



---

## Gender socialisation in rural India: Assessing the impact of psycho-social realities on mental health of young adolescents

Sumadhura Roy<sup>1</sup>, Reshma Jose<sup>2</sup>, Bhumika Kapoor<sup>2</sup>, Isha Mishra<sup>2</sup>

<sup>1</sup> Research Scholar, Centre for English Studies, Jawaharlal Nehru University, Delhi, India

<sup>2</sup> Assistant Professor, Department of Psychology, Jesus and Mary College, University of Delhi, Delhi, India

---

### Abstract

In psychology, adolescence is defined as one of the most intrinsic phases of human development, owing to its significant role in the transition of an individual from childhood to adulthood.

It plays a crucial role in defining the stage of Industry, Identity formation and Intimacy as opposed to Inferiority, Role Confusion and Isolation, respectively. Unhealthy transition through these stages may lead to critical mental health outcomes which may lead to dysfunctional social relationships and distorted/incomplete sense of selfhood. Additionally, during the transition from adolescence to adulthood, individuals are expected to become more responsible, self-sufficient and make decisions on their own. In this stage, adolescents encounter various opportunities and challenges that impact their future course of life. Impending decisions regarding education, profession, living arrangements, marriage etc. pave individual developmental pathways.

Literature suggests that gender norms and influence of media can further exacerbate the dissonance between the adolescents' lived reality and their perceptions for the future. While gender socialization begins at birth, adolescence tends to be a critical point, as puberty intensifies social expectations from family members, peers and media related to gender. Studies provide strong evidence that gender-based differences contribute significantly to the higher prevalence of depression and anxiety disorders in girls and women when compared to boys and men. Mental health in adolescents, if not provided adequate care and treatment, can affect all facets of human health, particularly emotional and social development.

Additionally, addressing these mental health concerns early on in life shows a significant reduction in emotional and behavioural anomalies, functional deficits and trouble seeking behavioural tendency. This paper aims to study the current status of mental health among the adolescents in the states of UP and Bihar, focusing specifically on the impact of psycho-social, socio-cultural determinants like parental interaction and relationship, communication, mobility and decision making, gender and self efficacy, media exposure, marriage process and married life based on the data provided by UDAYA. It seeks to delve into these facets of adolescent mental health experience, and socialization processes within the community, through the lens of gender. Further, it attempts to understand the relative influence of variables under gender socialization on adolescents' mental health outcomes and seeks to question whether gender socialization is associated with and capable of predicting mental health outcomes. Analysis would involve both descriptive as well as inferential statistics. To this end, the variables selected under gender socialization would be tested together to determine the relative influence of each independent variable.

**Keywords:** mental health; gender; gender socialization; adolescence; psychosocial development

---

### Introduction

*One is not born, but rather becomes a woman. No biological, psychic, or economic destiny defines the figure that the human female takes on in society; it is civilisation as a whole that elaborates this intermediary product between the male and the eunuch that is called feminine. Only the mediation of another can constitute an individual as an Other. In as much as he exists for himself, the child would not grasp himself as sexually differentiated. For girls and boys, the body is first the radiation of a subjectivity, the instrument that brings about the comprehension of the world: they apprehend the universe through their eyes and hands, and not through their sexual parts.* (Beauvoir, 1956) <sup>[2]</sup>

Simon de Beauvoir begins the section on 'The Formative Years', with these lines, drawing attention to the socio-cultural processes of becoming a woman in this world. This 'becoming' entails the perpetuation and internalization of, and unquestioning submission to gender norms, social conventions, cultural standards and expectations. In her book, she emphasizes on the social behaviors and attitudes of parents and adults, and how their treatment of children begins the process of gender socialization very early on, and which gets most pronounced during adolescence. Leboeuf Ce'line sheds light on how girl children are disadvantaged in this process in her reading of Beauvoir, "Telling a boy 'be a man' might curtail his childhood, but it also signifies that he can eventually live up to the standards that characterize adult men; in particular, he can become

independent. In contrast, little girls are allowed to behave in a childlike manner for a longer time, and this expresses the idea that they are destined to be more dependent on others than men are" (Leboeuf, 2021) <sup>[9]</sup>. Beauvoir drives home an important point about the role played by society, in her words 'civilization', in determining the subjectivity and selfhood of the child, and in sexually differentiating them. This sexually differentiated perspective coupled with the forces of sociocultural norms and conventions play a significant role in determining growth and development of children into adults. Mary Wollstonecraft in her remarkable book 'Vindications for the Rights of Woman' calls out the social conditioning that girl children are put through in order to create submissive subjects out of them, inculcating within them the notions of emotionality and femininity, and denying them rationality and formal education (Craciun, 2002). These pressures of social and cultural conditioning, of living up to gender expectations, which has been stressed by writers, researchers and scholars from various fields exerts tremendous pressure on children, especially adolescents, which leads to various complications and conflicts in their psyche. The crucial stage of adolescence, that period of transition and transformation, when childhood slips away and the child stands at the cusp of adulthood, is a vulnerable stage which needs immense care and attention for a healthy growth of an individual into an autonomous being. In spite of having the largest number of adolescents, amounting to approximately 243 million, India has not been able to cater to their needs in an adequate manner. One of the problems as stated by Nanda et al in their paper titled 'Addressing Comprehensive Needs of Adolescent Girls in India: A Potential to Creating Livelihoods' is the lack of recognition of gender disparity and the treatment of adolescents as a homogenous group (Nanda, Das, Singh, & Negi, 2013) <sup>[13]</sup>. In an article titled 'Rights of Adolescent Girls in India: A Critical Look at Laws and Policies', Saumya Uma reflects similar concerns. She writes, "While a boy's world expands, a girl's world contracts upon entering adolescence. For girls, this period marks a growing dependence on natal and marital families, and restrictions on speech, expression, thought, mobility and conduct, etc. Adolescence confines girls to socially constructed gender roles of being wives and mothers. They are relegated to the home, excluded from public life, and remain absent in national laws and policies and processes that shape their lives" (Uma, 2012) <sup>[17]</sup>. The survey conducted by UDAYA on adolescents in the two states of Uttar Pradesh and Bihar in 2016 reflect these glaring disparities and throw light on the specific problems faced by adolescent girls. However, it would be a falsification to assume that the population of adolescent girls is a homogeneous group. The factors of class, caste, gender, age, ethnicity, location (rural/ urban) play a significant role in determining their condition of life-both mental as well as physical.

In this paper, we would like to explore the problems faced by adolescent girls based on an analysis of the survey conducted by UDAYA in Bihar and Uttar Pradesh in 2016. We would like to delve into the process of gender socialization and investigate how it affects their selfhood, subjectivity and wellbeing.

### **The Socio-Cultural and Psycho-Social Dimension of Adolescence**

The World Health Organization defines adolescence as the transitional stage in individuals in the age group ten to nineteen years, and cautions against the challenges that this stage poses in their lives: "The transition from childhood to adulthood involves dramatic physical, sexual, psychological and social developmental changes, all taking place at the same time. In addition to opportunities of development this transition poses risks to their health and wellbeing" (World Health Organization South East Asia, n.d.). In the Indian context, the healthy growth of adolescent girls is stunted due to regressive gender norms. Rather than being a fertile period of development, adolescence becomes a period of drastic change and restrictions. According to a 2009 report by Guttmacher Institute, forty five percent of women marry before the age of 18 in India (Moore, Singh, Ram, Remez, & Audam, 2009). Child marriage being still prevalent, it poses serious threats to the health of adolescent women, as early marriage leads to early pregnancies, which has implications on physical as well as mental health. According to UNICEF and NFHS 3 report of 2008-2012, 21.7 percent of adolescent girls gave birth by the age of 18 (Bajracharya, 2019). Not only does early experience of marriage and motherhood cause several psychological problems, but also, in many cases, result in experiences of physical and sexual abuse (Sivagurunathan, Umadevi, Rama, & Gopalakrishnan, 2015) <sup>[15]</sup>. The root of this practice goes deep down into the socio-cultural norms in Indian society where concepts of honour, purity and chastity are predominant. In a society where daughters are designated as properties of male exchange, explicated in the customs of '*kanyadaan*' in hindu marriages where the daughter is donated by the father to the husband as she is considered '*paraya dhan*', meaning property of another, fears about premarital sexual activity is pervasive. In order to preserve sexual chastity of girls, families choose to marry them off earlier, which also indicates that the value of women in the marriage market rests solely on their sexual purity (Sharma, 2014) <sup>[14]</sup>. Not only that, sexual chastity of the daughter is also a powerful symbol of familial and communitarian honour. Under such circumstances, therefore, with the onset of menarche and adolescence, there are severe restrictions imposed on the freedom and mobility of girls, whether married or unmarried. They come under the surveillance of patriarchal authorities, which restricts their holistic development. The changes in the female body are not perceived as a natural phenomenon, rather it is sexualised and associated with shame, stressing on the need to hide their bodies (Lee, 2008) <sup>[10]</sup>. It is a common sight to see young girls wearing either sari or dupatta to cover their growing bodies. These kinds of practices inhibit a full-fledged development in girls, lowers their self-confidence. The internalisation of the idea that their bodies are the sites of shame, inevitably renders them less expressive, less visible, and silent. Menstruation taboos are widespread whereby menstruating girls are considered impure and thereby are excluded from public and holy activities, intensifying the notion of shame. This notion is so deep-rooted that many girls

either do not attend schools on those days or in some cases, drop out from schools altogether (Garg & Anand, 2015) <sup>[6]</sup>. The lack of sanitation facilities in schools is another contributing factor in this. The lack of access to phones, television, internet worsens that situation, as these could have served as alternate sources of knowledge for adolescent girls.

According to UNICEF, the rate of drop outs before completing secondary education for school going girls is about forty three percent. The reasons are found to be household responsibilities, marriage, child labor, limited relevance of education for employment and employability, distance to school and/or lack of sanitation facilities at school (unicef.org).

Though Wollstonecraft voiced the need for women's holistic education towards the end of the eighteenth century, the central problematics which she sought to challenge, that is, firstly, the gender binary between the 'rational minds' of males and 'emotional hearts' of women, and secondly, the active public life of masculinity and the passive domesticated idea of femininity, is still prevalent, particularly in the Indian context. Though girls are sent to school, often the atmosphere is not conducive for them to complete their education. The burden of domestic chores falls exclusively on the girl children of the house, often making it difficult for them to continue with their education. Domestic chores and care-giving are intense works which require immense amounts of physical as well as emotional labour, without offering any monetary reward and recognition (Tebaldi & Bilo). Moreover, learning household chores like cooking and cleaning are considered more important for girls, because the notion of success for women is still limited to the institution of marriage and motherhood. So, instead of focusing on intellectual growth of the girl child and enabling her to become financially independent as it is for their counterparts, the emphasis here is laid on constructing her as the ideal wife and mother. The only support groups available to these young girls are their parents and elders who perpetuate these regressive notions and initiate the process of internalization of patriarchal ideologies, which results in disastrous consequences ranging from physical illness, mental health issues to suicide, and high rates of female infanticide and female foeticide (Malhotra & Shah, 2015) <sup>[11]</sup>. Intervention programmes for adolescents, therefore, need to be directed not just at the target population but also at the parents and elders of the family who have a strong hold over their lives and play a crucial role in shaping their course of life. A top to bottom approach would also be limiting as it might result in communication difficulties, rather a more horizontal approach needs to be implemented where people of their age, gender and class may be trained to lead these programmes (Empowering adolescent girls and boys in India, n.d.).

In a country as diverse as India, the population group of adolescent girls would be heterogeneous in nature. Though there are overlapping concerns, the dominant role played by caste and class puts specific girls at a much more disadvantaged position than others. Adolescent girls from Dalit and backward communities face greater threats of sexual violence and harassment and physical and mental abuse from insiders as well as outsiders of the family, in schools, and public spaces (Gill, Strange, & Roberts, 2014) <sup>[7]</sup>. This can be attributed to the prevalence of brahmanical patriarchal attitudes in society whereby women of lower castes are sexualised and objectified as the other, constructing them as the symbols of moral corruption. This also poses greater risk to their physical and mental wellbeing. Children from disadvantaged caste and class background are also found to be more exposed to domestic violence, where if they are not the direct victims, they often are witness to it, which causes damage to their psyche. Poverty breeds inhospitable circumstance for education, resulting in child marriages, early motherhood, violent marital relations and mental disorders. Since most of these disadvantaged groups are located in rural areas with lesser infrastructural facilities for promoting growth, these children lag further behind. The dominance of pernicious gender norms and social conventions in rural areas restricts their growth. In spite of these hurdles, the small section of girls who attend school also face caste and class based discrimination there, heightening their anxiety and harming their wellbeing. The covid 19 pandemic has exposed this dynamic clearly. While urban schools have transitioned into the online mode of teaching-learning, this transition has not happened in rural areas, due to which a large number of adolescent girls have dropped out and been married. Even in urban schools, it is the economically and socially underprivileged children who are unable to adapt and catch up with online learning. There are numerous factors behind this. According to an IDR survey, only a minuscule 1-6 percent of adolescents between 10-14 years of age own a mobile phone, and only 5 percent live in a household which owns a computer. Even when they can access another phone, there are constraints on time and space. It is also difficult for families to afford a stable internet connection. The same report states, "Not being in school also means no midday meal, no weekly iron and folic acid supplementation, no sanitary napkin distribution, and no interaction with friends" (Jejeebhoy, 2020) <sup>[7]</sup>. The absence of friendship and camaraderie is itself a mentally taxing experience, over which most girl children have been made to bear the burden of household chores during the pandemic. The increase in domestic violence coupled with the psychological oppression adolescent girls face in patriarchal family set ups intensifies their anxiety, helplessness, fear. This has resulted in a large number of adolescent suicides in the country, where most of them were adolescent girls from underprivileged families.

In the life of adolescents, puberty is a stage in the development of an individual, which is characterised by intense complexity, physical growth and development, profound psychological changes and realization of sexual needs. Perceived to be a stage of great turbulence and stress, puberty is one of the essential markers of adolescence. Prior research in the area of puberty and adolescent development have tried to understand the integrated relationship between the precipitating factors of puberty, factors that decide the timing of puberty, and the complex interplay of hormones, physical changes and psychological changes. Particularly amongst these, some of the studies have addressed the issues of aggressive behaviour (Susman et al., 1987), adjustment

(Nottelmann et al., 1987), depressed mood (Brooks-Gunn & Warren, 1989), and sexuality (Urdu, Billy & Morris, 1986) by integrating, rather than compartmentalizing psychological, biological and social factors on adolescent development.

Erik Erikson, in his writings on adolescents, described them as 'individuals who need the freedom to choose, but not so much freedom that they cannot, in fact, make a choice.'

Models of parent-adolescent relationships that have been studied in the past suggest that the quality of parent-child exchanges and shared decision making contribute to the growth and development of skills and competencies that are required for autonomous, responsible behaviour (Collins et al., 1997). These competencies particularly include role taking skills, advanced ego development and identity exploration. At a much more deeper level, these could translate to behaviours that encourage both individuation and connectedness (Allen et al., 1994). Here individuation can be defined as the process of holding and expressing one's own views without being 'decided for' by others in the family. Patterns of parent-adolescent relationship characterized as neglectful and having few expectations along with low involvement in the life of the child and having an unresponsive parent figure are associated with higher rates of antisocial delinquency, drug use and lower levels of personal maturity and achievement (Lamborn et al., 1991; Steinberg et al., 1994). Longitudinal studies of high school students establish the association between parent-child relationship and adolescent competence, which continues over time. Furthermore, it was also noted, that when parents are responsive to the adolescent's expression of their own opinions, it positively impacts their sense of identity and results in development of mature social perception skills in adolescents, like self-confidence and autonomously chosen values (Grotevant & Cooper, 1985; Walker & Taylor, 1991; Bosma & Gerrits, 1985).

Longitudinal studies have shown that high levels of bidirectional communication and acceptance in parent-child relationships during childhood and early adolescence are correlated positively with psychosocial maturity in later adolescence. In a study conducted by Allen et al. in 1994, it was found that in families where the parent's behaviour, particularly father's behaviour made it more difficult for family members to discuss their own reasons for choosing one option over others showed high correlation to the decreases in adolescents' ego development and self-esteem between the ages of 14 and 16. In a similar study, Walker and Taylor (1991) found that advances in adolescents' moral-reasoning levels over a 2-year period were best predicted by earlier parent-child interactions characterized by supportive, but cognitively challenging, discussions of moral issues (Walker & Taylor, 1991).

Parent and child relationships play a crucial role in the development of the young individual. Few of the possibilities that have been suggested in this matter, claim that; firstly, parents' child-rearing behaviors provide models of different patterns of social responsibility and concern for others. Authoritative parents show socially responsible, caring behavior, while neglectful parents model self-absorption and low regard for the welfare of others (Baumrind, 1991). In families with older siblings, the older child has a greater tendency to mirror and model the parents' behaviour (Amato, 1989). A second possibility is that different parenting styles engender differentially effective skills for autonomous, responsible behavior. Grotevant and Cooper (1986) and Hauser et al. (1991) proposed that parents who encourage both individuation and connectedness foster the development of capabilities for more socially responsible, competent behavior. In this respect, parent-child relationships may provide continuities between childhood learning and the new demands of adolescence and adulthood that facilitate the integration of past and future roles. Third, sensitive, responsive parental treatment of children and adolescents may engender positive emotional bonds that make the values and behaviors of parents more salient and attractive to adolescents. Research findings indicate that adolescents' perceptions of warmth and security in relationships with parents are correlated positively with self-confidence, exploration of issues related to identity, and comfort in interactions with others (Jackson, Dunham, & Kidwell, 1990; Kamptner, 1988). Observational studies of parent-adolescent interaction have shown that adolescents from families marked by high encouragement for expressing and developing one's own point of view disproportionately manifested higher levels of identity exploration (Grotevant & Cooper, 1985) and ego development (Allen et al., 1994). Moreover, Stattin and Kerr (2000; Kerr & Stattin, 2000) recently demonstrated that high parental knowledge derived from adolescent disclosures about their activities, which are enhanced by mutual engagement and communication, predicted positive adolescent adjustment more strongly than did parents' control of adolescents' activities through tracking and surveillance. These findings imply that the characteristically warm, accepting relationships in authoritative families may increase the likelihood of positive parental influences on adolescents (Barnes & Olson, 1985; Darling & Steinberg, 1993).

## **Method**

### **Design**

The current paper is based on the data collected during the program titled 'Understanding the lives of adolescents and young adults (UDAYA) in Bihar and Uttar Pradesh', aimed at understanding the patterns, and trends in the lives of younger (10–14) and older

(15–19) adolescents and to identify factors that influence their transitions to adulthood. While the UDAYA study comprises both cross-sectional and longitudinal designs, the present analysis covers cross-sectional surveys which were conducted during 2015–16 from both rural and urban settings in Bihar and Uttar Pradesh.

### Sample

The respondents for the study included 5 categories of adolescents, viz. Younger boys in the age range of 10 - 14 years, older boys between 15 - 19 years, younger girls in ages 10 - 14 years and unmarried and married girls in ages 15 - 19 years, drawn independently from rural and urban areas of the two states. In order to procure the sample, relevant households were systematically identified from which the individual participants were drawn with no more than one participant being drawn from each category.

Out of the total sample of 20594 adolescents, 50.7% were drawn from Bihar, while 49.3% from Uttar Pradesh. In terms of their ecological setting, 54.9 were situated in a rural context and 45.1 in an urban setting. The sample consisted of more females (60.7%) than males (39.3) and more older adolescents (81.85) as compared to younger adolescents (18.15). Overall, the sample depicted considerable diversity as depicted in the table below.

**Table 1:** Showing the demographic profile of the sample (N = 20594)

| Demographic Variable           | Frequency | Percentage (%) |
|--------------------------------|-----------|----------------|
| State                          |           |                |
| Bihar                          | 10433     | 50.7           |
| Uttar Pradesh                  | 10161     | 49.3           |
| Gender                         |           |                |
| Male                           | 8092      | 39.3           |
| Female                         | 12502     | 60.7           |
| Age                            |           |                |
| 10 - 14                        | 3737      | 18.15          |
| 15 - 19                        | 16857     | 81.85          |
| Educational Attainment         |           |                |
| 1 - 5 Years of School          | 3787      | 18.39          |
| 6 - 10 Years                   | 10240     | 49.72          |
| 11 - 15 Years                  | 4319      | 20.98          |
| Never Attended School          | 2248      | 10.9           |
| Current School Enrolment       |           |                |
| Yes                            | 11309     | 61.6           |
| No                             | 6213      | 33.9           |
| Attending Corresponding School | 824       | 4.5            |
| Marital Status                 |           |                |
| Currently Married              | 4893      | 23.8           |
| Married But No Gauna           | 313       | 1.5            |
| Unmarried                      | 15388     | 74.7           |
| Ecological Setting             |           |                |
| Rural                          | 11315     | 54.9           |
| Urban                          | 9279      | 45.1           |
| Religion                       |           |                |
| Hindu                          | 16199     | 78.7           |
| Muslim                         | 4317      | 21             |
| Christian                      | 36        | 0.2            |
| Sikh                           | 15        | 0.1            |
| Buddhist/Neo-Buddhist          | 10        | 0.0            |
| Jain                           | 17        | 0.1            |
| Caste                          |           |                |
| Scheduled Caste (SC)           | 4724      | 22.9           |
| Scheduled Tribe (ST)           | 165       | 0.8            |
| Other Backward Caste(OBC)      | 11782     | 57.2           |
| Non Sc/ST/OBC (General)        | 3897      | 18.9           |
| Status Unknown                 | 26        | 0.1            |

### Measures

As mentioned above, the study comprised large scale survey-based data from male and female adolescents identified from select households. While the original UDAYA data were based on households and individual questionnaires, this study only focused on data collected via the individual-level surveys. Four variants of the survey were created and administered on each respondent, categorised on the basis of gender and age. These included unmarried boys aged 10-14 years and 15-19 years and one each for unmarried girls aged 10-14 and unmarried and married girls aged 15—19 years. The survey included information pertaining to the various demographic variables and other relevant dimensions governing the respondents' experiences.

It must be noted that for this paper, all the questions under each dimension were not selected; instead, only those items which were relevant to the research hypothesis were extracted for analysis. Since the researchers were

hoping to understand the impact of gender-based socialization processes, the following domains were identified as relevant for this study.

Background Information - such as state, ecological setting, gender, age, level of educational attainment, current enrolment in school, and marital status, were elicited from the respondents.

Media exposure - included questions pertaining to the respondents' exposure to both mass (newspapers, television, etc.) and social media. They were asked if they had access to mobile phones (their own or borrowed from others), and whether they received health-related information from these channels.

Parental interaction/relationship - questions under this dimension focused on parent-child communication on an everyday basis, covering many spheres such as daily activities, health issues as well as respondents' perceptions of parental closeness and socialization experiences at home.

Communication, mobility, and decision-making - The questions under this domain primarily enquire more on who does the respondent talk to, both about personal matters and otherwise. It also tries to understand whether the adolescent is able to move around freely in the village and if they play a part in the process of decision making for themselves and the larger family.

Gender Attitudes is a domain which tries to tap on the opinion of the family members and young adolescents concerning the roles that men and women play in personal life and professional life.

Questions under the domain of self-efficacy primarily try to understand the respondent's belief in their efficacy to influence events that affect their lives.

**Table 2:** Showing the mean, standard deviation, t score and p value.

| Dimension   | Male  |       | Female |       | t      | p      |
|---|-------|-------|--------|-------|--------|--------|
|   | M     | SD    | M      | SD    |        |        |
| Mental  | 48.06 | 3.07  | 47.57  | 3.96  | 9.97   | <0.001 |
| Educational Attainment                                      | 35.88 | 31.33 | 33.73  | 29.28 | 4.93   | <0.001 |
| Parental Interaction and Marriage Processes and Communicati | 22.77 | 14.37 | 19.57  | 13.09 | 16.12  | <0.001 |
| Mobility  | 3.05  | 1.89  | 3.08   | 1.90  | -1.20  | 0.51   |
| Decision-   | 28.60 | 39.81 | 27.52  | 39.21 | 1.92   | 0.321  |
| Gender  | 4.33  | 1.50  | 5.04   | 1.42  | -33.65 | <0.001 |
| Self-Efficacy   | 5.72  | 1.64  | 6.59   | 1.59  | -37.57 | <0.001 |
| Media   | 11.64 | 3.92  | 11.02  | 3.17  | 11.87  | <0.001 |
|   | 5.87  | 2.86  | 5.12   | 2.31  | 19.77  | <0.001 |
|   | 24.92 | 4.29  | 25.89  | 4.51  |        | <0.001 |

## Discussion

### Mental Health

Adolescence is a rapid time of development, with young people struggling to cope with numerous physical, cognitive and psychosocial changes. While this may be an exciting time for many, there are also others who find it harder to deal with everything that is accompanied by the dynamicity of this developmental phase. Thus, many young people in their transition to adulthood may find themselves with less resources than the demands placed on them and may experience certain types of mental health concerns. During this time, it becomes imperative that certain signs which may indicate distress are readily identified and appropriate support is provided to ensure adolescent well-being and their healthy transition to adulthood.

In the current study, adolescent mental health was given due consideration. Items under this section covered important aspects of respondents' experiences, such as their sleeping patterns, eating patterns, concentration, feelings of anxiety and distress, and even suicidal ideation and self-harm. Most of the items were marked on a 4-point likert-type scale (with 1 = not at all, 2 = one week or more, 3 = less than one week, and 4 = not at all), with the exception of items covering suicidal ideation and self-harm. Overall, results do not indicate alarming trends of mental health concerns among adolescents but the findings do point out potent causes for concern.

For instance, over the course of two weeks many participants reported sleeping difficulties (16.6%), feeling tired or having little energy (24.7%), having poor appetite or overeating (23.6%), experiencing trouble concentrating (17.8%), loss of interest in activities (15.6%), feeling depressed (18.1%), feeling bad about oneself (9.7%), moving or speaking slowly (8.7%), thinking they would be better off dead (5.5%), seriously considered suicide over the past year (4.3%), with some respondents even making a plan about how to do so (23.2%). Alarmingly, 155 participants reporting at least one suicide attempt in the past year, while many reported varying degrees of self harm as well.

Looking at gender-based differences in trends related to mental health, an independent- samples t-test was conducted to compare the prevalence of mental health concerns among male and female adolescents. Consistent with the proposed hypothesis, results indicate a significant difference in scores for males ( $M = 48.06$ ,  $SD = 3.07$ ) and females ( $M = 47.57$ ,  $SD = 3.96$ );  $t(1.99) = 9.97$ ,  $p < .001$ . Since a lower score depicts greater prevalence of mental health concerns, these findings suggest that male adolescents experience fewer mental health issues than female adolescents. These findings do not exist in a vacuum, instead they depict rather insidious causes underlying the socialization processes within which young people are raised.

As is well-established, boys and girls are socialized differently in patriarchal societies, with greater status being accorded to boys over girls. Such processes pave the way for fewer opportunities, agency and support networks for young girls, thereby making them more vulnerable for mental health risk factors. Keeping this in mind, important socialization elements were identified and gender-based differences on the same were ascertained (see Table No. 2). As hypothesised, significant differences based on gender were found on most of the selected dimensions.

### **Gender Attitudes**

In the individual questionnaire, this dimension was labelled under Gender and Self- Efficacy, however, for the current analysis the two were split as separate dimensions. Items pertaining to gender were re-labelled together as 'gender attitudes' as these items mainly indicated the respondents' evaluation of boys' and girls' behaviors. Overall, the results do not indicate an overtly stereotypical understanding of gender roles and expectations, with most participants giving answers which depict egalitarian attitudes towards both genders. Most of the participants did not believe that it was more important to educate boys than girls (73.6%), while many believed that girls are equally good at studies as boys (76.5%). Most respondents also did not believe that it is wrong for girls to have male friends and disagreed that girls liked to be teased by boys. However, with regards to domestic work, some stereotypical understanding of gendered division of labour did emerge.

Looking at the results table, it is again clear that a gender-based significant difference exists in boys' and girls' gendered attitudes with boys' scores lying on the higher end. Since a large proportion of people's attitudes are developed on the basis of socialization processes such as their upbringing, observational learning, shaped by media etc. these findings are not surprising.

### **Self-Efficacy**

Bandura (1994) defined self-efficacy as an individual's belief in their own capacity to accomplish a task. With the socio-cognitive advancements that emerge during adolescence, rise in self-efficacy is particularly common. However, in some situations when dealing with certain uncharted territories, it may be negatively impacted.

In the current study, the adolescents' self-efficacy was assessed on their comfort level in expressing themselves in front of elders in their family, confronting others when they are wrong, ability to express disagreement, objecting to sexual harassment, asking questions to teachers and speaking in front of one's peers. Most participants responded that they can accomplish most of these on some occasions.

In case of gender differences, a significant difference is visible between boys ( $M = 5.87$ ,  $SD = 2.86$ ) and girls ( $M = 5.12$ ,  $SD = 2.31$ ) on self efficacy;  $t(1.47) = 19.97$ ,  $p < .001$ , with boys displaying greater self-efficacy than girls. These findings can also easily be attributed to socialization processes, such that it is quite common for parents to encourage assertive (and even confrontative) behavior among boys, often with being able to stand one's ground being associated with assertion of masculinity. On the other hand, the same behavior is actively devalued and shamed in girls. Instead, they are encouraged to be soft-spoken, docile and submissive. Thus, it is no surprise that for many girls their confidence might be limited in various domains and they may not find it comfortable to speak up in front of others.

### **Parental Interaction and Relationship**

In case of parental interaction and relationships, a significant difference is visible between boys ( $M = 22.77$ ,  $SD = 14.37$ ) and girls ( $M = 19.57$ ,  $SD = 13.09$ ) on parental interaction;  $t = 16.12$ ,  $p < .001$ , with boys displaying lesser parental interaction than girls. These findings show that while adolescent females nurtured better, freer relationships with their parents, adolescent males were poor communicators, and did not have the space to discuss their personal lives and emotions with their parents. Close parental interaction of girls can also be attributed to the lack of accessibility to other close networks or friendships. The family unit, demarcated by the domestic realm, is, in most cases, the only space available for girls to share their feelings, anxieties and experiences. This is also because of strict surveillance and restrictions of female movement outside the domestic sphere. As opposed to this, adolescent males are encouraged to participate more in public life and spaces in order to prepare them for a life of independence and self-sufficiency. As a result, adolescent males are more likely to have friendships and safe social networks outside the family, especially in schools, where they can freely discuss their bodily changes, sexual life and personal matters. The availability of such alternate spaces for males can be seen as one of the important reasons why they do not share their experiences with their parents. Another reason could, however, also be the predominance of patriarchal norms which delimits male expressions of anxiety, weakness and fear. It exerts severe pressure on them to conduct themselves as 'real men' by suppressing any anxiety about physical change and sexual experience. The notion of masculinity, defined by power and strength, harms their psychological development. The available male spaces of camaraderie are also often found to be toxic, where there is no space for free expression of emotions, rather a pressure to perform the role of a masculine, knowledgeable, strong man. Patriarchy is also the driving force behind girls' closer interaction with parents. Not only do girls not have access to other spaces of friendships, but also there is the burden of shame carried by girls with matters related to their body and sexuality. The internalisation of shame and social taboos associated with the female body and its functions like menstruation act as obstacles to free articulations and vocalisations even amongst peers. This often leaves adolescent girls with no options, and parents are their only source of information and knowledge on their adolescent experience, what is culturally appropriate and morally

right behaviour. In most cases, rather than being emancipatory spaces, these interactions become the fertile grounds for gender socialisation, encouraging the internalisation of patriarchal dogmas. These interactions are also instrumentalized by parents of girl children to attain knowledge about the whereabouts of their child's life, and thereby, establish control and surveillance over them. For instance, to the question whether their parents are aware about what they do in their free time, the majority of the girls have responded in affirmative, while boys have responded in negative.

### **Marriage Process and Married Life**

In case of marriage processes, a significant difference was not visible between boys ( $M = 3.05$ ,  $SD = 1.89$ ) and girls ( $M = 3.08$ ,  $SD = 1.90$ ) on the domain;  $t = (-1.20)$ ,  $p = 0.51$ , indicating lack of understanding of marriage processes across both genders. In the case of girls, this could be indicative of their lack of choice in relation to marital age and partner, childbirth, contraception, household decisions and tasks. Majority of the girls in the survey had been married before the age of eighteen, suggesting the wide prevalence of child marriage in society. As critics have pointed out child marriage is a powerful patriarchal measure to control female sexuality. There is a felt societal need to marry off girls before they become free thinking adults in order to deride them the choice to marry according to their wish. This is intrinsically interlinked to notions of honour, chastity and purity. Female sexuality, which is at a nascent stage in adolescence, is perceived as a threat because of its transgressive potential to overthrow and defy gender and sexual norms, cultural taboos, caste, class, religious, racial and ethnic boundaries. Female chastity and sexual purity is idealised and peddled as values in a Brahmanical patriarchal society to protect the honour of families and communities. Therefore, it is significant to note that the girls who were married off early are also the ones who did not have any say or choice in their marriages, who did not have the chance to meet their husbands before marriage. This reflects the social attitudes to adolescent girls, where they are treated as inferior, child-like beings with no rational power to take decisions on their own lives, which is in stark contrast to the attitudes towards adolescent males who are treated as adults capable of taking the responsibility of a wife, among others. The transition from childhood to adulthood, therefore, remains incomplete in the case of most girls, because of infantilization, and transfer as objects and dependents from one male authority to another. This results in several mental and physical health problems because there is a disjunct in the infantilizing attitude on one hand, and the huge burden of domestic chores and care-work as wife and mother on the other hand.

The survey also shows that the child brides are excluded from discussions regarding sexual relationship, contraception, pregnancy. It pushes them to a position of helplessness where they lose autonomy and control over their bodies, which intensifies the possibility of psychological problems. Lack of control over one's body has other implications too. A large section of these girls also suffered physical violence at the hands of their husbands. The mental, emotional, physical pressure and trauma of such marriages have a debilitating effect on their selfhood and wellbeing. The entrapment within a difficult childhood conceptually and experientially, devoid of agency and choice, denies adulthood to women, and reduces adolescence as a transient phase having an absent presence in their lives. Their bodies change yet no such transformation is allowed to take place in the realm of their minds. This disparity between the growth of the body and the expansion of the mind or the restriction of material circumstances poses a serious challenge to their wellbeing.

### **Educational attainments**

The results for educational attainment reveal that a higher percentage of boys are enrolled in schools than girls, and consequently they have exhibited greater aspirations in relation to career and education. Here, a significant difference is visible between boys ( $M = 35.88$ ,  $SD = 31.33$ ) and girls ( $M = 33.73$ ,  $SD = 29.28$ ) on educational attainment;  $t = 4.93$ ,  $p < .001$ , with boys displaying higher scores than girls. This result lays stress on the socio-cultural factors and gender norms we have highlighted and deconstructed in the previous sections. In the context of the restrictions imposed on the growth and development of girls into autonomous individuals, the poor status of female education does not come as a surprise. Gender socialisation by family and society, indoctrination of regressive patriarchal norms, and the practice of child marriage are directed towards attaining control over female freedom. As Phule, Rassundari Debi, and many others have emphasised, education is the most powerful tool for emancipation. So, in a society where patriarchal values are deeply entrenched, girls' education is not prioritised.

A long, hard battle has been fought to gain education rights for women, yet we find that though girls are enrolled in schools, a small percentage of them complete their schooling till the higher secondary level. The relevance of education for girls is perceived to be much lesser than for boys, because female success is still defined by domestic roles of the wife and mother.

Hence, their aspirations are also aligned to these roles, and education is equated with the attainment of degree, rather than being perceived as a cultivation of the mind and the path to build a financially secure future and independent life. This disparity in aspirations can, therefore, be attributed to the process of gender socialisation and internalisation.

The analysis also laid bare that girls performed poorly in their examination as compared to boys. We can examine their poor performance in the light of the social fabric of India, where adolescent girls would bear the burden of household chores and care work alongside education, which makes it difficult for them to devote time to their studies, thereby leading to poor performance. Moreover, with the onset of menarche, many girl children



do not attend school regularly due to social stigma around menstruation, which can be assumed to be another contributing factor to their poor performance. Pressures of marriage, burden of domestic duties, drastic physical changes, weight of social conventions and gender norms, and the lack of safe spaces of expression often push girls into silence and invisibility, deteriorates their mental health, and makes it difficult for them to persevere and perform consistently well in school.

It is noteworthy that despite a majority of girls acceding to the fact that they were given free uniforms, textbooks, bicycles and scholarships for continuing their studies, the drop out rate amongst them is higher. The need to restrict and confine girls within the four walls of the house for the protection of honour and chastity also results in denying them the right to education. It hints at the shortcomings of the intervention programmes designed for adolescent girls which have a narrow focus solely on the monetary aspect. It draws attention to the gap in understanding the gender dynamics of Indian society where girl children are not provided education not just because of the lack of financial support/resources, but due to the patriarchal mindset of families. This result calls for community intervention programmes which will mobilise families and communities about gender equality, have a greater goal of broadening the mental horizons of people, and transforming socio-cultural attitudes towards women.

### **Communication, mobility and decision making**

When it comes to matters of mobility and free movement, the survey results indicate that there is a critical need to view this domain as individual clusters. Here, although one can find a difference in the communication tendencies of young boys ( $M = 28.60$ ,  $SD = 39.81$ ), and girls ( $M = 27.52$ ,  $SD = 39.21$ ),  $t = 1.92$ ,  $p = 0.32$ , it is important to note that it has not been a significant difference. However a significant difference is visible between boys ( $M = 4.33$ ,  $SD = 1.50$ ) and girls ( $M = 5.04$ ,  $SD = 1.43$ ),  $t = (-33.65)$  on mobility and decision making ( $M = 5.72$ ,  $SD = 1.64$ ) and girls ( $M = 6.59$ ,  $SD = 1.59$ );  $t = (-37.57)$ ,  $p < .001$ , with boys displaying lower scores than girls, indicating significantly higher degree of freedom for the male respondents compared to the female respondents. Boys were permitted to travel alone in and around the village, whereas when it comes to girls, they are expected to be accompanied by either one of their parents, older brother or both the parents. This is indicative of the higher autonomy of independence of adolescent males, as opposed to the dependent status of adolescent females. It also reflects the societal attitude which emphasised the need for male protection and authority over the sexually developed female body. Amongst the data of boys, it was noticed that older boys had more freedom to travel compared to younger boys, whereas amongst girls, younger girls had more freedom to travel compared to the older ones. This hints at the growing freedom for boys and the lessening liberty of girls during adolescence.

The power play established in such situations often makes life much difficult for both boys and girls. The restriction imposed on the movement of girls could firstly result in their limited interaction with their peers. In the absence of regular schools for these girls, along with formal education what they would also be losing out on, is the scope for social development.

Adolescence is also a period where the transitioning young adolescent connects with people of her own age, and distances themselves from parents. In the absence of a space to explore and grow freely, the adolescent, internalises the society's fears and concerns.

In decision-making, boys are found to be more autonomous. Most respondents have stated that they took an active part in deciding important matters related to their education, household purchases, and work. In comparison, these decisions were taken by authority figures for girls and they had no agency in that decision. Such lack of power may contribute to feelings of inferiority, helplessness, victimhood, and anxiety amongst adolescent girls.

### **Media Exposure**

Another important variable in this context pertains to the amount of media exposure allowed to male and female adolescents by their families. Questions under this dimension recorded access to mass and social media and the ways in which these are used by young people. While most of the questions were answered on Likert-type scale (with lower values signifying more frequent usage), others were answered as yes/no/don't know. Looking at table no.2, results clearly indicate a gendered-divide between male and female respondents, with male adolescents enjoying greater access to media. Not only did males report higher exposure to different forms of media, they also scored higher on using media and technology to watch pornographic content as well as harass and bully others.

These findings are not at all surprising keeping in mind the cultural context of the participants, especially considering that a majority of the sample is drawn from rural settings. Media and technology remain elusive for many households in rural India; even when access to these avenues are available, it mainly lies in the hands of men in families. While exposure to some platforms (such as television, newspapers, magazines, books, radio, etc.) might still be available to girls especially if these are owned in their households, other opportunities such as owning a mobile phone, using the internet or social media platforms are usually inaccessible to them. Many families consider use of mobile phones and the internet as corrupting influences especially for women and may see them as allowing women more autonomy than society would like to permit. Thus, media exposure with its potential to expand young people's knowledge structures, awareness, access to resources and social support remains severely restricted for young girls trying to find their windows to the outside world. Even when women

get access to these opportunities, they often experience instances of cyber-stalking or harassment that their male counterparts usually don't have to worry about.

### **Limitations of the study**

One of the glaring erasures we found in this survey is pertaining to the dynamic of caste, class and religion. The UDAYA survey has a series of detailed, well thought out questions, which are asked to both boys and girls, but there are no questions directly addressing the category of caste, class, religion, and the forms of discriminatory, exploitative, traumatic experiences that they give rise to in their particular contexts. Since our main focus in this paper was the category of gender and its socio-cultural and psychological dimensions and implications for mental health, more information on the aforementioned categories would have enabled us to take an intersectional approach, leading to a deeper understanding of the issue. In Bihar and Uttar Pradesh specifically, where there are a large number of SC and OBC population alongside minority religious communities like the Muslims, erasing the category of caste, class and religion, imposes a severe limitation to the study. While a large number of questions addressed the issue of physical, reproductive and sexual health of adolescents, we found a dearth in questions which addressed the mental health concerns of the respondents. While sexual and reproductive health is a much needed area of awareness, adolescence being the time of newness and change, also gives rise to questions, anxieties, fears and trauma. As much as it is important to cater to physical health concerns, it is equally, if not more, important to be perceptive and respond with empathy to their mental health concerns and need for counselling and therapy to enable a smooth transition into adulthood.

Most studies as well as intervention programs for adolescent girls focus on sexual and reproductive health (SRHR), and emphasis on protecting them and improving infrastructural facilities. The UDAYA survey shows an affinity towards such an approach. We found this to be limiting as it stresses on their sexuality, and defines their central role as future wives and mothers. There is a need to ask new questions to adolescent girls, outside the frameworks of marriage and sexuality; there is a need to delve deeper into the inner workings of the female adolescent psyche, and focus on questions related to individuality, career, self confidence, emotional intelligence, leadership, employment opportunities and aspirations.

Lastly, in large scale quantitative studies like these, individual people, their emotions and experiences, get reduced to mere statistics. We felt that it dilutes the essence and context of each respondent's experience, and makes us look at them as a homogenous group with collective, shared concerns and identity. While there is no doubt that there are common problems which need to be addressed and studies like these are helpful in locating these problems and finding solutions to them, it is also imperative to remember that each individual, especially in the vulnerable stage of adolescence, needs special care and attention. Each person's experience in adolescence would also be contingent on particular social, economic and political factors. So, a more nuanced approach could be holding interviews where they have the freedom to articulate their stories in their own voice, rather than having to choose from pre-given options in a mechanical manner. Such a process will offer them agency, freedom and scope for active participation in the responding process. This will further enhance the scope of availing rich qualitative data to supplement the quantitative information.

### **Implications**

Adolescent development is a determining factor for psychological burden between the phases of childhood to adulthood. Multiple health related activities that start during adolescence have its impact on the present and future development of the individual. With regard to the implications for policy making and interventions, the changes occurring during adolescence primarily suggests the need to understand the particular context of individual adolescents, their vulnerabilities, their requirement for explicit attention. Further, there is a need to understand the relation between adolescent development and health implication for mental health during and after adolescence, changes during adolescence and the developing thought processes and resulting actions.

An in-depth understanding of gender socialization, operation of patriarchy, socio-cultural factors would facilitate a more nuanced awareness of mental health issues, both in terms of recognizing factors which contribute towards mental illness as well as pose barriers in effective treatment. Once these issues are identified, they can be duly accounted for, in the development and implementation of mental health policies and interventions on one hand, and promoting gender equality and taking effective steps toward changing regressive attitudes in society, on the other hand. Further research can be conducted in the area of domestic violence and sexual abuse of girls and women to better understand its consequence on their mental health, especially in the areas where the resources are limited. However, there is also a need to go beyond the lens of gender differences to bring awareness and acceptance of mental health concerns, risk factors, their resources, social and economic access to mental health professionals, and cultural factors.

It is also essential to understand that in order to achieve positive change, it is imperative to ensure that the adolescents as well as adults understand the changes that one goes through during this transition phase, and enable the convergence of public health policies and human rights concerning adolescent development. With the increase in mental health concerns among adolescents, factors promoting distress management can be identified and suitable intervention programmes can be designed at community and primary care level.

When it comes to adolescent girls, there is a need to lay greater emphasis on their professional growth. As Nandi et al state, most women work in the informal sector without regularised pay. Nivedita Menon in her book *Seeing Like A Feminist* also stresses on the same point. Further, according to the 2007 Report on Conditions of Work

and Promotion of Livelihoods in the Unorganised Sector by the National Commission for Enterprises in the Unorganised Sector, women comprise mostly homeworkers who are dependent sub-contract workers, which means they do not have a fixed wage for their work, and are paid as per the employer's discretion, giving rise to exploitative work conditions. The huge economic potential of young women needs to be tapped into. Nandi et al state, "The literature on economic development in India points towards the importance of labor force participation of adolescent girls and young women as a critical pathway for poverty reduction" (2). Therefore, intervention programmes for adolescent women need to look beyond providing protection, and offer tools and skills for developing an independent outlook, providing facilities for employability. This economic dimension of adolescent girls development needs to be taken into account. Livelihood approaches may be incorporated into adolescent girls intervention programmes.

The UDAYA questionnaire highlights several important issues concerning the mental and physical health and wellbeing of adolescents, and helps us in identifying core problems faced by them. Through our study we have drawn attending to the deep seated notions of gender and power, and its implications on the lives of adolescents. Hereafter, it is essential to understand that there is a need to find innovative solutions to these problems. A top to down approach of knowledgeable, well-meaning elders working for adolescents might not always generate the expected results. One of the ways to ensure effective implementation as well as intervention in adolescent lives would be to include community peer leaders. One of the core issues we found in girls is the lack of safe, accessible spaces for communication. Training local adolescents from the same social background and gender to become community peer leaders for intervention programmes could enable free communication, create reliable and safe spaces of knowledge, training and holistic growth.

### References

1. Bajracharya AS. *Child Marriage, adolescent pregnancy and school dropout in South Asia*. Kathmandu: United Nations Children's Fund, 2019.
2. Beauvoir DeS, ed. & trans Parshley HM. *The Second Sex*. Jonathan Cape Thirty Bedford Square. London, 1956.
3. Craciun A. *Mary Wollstonecraft's A Vindication of the Rights of Woman*, 2002.
4. Routledge.
5. *Empowering adolescent girls and boys in India*. (n.d.). Retrieved from UNICEF.org: <https://www.unicef.org/india/what-we-do/adolescent-development-participation>
6. Garg S, Anand T. Menstruation related myths in India: strategies for combating it. *Journal of Family Medicine and Primary Care*, 2015, 184-186.
7. Gill A, Strange C, Roberts K. 'Honour' Killing and Violence. Springer. Jejeebhoy, S. (2020). *IDR. The pandemic's impact on adolescents*, 2014.
8. Knowles C. Beauvoir on Women's Complicity in Their Own Unfreedom. *Hypatia*, 2019, 242-265.
9. Leboeuf C. *Project Vox*. Retrieved, 2021. from <https://projectvox.org/revealing-voices/revealing-voices-celine-leboeuf/>
10. Lee J. Bodies at Menarche: Stories of Shame, Concealment, and Sexual Maturation. *Springer*, 2008, 615-627.
11. Malhotra S, Shah R. Women and mental health in India: An overview. *Indian Journal of Psychiatry*, 2015.
12. Moore A, Singh S, Ram U, Remez L, Audam S. *Adolescent Marriage and Childbearing in India: Current Situation and Recent Trends*. U.S.A: Guttmacher Institute, 2009.
13. Nanda P, Das P, Singh A, Negi R. *Addressing Comprehensive Needs of Adolescent Girls in India: A Potential for Creating Livelihoods*. New Delhi: International Center for Research on Women, 2013.
14. Sharma N. *Daughters Are Not Objects: Does The Practice Of Kanyadaan Serve Any Purpose?* Retrieved from Women's Web, 2014.
15. Sivagurunathan C, Umadevi R, Rama R, Gopalakrishnan S. Adolescent Health: Present Status and Its Related Programmes in India. Are We in the Right Direction? *Journal of Clinical and Diagnostic Research*, 2015.
16. Tebaldi R, Bilo C. (n.d.). Gender and social protection in South Asia. An assessment of non-contributory programmes. *International Policy Centre for Inclusive Growth*. Retrieved from UNICEF.
17. Uma S. *Rights of Adolescent Girls in India: A Critical Look at Laws and Policies*. Mumbai: Vacha Publications, 2012.
18. *World Health Organization South East Asia*. (n.d.). Retrieved from World Health Organization: <https://www.who.int/southeastasia/activities/adolescent-health>