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Relationship among Caste Identity, Chastity Beliefs and Psychological Distress in Urban and Rural Rajasthan

Madhulika Rathore[1]*

ABSTRACT

The socio-cultural fabric of Rajasthan distinctly values the institution of caste. Additionally, caste is related to patriarchal beliefs which shape the life of women in varied ways. In this context, the aim of the present study was to assess the relationship among perceived caste identity, chastity beliefs of family and the psychological distress experienced by upper caste women in rural and urban parts of Rajasthan. Participants (n=103) filled questionnaires on perceived caste identity, chastity beliefs of family and the psychological distress experienced by them. Mean, standard deviations and correlation scores were obtained to analyse the data. The results suggest a significant relationship between perceived caste identity and chastity beliefs of family among upper caste women in rural (r= 0.38, p<0.01) and urban (r=0.66, p<0.01) parts of Rajasthan. Furthermore, a significant positive relationship among perceived caste identity beliefs, chastity beliefs of family and self-reported depressive symptoms was found for urban women. Whereas, for rural women a significant negative relationship was found between perceived caste identity beliefs of family and self-reported depressive symptoms. Explanations such as maintenance of caste purity and viewing women as a site of family honor provides an understanding of the results. The detailed explanations are present in the discussion section. The study holds implications for the development of socio-culturally sensitive mental health care and psycho-educational interventions programs.

Keywords: *Caste identity, chastity beliefs, psychological distress, gender, urban-rural*

Caste is an age-old cultural concept in India. It was the way of dividing work and labour in the society. However, caste is a complex concept which moves way beyond the generic understanding of being merely a mechanism for division of labour. Caste still shapes the everyday life of people in umpteen ways. Caste determines people's food habits, marital partner, education status, nutrition and health outcomes, economic status, social circle, access to resources etc (Banerjee et al., 2013; Sathyamala, 2019; Kowal & Afshar, 2015; Biswas & Pandey, 1996). Some may say that caste is an ancient concept but on the contrary, it continues to remain alive, sometimes in masked forms (Desai & Dubey, 2012).

The life of men and women even from the same caste is shaped differently. It is imperative to study how caste and gender intersect to govern the lives of women. Dube (2001)

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[1]PhD scholar, IIT, Jodhpur
*Corresponding Author

highlights three characteristics of caste in her book, Anthropological explorations in gender: ''exclusion or separation (rules governing marriage and contact, which maintain distinction of caste), hierarchy (the principle of order and rank according to status) and interdependence (the division of labor which is closely tied to hierarchy and separation)''. The focus of the present study is more around the first characteristic i.e., rules governing marriage and contact, which maintain distinction of caste. This is where the family's caste identity and chastity beliefs come into play and further shape the lives of the women in various ways.

The larger unit of family and community plays an important role in perpetuating the caste system. The onus of maintaining these ascribed rules of behaviour by caste lies with the family unit. The cost of going against these rules can be as extreme as ostracism and disowning the person and even socially sanctioned murder. Women's lives are often confined to their familial surroundings and therefore family's beliefs play a central role in their life.

The system of caste perpetuates itself by maintaining caste purity. This is essentially done by maintaining caste boundaries (Mahalingam & Jackson, 2007). There are various cultural ways which work to prevent any kind of inter-caste marriages (Halder & Karuppannan, 2017). This is indicated by shocking but very common statistics like just 5% of marriages are intercaste in India (The Hindu, 2014). The prevalence of honor killings and Khap Panchayats in India are also a by-product of caste and a way to punish, especially women who disobey their caste norms.

Furthermore, castes, especially upper castes locate their family honor and purity within the women of the family. As mentioned above, that women and men of the same caste also experience a hierarchy. The magnitude of difference for purity and impurity among men and women from upper caste is way higher than lower castes (Dubey, 2001). This indicates that purity as a concept is more pertinent for women of upper castes as compared to lower castes. As women are the repository of their family honor, they are often made responsible for upholding the *izzat*, *sammanam* or honor of the family. This implies that if women conduct themselves in a dishonourable manner, then that can ruin their family status in the society. Hence, by evoking the twin notions of honor and dishonour, families either condition or shame women into idealized norms of conduct (Chakravarti, pg.143; Lewis, 1995).

This is shown in an empirical study carried out by Mahalingam (2007), where he studied the beliefs about caste identity, chastity and machismo among three caste groups {Bhrahamins, Thevars (warrior caste), Gounders (landowning caste)}. The findings indicated significant correlations among all three variables for the three caste groups. This shows a link between chastity beliefs and caste identity among upper castes.

Another study by Mahalingam (2007) shows the link between caste and chastity beliefs. In this study, Mahalingam examined the caste specific psychological antecedents to female infanticide. The findings suggested that Thevars's (warrior upper caste) son preference was related to honor concerns. In warrior castes, the honor of the family is placed within the daughters of the family therefore chastity expectations are seen to be high among culture of honor groups like the warrior upper castes. This indicates the relationship between upper caste identity and chastity beliefs.

Therefore, upper castes make women solely responsible for maintaining caste purity by essentially marrying within their caste boundaries. This in turn makes her family in charge of her sexuality and life choices (Dubey, 2001). This further indicates that a strong identification with caste will also lead to endorsement of purity and chastity beliefs among especially the upper castes (Mahalingam & Jackson, 2007; Dubey, 2001).

Chastity beliefs
The lives of women in India are governed and affected by multitude of patriarchal norms. To name a few, prevalence of dowry, control on women's sexuality, decision making power lying with men etc (Oxfam, 2018). One such norm which is a symptom of the caste system is of chastity.

The Webster's New World Dictionary (1984) provides the following meanings of the term chastity: (a) not indulging in unlawful sexual activity; (b) virtuous; (c) sexually abstinent; (d) celibate; (e) pure, decent or modest in nature (Mahalingam, 2007;2016). This definition very aptly captures the understanding of chastity among various cultures across the globe (Mahalingam & Balan, 2016; Lindisfarne, 1998).

Another definition offered by Hart (1974) refers chastity as learned inward control with the power of chaste women stemming from their self-control (Mahalingam & Jackson, 2007). Some researchers ascribe two characteristics to chastity, (a) control over women's behaviour and sexuality (b) possession of some sacred and divine powers by chaste women. The characteristic of controlling women and their sexuality is a result of maintaining caste purity, caste boundaries and in-group identity (Gilmore, 1990; Mahlotra, 2002; Yim & Mahalingam, 2006).

In sum, the various understandings of chastity offered by several researchers indicate chastity to women deemed as pure, virtuous, sacred, possessing self-control by abstaining from any unlawful sexual activity.

An inter caste sexual relationship for a woman especially is abhorrent. This is because an inter caste sexual relationship for a man only pollutes him externally whereas for a woman, this pollutes her internally as the family honor resides within her chastity.

The contrast is culturally expressed by likening a woman to an earthen pot that is easily and permanently defiled if used by a polluted person within the caste, or by a lower- caste person, or by one of a different religion; a man, on the other hand, is likened to a brass pot that is not easily polluted and, in any case, can be restored to its original state by scrubbing, washing, and, if necessary, putting it through fire (of course, a ritual fire), a purifier par excellence (Dube, 2001, p. 162; Mahalingam & Balan, 2016).

This expression shows the unfair amount of weight put on women due to the notion of chastity, which is particularly greater for upper caste women.

These patriarchal norms due to the caste system is also termed as '*Brahmanical Patriarchy*'. It is a set of rules and institutions in which caste and gender are linked, each shaping the other and where women are crucial in maintaining boundaries between caste (Chakravarti, p.33). These patriarchal codes vary for women of different castes according to the status of

the caste group. Higher the caste on the ladder of superiority, more stringent control on women's sexuality is practiced.

Indian folklore, mythologies, popular narratives have also documented the value placed on female chastity (Mahalingam & Balan, 2016; Dube, 2001; Lakshmi, 1984; Trawick, 1990). For instance, Ramayana is one such mythology which has crystallized the idealized norms of pativrata/stridharma in Indian communities. For instance, Sita is considered the epitome of an ideal Hindu woman who is patient, suffers in silence, loving, faithful and a dutiful wife. The popular narrative of Sita makes her the embodiment of womanhood who is chaste, pure and passive.

In today's times too women continue to face brutal consequences of defying caste norms of chastity. These patriarchal norms can be burdensome for women and can have psychological consequences which must be studied to make visible the effect of caste and patriarchy on women.

Indian studies on mental health from a gender perspective suggest that women are more likely to experience common mental disorders which include depression, anxiety and somatic symptoms (Patel & Thara, 2001; Shah & Mahlotra, 2015). Some of factors which make women vulnerable to experiencing these mental health problems are high rate of internalization tendency, experiences of various forms of violence, widowhood, low autonomy in decision making (Patel et al., 2006; Nayak et al., 2010; Shah & Mahlotra, 2015). These factors can also be stemming from the notions of chastity and honor. For instance, Chakravarti's work on widowhood shows how widowhood is a form of social death for upper caste women.

In addition to these factors, women experience gender-based violence due to potential factors like dowry, infertility, failure to produce a male heir. The consequences of these can have a life-long impact on women and gravely deteriorate their mental health (Davar, 1999; Dennerstein et al., 1993). Factor like producing a male heir is also linked with chastity of a women in some cultures (Mahalingam & Jackson, 2007).

Idealized cultural gender norms (e.g.- chastity, machismo) have been found to regulate the emotional ethos of the people in a particular cultural group (Holland, 1992; Lindisfarne, 1998. Often, failure to meet these idealized gender norms can also lead to a sense of inadequacy, worthlessness and feelings of shame (Lewis, 1995; Greenwald & Harder, 1998). These feelings are also linked with psychological distress. For instance, clinical studies show a strong positive relationship between shame with depression, anxiety and guilt (Tangney & Dearing, 2002).

The cultural context of Latin America also shares a similar concept of chastity called Marianismo. Studies have found that certain aspects of Marianismo have been positively related with depression, anxiety cynical hostility (Nunez et al., 2016; Silva et al., 2018).

Regardless of the marginalization caused by the caste system in India, there is paucity of empirical work carried out on caste and mental health. Yim & Mahalingam (2006) studied the relationship between internalized idealized cultural beliefs (chastity, machismo, caste identity) and psychological well being (life satisfaction and anxiety) in Punjab. They found a significant correlation between chastity, caste identity and machismo. Women's anxiety

level was significantly higher than men but the endorsement of masculinity beliefs by women predicted significantly lesser anxiety levels. However, the researchers were the first to attempt such a study and call for further investigations in this area.

The concept of female chastity has been found in various other cultures across the globe. One such concept is called Marianismo, found in Latin America where a virtuous woman is seen to be sacred and self-sacrificing (Mahalingam & Jackson, 2007). There have been greater number of psychological studies on this particular concept as compared to India. One such study was carried out by Watson et al., (2013) examined the relationship between marianismo and depressive symptoms mediated by family conflict among Mexican American women. They found a positive significant relationship between marianismo beliefs and depressive symptoms which was significantly mediated by family conflict. Thus, this study highlights the significant relationship between chastity beliefs and psychological distress. It also brings in light another variable which mediates the relationship between the two variables.

Another such study carried out by Da Silva et al., (2014) highlights the relationship between marianismo beliefs and psychological distress. The participants in the study were recently immigrated young adult Latinas. The results showed that women who reported less intimate partner violence also endorsed higher levels of the self-silencing facet of marianismo beliefs and exhibited more psychological distress.

Qualitative explorations have also contributed to understanding the impact of patriarchal norms like honor, chastity on mental health. One such study was carried out by Gilbert at al., (2004) on exploring the impact of izzat, shame, subordination and entrapment on mental health among South Asian women. The thematic analysis suggested that izzat and the task of maintain family honor was related to experiencing personal shame. This was also a possible reason which kept people trapped in a difficult relationship. Studies indicate that the experience of entrapment is a potential factor for mental health concerns (Gilbert et all., 2004, Brown et al., 1995, Gilbert & Allan, 1998). Further, a fear of loss of izzat and possible shame was a potential factor for low accessibility to mental health services. One of the findings also suggested a linkage between izzat and maintaining caste identity.

Failure to meet the expected norms of chastity and virtuousness has also been seen to harm the personal self-worth of women in cultures of honor (Brown & Osterman, 2011, Vandello & Cohen, 2003; Vandello, Cohen, Grandon, & Franiuk, 2009). Hence, highlighting the psychological impact of honor related norms like chastity for women.

However, there has also been some evidence which shows the positive relationship of endorsing chastity beliefs with psychological well-being. Mahalingam & Balan (2016) explored the relationship between chastity beliefs and psychological well-being among adolescent girls from Tamil Nadu. The results of the study suggested that endorsing chastity beliefs was positively related with resilience and negatively related with depressive symptoms and academic achievement. This shows that endorsing chastity beliefs was related to grater psychological well-being but at the same time it was also related with lower academic achievement.

Thus, the review of literature shows that there is still work needed on this topic in the Indian context as there is no clear direction of relationship between chastity beliefs and

psychological distress. From the meagre amount of research done in the Indian context (Mahalingam & Balan 2016, Mahalingam & Jackson, 2007) it can be understood that the rural areas showed a negative relationship between chastity norms and psychological distress. However, researchers have warranted for further explorations and replications of these studies. At the same time, findings from more urban settings like U.S, Sweden, Britain (Da Silva et al., 2014, Nunez et al.,2016, Watson et al., 2013) have suggested a positive relationship. This leaves some unanswered questions and raises even more questions like why is there a negative relationship between chastity beliefs and psychological distress in rural areas? Despite the expectation of caste being less prevalent in urban areas, why is it that it is significantly related with psychological distress? How does this intersection of caste and gender play out in the context of Rajasthan? Thus, the present study intends to seek answers to some of these questions.

METHOD

Aim of the study

The aim of the present study was to assess the relationship among perceived caste identity, chastity beliefs of family and the psychological distress experienced by upper caste women in rural and urban parts of Rajasthan.

Operational definitions

- **Caste identity-** Caste identity refers to one's essentialist beliefs about caste, beliefs about caste superiority, pride in one's own caste and attitudes toward inter caste marriages (Mahalingam, 2007).
- **Chastity beliefs-** beliefs about idealized notions of chaste women, such as beliefs about the purity, strength, and magical powers of chaste women (Mahalingam, 2007).
- **Psychological distress-** set of painful mental and physical symptoms that are associated with normal fluctuations of mood in most people. In some cases, however, psychological distress may indicate the beginning of major depressive disorder, anxiety disorder, schizophrenia, somatization disorder, or a variety of other clinical conditions. It is thought to be what is assessed by many putative self-report measures of depression and anxiety. (APA dictionary of Psychology)

METHODOLOGY

The present study aimed at assessing the relationship among the three variables (i.e., caste identity, chastity beliefs and psychological distress. For meeting the aim, a quantitative approach was followed, where correlation was done to analyse the nature and strength of the relationship among two groups of population.

The research study is from a lens of a post positivistic paradigm which best suited the aim of the study. The ontological position in this paradigm is that of a critical realist. It assumes that reality exists but can never be fully comprehended. The researcher in the present study is of the view that although there a reality which exists 'out there' but she does not have unmediated access to it. The epistemological view assumes the researcher to be a modified objectivist where objectivity remains the ideal but can only be approximated (Guba, 1990). In accordance to this, the researcher in the present study is also cognizant of the fact that her position as a person from the city and studying in a metropolitan city might have had an impact on the participants.

A survey method was used as the primary mode of data collection. Further, in tandem with the post positivistic paradigm which emphasizes on using multiple sources for collection and interpretation of data, in addition to the statistical results, demographic details and field observations were also used to explain the results of the study.

Research Questions
The study aimed to answer the following research questions:
- What is the relationship between perceived caste identity and chastity beliefs of family among upper caste women in rural and urban parts of Rajasthan?
- What is the relationship among perceived caste identity, chastity beliefs of family and the psychological distress experienced by upper caste women in rural and urban parts of Rajasthan?

Objectives
- The study aims to assess the perceived caste identity, chastity beliefs of family and psychological distress experienced by upper caste women in rural and urban parts of Rajasthan.
- The study aims to examine the relationship between perceived caste identity and chastity beliefs of family among upper caste women in rural and urban parts of Rajasthan.
- The study aims to examine the relationship among perceived caste identity, chastity beliefs of family and the psychological distress experienced by upper caste women in rural and urban parts of Rajasthan.

Hypotheses
- **H1:** There will be a significant relationship between perceived caste identity and chastity beliefs of family among upper caste women in rural parts of Rajasthan**.**
- **H2:** There will be a significant relationship between perceived caste identity and chastity beliefs of family among upper caste women in urban parts of Rajasthan**.**
- **H3:** There will be significant relationship among perceived caste identity, chastity beliefs of family and the psychological distress experienced by upper caste women in rural parts of Rajasthan.
- **H4:** There will be significant relationship among perceived caste identity, chastity beliefs of family and the psychological distress experienced by upper caste women in urban parts of Rajasthan.

Design
The study followed a correlational design to examine the three variables, self-reported psychological distress, perceived caste identity and chastity beliefs of family by upper caste women from rural and urban parts of Rajasthan, as stated in the aim. Three questionnaires assessing the three constructs, were administered to a sample of rural (n=50) and urban (n=53) upper caste women of Rajasthan. Thereafter, a correlational analysis was carried out to assess the relationship between the variables.

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Table 1. Demographic details of the Urban and Rural groups

Demographic characteristics	Responses	No. of participants in the Urban group (n=53)	No. of participants in the Rural group (n=50)
Age	18-25 years	30	14
	26-35 years	8	26
	36-55 years	12	10
Educational Status	10th and below	-	38
	12th pass	13	2
	Bachelors and above	40	10
Occupation	Student	22	1
	Housework	31	48
	Employed	-	1
Marital status	Married	19	45
	Unmarried	33	5
	Widowed	1	-
Age at marriage	18 below	-	7
	18-20 years	-	28
	21-25 years	10	9
	25 above	9	1
Children	0	39	10
	1-2	15	28
	3-4	-	12
No. of Male children	1	4	22
	2	-	2
	3	-	5
No. of female children	1	7	7
	2	6	6
	3	-	5
	4	-	2
Family type	Nuclear family	20	13
	Joint family	30	37
Family income	Below 25,000		30
	25,000-50,000		17
	Above 50,000		3
	Below 2 lakhs	14	
	2-5 lakhs	17	
	Above 5 lakhs	21	
No. of people in the family living in big cities	0	18	37
	1-5	22	13
	Above 5	12	-

Sample

The present study included a sample of 103 participants (n=103; rural=50; urban=53), between the ages of 18-55, with an approximate mean age of urban and rural women being 30 years. The participants were recruited through convenience and snowball sampling. All the participants identified as female and belonged to upper castes (Brahmins and

Kshatriyas). The urban participants resided in cities like Jaipur, Udaipur, Jodhpur, Ajmer etc. The rural participants belonged to the Merwara region of Rajasthan from primarily 2 villages, Gola and Bhawanipura.

Scales used:

The following scales were administered in the form of a survey:

- **Caste identity scale:** The Caste Identity Scale (Mahalingam, 2007) has 10 items. The scale items were developed based on previous anthropological and psychological research in India (e.g., Dube, 2001; Mahalingam, 2003; Parish, 1997). Items were included to measure essentialist beliefs about caste (e.g., My caste is determined at my birth), beliefs about caste superiority (e.g., My caste is superior to all other castes), pride in their own caste (e.g., I am proud of my caste), and attitudes toward inter caste marriages (e.g., Intercaste marriages fail to succeed). Participants rated the extent to which they endorsed each of the 10 items on a Likert scale from 1 to 6 (1 = Mostly Disagree; 6 = Mostly Agree). The mean scores for the 10 items were computed, and a higher score on the scale indicates high endorsement of caste identity. The Cronbach's alpha for the scale was 0.81 (Mahalingam, 2007).

- **Chastity scale:** The Chastity Scale (Mahalingam, 2007) measures beliefs about idealized notions of chaste women, such as beliefs about the purity, strength, and magical powers of chaste women. It measures beliefs about culturally valued notions of womanhood. The items were developed based on previous ethnographic research on cultural beliefs about gender in India (e.g., Dube, 2001; Mahalingam & Rodriguez, 2003; Wadley, 1991). The scale consists of 23 items. Participants rated the extent to which they endorsed each of the 23 statements pertaining to that ideal (e.g., A good woman is a virtuous woman; A virtuous woman is a sacred woman) on a scale from 1 to 6 (1=Mostly Disagree; 6=Mostly Agree). The mean scores for the 23 items are computed such that a higher score on the scale implies that the participant endorsed chastity beliefs more strongly. Cronbach's alpha for the scale was .90 (Mahalingam, 2007).

- **Kessler Psychological Distress Scale (K10):** The Kessler Psychological Distress Scale (K10) (Kessler et al., 2003) is a measure of psychological distress. The K10 scale involves 10 questions about emotional states each with a five-level response scale. The measure can be used as a brief screen to identify levels of distress. The scale has 6 items, assessing depressive symptoms (e.g., In the past 4 weeks, about how often did you feel so sad that nothing could cheer you up?) and 4 items assessing anxiety related symptoms (e.g., In the past 4 weeks, about how often did you feel restless or fidgety?). The tool can be given to participants to complete, or alternatively the questions can be read to the patient by the practitioner. Each item is scored from one 'none of the time' to five 'all of the time'. Scores of the 10 items are then summed, yielding a minimum score of 10 and a maximum score of 50. Low scores indicate low levels of psychological distress and high scores indicate high levels of psychological distress. It has been used extensively in many countries as part of the World Mental Health Surveys (Andrews & Slade, 2001; Kessler et al. 2002; Furukawa et al. 2003). The Cronbach's alpha for the scale assessed on an Indian population was found to be 0.82 (Patel et al., 2007).

Procedure

There were primarily two kinds of populations from which the sample had to be identified and contacted. One was the urban population and another was the rural population.

Procedure for urban sample

The data collection from the urban population was done through an online mode. This was due to the ongoing pandemic which made in-person data collection inconvenient for the researcher and the participants. A short text message was framed which gave a short description of the present study and the inclusion criteria as mentioned in the design. The exclusion criteria included men, women below 18 and above 55 years, lower caste groups and people residing outside of Rajasthan. A link to a google form was attached to fill out the survey form. The survey form included the informed consent, demographic sheet and three questionnaires on caste identity, chastity beliefs and psychological distress. These texts were sent out to researcher's contacts and acquaintances who were requested to share it further with their friends and family. These texts were sent on family and community groups. On an average, each participant took around 15 minutes to fill out the form.

Procedure for the rural sample

With respect to the rural population, prior to data collection, the questionnaires had to be back translated into Hindi as that was the commonly spoken language in the identified villages.

Back translation method is a widely used technique to ensure congruence between the original and translated versions of the scale (Behling & Law 2000). This technique has been commonly used in cross-cultural psychology. The basic steps in this method involve: forward translation, back translation, back translation review and discussion and finalization of the translated version (Tyupa, 2011). Some of the challenges of this technique are that it requires varied number of bilingual translators to reach a point of equivalence making availability and accessibility of translators a challenge. It is also of utmost importance to avoid literal translation and preserve the essence of the meaning of the sentences.

All three scales were translated and back translated by people who were bi-lingual Hindi and English speakers. After the first round of translation, the English and Hindi version of the scales were scrutinized by the research supervisor and fellow researchers. At this stage the equivalence of both the versions was being examined. Each line was examined to see if any more changes were required in the scale. This was followed by a couple of more rounds of back translation by independent bi-lingual speakers. It was made sure that the scale would be comprehensible to the people of the particular villages by using words which were commonly spoken. The researcher's position as an insider to the village helped with choosing words which were commonly spoken by its people. Further a small pilot was conducted on 5-6 people from the village to see if the form was comprehensible. This helped to make the language more colloquial. For instance, words like *'byaav'* for marraige, *'devi-devta'* for god were used. This process of translation and back translation took about 20 days.

The final form for the rural population was in Hindi. The researcher had spoken to her family in the village to identify people who fit the criteria for her sample. Obtaining the sample was not very difficult in the village as everyone is known to one another and all the houses are located very close to each other. The researcher and her female relative went

from house to house to get the forms filled. The female relative shared friendly bonds with everyone in the village which increased research participation. The researcher spent about 5-10 minutes in rapport formation where questions like how their day had been, where are they from, who all are there in the family were asked. Further, 20-25 minutes were spent on responding to the survey. For some participants the researcher had to herself read aloud the content of the form and noted their verbal responses as many people faced reading and writing difficulties. The younger participants preferred to fill the form by themselves. The researcher was dressed in a salwar suit and greeted the people with culturally common greetings. The people were very receptive and interested to participate in the study. However, some women were not allowed to participate as their husbands refused to send them to participate. Some women could not participate initially because the data collection was done in the morning hours which the researcher realised was a very busy time for the women due to housework. An increase in the participation rate was witnessed once the researcher started going in evenings too.

The entire administration was conducted in about 25 days. Once all the questionnaires were filled, they were subjected to appropriate statistical analysis.

Data Analysis
Scores on individual questionnaires were obtained by following the guidelines provided by the respective authors of the three questionnaires. The data was analysed using Statistical Package for Social Sciences (SPSS) version 16.0.

Pearson's correlation test was chosen as the primary tool of analysis as it best suited the research aim of the present study. The aim was to assess the relationship among the three variables which can effectively be seen through a correlation test.

Pearson's correlation test was used to determine if there was significant relationship between perceived caste identity and chastity beliefs of family among upper caste women in rural and urban parts of Rajasthan.

The test was also used to determine if there was a significant relationship among perceived caste identity, chastity beliefs of family and the psychological distress experienced by upper caste women in rural and urban parts of Rajasthan.

RESULTS AND INTERPRETATIONS
 The following section presents an account of the results of statistical analysis used in the present study.

Table 2: Means and Standard deviations for caste identity, chastity beliefs and psychological distress

	Urban Women(n=53) Mean SD	Rural Women(n=50) Mean SD
Caste identity	33.30 12.78	55.23 6.05
Chastity beliefs	58.15 26.97	117.82 12.80
Psychological distress	25.74 7.28	16.58 5.52

As seen in Table 2, the mean of individual's perceived family caste identity score for urban women is 33.30(SD=12.78) and for rural women is 55.23 (SD=6.05). The mean of individual's perceived family chastity beliefs score for urban women is 58.15(SD=26.97) and for rural women is 117.82(SD=12.80). The mean psychological distress scores for urban women is 25.74(SD=7.28) and for rural women is 16.58(SD=5.52).

Table 3: Correlation matrix of caste identity, chastity beliefs and psychological distress for Urban women

	Caste identity	Chastity beliefs	Psychological distress
Caste identity	1		
Chastity beliefs	0.66**	1	
Psychological distress	0.23	0.2	1

*Note: ** denotes significance at 0.01 level*

The correlation is interpreted using the guidelines given by Cohen (1998), according to which a correlation coefficient between 0.1 to 0.29 may be considered as low; between 0.3 to 0.409 be regarded as moderate, and 0.5 to 1 may be considered as high. As can be seen from Table 3, that urban women have a strong positive relationship between their perceived family caste identity and chastity beliefs significant at 0.01 level.

Table 4: Correlation matrix of caste identity, chastity beliefs and psychological distress for Rural women

	Caste identity	Chastity beliefs	Psychological distress
Caste identity	1		
Chastity beliefs	0.38**	1	
Psychological distress	- 0.23	- 0.18	1

*Note: **denotes significance at 0.01 level*

As can be seen from Table 4, that rural women have a moderately positive relationship between their perceived family caste identity and chastity beliefs significant at 0.01 level.

Table 5: Correlation matrix of caste identity, chastity beliefs and depressive symptoms for Urban and Rural women

		Caste identity	Chastity beliefs
Depressive symptoms	Urban women	0.3*	0.28*
	Rural women	-0.28*	-0.18

*Note: *denotes significance at 0.05 level*

As can be seen from Table 5, that urban women have a moderately positive relationship between their perceived family caste identity and self-reported depressive symptoms significant at 0.05 level, whereas rural women have weak negative relationship at 0.05 level of significance. Further, urban women have weak positive relationship between perceived family chastity beliefs and self-reported depressive symptoms significant 0.05 level.

DISCUSSION

The aim of the present study was to assess the relationship among perceived caste identity, chastity beliefs of family and the psychological distress experienced by upper caste women in rural (n=50) and urban(n=53) parts of Rajasthan. Using a survey method of data

collection, scores on the three measures (i.e., perceived family caste identity, perceived family chastity beliefs and self-reported psychological distress) were obtained. These scores were subjected to descriptive and inferential statistical analysis and the following section attempts to explain the obtained results.

Relationship between caste identity and chastity beliefs

The tables (3 & 4) from the results and interpretation section suggest that Hypothesis 1 and 2 were accepted. They proposed that there will be a significant relationship between perceived caste identity and chastity beliefs of family among upper caste women in rural and urban parts of Rajasthan. Both, rural (r= 0.38, p<0.01) and urban women (r=0.66, p<0.01) showed a highly significant positive relationship between the two variables. This means that, an increase in caste identity beliefs of the family would also relate to an increase in chastity beliefs of the family and vice-versa. These results are in line with the previous literature (Yim & Mahalingam, 2006; Mahalingam, 2007).

Gender ratio statistics in Rajasthan indicate a skewness towards boys (Times of India, 2020). This can be one of the reasons for the positive relationship between caste and chastity beliefs. Dickemann (1979) suggests that cultures where there is imbalance in the gender ratio experience a stronger endorsement of chastity expectations for women as this is imperative in maintaining control over women. Therefore, the lesser number of women in the society strengthens the need for greater control over women's chastity.

Another related explanation for the results can be drawn from Mahalingam's (2007) study on caste and chastity beliefs among three social groups (warrior caste, brahmins and landowning caste) in rural Tamil Nadu. Mahalingam suggests that landowning groups emphasize the importance of transferring of land to their own male progeny. In order to ensure this, it is of utmost importance to ensure the chastity of the women of their community. This would in turn maximize the transference of land to their own progeny. Thus, the sample, which predominantly belonged to the Kshatriya caste has been a landowning caste historically and currently. Most of the sample in both rural and urban parts were landowners. This might explain the strong relationship between caste and chastity beliefs.

The concept of locating the family honor within the women can also help in explaining the relationship between caste and chastity beliefs. In groups like upper castes which reflect a culture of honor place great value on the woman's chastity. This is because in cultures of honor the group identity and family honor is intrinsically linked with women's chastity (Mahalingam, 2007; Lindisfarne, 1998; Wikan, 1982). As the family gains or loses its status in society from the way their women behave, leads to male members exercising strong control over women.

Further, caste purity is another concept related to culture of honor which might be responsible for maintaining a relationship between caste and chastity beliefs (table 3&4). The maintenance of caste purity lies at the heart of the caste system. The goal of caste purity is to ensure that no wed locks happen outside of caste in order to sustain the purity of the caste. Women of upper castes are often held as the object of assessing the purity and honor of the family they belong to. Women are burdened with the responsibility of preserving the purity and the essence of the caste system. This is done through actively upholding the chastity norms among women (Mahalingam, 2007). Therefore, higher caste

identity beliefs would also correlate with chastity norms as both these norms help to maintain the caste system by ensuring caste purity.

Some inferences about the relationship between caste identity and chastity beliefs can also be made from the demographic details of the sample (Table 1). For instance, in the entire sample only one woman held a job. This might indicate that for women in these castes, working outside of the house wasn't supported or given importance. The prime duty of the women in these cultures could mainly be the as the bearers of culture and to maintain family honor. This might have restricted them from aspiring or being able to work outside of home. Similar to this, in a study on chastity beliefs and academic achievement, it was found that girls who had higher chastity beliefs also were more likely to have a poor academic performance. This could be because of less value given to education and more investment in maintaining the ideal womanhood norm (Mahalingam, 2006).

Another notable demographic detail (Table 1) was the age at marriage for the present sample. The mean age range was in the early years of 18-25 years. This is could also indicate the value placed on chastity as an early marriage is more likely to ensure the chastity of the prospective bride.

Hence, these are some of the explanations for a positive relationship between perceived caste identity and chastity beliefs of family.

Relationship among caste identity, chastity beliefs and psychological distress
The findings from table 3 and 4 of the results and interpretation section suggest a non-significant relationship among caste identity, chastity beliefs and psychological distress experienced by the present sample. However, a significant relationship was found with the depressive items on the psychological distress scale. Previous literature (Watson, 2013; Mahalingam & Jackson, 2007) on caste and patriarchal norms has also mainly used depression as a mental health variable. Therefore, a correlational analysis was done using the depressive items of the scale and the other two variables of the study.

The results for urban women indicate a significant positive relationship among perceived caste identity beliefs, chastity beliefs of family and self-reported depressive symptoms (table 5). Hence, hypothesis 3 was partially accepted. On the other hand, hypothesis 4 was also only partially accepted. Interestingly, the results for rural women indicate a significant negative relationship among perceived caste identity beliefs of family and self-reported depressive symptoms (table 5).

One explanation lending support to the positive relationship among beliefs of caste and chastity with depressive symptoms is women who are a part of a community with stringent beliefs of patriarchal norms like chastity and caste are under constant social and male gaze. This gaze functions to ensure the chastity of women and watch their behaviour. Women in such environments are also strongly objectified. This further heightens the self-awareness and monitoring which contributes to depression (Frederickson & Roberts, 1997; Mahalingam & Jackson, 2007). In addition to this, Mahalingam & Jackson (2007) also offer insight into the cultural expectation of women to be responsible for preserving their purity by deflecting any unwanted male gaze. Women are held responsible for any unwanted male gaze which requires them to constantly self-monitor and regulate their bodies and behaviour. In sum, habitual self-monitoring and heightened self-awareness can generate emotions of

shame and anxiety. These recurrent negative experiences can spiral down into depression (Frederickson & Roberts, 1997).

Another explanation for the obtained findings can be drawn from the 'system justification theory' proposed by Jost & Banaji (1994). The theory posits that internalization of dominant cultural norms and ideals propagate smooth functioning of the social system. In the context of the present study, internalization of chastity beliefs by women would work in benefit of the functioning of caste system. However, applying this theory to psychological functioning, internalization of these dominant cultural norms would enhance the psychological well-being of the dominant members but harm the well-being of the subordinate members of the social group (Jost & Hunyady,2005). This is because these norms sanction discrimination against women of the particular culture. Thus, these norms of chastity might prove to be harmful for women for the upper caste groups if the urban women have also internalized these norms.

Moreover, even a gap between one's actual self and what one's culture wants the self to be can contribute to psychological distress as seen in table 5. Higgins (1987) proposed the 'self-discrepancy theory' which posits that a discrepancy between one's actual self and ought self can lead to depressive symptoms. This means that if the person's actual attributes differ from the shared attributes by the person's cultural group might harm the psychological well-being of an individual. Therefore, in the context of the present study depressive symptoms in urban women can be due to a failure to bridge the gap between their actual self and what their environment wants them to be (example, a chaste woman). Hence, higher the perceived beliefs of caste and chastity by the family relate to higher depressive symptoms because the women were unable to meet the chastity norms valued by their family.

Some interesting explanations can be drawn from a qualitative study on exploring women's experiences of patriarchal chastity norms. Women in such cultures are vulnerable to depression because they are likely to experience alienation, loneliness, isolation and powerlessness. This can be a result of various circumstances. Firstly, women in such conditions might have to live double lives where they conform to chastity norms at home and defy them outside. Both these lives are kept secret from people at home and people outside of home. Similar to this is one more concept of silencing the self which can explain the relationship between depression and chastity beliefs. According to this, cultural norms of a 'good woman' create a situation where the woman tries to protect her relationships by censoring her own expression, also known as silencing the self or loss of self (Gilligan, 1989; Jack, 1991). This habit of censoring oneself can lead to duplicity of experience, where on the outside compliance is shown but, on the inside, there is an experience of utter confusion and frustration often resulting in depression (Jack, 1991).

Thus, aforementioned are some possible explanations for the findings among urban women. For rural women, a significant negative relationship was found between depressive symptoms and caste identity (table 5). The results indicate that an increase in perceived family caste identity is related to decrease in depressive symptoms. A possible explanation for this can come from the nature of group and community functioning in rural areas. It was seen that the community was very close knit. The researcher observed that everyone in the village was known to each other. There were groups of men who spent most of their day time together under a big tree. It seemed like food was often shared with one's neighbours on a daily basis. However, this practice was exclusive to one's caste. This overall indicated

the importance of group identity in people's daily lives in the village. Research has shown that a strong social identification with one's social group can influence mental wellbeing. Haslam et al., (2014) explain some key processes which underlie social group identity and mental well-being: (1) increase in prosocial behaviour like giving and receiving social support (2) satisfaction of needs to belong and self-esteem (3) provides shared understanding and meaning, protection from existential anxiety (Postemes et al., 2019). Thus, a strong family group identity would suggest increase in social support, fulfilment of needs to belong and self-esteem etc. for the participant which would influence mental wellbeing positively.

Contrary to the hypothesis, a non-significant relationship was found between perceived chastity beliefs of family and psychological distress (table 5). One way of understanding this finding can be through the field observations made by the researcher. The participants while filling out the survey seemed to show that chastity beliefs were extremely normal to them. They spoke of the obvious nature of these chastity beliefs. This can also be substantiated by the extreme responses given by the participants on the chastity scale, most of them choosing the strongly agree option. Moreover, to a certain extent it seemed like they themselves endorsed these beliefs. For example, several participants themselves said that they also agree with the chastity beliefs.

Hence, this could suggest that beliefs of chastity had been naturalized in their community and were a normal part of their daily life. Therefore, a possible endorsement of these beliefs by the participants indicating cognitive congruency between their and their family beliefs might explain the non-significant relationship with psychological distress.

However, this finding warrants further research and replication as it was not in line with the previous studies and because not many studies have been done on a rural sample exploring the present research topic.

Limitations
Utmost care was taken to ensure that the present study adhered to the principles of scientific rigour, nonetheless certain limitations of the present study must be acknowledged:
- The study did not have a large enough sample size. A larger sample size of both the groups (rural and urban) would have been ideal for ensuring optimal generalizability. Convenience sampling was used to obtain the sample thus effecting the generalizability of the study. Further, the study can only suggest the nature of relationship between the variables and not indicate any causal relationship.
- Another, limitations could be the impact of social desirability on the responses of the participants. The participants could have under scored their family patriarchal beliefs to not show their family in a negative light.
- Lastly, the study assessed the perceived family beliefs of the participants which doesn't guarantee that those are the actual beliefs of the family. Thus, to bridge this gap a assessing the actual beliefs of the family and seeing whether they are congruent with the perceived beliefs could have given more clarity.

Implications
The findings of the present study bring to light certain cultural variables in understanding mental health concerns in specific caste, gender and regional groups. This would help to inform therapy practices in a more culturally sensitive manner. It could prime the therapist to understand their client's background and problem from a socio-cultural stand point.

The study indicated that patriarchal beliefs were extremely high for the rural women which still did not show a relationship with psychological distress as they might have been naturalized. This means that when women empowerment programs are made accessible to them, they must target multiple stakeholders like family, neighbours, teachers, panchayats. This would ensure that women are not the only one to carry the burden of change and equality which might have not been the case for the urban women resulting in subsequent psychological distress. Certain skills like negotiation, effective communication and problem solving should also be taught to women to deal with any family conflict. Availability of community counselling services to those who face the brunt of challenging the caste and patriarchal norms could be beneficial.

Lastly, this study empirically shows the intersection between caste and patriarchy which is very important to recognize as many women who are a part of upper castes fail to recognize that the caste system which they protect is highly unfair and patriarchal.

Future directions
- Future studies could use a combination of quantitative and qualitative methodologies like interviews, focused group discussion, ethnography to understand the in-depth experiences of the present sample. This could also help with the problem of social desirability.
- The oppressor's perspective should also be studied in the future. People who enforce these patriarchal norms like men of the family, older women etc. should be studied to get an insight into their motivations of enforcing such norms. This could help to develop a multi-targeted intervention.
- Further, an experimental design could be used to check for a causal relationship among the variables. Studies could also explore the people who have the most amount of impact on the individual in enforcement of these norms (example, father, brother etc.) and the intervention efforts can be targeted towards them.
- Men could also be added to the sample to understand whether caste and patriarchal beliefs have any kind of an impact on their mental health.

CONCLUSION

The research study assessed the relationship among perceived caste identity, chastity beliefs of family and the psychological distress experienced by upper caste women in rural and urban parts of Rajasthan. Participants (upper caste rural women= 50; upper caste urban women= 53) filled questionnaires to assess perceived caste identity, chastity beliefs of family and the psychological distress experienced by them. Mean, standard deviations and correlation scores were obtained to analyse the data. The results suggest a significant relationship between perceived caste identity and chastity beliefs of family among upper caste women in rural (r= 0.38, p<0.01) and urban (r=0.66, p<0.01) parts of Rajasthan. Further, for urban women, a significant positive relationship among perceived caste identity beliefs, chastity beliefs of family and self-reported depressive symptoms was found. Whereas, for rural women a significant negative relationship was found among perceived caste identity beliefs of family and self-reported depressive symptoms. The study attempts to make a contribution towards making mental health care culturally sensitive and to aid the development of culturally sensitive interventions of gender equality.

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