Dr. Qadir assessed common mental disorder (CMD) and its association with gender disadvantage among young women in two defined catchment areas (with contrasting socio-economic circumstances) in each city. Socio-economic status is a risk factor for CMD, and may confound or modify the effect of gender disadvantage, hence the stratified sampling. Female gender disadvantage cannot be measured directly, but is a well recognized phenomenon and has important effects across the life course. She used five proxy indicators; 1) no older brother at the time of birth (as a proxy for male preference), 2) limited parental bonding (low care and high overprotection), 3) low educational attainment 4) adverse marital circumstances (early age at marriage and low satisfaction) and 5) subjective perception. Recruitment and interviewing of 525 women aged 20-35 was completed with 98% response rate. 57% were married. The prevalence of CMD (SRQ score >=8) ranged from 26% (high SES Rawalpindi) to 83% (low SES Islamabad). Perception of parental preference for males, low care, less education, early age at marriage and low marital satisfaction were, as hypothesized, strongly correlated. She has found strong effects of all of the indicators of gender disadvantage (other than birth order) upon risk for CMD, independent of SES. She found strong evidence to support the main hypothesis of an independent association between low care and increased risk for CMD. However, for this risk factor the effect was modified by SES being significantly stronger among those living in higher SES districts.