PERCIEVED SOCIAL SUPPORT MENTAL HEALTH AND MENTAL ILLNESS IN NEVER MARRIED WOMEN

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Abstract
The study aims to explore the relationships between perceived social support, mental health, and mental illness among never-married women. Based on an extensive literature review, several hypotheses were proposed. 1) There would likely be a relationship between perceived social support, mental health and mental illness in never-married women. 2) There would likely be a relationship between perceived social support (friends and family) and emotional, social and psychological wellbeing among never-married women. 3) There would likely be a relationship between perceived social support (support from friends and family) with somatic symptoms, anxiety, insomnia, social dysfunction and severe depression. 4) The level of perceived social support predicts emotional, social and psychological wellbeing in never married women. 5) The level of perceived social support predicts the somatic symptoms, anxiety, insomnia, social dysfunction and severe depression in never married women. The sample size of the research was (n=150) never married women and age range of the participants was (35-45) years. The minimum level of education was graduation residing in nuclear and joint family system were included in the study. Working and non-working women both were included the study. Purposive sampling and Snowball sampling was used to collect the sample. Manual and online method was used. The instruments that were used in the present study were Polish versions of General Health Questionnaire-28 (GHQ-28; Goldberg and Hillier 1979), Mental Health Continuum–Short Form (MHC–SF; Keyes 20090) and perceived social support from friends (PSS-Fr Procidano & Heller, 1983) and from family (PSS-Fa Procidano & Heller, 1983). The findings reveal there is significant positive relationship (r=.536***, p<.001) between perceived social support and mental health, as well as a significant negative relationship (r=-0.397***, p<.001) between perceived social support and mental illness. The study highlights that perceived social support has a positive relationship with the subscales of mental health and negative associations with the subscales of mental illness. Moreover, the results indicate that the level of perceived social support is a predictor of both mental health (β= .531, p<.001) and mental illness (β= -.391, p<.001) among never-married women. In conclusion, this study emphasizes the critical role of perceived social support of friends and family in influencing both mental health and mental illness among never-married women.

Keywords: Mental health, Mental illness, perceived social support, never married individuals.

Introduction

In Pakistan marriage is actually a legal pathway to have new families, to have offspring in many societies. It is considered as one of the most important aspects of individual life. It is taken as the legal and moral responsibility of an individual. (Marphatia, Ambale & Reid, 2017). There has been a great change in the trend towards marriage worldwide and this trend is noticeable by the increased proportion of people enduring never-married status (Himawan, 2019) In spite of living in a culture where there is great importance on marriage even then the prevalence of never married women in many Asian countries has increased.

When never married, women are failed to create and withstand a dedicated close relationship such as of husband and wife therefore as a result it can be a reason for individuals to have serious and negative implication on their wellbeing and in future life span (KiecoltGlaser and Newton 2001). Never married women are seen as unfit and divergent from the standards of society (DePaulo & Morris, 2005; Gordon, 2003).

Never married women who have crossed 40 years were seen as accepting their phase of life as never married. While those who are in their earlier age are seen their life as presumed temporary single (DePaulo & Morris, 2006; Hertel et al., 2007). Involuntarily single women are not satisfied from their single state and ready to be in close relationship and put all their efforts to preserve a connection with their lover (2016). It involves never-married women who choose this status by themselves and they didn't bother about marriage at all. Similarly, Morris and Osburn (2016) discovered that individuals who chose to remain single voluntarily were viewed more negatively. In the same research the Voluntarily singles are regarded as absolute single therefore they are expected to have number of traits such as insecure, worried, and it is difficult for them to form a close relationship with someone (Shahrak et al., 2024).

Never-married women possess lack of a stable social network and positive self-image thus contributing towards mental health problems. A research by Leary et al. (1995) reported that individuals with unmet belongingness needs often experience social isolation. Unmet basic needs can hinder the fulfillment of higher-level psychological needs. Never married women are seen as drain on the families. They are apparent as having cold temper, less concerned for others and seen as cold hearted. Furthermore, in collectivistic culture the stigma associated with being never-married can intensify these negative feelings, leading to a vicious cycle of social withdrawal and deteriorating mental health. (Hertel et al., 2007). For never-married women, that often faces unique societal and emotional challenges, the absence of perceived social support can profoundly influence mental well-being. Research indicates that perceived social support functions as a crucial defence against stress, enhancing emotional resilience and psychological stability (Cohen & Wills, 1985). However, study conducted in Pakistan has also reported that being married under age of 18 is also detrimental to mental health (Shahid et al., 2025).

This perception of support is often more significant than the support actually received. Mental health is directly related to perceived social support vice versa. Hedonic tradition, which encompasses contentment and pleasing emotions, aims to enhance positive, agreeable feelings and reduce negative, unpleasant ones, thereby contributing to enhanced mental well-being. This

tradition focuses on positive emotions and well-being, including optimistic feelings (Lamers et al., 2011). Research indicates that individuals who are never-married often experience lower levels of intimacy and perceive less support. For instance, research by Soons and Liefbroer (2008) highlights that such individuals typically report diminished support. Additionally, a Polish study by Adamczyk (2013) revealed that young adults who are single reported receiving less support from others, intimate, and their overall societal network compared to those in marital relations. This indicates that one reason married persons enjoy greater well-being is due to they perceived strong support from their spouses and family. Conversely, never married individuals often face greater distress, adversely impacting their overall well-being, because of the absence of perceiving strong level of communal support from others. The belief that one is available for them this belief might help in explaining why those who are not ever married and those who are legally into committed and are in relationships have different levels of hazard for poor wellbeing. (Bierman et al., 2006).

Moreover, connecting with other single people who were experiencing the same difficulties provided them with a sense of solidarity and mutual support, much like a support group specifically for single women (Alwi & Lourdunathan, 2020). In Pakistani culture, where family and social expectations have significant impact in forming individual identity, the perceived lack of validation from family and community due to marital status can profoundly affect never-married women emotional wellbeing (Rauf, 2011).

Moreover, over time, these negative emotions can accumulate due to unavailability of perceived social support, leading to a significant decline in their overall emotional well-being. The constant struggle to find perceived social support elsewhere can contribute to their stress and poor mental health. Studies show that apparent support from family and friends is directly linked to emotional well-being. It acts as an important protective factor that improves emotional health by generating positive feelings and alleviating stress, particularly among never-married women (Cobo-Rendón et al., 2020). Mental well-being including psychological well-being is linked with societal sustenance which have been outlined in the literature by describing two pathways. Foremost is the psychological health and psychological wellbeing is associated with perceived-social support as it provides safeguard and in turn it shields against the negative and stressful events (Shin & Park, 2022).

Mental health encompasses three primary domains: social health, emotional health, and psychological health. Well-being is considered as optimistic process and nonappearance of psychological illness. It actually explains the "a condition that involves indicators of positive state of mind and optimistic performance in lifespan" (Keyes 2002). Subjective wellbeing is one of the operationalization of mental health which has been examined under different research backgrounds (Keyes and Simoes 2012). Hedonic, that involves contentment and pleasing feelings; and increasing optimistic, agreeable feelings, and lessening undesirable, unkind feelings pays to enhance the mental well-being. Therefore, hedonic tradition involves the positive emotions such as where well-being that includes the optimistic feelings (Lamers et al. 2011). For never-married women, psychological well-being is often compromised by psychological suffering, which can result in mental health problems such as depression and anxiety. Research indicates that never-married women may experience internalized stress related to their marital

status, feeling responsible for their parents' stress and grappling with guilt and dissatisfaction. This ongoing pressure to marry and societal expectations can negatively impact their self-worth and psychological health. Researches showed that not ever married women are more prone to have higher rates of depression due to social isolation, lack of emotional support, and societal stigma (Greitemeyer, 2009).

Perceived sustenance is main factor for enhancing psychological wellbeing and preventing mental suffering. (Segrin and Domschke, 2011). The differences in psychological morbidity between never married individuals and those in marital associations are largely inclined by the levels of apparent sustenance they receive (Bierman et al., 2006). For never-married women, the availability of the belief that support is provided to them. This belief is significant in examining the psychological health. In a research conducted on polish young adult where never married single are compared with those who are engaged in romantic relationship (Adamczyk 2013). The results of study showed that never married have less intimates and they usually received low level of perceived social support. (Soons and Liefbroer 2008). So, one of the reasons for those individuals who are never married single they suffer excessive distress which impacted their psychological, emotional and social well being adversely because of unavailability of perceived social support when being compared with those who are in romantic relationships, they experienced better well being.

The mental health problems in never married women results from various factors including age, professional status, unavailability of societal sustenance. One of the studies on never married women in education sector was conducted in order to identify various psychological problems and mental health disorders (Fekih & Mounis, 2017) Sample of the research was 200 never married women. The findings of research revealed that never married women most frequently experienced absence of social support which cause them to have emotional problems. Hence, according to research lack of social support leads never married women have develop pathologies. The study revealed that 17% of never married women experience depressive symptoms, which can progress to psychotic depression in the form of dysthymia. Symptoms include Lack of enthusiasm for daily activities, pervasive hopelessness, diminished self-esteem, self-blame, challenges with concentration and decision-making, decreased efficiency and output, avoidance of social interactions, persistent guilt, excessive worry about past events, and insomnia. Additionally, it was found that never-married women in the later stages of life face more pronounced negative effects, leading to a significant deterioration in their psychological well-being (Fekih & Mounis, 2017).

The belief that family and friends provide assistance to those women who are not ever married significant effect the psychopathology among them. Without the provision of social support women tend to engage in in the areas of emotional (romantic and family) and societal seclusion (Adamczyk, 2015). Similarly in one of the study difference among married and never married women was determined by including the realms of emotive (romantic and family) and societal seclusion, and of apparent societal sustenance (Rokach & Brock, 1998). Hence university students' sample was gathered of members (167 women and 148 men) whose aged ranged from 19 years to 25 years. Therefore, the results indicates that those who are never married women they reported higher level of romantic and intimate seclusion and availability of apparent sustenance is very limited even rom family members (Adamczyk, 2015). Furthermore, romantic loneliness

among never married women is predicted by the time period of being permanent never married and provision of societal assistance. Hence it can be concluded from the research that adverse effect of being never married for a longer period on romantic seclusion can be lessened by the availability of high level of perceived social sustenance and even moderate to high sustenance from important people in one's life (Adamczyk, 2015).

Mental illness is influenced positively by the availability of the belief that one is available for them in the hard times and for general sustenance and it is impacted negatively when there is absence of perceived social sustenance. Similarly, a study's finding revealed that there is a significant negative correlation between mental illness and perceived social support, with results indicating ($\beta = -.55$, $p < .001$) suggesting an inverse relationship was observed between perceived social support and anxiety and depression, whereas perceived social support showed a positive association with psychological well-being among never married single individuals. (Adamczyk, 2015).

This research focused on depressive symptoms in never-married women. The goal was to pinpoint social factors, including family duties, stressful events, and low social support, that may heighten the vulnerability of causing depression in these women. The sample included adults aged 17-68, with a focus on female participants. Women were divided into two groups: single women heads of households (SWHH, 138 participants) and single women not heads of households (SWNHH, 104 participants). The study found that SWHH were particularly prone to depression, echoing findings from similar U.S. studies. SWHH were typically older, less educated, poorer, and more likely to live in city areas in contrast to other women. Children at home was linked to increase the frequency of depressive symptoms in both smaple. Importantly, the quality of social support was more significant than the quantity of emotional support available. The study focused on the need for family policies and mental health prevention programs tailored to the increasing number of SWHH, suggesting the creation of emotional support systems and self-help groups to address their specific needs and mitigate isolation and loneliness (Burgos et al., 1995)

Rational

In addition to examining how perceived social support affects psychological well-being and the mitigation of mental health issues, this study attempts to comprehend mental health and mental disease among Pakistani women who have never married. It examines the particular difficulties that never-married women encounter, such as social pressure, familial views, restricted autonomy, loss of privacy in extended family systems, emotional repression, and stigma, all of which can have a detrimental effect on mental health despite resilience and outward coping.

The study aims to determine protective and risk factors related to never getting married and how these dynamics affect women's decision-making, coping mechanisms, and general well-being by examining the function of familial relationships and social support. The results are intended to raise awareness of the unique psychopathologies and psychological difficulties that never-married women face, give mental health practitioners culturally sensitive insights, and aid in the creation of preventative measures, focused interventions, and mental health initiatives to enhance their quality of life.

Objectives of the study
- To examine the relation between perceived social support and mental health among never married women.
- To explore the relation between perceived social support and mental illness in never married women.
- To study the connection between mental health and mental illness in never married women.
- To Explore the relationship between subscales of study variables.

Hypotheses
H1: There would be a significant positive association between perceived social support and mental health

H2: There would be a significant negative association between perceived social support and mental illness in never-married women.

H3: There would be a significant positive association between perceived social support and emotional, social and psychological wellbeing among never-married women.

H4: There would be a significant negative association between perceived social support with somatic symptoms, anxiety, insomnia, social dysfunction and severe depression.

H5: Perceived social support predicts emotional, social and psychological well being in never married women.

H6: Perceived social support predicts the somatic symptoms, anxiety, insomnia, social dysfunction and severe depression in never married women

METHODOLOGY

Sample

This study applies a quantitative research design, employing a correlational cross-sectional methodology for data collection and analysis. The association between mental health, perceived social support, and mental illness in never-married women has examined. For this study, purposive sampling and snowball sampling technique are used to include participants who fall in the inclusive criteria of the study. In this research 150 never married women with age range of 35-45 years are included.

Inclusion Criteria

Participants residing in joint families (immediate family), nuclear families, or hostels were included. Both working and non-working participants were included. Participants aged 35–45 years were included. The minimum educational qualification required was graduation.

Exclusion Criteria

The research sample excluded divorced, widowed, and cohabiting individuals. Participants with physical or psychological disabilities were also excluded from the study. Additionally, never-married women who were in a relationship were excluded.

Operational Definition of Variables

Perceived Social Support
Perceived social support refers to individuals' perceptions of the availability and adequacy of support from their social network. It is often considered more influential than the actual support received. This construct reflects the extent to which individuals perceive their family, friends, and colleagues as accessible and willing to provide emotional, practical, and instrumental assistance during times of need.

Mental Health

Mental health is defined by the World Health Organization as a state of well-being in which an individual realizes his or her abilities, can cope with the normal stresses of life, works productively, and is able to contribute meaningfully to the community. In this study, mental health is conceptualized as a positive process and the absence of psychological illness. It encompasses the hedonic tradition, which involves the enhancement of positive emotions and the reduction of negative emotions to improve well-being, as well as the eudaimonic tradition, which emphasizes psychological and social well-being through meaningful life experiences and personal growth.

Mental Illness

Mental illness refers to disorders that affect a person's thoughts, emotions, behaviors, or a combination of these. Mental illness can impair emotional regulation, information processing, communication, learning, and resilience, often resulting in significant distress and difficulties in fulfilling social, occupational, or family responsibilities.

Assessment Measures

The assessment administered to the study participants featured a range of measurement instruments, including:

Consent Form and Demographic Questionnaire

A consent form containing all the information regarding the research as well as the contact information was provided to the willing participant. These questions composed of essential demographic and background details about the participants including their age, birth order, education, parental present relationship status, socio economic status, personal income, , history of family psychopathology or physical illness, financial crises, parental current marital status, appearance issues, cast issue, physical defect, mensuration regularity.

(GHQ-28; Goldberg and Hillier 1979)

The General-Health-Questionnaire (GHQ-28) is a tool designed to detect minor psychological disorders in the general population. It is a shorter version of the original 60-item questionnaire. The GHQ-28 involves of four subscales: somatic symptoms, anxiety and sleeplessness, social dysfunction, and severe depression. Respondents are requested to assess their present mental condition using a 4-point scale (1 = not at all, 2 = no more than usual, 3 = somewhat more than usual, 4 = much more than usual). Montazeri et al. reported a Cronbach's alpha of 0.87, indicating good reliability. Both inter-rater and intra-rater reliability have been excellent, with Cronbach's alpha ranging from 0.90–0.95.

(MHC-SF; Keyes 2009)

The Mental Health Continuum-Short Form (MHC-SF) is a shortened version of (MHC-LF), which originally included 40 items on emotional well-being. The MHC-SF simplifies this by selecting 14 items that best represent each component of well-being. Specifically, three items reflect emotional well-being; six items, one from each dimension, characterize psychological well-being; and five items indicate social well-being. Respondents are requested to rate their feelings on a scale from 0 (never) to 5 (every day). This scale measures the frequency of positive mental health experiences.

(PSS-Fr and PSS-Fa) (Procidano & Heller, 1983)

The Social Support-Friends and Family Scale (PSS-Fr and PSS-Fa) is designed to assess how well individuals feel their needs for sustenance are met by their family and friends. The original PSS involves of 40 items, divided equally between the family and friends' subscales, with 20 items for each. The statements in the scale pertain to common feelings and experiences in relationships with friends. Respondents respond to each statement by choosing from one of three options: Yes, No, or Unsure.

Procedure

First the approval from the Graduate Research Committee (GRC) of the University of Central Punjab was acquired. The present research discovered the association between perceived social support, mental health and mental illness in never married women. Three standard measures will be used in this study to find the relationship between selected variables. For the collection of data, permission was granted from the institute and also from the participants. The questionnaire was distributed to participants through direct approach. The first part of the questionnaire comprised of consent and the second part includes demographic information. Demographic details for 150 participants were collected from never-married women. After the questionnaires were accomplished by participants. The researcher reviewed the responses to ensure no items were missed. Finally, heartfelt thanks were extended to both the participants and the institute's staff for their invaluable cooperation. After the data collection was completed, all the questionnaire were coded and the responses of the participants were entered in SPSS and all the hypothesis were tested using the appropriate analyses. After the data was analyses was done the output were interpreted

and the findings of the study were reported. In addition to that, limitation and implication of the study were also reported.

Statistical Analysis

In the present study, SPSS 22 was used for statistical analysis of the collected data. To analyse the demographic variables, descriptive statistics was used. After the reliabilities for all the assessment measures were also computed to make sure that collected data was reliable for the study. Moreover, the Pearson correlation analysis was used to explore the association between perceived social support, mental health, and mental illness in never married women. Further correlations between subscales of study variables were also explored thorough correlations analysis. Moreover, for testing the prediction hypothesis, regression analysis was used in this study.

Ethical considerations

Consent was obtained prior to the data collection from the never married women. Participants provided informed consent to allow for the collection of the necessary information. Before the study began, the possible benefits and risks were carefully explained. Participants were guaranteed that their individual identities would not impact their responses. The collected data will be kept private, with only aggregate information being shared.

Results

Table 1
Demographic Properties of the Participants (N=150).

Demographic Variables	Frequency	Percentage
Age		
35-45	150	79.8
Birth Order		
1-3	146	76.6
4-5	4	2.2
Education		
Graduation	84	44.7
Post Graduation	55	63.8
Doctorate	11	5.9
Relationship History		
Engaged	32	17.0
Committed	22	11.7
None	96	51.1
Occupation		
Working	51	52.7
Non-Working	99	27.1
Socioeconomic Status		
Lower	19	10.1
Middle	120	63.8

Upper	11	5.9
Personal Income		
Less than 50,000	57	30.3
Between 50,000 to 1lac	59	31.4
More than 1 lac	34	18.1
Living area		
Day Scholar	101	53.7
Hostel	49	26.1

Table 1 shows the demographic characteristics of total sample 150, that includes age, birth order, education, current parental marital status, relationship history, occupation, socio economic status, monthly income, living area. The age range is 35 to 45 and the frequency of this age range is 150 while percentage of this age range is 79.8. Birth order range is from 1 to 5, therefore the range from 1st birth to 3rd consists of 146 frequency and 76.6 percentage, 4th to 5th birth order consists of 4 frequency and 2.2 percentage. The education level categorized into three levels (Graduated: n= 84, %=44.7, Post Graduated: n=55, %= 29.3 and Doctorate: n =11, %=5.9). Current parental marital status consists of four levels (Widowed: n=64, %=34, Living together: n=58, %=30.9, Divorced: n=23, %=12.2, Separated: n=5, %=2.7).). Relationship history categorized into three levels (Engaged: n=32, %=17, Committed: n=22, %=11.7, None: n=99, %=51.1). Occupation contains two levels (Working women: n=99, %=52.7, non-working: n=51, %=27.1). Socio economic status includes three levels (Lower: n=19, %=10.1, Middle: n=120, %= 63.8, Upper: n=11, %=5.9) Personal income group contains three levels (Less than 50,000: n=57, %=30.3, Between 50,000 to 1lac: n=59, %=31.4, More than 50,000: n=34, %18.10). Living area categorized into two levels (Day scholar: n=101, %=53.7, Hostel: n=49, %=26.1).

Table 2

Correlation Between Perceived Social Support, Mental Health and Mental Illness

Variables	M	SD	1	2	3
Perceived Social Support	17.54	9.0	-	0.53**	-0.39**
Mental Health	24.75	15.37		-	-0.57**
Mental Illness	38.35	16.68			-

Note. N= 150, ** *p < .01*

The table 2 shows the association between perceived social support, mental health and mental illness among never married women. The table shows there is a significant strong positive association between perceived social support and mental health among never married women. The table also indicates that there is a moderate significant negative relationship between mental illness and perceived social support among never married women. Furthermore, the table also revealed that there is a strong significant negative correlation between mental illness and mental health among never married women.

Table 3
Interfactor of correlation between Perceived Social Support, Mental health and Mental Illness

Variables	*M*	*SD*	1	2	3	4	5	6	7	8
SS	8.96	4.64	-							
AI	9.62	4.86	0.69**	-						
SD	9.97	4.50	0.69**	0.55**	-					
D	9.84	5.91	0.58**	0.51**	.582**	-				
EWB	6.00	4.12	-.453	-.368**	-.423**	-.624**	-			
SWB	8.55	6.10	-.383**	-.312**	-.348**	-.469**	.68**	-		
PWB	10.1	6.52	-.463**	-.327**	-.480**	-.545**	.77**	.786**		
PssFr	7.79	5.27	-.232**	-.098**	-.217**	-.352**	.43**	.317**	.4**	
PssFam	9.28	4.88	-.373**	.292**	-.412**	-.347**	.48**	.404**	.4**	.50**

Note. N=150, **p<.001 SS = Somatic Symptoms; AI = Anxiety Insomnia; SD = Social Dysfunction; D = Depression; EWB = Emotional Well Being; SWB = Social Well Being; PWB = Psychological Well Being; Pssfr = Perceived Social Support Friends; Pssfam= Perceived Social Support Family.

As presented in table 3, somatic symptoms demonstrated weak to moderate negative correlations with emotional, social, and psychological well-being ($r = -.383$ to $-.463$, $p < .001$) and with perceived social support from friends and family ($r = -.232$ to $-.373$, $p < .001$). In contrast, somatic symptoms showed strong positive correlations with anxiety/insomnia ($r = .695$, $p < .001$) and social dysfunction ($r = .582$, $p < .001$), and a moderate positive correlation with depression ($r = .584$, $p < .001$). Anxiety/insomnia and social dysfunction were negatively correlated with emotional, social, and psychological well-being ($r = -.312$ to $-.480$, $p < .001$) and positively correlated with depression ($r = .510$ and $r = .582$, respectively, $p < .001$). Depression exhibited moderate negative associations with social well-being and perceived social support ($r = -.347$ to $-.469$, $p < .001$) and strong negative associations with emotional and psychological well-being ($r = -.624$ and $r = -.545$, $p < .001$). Emotional, social, and psychological well-being were moderately positively correlated with perceived social support from friends and family ($r = .317$ to $.500$, $p < .001$) and strongly positively intercorrelated with one another ($r = .680$ to $.786$, $p < .001$).

Table 4

Regression coefficients of Perceived Social support on Emotional Wellbeing.

Variable	B	β	SE
Constant	1.614	-	0.656
Perceived Social support	0.253	0.543	.033
R2	0.295		
ΔR2	0.295		

Note. N= 150, *** $p < .001$

Table 4 showed that Perceived Social Support is significantly correlated with the criterion variable Emotional Well Being. Perceived Social Support was entered as predictor into linear regression using the standard method. A significant model emerged: F (1,138) = 57.61, p<.001. The model explains 0.295 of the variances. (adjusted R2 =29.5).

Table 5

Regression coefficients of Perceived Social support on Social Wellbeing.

Variable	B	β	SE
Constant	3.612	-	1.038
Perceived Social support	0.284	0.524	0.053
R2	0.174		
ΔR2	0.168		

Note. N= 150, *** $p < .001$

Table 5 presents the regression coefficients of perceived social support predicting social well-being. Perceived social support was entered as the predictor in a linear regression using the standard method. The results indicated that perceived social support significantly predicted social well-being ($B = 0.284$, $β = 0.524$, $SE = 0.053$, $p < .001$). The overall model was significant, $F(1, 138) = 57.61$, $p < .001$, explaining 17.4% of the variance in social well-being ($R² = 0.174$, adjusted $R² = 0.168$).

Table 6

Regression coefficients of Perceived Social support on Psychological Wellbeing.

Variable	B	β	SE
Constant	3.53	-	1.042
Perceived Social support	0.381	0.417	.053
R^2	0.275		
$ΔR^2$	0.27		

Note. N= 150, *** $p < .001$

Table 6 presents the regression coefficients of perceived social support predicting psychological well-being. Perceived social support was entered as the predictor in a linear regression using the standard method. The results indicated that perceived social support significantly predicted psychological well-being ($B = 0.381$, $β = 0.417$, $SE = 0.053$, $p < .001$). The overall model was significant, $F(1, 138) = 52.28$, $p < .001$, explaining 27.5% of the variance in psychological well-being ($R² = 0.275$, adjusted $R² = 0.270$).

Table 7

Regression coefficients of Perceived Social Support on Somatic symptoms

Variable	B	β	SE
Constant	11.97	-	0.813
Perceived Social Support	-.176	-.345	.041
R^2	.119		
ΔR^2	.119		

Note. N= 150, ***$p < .001$

The table shown that Perceived Social Support is significantly correlated with the criterion variable Somatic symptoms. Perceived Social Support was entered as predictor into linear regression using the standard method. A significant model emerged: F (1,136) = 18.33, $p<.001$. The model explains 11.9 % of the variance. (adjusted R^2 = 0.112).

Table 8
Regression coefficients of Perceived Social Support on Anxiety insomnia

Variable	B	β	SE
Constant	11.65	-	.89
Perceived Social Support	-.120	-.220	.045
R^2	.049		
ΔR^2	.049		

Note. N= 150, ***$p < .001$

The table 8 explain that Perceived Social Support is significantly correlated with the criterion variable Anxiety insomnia. Perceived Social Support was entered as predictor into linear regression using the standard method. A significant model emerged: F (1,138) = 7.04, $p<.001$. The model explains 4.9 of the variances. (adjusted R^2 =0.42).

Table 9
Regression coefficients of Perceived Social Support on Social dysfunction

Variable	B	β	SE
Constant	13.08	-	.779
Perceived Social Support	-.177	-.356	.040
R^2	.049		

ΔR^2	.0490		

Note. N= 150, *** p < .001

The table 9 showed that Perceived Social Support is significantly correlated with the criterion variable social dysfunction. Perceived Social Support was entered as predictor into linear regression using the standard method. A significant model emerged: F (1,138) = 20.03, p<.001. The model explains 12.7 of the variances. (adjusted R^2 =.120).

Table 10
Regression coefficients of Perceived Social Support on depression

Variable	B	β	SE
Constant	14.62	-	1.02
Perceived Social Support	-.275	-.407	.053
R^2	.165		
ΔR^2	.1590		

Note N= 150, *** *p < .001*

Table 10 presents the regression coefficients of perceived social support predicting depression. Perceived social support was entered as the predictor in a linear regression using the standard method. The results indicated that perceived social support significantly predicted depression ($B = -0.275$, $\beta = -0.407$, $SE = 0.053$, $p < .001$). The overall model was significant, $F(1, 137) = 27.12$, $p < .001$, explaining 16.5% of the variance in depression ($R^2 = 0.165$, adjusted $R^2 = 0.159$).

Discussion

In addition to investigating the predictive function of perceived social support and the impact of professional position, the current study sought to investigate the association among never-married women between perceived social support, mental health, and mental illness. The results are examined in the context of prior empirical research, especially in South Asian and collectivistic cultural contexts. The first important conclusion showed that among women who have never married, perceived social support and general mental health are significantly positively correlated. This finding suggests that improved emotional, social, and psychological well-being is linked to higher levels of perceived support from friends and family.

This result is in line with earlier research showing that perceived social support serves as a buffer against psychological distress and stress (Chu et al., 2010; Turner & Brown, 2010). Being single frequently results in social shame and marginalization in Pakistani society, where marriage is regarded as a significant life milestone for women (Sultana et al., 2021). Maintaining good mental health in such situations requires both practical and emotional support from friends, family, and siblings. The current results corroborate substitution theory (Shanas, 1979), which postulates

that people who have never married make up for the lack of spousal support by fortifying relationships with friends, siblings, and non-family networks.

According to the second conclusion, there is a substantial negative correlation between mental illness and perceived social support. Specifically, women who have never married and feel poorer social support are more likely to experience somatic symptoms, anxiety, despair, and social dysfunction. This result is consistent with previous studies that found a substantial correlation between psychological discomfort, especially anxiety and depression, and a lack of social support in single women (Adamczyk, 2013; Teoh & Rose, 2001). Never-married women in Pakistan sometimes face prejudice, criticism, and exclusion from social positions, which makes them more susceptible to mental health issues. Lack of family approval and emotional validation can exacerbate emotions of loneliness and worthlessness, which can lead to mental illness (Saleem et al., 2020).

According to the third hypothesis, there is a positive correlation between emotional, social, and psychological well-being and perceived social support from friends and family. These results are supported by Diener and Seligman (2002), who state that strong social bonds are among the most trustworthy measures of well-being. In collectivistic civilizations, family support has always been essential for identity formation and emotional regulation. However, when family support is limited or conditional due to marital status, friendships offer an essential alternative source of emotional solace and a sense of belonging (Petersen, 2023). Therefore, by fostering emotional stability, social inclusion, and a sense of purpose, perceived social support enhances well-being among single women.

The fifth and sixth hypotheses were validated by regression analysis, which demonstrated that perceived social support is a significant predictor of both mental health and mental disease. Better emotional, social, and psychological well-being was predicted by higher perceived support, which also predicted lower levels of somatic symptoms, social dysfunction, anxiety, and depression. These results confirm previous research showing that social support improves coping skills and resilience, enabling people to better handle social stressors (Liu et al., 2014; Poots & Cassidy, 2020). Perceived social support is a vital psychological resource in situations where single women are subjected to ongoing social criticism.

Finally, a strong negative relationship was observed between mental health and mental illness, indicating that higher emotional, social, and psychological well-being is associated with lower psychological distress. This finding supports the mental health continuum model, which conceptualizes mental health and mental illness as related but distinct constructs (Koushede et al., 2019). Overall, the study highlights perceived social support as a key protective factor that promotes mental well-being and reduces psychological distress among never-married women in Pakistan. Lastly, a significant inverse association between mental health and mental disease was found, suggesting that reduced psychological distress is linked to greater emotional, social, and psychological well-being. The mental health continuum model, which views mental health and mental disease as connected but separate variables, is supported by this finding (Koushede et al., 2019). Overall, the study shows that among Pakistani women who have never married, perceived

social support is a critical protective factor that enhances mental health and lessens psychological discomfort.

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