

Invisible Barriers: Understanding How Psychological Factors Reinforce Poverty Among Rural Women In India

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Abstract

Poverty in rural India has long been examined through economic, educational, and infrastructural lenses. Despite significant investments by NGOs and government organizations in skill - building workshops, healthcare services, and microloans, many women remain trapped in the cycle of poverty. This persistent gap between support and outcome highlights a crucial dimension: the psychological and emotional barriers that reinforce poverty. This research employs quantitative methodology to identify and analyse psychological barriers experienced by rural women in India, examining how these barriers influence their ability to access poverty alleviation programs. Factor analysis revealed five distinct psychological barrier clusters - Social Anxiety and Judgment Fears, Self - Efficacy and Professional Help - Seeking, Family Support and Empowerment, Mental Health and Capacity, and Systemic Barriers and Learning - which together explained 52.867% of the variance. The findings emphasize that traditional poverty alleviation strategies often overlook internal psychological dynamics, and without addressing these dimensions, even well - designed interventions risk falling short.

Keywords: Psychological barriers, rural women, poverty, factor analysis, self - efficacy, social stigma.

1. Introduction

Poverty in rural India has long been a subject of extensive research, mainly examined through economic, educational, and infrastructural lenses. Various NGOs and Government organizations have invested significantly in providing resources like skill building workshops, healthcare services, microloans, etc. to uplift the marginalized communities (Sharma, 2015). Despite these efforts, women remain trapped in the cycle of poverty, unable to fully utilise available resources or escape the vicious cycle of poverty. This persistent gap between support and outcome highlights a crucial dimension: the psychological and emotional barriers that reinforce poverty among that section.

While external factors like lack of education, poor infrastructure, limited availability of resources, and limited employment opportunities are cited as the primary obstacles, recent research emphasizes the influence of internal psychological factors (Kumari et al., 2022). Rural women in India often face an invisible barrier which includes internalised shame, low self - efficacy, fear of judgement, and the stigma associated with mental health. These factors are deeply rooted in the cultural norms, subtly showcasing how women perceive themselves and their possibilities for change (Ahuja, 2017).

For instance, internalised shame and learned helplessness can affect a woman's confidence, making her less likely to seek help or assert her needs when required, even when all resources are available. Gender role pressure and fear of family disapproval further hinder their autonomy, reinforcing a sense of powerlessness (Dhandekar, 2002). The stigma attached to

mental health issues, combined with a general lack of emotional awareness, means that psychological struggles are rarely discussed, continuing the cycle of silence and self - doubt (Mathur, 2024). As a result, many women internalise poverty as a personal failing rather than a systemic issue which leads to anxiety, chronic stress, and lack of motivation.

Traditional poverty alleviation strategies often overlook these internal dynamics. Without addressing the psychological dimensions of poverty, even the most well - designed interventions risk falling short (World Health Organization, 2000). Women who have been conditioned to the fear of judgement or the feeling of undeserving may not feel empowered to participate in these programs. This disconnect emphasizes the need for a better approach, one that recognizes poverty being affected by both economic and psychological factors. Understanding the invisible barriers faced by rural women is essential for developing an effective support system.

2. Research Objectives

The following are the objectives of the present research study:

- To identify and analyse psychological barriers experienced by rural women in India.
- To analyse how these psychological barriers influence rural women's ability to speak up and access poverty alleviation programs and skill building workshops.
- To figure out the most common invisible psychological barriers experienced by rural women in India and how these factors contribute to long - term economic and emotional stagnation.

3. Literature Review

Poverty and mental wellbeing are tied together in complicated ways for rural women in India. A lot of development programs have focused mainly on money, things like microcredit, cash transfers, or skill training. That's important, but it doesn't always change women's lives in the way people expect. A woman might get financial help and still feel trapped because of shame, social judgment, or just the heavy cultural weight she carries.

The issue isn't only about income or opportunity. It's also about the invisible things: how women think about themselves, how their communities treat them, and how silence around distress keeps them stuck. This review brings together studies that highlight these barriers and explains why they matter for women's chances of moving out of poverty.

3.1 Mental Health Landscape and Access Barriers

In many villages, women deal with stress, depression, or anxiety, but very few get support. Sharma and Kaur (2021) note that the lack of services doesn't just hurt women personally, it affects their ability to work and take part in social life. Mathur (2024) points out the sharp rural and urban divide. In cities, at least some facilities exist. In rural areas, women face stigma, a shortage of professionals, and poor infrastructure. Most cases end up hidden or untreated.

The pandemic made things worse. India Development Review (2021) describes how women had to take on more household work while their families lost jobs and food security. That combination brought heavier stress. Iyer et al. (2023), looking at women in Maharashtra, found that many wanted support but stayed silent. They were worried about being judged,

had no time, or simply didn't know where to go. Silence becomes part of the cycle. When struggles aren't voiced, they just grow heavier.

3.2 Cultural Expression and Recognition of Psychological Distress

One challenge is how distress is expressed. Gala et al. (2024) show that women often talk about physical problems such as aches or tiredness rather than emotions. With low mental health literacy, families don't always realize these are signs of psychological distress.

Debnath (2023) finds that in Haryana, traditional beliefs and lack of information keep people quiet about mental health. A study in Tamil Nadu (2017) shows how stigma, both public and private, delays care. In practice, many women live with suffering that isn't even recognized as psychological.

3.3 Sociocultural Constraints and Gender Dynamics

Psychological barriers are tied closely to culture and gender norms. Anukriti et al. (2025) connect son preference with mental health, showing how women often feel inadequate if they don't meet expectations. These feelings can pass on to the next generation.

Ahuja (2017) notes that traditional gender roles such as marriage, domestic work, and childcare create invisible ceilings for women. Dhandekar (2002) adds that restrictions on women's movement, sexuality, and social space reinforce shame and limit autonomy.

Family structures also matter. Dhanaraj and Mahambare (2017) find that joint families and low education reduce women's chances of joining the workforce. This affects both economic independence and confidence, creating a loop where low opportunity and low self - belief feed into each other.

3.4 Shame, Stigma, and Social Control

Shame runs through many of these studies. Olsen (2020) shows that even though emotional support can reduce shame, public shaming is a strong deterrent. In small communities, shame often acts as a form of control, keeping women tied to traditional roles.

Stigma around mental health adds another layer. Medwin (2023) documents how pregnant women avoid seeking help because they fear judgment. In critical moments when support is most needed, stigma holds them back.

3.5 Psychological Capabilities and Self - Efficacy

Some research looks more directly at confidence and coping. Kumari et al. (2022) argue that programs can't stop at technical training. If women don't feel capable or worthy, they may not use new skills. Building confidence has to go hand in hand with economic support.

Banappagoudar et al. (2023) found that many women in Gwalior live with fear and anxiety, often using coping strategies that don't work well. They also noticed that depression is connected to occupation, showing how economic conditions and mental health feed into each other.

3.6 Intersectionality and Compounding Vulnerabilities

It's not just one challenge at a time. India Development Review (2021) notes that poverty, discrimination, exclusion, and even violence overlap. For widows, for instance, these disadvantages pile up.

Chen (2025) highlights how financial insecurity shapes mental health. Strong social networks can cushion the blow, but when support is missing, distress becomes much heavier. In those cases, women often internalize their struggles, with no safe outlet.

3.7 Policy Implications and Intervention Approaches

The research points toward a need for broader strategies. Gupta (2024) stresses that low literacy and cultural beliefs keep the treatment gap wide, and calls for investment in rural mental health. Sharma (2015) argues that solutions have to come from many directions, not just services but also addressing violence, inequality, and autonomy.

The World Health Organization (2000) had already noted that poverty, low social position, and violence weigh heavily on women's mental health. Two decades later, those insights still hold true, which shows how persistent the barriers remain.

4. Research Methodology

The quantitative research method was used in this research study because of its ability to transform the experiences of rural women into measurable variables and objectively examine how psychological barriers affect their emotional health and economic status. This study represents a combination of exploratory research and descriptive research where efforts are made to identify and comprehend various factors that constitute psychological barriers for rural women.

4.1 Research Design

This research is a quantitative study, using structured and systematic data collection to transform the experiences of rural women into measurable variables. By focusing on numerical data, the study aims to objectively examine how psychological barriers such as stigma, self-doubt, or fear of judgment affect rural women's emotional health, and ultimately their economic status. The quantitative design allows for large-scale data collection, comparison between groups, and statistical analysis that can clearly demonstrate trends and patterns connecting psychological difficulties with poverty.

4.2 Data Source

Primary data was gathered directly from rural women through carefully administered surveys, ensuring authenticity and guaranteeing that the voices of the actual people are represented. Secondary data was sourced from reputable organizations such as women-oriented NGOs, official government portals, and other research articles. By integrating these two data sources, the research includes real-world perspectives and allows for cross-verification from the secondary data.

4.3 Population and Sampling

The study targets rural women aged 18 and above living in villages throughout India, recognizing their unique social and economic situations. A total of 125 rural women participated in this research study. Due to the vast and diverse geographic scope, the research

used convenience sampling, selecting participants who are easily reached and willing to participate in the survey process. While convenience sampling may not guarantee full representation of the population, it allows for efficient data collection in rural environments where access and logistics can be challenging. This approach helps to build a large and diverse sample to observe meaningful trends while respecting practical field difficulties.

4.4 Instrument Development

A structured questionnaire was developed as the main research instrument. The questionnaire featured Likert scale questions which provide levels of agreement on key psychological and poverty - related issues. The items were measured by responses given by the respondents on a five - point Likert Scale, ranging from '1' (strongly disagree) to '5' (strongly agree).

4.5 Plan for Data Analysis

Data analysis applied fundamental quantitative methods to draw meaningful conclusions from the responses. First, descriptive statistics such as percentages, means, and standard deviations summarized key findings and illustrated overall patterns in the data. Next, exploratory factor analysis (Gaurav et al., 2018; Gaurav et al., 2023) was employed to identify the underlying psychological constructs that represent barriers experienced by rural women. These computations were performed using statistical software, enabling straightforward entry, management, numerical calculation, and graphical presentation of results.

5. Data Analysis

5.1 Descriptive Analysis

This study successfully identified and analyzed the psychological barriers experienced by rural women in India that reinforce poverty and limit access to poverty alleviation programs. The survey included 125 respondents, all women (100%). The majority were aged 18–30 years (43.2%) or 40–50 years (31.2%), and most were married (71.2%), reflecting the typical marital profile in rural communities. Regarding occupation, 40% of participants were homemakers, while 29.6% were daily wage laborers, indicating limited employment opportunities for rural women. Economic vulnerability was further evident, with nearly half of the respondents (46.4%) reporting a monthly household income below ₹10,000. Educational attainment was also limited, as 50.4% had not studied beyond Class 10, highlighting the intersection of poverty and restricted access to education.

5.2 Exploratory Factor Analysis

5.2.1: KMO and Bartlett's Test

An exploratory factor analysis (EFA) was conducted to identify the underlying psychological constructs that act as barriers for rural women in India (Rajanikanth & Gaurav, 2023). The analysis included 25 variables associated with psychological factors that may reinforce poverty within this population.

Kaiser - Meyer - Olkin Measure of Sampling Adequacy.		.717
Bartlett's Test of Sphericity	Approx. Chi - Square	1040.439
	df	300

	Sig.	.000
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The Kaiser–Meyer–Olkin (KMO) measure of sampling adequacy was 0.717, exceeding the recommended threshold of 0.60, which indicates that the data were suitable for factor analysis (see Table 1). Bartlett’s test of sphericity was statistically significant, $\chi^2(300) = 1040.44$, $p < .001$, thereby rejecting the null hypothesis that the correlation matrix is an identity matrix. Together, these results confirm that the dataset met the assumptions required for factor analysis.

5.2.2 Communalities

Table 2 presents the communalities for each of the 25 items. Extraction values indicate the proportion of variance in each variable explained by the extracted factors. The communalities ranged from .13 to .75, suggesting that while several items shared substantial variance with the factor structure, others had relatively weaker associations.

Table 2: Communalities of Psychological Barrier Items

Item	Initial	Extraction
I feel confident in making decisions about my future.	1.00	.71
I feel ashamed when I cannot contribute financially to my household.	1.00	.75
I often worry about being judged by others in the community.	1.00	.75
I avoid participating in public events or training because I fear being criticized.	1.00	.68
My family respects my opinions and choices.	1.00	.62
I hesitate to talk about my problems because I feel others will judge me.	1.00	.73
I feel that poverty has reduced my confidence and self - worth.	1.00	.13
I would seek professional help if I had emotional problems.	1.00	.33
I believe financial hardship and emotional stress are connected.	1.00	.58
I feel hopeful when I learn about free training or support programs.	1.00	.36
I often give up trying to change my situation because nothing seems to improve.	1.00	.55
I believe I deserve to express my needs and opinions, regardless of my income.	1.00	.55
I cannot attend training or workshops because of money or household responsibilities.	1.00	.39
I feel emotionally exhausted due to constant financial pressure.	1.00	.56
Seeing others who are financially stable makes me feel inadequate.	1.00	.50
Financial stress makes it difficult for me to focus on work or learning.	1.00	.41
Reducing poverty would improve the mental health of many women in my community.	1.00	.63

I feel safe discussing my personal struggles with someone I trust.	1.00	.40
I often feel mentally unwell, which affects my ability to work and stay out of poverty.	1.00	.49
My family encourages me to explore opportunities that could improve our financial situation.	1.00	.63
I feel powerless to change my financial condition, no matter what I do.	1.00	.49
I am motivated to improve my life if I receive encouragement and support.	1.00	.58
I believe women in poverty are often excluded from decisions that affect their lives.	1.00	.34
I feel that poverty is something I have no control over.	1.00	.44
I believe I can learn new skills if I get the opportunity.	1.00	.64

As shown in Table 2, the highest communalities were observed for items related to financial contribution, community judgment, and family support, all above .70, suggesting strong alignment with the extracted factors. In contrast, the item “I feel that poverty has reduced my confidence and self - worth” demonstrated the lowest communality (.13), indicating weaker association with the factor solution.

5.2.3 Total Variance Explained

Table 3 summarizes the initial eigenvalues and the variance explained by each component. Five components had eigenvalues greater than 1.0 and together accounted for 52.87% of the total variance.

Table 3: Total Variance Explained by Extracted Components

Component	Total Variance Explained					
	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	4.503	18.013	18.013	4.503	18.013	18.013
2	3.321	13.284	31.297	3.321	13.284	31.297
3	2.052	8.208	39.505	2.052	8.208	39.505
4	1.872	7.489	46.994	1.872	7.489	46.994
5	1.468	5.872	52.867	1.468	5.872	52.867

Extraction Method: Principal Component Analysis.

As shown in Table 3, the first component explained 18.01% of the variance, followed by 13.28% for the second, 8.21% for the third, 7.49% for the fourth, and 5.87% for the fifth. Together, these five components explained 52.87% of the total variance in the dataset, exceeding the minimum threshold typically considered acceptable for social science research (Hair et al., 2019).

5.2.4 Factor Description

The principal component analysis (PCA) extracted five components with eigenvalues greater than 1.0, together explaining 52.87% of the total variance in the dataset. **Factor 1, Social Anxiety and Judgment Fears (eigenvalue = 4.50, 18.01% variance)**, emerged as the most influential factor, encompassing concerns about community judgment, feelings of shame due

to financial inability, hesitation to discuss personal problems, and lack of confidence in decision - making. **Factor 2, Self - Efficacy and Professional Help - Seeking (eigenvalue = 3.32, 13.28% variance)**, captured attitudes toward seeking professional help, recognition of the link between financial hardship and emotional stress, and tendencies to give up when situations do not improve.

Factor 3, Family Support and Empowerment (eigenvalue = 2.05, 8.21% variance), reflected the role of family encouragement in promoting opportunities, alongside negative associations with safe spaces for discussion and community mental health awareness, highlighting mixed empowerment dynamics. **Factor 4, Mental Health and Capacity (eigenvalue = 1.87, 7.49% variance)**, included items related to poor mental health affecting work, feelings of powerlessness in changing financial conditions, and motivation reliant on external encouragement. Finally, **Factor 5, Systemic Barriers and Learning (eigenvalue = 1.47, 5.87% variance)**, encompassed beliefs about women's exclusion from decision - making, perceptions of poverty as systemic, and the potential to learn new skills when opportunities are available.

Overall, these five factors illustrate a multidimensional structure of psychological and systemic barriers, highlighting how social anxiety, self - efficacy, family support, mental health, and structural constraints collectively influence the persistence of poverty among rural women.

6. Conclusion

This study identified and analyzed the multidimensional psychological barriers that reinforce poverty among rural women in India. Five distinct factors - **Social Anxiety and Judgment Fears, Self - Efficacy and Professional Help - Seeking, Family Support and Empowerment, Mental Health and Capacity, and Systemic Barriers and Learning Orientation** - together explained 52.87% of the variance, highlighting the complex interplay of social, familial, and structural influences on women's economic and emotional wellbeing. Social anxiety and fear of judgment emerged as the most pronounced barrier, discouraging help - seeking, participation in development programs, and self - advocacy. Low self - efficacy, limited family support, mental health strain, and systemic helplessness further compound these challenges, creating a self - reinforcing cycle that sustains poverty and disempowerment.

The findings demonstrate that psychological barriers significantly hinder rural women from accessing poverty alleviation programs and skill - building opportunities, even when material resources are available. Addressing these barriers requires integrated interventions that combine skill development with psychological support, community awareness, safe spaces for open discussion, and active family engagement. By tackling both the visible and invisible barriers, policymakers and practitioners can more effectively empower rural women, enhance their agency, and promote sustainable economic and emotional growth.

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