




## Psychological Distress in Married Females Under 18 in Pashtun Culture of Pakistan: A Quantitative Study

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**Abstract:** Early marriage is prevalent in many parts of Pakistani society, particularly within Pashtun culture, where it is often encouraged due to conservative mindsets. This cultural norm promotes marriage before the age of 18, which can lead to psychological distress in women, such as depression, anxiety, and stress. However, despite the significance of this issue in Pashtun culture, relevant studies remain scarce. Therefore, the current study aims to explore the relationship between depression, anxiety, and stress among females under the age of 18 in the Pashtun culture of Pakistan. The study adopted a correlational research design and used a snowball sampling technique to collect data from 356 females aged 13 to 17, with the consent of their guardians. Data were collected using the Depression, Anxiety, and Stress Scale (DASS) to assess levels of psychological distress. Correlational analysis revealed a significant and positive relationship among depression, anxiety, and stress. Furthermore, anxiety and stress were found to significantly predict depression in these females. An independent samples *t*-test showed that rural married females scored significantly higher on stress and anxiety compared to their urban counterparts. Although urban females scored lower on depression than rural females, the difference was not statistically significant. The study's comprehensive implications include raising mental health awareness to help prevent early marriages, with the involvement of mental health professionals, media, and journalists. Additionally, the government should take strict action to prevent early marriages and ensure that women are granted the human rights they deserve.

**Keywords:** Pashtun Culture, Married, Female

### Introduction

In Pakistan, women face systemic inequality in access to education, employment, and property due to a deeply rooted patriarchal culture, resulting in limited societal participation (Aslam, 2014; Tabassum, 2016). Child marriage remains a critical issue, particularly for girls, leading to interrupted education, premature domestic responsibilities, and serious health risks from early pregnancies. This practice, driven by socio-cultural traditions such as watta-satta, vanni, and valwarr, along with financial burdens, violates basic rights and imposes lifelong challenges (Muzaffar et al., 2018). Societal attitudes and cultural practices in Pakistan—such as karo kari, exchange marriages, and dowry—play a significant role in shaping women's mental health. Religious and ethnic conflicts, dehumanizing attitudes towards women, the extended family system, and the involvement of in-laws in women's daily lives represent major stressors. These practices have resulted in the extreme marginalization of women in multiple spheres of life, with adverse psychological consequences. Violence against women has become a socially accepted mechanism through which men exert culturally sanctioned control over women (Niaz, 2004).

Using data from the Pakistan Demographic and Health Survey 2017–2018, logistic regression analysis of married women aged 15 to 49 identified key factors that reduce the risk of early marriage: higher education, improved household wealth, employment, urban residence, and media exposure. Ethnicity also

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emerged as a significant determinant. Policy interventions must target these factors to effectively combat early marriage (Malik et al., 2022). There remains a scarcity of literature addressing psychological distress among unmarried women in Pakistan, where marriage is highly valued and alternatives such as cohabitation are socially condemned. The most common forms of psychological distress reported by married young women globally include depression, anxiety, and stress. Depression is characterized by feeling low most of the day, nearly every day, negative perceptions of oneself, others, and the world, lack of enjoyment in previously pleasurable activities, reduced interest in daily tasks, changes in appetite, weight fluctuation, and feelings of hopelessness or worthlessness—often to the extent that suicidal ideation may occur. Stress is defined as a state of worry or mental tension caused by difficult situations; it is a natural human response to perceived challenges or threats. Anxiety, on the other hand, is marked by intense worry, tension, palpitations, and feelings of fear, dread, or uneasiness that often arise in response to stress (Hwang & Oh, 2024; Iannattone et al., 2024).

A recent study used a cross-sectional correlational design with purposive sampling to assess anxiety and depression using the Beck Depression Inventory (BDI) and Beck Anxiety Inventory (BAI). Findings indicated a strong positive correlation between anxiety and depression among unmarried women, highlighting the urgent need for increased awareness, governmental support, and targeted mental health interventions (Shami et al., 2025). Conversely, another study explored perceived stress and psychological well-being among 250 Pakistani women—113 married and 137 unmarried—aged 25–40 with at least an intermediate level of education. Using the Perceived Stress Scale and Psychological Well-Being Scale, researchers found that unmarried women experienced significantly higher stress levels, while married women reported greater, though not significantly different, psychological well-being (Khan et al., 2025).

Pashtun culture, influenced by Pashtunwali and Islamic values, is rich in tradition and emphasizes honor, hospitality, and justice. Distinctive cultural practices include Sheen Khaal (facial tattoos), Jirgas (tribal councils), Hujras (guest houses), and the Attan dance. Traditional clothing also reflects cultural identity: men often wear turbans or Pakol hats, while women wear burqas over vibrant dresses (Hawkins, 2009; Pamir et al., 2023). In District Mardan's Union Council Daftar, research revealed widespread awareness of the harmful effects of early marriage—such as health risks, poverty, school dropouts, domestic violence, and restricted autonomy. Causes included traditional norms, economic hardship, broken families, and social expectations. Consequences included limited educational and employment opportunities, increased risk of HIV/AIDS, and gender-based violence (Israr et al., 2020). A study conducted in Ramora village, Khyber Pakhtunkhwa, used structured interviews with 100 respondents to explore the causes and consequences of early marriage.

The results identified traditions, illiteracy, and economic motivations as primary causes, leading to negative social, psychological, and physiological outcomes. The study recommended increasing parental education, media involvement, and implementing strong governmental policies to address the issue (Daraz et al., 2014). In Afghanistan, a study involving 125 Pashtun women in Kandahar examined predictors of depression and PTSD. Approximately half exhibited moderate to severe symptoms. Education, income, health status, and life satisfaction were key predictors, underscoring the urgent need for culturally tailored mental health interventions for Afghan women (Shin et al., 2009). In rural Pashtun society, early marriage remains prevalent due to the fear of dishonor and the cultural preference for young brides. Girls who remain unmarried into adulthood or form premarital relationships are often viewed as a source of family shame. In contrast, urban areas are experiencing delayed marriages, which are sometimes linked to rising promiscuity and criminal behavior among youth. Early marriage is associated with poor maternal health, infertility risks, and chronic psychological stress (Neyazi et al., 2023).

Despite increasing recognition of the mental health implications of early marriage, studies specifically examining psychological distress—such as depression, anxiety, and stress—among females married before the age of 18 within Pashtun culture of Pakistan remains limited. One recent study aimed to bridge this gap, investigating the association between early marriage and psychological distress i.e. depression, anxiety and stress. The findings underscore the urgent need for culturally sensitive research and interventions to improve the mental health of young females in this context.

Research Objectives

- To assess the relationship between depression, anxiety, and stress among females under the age of 18 in the Pashtun culture of Pakistan.
- To evaluate the predictive role of anxiety and stress in depression among females under 18 in Pashtun culture of Pakistan.
- To compare mean difference among depression, anxiety, and stress between rural and urban females under 18 in the Pashtun culture of Pakistan.

Research Hypotheses

- **H1:** There is a significant positive correlation between depression, anxiety, and stress among females under 18 in the Pashtun culture of Pakistan.
- **H2:** Anxiety and stress significantly and positively predict depression among females under 18 in the Pashtun culture of Pakistan.
- **H3:** There is a significant mean difference in depression, anxiety, and stress between rural and urban females under 18 in the Pashtun culture of Pakistan.

Method

The study adopted a cross-sectional correlational design and employed a snowball sampling technique to collect data. The inclusion criteria comprised females from Pashtun families residing in both urban and rural areas of Swat, Peshawar, Lahore, Faisalabad, and Karachi, aged between 13 and 17 years, who had completed primary education from any public or private institution in Pakistan. The Depression Anxiety Stress Scale-21 (DASS-21) was used to measure psychological distress. The scale consists of 21 items 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), with higher scores indicating 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 considerations were strictly followed in accordance with the APA Ethical Code of Conduct (Young, 2017). Permission to use the DASS-21 was obtained from the original authors. Since the participants were minors, informed written consent was obtained from their legal guardians. Additionally, participants themselves provided assent after being informed about the study's purpose, procedures, their voluntary participation, and their right to withdraw at any time without penalty. After obtaining consent and assent, participants were given a demographic questionnaire along with the DASS-21. On average, it took 25 minutes to complete both instruments. When necessary, the researchers assisted participants in understanding specific items to ensure clarity. Initially, 384 participants were approached. Of these, 356 completed the questionnaires, while the remaining participants withdrew voluntarily. All data were entered and analyzed using IBM SPSS Statistics version 27.

Results

Table 1

Characteristics of the Participants (N=356).

Characteristics	Frequency	Percentage	Mean	Standard Deviation
Age			14.83	1.32
Socioeconomic Class				
Lower Class	258	72		
Middle Class	67	19		
Upper Class	31	9		
Residential Area				
Urban	168	47		
Rural	188	53		

The table above shows that the mean age of the participants is 14.83 years, with a standard deviation (SD) of 1.32. Among the participants, 258 (72%) belong to the lower class, 67 (19%) to the middle class, and 31

(9%) to the upper class. A total of 168 participants are urban residents, while 188 (53%) are from rural areas.

**Table 2**  
Correlational Analysis (N=356).

Variables	1	2	3
1.Depression	–	.43**	.44**
2. Anxiety		–	.31**
3. Stress			–

**Table 3**  
Regression Analysis (N=356)

Variables	B	SE	B	R <sup>2</sup>	ΔR <sup>2</sup>	F	P	95% CI	
								LL	UL
Step 1				.17	.17	76.98			
Anxiety	.46	.05	.42				<.001	.36	.57
				.28	.11	71.85			
Step 2									
Stress	.40	.05	.35				<.001	.29	.51

Note. \*\*p<.01, \*\*\*p<.001

Anxiety was entered as the first predictor. The results show that anxiety significantly predicts depression (B = 0.46, β = 0.42, p < .001). This model explains 17% of the variance in depression (R<sup>2</sup> = .17), and the model is statistically significant (F = 76.98, p < .001). The 95% confidence interval for the unstandardized coefficient ranges from 0.36 to 0.57. Stress was added in the second step. It also significantly predicts depression (B = 0.40, β = 0.35, p < .001), even after controlling for anxiety. The addition of stress increased the variance explained by 11%, bringing the total explained variance to 28% (R<sup>2</sup> = .28, ΔR<sup>2</sup> = .11). This step also remains statistically significant (F = 71.85, p < .001), with a 95% confidence interval of 0.29 to 0.51.

**Table 4**  
Mean differences between Urbans and Rurals (N=356)

	Urban (n=168)		Rural (n= 188)		t (354)	P	Cohen’s d
	M	SD	M	SD			
Depression	10.60	6.52	11.44	6.02	-1.25	.21	.13
Anxiety	5.73	4.71	8.14	6.21	-4.14	<.001	.43
Stress	6.94	5.31	8.07	5.51	-1.96	<.05	-.21

Note. M= Mean, SD= Standard Deviation

The table above shows that rural females scored significantly higher on anxiety and stress, and slightly higher on depression—though the difference in depression scores was not statistically significant—compared to their urban counterparts.

Discussion

Early marriages have been a serious problem, and while scholars have shed light on the issue in Afghanistan, studies remain limited in the Pashtun culture of Pakistan. Despite the enormity of the problem—particularly among females under the age of 18—and its association with psychological distress such as depression, anxiety, and stress, limited research exists. Therefore, this study aims to fill that gap and provide useful implications.

The first hypothesis of the study states that there is likely to be a positive and significant relationship between psychological distress—i.e., depression, anxiety, and stress—among females under the age of 18 in the Pashtun culture of Pakistan. The correlational analysis confirmed the hypothesis, showing that

depression is significantly and positively associated with both anxiety and stress. This finding aligns with previous research that assessed the prevalence of depression, anxiety, and stress among women. In one study conducted over seven months with 400 participants using a semi-structured questionnaire and standardized anxiety scale, high levels of psychological distress were found. Key associated factors included young age (21–35 years), living in a nuclear family, marital status (married), low household income, and having fewer children (Musa et al., 2018). Another study found that unmarried women in Pakistan scored higher on perceived stress and lower on psychological well-being than their married counterparts, which contradicts our study's results (Khan et al., 2025). The elevated levels of stress, anxiety, and depression among married females under 18 in Pashtun culture could be attributed to a male-dominated society, frequent emotional and physical abuse, limited coping mechanisms for managing household responsibilities, lack of education, and minimal awareness or empowerment to voice injustice. Additionally, the lack of social support and the cultural norm of viewing women as inferior contribute significantly to their psychological distress.

The second hypothesis proposed that anxiety and stress would significantly and positively predict depression among females under 18 in the Pashtun culture of Pakistan. Regression analysis supported this hypothesis, showing that stress and anxiety significantly and positively predict depression. A longitudinal study exploring stress, anxiety, and depression from pregnancy to postpartum similarly found that prenatal anxiety predicted postpartum depression, underscoring the importance of early assessment and continued mental health support (Cheng et al., 2021). Among young married females in Pashtun culture, significant predictors of depression could include lack of education, autonomy, and independence; early household responsibilities; unmet emotional and psychological needs; cultural restrictions on speaking up; and prolonged stress that impairs coping mechanisms, eventually resulting in depressive symptoms due to constant psychological strain.

The third hypothesis stated that there would be a significant difference in mean scores of depressions, anxiety, and stress between rural and urban females under 18 in the Pashtun culture of Pakistan. Independent sample t-tests showed that rural females scored significantly higher on anxiety and stress, and slightly higher on depression—though not statistically significant—compared to urban counterparts. One study comparing mental health patterns across rural and urban populations in Islamabad using the DASS-21 scale found no significant differences, indicating similar mental health trends (Shafaqat et al., 2018). Another study described Pakistan as a predominantly rural country facing major mental health challenges due to stigma, poverty, and limited services, with mental illness often attributed to supernatural causes. The country lacks trained professionals and reliable data (Karim et al., 2004). Higher stress, anxiety, and depression levels among rural females may stem from limited access to education, health facilities, social support, and economic opportunities, as well as conservative gender norms and lack of autonomy.

## Conclusion

This quantitative correlational study used a snowball sampling technique on a sample of married females under the age of 18 from both urban and rural areas of the Pashtun culture in Pakistan, with at least a primary education. The results revealed that depression is significantly and positively associated with anxiety and stress. Regression analysis showed that anxiety and stress positively and significantly predict depression. Independent sample t-tests indicated that rural females scored significantly higher on anxiety and stress, and slightly higher on depression—though not statistically significant—compared to urban counterparts.

## Limitations and Recommendations

The study employed a correlational design; however, a longitudinal design could have been more effective for assessing variables over time. Another limitation lies in the age range: the study considered 13 years as the lower benchmark for marriage, although it is possible that females are married at even younger ages. Future studies should address this issue. Additionally, the sample lacked balance across socioeconomic classes (upper, middle, and lower), which should be corrected in future research to allow for robust analyses such as ANOVA. Important demographic variables—such as pregnancy status and marital order

(e.g., being a second, third, or fourth wife)—were also missing. Future studies should include these demographics to provide a more comprehensive understanding.

### **Implications**

Mental health professionals and media play a crucial role in spreading awareness within the Pashtun community to prevent child abuse and early marriages. Parents, in particular, need education on the negative consequences of early marriage. Although the government has declared 18 as the minimum legal age for marriage, stricter enforcement is needed. Educators and sociologists should advocate for women's rights to education, healthcare, and marital consent. Journalists and media teams must also investigate and raise awareness extensively in the Pashtun community.

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