

**RESEARCH PAPER****Self-identified and Clinically Diagnosed Mental Health Issues due to Gender-Based Marginalization: Lived Experiences of Women from Pakistani Diaspora in Canada****Dr. Taalia Khan**

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Corresponding Author: taaliak@hotmail.com/taalia.khan@umanitoba.ca**Abstract**

The present study examines self-identified and clinically diagnosed mental health issues due to gender-based marginalization through the lived experiences of women from Pakistani diaspora in Canada. Pakistani women face deep-rooted and culturally supported gender biasness within their households under strict patriarchal hierarchies. The situation persists regardless of their geographic location in Pakistani households. For investigation, phenomenological approach under the qualitative research methodology and eight semi-structured in-depth interviews were conducted with participants living in most densely populated Pakistani neighborhoods across the major urban centers of Canada. As per participant responses conducted through thematic analysis, eight categories emerged: constant guilt, sleeplessness, self-doubt, tension, anxiety and panic attacks, validation, media reinforcement, obsessive-compulsive disorder and body-shaming. The findings highlighted that the present study is at the intersection of gender, migration, and racialization. The results suggest that participants face vulnerabilities due to migration challenges, social constraints, cultural gendered expectations and deep-rooted familial hierarchical structures. The study emphasizes on the need for social reforms that collectively converge migration challenges, cultural understanding, education and empowerment.

KEYWORDS Pakistani Diaspora, Mental Health, South Asian Women, Female Migration, Gender-Based Marginalization, South Asian Households**Introduction**

Across many cultures and in many nations, gendered marginalization continues to impact the mental health and well-being of women. Globally, women experience higher rates of mental health issues than men due to overlapping factors such as gender discrimination, inequitable access to resources, socioeconomic constraints, and restrictive cultural norms (Vigod & Rochon, 2020; Park, 2024). These disparities are further escalated for women belonging to minority and immigrant communities, who face systemic forms of marginalization related to ethnicity, immigration status, and cultural expectations (Lereya et al., 2024).

Mental health inequities are particularly crucial in patriarchal social structures, where women's roles are often confined to caregiving and family maintenance, while their autonomy and well-being remain constrained by norms of race, class, and gender oppression (Bannerjee, 2001). Due to such strong and deep-rooted traditional patriarchal systems, taboos around mental health and mental health illiteracy, women continue to suffer from psychological trauma in silence despite self-identifying mental health issues. (Bannerjee, 2001).

For most Pakistani women, the idea of immigrating to a western developed country brings hope for better opportunities such as better resources and autonomy but due to constant dissonance between maintaining your own ethnic identity, changing family dynamics and cultural norms, women face critical mental health challenges which often get unnoticed. Another research suggested that often Pakistani immigrant women reported better familial autonomy in decision-making especially if they migrated to live as a nuclear family from their joint-family system in Pakistan (Jibeen & Hynie, 2012). However, these changes do not necessarily eliminate gendered expectations or mental health vulnerabilities shaped by deep-rooted socio-cultural norms.

Women's mental health experiences within South Asian communities are often challenged further post marriage. South Asian women report higher incidences of mental health challenges after marriage, often linked to marital strain, gendered power imbalances, and limited social support (Axinn et al., 2020). Women who are divorced in South Asian cultures become vulnerable to more societal pressures and exclusion due to which they face psychological trauma, isolation, self-doubt and lower self-esteem (Ashalatha, Saranya & Gupta, 2025). Such experiences are further amplified in South Asian diaspora communities where women are labelled as over-exposed outcasts to western culture and not following their cultural traditions and norms.

Despite these realities, there is limited research that focuses specifically on the mental health of women from the Pakistani diaspora and highlights women's own interpretations and lived experiences of mental distress (Park, 2024). There is a growing need for culturally grounded approaches that identify both self-identified and clinically diagnosed mental health issues. Community-based interventions involving families, media literacy initiatives, non-governmental organizations, and culturally informed religious and psychological support systems have been identified as critical pathways for addressing mental health challenges among South Asian women (Khan, Jafree, & Jibeen, 2020).

This study seeks to address these gaps by exploring the lived experiences of Pakistani diaspora women in Canada, with particular attention to how gender-based marginalization shapes both self-identified and diagnosed mental health issues. By centering women's voices, the study aims to contribute to a more nuanced understanding of mental health within immigrant and diasporic contexts.

This study attempts to highlight the gaps in gendered marginalization by analyzing the lived experiences of women from Pakistani diaspora in Canada and their everyday struggles with layered complexities of migration, cultural dissonance and mental health issues.

Literature Review

Mental Health and South Asian Women

Self-expression and independent decision-making are restricted for women in South Asia (Niaz & Hassan, 2006). In South Asian culture, it is a common belief that girls are born to be fed and boys are born to earn (Niaz & Hassan, 2006). Women are often trained to be secondary subjects in South Asia, and their subordinate roles are defined by colonial history, nationalism, culture, and religion (Bannerjee, 2001). Ancient traditions and customs promote violence against women in different forms in South Asia, including honour killing, dowry, exchange marriages, and inability to testify for family

feuds, to mention only a few (Niaz & Hassan, 2006). A mixed-methods study on 300 women from Pakistan, India, Bangladesh and Nepal reported a strong positive correlation between gender role expectations and depression, anxiety and stress (Ullah, 2025).

Pakistani women who suffered from controlling behaviors by both husband and mother-in-law reported to have higher levels of anxiety, depression, obsessive-compulsive symptoms and somatization (Khan, Osterman & Bjorkovist, 2021). A study on mental health and abuse related to secondary fertility in Karachi, Pakistan, revealed that 67.7% women suffered from severe mental trauma and marital dissonance due to the inability to bear a male child the second time (Sami & Ali, 2006). A study on South Asian women revealed that women suffered from higher levels of major depressive disorder after marriage due to societal pressures and responsibilities (Axinn, 2020). A study on women from Loralai in Balochistan found that due to the prohibition on attaining higher education and work post-marriage, women face severe self-esteem and psychological issues such as anxiety, self-doubt, and frustration (Karim & Kakar, 2025). And two other studies focusing on Pakistani women found that 71% feel gender discrimination at home, in education, and at the workplace (Rashid, 2023); and that gender marginalization due to the combined effects of patriarchy, customs and tradition put excessive stress on young and unmarried women, stress that correlates with multiple mental health disorders (Khan, 2025).

Fertility and Mental Health

The stigma associated with infertility in Pakistan has been identified as a serious clinical and psychosocial concern, adversely affecting women's well-being and marital dynamics (Mobeen & Dawood, 2023). In South Asia, 70% of women who faced physical abuse and 60% women who faced verbal abuse due to the inability to conceive and secondary infertility suffer from severe psychological illnesses (Sami & Ali, 2006). A study conducted on primary and secondary infertile women in Pakistan reported that dysfunctional relationship and negative attachment style strongly and positively correlate with depression (Mobeen & Dawood, 2023). Fertility and the responsibilities of child-rearing are solely women's in South Asian society, and their position/s in family hierarchies, as well as their vulnerability to exploitation by their husbands and/or in-laws depend on how well they are perceived to take up these responsibilities (Sami & Ali, 2006). Women thus develop coping strategies to manage fertility-related issues. A study in Balochistan, Pakistan, revealed that working women who lived in a joint family system used distraction, while non-working women used behavioral disengagement to cope with the challenges of infertility in their immediate familial and social circles (Hassan et al., 2023)

Working Women and Mental Health

Historically, the sexual-social divide of male and female and the strict division of labour have affected the social and moral life of South Asian households, where women bear the burden of all family responsibilities (Bannerjee, 2001). Women face severe mental health issues due to male members of the family deciding for them if and when they may work, study, and marry, and this affects women's self-esteem and self-image (Niaz & Hassan, 2006). Pakistani women in who migrated to Canada diaspora also reported significant self-diagnosed and medically-diagnosed mental health issues that they attribute to cultural restrictions, gendered responsibilities and female subjugation (Khan, 2026). In Pakistan, 14% and 10% women belonging to the elite upper and upper-

middle classes developed multiple depressive disorders due to a lack of proper jobs and financial dependence (Niaz, 1995). A qualitative study on working women in India revealed that during COVID-19, working women suffered severe mental health issues as compared to men associated with intensified domestic work overload due to Covid-19 shutdowns, which led to low productivity, self-doubt and thoughts of quitting their jobs (Chaudhary et al., 2025). A study on married housewives and working women in Bangladesh reported that housewives expressed more anxiety compared to working women (Rahman et al., 2017).

Female Education and Mental Health

In Pakistan, education and employment have been reported to be experienced as disempowering when they serve to reinforce traditional gender roles and values (Zulfiqar & Kuskoff, 2023). Due to gendered expectations and societal norms, female Pakistani university students face higher academic stress (Shaheen, 2023). A similar study on post-marital education in Bangladesh revealed that due to domestic responsibilities, women often quit higher education after marriage, as husbands and society do not see women's employment as favorable (Chan et al, 2022). Women who have their husbands' support to attain higher education and pursue a career afterwards have reported positive psychological, emotional, and socio-economic implications (Karim & Kakar, 2025). A comparative study of two generations of Indian women who have faced the challenges of education post-marriage revealed that the social construction of domestic burden remains the same for the women; however, the younger generation of women had the advantage of husband support in career and educational choices where joint families did not exist (Dutta, 2016). A study conducted in Pakistan reported that educated women who acquired the tact of balancing in-between traditional norms and their quest for empowerment opportunities were successful to pursue their career paths (Zulfiqar & Kuskoff, 2023). Families where women have overcome the challenges of attaining higher education before marriage have reported to make more informed choices about their marriage and selection of their partner based on their personal choice and compatibility (Daraz et al., 2023).

Mental Health and Coping Strategies

In South Asian households, traditional gender roles and expectations significantly affect the mental health of women (Ullah, 2025). Women facing infertility and fertility treatments reported seeking emotional support from close friends and family as a primary coping strategy (Hassan et al., 2023). Immigration brings more mental health challenges for South Asian women, which they try to overcome by efforts to socialize, development of self-awareness and engagement in preventive healthcare practices focusing on mental health (Ahmad et al., 2004). A study on housewives and working married women on anxiety and coping strategies of Bangladeshi women revealed that family had no significant effect on anxiety, but unemployment had a significant effect on both problem-focused and emotion-focused coping strategies for these women (Abbas et al., 2019). Similarly, single divorced women who took medical help and therapy for regaining their lost sense of self after divorce and to cope with cultural stigma reported that therapeutic techniques, spiritual guidance and creative expressions of themselves helped them in recovering (Ashalatha, Saranya, & Gupta, 2025). The increased risk of mental health issues in South Asian women can be improved by addressing the social barriers and cultural stigma to it, for example, the provision of trained specialists, accessible mental health services and creating awareness in families

about the importance and socioeconomic costs of female mental health (Khan, Jafree, & Jibeen, 2020).

Material and Methods

A phenomenological research approach was adopted for this study to explore the lived experiences and perceptions, as they relate to family life, gendered power structures and mental health, of university-educated women within the Pakistani diaspora in Canada. This methodology was selected because the research sought to understand how participants interpret and navigate gendered experiences within familial, cultural, and migratory contexts, rather than to test predefined hypotheses or measure outcomes. Phenomenology is a qualitative research tradition that focuses on individuals' subjective experiences of a phenomenon and the meanings they attribute to those experiences, with particular attention to personal reflections and emotional responses (Guest et al., 2012). By prioritizing participants' voices and perspectives, the phenomenological approach is well-suited to capturing the depth and complexity of participants' experiences in a transnational setting.

Participants

The study included eight women from the Pakistani diaspora that were recruited through community engagement activities in the Greater Toronto Area, Vancouver, Calgary, Montreal and Ottawa. All the participants resided in these urban centers across Canada. Participants were between 18 and 45 years of age, had either completed a university degree or were currently enrolled in a degree program, and had lived in Canada for at least five years. The research was conducted over a 12-month period by a single researcher and also served as a pilot study to explore whether the gendered challenges identified by Boyd and Grieco (2003) remain relevant for highly educated Pakistani diaspora women, or whether this group experiences greater autonomy, support, and gender equity within their familial and social contexts in contemporary Canada. As suggested by Creswell (2014), sample size was consciously limited to 8 participants to keep up with the quality of the research and maintaining the optimal range of 3-10 participants for the research. In order to keep participant anonymity and confidentiality, pseudonyms were assigned to each participant and they were used throughout the research and during the research interviews (Guest et al., 2012). Snowball sampling was used to recruit participants from the most densely populated Pakistani diaspora neighborhoods across Canada.

The eligibility criteria of the study deliberately focused on university educated women, born and raised in urban centers of Pakistan as these women have better prospects of educational and professional opportunities as compared to women from other parts of Pakistan. The eligibility criteria also included that participants must be either university graduates or currently enrolled in a university degree program since university degrees are a part of tertiary education and women, especially from Pakistan who reach university level have better exposure and knowledge about their society and the world.

Procedure

Semi-structured interviews were conducted with all eight participants using a secure university video-conferencing platform. Strict protocols stated by the research ethics board of the university were followed through out the research. Participants were

given the flexibility to set-up the interview time as per their ease and availability. Throughout the recruitment process, participants were informed about the research and that their identity will be kept completely anonymous and confidential. Informed consent forms were signed by each participant before committing to the research. Participants were made aware of audio recording and transcription of the interviews for research purposes and they were also debriefed verbally before the beginning of the interviews.

Due to the sensitive nature of the research topic, participants were given full freedom to pause, exit and withdraw from the research at any point if they feel uncomfortable. Envelope method was pursued for interview questions in which questions were asked in four phases, general questions at the beginning and at the end, while, more specific and in-depth questions in the middle. To encourage more in-depth participant responses, all questions in all four sections were kept open-ended. The interviews were designed consciously keeping in mind the emotional vulnerability and participant comfort.

Ethical Considerations

This study, involving humans, was approved by the Research Ethic Board (REB) at the University of Manitoba, Canada. The study conducted was in accordance with the rules and regulations stated by the institution. Participants were fully informed about the aims and objectives of the study, the methods used, and their right of withdrawal from the research without any consequences. All participants signed a written consent form before the beginning of the research.

Results and Discussion

The interviews were conducted in English and transcribed in real time using a university-approved secure digital platform. All participants were fluent in English and had completed their schooling and higher education in English-medium institutions in Pakistan, where English is commonly used as the language of instruction.

The data were analyzed using a thematic analysis approach following Braun and Clarke's (2006) guidelines. Initial coding was conducted using pseudonyms to maintain participant confidentiality. Each transcript was examined line by line in order to identify recurring patterns and notable differences within the data. These patterns were then grouped into broader themes that structured the analysis presented in the findings. To ensure accuracy, participants were invited to review their transcripts after the interviews and were given the opportunity to clarify or modify their responses if they wished.

Table 1
Mental Health Struggles of Women from Pakistani Diaspora in Canada

Theme	Associated Categories
Mental Health	1. Constant guilt
	2. Sleeplessness
	3. Self-doubt
	4. Tension, anxiety and panic attacks
	5. Validation
	6. Media reinforcement
	7. Obsessive compulsive disorder
	8. Body shaming

Analysis of the verbatim transcripts produced three main themes: (1) gendered problems encountered, (2) mental health issues, and (3) coping and motivational factors.

All three themes were further divided into eight categories based on data received from participant interviews. As depicted in Table 1, Theme 2 which is mental health is discussed in this paper while Theme 1 was discussed in a previous research paper (Khan, 2026) and Theme 3 will be discussed in another subsequent research paper.

All respondents reported that despite currently living in Canada, continued gendered marginalization and inequality between men and women of same age in the families deeply affected by social norms and cultural expectations that took a toll on their mental health and well-being.

Although the participants currently live in Canada, they continue to encounter gendered expectations rooted in Pakistani cultural traditions within family life and daily interactions. Respondents repeatedly emphasized that the expectations placed on women differ significantly from those placed on men of the same age.

Constant Guilt

In Pakistani households, women are responsible to the care and well being of their families and they are constantly reminded about it to keep up with their duties. Participants reported to experience constant sense of guilt for not being able to come up to the social expectation especially when they took any personal decision or did something for themselves. As a result, even small perceived shortcomings can generate strong feelings of guilt. Several respondents also noted that women are made to feel responsible for protecting the social status and reputation of their families by adhering to these expectations.

Marina explained:

“I try to do my best but my husband and mother-in-law constantly compare me with other women around me. I hate going out with my husband’s friends because once we are back, he keeps telling me how poorly I manage time and the house, unlike the wives of his friends. He further keeps joking about it with my mother-in-law and she also brings up examples from her family and a list of women my age who they think are doing really well as compared to me”.

Noor stated:

“After being into a rough teenage marriage, my parents did not want to push me for a second marriage, but our relatives and friends kept pushing them to understand the gravity of the situation and accept one of the proposals, otherwise my three younger sisters will not get married because of my divorce. I used to have nightmares for months until I gave in and made another huge mistake of my life to remarry someone and move to a far away city in Canada, thousands of miles away from Pakistan”.

Aneeta shared:

“I was in a relationship for a long time with my high school friend and we got engaged in a pompous South Asian manner. At the same time, I was offered a job in United Arab Emirates and a great salary package. For the first time, my fiancé showed me true colors and told me not to take up the offer. When things got extremely rough, he ended up the engagement and his family told everyone in our social circle that I was the reason and I chose career over a great match. My neighbors, my aunts and even the domestic help at our home gave me constant guilt and trauma for making a wrong

decision and ruining the future prospects for not just myself but for my younger sisters too”.

Sleeplessness

Many respondents reported experiencing sleep disturbances linked to feelings of guilt, self-doubt, and pressure to meet social expectations. The constant effort to meet family standards and perform domestic responsibilities correctly often created ongoing psychological stress. Participants described repeatedly questioning their everyday decisions and life choices.

For several women, sleeplessness became one of the earliest signs of anxiety. Some reported using sleeping medication to calm themselves, while others indicated that the level of stress they experienced made such medication ineffective. Some respondents reported to imply relaxation techniques, meditation and/or drinking chamomile tea before bedtime to help them with regulating their sleep patterns.

Nightmares were also mentioned by several participants. These dreams often involved fears of failing domestic responsibilities, being rejected by husbands or in-laws, or their husbands remarrying.

Rania explained:

“The pressure is real when you constantly have to think about waking up and being on your toes in a joint family system. Houses are small in Canada and my mother-in-law kept a check on us and mocked me for sleeping late and not being able to wake up before everyone else. Although she stayed with us for three months only, but this constant check on me has made me sleepless and I was recently diagnosed with severe sleep anxiety”.

Alayah reported:

“The first morning after my wedding, I was told how I need to be outside my room, offer my morning prayers and recite the Holy Quran out loud. Initially, my husband was forced to do the same too. It was a nightmare since waking up early, taking a hot or cold shower, counting our luck for the availability of warm water and being present like a refreshed person. Ten years have passed and it still haunts me. I cannot even sleep after 5 in the morning even on a vacation. It makes me mentally flustered and the anxiety lingers on for the whole day.”

Self-Doubt

Self-doubt emerged as another common experience among respondents. Many participants reported questioning their own abilities when they attempted to challenge family decisions, participate in discussions, or express opinions within the household.

Continuous reminders of their subordinate position in the family contributed to diminished self-confidence and lower self-esteem. As a result, several women described becoming hesitant or silent in situations where their opinions were requested.

Participants who had grown up in supportive households reported feeling confident prior to marriage. However, repeated criticism from husbands or in-laws led some to feel as though they had lost the skills and confidence they once had.

Marina stated:

“Because indirectly, I was blamed for everything wrong happening in the house, I cannot believe in myself anymore. I have been a good car driver since I was 18 but I cannot drive on the highway because I feel I will make a fool out of myself once more in front of my husband and my in-laws”.

Alayah explained:

“My father is one of the most supportive fathers in the world but unfortunately, he was never a supportive husband. It is because of my father that I constantly doubt myself that I might not be good enough for my husband. Although my husband is a great guy but due to my constant doubts about myself, I confuse him too and he gets annoyed when I seek his validation and tell him that he is only flattering me”.

Tension, Anxiety and Panic Attacks

Among the respondents, tension, anxiety, and panic attacks were the most frequently reported mental health concerns. Participants described experiencing constant scrutiny from family members, particularly within joint-family systems. Comparisons with other women and pressure from husbands and in-laws further intensified these experiences (Khan, 2026).

Limited involvement in family discussions and previous trauma from events like a divorce or broken engagement reported to create high levels of stress because the participants reported that they were told that if they are getting a second chance at marriage, they have to protect family's name and honor at all costs.

Rania explained:

“My in-laws do not live with me anymore, but I still fear that they can come unannounced and check how I am keeping the house and if it is up to their standards or not. When my husband is talking to them on the phone, I try to listen to their calls in hiding to know what is being mentioned about me. I live in a constant state of anxiety and tension headaches have become a routine”.

Noor reported:

“I was a mess after my first divorce. I would wake up and scream uncontrollably like a possessed person. My first ex-husband used to make fun of me that I am a child and I will never grow up. For a long time, I thought I could not do anything alone and I could not even make a choice between two dresses. Some days, even today, I get some random flashback and a severe panic attack hits me hard”.

Validation

Many respondents reported that they felt accepted and secure within their homes if they were given approval and acceptance by their husbands and mothers-in-law. Women who have their husband's validation reported to enjoy better emotional and mental health. This helped them in taking better decisions for their children since it allowed them to get involved in family decision-making.

Marina explained:

“I was raised by a mother who told me that my ultimate goal in life is to be the best wife and daughter-in-law and it will only come to me when I have my husband and in-law’s approval. I feel good mentally and physically on days when my husband tells me that the food is cooked nicely or my mother-in-law tells me that it is because of me that my children are doing well in their studies”.

Media Reinforcement

Participants highlighted the importance and relatability of local television dramas and movies on their mental health. Research shows that South Asian audiences engage strongly with regional film and television, which plays a significant role in shaping social values and cultural expectations (Banaji, 2011). Pakistani television dramas are particularly influential due to their focus on family relationships and social issues (Kumar, 2016; Huma, 2025). Several respondents felt that many dramas reinforce traditional gender expectations by portraying women as successful primarily when they gain the approval of husbands and in-laws or sacrifice their personal ambitions for family harmony.

Aneeta explained:

“Our television dramas create more anxiety and stress in the lives of already distressed women by showing gender marginalization as a norm. A good girl is only depicted as the one who is well loved by her husband and in-laws and who makes a sacrifice for her family”.

Zeniya noted:

“Social media groups of Pakistani women in Canada and also from Pakistan have made me extremely emotional. In the beginning I found solace in connecting with women with like minded issues but now, I read a story of a cheating husband in Canada or in-laws mistreating a daughter-in-law, it puts my marriage in doubt”.

Obsessive-Compulsive Disorder

Some respondents described experiencing obsessive or compulsive behaviors linked to expectations of domestic perfection. From an early age, many women are socialized to follow strict behavioral norms and household routines. Continuous monitoring by family members and comparisons with other women can contribute to anxiety and compulsive tendencies.

Rania explained:

“I have been diagnosed with OCD and so far, I feel therapy is not affecting my mental health. During the sessions also, if I am quoting an incident to my therapist, I start putting the cushions in order, I keep cleaning the base of my coffee tumbler and I keep fidgeting with my hands. Amidst all this, I keep mentioning to my therapist that my mother-in-law tells me that a good woman is always on her toes and she looks good if she is looking after the house all the time”.

Body-Shaming

Finally, participants discussed experiences of body-shaming linked to cultural expectations about women’s physical appearance. Several respondents noted that

Pakistani women are often expected to maintain specific beauty standards. Changes in appearance resulting from childbirth, health conditions, or aging may become a source of criticism from husbands or in-laws.

Respondents also emphasized that such comments are frequently made casually and without accountability within South Asian communities.

Noor stated:

“People think that being thin and size zero is cool. But both my ex-husbands made fun of me and my second ex-husband even mentioned how I have neither grown up mentally nor physically. I was immature and I became extremely insecure about myself. It was to an extent that I stopped looking at the mirror even when I was cleaning my teeth”.

Marina added:

“When I found out that I am going to have a son, I was relieved that for once, my husband and in-laws will be distracted to comment on me and how I navigate in my life. After three back to back c-sections in last three years, I could not recognize even my body but I was happy that I have my kids as a blessing. My husband is now always disgusted by how I look. He even mentioned that I am just a cute little cow whom he feeds to feed his son well”.

Discussion

This study identified multiple self-reported and diagnosed mental health concerns associated with gender-based marginalization in the lived experiences of women from the Pakistani diaspora in Canada. The findings of this research study are in support of previous studies conducted by Banerjee (2001) which analyzed female marginalization and experience at an intersection of class, colonial histories and societal conditions. The present study highlights the prevalence of rigid gender norms and social constraints for Pakistani women regardless of their geographic location. Due to deep-rooted patriarchy and cultural expectations, participants reported continuation of restricted autonomy, dependence on male members and extreme gendered accountability for roles and responsibilities for women within their households. Similar trends were found in previous studies conducted by Niaz and Hassan (2006) and Khan, Osterman, & Bjorkovist (2021).

Almost all participant reported several self and clinically diagnosed mental health issues due to marital pressures and migration to Canada. The most recurring themes included sleep disturbances, constant tension, anxiety and self-doubt. Participants also reported feeling guilty in their everyday decision-making especially in cases where they had to chose between their personal choices and familial expectations. In patriarchal structures, a common construct of social control is to create internalized guilt. In South Asian cultures, women are seen as secondary subjects whose worth is assessed by the amount of sacrifice, compromise and compliance she does for the sake of her family (Banerjee, 2001). Participants responses gathered and analyzed through this research study highlight that the sense of constant guilt produced in women by their husbands and in-laws due to constant comparison and demeaning remarks is often internalized by women as their own personal failure. Such patterns are recurring in nature in South Asian society and linked with gendered expectations in society which

cause depression and anxiety amongst women (Ullah, 2025). Women who wished to pursue their education after marriage reported that if they were not outrightly stopped from continuing their education, such circumstances were created that compelled them to drop out from their educational pursuits. For example, constant reminders of keeping family as top priority of a married woman, tending to husband's needs and facilitating him in work and his activities after migration to Canada etc. As a result, many women give in to such pressures and live in constant self-doubt and guilt if they continue with their higher education (Chan et al., 2022).

Women facing psychological distress reported to experience severe sleep disturbances. Some participants reported self-diagnosed insomnia and sleep anxiety, while several other reported clinically diagnosed anxiety, chronic stress and/or panic disorders. Previous studies on Pakistani women facing controlling behaviors by their husbands and mothers-in-law reported similar somatic symptoms (Khan et al., 2021). Joint-family systems, limited privacy, unannounced guests, constant surveillance and judgement by the mothers-in-law and extended family members reported by participants as the cause of sleep difficulties, anxiety and panic attacks.

Participants shared that repeated exposure to demeaning remarks, dismissive behavior and disrespectful treatment by husbands and mothers-in-law despite being a dutiful wife and daughter-in-law completely breaks down the self-esteem. Women who reported to be part of households where support and healthy interaction between in-laws, wife and husband was available shared experiences of gaining confidence and feeling secure in their own selves. The stated that their perceptions about them changed in a good way and they were more open to experience life as per their wishes and dreams. Studies state that the psychological well-being of women declines when their education and general abilities are constantly devalued in rigid patriarchal family structures (Karim & Kakar, 2025). Participants also shared that in unsupportive households, they remain in constant guilt and self-doubt due to which they try to limit their communication with the family members to avoid any conflict, argument or misunderstanding.

One of the most recurring themes found in this research was anxiety, tension and panic attacks. These issues were reported to be higher in women who had suffered a broken engagement, divorced or remarried. Women reported that they were held responsible for their family's honor and reputation due to which they are under constant surveillance to act according to the cultural norms and perform all their duties responsibly. Women also felt threatened to bring a bad name to their family's reputation which could eventually impact the potential prospects of her siblings' marriages as society will judge their family based on her conduct especially in her in-laws. According to previous studies, women who take the risk of diverging from socially acceptable norms for a good married woman tend to face higher psychological distress amongst South Asian women (Sami & Ali, 2006; Khan, 2025). The present study highlights that such challenges increase further for women after migration since they have to abide by the cultural norms and deal with the immigration challenges at the same time.

Another significant theme identified in this research was validation affecting women's mental health. Women who were divorced, remarried or suffered a broken engagement seek more validation from their families in order to feel acceptable by the societal norms. Participants reported that external validation especially by the husband and the in-laws allows them to enjoy better mental and emotional well-being. Participants also stated that even if what they are doing is not what they wanted to do but their family is satisfied with them and validates their behavior, they feel a sense of

empowerment in their household environment. Women often tend to confuse seeking validation with seeking permission but they shared that they remain emotionally secure as they are considered successful homemakers. Women reported to have better mental health if they experienced support from their spouse and in-laws (Rahman et al., 2017; Karim & Kakar, 2025).

Working women reported to have better mental health and they also reported that their ability to cope with everyday household challenges improves. Participants who were women shared that their work allowed them to build their self-esteem and confidence which led them to manage their households and family members smartly too. Furthermore, working women were more accepting towards seeking medical care and therapy for their well being in order to make a conscious effort to improve their health. They stated that economic independence allowed them to rebuild their identity after migration and find their purpose in life. Similar trends were found amongst divorced women who shared that it was due to economic dependence that they deliberately chose to improve themselves and fight their trauma through counselling, therapy and spiritual practices (Ashalatha, Saranya, & Gupta, 2025). A similar study on coping domestic stress on Bengali women living in Bangladesh reported that women who took medical and/or psychological support demonstrated higher emotional stability (Abbas et al., 2019).

In South Asian households, media plays a huge role in shaping the emotional responses of women. Pakistani dramas and Bollywood movies in particular act as a cultural tool. Women tend to relate their stories with the characters shown in these dramas and movies and take respite from their daily struggles. Participants shared that media is an excellent tool to create awareness about social issues especially about domestic issues and gendered marginalization in South Asia. They also shared that sometimes their anxiety and fear triggers more when they see a relatable character going through similar struggles like their own life. Such a nature of South Asian media highlights the study of Banerjee (2011) which stated that media that is heavily influenced by the cultural norms may create more trauma for women viewers who have lived through or facing similar circumstances especially in dramas and movies where they accept female subjugation as an accepted cultural practice.

Another important theme emerged during this research was obsessive-compulsive symptoms. Women are expected to depict and live by standards of domestic perfection and their homes and families should always be settled and sorted as per social norm. Participants reported being judged by their in-laws especially mothers-in-law and being compared to other women of same age group and status in their family, for example, with other daughters-in-law. Due to these women suffer from fear of being disorderly and messy and they try to maintain standards set by their mothers-in-law for cleanliness, cooking and general order in daily routine of the house. Such behaviors in controlling family environments in Pakistani households led to obsessive-compulsive and anxiety-related symptoms (Khan et al., 2021).

Another significant theme highlighted during this study was body-shaming. Constant comparison between women of same age group in the family, inability to lose weight after childbirth, demeaning comments about physical appearance emerged to be a significant cause of psychological distress in women. Due to body-shaming, participants shared that they went into severe depression and suffered from low self-esteem and confidence. The study highlights how such sensitive issues especially in intimate relationship affect marriages due to detrimental mental health of women in the long run. Body-shaming also enacts as a tool of controlling behavior and it also illustrates

deep-rooted cultural complexities related with fertility and physical appearance of women (Rashid, 2023; Mobeen & Dawood, 2023; Sami & Ali, 2006). The overall findings of this study illustrate that women's mental health challenges are not due to their individual habits or personality traits, rather, they reflect a centuries old, deep-rooted patriarchal mindset which is further shaped by joint family systems, familial hierarchies, migration and lack of educational awareness. The severity of the situation may be analyzed further by questioning the traditional and cultural norms and developing a support network for such women at the intersection of migration, culture, education and empowerment.

Limitations

This study included a sample of 8 women who either had a university degree or were enrolled in a university degree program with some present or previous professional experience in their respective fields and have been financially independent. A much larger sample that included participants with high school or college education could give even more insightful perspectives to the present situation and experiences of women from Pakistani diaspora in Canada. Due to time and budget constraints, this could not have been possible.

Conclusion

Findings of this study suggest that women belonging to the Pakistani diaspora in Canada who have successfully achieved a university degree and are working or have worked are well aware and empowered enough to self-identify the mental and emotional turmoil they go through. But, unfortunately, due to religious and socio-cultural practices and strict norms, they are constantly put into self-doubt, and they are constantly reminded about their position in their family and their responsibility to keep up with the family name and honor after migration to a new country. The mental health of South Asian women can be improved if the socio-structural barriers attached to it are addressed properly (Khan, Jafree, & Jibeen, 2020). Families in which women faced subjugation due to family's honor and tradition; anxiety, depression, panic attacks, obsessive-compulsive symptoms, low self-esteem, and constant need for validation were closely associated to marital pressures, gendered surveillance, restricted autonomy, fertility expectations, and societal norms. The findings further highlighted that women's mental health cannot be understood solely as individual case and it needs to be examined within intersecting structural, cultural, and familial contexts (Banerjee, 2001; Khan, Osterman & Bjorkovist, 2021; Ullah, 2025).

Recommendations

The mental health and well-being of women from Pakistani diaspora relies on a combination of challenging factors including gendered socio-cultural norms, migration and societal constraints. In order to bring change, an effective support system with strategies focusing on cultural sensitivities, carefully designed policy reforms targeting community awareness and education is needed. Awareness about gender equality and benefits of equal opportunity should be created through media advocacy and culturally appropriate programs. Special programs and gender welfare initiatives like employment and career counselling should be made available to such women. Future studies and continued timely investigation over these issues can help examine the effectiveness of culturally responsive initiatives and migration challenges faced by women within their households and immediate social environments.

References

- Abbas, J., Aqeel, M., Abbas, J., Shaher, B., Aslam, J., Sundas, J., & Zhang, W. (2019). The moderating role of social support for marital adjustment, depression, anxiety, and stress: Evidence from Pakistani working and nonworking women. *Journal of Affective Disorders, 244*, 231–238. <https://doi.org/10.1016/j.jad.2018.07.071>
- Ahmad, F., Shik, A., Vanza, R., Cheung, A. M., George, U., & Stewart, D. E. (2004). Voices of South Asian women: Immigration and mental health. *Women & Health, 40*(4), 113–130. https://doi.org/10.1300/J013v40n04_07
- Ashalatha, T. L., Saranya, T. S., & Gupta, S. K. (2025). The lived experience of divorce: A narrative analysis of personal stories and identity reconstruction of women. *Frontiers in Sociology, 10*, Article 1617489. <https://doi.org/10.3389/fsoc.2025.1617489>
- Axinn, W. G., Zhang, Y., Ghimire, D. J., Chardoul, S. A., Scott, K. M., & Bruffaerts, R. (2020). The association between marital transitions and the onset of major depressive disorder in a South Asian general population. *Journal of Affective Disorders, 266*, 165–172. <https://doi.org/10.1016/j.jad.2020.01.069>
- Banaji, S. (Ed.). (2011). *South Asian media cultures: Audiences, representations, contexts*. Palgrave Macmillan. <https://doi.org/10.1057/9780230346368>
- Bannerji, H. (2001). *Inventing subjects: Studies in hegemony, patriarchy, and colonialism*. Tulika Books; Anthem Press.
- Boyd, M., & Grieco, E. (2003). *Women and migration: Incorporating gender into international migration theory* (Migration Policy Institute No. 106). Migration Policy Institute. <http://www.migrationinformation.org/Feature/display.cfm?id=106>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Chan, K., Miedema, S. S., Naved, R. T., & Yount, K. M. (2023). Beyond girls' education: Pathways to women's post-marital education in Matlab, Bangladesh. *Feminist Economics, 29*(1), 38–69. <https://doi.org/10.1080/13545701.2022.2082510>
- Chaturvedi, M., Rai, B., & Gupta, S. (2025). Marriage and mental health in South Asia. In *Social psychiatry in South Asia* (pp. 265–289). Springer. https://doi.org/10.1007/978-981-96-8078-8_13
- Chaudhary, N. S., Mittal, S., Singh, S., & Grover, P. (2025). Exploring issues and challenges faced by working women during COVID-19 in India: A qualitative study. *South Asian Journal of Human Resources Management*. <https://doi.org/10.1177/23220937251342848>
- Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). SAGE Publications.
- Daraz, U., Khan, Y., Alnajdawi, A. M., & Alsawalqa, R. O. (2023). Empowering hearts and shaping destinies: Unveiling the profound influence of education on women's mate selection in Pakistan. *Frontiers in Sociology, 8*, Article 1273297. <https://doi.org/10.3389/fsoc.2023.1273297>

- Dutta, S. (2016). The changing patterns and lived experiences of women pursuing higher education post-marriage in India. *Journal of International Women's Studies*, 17(1), 169–185. <https://vc.bridgew.edu/jiws/vol17/iss1/11>
- Guest, G., MacQueen, K. M., & Namey, E. E. (2012). *Applied thematic analysis*. SAGE Publications. <https://doi.org/10.4135/9781483384436>
- Hassan, S. U., Zahra, A., Parveen, N., Iqbal, N., Mumtaz, S., & Batool, A. (2022). Quality of infertility care services and emotional health of South Asian women. *Psychology Research and Behavior Management*, 15, 1131–1146. <https://doi.org/10.2147/PRBM.S357301>
- Huma, Z. (2015). Analytical study of television drama narratives. *Journal of Mass Communication & Journalism*, 5(8), 1–7.
- Jibeen, T., & Hynie, M. (2012). Perceptions of autonomy and life satisfaction in Pakistani married immigrant women in Toronto, Canada. *Sex Roles*, 67, 1–16. <https://doi.org/10.1007/s11199-012-0176-6>
- Karim, F., & Kakar, M. M. (2025). Gender roles and their influence on women's educational aspirations after marriage. *Policy Journal of Social Science Review*, 3(3), 24–32. <https://policyjssr.com/index.php/PJSSR/article/view/146>
- Khan, M., Jafree, S. R., & Jibeen, T. (2020). Social barriers to mental well-being in women of South Asia. In *The sociology of South Asian women's health* (pp. 129–150). Springer. https://doi.org/10.1007/978-3-030-50204-1_7
- Khan, T. (2025). Female marginalization by male head of the household and mental health concomitants amongst educated women of urban Lahore, Pakistan. *Human Nature Journal of Social Sciences*, 6(3), 167–178. <https://doi.org/10.71016/hnjss/4bjxhv14>
- Khan, T., Österman, K., & Björkqvist, K. (2021). Mental health concomitants related to controlling behaviours perpetrated by husbands and mothers-in-law in Pakistan. *Technium Social Sciences Journal*, 16(1), 302–313.
- Lereya, S. T., Norton, S., Crease, M., Deighton, J., Labno, A., Ravaccia, G. G., Bhui, K., Brooks, H., English, C., Fonagy, P., Heslin, M., & Edbrooke-Childs, J. (2024). Gender, marginalised groups, and young people's mental health: A longitudinal analysis of trajectories. *Child and Adolescent Psychiatry and Mental Health*, 18(1), Article 29. <https://doi.org/10.1186/s13034-024-00720-4>
- Mobeen, T., & Dawood, S. (2023). Relationship beliefs, attachment styles, and depression among infertile women. *European Journal of Obstetrics & Gynecology and Reproductive Biology: X*, 20, 100245. <https://doi.org/10.1016/j.eurox.2023.100245>
- Niaz, A. U. (1995). *Violence against women: Women's rights are human rights*. Soroptimist Club International, Pakistan Chapter.
- Niaz, U., & Hassan, S. (2006). Culture and mental health of women in South-East Asia. *World Psychiatry*, 5(2), 118–120.

- Park, J. (2024). Mental health among women and girls of diverse backgrounds in Canada before and during the COVID-19 pandemic: An intersectional analysis. *Health Reports*, 35(7), 14–27. <https://doi.org/10.25318/82-003-x202400700002-eng>
- Rahman, A., Bairagi, A., Dey, B., & Sultana, A. (2017). Anxiety and coping strategies of married women. *Chittagong University Journal of Biological Sciences*. <https://doi.org/10.3329/cujbs.v8i1.73526>
- Rashid, M. (2023). Gender inequality in Pakistan: Causes and consequences. *Journal of Development and Social Sciences*, 4(2), 1131–1145. [https://doi.org/10.47205/jdss.2023\(4-II\)100](https://doi.org/10.47205/jdss.2023(4-II)100)
- Sami, N., & Ali, T. S. (2006). Psycho-social consequences of secondary infertility in Karachi. *Journal of the Pakistan Medical Association*, 56(1), 19–22.
- Shaheen, S. (2023). The impact of academic stress on females: A case study of Pakistani university students. *Dialogues in Humanities and Social Sciences*, 1(1), 19–28.
- Shantharaju, S., & Kumar, N. S. A. (2016). A perspective study on fame of Pakistani tele-series in India. *IOSR Journal of Humanities and Social Science*, 21(9), 8–13.
- Ullah, S. (2025). Impact of gender role expectations on mental health among working women in South Asian households. *Journal of Social Science Perspectives*, 2, 1–5. <https://doi.org/10.65761/jssp.2025.v2.i1.6>
- Vigod, S. N., & Rochon, P. A. (2020). The impact of discrimination on a woman's mental health. *EClinicalMedicine*, 20, 100311. <https://doi.org/10.1016/j.eclinm.2020.100311>
- Zulfiqar, A., & Kuskoff, E. (2024). Developing a contextual understanding of empowerment through education: Narratives from highly educated women in Pakistan. *Gender and Education*, 36(6), 665–681. <https://doi.org/10.1080/09540253.2024.2359519>