

<https://doi.org/10.48047/AFJBS.6.2.2024.2274-2285>



African Journal of Biological Sciences

Journal homepage: <http://www.afjbs.com>



Research Paper

Open Access

## Assessment of Possible Different Marital Status effects on Quality of Life

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Article History

Volume 6, Issue 2, Apr-May 2024

Received: 22 July 2024

Accepted: 18 August 2024

Published: 18 August 2024

doi: [10.48047/AFJBS.6.2.2024.2274-2285](https://doi.org/10.48047/AFJBS.6.2.2024.2274-2285)

**Abstract: Background:** Marriage is considered one of the most core issues especially for women. Being married or not is important in the way most people deal with women particularly in our Arab communities with rooted oriental beliefs and culture. Marital status is considered one of sociodemographic variables that is found to have impact on physical, psychological and social well-being. During last years, marriage trends and pattern among Egyptians are changing rapidly and the family structure has experienced many changes. The proper family structure has a strong influence on individuals' health as a family provides economic, social and psychological resources. The concept of "Quality of life" has become a focus of study in different fields including medicine, politics, economics, philosophy, sociology, psychology, environment, journalism, tourism, advertising, sports, and recreation. studies find that quality of marriage and family life are important determinants of QOL. Marriage satisfaction is a significant source of physical, mental, and social well-being. Marital satisfaction and QOL have a direct relationship. Good marital relationships have effective interactions, proper perception of marriage, responsibilities, and functions. While stressful marital relationships characterized by decreased intimacy, lack of communication and support, increased conflicts and aggression resulting in decreasing QOL. Lastly, marital satisfaction has positive effect on QOL in both men and women but its effect is more obvious in women

### Introduction

Marriage is considered one of the most core issues especially for women. Being married or not is important in the way most people deal with women particularly in our Arab communities with rooted oriental beliefs and culture. Marital status is considered one of sociodemographic variables that is found to have impact on physical, psychological and social well-being **(1)**.

Marital Status is used to categorize individuals into single, married, divorced, or widowed and commonly used in formal documents. **(1)**.

During last years, marriage trends and pattern among Egyptians are changing rapidly and the family structure has experienced many changes. The proper family structure has a strong influence on individuals' health as a family provides economic, social and psychological resources.**(2)**

Officially, there is decrease in Crude Marriage Rate, it changes to 9.0/1000 in 2022 compared to 2012 it was 10.9/1000. Urban Marriage Rate reached 8.6 per thousand in 2022 compared to 9.2 per thousand in rural areas. There is an increase in Crude Divorce Rate as it changes to 2.6/1000 in 2022 compared to 2012 it was 1.8/1000. Urban Divorce Rate reached 3.5 per thousand in 2022 compared to 1.9 per thousand in rural areas. Most divorce cases occur during the first 2 years of marriage. Also, there is an increase in the average age of first marriage in Egypt. **(3)**

With rapid population growth all over the world, access to basic needs of life has become more difficult and women's work becomes a need in our modern time. Women are going to add a career to their lives while continuing in their traditional roles. Having independent source of income makes women more economically stable that reflect on their self-esteem, better life conditions, and even development at level of their communities. **(4)**. Females represent 48.5% of total population in Egypt 2021 with work participation rate reached 14.3% in 2020. Females' employment is affected by different socio-demographic factors such as: **(3)**

#### **1- Residency:**

Probability of employment opportunity for women in urban is less than rural by nine tenths.

#### **2- Marital status:**

Married woman may have an urgent motive for practical participation four times as long as an unmarried woman to get out of crises and cover spending on basic needs, and the probability of a separated, divorced, or widowed woman working twice as much as an unmarried woman.

#### **3- Level of education:**

Percentage of females who have university degree or higher and technical intermediate education increased to (34.1%, 27.8% respectively) in 2020, versus (26.4%, 26.1% respectively) in 2017 which reflects improvement in educational level of female labor force.

#### **4- Household head:**

When women are the only breadwinners of their families this results in having urgent requirement for work in attempt to cover their families' expenses and meet their needs.

### **Marriage**

Marriage means "the legal union of two persons of two different genders (man and woman) and this bond originate in religious or civil ways as stated by the laws found in society". **(3)**

Marriage being a significant event in one's life has a great impact on QOL of an individual especially for a woman. It is more obvious in the case of women in developing countries where traditional concept of family, household and socially determined gender roles are deeply rooted. **(5)**

In Egypt 2022, number of marriage contracts reached 929,428 contracts distributed as follows **(3)**:

#### **\*According to geographic areas:**

- 384,468 Urban areas contracts representing 41.4% of total contracts and 544,960 Rural areas contracts representing 58.6% of total contracts.

**\*According to age groups:***a- For Husbands:*

-The highest marriage rate recorded among the age group of (25 to less than 30 years) representing 40.3% of total contracts while the lowest marriage rate recorded among the age group of (75 years and above) representing 0.2% of total contracts.

*b- For Wives:*

-The highest marriage rate recorded among the age group of (20 to less than 25 years) represents 37.6% of total contracts while the lowest marriage rate recorded among the age group of (75 years and above) represents 0.02% of total contracts.

**\*According to Educational status:***a- For Husbands:*

-Those with intermediate certificates recorded the highest marriage rate representing 37.5% of total contracts while those with higher university degree (Above university) recorded the lowest marriage rate representing 0.1% of total contracts.

*b- For Wives:*

-Those with intermediate certificates recorded the highest marriage rate representing 29.9% of total contracts while those with higher university degree (Above university) recorded the lowest marriage rate representing 0.1% of total contracts.

Many studies suggested that those who are married and in a stable long-term partnership are healthier and more satisfied with their lives; less likely to have anxiety, depression, chronic illness, physical limitations, or mortality and have better psychological and emotional well-being than those who are single and divorced. In other words, it is confirmed that marriage has a positive impact on the quality of life because of protective health benefits by increasing the availability of social support, stability of life, sexual satisfaction, companionship, and mutual caring in addition to economic benefits. **(6)**

**Delayed marriage**

Marital Status is one of the effective socio-demographic factors influencing community structure including biological, social, economic, legal, and religious aspects. In addition to influencing rates of mortality, migration, education enrollment, education drop-out, and contribution to economic activities especially in women. **(3)**

Age is considered one of the important determining factors of marriage in our eastern communities particularly in Egypt as young man or woman suffer from social pressures if they delay in marriage. According to the customary age of marriage in Egypt, individuals aged 35 years and over are called spinsters. Spinsterhood is used to describe persons beyond the customary age of marriage according to each country. It is commonly used to describe women only, but it is actually used for both men and women. Age of spinsterhood differs according to traditions and customs of communities for example in Bedouin and rural communities, the girl is called spinster if she becomes 20 years old and not married while in urban communities, girls delay in marriage because of spread of the idea that girls should complete their education first before marriage and childbearing. **(3)**

According to Egypt's marriage statistics in 2022, average wife's age of first marriage increases to 25.1 years compared to 23.8 years in 2010 and 24.5 years in 2015. The highest average age is found in Cairo and Alexandria recording 28.9 and 28.7 years respectively while the lowest average age is found in Fayoum, Menia, and Beni-Suef recording 23.1 years. The average husband's age of first marriage increases to 30.7 years in 2022 compared to 28.7 years in 2010 and 30.1 years in 2015. The highest average age is found in Cairo and Alexandria recording 33.1 and 33.5 years respectively while the lowest average age is found in Beni-Suef recording 28.6 years. **(3)**:

According to Egypt's census in 2017, number of women aged 35 years and over and never married equals 472,000 women representing 3.3% of the total number of women in the same age group while number of men aged 35 years and over and never married equals 687,000 men representing 4.5% of the total number of men in the same age group making this condition become an interest of studies to identify related factors and causes. Examples of these causes are **(3)**: High dowries and marriage costs, High cost of living, Difficult provision of housing, Increased rates of unemployment, Rising educational level of female, Women's work, Poor wages for young people.

Spinsterhood is problematic especially for women who unwillingly remain single as it has negative impacts on one's feelings, positive self-identity, self-esteem even it can lead social isolation, being stigmatized, and marginalized by the surrounding community. In addition to exposure to pressures to marry, inadequate finance, fear of loneliness and insignificant future. All these conditions negatively affect individual's QOL since it reveals one's satisfaction about different life domains such as health, relationships, activities, and being productive. **(7)**

## **Divorce**

Divorce is "the dissolution of the marriage bond, or it is the separation of husband and wife in a legal way that allows both parties the right to remarry religious or civil marriage or both". **(3)**

Many articles and books articulate divorce as a new start and the time for making a new way of living and for self-development but in real life, divorce is very hard and associated with many problems, challenges, and responsibilities especially in our societies. The point is not only about divorced woman personal attitude and psychological trauma but also her social and economic position in the surrounding community. Living as a divorced individual often involves social isolation, lack of social support, economic hardship and added childcare responsibilities for those who are parents. Many divorced women become the only one responsible for their children and in need of having suitable jobs to be able to afford themselves and their children if present. This great distress levels of divorced people considered as a permanent feature of that could be reduced by entering into remarriage. **(8)**

In Egypt, the crude divorce rate (per 1000 people) almost tripled from 0.9 in 2004 to 2.7 in 2022 at a rate of 30.8 divorce cases per hour. In 2022, number of divorce certificates reached 258,757 certificates showing distributed as follows **(3)**:

### **\*According to geographic areas:**

- 145,467 Urban Certificates representing 54.8% of total certificates and 113,290 Rural certificates representing 43.8% of total certificates.

### **\*According to age groups:**

*a- For Divorced Men:*

-The highest divorce rate recorded among the age group of (30 to less than 35 years) representing 18.7% of total certificates while the lowest divorce rate recorded among the age group of (18 to less than 20 years) representing 0.1% of total certificates.

*b- For Divorced Women:*

-The highest divorce rate recorded among the age group of (25 to less than 30 years) representing 17.3% of total contracts while the lowest divorce rate recorded among the age group of (70 year and above) represents 0.2% of total certificates.

**\*According to Educational status:**

*a- For Divorced Men:*

-Those with intermediate certificates recorded the highest divorce rate representing 35.3% of total certificates while those with higher university degree (Above university) recorded the lowest divorce rate representing 0.1% of total certificates.

*b- For Divorced Women:*

-Those with intermediate certificates recorded the highest divorce rate representing 33.2% of total certificates while those with higher university degree (Above university) recorded the lowest divorce rate representing 0.1% of total certificates.

This sharp increase in divorce rates may have been partly due to many factors such as:

**1- Difficult economic conditions:**

These economic difficulties can lead to increased dissatisfaction with married life due to emotional distress and marital conflicts and may thus increase the possibility of family conflict and family breakup. **(9)**

**2- Early Marriage:**

One of common reasons for divorce in the Arab world is early marriage. Marrying at an early age is supported by Arab culture, but it is considered a major risk factor for marital dissolution as the individuals are not mature enough, may not have ability for good decision making, are less financially stable, and may have had minimal advancement in education. **(10)**

**3- Education:**

The lower the education, the less stable the marriage is. A study shows that individuals with higher education show better choices for their life partners, better communication with each other and better control of possible differences, conflict, and external interference from others especially from family. **(11)**

**4- Women's Employment:**

Many studies suggested that wives' employment is a predictor of divorce occurrence. This association may be due to spending much time away from their husbands and homes leading to low marital satisfaction and with increasing divorce rate, women tend to be educated, get jobs and continue working after marriage.(12)

#### **5- Family Interference:**

Family interference is one of the factors that threatens marriage's stability. The family may control their offsprings' choices of life partners, interfering in their family life and affairs. So, that can result in marriage dissolution.(13)

#### **6- Partner Violence:**

Partner violence is known to increase the risk of divorce. According to WHO, over a quarter (27%) of worldwide women aged 15–49 years who have been in a relationship report that they have been exposed to physical and/or sexual violence by their partner.(13)

#### **7- Social Media:**

Using social networks sites (SNS) is found to be negatively linked to marriage quality and happiness, and positively linked to having a struggling relationship and thinking about divorce. As, many individuals addict use of social network sites (SNS) showing many addictive symptoms such as neglect of personal life, mental preoccupation, escapism, mood modifying experiences, and tolerance. SNS also create an environment with potential situations that may cause jealousy between partners, harming the quality of their relationship. In addition, SNS make it easier to find another romantic partner helping marital infidelity.(14)

As a result, the proportion of single-parent families among all households increased. Single parents, particularly single mothers, are a socially and economically vulnerable group that is at risk for different physical and mental health problems. Unfortunately, single mothers have poor physical and mental health status compared to parents living as couples.(15)

Unemployment, poverty, and lower education make single mothers' lives more difficult. Single mothers are more exposed to depression and feeling of failure in their lives after divorce especially if associated with people negative opinions and attitudes.(9)

The Egyptian governments and institutions make great efforts to decrease this rising divorce rate in Egypt by implementing many initiatives and programs for example: -

#### **1- "Mawaddah" Project:**

A program is carried out by Ministry of Social Solidarity (sector of social affairs) aiming at preservation of the Egyptian family entity targeting youth about to marriage and married couples who attend to complaint resolution offices through: Providing the essential knowledge for those looking to get married including (basics of choosing their partners, rights, and duties, how to manage marital and economic problems, reproductive health, and good parenting). Improving support and family counselling services provided to newly married couples and married couples with low compatibility. Activation of family dispute resolution agencies to play their role in reducing divorce cases. Revising legislation that supports family structure, preserves both parties' and offspring's rights. And they succeeded in developing a scientific material covering 3 main aspects. Social aspect: positive communication, understanding and dealing with divergences, roles distribution between married couples, skills of good parenting and avoidance of violence. Religious aspect: marital rights and duties, suitable age of marriage, basics of successful marriage, and wife's financial disclosure. Health aspect: reproductive health, pregnancy, and education about risks of female circumcision and early marriage.(15)

**2- Family Insurance Fund System: -**

Established according to law no. 11/2004 and it follows Nasser Social Bank. It aims to help families whose breadwinner left them without any fund through ensuring execution of judgments in favor of the wife, divorced, offspring or parents. **(14)**

**3- “Lam Al Shaml” (reunion) Units: -**

Established by Al-Azhar Al-Sharif nationwide in 2018 aiming at preventing breakdown of families, solving disputes, and decreasing divorce rate.

**(12)**

**4- “And treat them with kindness” Campaign: -**

It’s a media campaign launched by Al-Azhar including a group of short videos on social network sites to increase community awareness about causes of divorce and what are the basics to have strong and coherent family.

**(10)**

**Widowhood**

Being married and living with a spouse positively influences an individual’s well-being. Marital interaction, partnership, cooperation, and communication provide mental, social, and physical support. Also, provision of love, belonging, conversation all these things relief tension, stress, and workload. Although partnership may also entail tension, stress, workload, and other costs, an overall positive impact is sufficient to continue, otherwise the partnership is likely to be terminated. By losing the spouse, many life aspects will be changed and deteriorated in undesired, unscheduled, and harmful ways. **(3)**

Widower is “an individual whose married life ended with the death of the other party, and is not bound by any marriage contract”.**(3)**

Sharing life with a partner is associated with better wellbeing, life satisfaction, and overall health. On the other hand, the death of a partner is considered one of most difficult situations in one’s life. Studies found the negative impacts of widowhood on quality of life, mental health, physical health, and economic status. In addition to feeling of loss, higher mortality rates, and indirect adverse influence on family composition and sociocultural environment. **(16)**

Many conducted studies show a higher risk of developing mental illnesses up to nine times in widowed compared to married couples. Mental disorders including depression and anxiety disorders are more prevalent among widowed especially during first year of partner’s death **(17)**. Besides, having suicidal thoughts and eventually suicidal attempts. **(16)**

Becoming widowed may result in having limited financial, informational, emotional, and physical resources making widowhood a risk factor for poor health outcomes **(16)**Some studies even proved higher exposure to occurrence of cardiovascular diseases and diabetes among widowed. **(16)**

One of the common problems facing widows is economic hardship. Widowhood is often associated with financial difficulties as family loses the main source of income by husband’s death. Welfare, living standards and psychological wellbeing are adversely affected as a result. **(18)**

Loneliness is one of the serious challenges in widows' life. There is a positive connection between widowhood and loneliness explained through loss of company, communication, support whether it is emotional or social provided by spouse. Having new ways of living and new routines is essential to overcome and manage loneliness. This helps in developing new social relationships, and connections, keeping active, having new sense of purpose and improving one's self-esteem. **(19)**

### **Quality of Life**

The concept of "Quality of life" has become a focus of study in different fields including medicine, politics, economics, philosophy, sociology, psychology, environment, journalism, tourism, advertising, sports, and recreation. There are many definitions for Quality of Life (QOL) and it is difficult to recognize which one is true owing to different interpretations within and between disciplines, as having distinct philosophical, political and health-related concepts. **(20)**.

QOL is defined in various ways. Bennett and his colleagues explained that "Quality of life relates both to adequacy of material circumstances and to personal feelings about these circumstances". It includes "overall subjective feelings of well-being that are closely related to morale, happiness and satisfaction". **(4)**.

Furthermore, Grant and his colleagues defined QOL as "A personal statement of the positivity or negativity of attributes that characterize one's life.". Leplege and Hunt explained that QOL has a highly individual and subjective extent. It reflects the level of achievement of necessary human needs. Research on QOL is considered as a study of individuals in a bio-psychosocial approach. Also, QOL is usually understood as life satisfaction, pleasure, welfare, and wellbeing. **(21)**

World Health Organization (WHO) defines quality of life as "the individual's perception of their position in life in the context of cultural and value systems in which they live and in relation to their goals, expectations, standards, and concerns. It is a broad term encompassing comprehensive physical health, psychological state, level of independence, social relationships, personal beliefs, and relationship to the main features of the environment." **(22)**

QOL is a multidimensional concept that is affected by individual's physical, mental, social, emotional status and satisfaction with his productivity. Moreover, demographic characteristics such as (age, gender, and race), socio-economic characteristics such as (education, occupation, employment, income, marital status, life balance and social connections), values and beliefs, surrounding culture, health status, and self-concepts such as (self-esteem, self-respect, and self-worth) are considered as indicators of QOL. **(23)**

Older Studies about Quality of life tend to divide its sources of into two groups: external factors such as available services in surrounding community or family life, and internal factors such as self-esteem. **(4)**.

WHO developed a QOL measurement tool to facilitate international assessments of QOL considering the following aspects:

#### **1. Physical health:**

Evaluating pain, sleep, daily activities, work ability, need for medication, and energy.

#### **2. Psychological health:**

Evaluated by self-image, self-acceptance, negative feeling, concentration, self-esteem, and mental status.



### 3. Social relationships:

Evaluated by personal relationships, social support, and sexual life.

### 4. Environmental health:

Evaluated by safety, achieving needs, environmental characteristics, recreation opportunities, acquiring knowledge, transportation means, and availability of health services.

In addition to general satisfaction with one's overall quality of life and health. **(24)**

Since QOL is a broad concept considering human experiences, degree of happiness, and life's goodness. Many terms are used interchangeably with QOL, they are related to each other, but they are still different. Some of these terms are life satisfaction, well-being, and health-related quality of life (HRQOL). Life satisfaction is considered as the indicator that the individual uses to evaluate life's positivity and subjective well-being involving positive personal, psychological, social outcome and economic, academic achievements regarding to one's selected criteria. Life satisfaction represent being satisfied with self, family, health, education, occupation, income, and surrounding environment. It can be said that life satisfaction is more subjective than QOL reflecting one's evaluation of his whole life and easily influenced by daily personal feelings. **(25)**

Well-being has been defined as "the combination of feeling good and functioning well; the experience of positive emotions such as happiness and contentment as well as the development of one's potential, having some control over one's life, having a sense of purpose, and experiencing positive relationships." **(25)**

Well-being has been associated with success at different levels including professional, personal, and interpersonal levels. High well-being individuals show greater productivity at work, better learning, more creativity, more positive behaviors, and good relationships. **(25)**

Well-being is usually related to the concepts of happiness, positive experiences or ideas, life satisfaction, and welfare. QOL appears as a broader concept, associated with life improvement, dignity and achieving personal goals. **(26)**

According to Testa and Simonson, QOL, as a measure of health, is a wide-ranging idea and interested in how disease or impairment limits a person's ability to have a normal role (for example, how the inability to climb stairs limits a person at work) **(4)**. Later, Health-related quality of life (HRQOL) was established and used. Health-related quality of life (HRQOL) defined as: "A term referring to the health aspects of quality of life, generally considered to reflect the impact of disease and treatment on disability and daily functioning; it has also been considered to reflect the impact of perceived health on an individual's ability to live a fulfilling life. However, more specifically HRQOL is a measure of the value assigned to duration of life as modified by impairments, functional states, perceptions and opportunities, as influenced by disease, injury, treatment and policy" **(20)**.

HRQOL is a dynamic variable during life stages, which evaluates the subjective influence of health status, health care, and preventive health services on one's performance level. Assessment of HRQOL is important to identify the effects of disease and its treatments, aid informed decision-making in allocation of healthcare resources. **(27)**

Since marriage is one of the most important factors influencing the life and well-being of people. Many studies proved that marital status is one of the factors affecting QOL. According to **Giannouli et al., (28)** study, it is found that higher QOL in women is related to being married, physically active and financially stabilized. As

a result, these women with high QOL have better health consciousness and more adherent to healthy lifestyle and behavior.

Other studies find that quality of marriage and family life are important determinants of QOL. Marriage satisfaction is a significant source of physical, mental, and social well-being. Marital satisfaction and QOL have a direct relationship. Good marital relationships have effective interactions, proper perception of marriage, responsibilities, and functions. While stressful marital relationships characterized by decreased intimacy, lack of communication and support, increased conflicts and aggression resulting in decreasing QOL. Lastly, marital satisfaction has positive effect on QOL in both men and women but its effect is more obvious in women. **(29)**

Marriage failure remains a distressing event associated with great impact on the quality of life (QoL) of those affected. Divorce or separation is a significant life stressor that can influence individuals' lives at different levels including psychological, economic, and physical ones. **(29)**

Divorce is commonly associated with adverse effects on both adults and children. It affects spouses' social networks, relationships, and higher liability to lose friends. Children are supposed to suffer the most, especially after no longer living with one of the parents in the same house and this suffering increases if divorce associated with fights and conflict between parents that negatively affect mainly their psychological health. **(30)**

Many studies differ in their opinions about quality of life among married mothers and single mothers. Some showed that married mothers have better life satisfaction and health compared to single mothers. While others stated that quality of life, life satisfaction and health status depend on supportive family policies, legislation, and gender equality. **(30)**

A partner's loss is considered a traumatic event at any age that negatively affects one's perception of quality of life. It is proved that living with a partner has a protective impact on different aspects of quality of life such as physical health, social engagement, activities, and abilities. The presence of children and supportive social relationships have an effective role in getting over this condition, reducing loneliness and probable isolation. **(31)**

Different studies showed that employed women have higher QOL compared to non-employed women in all aspects of QOL. Furthermore, working women are found to have better health, life satisfaction, and self-esteem and less vulnerable to anxiety, insecurity, and desperation. The most prevalent stressor stated by the non-working women is poor social life as working women have more opportunities to create interpersonal relationships. **(4)**.

Marital status may play an important role when analyzing quality of life among older adults, this study suggests that being married may offer a protective mechanism against depressive symptoms and therefore against mental illnesses during late adulthood.

## References:

1. Lehmann, V., Tuinman, M. A., Braeken, J., Vingerhoets, A. J., Sanderman, R., & Hagedoorn, M. (2015). Satisfaction with relationship status: Development of a new scale and the role in predicting well-being. *Journal of happiness studies*, 16, 169-184.
2. Carr, D., & Springer, K. W. (2010). Advances in families and health research in the 21st century. *Journal of Marriage and Family*, 72(3), 743-761.
3. CAPMAS, C. A. f. P. M. a. S. (2021b). marriage Late age in Egypt. *Population (Research and Studies)*, 101, 147-170.
4. Ahmad, M., & Khan, A. (2018). Quality of life among married working women and housewives. *International Journal of Engineering & Technology Singaporean Journal of Social Science*, 13-18.

5. Kaur, J., Singh, A., & Dutta, J. (2012). Impact of marriage on quality of life and its perception in working women of Chandigarh, India. *International Journal of Social Science Tomorrow*, 1(3).
6. Purba, F. D., Kumalasari, A. D., Novianti, L. E., Kendhawati, L., Noer, A. H., & Ninin, R. H. (2021). Marriage and quality of life during COVID-19 pandemic. *PLoS One*, 16(9), e0256643.
7. Ali, S., & Shoukry, E. (2017). Quality of life (QoL), aggressive behavior, and self-esteem among employed never-married (spinster) women. *IOSR Journal of Nursing and Health Science*, 6(4), 85-94.
8. Arendell, T. (2023). *Mothers and divorce: Legal, economic, and social dilemmas*: Univ of California Press.
9. Kim, G. E., & Kim, E.-J. (2020). Factors affecting the quality of life of single mothers compared to married mothers. *BMC psychiatry*, 20, 1-10.
10. El-Saadani, S. M. (2006). Divorce in the Arab region: Current levels, trends and features. Paper presented at the The European Population Conference, Liverpool.
11. Sabour Esmaeili, N., & Schoebi, D. (2017). Research on correlates of marital quality and stability in Muslim countries: A review. *Journal of Family Theory & Review*, 9(1), 69-92.
12. Raley, R. K., & Sweeney, M. M. (2020). Divorce, repartnering, and stepfamilies: A decade in review. *Journal of Marriage and Family*, 82(1), 81-99.
13. Al Gharaibeh, F., & Bromfield, N. F. (2012). An analysis of divorce cases in the United Arab Emirates: A rising trend. *Journal of Divorce & Remarriage*, 53(6), 436-452.
14. Valenzuela, S., Halpern, D., & Katz, J. E. (2014). Social network sites, marriage well-being and divorce: Survey and state-level evidence from the United States. *Computers in Human Behavior*, 36, 94-101.
15. Rousou, E., Kouta, C., Middleton, N., & Karanikola, M. (2013). Single mothers' self-assessment of health: A systematic exploration of the literature. *International Nursing Review*, 60(4), 425-434.
16. Peña-Longobardo, L. M., Rodríguez-Sánchez, B., & Oliva-Moreno, J. (2021). The impact of widowhood on wellbeing, health, and care use: A longitudinal analysis across Europe. *Economics & Human Biology*, 43, 101049.
17. Siflinger, B. (2017). The effect of widowhood on mental health-an analysis of anticipation patterns surrounding the death of a spouse. *Health economics*, 26(12), 1505-1523.
18. Bonnet, C., Gobillon, L., & Laferrère, A. (2010). The effect of widowhood on housing and location choices. *Journal of Housing Economics*, 19(2), 94-108.
19. Davies, N., Crowe, M., & Whitehead, L. (2016). Establishing routines to cope with the loneliness associated with widowhood: a narrative analysis. *Journal of Psychiatric and Mental Health Nursing*, 23(8), 532-539.
20. Haraldstad, K., Wahl, A., Andenæs, R., Andersen, J. R., Andersen, M. H., Beisland, E., . . . Halvorsrud, L. (2019). A systematic review of quality of life research in medicine and health sciences. *Quality of Life Research*, 28, 2641-2650.
21. Zielińska-Więczkowska, H., Kędziora-Kornatowska, K., & Ciemnoczołowski, W. (2011). Evaluation of quality of life (QoL) of students of the University of Third Age (U3A) on the basis of socio-demographic factors and health status. *Archives of gerontology and geriatrics*, 53(2), e198-e202.
22. Drageset, S., Austrheim, G., & Ellingsen, S. (2021). Quality of life of women living with metastatic breast cancer and receiving palliative care: A systematic review. *Health Care for Women International*, 42(7-9), 1044-1065.
23. Soósová, M. S. (2016). Determinants of quality of life in the elderly. *Cent Eur J Nurs Midw*, 7(3), 484-493.
24. Vahedi, S. (2010). World Health Organization Quality-of-Life Scale (WHOQOL-BREF): analyses of their item response theory properties based on the graded responses model. *Iranian journal of psychiatry*, 5(4), 140.
25. Bidzan-Bluma, I., Bidzan, M., Jurek, P., Bidzan, L., Knietzsch, J., Stueck, M., & Bidzan, M. (2020). A Polish and German population study of quality of life, well-being, and life satisfaction in older adults during the COVID-19 pandemic. *Frontiers in psychiatry*, 11, 585813.
26. Pinto, S., Fumincelli, L., Mazzo, A., Caldeira, S., & Martins, J. C. (2017). Comfort, well-being and quality of life: Discussion of the differences and similarities among the concepts. *Porto Biomedical Journal*, 2(1), 6-12.
27. Cuerda, M. C., Apezetxea, A., Carrillo, L., Casanueva, F., Cuesta, F., Irles, J. A., . . . Lizan, L. (2016). Development and validation of a specific questionnaire to assess health-related quality of life in patients with home enteral nutrition: NutriQoL® development. *Patient preference and adherence*, 2289-2296.
28. Giannouli, P., Zervas, I., Armeni, E., Koundi, K., Spyropoulou, A., Alexandrou, A., . . . Lambrinouadaki, I. (2012). Determinants of quality of life in Greek middle-age women: A population survey. *Maturitas*, 71(2), 154-161.
29. Rostami, A., Ghazinour, M., Nygren, L., Nojumi, M., & Richter, J. (2013). Health-related quality of life, marital satisfaction, and social support in medical staff in Iran. *Applied Research in Quality of Life*, 8, 385-402.

30. Albahar, M., Badri, M., Alkhaili, M., Aldhaheeri, H., Yang, G., & Alrashdi, A. (2021). The Differences in Subjective Quality of Life among the Divorced/Separated in Abu Dhabi. *Eurasian Journal of Social Sciences*, 9(4), 215-230.
31. Dahlberg, L., & McKee, K. J. (2014). Correlates of social and emotional loneliness in older people: evidence from an English community study. *Aging & mental health*, 18(4), 504-514.