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A study on mental health, family environment, loneliness and social freedom among married and unmarried women of Kinnaura Tribe (25-40 years of age)

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Abstract

The present study entitled "A Study on Mental Health, Family Environment, Loneliness and Social Freedom among married and unmarried women of Kinnaura Tribe (25-40 years of age)" was conducted to assess the level of mental health, family environment, loneliness and social freedom among married and unmarried women of Kinnaura Tribe and to examine the relationship of mental health with family environment, loneliness and social freedom among married and unmarried women of Kinnaura Tribe. Warwick-Edinburgh Mental Well-being Scale (Tennant, 2007), Family Environment Scale (Dr Bhatia and Dr N.K Chadha, 1993), Revised UCLA Loneliness Scale (Russell *et al.*, 1980) and Women Social Freedom Scale (Dr. L.I Bhushan, 2008) were administered on 120 women (married-60) (unmarried-60) of Kinnaura Tribe (25-40 years of age), living in Kalpa block of District Kinnaur in Himachal Pradesh. The objectives of the study were: (i) to assess the levels of mental health among married and unmarried women of Kinnaura Tribe, (ii) to examine the relationship of family environment, loneliness and social freedom with mental health among married and unmarried women of Kinnaura Tribe. Results revealed that (i) married women perceived significantly high mental health as compared to unmarried women. Correlation analysis revealed that (i) family environment is positively correlated with mental health, (ii) loneliness is negatively correlated with good mental health, (iii) social freedom is positively correlated with mental health.

Keywords: Mental health, family environment, loneliness, social freedom, women, Kinnaura tribe

Introduction

In the globalized world of today and in pursuit of greatness, mankind has both achieved many of its collective global endeavours and faltered at some. True to the words of Benjamin Franklin, today humanity stands at a crossroads, whereby each minute, each hour, and each day, it makes choices. The decisions an individual makes in life can have a huge impact on the future, and none are more significant than the state of our mental health. Despite being more connected than ever before, mental health is deteriorating at an alarming rate, especially in the post-pandemic world we live in today. In India, only 7.3% of its 365 million youth report such problems. According to Lauber *et al.* (2003) ^[14], mental health is complex and influenced by biological (e.g. physical health, genetics, diet, sleep, age), psychological (e.g. beliefs, mental health diagnoses, perceptions, addictions), and social factors (relationships, family, culture, work, money housing).

Conceptual framework of the research study (Mental Health, Family Environment, Loneliness and Social Freedom)

In this section, the concepts used in the study are discussed under the following heads:

Mental Health

According to the World Health Organization (2001) ^[9] mental health is described as a state of well-being where a person can cope with the normal stresses of life; a state which permits productive work output and allows for meaningful contributions to society. A person's personality, decision-making, reasoning capacity, behavior, thinking and mood are closely

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related to a person's mental health. Statistics show that 1 in every 5 individuals suffers from some form of mental health conditions begin by age 14 and 75% of mental health conditions develop by the age of 24. Women are more likely to experience depression, anxiety, and eating disorders. Furthermore, women are disproportionately affected, with 1 in 5 women experiencing a prevalent mental illness (e.g., anxiety, depression) versus only 1 in 8 men (Psychiatric Times, 2022) [15]. The imbalance may be attributed to the fact that women's mental health throughout history and around the globe has commonly been attributed to different versions of hysteria. Additionally, certain disorders are unique to women. For instance, some women may experience symptoms of depression during or after pregnancy (known as perinatal depression), around the time of their menstrual cycle (known as premenstrual dysphoric disorder), or during menopause. Unfortunately, women still face various societal obstacles when it comes to the social and economic factors that affect their mental health. These obstacles include a higher susceptibility and exposure to mental health risks as well as social considerations.

Family Environment

The family is comprised of individuals who are distinct from one another, but who are also subject to the influence of the system as a whole. Each member's actions and behavior impact the overall health and functionality of the system. When a family functions better, it is associated with improved mental well-being. For better and for worse, family relationships play a central role in shaping an individual's well-being across the life course. The study done by Harvey and Bryd (2000) [22] states that a person's mental health can be greatly affected by a family history of mental illness. Genetic and environmental factors both play a role in the transmission of mental health conditions within families, leading to a higher risk for affected individuals. A study conducted by Johnson and Smith (2018) [23] emphasizes the importance of family as a primary source of emotional support, providing a crucial foundation for mental health. A positive family environment can serve as a buffer against stressors, fostering resilience in women. Conversely, a dysfunctional family atmosphere may contribute to heightened stress levels and exacerbate mental health challenges, as highlighted by the study conducted by Miller *et al.* (2019) [24].

Loneliness

Loneliness is the absence of imperative social relations and lack of affection in current social relationships. Loneliness is caused not by being alone, but by being without some definite needed relationship or set of relationships. Since the time of dawn, loneliness is perceived as a global human phenomenon. Lonely people suffer from more depressive symptoms, as they have been reported to be less happy, less satisfied and more pessimistic (Singh, 2018) [3]. In the context of a marriage, if the marriage isn't fulfilling the needed companionship, love, affection or other social needs, one may very well feel lonely despite having a life partner. Almost a third, or 31% of married people over 45 years old and older reported being lonely, according to a national survey of adults by AARP (2018). Extensive research has unequivocally demonstrated the detrimental effects of social isolation and loneliness on health and longevity, with psychological, behavioral, and biological pathways being the underlying causes.

Social Freedom

Social freedom means that individuals are free from forceful interference from others, whether acting alone or in groups or institutions. Social freedom of women refers to women's desire to break free from social customs, traditions, and religious rituals that limit their financial freedom, political rights, and self-relevant freedom. This includes the freedom to choose their life partners, participate in decision-making and break free from the bonds of caste and orthodox thoughts. However, in recent years, women have become increasingly vocal about their desire for social freedom, resulting in protests and revolts against traditional social norms and taboos that place them in inferior roles and status, and make them subservient to men. This shift in attitude has led to a significant change in the way women are perceived in society and has created a more equal footing for them to stand on. The findings of the study elucidated that gender disadvantage was directly associated with severity of psychological distress and inversely with resilience. It also established that lack of social freedom is directly proportional to poor mental health among tribal women.

Previous Research

Basu (2012) [4] conducted a study on mental health concerns for Indian women and found that it is deeply embedded in the individual's social and socioeconomic relationships. He argued that gender-biased attitudes towards mental health continue to be the bane for women even at the intervention stage, influencing the acceptance and treatment of psychological disorders. From his analysis he offered the following four suggestions; (a) Understanding the underlying causes of psychological distress among women, (b) Adopting a gender-sensitive approach, (c) Working towards women's empowerment, (d) Formulating and implementing women-friendly health policies. He concluded that considering the religious, social, economic, political and regional diversities in India, the promotion of women's mental health is an uphill task.

Sanghaik (2014) [25], in his study titled "Women Empowerment in Hill States: A Case Study of Himachal Pradesh", analysed the specific problems faced by hill states women due to antiquated customs, social taboos and tough terrain and geographical conditions. The study concluded that in spite of many good initiatives, the journey of women empowerment has not been smooth in hill state due to difficult geographical conditions and recommended that the involvement of common citizens at various levels can make a big difference, especially in the area of implementation of schemes.

Malhotra & Shah (2015) [26] gave an overview of the mental health of women in India. They summarized that: (a) Women who abuse alcohol or drugs are more likely to attribute their drinking to a traumatic event or a stressor and are more likely to have been sexually or physically abused than other women, (b) Girls from nuclear families and women married at a very young age are at a higher risk for attempted suicide and self-harm, (c) Social factors and gender-specific factors determine the prevalence and course of mental disorders in female sufferers, (d) The lack of availability of resources for women partly explains low attendance in hospital settings. Around two-thirds of married women in India were victims of domestic violence.

Rationale of the Study

The global concern of deteriorating mental health in women is gaining attention, with one in five affected (Psychiatric Times, 2022) [15]. Despite degrading statistics, it is rarely discussed with respect to Indian women due to taboo nature and prevailing conceptualization of women's health which is limited to only her reproductive health. Sadly, it is further exacerbated in Indian tribal regions where only 15-25% ever receive psychiatric treatment. Hence, it is assumed that the geographically fringe and ethnographically distinct women of the Kinnaura Tribe of Himachal Pradesh face many challenges to their mental health. Therefore, the present study seeks to remedy this gap by assessing the mental health dynamics of women of the Kinnaura Tribe and focuses on married and unmarried women aged 25 to 40 years in the Kalpa block of the Kinnaur district, which is a home to approximately 13,332 women (Census 2011) [17]. It further analyses 'Family Environment,' emphasizing the immediate family's impact on mental health, 'Loneliness', given the Tribe's social isolation in consideration, and 'Social Freedom' due to the conservative collectivist tribal community. The findings of the study also aim to provide coping strategies, thereby throwing light on women's mental health in tribal India, and thus emphasising on improving the quality of life for the women of Kinnaura Tribe.

Objectives of the Study

1. To assess the level of mental health among married and unmarried women of Kinnaura Tribe within the age group of 25-40 years.
2. To examine the relationship of family environment, loneliness and social freedom with mental health among married and unmarried women of Kinnaura Tribe within the age group of 25-40 years.

Hypothesis of the study

H1: Married women perceive better mental health, than unmarried women of Kinnaura Tribe.

H2: Mental health is significantly positively correlated with family environment and social freedom among married and unmarried women of Kinnaura Tribe.

H3: Mental health is significantly negatively correlated with loneliness among married and unmarried women of Kinnaura Tribe.

Methodology

The present study entitled 'A study on mental health, family environment, loneliness and social freedom among married and unmarried women of Kinnaura Tribe (25-40 years of age)' was conducted to assess the levels of mental health, family environment, loneliness and social freedom among married and unmarried women of Kinnaura Tribe. By examining the Kalpa block in the mountainous Kinnaur District of Himachal Pradesh, the study aims to provide valuable insights to enhance the mental well-being of women from Kinnaura Tribe. The sample size of the study comprised of 120 women of the indigenous Kinnaura Tribe, which were equally divided among married ($n_1=60$) and unmarried ($n_2=60$) women within the age group of 25-40 years. Subsequently, the purposive and snowball sampling technique was employed to facilitate data collection. The main variables studied, including mental health, family environment, loneliness, and social freedom played a crucial role in

assessing overall mental health among married and unmarried women of Kinnaura Tribe. It was established that the following criteria must be ensured before approaching the targeted population-

1. Women must be of Kinnaura Tribe.
2. Women must be permanently domiciled in the Kalpa block of Kinnaur District.
3. Women must either be married or unmarried.
4. Women must lie within the age group of 25-40 years.

Tools Used

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) comprises 14 items relating to an individual's mental well-being. All the questions are compulsory. Responses are made on a 5-point scale, ranging from 'none of the time' to 'all of the time'. Each item is worded positively, and together, they cover most, but not all, attributes of mental well-being.

Family Environment Scale (FES) developed by Bhatia and N.K Chadha (1993) [27]. This scale includes 69 items. This scale contains three dimensions (i.e., relationship, personal growth, and system maintenance dimensions) and their sub-dimensions (i.e., cohesion, expressiveness, conflict, acceptance and caring, independence, active recreational orientation, organization, and control). The scoring of positive items on the five-point scale, i.e. Strongly agree, Agree, Neutral, Disagree, Strongly Disagree, is 5, 4, 3, 2, 1 for positive items and 1, 2, 3, 4, 5 for negative items, respectively. The items measure six dimensions, namely Competitive Framework, Cohesion, Expression, Independence, Moral Orientation, Organization and Recreational Orientation. There are no right and wrong answers.

Russell *et al.* (1978) [28] created the Revised UCLA Loneliness Scale. It consists of 20 items that explore an individual's emotions, thoughts, and behaviours to provide a comprehensive understanding of their feelings of loneliness. All the questions are compulsory. The scale assesses various dimensions of loneliness, such as emotional and social loneliness, social support, and the degree to which an individual feels connected to others. The scale used in this study consists of several questions, each rated on a four-point scale. The rating system ranges from negative to positive, allowing participants to express their level of agreement or disagreement with each item.

Dr Bhushan created the Social Freedom (2008) scale, which evaluates the degree to which women can exercise their freedom without any hindrance from others. The results of the Social Freedom (2008) scale developed by Dr L. I. Bhushan can provide insight into the social freedom felt by women. The scale comprises 24 statements concerning the social freedom of women. Each statement is about the thinking and behavior of women's social freedom. The respondent is kindly requested to reach each statement carefully and decide their reaction on any one of the three alternative responses, viz. Agree, Undecided and Disagree and tick the appropriate cell.

Results and Discussion

The present study was conducted to assess the level of mental health, family environment, loneliness and social freedom among married and unmarried women of Kinnaura Tribe (25-40 years of age). The study also sought to examine whether factors like family environment, loneliness and social freedom were affecting the mental health levels of married and

unmarried women and to determine whether the mental health levels of married and unmarried women was correlated to these variables.

Perception of mental health among married and unmarried women of Kinnaura Tribe

Table 1: Distribution of sample as per the level of mental health perceived by married and unmarried women of Kinnaura Tribe

Mental Health	Total (N=120)		Married women of Kinnaura Tribe (n ₁ =60)		Unmarried women of Kinnaura Tribe (n ₂ =60)		Chi-square value	p-value
	N	%	n ₁	%	n ₂	%		
Low	36	30	11	18.3	25	41.7	23.502	0.000**
Moderate	43	35.8	16	26.7	27	45		
High	41	34.2	33	55	8	13.3		

Total Sample (N) =120; Married women (n₁) = 60; Unmarried women (n₂) = 60

Table 1 reveals the distribution of sample by level of mental health perceived by married and unmarried women of Kinnaura Tribe. It was interesting to note that a major section of the women (35.8%) perceived moderate mental health. However, 26.7 percent of the married and 45 percent of unmarried women perceived moderate results in this dimension. 55 percent of married and 13.3 percent of unmarried women perceived high levels of mental health. 18.3 percent of married and 41.7 percent of unmarried women perceived low mental health. The results depicted significant differences in the distribution of mental health at 1 percent level of significance. Thus, most of the married women perceived significantly high levels of mental health as compared to unmarried women. According to the results, married (Mean=48.98) women perceived significantly high mental health levels as compared to unmarried women

(Mean=41.42) with standard deviations of 9.94 and 7.314, respectively. It was hypothesized in the present study that married women would have higher mental health levels as compared to unmarried women. Hence, according to the findings, the hypothesis was proved to be accepted.

The findings of the present study were consistent with the results of a previous study by Kotar (2014) [29], which reported that married women perceived better mental health as compared to unmarried women. Similar findings were documented by Steelman (2007) [30] which revealed that married women scored comparatively better levels of mental health than unmarried women.

Correlation between family environment and mental health

Table 2: Correlation between family environment and mental health among married and unmarried women of Kinnaura Tribe

Mental Health	Correlation Coefficient (r)		
	Total (N=120)	Married women of Kinnaura Tribe (n ₁ =60)	Unmarried women of Kinnaura Tribe (n ₂ =60)
Cohesion	0.586**	0.627**	0.301*
Expressiveness	0.564**	0.571**	0.424**
Conflict	0.574**	0.650**	0.276*
Acceptance and Caring	0.573**	0.632**	0.351**
Active Recreational Orientation	0.501**	0.328*	0.438**
Independence	0.509**	0.594**	0.249
Organization	0.489**	0.420**	0.342**
Control	0.615**	0.617**	0.491**
Overall	0.691**	0.673**	0.532**

Total Sample (N) =120; Married women (n₁) = 60; Unmarried women (n₂) = 60

Table 2 states the correlation between mental health and family environment among the total sample as well as both married and unmarried women groups. The correlation between mental health and family environment was found to be positively significant, in the total sample (r=0.691) as well as in married (r=0.673) and unmarried women (r=0.532) groups. Thus, the higher the levels of family environment, the higher the levels of mental health they (both married and unmarried women) were experiencing. The above table also shows the correlation between the mental health and sub-variables of family environment such as cohesion, expressiveness, conflict, acceptance & caring, active recreational orientation, independence, organization, and control. For the overall sample, mental health significantly and positively correlated with cohesion (r=0.586), expressiveness (0.564), conflict (0.574), acceptance & caring (0.573), active recreational orientation (0.501), independence

(0.509), organization (0.489), and control (0.615). Similarly, for married women group it has a significant positive relationship with cohesion (r=0.627), expressiveness (0.571), conflict (0.651), acceptance & caring (0.632), active recreational orientation (0.328), independence (0.594), organization (0.420), and control (0.617). Cohesion (r=0.301), expressiveness (0.424), conflict (0.276), acceptance & caring (0.351), active recreational orientation (0.438), independence (0.249), organization (0.342), and control (0.491) among unmarried women of Kinnaura Tribe is significantly positively correlated with their mental health. The findings of the present study were melodious to the study conducted by Kaur *et al.* (2015) [31] which suggested that a cohesive family environment in the family led to good psychological or mental health of women, whereas a conflicting family environment had a negative impact on the mental health of women.

Correlation between loneliness and mental health

Table 3: Correlation between loneliness and mental health among married and unmarried women of Kinnaura Tribe

Mental Health	Correlation Coefficient (r)		
	Total (N=120)	Married women of Kinnaura Tribe (n ₁ =60)	Unmarried women of Kinnaura Tribe (n ₂ =60)
Loneliness	-0.450**	-0.388**	-0.340**

Total Sample (N) =120; Married women (n₁) = 60; Unmarried women (n₂) = 60

Table 3 gives the correlation between mental health and loneliness among the total sample as well as both married and unmarried groups. The correlation between mental health and loneliness was found to be significant and negative in the total sample ($r=-0.450$) as well as for married ($r=-0.388$) and unmarried women (-0.340) groups. Thus, mental health has a significantly negative relationship with the loneliness among married and unmarried women of Kinnaura Tribe. It means

that the more both married and unmarried women experienced loneliness, the lesser the levels of mental health they were feeling.

The findings of the present research were harmonious with the study by Beutel *et al.* (2017) [32] which revealed that loneliness is negatively correlated with good mental health.

Correlation between social freedom and mental health

Table 4: Correlation between social freedom and mental health among married and unmarried women of Kinnaura Tribe

Mental Health	Correlation Coefficient (r)		
	Total (N=120)	Married women of Kinnaura Tribe (n ₁ =60)	Unmarried women of Kinnaura Tribe (n ₂ =60)
Social Freedom	0.785**	0.715**	0.822**

Total Sample (N) =120; Married women (n₁) = 60; Unmarried women (n₂) = 60

Table 4 describes the correlation between social freedom and mental health among the total sample as well as both married and unmarried women groups. The correlation between social freedom and mental health was found to be significantly positive in the total sample ($r=0.785$), married ($r=0.715$), and unmarried women ($r=0.822$) groups. It means that more the social freedom the women (both married and unmarried) were enduring, the higher the levels of mental health they were perceiving. Thus, social freedom has a significantly positive relationship with mental health among married and unmarried women of Kinnaura Tribe.

The findings of the present study were in agreement with the study by Lee & Chen (2020) [33] which revealed a significant positive association between social freedom and mental health across cultures, with variations in the strength of the relationship observed based on cultural factors.

Salient Findings

1. Data revealed that 55 percent of married and 13.3 percent of unmarried women perceived high levels of mental health. 18.3 percent of married and 41.7 percent of unmarried women perceived low mental health.
2. The correlation between mental health and family environment was found to be positively significant, in the total sample ($r=0.691$) as well as in married ($r=0.673$) and unmarried women ($r=0.532$) groups. Thus, the more the women possessed family environment, the more mental health they were experiencing. For the overall sample, mental health significantly and positively correlated with cohesion ($r=0.586$), expressiveness (0.564), conflict (0.574), acceptance & caring (0.573), active recreational orientation (0.501), independence (0.509), organization (0.489), and control (0.615).
3. The correlation between mental health and loneliness was found to be significant and negative in the total sample ($r=-0.450$) as well as for married ($r=-0.388$) and unmarried women (-0.340) groups. Thus, mental health has a significantly negative relationship with loneliness among married and unmarried women of Kinnaura Tribe. It suggests that as women's experience of loneliness increased, their mental health decreased.
4. The correlation between social freedom and mental

health was found to be significantly positive in the total sample ($r=0.785$), married ($r=0.715$) and unmarried women ($r=0.822$) groups. It means that the higher the social freedom among women, the more they perceive mental health. Thus, social freedom has a significantly positive relationship with mental health among married and unmarried women of Kinnaura Tribe.

Conclusion

The comparative analysis between married and unmarried women from the Kinnaura Tribe highlights distinct mental health perceptions, family environment, loneliness and social freedom. Married women, particularly those aged 33-40, appear to exhibit higher levels of family environment perception, likely influenced by their roles within joint family structures. Despite this, both married and unmarried women experience variations in mental health perceptions, with a significant proportion reporting high levels. However, loneliness emerges as a significant factor affecting mental health, with married women experiencing it to a lesser extent than their unmarried counterparts. This difference may be attributed to the support systems within marriage and family settings. Furthermore, social freedom plays a crucial role in mental health, with both groups benefitting from higher levels of social freedom. However, married women tend to perceive slightly higher levels of social freedom, potentially due to fewer familial obligations.

Implications of the study

1. The findings of the study would be useful for psychologists, counsellors, social workers, policymakers, educationists and researchers for holistic understanding of mental health.
2. This study can be useful as a reference material for future research in the area of mental health.
3. The results can be used to recognize the importance of family environment and social freedom in influencing mental health outcomes.
4. The study can be used to address the prevalence of loneliness among both married and unmarried women through community-building initiatives, social activities, and networks that foster connection and belonging.

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