

## Marital Pressure: Unveiling the Association between Parental Expectations and Mental Health Challenges in Young Women

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### Abstract

**Background:** Marital pressure in India stems from both traditional and modern factors. Cultural norms, such as arranged marriages, early marriage for women, and traditional gender roles, shape expectations. Economic factors and parental authority also complicate these pressures. **Aims:** The present study aims to examine the prevalence of marital pressure and its adverse effects on the mental health of young women. **Methods:** The present study utilized a correlational research design. The sample consists of 412 female college students (133 from urban areas and 279 from rural areas) of the Purulia district in West Bengal. The researchers used the self-developed Marital Pressure Questionnaire to measure marital pressure created by parents and the General Health Questionnaire-28 to measure the mental health of students. Descriptive analysis, Correlation, and t-test were applied to analyze the obtained data using SPSS 26 Version. **Results:** The study revealed that numerous female students in the Purulia district of West Bengal face significant pressure to marry. Out of 412 respondents, 26.2% reported high pressure, 53.2% reported moderate pressure, 11.1% reported low pressure, and 9.5% reported no pressure. This pressure impacts students' mental health, leading to anxiety, depression, and somatic symptoms. Comparative analyses show that girls in nuclear families and rural areas experience slightly higher marital pressure and greater mental health impacts compared to those in joint families and urban areas, while girls from urban areas exhibit higher rates of mental health issues.

**Conclusion:** It is concluded that the prevalence of marital pressure among young females is relatively high, which impacts young women's mental health and overall well-being. Addressing these pressures necessitates the promotion of gender equality, strengthening support systems, and providing educational and economic opportunities to empower young women.

**Keywords.** Marital pressure, Mental health, Somatic symptoms, Anxiety/Depression, Social dysfunction

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### Introduction

India is a diverse and democratic country with a rich cultural heritage. It highlights a complex interplay between tradition, societal expectations, and individual autonomy, despite its foundational principles of equality and unity. It appears that there is a significant and transparent barrier between genders. Deeply ingrained cultural norms often exert considerable pressure on young women regarding marriage and relationships. This pressure is known as 'marital pressure' and can take various forms, affecting their education, career aspirations, personal choices, mental health, and overall well-being. Understanding the dynamics of premarital pressure within the diverse and democratic framework of India provides valuable insight into the challenges faced by college and university girls as they navigate the intersection of tradition and modernity.

Women are often considered a source of power and vitality in society. However, despite the 691 million women living in India, 48% of girls with no education were married below 18 years of age, as compared to only 4% among those who attained higher education. Sekine and Hodgkin (2017) found that the risk of high school dropout among girls increases with early marriage, particularly after fifth or sixth grade. The highest dropout rates occur in the seventh and eighth grades and remain significant through the ninth and tenth grades. Many studies have shown that early marriage not only affects girls' emotional readiness for the challenges of married life but also hinders their career opportunities and limits their ability to develop their future economic potential (Suyanto, 2013; Nguyen & Wodon, 2015; Durgut & Kisa, 2018). Instead of developing their socioeconomic potential, early marriage, pregnancy, child-rearing, and domestic chores force young women to abandon their dreams (Williamson, 2014). Despite efforts towards equality, there is still noticeable pressure on girls to get married, especially between the ages of 18 and 24. Parents may regard their Unmarried daughters can create immense responsibility, often overshadowing their interests and aspirations. Marriage introduces complexities such as increased responsibilities and altered social interactions, which may affect students' mental health and academic performance (Ghafoor, 2020; Tang & Zhang, 2023). Unmarried women during their mid-20s through mid-30s experience strong pressure from society to find a spouse, and those who don't succeed may be unfairly judged, they may be seen as "losers," and their actual personal experiences are ignored (Sharp & Ganong, 2011).

Many studies have shown that women who marry late in China face significant pressure from their families and society (Ji, 2015; To, 2013). It reflects traditional and rigid marriage patterns that define marriage as the most important "career" in women's lives and require women to get married before "getting old" (Tang, 2010). Constant pressure from family, society, or cultural expectations to marry by a certain age can lead to chronic stress and anxiety (Li et al., 2021).

Mental health is essential for overall well-being as it impacts our thoughts, emotions, and behavior in everyday life. Good mental health involves having a positive outlook, managing stress effectively, and maintaining emotional resilience (Ungar & Theron, 2020). Adolescents with good mental health are well-adjusted to

society, can relate to others, and can maintain their societal role. As per WHO estimation, Psychiatric Epidemiological studies in India from 1964 to 2001, show increasing trends of mental health morbidity prevalence from 9.5 to 102.8 per 1000 population, and new incidence cases were over 16.0 per 1000 population. A study reported that the overall lifetime prevalence of mental disorders is around 5%. Depression, anxiety, and unspecified psychological distress are 2–3 times more common among women compared to men (Das, 2017). General health encompasses a holistic view of an individual's physical, mental, and social well-being. The components—somatic symptoms, anxiety/insomnia, social dysfunction, and severe depression—are integral to understanding and evaluating one's mental and emotional health.

There are very few research studies available that have investigated the psychological impact of marriage pressure on decision-making, autonomy, and self-concept, as well as strategies for coping and resilience among young women facing such pressures. Individuals may experience confusion about their desires and priorities when faced with external pressure to marry, leading to a struggle to reconcile personal values with societal or familial expectations. Prolonged exposure to marital strain without adequate support or coping mechanisms can potentially contribute to mental health issues such as depression or anxiety. Astonishingly, despite the importance, it is observed that there is a lack of research on this topic, especially in the Indian context. Therefore, it is crucial to explore the impact of parental expectations and pressure to marry on the overall well-being of young women.

### **Objectives of the study**

Based on the above description, the present study was undertaken to obtain and achieve the following objectives.

1. To investigate the prevalence of marital pressure among girls of the Purulia district, West Bengal, India.
2. To find out the role of marital pressure on mental health and its dimensions (i.e., somatic symptoms, anxiety/insomnia, social dysfunction & severe depression).
3. To examine marital pressure's correlation with age, birth sequence, mental health, and its dimensions.
4. To find out the effect of family structure and residential area on marital pressure,

mental health, and its dimensions among young women.

5. To discover the strategies and policies to overcome unnecessary marital pressure on young girls.

## Methods

### Research Design

In the current study, correlational research designs have been utilized to investigate the role of marital pressure on the mental health condition of young women in rural and urban areas of the Purulia district in West Bengal. A survey was conducted using a closed-ended questionnaire to gather data from girls aged 18 to 24 years.

### Participants:

The study involved 412 female undergraduate and postgraduate students, aged 18 to 24 years, from various colleges and universities in Purulia, West Bengal. Participants were selected using a convenience sampling method and included individuals from both rural and urban areas of the Purulia district. Specific inclusion and exclusion criteria were established to ensure that the sample accurately represented the population and aligned with the goals of the study.

### Inclusion criteria

- Only Female adults (UG/PG).
- Residents of Purulia, West Bengal.
- Girls aged 18 to 24 years.

### Exclusion criteria:

- Male and transgender adults.
- Differently abled adolescents.
- Suffering from any mental disorder or substance dependency.

### Measures

In this study, the following measures have been used for collecting data-

#### 1. Marital Pressure Questionnaire (MPQ): -

The Marital Pressure Questionnaire (MPQ) was developed by the current research investigators (Azmi & Irshad) to assess the pressure placed on girls or young women by their parents to get married. It includes questions about parental and relative expectations, desires, and their direct and indirect involvement in pressuring young girls to marry. The MPQ consists of 12 items, rated on a 5-point Likert scale, with response options from "strongly agree" to "strongly disagree," scored from 1 to 5, with no reverse-scored items. The 12 items are summed

to a total score (12 to 60), with higher scores indicating more Marital pressure. Marital pressure was considered a unidimensional construct representing a continuum from no marital pressure to high marital pressure. Out of 18 items, 12 items were selected with the help of inter-item correlation and expert suggestions.

The reliability of the questionnaire was tested on 150 samples (pilot study) using Inter-item Correlation, Cronbach's alpha, and Guttman split-half reliability, and its validity was assessed through face validity and content validity by expert input. Statistical analysis using SPSS version 26 revealed high reliability, with Cronbach's alpha at 0.902 and Guttman split-half reliability at 0.850. The questionnaire was found to have satisfactory face and content validity following experts' consultations.

#### 2. General Health Questionnaire (GHQ): -

Mental health-related issues were assessed with the General Health Questionnaire – 28 (GHQ-28)- a self-report screening measure used to detect possible psychological disorders. The GHQ-28 identifies two main concerns: (1) the inability to carry out normal functions; and (2) the appearance of new and distressing phenomena (Goldberg & Hillier, 1979). Factor analysis of the General Health Questionnaire – 28 identified four 7-item subscales: 1. Somatic symptoms (items 1-7), 2. Anxiety/insomnia (items 8-14), 3. Social dysfunction (items 15-21), 4. Severe depression (items 22-28). The response is mainly based on the following scale: Not at all: 0, No more than usual: 1, Rather more than usual: 2, Much more than usual: 3. The scale has a higher level of Split-Half reliability (0.76) Good Internal Consistency( $\alpha=0.85$ ), and satisfactory validity.

### Procedure

After receiving clearance from the University's Ethical Committee (Memo no. R/IEC/1590/SKBU/24), the researcher conducted a pilot study on 150 young adult Indian girls (aged 18-24) from Purulia to standardize the scale for measuring marital pressure. Before data collection, consent was obtained from each respondent. Once the reliability and validity of the scale have been assessed, it is ready for final data collection. Permission for gathering data was obtained from the Principals and HoDs of various colleges and the university. The obtained data were analyzed, the researcher interpreted the results, drew necessary conclusions, and provided suggestions for future research.

### Statistical Analysis

The obtained data have been analyzed using the following statistical techniques, including descriptive and inferential methods with the 26th version of IBM SPSS. The following statistical techniques were used for the present study: Percentage, Graphical Representation, Correlation, and t-test.

### Results and Discussion

Table 1 provides an overview of the demographic characteristics of the participants. 279 (67.7%) participants are from rural areas, and 133 (32.3%) are from urban residential areas, ranging from 18 to 24 years. Other relevant details about the sample are available in Table 1. Descriptive statistic was applied to the collected data to evaluate whether students experience marital pressure.

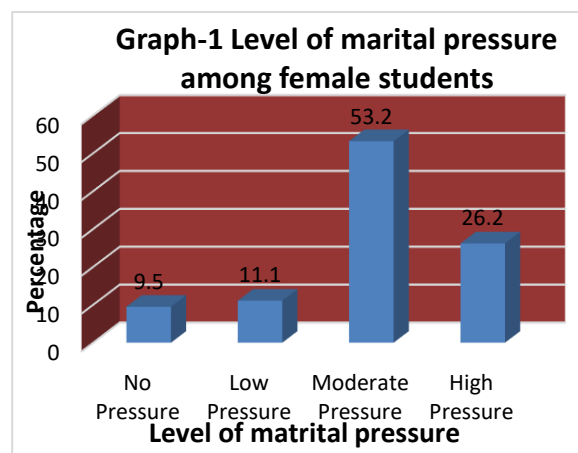
**Table 1-** Demographic characteristics of participants

| Variables                | Frequency (n) | %    |
|--------------------------|---------------|------|
| <b>Family Type</b>       |               |      |
| Nuclear                  | 265           | 64.3 |
| Joint                    | 147           | 35.7 |
| <b>Residence</b>         |               |      |
| Rural                    | 279           | 67.7 |
| Urban                    | 133           | 32.3 |
| <b>Sequence of Birth</b> |               |      |
| 1 <sup>st</sup> order    | 218           | 52.9 |
| 2 <sup>nd</sup> order    | 144           | 35.0 |
| 3 <sup>rd</sup> order    | 32            | 7.8  |
| 4 <sup>th</sup> order    | 10            | 2.4  |
| 5 <sup>th</sup> order    | 6             | 1.5  |
| 6 <sup>th</sup> order    | 2             | .5   |
| <b>Age group (Years)</b> |               |      |
| 18 Years                 | 51            | 12.4 |
| 19 Years                 | 104           | 25.2 |
| 20 Years                 | 112           | 27.2 |
| 21 Years                 | 61            | 14.8 |
| 22 Years                 | 31            | 7.5  |
| 23 Years                 | 25            | 6.1  |
| 24 Years                 | 28            | 6.8  |

The data presented in Table 2 and the graph illustrate the prevalence of marital pressure among female students in the Colleges and University of Purulia, West Bengal. Based on the graph and table, it is evident that among the 412 subjects,

**Table 2-** Prevalence of marital pressure among young girls at the Colleges and University of Purulia, West Bengal.

| Level             | Frequency | Percentage |
|-------------------|-----------|------------|
| No Pressure       | 39        | 9.5        |
| Low Pressure      | 46        | 11.1       |
| Moderate Pressure | 219       | 53.2       |
| High Pressure     | 108       | 26.2       |



9.5% (39 girls) experienced no marital pressure and 11.1% (46 girls) reported experiencing low pressure from parents to get married. While 53.2% (219 individuals) reported experiencing moderate pressure, and 26.2% (108 young girls) reported high marital pressure they faced to marry by their parents and society.

There is noteworthy marital pressure among young females in Purulia, West Bengal. The possible reasons behind this pressure are that Indian society often places a high value on marriage as a key milestone in a woman's life. Parents often feel responsible for ensuring their daughters are married and settled, considering it their duty to overcome this responsibility as soon as possible. Concerns about fertility and

societal beliefs about the “ideal” age for childbirth can also contribute to early marital pressure.

In Table 3, the correlation among selected variables is depicted, and the results reveal that certain variables and dimensions are correlated. As girls' age increases, there is a corresponding increase in the pressure for them to get married ( $r = 0.156, p < .01$ ). As they age, their parents become more concerned about their daughters' marriage prospects, believing that it will be difficult for them to find a suitable partner as they get older. This increased pressure, in turn, affects the girls' mental health. However, the birth sequence is not significantly related to marital pressure and mental health and its dimensions.

Furthermore, in terms of mental health dimensions, it was found that marital pressure is significantly and positively related to somatic symptoms ( $r=.264, P<.01$ ), anxiety/insomnia ( $r=.256, P<.01$ ), social dysfunction ( $r=.107, P<.05$ ), and severe depression ( $r=.218, P<.01$ ).

It is also significantly related to overall mental health ( $r=.292, P<.01$ ). This indicates that as parental pressure for marriage increases, girls experience more physical and mental health issues and social dysfunction. Experiencing marriage pressure may undermine individuals' confidence and self-esteem, as they may internalize the belief that their worth is tied to their marital status. This can lead to feelings of worthlessness or self-doubt, contributing to poor mental health. Marriage pressure can create internal conflicts between personal desires and external expectations. This struggle to reconcile one's values and goals with societal or familial demands can lead to identity crises and existential angst, negatively impacting mental health. Overall, marriage pressure can significantly impact mental health by creating a pervasive sense of stress, inadequacy, and conflict, ultimately undermining individuals' well-being and quality of life.

Age was also not significantly correlated to mental health and its dimensions, except for social dysfunction. It has been observed that as individuals age, social dysfunction tends to decrease. This may be because, as they mature, girls often develop better coping mechanisms to manage social stressors. They learn to handle conflicts, parental pressure, and other social challenges more effectively, resulting in lower

levels of social dysfunction. Thus, marital pressure does considerably affect the mental health and well-being of young women in several ways. The constant pressure to get married can lead to chronic stress and anxiety, as young women worry about meeting societal and familial expectations. The pressure to conform to familial and societal expectations can result in a loss of personal agency, contributing to depressive symptoms. The pressure to marry can lead to conflicts between personal aspirations and societal expectations, resulting in an identity crisis. Constant stress and anxiety can manifest as physical symptoms, such as headaches, gastrointestinal issues, sleep disturbances, hypertension etc. Therefore, a comprehensive approach that addresses both the societal norms and the individual needs of women is crucial in mitigating the mental health impacts of marital pressure.

**Table 4-** Compare the students who belong to nuclear family ( $n_1=265$ ) and Joint family ( $n_2=147$ ) on selected variables

| Variables             | Family structure          |                           | t-value | p    |
|-----------------------|---------------------------|---------------------------|---------|------|
|                       | Nuclear                   | Joint                     |         |      |
| Marital Pressure      | M(SD)<br>23.969<br>(9.50) | M(SD)<br>23.527<br>(8.89) | .459    | .646 |
| Somatic symptoms      | 5.43<br>(3.85)            | 5.44<br>(3.96)            | .022    | .982 |
| Anxiety/Insomnia      | 5.07<br>(4.73)            | 4.82<br>(4.77)            | .510    | .611 |
| Social dysfunction    | 10.86<br>(3.80)           | 10.31<br>(4.10)           | 1.370   | .171 |
| Severe Depression     | 4.73<br>(4.61)            | 4.84<br>(5.11)            | .234    | .184 |
| Overall Mental health | 26.10<br>(12.22)          | 25.41<br>(13.66)          | .524    | .600 |

Note. \* =  $p < .05$ , \*\* =  $p < .01$ . Standard Deviations appear in parentheses below means.

**Table 3-** Correlations among variables (Age, Sequence of birth, marital pressure with mental health and its dimensions)

|                          | Mean  | SD    | 1      | 2       | 3     | 4      | 5      | 6      | 7      | 8 |
|--------------------------|-------|-------|--------|---------|-------|--------|--------|--------|--------|---|
| 1. Marital Pressure      | 23.81 | 9.28  | -      |         |       |        |        |        |        |   |
| 2. Age                   | 20.26 | 1.69  | .156** | -       |       |        |        |        |        |   |
| 3. Sequence of Birth     | 1.66  | .894  | .095   | -.039   | -     |        |        |        |        |   |
| 4. Somatic symptoms      | 5.43  | 3.879 | .264** | .025    | .089  | -      |        |        |        |   |
| 5. Anxiety/Insomnia      | 4.98  | 4.739 | .256** | .095    | .011  | .682** | -      |        |        |   |
| 6. Social Dysfunction    | 10.67 | 3.916 | .107*  | -.128** | -.087 | .229** | .213** | -      |        |   |
| 7. Severe Depression     | 4.77  | 4.790 | .218** | .085    | -.023 | .414** | .594** | .097*  | -      |   |
| 8. Overall Mental health | 25.86 | 12.73 | .292** | .035    | -.004 | .786** | .870** | .493** | .754** | - |

\*\* . Correlation is significant at the 0.01 level (2-tailed).

\* . Correlation is significant at the 0.05 level (2-tailed).

Table 4 shows that marital pressure and overall mental health issues are slightly higher in nuclear families (M = 23.969; 26.10) compared to joint families (M = 23.527; 25.41), respectively, while these differences are not significant at the 0.05 level. In nuclear families, parents often focus intensely on their children's lives, including their marriage prospects. This concentrated attention can result in increased pressure on daughters to marry. On the other hand, in joint families, attention is divided among multiple family members, reducing the pressure on any single individual. In joint families, young women may have cousins or other relatives of similar age who share their experiences and provide emotional support. Fostering open and honest discussions within families about expectations, aspirations, and the pressures faced by young women can help reduce the burden of marital pressure. Creating an environment that supports women's autonomy and diverse life choices is crucial in reducing marital pressure, whether in nuclear or joint family settings.

Table 5 shows that the marital pressure is almost similar in rural and urban areas, with mean values of M=23.967 and M=23.10, respectively. But in terms of mental health indicators such as somatic symptoms, anxiety/insomnia, and overall mental health, urban area girls have significantly higher mean values of M=6.05, M=6.35, and M=28.17, compared to rural areas with mean values of M=5.13, M=4.31, and M=24.61, respectively. However, on social dysfunction and severe depression, both rural and urban students did not differ significantly.

In a nutshell, students who belong to urban areas have more mental health issues compared in rural areas. The close-knit nature of rural communities can provide strong social support, mitigating some of the mental health impacts of marital pressure. Apart from this, rural lifestyles often involve more physical activity, promote better physical health, and may alleviate some psychosomatic symptoms, have positive effects on mental health, and reduce symptoms of anxiety and depression. Access to natural environments and less polluted surroundings can contribute to overall well-being.

**Table 5-** Compare the students who belong to rural areas (n1=279) and urban areas (n2=133) on selected variables

| Variables             | Residential Areas |                   | t-value | p    |
|-----------------------|-------------------|-------------------|---------|------|
|                       | Rural             | Urban             |         |      |
|                       | M(SD)             | M(SD)             |         |      |
| Marital Pressure      | 23.967<br>(9.23)  | 23.100<br>(8.938) | .983    | .372 |
| Somatic symptoms      | 5.13<br>(3.88)    | 6.05<br>(3.84)    | 2.238*  | .026 |
| Anxiety/Insomnia      | 4.31<br>(4.39)    | 6.35<br>(5.15)    | 4.139** | .000 |
| Social dysfunction    | 10.49<br>(3.78)   | 10.99<br>(4.18)   | 1.209   | .227 |
| Severe Depression     | 4.67<br>(4.75)    | 4.77<br>(4.63)    | .194    | .846 |
| Overall Mental Health | 24.61<br>(12.33)  | 28.17<br>(13.09)  | 2.669** | .008 |

Note. \* =  $p < .05$ , \*\* =  $p < .01$ . Standard Deviations appear in parentheses below means.

Addressing these pressures requires a multifaceted approach, including gender equality, empowering women through education and career opportunities, challenging traditional norms, and providing legal and social support to families and young women. Girls should communicate openly with their parents about their feelings and concerns regarding marriage. Setting boundaries and aligning decisions with personal values is essential. Reflecting on individual priorities will help girls make decisions based on their goals. Seeking support from empathetic friends or family is important, and professional guidance from counselors can be beneficial. Additionally, educational institutions should implement mental health awareness programs to support girls in navigating these challenges. Ultimately, girls have the right to make choices that prioritize their happiness and well-being.

### Conclusion and Suggestions

The present study aims to investigate the prevalence of marital pressure on girls and its effect on their mental health in the Purulia

district, West Bengal. The analysis of the data revealed that approximately 26.2% of girls experience high levels of marital pressure from their parents, while 53.2% experience moderate levels. This is quite significant, as it leads to ongoing stress that negatively impacts both their physical and mental health, making it difficult for them to concentrate on their education effectively. Therefore, the impact of marital pressure on the mental health of girls is profound and multifaceted. The societal expectations and cultural norms that enforce early and often unwanted marriages contribute significantly to psychological stress, anxiety, and depression. To mitigate these adverse effects, it is crucial to promote gender equality, provide mental health support, and advocate for policies that protect girls from coercive marital practices. This holistic approach will not only improve their mental health but also empower them to lead fulfilling and autonomous lives. The study's limitation is the small sample size, which compromises generalization. It is recommended that future similar research should use a larger sample size and include some relevant variables such as socioeconomic status, achievement motivation, and future aspirations.

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### Appendix- 1

#### Marital Pressure Questionnaire (MPQ)

The following statements describe feelings and perceptions you experience during a few days or months. Consider how much pressure you feel from your parents when responding to the following statements. Indicate your level of agreement or disagreement with each statement by marking a tick on the appropriate option.

1. Strongly Disagree (SD)
2. Disagree (D)
3. Neutral (N)
4. Agree (A)
5. Strongly Agree (SA)

| Sl. No. | Statements  | SD | D | N | A | SA |
|---------|---|----|---|---|---|----|
| 1.      | My parents frequently express their desire for me to get married.                     |    |   |   |   |    |
| 2.      | My parents often ask when I will get married.   |    |   |   |   |    |
| 3.      | I feel that my parents have certain expectations regarding the timing of my marriage. |    |   |   |   |    |

|     |  |  |  |  |  |  |
|-----|--|--|--|--|--|--|
| 4.  | I believe that my relatives are exerting undue pressure on my parents to arrange my marriage.                  |  |  |  |  |  |
| 5.  | I perceive that my parents are more concerned about my marital status than my personal and educational growth. |  |  |  |  |  |
| 6.  | My parents actively try to introduce me to potential partners.   |  |  |  |  |  |
| 7.  | My parents are more concerned about my marriage rather than my career.   |  |  |  |  |  |
| 8.  | I feel pressured by my parents to settle down and start a family.  |  |  |  |  |  |
| 9.  | My parents compare my marital status to that of my siblings or peers.  |  |  |  |  |  |
| 10. | I believe that my parents would be happier if I were married.  |  |  |  |  |  |
| 11. | I feel emotionally blackmailed by my parents to rush into marriage.  |  |  |  |  |  |
| 12. | My parents often tell me if I do not marry now, it will be difficult to get a suitable partner later.          |  |  |  |  |  |

**Scoring Instruction:** To score the scale, “Strongly Disagree” is scored (1); “Disagree” is scored (2); “Neutral” is scored (3); “Agree” is scored (4); and “Strongly Agree” is scored (5).

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