

EFFECT OF COPING STRATEGIES AND  
PERCIVED SOCIAL SUPPORT ON  
PSYCHOLOGICAL WELL-BEING AMONG  
WOMEN LIVING IN SHELTER HOMES.



by

Fatima Ashraf  
Reg no. BSP193010

A Research Thesis submitted to the  
DEPARTMENT OF PSYCHOLOGY  
in partial fulfillment of the requirements for the degree of  
BACHELOR OF SCIENCE IN PSYCHOLOGY

Faculty of Management and Social Sciences  
Capital University of Science & Technology,  
Islamabad  
July, 2023

BSP193010

DEPARTMENT OF PSYCHOLOGY

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## CERTIFICATE OF APPROVAL

It is certified that the Research Thesis titled "Effect of coping strategies and perceived social support on psychological well-being among women living in shelter homes" carried out Fatima Ashraf, Reg No. BSP193010, under the supervision of Ms., Mehreen Aftab, Capital University of Science & Technology, Islamabad, is fully adequate, in scope and in quality, as a Research Thesis for the degree of BS Psychology.

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Effect of coping strategies and perceived social support on psychological wellbeing  
among women living in shelter homes.

By

Fatima Ashraf

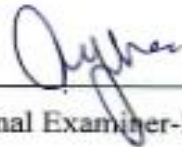
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## DECLARATION

It is declared that this is an original piece of my own work, except where otherwise acknowledged in text and references. This work has not been submitted in any form for another degree or diploma at any university or other institution for tertiary education and shall not be submitted by me in future for obtaining any degree from this or any other University or Institution.

Fatima Ashraf 

Reg. No. BSP193010

July 2023

## ACKNOWLEDGMENT

In the name of Allah, the Most Gracious, the Most Merciful.

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### **Abstract**

The study was designed to observe the effect of coping strategies and perceived social support on the psychological well-being among women living in shelter homes. Quantitative survey method was used. Data was collected by purposive sampling technique. In order to determine the result data analysis was done using SPSS. Spearman correlation was used to find out the relationship between the variables. A survey was conducted on 200 women who are living in shelter homes that were located in the twin cities of Islamabad and Rawalpindi. Three scales were administered on the respondents: Brief cope scale, Multidimensional Scale of Perceived Social Support and Psychological well-being 54 version scale. The study showed that there is positive relationship between coping strategies and perceived social support. The study also showed that there is positive relation between coping strategies and psychological well-being. As well as the study showed that there is positive relation between perceived social support and psychological well-being.

**Keywords:** Coping strategies, Perceived social support, women, Psychological well-being.



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## Chapter 1

### Introduction

In our country women are considered as vulnerable population who deal with number of issues. Women are often rendered homeless. Some women become homeless due to number of reasons such as domestic violence, gender inequality, poverty etc. In our country violence is one of the main strategies used by the men in order to control their females when they are not able to fulfil their legal demands within the specific structure that become the prominent reason for females to leave such kind of places (Jafry et al., 2021).

After being rescued from such kind of stressful situation most of the women are often transfer to shelter homes. Their transition toward the shelter home is not easy. Most of the homeless women are often hidden because they tend to make less use of homelessness services and will postponed entering such kind of services system (shelter homes) until source of informal support are worn-out. Due to this selection of sheltered homeless women could be particularly vulnerable as compared to sheltered men (S. Gupta & Kummar, 2020).

Studies suggest that homeless women have a history of number of issues such as childhood trauma, any abasement historyin past, family relationship issues etc. Women who are living in shelter homes having a traumatic past history that become the main source for them to spend their life in shelter homes. Their past experiences create influence on their perception toward social support and coping strategies that affect their psychological well-being. Some studies suggest that positive coping strategies and positive direction of perceiving social support affect their psychological well-being while negative coping strategies and negative direction of perceiving social support effect undesirably on their psychological well-being.

### **Coping strategies**

Coping strategy is commonly known as individual effort toward the master demand such as harm, threat or challenges that are perceived as an exceeding resource for an individual. Coping strategies refers behavioral and psychological effort in which the individual tries to tolerate and minimize the stressful events (Manot et al., 1991). Coping also defined as an effort used by an individual to minimize stress that is associated with negative life events (Matsumoto et al., 2020).

Coping mechanism can be positive and negative in term of active coping mechanism and passive coping mechanism style. In adaptive coping process involve challenging problem directly, making reasonable and realistic decisions related to the problems, in which they try to understand the problem, changing emotional reactions and trying to avoid effect on the mental health outcomes. In positive active coping mechanism style individual engage in to effectively deal with stress, accepting challenges and makes planes for subsequent effort and learn from the situation. These coping mechanisms are proactive, empowering and promote physical growth and well-being of the individual, while in negative active coping mechanism refer to strategies or behavior that engage the individual in coping with stress or difficult situation, but these strategies are unhealthy, counterproductive or harmful. These coping mechanism may provide temporary relief or distraction from stressors. It may have harmful effect on mental and physical well-being (Cerea et al., 2021).

In passive coping mechanism style individual avoid the stressful event don't try to make efforts in order to achieve their goals. It refers to a method in which individuals use to manage stress, anxiety or difficult emotions by avoiding their emotions rather than actively addressing or resolving underlying issues. In passive coping mechanism

individual refuse to acknowledge a problem. In passive coping strategies individual avoid the activities, peoples that trigger their stress. (Yu et al., 2020). Coping strategies has been classified as problem-focused coping, emotional-focused coping and adaptive coping process. In problem- focused coping the individual obtains information about what to do and mobilize their action toward the resolution of problems, moreover in problem-focused coping strategies describe the direct efforts while in emotional-focused coping the person aim to regulate their emotions with the stressful situation and to lessen their emotional distress associated with the stress. Emotional focused coping involves actively express emotions rather than ignoring and controlling them (Rabenu et al.,2016).

In adaptive coping process involve challenging problem directly, making reasonable and realistic decisions related to the problems, in which they try to understand the problem, changing emotional reactions and trying to avoid effect on the mental health outcomes(Cerea et al., 2021). Coping is commonly used in stressful situation as an inner shielding feature to overcome distress. The differences in the behavior carried out by individuals in a stressful event that how that they cope with stress situation (Taylor,2015). There are two responses of the coping strategies that are performed by the individuals.

Effective coping strategies can reduce stress level while avoiding the individuals from experiencing psychological stress that create negative impact on their overall well-being (Taylor,2019). Therefore, this strategy is used for managing internal and external demands from the situation that are considered stressful. Positive and negative coping strategies are totally opposite from each other's. Coping is useful for minimize stressful situation that person facing in their life. It helps us to feel better physically and psychologically and it can impact on person's ability to perform best. Positive use of



copied strategies is beneficial for good mental health (Folkman & Moskowitz, 2004). Copied strategies increase confidence by educating people on how to deal with negative emotions, panic attacks, and other hard situations. When the individual successfully handles a negative emotion or circumstances the individual also let go of the unpleasant emotions that are connected to that experiences and move on (Serenity Mental Health Centers, 2018).

### **Perceived Social Support**

Human beings are social animal and they need support of other individuals for their survival. Social support has a significant influence on human behavior. In human lives both perceived and real social support influenced on human behavior (Kumar et al., 2021). Social support can come in the form of tangible assistance provide by others. It appears that the role of social support is very important because it is considered as a mechanism to buffer against life stressors and promote health and well-ness of the individual (Roohafza et al., 2014)

Social support can be emotional, instrumental, financial and also from information. Perceived social support states to how individual perceive material, psychological and overall support providing them by friends, family member and other significant other during time of need (Ioannou et al., 2019). Social support basically referred to being valued, respected and loved by others. Social support has been highlighted as a flexible component to improve healthbecause it helps people to cope with stress. Furthermore, strong level of social support is considered as the best indicator to reduce stress in homeless individuals and helpfulfor improving their psychological well-being. Perceived social support have beenconsidered as a strong predictor of psychological well-being. Number of studiesexamine the role of perceived

social support from individual's family member, friends and significant others in minimizing the psychological issues (Rendon et al., 2020).

Women perceived social support differently that is being given to them by shelter home services, they perceived support according to their past experiences and knowledge. According to the health psychology social support is linked to reduced hormonal response to stress and enhance individual immunity as a protective source (Taylor, 2015). Social support helps us to improve self-worth and avoid the feeling of uselessness by dealing with stress. The vast majority of studies show that social support among people is linked to reduced level of hopelessness nervousness and loneliness (Munyan, 2021).

### **Psychological well-being**

Psychological well-being is a complex construct that concerns optimal psychological functioning and experiences. It may be defined as including hedonic (enjoyment, pleasure) and eudaimonic (meaning, fulfillment) happiness as well as resilience (Ryff, 1995). Psychological well-being refers to inter and intra-individual level of positive function that can include one's relatedness with others and self-referent attitude that includes one's sense of mastery and personal growth (Richard, 2017). Interpersonal level of function involves cultivating relationship and a social support network made up of friends, family and significant others.

Interpersonal well-being reflect involves individual thinking about himself that can include self-motivation, cognitive capacity and coping skills. In order to have optimal psychological functioning, one must learn from their experiences in life (Ryff et al., 2007). We mostly deal with two most important perspectives such as hedonic and eudemonic. The hedonic become for the source to bring happiness in the life and linked with the personal well-being. In this the individual experiences the positive emotions

by excluding the negative emotions and make life satisfaction. Hedonic well-being includes happiness, subjective well-being and positive emotions.

According to the eudemonic worldview, happiness is made up of self-determination, goal achievement, finding purpose in life, actualizing one's personal strength, and self-realization. This idea is related to psychological well-being, and positive signs of psychological well-being include personal development and the actualization of potential. Eudemonic include self-acceptance, environmental mastery, positive relationship with others, personal growth, purpose in life and autonomy (Alandete, 2015). Psychological well-being refers to the state of a person over all mental health and emotional functioning. It includes various factors such as positive emotions, life satisfaction, self-esteem, and the ability to cope with stress and the diversity (Ryff, 2013).

Individual differences exist between the coping strategies and their perception of social support that effect the person is psychological wellbeing differently. Ideal psychological functioning is a result of life events, according to psychological well-being. When the individual spend time in stressful environment and any threat full environment at any stage of life in future their psychological well-being can effect seriously.

### **Literature Review**

The psychological health of people has changed dramatically in recent years. Researchers have found that the threat of danger and stress associated with family separation varies for each person. An individual was studied cross-sectional. The study was cross-sectional in nature. Cluster random sampling was used to choose the sample, and the results indicate that the key factors influencing on psychological well-being are coping mechanisms and perceived social support (Poudel et al., 2020).

The study was conducted on undergraduate student during early phase of COVID-19 pandemic in china. The aim of the study was to explore the effect of coping strategies and perceived social support on psychological well-being. In response to the COVID-19 pandemic, a series of preventive and control measures were applied which degraded their psychological health. Coping strategies and perceived social support were probably important factor that effect their psychological well-being of undergraduates during pandemic. The result of the study indicates that there is significant relationship between coping strategies and perceived social support on psychological well-being of the undergraduates (Huang et al., 2021)

In order to determine whether or not coping style predicts the degree of psychological well-being, the study was carried out in educational settings. According to the findings, reflective coping was shown to be the predictor of weak psychological well-being in educational settings while suppressive coping was found to be the predictor of good psychological well-being (Akhter et al., 2017).

The study was conducted on the battered women's who are living in shelter homes to determine the relationship between coping strategies and psychological well-being. The variables were measured using the Carol Ryff Scales of Psychological well-being and Ways of Coping Inventory and the test of relation was made by using the Person r. The result shows that battered women must not prolong stay at home nor stay in abusive relationship but run for shelter and seek help and in order to restored the psychological well-being. Moreover, their results show that as the coping strategies increase it impact on the persons psychological well-being (Rodriguez, 2011)

The mother of disabled children was the subject of a qualitative study to investigate the effects of effective coping mechanisms on psychological well-being. In

their investigation, the correlational design was employed. The findings demonstrate that mothers frequently reported being focused on healthy coping mechanisms, and that this was related with a high level of psychological well-being (S. Gupta & Kumar, 2020).

Young adults were used in the study to examine the relation between the psychological well-being and the perceived social support. The researcher gathered information from 300 fourth-graders aged 17 to 26. Their findings demonstrate a positive connection between psychological well-being and perceived social support from friends and family (Ioannou et al., 2019).

The study was conducted to study the main and interactive effect of relationship between perceived social support and psychological well-being. The study was conducted on adult age from 20-69 years that are females. The data sheet was collected from 1033 adults. Their finding demonstrates a significant relationship between perceived social support and psychological well-being (Shin & Gyeong, 2023)

The researcher looked at how student's perceived social support and psychological well-being based on the mediated function of educational incentive. Their research reveals that due to the mediating effect of educational motivation, perceived social support have an effect on psychological well-being. They used the cluster sampling method to get their sample of 371 female high school pupils. In their study, perceived social support and academic motivation both predicted 37% and 13% of the variation in psychological well-being, respectively (Emadpoor et al., 2015).

300 Chinese students were the subjects of a cross-sectional study at the Putra Malaysia University that used a random sampling methodology. According to their research, greater social support is associated with greater psychological well-being (Qi et al., 2021)

Studies look at how ethnic groups' coping mechanisms and perceptions of social support relate to one another. Their findings demonstrate that many forms of discrimination can have an impact on a person's psychological wellbeing, and that this wellbeing can be enhanced by helping that individual develop better coping mechanisms and a sense of social support (Goreis et al., 2020).

In order to investigate how cyber bullying affects students' social support and psychological well-being in school settings, the researcher performed a study there. A cross-sectional research involving 484 students from four secondary schools was conducted. They look into how cyber bullying, coping mechanisms, and the impression of social support from parents and instructors affect students' psychological well-being. In accordance with their findings, students in grades 11–6 and 28.3% said they had been the victim of cyber bullying in the previous three months. The study made the case that social support from family and teachers, as well as coping mechanisms for dealing with cyber bullying, are beneficial for students in maintaining their psychological well-being. (Ngo et al., 2021).

The study was carried out in 2021 on university students in Jakarta, Indonesia. They look into the importance of social support and how people view it as psychological protective resources, while coping mechanisms can help people feel less stressed and keep them from going through severe psychological distress. 250 students who met the research criteria were randomly selected for the study using an online form. Their findings showed that the most effective interventions were coping strategies and social support, which were substantially connected with a reduction in psychological discomfort (Akbar et al., 2021).

To investigate the impact of perceived social support on psychological well-being and life satisfaction, a study on Nepali immigrants was carried out in Japan. A straightforward sampling strategy was used to gather a sample of 249 Nepalese migrants who reside in Tokyo. The self-administered online survey that was employed was disseminated using social media and word-of-mouth techniques. The multidimensional perceived social support scale, the general health questionnaire was employed as the scales. The findings indicate that social assistance among Nepalese migrants residing in Tokyo reduces psychological discomfort and raises in perceived social support (Khatiwada et al., 2021)

Pregnant women in Pakistan were the subject of a study in 2019 to determine how prenatal coping strategies related to perceived social support and uncertainty affected the psychological wellbeing of high-risk pregnant women. The study design was cross-sectional and correlational. A questionnaire used during interviews was used to gather the data. According to their findings, perceived social support had a direct impact on psychological wellbeing of the study subject, while planning and preparing for motherhood had a mediating effect on that effect. According to the study's findings, coping strategies help the high-risk pregnant subjects' psychological wellbeing by mediating the impact of uncertainty and perceived social support (Morsi, 2019).

People in shelter houses in Pakistan encounter problems with their coping mechanisms and perceptions of social support, which have an impact on their psychological health and quality of life (Jafry et al., 2020)

In 2018, a study on shelter homes in the Punjab was carried out in Pakistan. The study's goal was to examine the difficulties and threats to women's lives that force them into shelter homes. Through in-depth interviews conducted face-to-face with

service providers and women living in shelter homes, primary data of extraordinary physical, emotional, and cultural violence that was painful to hear and difficult to articulate was gathered. Both qualitative and quantitative methods were used in the investigation. The findings show that men used violence as a method to control women's conduct inside a particular framework, and that the degree of the violence grew as the expectations placed on women, whether they are religious or not (University of Peshawar, 2020).

## **Theoretical Frame Work**

### ***Social Support theory***

This theory explains the link of perceived social support and coping strategies with psychological well-being. According to the social support theory the perceived social support enables the individual to build mental abilities stronger (Cullen1994,)

Social support theory states that high level of social support is a major contributing factor in psychological well-being while lower level of social support decreases the person psychological well-being. It also states that perceived social support contributes their factors such as struggle, past knowledge and past experiences that influenced the psychological well-being (Every- Palmer et al., 2020).

Social support and coping strategies are the protective factor for the psychological wellbeing. Coping is used to protect the connection between human and themselves while social support helps us to cope with problems, improve self-esteem and helpful for managing stress. In both level persons past experiences are involved.

The problem arises when the individual interacts with environment. In order to deal with those issues individual use different coping strategies and take support from



others. In individual life coping strategies contributing as an internal factor which is used on individual level while social support contributing as an external factor which is used on environmental level, when they both used by an individual at a same time influence persons psychological well-being. In both level individuals used their past experiences such as person used coping strategies by collecting information from their past. experiences while in social support individual perceived support by recalling it experiences that affect their psychological well-being (Son et al., 2020).

### **Rational**

The current study examines how coping mechanisms and perceived social support affect the psychological health of women residing in shelter houses. This study's importance is especially noteworthy for the women who reside in shelter homes. In our country very little study has been done on shelter homes with these three contrasts. Few studies on shelter houses are undertaken in our country, in which researchers examine the experiences of persons who reside in shelter homes (Cassum et al., 2020).

Women are viewed as a vulnerable group and are frequently disregarded in all spheres of life. They deal with a variety of problems in their daily lives, including unemployment, insecurity, and a lack of social and emotional support from close friends and family. The gender gap was reported in 2014 that women frequently hold less powerful positions than males. Women are frequently excluded from participation in many activities and seen as weak (Sakha et al., 2019). Several quantitative researches on shelter homes have been conducted, with the focus of those studies being on the aggressive conduct of the female caretakers who work there. The impact of coping mechanisms and perceived social support on the psychological well-being of women living in shelter homes has to be thoroughly investigated (Hasan et al., 2020).

As a visionary and problem solver perceived social support play a significant role nevertheless According to (Lin et al., 2020) perceived social support have gradually started to offer not only for resolving psychological problems but also providing essential mental health care. This research will reboot the study and will contribute to the literature by serving as a new foundation for other studies by using different level of variables with in Pakistani context.

**Objectives:**

1. To examine the relationship between coping strategies and perceived social support on psychological well-being among women living in shelter homes.

**Hypothesis:**

1. There is a significance positive relationship between coping strategies and perceived social support on psychological well-being among women living in shelter homes.

**Chapter 2****Method****Research Design**

To achieve the research objectives a quantitative survey was used. The research design was a correlation study. When using a correlational design, the researcher examined the association between two or more variables without influencing or modification any of them.

**Sample**

The population of this study was women who were living among shelter homes. The sample size was calculated by G-power. The sample size of women was 200 and their age was from age 18 to below age 60. The sample was taken from shelter homes located in Islamabad and Rawalpindi.

**Inclusion Criteria**

All those women were included who were living in shelter homes and their age were from (18-below 60)

**Exclusion Criteria**

Those women were excluded from our sample whose age were below 18 and who were working in shelter homes as their caretakers. Data was collected through purposive sampling method.

**Measurement and Instruments**

Data were collected by using following scales.

***Brief cope Scale***

The brief coping scale was developed by Carver, C. S. (1997). It is a self-report questionnaire and has 28 items with 4-point Likert scale. The responses are recorded from I haven't been doing this at all to I've been this a lot. This scale measures cognitive control, which indicates the application of stress-reduction techniques. It also evaluates the efficacy and inefficacy of coping skills. The reliability of original scale is .70. The brief cope scale evaluates an individual's primary coping methods using score on the three subscales: Coping strategies are Problem- Focused Coping, Emotion- Focused Coping and Avoidant Coping. The sub-scale was tested on athletes, which found the following score of each subscale. Problem solving coping has a score of 2.47 (0.63), emotional coping has a score of 2.23 (0.49) and avoidant coping has a score of 1.64 (0.45) (Poulus,2020).

The translated scale of brief cope scale was used. The Urdu version of brief cope scale consisted 25 item scales which were scored on 5-point scale that ranged from extremely satisfied to extremely dissatisfy. Its reliability is ranging from 0.67-0.86 (Nisa et al., 2020).

The following items are listed below, are used to access the mentioned coping strategy, there are the main facts of the scale. Problem solving coping items reliability is  $\alpha$  .77. Emotion focused coping items reliability is  $\alpha$  .66. Avoidant coping items reliability is  $\alpha$  .67.

### ***Multidimensional Scale of Perceived Social Support***

Multidimensional scale of perceived social support was developed by (Zimet et al., 1988). It is a self-report questionnaire and has 12-item with 7-point scale item responded positioning from very strongly disagree to very strongly agree. This scale is used to measure the perceived the adequacy of perceived social support from three sources family, friends and significant others. The reliability of original scale is 0.93. The scale was tested on university undergraduate's students and on pregnant women's. This scale evaluates the perceived social support on three subscales family subscale, friend subscale and significant others. The whole scale reliability coefficient was .85.

### ***Psychological Well-being 54 version***

Ryff psychological well-being scale was developed by (Ryff et al., 2007). It is 54 item psychological well-being scale item with 6-point scale item responded positioning from very strongly disagree to very strongly agree. The original scale reliability is 0.82. The scale evaluates the psychological well-being of the individual on over-all scale as well-as on the 6 sub-scale The Urdu scale reliability is (0.85). The Urdu version of psychological well-being scale consisted 54 item scales which were scored on 6-point scale that ranged from extremely satisfied to extremely dissatisfy. (Ansari,2010). The psychological well-being scale consist of following dimensions that are assumed to measure all aspect of well-being which include self-acceptance, positive relationship with others, autonomy, environmental mastery, purpose in life and personal growth.

### **Ethical Consideration**

As for ethical concerns, we ensured to follow the ethical rules provided by APA. We took inform consent from the participants before conducting the research. They were also informed about the implications of the research. Anonymity and privacy

of their data were granted. The study was conducted according to the proper ethical rules.

### **Procedure**

To collect data, permission was taken from the shelter homes authority. In the present study the survey was done by using three scale: The Brief Cope Scale, Multidimensional Scale of Perceived Social Support and Psychological Well-being 54 items scale. The sample of 200 participants was taken from the shelter homes located in the twin cities of Islamabad and Rawalpindi. The researcher was briefly explaining the objectives and nature of the research. Inform concern were taken from the women for voluntary participation. After permission was obtained from the women, demographic information along with scales were distributed. The researcher also gives brief instructions about the research, emphasizing that there was no correct and incorrect answer and that their identities would not be revealed and that all the collected details would be kept confidential. After the data collection SPSS was used for further analysis.

**Chapter 3****Results****Data Analyses Procedure**

In order to achieve the objectives, the objectives of the present study, appropriate statistical analyses were used to analyze the data. Descriptive statistics were computed for all the measures in the study on order to examine the overall trend of the data. The internal consistency of the sales was determined with the help of Cronbach's alpha reliability coefficient. Spearman Product Moment Correlation was used to determine the relationships between variables of the study. Kurskal Wallis- Test was computed to ascertain group difference along demographics variables. The results are presented in the tabulated form.

**Table 1:** *Frequency and percentage of demographics variables of the participants (N=200)*

Demographics	Categorization	<i>n</i>	%
Age	18-25	34	17
	26-44	119	60
	44-60	47	23
Gender	Female	200	100
Qualification	Primary classes	104	52
	Secondary classes	77	38.5
	Graduates	19	9.5

Family Background			
	Upper class	4	2.0
	Middle Class	39	19.5
	Lower Class	157	78.5
Time period of respondent			
	I year or less than 1 year	44	22
	2-4 year	94	47
	5 year or more than 5 year	62	31.0
Working lady			
	Yes	59	29.5
	No	141	70.5
Married			
	Yes	129	64.5
	No	71	35.5
Children's			
	Yes	107	53.5
	No	93	46.5
Husband			
	Yes	39	19
	No	71	36
	Died	90	45
Physical Health			
	Yes	62	31.0
	No	138	69.0

---

*Note: n=Number of the participants, % is the percentage of the participants.*

Table 1 shows the frequency and percentage of the demographic variables. In the total table 26-44 age group has the highest representation with 119 individuals making up 60% of the total. All 200 respondents are females, representing 100% of the total. There are 104 individuals who have completed primary classes, representing 52% of the total.

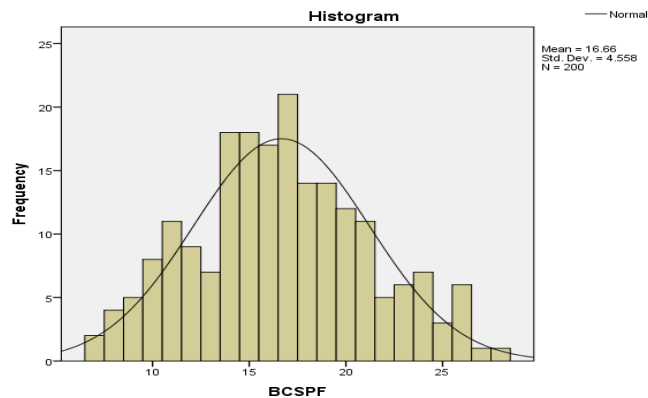


According to the table from lower class accounting for 78.5% of the total. According to the table 94 individuals have been respondents for 2 to 4 years making up 47% of the total. Majority there are 141 respondents who are not working, accounting for 70.5% of the total. In the table 129 respondents are married, representing 64.5% of the total. Majority of the respondents, 107 individuals have children, representing 53.5% of the total. Table reported that majority of 90 respondents have a deceased husband, making up 45% of the total. According to the table 138 respondents gave reported having poor physical health, accounting 69% of the total.

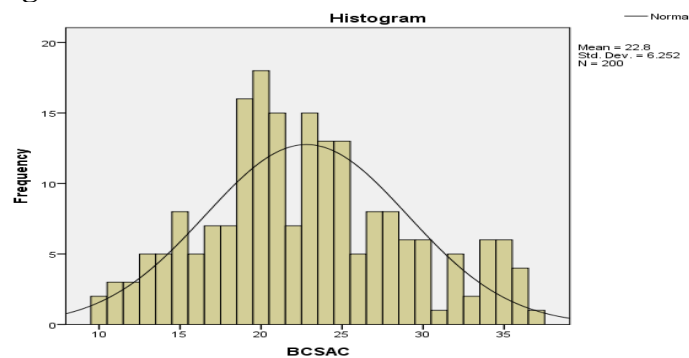
**Table 2:** *Descriptive statistics and alpha reliability of the measurements, (N=200)*

Scale	N	A	M	SD	Range		Skew	Kurt	K-S	P
					Potential	Actual				
PFCS	8	.88	16.6	4.55	8-32	7-28	.164	-.42	.071	.017
ACS	10	.77	22.8	6.25	10-40	10-37	.286	-.432	.083	.002
EFC	7	.85	17.5	4.95	7-28	7-27	-.224	-.749	.094	.000
MDSPSS	12	.97	2.68	1.47	1-2.9	1-7	1.14	.577	.148	.000
PWB	54	.90	125.9	25.49	6-324	82-194	.725	.091	.110	.000

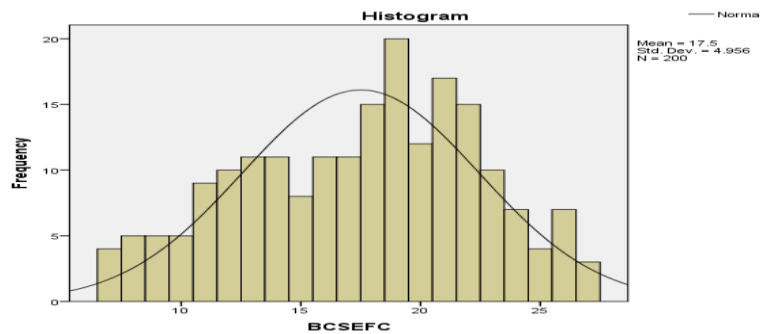
Note: N=Items, *a*= Cronbach's alpha value, *M*=Mean, *SD*= Standard Deviation, *K-S*= Kolmogorov-Smirnov normality test, *p*=Significant level, *PFCS*=Problem Focused Coping Strategies, *ACS*=Avoiding Coping Strategies, *EFC*=Emotion Coping Strategies, *MDSPSS*= Multidimensional Scale of Perceived Social Support, *PWB*=Psychological Well-Being Sale.

**Figure: 01**

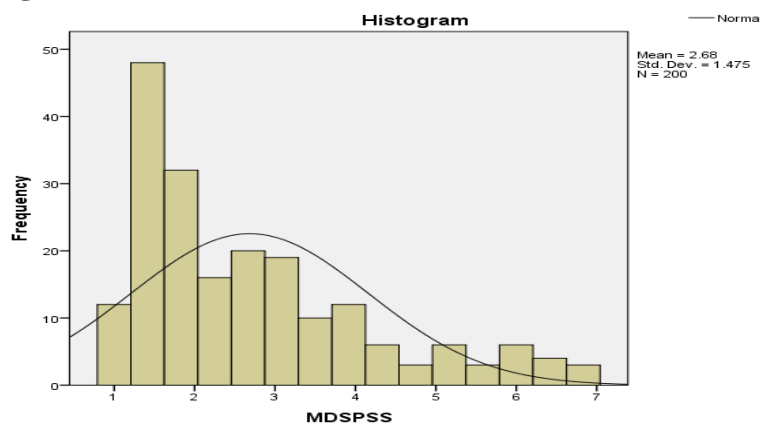
Problem Focused Coping Strategies (PFCS) is the sub-scale of brief cope scale that consists of 8 items. The Cronbach's alpha reliability coefficient is .88, indicating good internal consistency. The skewness value is .164, is slight positive skew while the kurtosis value is -.42, suggesting platykurtic (flat) distribution. The Kolmogorov-Smirnov (K-S) static is 0.017 and the p value is 0.17, that suggesting that the observed data is significantly different from the expected distribution.

**Figure: 02**

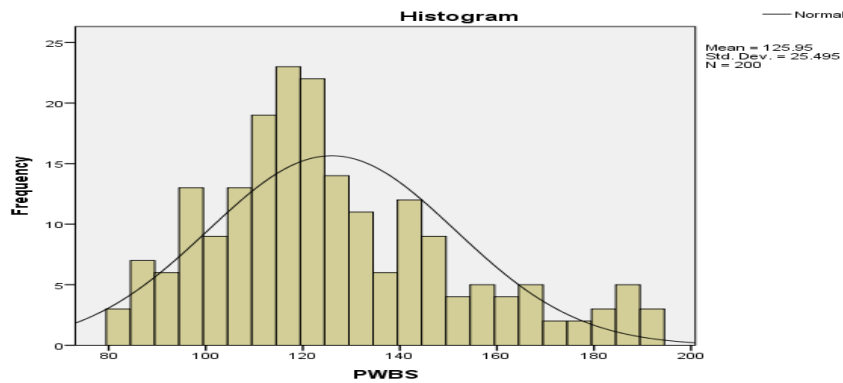
Avoiding Coping Strategies (ACS) is the sub-scale of brief cope scale that consists of 10 items. The Cronbach's alpha reliability coefficient is .77, indicating acceptable internal consistency. The skewness value is .286, indicating a slight positive skewed while the kurtosis value is -.432, suggesting a flat distribution. The Kolmogorov-Smirnov (K-S) statistic is 0.083, and the p value is 0.002, suggesting that the observed data is significantly different from the expected distribution.

**Figure: 03**

Emotion Coping Strategies (EFC) is the sub-scale of brief cope scale that consists of 7 items. The Cronbach's alpha reliability coefficient is .85, indicating good internal consistency. The skewness value is -.224, indicating a slight negative skew while the kurtosis value is -.749, suggesting a relatively flat distribution. The Kolmogorov-Smirnov normality test (K-S) is 0.094 and the p value is 0.000 suggesting that the observed data is significantly different from the expected distribution.

**Figure: 04**

Multidimensional Scale of Perceived Social Support (MDSPSS) scale consists of 12 items. The Cronbach's alpha reliability coefficient is .97, indicating excellent internal consistency. The skewness value is 1.14, indicating a moderately positively skewed distribution and kurtosis value is .577, suggesting a leptokurtic distribution. The Kolmogorov-Smirnov (K-S) is 0.148 and the p value is 0.000 suggesting that the observed data is significantly different from the expected distribution.

**Figure:05**

Psychological Well-Being Scale (PWB) consists of 54 items. The Cronbach's alpha reliability coefficient is .90, indicating good internal consistency. The skewness value is .725 that indicating moderately positively skewed distribution and the kurtosis value is .091 suggest the relatively normal distribution. The Kolmogorov-Smirnov normality test (K-S) is 0.110 and the p values is 0.000 suggesting that the observed data is significantly different from the expected distribution.

**Table 3:** Spearman correlation between Coping Strategies, Perceived Social Support and Psychological Well-being (N=200)

	BCSPF	BCSAC	BCSEFC	MDSPSS	PWBS
BCSPF	-				
BCSAC	.873**	-			
BCSEFC	.863**	.735**	-		
MSDSPSS	.307**	.333**	.211**	-	
PWBS	.356**	.389**	.238**	.355**	-

\*\*Correlation is significant at the 0.01 level (2-tailed)

According to the table problem focused coping strategies is strongly positively correlated with multidimensional scale of perceived social support ( $r=.30^{**}$ ,  $p < 0.01$ ). The avoiding coping strategies is strongly positively correlated with multidimensional scale of perceived social support is ( $r=.33^{**}$   $p < 0.01$ ). According to the table emotional

focused coping strategies is strongly positively correlated with multidimensional scale of perceived social support ( $r=.21^{**}$   $p < 0.01$ ). So, result shows that coping strategies is significantly positively correlated with perceived social support which indicates that coping strategies increase when perceived social support increase. Thus hypothesis no. 1 has been accepted.

Furthermore, according to the table problem focused coping strategies is strongly positively correlation with psychological well-being ( $r=.35^{**}$   $p < 0.01$ ). According to the table avoiding coping strategies strongly positively correlated with psychological well-being ( $r=.38^{**}$   $p < 0.01$ ). Moreover, according to the table emotional focused coping strategies is strongly positively correlated with psychological well-being ( $r=.23^{**}$   $p < 0.01$ ). Coping strategies and is significantly positive correlated psychological well-being which indicates that increase psychological well-being increase when coping strategies increase. Hence, Hypothesis no 2 has been accepted. The multidimensional scale of perceived social support is strong positively correlated with psychological well-being ( $r=.35^{**}$   $p < 0.01$ ). Perceived social support is significantly positively correlated psychological well-being which indicates that psychological well-being increased when perceived social support increase. Hence hypothesis no.3 is also accepted.

**Table 4:** *Kruskal Wallis- Test on the demographic variable (N=200)*

Variables	Age			$X^2$	$P$
	18-25	26-44	45-60		
BCSPF	77.04	109.63	109.63	9.11	.010
BCSAC	79.04	109.36	93.63	8.13	.017
BCSEFC	82.28	106.47	98.55	4.70	.095
MSDSPSS	79.12	104.01	107.07	5.69	.058
PWBS	68.51	108.06	104.49	12.6	.002

*Note:  $X^2$ =chi square, PFCS=Problem Focused Coping Strategies, ACS=Avoiding Coping Strategies, EFC=Emotion Coping Strategies, MDSPSS= Multidimensional Scale of Perceived Social Support, PWB=Psychological Well-Being Sale  $p$ =Significant level.*

The p-value of problem focused coping strategies is 0.010, which is less than 0.05, indicating a statistically significant difference in BCSPF measurements among the age groups. The p-value on avoiding coping strategies is 0.017, which is less than 0.05, suggesting a statistically significant difference in BCSAC measurements across the age groups. The p-value of emotional focused coping strategies is 0.095, which is greater than 0.05. Therefore, there is no strong evidence to suggest a significant difference in BCSEFC measurements among the age groups. The p-value of multidimensional scale of perceived social support is 0.058, which is slightly greater than 0.05. It suggests that there is no strong evidence to support a significant difference in MSDSPSS measurements across the age groups, although it is close to the significance threshold. The p-value of psychological well-being is 0.002, which is less than 0.05, indicating a statistically significant difference in PWBS measurements among the age groups. So based on the Kruskal-Wallis test results; there are significant differences in BCSPF, BCSAC, and PWBS measurements across the age groups, while BCSEFC and MSDSPSS do not show significant differences

**Chapter 4****Discussion**

The main objective of the study was to explore the relation between coping strategies, perceived social support and psychological well-being among women living in shelter homes, and to explore the demographic (age) differences on coping strategies, perceived social support and psychological well-being. The population of this study was women who were living among shelter homes. The sample size of the study was 200 and the age of the respondents were from 18-below 60. The sample was taken from shelter homes located in Islamabad and Rawalpindi. Data was collected through purposive sampling method.

In the present study coping strategies was measured by using The brief coping scale was developed by Carver, C. S. (1997). In the study the translated version of the scale was used. The scales have three sub-scales such as Problem- Focused Coping, Emotion- Focused Coping and Avoidant Coping. The Problem Focused Coping Strategies (PFCS consists of 8 items. The Cronbach's alpha reliability coefficient is .88, sample indicating good internal consistency. Avoiding Coping Strategies (ACS) consists of 10 items. The Cronbach's alpha reliability coefficient is .77, indicating acceptable internal consistency. Emotion Coping Strategies (EFC) consists of 7 items. The Cronbach's alpha reliability coefficient is .85, indicating good internal consistency. The second scale that were used in the study was Multidimensional Scale of Perceived Social Support (MDSPSS) and it Is also translated in the Urdu version. The scale was developed by (Zimet et al., 1988) that consists of 12 items. The Cronbach's alpha reliability coefficient is .97, indicating excellent internal consistency.

The third scale that were used in the study was Psychological Well-Being Scale (PWB) was developed by Ryff et al., (2007) that consists of 54 items. The Cronbach's alpha reliability coefficient is .90, indicating good internal consistency. The translated version of psychological well-being 54 was used in order to measure their psychological well-being. The Urdu scale reliability is (0.85).

Regarding hypothesis testing no.1 i.e., there is a significance positive relationship between coping strategy and perceived social support among women living in shelter home. Results of the present study are consistent with the previous literature (Goreis et al., 2020) which argued that the coping strategies that are used by an individual can be related with the perceived social support. When individual discriminates through many ways their well-being effect badly. In order to enhance their well-being, it is important to provide them social support that create change in their coping strategies. There is one more study support the hypothesis that was done on the students, in which they examine how cybercrime effect person coping strategies and perceived social support. Their findings suggest that the change in perceiving social support that are provided from family and teachers can change the coping strategies for dealing with cyber bullying (Ngo et al., 2021).

The second hypothesis was that there is a positive relationship between coping strategy and psychological well-being among women living in shelter home. Finding of the study according to the table 3 suggest that that there is a positive relationship between coping strategy and psychological well-being. Previous studies also support the findings of the study. In 2020 the study was conducted in which the mother of disabled children was the subject of a qualitative study to investigate the effects of effective coping mechanisms on psychological well-being. In their investigation, the



correlational design was employed. The findings demonstrate that mothers frequently reported being focused on healthy coping mechanisms, and that this was related with a high level of psychological well-being (S. Gupta & Kumar, 2020). In 2019 the study was conducted in order to investigate the relationship between coping strategies and psychological well-being. The study was conducted on the teachers who are working as counselling in the schools. Their results show that there is a significant relationship between the coping strategies and the psychological well-being (Mahomed et al., 2019). The study was conducted on the battered women's who are living in shelter homes to determine the relationship between coping strategies and psychological well-being. The result shows that battered women must not prolong stay at home nor stay in abusive relationship but run for shelter and seek help and in order to restore the psychological well-being. Moreover, their results show that as the coping strategies increase it impacts on the person's psychological well-being (Rodriguez, 2011)

The third hypothesis was that there is a significant positive relationship between perceived social support and psychological well-being among women living in shelter home. So the result of table also shows that there is a significant relationship between perceived social support and the psychological well-being. To investigate the impact of perceived social support on psychological well-being a study on Nepali immigrants was carried out in Japan. A straightforward sampling strategy was used to gather a sample of 249 Nepalese migrants who reside in Tokyo. The self-administered online survey that was employed was disseminated using social media and word-of-mouth techniques. The multidimensional perceived social support scale, the general health questionnaire was employed as the scales. The findings indicate that as perceived social support increases the psychological well-being of the individual gets better. (Khatiwada et al., 2021). In 2019 the study was conducted in Pakistan on pregnant women, to

determine how perceived social support and uncertainty affected the psychological wellbeing of high-risk pregnant women. According to their findings, perceived social support had a direct impact on psychological wellbeing of the study subject (Morsi, 2019)

## **Conclusion**

The finding of the study indicates that coping strategies significantly predict the level of perceived social support that are giving by other. This means that when individual perceive social support confidently it positively affects their coping strategies. By promoting social support individuals may enhance their coping strategies to effectively deal with their issues. Additionally, the findings suggest that the use of coping strategies is associated with maintaining psychological well-being. Moreover, if individuals perceive social support positively it can have a positive impact on their psychological well-being.

Based on these findings it can be concluded that coping strategies have a positive relationship with perceived social support. This implies that as perceived social support increase or decrease the coping strategies of individual also change accordingly. Furthermore, the findings indicate that changes in coping strategies are associated with changes in the psychological well-being of individual. Additionally, there is a positive a relationship between perceived social support and psychological well-being indicating that changes in the perceived social support also influence the psychological well-being of individual.

The findings suggest that promoting coping strategies and perceived social support can contribute to the psychological well-being of the individuals in this population. By enhancing coping strategies and foster perception of social support,

intervention and support system can be developed to promote the overall well-being of individual in shelter homes.

### **Limitations and Suggestion**

The present study highlighted the effect of using coping strategies and perceived social support on psychological well-being. However, there are certain limitations which should be considered while interpreting the results and contributions and suggestion also given some suggestion for future research. The sample of the study was just females. Future studies can include the both male and females in shelter homes. The data was collected from the shelter homes that located in Rawalpindi and the Islamabad. In order to enhance the representativeness of the study future researcher should aim to collect data from shelter homes located in various regions beyond just Islamabad and Rawalpindi.

While the current study was qualitative in nature incorporating the qualitative method could provide the deeper understanding of the experiences and perspectives of women living in shelter homes. This could involve of conducting interview or focus group to gather rich qualitative data that complements the quantitative findings. For the future research analysis on subscale level will give better understanding of the phenomenon. The present study was cross-sectional in nature. For future longitudinal study would provide valuable insight into the changes the coping strategies, perceived social support and psychological well-being over time among women living in shelter homes.

Longitudinal research would also allow the examination of causal relationship and the assessment of the long term effects of various factors. The length of the questionnaire used in the study was challenges during data collection, as many participants were reluctant to fill out such lengthy questionnaire

. It is suggested that future research use shorter questionnaire to facilitate data collection and increase participant's rates. Additionally, the present study noted a high level of social desirability among respondents so it is recommended to control social desirability in future research to ensure more accurate responses.

### **Implications\Recommendations**

The study contributes to the understanding of the relationship between coping strategies, perceived social support and psychological well-being among women living in shelter homes. The findings highlight the need for tailored interventions and support system that address coping strategies and social support to improve the psychological well-being of women in shelter homes. Ethical consideration encountered during data collection underscore the importance of ethical considerations and protocols when conducting research in sensitive environment like shelter homes. The discomfort and reluctant of some participants to share personal information emphasize the need for establishing trust, ensuring confidentiality and employing appropriate data collection methods in future studies.

## References

- Akhtar, M., & Kroener-Herwig, B. (2017). Coping Styles and Socio-demographic Variables as Predictors of Psychological Well-Being among International Students Belonging to Different Cultures. *Current Psychology*, 38(3), 618–626. <https://doi.org/10.1007/s12144-017-9635-3>
- Among School Adolescents in an Urban Setting of a Developing Country: Experience, Coping Strategies, and Mediating Effects of Different Support on Psychological Well-Being. *Frontiers in Psychology*, 12. <https://doi.org/10.3389/fpsyg.2021.661919>
- Cerea, S., Ghisi, M., Pitteri, M., Guandalini, M., Strober, L. B., Scozzari, S., Crescenzo, F., & Calabrese, M. (2021). Coping Strategies and Their Impact on Quality of Life and Physical Disability of People with Multiple Sclerosis. *Journal of Clinical Medicine*, 10(23), 5607. <https://doi.org/10.3390/jcm10235607>
- Cobo-Rendón, R., López-Angulo, Y., Pérez-Villalobos, M. V., & Díaz-Mujica, A. (2020). Perceived Social Support and Its Effects on Changes in the Affective and Eudaimonic Well-Being of Chilean University Students. *Frontiers in Psychology*, 11. <https://doi.org/10.3389/fpsyg.2020.590513>
- COPE) inventory in people living with HIV/AIDS in Vietnam. *Global Health & Medicine*, 2(6), 374–383. <https://doi.org/10.35772/ghm.2020.01064>
- Emadpoor, L., Lavasani, M. G., & Shahcheraghi, S. M. (2015). Relationship Between Perceived Social Support and Psychological Well-Being Among Students Based On Mediating Role of Academic Motivation. *International Journal of*

*Mental Health and Addiction*, 14(3), 284–290. <https://doi.org/10.1007/s11469-015-9608-4>

Every-Palmer, S., Jenkins, M., Gendall, P., Hoek, J., Beaglehole, B., Bell, C., Williman, J., Rapsey, C., & Stanley, J. (2020b). Psychological distress, anxiety, family violence, suicidality, and wellbeing in New Zealand during the COVID-19 lockdown: A cross-sectional study. *PLOS ONE*, 15(11), e0241658. <https://doi.org/10.1371/journal.pone.0241658>

Every-Palmer, S., Jenkins, M., Gendall, P., Hoek, J., Beaglehole, B., Bell, C., Williman, J., Rapsey, C., & Stanley, J. (2020b). Psychological distress, anxiety, family violence, suicidality, and wellbeing in New Zealand during the COVID-19 lockdown: A cross-sectional study. *PLOS ONE*, 15(11), e0241658. <https://doi.org/10.1371/journal.pone.0241658>

Goreis, A. (2020a). *What Mediates the Relationship Between Ethnic Discrimination and Stress? Coping Strategies and Perceived Social Support of Russian Immigrants in Germany*. *Frontiers*. <https://www.frontiersin.org/articles/10.3389/fpsy.2020.557148/full>

Gupta, J., Cardoso, L. F., Ferguson, G., Shrestha, B., Shrestha, P. N., Harris, C., Groce, N., & Clark, C. J. (2018). Disability status, intimate partner violence and perceived social support among married women in three districts of the Terai region of Nepal. *BMJ Global Health*, 3(5), e000934. <https://doi.org/10.1136/bmjgh-2018-000934>

Gupta, S., & Kumar, A. (2020). The mediating role of positive perceptions on coping strategies and psychological well-being among mothers of children with

intellectual disabilities. *Advances in Mental Health and Intellectual Disabilities*, 14(6), 263–272. <https://doi.org/10.1108/amhid-02-2020-0004>

Hasan, N., & Bao, Y. (2020). Impact of “e-Learning crack-up” perception on psychological distress among college students during COVID-19 pandemic: A mediating role of “fear of academic year loss.” *Children and Youth Services Review*, 118, 105355. <https://doi.org/10.1016/j.childyouth.2020.105355>

Huang, Y., Su, X., Si, M., Xiao, W., Wang, H., Wang, W., Gu, X., Ma, L., Li, J., Zhang, S., Ren, Z., & Qiao, Y. (2021). The impacts of coping style and perceived social support on the mental health of undergraduate students during the early phases of the COVID-19 pandemic in China: a multicenter survey. *BMC Psychiatry*, 21(1). <https://doi.org/10.1186/s12888-021-03546-y>  
*in Mental Health*. Neurocove. <https://orlandotherapy.online/the-importance-of-social-support-in-mental-health/>

*International Journal of Environmental Research and Public Health*, 18(20), 10713. <https://doi.org/10.3390/ijerph182010713>

Ioannou, M., Kassianos, A. P., & Symeou, M. (2019). Coping With Depressive Symptoms in Young Adults: Perceived Social Support Protects Against Depressive Symptoms Only Under Moderate Levels of Stress. *Frontiers in Psychology*, 9. <https://doi.org/10.3389/fpsyg.2018.02780>

Jafry, M. Z., Martinez, J., Chen, T. A., Businelle, M. S., Kendzor, D. E., & Reitzel, L.

Jafry, M. Z., Martinez, J., Chen, T., Businelle, M. S., Kendzor, D. E., & Reitzel, L. R. (2021). Perceived Social Support Attenuates the Association between Stress and Health-Related Quality of Life among Adults Experiencing Homelessness

Joaquín García-Alandete. (2015a). Does Meaning in Life Predict Psychological Well-Being? An Analysis Using the Spanish Versions of the Purpose-In-Life Test and the Ryff's Scales. *European Journal of Counselling Psychology*, 3(2), 89-98.

<https://doi.org/10.5964/ejcop.v3i2.27>

Khatiwada, J., Muzembo, B. A., Wada, K., & Ikeda, S. (2021). The effect of perceived social support on psychological distress and life satisfaction among Nepalese migrants in Japan. *PLOS ONE*, 16(2), e0246271.

<https://doi.org/10.1371/journal.pone.0246271>

Kumar, P. S., Thangaraja, A., & Sanjeev, M. (2021) Multidimensional scale of perceived social support: validity and reliability in the Indian context. *International Journal of Management Practice*, 14(4), 472.

<https://doi.org/10.1504/ijmp.2021.10037845>

Lin, C. Y., Broström, A., Griffiths, M. D., & Pakpour, A. H. (2020). Investigating mediated effects of fear of COVID-19 and COVID-19 misunderstanding in the association between problematic social media use, psychological distress, and insomnia. *Internet Interventions*, 21, 100345.

<https://doi.org/10.1016/j.invent.2020.100345>.

Mahomed, N. J. B., Johari, K. S. K., & Mahmud, M. R. (2019). Coping Strategies and Psychological Well-Being of Guidance and Counselling Teachers in Schools.

*Creative Education*. <https://doi.org/10.4236/ce.2019.1012227>

Matsumoto, S., Yamaoka, K., Nguyen, H. D. T., Nguyen, D. T., Nagai, M., Tanuma, J., Mizushima, D., Van Nguyen, K., Pham, T. N., & Oka, S. (2020).



- Mohammed Ibrahim Morsi, F., & Mohammed Ibrahim Morsi, Z. (2019). Prenatal Coping Patterns Mediate The Effect of Uncertainty and Perceived Social Support on The Psychological Well-Being of High-Risk Pregnant Women. *Egyptian Journal of Health Care*, 10(1), 357–376. <https://doi.org/10.21608/ejhc.2019.156876>
- Munyan, B., PhD. (2021, June 17). *The Importance of Social Support*
- Ngo, A. T., Tran, A. T., Tran, B. X., Nguyen, L. H., Hoang, M. T., Nguyen, T. H., Doan, L. P., Vu, G. T., Nguyen, T. D., Thi, H., DO, Latkin, C. A., Ho, R. C., & Ho, C. S. (2021). Cyberbullying Among School Adolescents in an Urban Setting of a Developing Country: Experience, Coping Strategies, and Mediating Effects of Different Support on Psychological Well-Being.
- R. (2021). Perceived Social Support Attenuates the Association between Stress and Health-Related Quality of Life among Adults Experiencing Homelessness. *International Journal of Environmental Research and Public Health*, 18(20), 10713. <https://doi.org/10.3390/ijerph182010713>
- Rabenu, E., Yaniv, E., & Elizur, D. (2016). The Relationship between Psychological Capital, Coping with Stress, Well-Being, and Performance. *Current Psychology*, 36(4), 875–887. <https://doi.org/10.1007/s12144-016-9477-4>
- Sakha, T., & Shah, N. A. (2019). Challenges faced by women in journalism: An analytical case study of situation in Pakistan. *Pakistan Journal of Women's Studies: Alam-e-Niswan*, 26(2), 149–172. <https://doi.org/10.46521/pjws.026.02.0012>
- Serenity Mental Health Centers. (2022, December 20). *Serenity Mental Health Centers - About Us*. <https://serenitymentalhealthcenters.com/about-us/>

Skinner, E., & Zimmer-Gembeck, M. (2016). Coping. *Encyclopedia of Mental Health*, 350–357. <https://doi.org/10.1016/b978-0-12-397045-9.00036-7>

Tang, Y. Y., Tang, R., & Gross, J. J. (2019). Promoting Psychological Well-Being Through an Evidence-Based Mindfulness Training Program. *Frontiers in Human Neuroscience*, 13. <https://doi.org/10.3389/fnhum.2019.00237>

University of Peshawar, Peshawar. (2020, July 10). *Welcome to Pakistan Research Repository: Shelter Homes in the Punjab (Pakistan)*. <http://pr.hec.gov.pk/jspui/handle/123456789/13709>

Vungkhanching, M., Tonsing, J. C., & Tonsing, K. N. (2016). Psychological Distress, Coping and Perceived Social Support in Social Work Students. *British Journal of Social Work*, bcw145. <https://doi.org/10.1093/bjsw/bcw145>  
*University Education (AJUE)*. <https://doi.org/10.21203/rs.3.rs-20397/v2>

# **APPENDIXES**

## Appendix A

## Inform Consent

میرا تعلق کیپیٹیکل یونیورسٹی آف سائنس اینڈ ٹیکنالوجی میں بی ایس سائیکالوجی سے ہے۔ میں تحقیق کر رہی ہوں کہ کیسے مسائل سے نمٹنے والی حکمت املیان اور سمجھے جانے والے سماجی تعاون پناہ گاہوں میں رہنے والی خواتین کی زہنی صحت پر اثر ڈالتی ہے۔ اس کے لیے آپ کو کچھ سوالنامہ دیے جا رہے ہیں۔ آپ سے درخواست ہے کہ توجہ کے ساتھ ہدایات کو پڑھیں اور جو درست جواب ہو اس پر نشان لگائیں۔ یاد رکھیں کہ کوئی جواب صحیح اور غلط نہیں ہے۔ یہ تحقیق میری بی ایس کی ڈگری کے لیے لازمی ہے۔ آپ کی دی گئی معلومات خفیہ رکھی جائیں گی۔ اور صرف تحقیقی مقاصد میں استعمال کیا جائے گا۔ آپ کی شرکت آپ کی مرضی پر منحصر ہے۔ سوالنامہ حل کرنے کے دوران کیسی بھی پریشانی کی صورت میں آپ سوالنامہ چھوڑ سکتے ہیں۔ اگر آپ اس تحقیق کا حصہ بننے پر راضی ہیں تو برائے مہربانی اس فارم پر اپنے دستخط کریں۔

دستخط

اگر آپ تحقیق سے متعلق کسی بھی قسم کا کوئی سوال پوچھنا چاہتے ہیں تو برائے مہربانی درج ذیل پتے پر رابطہ کریں۔

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شکریہ

## Appendix B

## Demographic Form

## Directions:

براہ مہربانی فراہم کردہ جگہ میں ہر سوال کا جتنا ممکن ہو درست طریقے سے جواب دیں۔

آپ کی عمر کیا ہے؟ \_\_\_\_\_

آپ کی جنس کیا ہے؟

مرد

عورت

آپ کی تعلیم کیا ہے؟ \_\_\_\_\_

آپ کے خاندان میں کتنے ممبر (افراد) ہیں؟ \_\_\_\_\_

آپ کے خاندان کا تعلق کس ڈگری (طبقہ) سے ہے

• اعلیٰ طبقے

• مڈل کلاس

• نچلادرجا

آپ کتنے عرصے سے شیڈولڈ ہوم میں رہ رہی ہیں - \_\_\_\_\_

کیا آپ فی الحال کام کر رہی ہیں؟

• ہاں

• نہیں

کیا آپ شادی شدہ ہیں؟

• ہاں

• نہیں

آپ کے کتنے بچے ہیں؟ \_\_\_\_\_

کیا آپ کے شوہر زندہ ہیں؟

• ہاں

• نہیں

کیا آپ اس وقت بیمار ہیں؟

• ہاں

• نہیں

## Scales

*Brief-COPE (Brief-COPE)***Instructions:**

The following questions ask how you have sought to cope with a hardship in your life. Read the statements and indicate how much you have been using each coping style.

		I haven't been doing this at all	A little bit	A medium amount	I've been doing this a lot
1	I've been turning to work or other activities to take my mind off things.	1	2	3	4
2	I've been concentrating my efforts on doing something about the situation I'm in.	1	2	3	4
3	I've been saying to myself "this isn't real".	1	2	3	4
4	I've been using alcohol or other drugs to make myself feel better	1	2	3	4
5	I've been getting emotional support from others.	1	2	3	4
6	I've been giving up trying to deal with it.	1	2	3	4
7	I've been taking action to try to make the situation better.	1	2	3	4
8	I've been refusing to believe that it has happened.	1	2	3	4
9	I've been saying things to let my unpleasant feelings escape.	1	2	3	4
10	I've been getting help and advice from other people.	1	2	3	4
11	I've been using alcohol or other drugs to help me get through it.	1	2	3	4
12	I've been trying to see it in a different light, to make it seem more positive.	1	2	3	4
13	I've been criticizing myself.	1	2	3	4
14	I've been trying to come up with a strategy about what to do.	1	2	3	4
15	I've been getting comfort and understanding from someone.	1	2	3	4
16	I've been giving up the attempt to cope.	1	2	3	4

		I haven't been doing this at all	A little bit	A medium amount	I've been doing this a lot
17	I've been looking for something good in what is happening.	1	2	3	4
18	I've been making jokes about it.	1	2	3	4
19	I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.	1	2	3	4
20	I've been accepting the reality of the fact that it has happened.	1	2	3	4
21	I've been expressing my negative feelings.	1	2	3	4
22	I've been trying to find comfort in my religion or spiritual beliefs.	1	2	3	4
23	I've been trying to get advice or help from other people about what	1	2	3	4
24	I've been learning to live with it.	1	2	3	4
25	I've been thinking hard about what steps to take.	1	2	3	4
26	I've been blaming myself for things that happened	1	2	3	4
27	I've been praying or meditating	1	2	3	4
28	I've been making fun of the situation.	1	2	3	4

### Brief COPE-Urdu

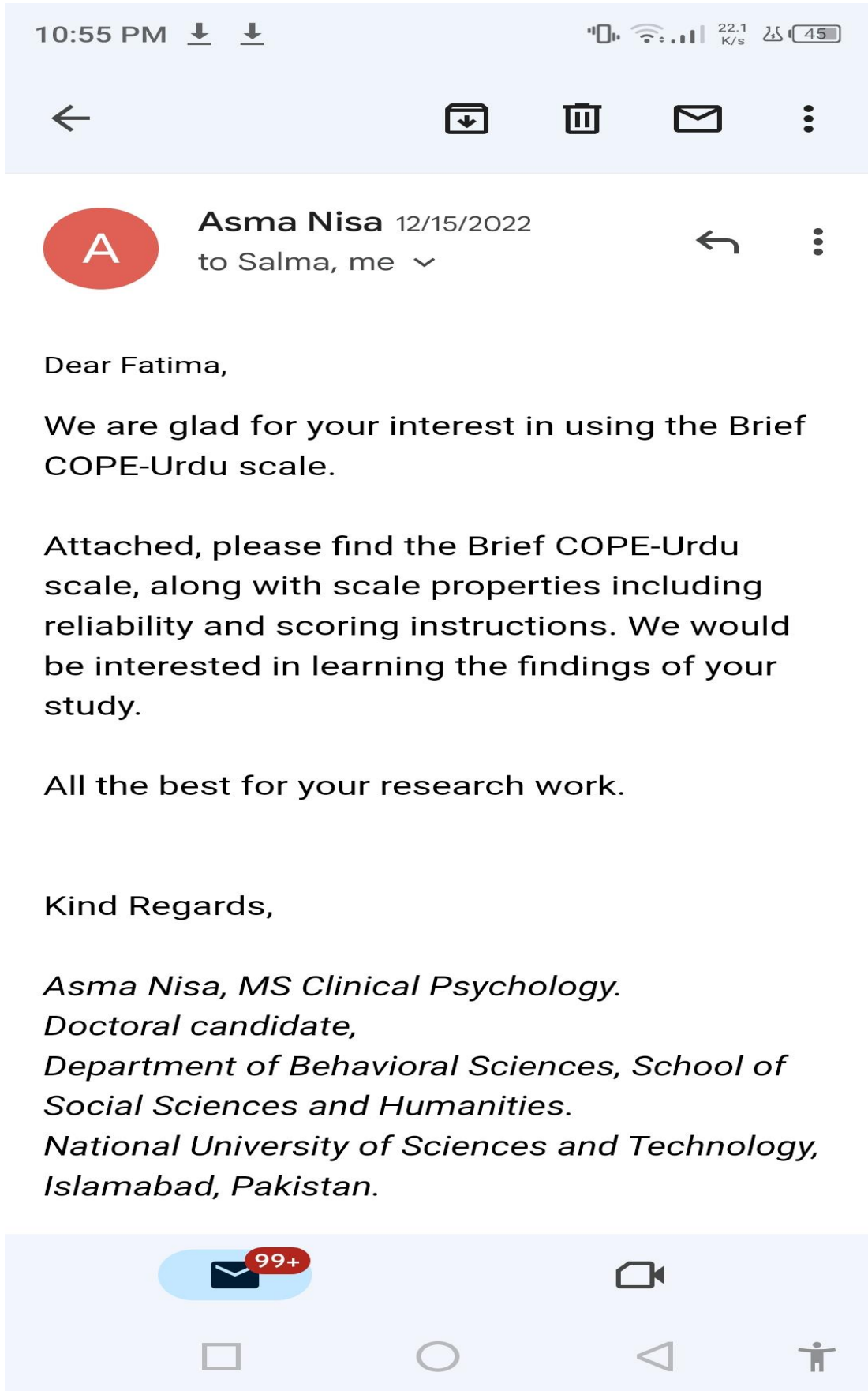
درج ذیل بیانات ان طریقوں کے متعلق ہیں جو آپ اپنی زندگی میں ذہنی دباؤ سے نمٹنے کے لیے استعمال کرتے ہیں۔ ہر بیان ذہنی دباؤ سے نمٹنے کے ایک خاص طریقے کی نشاندہی کرتا ہے۔ میں یہ جاننا چاہتی ہوں کہ ہر بیان جس طریقے کی نشاندہی کرتا ہے آپ اس کو اپنی زندگی میں پیش آنے والے ذہنی دباؤ سے نمٹنے کے لیے کس حد تک استعمال کرتے ہیں (کتنا زیادہ یا کتنی دفعہ)۔ اس بنیاد پر جوابات نہ دیں کہ طریقہ مفید ہے یا نہیں۔ صرف اس بنیاد پر جواب دیں کہ آپ نے وہ طریقہ اختیار کیا یا نہیں۔ ہر بیان کے سامنے متبادل جوابی صورتوں میں سے کسی ایک کا انتخاب اس خانے میں (✓) نشان لگا کر کریں۔

نمبر شمار	بیانات	کبھی نہیں	بہت کم	کبھی کبھی	بہت زیادہ
1	میں اپنے مسائل سے دھیان ہٹانے کے لیے خود کو کسی کام یا دوسری سرگرمیوں کی طرف مائل کرتا/کرتی ہوں۔				
2	میں موجودہ صورتحال سے نمٹنے کے لئے اپنی تمام تر کوششیں کرتا/کرتی ہوں۔				
3	میں اپنے آپ کو یہ کہتا/کہتی ہوں، ”یہ حقیقت نہیں ہے۔“				
4	میں حالات سے نمٹنے کی کوششوں میں ہمت ہار جاتا/ہار جاتی ہوں۔				
5	میں حالات کو بہتر بنانے کی کوشش میں عملی اقدام اٹھاتا/اٹھاتی ہوں۔				
6	میں یہ ماننے سے انکار کرتا/کرتی ہوں کہ ایسا ہو چکا ہے۔				
7	میں اپنے ناخوشگوار احساسات سے پیچھا چھڑانے کے لئے کچھ نہ کچھ بولتا/بولتی ہوں۔				
8	میں دوسرے لوگوں سے مدد اور مشورہ لیتا/لیتی ہوں۔				
9	میں حالات کو مثبت انداز میں دیکھنے کے لئے میں اس کو مختلف زاویوں سے دیکھنے کی کوشش کرتا/کرتی ہوں۔				
10	میں اپنے آپ پر تنقید کرتا/کرتی ہوں۔				



## Urdu Version Scale of Brief Cope

نمبر شمار	بیانات	کبھی نہیں	بہت کم	کبھی کبھی	بہت زیادہ
11	میں اس صورت حال سے نکلنے کے لئے کوئی طریقہ نکلانے کی کوشش کرتا/کرتی ہوں۔				
12	مجھے کسی سے تسلی اور سکون ملتا ہے۔				
13	میں حالات سے نمٹنے کی کوشش ترک کرتا/کرتی ہوں۔				
14	جو کچھ ہوتا ہے میں اس میں کچھ اچھا تلاش کرنے کی کوشش کرتا/کرتی ہوں۔				
15	میں صورتحال کے بارے میں مذاق کرتا/کرتی ہوں۔				
16	میں کچھ نہ کچھ ایسا کرتا/کرتی ہوں کہ اس صورتحال کے بارے میں کم سوچوں جیسا کہ فلمیں دیکھنا، ٹی وی دیکھنا، مطالعہ کرنا، خیالی پلاؤ بنانا، سوچنا یا خریداری وغیرہ۔				
17	میں جو کچھ ہوا اس حقیقت کو تسلیم کرتا/کرتی ہوں۔				
18	میں اپنے منفی احساسات کا اظہار کرتا/کرتی ہوں۔				
19	میں اپنے مذہب اور روحانی عقائد میں سکون تلاش کرنے کی کوشش کرتا/کرتی ہوں۔				
20	میں دوسرے لوگوں سے اس بارے میں مشورہ اور مدد طلب کرتا/کرتی ہوں کہ کیا کیا جائے۔				
21	میں اس صورت حال کے ساتھ جینا سیکھتا/سیکھتی ہوں۔				
22	میں اس بارے میں بہت زیادہ سوچتا/سوچتی ہوں کہ کیا اقدام اٹھائے جائیں۔				
23	جو ہوا، میں خود کو اس کا تصور وار ٹھہراتا/ٹھہراتی ہوں۔				
24	میں دعایا مرقبہ کرتا/کرتی ہوں۔				
25	میں صورت حال کو مذاق میں اڑاتا/اڑاتی ہوں۔				



## Appendix D

**Multidimensional scale of Perceived social support**

## Multidimensional Scale of Perceived Social Support

Instructions: We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

Circle the "1" if you **Very Strongly Disagree**  
 Circle the "2" if you **Strongly Disagree**  
 Circle the "3" if you **Mildly Disagree**  
 Circle the "4" if you are **Neutral**  
 Circle the "5" if you **Mildly Agree**  
 Circle the "6" if you **Strongly Agree**  
 Circle the "7" if you **Very Strongly Agree**

	Very Strongly Disagree	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree	Very Strongly Agree
1. There is a special person who is around when I am in need.	1	2	3	4	5	6	7
2. There is a special person with whom I can share joys and sorrows.	1	2	3	4	5	6	7
3. My family really tries to help me.	1	2	3	4	5	6	7
4. I get the emotional help & support I need from my family.	1	2	3	4	5	6	7
5. I have a special person who is a real source of comfort to me.	1	2	3	4	5	6	7
6. My friends really try to help me.	1	2	3	4	5	6	7
7. I can count on my friends when things go wrong.	1	2	3	4	5	6	7
8. I can talk about my problems with my family.	1	2	3	4	5	6	7
9. I have friends with whom I can share my joys and sorrows.	1	2	3	4	5	6	7
10. There is a special person in my life who cares about my feelings.	1	2	3	4	5	6	7
11. My family is willing to help me make decisions.	1	2	3	4	5	6	7
12. I can talk about my problems with my friends.	1	2	3	4	5	6	7

## Multidimensional scale of Perceived social support Urdu Version

### Multidimensional Social Support Scale

ہدایات: مندرجہ ذیل بیانات کو غور سے پڑھیں اور بتائیں کہ آپ ان سے کس حد تک متفق یا غیر متفق ہیں۔ ہر بیان کے آگے دینے گئے جوابات میں سے کسی ایک پر (✓) کا نشان لگائیں۔

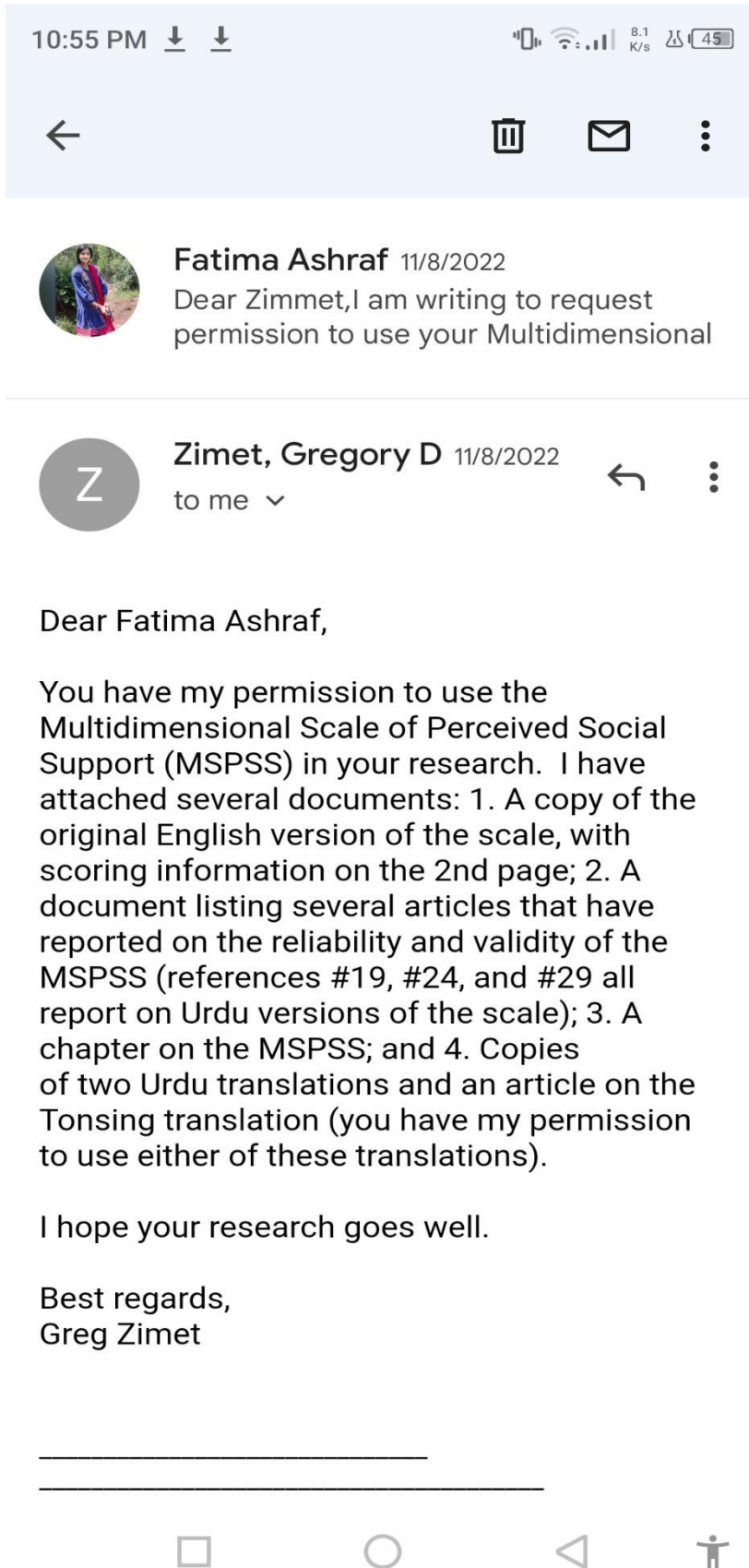
بہت زیادہ متفق	زیادہ متفق	معمولی سا متفق	درمیانی	معمولی سا غیر متفق	زیادہ غیر متفق	بہت زیادہ غیر متفق	
							1. ایک خاص شخص ہے جو ضرورت کے وقت میرے ارد گرد موجود ہے۔
							2. ایک خاص شخص ہے جس کے ساتھ میں اپنی خوشیاں اور غم بانٹ سکتا/سکتی ہوں۔
							3. میرا خاندان واقعی میری مدد کرنے کی کوشش کرتا ہے۔
							4. میں جذباتی مدد اور حمایت ضرورت کے وقت اپنے خاندان سے حاصل کرتا/کرتی ہوں۔
							5. ایک خاص شخص ہے جو درحقیقت میرے لئے سکون کا ذریعہ ہے۔
							6. میرے دوست واقعی میری مدد کرنے کی کوشش کرتے ہیں۔
							7. میں اپنے دوستوں پر انحصار کر سکتا/سکتی ہوں جب چیزیں غلط ہوں۔
							8. میں اپنے مسائل کے متعلق اپنے خاندان سے بات کر سکتا/سکتی ہوں۔
							9. میرے دوست ہیں جن کے ساتھ میں اپنی خوشیاں اور غم بانٹ سکتا/سکتی ہوں۔
							10. میری زندگی میں ایک خاص شخص ہے جو میرے احساسات کا خیال رکھتا ہے۔
							11. میرا خاندان فیصلہ کرنے میں میری مدد کے لئے رضا مند ہے۔
							12. میں اپنے مسائل کے متعلق اپنے دوستوں سے بات کر سکتا/سکتی ہوں۔

63. Translated by Nida Zafar & Rukhsana Kausar, Ph.D in 2013.

Developed by Zimet, Dahlem & Farley.

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## Appendix E

## Psychological 54 Urdu Version Scale

۵۔ ہدایات: مندرجہ ذیل سوالات آپ اپنی زندگی کے بارے میں کس یا محسوس کرتے ہیں کے متعلق ہیں۔ جو آپ کے اس بیان کی بہترین عکاسی کرتا ہو اس پر نشان لگائیں۔

مکمل متفق	کسی حد تک متفق	تھوڑا متفق	تھوڑا غیر متفق	کچھ حد تک غیر متفق	مکمل غیر متفق	بیانات	
6	5	4	3	2	1	زیادہ تر لوگ مجھے محبت کرنے والا اور چاہنے والا مانتے ہیں۔	.1
6	5	4	3	2	1	عموماً میں محسوس کرتا/کرتی ہوں کہ میرے حالات میرے قابو میں ہیں۔	.2
6	5	4	3	2	1	میں ان کاموں کا/کی شوقین نہیں جو میرے دائرہ اختیار کو پھیلائیں۔	.3
6	5	4	3	2	1	جب میں اپنی زندگی کی کہانی پر نظر ڈالتا ہوں تو خوش ہوتا ہوں جس طرح حالات نے کروٹیں بدلیں۔	.4
6	5	4	3	2	1	قربی تعلقات کو برقرار رکھنا میرے لیے مشکل اور مایوس کن ہے۔	.5
6	5	4	3	2	1	میں اپنے خیالات کے اظہار سے کبھی نہیں ڈرتا وہ زیادہ تر لوگوں کے خیالات سے مختلف ہی ہوں۔	.6
6	5	4	3	2	1	میں روزمرہ ضروریات زندگی سے اکثر تھک جاتی/جاتا ہوں۔	.7
6	5	4	3	2	1	میں مستقبل کے بارے میں واقع نہیں سوچتا/سوچتی اور اپنی زندگی کو ہر روز جیتا/جیتی ہوں۔	.8
6	5	4	3	2	1	عموماً میں اپنے بارے میں پُر اعتماد اور مثبت محسوس کرتا/کرتی ہوں۔	.9
6	5	4	3	2	1	میں اکثر تنہا محسوس کرتا/کرتی ہوں کیونکہ میرے چند دوست ہیں جن سے میں اپنی فکریں اور پریشانیاں بانٹتا/بانٹتی ہوں۔	.10
6	5	4	3	2	1	میرے فیصلے دوسروں کے عمل سے متاثر نہیں ہوتے۔	.11

کامل متفق	کسی حد تک متفق	تھوڑا متفق	تھوڑا غیر متفق	کچھ حد تک غیر متفق	کامل غیر متفق	بیانات	
6	5	4	3	2	1	میں اپنی جماعت اور اردگرد کے لوگوں کیساتھ زیادہ موافقت نہیں رکھتا/رکھتی ہوں۔	12
6	5	4	3	2	1	میں حال پہ نظر رکھتا/رکھتی ہوں، کیونکہ مستقبل عموماً میرے لیے مشکلات لاتا ہے۔	13
6	5	4	3	2	1	مجھے محسوس ہوتا ہے کہ دوسروں کو اپنی زندگی میں میرے مقابلے کچھ زیادہ حاصل ہوا ہے۔	14
6	5	4	3	2	1	میں دوستوں اور گھر والوں کیساتھ باہمی گفتگو سے لطف اندوز ہوتا/ہوتی ہوں۔	15
6	5	4	3	2	1	میں پریشان رہتا/رہتی ہوں کہ لوگ میرے بارے میں کیا سوچتے ہیں۔	16
6	5	4	3	2	1	میں اپنی روزمرہ کی ذمہ داریوں کو کافی اچھی طرح سے پورا کرتا/کرتی ہوں۔	17
6	5	4	3	2	1	میں نئے طریقوں سے کام کرنی کی کوششیں نہیں کرتا/کرتی۔ میری زندگی اسی طریقے سے اچھی ہے۔	18
6	5	4	3	2	1	دوسروں کی رضامندی سے زیادہ میرے لیے اپنی ذات سے مطمئن ہونا ضروری ہے۔	19
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6	5	4	3	2	1	میں یہ سوچتی/سوچتا ہوں کہ نئے تجربے کرنا ضروری ہیں، جو یہ واضح کرتے ہیں کہ آپ کیسے اپنے اور دنیا کے بارے میں سوچتے ہیں۔	21
6	5	4	3	2	1	مجھے میرے روزمرہ کے کام اکثر بے مقصد اور غیر ضروری نظر آتے ہیں۔	22
6	5	4	3	2	1	مجھے اپنی شخصیت کے بہت سے پہلو پسند ہیں۔	23

مکمل متفق	کسی حد تک متفق	تھوڑا متفق	تھوڑا غیر متفق	کچھ حد تک غیر متفق	مکمل غیر متفق	بیانات	
6	5	4	3	2	1	میرے پاس زیادہ لوگ نہیں جو مجھے سن سکیں، جب میں بات کرتی ہوں۔	.24
6	5	4	3	2	1	میں ان لوگوں سے متاثر ہونے کی کوشش کرتا/کرتی ہوں، جو مضبوط خیالات رکھتے ہوں۔	.25
6	5	4	3	2	1	میں اکثر سوچتا / سوچتی ہوں کہ میں نے واقعی اتنی ترقی نہیں کی جتنی بحیثیت انسان کوئی اتنے سالوں میں کر سکتا ہے۔	.26
6	5	4	3	2	1	میں بہتر تعین نہیں کر سکتا/سکتی کہ میں زندگی میں کیا حاصل کرنے کی کوشش کر رہا / رہی ہوں۔	.27
6	5	4	3	2	1	میں نے ماضی میں کچھ غلطیاں کی ہیں لیکن میں نے محسوس کیا ہے کہ جو سب ہوا اچھے کیلئے ہوا۔	.28
6	5	4	3	2	1	میں عموماً اپنے ذاتی معاملات اور آمدنی کا بہترین استعمال کرتا/کرتی ہوں۔	.29
6	5	4	3	2	1	میں عموماً اپنے لئے مقاصد کا تعین کیا کرتا/کرتی تھی لیکن اب یہ وقت ضائع کرنے جیسا ہے۔	.30
6	5	4	3	2	1	میں کئی مایوس ہوتا/ہوتی ہوں جو کامیابیاں میں نے زندگی میں حاصل کیں۔	.31
6	5	4	3	2	1	مجھے لگتا ہے کہ میرے مقابلے دوسروں کے پاس زیادہ دوست ہیں۔	.32
6	5	4	3	2	1	میں مستقبل کی تدبیریں سوچے اور ان کو حقیقت بنانے سے لطف اندوز ہوتا/ہوتی ہوں۔	.33
6	5	4	3	2	1	لوگ میری شخصیت کو اس طرح بیان کرتے ہیں کہ میں اپنا وقت دوسروں کیساتھ بانٹنا پسند کرتا/کرتی ہوں۔	.34



مکمل مستفح	کسی حد تک مستفح	تھوڑا مستفح	تھوڑا غیر مستفح	کچھ حد تک غیر مستفح	مکمل غیر مستفح	بیانات	
6	5	4	3	2	1	میں اپنے خیالات میں پُر اعتماد ہوں چاہے وہ عام موافقت کے برعکس ہوں۔	35
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6	5	4	3	2	1	مجھے دوسروں کیساتھ پُر اعتماد اور سرگرم رشتوں کا تجربہ نہیں ہے۔	39
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6	5	4	3	2	1	میں اپنی ذات کے بارے میں مثبت ہیں سوچتا جیسا بہت سے لوگ اپنے بارے میں محسوس کرتے ہیں۔	43
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مکمل متفق	کسی حد تک متفق	تھوڑا متفق	تھوڑا غیر متفق	کچھ حد تک غیر متفق	مکمل غیر متفق	بیانات	
6	5	4	3	2	1	میں جانتا ہوں کہ میں اپنے دوستوں پر اعتماد کر سکتا/سکتی ہوں، اور وہ بھی جانتے ہیں کہ وہ مجھ پر اعتماد کر سکتے ہیں۔	47
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