Mental Health as a Critical Factor in Uplifting Women and Accelerating Economic Growth in the Developing World: A Case Study of India

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Across the world, approximately 300 million people are living in extreme poverty and over 11% of the world's population are living below the poverty line, making less than $1.90 per day.[1] India represents a sizable portion of this picture: 24% of those living in extreme poverty globally live in India, and the inequitable access to economic opportunity faced by Indian women is an underlying contributor to this global ranking.[2] For a host of long-standing societal and cultural reasons, Indian women have been subject to traditional gender roles that have limited their contribution to the country's economic engine. Over the past 30 years, a number of initiatives have attempted to empower women with the capital and know-how to become economic earners. While these initiatives have seen some success, their overall impact has been modest.[3] The prevalence and impact of mental health issues in India, especially among Indian women, is a factor that can explain this modest impact. Mental health has been traditionally overlooked or ignored in public policy solutions. For those suffering, there are little to no resources or programs available to address their mental health. And India is not alone in this regard. One third of the countries in the world have no dedicated budget for mental health facilities. And of those that do, over 20% of them spend less than 1% of their health budget on mental health.[4] Why is this the case? Perhaps the importance of mental health relative to other health and public policy goals has not been fully articulated. This paper will argue that mental health solutions have been overlooked as a critical puzzle piece in uplifting women and driving economic growth.

I aim to explore the direct and bidirectional relationship between poverty and mental illness. Specifically, I will lay out the case for an inescapable downward spiral between poverty and mental illness faced by women, using India as a case study. In fact, this paper will explore the view that addressing mental health could unlock the productivity of women in India and is arguably the single most impactful issue to accelerate economic growth.

I will first present a review of scholarly literature describing different measures that have been taken to alleviate poverty in India, however none account for or redress mental illness. I will then discuss India's growing mental illness epidemic along with societal attitudes and the relative underinvestment in providing treatment services. The core of my paper will then outline the specific plight of impoverished Indian women and the downward spiral of poverty and mental illness that stymies their ability to work their way out of their situation. I will then both describe and rebut a rival argument refuting any relationship between poverty and mental health. Lastly, I will outline the components of a successful solution and cite a specific example of such a program as evidence of the positive impact it can have on the lives of women, their families, communities and the nation as a whole.

Literature Review

After conducting my research, I have found that the following five sources shed light on the necessary plans and policies that are needed to alleviate poverty for women in India. In this review of literature, I will address the structural and societal reasons that have inhibited the alleviation of poverty for women in India as well as the various possible solutions that have been implemented in Indian society in order to reduce poverty rates and compare and contrast methods that have been successful and unsuccessful.

In order to understand the methods by which poverty has been combated, it is crucial to first understand the societal and systematic barriers that have made this issue so difficult to tackle. In *Economic status of women in India: paradox of paid vs unpaid work and poverty,* Pushpendra Singh and Falguni Pattanaik establish the dynamics of women in the labor force. India has one of the lowest female participation rates in the labor force. This suggests that a majority of Indian women are participating primarily in unpaid work. In fact, according to Singh and Pattanaik, the number of women in the labor force has decreased by 14.9% from 1992-2012, while the number of women participating in unpaid work has increased by 12.6% within the same period.[5] This indicates a very steep upward trend in unemployment in the Indian economy. Not only that, but Singh and Pattanaik claim that, due to the increase in women participating in unpaid work, more women are suffering from "secondary poverty," which is a woman's complete financial dependence on a man for income, regardless of whether or not the family is in poverty.[6] Singh and Pattanaik argue that, due to the societal and structural roles of women in India, this notable increase in unpaid female work is only burying women further into poverty and closing off opportunities for them to be financially independent.

What might have been done to address this situation for women? In *Women Entrepreneurs in Developing Nations: Growth and Replication Strategies and Their Impact on Poverty Alleviation* (2015), psychology scholars Hina Shah and Punit Saurabh state that "investments in women are crucial to achieving sustainable development."[7] Specifically, they argue that the most effective way of empowering women and lifting them from poverty is to promote female entrepreneurship. However, due to their economic standing, societal/cultural gender barriers, and lack of access to capital and know-how, Indian women have been denied the opportunity to build self-sustaining businesses. To address this problem, both governmental and non-governmental organizations have created a variety of programs. Shah and Saurabh study the impact of microfinance initiatives including those by the International Center for Entrepreneurship (ICECD) and the Grameen Bank.[8] Microfinance (or microlending) focuses on granting small development loans to poorer and possibly socially marginalized populations to help them become self-sufficient. The authors provide evidence of success from these programs, specifically the creation of women founded micro-businesses. According to Shah and Saurabh, many women have prospered under these programs and generated income in a way they never thought was possible given their circumstances. However, their research also concedes that these income-generating organizations are far from the silver-bullet solution to ending poverty. In fact, the support from entrepreneurship development organizations can have adverse consequences. They can create a dependency on outside resources and can disempower women, which eventually causes businesses to fail. Therefore, Shah and Saurabh conclude that this model can be extremely successful and beneficial in providing resources to *start* businesses; but is not ideal

in creating sustainable, lasting businesses that could potentially make an impact in alleviating nationwide poverty.

Expanding further on Shah and Saurabh's work, scholar Vijay Kumar's *Micro Financing's Role in Alleviating Poverty – A Critical Review* (2020) offers a critique of microfinancing's role in alleviating poverty in the Indian context, as well as synthesizing the work of other scholars.[9] Kumar establishes that as a needs-based policy program, microfinancing has been able to reach previously overlooked target groups such as women. Across the board, Kumar contends that microfinancing has been extremely beneficial. Specifically he shows that microfinance programs have created mobility for women, empowered at-risk groups, and created sustainable income for those living in poverty. However, he also addresses some drawbacks that have hindered the long-term benefits. For example, he discusses the overall impact on the household and cites evidence from Bernd Balkenhol in his paper *"The Impact of Micro Finance on Employment: What do we know?"* which shows a negative effect on wage earning opportunities for other members of a household who are benefiting from microfinancing.[10] He also reviews the findings of Jean-Marie Baland, Rohini Somanathan and Lore Vandewalle in their empirical study titled *"Micro Finance Life Spans: A Study of Attrition and Exclusion in Self-Help-Groups in India"* (2007) which observed that 10% of the 1,100 lending groups created from 1998-2006 are no longer active, and 20% of women who joined the group are no longer members.[11] Finally, Kumar observes that microfinancing in India is almost primarily prevalent in rural areas and there is "an urgent need to reach out to the urban poor" as a result of dislocations that are leading to a demographic shift from rural to urban areas.[12]

In addition to non-governmental efforts, strides have been made by the Indian government to address this epidemic. A major national poverty alleviating government initiative is the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA). As discussed in *"The Mahatma Gandhi National Rural Employment Guarantee Scheme: A Policy Solution to Rural Poverty in India*" Professor Rhonda Breitkreuz explains how the MGNREGA is a plan created by the Indian government to offer scheduled, guaranteed employment for one hundred days per year for impoverished citizens.[13] Through her in-depth study of the MGNREGA's effectiveness in different regions of India, Breitkreuz concedes that this program was able to generate general employment and income within the targeted groups. However the specific benefit to Indian women is less clear. Contrary to popular belief among scholars, Breitkreuz contends that this seemingly magic wand solution to poverty actually results in marginalizing those most vulnerable and at-risk. For example, Breitkreuz found that participation opportunities for women were adversely impacted if men needed employment, particularly higher caste and land owning men. Additionally, societal expectations of women such as child rearing demands and their ability to carry out highly physical jobs were not taken into account in MGNREGA, resulting in lower participation, lower wages and worse working conditions. Breitkreuz claims that the MGNREGA was not designed to consider men and women equally and in turn ends up prioritizing men and further marginalizing this already more vulnerable and at-risk female population given the specific challenges they face in Indian society.[14]

Lastly, in *Ending Global Poverty: Why Money Isn't Enough*, two scholars Lucy Page and Rohini Pande provide information on foreign aid and its role in helping to solve poverty.[15] Page and Pande first establish the success foreign funding and cash transfer programs have had on poor

populations in the developing world. For example, cash transfer programs have been extremely successful in providing immediate relief to a specific family who can use that money to educate their children or get access to healthcare. However, according to the researchers, this method is not feasibly translatable to aid in global or national poverty. It simply becomes too expensive to create a sustainable solution for the entirety of the poor population. In addition to this, Page and Pande discuss the success of promoting national economic growth as a means to alleviate poverty. According to this study, India grew at an average annual rate of 6.2% in approximately 30 years, resulting in 190 million fewer people living in extreme poverty. This means economic growth is seemingly beneficial in reducing poverty.[16] However, upon further research, Page and Pande found that India's top 10% accounted for 66% of that growth while the bottom 50% only accounted for 11%.[17] Furthermore, this means that economic growth is actually disproportionately measured and discriminates against disadvantaged social groups.

These five sources explore some of the different approaches to poverty alleviation in India. They include documentation of the extent of women's unemployment, the benefits and limitations of micro-financing programs, an examination of a major government poverty remediation program and a look at the prospect of foreign aid. Since poverty remains a prevalent issue in both India and globally, it is not surprising that these methods have serious flaws or caveats. However, it is important to note that none of these methods address the issue of mental health, something I believe is a serious oversight. In the remainder of this paper, I will be suggesting mental health as an important missing-link in programs such as these being more successful in uplifting women and offering them a higher probability of finding a pathway out of poverty.

Mental health as Drag on India's Economic Prosperity

The study of mental health issues in India reveals an underlying epidemic that has had a harmful effect on Indian society and impeded economic growth and well being.

A 2015 *World Health Organization* (WHO) study estimates that one in five Indians may suffer from depression in their lifetime, equivalent to 200 million people.[18] A more recent 2017 WHO study finds 10% of the Indian population suffer from some form of mental illness, primarily as a result of a breakdown in traditional support systems, urbanization of the population and increasing economic instability.[19] A similar study by the *National Institute of Mental Health and Neuro Sciences* (NIMHANS) reveals that this percentage could reach 20% in coming years if there is no immediate expert intervention.[20] To bring the condition into sharp relief, while India comprises approximately 17% of the global population, it accounts for nearly 37% of global suicides, which has become the leading cause of death--outnumbering maternal mortality--for women and adolescent girls.[21]

Lack of awareness and societal attitudes about mental health issues play a primary role in explaining India's perspective on mental health. With the exception of certain pockets of society, there is a strong stigma associated with mental health concerns. This not only marginalizes people in terms of their social standing, but also directly hinders their economic prospects. An extensive study conducted by the *The Live Love Laugh Foundation* (TLLLF) in 2018 exposes societal attitudes towards mental health.[22] While revealing broad sympathy and support for those affected, the study also uncovers judgement and fear toward this group. Of those surveyed across

eight Indian cities, 87% showed some awareness of mental illness, but 71% used terms associated with stigma.[23] Subjects of the study reported the following: those suffering from mental health concerns should not be given any responsibility (68%), have a lack of self-discipline and willpower (60%), should have their own groups and stay apart from healthy people (60%), are always violent (44%), and can spread their mental issues by interacting with others (41%).[25] These attitudes translate into real-world outcomes in the Indian labor market. In *Mental health, Poverty, and Development*, it was discovered that employers implicitly discriminate against those workers who are known or believed to suffer from mental health challenges, regardless of if and how this impacts job performance. The study finds that people with mental issues are four times more likely to be unemployed or partially employed.[26] Further, those with extreme cases of mental disorders are six to seven times more likely to be unemployed and those with more common mental health issues are two to three times more likely to be unemployed.[27] Not only that, but employed women suffering from mental health challenges are often paid less than their fellow workers. A decline in steady income can have a large impact on economic standing in a short period of time.

Compounding the problem of widely-held stigma is the lack of resources and mental health facilities across the nation. Spending on mental health has not been a high priority within India's public health agenda. India allocates 0.06% of its overall health budget to addressing mental health (compared to >4% in developed nations).[28] This translates into fewer care facilities, a lack of high quality mental health professionals, and a disproportionate share of spending allocated to the most severely impacted patients requiring institutionalization and psychiatry. This spending is at the expense of those suffering from chronic conditions such as depression, post-traumatic stress, and anxiety who would benefit from psychologists and counselors. This picture can become even more skewed when viewed regionally. Treatment options are more prevalent in urban areas, while rural communities remain severely underserved despite the fact that the majority of the country is still non-urbanized.[29] In summary, whether due to stigma or lack of access to help, the *National Institute of Mental Health and Neuro Sciences* (NIMHANS) study conducted in 2020, estimates that 80% of those with mental illnesses had not received any treatment despite being ill for over 12 months.[30]

To capture the stark impact of India's mental health crisis on its economic prospects, the WHO estimates the economic loss due to mental health conditions between 2012-2030 at US $1.03 trillion (in 2010 dollars).[31] The general structural and societal issues described above lay the foundation for discussion of the specific conditions that disproportionately disadvantaged Indian women. In the next section I will argue that, as a group, Indian women living in poverty sit at the nexus of baseline attitudes towards mental health and traditional gender roles, thereby creating a vicious circle that undermines their rights as humans, as well as impedes the long-term economic growth of the nation.

Why Indian women face an inescapable downward spiral of poverty and mental illness

According to psychologists, circumstantial and environmental factors have an immense influence on the development of mental illness. In *Persistent, Complex, and Unresolved Issues: Indian Discourse on Mental III Health and Homelessness*, scholars Gopikumar, Narshiman, Easwaran, Bunders, and Parasuraman explore the the multi-faceted ways in which mental health, physical

health and poverty are interlinked.[32] The epidemiologists from this study find that socioeconomic status is "the fundamental cause of [mental] health outcomes."[33] Additionally, a direct relationship has been observed between socioeconomic status and experiencing depression and anxiety. Economic standing is among the leading environmental risk factors in the development of mental health issues. The article also presents a graphic representing the spiral created by poverty and diminished well-being exacerbating both economic status and quality of life (shown below).[34]

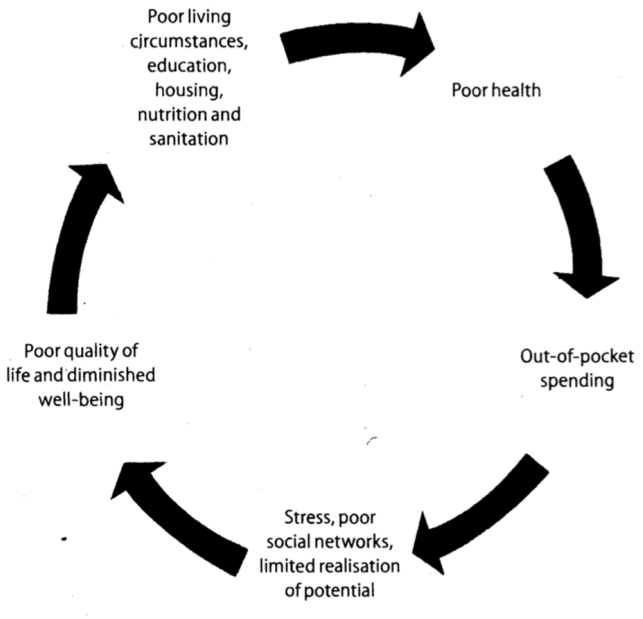

Figure 1: Ill Health[35]

Figure 1 "indicates the absence of exits from this vicious cycle of poverty, ill health and compromised well-being."[36] This research provides compelling evidence of the interconnectedness of poverty and mental health. Upon this baseline, there are specific factors that further characterize the downward spiral faced by Indian women.

For Indian women in particular, living in poverty itself comes with an immense amount of trauma, since unlike men they often lack the familial and societal agency to impact their situation. Societal and cultural factors as well as traditional gender roles largely prevent women in poverty from advocating for and controlling choices in terms of earning power, education, and societal freedoms. The expected role of women in poor areas is to tend to the household, raise their children and perform other domestic duties. This is called "unpaid work," and while critical to the functioning of society, it denies women the ability to control their financial situation.[37] Paid work elevates women toward gender equality and gives them power and independence. Unpaid work is a barrier stopping women from advancing and empowerment. In India, the rates of women in unpaid work are increasing significantly over recent decades as the rates of women participating in paid work are decreasing.[38] In fact, the number of women in the labor force has decreased by 14.9% from 1992-2012, while the number of women participating in unpaid work has increased by 12.6% within the same period.[39] With a majority of their time being spent on household work, a full time job in itself, women rarely have a direct income source.

Additionally, mothers are universally concerned about the welfare of their children but cannot make independent financial choices, leaving them feeling powerless.[40]

In the longitudinal study of rural Indian women conducted over 5 years *An Approach to Mental Health in Low-and Middle-Income Countries: A Case Example from Urban India*, the researchers uncovered that symptoms of mental health struggles can be identified by Indian women using a term called *tenshun,* stemming from the English word tension.[41] According to the researchers, women seeking care for mental illness report *tenshun,* described by common symptoms of depressive behavior, such as loneliness, isolation, and helplessness.[42] For many women, feelings of *tenshun* go unreported as they are considered a part of daily life. However, of the women who did seek professional help for *tenshun*, three primary groups were identified: mothers, wives, and daughters-in-law.[43] In the case of mothers, they find that *tenshun* stems from stress regarding educating their children, single parenting, access to healthcare for their children, and dowry expenses for those who have daughters. For wives, their *tenshun* comes from uncontrollable financial stress, marital abuse, early marriage, rape, and adultery. Lastly, for daughters-in-law, their *tenshun* comes from abuse and harassment from their mothers-in-law, early and arranged marriage, and the traditional cultural relationship between mother and daughter-in-law. Almost all factors causing *tenshun* among Indian women in poverty can be related back to stress regarding gender roles, unpaid work, and a lack of resources to fix their situations.

One way to alleviate these issues for women would be for both government organizations and NGOs alike to promote female employment and prioritize women gaining access to an income of their own.[44] However, most governmental and non-governmental programs that work to promote employment exhibit an implicit gender bias.[45] In said programs, the main aspect is skilling the poor in common jobs and providing them useful resources in obtaining employment. More often than not, the main group that these programs focus on are men. Not only that, but for women who have the opportunity to participate in paid work, it does not lessen their unpaid work, likely causing more *tenshun* due to an increase in work overall.[46] This only isolates women further and buries them deeper into an inescapable state of poverty. Rather than solving issues of employment, these programs are biased against half of the population who are equally capable of gaining employment because the societal gender roles have not been addressed or changed. This leaves women with few practical solutions to generate a direct source of income. Without any solutions, poor women continue to suffer from mental health issues and experience *tenshun*.

When poor women are *forced* to generate direct income, those in extreme desperation often turn to sex work, arguably the single area where they have ownership over the resource required to earn money- namely their bodies.[47] In fact, 73% of female sex workers turn to this practice due to exteme states of poverty.[48] Once turning to sex work, women already facing mental health issues from gender roles and a lack of financial independence, are disproportionaly exposed to physical and sexual violence exacerbating their trauma.[49] *Correlates of Mental Depression Among Female Sex Workers in Southern India* finds that violence against women is one of the leading causes of depression. Additionally, 70% of female sex workers in poverty experience feelings of major depression due to exposure to violence, rape, and harassment.[50] This additional exposure to depression inducing factors only makes mental health struggles worse for women in poverty.

Indian women can get caught in a downward spiral of poverty and mental illness with no apparent way out. Societal and cultural barriers that reinforce traditional gender roles for women create a debilitating combination of responsibility without financial autonomy and agency. The economic standing of women is directly correlated to mental health struggles and depression. The further into poverty these women fall, the more circumstances they face causing more depression.

Counterargument & Rebuttal

Despite this research, some scholars challenge the correlation between economic standing and mental health. The most prominent of these scholars is Jishnu Das of Georgetown University.[51]

Das concedes that environmental factors play a role in exacerbating or creating mental health deficiencies. In fact, he claims that there is a strong correlation between certain traumatic risk factors such as death, exposure to violence, or abuse and the development of mental health issues.[52] However, Das finds that poverty *as an experience* does not qualify as one of these risk factors. Das states that there is "no consistent association between consumption poverty and mental health."[53] In his conclusions, Das claims that the environmental risk factors previously mentioned are not associated with any particular economic standing. He believes that the "sizes of the coefficients [impact] for both education and consumption poverty are small compared to other factors."[54] Experiencing death of a loved one or grief are shared experiences that affect the rich and poor alike. He concludes that poverty itself has little to do with the development of mental health issues, but rather it is circumstantial situations that cause severe emotional distress and trauma.

Additionally, Das argues that economically empowering individuals with mental health issues will not in turn show positive impacts on their mental state. For example, giving a depressed widow one million dollars will not change the fact that her husband has died and she will have to endure this grief, regardless of her economic standing.[55]

While Das correctly concludes that mental health issues can affect rich and poor alike, he overlooks the intertwined relationship between an individual's economic standing and gender. For the reasons previously explored, experiences such as violence and abuse are *much more likely* to occur to those living in poverty *and specifically to women*.[56] Furthermore the downward spiral phenomenon impacting Indian women in poverty is a special case framed by societal and cultural factors that is not captured in a generalized view of the link between economic standing and mental health as conducted by Das. Poverty in the Indian female context is uniquely characterized by powerlessness and an inability to affect one's lot.[57] It is a form of incarceration that deepens the general relationship between poverty and mental health spiral. This particular aspect appears to have been overlooked by Das in that the focus was an analysis of the general framework linking poverty and mental health. Further research that examines the mental health/poverty nexus should isolate men as a control group against which to compare the unique disadvantages encountered by women. It is my hypothesis that this research will further reinforce the downward spiral phenomenon.

Mental health solutions provide economic benefit

Creating and funding mental health organizations has proven to show a positive impact in uplifting and empowering Indian women, inching them closer to escaping poverty. There are three key ingredients to successful programs; tackle the stigma associated with mental health through awareness and education, deliver mental health services through local professionals and community work, and challenge traditional gender roles that restrict womens' ability to pursue direct income generating projects.[58] According to Neha Barjatya, founder of the non-governmental organization FREND Foundation, promoting female entrepreneurship and autonomous income, such a program could be a foundational effort that could make other initiatives such as microlending, work programs, female entrepreneurship efforts and even foreign aid more impactful.[59]

Programs that have combined these elements have started to see positive traction. For example, the Comprehensive Rural Health Project (CRHP), based in Maharashtra, India, works to provide mental health treatment and resources to poor women.[60] CRHP uses a community based approach to empower women in rural villages on a local level. Through this method, CRHP promotes income generating programs such as agricultural and environmental skilling, educational programs, and access to mental and physical health facilities. The most prominent aspect of CRHP is their Village Health Workers (VHW) program. This program trains low-income female volunteers such as single mothers or widows within a village to empower like-minded individuals and communities from the ground up.[61] By using this approach, CRHP directly tackles the cultural and societal barriers holding women back by promoting change driven by the women themselves. CRHP has reached 300 villages in the state of Maharashtra and positively impacted over 825,000 patients.[62] Importantly, CRHP intentionally integrates job training with mental health remediation driven from the women themselves, further evidencing the great correlation between the three factors and the immense benefits that remediation can create.

To specifically assess the significance of mental health relief services in this program, a study conducted by the Biomedical Central Public Health group detailed the positive effects CRHP had on its beneficiaries. According to *Empowerment of Women and Mental Health Promotion: A Qualitative Study in Rural Maharashtra, India,* women specifically facing depression, suicidal ideation, or exposure to violence reported a large positive impact in both mental health and economic standing after being involved with CRHP.[63] One interviewee from the study shared her experience with CRHP as a VHW mother through an educational lens:

> My son is in eleventh class and my daughter is in ninth class. If I had not had all this CRHP training, I wouldn't have educated my children up to this higher level. I might have stopped their education at fourth class only. I persuade the girls in the community to educate themselves.[64]

Additionally, another VHW beneficiary commented on one of the female skilling programs created by CRHP.

> Now the girls have become clever and bold due to the knowledge and the information they received at *Jamkhed* (skilling center)... They learn tailoring, embroidering, and earn money. They also do some small business such as selling vegetables in the market and become economically independent even when they are at their parent's house. Then in future after marriage they carry the same work and will not depend on their husbands.[65]

CRHP is a good example of an integrated effort that seems to touch all aspects of the problem. As evidenced by the above testimonies and others, CRHP's combined investment in mental health relief and economic empowerment shows promise. The organization attacks mental health issues and stigma by using the affected women as the change agent in alleviating both economic and mental health struggles simultaneously, as the two go hand in hand. Similar groups exist in other parts of India also seeking to uplift mentally ill women by attacking the deep rooted cultural barriers and gender roles that trap them in a state of poverty.[66] Nonetheless, much more research is needed to quantitatively measure the significance of mental health as a contributing factor in integrated programs such as CRHP.

Conclusion

Indian women in poverty are disproportionately exposed to environmental risk factors such as violence, abuse, or a simple lack of autonomy which ultimately stem from long standing traditional gender roles, exponentially exacerbating or even creating many mental health struggles. This nexus of mental health struggles and poverty has entrapped women in an inescapable downward spiral. This paper makes the case that educating and treating mental illness should be a core component of any multi-pronged strategy to better the lives of women.

Further, public policy needs to support these grassroots programs by working on national campaigns to educate the country on mental health awareness.[67] Based on previously mentioned survey data, distinctions among disorders need a greater level of public understanding. For example, schizophrenia, depression and anxiety are different conditions with different consequences. Discriminatory practices based on general fear and judgement can be alleviated with a better understanding of the differences.

Finally, education and job skilling for women is the ultimate pathway for individual empowerment and national growth, and as previously described, many governmental and non-governmental programs exist in this area.[68] Retrofitting these efforts with a specific focus on mental health might be the missing link that can make them even more impactful. For example, work by the Grameen Bank might broaden to incorporate support groups, *tenshun* coping workshops as well as educational programs targeting males and describing female perspectives on unpaid work and the stress that comes from having responsibility without agency.

However, the question remains: why does it matter that Indian women are facing this struggle? The answer lies at two levels. Not only is uplifting and empowering women a humanitarian imperative, but it is also an economic imperative to accelerate national growth and development. It can be argued that failing to invest in the rights of and opportunities for women is failing to invest in the prosperity of the nation as a whole. In contrast, by promoting female financial

autonomy and independence, the developing market gains access to an entirely new demographic to fuel its economic engine.

While I have chosen India as a case study, the phenomenon described in this paper might well apply to other developing countries despite the unique societal and cultural norms at play. Based on the findings of this paper, I would recommend that future public policy and economic research is designed in strong partnership with mental health organizations to ensure holistic programs that maximize the chances of sustained success.

Notes:

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