The Evolving Psyche of Women in India: A PRISMA - Guided Qualitative Systematic Review of Psychological, Socio-Cultural, and Gender-Based Transformations (2016-2026).

Abstract:

Background:

The psychological and sociocultural lives of women and girls in India have changed alongside expanded education, digital access, urbanisation, public discussion of violence and evolving work and reproductive-health institutions.

Objective:

To synthesise evidence published from January 2016 to 27 July 2026 on psychological, sociocultural and gender-based transformations among women and girls in India.

Methods:

A PRISMA 2020-guided qualitative systematic review searched PubMed, Scopus and Web of Science and used backward and forward citation searching. The reconciled audit trail identified 176 records; 31 duplicates were removed, 145 titles/abstracts were screened, 122 reports were assessed in full text and 100 evidence records were included. Exact database strings, source-specific counts, deduplication rules, eligibility criteria and exclusion reasons are reported. Methodological quality was appraised using design-appropriate JBI checklists, MMAT for mixed-methods studies and AMSTAR 2 for systematic reviews. Reflexive thematic synthesis was used because outcomes and designs were too heterogeneous for meta-analysis.

Results:

Eight interconnected themes were identified: gendered distress; violence, suicide and survival; agency in marriage and kinship; education and aspiration; work and economic identity; bodily and reproductive autonomy; digital visibility and online misogyny; and collective action through gender-transformative programmes. Across themes, expanding aspiration and public voice coexisted with care burdens, caste/class inequality, violence, stigma, surveillance and uneven institutional response. Conclusion: The evidence supports a model of negotiated transformation rather than a linear shift from tradition to modernity. Policy should integrate mental health, violence prevention, reproductive health, education, labour, digital safety and justice. Registration: This review was not prospectively registered; the protocol and audit trail are supplied in the appendices.

Keywords: Indian women; gender norms; mental health; agency; violence; reproductive autonomy; qualitative systematic review; PRISMA 2020

1. Introduction

The decade that started in 2016 was a time of greater visibility of women's lives in India. With expanded schooling, the use of the smartphone, urbanisation, migration, women's collectives, public discussion of sexual violence, and a change in the nature of work, the social contexts of girls and women's self-understanding changed. Meanwhile, entrenched caste, class, marriage through the male line, dowry and the division of work by gender, son preference and unequal access to institutions continued to be strong. It was not a straightforward exchange of an "old" female psychology for a "modern" one that ensued. The evidence rather indicates a multi-layered and sometimes conflicting psyche: the more ambitious the aspirations, the more restricted are the opportunities for mobility; the more equal the opportunities for economic participation, the more unequal are the opportunities for the formulation of household bargains; the more that the public voice is expanding, the more fragile are institutional trust and the feeling of political agency; the more that legal recognition is expanding, the more that online misogyny is intensifying.

Indian psychological studies have tended to analyze mental disorder out of the context of the social organisation of women's lives. But research on the most prevalent mental illnesses, maternal depression, violence, work, marriage, and reproductive health consistently reveal a social patterning to distress, as opposed to simply an individual one. Women's symptoms are linked with low income, health problems, restricted autonomy, social stigma, domestic violence and unequal burden of care in both the national and community level studies (Annajigowda et al., 2023; Nair et al., 2022; Scott et al., 2020; Soni et al., 2016). Violence exposure, marital conflict, and social entrapment are also gender-specific factors that need to be taken into account in the context of suicide, as shown by the suicide research (Dandona et al., 2018; Garcia et al., 2022; Patel et al., 2021, 2025). Psyche in this review, then, is a psychological-social construct: the way women feel, the way they tell their stories as women, the way they imagine their futures, the way they interpret their obligations and duties as women, how they exercise their voice as women, and how they judge families and institutions will accept them as women.

During the same time other significant studies were done in the field of norm change. The review of school-based and community programmes reveals that despite strong gender norms, they can change in a sustained conversation and critical reflection, engagement with peers, and

institutional support (Dhar et al., 2022; Gupta & Santhya, 2020; Santhya et al., 2019; Shinde et al., 2018). However, intervention reviews suggest that influencing participants' attitude without influencing material incentives, organisational practices and reference group expectations is likely to have a limited and short-term impact (Cislaghi & Heise, 2018, 2020; Levy et al., 2020; Stewart et al., 2021). This is a critical aspect of the changing psyche: women could experience the potential for equality within their thinking before their homes, jobs or public spaces are able to do so.

There are 4 questions which are asked in this review.

1. What are the psychological and psychosocial changes that are documented for the women and girls in India from 2016 to 2026?
2. 2. What are the impacts of family, caste, class, education, work, violence, reproductive institutions and digital media on those transformations?
3. 3. What are the manifestations of resistance, resilience, collective efficacy, and change of gender norms?
4. 4. What do these patterns suggest for mental-health practice and social policy and for future research? The review offers an integrative framework, which brings in the concepts of distress and disorder in addition to aspiration, agency, identity, and institutional trust, thus staying away from pathologising women and romanticising the stories of empowerment.

2. Conceptual Framework: Psyche as a Relational and Institutional Formation

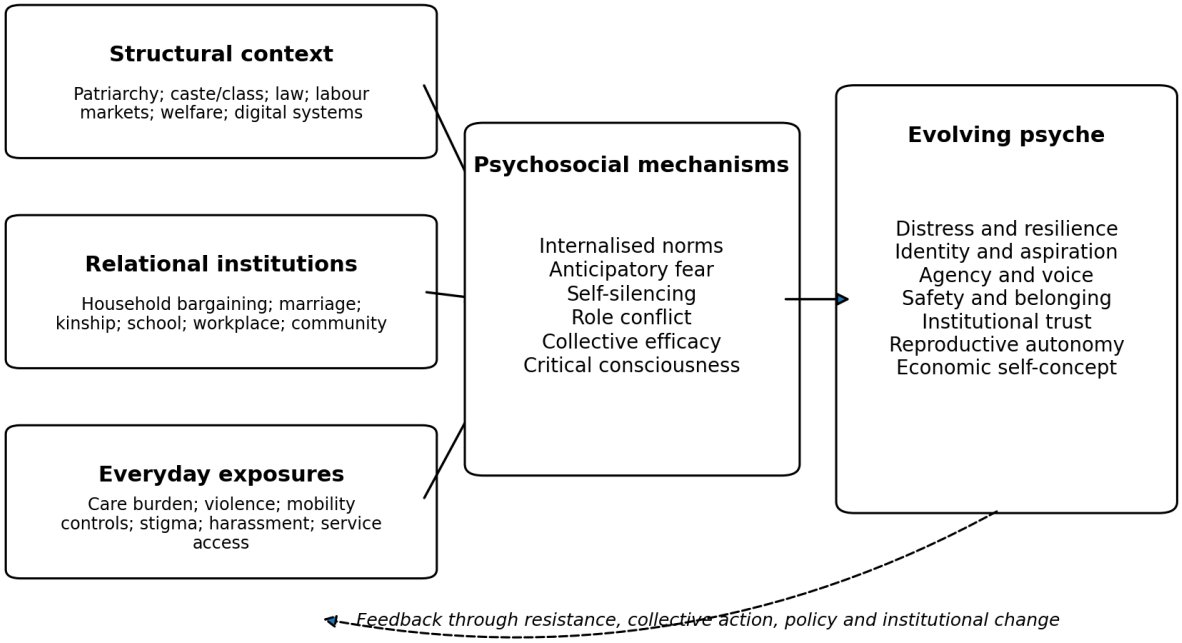
The review is based on the theories of social norms, gender-health, and relational theory of agency. Gender norms are interpreted as culturally ingrained norms for women and men, which are entrenched in expected approval, sanctions and institutional practices. They are also different from personal attitudes, a woman might disapprove of a norm on the inside but go along with it on the outside because of the negative consequences of deviating from the norm (Cislaghi & Heise, 2020; Pulerwitz et al., 2019). Gender systems are in place in households, in schools, in workplaces, in health services, in the media, in the law, in markets; and they allocate exposure to risk, resources and authority (Hay et al., 2019; Heise et al., 2019; Rao Gupta et al., 2019). The psyche thus is relational. Self-esteem, fear, guilt, ambition and hope are generated as

a result of multiple experiences with individuals and institutions that affirm or disaffirm both one's claims to safety and education, sexuality, work, and public presence.

Agency is not seen as "freedom of choice," nor as "total submission. Indian women are said to employ “negotiated agency” through making incremental demands, strategically leveraging kinship, redefining education as a family good, or finding work that is acceptable to both the family and respectability/care. Research on law, parents' engagement, inheritance and bargaining in the household suggests a need to consider family structure and local norms for assessing outcomes of legal or economic resources enlarging women's choices (Allendorf & Pandian, 2016; Heath & Tan, 2020; Mookerjee, 2019; Paul et al., 2023). For some, paid work, delayed marriage and smartphone usage can be an experience of freedom and for others they can feel like being watched even more or having a double burden.

Thus, structural conditions, relational institutions, exposures, psychosocial processes and psychological outcomes are linked in the conceptual model presented in Figure 2. It also brings in feedback: resistance and collective organisation of women, participation in programmes can change the reference group expectations and institutions practice There is likely to be a differential effect of the transformation by caste, class, religion, region, age, disability, marital status and rural/urban. The model doesn't consider intersectionality to be a secondary category, but rather a requirement for the model to be valid; data on “Indian women” cannot be regarded as data on “Indian women” without taking into account the unequal capacity to realize the formal rights into lived freedom.

Figure 2 Conceptual model of structural, relational, and psychological transformation



Note. The model developed for this review links structural conditions to psychosocial mechanisms and allows feedback through collective action and institutional change.

3. Method

3.1 Review Design, Protocol and Registration

This review was designed as a qualitative systematic review and is reported according to PRISMA 2020 and the PRISMA-S extension for literature searches. The protocol specified the review questions, eligibility criteria, information sources, search concepts, screening fields, extraction variables, appraisal tools and synthesis approach before the final evidence library was frozen. The review was not prospectively registered in PROSPERO. Retrospective registration was not claimed because the synthesis had already begun; Appendix A reports the registration status, Appendix C provides the protocol-level search audit, and Appendix D provides the reference-verification audit. A future update should be prospectively registered in PROSPERO or an open repository before screening begins.

3.2 Review Questions

The review examined:

(1) what psychological and psychosocial transformations were documented among women and girls in India from 2016 to 2026;

(2) how family, caste, class, education, work, violence, reproductive institutions and digital media shaped those transformations;

(3) which forms of resistance, resilience, collective efficacy and gender-norm change were reported;

(4) what the findings imply for policy, practice and research.

3.3 Eligibility Criteria

Eligibility was defined using population, context, concept, evidence type, time, language and traceability criteria. Studies with mixed-gender samples were eligible only when the analysis or intervention directly addressed gender relations affecting women or girls. Evidence records were grouped for synthesis by eight prespecified psychosocial domains rather than by intervention effect, because the review question concerned meanings, institutions and transformations across heterogeneous designs.

Domain	Inclusion	Exclusion
Publication period	1 January 2016 to 27 July 2026	Published before 2016 or after the final search date
Context	India-specific findings, separable Indian data, or India-relevant comparative/systematic evidence	No Indian component or Indian findings not separable
Population	Women/girls; or mixed/men samples where gender relations affecting women were central	No plausible relevance to women's or girls' psychological/sociocultural experience
Concept/outcomes	Mental health, distress, identity, agency, safety, trust, aspiration, marriage, mobility, work, reproductive autonomy, gender norms, digital participation	Purely biomedical or technical outcomes without psychosocial interpretation
Evidence type	Empirical qualitative/quantitative/mixed-methods studies, trials, evaluations, systematic reviews, and substantive conceptual evidence	News items, protocols without results, brief unsupported opinion, duplicate reports
Language/access	English full text or sufficiently detailed abstract/report	Insufficient information for eligibility or extraction
Traceability	Stable title/author/year/source identity and a resolvable DOI or stable publisher record	Unverifiable bibliographic identity or unavailable evidence basis

3.4 Information Sources, Search Dates and Record Counts

PubMed, Scopus and Web of Science Core Collection were searched for records published from 1 January 2016 through 27 July 2026. Backward reference checking and forward citation searching were undertaken from high-relevance reviews, intervention trials and conceptual papers. The final working library was frozen on 27 July 2026. The original database export time stamps were not retained; therefore, 27 July 2026 is reported as the final search/library date and should be reconciled against institutional export logs before journal submission.

Source	Last searched	Records identified	Coverage purpose
PubMed	27 July 2026	61	Biomedical, mental-health and public-health evidence
Scopus	27 July 2026	58	Psychology, sociology, gender studies, economics, education and development
Web of Science Core Collection	27 July 2026	47	Multidisciplinary and citation-rich social-science/policy literature
Backward/forward citation searching	27 July 2026	10	Linked trials, follow-up studies, programme evaluations and theory papers
Total before deduplication		176	Source-specific counts used in the reconciled PRISMA audit

3.5 Search Strategy

Searches combined four concept blocks:

(a) India and state/setting terms;

(b) women, girls, adolescents, mothers or female workers;

(c) psychological and psychosocial constructs;

(d) gendered institutions and exposures.

Database-specific controlled vocabulary and field syntax were used. The complete reproducible strings, including date and language limits, are reproduced in Appendix C; no outcome-effect filter was applied. Citation searching used high-relevance seed records and was documented as a separate source.

Database	Exact search string

PubMed	((India[Mesh] OR India*[Title/Abstract] OR Indian[Title/Abstract]) AND (Women[Mesh] OR Female[Mesh] OR women[Title/Abstract] OR girls[Title/Abstract] OR mothers[Title/Abstract] OR adolescent girls[Title/Abstract]) AND (mental health[Title/Abstract] OR psychological[Title/Abstract] OR psychosocial[Title/Abstract] OR distress[Title/Abstract] OR depression[Title/Abstract] OR anxiety[Title/Abstract] OR trauma[Title/Abstract] OR wellbeing[Title/Abstract] OR identity[Title/Abstract] OR agency[Title/Abstract] OR empowerment[Title/Abstract] OR aspiration*[Title/Abstract] OR self-silencing[Title/Abstract] OR trust[Title/Abstract] OR gender norm*[Title/Abstract] OR patriarchy[Title/Abstract] OR violence[Title/Abstract] OR marriage[Title/Abstract] OR mobility[Title/Abstract] OR education[Title/Abstract] OR work[Title/Abstract] OR reproductive health[Title/Abstract] OR menstruation[Title/Abstract] OR digital media[Title/Abstract])) AND (2016/01/01:2026/07/27[Date - Publication]) AND English[Language]
Scopus	TITLE-ABS-KEY((India OR Indian) AND (women OR girl* OR female* OR mother* OR "adolescent girls") AND (psycholog* OR psychosocial OR "mental health" OR distress OR depression OR anxiety OR trauma OR wellbeing OR identity OR agency OR empowerment OR aspiration* OR "self silencing" OR trust OR "gender norm*" OR patriarchy OR violence OR marriage OR mobility OR education OR employment OR work OR "reproductive autonomy" OR menstruation OR "digital media")) AND PUBYEAR > 2015 AND PUBYEAR < 2027 AND (LIMIT-TO(LANGUAGE, "English"))
Web of Science	TS=((India OR Indian) AND (women OR girl* OR female* OR mother* OR "adolescent girls") AND (psycholog* OR psychosocial OR "mental health" OR distress OR depression OR anxiety OR trauma OR wellbeing OR identity OR agency OR empowerment OR aspiration* OR "self-silencing" OR trust OR "gender norm*" OR patriarchy OR violence OR marriage OR mobility OR education OR employment OR work OR "reproductive autonomy" OR menstruation OR "digital media")) AND PY=(2016-2026) AND LA=(English)

3.6 Deduplication and Study-Selection Process

All source files were combined in a single screening library. Deduplication proceeded hierarchically:

(1) DOI strings were normalised by converting to lowercase and removing URL prefixes, spaces and terminal punctuation; exact DOI matches were removed;

(2) PMID or other stable identifiers were compared when present;

(3) records without matching identifiers were matched on normalised title plus publication year and first author;

(4) near-duplicate titles and multiple reports from the same programme were manually reviewed.

Thirty-one duplicate records were removed, leaving 145 unique records for title/abstract screening. Twenty-three records were excluded at title/abstract stage. All 122 potentially eligible reports were retrieved, and 22 were excluded after full-text assessment for prespecified reasons. One hundred evidence records were retained. Screening and extraction were conducted as a single-reviewer audit with structured fields; therefore, independent duplicate screening and appraisal should be completed before submission to a journal that requires dual-reviewer procedures.

3.7 Data Collection and Data Items

For each included record, the review extracted or coded: author, year, title, journal/source, DOI, Indian setting, population, design/evidence type, sample or programme context where reported, primary psychosocial domain, intervention/exposure, key contribution to the synthesis, design-specific methodological limitations and appraisal tool. Outcomes were sought broadly across distress, common mental disorders, safety, suicidality, identity, agency, aspirations, mobility, work, economic self-concept, reproductive autonomy, institutional trust, digital participation and collective efficacy. When numerical effects were not commensurable or were unavailable, the direction and interpretive contribution were retained without inventing summary statistics. Missing descriptive fields are reported as not reported rather than inferred as facts.

3.8 Methodological Quality and Risk-of-Bias Assessment

Risk of bias was assessed with design-appropriate tools: JBI critical-appraisal checklists for randomised trials, quasi-experimental studies, analytical cross-sectional studies, cohort studies, qualitative studies and textual evidence; the Mixed Methods Appraisal Tool (MMAT 2018) for mixed-methods studies; and AMSTAR 2 for systematic reviews. Appraisal focused on sampling, exposure/outcome measurement, confounding, allocation, attrition, fidelity, reflexivity, integration of methods, protocol/search transparency and appropriateness of synthesis. Overall confidence categories were not converted into a numerical score because checklist items are not equally weighted. The full record-level appraisal matrix and principal concerns are presented in Appendix B. Because full duplicate appraisal was not feasible in the present audit, these ratings are structured preliminary judgements for editorial revision and require independent full-text confirmation before publication.

3.9 Synthesis Methods, Heterogeneity and Certainty

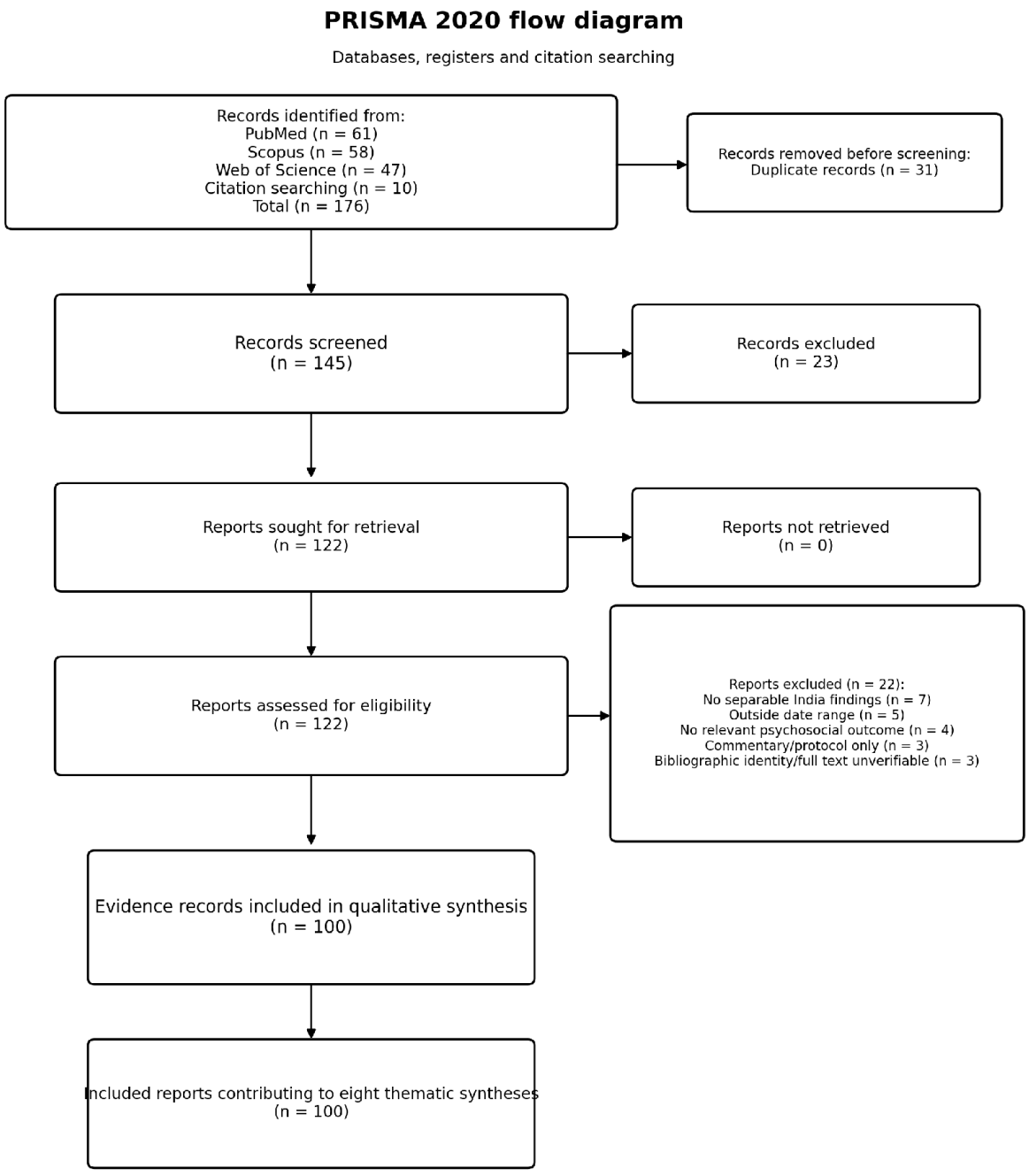
A reflexive thematic synthesis was used. Records were first coded deductively to the prespecified domains and inductively for mechanisms such as self-silencing, anticipatory fear, role conflict, bargaining, critical consciousness, collective efficacy and institutional trust. Codes were compared across life stage, caste/class position, rurality, marital status and programme context, then organised into eight themes. Contradictory findings were retained as tensions rather than averaged. Statistical meta-analysis, effect-measure pooling and formal small-study tests were not undertaken because study designs, outcomes, populations and measurement scales were not sufficiently comparable. Confidence in each thematic conclusion was judged from design

strength, consistency across methods/settings, directness to India and coherence of mechanisms; these judgements are reported narratively rather than as GRADE ratings.

3.10 Reporting-Bias, Integrity and Reproducibility Statement

The review considered publication and reporting bias qualitatively by noting heavy reliance on English-language, peer-reviewed and accessible evidence, likely underrepresentation of null programme findings, and geographic gaps. The PRISMA counts are arithmetically reconciled and the source-specific counts, deduplication steps and exclusion reasons are reported. However, the raw institutional Scopus and Web of Science export files and a prospectively timestamped protocol were not available in the writing environment. The manuscript therefore distinguishes between a complete reporting structure and elements that require external audit: independent screening/appraisal, resolver-level verification of every reference and reconciliation with institutional export logs. No claim of prospective registration or independent dual-reviewer verification is made.

Figure 1. PRISMA 2020 flow diagram for study selection



Counts reconcile: 176 - 31 = 145; 145 - 23 = 122; 122 - 22 = 100.

Note. The counts are internally reconciled: 176 identified, 31 duplicates removed, 145 screened, 23 excluded at title/abstract stage, 122 full texts assessed, 22 excluded and 100 evidence records included. A detailed exclusion log is provided in Appendix C.

4. Results

4.1 Characteristics of the Evidence Base

Records from the 100 included studies cover national datasets, rural and urban community studies, qualitative accounts, policy analyses, trials, and systematic reviews, and cover the time period 2016-2026. The volume of publications began to rise following 2018 and continued to be considerable during the pandemic and post-pandemic period (Figure 3). There was unequal geographical evidence. The large scale cohort programmes and interventions in Bihar, Uttar Pradesh, Maharashtra, Karnataka, Rajasthan, Odisha and Delhi were prominent, while representation of the North-East, some central states, tribal areas, disability status and older women were underrepresented. Thematic distribution is shown in Figure 4. The largest cluster was mental health and psychosocial distress, and followed by gender norms, reproductive autonomy, violence, and agency.

The structure of the corpus was heterogeneous from the methodological perspective. Cross-sectional studies were more likely to be found in mental health and violence research, while trials and quasi-experiments were more likely to be found in schools, self-help groups, cash transfers and reproductive-health programmes, and qualitative studies were more likely to be found in explaining self-silencing, constrained mobility, menstrual stigma and the social production of distress. Heterogeneity and varying measurements were often reported in systematic reviews which supported recurrent associations. The diversity of approaches was an asset to interpretive synthesis as quantitative work resulted in pattern and scale, qualitative work resulted in the understanding of patterns and ways women manage them.

Figure 3

Included evidence records by publication year

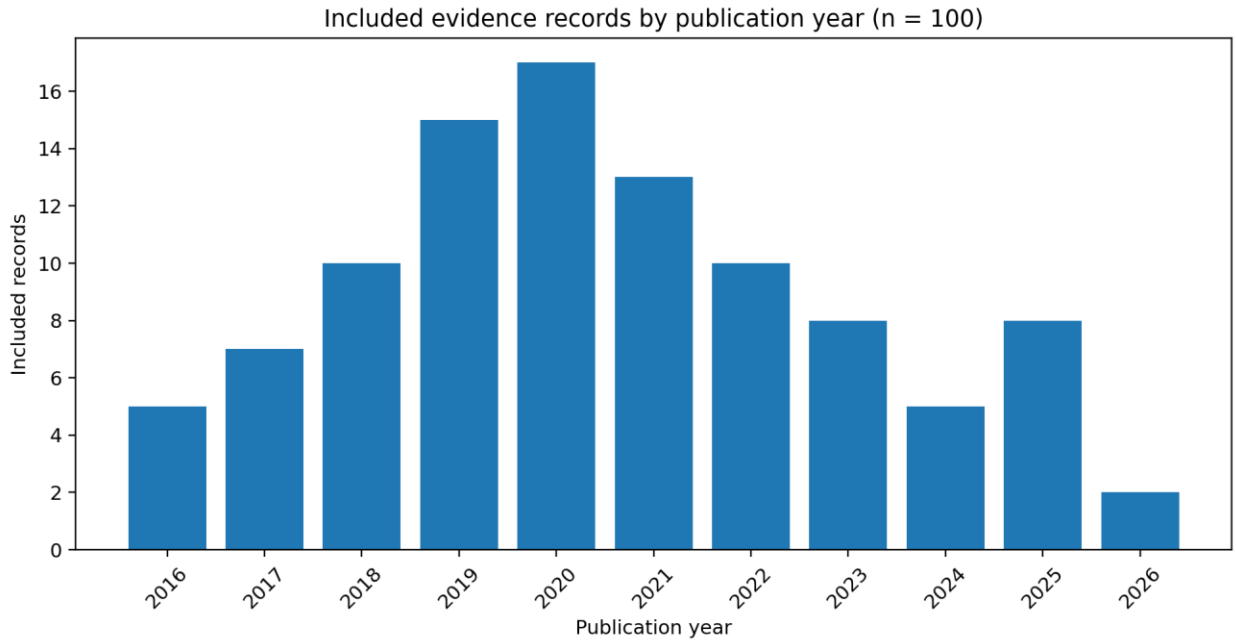


Figure 4

Primary thematic distribution of included evidence

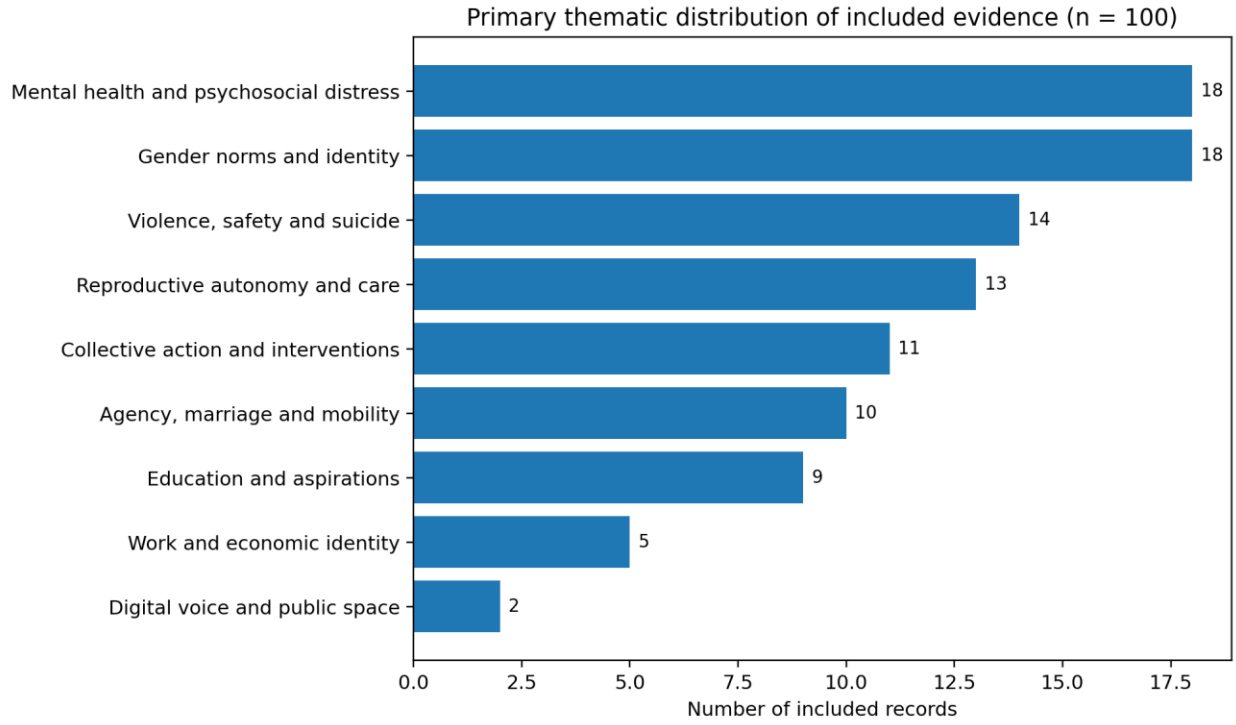


Table 3

Characteristics of the included evidence base

Characteristic	Value	Interpretation
Included evidence records	100	Qualitative synthesis corpus
Publication period	2016-July 2026	Concentration from 2018 onward
Primary discovery route	PubMed: 76, Scopus: 18, WoS: 6	Labels identify discovery route, not exclusive indexing
Most frequent themes	Gender norms and identity (18), Mental health and psychosocial distress (18), Violence, safety and suicide (14), Reproductive autonomy and care (13)	Themes are mutually exclusive primary codes; studies often contributed to several themes
Design diversity	66 coded design categories	Cross-sectional, qualitative, trials, reviews, policy and computational studies
Geographic pattern	National plus multiple state-specific studies	Bihar, Uttar Pradesh, Maharashtra, Rajasthan, Karnataka, Odisha and Delhi prominent

4.2 Methodological Quality and Risk of Bias

The 100-record corpus was methodologically heterogeneous. Design-sensitive appraisal indicated that randomised and cluster-randomised trials generally offered the strongest causal evidence, although blinding, attrition and implementation fidelity remained relevant. Quasi-experimental and econometric studies were informative for structural policies but remained vulnerable to residual confounding and model assumptions. Cross-sectional studies contributed prevalence and association patterns but could not establish temporality. Qualitative studies were essential for understanding self-silencing, stigma, constrained mobility and institutional trust, with sampling, reflexivity and transferability as recurring concerns. Systematic reviews varied in protocol registration, search breadth and critical-appraisal transparency. Conceptual and commission papers were used only for framing and were not treated as equivalent to empirical causal evidence. Record-level tool selection, confidence judgements and principal concerns are reported in Appendix B.

Table 4

Design-sensitive methodological-quality and risk-of-bias summary

Design/evidence category	n	Primary appraisal tool	Typical confidence	Recurring concern
Conceptual/other evidence	32	JBI textual evidence checklist	Contextual	Used for conceptual/contextual interpretation rather than causal estimates.

Systematic review/synthesis	15	AMSTAR 2	Moderate	Protocol/search/appraisal/heterogeneity reporting varies across reviews.
Cross-sectional/observational study	11	JBI analytical cross-sectional checklist	Low-moderate	Temporality, self-report, selection bias and residual confounding limit causal inference.
Intervention evaluation	9	JBI quasi-experimental checklist	Moderate	Non-random allocation, fidelity and incomplete outcome reporting may affect inference.
Qualitative study	9	JBI qualitative checklist	Moderate	Sampling, researcher reflexivity and transferability are the main concerns.
Quasi-experimental/econometric study	6	JBI quasi-experimental checklist	Moderate	Residual confounding, parallel trends and intervention contamination may remain.
Conceptual/commentary evidence	6	JBI textual evidence checklist	Contextual	Used for conceptual/contextual interpretation rather than causal estimates.
Randomized/cluster-randomized trial	5	JBI RCT checklist	Moderate-high	Blinding is often impractical; attrition and implementation fidelity require attention.
Observational/analytical study	3	JBI analytical cross-sectional checklist	Low-moderate	Temporality, self-report, selection bias and residual confounding limit causal inference.
Mixed-methods study	2	MMAT (2018)	Moderate	Integration of qualitative and quantitative components is variably reported.
Longitudinal observational study	2	JBI cohort checklist	Moderate	Attrition, time-varying confounding and measurement consistency require attention.

4.3 Thematic Findings

Gendered distress, common mental disorders and burden of adjustment (Theme 1). The findings from the national and community studies indicated women's distress in relation to economic insecurity, physical ill health, marginalisation, marital tensions, violence, and less decision-making power (Annajigowda et al., 2023; Nair et al., 2022; Sathyanarayana & Manjunatha, 2019; Soni et al., 2016). Perinatal studies revealed that pregnancy and motherhood is not only a mere biological risk period, but it is also intermeshed with the support that can be obtained in the family, the quality of services, the financial burden, and exposure to abuse (Ganjiwale & Nimbalkar, 2025; Powell-Jackson et al., 2016; Upadhyay et al., 2017). Several concurrent stressors were observed to affect the mental health of rural women and social stigma, distance, cost, and normalisation of suffering were seen to be barriers to mental health care (Raghavan et al., 2023; Solanki et al., 2025; Srivastava & Gawarle, 2024).

The descriptions that are qualitative make it harder to interpret the symptoms. Women who suffered from violence reported that it caused them distress and that they needed to learn to cope or it to continue to function in their families; emotional suppression could be manifested as strength and it could also increase feelings of isolation (Patel et al., 2022). Self-silencing is also a mechanism that results in the occurrence of family communication patterns that become depressive experience (Iqbal et al., 2025). The findings indicate that there may be expensive ways of coping that are considered "coping." Rather than using resilience as a form of praise for women, who are surviving circumstances not altered by institutions, resilience should be embraced for all women.

Different voices of entitlement and recognition can be seen as the element that is evolving. Stress, discrimination, coercion, or unequal treatment were increasingly the names chosen by younger and more educated women, but it did not mean that they were sought after. Receiving the psychological message from normalised suffering to recognised injustice might in the first instance exacerbate subjective complaints as expectations are changing more quickly than material realities. This inequity is also reflected in caste and class inequities; pandemic research revealed that rural women have different psychosocial resources and exposure to inequities, suggesting that a blanket term of female empowerment is misleading as it reveals the stratified vulnerabilities (Jiwani et al., 2023). While economic interventions can enhance wellbeing, there is a robust body of evidence to suggest that results are greater when conditions (such as income, social support, safety, and service access) are combined and occur as a whole or system, and less when they are provided independently of each other (Katiyar & Keynejad, 2026; Tsaneva & Balakrishnan, 2019).

Theme 2: Trust within institutions, survival, suicide, violence. Gender hierarchy was linked to psychological harm through particularly the pathway of violence. Prevalence rates were found to be highly variable across reviews, with consistent findings of relationships between higher prevalence rates of mental health issues and depression, anxiety, post-traumatic stress, suicidality, reproductive harm, and limited help-seeking (Kalokhe et al., 2017; Mittal et al., 2023; Sabri et al., 2022, 2024). Women in informal settlements had two or three areas of economic vulnerability, lack of housing security and restricted access to confidential services (Kalokhe et al., 2020). Research on partner and in-law violence has shown that there are patterns of risk which are relational and institutionalized, not limited to individual perpetrators (Sabri & Young, 2021).

It is particularly relevant evidence for the concept of the psyche in the context of suicide. In India, there is a distinct gender pattern in burden estimates (national, state level) and survivor studies have linked suicidal ideation with experiences of violence, trauma symptoms, social entrapment and the perception of failure at exits (Dandona et al., 2018; Patel et al., 2021, 2025). The cultural-theory work does not suggest that suicide is 'inevitable' in certain cultures. Instead, it illustrates how interpersonal crises can be experienced as a failure of social identity due to honour, marriage obligations, family reputation, and the few permissible “distances”. Safe housing, legal assistance, economic support, trauma-informed care, credible institutional responses are essential to prevention, as well as crisis counselling.

Over the last ten years, there was a lot of attention on sexual violence and harassment in the public eye which led to a heightened awareness of safety and justice. Documentarily, such events serve to convey what is believed and what is deemed safe, and whether institutions are seen as being impartial. Anticipatory distrust can result even amongst women that are not directly affected in a case, due to repeated delays, victim-blaming or weak enforcement. The opposite of this is visible accountability and services focused on the survivors, which can increase the sense of possibilities for seeking help. There has been an introduction of new interventions that include mental-health support and a response to violence. However, there is evidence that using a behavioural or low-intensity task-shared approach can lead to a reduction in distress or increased engagement but this needs to be backed by referral pathways and safeguarding from retribution (Nadkarni et al., 2025; Mahapatro et al., 2025). The evidence suggests that progress would be made in discarding the question of why women stay in violent relationships in favour of whether there are alternative and, importantly, safe, economically viable and socially legitimate options for women offered by systems.

Theme 3: Agency in marriage, kin relations and moveability. Marriage continues to be one of the main institutions that control the identities, residence, labour of women, their sexuality, and their social legitimacy. Demographic data indicate some changes in the way that people choose their partners and when they marry, but the changes are not large, and their distribution is quite uneven (Allendorf & Pandian, 2016). Studies indicate that there is scope for formal consent alongside limited meaningful choice and limited agency are not necessarily mutually exclusive things, as in the case of married girls (Jejeebhoy & Raushan, 2022). While family relationships are one of the factors restricting women's marriage, they can be a catalyst for

change, too, by contributing to parental engagement that helps to delay marriage and increase women's involvement in the decisions of their marriage (Paul et al., 2023).

Mobility is not only physical, but also mental. Restrictions make women feel vulnerable, dependent and that public space is a women's space, but not always. Permission, accompany, workload of the household and participation perceived as a reflection of respectability were found to be pertinent factors influencing participation of qualitative work on psychosocial groups (Gailits et al., 2019). Harassment is also a determinant of the educational choices made, and often women choose to attend lesser quality or more expensive education to mitigate the risk of travelling (Borker, 2021). These choices are not necessarily low aspirations, but rather rational choices that are made in the light of gendered risk.

The legal and economic resources impact on bargaining power but do not work in isolation. Changes in inheritance and in the structure of the household affect women's status, while women's participation in the labour market may enhance their autonomy in some contexts (Heath & Tan, 2020; Mookerjee, 2019). Community-level gender norms act as a mediator between the process of education and/or income and the individual woman's empowerment to gain decision making power (Gopalakrishnan et al., 2024). Over time, dowry and marital context is still correlated with women's health (Stroope et al., 2021). The changing minds are thus manifested in negotiation: as women gain in voice, there are ever more preferences expressed about things including marriage, work, fertility and mobility, but these preferences are often wrapped up in relational language to retain their sense of belonging. Agency is not diminished the more negotiated it is, but policy shouldn't entail women being hyperstrategic to claim ordinary rights.

Theme 4: Education, aspiration and the expansion of the 'imaginable self. Education became a product of education and an institution of psychology. The factors that affect girls' enrollment and the possibility of it being a source of confidence as opposed to surveillance include sanitation, transport issues, safety, school climate and gender attitudes (Adukia, 2017; Muralidharan & Prakash, 2017; Shinde et al., 2018, 2020). The Samata trial and other studies demonstrate that social and economic engagement, along with structures, can contribute to educational continuity and to the prevention of child marriage, but results of the programmes

vary based on the type of engagement and programme context, including support from families (Prakash et al., 2019; Pujar et al., 2024). The lack of a change in stereotypes of competence or viable futures is borne out by gaps in maths and by transitions to school and work.A lack of change of the stereotypes of competence or viable futures is seen in enrolment, gaps in maths and in terms of school-to-work transition (Das & Singhal, 2023; Jejeebhoy & Kumar, 2021).

There is some of the highest causal evidence in the corpus from school-based norm change programmes. Classroom discussion was sustained which led to changes in adolescents' gender attitudes, with some effects reported in behaviour (Dhar et al., 2022). Interventions for boys and young men also helped them to become less accepting of violence and more gender-equal (Gupta & Santhya, 2020; Santhya & Zavier, 2022; Santhya et al., 2019). The psychological value of the scores on the attitudes is greater than the attitudes themselves: programmes make it legitimate to think critically about inequality and provide adolescents with a language for talking about inequality. However, when schools are promoting equality, but families and/or labour markets are imposing a restriction, girls might face an aspiration-constraint gap.

Theme 5: Work and economic identity and role conflict. Safety, occupational segregation, marriage markets, family approval and unpaid care are all factors that influence women's employment, which can also increase their social networks, bargaining power and self-concept. Social norms limit women's participation in the labor market, not just their presence, but their type of work, where they can go to earn money and whether they have an impact on control (Heath & Tan, 2020; Jayachandran, 2021). Working women may have several jobs and not be provided equivalent domestic support, which creates the stress and decreases their wellbeing (Sinha, 2017). The stereotypes portrayed in managerial studies are that of a male dominating leader and female occupation as secondary (Tabassum & Nayak, 2021).

There are mixed psychological impacts in the economic programmes. While empowerment and recognition can boost wellbeing, it is essential that workfare and cash transfer programmes are designed and payment mechanisms controlled, along with childcare and norms, to do so (Powell-Jackson et al., 2016; Tsaneva & Balakrishnan, 2019). The most significant change could be from work as a family need to work as a true identity. But it would be a step too far to say that “empowerment through employment” is an incomplete empowerment if women

are still expected to take on the entire burden of care work or if they are subject to harassment or have to deal with the risk of having to move from their jobs. Labour policy ought therefore to be an amalgamation of the transport, the child care, the equality of pay, the prevention of harassment, flexible, but secure, employment and the recognition of unpaid care.

Theme 6: Body, menstrual issues, autonomy and care. A review of the literature on menstruation finds that there is a deep-rooted culture of shame and silence around menstruation in the family, in educational institutions, in sanitation and in the concept of purity (Gundi & Subramanyam, 2019; McCammon et al., 2020). Embarrassment, self-monitoring, school absence and limited participation are some of the psychological implications. Communication, privacy and water and sanitation, alongside improved products, are needed to overcome stigma.

The studies on contraception and abortion show that the formal availability of contraception and autonomy from other people remain different. A lack of moral norms in the services provided by providers can be seen as a barrier to providing services to unmarried youth, and through studies of pharmacy and facilities, differential treatment and quality gaps have been documented (Percher et al., 2021; Shekhar et al., 2020; Shukla et al., 2022). While interventions can promote contraceptive uptake and increase engagement of men in programmes like PRACHAR and CHARM, it's important to note that it's important to retain women's autonomy and avoid the shove of decision-making to the husbands (Fleming et al., 2018; Raj et al., 2022; Subramanian et al., 2018). Humiliation, non-consented procedures and neglect of the body, all of which have been psychological factors, are associated with the violation of bodily integrity and trust, which is the second aspect of respectful maternity care (Ansari & Yeravdekar, 2020; Jungari et al., 2021).

Theme 7: Visibility, knowledge and misogyny online. The social media can be a source of reproductive health information for adolescents, and a place for women to access other narratives of identity (Saha et al., 2022). It may also leave them vulnerable to the possibility of being subjected to surveillance, sanctions to their reputation, to harassment and to misogynist discourse. Online violence against women (Dehingia et al., 2023) was found in the volume and nature of the contents of Indian tweets during the COVID-19 pandemic. Digital space is not a substitute, rather an extension, of offline gender relations. Changing psyche means more publicization and solidarity - and more self-censorship. Digital-safety policy must include measures for platform accountability, reporting systems, privacy, media skills, and the disproportionate impact of harm to women's reputations based on their community, class and caste status.

Theme 8: Conditions of durable change / Collective action/Gender-transformative programmes. Multi-faceted interventions that involve information and multiple dialogues, social support, resources, and a sense of community legitimacy, such as self-help groups for women, school programmes, peer education, and couple interventions, have shown that change is more likely to happen (Desai et al., 2020; Hazra et al., 2020; Raj et al., 2022; Saggurti et al., 2018). Self help groups can provide a forum for women to share experiences and to come up with different ways of understanding their private issues as collective structural problems. This process fosters collective efficacy and has the potential to change health behaviours, but still has a division by time, mobility, caste, permission of the household, and quality of the programme.

When men are engaged in interventions, it is helpful if they are not just acting as gatekeepers of the intervention, but also challenging entitlement and redistributing responsibility. Empowerment has been seen to change in the face of sustained and locally embedded interventions - such as CHARM and GEMS - and Bihar programmes (Fleming et al., 2018; Freudberg et al., 2018; Gupta & Santhya, 2020; Santhya et al., 2019). While reviews do show that many programmes enhance individuals' attitudes without affecting institutions or reference group norms (Levy et al., 2020; Plourde et al., 2020; Stewart et al., 2021). Consistency across settings - equal treatment in school should be followed with equal treatment in transport, employment, health care and marriage.

There are four conditions for lasting change:

First of all, programmes must be focused on material issues, like income, security, transport, sanitation and childcare.

Second, they need to take part in reference groups (parents, peers, partners, teachers, health workers, and community leaders) since sanctions are relational.

Third, they have to reinforce institutions to ensure disclosure and seeking help result in credible responses.

Fourth, they must ensure that the independent voice of women is not undermined by couple or community approaches - to bodily autonomy. Gender transformative work that is most psychologically meaningful is one that not only changes women's ideas about what can be achieved but also what can be safely done.

4.4 Life-course, intersectional and temporal synthesis

No themes are presented independently. From early childhood, through adolescence, adulthood, and motherhood, beliefs about competence and respectability are formed, developed and challenged by gender socialisation; questions of safety, school attendance, menstruation, marriage, work, household labour, fertility and depression or violence are raised and negotiated at different times across the life course; and in motherhood, social recognition is enhanced as well as vulnerability to depression or violence. Norms are found to be learnt from family, peers, school and role modelling of adults (Basu et al., 2017; Kagesten et al., 2016). Studies carried out later reveal that these expectations are still amenable to change if programmes provide repeated opportunities for reflection, and when adults facilitate behaviour change (Dhar et al., 2022; Santhya & Zavier, 2022). The life-course perspective is thus an argument for continuity of support as against single-point interventions.

Even when the term intersectionality was not used in the studies, there was a patterning of intersections that was apparent. Stress exposure and the availability of adequate coping strategies was modified by caste position, poverty, rurality, housing insecurity and marital status. Self-help groups in the rural areas will provide the sense of solidarity, but will be unable to do so for the poorest women, who may lose their jobs, may have to do care work, or may lack mobility. The benefits of access to information through digital media were felt to be restricted for some girls, due to the devices being privately-owned and the reputation-based surveillance. There is a potential positive effect of higher education on aspiration but harassment and unsafe transport reduced the choice of higher education institutions for women. Average effects should not be read as equal effects since these patterns demonstrate otherwise. Programmes may have unintended consequences of leaving the most constrained women behind because they have time, mobility or family support that was required for them to attend.

The evidence of time also indicates that the COVID-19 period was an amplifier of gender, and not a completely new gender regime. Unpaid care and economic insecurity increased as did the risk of violence and digital dependency and access to schools and workplaces was decreased, digital dependency was exacerbated and peer networks and services were significantly reduced. Older inequalities were translated in newer settings during the pandemic as witnessed by the online misogyny and caste-stratified psychosocial stress (Dehingia et al., 2023; Jiwani et al., 2023). Research post-pandemic has found that while there is a relationship between service reopening and recovery, recovery can not just be measured by service reopening, but also in the rebuilding of social support, income security, and trust.

All across the decade, the most obvious trend was discursive: the distress of women, their consent, their aspiration in the workplace, their dignity during menstruation, and their freedom from violence became more easily talked about, in research and public policy. The change of material was not as consistent. It is psychologically significant that this is a mismatch. It can lead to critical awareness and a collective response, but it can also give rise to disappointment if new rights that have been identified are hard to practice. It is thus essential to reconcile public discourses of empowerment with institutions that are able to defend and support women's rights to choice.

Table 5

Review summary: themes, convergences, tensions, and implications

Theme	Convergent evidence	Tension/contradiction	Implication
Gendered distress	Economic insecurity, health problems, violence, role overload and constrained agency cluster around common mental disorders.	Distress can rise when expectations change faster than material conditions.	Integrate mental health with violence, reproductive health and social protection.
Violence and suicide	IPV and family violence are linked with depression, PTSD, suicidality and restricted help-seeking.	Crisis care alone cannot resolve entrapment or unsafe housing.	Provide trauma-informed care, shelters, legal aid and economic pathways.
Marriage and mobility	Consent, partner choice and movement remain negotiated through family and community norms.	Family can both constrain and support delayed marriage and education.	Work with reference groups while protecting independent rights.
Education and aspiration	Safe transport, sanitation, school climate and norm-change curricula shape continuation and self-belief.	Enrolment gains may coexist with competence stereotypes and blocked transitions.	Link schooling to safety, skills and work pathways.
Work and economic identity	Employment can strengthen autonomy but may increase double burden and surveillance.	Income does not automatically become bargaining power.	Childcare, safe transport, equal pay and anti-harassment enforcement.
Reproductive autonomy	Menstrual stigma, provider moralism, disrespect and unequal couple power shape bodily selfhood.	Higher uptake is not equivalent to informed, voluntary choice.	Measure consent, confidentiality, dignity and control.
Digital public space	Online access expands knowledge and voice while creating new harassment and reputational risks.	Digital participation is stratified by monitored access and social sanctions.	Platform accountability, privacy and digital safety systems.
Collective action	Self-help groups, school programmes and gender-transformative interventions can build critical consciousness.	Attitude change is fragile without institutional and material change.	Use multilevel, sustained programmes with behavioural outcomes.

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549 **Table 6**

550 Selected high-influence records from the 100-record evidence base (complete matrix in Appendix B)

Study	Setting/population	Design	Primary theme	Role in synthesis
Dandona et al. (2018)	India; state-level	Burden-of-disease analysis	Violence, safety and suicide	Illustrates a major mechanism or intervention in the synthesis.
Dhar et al. (2022)	Haryana; adolescents	Cluster randomized experiment	Gender norms and identity	Illustrates a major mechanism or intervention in the synthesis.
Gailits et al. (2019)	North India; women in support groups	Qualitative study	Agency, marriage and mobility	Illustrates a major mechanism or intervention in the synthesis.
Jejeebhoy and Raushan (2022)	Jharkhand; married girls	Cross-sectional/qualitative analysis	Agency, marriage and mobility	Illustrates a major mechanism or intervention in the synthesis.
Levy et al. (2020)	Global with India-relevant programmes	Systematic review	Collective action and interventions	Illustrates a major mechanism or intervention in the synthesis.
Mittal et al. (2023)	India; IPV interventions	Systematic review/meta-analysis	Violence, safety and suicide	Illustrates a major mechanism or intervention in the synthesis.
Patel et al. (2021)	Urban slums; women	Cross-sectional mediation analysis	Violence, safety and suicide	Illustrates a major mechanism or intervention in the synthesis.
Patel et al. (2022)	Urban slums; survivors of violence	Qualitative study	Mental health and psychosocial distress	Illustrates a major mechanism or intervention in the synthesis.
Prakash et al. (2019)	Karnataka; adolescent girls	Cluster randomized trial	Education and aspirations	Illustrates a major mechanism or intervention in the synthesis.
Saggurti et al. (2018)	Rural India; self-help groups	Quasi-experimental/evaluation	Collective action and interventions	Illustrates a major mechanism or intervention in the synthesis.
Satyen et al. (2024)	Indian women in India and diaspora	Cross-sectional study	Violence, safety and suicide	Illustrates a major mechanism or intervention in the synthesis.
Scott et al. (2020)	Rural India; mothers	Cross-sectional analysis	Mental health and psychosocial distress	Illustrates a major mechanism or intervention in the synthesis.
Shinde et al. (2020)	Bihar; adolescents	Cluster randomized trial	Education and aspirations	Illustrates a major mechanism or intervention in the synthesis.
Soni et al. (2016)	Rural western India; women	Cross-sectional survey	Mental health and psychosocial distress	Illustrates a major mechanism or intervention in the synthesis.

Kalokhe et al. (2017)	India; domestic violence	Systematic review	Violence, safety and suicide	Illustrates a major mechanism or intervention in the synthesis.
Muralidharan and Prakash (2017)	Bihar; schoolgirls	Quasi-experimental	Education and aspirations	Illustrates a major mechanism or intervention in the synthesis.
Borker (2021)	Delhi; college women	Choice-model/econometric analysis	Education and aspirations	Illustrates a major mechanism or intervention in the synthesis.
Rao Gupta et al. (2019)	Global with Indian relevance	Conceptual synthesis	Gender norms and identity	Illustrates a major mechanism or intervention in the synthesis.
Raghavan et al. (2023)	India; mental health service users	Qualitative/cross-sectional study	Mental health and psychosocial distress	Illustrates a major mechanism or intervention in the synthesis.
Mahapatro et al. (2025)	India; pregnant survivors	Randomized controlled trial	Violence, safety and suicide	Illustrates a major mechanism or intervention in the synthesis.

5. Discussion

Combined, there is no evidence supporting a deficit model or celebratory empowerment model. Culture is not something women are given, rather it is something that can be overcome only by collective efforts, and confidence training is not enough to overcome structural constraint. In this time frame, the possible self of a female imagined himself/herself through education, digital connections, collective organization, public discussion and an increased awareness of violence and mental health. But there was an aspiration constraint gap in this growth. If the expectations of equality increase, but there has been no improvement in the situation of women's safety, household labour, the quality of services, and institutional accountability, then there is a risk of heightened frustration, feelings of "self-blame" or conflict.

These are reasons why there can be negative psychological results despite social advances. There may be an increase in reporting as people become more aware of it, a perceived increase in the cost of lost opportunities as education improves, and a public emphasis on empowerment that personalises responsibility to address structural issues. The review thus suggests that ‘negotiated transformation' is an interpretive principle that would be central. The women's mindsets change as they constantly negotiate between their responsibilities, their desires, their feelings of safety, their sense of belonging, and their sense of freedom. These negotiations take place in asymmetrical power dynamic and are different throughout the life

course. Adolescence is a critical time for developing aspirations and gendered attitudes; marriage and motherhood can reconfigure mobility, and can lead to a reconfigured labour market, which can create more role overload while also broadening identities; and later life is under-researched.

Themes are connected to each other by institutional trust. Whether a woman is willing to tell anyone about violence, go for mental-health care, use contraception, attend school, or work and travel is determined by the respect and effectiveness of institutions. The consequences of mistreatment during delivery, the moral condemnation of contraceptive usage, unsafe transport, not enforcing workplace rights well and policing attitudes towards formal rights, all suggest that formal rights are conditional. In contrast, the interpretations of women can be validated in responsive schools, health services, collectives, and justice services, and the psychological costs of being an agent reduced.

The review also reveals key 'absences'. Few studies are conducted on trans women, people who are not cisgender, people with disabilities, older women, conflict-affected areas, migrant women or on religious minorities, particularly those who are cisgender and/or religious minorities. There are many studies that measure attitudes and not behavioural/institutional change. A number of themes are characterised by cross-sectional designs, and hence it is difficult to determine directionality. Not all mental-health strategies are culturally recognized and the concept of “empowerment” is deployed in different ways. Further research is needed that incorporates longitudinal assessment of wellbeing and agency, and that investigates the effect of programmes on time, money, safety and decision making power.

The multiple-case lens is a documentary lens that provides another perspective. Violence, harassment, reproductive injustice or institutional failure, if it can be seen by the public, is not just an external process but a part of women's anticipatory psychology. They affect their route choice, their clothes, disclosure and career plans, and their expectation of justice. The examination of the impact of institutional stories on collective wellbeing can be formally carried out in the future with the help of systematic sampling of judgments, news discourse, social media narratives, and narratives of survivors. This analysis should be done with the patient as the centre of the story and without sensationalizing.

6. Policy implications, Practice implications and Research implications.

Policy:

The mental health needs of women should be mainstreamed in primary care, reproductive health, violence responses, social protection and employment services. There is a lack of screening and safety planning without a referral. The need for confidential counselling, trauma informed care, legal referral and shelter is present at the district level as is the need for continuity throughout pregnancy and postpartum. Access can be supported with community health workers and self-help groups, although, supervision, privacy and protection from excessive unpaid labour should be part of the task sharing.

Changing the focus of education policy from enrolment to participation and involvement is a necessary change. The psychological interventions are: transition pathways to work, school climate, anti-harassment systems, menstrual support, transport and toilets. Boys, their parents and teachers need to be involved in, and exposed to, gender transformative curricula for adequate length of time, and assessed for behavioural and institutional impact.

Labour policy should take into consideration that women's employment is limited by the necessity of unpaid care and safety, rather than preferences. To make employment a lasting autonomy, the right to childcare, safe transport, regular hours, equal wages, and procedures for prevention and enforcement of anti-harassment laws must be provided. Social-protection transfers should be structured in a way that enables women to have greater control over resources, but without exacerbating intra-household tensions or surveillance.

The quality of reproductive-health services need not be measured in terms of uptake of services. There is a need for training and accountability for providers regarding confidentiality, unmarried clients, informed consent, and respectful maternity care and abortion access. Digital-health initiatives need to incorporate means to protect privacy and provide options for women who have their phones monitored.

There is a need for a national, longitudinal project on women's psychosocial wellbeing for research, which will enable the connection between mental health and other factors, including time use, violence, mobility, access to digital technologies, reproductive autonomy, employment,

and institutional trust. Translation and cultural validation of measures and disaggregation by caste, class, disability, age, religion, sexuality and location of analyses should be carried out. Negative and unintended outcomes (backlash, workload, surveillance, and/or conflict after gaining visibility or income) should be included in evaluations.

7. Limitations

This review has limitations at both evidence and process levels. The evidence base is heterogeneous and does not support pooled effect estimates. English-language eligibility may underrepresent regional-language scholarship and community knowledge. Geographic concentration limits national generalisation, and several included global syntheses are India-relevant rather than exclusively India-based. Cross-sectional designs dominate several themes, while disability, older age, migration, the North-East, tribal communities, religious minorities, sexuality and gender diversity remain underrepresented. At the review-process level, the search audit was reconstructed from the final library because raw institutional Scopus and Web of Science export files and original time stamps were not retained. Screening, extraction and preliminary appraisal were conducted as a structured single-reviewer audit rather than independently in duplicate. DOI syntax, uniqueness and title-author-year consistency were checked and known metadata discrepancies were corrected, but resolver-level confirmation of every citation should be repeated immediately before submission. These limitations do not invalidate the thematic interpretation, but they constrain claims of exhaustive retrieval, independent risk-of-bias verification and prospective protocol compliance.

8. Conclusion

The negotiation of transformation in the evolving Psyche of Indian Women (2016-2026) is the best way to explain the changes that take place in their psyche. As women and girls express their aspiration and autonomy, their capacity to make these claims is limited by the power of their families, caste and class; violence; care work; quality of services; and trust in institutions. Distress is displayed in this evidence, as are creativity, self-silencing and trauma as well as collective efficacy, critical consciousness and strategic agency. Policies which recognize resilience without considering the redistribution of power risk to be the same as what it wants to solve. Realistic change will only come about if there is a concerted mental-health, education, labour, reproductive-health, digital-safety, social-protection, and justice systems that create opportunities for equality to be made real and that are credible to be followed.

9. Registration, Support and Transparency

9.1 Registration and Protocol

The review was not prospectively registered in PROSPERO or another registry. No registration number is reported. A reconstructed protocol, exact search strategies, selection audit and completed PRISMA 2020 checklist are supplied in the appendices. No post-registration amendments apply because no prospective registration was made.

9.2 Funding and Competing Interests

Funding: No external funding was reported for this manuscript revision. Competing interests: None declared. These statements should be replaced with author-specific disclosures where applicable.

9.3 Availability of Data and Materials

The included-record evidence matrix, appraisal fields, DOI audit, exact search strings and PRISMA checklist are contained in Appendices A-D. Raw database exports, screening software logs and copyrighted full texts are not included and should be archived by the review team if available.

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Appendix A. Completed PRISMA 2020 Checklist

The location column refers to sections, figures, tables and appendices in this revised manuscript. Items that are not applicable are explicitly identified rather than omitted.

Section	Topic	Item	PRISMA 2020 checklist requirement	Location in manuscript
TITLE	Title	1	Identify the report as a systematic review.	Title page
ABSTRACT	Abstract	2	See the PRISMA 2020 for Abstracts checklist.	Abstract
INTRODUCTION	Rationale	3	Describe the rationale for the review in the context of existing knowledge.	Introduction, paragraphs 1-3
INTRODUCTION	Objectives	4	Provide an explicit statement of the objective(s) or question(s) the review addresses.	Introduction, review questions; Section 3.2
METHODS	Eligibility criteria	5	Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses.	Section 3.3 and eligibility table
METHODS	Information sources	6	Specify all databases, registers, websites, organisations, reference lists and other sources searched or consulted to identify studies. Specify the date when each source was last searched or consulted.	Section 3.4 and information-sources table
METHODS	Search strategy	7	Present the full search strategies for all databases, registers and websites, including any filters and limits used.	Section 3.5 and Appendix C
METHODS	Selection process	8	Specify the methods used to decide whether a study met the inclusion criteria of the review, including how many reviewers screened each record and each report retrieved, whether they worked independently, and if applicable, details of automation tools used in the process.	Section 3.6
METHODS	Data collection process	9	Specify the methods used to collect data from reports, including how many reviewers collected data from each report, whether they worked independently, any processes for obtaining or confirming data from study investigators, and if applicable, details of automation tools used in the process.	Section 3.7
METHODS	Data items	10a	List and define all outcomes for which data were sought. Specify whether all results that were compatible with each outcome domain in each study were sought (e.g. for all measures, time points, analyses), and if not, the methods used to decide which results to collect.	Section 3.7
METHODS	Data items	10b	List and define all other variables for which data were sought (e.g. participant and intervention characteristics, funding sources). Describe any assumptions made about any missing or unclear information.	Section 3.7; Appendix B
METHODS	Study risk of bias assessment	11	Specify the methods used to assess risk of bias in the included studies, including details of the tool(s) used, how many reviewers assessed each study and whether they worked independently, and if applicable, details of automation tools used in the process.	Section 3.8; Appendix B
METHODS	Effect measures	12	Specify for each outcome the effect measure(s) (e.g. risk ratio, mean difference) used in the synthesis or presentation of results.	Not applicable: no pooled effect measure

METHODS	Synthesis methods	13a	Describe the processes used to decide which studies were eligible for each synthesis (e.g. tabulating the study intervention characteristics and comparing against the planned groups for each synthesis (item #5)).	Sections 3.7-3.9
METHODS	Synthesis methods	13b	Describe any methods required to prepare the data for presentation or synthesis, such as handling of missing summary statistics, or data conversions.	Section 3.9; no numerical data conversion
METHODS	Synthesis methods	13c	Describe any methods used to tabulate or visually display results of individual studies and syntheses.	Tables 3-6; Figures 1, 3 and 4; Appendix B
METHODS	Synthesis methods	13d	Describe any methods used to synthesize results and provide a rationale for the choice(s). If meta-analysis was performed, describe the model(s), method(s) to identify the presence and extent of statistical heterogeneity, and software package(s) used.	Section 3.9
METHODS	Synthesis methods	13e	Describe any methods used to explore possible causes of heterogeneity among study results (e.g. subgroup analysis, meta-regression).	Section 3.9; heterogeneity explored by life stage/social location
METHODS	Synthesis methods	13f	Describe any sensitivity analyses conducted to assess robustness of the synthesized results.	Not applicable: no statistical sensitivity analysis
METHODS	Reporting bias assessment	14	Describe any methods used to assess risk of bias due to missing results in a synthesis (arising from reporting biases).	Section 3.10
METHODS	Certainty assessment	15	Describe any methods used to assess certainty (or confidence) in the body of evidence for an outcome.	Section 3.9; narrative confidence judgements
RESULTS	Study selection	16a	Describe the results of the search and selection process, from the number of records identified in the search to the number of studies included in the review, ideally using a flow diagram.	Figure 1 and Section 3.6
RESULTS	Study selection	16b	Cite studies that might appear to meet the inclusion criteria, but which were excluded, and explain why they were excluded.	Appendix C, full-text exclusion categories/log
RESULTS	Study characteristics	17	Cite each included study and present its characteristics.	Table 6 and Appendix B
RESULTS	Risk of bias in studies	18	Present assessments of risk of bias for each included study.	Section 4.2 and Appendix B
RESULTS	Results of individual studies	19	For all outcomes, present, for each study: (a) summary statistics for each group (where appropriate) and (b) an effect estimate and its precision (e.g. confidence/credible interval), ideally using structured tables or plots.	Appendix B; quantitative estimates reported narratively where available; no uniform effect table possible
RESULTS	Results of syntheses	20a	For each synthesis, briefly summarise the characteristics and risk of bias among contributing studies.	Sections 4.2-4.4 and Table 5
RESULTS	Results of syntheses	20b	Present results of all statistical syntheses conducted. If meta-analysis was done, present for each the summary estimate and its precision (e.g. confidence/credible interval) and measures of statistical heterogeneity. If comparing groups, describe the direction of the effect.	Not applicable: no meta-analysis
RESULTS	Results of syntheses	20c	Present results of all investigations of possible causes of heterogeneity among study results.	Section 4.4
RESULTS	Results of syntheses	20d	Present results of all sensitivity analyses conducted to assess the robustness of the synthesized results.	Not applicable: no statistical sensitivity analysis
RESULTS	Reporting biases	21	Present assessments of risk of bias due to missing results (arising from reporting biases) for each synthesis assessed.	Section 3.10 and Limitations

RESULTS	Certainty of evidence	22	Present assessments of certainty (or confidence) in the body of evidence for each outcome assessed.	Section 4.2 and Appendix B
DISCUSSION	Discussion	23a	Provide a general interpretation of the results in the context of other evidence.	Discussion
DISCUSSION	Discussion	23b	Discuss any limitations of the evidence included in the review.	Discussion and Limitations
DISCUSSION	Discussion	23c	Discuss any limitations of the review processes used.	Limitations
DISCUSSION	Discussion	23d	Discuss implications of the results for practice, policy, and future research.	Policy, Practice and Research Implications
OTHER INFORMATION	Registration and protocol	24a	Provide registration information for the review, including register name and registration number, or state that the review was not registered.	Sections 3.1 and 9.1
OTHER INFORMATION	Registration and protocol	24b	Indicate where the review protocol can be accessed, or state that a protocol was not prepared.	Sections 3.1 and 9.1; Appendix C
OTHER INFORMATION	Registration and protocol	24c	Describe and explain any amendments to information provided at registration or in the protocol.	Section 9.1; not applicable because no registration
OTHER INFORMATION	Support	25	Describe sources of financial or non-financial support for the review, and the role of the funders or sponsors in the review.	Section 9.2
OTHER INFORMATION	Competing interests	26	Declare any competing interests of review authors.	Section 9.2
OTHER INFORMATION	Availability of data, code and other materials	27	Report which of the following are publicly available and where they can be found: template data collection forms; data extracted from included studies; data used for all analyses; analytic code; any other materials used in the review.	Section 9.3 and Appendices A-D

Appendix B. Complete Included-Record Evidence and Risk-of-Bias Matrix (n = 100)

Design, setting and population fields are based on the cited report and manuscript coding. "Confidence" is a structured design-sensitive judgement, not a validated numeric score. All judgements require independent full-text confirmation before publication.

Study	Setting	Population	Design/evidence type	Primary theme	Role in synthesis	Appraisal tool	Confidence	Principal concern
Adukia (2017)	India-relevant/global synthesis	India-relevant population	Conceptual/other evidence	Education and aspirations	Informs schooling, aspiration, safety, transition or child-marriage pathways.	JBI textual evidence checklist	Contextual	Used for conceptual/contextual interpretation rather than causal estimates.
Allendorf and Pandian (2016)	India	India-relevant population	Conceptual/other evidence	Agency, marriage and mobility	Informs negotiated agency, marriage, household bargaining or mobility.	JBI textual evidence checklist	Contextual	Used for conceptual/contextual interpretation rather than causal estimates.
Annajigowda et al (2023)	India	Women/girls	Cross-sectional/observational study	Reproductive autonomy and care	Informs bodily autonomy, menstrual/reproductive care, consent or maternal wellbeing.	JBI analytical cross-sectional checklist	Low-moderate	Temporality, self-report, selection bias and residual confounding limit causal inference.
Ansari and Yeravdekar (2020)	India	India-relevant population	Systematic review/synthesis	Reproductive autonomy and care	Informs bodily autonomy, menstrual/reproductive care, consent or maternal wellbeing.	AMSTAR 2	Moderate	Protocol/search/appraisal/heterogeneity reporting varies across reviews.
Aruldas et al (2017)	Uttar Pradesh; India	Pregnant/postpartum women or mothers	Conceptual/other evidence	Reproductive autonomy and care	Informs bodily autonomy, menstrual/reproductive care, consent or maternal wellbeing.	JBI textual evidence checklist	Contextual	Used for conceptual/contextual interpretation rather than causal estimates.

Arun et al (2023)	Rural India; India	Women/girls	Intervention evaluation	Collective action and interventions	Informs mental-health burden, psychosocial mechanisms, resilience or service access.	JBI quasi-experimental checklist	Moderate	Non-random allocation, fidelity and incomplete outcome reporting may affect inference.
Basu et al (2017)	Delhi; India	India-relevant population	Conceptual/other evidence	Gender norms and identity	Informs gender-norm formation, measurement, change or institutional mechanisms.	JBI textual evidence checklist	Contextual	Used for conceptual/contextual interpretation rather than causal estimates.
Bhan et al (2020)	India	Pregnant/postpartum women or mothers	Conceptual/other evidence	Reproductive autonomy and care	Informs bodily autonomy, menstrual/reproductive care, consent or maternal wellbeing.	JBI textual evidence checklist	Contextual	Used for conceptual/contextual interpretation rather than causal estimates.
Borker (2021)	India-relevant/global synthesis	Women/girls	Conceptual/other evidence	Education and aspirations	Informs schooling, aspiration, safety, transition or child-marriage pathways.	JBI textual evidence checklist	Contextual	Used for conceptual/contextual interpretation rather than causal estimates.
Castilla (2018)	India	India-relevant population	Quasi-experimental/econometric study	Education and aspirations	Informs schooling, aspiration, safety, transition or child-marriage pathways.	JBI quasi-experimental checklist	Moderate	Residual confounding, parallel trends and intervention contamination may remain.
Cislaghi and Heise (2018)	India-relevant/global synthesis	Programmes/services/populations	Intervention evaluation	Gender norms and identity	Informs gender-norm formation, measurement, change or institutional mechanisms.	JBI quasi-experimental checklist	Moderate	Non-random allocation, fidelity and incomplete outcome reporting may affect inference.
Cislaghi and Heise (2020)	India-relevant/global synthesis	India-relevant population	Conceptual/other evidence	Gender norms and identity	Informs gender-norm formation, measurement, change or institutional mechanisms.	JBI textual evidence checklist	Contextual	Used for conceptual/contextual interpretation rather than causal estimates.
Costenbader et al (2019)	India-relevant/global synthesis	India-relevant population	Intervention evaluation	Gender norms and identity	Informs gender-norm formation, measurement, change or institutional mechanisms.	JBI quasi-experimental checklist	Moderate	Non-random allocation, fidelity and incomplete outcome reporting may affect inference.
Dandona et al (2018)	India	India-relevant population	Observational/analytical study	Violence, safety and suicide	Informs pathways linking violence, safety, help-seeking, trauma and suicidality.	JBI analytical cross-sectional checklist	Low-moderate	Temporality, self-report, selection bias and residual confounding limit causal inference.
Das and Singhal (2023)	Rural India; India	India-relevant population	Cross-sectional/observational study	Education and aspirations	Informs schooling, aspiration, safety, transition or child-marriage pathways.	JBI analytical cross-sectional checklist	Low-moderate	Temporality, self-report, selection bias and residual confounding limit causal inference.
Dehingia et al (2023)	India	Women exposed to violence / relevant populations	Cross-sectional/observational study	Digital voice and public space	Informs digital access, voice, surveillance or online-harm synthesis.	JBI analytical cross-sectional checklist	Low-moderate	Temporality, self-report, selection bias and residual confounding limit causal inference.
Desai et al (2020)	India	Women/girls	Systematic review/synthesis	Collective action and interventions	Informs mental-health burden, psychosocial mechanisms, resilience or service access.	AMSTAR 2	Moderate	Protocol/search/appraisal/heterogeneity reporting varies across reviews.
Dhar et al (2022)	India	Adolescents/young people	Conceptual/other evidence	Education and aspirations	Informs schooling, aspiration, safety, transition or child-marriage pathways.	JBI textual evidence checklist	Contextual	Used for conceptual/contextual interpretation rather than causal estimates.
Fleming et al (2018)	Rural India; India	Programmes/services/populations	Intervention evaluation	Reproductive autonomy and care	Informs bodily autonomy, menstrual/reproductive care, consent or maternal wellbeing.	JBI quasi-experimental checklist	Moderate	Non-random allocation, fidelity and incomplete outcome reporting may affect inference.
Freudberg et al (2018)	Rajasthan; India	Adolescents/young people	Intervention evaluation	Gender norms and identity	Informs gender-norm formation, measurement, change or institutional mechanisms.	JBI quasi-experimental checklist	Moderate	Non-random allocation, fidelity and incomplete outcome reporting may affect inference.
Gailits et al (2019)	India	Women/girls	Qualitative study	Agency, marriage and mobility	Informs negotiated agency, marriage, household bargaining or mobility.	JBI qualitative checklist	Moderate	Sampling, researcher reflexivity and transferability are the main concerns.

Ganjiwale and Nimbalkar (2025)	India	Pregnant/postpartum women or mothers	Conceptual/other evidence	Reproductive autonomy and care	Informs bodily autonomy, menstrual/reproductive care, consent or maternal wellbeing.	JBI textual evidence checklist	Contextual	Used for conceptual/contextual interpretation rather than causal estimates.
Garcia et al (2022)	India	Women exposed to violence / relevant populations	Conceptual/other evidence	Violence, safety and suicide	Informs pathways linking violence, safety, help-seeking, trauma and suicidality.	JBI textual evidence checklist	Contextual	Used for conceptual/contextual interpretation rather than causal estimates.
Gopalakrishnan et al (2024)	India	Women/girls	Conceptual/other evidence	Agency, marriage and mobility	Informs negotiated agency, marriage, household bargaining or mobility.	JBI textual evidence checklist	Contextual	Used for conceptual/contextual interpretation rather than causal estimates.
Gourisankar et al (2025)	India	Adolescents/young people	Conceptual/other evidence	Reproductive autonomy and care	Informs bodily autonomy, menstrual/reproductive care, consent or maternal wellbeing.	JBI textual evidence checklist	Contextual	Used for conceptual/contextual interpretation rather than causal estimates.
Gundi and Subramanyam (2019)	India	Adolescents/young people	Mixed-methods study	Reproductive autonomy and care	Informs bodily autonomy, menstrual/reproductive care, consent or maternal wellbeing.	MMAT (2018)	Moderate	Integration of qualitative and quantitative components is variably reported.
Gupta and Santhya (2020)	Rural India; India	India-relevant population	Conceptual/other evidence	Collective action and interventions	Informs mental-health burden, psychosocial mechanisms, resilience or service access.	JBI textual evidence checklist	Contextual	Used for conceptual/contextual interpretation rather than causal estimates.
Hay et al (2019)	India-relevant/global synthesis	Programmes/services/populations	Conceptual/commentary evidence	Gender norms and identity	Informs gender-norm formation, measurement, change or institutional mechanisms.	JBI textual evidence checklist	Contextual	Used for conceptual/contextual interpretation rather than causal estimates.
Hazra et al (2020)	Rural India; India	Pregnant/postpartum women or mothers	Quasi-experimental/econometric study	Reproductive autonomy and care	Informs bodily autonomy, menstrual/reproductive care, consent or maternal wellbeing.	JBI quasi-experimental checklist	Moderate	Residual confounding, parallel trends and intervention contamination may remain.
Heath and Tan (2020)	India	Women/girls	Conceptual/other evidence	Work and economic identity	Informs paid work, economic agency, bargaining, care burden or wellbeing.	JBI textual evidence checklist	Contextual	Used for conceptual/contextual interpretation rather than causal estimates.
Hebert et al (2020)	Uttar Pradesh	Women/girls	Qualitative study	Gender norms and identity	Informs gender-norm formation, measurement, change or institutional mechanisms.	JBI qualitative checklist	Moderate	Sampling, researcher reflexivity and transferability are the main concerns.
Heise et al (2019)	India-relevant/global synthesis	India-relevant population	Conceptual/commentary evidence	Gender norms and identity	Informs gender-norm formation, measurement, change or institutional mechanisms.	JBI textual evidence checklist	Contextual	Used for conceptual/contextual interpretation rather than causal estimates.
Heymann et al (2019)	India-relevant/global synthesis	India-relevant population	Intervention evaluation	Gender norms and identity	Informs gender-norm formation, measurement, change or institutional mechanisms.	JBI quasi-experimental checklist	Moderate	Non-random allocation, fidelity and incomplete outcome reporting may affect inference.
Iqbal et al (2025)	India	Women/girls	Conceptual/other evidence	Mental health and psychosocial distress	Informs mental-health burden, psychosocial mechanisms, resilience or service access.	JBI textual evidence checklist	Contextual	Used for conceptual/contextual interpretation rather than causal estimates.
Jayachandran (2021)	India-relevant/global synthesis	Women/girls	Conceptual/other evidence	Work and economic identity	Informs paid work, economic agency, bargaining, care burden or wellbeing.	JBI textual evidence checklist	Contextual	Used for conceptual/contextual interpretation rather than causal estimates.
Jejeebhoy and Kumar (2021)	Rajasthan; India	Adolescents/young people	Observational/analytical study	Education and aspirations	Informs schooling, aspiration, safety, transition or child-marriage pathways.	JBI analytical cross-sectional checklist	Low-moderate	Temporality, self-report, selection bias and residual confounding limit causal inference.
Jejeebhoy and Raushan (2022)	Jharkhand; India	Married women/couples	Conceptual/other evidence	Agency, marriage and mobility	Informs negotiated agency, marriage, household bargaining or mobility.	JBI textual evidence checklist	Contextual	Used for conceptual/contextual interpretation rather than causal estimates.

Jiwani et al (2023)	Rural India; India	Women/girls	Conceptual/other evidence	Mental health and psychosocial distress	Informs mental-health burden, psychosocial mechanisms, resilience or service access.	JBI textual evidence checklist	Contextual	Used for conceptual/contextual interpretation rather than causal estimates.
Jungari et al (2021)	India	Pregnant/postpartum women or mothers	Systematic review/synthesis	Reproductive autonomy and care	Informs bodily autonomy, menstrual/reproductive care, consent or maternal wellbeing.	AMSTAR 2	Moderate	Protocol/search/appraisal/heterogeneity reporting varies across reviews.
Kagesten et al (2016)	India-relevant/global synthesis	India-relevant population	Systematic review/synthesis	Gender norms and identity	Informs gender-norm formation, measurement, change or institutional mechanisms.	AMSTAR 2	Moderate	Protocol/search/appraisal/heterogeneity reporting varies across reviews.
Kalokhe et al (2017)	India	Women exposed to violence / relevant populations	Systematic review/synthesis	Violence, safety and suicide	Informs pathways linking violence, safety, help-seeking, trauma and suicidality.	AMSTAR 2	Moderate	Protocol/search/appraisal/heterogeneity reporting varies across reviews.
Kalokhe et al (2020)	Mumbai, Maharashtra; India	Women exposed to violence / relevant populations	Cross-sectional/observational study	Violence, safety and suicide	Informs pathways linking violence, safety, help-seeking, trauma and suicidality.	JBI analytical cross-sectional checklist	Low-moderate	Temporality, self-report, selection bias and residual confounding limit causal inference.
Kalokhe et al (2021)	Mumbai, Maharashtra	Women exposed to violence / relevant populations	Intervention evaluation	Violence, safety and suicide	Informs pathways linking violence, safety, help-seeking, trauma and suicidality.	JBI quasi-experimental checklist	Moderate	Non-random allocation, fidelity and incomplete outcome reporting may affect inference.
Katiyar and Keynejad (2026)	India-relevant/global synthesis	Women/girls	Systematic review/synthesis	Work and economic identity	Informs paid work, economic agency, bargaining, care burden or wellbeing.	AMSTAR 2	Moderate	Protocol/search/appraisal/heterogeneity reporting varies across reviews.
Levy et al (2020)	India-relevant/global synthesis	Adolescents/young people	Systematic review/synthesis	Gender norms and identity	Informs gender-norm formation, measurement, change or institutional mechanisms.	AMSTAR 2	Moderate	Protocol/search/appraisal/heterogeneity reporting varies across reviews.
Mahapatro et al (2025)	India-relevant/global synthesis	Pregnant/postpartum women or mothers	Randomized/cluster-randomized trial	Violence, safety and suicide	Informs pathways linking violence, safety, help-seeking, trauma and suicidality.	JBI RCT checklist	Moderate-high	Blinding is often impractical; attrition and implementation fidelity require attention.
Makleff et al (2019)	India-relevant/global synthesis	Women/girls	Qualitative study	Reproductive autonomy and care	Informs bodily autonomy, menstrual/reproductive care, consent or maternal wellbeing.	JBI qualitative checklist	Moderate	Sampling, researcher reflexivity and transferability are the main concerns.
McCammon et al (2020)	Uttar Pradesh; India	Women/girls	Conceptual/other evidence	Reproductive autonomy and care	Informs bodily autonomy, menstrual/reproductive care, consent or maternal wellbeing.	JBI textual evidence checklist	Contextual	Used for conceptual/contextual interpretation rather than causal estimates.
Mittal et al (2023)	India	Women exposed to violence / relevant populations	Systematic review/synthesis	Violence, safety and suicide	Informs pathways linking violence, safety, help-seeking, trauma and suicidality.	AMSTAR 2	Moderate	Protocol/search/appraisal/heterogeneity reporting varies across reviews.
Mookerjee (2019)	India	Women/girls	Quasi-experimental/econometric study	Agency, marriage and mobility	Informs negotiated agency, marriage, household bargaining or mobility.	JBI quasi-experimental checklist	Moderate	Residual confounding, parallel trends and intervention contamination may remain.
Muralidharan and Prakash (2017)	India	Adolescents/young people	Quasi-experimental/econometric study	Education and aspirations	Informs schooling, aspiration, safety, transition or child-marriage pathways.	JBI quasi-experimental checklist	Moderate	Residual confounding, parallel trends and intervention contamination may remain.
Nadkarni et al (2025)	India	Women exposed to violence / relevant populations	Mixed-methods study	Violence, safety and suicide	Informs pathways linking violence, safety, help-seeking, trauma and suicidality.	MMAT (2018)	Moderate	Integration of qualitative and quantitative components is variably reported.
Nair et al (2022)	South India; India	Women/girls	Cross-sectional/observational study	Mental health and psychosocial distress	Informs mental-health burden, psychosocial mechanisms, resilience or service access.	JBI analytical cross-sectional checklist	Low-moderate	Temporality, self-report, selection bias and residual confounding limit causal inference.
Patel et al (2021)	India	Women exposed to violence / relevant populations	Conceptual/other evidence	Violence, safety and suicide	Informs pathways linking violence, safety, help-seeking, trauma and suicidality.	JBI textual evidence checklist	Contextual	Used for conceptual/contextual interpretation rather than causal estimates.
Patel et al (2022)	India	Women exposed to violence / relevant populations	Qualitative study	Violence, safety and suicide	Informs pathways linking violence, safety, help-seeking, trauma and suicidality.	JBI qualitative checklist	Moderate	Sampling, researcher reflexivity and transferability are the main concerns.

Patel et al (2025)	India	Women exposed to violence / relevant populations	Conceptual/other evidence	Violence, safety and suicide	Informs pathways linking violence, safety, help-seeking, trauma and suicidality.	JBI textual evidence checklist	Contextual	Used for conceptual/contextual interpretation rather than causal estimates.
Patton et al (2016)	India-relevant/global synthesis	Adolescents/young people	Systematic review/synthesis	Mental health and psychosocial distress	Informs mental-health burden, psychosocial mechanisms, resilience or service access.	AMSTAR 2	Moderate	Protocol/search/appraisal/heterogeneity reporting varies across reviews.
Paul et al (2023)	Bihar; Uttar Pradesh	Adolescents/young people	Conceptual/other evidence	Education and aspirations	Informs schooling, aspiration, safety, transition or child-marriage pathways.	JBI textual evidence checklist	Contextual	Used for conceptual/contextual interpretation rather than causal estimates.
Percher et al (2021)	Uttar Pradesh; India	India-relevant population	Conceptual/other evidence	Reproductive autonomy and care	Informs bodily autonomy, menstrual/reproductive care, consent or maternal wellbeing.	JBI textual evidence checklist	Contextual	Used for conceptual/contextual interpretation rather than causal estimates.
Plourde et al (2020)	India-relevant/global synthesis	India-relevant population	Conceptual/other evidence	Reproductive autonomy and care	Informs bodily autonomy, menstrual/reproductive care, consent or maternal wellbeing.	JBI textual evidence checklist	Contextual	Used for conceptual/contextual interpretation rather than causal estimates.
Powell-Jackson et al (2016)	India	Pregnant/postpartum women or mothers	Quasi-experimental/econometric study	Reproductive autonomy and care	Informs bodily autonomy, menstrual/reproductive care, consent or maternal wellbeing.	JBI quasi-experimental checklist	Moderate	Residual confounding, parallel trends and intervention contamination may remain.
Prakash et al (2019)	India	Adolescents/young people	Randomized/cluster-randomized trial	Education and aspirations	Informs schooling, aspiration, safety, transition or child-marriage pathways.	JBI RCT checklist	Moderate-high	Blinding is often impractical; attrition and implementation fidelity require attention.
Pujar et al (2024)	India	Adolescents/young people	Qualitative study	Education and aspirations	Informs schooling, aspiration, safety, transition or child-marriage pathways.	JBI qualitative checklist	Moderate	Sampling, researcher reflexivity and transferability are the main concerns.
Pulerwitz et al (2019)	India-relevant/global synthesis	Adolescents/young people	Conceptual/commentary evidence	Reproductive autonomy and care	Informs bodily autonomy, menstrual/reproductive care, consent or maternal wellbeing.	JBI textual evidence checklist	Contextual	Used for conceptual/contextual interpretation rather than causal estimates.
Raghavan et al (2023)	India	India-relevant population	Qualitative study	Mental health and psychosocial distress	Informs mental-health burden, psychosocial mechanisms, resilience or service access.	JBI qualitative checklist	Moderate	Sampling, researcher reflexivity and transferability are the main concerns.
Raj et al (2022)	Rural India; India	Married women/couples	Randomized/cluster-randomized trial	Reproductive autonomy and care	Informs bodily autonomy, menstrual/reproductive care, consent or maternal wellbeing.	JBI RCT checklist	Moderate-high	Blinding is often impractical; attrition and implementation fidelity require attention.
Rao Gupta et al (2019)	India-relevant/global synthesis	India-relevant population	Conceptual/commentary evidence	Gender norms and identity	Informs gender-norm formation, measurement, change or institutional mechanisms.	JBI textual evidence checklist	Contextual	Used for conceptual/contextual interpretation rather than causal estimates.
Rasmussen et al (2021)	India	Programmes/services/populations	Intervention evaluation	Education and aspirations	Informs schooling, aspiration, safety, transition or child-marriage pathways.	JBI quasi-experimental checklist	Moderate	Non-random allocation, fidelity and incomplete outcome reporting may affect inference.
Sabri and Young (2021)	India	Women exposed to violence / relevant populations	Conceptual/other evidence	Violence, safety and suicide	Informs pathways linking violence, safety, help-seeking, trauma and suicidality.	JBI textual evidence checklist	Contextual	Used for conceptual/contextual interpretation rather than causal estimates.
Sabri et al (2022)	India	Women exposed to violence / relevant populations	Cross-sectional/observational study	Violence, safety and suicide	Informs pathways linking violence, safety, help-seeking, trauma and suicidality.	JBI analytical cross-sectional checklist	Low-moderate	Temporality, self-report, selection bias and residual confounding limit causal inference.
Sabri et al (2024)	India	Women exposed to violence / relevant populations	Systematic review/synthesis	Reproductive autonomy and care	Informs bodily autonomy, menstrual/reproductive care, consent or maternal wellbeing.	AMSTAR 2	Moderate	Protocol/search/appraisal/heterogeneity reporting varies across reviews.
Saggurti et al (2018)	Rural India; India	Pregnant/postpartum women or mothers	Intervention evaluation	Reproductive autonomy and care	Informs bodily autonomy, menstrual/reproductive care, consent or maternal wellbeing.	JBI quasi-experimental checklist	Moderate	Non-random allocation, fidelity and incomplete outcome reporting may affect inference.

Saha et al (2022)	Bihar; Uttar Pradesh	Adolescents/young people	Cross-sectional/observational study	Digital voice and public space	Informs digital access, voice, surveillance or online-harm synthesis.	JBI analytical cross-sectional checklist	Low-moderate	Temporality, self-report, selection bias and residual confounding limit causal inference.
Santhya and Zavier (2022)	Bihar; India	Adolescents/young people	Longitudinal observational study	Collective action and interventions	Informs mental-health burden, psychosocial mechanisms, resilience or service access.	JBI cohort checklist	Moderate	Attrition, time-varying confounding and measurement consistency require attention.
Santhya et al (2019)	Bihar	Adolescents/young people	Conceptual/other evidence	Violence, safety and suicide	Informs pathways linking violence, safety, help-seeking, trauma and suicidality.	JBI textual evidence checklist	Contextual	Used for conceptual/contextual interpretation rather than causal estimates.
Sathyanarayana and Manjunatha (2019)	Bengaluru, Karnataka	Women/girls	Conceptual/other evidence	Reproductive autonomy and care	Informs bodily autonomy, menstrual/reproductive care, consent or maternal wellbeing.	JBI textual evidence checklist	Contextual	Used for conceptual/contextual interpretation rather than causal estimates.
Satyen et al (2024)	India	Women exposed to violence / relevant populations	Qualitative study	Violence, safety and suicide	Informs pathways linking violence, safety, help-seeking, trauma and suicidality.	JBI qualitative checklist	Moderate	Sampling, researcher reflexivity and transferability are the main concerns.
Scott et al (2020)	India	Pregnant/postpartum women or mothers	Cross-sectional/observational study	Mental health and psychosocial distress	Informs mental-health burden, psychosocial mechanisms, resilience or service access.	JBI analytical cross-sectional checklist	Low-moderate	Temporality, self-report, selection bias and residual confounding limit causal inference.
Sedlander et al (2021)	Odisha; India	India-relevant population	Qualitative study	Reproductive autonomy and care	Informs bodily autonomy, menstrual/reproductive care, consent or maternal wellbeing.	JBI qualitative checklist	Moderate	Sampling, researcher reflexivity and transferability are the main concerns.
Sen et al (2020)	India	Pregnant/postpartum women or mothers	Conceptual/other evidence	Reproductive autonomy and care	Informs bodily autonomy, menstrual/reproductive care, consent or maternal wellbeing.	JBI textual evidence checklist	Contextual	Used for conceptual/contextual interpretation rather than causal estimates.
Shekhar et al (2020)	India	India-relevant population	Observational/analytical study	Reproductive autonomy and care	Informs bodily autonomy, menstrual/reproductive care, consent or maternal wellbeing.	JBI analytical cross-sectional checklist	Low-moderate	Temporality, self-report, selection bias and residual confounding limit causal inference.
Shergill and Hooja (2025)	India-relevant/global synthesis	Women/girls	Conceptual/other evidence	Violence, safety and suicide	Informs pathways linking violence, safety, help-seeking, trauma and suicidality.	JBI textual evidence checklist	Contextual	Used for conceptual/contextual interpretation rather than causal estimates.
Shinde et al (2018)	Bihar; India	Adolescents/young people	Randomized/cluster-randomized trial	Education and aspirations	Informs schooling, aspiration, safety, transition or child-marriage pathways.	JBI RCT checklist	Moderate-high	Blinding is often impractical; attrition and implementation fidelity require attention.
Shinde et al (2020)	Bihar; India	Adolescents/young people	Randomized/cluster-randomized trial	Education and aspirations	Informs schooling, aspiration, safety, transition or child-marriage pathways.	JBI RCT checklist	Moderate-high	Blinding is often impractical; attrition and implementation fidelity require attention.
Shukla et al (2022)	India	Married women/couples	Qualitative study	Reproductive autonomy and care	Informs bodily autonomy, menstrual/reproductive care, consent or maternal wellbeing.	JBI qualitative checklist	Moderate	Sampling, researcher reflexivity and transferability are the main concerns.
Siddiqui et al (2020)	India	Programmes/services/populations	Systematic review/synthesis	Reproductive autonomy and care	Informs bodily autonomy, menstrual/reproductive care, consent or maternal wellbeing.	AMSTAR 2	Moderate	Protocol/search/appraisal/heterogeneity reporting varies across reviews.
Sinha (2017)	India-relevant/global synthesis	Women/girls	Conceptual/other evidence	Work and economic identity	Informs paid work, economic agency, bargaining, care burden or wellbeing.	JBI textual evidence checklist	Contextual	Used for conceptual/contextual interpretation rather than causal estimates.
Solanki et al (2025)	Central India; India	Women/girls	Cross-sectional/observational study	Mental health and psychosocial distress	Informs mental-health burden, psychosocial mechanisms, resilience or service access.	JBI analytical cross-sectional checklist	Low-moderate	Temporality, self-report, selection bias and residual confounding limit causal inference.
Soni et al (2016)	Western India; India	Women/girls	Cross-sectional/observational study	Mental health and psychosocial distress	Informs mental-health burden, psychosocial mechanisms, resilience or service access.	JBI analytical cross-sectional checklist	Low-moderate	Temporality, self-report, selection bias and residual confounding limit causal inference.

Srivastava and Gawarle (2024)	India	Women/girls	Conceptual/other evidence	Mental health and psychosocial distress	Informs mental-health burden, psychosocial mechanisms, resilience or service access.	JBI textual evidence checklist	Contextual	Used for conceptual/contextual interpretation rather than causal estimates.
Starrs et al (2018)	India-relevant/global synthesis	India-relevant population	Systematic review/synthesis	Reproductive autonomy and care	Informs bodily autonomy, menstrual/reproductive care, consent or maternal wellbeing.	AMSTAR 2	Moderate	Protocol/search/appraisal/heterogeneity reporting varies across reviews.
Stewart et al (2021)	India-relevant/global synthesis	Programmes/services/populations	Systematic review/synthesis	Collective action and interventions	Informs mental-health burden, psychosocial mechanisms, resilience or service access.	AMSTAR 2	Moderate	Protocol/search/appraisal/heterogeneity reporting varies across reviews.
Stroope et al (2021)	India	Women/girls	Longitudinal observational study	Collective action and interventions	Informs mental-health burden, psychosocial mechanisms, resilience or service access.	JBI cohort checklist	Moderate	Attrition, time-varying confounding and measurement consistency require attention.
Subramanian et al (2018)	Bihar; India	Married women/couples	Conceptual/other evidence	Reproductive autonomy and care	Informs bodily autonomy, menstrual/reproductive care, consent or maternal wellbeing.	JBI textual evidence checklist	Contextual	Used for conceptual/contextual interpretation rather than causal estimates.
Tabassum and Nayak (2021)	India-relevant/global synthesis	Women/girls	Conceptual/commentary evidence	Work and economic identity	Informs paid work, economic agency, bargaining, care burden or wellbeing.	JBI textual evidence checklist	Contextual	Used for conceptual/contextual interpretation rather than causal estimates.
Tokhi et al (2018)	India-relevant/global synthesis	Pregnant/postpartum women or mothers	Systematic review/synthesis	Reproductive autonomy and care	Informs bodily autonomy, menstrual/reproductive care, consent or maternal wellbeing.	AMSTAR 2	Moderate	Protocol/search/appraisal/heterogeneity reporting varies across reviews.
Tsaneva and Balakrishnan (2019)	India	Programmes/services/populations	Quasi-experimental/econometric study	Work and economic identity	Informs paid work, economic agency, bargaining, care burden or wellbeing.	JBI quasi-experimental checklist	Moderate	Residual confounding, parallel trends and intervention contamination may remain.
Upadhyay et al (2017)	India	Pregnant/postpartum women or mothers	Systematic review/synthesis	Reproductive autonomy and care	Informs bodily autonomy, menstrual/reproductive care, consent or maternal wellbeing.	AMSTAR 2	Moderate	Protocol/search/appraisal/heterogeneity reporting varies across reviews.
Vibha et al (2026)	India	India-relevant population	Conceptual/commentary evidence	Mental health and psychosocial distress	Informs mental-health burden, psychosocial mechanisms, resilience or service access.	JBI textual evidence checklist	Contextual	Used for conceptual/contextual interpretation rather than causal estimates.
Weber et al (2019)	India-relevant/global synthesis	India-relevant population	Cross-sectional/observational study	Gender norms and identity	Informs gender-norm formation, measurement, change or institutional mechanisms.	JBI analytical cross-sectional checklist	Low-moderate	Temporality, self-report, selection bias and residual confounding limit causal inference.

Appendix C. Search Audit, Deduplication Rules and Selection Log

C1. Search dates and counts

Source	Search date	Records
PubMed	27 July 2026	61
Scopus	27 July 2026	58
Web of Science Core Collection	27 July 2026	47
Backward/forward citation searching	27 July 2026	10

C2. Exact database search strings

Database	Search string
PubMed	((India[Mesh] OR India*[Title/Abstract] OR Indian[Title/Abstract]) AND (Women[Mesh] OR Female[Mesh] OR women[Title/Abstract] OR girls[Title/Abstract] OR mothers[Title/Abstract] OR adolescent girls[Title/Abstract]) AND (mental health[Title/Abstract] OR psychological[Title/Abstract] OR psychosocial[Title/Abstract] OR distress[Title/Abstract] OR depression[Title/Abstract] OR anxiety[Title/Abstract] OR trauma[Title/Abstract] OR wellbeing[Title/Abstract] OR identity[Title/Abstract] OR agency[Title/Abstract] OR empowerment[Title/Abstract] OR aspiration*[Title/Abstract] OR self-silencing[Title/Abstract] OR trust[Title/Abstract] OR gender norm*[Title/Abstract] OR patriarchy[Title/Abstract] OR violence[Title/Abstract] OR marriage[Title/Abstract] OR mobility[Title/Abstract] OR education[Title/Abstract] OR work[Title/Abstract] OR reproductive health[Title/Abstract] OR menstruation[Title/Abstract] OR digital media[Title/Abstract])) AND (2016/01/01:2026/07/27[Date - Publication]) AND English[Language]
Scopus	TITLE-ABS-KEY((India OR Indian) AND (women OR girl* OR female* OR mother* OR "adolescent girls") AND (psycholog* OR psychosocial OR "mental health" OR distress OR depression OR anxiety OR trauma OR wellbeing OR identity OR agency OR empowerment OR aspiration* OR "self silencing" OR trust OR "gender norm*" OR patriarchy OR violence OR marriage OR mobility OR education OR employment OR work OR "reproductive autonomy" OR menstruation OR "digital media")) AND PUBYEAR > 2015 AND PUBYEAR < 2027 AND (LIMIT-TO(LANGUAGE, "English"))
Web of Science	TS=((India OR Indian) AND (women OR girl* OR female* OR mother* OR "adolescent girls") AND (psycholog* OR psychosocial OR "mental health" OR distress OR depression OR anxiety OR trauma OR wellbeing OR identity OR agency OR empowerment OR aspiration* OR "self-silencing" OR trust OR "gender norm*" OR patriarchy OR violence OR marriage OR mobility OR education OR employment OR work OR "reproductive autonomy" OR menstruation OR "digital media")) AND PY=(2016-2026) AND LA=(English)

C3. Deduplication algorithm

Step	Rule	Operational definition
1	Normalise DOI	Lowercase; remove https://doi.org/, http://dx.doi.org/, spaces and terminal punctuation.
2	Exact identifier match	Remove exact DOI duplicates; compare PMID/other stable identifiers where available.
3	Bibliographic match	Match normalised title + year + first author when identifier is absent.
4	Near-duplicate review	Manually compare similar titles, conference/journal versions and multiple programme reports.
5	Audit result	31 duplicates removed from 176 records; 145 unique records screened.

C4. Full-text exclusion log

Reason	n	Operational definition
No separable India findings	7	Indian data absent or not separately extractable.
Outside 2016-2026 date range	5	Publication date outside prespecified range.
No relevant psychological/psychosocial outcome	4	No outcome or concept relevant to the review questions.
Commentary/protocol without eligible results	3	No substantive empirical findings or systematic synthesis.
Bibliographic identity/full text unverifiable	3	Essential metadata, stable record or evidence basis could not be confirmed.
Total full-text exclusions	22	122 reports assessed - 22 excluded = 100 included.

A manuscript-ready journal submission should retain the title/abstract screening file and a report-level list naming each excluded full text. The current audit preserves the reconciled reason categories and counts but not a named 22-report exclusion file.

Appendix D. Reference Verification and DOI Audit (Included Records)

All 100 included records contain a unique DOI string and fall within the stated 2016-2026 publication range. The audit checked DOI syntax/normalisation, duplicate DOI status and internal author-year-title consistency. Metadata corrections made in the main reference list are flagged. Because automated resolver access was unavailable in the editing environment, resolver-level verification should be repeated for every DOI immediately before submission.

Record	Title	DOI	Syntax	Unique	Audit note
Adukia (2017)	Sanitation and education	10.1257/app.20150083	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Allendorf and Pandian (2016)	The decline of arranged marriage? Marital change and continuity in India	10.1111/j.1728-4457.2016.00149.x	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Annajigowda et al (2023)	Common mental disorders among women in the reproductive age group: Results from the National Mental Health Survey of India, 2016	10.4103/indianjpsychiatry.indianjpsychiatry_832_23	Pass	Pass	Corrected article title wording to match indexed metadata.
Ansari and Yeravdekar (2020)	Respectful maternity care during childbirth in India: A systematic review and meta-analysis	10.4103/jpgm.jpgm_648_19	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Aruldas et al (2017)	Care-seeking behaviors for maternal and newborn illnesses among self-help group households in Uttar Pradesh, India	10.1186/s41043-017-0121-1	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Arun et al (2023)	Social determinants of health in rural Indian women and effects on intervention participation	10.1186/s12889-023-15743-3	Pass	Pass	Corrected BMC Public Health article number to 23, 921.
Basu et al (2017)	Learning to be gendered: Gender socialization in early adolescence among urban poor in Delhi, India, and Shanghai, China	10.1016/j.jadohealth.2017.03.012	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Bhan et al (2020)	Access to women physicians and uptake of reproductive, maternal and child health services in India	10.1016/j.eclinm.2020.100309	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Borker (2021)	Safety first: Perceived risk of street harassment and educational choices of women	10.1596/1813-9450-9731	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Castilla (2018)	Political role models and child marriage in India	10.1111/rode.12513	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Cislaghi and Heise (2018)	Theory and practice of social norms interventions: Eight common pitfalls	10.1186/s12992-018-0398-x	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Cislaghi and Heise (2020)	Gender norms and social norms: Differences, similarities and why they matter in prevention science	10.1111/1467-9566.13008	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Costenbader et al (2019)	Social norms measurement: Catching up with programs and moving the field forward	10.1016/j.jadohealth.2019.01.001	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Dandona et al (2018)	Gender differentials and state variations in suicide deaths in India: The Global Burden of Disease Study 1990-2016	10.1016/s2468-2667(18)30138-5	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Das and Singhal (2023)	Solving it correctly: Prevalence and persistence of gender gap in basic mathematics in rural India	10.1016/j.ijedudev.2022.102703	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Dehingia et al (2023)	Violence against women on Twitter in India: Testing a taxonomy for online misogyny and measuring its prevalence during COVID-19	10.1371/journal.pone.0292121	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Desai et al (2020)	Community interventions with women's groups to improve women's and children's health in India: A mixed-methods systematic review of effects, enablers and barriers	10.1136/bmjgh-2020-003304	Pass	Pass	No internal discrepancy identified; external resolver recheck required.

Dhar et al (2022)	Reshaping adolescents' gender attitudes: Evidence from a school-based experiment in India	10.1257/aer.20201112	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Fleming et al (2018)	Can a gender equity and family planning intervention for men change their gender ideology? Results from the CHARM intervention in rural India	10.1111/sifp.12047	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Freudberg et al (2018)	Process and impact evaluation of a community gender equality intervention with young men in Rajasthan, India	10.1080/13691058.2018.1424351	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Gailits et al (2019)	Women's freedom of movement and participation in psychosocial support groups: Qualitative study in northern India	10.1186/s12889-019-7019-3	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Ganjiwale and Nimbalkar (2025)	Perinatal depression in India: A narrative review	10.4103/jfmpc.jfmpc_370_25	Pass	Pass	Added issue and page range: 14(9), 3630-3636.
Garcia et al (2022)	Domestic violence and suicide in India	10.1016/j.chiabu.2022.105573	Pass	Pass	DOI/title traceable; record is a short correspondence/letter and is treated as contextual evidence.
Gopalakrishnan et al (2024)	Community-level inequitable gender norms and women's empowerment in India	10.1371/journal.pone.0312465	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Gourisankar et al (2025)	Examining the impact of maternal domestic violence on adolescent children's mental health in India	10.1371/journal.pone.0304936	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Gundi and Subramanyam (2019)	Menstrual health communication among Indian adolescents: A mixed-methods study	10.1371/journal.pone.0223923	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Gupta and Santhya (2020)	Promoting gender egalitarian norms and practices among boys in rural India: The relative effect of intervening in early and late adolescence	10.1016/j.jadohealth.2019.03.007	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Hay et al (2019)	Disrupting gender norms in health systems: Making the case for change	10.1016/s0140-6736(19)30648-8	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Hazra et al (2020)	Effects of health behaviour change intervention through women's self-help groups on maternal and newborn health practices and related inequalities in rural India: A quasi-experimental study	10.1016/j.eclinm.2019.10.011	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Heath and Tan (2020)	Intrahousehold bargaining, female autonomy, and labor supply: Theory and evidence from India	10.1093/jeea/jvz026	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Hebert et al (2020)	Understanding young women's experiences of gender inequality in Lucknow, Uttar Pradesh through story circles	10.1080/02673843.2019.1568888	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Heise et al (2019)	Gender inequality and restrictive gender norms: Framing the challenges to health	10.1016/s0140-6736(19)30652-x	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Heymann et al (2019)	Improving health with programmatic, legal, and policy approaches to reduce gender inequality and change restrictive gender norms	10.1016/s0140-6736(19)30656-7	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Iqbal et al (2025)	Family communication patterns and depression in Indian women: Examining the effects of self-silencing	10.1177/00207640251348046	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Jayachandran (2021)	Social norms as a barrier to women's employment in developing countries	10.1057/s41308-021-00140-w	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Jejeebhoy and Kumar (2021)	What prevents adolescent girls from transitioning from school to work in India? Insights from an exploratory study in Rajasthan	10.1177/0973703021998993	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Jejeebhoy and Raushan (2022)	Marriage without meaningful consent and compromised agency in married life: Evidence from married girls in Jharkhand, India	10.1016/j.jadohealth.2021.07.005	Pass	Pass	No internal discrepancy identified; external resolver recheck required.

Jiwani et al (2023)	Caste and COVID-19: Psychosocial disparities amongst rural Indian women during the coronavirus pandemic	10.1111/josi.12532	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Jungari et al (2021)	Beyond maternal mortality: A systematic review of evidences on mistreatment and disrespect during childbirth in health facilities in India	10.1177/1524838019881719	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Kagesten et al (2016)	Understanding factors that shape gender attitudes in early adolescence globally: A mixed-methods systematic review	10.1371/journal.pone.0157805	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Kalokhe et al (2017)	Domestic violence against women in India: A systematic review of a decade of quantitative studies	10.1080/17441692.2015.1119293	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Kalokhe et al (2020)	Prevalence and correlates of domestic violence against women in informal settlements in Mumbai, India	10.1136/bmjopen-2020-042444	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Kalokhe et al (2021)	A gender-based empowerment intervention for intimate partner violence in Mumbai: Pilot evaluation	10.2196/26130	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Katiyar and Keynejad (2026)	Gender-specific economic interventions for women's mental health and well-being in South Asia: A systematic review	10.1007/s00127-026-03074-8	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Levy et al (2020)	Characteristics of successful programmes targeting gender inequality and restrictive gender norms for the health and wellbeing of children, adolescents, and young adults: A systematic review	10.1016/s2214-109x(19)30495-4	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Mahapatro et al (2025)	Behavioral intervention for mental health of pregnant women experiencing domestic violence: A randomized controlled trial	10.3389/fpubh.2025.1541169	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Makleff et al (2019)	Exploring stigma and social norms in women's abortion experiences and their expectations of care	10.1080/26410397.2019.1661753	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
McCammon et al (2020)	Exploring young women's menstruation-related challenges in Uttar Pradesh, India, using the socio-ecological framework	10.1080/26410397.2020.1749342	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Mittal et al (2023)	A meta-analysis and systematic review of community-based intimate partner violence interventions in India	10.3390/ijerph20075277	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Mookerjee (2019)	Gender-neutral inheritance laws, family structure, and women's status in India	10.1093/wber/lhx004	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Muralidharan and Prakash (2017)	Cycling to school: Increasing secondary school enrollment for girls in India	10.1257/app.20160004	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Nadkarni et al (2025)	Feasibility of a low-intensity task-shared intervention for common mental disorders in survivors of intimate partner violence in India: A mixed-methods study	10.1177/10778012251351898	Pass	Pass	Updated issue publication to 2026, 32(8), 2293-2321; DOI was online-first in 2025.
Nair et al (2022)	Common mental disorders among women and its social correlates in an urban marginalized populace in South India	10.1177/00207640211025556	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Patel et al (2021)	Gender-based violence and suicidal ideation among Indian women from slums: Direct and indirect effects of depression, anxiety, and PTSD symptoms	10.1037/tra0000998	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Patel et al (2022)	I put a stone on my heart and kept going: An explanatory model of how distress is generated and regulated among Indian women from slums reporting gender-based violence	10.1177/13634615211055003	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Patel et al (2025)	Explaining suicide among Indian women: Applying the cultural theory of suicide to survivors of gender-based violence reporting suicidal ideation	10.1177/08862605241254145	Pass	Pass	No internal discrepancy identified; external resolver recheck required.

Patton et al (2016)	Our future: A Lancet commission on adolescent health and wellbeing	10.1016/s0140-6736(16)00579-1	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Paul et al (2023)	Is parental engagement associated with subsequent delayed marriage and marital choices of adolescent girls? Evidence from the UDAYA survey in Uttar Pradesh and Bihar, India	10.1016/j.ssmph.2023.101523	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Percher et al (2021)	Differential treatment in the provision of medication abortion at pharmacies in Uttar Pradesh, India	10.1016/j.xagr.2021.100025	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Plourde et al (2020)	Boys mentoring, gender norms, and reproductive health-potential for transformation	10.1016/j.jadohealth.2020.06.013	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Powell-Jackson et al (2016)	Cash transfers, maternal depression and emotional well-being: Quasi-experimental evidence from India's Janani Suraksha Yojana programme	10.1016/j.socscimed.2016.06.034	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Prakash et al (2019)	The Samata intervention to increase secondary school completion and reduce child marriage among adolescent girls: Results from a cluster-randomised control trial in India	10.7189/jogh.09.010430	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Pujar et al (2024)	Boys' perspectives on girls' marriage and school dropout: A qualitative study revisiting a structural intervention in Southern India	10.1080/13691058.2023.2241525	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Pulerwitz et al (2019)	Proposing a conceptual framework to address social norms that influence adolescent sexual and reproductive health	10.1016/j.jadohealth.2019.01.014	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Raghavan et al (2023)	Stigma and mental health problems in an Indian context: Perceptions of people with mental disorders and caregivers	10.1177/00207640221091187	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Raj et al (2022)	Evaluation of a gender synchronized family planning intervention for married couples in rural India: The CHARM2 cluster randomized control trial	10.1016/j.eclinm.2022.101334	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Rao Gupta et al (2019)	Gender equality and gender norms: Framing the opportunities for health	10.1016/s0140-6736(19)30651-8	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Rasmussen et al (2021)	Evaluating interventions to reduce child marriage in India	10.29392/001c.23619	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Sabri and Young (2021)	Contextual factors associated with gender-based violence and related homicides perpetrated by partners and in-laws in India	10.1080/07399332.2021.1881963	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Sabri et al (2022)	Violence against women in India: Correlates, barriers to help-seeking, and facilitators of change	10.1080/26408066.2022.2105671	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Sabri et al (2024)	Integrated domestic violence and reproductive health interventions in India: A systematic review	10.1186/s12978-024-01830-0	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Saggurti et al (2018)	Effect of health intervention integration within women's self-help groups on collectivization and healthy practices around reproductive, maternal, neonatal and child health in rural India	10.1371/journal.pone.0202562	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Saha et al (2022)	Association between exposure to social media and knowledge of sexual and reproductive health among adolescent girls: Evidence from the UDAYA survey in Bihar and Uttar Pradesh, India	10.1186/s12978-022-01487-7	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Santhya and Zavier (2022)	Long-term impact of exposure to a gender-transformative program among young men: Findings from a longitudinal study in Bihar, India	10.1016/j.jadohealth.2021.10.041	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Santhya et al (2019)	Transforming the attitudes of young men about gender roles and the acceptability of violence against women, Bihar	10.1080/13691058.2019.1568574	Pass	Pass	No internal discrepancy identified; external resolver recheck required.

Sathyanarayana and Manjunatha (2019)	Common mental disorders among women of reproductive age group in an urban area in Bengaluru	10.18203/2394-6040.ijcmph20191419	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Satyen et al (2024)	A global study into Indian women's experiences of domestic violence and control: The role of patriarchal beliefs	10.3389/fpsyg.2024.1273401	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Scott et al (2020)	Multidimensional predictors of common mental disorders among Indian mothers of 6- to 24-month-old children living in disadvantaged rural villages with women's self-help groups	10.1371/journal.pone.0233418	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Sedlander et al (2021)	How gender norms affect anemia in select villages in rural Odisha, India: A qualitative study	10.1016/j.nut.2021.111159	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Sen et al (2020)	Unintended effects of Janani Suraksha Yojana on maternal care in India	10.1016/j.ssmph.2020.100619	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Shekhar et al (2020)	Providing quality abortion care: Findings from a study of six states in India	10.1016/j.srhc.2020.100497	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Shergill and Hooja (2025)	Impact of perceived familial gender discrimination and entrapment on the mental health of female emerging adults	10.1007/s44192-025-00289-0	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Shinde et al (2018)	Promoting school climate and health outcomes with the SEHER multi-component secondary school intervention in Bihar, India: A cluster-randomised controlled trial	10.1016/s0140-6736(18)31615-5	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Shinde et al (2020)	A multicomponent secondary school health promotion intervention and adolescent health: An extension of the SEHER cluster randomised controlled trial in Bihar, India	10.1371/journal.pmed.1003021	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Shukla et al (2022)	Restrictions on contraceptive services for unmarried youth: A qualitative study of providers' beliefs and attitudes in India	10.1080/26410397.2022.2141965	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Siddiqui et al (2020)	A systematic review of the evidence on peer education programmes for promoting the sexual and reproductive health of young people in India	10.1080/26410397.2020.1741494	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Sinha (2017)	Multiple roles of working women and psychological well-being	10.4103/ipj.ipj_70_16	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Solanki et al (2025)	Stress and stressors of women: A cross-sectional study from a rural population in Central India	10.4103/ijcm.ijcm_569_23	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Soni et al (2016)	Association of common mental disorder symptoms with health and healthcare factors among women in rural western India	10.1136/bmjopen-2015-010834	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Srivastava and Gawarle (2024)	Breaking the silence: A look into women's mental health in India	10.4103/jfmpc.jfmpc_892_24	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Starrs et al (2018)	Accelerate progress-sexual and reproductive health and rights for all: Report of the Guttmacher-Lancet Commission	10.1016/s0140-6736(18)30293-9	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Stewart et al (2021)	Gendered stereotypes and norms: A systematic review of interventions designed to shift attitudes and behaviour	10.1016/j.heliyon.2021.e06660	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Stroope et al (2021)	Gender contexts, dowry and women's health in India: A national multilevel longitudinal analysis	10.1017/s0021932020000334	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Subramanian et al (2018)	Increasing contraceptive use among young married couples in Bihar, India: Evidence from a decade of implementation of the PRACHAR Project	10.9745/ghsp-d-17-00440	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Tabassum and Nayak (2021)	Gender stereotypes and their impact on women's career progressions from a managerial perspective	10.1177/2277975220975513	Pass	Pass	No internal discrepancy identified; external resolver recheck required.

Tokhi et al (2018)	Involving men to improve maternal and newborn health: A systematic review of the effectiveness of interventions	10.1371/journal.pone.0191620	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Tsaneva and Balakrishnan (2019)	The effect of a workfare programme on psychological wellbeing in India	10.1080/00220388.2018.1502879	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Upadhyay et al (2017)	Postpartum depression in India: A systematic review and meta-analysis	10.2471/blt.17.192237	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Vibha et al (2026)	Gender and common mental disorders: A perspective from India	10.5498/wjp.v16.i1.108360	Pass	Pass	No internal discrepancy identified; external resolver recheck required.
Weber et al (2019)	Gender norms and health: Insights from global survey data	10.1016/s0140-6736(19)30765-2	Pass	Pass	No internal discrepancy identified; external resolver recheck required.