

## **SOCIAL ISOLATION, LIFE SATISFACTION, AND PSYCHOLOGICAL HEALTH AMONG MARRIED WOMEN IN BENUE-NORTHWEST**

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### **Abstract**

**T**his study investigated social isolation, life satisfaction and psychological health among married women in Benue-Northwest. The study adopted cross-sectional survey design where multistage sampling was used to draw the sample for the study. The participants for this study were 384 married women in Benue Northwest. Their ages ranged from 28-64years with a mean age of 49.209years (SD=11.225). The study used the social isolation measure, life satisfaction scale and the Warwick-Edinburgh mental wellbeing scale for data collection. The three hypotheses raised in the study were tested using simple linear regression and standard multiple regression analysis. The result shows that social isolation had a significant negative influence on psychological health among married women. It was also found that life satisfaction had a significant positive influence on psychological health among married women. The result also showed that social isolation and life satisfaction jointly influenced psychological health among married women. It was recommended that married women should be given the opportunity to engage in social activities, build social networks and interact with the wider society around them. This can be achieved with the support of their husbands, via traditional and cultural reforms and by ensuring that social inclusion become a universal practice among families.

**Keywords:** Social Isolation, Life Satisfaction, Psychological Health, Married Women, Benue-Northwest

### **Introduction**

There has been a recent shift in psychology from the focus on problems and deficits to a more holistic perspective, including positive factors. Psychological health is one of the most important public health topics as it is a major contributor (14%) to the global burden

of disease worldwide (Park, 2023). It means the ability to respond to diverse experiences of life with flexibility and a sense of purpose (Ojong et al., 2019). Psychological health is the foundation for well-being and effective functioning for an individual and for a community and that of women is important

both for their own health and for the well-being of their children and families (Ukwayi et al., 2018). Women are more likely than men to be adversely affected by psychological problems, the most common being anxiety and depression (Nurullah, 2020).

In Nigeria, the institution of marriage is seen as sacred and a great deal of stigma is attached to a divorcee or anyone separated from their marriage. Available data revealed that up to one-third of all women in marriages have suffered from one form of abuse in their marriages such as social isolation (Ojong et al., 2019; Ukwayi et al., 2018). The report also maintains that 43 percent of women believe that men are justified in isolating their wives (DHS, 2018). Cultural stereotypes are attached to women who leave their marriages. Evidence have shown that women who continuously suffer from social isolation suffer the experience psychological problems. There are many factors both physical and psychological that affect the experience of psychological health among married women.

One of the factors affecting the psychological health of married women is social isolation. Social isolation is a form of emotional abuse where a perpetrator forcibly limits contact between the victim and people around them (Ukwayi et al., 2018). People experience more psychological wellbeing when they associate and contribute to their immediate community. The experience of positive psychological wellbeing (i.e. sense of freshness, feeling energetic, calmness) (Kusier& Folker, 2019) can be impaired when people are not involved in relationships

inside and outside their private sphere. Studies investigating the independent effects of social isolation on psychological health sometimes acknowledge the potential importance of social isolation but do not test its role as mediator (Leigh-Hunt et al., 2017). Social isolation influences health and wellbeing because low social engagement, lack of support provision, and lack of access to goods or services influences health behaviour and leads to physical and psychological responses such as depression (Miceli et al., 2019; Salinas-Rodríguez et al., 2018; Walsh et al., 2017).

Another factor affecting the psychological health of married women is their level of satisfaction with life. Life satisfaction is defined as an overall "conscious cognitive judgement of one's life in which the criteria for judgment are up to the person" (Ukwayi et al., 2018). Life satisfaction is positively associated with gratitude, social support, self-efficacy, continuous planning and consideration of future consequences (Azizli et al., 2015; Kong et al., 2015) and negatively associated with psychological distress, depression and anxiety (Beutel et al., 2016). Anusic and Schimmack (2016) found that changing life factors had a greater influence on life satisfaction than on personality factors. Furthermore, happiness and life satisfaction are often linked to markedly different causes and consequences (Schimmack et al., 2018). The direct linkage between satisfaction with life and psychological functioning among married women is yet to be established in Benue Northwest.

In a recent study, Al-Shahrani and Hammad

(2023) examined the relationship between emotional divorce and mental health issues (depression, anxiety, and loneliness) in married women in Saudi Arabia. One-way ANOVA confirmed that those with high levels of emotional divorce concurrently scores higher on the depression, anxiety, and loneliness tools, followed by those with moderate and low emotional divorce scores, respectively. Linear regression analysis indicated that depression, anxiety, and loneliness were strong predictors of emotional divorce, explaining 61% of the variance in the emotional divorce scores in this sample. These findings highlight the need to focus on the mental health outcomes of individuals experiencing emotional divorce, especially in societies where legal divorce may not be acceptable or encouraged. This study is related to the present study but differs because it adopted the use of emotional divorce rather than social isolation and the setting was Saudi Arabia rather than Nigeria.

Similarly, Gul et al. (2023) investigated the relationship of social isolation and illness perception with posttraumatic growth and psychological distress among coronavirus affected individuals along with the moderating role of social support. The findings of the study indicated that social isolation has a significant positive correlation with posttraumatic growth; however, it has nonsignificant correlation with psychological distress. Moreover, illness perception has a significant positive correlation with psychological distress whereas a nonsignificant correlation with posttraumatic growth. Similarly, illness perception positively predicted

psychological distress while negatively predicted posttraumatic growth. Where social isolation positively predicted posttraumatic growth, social support did not significantly moderate between the study variables. This study is related to the present study because they assessed isolation and psychological health.

Another study by Vasile et al. (2023) evaluated whether the association between three types of social isolation (SI) and mental wellbeing (MWB) is mediated by loneliness. They assessed a full mediation model with loneliness as a mediator between each type of SI and MWB, which they compared with a partial mediation model and control for age, gender, urbanity, and subjective income. Estimates for the full mediation model indicate that each type of SI is associated with enhanced loneliness, which in turn is negatively associated with MWB. In addition, the total effect of each type of SI on MWB is negative, with the strongest negative path from living alone to MWB. However, when including the direct effects of each type of SI on MWB in the partial mediating model, the total effect of contact with family members on MWB loses statistical significance. The specific indirect effects of the three facets of SI on MWB remain significant and negative. This study is related to the present study because it assessed isolation and psychological wellbeing, however, the sample was the elderly rather than married women.

A related study by Wolters et al. (2023) examined emotional and social loneliness and their unique links with social isolation, depression and anxiety. Results indicated that

the social loneliness was most strongly explained by social isolation, whereas emotional loneliness was most strongly explained by social anxiety and depression. General anxiety was solely related to loneliness through depression. The regression analyses showed that general and social anxiety and depression did not moderate the relationship between social isolation and loneliness types. This study is similar to the present study in that they both assess social isolation and psychological health. However, the present study used married women while the reviewed study used university students.

On the linkage between life satisfaction and psychological health, Nasser and Hussein (2023) examined the psychological problems of the elderly and their relationship to their satisfaction with life. The results showed that life satisfaction among the elderly was negatively correlated with depression, loneliness and anxiety. The study concluded that psychological problems such as depression, loneliness, and anxiety negatively affect life satisfaction in the elderly. The results obtained in this study are particularly important to highlight the importance of social support by institutions, social activities, and families for nursing homes so that the elderly do not feel lonely and suffer from psychological problems.

Similarly, Marquez et al. (2023) investigated the relationship between mental health and life satisfaction and the moderating effect of gender in the crucial developmental transition from middle adolescence to emerging adulthood. They found no associations between LS and MH in the 17–19

transition and bidirectional associations in the 19–21 transition. There were no substantial gender differences in either transition. They concluded that LS and MH predict each other in the transition from late adolescence (age 19) to emerging adulthood (age 21) for both males and females. This study however employed a longitudinal design which contrast with the present study.

Also, Arfa (2023) explored the relationship between gratitude, hope, life satisfaction, and psychological wellbeing among young adults working in the corporate sector. Results showed that all variables had a statistically significant relationship, and gratitude, hope, and life satisfaction had a positive correlation with psychological wellbeing. Additionally, all three predictor variables, i.e., gratitude, hope, and life satisfaction, significantly predicted psychological wellbeing of young adults in the corporate sector. Life satisfaction was found to be the most important predictor for psychological wellbeing followed by gratitude and hope. However, this study was not carried out in Benue Northwest, a limitation covered in the present study.

Another study by Saifi and Srivastava (2022) examined the relationship between psychological distress and life satisfaction among university students in Delhi. The study also found no correlation between psychological distress and gender. Given the low prevalence of psychological distress among university students. However, this study has the limitations of been carried out among students in Delhi rather than married women in Benue Northwest.

Relatedly, Taylor et al. (2018) investigated the impact of objective and subjective social isolation and life satisfaction from extended family members and friends on depressive symptoms and psychological distress among a national sample of older adults. Regression analyses using both social isolation measures indicated that objective social isolation was unrelated to depressive symptoms and psychological distress. However, subjective social isolation and life satisfaction from both family and friends and from friends only were associated with more depressive symptoms, and subjective social isolation from friends only was associated with higher levels of psychological distress. They concluded that social isolation from friends is an important, but understudied, issue that has significant consequences for older adult mental health.

An earlier study by Kumar et al. (2016) examined the relationship between psychological distress, loneliness and life satisfaction among university students. Results showed that there was significant correlation between psychological distress, loneliness and life satisfaction among university students. This study is related but failed to sample participants from Benue Northwest. More so, the study was conducted long time ago, thus there is need for recent replications.

Another earlier study by Mehmood and Shaikat (2014) assessed the relationship between self-isolation, life satisfaction with two components of psychological wellbeing (depression and self-esteem) among young adult female university students. It was found that self-isolation and satisfaction with life

jointly predicted psychological wellbeing among participants. Results also showed that depression and self-esteem are predictors of life satisfaction and no difference observed in life satisfaction, in terms of perceived family income and age of young adult female university students. However, this study is criticized for using only female university students and their inclusion of only samples from Pakistan in the study. Based on the gaps identified in the literature review made above, the following hypotheses were postulated:

### **Statement of Problem**

Irrespective of the positive benefits associated with marriage, married women often report difficulties and challenges as well, that also have the chances of affecting their psychological health negatively. These factors may range from financial challenges, domestic violence/abuse, infidelity, infertility, disease etc. away from these factors, perceptions of social isolation and dissatisfaction with life can also affect the psychological health of married women. With a poor psychological health condition, married women may exhibit anger, irritability, frustration, poor social skills, low intimacy response, poor attachment to children and partners, work absenteeism and reduced connectivity with their immediate community. This reaction to marital conditions may in the long run affect the wellbeing of children and initiate tendencies for divorce/separation. Against this backdrop, the present study wishes to examine the psychological health of married women in Benue Northwest with the focus to avail literature, data and evidence for intervention in areas of policy formation and

clinical interventions for married women. Therefore, the present study will investigate social isolation, life satisfaction and psychological health among married women in Benue Northwest Nigeria.

### Research Questions

- i. To what extent is the influence of social isolation on psychological health among married women in Benue Northwest?
- ii. What is the influence of life satisfaction on psychological health among married women in Benue Northwest?
- iii. What is the joint influence of social isolation and life satisfaction on psychological health among married women in Benue Northwest?

### Research Hypotheses

Social isolation will significantly influence psychological health among married women in Benue Northwest.

- ii. Life satisfaction will significantly influence psychological health among married women in Benue Northwest.
- iii. Social isolation and life satisfaction will jointly influence psychological health among married women in Benue Northwest.

### Method

#### Design

This study adopted cross-sectional survey design to investigate social isolation, life satisfaction and psychological health among married women in Benue-Northwest. This type of design was adopted because the study assessed the respondents across different

parameters and drew scientific inferences without any form of manipulations. In addition, this study was carried out at a single point in time. The independent variables were social isolation and life satisfaction while the dependent variable was psychological health.

#### Sampling

This study adopted the use of Multistage sampling to draw the sample for the study. At the first stage, purposive sampling was used to select Gboko, Makurdi and Gwer-East local government areas because they are metropolitan areas where many married women associations exist. Secondly, "Endurance Mothers Gboko", "Destiny Mothers Makurdi" and "Caring Mothers Gwer-East" women associations were chosen because they were the most populous married women associations in these local government areas. Lastly, in each association, the researchers used simple random sampling to draw 128 married women to constitute the overall sample of 384.

Since the population of married women in Benue Northwest is not known, the researchers used the formular for unknown population (Cochran, 1963) to estimate a representative sample for the study. The formular is illustrated below:

$n = \frac{z^2 pq}{e^2}$  where

$n$  = the sample size

$z$  = the 95% level of confidence corresponding to a  $z$  value of 1.96

$p$  = the estimated proportion of the population (0.5)

$q$  = the inverse of  $p$  i.e.  $1-p$

$e$  = the tolerated margin of error (.05 or 5%)

Therefore, the formula was applied as follows:

$$n = \frac{z^2 pq}{e^2}$$

$$n = \frac{(1.96)^2 0.5(0.5)}{(0.05)^2}$$

$$n = \frac{3.84 \times 0.25}{0.0025}$$

$$n = \frac{0.96}{0.0025}$$

$$n = 384$$

### Participants

The participants for this study were 384 married women in Benue Northwest. Their ages ranged from 28-64 years with a mean age of 49.209 years (SD=11.225). Among them, 331 (86.2%) were Tiv, 41 (10.7%) were Idoma, 12 (3.1%) were from other ethnic groups. As for their religions, 367 (95.6%) were Christians, 10 (2.6%) were Muslims while 7 (1.8%) were practicing other religions. In terms of education, 77 (20.1%) had primary education, 203 (52.9%) had secondary education, while 104 (27%) had tertiary education. Considering their durations in marriage, 46 (12%) were married for less than 1 year, 151 (39.3%) were married for 1-10 years while 187 (48.7%) were married for more than 10 years.

### Instruments

The study used the Social Isolation Measure, Life Satisfaction Scale and the **Warwick-Edinburgh** Mental Wellbeing Scale for data collection.

**Social Isolation Measure:** Social Isolation was measured using the Social Isolation Measure developed by Radhan and Yadav (2018) to measure social isolation among adults. The scale has 10 items and is measured using 5-point Likert format of 1 (strongly disagree) to 5 (strongly agree). The scale is unidimensional and the score is obtained by summing individual scores on each item on the scale. The author reported a Cronbach's Alpha coefficient of .89. The present study obtained an alpha coefficient of .77. Sample of items include: "I feel lonely", "I feel isolated from other people".

**Life Satisfaction Scale:** Life satisfaction was measured using the Life Satisfaction Scale developed by Diener et al. (1985). The scale was designed to evaluate each participant's cognitive judgment of their satisfaction with life. The 5-item scale responses were scored on a 7-point Likert-type scale of 1 (disagree strongly) to 7 (agree strongly). The range of possible score is from 5 to 35 with scores above 30 representing high satisfaction and those between 5 and 9 indicating extreme dissatisfaction with life. The neutral point on the scale is 20 which indicate that a person is neither satisfied nor dissatisfied with life. An alpha coefficient of .87 and a two-month test re-test stability coefficient of .82 have been reported. The present study obtained an alpha coefficient of .80. Sample of items from the scale include; "In most ways, my life is close to my ideal", "The conditions of my life are excellent".

**Warwick-Edinburgh Mental Well-being Scale:** Psychological health was measured using the Warwick-Edinburgh Mental Well-being Scale developed by WAVES project

(2010). This 14-item scale is uni-dimensional and is measured on a 5-point scale of 1 (none of the time) to 5 (all of the time). High scores on this scale imply positive mental health while low scores imply poor mental health. The scale has a reliability coefficient of .87 as reported by the author. The present study obtained an alpha coefficient of .89. There are no items to be reversed and a sample of the items in this scale include; “I have been thinking clearly”, “I have been feeling confident”.

**Procedure**

This study was conducted among married women who are members of women associations in Gboko, Gwer-East and Makurdi. The researchers sought approvals from married woman associations considered in the sampling frame for the study. The consent of the married women was sought before the administration of questionnaire was carried out. As for ethical considerations, the researchers ensured that none of the participants was forced to participate, thus they willingly consented to the study. Lastly, the study did not constitute

any form of harm to the participants during the data collection process. A research assistant and a translator were used and given proper orientation on research ethics and procedures to support the data collection process. Multistage sampling was used to draw the sample for the study, the drawn sample was then exposed to the questionnaire copies. The researchers administered 400 copies of the questionnaire to account for non-response and counterfeit copies that may be found during data collection. After administration, 384 copies were considered for statistical analyses.

**Data Analysis**

The data collected in this study were analyzed using both descriptive and inferential statistics. The descriptive statistics employed include the mean, standard deviation, frequencies and simple percentages which were used to summarize the demographic variables of the respondents. Meanwhile, hypotheses one and two were tested using Simple Linear Regression, hypothesis three was tested using Standard Multiple regression.

**Results**

**Table 1:** Summary of Simple linear regression showing the influence of social isolation on psychological health among married women in Benue Northwest.

Variable	R	R <sup>2</sup>	F	df	β	t	Sig.
Constant	-.179	.032	12.154	1,382		3.138	.041
Social Isolation					-.179	3.486	.001

The result depicted in table 1 shows that social isolation had a significant negative influence on psychological health among married women; [R<sup>2</sup>=.032, F(1,382)=12.154, p<.05]. The result implies that social

isolation explained 3.2% of the variance in psychological health. Thus, the more married women are isolated from the society, the poorer their psychological health. Therefore, hypothesis one was supported.

**Table 2:**Summary of Simple linear regression showing the influence of life satisfaction on psychological health among married women in Benue Northwest.

Variable	R	R <sup>2</sup>	F	df	B	t	Sig.
Constant	.174	.030	12.072	1,382		2.336	.020
Life satisfaction					.174	3.475	.001

The result depicted in table 2 shows that life satisfaction had a significant positive influence on psychological health among married women; [ $R^2=.030$ ,  $F(1,382)=12.072$ ,  $p<.05$ ]. This means that the more the satisfaction with life, the more the married

women experience positive psychological health. The result implies that life satisfaction explained 3% of the variance in psychological health. Therefore, hypothesis two was also supported.

**Table 3:**Summary of Standard Multiple regression showing the joint influence of social isolation and life satisfaction on psychological health among married women in Benue Northwest.

Variable	R	R <sup>2</sup>	F	df	B	t	Sig.
Constant	.184	.034	16.380	2,381		4.535	.003
Social Isolation					-.105	2.835	.040
Life Satisfaction					.109	2.787	.032

The result depicted in table 3 shows that social isolation and life satisfaction jointly influenced psychological health among married women; [ $R^2=.034$ ,  $F(2,381)=16.380$ ,  $p<.01$ ]. The result implies that social isolation and life satisfaction jointly explained 3.4% of the variance in psychological health. Therefore, hypothesis three was also supported.

friends during leisure or professional events. Since social interaction burst confidence and create support networks, it is likely that it will be connected with psychological health. Therefore, it is not strange for social isolation to be inversely associated with psychological health among married women. This finding agrees with Al-Shahrani and Hammad (2023) who confirmed that those with high levels of emotional divorce concurrently scores higher on depression, anxiety, and loneliness. Relatedly, Gul et al. (2023) indicated that social isolation has a significant positive correlation with posttraumatic growth; however, it has nonsignificant correlation with psychological distress. Another consonant study by Vasile et al. (2023) indicated that each type of social isolation is associated with enhanced loneliness, which in turn is negatively associated with mental wellbeing. Also, Wolters et al. (2023) indicated that social loneliness was most

**Discussion**

Hypothesis one was tested to find out if social isolation will significantly influence psychological health among married women in Benue Northwest. Findings indicated that social isolation negatively influenced psychological health among married women. Social isolation is characterized by deprivation of interaction with the social environment. Among married women, it could imply inability to have quality time with children, relatives, neighbours and

strongly explained by social isolation, whereas emotional loneliness was most strongly explained by social anxiety and depression.

Hypothesis two was tested to find out if life satisfaction will significantly influence psychological health among married women in Benue Northwest. Findings indicated that life satisfaction positively influenced psychological health among married women. Satisfaction with life is characterized by contentment and happiness with one's overall evaluation of his/her life. People with high satisfaction with life are more inclined to experience positive psychological health. This finding thus agrees with Nasser and Hussein (2023) who showed that life satisfaction was negatively correlated with depression, loneliness and anxiety. Another study by Marquez et al. (2023) revealed that life satisfaction and mental health predict each other. A similar study by Arfa (2023) showed that life satisfaction had a positive correlation with psychological wellbeing. Still in consonance, Yesiltepe et al. (2021) revealed that life satisfaction and psychological well-being predict happiness (63.6%).

Hypothesis three was tested to find out if social isolation and life satisfaction will jointly influence psychological health among married women in Benue Northwest. Findings indicated that social isolation and life satisfaction jointly influenced psychological health among married women. This finding agrees with Taylor et al. (2018) who found that both social isolation and quality of life were related to depressive symptoms and psychological distress.

Furthermore, Mehmood and Shaukat (2014) and Kumar et al. (2016) showed that there was significant correlation between psychological wellbeing, self-isolation and life satisfaction.

### **Conclusion**

Based on the findings obtained from the present study, the following conclusions were drawn:

- i. Social isolation is a significant negative determinant of psychological health among married women in Benue Northwest.
- ii. Life satisfaction has significant positive influence on psychological health among married women in Benue Northwest.
- iii. Social isolation and life satisfaction are joint predictors of psychological health among married women in Benue Northwest.

### **Recommendations**

In line with the findings obtained from the present study, the following recommendations were made:

- i. Married women should be given the opportunity to engage in social activities, build social networks and interact with the wider society around them. This can be achieved with the support of their husbands, via traditional and cultural reforms and by ensuring that social inclusion become a universal practice among families. This has a healing effect and is capable of enhancing psychological functioning.
- ii. Married women should be supported to achieve their set goals in life, provided

with enabling environments to live quality lives and allowed to pursue personal self-fulfilling goals. This can be achieved by giving married women the room to air their views in marital discussions and allocating time and resources to help them achieve what gives them happiness and satisfaction in life.

- iii. Lastly, since marriage is equally associated with a lot of hurdles and difficulties, clinical psychologists should create enabling environments where married women experiencing difficulties with socialization and poor satisfaction with life can share their challenges and be supported accordingly. This can be done by forming support groups for marital support purpose within the community.

### Contributions to Knowledge

Despite the above highlighted limitations, this study has made the following contributions to existing knowledge:

- i. This study has unveiled the importance of married women socially interacting with their families, relatives and neighbours and the associated positive impact it has on the overall psychological health of the woman. It has also shown how consequential social isolation is to the wellbeing of married women in Benue Northwest.
- ii. This study also reiterates the role of life satisfaction in influencing psychological health amidst the economic crises experienced all over Nigeria. This shows that married women's positive appraisal of their life can help them in coping with the

demands of marriage.

### References

- Al-Shahrani, H. F. & Hammad, M. (2023). Impact of emotional divorce on the mental health of married women in Saudi Arabia. *PLoS ONE*, *18*(11), 273-285. <https://doi.org/10.1371/journal.pone.0281111>
- Anusic, I., & Schimmack, U. (2016). Stability and change of personality traits, self-esteem, and well-being: Introducing the meta-analytic stability and change model of retest correlations. *Journal of Personality and Social Psychology*, *110*(5), 766–781. <https://doi.org/10.1037/pspp0000066>
- Arfa, F. (2023). Gratitude, hope and life satisfaction as predictors of psychological wellbeing among working professionals in corporate sector. *International Journal of Creative Research Thoughts*, *11*(5), 751-761.
- Azizli, N., Atkinson, B. E., Baughman, H. M., & Giammarco, E. A. (2015). Relationships between general self-efficacy, planning for the future, and life satisfaction. *Personality and Individual Differences*, *82*, 58–60. <https://doi.org/10.1016/j.paid.2015.03.006>
- Beutel, M. E., Junger, C., Klein, E. M., Wild, P., Lackner, K. J., Blettner, M. & Brahler, E. (2016). Depression, anxiety and suicidal ideation among 1(st) and 2(nd) generation migrants – Results from the Gutenberg health study. *BMC Psychiatry*, *16*(1), 288-299. <https://doi.org/10.1186/s12888-016-0995-2>
- Cochran, W. G. (1963). *Sampling techniques* (2<sup>nd</sup> Ed.). New York: John Wiley and Sons, Inc.
- Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment*, *49*(1), 71–75. [https://doi.org/10.1207/s15327752jpa4901\\_13](https://doi.org/10.1207/s15327752jpa4901_13)

- Gul, H., Ehsan, L., Iqbal, N. & Hassan, B. (2023). Illness Perception, Social Isolation, Psychological Distress, and Posttraumatic Growth in the Aftermath of COVID-19. *Pakistan Journal of Psychological Research*, 38(2), 309-327.
- Kong, F., Ding, K., & Zhao, J. J. (2015). The relationships among gratitude, self-esteem, social support and life satisfaction among undergraduate students. *Journal of Happiness Studies*, 16(2), 477–489. <https://doi.org/10.1007/s10902-014-9519-2>.
- Kumar, H., Shaheen, A., Rasool, I. & Shafi, M. (2016). Psychological distress and life satisfaction among university students. *Journal of Psychology and Clinical Psychiatry*, 5(3), 11–12. <https://doi:10.15406/jpcpy.2016.05.00283>
- Kusier, A. O., & Folker, A. P. (2019). The Well-Being Index WHO-5: Hedonistic foundation and practical limitations. *Medical Humanities*, 7(2), 32-45. <https://doi.org/10.1136/medhum-2018-011636>
- Leigh-Hunt, N., Bagguley, D., Bash, K., Turner, V., Turnbull, S., Valtorta, N., & Caan, W. (2017). An overview of systematic reviews on the public health consequences of social isolation and loneliness. *Public Health*, 152, 157–171. <https://doi.org/10.1016/j.puhe.2017.07.035>
- Levin, J., & Chatters, L. (1998). Religion, health, and psychological well-being in older adults: Findings from three national surveys. *Journal of Aging and Health*, 10, 504–531.
- Marquez, J., Katsantonis, I., Sellers, R. & Knies, G. (2023). Life satisfaction and mental health from age 17 to 21 years in a general population sample. *Current Psychology*, 42, 27047–27057. <https://doi.org/10.1007/s12144-022-03685-9>
- Mehmood, T. & Shaukat, M. (2014). Life Satisfaction and Psychological Well-being among Young Adult Female University Students. *International Journal of Liberal Arts and Social Science*, 2(5), 143-153.
- Miceli, S., Maniscalco, L., & Matranga, D. (2019). Social networks and social activities promote cognitive functioning in both concurrent and prospective time: Evidence from the SHARE survey. *European Journal of Ageing*, 16(2), 145–154. <https://doi.org/10.1007/s10433-018-0486-z>
- Nasser, H. & Hussein, H. (2023). "Psychological Problems and its Relationship to the Life Satisfaction among Elderly". *Clinical Schizophrenia and Related Psychoses*, 17(3), 32-54. <https://doi:10.3371/CSRP.MMWY.100145>
- Nurullah, A. (2020). Gender differences in distress: the mediating influence of life stressors and psychological resources. *Asian Social Science*, 6(5), 27–35.
- Ojong, M. U., Iji, M. E., Angioha, P. U. (2019). Curing Socio-Economic ILLS in Obudu Local Government Area: An Assessment of Non-Governmental Agencies Activities". *Journal of Social Service and Welfare*, 1(2), 38-45.
- Park, K. (2023). *Parks' Textbook of Preventive and Social Medicine* (22nd ed.). M/S Banarsidas Bhanot.
- Ren, P., Emiliussen, J., Christiansen, R., Engelsen, S., Harnow, K., & S. (2022). Filial Piety, Generativity and Older Adults' Wellbeing and Loneliness in Denmark and China. *Applied Research in Quality of Life*, 1, 32–44. <https://doi.org/10.1007/s11482-022-10053-z>
- Saifi, S. & Srivastava, A. (2022). Correlation Study on Psychological distress and life satisfaction among university students in Delhi. *International Journal for*

- Multidisciplinary Research*, 4(5), 1-17.
- Salinas-Rodríguez, A., Moreno-Tamayo, K., Hernández-Serrato, M., del Enríquez-Rosas, M. R., & Manrique-Espinoza, B. S. (2018). Multidimensional social support is associated with health care utilization among older Mexican adults. *European Journal of Ageing*, 15(1), 77–85. <https://doi.org/10.1007/s10433-017-0428-1>
- Schimmack, U., Schupp, J., & Wagner, G. G. (2018). The influence of environment and personality on the affective and cognitive component of subjective wellbeing. *Social Indicators Research*, 89(1), 41–60. <https://doi.org/10.1007/s11205-007-9230-3>.
- Seligman, M. E. P. (2002). *Authentic happiness: using the new positive psychology to realize your potential for lasting fulfillment*. New York: The Free Press.
- Taylor, H., Taylor, R., Nguyen, A. & Chatters, L. (2018). Social Isolation, Depression, and Psychological Distress among Older Adults. *Journal of Ageing and Health*, 30(2), 31-44.
- Ukwayi, J. K., Angioha, P. U. & Ojong-Ejoh, M. U. (2018). Youth empowerment: A criminological approach for crime prevention and control in Cross River State, Nigeria. *IOSR Journal of Humanities and Social Science (IOSR-JHSS)*, 22(11), 73-81.
- Vasile, M., Aartsen, M. & Precupetu, I. (2023). Association Between Social Isolation and Mental Well-Being in Later Life. What is the Role of Loneliness? *Applied Research Quality Life*, 1, 28-45. <https://doi.org/10.1007/s11482-023-10239-z>
- Walsh, K., Scharf, T., & Keating, N. (2017). Social exclusion of older persons: A scoping review and conceptual framework. *European Journal of Ageing*, 14(1), 81–98. <https://doi.org/10.1007/s10433-016-0398-8>
- WAVES Project (2010). *Warwick-Edinburgh Mental Well-being Scale (WEMWBS) acceptability and validation in English and Scottish secondary school Students*. NHS Health Scotland, Woodburn House, Canaan Lane, Edinburgh.
- Wolters, N. E., Mobach, L., Wuthrich, V. M., Vonk, P., Van der Heijde, C. M., Wiers, R. W., Rapee, R. M., & Klein, A. M. (2023). Emotional and social loneliness and their unique links with social isolation, depression and anxiety. *Journal of Affective Disorders*, 329, 207-217. <https://doi.org/10.1016/j.jad.2023.02.096>
- Yesiltepe, A., Sayar, S. & Çal, A. (2022). Investigation of the effect of the life satisfaction and psychological well-being of nursing students on their happiness levels. *Perspectives on Psychiatric Care*, 58, 541–548. <https://doi.org/10.1111/ppc.13012>