4
3	disagreed to my transportation methods	39	24	24	10	4
4	passing unpleasant remarks on my appearance and/or what I do	57	15	17	6	5
5	restrained my input or point of view on any family matter	41	22	26	9	3
6	restrained my input or point of view on any religious discussions	46	21	24	8	3
7	did not allow after school hours on	50	19	20	9	3

	campus for extracurricular activities					
8	did not allow after school coaching in tuition centers	53	22	18	5	4
9	did not allow going out with friends	37	24	25	11	4
	<i>Custom and Tradition</i>					
6	<i>The male head of the household has...</i>					
10	proposed early marriage as a norm	48	16	21	11	4
11	did not allow women in family to go to co-education university	49	16	22	10	4
12	not allowed women of the family to take up business studies as a career	51	18	20	9	3
13	not allowed to make comparison with the brothers and male members in family	45	20	23	7	6
14	preferred home education system	50	21	22	7	2
	<i>Religious Indoctrination</i>					
	<i>The male head of the household has...</i>					
15	forced Hijab while attending educational institutions	50	18	0	12	2
16	not allowed to wear western clothes or make up	31	27	0	15	5
17	degraded you if you refuse to do Purdah	36	20	0	21	5
18	passed unpleasant comments if you wear hijab improperly	41	23	0	19	2
19	created fear of the afterlife if you do not wear hijab	38	17	0	21	3
20	given you advise and lecture based on Islamic literature on pardah system	38	23	0	16	5
21	openly discussed gender disparity as a joke	34	24	0	18	4
	<i>Economic Dependence</i>					
	<i>The male head of the household has....</i>					
22	preferred to spend more money on the male offspring	37	20	13	27	3
23	considered opportunity cost of education for women lesser than money spent on dowry	40	20	17	22	3
24	not allowed me to do part-time work outside home	51	21	11	12	6
25	has not allow me to work from home in the evenings or any time after 7pm	47	18	15	17	4
26	has not let me have my own bank account	44	23	16	16	2
27	allowed me to only have a joint family account with him	49	17	16	17	2

Very Often (VO); Often (O); Sometimes (ST); Seldom (S); Never (N)

The ratings of mental and physical health concomitants due to marginalization from patriarchy, custom and tradition, religious indoctrination and economic independence were significant. 42% of the respondents indicated having thoughts of ending their life, while 41% reported flashes of hot and cold spells. 37% have reported pain in heart of chest, while 33% reported being dizzy or fainting. 19% of respondents reported having to check and double check what to do, meaning excessive self-doubt and forgetfulness issues; and 20% respondents reported difficulty in making decisions. These were the least common of all the mental and physical health concomitants.

Table 2: Responses of respondents to mental and physical health concomitants due to female marginalization by male head of the household

S. No.	Mental and Physical Health Concomitants	VM %	M %	MD %	AL %	NA %
1	Nervousness or shakiness inside	24	33	20	16	8
2	Thoughts of ending your life	42	31	13	10	5
3	Difficulty in getting things done	23	30	18	17	13
4	Faintness or dizziness	33	27	16	16	9
5	Suddenly scared for no reason	27	28	17	16	13
6	Feeling lonely	24	23	19	16	19
7	Trouble remembering things	22	23	21	15	19
8	Pains in heart or chest	37	24	14	15	11
9	Feeling fearful	30	27	16	15	14
10	Having to check and double check what to do	19	26	18	18	21
11	Nausea or upset stomach	31	23	16	14	17
12	Trouble concentrating	24	24	16	17	20
13	Feeling no interest in things	24	26	18	17	16
14	Difficulty in making decisions	20	23	20	20	18
15	Trouble catching your breath	40	22	15	17	8
16	Hot or cold spell	41	19	16	15	9
17	Spells of terror or panic	28	29	16	14	14
18	Feeling hopeless about your future	27	22	18	15	19
19	Numbness or tingling in parts of your body	29	22	23	15	12
20	Feeling so restless you could not sit still	26	22	21	16	16
21	Feeling worthless	30	19	17	18	17
22	Your mind going blank	20	25	18	20	18
23	Feeling weak in certain parts of your body	23	25	22	17	13
24	Feeling tense and keyed up	25	20	21	20	16

Very Much (VM); Much (M); Moderately (MD); A Little (AL), Not At All (NA)

4. DISCUSSION

4.1 Summary of Findings

Pakistani women face gender-based marginalization in health, education, employment and in core social norms, practices and traditional values (Ali et al., 2022). The aim of the study was to investigate marginalization from male head of the family perpetrated through patriarchy, custom and tradition, religious indoctrination, economic dependence and mental health concomitants among the educated women of urban Lahore.

Severity of Patriarchy, Social Norms and Custom and Tradition

The levels of marginalization from patriarchy and custom and tradition were found to be significant in the well-educated sample of the present study. The mean levels of marginalization perpetrated by the male

head of the household through patriarchy and custom and tradition did not differ from each other. These two types of marginalization also correlated highly with each other. This implies that in families where the male head of the household acts according to patriarchal norms, it is also probable that he inflicts the same level of pressures of strict custom and tradition against the women in the family to keep them at a subordinate status. Study findings indicate that the strict social arrangement of male and female in family hierarchy and the misuse of religion to interpret social norms, custom and tradition allow the men to freely enjoy and exercise their power as decision-makers for women in the family. Even if a woman is well-qualified, financially independent and works professionally, she is answerable to the male head of the household for all her decisions and choices. In some cases, women have to provide an explanation to the male heads of their households about how they are going to manage the balance between their working lives outside the home and their duties and responsibilities in the house. If the male heads of these households deem the women's explanations to be reasonable, then the male heads of households will allow the women in their households to work. Study findings also suggest that despite all this negotiation and so-called approval for work outside the home, women still face constant scrutiny from family members, immediate social circles e.g., neighbors and colleagues, and are put to constant guilt and shame if there is any lapse in their duties towards their household.

The combined effect of these two factors puts excessive strain on the women, especially the young and unmarried women. In families where the male head of the household refrains from exercising his patriarchal power, the probability of custom and tradition perpetrating marginalization of women is less, too.

Physical Appearance, Self-doubt and Patriarchal Ego

The most common single behaviour of patriarchy when perpetrating marginalization against women by the male head of the household is passing unpleasant remarks on appearance and activities undertaken by women in the family. In order to keep the women in the family in their subordinate roles, women are constantly threatened by their husbands with divorce threats and keeping multiple wives. Women are constantly under the pressure to do their best and look their best to please their husbands and to keep up their position in the family. They are not only body shamed, but also put into self-doubt for not doing enough or not doing well in their roles as mothers, wives and daughters-in-law. As per responses reported by survey respondents, findings suggest that gendered patriarchal structures maybe the cause of severe mental health issues such as anxiety, obsessive compulsive symptoms and depression in women.

Female Subjugation and Educational Constraints

The most common effect of custom and tradition when perpetrating marginalization against women by the male head of the household was not allowing women to take up business studies as a career option for future. Furthermore, in Pakistan, due to patriarchy and custom and tradition, male heads of the households are hesitant to send women of their families to co-education institutes and it gets worse under social peer pressure. Due to such a situation, the rates of women attending university education in their desired fields drops down drastically. Some women are forced to drop out and withdraw their enrolment if they make it to a co-education university. 52% of male heads of the households due to patriarchal decision hesitate to enroll women into a university; 52% of male heads of households due to custom and tradition preferred home education system; and 49% forbade university co-education enrollment for women in their family.

Severity of Female Mental Health Disorders

A study in urban Rawalpindi revealed that 25% women reported psychological disorders as compared to 10% men (Mumford et al., 1996). In the present study, marginalization from male head of the household perpetrated through patriarchy and custom and tradition both correlated significantly with the women suffering from anxiety, depression, obsessive compulsive symptoms, and somatization. All the respondents of the study who reported mental health issues had been diagnosed medically with psychological symptoms due to marginalization and gender disparity issues within households. The

prevalence of obsessive-compulsive symptoms in Pakistani women as compared to men is predominant largely due to the household chores, responsibilities and expectations (Rani, & Hasan, 2017).

Female Mental Health Disorders

It was shown that marginalization from patriarchy and custom and tradition perpetrated by male heads of elite Pakistani households predicted anxiety, depression, obsessive compulsive symptoms, and somatization reported by the women. Marginalization due to patriarchy was a stronger predictor than marginalization from custom and tradition. Somatization and obsessive-compulsive symptoms were especially strongly predicted by patriarchal behaviours and anxiety was strongly predicted by custom and tradition, religious indoctrination and economic dependence.

The highest correlations in the present study were found between marginalization perpetrated by male heads of households through custom and tradition and depression symptoms experienced by the women. Depression and anxiety are the most common symptoms that lead to self-harm and suicidal tendencies in women (Alvi, et al., 2023). Furthermore, the highest correlations in the present study were found between marginalization perpetrated by male heads of households through patriarchal practices and obsessive-compulsive symptoms and somatization. In Pakistan, many patients that seek mental healthcare have somatic complaints and very limited help is provided due to the difficulty of understanding of the exact diagnosis by the doctors. 73% women reported headaches, 56% of women reported extreme pains and 42% women reported lethargy as most common somatic symptoms (Wazir et al., 2023). This indicates the importance of mental health education around patriarchy and its gendered effects, and treatment facilities in Pakistan for the psychological well-being and effective functioning of families. Marginalized female education opportunities, lack of exposure and understanding of health education and mental health treatments in the study show higher levels of anxiety, depression, obsessive compulsive symptoms, and somatization of the women.

4.2 Limitations of the Study

The primary limitation of this study is its reliance on survey data. While the survey data can track trends and indicate where the problems lie, more in-depth qualitative and clinical investigation of the correlations the study identifies are required. This is a beginning that suggests further investigation is very needed. The sample consisted of well-educated women in urban Lahore, Pakistan. The situation for less educated women in sub-urban parts of the city as well as town areas around Lahore might be worse. Further research could focus on the psychological well-being of women from less fortunate circumstances and conducting a comparative analysis of the situation. Many respondents across classes, castes, and geographies in Pakistan feel vulnerable and scared to take part in a study on female issues, therefore, NGOs could be involved in providing funding and maximum protection for respondents so that they can feel safe to express themselves.

5. CONCLUSION

The study indicates the severity of female marginalization within elite households in urban Pakistan. The findings should encourage further scholarly investigation, and should inspire concerned authorities and the government to draw conclusions and take the required actions on the situation. The government of Pakistan and NGOs should make collaborative efforts to improve the prevailing situation. Furthermore, an in-depth comparative analysis with other South Asian countries, especially neighboring countries like India, Bangladesh, Sri-Lanka and Nepal, can give an insight into the severity of the problem and more insightful understanding of the cultural dynamics towards gender marginalization and inequality issues in Global South by South Asian and international feminist groups alike.

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Conflict of Interest

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