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PSYCHOLOGICAL DISTRESS ASSOCIATED WITH FORCED MARRIAGE AND LOSS OF AUTONOMY AMONG WOMEN IN PAKISTAN

Hira Waheed ahsanhira475@gmail.com	MS Clinical Psychology Student, Department of Clinical Psychology, The Superior University Lahore, Punjab, Pakistan.
Ms Raumish Masud Khan rausmishmasud.fsd@superior.edu.pk	Senior Lecturer, Department of Clinical Psychology, The Superior University Lahore, Punjab, Pakistan.
Syed Saddam Hussain Shah shah.saddam3705@gmail.com	Clinical Psychologist, Faisalabad, Punjab, Pakistan.

Abstract

The present study intends to find out the relationship between forced marriage, loss of autonomy and psychological distress in women. This study utilized a cross-sectional research design, and participants were recruited through a purposive sampling technique. Sample of 200 women were taken from different areas of Faisalabad. Age range was 22-65. Results showed significant positive relationship between forced marriage, loss of autonomy and psychological distress in women. The findings indicate that women who experience higher levels of forced marriage are more likely to report greater loss of personal autonomy and higher psychological distress. Furthermore, as loss of autonomy increases, psychological distress also increases, suggesting that reduced personal control is associated with poorer psychological well-being among women. Results showed that forced marriage significantly predicted psychological distress. Results also revealed that loss of autonomy emerged as significant predictor of psychological distress. Results showed that women in joint family system shows a significantly lesser level of autonomy with respect to decision making in family affairs, psychological distress, and more positive attitudes towards forced marriage as compared to women in nuclear family system. Forced marriage and lack of autonomy are shown in the study to have a significant impact on women's psychological distress, which suggests that there is a need for both legal and social protective measures. It recommends to enhance women autonomy and awareness programs especially in joint family system for gender equality and mental health.

Keywords: *Forced Marriage, Loss of Autonomy, Psychological Distress, Women.*

Corresponding Author: Hira Waheed (Student of MS Clinical Psychology, Department of Clinical Psychology, The Superior University Lahore, Pakistan)
Email: ahsanhira475@gmail.com

1. Introduction

The mental health implications of forced marriages among women in Pakistan are a critical public and human rights issue, and are deeply entrenched in sociocultural factors that value family autonomy over individual liberties. Lack of relationship consent and autonomy among women in such marriage arrangements can increase feelings of anxiety, depression, and trauma. Lack of control over marriage, schooling and travel restrict personal agency, leading to helplessness and stress. (Forced) marriages also commonly cause marital conflict, intimate partner violence and social isolation, which compound mental health issues. Cultural norms of submission and shame might result in women not seeking help, further perpetuating silence and mental load. Autonomy loss interferes with identity development and self-esteem during a critical period of life, with enduring emotional repercussions. And societal judgment of divorce or separation presents barriers to leaving, perpetuating exposure to challenging relationships. Correlational research notes a link between forced marriages and mental health issues, such as post-traumatic stress. This is often further complicated by a lack of access to psychological health services and legal support. Each of these elements highlights the relationship between culture and mental health (Ali & Gavino, 2008).

Forced marriages diminish women's autonomy not only in the short term, but also in the long term, with long-lasting impact on their overall life satisfaction and well-being, and their social engagement. Lack of autonomy among women is often associated with lowered self-esteem and feelings of helplessness and hopelessness. This may result in unhealthy coping responses such as isolation, emotional suppression and helplessness. Long-term exposure to such emotional distress can lead to psychosomatic complaints, sleep disorders and interpersonal difficulties. The condition also has an intergenerational effect, with children exposed to such situations potentially developing similar coping mechanisms and emotional distress. Structural factors such as weak protections and gender inequality also perpetuate this. The strategies to combat this include culturally responsive interventions, policy changes, and awareness-raising to priorities women's well-being and rights. Education and support systems have been suggested as buffering effects against distress. Prevention and action to address forced marriage is therefore critical not only for respecting women's autonomy, but also from a psychological and social perspective (Khan, 2014).

Psychological distress is an emotional state commonly associated with symptoms of anxiety, depression and stress reactions. It includes a broad spectrum of emotional and cognitive disturbances which hinder optimal daily functioning. Psychological distress can be caused by internal tensions, external stressors or negative life events, which exceed one's ability to cope. It may also be regarded as a spectrum from mild discomfort to clinical level dysfunctions. Psychological distress can be characterized by prolonged feelings of

sadness, irritability and poor concentration. This can impair work or study performance and social functioning. Distress can also lead to physical symptoms such as fatigue, insomnia, and somatization. Changing distress symptoms and intensity reflect distress's subjective nature. Distress is also influenced by cultural and social factors. When conceptualizing psychological distress, emotions, thoughts and behaviors must be taken into account in a holistic psychosocial approach (Ridner, 2016).

Psychological distress is related to the broader notion of mental health, but it does not necessarily signify a disease. Rather, it may represent their efforts to cope with stressors and life events. For example, events like bereavement, trauma, and transition periods can lead to transient distress reactions. But if it persists or worsens, it could progress to more serious mental health issues. For this reason, early diagnosis and treatment are recommended by researchers to prevent it. Assessment of distress is typically done using self-report measures of emotional states over a given time period. Such scales can yield details about the level and composition of distress symptoms. Moreover, distress is linked to reduced well-being and quality of life. Positive social support and coping mechanisms are key to reducing distress. Thus, if we are to comprehensively understand the distress, risk and protective factors of the environment, must be taken into account (Drapeau et al., 2017).

A forced marriage is one where one or both partners have not provided free and full consent to marry, often as a result of coercion, pressure or threat by family or community members. It is distinct from arranged marriage, in which consent is not contingent. It is condemned as an abuse of human rights, including the rights to family, autonomy, dignity and choice. It is often practiced with more impact on women and girls in patriarchal cultures that placed importance on submission and the reputation of the family. Lack of consent violates the moral and legal legitimacy of marriage. Pressure may include emotions, threats, or physical coercion on the victim. The phrase is now associated with gender-based violence. Global bodies focus on forced marriage as a significant issue that needs to be addressed. Global legal reforms have been implemented, but implementation remains inconsistent. A holistic approach spanning law, culture and psychology is essential in understanding forced marriage (Rele, 2007).

Forced marriage does not have one culture; it can take different forms in different cultures. It can involve both adults and children, but is most common among young women. Often, consent is presumed, and relations of power are established between family members. It can be difficult to discern the difference between coercion and persuasion. Social norms can condone obedience, placing pressure on dissent. Some victims may condone compliance due to internalized norms, despite opposition. This practice can be concealed - inside families and away from public space. This contributes to under-reporting and lack of data. Therefore, conceptualizations of forced marriage need to

address its hidden and contextual nature. Such understanding is crucial for policy and prevention efforts (Carobene, 2023).

When people feel that their ability to freely choose certain aspects of their lives is impaired, they are experiencing loss of autonomy, which is a reduction in autonomy. It is a multifaceted phenomenon with cognitive, emotional and behavioral components. Loss of autonomy is a threat to well-being as autonomy is perceived as a critical psychological need. People who perceive a loss of autonomy feel pressured by outside factors such as parental or educational rules and expectations, or external norms. This is particularly so in rigid hierarchy-based settings where control imposes. Feeling control is often associated with frustration and negative emotions. Autonomy plays a central role in identity formation and so its loss can have profound effects at certain times in life. It has also been extensively studied in the fields of motivation and development. It also relates to human rights discourse which puts forward notions of dignity and liberty. To understand it, subjective perceptions and situational factors must be considered (Deci & Ryan, 2017).

Loss of autonomy is multidimensional, from insight to interference. People may have limited choice but feel they are "being pressured into" making decisions. This results in inner conflict, as desires may conflict with expectations. Perceived compulsions can also limit autonomy. Cultural values play a significant role in perceptions of autonomy. In collectivist cultures, group decision-making may be preferred, blurring lines between voluntary and coerced submission. People may internalize expectations, resulting in self-regulation that establishes a new norm that drives autonomy loss. This may render the problem less obvious but no less important. These issues are important in how we conceptualize things. It's important to consider actual and perceived control (Gottfried & Schweiger, 2020).

Forced marriage has been well-documented as a type of gender-based violence ingrained in patriarchal cultures in regions like South Asia, including Pakistan. Recent research in Pakistan stressed that forced marriage is not always overtly recognized by families and communities as coercive, but instead as an accepted cultural practice, upholding family honor and obligations. It revealed women's lack of agency in decision-making processes for their marriage, leading to long-lasting psychological effects such as emotional suppression and loss of identity. It also noted that cultural expectations and norms around obedience and honor render women in positions where they can't easily challenge practices. This further plays a key role in emotional distress and low self-esteem. The study also highlighted that forced marriage is often accompanied by an isolation from peers and lack of social support. These factors lead to long-term psychological distress and well-being (Batool, 2019)

One qualitative study on the issue of forced marriage in Pakistan examined how it relates to human trafficking, coercion and inequality. It found that many women were

being forced to marry under prolonged psychological constriction, rather than physical threats and violence, making coercion difficult to define legally and socially. Women described instances of manipulation, fear of social ostracism and material dependency as enforcers of compliance. The study also found that forced marriage is often associated with various socioeconomic factors including poverty, low education, and lack of livelihood. These factors add to vulnerability and exit barriers. Participants reported high levels of distress (such as anxiety, helplessness and depression). The study highlighted that these emotions are not short-lived but extend through marriage due to loss of independence (Kakar & Yousaf, 2021).

A study in Pakistan, Punjab, focused on forced marriage as a multifaceted violence which encompasses psychological, emotional and social abuse. This research revealed that women who are forced to marry often feel a sense of personal identity loss due to a curtailing of autonomy. The study found women still felt trapped in marriages to which they did not freely agree, experiencing long-term emotional trauma. The study also found that cultural beliefs about respect for parents and elders help to perpetuate forced marriage. Laws are in place, but are poorly enforced or socially rejected. Women also reported a fear of being stigmatized, shamed or mistreated by family members should they seek help. The researchers concluded that forced marriage takes a toll on mental health, impairs autonomy, and perpetuates dependency (Islam, 2021).

In a study conducted on forced marriage as a human rights violation in Pakistan, researchers found forced marriage often leads to chronic psychological distress through lack of autonomy over one's marriage. It found forced marriage can lead to social isolation because women may be ostracized from their communities after challenging the marriage. Some victims cited fear of ridicule and ostracism as a barrier to seeking support and reporting incidents of forced marriage. The research also highlighted a lack of legal enforcement and awareness of rights as contributing to the prevalence of forced marriage. Participants reported psychological distress including anxiety, sadness and numbness. The study concluded that that a key driver of psychological harm in forced marriage is due to lack of autonomy (Batool et al., 2023).

A quantitative study on women's mental health in Pakistan examined how women's autonomy in decision-making is associated with their psychological well-being. It found women who felt more autonomous in their decision-making reported less depressive symptoms and anxiety. Women with limited autonomy had higher levels of psychological distress and lower resilience. The research highlighted that autonomy plays a protective role in preventing mental health problems in marriages. It further showed that communication problems in households lead to isolation and psychological distress. The study added that increasing women's involvement in decision making is likely to boost

mental well-being. The research found autonomy plays a significant role in determining mental health in marriages (Khan et al., 2020).

A study on gender inequality and forced marriage in South Asia mapped the role of sociocultural factors in autonomy loss and mental health issues among women. The study revealed patriarchal values uphold male dominance in decision-making within the family, curtailing women's agency. Lack of economic autonomy was found to be a key factor, especially for women with poor educational and work prospects. Women in the study expressed psychological discomfort from a lack of autonomy. The research also found that the social acceptability of forced marriage contributes to maintaining (inequality and) trauma. Women have accepted their lack of control as generally accepted. The study also found that gender inequality is a structural factor underlying forced marriage and psychological distress (Lund et al., 2018).

2. Methodology

2.1. Research Design

A Cross-sectional research design was used.

2.2. Participants

Sample of 200 women were taken from different areas of Faisalabad. The sampling strategy used were purposive sampling in order to collect data. Age range was 22-65.

Individuals aged 22 to 65 years were included. Participants must be willing and competent to provide informed consent for the research. Participants should be medically stable and able to complete the assessments without acute medical distress.

Individuals aged less than 22 and above than 65 years were excluded. Those unwilling to provide consent will not be included.

2.3. Instruments

The Attitude Scale Towards Early and Forced Marriages was developed by Başaran et al. (2025) to assessed attitudes toward early and forced marriages. The scale consisted of 21 items are rated on a 5-point Likert scale, ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). Higher scores indicate greater awareness and less favorable attitudes toward early and forced marriages. The scale demonstrated strong psychometric properties, with an overall Cronbach’s alpha reliability coefficient of .89, indicating high internal consistency and reliability for use in research and community assessments.

The Stanford Loss of Personal Autonomy Scale was developed by Spiegel et al. (1990) consists of 11 items designed to assess experiences of diminished personal control and autonomy, such as feeling that one's thoughts, actions, or emotions are being controlled by external forces. Items are rated on a 6-point Likert scale ranging from 0 (Not Experienced) to 5 (Very Often Experienced). Higher scores indicate greater perceived loss of personal autonomy. The scale has demonstrated satisfactory psychometric properties, with studies

reporting Cronbach's alpha coefficients of approximately .80 or higher, indicating good internal consistency.

The Kessler Psychological Distress Scale (K10) was developed by Kessler et al. (2002) to assessed psychological distress, particularly symptoms of anxiety and depression experienced during the past four weeks. The scale consists of 10 items rated on a 5-point Likert scale ranging from 1 (None of the Time) to 5 (All of the Time). Higher scores indicating greater psychological distress. The K10 has demonstrated excellent psychometric properties across diverse populations, with reported Cronbach's alpha reliability coefficients ranging from .88 to .93, indicating high internal consistency.

2.4. Procedure

Ethical approval was obtained from the relevant institutional committee prior to data collection, and permission was secured from local transport points. Participants were approached respectfully, informed about the study purpose, voluntary participation, confidentiality, time commitment, and their right to withdraw at any time, and consent was obtained. Questionnaires were administered in a quiet setting, with researcher assistance provided when needed without influencing responses, taking approximately 35–40 minutes to complete. Data were anonymized using codes instead of names and stored securely in password-protected systems for academic use only. Participants could discontinue at any stage, and care was taken to minimize distress, with debriefing and guidance offered when necessary.

2.5. Statistical Analysis

Data was analyzed through SPSS software version 23 (IBM Corp., 2015). The first step in the analysis involved calculating the Pearson product moment correlation coefficients to determine whether any associations existed among the study variables. Subsequently, regression analyses were performed to evaluate the direction of prediction between the variables. Independent sample t test was used to measure the difference in variables. All the statistical tests were conducted at two-tailed $\alpha = .05$ level of significance.

3. Results

Table 1: *Bivariate Correlation Between Forced Marriage, Loss of Autonomy and Psychological Distress in Women.*

Sr	Variables	1	2	3
1	Forced Marriage	-	.49**	.44**
2	Loss of Autonomy		-	.62**
3	Psychological Distress			-

*Note. *p* < .05, **p< .01*

The bivariate correlation analysis for women between forced marriage, loss of autonomy, and psychological distress is presented in the Table 1. Results show significant and positive correlation between the perceptions of loss of personal autonomy and

psychological distress with forced marriage (r = .49, p < .01 and r = .44, p < .01 respectively), indicating that the degree of exposure to forced marriage correlates positively with the degree of perceived loss of personal autonomy and psychological distress. In addition, there is a significant positive correlation between loss of autonomy and psychological distress (r = .62, p < .01) meaning that women with lower scores on this dimension are more likely to experience higher levels of psychological distress. The results indicate that all of the variables studied have significant positive relationships with each other, the highest being between lack of autonomy and psychological distress, which plays a pivotal role in the proposed relationship matrix.

Table 2*: Summary of Multiple Regression Analysis with Forced Marriage and Loss of Autonomy Predicting Psychological Distress Among Women.*

Variables	***R²***	***B***	***β***	***t***	***SE***	***p***
Step 1	.200					
Forced Marriage		.135	.447	7.01	.019	.00
Step 2	.411					
Forced Marriage		.056	.186	2.94	.019	.00
Loss of Autonomy		.335	.528	8.37	.042	.00

*Note. **p < .01, B = Unstandardized coefficient*

Table 2 shows the results of the multiple regression analysis in which forced marriage was included as a predictor of psychological distress along with loss of autonomy among women. However, in Step 1, forced marriage was placed as a single predictor and accounted for 20% of the variance in psychological distress (R^2 = .200). Results showed that forced marriage significantly predicted psychological distress (B = .135, β = .447, t = 7.01, p < .01); this means that there is a positive relationship between forced marriage and psychological distress. In Step 2, loss of autonomy has been incorporated into the model and the results revealed a significantly higher amount of variance accounted for (41.1%) representing a better model fit. In the final model, both forced marriage (B = .056, β = .186, t = 2.94, p < .01) and loss of autonomy (B = .335, β = .528, t = 8.37, p < .01) emerged as significant predictors of psychological distress. Results indicated that loss of autonomy was a more significant predictor than forced marriage, and thus the lack of independence plays an important part in understanding women's psychological distress.

Table 3: *Independent Sample t Test to Measure Mean differences Between Nuclear and Joint Family Women in Forced Marriage, Loss of Autonomy and Psychological Distress (N=200).*

	Nuclear (n = 103)		Joint (n = 97)				
Variables	*M*	*SD*	*M*	*SD*	*t*	*p*	Cohen's d

Forced Marriage	40.00	10.01	43.22	10.61	-2.20	.02	0.31
Loss of Autonomy	15.27	4.60	17.09	4.60	-2.79	.00	0.40
Psychological Distress	19.03	2.99	20.40	3.16	-3.13	.00	0.45

Note. M= Mean, SD = Standard Deviation

Table 3 shows the independent sample t test on forced marriage, loss of autonomy, psychological distress between women belonging to nuclear family and women belonging to joint family. There was a significant difference between the forced marriage scores of the women from joint families (M = 43.22, SD = 10.61) and nuclear families (M = 40.00, SD = 10.01), (t = -2.20, p < .05). Similarly, loss of autonomy was significantly greater among joint family women (M = 17.09, SD = 4.60) than nuclear family women (M = 15.27, SD = 4.60), (t = -2.79, p < .01). Moreover, the level of psychological distress was also higher among joint family participants (M = 20.40, SD = 3.16) compared to nuclear family participants (M = 19.03, SD = 2.99), (t = -3.13, p < .01). In overall results, it can be observed that women in joint family system shows a significantly lesser level of autonomy with respect to decision making in family affairs, psychological distress, and more positive attitudes towards forced marriage as compared to women in nuclear family system.

4. Discussion

The first hypothesis of the study was there would be a significant relationship between forced marriage, loss of autonomy and psychological distress in women. Results showed significant positive relationship between forced marriage, loss of autonomy and psychological distress in women. The findings indicate that women who experience higher levels of forced marriage are more likely to report greater loss of personal autonomy and higher psychological distress. Furthermore, as loss of autonomy increases, psychological distress also increases, suggesting that reduced personal control is associated with poorer psychological well-being among women.

Forced marriage has been shown in previous studies to have negative psychological and social consequences for women. Research has found that coerced marriage can lead to a sense of powerlessness, diminished decision making and limited control within an aspect of a woman's life. Those experiences teach them to feel a loss of control and become susceptible to emerging emotional problems. These findings also agree with the current results that forced marriage has a positive association with women's loss of autonomy (Dichter et al., 2018).

Empirical studies about women's autonomy have also shown the significance of women's autonomy for psychological health. Lack of autonomy in the decision-making process of life, family and personal matters constitutes for women a higher level of experienced stress, anxiety and emotional distress. A lack of opportunities for personal choice and self-determination can lead to lost self-esteem and sense of competence, which is an impact on mental health. These findings dovetail with those from the present study,

which revealed that the more people feel they have lost autonomy, the more upsetting it is to them (Antabe et al., 2025).

Coercive marital behaviors and women's restricted autonomy have been found in several studies in collectivistic and patriarchal societies to be important factors in women's psychological issues. Daughters of controlling families are often constantly under stress because of less than full independence and less involvement in decision-making. The positive associations between all of the study variables could be supported by that long-term exposure to such restrictive social circumstances has been associated with increased rates of depression, anxiety and psychological distress (Lohmann et al., 2024).

There have also been empirical findings that loss of autonomy can play an important role in how forced marriage impacts women's mental health. It has been shown that women who feel that they don't have any autonomy (freedom, independence) in making big decisions, like choosing a spouse, tend to suffer psychologically and also emotionally. Low personal agency can result in the experience of helplessness, frustration, and hopelessness and thus be a trigger for distress. Thus, the findings of this study support earlier research on the relationship between forced marriage, a loss of autonomy and psychological distress among women (Zhang & Axinn, 2021).

The second hypothesis of the study was forced marriage and loss of autonomy will significantly predict psychological distress among women. Results showed that forced marriage significantly predicted psychological distress. Results also revealed that loss of autonomy emerged as significant predictor of psychological distress.

Forced marriage has been found to be a very large risk factor for psychological distress in women in previous studies. Uncontending women to enter marital relationships often experience chronic emotional stress, entrapment and lower life satisfaction. If a person does not get the opportunity to choose their phone plan, it can result in anxiety, depression symptoms and emotional instability. The present study found that the psychological distress of women was also significantly related to forced marriage as in the above study (Davarinejad et al., 2025).

These studies have also found that women who have had forced marriage often continue to face conflictual interpersonal relations, social isolation and being exposed to controlling behavior within the marriage. These experiences add to their emotional load, deplete their coping situations and expose women to psychological problems. Adding up these stressors can often result in an increased level of psychological distress, which underpins the present day's results for the predictive impact of forced marriage (Hulley et al., 2022).

The autonomy and mental health perspective has also found that lack of autonomy is a strong predictor for mental well-being. This sense of lack of control in decisions and in their everyday life is often associated with increased stress, anxiety, and depression in

women. Not being able to make one's own decisions can have a negative effect on self-confidence and can leave a sense of helplessness that can lead to psychological distress. The present results support the findings of the preservation of autonomy when: self-determination is a strong significant predictor of psychological distress for women (Chantler & McCarry, 2020).

Furthermore, research based on theories of self-determination and empowerment indicates that psychological need for autonomy is one of the needs needed for healthy functioning. Women's resilience is reduced when they lose personal autonomy and decision-making, causing them to be more prone to emotional difficulties. People with lower levels of autonomy have been found again and again to have lower levels of mental health, such as higher levels of psychological distress and overall lower well-being. Hence, the results in the current study are consistent with prior studies that have shown forced marriage and loss of autonomy to be significant factors contributing to psychological distress in women (Kausar et al., 2025).

The last hypothesis was there would be a significant rural and urban areas difference in terms of forced marriage, loss of autonomy and psychological distress in women. Results showed that women in joint family system shows a significantly lesser level of autonomy with respect to decision making in family affairs, psychological distress, and more positive attitudes towards forced marriage as compared to women in nuclear family system.

In the past, some studies have shown that family structure is an important factor influencing women's autonomy and their mental health. Research has shown that females making decisions as parts of joint family might have lesser control on personal and family related issues due the fact that usually the decisions are made among senior members of the family. In contrast, women living in nuclear families have more independence and their opinions are included in household decision making. The current results agree with these findings as joint family women had less autonomy (Shabbir et al., 2025).

A number of scientists also found that a traditional family system is more likely to strengthen traditional role and expectations to marriage. Marriage and family relations were often predetermined in joint families based on the wishes of old members and collective family. This can mean that women within such households are likely to view forced marriage as less problematic than women from nuclear families, which prioritize an individual's choice. The current findings support this evidence and are suggestive of women's attitudes towards forced marriage being more positive in women from a joint family system (Marks et al., 2009).

Studies on family system dynamics and mental health have also shown that women in extended families may suffer from higher rates of psychological distress as a result of increased roles within the family, interpersonal conflicts and social pressures. Having

many authority figures and family norms to meet can result in ongoing stress and strain. However, married-life or single-parent households can give women more privacy and flexibility, which results in psychological well-being. This is in agreement with the present study which revealed higher psychological distress in joint families' women than men (McDonnell & Gracia, 2024).

Furthermore, research in collectivistic societies has highlighted the tendency of cohabitation within extended families to be correlated with low individual decision making and greater submission to those decisions. Restriction in opportunities for self-expression and personal choice can impact women's sense of control, and mental health generally. Wives who have less autonomy in the setting of large families have been consistently found to report more emotional problems and traditional attitudes to marriage. Thus, the present results agree with the previous literature that showed that joint family system is linked to lower autonomy, higher psychological distress and higher acceptance of forced marriage as compared with nuclear family system (Foran et al., 2022).

5. Limitations and Future Research

The sample of present study was collected from Faisalabad, which is not true representative of all the women. In future, it would be more appropriate to select the sample from different cities as well. The present study was done by cross-sectional research design, in future longitudinal study can be conducted on this topic, help to generate rich data and have more comparability in the study. Another limitation of the study is that only self-reported information was used for analysis which can be biased.

The areas from Faisalabad provided the sample for the current study. Future research should consider recruiting participants from more diverse settings. The current study used a cross-sectional research design; however, in the future, longitudinal research on these variables. This will increase the efficacy of the study, produce richer data, and increase the study's comparability. The study's use of just self-reported data for analysis, which can be biased, is another drawback. The interview approach can help gain more detailed insights into the phenomenon. Purposive sampling produced the sample. Using random sampling in future studies would help provide an unbiased and representative sample.

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