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Perceptions of Mental Health among Pakistani Women with Micro-Finance Loans: An Interpretive Descriptive Study

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Abstract

Mental health has gained significant recognition and importance as a crucial aspect of overall well-being. An individual's mental health is influenced by the intersection of individual, social, cultural, and systematic sources of stress and resilience. It is important to include subjective conceptualizations of mental health and well-being to develop culturally sensitive approaches to mental health promotion. This qualitative study aimed to understand how urban-dwelling women living in Pakistan who are micro-finance loan recipients conceptualize the meaning of mental health. Using interpretive description methodology, data were collected and analyzed through in-depth, semi-structured interviews conducted in Urdu with a purposeful sample of 32 women. An inductive approach to content analysis was employed to code and categorize the data. Participants conceptualized mental health as the presence of peace and the absence of tension. Chronic sources of tension included a lack of essential resources, safety, and security in their day-to-day living in Karachi, Pakistan. Implementing policies to address women's basic needs, including access to education, would be a helpful first step towards mental health promotion for Pakistani women. Integrating concepts that reflect women's understanding of mental health will also be a useful first step in developing culturally sensitive mental health assessment tools.

Keywords

women, mental health, perception, interpretive description, qualitative research, Pakistan

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Perceptions of Mental Health among Pakistani Women with Micro-Finance Loans: An Interpretive Descriptive Study

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Mental health has gained significant recognition and importance as a crucial aspect of overall well-being. An individual's mental health is influenced by the intersection of individual, social, cultural, and systematic sources of stress and resilience. It is important to include subjective conceptualizations of mental health and well-being to develop culturally sensitive approaches to mental health promotion. This qualitative study aimed to understand how urban-dwelling women living in Pakistan who are micro-finance loan recipients conceptualize the meaning of mental health. Using interpretive description methodology, data were collected and analyzed through in-depth, semi-structured interviews conducted in Urdu with a purposeful sample of 32 women. An inductive approach to content analysis was employed to code and categorize the data. Participants conceptualized mental health as the presence of peace and the absence of tension. Chronic sources of tension included a lack of essential resources, safety, and security in their day-to-day living in Karachi, Pakistan. Implementing policies to address women's basic needs, including access to education, would be a helpful first step towards mental health promotion for Pakistani women. Integrating concepts that reflect women's understanding of mental health will also be a useful first step in developing culturally sensitive mental health assessment tools.

Keywords: women, mental health, perception, interpretive description, qualitative research, Pakistan

Introduction

Mental health is an integrated aspect of overall health that influences an individual's thoughts, feelings, and behaviours. The World Health Organization (WHO) recognizes mental health as a state of one's ability to realize and cope effectively with the everyday stresses of life, to live productively, and to make community "contributions" (2005, p. 2). Although WHO acknowledges mental health as an individual's social, cultural, and systemic sources of stress and resilience, there have been continuous discussions on how mental health, mental well-being (Bury, 2001; Hart, 1985, March et al., 2009; Nettleton, 2006; Rogers & Pilgrim, 2007; WHO, 2008), and mental illness are conceptualized (Macklin, 1981). Typically, mental health is viewed and described from the perspective of mental illness (Byrow et al., 2020; Gill, 2009) or as a negatively biased condition connoting the absence of disease rather than the presence of positive attributes (Fusar-Poli et al., 2020; Ryff & Singer, 1996). Mental illness, on the other hand, refers to a wide range of behaviours, thinking, and emotions that bring distress, suffering, and impairment in everyday functioning (National Institute of Mental Health, 2008). Keyes (2005) argues that an absence of mental health should not be viewed as the presence of mental

illness because there is no guarantee that an absence of mental illness will lead to good mental health (Keyes, 2002). Mental health researchers consider well-being as a key aspect of mental health (Galderisi et al., 2015), which reflects a positive connotation of an overall sense of well-being, having positive emotions and satisfaction, and having to maintain a positive relationship with others (de Cates et al., 2015; Fusar-Poli et al., 2020).

In pursuing the definition of mental health and well-being, psychologists and psychoanalysts have worked using a "rubric" or set of criteria which covers different perspectives of human psychological functioning, such as feelings of well-being, effective functioning in personal and social lives, the absence of incapacitating symptoms, etc. (Fernando & Weerackody, 2009, p. 199). The WHO (2005) also refers to a broad range of mental and subjective well-being activities in its definition of mental health.

The study of subjective well-being as a way of accessing the meaning attributed to mental health is a fairly recent development (Fernando & Weerackody, 2009; Fusar-Poli et al., 2020). Learning and measuring subjective conceptions requires the assessment of one's emotional states (happiness and satisfaction), one's psychosocial function (autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance), and one's social functioning (social integration, social contribution, social coherence, social actualization, and social acceptance; Keyes, 2002, 2013).

Considerable research has concluded understanding of mental health and its interpretation vary from culture to culture (Choudhry et al., 2016; Dow, 2011; van der Ham, 2011). Studying individuals' perceptions about their mental health is important because it explains their actions to seek measures that could promote their mental health.

The goal of the current study is to understand and recognize the phenomenon of mental health and well-being in the social and cultural context of Pakistani women who were loan recipients of micro-finance programs. This study provides significant contributions to the literature to understand the mental health constructions of Pakistani women, particularly those from disadvantaged backgrounds who are struggling to make their own and their family's lives better by seeking loans for economic progress is crucial starting point. These women's stories dig deeper into food insecurity, unemployment, and poor access to basic human and health needs due to the country's unstable political and social situation.

The issue of women's health has attained higher international visibility in recent decades given that the health of families and especially children is tied to the health of women. Due to the relationship between poverty and poor mental health (Patel & Kleinman, 2003; Patel, 2007), a critical examination of a subjective and context-specific conception of mental health and well-being is crucial to guide healthcare professionals (HCPs) to more fully understand women's overall health within this context (Popay et al., 2003) and to develop culturally sensitive approaches to mental health promotion.

Additionally, the primary author's previous experience working with women from low socio-economic backgrounds and survivors of domestic violence in Pakistan enhanced their awareness of the significance of women's health and its influence on families and children. With this understanding, the authors aimed to contribute to a better understanding of the overall impact of micro-finance programs, enabling more comprehensive support and better outcomes for women in similar situations.

Literature Review

Since the present study is a quest to examine the rarely reported and poorly understood phenomenon of Pakistani women's perceptions of their mental health and well-being within the context of engagement in micro-finance, the following section provides an overview of the complex history and conceptualizes the concept of mental health and well-being.

From the early theories and research findings in psychology, Marie Jahoda in 1958 revealed that mental health and mental illness are not at opposite ends but correlate, leading to confusion about their definitions. She interpreted mental health as happiness, quality of life, and a positive sense of well-being (Tengland, 2001). In 1960, Gurin and colleagues defined subjective well-being as an assessment of an individual's satisfaction and happiness in life (cited in Keyes, 2013). Later, Diener (1984) and Ryff (1989) strengthened theories on subjective well-being and psychological well-being, respectively. During the twentieth century, Vaillant (2003) presented the multidimensional phenomenon of positive mental health. Positive personal qualities, social-emotional intelligence, subjective well-being, and resilience and coping were the major concepts of Vaillant's (2003) perspective on mental health. Hence, social science scholars have spent more than 40 years moving the promising mental health agenda forward through studies of subjective well-being (Keyes, 2013).

The conceptualization of mental health and positive mental health and its distinction from mental illness is of increasing interest to health practitioners and health policy researchers (Hubka & Lakaski, 2013). Their meanings predominantly determine their definition of mental health based on their experiences and feelings (Chambers, 1997; Fernando & Weerackody, 2009). Acknowledging these experiences is highly context-sensitive and influenced by the nature of human conditions, individual worldviews, and cultural factors (Fernando & Weerackody, 2009). Further, race, gender, age, and social background play a significant role in constructing and creating the meaning of mental health and well-being (Gu, 2006). Culture further influences an individual's worldview and conceptualization of mental health (Vaingankar et al., 2012). For instance, in exploring psychological inquiry and healing traditions, Kakar (cited in Fernando & Weerackody, 2009) postulates that people from India focus on the search for one's inner feelings about mental health.

In contrast, individuals from the West often concentrate on freedom and expanding the dimensions and possibility of choices. Walker (2006) emphasized language's role in everyday life's social activities. He stressed that "language empowers people" and assists in learning the truth instead of measuring reality in a reductive and objective manner (p. 6). There is agreement among some authors (Chambers, 1997; Kirmayer, 2007; Rogers & Pilgrim, 2005) about recognizing the individual reality of mental health in a local context, considering the social and cultural factors involved. Individuals have diverse values, goals, and strengths, thereby allowing them to define mental health for themselves, with these definitions accurately reflecting the accurate picture of a person's state of mental health (Diener et al., 1998; Diener & Lucas, 1999; Fernando & Weerackody, 2009). Another essential notion in explaining mental health is its newness and uniqueness. Gill (2009) argues that mental health is primarily a Western construct, where it is widely recognized as an "individual's personal qualities" (p. 13). He further concludes that assuming that the Western conceptualization of mental health is transferable to individuals living in low-and middle-income countries would be an incorrect step. Instead, he urges exploration of how these concepts are explained and valued in these lower-resource nations.

What does all this mean for the mental health researcher? Mental health and well-being are socially constructed, and individuals have the expertise, knowledge, and language to describe and share their reality in their local and social context. Considering the multiple and unavoidable social determinants of mental health (Patel & Kleinman, 2003), developing mental health as a concept is an indispensable area of study through theoretical discussion and empirical observation among various populations (Hubka & Lakaski, 2013). Thus, distinct, relevant, and applicable interventions could be established for promoting mental health and preventing mental health issues (Magyary, 2002).

Research that examines the association between women's mental health and the experiences of their participation in the micro-finance program has gained significant interest

over the years (Ahmed et al., 2001; Fernald et al., 2008; Glass et al., 2014; Goodman et al., 2021; Hamad & Fernald, 2015; Mohindra et al., 2008; O'Malley & Burke, 2017). However, literature on how these experiences relate to their mental health and well-being perceptions is scarce.

The overarching research question aims to understand how urban-dwelling women in Karachi, Pakistan who receive micro-finance loans define mental health and well-being. This paper presents the analysis of one research question from a larger study that explored women's perceptions of how their participation in micro-finance programs influenced their mental health. The study employed the interpretive descriptive research method. The women who participated in this study, considered representative of "everyday women" in Pakistan, recognized micro-finance programs as a significant catalyst for improving their mental health. Further details about the study, including methods, can be found in the publication by Madhani et al. (2022).

Methodology

Study Design

The principles of interpretive description methodology guided all research decisions concerning sampling, data collection, and analysis. This approach to applied qualitative health research is appropriate for answering disciplinary-driven clinical questions and deriving findings documenting variations and patterns in individuals' experiences (Thorne, 2008). Results from interpretive descriptive studies are typically used to develop practice knowledge and inform clinical practice. Additionally, interpretive description is a methodology that offers new understanding and meaning by reshaping prior knowledge (Thorne et al., 1997). It aims to document how context influences individual experiences (Thorne, 2008). Interpretive description afforded the methodological tools needed both to examine the theoretical conceptions of mental health and well-being and to describe the specific experiences of women as they relate to their perceptions of mental health. This is in contrast to previous research, which focussed primarily on the indicators of mental illness or general beliefs about these illnesses, not how individuals shape and are shaped by their contexts. This study was reviewed and approved by the Hamilton Integrated Research Ethics Board. Informed consent was obtained from each study participant.

Setting and Sampling

This study was conducted in Karachi, Pakistan from August of 2013 to July of 2014. The city is the twelfth largest city in the world by population (United Nations, 2020) and has numerous micro-finance programs (Shaikh, 2023). Although societal norms, gender inequity, illiteracy and preferences of males for decision-making restrict women in their participation in micro-programs, many urban women from poor households undertake income-generating activities and seek a loan to improve their family welfare.

A purposive sampling strategy was used to recruit 32 loan-recipient women from two top providers of micro-finance programs in the country. The inclusion criteria include women who had been loan recipients of micro-finance programs for a period of one to five years, had received at least one loan in the last five years, spoke Urdu (the national language of Pakistan), and expressed willingness to participate and is available to be interviewed.

Data Collection

In-depth interviews using open-ended questions were conducted following a semi-structured interview guide. Since the key aim of data collection was to access participants' subjective perceptions and experiences of mental health and well-being, interviews helped discover the phenomenon's what, who, where, and how (Sandelowski, 2000).

The extensive literature review pertinent to the subjective conception of mental health and well-being guided and provided a frame of reference to develop the interview guide (Table 1). Participants were explicitly asked about their perceptions and understanding of mental health and well-being. Additionally, probing was also incorporated for encouragement and further exploration.

Further, modifications in terms of clarity, simplicity and use of day-to-day language were incorporated to promote better understanding among participants, given their limited literacy level. Flexibility was also adopted in the sequence of questions to suit the interview pace and the direction of discussion and included more probes, examples, and pauses. Interviews were conducted in Urdu (the national language of Pakistan) and ranged from 75 to 90 minutes, audio-recorded and transcribed with identifying information removed.

Table 1
Summary of Interview Questions and Prompts

Script:
1. Perceptions and experiences of mental health/well-being: There are many different ways to describe mental health/well-being; I would like to ask you a few questions related to your perception of mental health/well-being.
1.1 What is your understanding of the term mental health/well-being?/ What comes in your mind when you hear the term "mental well-being"?
Probes: Say more? In what ways? What made you say this? How? Any example?
1.2 What does mental health/well-being mean to you personally?/How do you describe your own mental well-being?
Probes: Say more? In what ways? What made you say this? How? Any example?

Data Analysis

This study followed the inductive and deductive content analysis approach suggested by Hsieh and Shannon (2005), which enabled new evidence about the phenomenon (Thorne, 2008). Using constant comparative analysis, the primary author developed the transcribed script's coding process, which led to sub-categories, categories, and themes. The primary author generated the codes by reading small sections of the transcripts. Throughout this coding stage, the text data was read through again, similarities and variations in concepts were highlighted with different colours and grouped together accordingly, and many sub-categories were created in the margin. Codes and their definitions were recorded in a separate file to ensure consistency across the data. Sub-categories were combined and reduced to a small set of categories that were similar in nature. For instance, codes such as "memory," "attention," and "being aware" were further classified under the broader category of cognitive abilities and brain functioning. From there, subthemes and themes were derived based on these categorizations. As the analysis process progressed, in line with the interpretive approach of interpretive description, the co-authors assisted the primary author in identifying the commonalities and dimensions within each category. The data was analyzed in the source language (Urdu) and the categorized data

were then translated into the target language (English). This step was taken to preserve the literal, conceptual (Brislin, 1970) and contextual meanings (Chang et al., 1999) of the participants' understanding of their mental health and well-being perceptions. Language and qualitative research experts revised the themes, linkages, and relationships before they were finalized.

Findings

Characteristics of the Participants

Of the 32 women in the sample, their ages ranged between 20 and 57 years, and the mean age was 38. About 22% (*n*=7) of study participants completed primary schooling, which is often accessible to girls in government institutions; 35% (*n*=11) participants completed grade 10, 3% (*n*=1) finished high school. A similar number reported having a university degree. About 59% (*n*=19) studied through homeschooling or adult learning centre. The primary language among the majority of the participants, 50% (*n*=16), was Panjabi, 31% (*n*=10) spoke Sindhi, and only 16% (*n*=5) spoke Urdu, which is the national language of the country. Although all women did speak Urdu, it was not their first language; nonetheless, they could converse well in Urdu. The average family size (defined as those who lived in the same household and cooked their meals together under the same roof) was six and ranged from three to ten people. Among the participants, 9% (*n*=3) received their first loan from a micro-finance program whereas half of the study participants (*n*=16) had received two loans. A total of 41% of the participants (*n*=13) had sought three or more loans with monthly instalments. These women had made full loan repayments with interest via monthly instalments before seeking the following loan. Thirty one percent (*n*=10) of women were employed outside the home in addition to the loan investment.

Analysis of the transcripts led to the development of a rich, nuanced definition of how mental health is perceived. Two major themes defined the construction of how mental health is perceived: (a) mental health is a function of the brain or "mind," and (b) mental health is a combination of the presence of peace and the absence of tension. Each theme has sub-themes. Table 2 highlights the themes and sub-themes that emerged from the analysis.

Table 2
Summary of Themes and Sub-themes

Theme	Sub-theme
Mental health is a function of the brain or "mind."	- Adequate functioning of brain - Inadequate functioning of brain - Mental well-being is a process
Mental health is a combination of the presence of peace and the absence of tension	- Factors associated with positive mental health - Factors associated with poor mental health

Mental Health is a Function of the Brain or "Mind"

Within the context of identifying the meaning of mental health, participants confirmed that mental health has a clear association with the function of the physical brain or metaphysical "mind." The study participants articulated mental health in the context of both its presence and its absence.

Adequate Functioning of Brain

Most participants (*n*=21) viewed mental health in its presence, with one participant defining it as the "ability of the brain to function." A shared understanding of mental health was related to people's abilities to utilize their brains in different life events, make rational decisions, or justify their opinions. Participants also articulated that the presence of mental health is "good" and "positive." One participant stated that individuals with positive mental health are considered "being wise" or those who can utilize their brains and are mentally healthy. One typical example provided as proof of knowing that a person has good mental health was shared by a participant when she said, "I am able to respond to your questions, and I know what is going on around me." Women shared many stories of their understanding of positive mental health with the proper functioning of the brain. A participant expressed, "our brain is an important organ of our body… and it allows our body to function properly…mental health is the correct functioning of our brain."

Inadequate Functioning of the Brain

In contrast, a small number of participants (*n*=8) described mental health in the context of its absence rather than presence. Women recognized poor mental health as related to "poor brain functioning of the brain." Participants were explicit that individuals who either "do not use their brain" or have a "weak" brain are considered to have an absence of mental health or poor mental health. As a result, it was perceived that these individuals might lack the ability to "think rationally." Two women referenced physical health issues such as increased blood pressure, high sugar levels, headache, and lack of sleep as factors that also influence brain functioning and may lead to poor mental health and well-being. Women also believed that individuals with absent or poor brain functioning are not usually deemed acceptable by society.

During the discussion and exploration, women shared examples of their understanding of the absence of mental health in the context of what they see around them. For instance, women refer to individuals who wander on the streets and are considered "insane" to have poor brain functioning. Furthermore, during the data collection period, there were many incidences of bombings, kidnappings, rapes, and the murder of young girls in Karachi. Women articulated these examples, made the association between poor mental health and being a perpetrator of such violence, and defined such perpetrators as "insane, or as someone who does not use their brain," said a participant. These women believed that hurting people or doing immoral things such as "play with lives of children, and innocent people are not acceptable and could only be done by those who do not have rational thoughts." Interestingly, two women suggested that perpetrators of horrific incidents do not even fear God and allow themselves to be involved in such activities. Though women believed that one should live an ethical life, it was not explicitly reported that absent or poor mental health leads to a lack of fear of God or vice versa.

Mental Well-Being is a Process

Among these women, very few could share their understanding of the differences between mental health and mental well-being. Since the Urdu translation of the term well-being is "nashhonoma," which connotes nurturing and is often used in the context of children's growth and development, participants viewed mental well-being as the "growth of mental health." One participant explicitly referenced her discussion of mental well-being by comparing it to childcare and development. She said, "how children grow every time with food and love, that's how mental well-being is, as we continue to care for our mental health, we will have mental well-being." Women could articulate that overall well-being is a physical and

mental health construct. The emphasis is on keeping the self physically healthy through proper nutrition and adequate sleep, which allows the brain to flourish and promotes mental health. One participant noted that "if we eat good food, our mental health will be good too... brain will be able to function." Women articulated the processes of achieving mental well-being and stressed the need of having a "healthy physical body to have a healthy mind…" They also emphasise stress that individuals with healthy brain can achieve much in their lives.

Although varied responses appeared under this theme from participants, defining mental health was a challenge for many. For many participants, mental well-being was similar to mental health. It is also important to consider that women related their limited understanding of the term with their illiteracy and lack of exposure: "These are difficult things, people who are literate must be knowing this, I never went to school and I do not know" said a participant. Although a few of the women had heard the term before, they were not sure about the meaning.

Mental Health is a Combination of the Presence of Peace and the Absence of Tension

Consistent among participants was the acknowledgement that good mental health is defined as both the presence of "peace" and the absence of "tensions or worries." Notably, although the participants in this study were interviewed in Urdu, this concept was referenced frequently using the English word "tension," and the Urdu word "sukoon," or peace, was also applied in 27 interviews. Women did not use the word mental health as often as "peace" or "absence of tension." For many women, the interview was the first time they had encountered the term, but they were empowered to articulate the situations that could cause tensions and disrupt peace.

Factors Associated with Positive Mental Health

The unique meaning of peace among these women reflected a cluster of activities that improved their living standards and gave them a sense of satisfaction and happiness. Among these activities, the primary source of joy was the availability of essential resources in their day-to-day living, such as food, shelter, and employment. One participant reflected that mental health "is when one has mental peace, and we have everything of need at home... have food to feed our children... and have work to live our lives happily."

Most participants also valued accessing opportunities for the education necessary in their lives. These participants described how they desire their children to seek education and make a living. It is important to note that literacy was appreciated by both those who had the opportunity to complete their early years of schooling and those who could not attain any schooling. Many women in this study sample believed that education brings better employment opportunities and provides hope for a better future.

Another aspect of peace recognized by these women was related to positive thinking and maintaining positive relationships with others, especially family members, while aiming to improve their home environment. Larger family sizes are the norm in Pakistani society: extended family members often live together in one unit and women move to a husband's house after marriage and try to seek support from family members. One participant reflected that mental health "is when one has mental peace and we have everything of need at home... when there is no fight at home and everyone is happy." Considering the country's cultural restrictions and geopolitical situation, it is also interesting to note that a limited number of women referenced peace in the context of freedom and independence. Women viewed their limited mobility and conservatism as hindrances to achieving their potential. They saw a potential source of happiness and peace. A participant, who represented other women in one of the

micro-finance programs Women Entrepreneurs Council (WEC), said, "mental health is when we are independent, have the freedom to move [about the city] without being worried."

Factors Associated with Poor Mental Health

Among this group, more than a quarter of women (*n*=10) identified that a significant contributing factor impacting their mental health was the presence of stress related to their impoverished status. One participant noted that "poverty was considered the biggest reason for tension." All participants reported that poverty contributes to poor mental health. The uncertainty of accessing meals was an extreme example of how poverty affects mental health. A participant articulated her understanding and questioned, "…with my empty tummy, how will my brain work? There is no peace… you tell me?... for mental peace, you should feed your tummy first, and the rest will come later…" Another participant expressed concern regarding inflation and her ability to make ends meet: "now a days things are so expensive that if one has eaten one meal, he is not sure about his second meal for the day."

Several participants emphasized the concern of being unable to send their children to school. The complexity of accessing even the primary education system in the country and the cost of tuition, school uniforms, and course materials for many participants was a source of stress. Participants in this study represent varied years of schooling completed; however, the majority had not completed primary schooling or received no formal education. Although education was considered important, finding the resources necessary to continue sending their children to school was burdensome for many. One participant described how much she wanted her children to be in school so that they would not be "wandering on the streets like cats and dogs."

Given the unstable political and social environments where these women live and work, it is interesting to note that 23 women identified geopolitical instability as contributing to stress and tensions. Women specifically expressed how these conditions influenced their or other family members' abilities to earn a living or to move about the city. One participant explained that "the frequent city crisis and roadblocks paralyze" their lives. The women felt fearful that their spouses would lose employment opportunities due to systemic issues over which they had no control. Five women specifically shared their experiences of family members losing employment due to crises in the city. In reflecting on these issues, these participants reported telling themselves that the city and country's problems seemed beyond their control or influence.

The women in this study also reported feeling stress in situations that hindered the continuity of their employment. Many participants worked from home and were in the tailoring and stitching business, which is considered a "money-making business if electrical power does not break down very often," as shared by a participant. Despite having the skills and expertise necessary for the work, the lack of a continuous power supply forced women to seek additional employment. A participant said that many women "started working in people's houses" as housemaids to make a living. Women expressed frustration when they could not use their skills for income generation and were required to pay "high electricity bills when most of the time they were without power."

The geopolitical unrest, frequent terrorist acts, and cultural norms of Pakistan's patriarchal solid system serve to restrict women's mobility and independence. Women viewed their limited mobility and culturally conservative context as hindrances to achieving their potential. For example, a participant expressed that,

> Our male members of our family will never allow you to go out alone…this is also for our safety but we are always dependent on them and …many of us cannot do what we want to achieve in our lives…

Many participants talked about the broader issue of city safety in terms of frequent bomb blasts and sectarian killings. As the data collection processes of this study continued in Karachi, there were repeated incidences of bomb blasts reported in Karachi and other cities of the country. Women shared many stories of the lack of safety in the city; their frustration and helplessness spoke to a need for improved security measures from the law enforcing personnel of the country. A young participant of this study who lost her husband in one of Karachi's frequent blasts said,

> when there is a blast in the city and you get to know from someone, turn on TV [television], you see blood . . . people's body parts . . . you worried about your family until they reach home safely.

Discussion

In defining women's perceptions and conceptualizations of mental health and well-being, the most consistent theme extracted was the presence of peace and an absence of tension. The women's description of peace recognized happiness, satisfaction, and positive thinking, compatible with the emotional component of Keyes' multidimensional model (2002) of mental health and other qualitative studies (Bailey et al., 2022; Choudhry & Bokharey, 2013; Coyle et al., 2017; Harms et al., 2009; Mirabzadeh et al., 2014; Rudolphi & Barnes, 2020). Pakistani women's explicit understanding of happiness and satisfaction is related to the factors which allow them to have a peaceful and comfortable life. For instance, consistent with (Bailey et al., 2022; Choudhry & Bokharey, 2013; Harms et al., 2009; Mirabzadeh et al., 2014), happiness and satisfaction meant access to essential needs such as food, employment and the well-being of their children were vital elements of their happiness and satisfaction in life. The women of the current study stressed having a vision for personal growth (Armstrong et al., 2000), self-determination, autonomy (Vaingankar et al., 2012), having a purpose in life (Dow & Woolley, 2011), and moving forward toward a positive future with hope, as indicators of good mental health. These concepts of positive mental health are reflected in the WHO definition of mental health (Herrman et al., 2005).

For participants of this study, chronic sources of tension included a lack of essential resources, safety, and security in their day-to-day living in Karachi, Pakistan. Findings documented in another study from Pakistani nomads considered that a stable, mentally healthy person is “fresh” and can fulfil their basic needs (Choudhry & Bokharey, 2013). A lack of basic life necessities was also considered the primary reason for stress and was associated with poor mental health among Ugandan orphan youth (Harms et al., 2009) and among farmers (Rudolphi & Barnes, 2020). Consistent with the current study's findings, a systematic review conducted by Byrow et al.’s (2020), Lucas and colleagues (2019) and Albanian immigrants (Dow & Woolley, 2011) who migrated to southern California considered financial problems or lack of resources to be a significant reason for strain and influenced mental health. These participants indicated that a lack of finances might place them at risk for poor mental health but not mental illness. A systematic review focussed on factors associated with mental illness revealed “worry” as a potential cause of mental illness in nine studies (Byrow et al., 2020). Similarly, in a focus group interview, stress due to insufficient finances to raise a family was identified as the significant factor of poor mental health among adults in Scotland compared to young people of a similar population (Armstrong et al., 2000). Likewise, a study conducted in

Wisconsin, aimed to examine the perceptions of agribusiness personnel regarding the mental health of farmers. The outcomes of the study revealed that the terms commonly used by these personnel to describe the mental health status of farmers were "stressed" and "depressed" (Rudolphi & Barnes, 2020). In general, good mental health was associated with acquiring essential needs and access to education (Harms et al., 2009) for children and employment (Armstrong et al., 2000; Hergenrather et al., 2015; Mirabzadeh et al., 2014; Rudolphi & Barnes, 2020). This alternate view of mental health was also reported in a broader understanding of physical and mental health, as shown by many studies (Bailey et al., 2022; Byrow et al., 2020; Ott et al., 2011; Singletary et al., 2015; Wang, 2004). Hence, it is clear from the above findings that access to resources to meet life's basic and essential needs was viewed as a mandatory requirement for mental health among varied populations across the globe.

The importance of environmental safety has been identified as a relevant feature among mental health studies (Armstrong et al., 2000), as political violence (Byrow et al., 2020; Hou et al., 2020) may create a threat to personal safety and fear, which places individuals at risk of poor mental health (Byrow et al., 2020; Taylor et al., 2013). In the current study, the women's descriptions of stress and tension were also related to the geopolitical situation in Pakistan. In addition to political instability, the lives of ordinary citizens in Pakistan have been affected by the impact of climate change. Last year, Pakistan faced deadly floods caused by heavy monsoon rainfall, displacing people and leaving them without homes. Unfortunately, the lack of government support exacerbated the situation, compromising the population's safety and significantly impacting their mental health (Yousuf et al., 2023).

The Pakistani women's perceptions of mental health related to meeting their basic needs, both their safety and essential needs, validate Maslow's (1943) hierarchy of needs, where individuals try to acquire lower-level needs before achieving upper-level needs that include self-esteem and self-actualization.

A small proportion of women connected the term “mental health” with the functioning of the brain or mind. This was also shown in a qualitative study on orphans' experiences in Uganda and its impact on their mental health (Harms et al., 2009). However, unlike in the Ugandan study, where there was no word for mental health in the Lugandan language, the Urdu language, in which the current study was conducted, has a concise and precise translation: “health of the mind.” This term is typically understood in terms of brain processing and is not limited to the physical location but also includes brain functioning. Johansson et al.’s (2007) identified a similar understanding of mental health and its functioning. An interpretive phenomenology study by Roose and John (2003) referenced mental health as “peace of mind” and associated with an individual's emotions, thoughts, and behaviours (p. 547). In contrast, Ott and colleagues (2011) viewed mental health negatively by defining it as “stress and fatigue” (p. 398).

In defining mental health, the notion of socially acceptable behaviour was a relevant feature. For instance, confusion and disturbed or upset behaviour (Armstrong et al., 2000), not behaving according to societal norms or not being able to talk to others (Byrow et al., 2020; Choudhry et al., 2016; Dow & Wolley, 2011; Harms et al., 2009), and displaying negative behaviours that are socially and culturally not acceptable (Wells et al., 2011) were simply considered typical features of poor mental health. In this discussion of poor mental health, the concepts of madness and insanity were explicitly shared by the women with typical example being an individual who is shabbily dressed, wanders on the streets, and is not aware of his or her surroundings which is similar to other studies and writing on insanity by Choudhry and Bokharey (2013), Harms et al. (2009) and Wells et al. (2011). Because the women in the present study did not cite any specific mental health disorders, it could not be concluded whether poor mental health is the same as a mental illness in their understanding or perhaps poor mental health is a continuum. Other scenarios of what the women identified as insanity were related

to individuals who lack respect for human lives. The women described specific examples of individuals who caused bombings or raped young girls. This likely reflected what the women observed in their surroundings or had been informed by the media. Bombing and sexual assault were regularly reported in Karachi and other provinces of the country during the data collection process of this study. Although no such examples were highlighted in the previous studies, these findings can be found in the extensive literature on refugees and asylum-seekers experiences (Byrow et al., 2020; Hou et al., 2020) and the impact of war on mental health (Murthy & Lakshminarayana, 2006).

Another interesting finding related to insanity and madness in the construction of mental health and well-being among Pakistani women was about religion or spirituality. Women viewed individuals with poor mental health, who create havoc in human lives, as "lacking fear of God." It is commonly believed that fearing God encourages individuals to do good in their lives because they fear punishment or expect rewards from God (Norenzayan & Hansen, 2006). This fear of God is also understood as having respect for God and is thought to encourage individuals to act in ways that make God happy and to refrain from those that are not acceptable (Shariff & Norenzayan, 2007).

Not surprisingly, and in keeping with the findings of previous studies (Armstrong et al., 2000; Bailey et al., 2022; Harms et al., 2009; Singletary et al., 2015; Wells et al., 2011), some women in this study were unfamiliar with the term mental health; however, they expressed ideas about what causes sound and poor mental health. Typically, the women without primary schooling or minimal exposure to secular education had difficulty expressing their understanding of the term. Armstrong and colleagues (2000) also identified this among Mexican youth from deprived and rural areas who had trouble understanding the term compared to students from suburban areas. However, key informants who were mental health providers from Mexico reported that mental health is a term not often used by the general population (Wells et al., 2011). Bailey et al.'s (2022) suggested that the "abstract nature" of the mental health concept could be a possible reason for individuals to understand the meaning (p. 165).

Strengths and Limitations

This qualitative study is the first to explore the knowledge and experiences, and perceptions of mental health and well-being by Pakistani women and contributes to the existing literature about definitions and perceptions of the mental health and well-being of these women. Theoretical scaffolding enabled identifying the existing knowledge and provided a frame of reference to develop the interview guide. In addition, data analysis in the source language preserved women's voices, avoided data wasting and distortion, and enhanced the study's credibility. Further, a portion of data was translated and double coded by one of the co-authors and a list of categories in Urdu with an English translation and participants' verbatim expressions was shared with a qualitative expert who was bilingual and familiar with the participants' culture. The constant comparative method and inductive analysis enhanced study rigour and generated new insights. Member checking was achieved by paraphrasing participants' statements or by seeking clarification after the completion of the discussion of each question or during the interview, if required. These measures have strengthened the trustworthiness and the study rigour.

In terms of study limitations, it is essential to note that although an encouraging response was received during the recruitment process, many women could not return for interviews due to periodic city crises and fear of travelling to the micro-finance office. Nevertheless, all participants shared a positive understanding of mental health and well-being; they can thus be considered typical cases. In addition, increasing and broadening the sample

through recruiting women from other institutions or other branches of the selected micro-finance programs may have led to identifying atypical cases of the phenomenon of inquiry. The study focused exclusively on urban dwelling Pakistani women, where poverty statistics are comparatively better than in rural areas. However, considering that the lack of access to necessities is a significant source of tension and stress among this population, it would have been valuable for the study to also explore the mental health perceptions of rural loan recipient women whose educational opportunities and access to healthcare is scarce, and the agriculture sector demands significant uncompensated work (Khan et al., 2021). Examining their experiences could provide further insights into the outcomes and will also bring atypical cases of the phenomenon.

Recommendations and Conclusion

This qualitative study of Pakistani women provides insight into which elements underlie the women's mental health, influence their peace, and assist them in promoting their mental health and overall well-being. Pakistan's economy is currently experiencing significant strain by low foreign reserves, a depreciating currency, and high inflation. This has resulted in a staggering 35.7 percent increase in the poverty rate within the country (Meyer, 2023). In response to the study findings, it is deemed vital to design interventions that are essential and relevant to the needs of this population. The integration of mental health concepts in community and public health would enable a vital step for a reorientation of mental health education, practice, and services by changing its focus from an "illness culture" towards the principles of mental health promotion (Hubka & Lakaski, 2013, p. 661; Jacob, 2001). In the Pakistani context, lady health visitors (LHVs) play a significant role in providing primary health care in semi-urban and rural settlements (where 65% of the population lives). These LHVs would integrate assessment and interventions related to mental health promotion, maternal and child health care, vaccination, sanitation, and birth control measures through home visitation programs (WHO, 2008). In addition, Begum and colleagues (2020) suggested that considering the high prevalence of mental disorders globally, it is vital to assess interventions that can lead to positive developments in mental health and that substantial efforts are made in Pakistan to improve mental health education.

Considering the influence of social health determinants and their impact on mental health, a simple, culturally sensitive, and measurable mental health tool must be established in Pakistan's nursing practice. The existing mental health tools are predominantly based on Western mental health and well-being (Keyes, 2002). These models do not recognize the significant demands of meeting essential needs and the daily political instability faced by the women in this study.

The concepts related to mental health taught in the nursing and medical curriculum are predominantly about psychiatric disorders and are presented from a Eurocentric perspective. This results in an understanding of mental health limited to the context of illness and disorders with western treatment modalities. Therefore, nurse educators need to revisit how they understand and teach concepts related to mental health to nursing students, lady health visitors, and other healthcare providers.

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Author's Note

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