

RELATIONSHIP OF SOCIAL SUPPORT, QUALITY OF LIFE AND MARITAL ADJUSTMENT AMONG MARRIED FEMALES



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CERTIFICATE OF APPROVAL

It is certified that the Research Thesis titled “**Relationship of Social support, Quality of life and Marital adjustment among married females**” carried out by **Madiha Iqbal**, Reg. No. **BSP191040**, under the supervision of **Ms. Parveen Akhtar**, 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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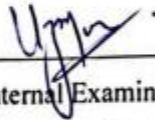
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I dedicate this to Allah Almighty, for the Strength to accomplish the work.

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.

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ABSTRACT

Psychological advantages, such as increased strength, motivation, and overall quality of life, have been linked to social support. This study investigated the relationship between social support, quality of life, and marital adjustment among married females. The study was conducted using cross-sectional design. A total sample of 250 married females, aged between 18 and 50 years, was conveniently selected from participation using a convenient sampling technique in Islamabad and Rawalpindi. Data were obtained using the Multidimensional Scale of Perceived Social Support (MSPSS), Locke and Wallace Marital Adjustment Test scale (MAT) to assess marital adjustment, and the World Health Organization Quality of Life (BREF-WHOQOL) questionnaire and data were analyzed using the Statistical Package for Social Sciences. Results revealed significant correlations among the study variables. There was a positive correlation between social support and marital adjustment among married females. ($r = 0.13$, $p = .022$, one-tailed), Social support and Quality of life scale (WHOQOL) also show a significant positive correlation ($r = 0.21$, $p = .000$, one-tailed). Additionally, moderately negative correlation was found between marital adjustment and quality of life ($r = -0.36$, $p = .000$, one-tailed). Several limitations should be considered when interpreting the results. The study utilized a convenient sampling technique, limiting the generalizability of the findings to a larger population. These findings have implications for interventions aimed at strengthening social support networks, raising awareness of marital issues, and providing support strategies for married females.

Keywords: Social support, Marital adjustment, Quality of life

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CHAPTER 1

INTRODUCTION

Marriage is a significant social institution that plays a crucial role in the lives of individuals, particularly for females. The well-being of married women is influenced by various factors, including social support, quality of life, and marital adjustment. Examining the relationship between these variables can provide valuable insights into the dynamics of marital relationships and the overall well-being of married females. Marital adjustment, on the other hand, refers to the degree of satisfaction and harmony within a marital relationship (Locke & Wallace, 1959) and it significantly influences individuals' psychological and emotional well-being. This study aims to explore the factors affecting married women and provide a comprehensive understanding of interplay between quality of life, social support and marital adjustment.

Married women often face unique challenges and stressors that can impact their well-being. These challenges may stem from societal expectations, gender roles, cultural norms, and personal responsibilities associated with their roles as wives, mothers, and caregivers (Liu & Umberson, 2017). Such challenges have a significant influence on their overall marital adjustment and quality of life.

Social Support

Social support is an essential component for maintaining a healthy and fulfilling life. Social relationships play a crucial role in our social and psychological functioning throughout our lifespan. Having a network of supportive companions, particularly close relationships that include family, provides individuals with a dependable source of assistance in times of need or crisis. Additionally, social support contributes to the -

development of a positive identity. It promotes an improved standard of living and acts as a protective buffer against the adverse impacts of life stressors (Cohen & Wills, 1985). Social support has been defined as a sense or feeling that one is admired and valued by others, that one is considered and cared for, and that one is a part of a social network of obligations. (Wills, 1991). Positive effects on both mental and physical health are associated with social support, which is described as the sense of being appreciated, and taken care of, and part of a supportive community or network (Taylor, 2011). According to studies, people who acquire a significant amount of social support seem to be more capable of dealing with difficult challenges. Moreover, they feel stressed less generally and reflect fewer physical responses to stressful events on lifestyle. Albrecht and Adelman (1987) explain social support as nonverbal and verbal interaction that minimizes complexities of the event and the connections and strives to enhance a person's experience of life satisfaction of their perspective. Social support, which is categorized into four main categories of supporting behaviors and act, is the vital part of relationships (House, 1981).

1. Providing emotional support comprises demonstrating empathy, affection, trustworthiness and care.
2. Supporting physical assistance and resources that directly help someone in need is one kind of instrumental support.
3. Support in the form of information is given to a person in addition to supporting them in resolving issues.
4. Forms of information, such as critical feedback and encouragement, are available through appraisal support.

Social support plays a vital role in individuals' lives, providing them with the necessary resources and assistance to cope with stress and enhance their overall well-being. It encompasses various sources, including support from family, friends, and significant others, which contribute to individuals' sense of belonging, connectedness, and emotional well-being. This introduction explores the concept of social support, its sources, and its effects on individuals' lives.

Family serves as a significant source of social support, offering emotional, instrumental, and informational assistance (Heller et al., 1977). The familial bond provides a sense of security, understanding, and unconditional love, forming a primary support network during times of need.

The support received from family members, built on shared experiences and lifelong connections, greatly impacts individuals' well-being (Cutrona & Russell, 1990). Friends also play a crucial role in providing social support. Friendships offer companionship, emotional support, and opportunities for socialization. They provide a sense of belonging and acceptance, helping individuals navigate life's challenges. Close and supportive friendships are associated with improved mental wellness and general life satisfaction (Barrera et al., 1981).

Significant others, such as spouses, are vital sources of social support. These relationships involve deep emotional connections, with partners serving as confidants, offering understanding, encouragement, and practical assistance (Bolger et al., 2000).

The effects of social support are far-reaching, influencing various aspects of individuals' lives. Positive outcomes for one's physical and mental health are related to social support, increased resilience to stress, improved self-esteem, and enhanced -

-quality of life (Thoits, 2011; Uchino, 2004). It functions as a barrier against the adverse impacts of stresses in life, reducing, risk of developing mental health problems and promoting overall well-being (Cohen & Wills, 1985).

Quality of life

The term "quality of life" refers to an individual's overall sense of well-being and is highly subjective in nature. It encompasses various indicators such as financial security, job satisfaction, and physical health, among others (American Psychological Association, 2020). The evaluation of the "goodness" of various aspects of life, including emotional responses, behavior, satisfaction, pleasure, and comfort in personal and professional relationships, contributes to quality of life of individuals (Diener, Emmons, Larsen, & Griffin, 1985).

Quality of life is another important variable that encompasses multiple domains, that includes one's mental and physical well-being, and societal interactions, and life satisfaction (World Health Organization, 2021). For married women, the quality of life can be influenced by aspects such as relationship satisfaction, emotional intimacy, financial stability, and the ability to balance multiple roles and responsibilities (Wang, Yu, & Zhang, 2020). Understanding the factors that contribute to quality of life in married women is crucial for promoting their overall well-being.

In the Pakistani context, various factors influence life quality and marital experiences in married individuals, and the existence of social support. The cultural norms, societal expectations, and traditional gender roles prevalent in Pakistan significantly shape the experiences of married individuals (Ali & Mahmoud, 2011; Ghazanfar & Mahmood, 2013). These factors have implications for the compatibility, satisfaction levels, and

division of responsibilities within marital relationships

These cultural practices can influence the dynamics of the marital relationship. Additionally, societal expectations regarding gender roles may impact the distribution of household responsibilities and decision-making processes, which can further affect marital dynamics (Ghazanfar & Mahmood, 2013).

Social support networks have a vital part in quality of life and marital adjustment in Pakistan people. Family support, particularly from extended family members, is highly valued and considered essential for married individuals (Husain, 2013). This support encompasses emotional, practical, and financial assistance, which contributes to the overall well-being and adjustment within the marital relationship.

Understanding these factors within the Pakistani context is crucial when investigating the quality of life and marital adjustment among married individuals. By acknowledging the unique socio-cultural dynamics and the influence of social support, interventions and support systems can be developed to enhance the well-being and satisfaction of married individuals in Pakistan.

Marital Adjustment

Lock and Wallace defined Marriage adjustment as the adaptation of the spouse and husband towards one another for a certain period. For a couple with various personality qualities to complement one another and attain happiness and shared goals, this process is known as marital adjustment (Sendil & Korkut, 2008). The couple should always come to terms with economic, general management, and psychosocial issues such as communication, values, and goals, decision-making, how to handle household tasks, how to engage with close family members, how to make use of free time, and how to

manage income in order to achieve unity and support within the family. This requires that they create a marital adjustment. In the event that they are unable to build marital adjustment, there may be issues with the family's unity and solidarity, which could cause conflict, emotional damage, and the family to split apart (Hortacsu, 2007).

Marriage adjustment refers to how partners accommodate one another. Marital satisfaction, coherence, agreement, affection, and conflict are all factors that determine how well a couple is adjusting to one another. In contrast to less adjusted marriages, which are expected to face instability, marriages between well-adjusted partners are anticipated to survive for a very long time.

Marital adjustment refers to the process through which spouses adapt to and navigate the challenges and changes within their marital relationship (Karney & Bradbury, 1995). It encompasses various dimensions, including communication, conflict resolution, sexual satisfaction, and relationship satisfaction. The level of marital adjustment directly impacts the overall well-being and quality of life of married women (Dush, Cohan, & Amato, 2003; Kiecolt-Glaser & Newton, 2001).

Previous research showed that, the effects of stress, sadness, and marital cohesiveness are moderated by social support. The absence of social support is a sign that a significant proportion of people say they have no one to turn to when things get complicated. Studies have connected loneliness and social isolation for being associated with elevated risks for a number health issues, both physical and mental.

Marriage is a significant and complex relationship that requires continuous adaptation and adjustment by both spouses to foster happiness and shared goals (Vaingankar et al., 2020).

This process, known as marital adjustment, involves resolving various psychosocial issues and challenges, including communication, decision-making, and managing household tasks (Sendil & Korkut, 2008). When couples establish successful marital adjustment, they are better equipped to maintain unity and support within the family (Hortacsu, 2007). Conversely, the absence of marital adjustment can lead to conflicts and emotional distress, potentially even causing the family to break apart. Well-adjusted marriages tend to endure, while those lacking adjustment may face instability and strain. However, the level of marital adjustment can be influenced by various factors, one of which is social support. Social support plays a crucial role in individuals' lives, offering a reliable source of assistance during challenging times (Taylor, 2011). It includes emotional, instrumental, informational, and appraisal support (House, 1981). Social support has been associated with positive effects on mental and physical health, enabling individuals to better cope with stress (Taylor, 2011; Albrecht & Adelman, 1987). In the context of marriage, social support from family, friends, and spouses forms a significant network that contributes to emotional well-being and overall life satisfaction (Heller et al., 1977; Barrera et al., 1981; Bolger et al., 2000). The quality of life is a subjective measure that encompasses various aspects, such as financial security, job satisfaction, and physical health (American Psychological Association, 2020). For married women, the quality of life is influenced by factors like relationship satisfaction, emotional intimacy, and balancing multiple roles (Wang, Yu, & Zhang, 2020). Cultural norms and societal expectations, particularly prevalent in Pakistan, significantly influence marital experiences and the existence of social support (Ali & Mahmoud, 2011; Ghazanfar & Mahmood, 2013).

In Pakistan, social support from extended family members is highly valued and deemed essential for married individuals, providing emotional, practical, and financial assistance (Husain, 2013). Understanding the unique socio-cultural dynamics and the impact of social support is vital when exploring the quality of life and marital adjustment among married individuals in Pakistan.

Social support serves as a crucial buffer against life stressors, enhancing overall well-being and life satisfaction. By investigating the interplay of marital adjustment, social support, and quality of life in a cultural context, this study aims to shed light on the factors influencing married individuals' well-being in Pakistan. Acknowledging these factors can inform the development of interventions and support systems to enhance marital satisfaction and overall quality of life among married individuals in the country. With a culturally sensitive approach, we can foster stronger and more fulfilling marital relationships in this diverse and rich cultural context.

Literature Review

Social support has been demonstrated to have a significant part in maintaining relationship between the quality of marriage and stress in individual relationships and achieving quality of life to reduce distress. (Cobb et al.,2001).It was found that social support within the family and societies as well as a person's own self-control are two elements that enable a person to deal with the challenging aspects of marriage. Support from emotionally close family members and friends can provide the psychological abilities to handle stress and can also reduce the negative impact that stress has on marital adjustment (Chi et al., 2011).

Litzinger and Gordon (2005) conducted a study in USA, containing 387 married couples; the links between pair communication, relationship satisfaction, and marital satisfaction were studied. The results of regression analyses showed that happiness with communication and sexual activity independently predict marital satisfaction. According to a study, communication and relationship adjustment are highly associated, indicating that couples who engage in effective and constructive conversations tend to experience better marital adjustment. The researchers found that marital satisfaction was independently predicted by happiness in communication. Effective communication was identified as a crucial factor in relationship satisfaction. This study examined effective communication between couples, present study expands the scope by considering various factors that can impact marital life, such as employment status, socioeconomic status, family system, and children. Additionally, analysing the relationships between social support, quality of life, and marital adjustment which shows influence of different factors which explores comprehensive and in-depth analysis of marital adjustment among females. This approach provides valuable insights into the unique dynamics and challenges faced by married females, contributing to a deeper understanding of their marital adjustment and well-being.

Christine et al. (2007) from Columbia University conducted a comprehensive study to investigating the link between marital satisfaction and overall well-being of men and women. In this study cross-sectional and longitudinal effects were described. The purpose of this study was to examine the link between cross-sectional and longitudinal and their link between marital adjustment and personal well-being. The results of 93 investigations were examined.

The results demonstrate that the association between marital quality and personal well-being is modified by several variables, including gender, participants' period of marriage, the assessment method, the year of data collection, and the mediating variable. According to the evidence gathered for this meta-analysis, one's own well-being improves with marriage quality. The meta-analysis indicated a positive correlation between marriage quality and personal well-being. This study primarily aimed to explore the longitudinal and cross-sectional effects and the link between marital satisfaction and overall well-being among both men and women. In contrast, present study focuses specifically on a cross-sectional analysis of married females, describing various societal factors which influence females' lives in both positive and negative directions, which affects their marital adjustment and quality of life.

Study by Qadir, F., Khalid, A., Haqqani, S., Huma, Z., & Medhin, G. (2013) explores the impact of marital relations and social support on the mental health of married Pakistani women. Recruiting 277 participants from Rawalpindi district, the researchers assessed five scales relevant to marital relations and mental health. Their findings, analyzed using Structural Equation Model, indicate that higher perceived social support is linked to lower depression and anxiety by improving positive relationships and reducing negative dynamics. Moreover, greater social support is associated with enhanced marital adjustment and increased marital satisfaction, contributing to a reduced risk of depression. The study also identifies nuclear family structure, low education, and higher socio-economic status as factors linked to increased mental illness risk among married women. This study demonstrates the vital role of social support in buffering psychological distress among married Pakistani women.

It highlights the need to explore how different aspects of marital relationships interact with depression and anxiety in their lives. Understanding the influence of social support in the context of marriage is crucial for enhancing marital interventions and promoting better quality of life and marital adjustment among married females in Pakistan. Present study on this topic show deeper insights into the mechanisms through which social support impacts married women's well-being.

Rostami et al. (2013) conducted a cross-sectional investigation in Iran. In a study, relationships among the medical staff in Tehran's quality of life, marital happiness, and social support were looked at. Using socio-demographic questionnaires, data from medical staff members was gathered. Men in this study scored, quality of life and marital satisfaction considerably greater than women did, but no difference in social support was identified between the genders. Male and female participants were shown to have significant associations with the marriage satisfaction and quality of life aspects.

However, no distinct gender variations were observed in social support. Male and the female participants demonstrated significant associations between marriage satisfaction and quality of life. This study examined both male and female participants and present study aims to deepen the understanding of female's difficulties in marital adjustment by exploring various dynamics unique to their experiences. This distinction emphasizes the relevance and importance of study in shedding light on the specific challenges faced by females and providing insights that can contribute to the understanding of marital adjustment in this context.

A study by Chen and Wu (2015) in China investigated the impact of cultural factors on association between social support, marital adjustment, and quality of life of the married women living in Asian cultures.

The findings revealed that cultural norms, values, and expectations significantly influenced the experience of social support, marital adjustment, and overall well-being. The study emphasized the need to consider cultural factors in understanding the complex dynamics of marital relationships and the role of social support in different cultural contexts. Present study focuses on a distinct cultural context or population while considering additional factors, study contributes to the literature by providing unique insights and expanding knowledge in the field of social support, marital adjustment, and quality of life among married females.

A study by Gupta and Singh (2016) in India, investigated the connection between social support, quality of life, and marriage adjustment in a collectivist society. The findings indicated that social support from extended family members, community networks, and cultural norms played a significant role in shaping marital adjustment and quality of life. This research highlighted, importance of the examining, cultural and social context in understanding the dynamics of social support and its impact on marital relationships. In present study which explores the same variables in a different population or cultural context and this enhance the understanding of how cultural and social contexts shape the dynamics of social support and its impact on marital relationships.

The study conducted by Khan and Qureshi (2017) aimed to investigate the relationship of social support, marital adjustment, and quality of life among married women in Pakistan. Researchers conducted a survey among married women and collected data on their perceived social support, marital adjustment, and quality of life. The findings of the study indicated that higher levels of social support were associated with better marital adjustment and higher quality of life among married women.

The study emphasized the importance of social support in promoting marital adjustment and overall well-being in the context of Pakistani society. The present study will provide results on base of regional differences and different factors influencing the relationship of variables and population from diverse settings.

In other study of Muslima and Herawati (2018) in Indonesia, investigated the relationship between social support, marital adjustment, and marital quality among married female students from various public and private universities around Bogor city. The research aimed to analyse the characteristics of students and families, along with the impact of social support and marital adjustment on the quality of marriage. The study employed a cross-sectional design and collected data through questionnaires administered via interviews. The results revealed that factors like wife's age, age at marriage, education, length of marriage, and income per capita did not significantly affect marital quality. However, social support and marital adjustment emerged as significant factors influencing the quality of marriage. While high social support was associated with lower marital quality, positive marital adjustments were found to improve the overall quality of marriage. This study provides insights into the vital role of social support and marital adjustment in achieving good marital quality among married female students. Present study extends the scope to married females in Pakistan context. By exploring the dynamics of social support and marital adjustment in a different cultural context and population, study contributes valuable insights into the factors affecting the quality of life and marital satisfaction of married women in Pakistan.

A study conducted by Ahmad and Khan (2018) on social support with marital satisfaction in working women, it was discovered that social support had a positive psychological impact on things like enhanced self-confidence, a sense of power, productivity, and quality of life. Study aims to analyze social support and marital adjustment among married working women. Married working women participants with ages ranging from 25 to 40 years old were given questionnaires of Social Support and Marital Adjustment Questionnaire. Results of the study showed a substantial correlation between married working women's marital adjustment and their family, friends, and total social support. The researchers found that social support had a positive psychological influence on factors such as self-confidence, empowerment, productivity, and overall quality of life. The study emphasized the importance of social support in addressing marital adjustment issues prevalent in society. In this study only married working females of 25 to 40 are examined. Present study examines both working and non-working married females of age from 18 to 50 which will provide a deep insight to study and relationship between variables.

Abbas et al. (2019) conducted studies on working and nonworking women to identify, impact of social support on period of psychological distress brought on by depression, anxiety, stress, and marital adjustment. The study identifies the link between women's psychological difficulties and social support, including stress, sadness, and anxiety as well as marital satisfaction. The study found that psychological distress brought on by depression, anxiety, stress, societal and cultural norms and their possible consequences had an impact on the mental well-being of women.

Lower stress levels and depression lead to greater mental health, which may help to explain the link between depression, anxiety, and stress. The researcher discovered that lower levels of stress and depression were linked to better mental health and marital satisfaction. The study highlighted the significance of social support in mitigating psychological distress and promoting marital well-being. This study explores impact of social support on mental health of women. As married females have more challenges in their lives, influenced by various factors. Present study explores the various factors which affects married females lives, which provides a unique description of challenges, which shows females positive and negative consequences of marital adjustment and quality of life.

In population-based survey conducted in Singapore by Vaingankar et al., (2020), investigated the relationship between common mood and anxiety disorders, perceived social support and marital status among 6126 residents aged 18 years and above. The study utilized a nationally representative individual-level sample, derived from a sampling frame of all Singapore residents, employing disproportionate stratified sampling. The sampling approach aimed to obtain a sample with approximately 30% representation each of Chinese, Malays, and Indians, rather than following the same age and ethnic group distributions in the general population. The findings emphasize the significance of considering social support in the context of mental disorders and highlight the potential impact of marital status on perceived support. The study found a strong association between lower perceived social support and mood and anxiety disorders. All studied mental disorders were related to lower support in the domains of Family and Friends, while support from Significant Other was lower only among-

-individuals with Major depressive disorder. Additionally, the study indicated that married persons were more likely to have higher perceived social support, potentially influencing the negative relationship between mental disorders and perceived social support. The findings from this study emphasize the significance of considering social support in the context of mental disorders and highlight the potential influence of marital status on perceived support. In the Pakistani context, where cultural norms and family dynamics differ, our study aims to provide a comprehensive analysis of the unique challenges and experiences faced by married females. By examining the interplay between social support, quality of life, and marital adjustment, we seek to contribute valuable insights into promoting positive marital relationships and overall well-being among married women in Pakistan.

Several studies have examined the association between social support, quality of life, and marital adjustment among married females. These studies consistently demonstrate that social support act as a crucial part in maintaining the quality of marriage and reducing stress in individual relationships. Support from family, friends, and one's own self-control are identified as key factors enabling individuals to cope with the challenges of marriage. Emotionally close family members and friends provide psychological resources that help individuals handle stress and minimize its negative impact on marital adjustment. Communication and relationship satisfaction are strongly associated with marital satisfaction and adjustment, indicating the importance of constructive conversations between couples. The association between marital quality and personal well-being is influenced by various factors, including gender, duration of marriage, and mediating variables.

Higher marriage quality is consistently linked to improved personal well-being. Additionally, social support has been found to positively impact aspects such as self-confidence, power, productivity, and overall quality of life among married working women. These findings suggest that social support is essential for marital adjustment and overall well-being among married females. It is crucial to recognize the significance of social support networks and promote their involvement in addressing marital adjustment issues prevalent in society.

Theoretical Framework

The influence of social support on emotions, thoughts, and actions is thought to have an impact on both mental and physical health. (S. Cohen, 1988). Components of social support have unique effects on both physical and mental health. For illustration, greater perceived support is linked to improved outcomes for both physical and mental health, such as a reduced risk of diseases. Stress buffering model was proposed by Psychologists Sheldon Cohen and Thomas Wills in 1980s. The buffering model, which maintains that support buffers against the negative effects of stressors is main theoretical frameworks in which the proposed mechanisms by which social support influences health generally match. According to the stress-buffering model, social Support can help people cope with stressful situations by shielding them from the negative health impacts associated with stress. This model proposes that social assistance is more beneficial under stressful situations. According to a theoretical concept called the "buffering hypothesis," receiving social support can help people get through difficult or unpleasant experiences in life. The term "buffering" is applied because the model suggests that social support prevents someone from the bad consequences after -

- experiencing negative or stressful experience. According to the "buffering hypothesis," those who have strong social networks should be better able to handle significant life difficulties. Less social support makes more difficulties for individuals in their lives. According to this hypothesis, there is an interaction effect between the events that occur and the level of distress they cause. If social support is there, occurrences should be less distressing than if it is absent. According to studies, stressful situations in life and perceived stress are positively connected with depressive symptoms. In other words, as stress from bad life events increases, people exhibit more symptoms of depression. It makes a connection between a poor life quality and a lack of support from community and environment. The theoretical framework, suggests that social support has important function in influencing individuals' quality of life. It proposes that social support acts as shield against the adverse effects of stressors, helping individuals cope with stressful situations and reducing the associated health impacts. Higher perceived social support is linked to higher scores in terms of physical and mental wellbeing, including a reduced risk of diseases. The buffering hypothesis states that receiving social support can help individuals navigate difficult experiences and prevent negative consequences. The presence of social support is believed to enhance individuals' well-being, in context of quality of life as it helps them cope with stress and adversity. Conversely, a lack of social support can lead to a poorer quality of life, as individuals may struggle to handle significant life difficulties without adequate support. Overall, the theoretical framework suggests that social support has a significant influence on individuals' quality of life, highlighting its importance in promoting well-being and resilience. According to the theoretical framework discussed, marital -

- adjustment refers to the ability of individuals to adapt and cope with the challenges and demands within their marital relationship. Social support is believed to have an impact on marital adjustment by serving as a defense mechanism against the harmful effects of stresses within marriage. It suggests that when individuals receive social support, they are better equipped to handle significant life difficulties within their marriage. The presence of social support within the marital relationship can help individuals navigate through stressful situations, leading to better marital adjustment. Conversely, a lack of social support may contribute to difficulties in adjusting to marital challenges, potentially leading to poorer marital adjustment. Overall, the theory suggests that social support plays a crucial role in influencing both individuals' quality of life and their ability to adjust within their marital relationship.

Rationale

Marriage is a significant institution in Pakistani society, and the well-being of married women is influenced by various factors, including social support, quality of life, and marital adjustment. However, the existing literature on this topic is limited, particularly in the Pakistani cultural context. The proposed study aims to fill this gap by exploring the association between social support and marital satisfaction, adjustment, and quality of life among married females in Pakistan. The significance of this research lies in the unique challenges faced by married women in Pakistan. The cultural norms that discourage women from expressing emotions contribute to their reluctance to seek support and discuss mental health issues. Additionally, the prevalence of joint family systems in Pakistan adds further societal pressures and stressors for married women. Understanding these challenges is crucial for developing effective interventions and

support systems to promote their overall well-being. The proposed study builds upon previous research that highlights the negative impact of factors such as stress, anxiety, depression, and poor marital adjustment on women's quality of life. By examining the interplay between social support, quality of life, and marital adjustment, this study seeks to provide comprehensive insights into the unique dynamics and challenges faced by married females in Pakistan. Existing literature has demonstrated the significance of social support in maintaining relationships and reducing distress. Social support from family, friends, and significant others provides psychological resources to handle stress and positively influences marital adjustment. The study by Vaingankar et al. (2020) emphasizes the importance of considering social support in the context of mental disorders. This finding is relevant to the proposed study, as it highlights the potential influence of social support on marital adjustment and quality of life among married females in Pakistan. Other studies, such as those conducted by Christine et al. (2007) and Rostami et al. (2013) have explored the relationship between marital satisfaction and overall well-being among married individuals. These studies provide a foundation for understanding the link between marital adjustment and quality of life among married females in Pakistan. By focusing specifically on married females in Pakistan, this study aims to provide valuable insights into their unique challenges and experiences, contributing to a deeper understanding of their marital adjustment and well-being.

The research objectives of this study are first, to study the relationship between marital adjustment and social support among married females; and second, to study the relationship between quality of life and social support among married females and third is to determine the association of marital adjustment and quality of life among married

females by exploring these relationships, the study seeks to contribute to a better understanding of the factors influencing women's well-being in the Pakistani cultural context.

Objectives:

- 1) To study the relationship between social support and marital adjustment among married females.
- 2) To study the relationship between social support and quality of life among married females.
- 3) To explore the association of marital adjustment and quality of life among married females.

Hypothesis:

- 1) There would be a positive correlation between Social support and marital adjustment among married females.
- 2) There would be a positive correlation between Social support and quality of life among married women.
- 3) There would be a positive correlation between quality of life and marital adjustment among married women.

CHAPTER 2**METHOD****Research design:**

The cross-sectional survey design used in this study. It investigates the relationship between social support, quality of life, and marital adjustment among married females by enabling researchers to gain valuable insights into these aspects. This offers momentary view of the variables being studied.

Population and Sample:

A sample size of 250 participants residing in Rawalpindi and Islamabad was selected for this study. The convenience sampling method was utilized to collect data. Specifically, married females from between the ages of 18 and 50 were included in the sample. Sample consists of married females from diverse settings, including Schools, Call centers and Salons where married females were accessible.

Sampling Technique:

In this study, the convenience sampling method was employed to select participants. This method involves choosing individuals who are readily available and accessible for data collection. The researcher adopted this approach to efficiently gather data from females residing in various locations of Islamabad and Rawalpindi.

Inclusion criteria:

- I. Females aged between 18-50 years.
- II. Only married female were included.

Exclusion criteria:

- I. Separated females or whose husbands were living in other cities were excluded from study.

Instruments

To collect complete data to investigate, association between quality of life, social support and marital adjustment among married females in Islamabad and Rawalpindi. The researchers used a cross-sectional survey technique as well as convenience sampling. The use of a demographic form allowed for the collection of the relevant details includes the participant's age, age at marriage, marital duration, education level, employment, socioeconomic status, children, and family system. This Background information helps to provide a better understanding of the sample's characteristics.

Locke and Wallace Marital Adjustment Test

Locke and Wallace Marital Adjustment Test (MAT), also referred to as the Locke-Wallace Marital Adjustment Scale, was created. (Locke, H.J., & Wallace, K.M. in 1959). The scale consists of 15 items. It consists of 0 to 5 which includes always agree to always disagree. Score range of 10 to 15 consists of questions include personal views. This instrument was created to evaluate how well married couples have adjusted to their marriages. The scale measures various dimensions of marital satisfaction and adjustment. In the current study, internal reliability analysis obtained a Cronbach's alpha coefficient of .69, showing acceptable internal consistency. The LWMAT has demonstrated good construct validity in previous research.

The scale has a good correlation coefficient between Beck Depression Inventory of $-0.38(df = 82, p 0.01)$ and marital adjustment test scale, indicating that, scale has good validity.

Multidimensional Scale of Perceived Social Support

The Multidimensional scale of perceived social support is a 12-item self-report questionnaire that measures how individuals perceive the social support of those who are their family, friends and other significant. Zimet, Dahlem and Farley (Zimet et al., 1988) developed, scale in 1988. It captures the perceived availability of social support in different domains. It employs a Likert scale, where 0 represents strongly disagree and 5 represents strongly agree. Score range of 1-12 items each has score range of 1 to 7 which includes very strongly disagree to very strongly agree. The internal reliability analysis in current study yielded Cronbach's alpha coefficient .84, showing high internal consistency. The Multidimensional scale of perceived social support (MSPSS) has shown strong construct validity in previous research.

BREF-World Health Organization Quality of life scale (WHOQOL)

The WHO Quality of life is 26-item self-report scale designed to assess individuals' quality of life across psychological, social, environmental and physical domains. Scale was derived from the original WHOQOL-100 assessment and was developed by the WHOQOL Group. The Cronbach's alpha coefficient, which measures the scale internal reliability and value was observed to vary from 0.66 and 0.84 among populations and different language versions. These values indicate generally acceptable to good internal consistency for the WHOQOL- BREF scale.

The scale utilizes a Likert-type response format, wherein individuals use a 5-point scale to indicate how much they agree or are satisfied with the situation, from 1 (strongly disagree) to 5 (strongly agree), or from 1 (very unsatisfied) to 5 (very satisfied). High scores show greater perceived quality of life. The scale has undergone extensive testing to establish its content validity, ensuring that it adequately captures the multidimensional nature of quality of life. Additionally, studies have reported strong correlations between the WHO Quality of life as well as various other measures of wellbeing and life quality, supporting its concurrent and convergent validity.

Procedures

To collect data permission was taken from university authority. In the present study survey was done by using three scales, Marital Adjustment Scale, Multidimensional scale of perceived social support scale (MSPSS) and Quality of life. Sample of 250 female married participants were taken from city of Islamabad. Convenient sampling technique was used for data collection. Sample was collected from diverse settings including schools, call centers and salons where married females were accessible. The sample includes both working and non-working married females aged between 18 and 50. The researcher explained briefly the nature and objective of research. Beforehand the questionnaires to females, informed consent was taken from females. Researcher give instructions about the research that the identities will not be revealed, and all details collected will be kept confidential. The researcher was present during the data collection process to assist participants if they had any issues recognizing or completing the survey responses.

The participants were assured that the responses they provided would be kept confidential and anonymous, keeping the safety of their information. After taking permission from the students the questionnaires were taken from females. Data was computed through using Statistical Package for the Social Sciences of IBM version 28.

Ethical consideration

Department of Psychology, Ethical approval will be attained from ethical review board, Capital University of Science and Technology. In order to ensure the protection of participants' rights and the integrity of the research, the study was carried out in accordance with the ethical principles outlined by American Psychological Association (APA) and with due regard to the principles of informed consent, confidentiality, and participant welfare. Participants were fully informed about the study's purpose, what they needed to do, and any potential risks or benefits involved. They were asked to give their permission to take part in the study by signing a consent form. The information collected was kept private and secure Scales will be used by the permission of authors. Consent form was taken from the respondents. Consent was used to get the consent of participants and to let them know about the purpose of research study and how their information will be used. Study was conducted according to ethical rules. The study used measurement tools called scales, with permission obtained from the authors. The welfare of the participants is of utmost importance. The research team, take all necessary measures to minimize any potential risks or harm to participants throughout the study. Participants were debriefed at the end of their participation, providing them with a comprehensive explanation of the study's purpose, the methods used, and an opportunity to ask questions or raise concerns.

CHAPTER 3

RESULT

The primary aim of this study was to examine the relationship between social support, quality of life, and marital adjustment among married females. To achieve this goal, data were collected from a sample of 250 married females residing in Rawalpindi and Islamabad. After collection of data, data was analyzed through Statistical Package for the Social Sciences. For the study's analysis, statistical packages for social sciences were used. First the collected data was entered. After entering data; the data was cleaned, checked for missing values and reverse coding of scale items were created.

In descriptive statistics, the distribution and variance of the data were calculated. Mean, mode, median, standard deviation, skewness, and kurtosis of variables were calculated. Frequency and percentage for categorical variables of data, were computed to analyze the normal distribution of data value of skewness, kurtosis was computed. To compute normality, normality testing and histogram were also computed.

The reliability of the Locke and Wallace marital adjustment scale(LWMAT), Multidimensional scale of perceived social support(MSPSS) and WHO quality of life scale, items, examined through Cronbach's Alpha (α).Spearman's Correlation was calculated because the data was not normally distributed.

Table 1*Descriptive statistics of Demographic Variables (N=250)*

Demographics	Categories	<i>F</i>	%
Age (in years)	18-24	46	18.4
	25-34	98	39.2
	35-44	92	36.8
	45-50	14	5.6
Age at marriage (years)	18-25	174	69.6
	26-30	43	17.2
	Above 30	33	13.2
Duration of marriage	1-2 years	80	32
	3-5 years	56	22
	6-10 years	32	12
	11-15 years	45	18
	Above 15 years	37	14
Education level	Matric	8	3.2
	Intermediate	11	4.4
	Bachelor	26	10.4
	Masters	158	63.2
	Above masters	47	18.8
Employment	Full-time employment	130	52.0
	Part-time employment	49	19.6
	Self-employed	20	8.0
	Housewife	32	12.8
	Student	19	7.6
Socioeconomic status	Upper-class	15	6.0
	Middle-class	221	88.4

	Lower-class	14	5.6
Family system	Joint or combined	160	64
	Nuclear family	90	36.0

Note. *f* =Frequency of sample, %=Percentage of sample

Table 1 provides information on demographic variables, including their frequencies and percentages, based on a sample size of 250 individuals. The variables examined in this table are age, age at marriage, duration of marriage, education level, employment, socioeconomic system, and family system. Regarding age, the highest percentage of individuals falls within the 25-34 age range (39.2%), followed by the 35-44 age range (36.8%). The age at marriage variable indicates that the majority of participants got married between the ages of 18-25 (69.6%). In terms of the duration of marriage, the highest frequency is observed for marriages lasting 1-2 years (32%).

For education level, the majority of participants have a master's degree (63.2%). In terms of employment, full-time employment is the most common category (52%) and self-employment (8%). The majority of participants belong to the middle-class (88.4%), with 7.6% classified as upper-class and 6% as lower-class. In terms of the family system, joint-family systems were more prevalent (64%) as compare to nuclear family system.

Table 2*Descriptive Statistics and Alpha Reliabilities of Study Variables (N=250)*

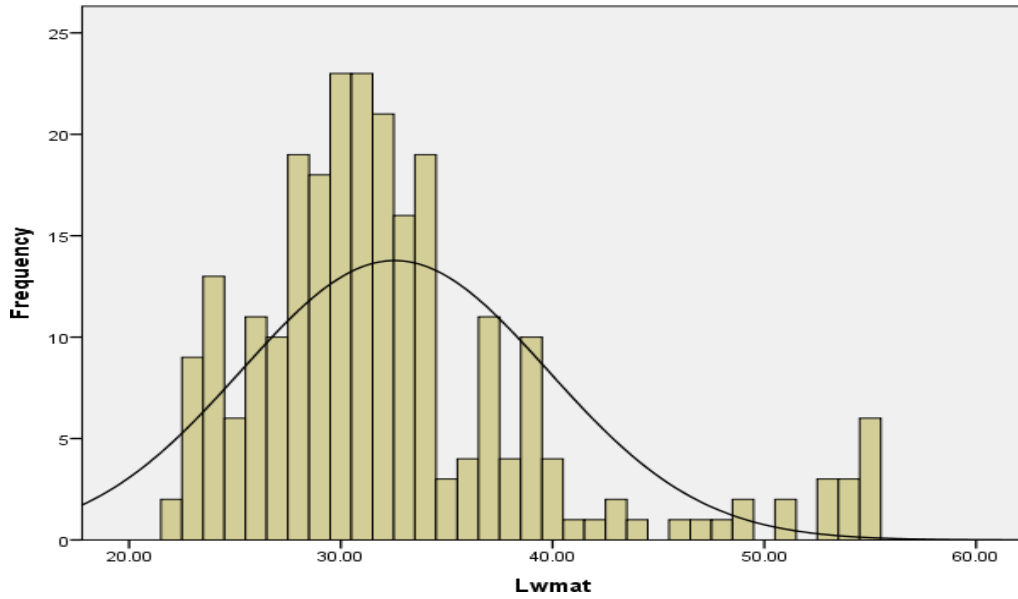
Variables	N	M	SD	α	Range		Skew	Kurt	K-S p	
					Actual	Potential				
LWMAT	15	32.54	7.23	.69	22-55	15-86	1.46	2.24	0.18	.00
MSPSS	12	63.41	11.19	.84	31-82	12-84	-.47	-.66	0.11	.00
WHOQOL	26	90.26	9.62	.74	50-118	26-130	-.93	2.30	0.10	.00

Note: LWMAT=Locke-Wallace marital adjustment test, MSPSS=Multidimensional scale of perceived social support, WHOQOL=World health organization quality of life scale. M= Mean score, SD=Standard deviation, α =Cronbach's alpha Reliability-S=Kolmogorov-Smirnov test statistic ($p < .001$).

Table 2 shows the scale scores for the Locke-Wallace Marital Adjustment Test (LWMAT), Multidimensional Scale of Perceived Social Support (MSPSS), and World Health Organization Quality of Life Scale (QOL). Descriptive statistics reveal the standard deviations and mean scores, providing insights into central tendency and variability of the scores. Skewness values reveal the degree and direction of deviation from symmetry, with positive skewness indicating a longer right tail. Kurtosis values reflect the degree of distribution's flatness, with positive values indicating a more leptokurtic distribution. The reliability coefficients (α) suggest acceptable internal consistency for the scales (LWMAT: $\alpha = .69$, MSPSS: $\alpha = .84$, QOL: $\alpha = .74$). The Kolmogorov-Smirnov tests shows significant p-values (all $p < .01$), indicating deviation from a normal distribution.

Figure 1

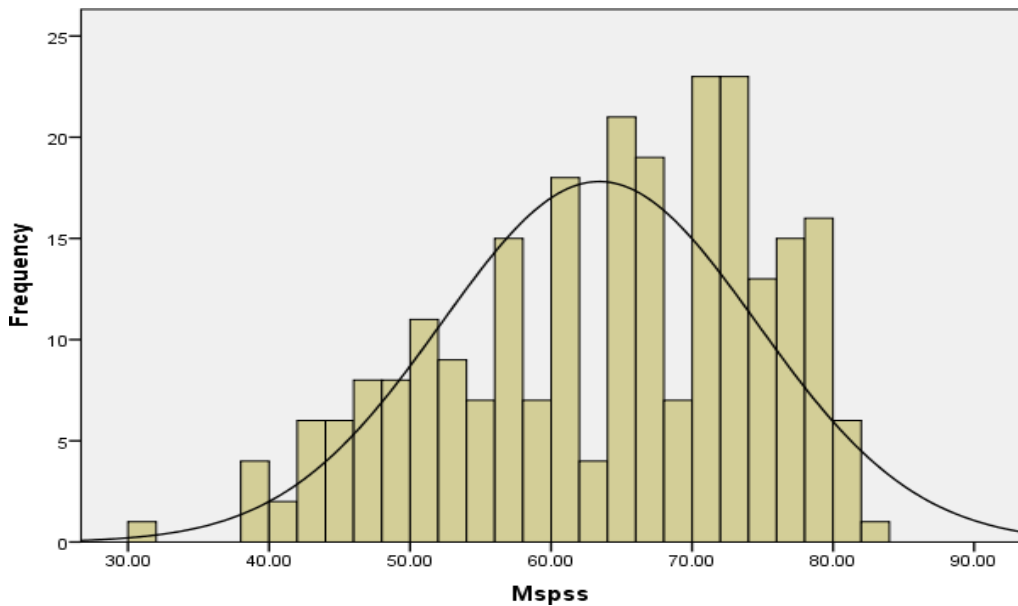
Distribution of scale scores of Locke-Wallace marital adjustment test (N=250).



Note: Mean=32.54, Standard deviation=7.239, N=250.

Figure 2

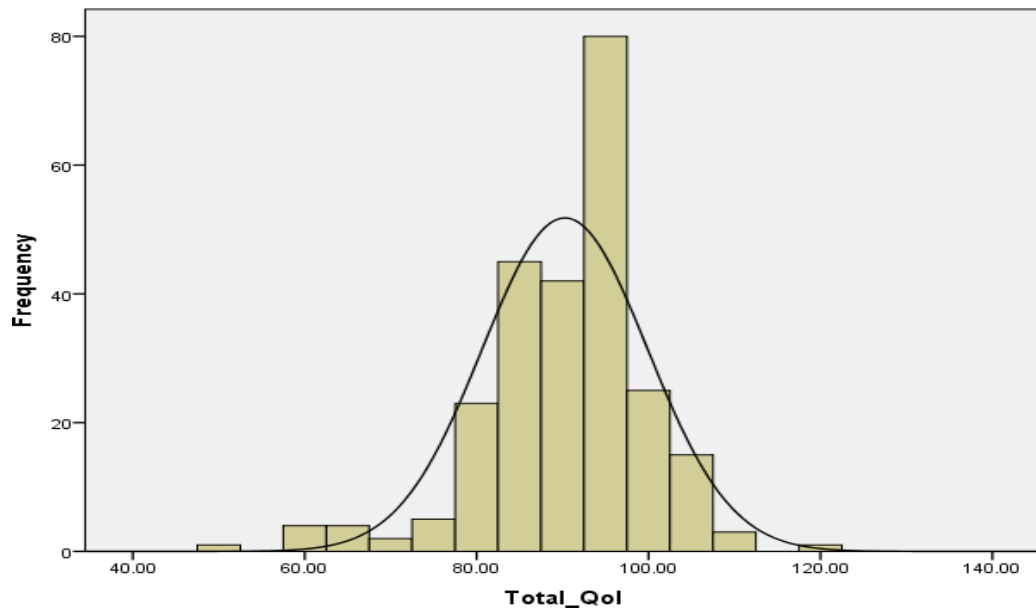
Distribution of scores of scale scores of Multidimensional Scale of Perceived Social Support (N=250).



Note: Mean=63.41, Standard deviation=11.199, N=250.

Figure 3

Distribution of scale scores for World health organization quality of life (N=250)



Note: Mean=90.26, Standard deviation=9.626, N=250. Table 3

Table 3

Correlations among Study Variables (N=250)

Variable	Scales	MSPSS	LWMAT	WHOQOL
1	MSPSS	-	0.13	
2	LWMAT		-	0.36
3	WHOQOL	0.21		-

Note: *p < .05 (one-tailed), **p < .01 (one-tailed).

Table 3 presents the bivariate associations and correlations between three study variables. Spearman's rank correlation coefficients were used to assess the relationships. The table reveals that Multidimensional scale of perceived social support(MSPSS) and Locke and Wallace marital adjustment scale (LWMAT) have significant positive correlation (r = 0.13, p = .022, one-tailed), indicating a weak positive association.

Multidimensional scale of perceived social support(MSPSS) and WHO Quality of life scale (WHOQOL) also shows significant positive correlation ($r = 0.21$, $p = .000$, one-tailed), indicating a moderate positive association. In contrast, WHO Quality of life scale (WHOQOL) and Locke and Wallace marital adjustment scale (LWMAT) display a significant negative correlation ($r = -0.36$, $p = .000$, one-tailed), indicating a moderate negative association. The sample size for all correlations is 250. The significance levels are set at $p < .05$ for * and $p < .01$ for **, indicating direction and strength of the relationships among the variables.

CHAPTER 4**DISCUSSION**

This study's main objective was to investigate the relationship between social support and marital adjustment among married females residing areas of Rawalpindi and Islamabad. To achieve this objective, research was conducted using a cross-sectional approach. The sample consisted, 250 married females aged 18-50 years. Females were selected using convenience sampling method. The data was collected from various locations in Rawalpindi and Islamabad through structured questionnaires.

The statistical analysis used in this study involved evaluating, relationship between social support and marital adjustment using the Spearman correlation coefficient. The Spearman correlation assesses the direction and strength of the monotonic relationship between two variables. In this case, it measures the degree of association between social support and marital adjustment.

Demographic variables, such as age, socioeconomic status, education level, education, and employment, were evaluated in terms of descriptive statistics. These variables give information about the characteristics of the participants in study. Scales, used to measure social support and marital adjustment and quality of life. The social support scale assessed the perceived support received from family members, peers, and other significant, while marital adjustment scale measured the level of satisfaction and adjustment in the marital relationship and world health organization quality of life scale was used to examine four domains of quality of life among married females.

First objective goal is to explore the relationship between marital adjustment and social support among married females. The results showed a significant positive correlation ($r = 0.13$, $p = .022$, one-tailed) between social support and marital

adjustment, showing that married women who report high levels of social support have better marital adjustment. (Cobb et al., 2001; Chi et al., 2011). These findings align with the objective of understanding the connection among social support and marital adjustment in the scenario of married women. The literature review further supports this objective by highlighting the significant role of social support in maintaining relationships, reducing distress, and enhancing marital adjustment (Cobb et al., 2001; Chi et al., 2011). Therefore, the results from Table 3, along with the supporting literature, contribute to our understanding of how social support influences marital adjustment among married females.

The second objective aims to determine the association between quality of life and social support among married females. The table 3 reveals a significant positive correlation ($r = 0.213$, $p = .000$, one-tailed) between social support and quality of life, indicating that high levels of perceived social support are linked with better quality of life among married females (Khan & Qureshi, 2017). This finding aligns with the objective of understanding how social support influences the quality of life in the context of married women. Literature review further supports this objective by emphasizing that social support from extended family members, community networks, and cultural norms plays a significant role in shaping the quality of life (Gupta & Singh, 2016). Therefore, the results from Table 3, along with the supporting literature, contribute to our understanding of the relationship between social support and quality of life among married females (Khan & Qureshi, 2017; Gupta & Singh, 2016).

The third objective aims to explore the association between marital adjustment and quality of life among married females. The table 3 reveals a significant negative correlation ($r = -0.365$, $p = .000$, one-tailed) between marital adjustment and quality of life, indicating that lower levels of adjustment in marriage are linked with poorer life quality among married females. This finding aligns with the objective of understanding how marital adjustment impacts the quality of life in the context of married women. Literature review further supports this objective by highlighting the significant impact of marital satisfaction and communication on overall well-being and quality of life (Lit zinger & Gordon, 2005; Christine et al., 2007). The meta-analysis conducted by Christine et al. (2007) specifically demonstrated a positive correlation between marriage quality and personal well-being, emphasizing the importance of marital adjustment in determining the quality of life. Therefore, the findings from Table 3, combined with the supporting literature, contribute to our understanding of the relationship between marital adjustment and quality of life among married females (Lit zinger & Gordon, 2005; Christine et al., 2007)

For hypothesis 1, Table 3 shows a positive correlation between marital adjustment and social support ($r = 0.13$, $p = .022$, one-tailed). This finding supports the hypothesis, indicating a weak positive association between social support and marital adjustment among married females.

Regarding hypothesis 2, Table 3 indicates a positive correlation between quality of life and social support ($r = 0.213$, $p = .000$, one-tailed). This result supports the hypothesis, suggesting a moderate positive relationship between social support and quality of life among married women.

For hypothesis 3, Table 3 reveals a negative correlation between marital adjustment and quality of life ($r = -0.365$, $p = .000$, one-tailed). This finding supports the hypothesis, demonstrating a moderate negative association between marital adjustment and quality of life among married females.

Hypothesis 1 proposed a positive correlation between social support and marital adjustment. This hypothesis is supported by previous research (Cobb et al., 2001; Chi et al., 2011) indicating that social support from family and friends plays a crucial role in handling stress and maintaining marital satisfaction. The findings from Table 3 confirm this hypothesis, showing, positive correlation between social support and marital adjustment among married females.

Hypothesis 2 suggested, positive correlation between quality of life and social support. The literature review (Khan & Qureshi, 2017; Gupta & Singh, 2016) indicated that social support from various sources contributes to better quality of life among married women. The results from Table 3 support this hypothesis, demonstrating, positive correlation between quality of life and social support among married females.

Hypothesis 3 of the study shows a moderately negative correlation between marital adjustment and quality of life. Previous research by Litzinger and Gordon (2005) and Christine et al. (2007), consistently demonstrates that lower levels of marital adjustment are linked to poorer quality of life in married individuals. The current study's findings align with this hypothesis, revealing a negative correlation between marital adjustment and quality of life among married females. These results are consistent with the existing literature, which emphasizes that challenges in marital adjustment have adverse effects on overall quality of life experienced by married women.

Therefore, the study's outcomes provide additional support for the hypothesis and addresses importance of marital adjustment issues to enhance the quality of life among married females.

Research has indicated an inverse relationship between marital adjustment and quality of life (Litzinger & Gordon, 2005; Christine et al., 2007). In our study, we also observed a negative correlation between marital adjustment and quality of life among married females, further supporting this finding (Table 3). This highlights the importance of addressing marital adjustment issues for improving the quality of life among married women.

One variable that plays a significant role in interpersonal relationships is social support. Social support enables individuals to empathize with others, communicate effectively, and build strong social connections. It has been shown to have a positive impact on overall well-being, marital adjustment and quality of life (Cobb et al., 2001; Chi et al., 2011; Khan and Qureshi, 2017; Gupta & Singh, 2016). Recognizing the significance of social support in married females is crucial for identifying potential interventions and support strategies. By promoting social support networks and fostering effective communication within marriages, stressors can be reduced, ultimately improving the quality of life and well-being for married females.

In present study, the aim was, to understand the complex interplay between social support, marital adjustment, and quality of life among married females. By addressing these research objectives, we sought to contribute to the existing literature on the topic and shed light on the factors influencing the well-being of married women. The findings from our study align with previous research, indicating that higher levels of social support

and better quality of life are interrelated (Table 3). Furthermore, the literature suggests that women tend to score higher on measures of social support and better quality of life was reported (Khan and Qureshi, 2017; Gupta & Singh, 2016). These findings emphasize the significance of addressing social support and quality of life concerns in interventions and support strategies for married females.

Conclusion

In conclusion, present study aimed to explore the relationships between social support, marital adjustment, and quality of life among married females. Findings from the analysis of Table 3 support the proposed hypotheses. There was a positive correlation between social support and both marital adjustment and quality of life, highlighting, importance of social support in promoting positive outcomes in married women's lives. Furthermore, a negative association between marital adjustment and quality of life was discovered, indicating that higher marital adjustment levels are linked to improved general wellbeing.

The literature review provided additional support for findings, emphasizing, significant act of social support, maintaining marital relationships and reducing distress. The identified inverse relationship between marital adjustment and quality of life aligns with previous research, which highlights the impact of marital satisfaction on individuals' well-being.

The conclusions here have significant implications for interventions and support plans for married women. By recognizing the significance of social support and promoting effective communication within marriages, stressors can be reduced, leading to improved marital adjustment and overall quality of life.

Providing resources and interventions that focus on enhancing social support networks and addressing marital issues can help married women achieve higher levels of well-being and life satisfaction.

In the context of Pakistan, where cultural norms and societal expectations strongly influence marital relationships, the study findings hold particular significance. It emphasizes the importance of investigating the link between social support, marital adjustment, and quality of life among married females in this specific cultural context. It sheds light on the unique challenges faced by married women in Pakistan and underscores the need for tailored interventions and support strategies that address their specific needs and circumstances.

The study highlights the significance of social support in the lives of married females in Pakistan. It recognizes that social support, derived from family, friends, and broader social networks, plays a crucial role in enabling individuals to empathize with others, communicate effectively, and build strong social connections. This finding underscores the importance of fostering and strengthening social support systems within the Pakistani context, because it might act as a buffer against the stresses and difficulties married women encounter.

Furthermore, the study emphasizes the vital role of marital adjustment to determine the quality of life of married females in Pakistan. It highlights the need to address marital satisfaction and communication issues within marriages to enhance the overall well-being and life satisfaction of married women. By recognizing the significance of marital adjustment and providing interventions that promote healthy and fulfilling marital relationships, the study highlights the potential for improvement in the quality of life of

married females in Pakistan.

In conclusion, this study underscores the importance of exploring the relationship between social support, marital adjustment, and quality of life among married females in specific context of Pakistan. It highlights the unique challenges faced by married women in this cultural context and emphasizes the need for tailored interventions and support strategies to address their needs effectively. By recognizing the significance of social support and marital adjustment, the study contributes to the understanding of factors that can influence the well-being and quality of life of married females in Pakistan, thus providing valuable insights for future research and the development of targeted interventions.

Limitations

Several limitations should be acknowledged in this study. Firstly, the use of a convenient sampling technique limits the generalizability of the results to a larger population. The sample may not be representative of all married females in the context of Pakistan. Secondly, the reliance on a quantitative survey method neglects the inclusion of qualitative approaches that could provide more in-depth and nuanced information on the research topic. Thirdly, cross-sectional research design employed in study does not specify for the examination of the role of social support on marital adjustment and quality of life over an extended period. This design limits the ability to establish causal linkage between variables and understand the dynamic nature of the associations over time. Future studies could employ longitudinal designs to investigate the long-term effects of social support, marital adjustment, and quality of life among married females. Longitudinal studies would be beneficial in capturing the dynamic nature of these relationships.

Additionally, the self-report nature of the data collection method introduces the possibility of bias for social desirability, participants could give answers that represent social standards rather than their actual lived experiences. The study focused on the relationship between social support, marital adjustment, and quality of life among married females. While these variables are essential, other factors, such as cultural factors, individual personality traits, or external stressors, may also influence marital adjustment and quality of life. Finally, the use of self-questionnaires may introduce biases in participants' responses, as they rely on individuals' subjective interpretations and recollections. Researchers should acknowledge this limitation and consider using more techniques, like behavioral observations or interviews, to enhance self-report data and improve the reliability of the results.

Implications

- Enhance social support systems to positively impact the overall well-being of married females.
- Raise awareness about marital issues and promote healthier relationships through preventive programs.
- Provide valuable insights for counsellors and psychologists to develop targeted interventions and coping strategies.
- Explore longitudinal designs to investigate causal relationships between variables over time.
- Conduct qualitative studies for a deeper understanding of married females' experiences and perspectives.

- Contribute to a better understanding of complex dynamics within marital relationships and potential support and intervention avenues.
- Investigate the impact of societal and family support on the mental health and well-being of married females in joint family systems.
- Examine the influence of educational and occupational factors on the quality of life and marital adjustment of married females in Pakistan.
- Explore the role of individual coping mechanisms in moderating the relationship between social support and marital adjustment in married women.

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APPENDICES**APPENDIX A****Information Sheet**

I am Madiha Iqbal, a student of Psychology at Capital University of Science and Technology, Islamabad. I am conducting research under supervision of Ms Parveen Akhtar. The purpose of this study is to evaluate the relationship between quality of life, help from others and adjustment in married life among married females. To take part in the study, kindly read the information given below. If you want more information, regarding this study, you can ask questions.

If you are willing to take part in this research, you will be given a basic information form and questionnaire. You need to answer as accurately as possible and choose the option that best relates to you. It will take about 20-25 minutes. You are free to ask any questions. Further, your participation is entirely voluntary, and you may withdraw at any stage without reason. There are no potential risks and disadvantages in this research. In case of any problem or problem arising out of this research, you can refer to the information given at the end. The information collected for this research will be kept confidential and used only for research purposes. The identity of the participants will not be revealed in any way.

In case of any query or problem you can contact:

parveenakhtar@cust.edu.pk Or BSP191040@cust.edu.pk

Address: Capital University of Science and Technology, Kahuta road Islamabad.

Appendix B**Consent Form**

1.	I hereby confirm that I have read the above information carefully and I have read and understood the purpose of this study.	Yes	No
2.	I understand that my participation in this study is voluntary and I have the right to withdraw from the study at any time without any of my rights being affected.	Yes	No
3.	I understand that information obtained as a part of this study will be kept confidential and will be anonymous and will be used only for research purposes.	Yes	No
4.	I agree to participate in this study.	Yes	No

Signature of participant _____ **Date:** _____

Signature of researcher: _____ **Date:** _____

Appendix C

Demographic sheet

DIRECTIONS: Please answer each question as accurately as possible in the space provided.

1: Age:

- 18-24 years' old
- 25-34 years' old
- 35-44 years' old
- 45-50 years' old

2: Age at marriage:

- 18-25 years' old
- 26-30 years' old
- Above 30 years' old

3: Marital duration:

- 1-2 years
- 3-5 years
- 6-10 years
- 11-15 years
- Above 15 years

4: Education level:

- Matric
- Intermediate
- Bachelor

- Masters
- Above masters

5: Employment:

- Full-time employment
- Part-time employment
- Self-employed
- Housewife
- Student

6: Socioeconomic status:

- Upper-class
- Middle-class
- Lower-class

7: Family system:

- Joint family system/ combined family
- Nuclear family system

If joint family system than how many members? _____

8: Children:

- Yes
- No

If yes than how many? _____

Appendix D

Locke and Wallace marital adjustment scale

The Locke and Wallace marital adjustment scale, which stands for Marital Adjustment Scale, is a well- established instrument used to assess the level of satisfaction and harmony within a marital relationship. It comprises a set of items that measure different aspects of marital adjustment. The scale has been widely used in research and has demonstrated strong reliability and validity. By including the Locke and Wallace marital adjustment scale in the appendix, readers can gain a better understanding of how marital adjustment was measured in the present study.

State the approximate extent of agreement or disagreement between you and your partner on the following items. Please check each column.

	Always Agree	Almost Always Agree	Occasionally Disagree	Frequently Disagree	Almost Always Disagree	Always Disagree
1. Handling Family Finances						
2. Matters of Recreation						
3. Demonstration of Affection						

4. Friends						
5. Sex Relations						
6. Conventionality (right, good, or proper conduct)						
7. Philosophy of Life						
8. Ways of Dealing with In- laws						

For each of the following items, check one response:

1. When disagreements arise, they usually result in

(a) me giving in (b) my partner giving in (c) agreement by mutual give and take

2. Do you and your partner engage in outside interests together?

(a) all of them (b) some of them (c) very few of them (d) none of them

3. In leisure time, do you generally prefer:

(a) to be "on the go" (b) to stay at home

4. Does your partner generally prefer?

(a) to be "on the go" (b) to stay at home

5. Do you ever wish you had not committed to this relationship?

(a) Frequently (b) occasionally (c) rarely (d) never

6. If you had your life to live over again, do you think you would:

(a) commit to the same person (b) commit to a different person

(c) Not commit at all

7. Do you ever confide in your partner?

(a) Almost never (b) rarely (c) in most things (d) in everything

Appendix E

Multidimensional Scale of Perceived Social Support Scale

The Multidimensional Perceived Social Support (MPSS) scale is a widely used tool that assesses an individual's perception of support from different sources, such as family, friends, and significant others. With 12 items, the scale measures various dimensions of social support, including emotional, instrumental, and informational support. It provides valuable insights into how individuals perceive their support networks and the impact of social support on their well-being. The scale has been extensively validated and has shown strong reliability and validity in assessing perceived social support across different populations.

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

Item	Statement	1 (Strongly Disagree)	2 (Disagree)	3 (Neutral)	4 (Agree)	5 (Strongly Agree)
1	There is someone I can turn to for advice about handling problems.					
2	I have friends with whom I can share my joys and sorrows.					
3	I feel loved and cared for by the people close to me.					
4	If I needed help in an emergency, I know someone I can ask.					
5	I have a special person who is a real source of comfort to me.					
6	My family really tries to help me.					

7	I can count on my friends when things go wrong.					
8	There are people who care about me as a person.					
9	There are people who will listen to me when I need to talk.					
10	There is someone I can turn to for help with my daily chores.					
11	I can talk about my problems with my family.					
12	I feel that I can share my personal problems with my friends.					

Appendix F**WHO-Quality of Life Scale**

The WHO Quality of Life (WHOQOL-BREF) scale is a widely used instrument for assessing an individual's perception of their quality of life. It consists of 26 items that cover various domains including physical health, psychological well-being, social relationships, and environment. Each item is designed to capture the individual's subjective evaluation of their overall life satisfaction and well-being in relation to specific aspects of their life. Participants rate each item on a Likert scale, indicating their level of agreement or satisfaction.

		Very poor	Poor	Neither poor nor good	Good	Very good
1.	How would you rate your quality of life?	1	2	3	4	5
		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
2.	How satisfied are you with your health?	1	2	3	4	5
		Not at all	A little	A moderate amount	Very much	An extreme amount
3.	To what extent do you feel that physical pain prevents you from doing what you need to do?	5	4	3	2	1
4.	How much do you need any medical treatment to function in your daily life?	5	4	3	2	1
5.	How much do you enjoy life?	1	2	3	4	5
6.	To what extent do you feel your life to be meaningful?	1	2	3	4	5

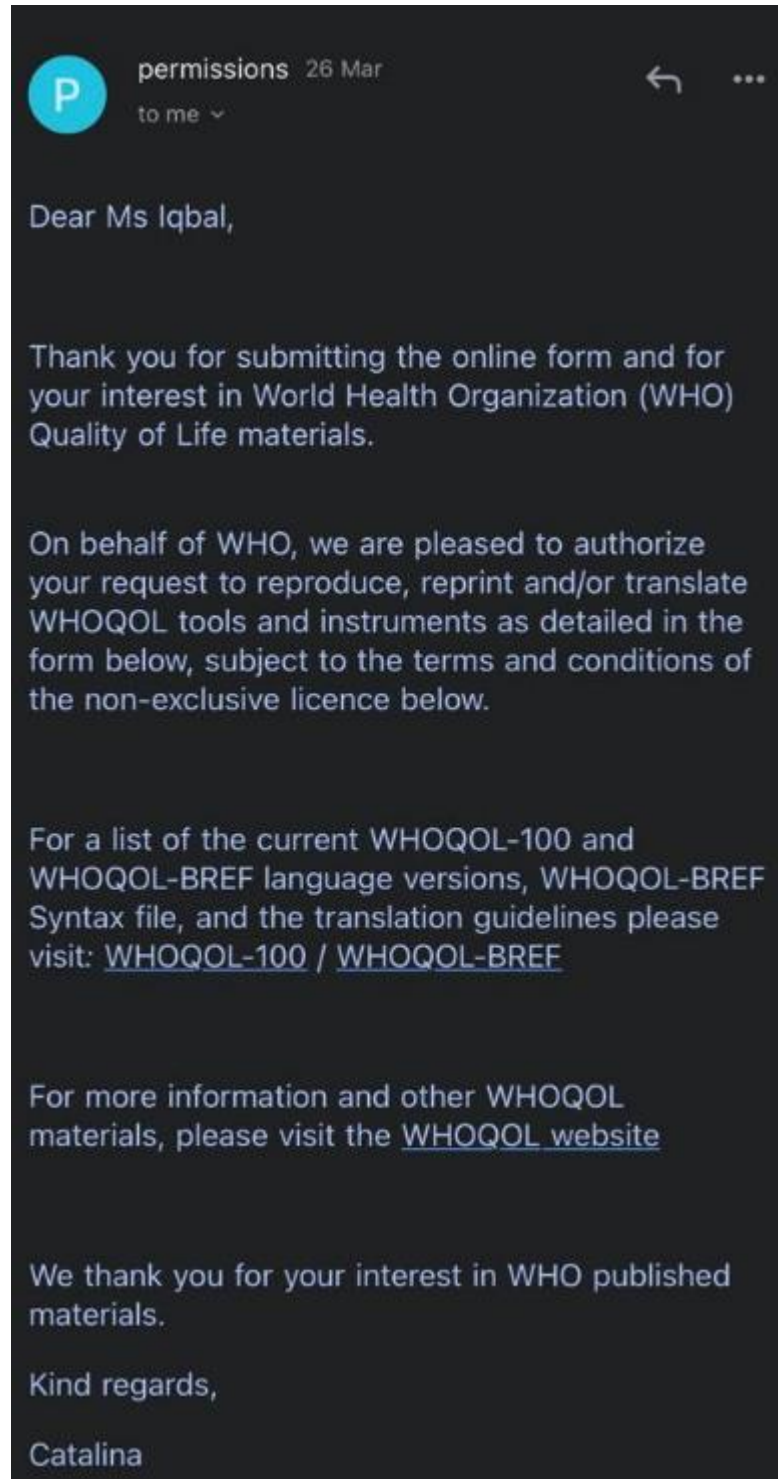
		Not at all	A little	A moderate amount	Very much	Extremely
7.	How well are you able to concentrate?	1	2	3	4	5
8.	How safe do you feel in your daily life?	1	2	3	4	5
9.	How healthy is your physical environment?	1	2	3	4	5
		Very poor	Poor	Neither poor nor good	Good	Very good
10.	How would you rate your quality of life?	1	2	3	4	5
		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
11.	How satisfied are you with your health?	1	2	3	4	5
		Not at all	A little	A moderate amount	Very much	An extreme amount
12.	To what extent do you feel that physical pain prevents you from doing what you need to do?	5	4	3	2	1
13.	How much do you need any medical treatment to function in your daily life?	5	4	3	2	1
14.	How much do you enjoy life?	1	2	3	4	5
15.	To what extent do you feel your life to be meaningful?	1	2	3	4	5
		Not at all	A little	A moderate amount	Very much	Extremely
16.	How well are you able to concentrate?	1	2	3	4	5

17.	How safe do you feel in your daily life?	1	2	3	4	5
18.	How healthy is your physical environment?	1	2	3	4	5
		Not at all	A little	Moderately	Mostly	Completely
19.	Do you have enough energy for everyday life?	1	2	3	4	5
20.	Are you able to accept your bodily appearance?	1	2	3	4	5
21.	Have you enough money to meet your needs?	1	2	3	4	5
22.	How available to you is the information that you need in your day-to-day life?	1	2	3	4	5
23.	To what extent do you have the opportunity for leisure activities?	1	2	3	4	5
		Very poor	Poor	Neither poor nor good	Good	Very good
24.	How well are you able to get around?	1	2	3	4	5
		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
25.	How satisfied are you with your sleep?	1	2	3	4	5
26.	How satisfied are you with your ability to perform your daily living activities?	1	2	3	4	5
27.	How satisfied are you with your capacity for work?	1	2	3	4	5

28.	How satisfied are you with yourself?	1	2	3	4	5
29.	How satisfied are you with your personal relationships?	1	2	3	4	5
30.	How satisfied are you with your sex life?	1	2	3	4	5
31.	How satisfied are you with the support you get from your friends?	1	2	3	4	5
32.	How satisfied are you with the conditions of your living place?	1	2	3	4	5
33.	How satisfied are you with your access to health services?	1	2	3	4	5
34.	How satisfied are you with your transport?	1	2	3	4	5
		Never	Seldom	Quite often	Very often	Always
35.	How often do you have negative feelings such as blue mood, despair, anxiety, depression?	5	4	3	2	1

Appendix G

Scales permissions





Sean (The Gottman Institute)

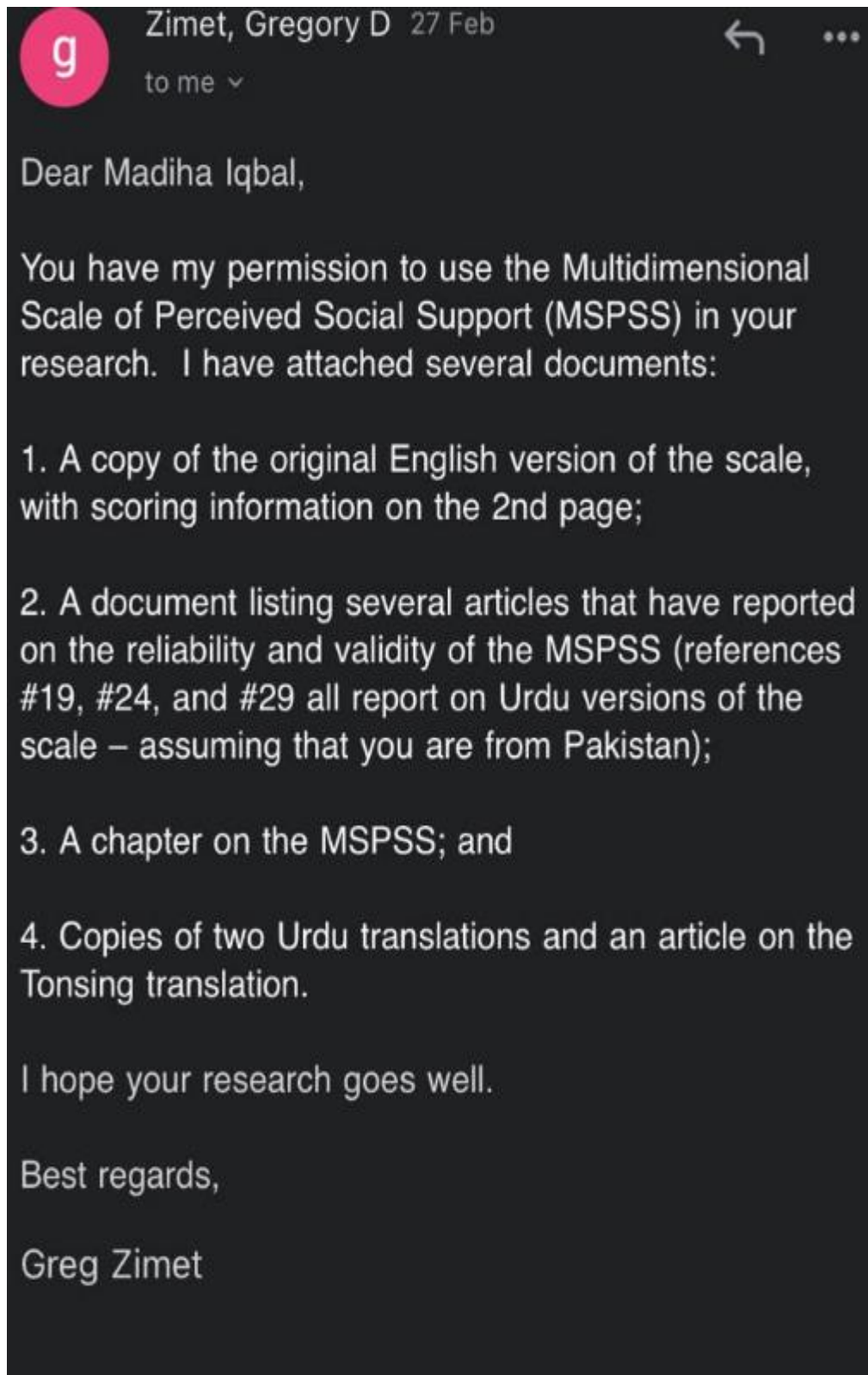
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Hello Imadiha566,

Thank you for contacting The Gottman Institute. My apologies for the delay in getting back to you. I have attached a copy of the Locke-Wallace Marriage Adjustment Test that is included in our Level 2 Manual. I hope that this works for your needs, and you have permission to use it for your thesis research.

Kind Regards,
Sean

Disclaimer: Please do not send sensitive, confidential, or protected health information of any kind to this email address. The Gottman Support Team assists only with technical support questions and does not respond to questions pertaining to therapy or requests to access therapeutic health records. If you are a client requesting health-related information, please contact your clinical provider directly. There are inherent confidentiality risks in communicating by email. While safeguards are in place to ensure your privacy, you should not use email communication if you are concerned about any breaches of privacy that might inadvertently occur.



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