

Mental Health Issues Among Rural Women and Support Systems: A Study in Bangalore Rural

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Abstract—Women’s mental health is a vital yet underexplored aspect of empowerment and social progress, particularly in rural India. This study focuses on Bangalore Rural, Chikkaballapur, where women encounter multiple barriers to psychological well-being, including poverty, patriarchal norms, limited healthcare facilities, and domestic violence. These stressors often lead to high rates of depression, anxiety, and trauma, while stigma and lack of awareness further restrict help-seeking behavior. Although programs such as the National Mental Health Programme (NMHP) and the District Mental Health Programme (DMHP) exist, their outreach in rural communities remains inadequate. Informal networks like families and Self-Help Groups (SHGs) provide some level of emotional and social support, but they are fragmented and lack professional guidance. The research highlights the pressing need to strengthen rural mental health services through awareness initiatives, accessible professional care, and community-based interventions. Addressing these gaps is essential for improving women’s well-being, ensuring family stability, and fostering inclusive rural development.

Index Terms—Rural women, Mental health, Bangalore Rural, emotional support, Access to care

I. INTRODUCTION

Mental health forms an essential aspect of women’s empowerment and the overall progress of society. In rural regions of India, particularly Bangalore Rural, women encounter several challenges that negatively influence their mental well-being. Although the district lies close to urban Bengaluru, it continues to struggle with rural problems such as poverty, rigid patriarchal structures, inadequate healthcare services, and domestic violence. These social and economic constraints often lead to high levels of depression, anxiety, postpartum issues, and trauma, which are

further intensified by stigma and social isolation. Awareness about mental health is still limited, and the availability of trained professionals is minimal, with Primary Health Centres providing little to no specialized care. While families, community groups, and self-help organizations attempt to provide support, these efforts are insufficient to address the rising needs. Strengthening mental health care for rural women is therefore crucial to achieving gender equality, sustainable development, and inclusive change at the community level.

1.1. Research Background

Mental health is increasingly seen as an essential part of women’s empowerment and overall social well-being. Rural women in India, especially in the Bangalore Rural district, face specific challenges that harm their mental health. These include poverty, gender-based violence, social stigma, and limited access to healthcare. Studies indicate that awareness of mental health is slowly improving, but many rural women still deal with psychological issues like depression, anxiety, and trauma (Patel et al., 2018; NIMHANS, 2016). Informal support systems, such as family and Self-Help Groups (SHGs), provide some help but are often inconsistent. Government programs like the National Mental Health Programme (NMHP) and District Mental Health Programme (DMHP) have not yet reached their full potential in rural areas.

1.2. Problem Statement

Even though mental health is increasingly recognized as a serious public health issue, rural women in Bangalore Rural still experience high levels of psychological distress and do not fully use available mental health services. Stigma, lack of awareness, economic challenges, and weak institutional support

limit their ability to seek professional help. While some support systems do exist, they are fragmented, poorly integrated, and underused, which leaves women exposed to untreated mental health problems. These issues affect their well-being, family stability, and overall community development.

1.3. Need of the Study

This study focuses on understanding the mental health concerns experienced by rural women in Bangalore Rural, while also examining how socio-economic conditions and cultural influences affect their well-being. It further aims to review the availability, awareness, and effectiveness of existing mental health services in these areas. By highlighting the gaps in the current support system, the research seeks to recommend suitable approaches and interventions that can strengthen access to care and promote improved mental health outcomes for rural women.

1.4. Objectives

1. To identify the prevalent mental health issues faced by rural women in Bangalore Rural district.
2. To examine socio-economic and cultural factors influencing mental health challenges among rural women.
3. To assess awareness levels and attitudes towards mental health and mental health services.
4. To evaluate the accessibility, availability, and effectiveness of existing mental health support systems (governmental and non-governmental).

II. REVIEW OF LITERATURE

Research in the Indian context shows that rural women face a heightened risk of mental health concerns, including depression and anxiety, which are often linked to poverty, domestic violence, limited healthcare facilities, and deeply rooted patriarchal practices (Patel et al., 2018; Trivedi & Goel, 2018). Findings from the National Mental Health Survey (NIMHANS, 2016) suggest that factors such as stigma, low levels of awareness, and inadequate infrastructure in rural areas create major obstacles to early detection and treatment. Scholars also emphasize that socio-economic background, educational attainment, and cultural restrictions strongly influence the psychological well-being of women in rural

communities (Kumar & Murthy, 2017). Although informal networks like families, Self-Help Groups (SHGs), and local community circles offer some support, their role is often inconsistent and weakened by prevailing stigma and poor mental health literacy (Mishra et al., 2021). Government programs such as the National Mental Health Programme (NMHP) and the District Mental Health Programme (DMHP) were designed to bring mental health care into the primary healthcare framework, yet several challenges in implementation continue to limit their effectiveness (Government of India, 2014). Consequently, researchers underline the importance of community-level approaches and culturally sensitive awareness strategies to strengthen both formal healthcare systems and informal support structures for rural women (Jacob et al., 2007).

III. METHODOLOGY

This study employs a descriptive research design using both primary and secondary data sources to explore the mental health challenges of rural women in Bangalore Rural.

For the primary data, information was collected through a structured questionnaire administered to 104 respondents, selected using simple random sampling from different Bangalore rural and Chikkaballapur.. The questionnaire captured demographic details such as age, marital status, education, occupation, and income, along with research-specific aspects including mental health issues, awareness, access to healthcare facilities, cultural and social barriers, and the role of support systems. The collected responses were organized and analysed using basic descriptive statistics like percentages and frequency distributions to identify trends and patterns.

In addition, secondary data was gathered from published sources including policy documents, previous research studies, survey reports, and articles from academic journals. These sources provided contextual background, supported the interpretation of primary findings, and helped in comparing the results with existing literature.

By integrating both primary and secondary data, the methodology ensured a more comprehensive

understanding of the socio-economic and cultural factors influencing mental health among rural women.

IV. HYPOTHESES

- Null Hypotheses (H₀):

There is no significant relationship between socio-economic status, education level, and awareness of support systems with the mental health issues and

help-seeking behavior of rural women in Bangalore Rural.

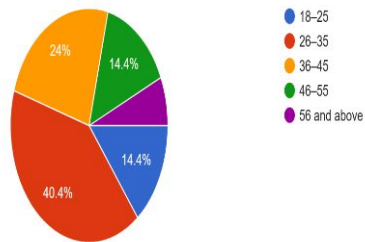
- Alternative Hypotheses

- H₁: Socio-economic status significantly influences the mental health issues faced by rural women.
- H₂: Awareness of support systems significantly influences help-seeking behavior among rural women..

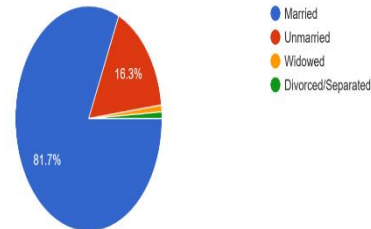
V. DATA ANALYSIS AND INTERPRETATION

Demographical details

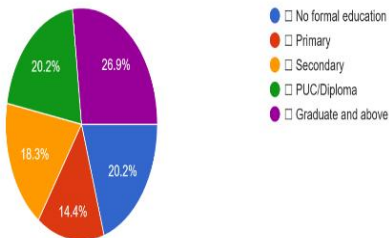
Age Group:
104 responses



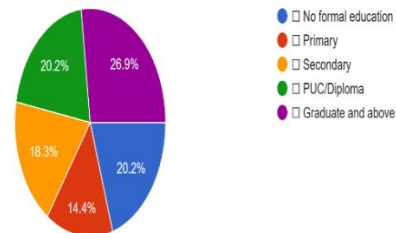
Marital Status:
104 responses



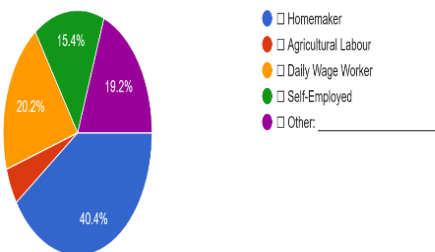
Education Level:
104 responses



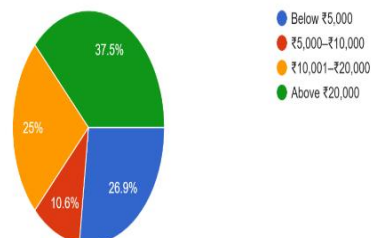
Education Level:
104 responses



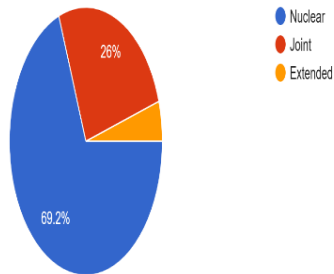
OCCUPATION
104 responses



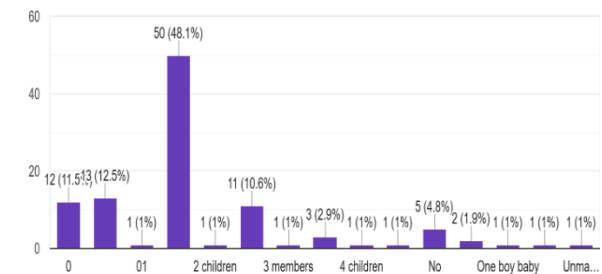
Monthly Household Income:
104 responses



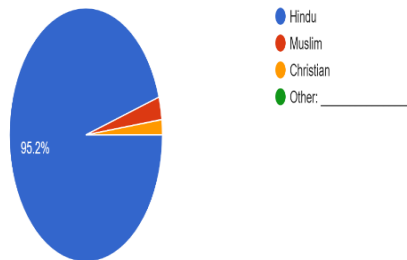
Family Type:
104 responses



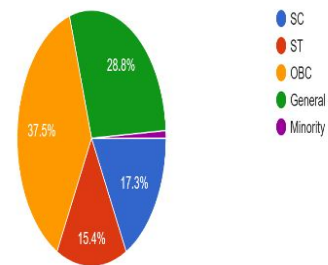
Number of Children/Dependents:
104 responses



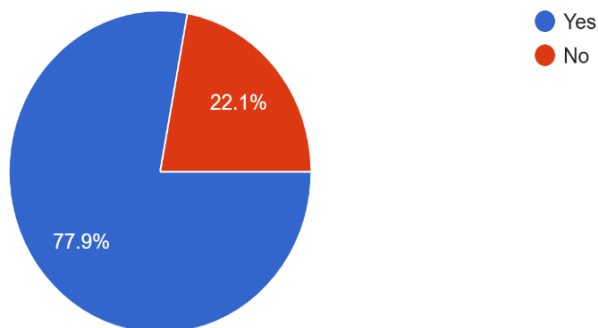
Religion:
104 responses



Caste/Social Category (Optional):
104 responses



Have you heard of the term “mental health”?
104 responses



Analysis

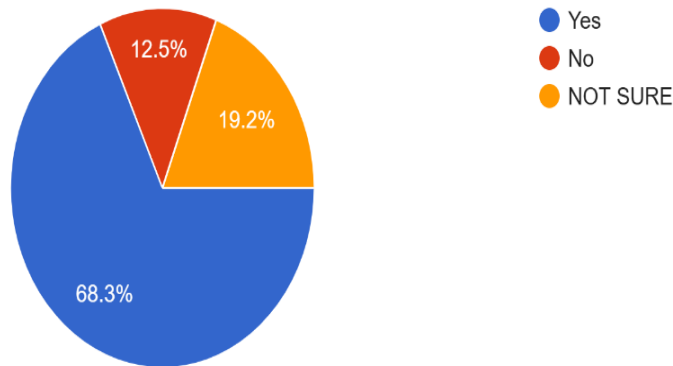
Out of 104 respondents, 77.9% have heard of the term “mental health,” while 22.1% have not. This shows that most people are at least somewhat familiar with the concept, but a significant number still lack awareness.

Interpretation:

The high level of awareness is promising, but the fact that more than one-fifth of respondents have not heard of “mental health” highlights gaps in education and outreach. Improving awareness campaigns could help ensure more people understand the topic and address the stigma linked to mental health.

Do you think mental health is as important as physical health?

104 responses



Analysis

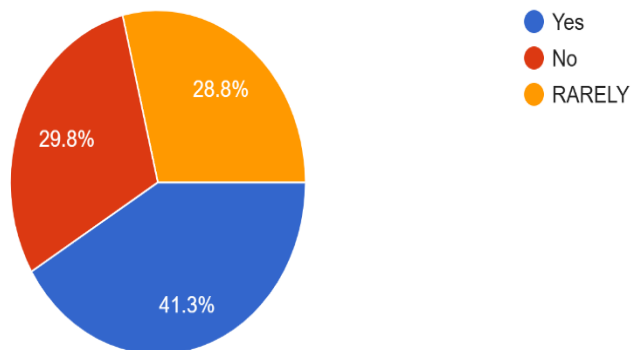
Out of 104 respondents, 68.3% agreed that mental health is as important as physical health. Meanwhile, 12.5% disagreed, and 19.2% were unsure. This shows that a clear majority values mental health equally with physical health.

Interpretation:

The findings suggest a positive shift in awareness about the importance of mental health. However, the disagreement and uncertainty point to the need for more education and awareness programs to reduce stigma and misconceptions.

Do women in your community talk openly about mental stress or depression?

104 responses



Analysis:

Out of 104 respondents, 41.3% said women in their community talk openly about mental stress or depression. In contrast, 29.8% said they do not, and 28.8% stated it happens rarely. This shows that open conversations exist but are not yet common.

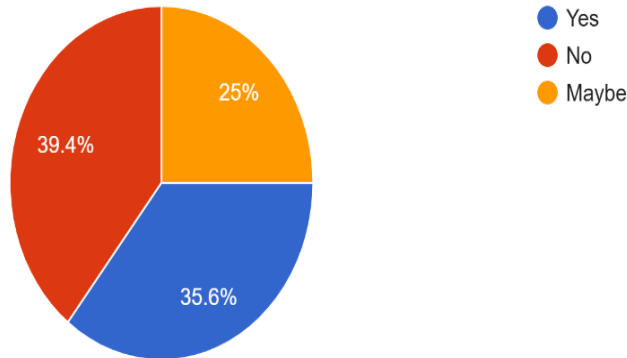
Interpretation:

The findings suggest that women are becoming more

willing to discuss mental health. However, a large group still avoids these conversations or engages in them infrequently. This highlights the ongoing stigma and social barriers surrounding mental health that need to be addressed through awareness and community support.

Would you be willing to consult a professional if you faced mental health problems?

104 responses



Analysis:

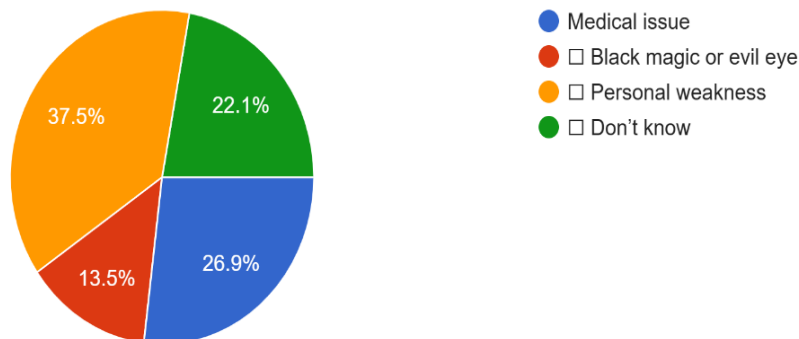
Out of 104 respondents, 35.6% said they would consult a professional if they faced mental health problems. In contrast, 39.4% said they would not seek help, while 25% were unsure. This indicates that hesitation to seek professional help is greater than the willingness to do so.

Interpretation:

These results reveal a notable reluctance to reach out to mental health professionals. This may be due to stigma, lack of awareness, or issues with accessibility. It's important to encourage open discussions and promote the benefits of professional support to improve how people seek mental health care.

What do you believe causes mental illness? (Tick all that apply)

104 responses



Analysis:

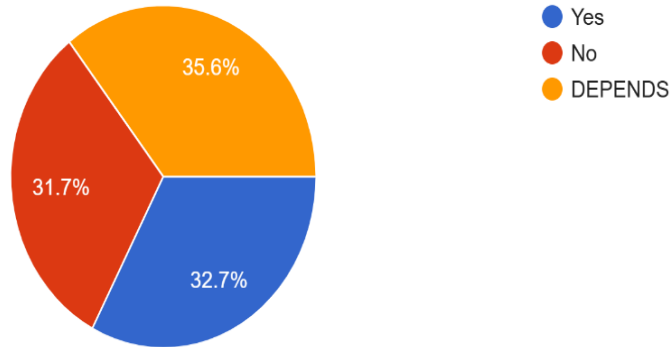
Out of 104 respondents, 37.5% associated mental illness with personal weakness, while 26.9% considered it a medical condition. About 22.1% admitted they were unsure, and 13.5% still connected it to beliefs such as black magic or the evil eye. These findings highlight the presence of diverse perceptions and persistent misconceptions about mental health.

Interpretation:

The findings suggest that while some respondents see mental illness as a medical condition, a large number still connect it to stigma-driven beliefs like personal weakness or supernatural causes. This shows the urgent need for awareness campaigns and education to promote a scientific understanding of mental health and to reduce myths and stigma.

Do you think talking about mental health is acceptable in your village?

104 responses



Analysis:

Out of 104 respondents, 32.7% believe talking about mental health is acceptable in their village. Meanwhile, 31.7% feel it is not acceptable, and 35.6% said it depends on the situation. This shows a split perception within the community.

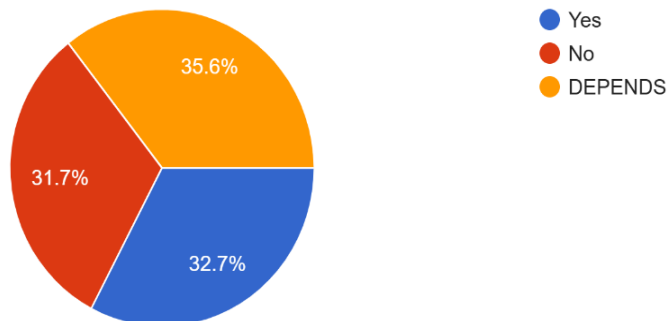
Interpretation:

The findings show that discussions about mental

health are not fully accepted in villages. Many people are still hesitant or only accept it under certain conditions. This points to the need for community awareness programs and efforts to reduce stigma and normalize conversations about mental health in rural areas.

Do you think talking about mental health is acceptable in your village?

104 responses



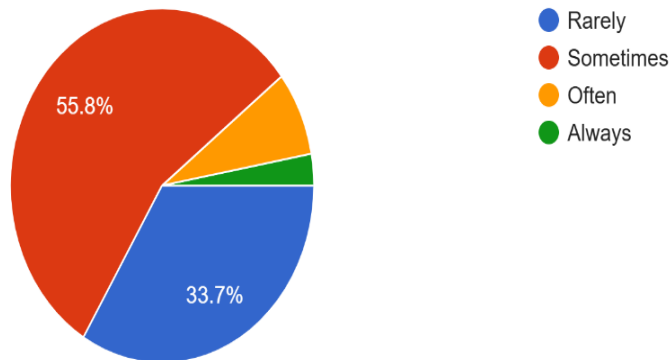
Analysis: From the 104 responses, 32.7% said talking about mental health is acceptable in their village, 31.7% said it is not acceptable, and the largest share, 35.6%, responded that it depends on circumstances. This shows no clear agreement in the community.

Interpretation: The results indicate that while some openness to mental health discussions exists, a

significant part of the community remains hesitant or conditional. This points to stigma and social barriers, suggesting that targeted awareness and education efforts are needed to make mental health conversations more widely accepted.

How often do you feel stressed, tired, or emotionally exhausted?

104 responses



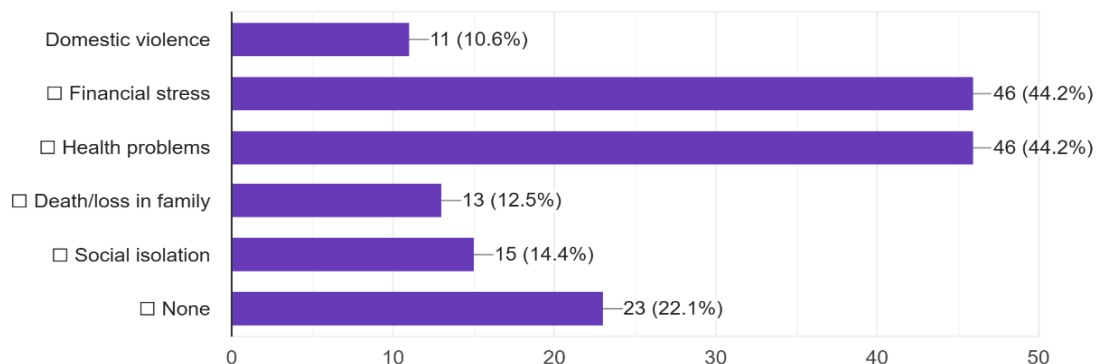
Analysis: From the 104 responses, 32.7% said talking about mental health is acceptable in their village, 31.7% said it is not acceptable, and the largest share, 35.6%, responded that it depends on circumstances. This shows no clear agreement in the community.

Interpretation: The results indicate that while some openness to mental health discussions exists, a

significant part of the community remains hesitant or conditional. This points to stigma and social barriers, suggesting that targeted awareness and education efforts are needed to make mental health conversations more widely accepted.

Have you faced any of the following recently? (Tick all that apply)

104 responses



Analysis:

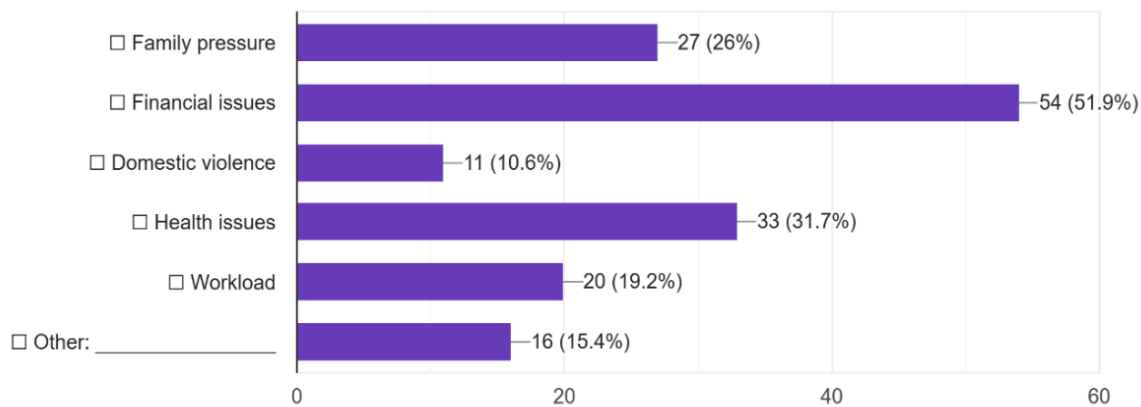
The most common issues reported by respondents were financial stress at 44.2% and health problems at 44.2%. A smaller percentage faced social isolation at 14.4%, death or loss in the family at 12.5%, and domestic violence at 10.6%. Meanwhile, 22.1% indicated they had none of these issues.

Interpretation:

The results show that financial and health challenges are the main concerns affecting mental well-being. Although fewer respondents reported issues like domestic violence or social isolation, these problems still exist. This indicates a need for comprehensive support that addresses financial, health, and social needs.

What do you think causes your mental stress? (Tick all that apply)

104 responses



Analysis:

The most significant cause of mental stress reported is financial issues at 51.9%. This is followed by health issues at 31.7% and family pressure at 26%. A smaller number cited workload at 19.2%, domestic violence at 10.6%, and other unspecified reasons at 15.4%.

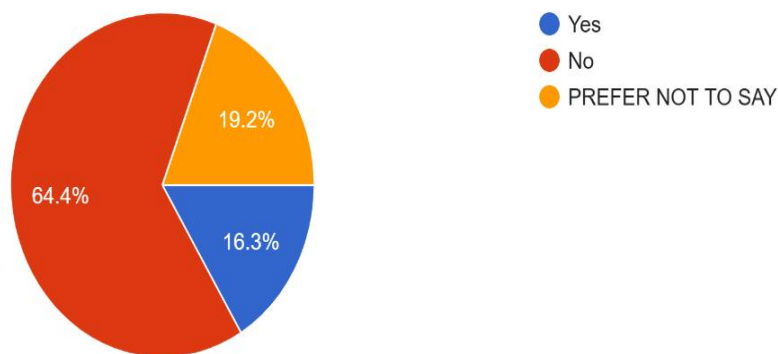
Interpretation:

This shows that economic instability and health

concerns are the main sources of mental stress, overshadowing other factors. However, family and social pressures, although less common, still have an impact. This highlights the need for diverse mental health support that addresses financial, health, and family challenges.

Have you ever had thoughts of self-harm or suicide?

104 responses

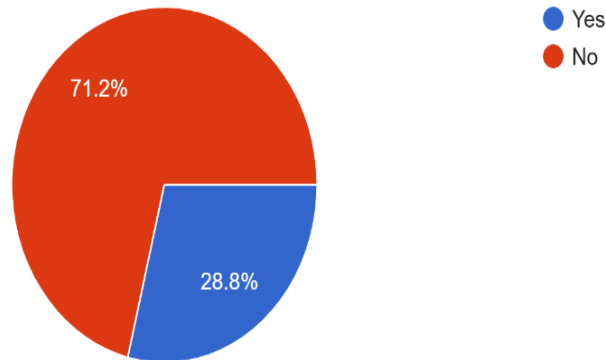


Analysis: Out of 104 respondents, 16.3% reported having thoughts of self-harm or suicide. 64.4% said no, and 19.2% preferred not to answer. The high percentage of "No" shows resilience. However, the combined responses of "Yes" and "Prefer not to say" (35.5%) highlight possible underlying concerns.

Interpretation: The presence of individuals who admitted to suicidal thoughts and those unwilling to disclose suggests that mental health struggles may be more common than openly reported. This points to a pressing need for supportive interventions, reducing stigma, and creating safe spaces for open dialogue.

Are you aware of any mental health services (government or NGO) available in your area?

104 responses



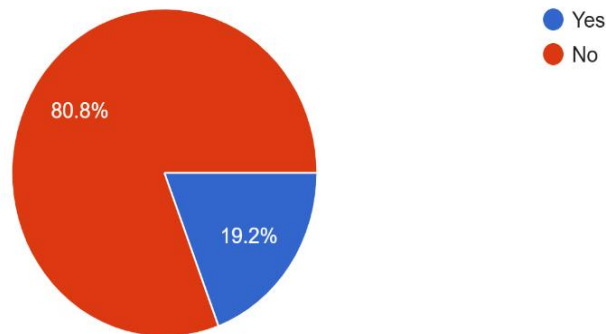
Analysis: Out of 104 respondents, only 28.8% know about the mental health services available in their area. In contrast, a large majority of 71.2% do not. This shows a significant gap in awareness of mental health resources.

need for better outreach, more information sharing, and increased visibility of current mental health services. Without sufficient awareness, even existing support systems might not be used effectively, which limits their potential benefits.

Interpretation: The lack of awareness points to the

Have you ever sought help for emotional or psychological issues?

104 responses

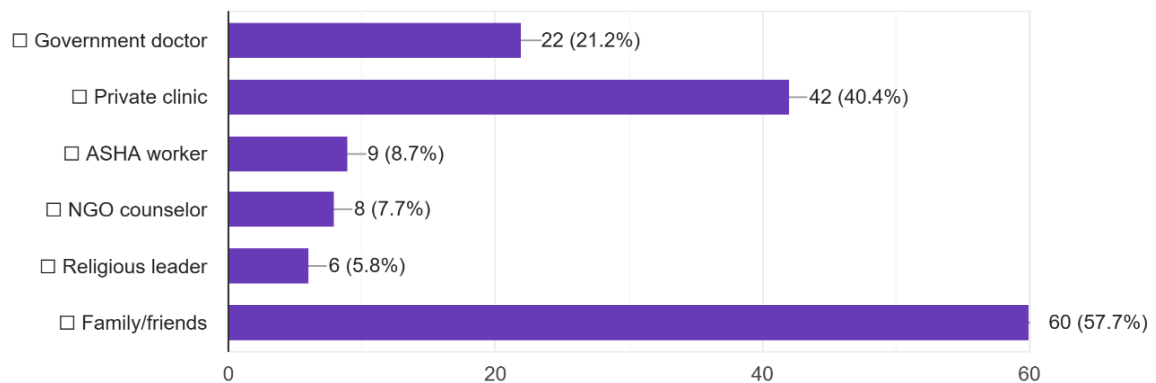


Analysis: Among 104 respondents, only 19.2% reported looking for help with emotional or psychological issues. A large majority, 80.8%, have never sought such help. This indicates that most people are not using mental health support despite potential needs.

Interpretation: The low number of people seeking help may indicate barriers such as stigma, lack of awareness, or limited access to services. Promoting openness, normalizing mental health care, and making services more accessible could encourage more people to seek support.

If yes, whom did you approach? (Tick all that apply)

104 responses

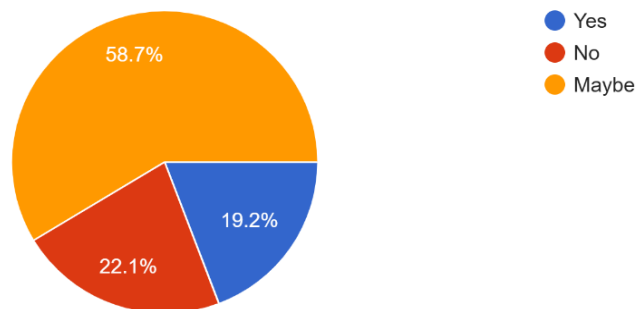


Analysis: Among those who sought help, most turned to family or friends (57.7%) and private clinics (40.4%). Fewer individuals visited government doctors (21.2%), ASHA workers (8.7%), NGO counsellors (7.7%), or religious leaders (5.8%). This indicates a strong reliance on informal support systems and private healthcare rather than institutional or community-based options.

Interpretation: The findings suggest that people feel more comfortable seeking help from trusted personal networks and private services instead of public or NGO resources. This may point to problems with access, trust, or the stigma associated with using formal mental health services. It highlights the need to improve public mental health infrastructure and raise community awareness.

Are mental health professionals (counselors/psychiatrists) available in your PHC or local hospital?

104 responses

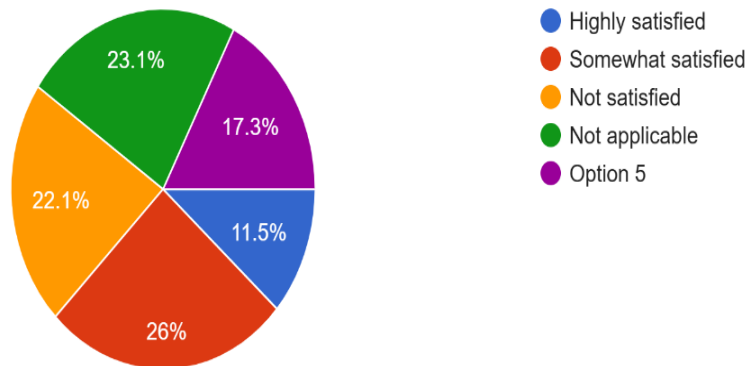


Analysis: Among the 104 respondents, only 19.2% reported that mental health professionals were available in their local hospital or primary health centre. In contrast, 22.1% stated that such professionals were not present, while a majority of 58.7% were uncertain. This indicates poor clarity and limited awareness regarding the availability of mental health specialists in local healthcare services.

Interpretation: The high level of uncertainty suggests weak communication or visibility of mental health services within the community. Improving awareness campaigns and ensuring the presence of trained professionals in local health centers could enhance accessibility and build trust in mental health care.

If you visited a hospital for mental health concerns, how satisfied were you with the care?

104 responses

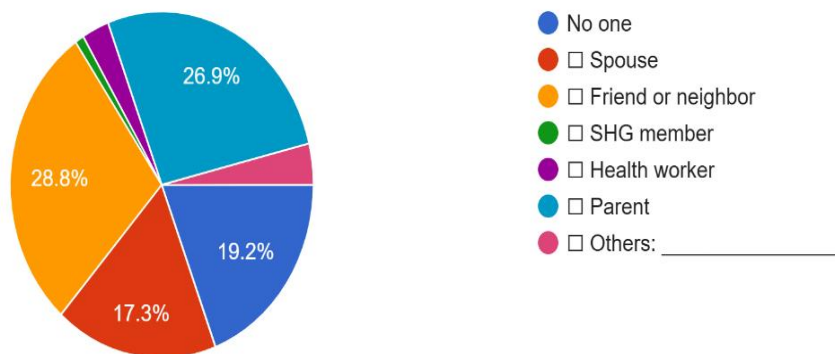


Analysis: Out of 104 respondents, only 11.5% reported being highly satisfied and 26% somewhat satisfied with hospital care for mental health concerns. Meanwhile, 22.1% were not satisfied. Additionally, 23.1% marked "not applicable," and 17.3% selected the fifth option. This suggests varied experiences and limited interactions with hospitals.

Interpretation: The relatively low levels of high satisfaction point to issues in the quality or availability of mental health care in hospitals. The many "not applicable" responses show that a significant number of respondents may not have used these hospital services, indicating barriers to access or availability.

When you feel mentally disturbed, whom do you talk to?

104 responses

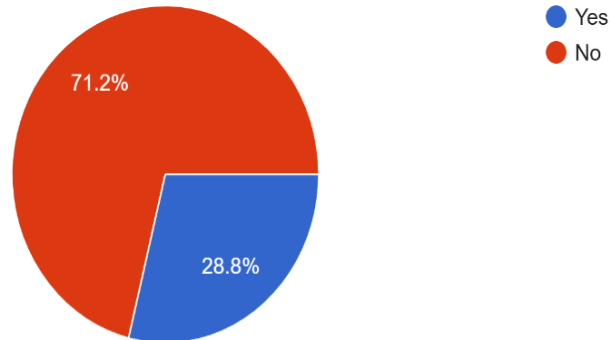


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Interpretation: The relatively low levels of high satisfaction point to issues in the quality or availability of mental health care in hospitals. The many "not applicable" responses show that a significant number of respondents may not have used these hospital services, indicating barriers to access or availability.

Are you part of a Self-Help Group (SHG) or community group?

104 responses



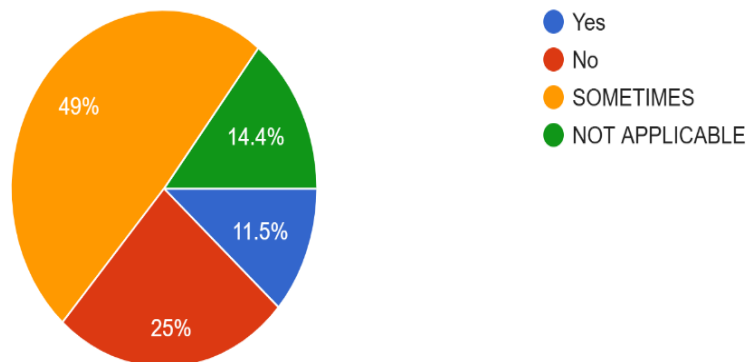
Analysis: Out of 104 respondents, only 28.8% reported being part of a Self-Help Group (SHG) or community group. A large majority, 71.2%, said they are not involved. This shows that participation in these groups is relatively low.

involvement with support systems that could improve social and emotional well-being. Increasing awareness and access to SHGs or community groups could offer valuable peer support and strengthen mental health resilience..

Interpretation: The low membership suggests limited

Does your SHG or community group offer emotional support or discuss mental well-being?

104 responses



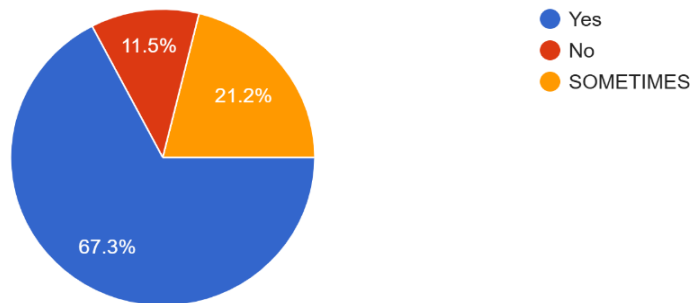
Out of 104 respondents, only 11.5% said their SHG or community group offers emotional support. 25% said no, while the largest group, 49%, indicated that it happens sometimes. Additionally, 14.4% reported that it does not apply to them.

Nearly half of the respondents say it only happens occasionally. Strengthening the role of SHGs and community groups in regular discussions about mental well-being could improve support and reduce stigma around mental health.

These findings suggest that while some community groups provide emotional support, it is not consistent.

Do you feel emotionally supported by your family during difficult times?

104 responses



Out of 104 respondents, 67.3% stated that they receive emotional support from their families during difficult times. In comparison, 21.2% felt supported only occasionally, while 11.5% reported receiving no support at all. This suggests that families are a primary source of emotional strength for many individuals.

The high level of family support suggests that strong family connections help with coping. However, the presence of those who get little or inconsistent support shows a need for broader support systems beyond family, like community groups or professional counseling.

VI. FINDINGS

- a) Most respondents have heard of the term mental health, but many are still unaware of its meaning. This highlights the need for broader awareness campaigns to help all women understand this concept and its significance.
- b) A majority believe that mental health is just as important as physical health, although some still feel doubtful or uncertain. This shows that focused education is needed to clear up confusion and build agreement.
- c) Mental distress and depression are sometimes discussed, but open conversations remain infrequent. This suggests that stigma continues to limit discussion and points to the need for safe spaces for talking.
- d) More women are hesitant than eager to seek professional help for mental health issues, with

many still uncertain. This reflects fears, stigma, and accessibility issues that must be tackled.

- e) Views on mental illness differ greatly, with some seeing it as a medical issue while others consider it a sign of weakness or a superstition. These misunderstandings highlight the need for awareness programs based on scientific facts.
- f) Opinions about discussing mental health in villages are mixed; some are open to it, while others oppose it or allow it only under certain conditions. This highlights the importance of community-driven initiatives to make such conversations more common and acceptable.
- g) Many respondents experience stress and emotional exhaustion, mainly due to financial, health, and family pressures. These findings stress the importance of stress management programs and access to resources for coping.
- h) While most deny having suicidal thoughts, some admitted to them or avoided answering. This reveals underlying concerns and underscores the need for confidential, supportive measures.
- i) Knowledge of available mental health services is very poor, with most respondents unaware of what is available nearby. This lack of information limits effective use, calling for greater outreach and promotion.
- j) Those who seek help generally go to family, friends, or private clinics instead of public services. This reliance indicates a lack of trust in formal systems, showing that improving the accessibility and credibility of government services is essential.

- k) Participation in self-help groups or community groups is low, and even when these exist, emotional support tends to be inconsistent. This suggests a need to strengthen self-help groups as dependable sources of peer support.
- l) Family serves as the primary source of emotional support for most women, although this support is not always reliable. This indicates that while families play an important role, additional community and institutional support systems are also necessary.

VII. SUGGESTION

- a) Expansion of education initiatives to cover the uninformed on mental health is essential for Awareness programs should highlight that mental health is as important as physical health. This will help increase understanding in rural communities.
- b) We should encourage open discussions about mental health within families and communities using culturally appropriate methods to reduce stigma.
- c) People's fear of seeking professional help can be eased by showing that mental health care is acceptable and by improving access, both geographically and financially.
- d) We need to clear up misconceptions about mental illness through science-based communication, supported by community leaders.
- e) Outreach efforts that respect local customs should make conversations about mental health normal and create environments free from stigma in villages.
- f) We should provide coping skills and stress management resources to help with financial, health, and family pressures, while connecting services to social support.
- g) It is essential to develop confidential and non-judgmental services for individuals experiencing suicidal thoughts and ensure they are widely accessible.
- h) We should increase the visibility of mental health services through campaigns and partnerships with respected local leaders.
- i) Mental health services must be affordable and accessible, without stigma, to encourage people to seek help in a timely manner.

- j) The quality of services in public and NGO facilities should improve through community involvement and by providing culturally sensitive training for staff.
- k) We need to enhance communication about the roles of mental health professionals through community programs and health fairs.
- l) Families, Self-Help Groups (SHGs), and community organizations should be empowered as dependable sources of emotional support. They can work alongside professionals to improve coping outcomes.

VIII. CONCLUSION

The Bangalore Rural mental health study among rural women identifies significant challenges and opportunities for intervention. Despite a moderate level of awareness regarding mental health, there remain considerable gaps in knowledge, acceptance, and utilization of mental health care. Psychological distress among most women occurs primarily because of financial issues, health concerns, and social pressures. Yet, stigma and restricted access to professional treatment make it difficult for them to find assistance. Although informal support structures, particularly family networks, are essential, they are insufficient to address increasing mental health demands.

The conclusions stress the importance of building strong local mental health services, enhancing community awareness, and minimizing mental illness stigma. Interlinking mental health with existing rural development and women's empowerment initiatives, expanding the number of professionals who have been trained, and allowing Self-Help Groups to provide regular emotional support can collectively enhance the mental well-being of rural women. Ultimately, the empowerment of rural women needs to include mental health as a fundamental component of their overall health and social integration. Investment in effective, culturally appropriate mental health services is critical for sustainable, inclusive development and gender equality in Bangalore Rural and other such areas.

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Mental Health Issues Among Rural Women and Support Systems: A Study in Bangalore Rural Section A: Demographic Information

1. Name _____ (Optional):

2. Age:

☐ 18–25 ☐ 26–35 ☐ 36–45 ☐ 46–55 ☐ 56 and above

3. Marital Status:

☐ Married ☐ Unmarried ☐ Widowed ☐ Divorced/Separated

4. Education Level:

☐ No formal education ☐ Primary ☐ Secondary ☐ PUC/Diploma ☐ Graduate and above

5. Occupation:

☐ Homemaker ☐ Daily wage worker ☐ Farmer ☐ Self-employed ☐ Other: _____

6. Monthly Household Income:

☐ Below ₹5,000 ☐ ₹5,000–₹10,000 ☐ ₹10,001–₹20,000 ☐ Above ₹20,000

7. Family Type:

☐ Nuclear ☐ Joint ☐ Extended

8. Number of Children/Dependents: _____

9. Caste/Social Category (Optional):

☐ SC ☐ ST ☐ OBC ☐ General ☐ Minority

Section B: Mental Health Awareness and Experiences

10. Have you ever heard of the term mental health?
☐ Yes ☐ No
11. Do you believe mental health is as important as physical health?
☐ Yes ☐ No ☐ Not sure
12. Have you ever experienced any of the following? (Tick all that apply)
☐ Persistent sadness or hopelessness
☐ Anxiety or fear
☐ Sleep disturbances
☐ Loss of interest in daily activities
☐ Suicidal thoughts
☐ None
13. How often do you feel emotionally distressed or mentally exhausted?
☐ Rarely ☐ Sometimes ☐ Often ☐ Always
14. Have you faced any of the following situations recently? (Tick all that apply)
☐ Domestic violence or abuse
☐ Financial stress
☐ Health problems
☐ Death or loss in the family
☐ Social isolation
☐ None

Section C: Access to Mental Health Services

15. Are you aware of any government or NGO support available for mental health in your area?
☐ Yes ☐ No
16. Have you ever sought help for emotional or psychological issues?
☐ Yes ☐ No
17. If yes, whom did you approach?
☐ Government doctor ☐ Private clinic ☐ ASHA worker ☐ NGO counsellor ☐ Religious leader ☐ Family/friends
18. What prevented you from seeking help? (Tick all that apply)
☐ I didn't think it was serious
☐ Fear of stigma or shame
☐ Lack of money
☐ No services nearby
☐ Not aware help is available
☐ Other: _____

19. Are there mental health services (counsellors/psychiatrists) available in your PHC or local hospital?

☐ Yes ☐ No ☐ Not sure

Section D: Support Systems

20. Do you feel supported by your family during times of emotional stress?
☐ Yes ☐ No ☐ Sometimes
21. Are you a part of any Self-Help Group (SHG) or community group?
☐ Yes ☐ No
22. If yes, do these groups provide emotional support or advice?
☐ Yes ☐ No ☐ Not applicable
23. Do you think talking about mental health in your village is acceptable?
☐ Yes ☐ No ☐ Depends
24. Who do you talk to when you feel mentally disturbed?
☐ No one ☐ Spouse ☐ Friend ☐ Parent ☐ SHG member ☐ Health worker ☐ Others: _____