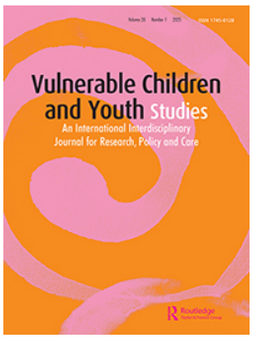

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Gender-related challenges of providing mental health support to children in Pakistan

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ABSTRACT

Children in Global South resource-constrained settings face several barriers to mental health support. These may be compounded by gender-related sociocultural influences. The aim of this study was to capture children's and adults' experiences and perspectives on challenges for their mental health and support. Focus group discussions involved 80 children 14–18 years, ten parents, seven residential caregivers and seven teachers. Data were subjected to reflexive organic thematic analysis. Children experienced adverse mental health impact when education and residential care did not take into consideration their emotional needs and they could not easily access related support. Girls faced additional challenges because of sociocultural stereotypes and expectations, harassment and discrimination, that deprived them of opportunities for social growth, education and fulfilment of potential. In conclusion, children's mental health needs should be addressed through multimodal psychosocial programmes, holistic care, child-centric environments and staff training that integrate gender-responsive approaches to reduce inequalities.

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Child; gender; mental health; support; global south

Introduction

Globally, children have high rates of unmet mental health needs (World Health Organisation, 2020). These are compounded in Global South countries and contexts of disadvantage because of exposure to violence, unavailability of primary caregivers, stigma of mental illness and structural inequalities (Patel et al., 2018).

Gender inequalities in relation to mental health can increase vulnerabilities and compromise protective mechanisms. Gender-related vulnerabilities include sexual and physical violence, child marriage, traditional domestic tasks, and teenage pregnancy (Cordova-Pozo et al., 2023; Guglielmi et al., 2021). Structural disadvantages have been found to intersect with gender and cultural norms, as well as institutional discrimination, to create further gender inequalities. Indeed, girls are markedly disadvantaged in

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accessing healthcare such as nutrition, immunisations and sexual/reproductive health prevention (Petitfour et al., 2022). Educational inequalities include lower attendance and completion of secondary education, access to digital learning, and employment skills (Kennedy et al., 2020).

In some Global South countries such as Pakistan or Afghanistan, gender inequalities are pronounced (MPDSI, 2022). Girls are thus more likely to experience marriage before 18-years, low school enrolment and literacy, and gender-based violence (Javed & Mughal, 2021; Purewal & Hashmi, 2015; Sarfraz et al., 2022). Educational inequalities in literacy and attainment can be explained by gender stereotypes and segregation, teacher attitudes, pedagogic practices, restricted social activities, and gender-based emotional or physical violence within school settings) (Durrani & Halai, 2018).

The above evidence on gender inequalities is partially based on proxy sociodemographic indicators and epidemiological research or adult-informed testimonials. Because of the increasing importance placed on capturing children's voices, there is emerging evidence on how children and youth (referred to as children throughout the text) in the Global South experience mental health support, although not in conjunction with gender-related barriers. For example, in a multi-country study, children valued informal relational support from families, peers and community, rather than structural services (Vostans et al., 2022). To develop gender-sensitive mental health policies, support mental health promotion, and deliver early interventions, it is important to understand how children themselves, as well as their caregivers, experience and conceptualise psychosocial support in relation to gender. The aim of this study thus was to explore the perceived constraints placed on girls in Pakistan in seeking and receiving appropriate mental health support.

Methods

The aim was addressed by the following two research questions: (a) what are the universal challenges that children in Pakistan face in accessing and receiving mental health support, as perceived by children, parents, caregivers and teachers? (b) what are the additional challenges that girls face?

Context and sample

In selecting our sample, we took several factors in consideration, i.e. a rural area representative of traditional sociocultural beliefs; focus on mid- to late-adolescence (14–18-years) and referred to as 'children' throughout the paper, when gender-related attitudes maybe more pronounced; invite both male and female children in understanding gender-related beliefs and experiences; juxtapose children's and adults' views by involving parents, caregivers and teachers; and include children from disadvantaged communities and additional vulnerabilities of living in care homes. The study was conducted in the Skardu area of the northern Gilgit-Baltistan region of Pakistan. With a population of 275,000, Skardu has high rates of school drop-out (10% - higher for female pupils), illiteracy (35% of females above 10 years) and poverty, compared to the national average (ASER Pakistan, 2024). A local non-governmental organisation (NGO) acted as host to the study. The NGO worked in partnership with four settings, one girls'

Table 1. Participants' profile.

Target group	*Participants (n=104)*	*Age range*	*Focus groups (n=13)*
Girls - care home	30	14–18	3
Boys - care home	10	14–18	1
Girls - school	30	14–18	3
Boys - school	10	14–18	1
Caregivers	7	20–55	1 (2 caregivers interviewed individually)
Parents	10	35–55	2
Teachers	7	25–55	2

Table 2. Established themes and subthemes.

Theme	Subtheme
Sociocultural influences	Harassment
	Discrimination
Relational challenges	Mistrust
	Punitive practices
Systemic issues	Youth-centred approaches
	Academic expectations
Mental health needs	Awareness
	Emotional literacy
	Parenting capacity

and one boys' care home provided by a charitable trust (with approximately 175 and 300 residents respectively), one girls' and one boys' community school. Through convenience sampling, children, their parents or caregivers, and teachers were invited. In total, participants included thirty girls in care and three of their caregivers; ten boys in care and two of their caregivers; thirty girls from the community, two parents and four teachers; and ten boys from the community, three parents and three teachers (Table 1). Overall, it was difficult to engage parents, especially fathers, as all parents were female.

Data collection

Participants engaged with focus group discussions. A focus group approach has been shown to be particularly useful in examining peer group cultures, self-perceptions, and social identities (Adler et al., 2019). Furthermore, focus groups can give participants a sense of command and authority in sharing subjective information, which is essential when discussing sensitive issues, particularly for marginalised groups that may have not previously be given such as opportunity (Onwuegbuzie et al., 2009). The topic guide was developed from the research literature and in relation to the research questions of this study. This explored participants' conceptualisation of mental health needs, factors that could promote or hinder children's mental health, whether and how this may have been influenced by gender, and which strategies had been/should be put in place to improve children's mental health and/or address gender-related barriers.

Children's focus groups consisted of 6–12 participants, while adults' focus groups were smaller in size. For pragmatic reasons related to working shifts, two caregivers could not attend a focus group, instead were interviewed individually, with their data being integrated in the wider dataset. Focus groups were conducted in Urdu by a bilingual researcher, who then transcribed to English. The host NGO acted as gatekeeper for

safeguarding and recruitment. The study was approved by the University of Leicester Sociology Research Ethics Committee. All young participants aged 16–18 years, as well as adults, provided informed consent. Parents or caregivers provided informed consent for children aged 14–16 years, who gave additional verbal assent. In total, 13 focus groups were facilitated (Table 1).

Data analysis

A thematic approach was adopted in coding, analysing, examining meanings and reporting 'themes' within the data (Braun & Clarke, 2006). Specifically, this study utilised reflexive organic thematic analysis, due to its participant-centred and data-driven focus, thus valuing organic and flexible coding processes that allow for a blend of deductive and inductive coding (Braun & Clarke, 2022). Since this was a child-centric study, it was crucial to adopt an analytical approach that was participant-driven and would put children's voices to the forefront. We also adopted an inductive approach at a latent level, where the themes recognised within data are firmly connected to the data itself. The data was integrated, to address the research questions from different stakeholder perspectives. The six steps of thematic analysis were followed, i.e. familiarisation with the data, initial coding, generation of themes, reviewing themes, defining and naming themes, and production of report (Braun & Clarke, 2006). The integrated dataset was coded by one researcher and was revisited for validation by two members of the research team. Themes were first created independently to interpret patterns and relationships. Co-authors 3–4 then discussed their themes until there was consensus. The final themes were agreed by all authors.

Results

Established themes related to both individual and systemic challenges, which appeared inter-linked. Some of these challenges were reported to affect all children, while others were contextualised to being female and living in care. There were several discrepancies between child and adult perspectives. Themes are described below in Table 2, with representative supporting quotes.

Theme 1: sociocultural influences

Participants reported that girls regularly experienced harassment in their community, which they perceived as negatively impacting on their personal life, social activities and studies. Girls living in care were even more vulnerable to the emotional impact of such male-driven behaviour.

> Boys blow whistles at us, taking pictures and then trying to blackmail. I mean photo shopping and it is very rampant. Going out is hard, even for school. (Girl 3: School)

> Harassment effects every girl here. I mean no girl is safe from it. Men here do not care if you are young or old. We are harassed on our way to school. Men just look for excuses to make us uncomfortable. This not only effects our mental state but also our educational life.(Girl 4: Care home)

Harassment was argued to be perpetuated by societal attitudes, and adults not understanding its severity and adverse consequences on victims. Although parents were often aware of such behaviours, they were more concerned about community responses and often did not act to address the issue. Caregivers also dismissed such complaints as being normative and part of the culture.

> People think harassment is a joke. We cannot even step outside because of it. (Girl 6: Care home)

> This society has made them think ignoring will fix the problem. Of course, this affects us, as we can't sleep at night thinking this will happen to us again in the morning and asked to ignore. (Girl 4: Care home)

Consequently, girls were reluctant to share their concerns with either parents or caregivers, which had implications for their wider communication. A major reason was that they felt the onus was on them, rather than challenging boys to change their behaviours.

> We are unable to understand our parents. They are so nice from the inside, but we think that they are the same and when we think about the society, we feel that the blame will be on us. That's why I don't share stuff with them. (Girl 2: School)

> The way the carers ignore our issues, we are not comfortable sharing our problems with them. What is the point? They do not bother understanding our emotional state. They only care about agreeing with the society. (Girl 8: Care home)

From their end, participating parents were aware of safety concerns but often opted to protect their daughters by depriving them of independence and social interactions rather than confronting the problem, hence their community. In contrast, some teachers appeared to offer more emotional support, and could be critical about parents, however, they did not appear either to instigate education or any measures against perpetrators.

> Harassment and catcalling is a big problem here. This is how our society has become. Just because a girl is outside, they consider her bad. Girls face more issues than boys and that's why sometimes we do not want our girls to even attend school. (Parent 4)

> Teachers support girls more, even if that is just emotional support like listening to them after incidents of harassment. The parents do not do enough in this regard. I mean men are like that here, but parents should at least listen. (Teacher 6: Girls School)

Experienced harassment was closely linked to gender-related unequal treatment. Girls were given household chores, often at the expense of studying or enjoying personal teenage time. Expectations related to both current division of labour and preparation for their role as future wives and mothers and were perceived as compounding stress.

> We have to do the work for boys. Washing their clothes, ironing them, shoe polishing and everything else . . . we do all their chores for them. This is a lot of pressure and tiredness, to be honest. (Girl 1: School)

> My mother tells me this is beneficial for me, as I will need to do this in the future. She compliments when I wash dishes well or when I help my brother out. As girls, I feel this is our only purpose and value. (Girl 4: School)

When girls delved into underlying reasons, they described gender stereotypes that transcended emotional and social domains. These adversely impacted on their education

and excluded them from future employment, leaving them feeling disempowered and without choice.

> Girls are seen as emotionally weaker. Boys are favoured more here. A lot, actually. Girls are only seen as someone giving birth to children and raising them right. That is their main responsibility. Boys have all the freedom when it comes to education and general life decisions, we do not. We are not free to say "no". We are not allowed to have a choice . . . I feel sad thinking my parents are not interested in my education like they are in my brothers. It affects me mentally and I do not like studying when I feel low. (Girl 7: School)

> Parents think that girls will be married off, so she will benefit her in-laws, so they think, why should we waste our money on girls? (Girl 4: School)

Girls felt devalued when it came to educational investment, and that going to school was simply a stepping stone to marriage and traditional gender roles. By adopting such a societal attitude, they reported that their mental health was affected, and they felt inferior to their male peers and siblings. Parents appeared ambivalent between valuing their daughters as individuals, holding cultural and economic beliefs that favoured sons, and accepting societal patriarchal views on girls' independence, education and role within the family.

> We are not against girls' education. We encourage them; however, it is also very important that girls understand that they are future mothers and homemakers. They should understand that the professional arena is for boys, and it should be left to them. (Parent 4)

> We value daughters but in a place like [name], it is beneficial to have a son instead. Not because we do not love daughters, but because economically sons take the burden off their parents' shoulders. (Parent 3)

In such reporting the parents faced a dilemma between wanting their daughters to feel loved and accepted by them through educational opportunity and encouragement, and ultimately passively accepting the societal gender hierarchy and imposed domestic expectations that they themselves were integrated into. Teachers recognised these contradictory parental beliefs and provided some defence for the dilemmas that they faced in raising daughters to be realistic in their aspirations. They faced their own dilemmas in teaching female pupils with professional potential that they were unlikely to fulfil.

> Parents are under a lot of stress, too. They want to be supportive, but our [name] traditions and culture is strict. They do not want to be ashamed by sending their daughters to big cities. Parents are tied by culture to support sons and not let their daughters be successful, even if they are talented. (Teacher 3: Girls School)

> This is upsetting, because you see some girls more talented than the boys, but they are not given the same opportunity as the boys. It is all the culture's fault, because the parents are a part of it, and they have to follow it. (Teacher 1: Boys School)

Notably, the shifting accountability between education, parents and society, ultimately rested with the 'culture', as individuals within it were not seen as agentive to change, challenge or address the patriarchy. They felt it was the 'culture's fault' that girls had to be constrained in their ambition, regardless of their 'talent' and parents, teachers and even young people themselves were helpless to fight against it because of shame.

Theme 2: relational challenges

Establishing trusting relationships and secure attachments with adults and peers is usually challenging for children who experience recurrent trauma, especially those with vulnerabilities such as living in care. This was apparent for children of both genders in care homes.

> We do not trust anyone, even talking about the caretakers right now is scaring me, as I feel it will get out and we will be scolded. We do not trust caretakers or the fellow girls. (Girl 2: Care Home)

Lack of trust and perpetuation of disrupted attachments, which were linked to punitive practices discussed below, were perceived as directly impacting on children's mental health.

> We do not feel like studying, because it makes us sad. We feel like crying and also we lose our appetite. We feel afraid of the warden, and we feel fearful. (Boy 5: Care Home)

> Our relationship with our carers is that of a boss and employee more like, not children who need affection and love. We have lost our childhood, almost it feels because we have had to grow up quick. We do not trust their fake love. I don't see why we should trust our carers. I do not feel like a child but an adult with lots of sadness and depression. (Girl 5: Care Home)

Children also linked their sense of abandonment by their family with their experiences of mental health problems. Girls especially reported a wider sense of feeling rejected by their mothers.

> It is like we are the unwanted things our mothers had. They had to get rid of us. I sometimes feel very depressed about this. Maybe, death is better than this treatment. Girl 3 (Care Home)

> I feel depressed most of the times. When you are left by your own parents or mother. That is when it hurts the most. How can you trust anyone after that? I overthink about this. I cannot focus on my education like other girls. Girl 5 (Care Home)

The significant impact on mental health was not only evident through the conceptual language employed, such as feeling 'depressed' and the frequency 'most of the times', but also in the perceived impact on their hope for the future and ability to cope with life. For example, the sense of rejection left them feeling 'hurt' and lacking 'trust' in adults and using phrases consistent with suicidal ideation – '*death is better than this treatment*'. In contrast, issues of mistrust were not raised by children living in the community. Their sense of security in making social connections was extended to teachers, including those of opposite gender.

> Those who teach us, I mean both male and female teachers, whoever teaches us, we have really good communication and interaction with them. We trust them and they trust us. (Girl 5: School)

> We try to make the students comfortable by developing trust and creating a relationship where they are trusting of us and share things with us. (Teacher 4)

Relatedly, punitive approaches, emotional and physical, were widely mentioned by children in care, albeit without apparent gender differences. Punitive practice

appeared systemic within the care system and compounded impact on mental health.

> Punishments are part of a system, but it should not be so severe that it affects us. They slap us here sometimes and we do not like that. (Girl 1: Care Home)

> They beat us in little things. Slap us on the face and insult us in front of everyone. Being a girl and living here is hard, because they insult us too much here and they beat us over here and you don't get treated fairly here. I get very upset thinking about everything that happens. I cried a lot yesterday, because they insulted me and punished me in front of everyone on the dinner table. (Girl 7: Care Home)

There seemed a discrepancy on rearing practices between children and caregivers. Caregivers appeared to distinguish discipline from nurturing. It was unclear from their narratives whether they viewed such approaches as cultural norms.

> When my son was born, I left him with my mother to stay here. I have brought these girls up like my own. I do not join any gathering of my relatives. How can we punish these children if we have brought them up like our own children? (Carer 1: Girls Care Home)

> If any girl goes against the care home rules and regulations, we give them warnings, not punishment or anything punitive. We are basically supportive of their day-to-day activities and the environment here. So, they have our support and supportive environment to focus. We have combined our day and night to give these girls a best environment and bring them up. (Carer 2: Girls Care Home)

Children in the community did not report punitive practices. Young participants appeared to distinguish between learning from negative experiences or behaviours and being rejected or unwanted.

> Like, whatever we want to do, we are fully permitted to practice. We are taught mistakes are a part of life. Even if something happens, we are forgiven. (Girl 2: School)

> Students are free. Rules are not that strict, so we have freedom to express ourselves. We are not punished, or teachers do not attempt to scare us with punishments. (Boy 3: School)

Theme 3: systemic issues

Building more secure relationships was hindered by the lack of child-centred approaches and environments, especially care homes. These were viewed by children as providing a roof to study, rather than being nurtured to grow.

> The environment here is depressing. It's not nice. I mean, when we talk about environment, it is created by how you are treated by your carers. If they treat you bad and you dislike the place, then it gets uncomfortable and depressing. But if they treat you well, then you like this place, and the environment tends to be more supportive and happier . . . we feel unhappy and not supported by our carers in this environment. (Girl 3: Care Home)

> The hostel environment is just like the school. You would expect the carers to be involved in your life mentally and emotionally, for example, listening to your problems and concerned for your wellbeing. However, here that is not the case. Carers are only worried about whether we have completed our homework and keeping a timetable.(Boy 1: Care Home)

Care residents made direct links between lack of nurturing and experiencing mental problems. Distress was harder for boys to express, because of gender stereotypes. Caregivers appeared to focus on physical rather than emotional needs.

> The carers have no emotional understanding with us. I feel homesick. I want to go home. But I cannot tell anyone that. I cannot talk to anyone, especially the carers, so I go to my room and cry. Because I am a boy, I have to be tough. (Boys 5: Care Home)

> We do not get to talk to anyone, and I do not want to because I feel embarrassed . . . I do not share my emotional state with the carers or my friends. I have to act this because of the lack of a climate that supports boys being vulnerable. (Boy 6: Care Home)

> Everything is available here. We provide meals three times a day. Hostel provides them comb, bed, magazines, and books. This helps create a positive environment that is youth-focused.(Carer 1: Boys Care Home)

Children from care homes felt excluded from the community. There was discordance from adult (teacher) perspectives of providing an equitable environment.

> Girls who come from the community are treated better than us. Teachers care for them and their education. We are not special. The classroom environment is discouraging and makes us very unhappy, because we are treated unfairly at the care home and then at the school, too. (Girl 7: Care Home)

> We try to have a happy classroom for the children, as they have various stressors in life. Especially for girls from the care home . . . they themselves keep quiet and do not get involved in classroom and school activities. Maybe, because they come from a vulnerable place.(Teacher 4: Girls School)

Children from the community did not raise gender-related or discrimination issues, however, several young participants viewed the learning environment as not being child-centric, i.e. not providing them with autonomy and choices. Teachers perceived their relationships as more balanced but acknowledged that children's emotional needs were often unrecognised. This was connected to lack of specialised training and thus related to educational competencies and skill gaps.

> We should be the priority. Our wants, desires and needs. Not, what the teacher thinks is right for us. There is only one thing important to them and that is high scores. No value is given to what the child wants support in. (Boy 4: School)

> Children can openly tell us what they like/dislike. Sometimes we might miss signs of distress but mostly we can catch it. This is without any training, so mistakes are bound to happen. (Teacher 3: Girls School)

Lack of emotional support within schools was raised by children, although not at a nurturing level, as at care homes. Reported reasons were competing academic pressures (also see below) and teachers' training capacity.

> I would suggest helping the child pursue their talent and skill. The teacher's job is to support us mentally and let us decide rather than force us to become something we do not want. (Girl 3: School)

> When teachers say "child-centred environment", they actually mean every student performing well and achieving high grades. There is no importance for our mental and emotional health. Teachers fail to provide this support. (Boy 4: Care Home)

> There is no emotional support or career support by teachers, potentially because of the lack of training". (Boy 3: School)

As discussed earlier under Theme 1, girls' education was either not valued or considered incompatible with societal expectations. Children from both genders remarked how learning was grades-led without addressing their wellbeing.

> Only getting good grades do not make a good human being. Focusing on grades only is not only being a good student. We need work on our character and good traits. (Girl 1: School)

> This is discouraging, not only mentally but also our talents go to waste. What matters is grades only, not ability or talent or other practical skills. (Boy 8: School)

Teachers felt exposed to similar pressures and expectations from the education system and society. Interestingly, academic attainment and expectations were raised by children in care or their caregivers.

> There is a lot of pressure on the result level. The main focus is on the percentage. (Teacher 3: Boys School)

> There is a lot of talent, but the parents don't see their talent. Parental pressure to achieve good grades is too much. (Teacher 3: Girls School)

Theme 4: mental health needs

When participants considered how children's mental health needs could be met, awareness and information on available support were viewed as pre-requisites. Mental health awareness was linked to gender-related issues such as discrimination and academic expectations, with requests for integrated support.

> We need psychologists in our society. Someone to understand the mentality and the state of the mind of girls. People are in depression and so many other psychological issues. Psychologists can help us and our society. They can give our public awareness about mental health issues and issues us girls face, like discrimination we face. Our society has no understanding or awareness of mental health issues. (Girl 5: School)

> What I think is there should be awareness regarding mental health of students, and girls especially. We need a psychiatrist. We had a committee which solved many problems of the girls. There is so much pressure on students that they have to be something they don't want to be, for example, doctor or engineer. That is very harmful for them. Imagine the mental pressure these children experience because of parents. (Teacher 2: Girls School)

Interestingly, participants appeared to recommend awareness, training and support for other rather than their own group. Mental health needs were again related to gender, both for mothers and their daughters.

> Parents need awareness regarding mental health of their children and how their pressure can affect them negatively. This is very important. This is more needed for girls. (Teacher 3: Girls School)

> Parental awareness and counselling are necessary. Because they have to train and guide the child. Especially mothers staying at home. (Teacher 4: Girls School)

> It would be nice for teachers to understand our mental state. When teachers get training, they should focus on this thing to change their thinking and understand their students and their state of mind. Teachers need to be given awareness in general mental health issues, amongst girls in particular. (Girl 3: School)

Parents positioned awareness within the school rather than the home environment. They suggested more attention on early recognition and intervention for better long-term psychosocial outcomes.

> I understand he cannot be a teacher and psychologist both, but at least he should have the skills to check the mentality of the students. So, the problems of the children can be worked on and sorted. This can be done by awareness and training programmes for teachers. (Parent 2)

> . . . teachers need to be made aware via awareness programmes, so they can at least identify potential problems children struggle with. (Parent 3)

Emotional literacy was viewed as the next step to active support. It was recognised that this was much harder in care homes, because of young residents' experiences, staff skills and capacity, and care ethos.

> The carers do not even try giving us emotional support, they don't even ask us why we are behaving the way we are. When we are alone, we cry a lot and feel very sad. [participant starts crying] (Girl 5: Care Home)

> There are 300 students here and one warden, one assistant warden and four carers. How would they help us all with our problems? They do not even know all of us by names. So, we do not expect them to understand our emotional problems. (Boy 3: Care Home)

> I really want to leave. If we find a more emotionally stimulating environment elsewhere, we would definitely leave, but we are only here for the facilities and education. I feel homesick. I want to go home. But I cannot tell anyone that. I cannot talk to anyone, so I go to my room and cry. If we get poor grades, then we are disregarded for the whole year and not given motivation or emotional support. They need to ask us, why we performed bad? Maybe we are emotionally vulnerable, they need to ask us. (Girl 7: Care Home)

Caregivers were aware of children's backgrounds and observed adverse behaviours, which pointed to emotional dysregulation. However, they often could not interpret these presentations, waited for children to initiate help-seeking, and did not feel qualified in supporting emotional needs.

> Some students don't share that they are in pain. They keep it to themselves. They don't tell us or feel comfortable. They keep on suppressing. So, they do struggle emotionally, but if they do not want to share, we cannot force them. (Caregiver 3: Boys Care Home)

> One thing about these kids is that they break into tears pretty quick, even if they face the smallest of issue. This is because they come from situations where they have suffered a lot already. That's why their emotional and mental state is already vulnerable. Some kids don't even tell what is wrong with them. It takes hours to make them speak and explain what happened. It is maybe because we do not have enough training to understand their emotional problems well, but we try out best. (Caregiver 1: Girls Care Home)

> They were quiet and not confident in comparison to girls from the community. (Teacher 1: Girls School)

Similar gaps in recognising emotional needs were reported by the community group, although these children did not describe the extent of distress as children in care. Emotional needs appeared to be overridden by academic expectations and targets, without suitable training for teachers. Consistency between home and school responses was often lacking.

> I think there should be a department for emotional needs. It will be good for us, so we can share personal problems with teachers. The teachers in our school are not aware of our personal problems because they do not have the emotional understanding. They don't care about our emotional struggles. They only know about our aims and goals. (Girl 2: School)

> Training will help us communicate and connect with these girls and understand their emotional needs. (Teacher 3: Girls School)

> There is no communication and coordination between parents and teachers. (Parent 5)

Attention was also given to parental support beyond awareness programmes. Children highlighted the importance of engaging parents and helping them understand their own role in relation to mental health issues, especially in terms of providing skills to support their child's needs.

> Parents should be given interventions and counselling, so they can become aware of the importance of getting involved with us. (Girl 1: School)

> I do not understand why our parents lack this skill or understanding that we are human beings, and we need support. This makes us feel anxious and depressed when they don't support us in many cases. (Girl 7: School)

Such support was considered even more important for caregivers who, in addition, should take on a parental responsibility such as liaising with teachers. In contrast, caregivers often viewed their role as instilling discipline rather than nurturing.

> Girls from the community have parents to hold teachers accountable, the carers do not hold teachers accountable. They are careless. (Girl 3: Care Home)

> These children hold resentment against us and the school, because of the discipline we try and teach them. They want us to engage with the teachers but then they do not like that either. They perhaps want their parents around, because their parents will be soft and not discipline them. (Carer 1: Girls Care home)

Discussion

The aim of this study was to understand the perspectives and experiences of children in Pakistan on challenges for their mental health and support, and how these could be compounded by gender-related issues. The findings can be understood in the context of different feminist theoretical frameworks and how these intersect structural inequalities and mental health risk and resilience theories. For example, feminist ethics seeks to comprehend and refute views about gender that uphold oppressive social orders and practices (Lindemann, 2019). While Islamic feminism aims to bring Islamic teachings in line with modern conception of gender equality (Jamal, 2009).

Some challenges facing children's mental health were universal, i.e. across genders and living circumstances. These appeared inter-connected and included academic

pressures without a holistic approach to education, not being listened to and not accessing support for their emotional needs. Perspectives were broadly similar between children but largely differed between children and adults on the conceptualisation and recognition of emotional needs, hence the importance of child-focused education. Such discordance extended to most life domains in care settings. While children focused on the impact of negative experiences on their mental health, residential caregivers largely perceived their role as providing basic needs and discipline, with the onus being on children to open up. Children in care homes experienced multiple adversities compared to those living in the community in terms of disrupted attachment relationships, mistrust, rejection, harsh rearing strategies, and exclusion from the community. These are consistent with global evidence and can be explained by both pre-care experiences and secondary effects of institutional rather than nurturing settings, which remain widespread across the Global South (Alam & Sajid, 2022). For this reason, there should be substantive improvements in residential care settings in terms of child protection and related policy, child-centric environments and staff training. For younger (pre-adolescent) children requiring protection, the focus should be on community support systems of family support, kinship and foster care.

Children made connections between factors that could promote or hinder their mental health. They shared narratives, which were often missed by adults, between ill mental health and care-related experiences, academic expectations without decision-sharing, and access to help for emotional rather than learning needs (Hassan et al., 2022). They recognised the importance of awareness and parental support, which were not acknowledged by adult participants.

Parents were largely aware of gender inequalities and safety issues but were often bound by sociocultural beliefs and expectations. Economic factors also influenced differential opportunities for males. There was usually limited communication with teachers, which appeared important as parents tended to view mental health problems arising outside the family. Strategies to engage parents should thus include community gender awareness to alleviate parental pressures, positive parenting groups, and regular parent-teacher liaison forums.

Teachers also acknowledged gender inequalities in educational opportunities but attributed those to pressures from the educational system, without necessarily exploiting girls' academic potential. They were more aware of the importance of mental health needs, although these were compounded by competing learning and exam targets, and lack of mental health training to recognise emerging problems, respond and refer accordingly. Based on these findings, teachers would benefit from training and links with mental health services, while joined up gender and welfare school policies and a wider range of skills-based opportunities could help breach gender inequalities.

Although gender inequalities starting in childhood are not context-specific, these remain prominent in Pakistani and other rural communities, where gender-related chronic structural inequities and oppression can be legitimised through standardisation of norms (Farooq, 2020). Gender-based violence, victim-blaming and shaming compound girls' sense of safety. Although again not unique to any country, these can manifest differently in Global South settings by being rooted to sociocultural and legal systems, often through misinterpretation of underpinning religious principles (Tahir et al., 2021).

The findings should be interpreted within certain limitations of this study. The sociocultural context was not representative of urban Pakistani areas, or other Global South communities. There was limited engagement from mothers and no father involvement. Additional focus group discussions may have given children and adults more time to explore solutions. Quantitative measures could have tested a model on the interaction between risk and protective factors. Future research could particularly explore barriers to mental health support across different sociocultural contexts and contrast against gender inequality metrices, before designing and implementing interventions.

In conclusion, children's mental health and associated support can be constrained by sole focus on learning or providing basic residential care, without a holistic approach and easily accessible help to recognise and address their emotional needs. Teachers and caregivers require appropriate training to develop more child-centric approaches. These constraints are compounded for girls, who often face sociocultural expectations, discrimination and exclusion from educational, social and employment opportunities. The findings indicate that policy and resulting gender-responsive and psychosocial programmes should be integrated into multi-modal interventions that involve children, parents, caregivers and professionals (UNICEF, 2024).

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References

Adler, K., Salanterä, S., & Zumstein-Shaha, M. (2019). Focus group interviews in child, youth, and parent research: An integrative literature review. *International Journal of Qualitative Methods*, *18*. https://doi.org/10.1177/1609406919887274

Alam, A., & Sajid, I. A. (2022). Emotional and behavioral problems of children in orphanages of Khyber Pakhtunkhwa. *Journal of Behavioural Sciences*, *32*(2), 81–101

ASER Pakistan. (2024). *Annual status of education 2023*. Retrieved February 2025 from aser_national_2023.pdf (aserpakistan.org)

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Braun, V., & Clarke, V. (2022). *Thematic analysis: A practical guide*. Sage.

Cordova-Pozo, K. L., Anishettar, S. S., Kumar, M., & Chokhandre, P. K. (2023). Trends in child marriage, sexual violence, early sexual intercourse and the challenges for policy interventions to meet the sustainable development goals. *International Journal for Equity in Health*, *22*(1), 250. https://doi.org/10.1186/s12939-023-02060-9

Durrani, N., & Halai, A. (2018). Dynamics of gender justice, conflict, and social cohesion: Analysing educational reforms in Pakistan. *International Journal of Educational Development*, *61*, 27–39. https://doi.org/10.1016/j.ijedudev.2017.11.010

Farooq, A. (2020). Gendered perceptions in Punjab Pakistan: Structural inequity, oppression and emergence. *Journal of Gender Studies*, *29*(4), 386–402. https://doi.org/10.1080/09589236.2019.1635876

Guglielmi, S., Mitu., . K., & Seager, J. (2021). 'I just keep quiet': Addressing the challenges of married Rohingya girls and creating opportunities for change. *Procedia - Social and Behavioral Sciences Elsevier BV*, *33*(5), 1232–1251. https://doi.org/10.1057/s41287-021-00437-6

Hassan, M., Malik, A. S., Sang, G., Rizwan, M., Mushtaque, I., & Navved, S. (2022). Examine the parenting style effect on the academic achievement orientation of secondary school students. *Frontiers in Psychology*, *13*, 1063682. https://doi.org/10.3389/fpsyg.2022.1063682

Jamal, A. (2009). Gendered Islam and modernity in the nation-space: Women's modernism in the jamaat-e-islami of Pakistan. *Feminist Review*, *91*(1), 9–28. https://doi.org/10.1057/fr.2008.43

Javed, R., & Mughal, M. (2021). Girls not brides: Evolution of child marriage in Pakistan. *Journal of Public Affairs*, *21*, e2582. https://doi.org/10.1002/pa.2582

Kennedy, E., Binder, G., & Humphries-Waa, K. & Azzopardi, P. (2020). Gender inequalities in health and wellbeing across the first two decades of life: An analysis of 40 low-income and middle-income countries in the Asia-Pacific region. *Lancet Global Health*, *8*(12), e1473–88. https://doi.org/10.1016/S2214-109X(20)30354-5

Lindemann, H. (2019). *An invitation to feminist ethics*. Oxford University Press.

Ministry of Planning, Development and Special Initiatives, Government of Pakistan. (2022). *National gender policy framework*. Retrieved February 2025 , from NGPF.pdf (pc.gov.pk)

Onwuegbuzie, A., Dickinson, W., Leech, N., & Zoran, A. (2009). A qualitative framework for collecting and analyzing data in focus group research. *International Journal of Qualitative Methods*, *8*(3), 1–21. https://doi.org/10.1177/160940690900800301

Patel, V., Saxena, S., Lund, C. & Unutzer, J. (2018). The lancet commission on global mental health and sustainable development. *Lancet*, *392*(10), 1553–1598. https://doi.org/10.1016/S0140-6736(18)31612-X

Petitfour, L., Srivastava, S., Sha-Rohlfs, R., Orduhan, C., Quentin, W., & de Allegri, M. (2022). Protocol for a scoping review of measures and definitions of gender-based discrimination linked to health outcomes in low- and middle-income countries. *BMJ Open*, *12*(12), e061533. https://doi.org/10.1136/bmjopen-2022-061533

Purewal, N., & Hashmi, N. (2015). Between returns and respectability: Parental attitudes towards girls' education in rural Punjab, Pakistan. *British Journal of Sociology of Education*, *36*(7), 977–955. https://doi.org/10.1080/01425692.2014.883274

Sarfraz, A., Sarfraz, Z., Sarfraz, M., & Carnain, Z. (2022). Gender-based violence in Pakistan and public health measures: A call to action. *Bulletin of World Health Organisation*, *100*(7), 462–464. https://doi.org/10.2471/BLT.21.287188

Tahir, M., Yousufi, M., & Sheikh, M. K. (2021). Eradicating gender-based violence against female-intimate partner in Pakistan: A theoretical framework from Islamic philosophy. *Academic Journal of Interdisciplinary Studies*, *10*(1), 340–356. https://doi.org/10.36941/ajis-2021-0029

UNICEF. (2024). *Empowering the future of Pakistan: Gender strategy UNICEF Pakistan 2024-2027*. Retrieved February 2025 , from UNICEF Pakistan Gender Strategy - Revised v4.1.pdf.pdf

Vostans, P., Ruby, F., Jacob, J., Eruyar, S., Getanda, E. M., Haffejee, S., Krishna, M., & Edbrooke-Childs, J. (2022). Youth and professional perspectives of mental health resources across eight countries. *Children & Youth Services Review*, *136*, 106439. https://doi.org/10.1016/j.childyouth.2022.106439

World Health Organisation. (2020). *Adolescent mental health*. Retrieved February 2025, from https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health