

Social Support's Impact on Psychological Distress and Life Satisfaction among Saudi Women in Makkah City

Dr. Najwa Helal Alharbi

College of Social Sciences | Umm Al-Qura University | KSA

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* Corresponding author:
nhoharbi@uqu.edu.sa

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Abstract: This study explores the complex relationship between psychological distress and life satisfaction among Saudi women, with a particular focus on the moderating role of social support, applying the stress process model to examine stress in a sociological context.

The research adopted a social survey and gathered data through a survey that included validated measures for assessing psychological distress, life satisfaction, and social support as the primary study variables. The study involved 442 Saudi female residents of Makkah and employed multivariable regression analysis to test hypotheses.

The findings indicate that psychological distress significantly diminishes life satisfaction among Saudi women, whereas higher levels of social support are associated with increased life satisfaction. However, the anticipated interaction effect of psychological distress and social support on life satisfaction was not statistically significant among Saudi women.

The study advocates for further sociological research into the factors influencing subjective well-being in this demographic, suggesting an exploration of the effects of religious practices and family dynamics to better understand their roles in improving Saudi women's life satisfaction, focusing on utilizing the stress process model of sociology in analyzing these factors.

Keywords: Social support, psychological distress, life satisfaction, stress process, Saudi women.

تأثير الدعم الاجتماعي على الضائقة النفسية والرضا عن الحياة لدى النساء السعوديات في مدينة مكة

الدكتورة / نجوى هلال الحربي

كلية العلوم الاجتماعية | جامعة أم القرى | المملكة العربية السعودية

المستخلص: هدفت هذه الدراسة إلى استكشاف العلاقة المعقدة بين الضائقة النفسية والرضا عن الحياة بين النساء السعوديات، مع التركيز بشكل خاص على الدور المعتدل للدعم الاجتماعي، باستخدام نموذج عملية الاجتهاد لدراسة الضغوطات في سياق اجتماعي. اعتمدت الدراسة على المنهج المسح الاجتماعي، تألفت عينة الدراسة من 442 امرأة سعودية من سكان مكة المكرمة، حيث تم جمع البيانات من خلال استبيانات شملت مقاييس معتمدة لقياس الضائقة النفسية والرضا عن الحياة والدعم الاجتماعي. واستخدمت الدراسة تحليل الانحدار متعدد المتغيرات لاختبار الفرضيات.

توصلت الدراسة إلى عدد من النتائج أبرزها أن الضائقة النفسية تقلل بشكل كبير من الرضا عن الحياة بين النساء السعوديات، في حين أن ارتفاع مستويات الدعم الاجتماعي يرتبط بزيادة الرضا عن الحياة. ومع ذلك، فإن التأثير التفاعلي المتوقع بين الضائقة النفسية والدعم الاجتماعي على الرضا عن الحياة لم يكن ذا دلالة إحصائية بين النساء السعوديات.

تدعو نتائج الدراسة إلى إجراء المزيد من البحوث الاجتماعية حول العوامل التي تؤثر على الرفاهية الذاتية في هذه الفئة السكانية، وتقتصر استكشاف آثار الممارسات الدينية والديناميكيات الأسرية على الرضا عن الحياة لدى المرأة السعودية، مع التركيز على استخدام نموذج عملية الاجتهاد في علم الاجتماع لتحليل هذه العوامل.

الكلمات المفتاحية: الدعم الاجتماعي، الضائقة النفسية، الرضا عن الحياة، عملية الاجتهاد، المرأة السعودية.

1- Introduction

The mental well-being of people around the world has been greatly affected by the recent global health emergency, particularly the COVID-19 pandemic, with women in Saudi Arabia experiencing notable effects. Research conducted by BinDhim et al. (2021) highlighted the global mental health challenges, while Alharbi et al. (2024) specifically found that 38.1% of Saudi women reported higher levels of psychological distress. Factors such as quarantine, social distancing, increased family responsibilities, and the shift to remote work have exacerbated these stress levels (Kim, 2022). Moreover, the ambitions of Saudi Vision 2030 to empower women and enhance their participation in the labor market and broader society have introduced additional complexities in balancing work and family life. These initiatives, though aimed at improving women's socio-economic standing, have inadvertently heightened the struggle to reconcile traditional roles with new societal expectations, thereby potentially increasing stress levels.

From a theoretical perspective, the social stress theory provides a valuable lens through which to examine these phenomena. This theory posits that psychological distress arises from the complex interplay between individuals and their social environments, suggesting that the socio-economic transformations in Saudi society have introduced new pressures on women. The literature corroborates the detrimental effects of such distress on well-being, with studies by Thoits (2010) and Jalala et al. (2024) linking psychological distress to adverse outcomes in life satisfaction. Psychological distress, characterized by emotional states such as anxiety, depression, or tension (Drapeau et al., 2012), contrasts sharply with life satisfaction, which denotes a state of joy and contentment reflecting an individual's quality of life (Al-Khraif et al., 2019). A variety of social, cultural, and economic factors influence these concepts. Given the cultural and social landscape of Saudi Arabia, where women navigate multiple pressures from traditional roles, societal expectations, and professional obligations, there is a compelling need for sociological research into the effects of psychological distress on life satisfaction among Saudi women. This exploration is particularly critical in understanding the moderating role of social support in this dynamic, offering insights into how these factors interplay within the unique context of Saudi society.

The existing literature lacks comprehensive research in Saudi Arabia on the relationship between psychological distress and life satisfaction among Saudi women while considering the moderating effect of social support. This study applies social stress theory and the stress process model to examine the subject from a sociological perspective. Existing research has primarily focused on general well-being, such as life satisfaction among specific age groups or the broader impact of social support on mental health. While a study of older adults in Saudi Arabia highlighted the importance of social support in mediating the relationship between gratitude and life satisfaction (El Keshky et al., 2023), the social gap in understanding the impact of psychological distress, social support, and life satisfaction remains significant in the context of Saudi women's mental health. Given that external stressors, including life events and role pressures, can lead to psychological distress and directly impact well-being, particularly life satisfaction, the stress process model provides a suitable framework for analyzing these relationships. Therefore, the present study aims to address this knowledge gap by exploring the association between psychological distress and well-being among Saudi women in Makkah City, focusing on the role of perceptions of social support in moderating these relationships.

2- Research Objectives

1. To examine the relationship between psychological distress and overall well-being among Saudi women in Makkah.
2. To investigate the moderating role of perceived social support in the association between psychological distress and well-being among Saudi women in Makkah.

3- The Significance of The Study

This study is significant as it is the first sociological exploration of the interplay between psychological distress, life satisfaction, and social support among women in Makkah City. Previous research in the region has focused primarily on mental health's medical, psychological, and epidemiological aspects. By incorporating sociological theory, this research provides insights into how psychological distress affects the well-being of women in Makkah, where cultural and social dynamics play a vital role. The study examines the potential of social support to mitigate negative impacts, particularly in the context of Makkah, a city rooted in tradition and community values. It highlights the critical role of social support in alleviating distress, applying the stress process model to women's experiences in the city. The research emphasizes that social support resources can reduce psychological distress and enhance mental health.

Consequently, it contributes to the sociological debate on the importance of social support in improving life satisfaction. The findings could inform social policies and community initiatives to strengthen family and friend bonds and foster better mental health outcomes for women in Makkah City. Additionally, the results can guide the development of targeted programs that enhance social support networks, promoting improved mental health and life satisfaction among women.

4- Concepts and Overview

It is essential to clearly define the key terms used in this research to comprehensively examine the relationship between psychological distress, well-being (specifically life satisfaction), and social support. Psychological distress is stress experienced when individuals sense a social threat and dread their inability to mitigate it (Drapeau et al., 2012). Psychological distress is the stress experienced when individuals perceive a social threat and feel unable to cope with it. This may manifest as a combination of anxiety, sadness, and physical symptoms such as sleeplessness, tremors, and headaches, indicating a state of emotional turmoil or disturbance (Drapeau et al., 2012). It is important to note that the emergence or exacerbation of clinical disorders is closely linked to psychological distress (Payton, 2009), encompassing emotional pain, including depression and anxiety, as well as symptoms related to mood and malaise (Mirowsky & Ross, 1996; Payton, 2009). Commonly utilized tools for assessing psychological distress include the General Health Questionnaire (GHQ) and the Kessler K10 Distress Scale, which are employed to identify non-psychotic illnesses and evaluate mental health. For the context of this study, the Kessler Scale (K10) has been translated into Arabic to assess psychological distress within the Saudi context.

Life satisfaction is pivotal in an individual's psychological well-being, as Mehmood and Shaukat (2014) highlighted. It encompasses people's emotional and cognitive judgments when assessing their lives (Kuppens et al., 2008). According to Diener (1984), life satisfaction is an individual's evaluation of their life in terms of their standards, reflecting how much their life fulfills their sense of meaning, desires, and values. It comprehensively assesses various life domains, such as relationships, work, health, and personal growth. Diener et al. (1985) used the "Satisfaction With Life Scale (SWLS)" as a reliable measure of life satisfaction. This instrument measures overall satisfaction through five items, gauging respondents' agreement or disagreement on a seven-point scale, where one signifies "strong disagreement" and seven indicates "strong agreement" (Diener, 1984). In this study, the SWLS is utilized to assess the well-being of Saudi women, with the scale being translated into Arabic to ensure cultural and linguistic appropriateness.

Social support is a concept extensively explored within health and sociology, emphasizing the importance of human connections. It suggests that an individual's social ties provide unconditional support, intertwining the functional role of social connections with their structural context (Gottlieb & Bergen, 2010). Highlighting the significance of interpersonal relationships, the Oxford Dictionary articulates social support as providing encouragement, confidence, and strength derived from solid relationships (Turner & Turner, 2013). Furthermore, social support is characterized by the availability of social resources from one's immediate non-professional network (Gottlieb & Bergen, 2010).

Vaux et al. (1986) elaborated on the multifaceted nature of social support, identifying three critical components: the individual's perceptions of support, the resources within one's social network, and the actual support received. Although the conceptualization and metrics of social support vary across studies, there is a consensus that social support processes can be categorized into three main types: social integration, perceptions of social support, and actual received support (Barrera Jr, 1986). This research primarily focuses on perceived social support, the subjective belief in being valued, respected, and meeting social needs. It represents the cognitive assessment of feeling connected and supported by one's social network (Zimet et al., 1988).

Zimet et al. (1988) developed the "Multidimensional Scale of Perceived Social Support (MSPSS)" to measure perceived social support. This tool comprises 12 items distributed across three categories containing four items—to evaluate support from "family, friends, and significant others." Responses are recorded on a seven-point scale ranging from 1 ("very strongly disagree") to 7 ("very strongly agree") (Zimet et al., 1988). For this study, the MSPSS was translated into Arabic to effectively evaluate the adequacy of social support sources within the Saudi context, particularly emphasizing support derived from family, friends, and the wider community.

5- Review of The Literature

Research into gender differences concerning psychological distress has consistently demonstrated that women report experiencing higher levels of stress compared to men (Mirowsky & Ross, 1986; Needham & Hill, 2010). Sociologists often attribute this disparity to the traditional roles assigned to women and their increased exposure to stress-inducing factors (Rosenfield, 1999). Recent investigations into the mental health of women in Saudi Arabia have uncovered troubling trends, particularly in the context of the COVID-19 pandemic. Studies by Alfawaz et al. (2021), Asdaq et al. (2020), and Qattan (2022) highlight that the pandemic has significantly intensified psychological distress among Saudi women, with approximately 36% experiencing mild distress and 8% suffering from severe distress. Notably, younger women and female medical staff have been identified as groups with particularly severe levels of psychological distress (Qattan, 2022).

Further research supports these findings, indicating that 38.1% of women are experiencing severe psychological distress, with tension and irritability being the most commonly reported symptoms (El Keshky et al., 2021; Elhessewi et al., 2021). Marital status also appears to play a role in mental health; married women reportedly have better mental health outcomes than their single counterparts, particularly concerning anxiety, insomnia, and depression. Among different age groups, the youngest women showed the highest rates of depression. Additionally, employed women reported greater functional impairment compared to unemployed women (Almadani & Alwesmi, 2023). These studies, particularly in light of the worsening effects of the COVID-19 epidemic, highlight the critical need for targeted mental health support and interventions for women in Saudi Arabia.

The relationship between gender and subjective quality of life has been a research focus across various cultures and societies. Notably, a pattern has emerged indicating that, in the majority of countries, women report higher levels of life satisfaction than men. This has been supported by findings from Basyouni and Keshky (2021) and Al-Khraif et al. (2019), with the latter specifically highlighting that gender is a significant predictor of life satisfaction, suggesting that females generally exhibit greater satisfaction levels than their male counterparts. This gender disparity in life satisfaction is also evident among the elderly population in Saudi Arabia, where women reportedly express a higher degree of satisfaction with life (Al-Khraif et al., 2019).

The effects of resilience on life satisfaction have been explored in the context of medical and dental students in private colleges in Jeddah, where Aboalshamat et al. (2018) discovered that high resilience correlates with enhanced happiness and greater life satisfaction. This connection between psychological resilience and subjective well-being emphasizes the critical role of mental and emotional fortitude in navigating life's challenges.

Furthermore, the negative impact of psychological distress on life satisfaction has been extensively documented in the literature. Studies by Lathabhavan and Sudevan (2023), Satıcı et al. (2021), and Thompson et al. (2022) have collectively underscored how worry, stress, and depression significantly diminish life satisfaction. Diener et al. (1999) highlight that external stressors—ranging from financial insecurity and job pressures to evolving social roles specific to each life phase—contribute to this complex interplay between psychological distress and life satisfaction.

Empirical evidence points to a significant adverse relationship between psychological distress and life satisfaction among women across different contexts. In a study conducted in China, a negative association was observed between life satisfaction and anxiety symptoms in pregnant women, with perceived social support playing a mediating role. This finding suggests that enhancing social support could potentially mitigate the effects of anxiety, thereby boosting life satisfaction (Yu et al., 2020). Similarly, research involving Nepalese migrants in Tokyo found that social support from “friends, family, and significant others” played a vital role in reducing psychological distress and increasing life satisfaction. This underscores the importance of expanding interpersonal networks and strengthening social support systems, particularly for migrants (Khatiwada et al., 2021).

In Saudi Arabia, the mental health landscape for women is marked by high rates of psychological distress, characterized by depressive, anxious, and stressed symptoms (Alharbi et al., 2024; Qattan, 2022). This prevalent psychological distress among Saudi women has significant implications for their well-being, identification of the need for target interventions to address these mental health challenges and enhance life satisfaction within this demographic.

The exploration of how psychological distress impacts life satisfaction, especially among Saudi women, unveils the critical role social support plays in their mental well-being. Building upon the foundation laid by an array of studies, including those by Alharbi et al. (2024) and others, it is evident that social support is a significant buffer against the adverse effects of psychological distress. The literature, spanning from earlier works by Cobb (1976) and House (1983) to more recent studies by Khusaifan and El Keshky (2021),

consistently underscores the positive influence of social support. This includes emotional, instrumental, and informational support, which enhances life satisfaction and mitigates distress impacts.

In the context of Saudi Arabia, where women have been increasingly vulnerable to mental health issues post-COVID-19, the absence of research focusing specifically on the influence of social support on women's psychological distress is notable. Alharbi et al. (2024) have revealed that social support plays a significant role in stress management among women in Saudi Arabia. Their findings suggest that women with substantial social support experience lower levels of psychological distress, thereby spotlighting the importance of family support in stress reduction. Furthermore, the contribution of support from friends, family, and significant others in diminishing psychological distress and enhancing life satisfaction cannot be overlooked, as evidenced by the work of Khatiwada et al. (2021). This collective body of research not only highlights the critical nature of social support in the mental health landscape of Saudi women but also points to a gap in the literature that future studies should aim to fill.

Despite growing global awareness around mental health issues, research exploring the interplay between psychological distress, life satisfaction, and social support in Saudi Arabia—particularly among women—remains scarce. This gap is even more pronounced when considering studies adopting sociological perspectives to examine these relationships. While sociological research into these areas is well-developed in Western contexts, the unique societal fabric of Saudi Arabia necessitates more focused attention.

The limited research specifically targeting Saudi women is notable, especially given the significant socio-cultural changes the country is undergoing that have profound implications for women's mental health and well-being. In addition, social stress theory and the stress process model need to be further applied in the Saudi context to clarify the dynamics between psychological stress, life satisfaction, and the buffering role of social support. This lack represents a critical gap in the literature, as understanding these dynamics within the specific cultural and social context of Saudi society could provide valuable insights for creating interventions that improve the mental health and overall life satisfaction of Saudi women.

6- Theoretical Perspective and Hypothesis Derivation

The framework for examining the relationship between psychological distress and life satisfaction among Saudi women, as well as the impact of social support, is rooted in social stress theory and the stress process model. According to Pearlin and Bierman (2013), the stress process model helps sociologists understand how social stress contributes to disparities in mental health. It delves into factors that either mitigate or exacerbate stress, including stressors, strains, and access to resources (Aneshensel & Mitchell, 2014). Stress is the body's physical response to an external stimulus that challenges functioning (Chu et al., 2024). Stress can manifest in various forms, such as life events (e.g., divorce, job loss, loss of a relative, or a car accident), chronic stress (e.g., poverty, an unhappy marriage or family, or an unfulfilling job), and traumatic events (e.g., natural disaster, assault, abuse, or parental loss). These forms of stress can adversely affect physical and mental health (Thoits, 2010; Wheaton et al., 2013; Zulkifli et al., 2024). Scholars in medical sociology argue that change is an inherent part of life and that individuals' ability to cope with stress significantly affects their mental health (Pearlin, 1989; Pearlin et al., 1981). Inadequate coping with stressors and limited social resources lead to psychological distress.

Various factors, such as exposure to stress, social support, and personal resources, influence the experience of stress. Distress is often linked to social inequalities, with disadvantaged groups, particularly women with limited access to resources, experiencing lower levels of well-being. As a result, sociological research delves into how stress affects individuals based on social factors like gender, socioeconomic status, and age (Pearlin et al., 1981; Turner & Lloyd, 1999). Cross-cultural studies have also revealed disparities in mental health issues between men and women (Rosenfield, 1999). For example, women tend to experience internalizing problems like fear and hopelessness at higher rates than men (Rosenfield, 1999; Seedat et al., 2009; Weich et al., 1998). This is often attributed to women reporting higher stress levels due to their greater family responsibilities (Macias-Alonso et al., 2023).

The study applies a theory to examine the recent changes in Saudi society, particularly in laws and policies concerning women. These changes have led to significant shifts in women's lives, increasing psychological pressure. For instance, Vision 2030 has expanded and empowered women's roles in various areas, leading to higher participation in the workforce (Macias-Alonso et al., 2023); despite the positive aspects of these changes, women may face negative psychological stressors due to societal expectations, gender roles, and increased workloads. Additionally, cultural, digital, and economic changes in Saudi Arabia may contribute to higher levels of psychological distress among Saudi women, impacting their well-being. Sociologists view life stressors as factors that increase individuals' vulnerability to depression or psychological distress, which can adversely affect their well-being (Thoits, 1999). However,

extensive research suggests that social support and resources may alleviate the relationship between psychological distress and life satisfaction (Ali et al., 2010; Alsubaie et al., 2019; Ross, 2017).

Social resources, such as support, are crucial to an individual's emotional well-being. Support is more than just being connected; it involves active involvement and impact. While being part of a network is a starting point, the quality of the relationships within the network ultimately determines the outcome (Pearlin et al., 1981). Research indicates that the loss of social resources is a significant part of the stress process, and having social resources becomes increasingly important when people are exposed to stressors (Hobfoll, 2001). Numerous studies demonstrate that social support can moderate the relationship between psychological stress and life satisfaction (Alsubaie et al., 2019; Wheaton, 1983). This suggests that individuals with social support may maintain higher levels of life satisfaction even when facing high levels of psychological stress compared to those lacking such support (Cohen & Wills, 1985). It also suggests that individuals with less social support are more likely to experience depression (Turner & Turner, 2013).

From a sociological perspective, social supports are not equally available to everyone due to broader social structures, including gender roles and cultural norms (Turner & Marino, 1994). For example, traditional gender expectations in Saudi Arabia may place more caregiving and family responsibilities on women, potentially reducing their support network. Consequently, women lacking adequate social support may experience higher levels of psychological distress. These disparities in social support underscore the interaction of gender and culture in shaping the well-being of Saudi women.

In brief, the stress process model concerning the moderating role of social support extends social stress theory. For Saudi women, cultural expectations, gender roles, and access to social resources may influence the availability and nature of social support. Perceived social support from family, friends, and the local community may play a role in moderating Saudi women's ability to reduce distress and improve well-being. For instance, women reporting lower social support may experience a more significant impact of distress on life satisfaction compared to those reporting higher social support. Based on the existing literature and theoretical framework, the study posits the following hypotheses:

Hypothesis 1: There is an inverse correlation between psychological distress and life satisfaction among Saudi women in Makkah, such that higher levels of psychological distress are associated with lower levels of life satisfaction.

Hypothesis 2: Social support moderates the relationship between psychological distress and life satisfaction among Saudi women in Makkah.

7- Research Methodology

The study used a social survey to collect data, as it allows for the efficient gathering of information from a large population while capturing diverse perspectives on psychological distress, life satisfaction, and social support. This survey included validated scales to assess the main variables of the study: psychological distress, life satisfaction, and social support. The study specifically targeted Saudi women residing in Makkah City. The focus on Saudi women in Makkah was intentional, as Makkah holds significant cultural and religious importance in Saudi Arabia, making it a unique context for understanding women's lived experiences in this city. According to data from the General Authority for Statistics (2022), approximately 526,261 Saudi women live in Makkah. Out of this population, 442 Saudi women, all aged 18 and above, participated in the survey. The sample size was calculated using statistical criteria to represent the population of Saudi women in Makkah accurately. The calculation was based on a confidence level of 95% and a margin of error of 5%, taking into account the total population size. While the optimal sample size was initially determined to be 384 women, a total of 442 women were ultimately included in the sample to enhance the reliability of the statistical analysis. The survey addressed various topics, including sociodemographic information, psychological distress, life satisfaction, and perceptions of social support.

7-1- Outcome Variable

In this study, life satisfaction is the outcome variable. It is assessed using the Satisfaction With Life Scale (SWL), generated by Diener et al. (1985), which effectively measures overall well-being. This scale comprises five items that investigate individuals' perspectives on their lives as a whole. An example item from this scale is, "In most ways, my life is close to my ideal," where participants are asked to indicate how much they agree or disagree with each statement. Responses from all participants are measured using a 7-point Likert scale, where one is "strongly disagree," and seven is "strongly agree." The five items were computed to create the scale.

7-2 Predictor Variables

The study identifies psychological distress and social support as the primary predictor variables. To measure psychological distress, the researchers used the Kessler Psychological Distress Scale (K10), developed by Kessler et al. in 2002. This scale consists of ten questions that assess feelings of tiredness, nervousness, restlessness, hopelessness, depression, and worthlessness. Each question is answered on a five-point scale aimed at determining the levels of depression and anxiety experienced by Saudi women over the past month. For example, participants were asked, "In the past 4 weeks, how often did you feel tired out for no good reason?" Responses were rated on a scale from 1 to 5, where one means "not at all" and five means "all of the time." The scores from all ten items are summed, with a total score of 10 indicating no distress and a score of 50 signifying the highest risk for psychological distress. All ten items are reverse coded and summed, with a score of 10 indicating no distress and a score of 50 signifying the highest risk for psychological distress (Kessler et al., 2002).

Social support, the second key predictor variable in this study, was assessed using the scale developed by Zimet et al. (1988), known as the "Multidimensional Scale of Perceived Social Support (MSPSS)." This scale evaluates the emotional support received from three primary sources: "family, friends, and significant others." Comprising 12 statements, the MSPSS measures perceptions of social support through three subscales corresponding to these sources, each containing four statements.

However, to better align with the cultural context of Saudi Arabia, the study adapted the "significant others" subscale to focus on "community support." This modification entailed revising the four items under this category to reflect the support perceived from the broader community, with statements such as "My community supports me when needed," "I belong to a community that brings joy into my life," "I have a community that is a source of comfort to me," and "Social support services, such as social counseling offices and financial support from different sectors, are available in my community." Additionally, "I belong to a community that cares about my feelings" was included to emphasize the emotional aspect of community support.

Instead of the original seven-point scale, the adaptation used a five-point Likert scale ranging from one (strongly disagree) to five (strongly agree), following the precedent set by previous research (Santiago et al., 2021). The overall perception of social support was determined by calculating the average score across all 12 items, creating a summative scale where higher scores indicate stronger perceptions of social support. The adapted social support scale's reliability was calculated using Cronbach's alpha to accurately reflect individuals' feelings of support within their social and community networks.

7-3 Control variables

The study included several control variables to address potential influencing factors impacting the primary relationships being examined. These control variables comprised marital status, education, age, and income, each measured as follows: Marital status was coded as 0 for all others and 1 for married people. Education levels were measured as 0 for less than high school, 1 for high school, 2 for some degree, 3 for a bachelor's degree, and 4 for postgraduate education. Age was categorized into three groups: 0 for young (18-34), 1 for adults (35-54), and 2 for older (above 55 years old). Income was measured categorically as 0 for less than 2,000 SR, 1 for 2,000-4,999 SR, 2 for 5,000-9,999 SR, 3 for 10,000-14,999 SR, 4 for 15,000-19,999 SR, and 5 for 20,000 SR or above. These control variables were selected to effectively account for the diverse backgrounds of the study's participants, enhancing our understanding of the main variables of interest.

7-4 Data Analysis

The investigator used Stata® software for all statistical analyses. The analysis involved several steps. First, the normality of the continuous variables was checked, and the results showed that the variables were not normally distributed. The researcher then used descriptive statistics to describe all data variables by calculating means, standard deviations, ranges, and proportions of continuous and categorical variables. Additionally, Spearman correlations were carried out to examine the relationships between all the study variables, and OLS regression was estimated to test the research hypotheses. Control variables, including marital status, age group, education, and income, were added to the OLS regression models to examine the differences in the study variables. Model 1 examined psychological distress, Model 2 focused on social support, Model 3 included control variables, and the final model, Model 4, included interaction terms to determine whether the effect of psychological distress on life satisfaction differed according to the

perceived level of social support among Saudi women. The direction and significance ($\alpha = .05$) observed for each model were used to determine support for each hypothesis. The significance of interaction terms was determined using an F-test.

7-5 Assessment of Measurement Consistency

The researcher accurately translated and culturally adapted measures for psychological distress, life satisfaction, and social support for Saudi women. This involved translating the scales from English to Arabic and back to ensure consistency, with reviews by bilingual experts to align with Saudi cultural values. Adjustments were made based on their feedback. Cronbach's alpha coefficient was used to measure the scales' internal consistency and reliability for the variables.

Table 1 displays the Cronbach's alpha scales for the SWLS, K10, and MSPSS measures. The life satisfaction scale showed a Cronbach's alpha of 0.83 with five items. The psychological distress scale, with ten items, achieved a Cronbach's alpha of 0.92. The social support scale (MSPSS) had three subscales, each with four items: family support ($\alpha = 0.88$), friend support ($\alpha = 0.92$), and community support ($\alpha = 0.80$). The twelve-item MSPSS had a Cronbach's alpha of 0.91. These results indicate good internal consistency and reliability for these measures.

8- Results

The descriptive statistics for the study variables for a sample of 442 Saudi women ($N = 442$) are presented in Table 2. The average life satisfaction was 24.03 ($SD = 6.30$), and the average MSPSS score was 3.68 ($SD = 0.72$). The average psychological distress score was 28.30 ($SD = 8.54$). It was observed that 62% of the women were married, and 48% were aged 35-54. The majority of women held bachelor's degrees, and 41% reported a monthly income of less than 2,000 Saudi riyals.

The results depicted in Table 3 illustrate the Spearman rankings for the study variables. The analysis reveals a strong correlation between life satisfaction and social support ($r=0.412$, $p<0.001$), indicating that higher perceived social support is linked to greater life satisfaction. Additionally, life satisfaction shows moderate positive correlations with age ($r=0.145$, $p<.01$) and income ($r=0.157$, $p<.001$). Conversely, a negative correlation is observed between life satisfaction and psychological distress ($r = -0.429$, $p < .001$), suggesting that Saudi women experiencing higher levels of psychological distress tend to have lower levels of life satisfaction. Furthermore, psychological distress is moderately inversely correlated with social support ($r = -0.392$, $p < 0.001$), indicating that increased perceptions of social support are associated with decreased psychological distress. Additionally, psychological distress shows a weak correlation with age ($r=-0.162$, $p<.001$). Social support weakly positively correlates with age ($r = .096$, $p < .05$) and has a weak positive correlation with income ($r = 0.155$, $p < .01$). Conversely, education is weakly negatively correlated with age ($r = -0.125$, $p < .01$). Moreover, income is moderately correlated with both age ($r = 0.371$, $p < 0.001$) and education ($r = 0.259$, $p < 0.001$).

Table 4 presents the results of OLS regressions examining the relationship between psychological distress, social support, and life satisfaction. The regression analyses included distress, social support, sociodemographic factors, and interaction terms. Model 3 incorporated additional control variables to assess changes in the association between life satisfaction and psychological distress.

As depicted in Table 4, Model 1 illustrates the correlation between life satisfaction and psychological distress. The findings indicate a significant negative relationship between psychological distress and life satisfaction ($p < .05$). For every unit increase in psychological distress, the level of life satisfaction among Saudi women decreases by 0.32. This model demonstrated statistical significance ($F=.000$, $p<.001$).

In Model 2, the analysis adjusts for predicted social support. Even after this adjustment, the relationship between psychological distress and life satisfaction remains statistically significant ($p<0.001$). Each unit increase in psychological distress is associated with a 0.22 unit reduction in life satisfaction, and all other variables are held constant. Additionally, perceiving social support is found to be a significantly positive predictor of life satisfaction at the .05 level of significance. Specifically, Saudi women's life satisfaction increases by 2.78 points for each unit increase in social support. The model maintains statistical significance even after accounting for these factors ($p<.05$).

In Model 3, additional control variables such as marital status, age, education, and income were incorporated to investigate the impact on the relationship between psychological distress and life satisfaction. Even after accounting for these control variables, psychological distress shows a significant negative correlation with life satisfaction at the .05 significance level. Moreover, perceived social support remains significantly positively associated with life satisfaction. Marital status, education, and income variables also

display statistical significance ($p < .05$). Specifically, married women report 1.25 higher life satisfaction compared to unmarried individuals after adjusting for the control variables ($p < .05$).

According to the data, Saudi women with a high school education have reported an average life satisfaction score that is 3.01 points lower than those with less than a high school education ($p < .05$). Similarly, Saudi women with a college education have a life satisfaction score 3.03 points lower than women with less than a high school education ($p < .05$). Conversely, Saudi women with a bachelor's degree exhibit a life satisfaction score 3.02 points lower than those with less than a high school education ($p < .05$) when controlling for other factors. Additionally, Saudi women with monthly incomes between SR 2,000 and SR 4,999 reported significantly higher levels of life satisfaction, with a score 1.56 points higher compared to those earning less than SR 2,000 ($p < .05$). The findings indicate that Saudi women with monthly income between 10,000 and 14,999 SR reported significantly higher life satisfaction compared to those earning less than 2000 Ryals ($p < .001$). However, there was no statistically significant difference in life satisfaction for those earning between 5,000 and 9,999 SR compared to the reference group ($p > .05$). Surprisingly, women with a monthly income of 20,000 SR and above did not show a significant relationship with life satisfaction ($p > .05$). Additionally, age was not significantly related to life satisfaction ($p > .05$). However, the model as a whole was statistically significant ($p < .05$). These results support the expected negative association between psychological stress and life satisfaction among Saudi women, even after accounting for socio-demographic factors.

The second research hypothesis investigated whether the perceived social support of Saudi women moderated the link between life satisfaction and psychological distress. The results of the interaction between psychological distress and perceived social support, as shown in Table 4, Model 4, revealed that the interaction terms did not have a significant effect on life satisfaction ($p > .05$). This suggests that the combined effect of social support and psychological distress is not significantly linked to a change in life satisfaction as initially hypothesized. Therefore, the study did not find support for its second research hypothesis.

9- Discussions

In reference to hypothesis 1, even after including all control variables in the analysis, the results still demonstrate that increased exposure to psychological distress is associated with lower levels of life satisfaction among Saudi women in Makkah. This finding aligns with previous research, supporting the idea that psychological distress negatively correlates with life satisfaction (Lathabhavan & Sudevan, 2023; Satıcı et al., 2021). Particularly within the unique socio-cultural landscape of Makkah, societal norms and expectations weigh heavily on women. The city, being a religious and cultural hub, imposes specific pressures that can exacerbate psychological distress. Women in Makkah often navigate complex roles encompassing family responsibilities, professional commitments, and adherence to traditional values while managing the demands of an evolving societal context. The social stress theory further explains this situation, suggesting that constant exposure to stressors can impair individuals' coping mechanisms, which is particularly relevant for women in Makkah. They may face increasing socioeconomic challenges, including rising costs of living and limited job opportunities, which can increase levels of distress and reduce overall life satisfaction.

Additionally, the dynamic shifts in gender roles and expectations present unique hurdles that further impact their mental health and well-being. The findings indicate an urgent need to address the psychological distress experienced by women in Makkah, which affects their happiness and overall quality of life. To address this issue, health interventions should prioritize culturally sensitive strategies that address women's unique challenges. Empowering women to manage stress through effective coping mechanisms, open discussions about mental health, and supportive community networks can significantly enhance their well-being.

In the context of positive correlations between social support and life satisfaction, this study found that greater perceived social support correlated with increased life satisfaction among Saudi women. This finding is consistent with previous research and stress theory, highlighting social support as a protective and crucial factor in managing distress and mitigating its adverse impacts (Cohen & Wills, 1985). Support from peers and family plays a significant role in promoting the well-being of individuals (Kasprzak, 2010).

It is worth noting that intriguing findings surface when adjusting for education, age, income, and marital status. Specifically, Saudi women with a high school diploma or some university education tend to report lower life satisfaction compared to those with less than a high school education. This finding contrasts with previous studies that have suggested a positive link between higher education and well-being (Högberg, 2019; Michalos & Michalos, 2017). One potential explanation for this disparity might be the

societal pressure on women to excel in their careers and traditional family roles, contributing to increased stress and diminished life satisfaction. Additionally, Saudi women may encounter difficulties in the job market, struggling to find positions that align with their qualifications, which could lead to frustration and dissatisfaction. Nevertheless, the study found that higher income is linked to improved well-being, echoing prior research findings (Diener & Biswas-Diener, 2002).

On the other hand, this study did not find a correlation between age and life satisfaction. These findings consistently indicate a complex relationship between age and life satisfaction. Most studies indicate a "U-shape" pattern, suggesting that life satisfaction decreases in midlife and rises after that (Bartram, 2021). Moreover, there is a significant disparity in life satisfaction between married and unmarried Saudi women, with married women reporting higher levels of life satisfaction. This aligns with previous research showing that married individuals generally report greater life satisfaction than unmarried individuals (Stahnke & Cooley, 2021).

The current study findings did not demonstrate a statistically significant impact of the interplay between psychological distress and social support on life satisfaction, as hypothesized in Hypothesis 2. However, it was anticipated that social support would moderate the negative impact of psychological distress, which aligns with prior research (Alsubaie et al., 2019; Turner & Brown, 2010). In the context of Makkah, where many women engage in religious practices due to the city's spiritual significance, there may be additional layers to this dynamic. For example, the unique environment of Makkah City, a center of the Islamic faith, provides a culturally rich backdrop that influences how women experience and cope with stress. Several possible explanations for this result can be considered. According to stress theory, while social support can enhance well-being, it may not entirely counteract the effects of psychological stress. In Makkah, women may find solace not only in social support networks but also in spiritual practices that are deeply rooted in their daily lives. This might indicate that the nature of women's stressors requires interventions beyond social support, such as religious practices, mental health programs, and improved personal coping strategies. The influence of religion could be particularly salient in this city. Religious teachings provide psychological and moral support, encouraging individuals to find contentment, exercise patience, and rely on faith when facing stress. Consequently, women in Makkah might be more inclined to draw upon religious values such as persistence, optimism, and prayer to confront stressors, which could enhance their well-being and life satisfaction. These findings have implications for future research, highlighting how spiritual and religious factors may impact stress management in Makkah and emphasizing the importance of integrating both religion and social support into mental health interventions tailored specifically for women in this unique cultural context.

However, there are several limitations to the current study. Its cross-sectional design restricts the ability to draw cause-and-effect conclusions regarding the relationships between psychological distress, social support, and life satisfaction among Saudi women in Makkah. Additionally, self-reported data may be affected by social desirability bias, which could lead to underreporting of psychological distress and overreporting of social support. Furthermore, due to the limited sample size of Saudi women from Makkah, the findings cannot be generalized to the broader population of Saudi females.

Future studies should expand the sample size to determine whether similar patterns are observed across different gender identities and regional contexts, as gender significantly influences discussions of psychological distress and life satisfaction. Women often employ more expressive communication styles when addressing mental health issues, which may shape their understanding and management of psychological distress and social support. Moreover, essential variables like religiosity and cultural factors were not examined, although they could provide valuable insights into the dynamics influencing these relationships.

In Saudi culture, the variety of available support systems and practices might explain the lack of significant interaction between psychological distress and support among women. Therefore, sociological research should consider additional factors influencing subjective well-being, such as religious practices, family dynamics, and access to mental health services.

Analyzing how men experience psychological distress and life satisfaction would also allow for a comparative study highlighting potential gender differences within the Saudi context. Further research should investigate the various forms of support available and their relationship to Saudi well-being, specifically focusing on the role of religiosity as a moderating factor within stress theory to gain valuable insights into how these dynamics affect both men and women in Saudi Arabia.

10- Conclusion

The results of this study highlight the complex relationship between psychological distress, social support, and life satisfaction among Saudi women in Makkah. Psychological distress significantly negatively impacts life satisfaction, while social

support is crucial in enhancing it. Nevertheless, the results suggest that social support alone may not be sufficient to mitigate the effects of psychological distress.

Several recommendations are proposed to address these issues. First, an initiative should be developed to develop community-based mental health programs tailored to women. These programs can integrate social support with religious coping strategies, acknowledging the relevance of religious beliefs in Saudi culture. Moreover, policymakers should create supportive environments that foster open discussions about mental health. It is essential to implement initiatives aimed at reducing stigma around mental health issues and increasing awareness of available support services.

Future research should also examine gender differences in coping with psychological distress from a sociological perspective. Investigating how men and women experience and respond to psychological distress differently within the Saudi cultural context could yield valuable insights. Furthermore, analyzing the influence of social expectations, gender norms, and family responsibilities on mental health outcomes can help develop more effective support systems.

Table (1): Cronbach's alpha scales for (SWLS), (K10), and (MSPSS)

Scale	Number of items	Cronbach's alpha
Life Satisfaction (SWLS)	5	0.83
Psychological Distress (K10)	10	0.92
Total Social Support (MSPSS)	12	0.91
Family Support	4	0.88
Friends Support	4	0.92
Community Support	4	0.80

Table (2): Descriptive Statistics for all the study variables among Saudi Women Sample (N= 442).

Variable Name	Mean or Proportion	S.D.	Min	Max
<i>Dependent Variables</i>				
Life Satisfaction	24.03	6.30	6	35
<i>Predictor Variables</i>				
Psychological Distress	28.30	8.54	10	50
Social Support total (MSPSS)	3.68	.72	1	5
<i>Control Variables</i>				
Marital Status				
Unmarried	.38			
Married	.62			
Age				
(18-34) Younger	.40			
(35-54) Adults	.48			
(+55) Adults	.12			
Education				
Less than high school	.05			
High school	.17			
Some college	.09			
Bachelor's degree	.55			
Post-graduate	.14			
Income per month				
Less than 2,000 SR	.41			
2,000-4,999 SR	.11			
5,000-9,999 SR	.22			

Variable Name	Mean or Proportion	S.D.	Min	Max
10,000-14,999 SR	.14			
15,000-19,999 SR	.08			
20,000 SR and above	.03			

Notes: N = number, S.D. = standard deviation, Min = minimum value, and Max = maximum value, SR= Saudi Riyal

Table (3): Spearman's rank correlation coefficients

Variables	(1)	(2)	(3)	(4)	(5)	(6)
(1) Life satisfaction	1.00					
(2) Psychological distress	-0.429***	1.00				
(3) Social support	0.412***	-0.392***	1.00			
(4) Age	0.145**	-0.162***	0.096*	1.00		
(5) Education	0.012	0.055	0.033	-0.125**	1.00	
(6) Income	0.157***	-0.072	0.155**	0.371***	0.259***	1.00

* p < 0.05, ** p < 0.01, *** p < 0.001

Table (4): OLS Regression Predicting Life Satisfaction and Interaction Effects: Phycological Distress x Perceived Social Support Among Saudi Women (N= 442).

Variables	Model 1	Model 2	Model 3	Model 4
Psychological Distress	-0.32*** (0.031)	-0.22*** (0.03)	-0.21*** (0.03)	-0.21 (0.13)
Social Support		2.78*** (0.39)	2.61*** (0.38)	2.64* (1.23)
Marital Status (Reference =Unmarried)				
Married			1.25* (0.57)	1.25* (0.58)
Age (Reference = Young adults 18-35 years)				
Adults (36-55 years)			0.24 (0.63)	0.24 (0.63)
Older (56+ years)			-0.14 (0.94)	-0.14 (0.94)
Education (Reference = Less than high school)				
High school			-3.01* (1.27)	-3.01* (1.27)
Some college			-3.03* (1.43)	-3.03* (1.43)
Bachelor's degree			-3.02* (1.18)	-3.02* (1.18)
Post-graduate			-2.24 (1.37)	-2.23 (1.37)
Income (Reference= <2,000 SR)				
2,000-4,999 SR			-0.42 (0.85)	-0.42 (0.85)
2,000-4,999 SR			1.56* (1.37)	1.55* (1.37)

Variables	Model 1	Model 2	Model 3	Model 4
			(0.70)	(0.70)
5,000-9,999 SR			1.15	1.153
			(0.85)	(0.85)
10,000-14,999 SR			3.54***	3.54***
			(1.05)	(1.05)
+20,000 SR			-1.41	-1.41
			(1.50)	(1.51)
Phycological Distress x Social Support				-0.00
				(0.03)
Constant	33.31***	20.18***	21.66***	21.54***
	(0.93)	(2.04)	(2.24)	(4.92)
R2	0.19	0.28	0.33	0.33
F	0.000	0.000	0.000	0.97
Standard errors in parentheses * p < 0.05, ** p < 0.01, *** p < 0.001				

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