Perceived Psycho-Social Problems, Social Support and Coping Strategies in the Wives of Emigrants

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Dedication

For Abu G (Father-in-law) who always encouraged me to pursue my unstoppable motivations

&

the precious jewels of my life, my children, Farzaan and Rumman.
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Abstract

This study investigated perceived psychosocial problems, social support and coping in the wives of emigrants. The mediating role of perceived social support is also investigated in relationship between perceived psychosocial problems as independent variable and coping as dependent variable. Mixed methods research design was used. This study was conducted in two phases. In Phase I, 25 wives were approached through snow ball sampling technique. In-depth interviews were taken, audiotaped and transcribed. Items were collated and validated by experts. Perceived Psychosocial problems in the Wives of Emigrants (PPWE) and Religious, Active and Social-support Coping (RASC) scales were developed and psychometric properties were established. Factor analyses revealed three factors named low-mood, psychosomatic and social insecurity for PPWE scale and three factors named religious, active and social—support coping for RASC scale. In Phase II, snow ball sampling technique was used to investigate the relationship between perceived psychosocial problems, perceived social-support and coping from 377 wives of emigrants. A matched control group of 50 wives living with husbands was also compared with a group of 50 wives of emigrants. Results suggested that there was a significant difference in perceived psychosocial problems in the wives of emigrants than wives living with husband. Findings suggested that there was a significant relationship between perceived psychosocial problems, perceived social support and coping (religious, active and social—support). Multiple hierarchical regression analyses indicated that perceived psychosocial problems and social support were significant predictors of religious and social-support coping. Furthermore, mediation analyses found that perceived social support partially mediated the relationship between perceived psychosocial problems and religious and social-support coping. The two culturally sensitive measures PPWE and RASC provided early and timely identification will help in estimating the need for intervention and establishing the mental health services in community.
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Chapter I

Introduction

Migration is a global phenomenon, deeply affecting the lives of 200 million migrants around the globe but also the lives of those connected to them, in particular those left behind in the countries of origin (International Organization of Migration, 2009). Pakistan is the second among the largest labor sending countries of Asia (International Labor Organization, 2013-2016; Graham & Jordan, 2011). According to the figures released by the Ministry of Overseas Pakistanis and Human Resource Development a total of 2,765,789 citizens, have proceeded abroad for employment opportunities over the last five years. The earlier report stated that 5,873,539 Pakistanis have emigrated from 1981 to 2012, out of which a staggering 41,498 professional and technical workers left in 2012 alone (Siddiqi, 2013). In 2014, 752,466 Pakistanis migrated to other countries whereas 946,571 shifted abroad in 2015 for better employment opportunities. It is about twenty percent increase in number of people migrated from 2014 to 2015. Data released by Bureau of Immigration (2015) stated that Saudi Arabia and United Arab Emirates are the big labor receivers of Pakistani migrant workers. These two countries consumed 522,750 and 326,986 Pakistani workers respectively (Khilji, 2016). It can be assumed that in coming years Pakistan is likely to experience a larger number of left-behind families due to the increasing number of cross-border migration.

In collectivistic cultures, family is not considered to be complete without a male head (Carteret, 2011). In the absence of husbands, wives have to play dual role to maintain the equilibrium in the family which is emotionally draining and physically tiring (Gulati, 1995; Moraes, 2015), it may aggravates psychosocial problems issues in the wives of emigrants (Ahmed & Zainulabdin, 1991; Graham, Jordan & Yeoh,
In South Asia, many studies have been done on the households of emigrants in Pakistan, India and Bangladesh but their scope is not primarily psychological in nature. These researches are mainly carried out by social workers, sociologists and economists not by psychologists (Ali, 2007; Asis, 2003; Brown, 2006; Cohen, 2011; Chan, Mercer, Yue, Wong, & Griffiths, 2009; Desai & Banerji, 2008; Datta & Mishra, 2011; Ganguly, 2010; Gulati, 1983, 1987, 1993, 1995; Moraes, 2015; Rahman, 2011; Singh, Cabraal & Robertson, 2010; Vogel & Korinek, 2012). In Pakistan, Mansuri (2006) in rural Punjab examined the impact of parent migration on children’s health and education. Mansuri pointed that the ‘issue of migration’ needs more research. In this research survey psychological consequence of migration on the left-behind wives have also not been studied.

Researches on migration carried in Southeast Asian countries like China, Thailand, Vietnam and Philippines were mainly done to investigate the impact of father migration on left-behind children. These studies suggested that parents’ emigration for income purpose has negative relationship with children's mental health (Abudu, Fuseini, & Nuhu, 2013; Battistella & Conaco, 1998; Fen, Su, Gill, & Birmaher, 2010; Graham & Jordan, 2011; Hewage, Bohlin, Wijewardena, & Lindmark, 2011; Senaratna, Perara, & Fonseka, 2011; Ming 1994 Su, Li, Lin, Xu, & Zhu, 2013; Zhao et al., 2014). Research studies conducted in West (Bakker, Elings-Pels, & Reis, 2009; Biller, 1970; Dillon & Walsh, 2012; Mazzucato & Cebotari, 2016; Mazzucato, Cebotari, Veale, White, Grassi & Vivet 2015; Mandara, Murray, &
Joyner, 2005) also revealed that father absence have negative association with developmental, emotional and social problems of children.

A very few authentic researches have been found on the psychological cost that migration brings on the wives of emigrants (Ahmad & Zainulabdin, 1991; Graham, Jordan, & Yeoh, 2015; Thomas & Adhikary, 2012; Wilkerson, Yamawaki, & Downs 2009).

The literature also implies a need of accurate estimate of the extent of the problems related to emigration and its impact on the wives living in Pakistan. The aim of the present study is to explore the experience and manifestation of psychosocial problems in the wives of emigrants for early and timely identification. This study also aimed to develop perceived psychosocial problems, social support and coping measures. The current study investigates the relationship between perceived psychosocial problems, social support and coping, mediating role of social support will also be explored.

**Psychosocial problems**

The first variable of the current research is perceived psychosocial problems. Psychosocial problem is an umbrella term. Psycho-social is much broader term than ‘mental’ health as it includes notions like ‘quality of life’ (Wilkinson, 1996). It includes depressive symptomology, stress, anxiety, psychosomatic and social problems. Psychosocial problems are at times seen as a 'third' dimension between physical and mental health. It is difficult to sustain a distinction between mental, physical and psychosocial problems. It is closer to ‘social health’ (Blaxter's, 1990). ‘Mental’ and ‘psychosocial’ health is not synonym but they are highly interrelated and overlapping terms. Psychosocial perspective' relies on relationships between psychological and social dimensions as a basis for positing links between
psychosocial well-being and broader patterns of mortality (Elstad, 1998). Its broad approach could therefore be labelled 'bio-psycho-social', the term originally coined by Engel (1977). It is based on the notion that different dimensions of health 'feed' into each other and create synergistic effects (Freund & McGuire, 1999). The Bio/physical-psycho-social model states that health and illnesses are determined by a dynamic interaction between biological, social and psychological factors (Engel, 1977). The ‘bio’ component of this theory examines biology/physiology like genetics, body organs, age, physique etc. the ‘psycho’ component includes the personality, emotions, behaviors, stress and anxieties. The ‘social’ component examines social factors like social pressures, social interactions, family, and culture and so on.

But acknowledging inter-relatedness of ‘psychosocial problems’ and ‘mental health’ does not prevent an exclusive focus on psychosocial problems as a topic worthy of investigation in its own right - although the way researchers yet ‘measure’ psychosocial problems is certainly open to debate. A number of instruments have nonetheless been developed, and much of what we currently know about the social distribution of psychosocial well-being is based on their usage in large scale studies (Prior, 1999). So, researcher intended to explore in-depth psychosocial problems in the wives of emigrants and develop indigenous scale to have accurate assessment of psychosocial problems in the wives of emigrants.

**Social Support**

Generally speaking, social support is the availability of interpersonal resources. Social support often refers to “the existence or availability of people on whom we can rely, people who let us know that they care about, value, and love us” (Sarason, Levine, Basham, & Sarason, 1983, p.16). Social support is the mediating variable in the current research. It is intended to investigate the mediating role of
social support in the wives of emigrants. Social support is much contextualized term although numerous researches have been conducted on this construct. But the nature and measurement of social support is varied and context-specific (Williams, Barclay, & Scheimeid, 2005). It is difficult to compare the research evidences on social support because the measure of this construct varies across studies. Social support has been defined by the number of persons in the network as well as the perceived satisfaction with the network (Sarason et al., 1983). Some measures assessed the specific functions of social support such as availability of someone to whom one can share, seek comfort (emotional support) and availability of someone who can physically provide help (instrumental/tangible support) or availability of a supportive person who can enhance one’s self-esteem (Self-esteem support) (Cohen, Mermelstein, Kamarck, & Hoberman, 1985; Tamres et al., 2002).

Humans are social organisms, relationships may have strong advantages. Social support may have a reciprocal relationship with psychosocial problems. Social support serves as a safeguard against depression, anxiety, stress, hostility and suicidal ideation (Bisschop et al., 2004; Chou & Chi, 2001; Gadalla, 2009; Gaugler et al., 2009; Haugland, Wahl, Hofoss, & Devon, 2016; Herrington et al., 2005; Innamorati et al., 2008; Jang et al., 2002; McLaren & Challis, 2009; Sarason et al., 1983; Shin et al., 2007).

There is ample evidence which suggested that social support plays a mediating role of mediator and moderator against psychosocial problems like stress and depression (Jessse, Kim, & Herndon, 2014; Ren, Jiang, Yao, Li, Liu, Pang & Chiang, 2015; Thorsteinsson, Ryan, & Sveinbjornsdottir, 2013; Vasquez, 2010; Wang, Kai, Qian, & Peng, 2014) in different studies with different sample and variables but yet few evidences has been found on the left-behind wives of emigrants.
Women are evolved to reproduce and to take care of the family and children. When women perform dual responsibilities in the absence of their husbands, they may need and seek more support (Matheny, Ashby, & Cupp, 2005; Taylor et al., 2000) especially emotional support (Tamres et al., 2002). Although there is no indigenous quantitative research evidence on how wives of emigrants perceive social support and what kind of support they seek in the absence of their husbands. In the current research it will be explored that to whom wives can receive support and how it plays a mediating role between their psychosocial problems and coping.

Pakistan is a country which has collectivistic culture; social support is not defined the way it is defined in West. It is not appropriate to ask a question like *Is there any special person who is always around when you need or is there any special person with whom you can share joys and sorrows*. These are the items of Multidimensional perceived social support scale, (MPSSS), (Zimet, Dahlem, Zimet, & Farley, 1988) or *Is always someone there when you need comforting*, Berlin Social Support Scale (BSSS) (Schulz & Schwarzer, 2003). In Pakistan, to ask a woman, is there someone special who is always available to help you is culturally and socially an offensive question. That is why researcher investigates the phenomena of social support through in depth interviews so that it can be explored that what are the perceived sources of support in the wives of emigrants and later on the basis of that perception researcher will develop a brief measure to assess social- support in the wives of emigrants.

**Coping**

Researcher is interested to investigate what stress-coping perspective has proposed. The third variable of the current research is coping. Salgado de Synder and Maldonado (1992) carried a study on coping among wives of emigrants and argued
that emigration of husband increases the problems and responsibilities for wives; those added problems and responsibilities demands coping strategies; and the most useful way to cope is traditional feminine way rather than by feminist or masculine ways. Avoidance, passivity, denial, social support of family and friends and internalization of emotions are some of traditional feminine ways of coping. In the current research, coping is a dependent variable.

It is intended to explore how a psychosocial problem in the wives of emigrant’s impact on coping and how social support mediates between psychosocial problems and coping. Coping is defined as “the cognitive and behavioral efforts made to master, tolerate or reduce external and internal demands and conflicts among them” (Lazarus & Folkman, 1980). Coping strategies are mainly of two types, problem-focused and emotion-focused (Folkman & Lazarus, 1980). Problem-focused approaches include behaviors like action and thinking like planning, emotion-focused approaches are related to expression of emotion and expectations. Problem-focused approaches are found to be correlated with good health and positivity. (Dunkley, Sanislow, Grilo, & McGlashan, 2006; Sasaki & Yamasaki, 2007). Whereas, emotion focused approaches are associated with bad health and negativity (Neill, 2007).

Though acceptance and positive reframing are the emotion-focused coping strategies but they are related with happiness and well-being (Scheier, Craver, & Bridges, 1994). Researchers also investigated third type of coping approach which is avoidant approach (Endler & Parker, 1994). In avoidant coping strategy the goal is the avoidance of stressor. Avoidance coping approach is also related with increased stress and anxiety. (Bolger & Zuckerman, 1995; Eaton & Bradley, 2008; Endler & Parker, 1990; Menaghan, 1982; Penley et al., 2002).
Coping is neither effective nor ineffective rather it is dependent on the situation in which it is used. Individuals and their environment equally affect each other. Human beings appraise to determine that potentially stressful event has some personal relevance or not. Appraisal is of two types, primary and secondary. Individual consciously judge the problem at hand in primary appraisal and decide whether it is a loss or haram, a challenge or a threat. Coping resources are assessed in secondary appraisal. Coping resources are physical, social, personal and psychological. Psychological resources include personality, emotional and mental well-being (Lazarus & Folkman, 1984).

There is bounteous evidence of research on gender differences in coping resources among students. Research findings are mixed. Studies conducted in Turkey, Russia, and Mexico (Matheny et al., 2002; Matheny, Roque-Tovar, & Curlette, 2008; Makhnack, Postlyakova, Curlette, & Matheny, 1999) revealed that males perceive their psychological resources to be greater than females. In US and Mexican male students showed higher overall coping, acceptance, physical fitness and problem solving whereas females were not higher on any psychological domains (Matheny et al., 2008). It is revealed that women tend to use more verbal coping like seeking social support, ruminating and positive self-talk (Tamres et al., 2002). Historically, there has been a bias that women tend to use emotion focused coping approaches more and male used problem-focused coping approached more (Pearlin & Schooler, 1978). Recent research findings give mix results (Brougham et al., 2009; Eaton & Bradley, 2008; Matud, 2004; Tamres et al., 2002) in which it is showed that women also used problem focused approaches.

A wealth of literature provides evidence on the relationship between coping strategies and mental health especially stress (Beh & Loo, 2012; Kadayam, Gomathi,
the phenomena of coping has not been yet investigated in the sample of wives of emigrants in any country and in Pakistan. Though, the psychological consequences of migration on left behind wives are over all neglected area of research in psychology so far (Graham, Jordan, & Yeoh, 2015; Mansuri, 2009; Siriwardhana et al., 2015; Wilkerson, Yamawaki, & Downs, 2009).

**Theoretical Framework**

Salgado de Synder and Moldanado (1992) carried out a research on coping strategies among wives of emigrants in rural Mexican communities. It was revealed that emigrants’ wives used traditional and non-traditional coping strategies. Traditional coping strategies include avoidance, denial, reliance on friends and family and internalization of emotions. Wives who adopted non-traditional coping like externalizing of emotions and increasing independence were less happy. It was argued that wives coped well in the absence of their husbands when they act like a traditional woman. Salgado de Synder (1992) conceptualized the issue as follow: that emigration of husband doubles up the responsibilities and problems for wives; those added problems and responsibilities demands coping strategies; and the most useful way to cope is like traditional feminine way rather than by feminist or masculine ways. It may be the traditionalism of wives which led to long-term mental health not the adaptation of feminism or masculinity.

Wilkerson, Yamawaki, and Downs (2009) conducted a study on the left behind wives of emigrants. Their theoretical framework was the expansion of Salgado de Snyder and Maldonado’s (1992) work. Researchers proposed the process of change an emigrant’s wives may go through. It started with the husband departure followed
by a change in wives role due to expanded activities. That changed gender role creates a shift in gender role ideology. The changed gender role and husband’s absence lead to dwindled mental health in the wives of emigrants.

For the current research, researcher is expanding the work of Salgado de Synder, 1992; Wilkerson, Yamawakai, & Downs, 2009). The conceptual framework for this study is the biopsychosocial-religious model. It is based on the belief that the mind and body are interconnected and must be treated with this notion (Engel, 1977, Hoffman, & Driscoll.2000).

At its beginning, there was trifling research evidence which supports the importance of biopsychosocial model to health promotions (Engel, 1977). After many years of research in health psychology and related health disciplines, however the support for biopsychosocial perspective is growing. In the previously reviewed studies (Idler, 2010; Paragamnet, 2000; Baetz, Bowen, Jones, & Koru-Sengul, 2006; Hatala, 2008; Shapiro, 2009), spirituality/religiosity was seen to enhance, foster or augment already existing pathways in biopsychosocial domains, such as social support, behavior, and psychosomatics. In other cases, religiosity was seen as an independent domain that potentially has its own beneficial characteristics such as a meaning and purpose within illness experiences, the importance of ritual and reading from sacred texts, or prayer and meditation. It is suggested that health and successful mental health promotion necessarily involves the dynamic interaction of biological, psychological, social and spiritual (Cacioppo et al., 2000; Cacioppo & Bernston, 2007; Hatala, 2011).

In terms of clinical implications, (Hatala, 2011) suggested that future research on health and interventions program focus on the complete interaction between biological, psychological, social and religious aspects rather than on any one domain.
The continual growth of the BPS model may also depend upon the extent to which any and all of these levels (genetics, biology, psychology, sociality, ecology, and spirituality) are involved and overlap within even the simplest of interventions (Kirmayer, 2004). Furthermore, biopsychosocial model is considered to be the guiding framework for modern research and practice by several health psychologists (Adler, 2009; Schwartz, 1982; Sarafino, 2006; Taylor, 1990).

The biopsychosocial approach was used to the present study with the goal to determine which factors contribute to health and well-being in the wives of emigrants. The biopsychosocial approach proposed that biological, psychological and social factors all play significant role in the presentation of health problems (Engel, 1977) but yet no research has used biopsychosocial model to investigate psychosocial problems in the wives of emigrants.

By using biopsychosocial-religious perspective researcher posited that women evolved to stay home, to reproduce children and to take care of household because gender differences develop biologically as people adapt to changes in the environment (Eagly & Wood, 2000). But in the absence of their husbands when wives have to perform dual responsibilities, they got physically tired (Gulati, 1995; Moraes, 2015) and it may impact on their psychological health and increase their stress and anxieties (Graham, Jordan, & Yeoh, 2015; Thomas & Adhikary, 2012). Wives have to bear numerous social factors like social pressures, cultural obligations and values that may create hindrance for them in the absence of husbands (Wu & Ye, 2016; Yu et al., 2016). Researcher is also interested to investigate how social support helps wives of emigrants to cope with psychosocial issues. ‘Spiritual/religious’ factor will also be explored to find how wives are using religion in coping with distress in the absence of husband. Figure 1.1 is showing the biopsychosocial model of the current research.
Implications of the Current Research

This research will give a unique opportunity to explore the problems of the families of emigrants. There is little authentic research evidence has been found on psychological impact of migration on left behind families in Pakistani cultural context yet.

Moreover, present study contributes to the existing literature by comparing the wives of emigrants with wives living with husbands in the same households, thus, will give a comprehensive view about the problems related to emigration and psychological health of left-behind wives. Findings may identify the risk factors of the wives in relation to husband absence. Early and timely identification will also help in estimating the need for intervention and establishing the mental health services in community.
Beside it, culturally sensitive scales/measures for assessing wives perceived psychosocial problems, sources of stress, social support and coping in the context of husband absence was developed and these measures would be used in future research to test other hypotheses on psychological impact of emigration.

**Aim**

There are two main aims of the present study. Aim of the research is the main goal of the research whereas objectives are the specific statements which define measurable outcomes.

1. To explore the pattern and severity of psychosocial problems in the wives of emigrants.
2. To determine the difference between the psychosocial problems in the wives of emigrants and wives of non-emigrants.

**Objectives**

The aim of the current research will be achieved with the help of following objectives.

1. To develop a valid and reliable scale for assessing psychosocial problems in the wives of emigrants.
2. To develop a valid and reliable scale for assessing coping in the wives of emigrants.
3. To investigate the relationship in psychosocial problems and social support as predictors and coping as outcome variable in the wives of emigrants.
4. To investigate the role of social-support as mediator of relationship between psychosocial problems as independent variable and coping as dependent variable.
Operational Definition of Terms

The variables and terms that will be used in this study are defined as under:

**Wives of emigrants’**. It refers to the wives of those individuals who reside in another country mainly for earning purpose. Wives living without husbands for at least one year would be selected in the sample.

**Perceived Psychosocial Problems of Wives**. It is defined as any personal, emotional, cognitive, behavioral and social feeling or response that adversely affect the general health functioning of the wives of emigrants. This definition is developed by researcher on the basis of the exploratory studies conducted with the wives of emigrants.

**Perceived Social-Support**. It is defined as “the existence or availability of people on whom we can rely, people who let us know that they care about, value, and love us” (Sarason, Levine, Basham, & Sarason, 1983, p.16). In the exploratory phase of the current research, five social-support indicators/sources found which includes parents, siblings, in-laws, neighbors and other relatives on whom wives of emigrants can rely and ask for help. Researcher developed a brief measure to assess the availability of those sources to which wives of emigrants can ask for help.

**Coping**. It is defined as “the cognitive and behavioral efforts made to master, tolerate or reduce external and internal demands and conflicts among them” (Lazaruas & Folkman, 1984, p. 222). In the exploratory phase, researcher found that wives used religion as a coping beside other strategies that is why a coping measure has been developed on the basis of the interviews with wives.
Chapter II

Review of Literature

This section presents relevant theories and review of research studies on migration and its physical, psychological and social impact on the left-behind families especially on wives. First, researcher shed light on the recent studies that have been done on the left-behind wives of emigrants in different regions across the world. If we will look into the world map, it will be figured out that there are some countries which are labor sending and some are labor receiving. Labor sending countries are developing countries from where people used to migrate to developed countries for better prospects. Secondly, researcher briefly highlighted the literature on the psychosocial problems of the left-behind children as researcher is interested to investigate wives perception of psychosocial problems of their children.

Relevant Theories

There are number of theories to study the phenomenon of migration like push and pull theory (Ravenstein, 1889), neo-classical economic theory (Sjaastad, 1962; Todaro, 1969) segmented labor-market theory (Piore, 1979) and world-systems theory (Sassen, 1988). Since quite long, the phenomenon of migration has been studied extensively from different perspectives: demographic (Winnie, 1984); financial (Cockroft, 1998); political (Bustamante, 1995); sociological (Massey, Alarcon, & Gonalez, 1991); labor (Morales, 1989); historical (Durand, 1994; Fonseca & Moreno, 1984); anthropological (Trigueros & Rodriguez, 1988); and psychological (Salgado De Synder, 1996; Salgado De Synder & Moldando, 1996) in Mexico and other Western countries. The psychological effect of migration on left–behind wives is not the focus of research yet as few research evidences found (Salgado De Synder & Moldando, 1992; Wilkerson, Yamawaki, & Downs, 2009) in the last two decades.
Researcher tries to briefly overview few relevant psychological theories to understand impact of migration on psycho-social-spiritual health of wives of emigrants.

**Gender Role Theory**

Gender-role ideology is the ideal of a person on how the gender must be exhibited and separated by actions (Wilkerson, Yamawaki, & Downs, 2009). The ideology of the gender role and mental health formulated three empirical predictive models of mental health. These are the traditional congruence, the androgyny and the masculinity models. The traditional congruence model hypothesized that a person's mental health will be best only when his / her gender role ideology is consistent with his / her gender. The androgyny model argues that mental health would be at maximum when the gender ideology of a person has both masculinity and femininity aspects, regardless of the gender of the person (Bem, 1975). Regardless of the gender, the masculinity model hypothesized that when the ideology of person is masculine, mental health will be more good (Castlebury & Durham, 1997).

Researchers in the United States have shown wide support for the masculinity model of gender role as the best predictor of mental health (Bourne, 2006, Caslebury & Durham, 1997; Jack, 1991). Generally, this means that a person who is uninhibited, independent, individualistic, aggressive, decisive and responsible should be mentally healthy. More specifically, the masculinity model predicts happiness, self-esteem, adaptation and subjective well-being better (Woo & Oei, 2006). In Western societies, higher level of subjective well-being among women is associated with feminism, masculinity and androgyny models than with traditional ideology (Saunders, 2002). Thus, many Western theorists have argued that women who possess masculine-like ideologies are better psychologically than to those who follow
traditional gender roles (Woodhill & Samuels, 2003). In fact, some feminist researchers argued that women must shed their traditionalism because traditionalism in society and in individual women negatively affects mental health (Israeli & Santor, 2000; Marecek & Kravetz, 1977).

Wilkerson, Yamawakai, and Downs, (2009) investigated the left behind wives of emigrants by using gender role ideology theory. It was conceptualized that the mental health of women started declining when the husband leaves the United States, a change come in the role of a wife because of added activities, problems and responsibilities, change in gender role leads to a change in the gender role ideology. The absence of the husband and the changed gender role lead to decline in mental health. In addition, researchers suggested that importance are always given to males so oppression in a patriarchal society may cause depression and other mental health issues in the women (Stock, Graubert & Birns, 1982; Sturdivant, 1980). Such researches are very important for women to change traditional gender roles to more masculine roles. However, most of the studies have been carried out in West and yet there is no cross-cultural study that explores quantitatively the relationship between gender role ideology and mental health, particularly in the context of ‘husband migration’ when women are forced to change gender roles.

**Attachment Theory**

There is no research found which used attachment theories as conceptual framework in understanding the psychosocial dynamic of stayed behind wives of emigrants. Vincenzens, Haddock and Hickman (2013) used the implications of attachment theory for wives of military men. Researchers used Bowlby’s and Ainsworth attachment theory to study post-deployment experiences of the wives of soldiers (Ainsworth & Bell, 1970; Bowlby, 1969). Bowlby (1969) emphasized that early attachment
experiences build up the future relationship between mother and the child. Ainswoth and Bell (1970) proposed three types of attachment styles which are secure, ambivalent and avoidant. It was hypothesized that children with ambivalent attachment style displayed anxiety following separation e.g., child go near to mother when she returned home but meanwhile show signs of anger by hitting or pushing her away (Ainsworth & Bell, 1970). Children with a secure attachment greet their mother when she returned home and with avoidant attachment style show little interest to their mothers’ return (Ainsworth & Bell, 1970). Robertson and Bowlby (1952) also observed specific stages of separation anxiety in infants. The three phases in which an infant survives when separated from their mother include protest, despair, denial or detachment (Robertson & Bowlby, 1952).

Vincenzens, Haddock, & Hickman (2013) used the three separation anxiety phases to attachment issues that military wives experience during and after their husbands’ out of country deployment (Basham, 2008; Riggs & Riggs, 2011). In the current study, we can also look the wives of emigrated husband in attachment theory perspective.

Protest occurs when the child is separated from mother. The most common emotional reaction in this phase is sadness and anxiety. The protest phase is linked to periods of pre-deployment and deployment, as women often feel numb, angry and abandoned due to a separation of their husbands (Pincus, House, Christenson and Adler, 2001). In addition, wives may also experience isolation, depression and anxiety during this phase (SteelFisher, Zaslavsky and Blendon, 2008). Similarly, the wives of migrated husbands also have the phase of protest in the pre-migration and migration periods.
In second phase, despair, child become extremely sad and depressed (Riggs & Riggs, 2011, Robertson & Bowlby, 1952). A wife may also undergo to grief and depression in the deployment period of her husband (Pincus et al., 2001). Initially, wife denies the reality and thinks that her husband will be back after few days of training (Pincus et al., 2001). As time passes, wife realized that her husband will not come back soon which leads her to depression and other mental health issues (Vormbrock, 1993). Left-behind wives of emigrants may also experience extreme despair. Wives consistently feared the safety of their soldier husbands, which may prove them weak and helpless throughout the deployment (Demers, 2008; Spera, 2009). Finally, wives may begin to accept that her husband is gone, and transfer her love to someone else, such as a child or a different partner (Morse, 2006). Wives of emigrants also have this fear that the husband will marry and will not return.

Denial or detachment is the final phase of separation anxiety. It can occur in the deployment and post-deployment phase (Morse, 2006). Robertson and Bowlby (1952) argued that denial serves as defense mechanisms for wives when husband rejoin their families (Pincus et al., 2001, Riggs & Riggs, 2011). Anxiety combined with excitation had an effect on the re-stabilization of the couple (Morse, 2006, Pincus et al., 2001). After a long separation, wives experience extreme stress when they try to connect physically and emotionally to husbands which may result in struggles with communication, co-parenting, return to pre-deployment routines and conjugal intimacy (Orthner & Rose, 2005). Left-behind wife of emigrants has to experience this detachment after a year or two when husband visit the home country. This re-union may be extremely stressful and demanding for the wives.
System Theory

Ming (1994) used system perspective to investigate the impact of father absence (death, divorce, employment reasons) on mother and child psychological well-being. The primary assumption of this approach is that no single element of the system can be understood in isolation from other system elements. Individual’s behavior within the system influences each other in a circular association and the starting point and direction of cause and effect is irrelevant. According to system perspective psychosocial problems of mother cannot be understood without considering her relationship with father, children and other family members.

Specifically, according to the systems perspective the father-child dyad cannot be understood without considering their interaction with mother and vice versa. In turn, the mother’s psychological well-being and the quality of mother child relationship are very much likely to be affected by father absence. Moreover, stressors from society may also increase because of absence of father’s contribution in meeting the internal needs of the family system. Therefore, family system perspective will provide a more complete perspective for understanding the mother and the child problems in relation to the whole family (Ming, 1994).

The general system theory and the science of cybernetics were born during 1940’s but its application to the study of family started from the 1970’s. It considered the family as a social system, which shared the features of open and ongoing systems. Its parts are dynamically related to one another and to the environment and its qualities are emergent out of the interaction of its parts. A set of rules which governs the systems can be deduced from the recurring, repetitive patterns and they tend to be hierarchically structured (Broderick, 1993; Goldenberg & Goldenberg, 1991).
Families are viewed as goal seeking and self-regulating systems. In view of the internal and external threats to the equilibrium, the executive subsystems will monitor the current status, make corrections and attempt to restore the homeostasis of the systems (Broderick, 1993; Goldenberg & Goldenberg, 1991).

In the context of system perspective psychosocial problems of the wives of emigrants would be at risk because of absence of husband, children responsibilities, shift of roles and duties and other numerous stressors from the environment. That is why in the present study, researcher taken into account the wives perceived social support, coping and problems related to husband and others in order to understand the psychosocial problems issues of left-behind wives.

Social Support Theory

Research on social support is based on theories about how social relationships influence our cognitions, emotions, behaviors and biology. Social support research has three important perspectives: (1) the perspective of coping with stress (2) the perspective of the social constructivism and (3) the perspective of the relationship.

The most relevant to present research is the stress and coping perspective. So, the researcher will focus on the stress- coping perspective. The most influential coping with stress perspective hypothesizes that supports buffers against stress either by belief that support is available or through the supportive actions of others. Social support acts as a stress buffer. Support from others improves coping, while the perception that support is available helps appraise the threatening situations as less stressful. This perspective is closely linked to research and theory on stress and coping (Lazarus, 1966; Lazarus & Folkman, 1984; Moos & Billings, 1982) and is discussed in pioneering major reviews and theoretical papers on social support.
Supportive actions. The assumption of stress-support matching (Cohen & McKay, 1984; Cutrona & Russel, 1990) is perhaps the most explicit statement of how support actions should promote coping. The assumption is that social support will be effective in promoting coping and reducing the effects of a stressor, in so far as the form of assistance meets the demands of the stressor. According to this view, each stressful situation imposes specific requirements on the distress individual. For example, giving a cooked meal to an emigrant wife when her kid got sick and she is living alone but useless when her child is doing well and she lives with an extended family.

Appropriate measures of social-support in the context supportive actions. This perspective emphasizes the actual assistance provided by others during stress, studies of these processes focus on measures of received support. They include instruments in which respondents report the frequency of the support they received over a given period of time in response to either specified (Cohen & Lichtenstein, 1990; Coriell & Cohen, 1995) or unspecified stressful events (Bareera, Sandler, & Ramsey, 1981). Measures have also been developed in which observers count the number of supportive actions provided in given interaction (Cutrona, Suhur, & MacFalane, 1990; Heller & Lakey, 1985) or rate the quality of an observed interaction (DeGarmo & Forgatch, 1997). Measures of perceived support that ask for subjective evaluation of social support about the quantity and availability in the context of supportive actions are in appropriate to use (Sarson, B.R., Sarson, I. G., & Pierce, 1990).
Hypothesized mediators and analytic issues in the context of supportive actions. As this perspective predicts that supportive actions promote health and well-being by promoting coping, measures assessing coping efforts and styles must be include in studies of received support. E.g. wives of emigrants are using what kind of coping to cope with stress in the absence of husband. This perspective also predicts that received support promotes well-being by protecting people from the effects of stress so measures of stress and mental health should also be included (Cohen & Lakey, 2000).

Appraisal. Social support might protect persons against the adverse effects of stressors by leading them to interpret stressful situations less negatively (Cohen & Hoberman, 1983; Cohen & McKay, 1984). According to Lazarus theory of stress and coping, the way people assess or interpret the situation is very important in determining the stress of events (Lazarus, 1984). There are two types of primary and secondary assessment. Primary assessments involve a judgment that the event is a threat or not. Secondary evaluation involves assessing the personal and social resources available to deal with the event (Lazarus & Folkman, 1984).

Appropriate measures of social support in the context appraisal. This perspective emphasized beliefs in the availability of support, measures of perceived support are most appropriate for tests of this model. Measures of perceived support ask respondents to make evaluations of the quality or availability of different types of support (Cohen & Lakey, 2000). e.g. wives of emigrants revealed that their parents, in-laws, siblings, neighbors and other relatives are available when she needs support.

Hypothesized mediators and analytic issues in appraisal. This perspective predicts that perceived support operates by reducing the effects of stress. Thus, researchers should test mediating effects which would require measures of life
stressors. Furthermore, the model hypothesizes that support buffers stress through appraisal processes, measures of appraisal must be included and mediational analyses conducted. This perspective predicts that higher level of perceived social support should be associated with attenuated relationship between stress and poor health (Cohen & Lakey, 2000). Researcher very briefly overviewed the stress-coping perspective of social support in order to understand and design the measure and analysis of perceived social-support.

**Coping Theory**

The researchers argue that a cognitive and behavioral attempt to reduce threats created by stressful circumstances is called coping (Chang & Strunk, 1999, Folkman, Lazarus, Gruen and DeLongis, 1986, Monat et al., 2007). Coping is the means by which we think, feel and act to advance our cause (Lazarus, 1999). Coping helps to control over the situation and is characterized by dynamics and changes that are a function of ongoing assessments and re-evaluations of the shifted person-environment relationship (Folkman et al., 1986). The effectiveness of coping depends on the match between coping styles and other variables in the stress-coping process, including person’s values, beliefs and commitments (Folkman, Schaefer and Lazarus, 1979).

There are three stress processes defined by Lazarus (1966) which are primary appraisal, secondary appraisal and coping. Primary appraisal defines as perceiving a threat. In secondary appraisal, individual forms a potential response to a threat. In coping, individual apply a response to a threatening situation. Individuals oscillate among these processes. This conceptualization of coping as a process that implies efforts to manage stress that are distributed over time is consistent with the systems framework.
Folkman and Lazarus (1980) proposed two types of coping styles, problem-focused and emotion-focused. Problem-focused coping focus on the solution of the problem whereas, emotion-focused styles relies on managing emotional distress. Stressors, usually elicit both types of coping. It depends upon the nature of stress and situation that which coping style is used by person to reduce the effects of stress. However, problem-focused is used when people believe that they can control and change the situation, while emotion-focused is used when person believe that stressor is beyond their control. Problem-focused coping includes positive reinterpretation and growth, use of instrumental support, active coping, turning towards religion, and planning. Emotion-focused style comprised of venting of emotions, behavioral disengagement and use of emotional support.

There is also very important kind of coping in Pakistan’s cultural context and that is Religious Coping. Religious coping can be defined as “strategies based on religious beliefs and practice e.g., praying, charity, seeking comfort or strength from God (Abraido Lanza, Vasquez, & Echeverria, 2004). To make in-depth assessment of religious beliefs related to coping some psychological measures like Brief Religious Coping Scale (RCOPE) have been developed. Studies with those measurements suggested that can both facilitate and retard adjustment to stress (Pargament, Koenig, & Perez, 2000). Brief Religious Coping Scale (RCOPE) assessed religious coping generally not specifically (Pargament, Smith, Koenig, & Perez, 1998).

With a few exceptions, Christian population of western countries has been largely the sample of the research studies on religious coping (Pargament, 1997). Tarakeshwar, Pargament and Mahoney (2003) developed and validated a religious coping scale for Hindus in America. Ai, Peterson and Huang (2003) also translated the Brief COPE into the Albanian and Bosnian-Serbian languages and administered it
to Kosovar and Bosnian Muslim refugees living in the United States. Such studies support that Brief (RCOPE) can be used with the people of other theocentric religions e.g., Islam (Pargament et al., 1998)

An earlier study (Ai, Peterson and Huang, 2003) identified religious coping as a potentially important element of non-Western religious traditions, and this possibility clearly deserves further attention from research. The objectives of current research were to develop a more specific measure of religious coping that includes religious behaviors, not just religious beliefs. In Pakistan, left-behind wives of emigrants coped with the stress by giving sadaqah or alms, in the name of Allah. In other words, they might give money, food or clothing to the poor in order to obtain the blessings of Allah

In the next section, researcher reviewed the studies that have been conducted in different countries to investigate the phenomena of husband emigration and its effect on left-behind families. Researcher has done a very extensive literature review and add even those studies which are not directly relevant to the topic. It is due to the scarcity of quantitative exploration of the variables under study.

**Studies Conducted in North America**

It was revealed that stay-behind family play a significant role in sustaining migration of the male head of the family by managing household, sharing responsibilities’ and facilitating other household organization in countries of origin. Nobles, Rubalcava, and Teruel (2016) investigated changes to the emotional wellbeing of non-migrant wives in Mexico when their partners reside in the United States. It was hypothesized that husband separation directly influences wives well-being. Study revealed that emigration of husband changed economic position and household responsibilities of wives. It was found that wives were distressed, sad,
often cries and faced difficulty in sleeping but no meaningful increase in depressive symptomology. Though husband migration brought about many changes in the households and in the life of wives but these changes did not account for the emotional strain related with husband absence.

Ullman (2012) studied the health impact of international migration on Mexican women. Many Mexican households effect by the migration of the male family member to the United States. There is some evidence of research on the health issues of international migrants but psychological impact of migration on the left-behind wives, yet not the focus. The researcher used data from the Mexican migration project (MMP, 2010) to study the health implications of having a migrant husband. This relationship between husbands' migration and several health conditions and behaviors in women was explored. Data were collected by interviews on the social, economic and demographic characteristics of the head of household and other household members. The final analyzed sample consisted of 1,850 spouses of household heads from 14 communities in Mexico. Variable measures in the MMP count the number of migrations that move a head of household to the United States. Because the researcher examined whether the time spent by the husband in the United States affects the relationship between migration and health. To investigate whether there is a dose-response between the husbands’ absence and health issues among the wives.

Researcher estimated the proportion of time that the husband resided in the USA between the beginning of the union and the survey. The numerator of this proportion is the number of months the husband spent in the USA between the year the union began and the year of survey. The denominator is the total time in months that elapsed between the year the union began to the year of survey.
All health measures in the MMP, including anthropometric measurements, were self-reported in a four-point scale (poor, fair, good and excellent). Respondents were asked about current and past smoking, their height and weight, and whether they had the following illnesses and conditions: high blood pressure, high blood sugar / diabetes / glucose, heart attack or other heart problems, and emotional and / psychiatric. The health status of the adult was operationalized as the presence of diseases or conditions of health and self-rated health (SRH) at the time of the survey. A dichotomous variable was created to reflect whether a respondent rated his or her health at the time of the survey as being good or excellent. Researcher found that migrants’ wives have poor mental health, cardiac problems over weight as compared to the wives of non-migrants.

Men migration and its emotional impact on wives and mothers who stay-behind in Honduras were investigated by Mckenzie and Menjivar (2010). Researchers identified three areas that revealed what the men’s migration means for the women who stay-behind. First is communication gap between wife and migrant husband. Second is mental health of wives and additional duties and responsibilities. Semi-structured interviews were conducted with 18 wives and mothers, out of which 12 were wives and 6 were mothers of migrants’. It was found that wives experience of husband migrations has several facets and is embedded in the context in which the wives live, it’s not simple. It is expressed by the wives that the gifts and remittances by husbands made them happy and improve the lives of the women and their families. It is revealed that gifts are the expression of love for the stay-behind wives and also assured that they are not forgotten by their men.

Sociologists are always eager to explored gender role ideology but psychologists Wilkerson, Yamawaki, and Downs (2009) were also researched out the
impact of husband migration on mental health of rural Mexican women. The impact of gender ideology on the mental health of wives was explored. The general health questionnaire GHQ-12 was used to assess mental health problems. Sex-role ideology scale measured the gender role ideology. It was designed to measure the traditional beliefs to femininity on gender roles. Demographic data include gender, age household size, socioeconomic status, ethnic origin, education of all members of the household and the current and past migration status of household members.

This study was conducted in a cluster of five villages in the state of Guanajuato, Mexico. Researchers took the census of the villages to get the representative sample of wives of emigrants. Wives were divided into two groups left-behind wives (husbands were living away from at least one year) and wives living with husbands. A total of 94 wives, 47 in each group participated in the study. Both groups were similar in demographics and the wives were between the ages of 18 and 50. Independent variable was left-behind wives or wives living with husbands and dependent variable were gender role ideology and psychological well-being. Multivariate analysis was conducted.

Results revealed that husband migration has negative relationship with mental health of wives. It was found that migration of husband increased gender equality attitude in wives. Husband migration leads to less traditionalism in gender-role ideology. Sample of this study was from a culture where traditional gender-role has always been given importance but it was revealed that after husband migration, wives moved away from traditional feminine roles. It was noted that the mediational impact of the gender ideology would represent differences in the psychological well-being of women.
Wilkerson, Yamawaki, and Downs (2009) summed up that migration of husband effects the mental health of wives. Similarly, the ideology of the gender role of wives was affected by the husband's migration. These findings were important because yet, researchers mainly focused on those who migrate, not those who left-behind. Researchers suggested that sending communities and the members left-behind have not yet received scientific attention. There is a serious need to discuss and research out the effect of migration on left-behind wives and other family members. It is probable that the effects of migration on the sending community may be more dramatic than expected. Both sending and host communities need to investigate the phenomena of migration so, one can understand the complex culture of migration fully. It is necessary that all aspects of migration be explored so that this important subject can be adequately discussed in forums other than scientific journals, possibly leading to federal and state policy decisions precipitated by overzealous law makers.

**Africa**

Research evidences on the left-behind wives in a patriarchal and familial society is scanty. Although in the past one decade effect of migration on left behind children has been emphasized particularly in the regions with historic migration. Ikuomola (2015) studied sociocultural challenges faced by wives of migrants in Edo state, Nigeria. Specifically, it examined the stigmatized experiences and the effect of cultural constraints on the wives adjustments in the absence of their husbands. Qualitative data was drawn with in-depth interviews with 21 left behind wives, aged between 26-51 years, living within Benin City (Uselu, Oliha, Ogida, Uzebu, and Uwelu). Husbands of all the respondents were international migrants working in both the informal and formal sectors in Europe (Germany, Belgium, Sweden and Spain) and America. Wengraf’s Life history technique for qualitative research interviewing
was used. It was asked; *tell me the story/history of your life* (Wengraf, 2001). A snowball sampling was employed to reach to participants of the research. The snowball technique was useful in identifying the social networks of participants required for this research in Edo State. Participants that were interviewed helped in recommending other people that meet the criteria of the study and those recommended were contacted and interviewed. Content analysis of narratives revealed cultural constraints, familial burden and expectations, household leadership tussles, and reoccurring stigmatizations.

Sociologists are interested to investigate men’s’ labor migration and its relationship with stay behind women’s autonomy and decision making. Yabiku, Agadjanian, and Sevoyan (2011) analyzed the previously drawn sample of wives for a survey in 2006 from Mozambique. 56 villages from four districts have been selected. Fourteen villages were selected in each district. In each village, households who have one migrant’s wife and those with no such women were separated into two lists. 15 households from these lists were randomly selected. In each selected household a woman of migrant was interviewed. A total sample of 1680 women (420 per district, 30 per village), more or less evenly split between women married to migrants and women married to non-migrants. The survey have detailed demographics like pregnancy history, husband migration details, socioeconomic status, AIDS information and their attitude toward gender-role.
Women autonomy measurement was developed on the basis of seven questions that cover the aspects of wives autonomy like mobility, remittance management and health were rated on 3 point Likert scale. Men migration history and current migration status have positive correlation with women autonomy. Findings indicated that women remain autonomous even when husbands’ return back. Factors like women’s job, lower fertility, and independent living did not fully mediate the effects of husband migration.

**Studies Conducted in Southeast Asia**

Depression is thought to be present in the wives of emigrants. To examine depressive symptomology and its associated factors in the wives of emigrants in rural women left in China were explored by Yu, Qirong, Shengwei, Xiadong, Ling and Fen (2016). A survey with a self-rated questionnaire on the sample of 938 wives (439 were wives of emigrants and 499 were living with husbands) revealed that depressive symptoms were higher among left-behind wives. The prevalence of depressive symptoms was 46.69% for left- behind wives. 40.77% with a mild depression and 5.92% had moderate to severe depression. It was analyzed that living without husband itself is the major source of depressive symptoms. Logistic regression in left-behind women indicated age, religious belief, annual individual income, impulsivity and active coping were associated with depressive symptoms. The researchers suggested a psychological intervention for women left behind. In this study, migrant husbands were not international migrants rather than migrating to urban China for better earnings prospects. In the present research, emigrants are those who reside in another country for earning purposes.

Similarly, Wu and Ye (2016) explored the sociological situation of women left behind in villages when men out-migrate for work in distant urban China and live
there for more than six months per year. It was based on extensive interviews. It is difficult to randomly select the sample when there is no official statistic available on the target population of the research. The qualitative analysis revealed some themes like why men migrate and wives left behind, isolation and worry, sexual repression and harassment, marital relationship: long separations, telephone contact, and agriculture reproduction, reassertion of feminization of care responsibilities, pressure and tension of being carer. It revealed that women maintained their marital relationship even in the context of long separation. It was argued that in the absence of husband the domestic responsibilities which never been considered as work load becomes visible. Moreover, husband absence leads to stress in the wives.

Mental health issues of carers of children whose parents have been migrated from South-East Asia was studied by (Graham, Jordan, & Yeoh, 2015). Data of Child Health and Migrant Parents in South-East Asia (CHAMPSEA) project 2008-2009 was used to analyze yet neglected area of research. Researchers investigated the mental health issues of those who remain stay in Indonesia, the Philippines and Vietnam to care for the children of migrants. A mix-method design was used to answer two questions. First, carers of migrant households are having more mental health problems than non-migrant households. Second, if practices of migrant household and migration characteristics are related with mental health problems of carers. 3026 caregivers completed The Self-Report Questionnaire (SRQ-20) to identify caregivers with common mental disorders (CMD). Inferential statistic like multivariate logistic regression was used for analysis. Thematic analysis of 149 qualitative interviews has been conducted. It was found that in Indonesia, left-behind wives were having CMD than wives of non-migrant. Across the countries, it was revealed that stay- behind women with husbands working overseas were more prone to poor mental health. In
addition, distant relationship with the migrant, insufficient remittances and migrant destinations in the Middle East has positive correlation with CMD. It was indicated that higher levels of educational attainment and financial independence are the positive factors in the migrant households. These findings add new evidence to the "costs" of international labor migration and highlight the role of gender expectations and broader geopolitical structures. It was suggested that governments and international policymakers need to intervene to encourage transnational family practices that are less harmful to the mental health of those who remain behind to deal with the next generation. In this project, researchers used six years old data that was actually drawn to see the impact of parental migration on left-behind children and not carers (especially wives) to investigate common mental disorders among stay-behind carers.

A sociologist, Lu (2012) examined the psychosocial consequences of internal out-migration using longitudinal survey data collected in Indonesia between 1993 and 2007. The results revealed considerable psychosocial costs of emigration. Migrants have been more vulnerable to stress-related health problems such as hypertension and psychological distress, such as depressive symptoms. These findings largely occurred when specific relationships were studied, including spouses left behind and parents left behind by migrants. This study also found some support for the supportive role of social support for extended families, but it lacks statistical significance. The psychosocial process linked to emigration varies between men and women.

Studies Conducted in South Asia

Moraes (2015) conducted extensive interviews to explore the lives of left-behind women in Goa, India. Initially, ten women were approached and they agreed to share their experiences but later only five agreed to participate. Analysis showed...
that women faced problems in different and varied dimensions. In case of young women, whose husbands migrate within a month of their marriage, she had no time to conceive or bear a child. Even when they return back, their duration of stay was just for four to eight weeks. This period is socially very hectic and emotionally draining. The wife in this case spends just a few weeks with her husband, and the same process continues every time he comes, making her psychologically and emotionally weak and resulting in her becoming unfit to bear a child. In this case of left behind women, feelings of depression and anxiety were profound.

In other cases of migration most of the women had succeeded in bearing a child within a year or two. Women with children felt more secure and also had a clear cut role to play in their husband’s family. It is explored that in the absence of their men, women were bound to depend on their in-laws, parents, friends, and neighbor’s in order to cope with different situations. In most cases the mothers-in-law had also gone through a similar situation of living alone with children, which in some cases helped to have better understanding of their daughter-in-laws. Friends and neighbors were very important to the woman to cope with the absence of her husband. In the absence of the man, the wife’s relationship with her husband was found to be positive or negative based on the support of family members (parents and in-laws), proper communication and support of the husband and ability to bear a child.

It was revealed by all the women that in the absence of husband responsible parenting becomes the duty of the mother. Women expressed this duty of motherhood as challenging, meanwhile rewarding and fulfilling. Communication with the husband was mainly through phone calls. The frequency of communication differed from one family to another. A phone call or a letter always improved the emotional wellbeing of the wife and made her feel loved and cared. During the calls the wife discussed
with her husband some of the problems she faced, while she avoided those things that would upset him.

Another responsibility that a woman takes up in the absence of her man is managing the finances appropriately. The extra responsibilities that these women have to shoulder both within the private and public spheres compel them to be more mobile. The extent of shouldering various responsibilities among these women differ from family to family and so too the mobility of women. When it comes to social gatherings, weddings, parties, and anniversaries some of these women revealed that they do not go because of the fear of people and social pressure. This made them more cautious and they made sure some family members or their children, if they are grown up, accompany them at these functions. These women however have hardly any restriction when it comes to shopping and visiting their parents. In some cases they may also stay with their parents whenever they want. In Cuncolim village in Goa the unique characteristic of male migration abroad is that the men have migrated before their marriage. The women who married these men definitely negotiated and compromised for some benefits at the time of marriage. They might desire economic security, higher social status and upward mobility. But those women did not get what they desired easily rather they had to reckon with and compromise their own careers, in some cases, and their emotional, psychological and physical well-being. Although the sample was small, only five left-behind women living in Goa, India. But it is explored through in-depth analysis of interviews. In a nutshell, left behind women face many challenges and have to fulfill extra responsibilities which lead them to physical, emotional and psychological suffering.

In Srilanka, ratio of international migrant worker (IMW) is one in ten. Few studies have been done in Srilanka to investigate the mental health issues in the left-
behind adults’. Siriwardhana et al. (2015) explored the impact of migration on mental health of left-behind families in Sri Lanka. A cross-sectional survey using multi-stage random sampling was conducted in six districts because transnational migrant databases were available. Spouses and caregivers of families of migrants were selected.

International Migrant worker (IMW) families were sampled to assess the mental health of adults. Patient Health Questionnaire, demographics form related to socio-economic, migration and health issues were used to collect data from 410 IMW families. It was suggested that problems related to general health were higher in non-spouse group. Mental health issues like depression, anxiety and somatoform disorders are higher in non-spouse group. Demographics like poor general health, no education, low remittances, and no visits of spouse from migrant country were related with mental health problems among wives in the non-spouse caregiver group.

According to Siriwardhana et al. (2015) it is one of the first studies in Sri Lanka and in South-East Asia region which used standardized measures to investigate mental health problems in left-behind families of IMW. It was found that international migration in the family is positively correlated with mental health problems in the left-behind adults of the families. Researchers suggested that it would be a key challenge for policy makers of labor sending countries to promote migration that enables health protection. It was observed in the review of literature that researchers used standardized measures but not developed specific indigenous measures that may exclusively assess the impact of husband migration on the mental health of left-behind wives.

A qualitative study was also carried out by Siriwardhana et al. (2015) across five districts where female labor migration rates are high in Sri Lanka. 20 interviews
were conducted through purposively sampled participants. Two researchers analyzed the transcripts. Line by line content and thematic analysis method was used. Manual coding was done. Material of the text was read, compared and grouped until similar thematic groups were developed. The analysis process used ‘method of constant comparison’ to triangulate the thematic coding. Consensus was drawn with in the research team for final thematic coding framework. The emerging themes and underlying broader concepts were mapped together to formulate the foundation of key thematic findings. It was found that major push and pull factors for migration were socio-economic condition, financial difficulties and high wages. It is indicated that parental absence especially when mother migrated has the extreme negative effect on children. The absence of support mechanisms for dealing with adverse events such as serious injury, death, abuse or imprisonment were viewed as major concerns for left-behind carers. Post-migration periods affect the health, well-being and family structures of left-behind families.

There is another research carried by Thomas and Adhikary (2012) in Goa, India. It focused on psychosomatic problems, general adjustments and difficulties with children and social relation of the left-behind wives. Researchers selected the wives of emigrants working in Middle East countries. 120 left-behind wives were interviewed by using 39 item interview protocols which included an 11-item Gurin psychosomatic symptom list (1960), five item Social-Support Scale (Kalia, 1996) and a list of psychological symptoms developed by researchers used to collect data from wives. Researchers found that left-behind wives were suffering from depression, loneliness, anxiety, insecurity, tension, fear, and feelings of loss of family life. Analysis of the list of psychosomatic problems revealed that wives experienced difficulty in sleep, loss of appetite, blood pressure issues and feeling of tiredness. It
was also found that wives experienced great difficulty in handling their children educational matters, health problems, entertainment and shopping and behavioral problems. It was concluded that left-behind wives were facing numerous psychological and social constraints. There is no evidence found in the published manuscript of the research which shed light on the psychometric properties of the list of psychological symptoms that was developed by the researcher. In the current project, researcher is planned to conduct a systematic study which describes the details of each phase and stage of the development of measures/scales.

The study conducted by Datta and Mishra (2011) is not directly relevant to the current research. The perspective of the study and research questions was sociological in nature. The impact of husband migration on the stay-behind wives in rural Bihar, India was analyzed. Data were collected from three sources which were household questionnaires, village schedules and especially designed gender modules. Module comprised of 93 questions, some structured and some open-ended. 976 households from the 12 villages were selected. It was found that male migration increased women’s household and social responsibilities. It was reported that women have to take care of the agricultural activities and farm animals. It was found that after husband migration women were more involved in taking household decisions and money management.

Objective and subjective well-being of left-behind wives of migrants were explored by Gartaula, Visser, and Niehof (2011) in Nepal. Qualitative method was used to obtain life stories of four left-behind wives and quantitative method was used to survey 277 households. It was revealed that remittances have a positive relationship with objective wellbeing of the left-behind wives, but it may not have increased their subjective wellbeing. It was concluded that improved objective wellbeing of a woman
does not necessarily improves her subjective wellbeing. The subjective experiences are rather complex, multi-faceted and context specific depending on the family situation, and socio-cultural disposition.

Another study with the background of sociology in rural India by Ganguly (2010) researched out that how does household structures impact on decision making power and health of the women stay-behind due to husband migration. Researcher used the data of National Family Health survey (NHFS)-3(2005-2006). 1453 wives living in nuclear system and 2265 in the joint family set up. Findings revealed that women living in joint household have better health conditions than women living in nuclear households because of the fact that their socioeconomic conditions were better. This study had used the data from a five year old survey on the issue of household structures and migration.

One of the pioneering researches on the left-behind wives, Gulati (1987) published the research article based on the thirty-seven households from the village of Trivandrum, Kerala from which migrant worker had gone to Middle East. Researchers assessed socioeconomic impact of male migration on left-behind wives. These impacts had been discussed in the paper under two headings dependence and coping with migrant’s absence. 23 households were selected from Alakad village, sub ward of Trivandrum. All 23 were Muslims the rest of 14 were selected from outlying parts of Trivandrum and it includes Hindu as well. These 37 households sent 50 persons to Middle East.

Interviews were taken and two main themes were identified. First theme was dependence. Migration of a male member brought different types of dependence for funds, management of funds, repayment of loans, investment in real estate and for child and elderly care. Left behind wives with younger children were more dependent
upon in laws and their own parents while wives with older children were more self-reliant. Second theme was coping with male absence.

It is found that impact of husband migration is closely related to the age of the wife and the stage of family life-cycle. The impact of migration kept on changing with the length of migrants’ stay. Wives with no child faced great problems than wives with children after the husband migration. Wives felt the need for literacy and managements of funds and children education became the major concerns. It is also revealed that migrant and the left behind wives turned to religion. Special prayers, offerings, donations and charities to mosques/temples, spending on religious festivals are some of the things wives used to do. The left behind wives gained confidence and able to cope better after some years of husband migration.

**Pakistan**

The research that has been conducted in Pakistan on the left-behind wives of emigrants are reviewed in a separate section because it is the most relevant to the current research. These studies revealed what kind of work yet has been done on the issue and what needs to be done in the present research project.

Kusar, Rehman and Rehman (2014) in Daska qualitatively explored husband migration and the issues encountered by family. The study investigates the economic, social and psychological perspectives of left-behind family of migrants. Snow ball sampling technique was employed to approach ten wives of migrated husbands. In Qualitative research method, semi-structured interviews were done. Interviews were transcribed and translated in English. Two major inquiry questions were asked. 1. How husband emigration effect the well-being of the children left-behind? 2. How husband emigration effect well-being of women left-behind? It was mentioned that many sub questions were asked but there was no evidence of questions provided in
the manuscript. The findings of the interview were grouped under different themes. It seemed to be a loophole in the research method, as it is not clear which qualitative method of analysis was used and how the data was analyzed.

It was found that children of transnational families have more education and health opportunities than non-transnational families. It was revealed that left-behind children were vulnerable to psychological disturbances due to absence of father. Likewise, wives feel financially secure but psychologically they are stressed, anxious and depressed. The researcher suggested to policy-makers and stakeholders to frame evidence-based social policies that minimize the negative impact of migration on the family left behind.

Similarly, Sahar and Gillani (2014) assessed loneliness and depression in the wives of emigrated husbands. Fifty wives whose husbands were living abroad for a year or more were selected through purposive sampling. The researchers have used Western measures of depression and loneliness to assess impact of husband migration on left-behind wives. The Differential loneliness Scale (DLS) and the Beck Depression Inventory (BDI) were used to assess their mental health. It was found that no psychometric evidence of the measures was reported. It was also not written that original English measures were used or translated. As translation and adaptation procedures of the measures were not written in the published manuscript. It was suggested that 32% of participants experience severe depression. In addition, there was a significant positive correlation between loneliness and depression, especially in the intimate relationship \( r = 0.66 \) **. It was also revealed that wives living in a joined household had more loneliness \( M = 29.1, SD = 11.9, t = 2.18 \) * and severe depression (35%) compared with those live in the nuclear family system (loneliness, \( M = 21.8, SD = 12.5, t = 0.11 \), depression (29%).
Findings of sociologists like Khan, et al. (2010) revealed the impact of international migration on families left in the Toba Tek Singh district, Pakistan. Multi-stage sampling technique was used for data collection from 120 migrant’s wives. A purposive sampling and a snowball sampling technique were used. A scheduled interview was used to collect data from women. It was found that the women and children left-behind reported loneliness and insecurity as their major problems. It was revealed that women were satisfied with their economic conditions after the husband's migration. However, perspective of this study was sociological that’s why psychological consequences of migration and its impact on left-behind wives psychowere not explored.

Likewise, the impact of international migration on the families of migrants left in rural Pakistan was studied by Farooq and Javed (2009) in the Faisalabad district. Surveys and interviews were taken from 300 women who were head of household. Two main objectives of the study were 1. To examine the education and health problems of children. 2. To examine the mental stress, as the responsibilities and anxieties are likely to increase in the absence of husband. Researchers did not report how they analyzed the data and what method of analysis was used. Findings suggested that after husband emigration, new responsibilities made wives overburdened which lead them to be sad and depressed. It was revealed that male children showed behavioral problems in the absence of father. As a result, women experience psychological stress. Probit analysis indicated that a large majority of migrant children, especially boys, could not complete their education. Similarly, Ahmed and Zainulabdin (1991) researched on wives whose husbands were migrants to Gulf States. Detailed interviews were done with 25 wives lived in Karachi, Pakistan. It was explored that left-behind wives experienced depressive symptoms, feelings of
loneliness and insecurity, difficulty in coping with children and in-laws. The details on the method of the research, measures and analysis were not reported in the published manuscript.

The above mentioned studies show that there is a scarcity of research on the issue of psychosocial health of left-behind families. The studies conducted in Pakistan, revealed that scales used for data collection are not culturally sensitive and sample size was too small to apply inferential statistics and to generalize findings (Sahar & Gillani, 2014). It is also observed that researchers did not develop any indigenous measure from the rich qualitative data.

During exploratory studies of the current research, it was found that mothers were pre-occupied with their male children education and behavioral problems. A good number of studies have investigated the impact of male migration on children (Abudu, Fuseini, & Nuhu, 2013; Battistella & Conaco, 1998; Fen, Su, Gill, & Birmaher, 2010; Graham & Jordan, 2011; Hewage, Bohlin, Wijewardena, & Lindmark, 2011; Senaratna, Perara, & Fonseka, 2011; Su, Li, Lin, Xu, & Zhu, 2013; Ming, 1994; Zhao et al., 2014). Research studies conducted in West (Bakker, Elings-Pels, & Reis, 2009; Biller, 1970; Dillon & Walsh, 2012; Mazzucato & Cebotari, 2016; Mazzucato, Cebotari, Veale, White, Grassi & Vivet 2015; Mandara, Murray, & Joyner, 2005). In the present research, researcher is also intended to ask from wives about children psycho-social problems in the absence of their father.

**Conclusion**

The focus of current research is neither remittances, economic change and growth, women’s mobility, gender empowerment and equality, decision making power and autonomy nor the mental health problems in the children of emigrants.
Researcher is interested to investigate wives psychosocial problems, social support and coping in the wives of emigrants.

The above described literature is ample to identify the gaps in research in the wives of emigrants. First, it has been reviewed that much work have been done by sociologists (Datta & Mishra, 2011; Ganguly, 2010; Gartaula, Visser, & Niehof, 2011; Ikuomola, 2015; Mckenzie & Menjivar, 2010; Moraes, 2015; Siriwardhana, et al., 2015; Wu & Ye, 2016; Yabiku, Agadjanian, & Sevoyan, 2011). Sociologists and social workers have their own framework to analyze the phenomena of emigration and its impact on the wives empowerment, mobility, autonomy and decision making. Psychological cost and consequences of husband migration on the left-behind wives are not their area of interest.

Secondly, plethora of research evidence (Datta & Mishra, 2011; Gartaula, Visser & Niehof, 2011; Ikuomola, 2015; Kusar, Rehman, & Rehman, 2014; Khan et al., 2010; Mckenzie & Menjivar, 2010; Moraes, 2015; Siriwardhana, et al., 2015; Yabiku, Agadjanian, & Sevoyan, 2011) revealed that qualitative research method was employed by sociologists to explore the issues of stay behind wives of emigrants but strictly speaking the process and procedure of qualitative data collection and method of analysis has not been written clearly. Yet, also no evidence has been found that researchers have developed any tool /scale on the basis of qualitative data to assess the problems of left-behind wives of emigrants. Thomas and Adhikary (2012) developed a psychological symptom checklist but did not mention the procedure of development and psychometric properties of the checklist.

Third, Few research evidence (Graham, Jordan & Yeoh, 2015; Lu, 2013; Nobles, Rubalcava & Teruel, 2015; Siriwardhana et al., 2015; Thomas & Adhikary, 2012; Wilkerson, Yamawaki, & Downs, 2009; Yu, Qirong, Shengwei, Xiadong, Ling,
& Fen, 2016) have been found on mental health and depressive symptomology in the wives of emigrants. In Pakistan, (Ahmed & Zainulabdin, 199; Sahar & Gillani, 2014) investigated loneliness and depression in the wives of emigrants but yet no research has been investigated the relationship between psychosocial problems, social support and coping in the wives of emigrants. There is a single evidence Lu (2013) that has investigated the stress-mediating role of social support in the wives of emigrants.

Fourth, studies that have been carried out on the impact of husband emigration on wives mental health used data that were collected five to six years back to measure other objectives not the specific problems of left-behind wives like (Lu, 2013; Nobles, Rubalcava, & Teruel, 2016; Siriwardhana et al., 2015; Wilkerson, Yamawaki, & Downs, 2009; Yeoh, 2015). Researchers used self-report questionnaire, patient health questionnaire, strength and difficulty questionnaire, General health questionnaire -12 (GHQ-12), Differential Loneliness Scale (DLS) and Beck Depression Inventory (BDI) to assessed mental health of the wives of emigrants. Neither of the mentioned scales are specific for the assessment of the wives of emigrants nor they have established psychometric properties in different languages on the sample of left-behind wives. In Pakistan, generally observing, depression does not work as a disorder in stay-behind wives but they may have depressive symptomology because of the social and psychological changes that husband migration brought into their lives.

Fifth, many researchers (Graham, Jordan, & Yeoh, 2015; Mansuri, 2009; Siriwardhana et al., 2015; Wilkerson, Yamawaki, & Downs, 2009) suggested a need to work on the psychological cost of migration in the wives of emigrants.

There is a dearth to research out the relationship between psychosocial problems, social support and coping in the wives of emigrants. It is revealed that there
is a bleak to develop culturally sensitive and specific measures because culturally alien tools can lead to falsify or misleading findings on this very new and important population of research. Therefore, the need of valid and reliable measures is inevitable to identify and assess psycho-social problems of left-behind wives. Psychometrically sound measurement and assessment procedures will help future researchers to identify and assess the problems in the wives of emigrants.

**Significance of Study**

The role of women in the culture of migration is usually observed only when they become migrants themselves (Hirsch, 1999, Kanaiaupuni, 2000, United Nations, 1993, 1995). In the current study, the researcher argues that the role of women in maintaining the culture of migrants is as important as that of migrant men. When husbands migrate, women are often held accountable for tasks that are part of their husbands' roles at home, such as maintaining the household and contributing to agriculture (Ahmed & Zainulabdin, 1991; Graham, Jordan, & Yeoh, 2015; Keyserlingk, 1999; Lu, 2012; Nobles, Rubalcava, & Teruel, 2016; Sahar & Gillani, 2014; Siriwardhana et al., 2015; Thomas & Adhikary, 2012; Torres & Carte, 2016; Wilkerson, Yamawaki, & Downs, 2009; Yu, Qirong, Shensgwei, Xiadong, Ling, & Fen, 2016). The lack of literature on the mental health of the wives of emigrants is surprising. Researchers focusing on the mental health of stay-behind wives in Asia whose husbands migrate to any country throughout the world are strikingly few. The researcher was able to find only a few articles from psychological journals on the left-behind wives of migrants (Maldonado, 1993, Salgado de Snyder and Maldonado, 1992). Both the studies were conducted about 20 years ago in Mexico without the aid of quantitative scaling. After (Salgado de Snyder & Maldonado, 1992) only (Wilkerson, Yamawakai, and Downs, 2009) brought gender roles into account as part
of the explanation for mental health problems in women of migrant husbands. These studies were conducted in Mexico. Therefore, researcher believe that examining the relationship among psychosocial problems, social support and coping in wives, particularly in the absence of husband in Pakistan is worthy of study.

**Rationale of the Study**

The present study is important for some main reasons. First, emigration rate of Pakistan for the last one decade is very high (International Labor Organization, 2013-2016; Graham & Jordan, 2011). Males are going to overseas countries for earning purposes. In our culture the role of male as a head of the family has a key importance. Family is not considered to be complete without a male figure (Carteret, 2011). The present research would help us to understand what would be the relationship of husband absence (emigration) and psychosocial problems of the wives living in Pakistan.

Second, in Pakistan, we don’t have a culturally valid measure to assess specific psychosocial problems, social support and coping in the wives of emigrants. Third, we have yet, little or no accurate estimate of the extent of problems related to emigration and its impact on the wives living in Pakistan. The cultural values and social background of an individual plays a vital role in shaping and developing human behavior. These values and social norms vary considerably from culture to culture (Ellis & Carlson, 2009). So, the use of measures which are not culturally sensitive may provide a false picture about the problem but also mislead the preventative and intervention measures (Stewart et al., 1999). Therefore, in order to have an accurate account of psychological consequences of migration, the scales should have cultural sensitivity. In west, a lot of work on migration has been done but the psychological consequences on the left-behind wives are yet need to be investigated (Graham,
Jordan, & Yeoh, 2015; Mansuri, 2009; Siriwardhana et al., 2015; Wilkerson, Yamawaki, & Downs, 2009).

Fourth, this study generates additional knowledge about the relationships between psychosocial problems, social support as independent variables and coping as dependent variable in the wives of emigrants living in Pakistan.

Fifth, social support as mediator of the relationships between psychosocial problems as independent variables and coping as dependent is significant because social support buffer against stress (Jesse, Kim, & Herndon, 2014; Ren, Jiang, Yao, Li, Liu, Pang, & Chiang, 2015; Thorsteinsson, Ryan, & Sveinbjornsdottir, 2013; Vasquez, 2010; Wang, Kai, Qian, & Peng, 2014). It will help psychologists to establish intervention plans in community centers that focus on social support system.

Research Questions

The current research will address the following research questions:

1. Is there any difference of psychosocial problems in the wives of emigrant and wives of non-emigrant?
2. What is the relationship among psychosocial problems, social support and coping?
3. Does social support mediate the relationship between psychosocial problems as independent variable and coping as dependent variable?

Hypotheses

It is hypothesized that:

1. Wives of emigrant would score significantly high on perceived psychosocial problems scale than wives of non-emigrant.
2. Wives of emigrants would have significant inverse relationship between perceived psychosocial problems and social support.
3. Wives of emigrants would have significant positive relationship between perceived psychosocial problems and religious coping.

4. Wives of emigrants would have significant positive relationship between perceived psychosocial problems and social support coping.

5. Wives of emigrants would have significant positive relationship between perceived social support and active coping.

6. Perceived psychosocial problems and perceived social support would be significant predictors of religious coping.

7. Perceived psychosocial problems and perceived social support would be significant predictors of social support coping.

8. Perceived social support would mediate the relationship between perceived psychosocial problems as independent variable and religious coping as dependent variable.

9. Perceived social support would mediate the relationship between perceived psychosocial problems as independent variable and social support coping as dependent variable.

Secondary hypothesis

1. ‘Feeling of isolation’ would be reported as most frequent source of stress in the wives of emigrants.
Chapter III

Method

This section highlights the process of conducting current research. This process includes design of research, sample and sampling techniques, details of measures, data collection and analysis procedures. It is to mention here that Institute of Clinical Psychology and University research committees approved the current research project as confirming all ethical standards as proposed by American Psychological Association (APA, 2010). The approval letter of ethical committees is attached in appendix A.

Research Design

Mixed-methods research design was used to conduct present study. Mixed-methods research design employ quantitative and qualitative research techniques in order to give best answers to research questions (Ivankova, Creswell, & Plano, 2007; Johnson & Onwuegbuzie, 2004). The present study was completed in two phases. In the first phase, objective was the development of indigenous measures of psychosocial problems, social support and coping. Indigenous measures were developed through in depth interviews and their psychometric properties were established. The first phase was employed qualitative method and second phase employed quantitative method. In the second phase, main objective was hypothesis testing.

By using indigenous measures developed in phase I, the researcher investigates the difference between psychosocial problems in the wives of emigrants and the wives living with husbands. The relationship among perceived psychosocial problems, social support and coping in the wives of emigrants will also be explored.
In the phase I, there were three stages to develop measures. In stage I, exploration of the phenomenon was done through in-depth interviews. Stage I describes procedure for gathering and collating of perceived psychosocial problems, social support and coping as experienced, expressed and manifested by the wives of emigrants. Empirical validations through experts were done in stage II. In stage III, psychometric properties of the measures were established.

**Phase I (Development of Indigenous Measures)**

**Stage I: Understanding the Phenomenon**

**Research Design.** Qualitative research design was used to explore perceived psychosocial problems, social support and coping in this phase of the research.

**Sample and Sampling.** Snow ball sampling was used to explore the psychosocial problems, social support and coping in the wives of emigrant’s. Snow ball sampling is used when the probability of selecting a particular person in a population group is not known. It is also used when it is difficult to sample an entire population group (Gravetter & Forzano, 2003; Maree & Pietersen, 2007b). A sample of 25 wives whose husbands were living abroad for minimum at least one year had been interviewed. Their age ranged from 22-55 years. Their education ranged from illiterate to masters. 22 wives have children, one was on family way and two were issueless. All the husbands were living in GULF countries for earning purpose. Ten wives were living in peripheries of Gujrat and fifteen wives were living in Lahore, Pakistan. Wives living in peripheries of Gujrat lived in joint family system. 9 wives were living in joint family system and six were living in nuclear family system in Lahore. Marital duration ranged from 1 year to 36 years.
Procedure.

Ethical Considerations. In-depth interviews were taken and audiotaped. The aims and objectives of the present research were clearly informed and discussed. They were asked for informed consent. They were assured of the confidentiality and anonymity. It was being told that the information taken from them will be only used for research purposes. It was being informed that participants have right to withdraw if they feel insecure.

Three main inquiry questions were asked in the phase I (exploration of phenomenology) to develop scales. The first question was “What changes come into your life when your husband has been emigrated?” or for the wives whose husbands were emigrated before their marriages were asked “How husband emigration effect on you after marriage?” Researcher did not ask pre-build questions on different types of psychosocial problems to have a pure expression of the wives of emigrants. Wives own experience, expression and manifestation were the prime focus. The researcher asked supplementary questions when need to probe or clarify some information so that enough information would be extracted. When wives expressed the changes that has come into their life than the second question was asked “Whom you can trust, rely and ask for help (physical, psychological and social) in the absence of husband”? The third question was asked to explore the coping strategies in the wives of emigrants. “How do you cope when came across with any personal, family and social problem in the absence of husband”? Researcher did not intervene while wives were expressing and manifesting their problems related to emigration of husbands. In this way, wives not only revealed the changes but also expressed about various stressors in their lives.
All interviews were conducted in Urdu or Punjabi depending on the language of the interviewee. All the interviews were recorded and transcribed. The interviews took about 60-75 minutes, followed by debriefing session and concluded by *thanks* at the end.

**Analysis of Interviews**

As this was a mixed-method research design and the qualitative study was conducted only to develop indigenous measures. That is why formal qualitative methods like Interpretative phenomenological analysis IPA, Grounded Theory method and Thematic Analysis etc of analysis have not been employed. The interviewer solely transcribes and codes all the interviews material. Line by line coding has been done for analyzing the manifestation and expression of psychosocial problems, sources of social support and coping. On the basis of these reading passes, exact verbatim was used to develop a list of measures that reflect the issue.

**Measure of Psychosocial Problem.** Through these in-depth interviews, 43 items were initially extracted for psychosocial problems measure. A number of reading passes had been given to the initial list. All the items that seemed ambiguous, dubious, vague or overlapping to researcher and supervisor were merged or modified keeping close to their original connotations, context and inquiry question. In this way, a list of 31 items for psychosocial problems measure was collated.

**Measure of Social Support**

For social support measure, five support indicators have been found which were, parents, in-laws, siblings, neighbors, and other relatives.

**Measure of Coping**

In a coping measure 22 items were initially extracted. The same procedure which was carried for measure of psychosocial problems was repeated and list of 18 items were collated.
Measure of Sources of Stress

Wives expressed many sources of stress while manifesting the changes that had come into their lives when their husbands migrated. Researcher collated a list of these sources by finding their significance in the interviews. It was a 16 items list of perceived sources of stress based on the rich data of the interviews. Ambiguous, dubious, vague items were modified or merged by researcher and supervisor.

Stage II: Empirical Validation

Participant and procedure. The lists of psychosocial problems, social support, coping and sources of stress were given to 4 clinical psychologists who have got experienced to deal with psycho-social problems of women living alone and to the four researchers (PhD’s who involved in postgraduate teaching and research) The experts were being instructed that following are some psychosocial problems, social support, coping and sources of stress items observed in the wives of emigrants. Kindly inspect each item carefully in the light of your expertise and rate each item for their frequency of occurrence and severity of the problem or impact on the wives whose husbands are living abroad. They were asked to rate on a 4-point rating scale ranging from 0 = “not at all” to 4 = “very often”. Only those items that were rated 4 by the experts were retained, others were discarded leaving a total of 23 items in psychosocial problems measure, 12 items in coping measure and 16 items in sources of stress list. All the experts revealed their consensus on five social support indicators as a support network in the wives of emigrants. For further psychometric manipulation of all measures, a pilot study was conducted.

Stage III Establishment of Psychometric Properties

Participants and procedure. A study was carried out on 150 wives of emigrants to establish psychometric properties of the three measures. Snow ball
sampling technique was used to collect data from wives of emigrants. Wives living in rural area were selected from the peripheries of Gujrat. Gujrat is the area where the rate of male emigration is very high. Three research associates living in that particular area were hired to introduce researcher to the wives whose husbands were living abroad. Only those wives were interviewed whose husbands were living abroad from at least one year. To obtain maximum data, researcher used snow ball sampling. In the end of each data collection session, researcher asked wife to refer another wife whose husband is emigrated from at least one year. In this way 75 (48%) wives were approached in rural area.

For the wives living in urban area, Lahore is selected. Researcher approached two wives in family and three in neighborhood to initiate the data collection. The same procedure of snow ball sampling was repeated. 75 (48%) wives completed the data collection. The age of wives ranged from 20-55 years. 126 (83%) wives have children and 24(16%) were issueless. 59 (39%) wives lived in nuclear family system, 79 (52%) with in-laws and 12 (7%) with parents.

**Measures.** The measures developed in stage I and II were given to 150 wives of emigrants to establish their psychometric properties.

**Demographic Information Form.** Demographic form was comprised of few variables like age, family system, have children or not, and area of residence.

**Perceived Psychosocial Problems in the Wives of Emigrants (PPWE).** The list of perceived was retained with all 23 items in psychosocial problems measure and was named as perceived psychosocial problems in the wives of emigrants (PPWE). The response format of the scale is Likert, ranged from 0-3. 0 depicts “not at all” and 3 depict “very much”.
**Depression, Anxiety, Stress Scale (DASS).** Depression, anxiety and stress scale (DASS) Urdu version by Aslam (2007) was used to establish concurrent validity of PPWE. DASS comprised of 21 items with a response format of 4 point liker scale, ranged from 0-3. The alpha values of the Urdu translated scales were .72, .74 and .76 for depression, anxiety and stress respectively (Aslam, 2007). The depression scale assesses dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest anhedonia and inertia. The anxiety scale comprised of the assessment of autonomic arousal, skeletal muscle effects, situational anxiety and subjective experience of anxious effect. The stress scale assessed difficulty in relaxing, nervous arousal and being easily upset/agitated, irritable/overactive and impatient. All items of the scales are positively scored. Higher the score on each sub-scale would indicate the higher level of pathology. This Urdu version has been validated on sample of earthquake survivors. Permission was taken from the author per email. The newly created psychosocial problem measure comprised of some items of depression, anxiety and stress along with unique items related to the problems of the wives of emigrants. DASS was chosen for establishing concurrent validity because it is available in Urdu language and it is general in nature. General health Questionnaire (GHQ) is also translated in Urdu and has been given to 5 wives to check its friendliness but it was found that they got difficulty in understanding the instruction of time period like week back or 15 days before encircling the options. Even in DASS, wives generally expressed that these are difficult items to relate and understand as compared to the psychosocial problems measure/checklist. The reason may be it is a mere translation of the items mainly developed for another culture and people.

**Perceived Social Support Scale (PS).** Social support measure was developed. It is comprised of five items. Wives of emigrants have to rate each item on four point
Likert scale ranged from 0 to 3. Items are social-support indicators/sources like parents, in-laws, siblings, neighbors and other relatives.

**Religious, Active and Social Support Coping Scale (RASC).** The coping measure was retained with all 12 items and named as religious, active and social support coping measure in the wives of emigrants (RASC). Response format of the scale was Likert, ranged from 0-3. 0 means “not at all” and 3 mean “very much”.

**Brief COPE-28.** Urdu translation of Brief COPE-28 items was used to establish concurrent validity of RASC. Brief COPE was originally developed by Carver (1997) and has open access for researchers and students. Brief COPE Urdu translation done by (Qadeer & Jamal, 2012) was used and permission taken per email. It is comprised of 28 items with a response format of 4 point Likert scale, ranged from 0-3. ‘Turning toward religion’ strategies were computed by adding item 22 and 27, ‘active coping’ strategies were computed by adding item 2 and 7, ‘emotional support’ by adding items 5 and 15 and ‘use of instrumental support’ computed by adding 10 and 23 as per instructions. Only four sub-scales of Brief Cope-28 were used to establish concurrent validity of RASC measure because Turning toward religion, active coping, emotional support and instrumental support are similar and relevant to the subscales of RASC measure.

**Perceived Sources of Stress (PSS).** To study in-depth the phenomena of psychosocial problems in the wives of emigrants and to make use of the rich data revealed by the wives of emigrants, researcher also developed a list of perceived sources of stress. The list of perceived stressors was comprised of 16 items. Some of the items are feeling stressed because of not having a child, to control children, negative attitude of in-laws, feelings of insecurity, fear of future, loss of marital life, fear of losing dignity and respect in society, overwhelmed with children education
and training, personal health issues, feelings of isolation, problems in decision making, overwhelmed by management of remittances. PSS measure was transformed into 4 point self-report rating scale. The response format of the scale is Likert, ranged from 0-3. 0 depicts “not at all” and 3 depict “very much”.

**Statistics.** Principal component analysis with Varimax rotation was performed on PPWE and RASC. Correlation analysis and Cronbach Alphas were computed to determine concurrent validity of PPWE and RASC.

Detail of factor analysis and psychometric properties of perceived psychosocial problems, social support, coping and perceived sources of stress scales are presented in the chapter of result. Factor analysis was not carried on list of perceived sources of stress (PSS) as they are only different sources of stress and is not the main variable of the study. Items of the list were the indicators of stress in life of the wives of emigrants. Factor analysis was also not carried on Social Support measure as it carried only 5 support indicators/sources.

Researcher also checked the lay out and user friendliness of the measures in this stage. No ambiguities were found in understanding instructions and items of all the measures.

**Phase II: Main Study**

The objective of the main study was hypothesis testing. In this phase, researcher investigates the difference between psychosocial problems in the wives of emigrants and the wives living with husbands in the same household. The relationship between perceived psychosocial problems, social support and coping in the wives of emigrants was also explored. The predictive relationship between psychosocial problems, social support and coping were also investigated. The mediating role of social support between psychosocial problems and coping was also explored.
Participants

In this phase of main study data from 377 wives of emigrants from Lahore, Gujrat and peripheries of Gujrat, Pakistan were taken by using Snow ball sampling technique to investigate the relationship between perceived psychosocial problems, social support and coping. It was taken care that wives participated in Phase I and II were not selected for main study.

50 comparison cases (wives living with husbands) of wives of emigrants were also taken from sample of 377. The comparison cases were those wives who were living in the same household but with their husband.

Each pair of wives (wife living with husband and wife of emigrant) took from the same household) through snow ball sampling technique to assess the difference between psychosocial problems in the wives of emigrants and wives of non-emigrants in the peripheries of Gujrat, Pakistan. Wives living with husbands were those who lived in the same household in joint family system where wives of emigrants were living. Only one such wife has been taken from each of the households for comparison.

This was matched control group. Snow ball sampling technique is the most suitable when locating people of a specific population (MacBurney, 2001), e.g., emigrants wives. There were no lists or other obvious sources for locating wives of emigrants’ so when the population is not known snow ball sampling is the most appropriate to use (Gravetter & Forzano, 2003; Maree & Pietersen, 2007). The details of the demographics were given in results.

Inclusion Criteria

For second phase the inclusion criteria as the same as in the phase I that husband should be abroad for earning purposes from at least one year. All those 25
participants who had participated in Phase I (item generation) and 150 wives who participated in Phase II (establishment of psychometric properties) were excluded in the main study phase. Only one wife of emigrant had been taken from each household. For the comparison group, the inclusion criteria was the same. Only one wife living with husband in the same household was selected for the sample.

**Measures**

**Informed Consent.** Permission was taken from Institute of Clinical Psychology, University of management and Technology and all the participants have to fill the informed consent form before data collection. The aims and objectives were described to each participant. It was also explained that the information of the participants will always be kept confidential and only used for academic purposes.

**Demographic Information Form.** A detailed demographic questionnaire of 20 questions was developed in the light of literature and observations made in exploration phase. All questions were in the form of categories. Respondent had to tick the most relevant and true to her. Some of the demographics are education, husband duration of emigration, country of emigration, husband’s profession, remittance amount, satisfaction from remittance amount etc. See Table 1 for details. For the comparison group, the variables which are not applicable to wives living with husbands like husband duration of emigration, country of emigration and how much time husband visit were not asked

**Perceived Psychosocial Problems in the Wives of Emigrants (PPWE).** The 22 item PPWE scale developed in phase I was used to collect data from emigrants’ wives and from the wives living with husbands. One item was excluded from factor analysis and researcher retained 22 items. It was a self-report measure with four point Likert scale ranging from 0 (Not at all) – 3 (Very often). Factor analysis revealed
three factors; Low mood, psychosomatic problems, and social insecurity. On the sample of 150 wives of emigrants, reliability coefficients were found \( \alpha = .81 \), \( .81 \) and \( .75 \) respectively of the three factors. Total score of PPWE was used for analyses.

**Perceived Social-Support Measure (PS).** It was a five item measure with four point response format ranging from 0 - 3 used to collect data from wives of emigrants. A detail of the measure was given in phase I. Total score of PS was used for analyses. Reliability coefficient, Cronbach Alpha was found to be .63.

**Religious, Active and Social Support Coping Measure (RASC).** It was a 12 item measure with four point Likert scale ranging from (Not at all) - 3 (very often). Factor analysis suggested three factors. The name of the factors are religious, active and social support coping. The calculated Cronbach Alpha values were \( \alpha = .7 \), \(.5 \) and \(.57 \) respectively. Pallant (2005) suggested that if items are less than 10 than \( \alpha \) ranged between .3 to .5 is reliable. Scores of the sub-scales were used for analyses. Response format of RASC is four point Likert scale, ranged from 0-3.

**Perceived Sources of Stress (PSS).** A 16 items list developed in phase I was used to assess different stressors in the wives of emigrants. Total score of the PSS was used for analyses. On sample of 150 wives reliability coefficient, Cronbach alpha was \( \alpha = .78 \).

**Procedure.** By using snow ball sampling technique researcher approached 377 wives of emigrants. 50 wives living with husbands were also selected for compare group. Before data collection, all the participants have to fill the consent form. The aim and purpose of the research was discussed and explained. It was assured to each participant that their personal information will be kept confidential. To elicit true responses from wives, rapport was established so that wives will not feel fearful, inhibited or shy. Each participant was given the testing protocol comprised of
PPWE, PS, RASC and PSS. The instructions were given in Urdu. It took about 30 minutes to each participant to complete the protocol.

The data was maintained carefully and serial number was assigned to each interview protocols. For comparison group separate code numbers e.g., like HH1 (household 1), WWH (wife with husband) and WHA (wife husband abroad) had been assigned for the interview protocols and the protocols were attached with each other right after it was finished. For data entry, a spreadsheet was made on SPSS. Data was entered by researcher herself and rechecked by supervisor.

**Statistics.** The statistical package for the social sciences (SPSS) version 20 for windows was used for the analysis of data obtained from protocols. Perceived Psychosocial problems (PPWE), Perceived Social Support (PS), Religious, Active, and Social-support Coping (RASC) and Perceived Sources of Stress (PSS) were all Likert-format measures. Excluded RASC, for each measure items were summed up to have a total score. RASC has three factors and the total of each factor was used. These total scores were used for descriptive and inferential analyses.

Demographics of sample like education, husband duration of emigration, country of emigration, husband’s profession, remittance amount etc. were described by frequencies and percentages. Inferential statistical techniques were used for hypotheses testing. Factor analyses were carried to establish the factorial structure of PPWE and RASC measures. To determine differences in psychosocial problems between wives of emigrants and wives living with husbands, t-test was employed. A correlation analysis investigated the relationship between perceived psychosocial problems, social support and coping.

Multiple hierarchical regression analyses were performed to determine predictability of perceived psychosocial problems, perceived social support and
coping in the wives of emigrants. Mediation analysis was used to examine social support as mediator of relationship between perceived psychosocial problems as independent variable and coping as dependent variable. Hayes Process Mediation model was used to test hypothesis.

In mediation model (Frazier, Tix, & Barron, 2004), there are three casual paths leading to outcome (dependent) variable. Figure 2 depicts the following causal paths.

- Path ‘a’ shows the effects of independent variable on dependent variable.
- Path ‘b’ shows the effect of mediator on dependent variable.
- Path ‘c’ shows the direct effect of independent variable on dependent variable.

Following conditions are necessary to meet if a variable is functioning as mediator.

1. There is a significant correlation between predictor (independent) and mediating variable.
2. The scores of mediating variable correlates significantly with dependent variable.
3. The correlation between independent and dependent variable should be reduced when control the effects of mediating variable. In case of complete mediation, the correlation coefficient between IV and DV becomes zero.

![Figure 2](image.png)

*Figure 2. Mediation model of social support (M) on the relationship between Perceived Psychosocial problems (x) and Coping (Y).*
Chapter IV

Results

This chapter presents descriptive and inferential analyses of data collected from the wives of emigrants. Statistical package for social sciences (SPSS) version 20.00 was used for data analysis. This chapter presents the details of factor analysis, regression analyses of perceived psychosocial problems and social support as independent variable and coping as dependent variable. The mediation analyses on social support will also be presented. Additional frequency analysis of perceived sources of stress will also be presented. This chapter is divided into four sections which describe sample description, psychometric properties, main hypotheses and secondary hypothesis.

Section I: Sample Description

Demographic data e.g. age, education, husband duration of emigration, reason of emigration, when visit Pakistan, country of emigration are presented in Table 4.1. 50% wives age ranged from 20-35 years, 35% ranged from 36-50 years and 16 % were 50 and above. 19% illiterate, 15% were under- matric ,26 % were matric, 18% intermediate, 23% graduation and above. 19% husbands were emigrated from 1-5 years, 23 % from 6-10 years, 19 % husbands from 11- 15 years and 39% were emigrated from more than 15 years. 54% husbands visits Pakistan twice-once in a year, 40 % after 2- 5 years. Husbands’ country of emigration was Gulf (52%) and West (47%). 77% husbands calls every day to their wives. 70 % husbands worked as a labor in other countries. 84% wives were satisfied with remittance amount. 65 % husband send remittances directly to wives and 35 % send to others in the family like elder brother or parents. 66 % wives lived in the rural area and 33 % in urban area of Pakistan. 41% wives were living in nuclear family system and 59 % with in-laws. 54
% wives used to fulfill complete household responsibilities and 46 % often do household chores. 72 % wives fulfill outside the house responsibilities e.g. pick and drop of kids, paying bills, grocery, bank related work etc. 42 % wives reported that they were not satisfied with the behavior of their adolescent boys.
Table 1

Frequencies and Percentages of the Demographics (N = 377)

<table>
<thead>
<tr>
<th>Variables</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 – 35</td>
<td>186</td>
<td>50</td>
</tr>
<tr>
<td>36 – 50</td>
<td>130</td>
<td>35</td>
</tr>
<tr>
<td>50 above</td>
<td>61</td>
<td>16</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illiterate</td>
<td>73</td>
<td>19</td>
</tr>
<tr>
<td>Under matric</td>
<td>55</td>
<td>15</td>
</tr>
<tr>
<td>Matric</td>
<td>96</td>
<td>26</td>
</tr>
<tr>
<td>Intermediate</td>
<td>68</td>
<td>18</td>
</tr>
<tr>
<td>Graduation and above</td>
<td>85</td>
<td>23</td>
</tr>
<tr>
<td><strong>Husband duration of emigration</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-5 years</td>
<td>70</td>
<td>19</td>
</tr>
<tr>
<td>6-10 years</td>
<td>87</td>
<td>23</td>
</tr>
<tr>
<td>11-15 years</td>
<td>75</td>
<td>19</td>
</tr>
<tr>
<td>More than 15 years</td>
<td>145</td>
<td>39</td>
</tr>
<tr>
<td><strong>Reason of emigration</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Earning Purpose</td>
<td>377</td>
<td>100</td>
</tr>
<tr>
<td><strong>When visit Pakistan</strong></td>
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<td></td>
</tr>
<tr>
<td>Twice-once in a year</td>
<td>204</td>
<td>54</td>
</tr>
<tr>
<td>After 2-5 years</td>
<td>151</td>
<td>40</td>
</tr>
<tr>
<td>Not yet</td>
<td>22</td>
<td>06</td>
</tr>
<tr>
<td><strong>Country of emigration</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gulf</td>
<td>199</td>
<td>52</td>
</tr>
<tr>
<td>West</td>
<td>177</td>
<td>47</td>
</tr>
<tr>
<td><strong>When call home</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Every day</td>
<td>290</td>
<td>77</td>
</tr>
<tr>
<td>Once in a week-15 days</td>
<td>87</td>
<td>23</td>
</tr>
<tr>
<td><strong>Duration of marriage</strong></td>
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<td></td>
</tr>
<tr>
<td>1-5 years</td>
<td>87</td>
<td>23</td>
</tr>
<tr>
<td>6-10 years</td>
<td>88</td>
<td>23</td>
</tr>
<tr>
<td>7-15 years</td>
<td>66</td>
<td>18</td>
</tr>
<tr>
<td>16-20 years</td>
<td>41</td>
<td>11</td>
</tr>
<tr>
<td>20 years or above</td>
<td>95</td>
<td>25</td>
</tr>
<tr>
<td><strong>Husband’s Profession</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Labor</td>
<td>267</td>
<td>71</td>
</tr>
<tr>
<td>Small business</td>
<td>58</td>
<td>15</td>
</tr>
</tbody>
</table>
Table 1 (Continued)

*Frequencies and Percentages of the Demographics (N = 377)*

<table>
<thead>
<tr>
<th>Variables</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job</td>
<td>52</td>
<td>14</td>
</tr>
<tr>
<td>Children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>328</td>
<td>87</td>
</tr>
<tr>
<td>No</td>
<td>49</td>
<td>13</td>
</tr>
<tr>
<td>Remittance amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5k-10k (PK Rs)</td>
<td>50</td>
<td>13</td>
</tr>
<tr>
<td>11k-25k (PK Rs)</td>
<td>97</td>
<td>26</td>
</tr>
<tr>
<td>26k-45k (PK Rs)</td>
<td>119</td>
<td>31</td>
</tr>
<tr>
<td>46k-60k (PK Rs)</td>
<td>106</td>
<td>29</td>
</tr>
<tr>
<td>Remittance satisfaction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>318</td>
<td>84</td>
</tr>
<tr>
<td>No</td>
<td>59</td>
<td>16</td>
</tr>
<tr>
<td>Direct Send to wife</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>246</td>
<td>65</td>
</tr>
<tr>
<td>No</td>
<td>131</td>
<td>35</td>
</tr>
<tr>
<td>Wife doing Job</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>43</td>
<td>11</td>
</tr>
<tr>
<td>No</td>
<td>334</td>
<td>89</td>
</tr>
<tr>
<td>Area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>250</td>
<td>66</td>
</tr>
<tr>
<td>Urban</td>
<td>126</td>
<td>33</td>
</tr>
<tr>
<td>Any Physical Illness</td>
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<td></td>
</tr>
<tr>
<td>Yes</td>
<td>56</td>
<td>15</td>
</tr>
<tr>
<td>No</td>
<td>321</td>
<td>85</td>
</tr>
<tr>
<td>Family System</td>
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<td></td>
</tr>
<tr>
<td>Nuclear</td>
<td>156</td>
<td>41</td>
</tr>
<tr>
<td>With in-laws</td>
<td>221</td>
<td>59</td>
</tr>
<tr>
<td>House hold responsibilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completely</td>
<td>202</td>
<td>54</td>
</tr>
<tr>
<td>Often</td>
<td>175</td>
<td>46</td>
</tr>
<tr>
<td>Out-side responsibilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>completely-often</td>
<td>273</td>
<td>72</td>
</tr>
<tr>
<td>less often-least often</td>
<td>104</td>
<td>28</td>
</tr>
<tr>
<td>Satisfaction with boy child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>163</td>
<td>43</td>
</tr>
<tr>
<td>No</td>
<td>119</td>
<td>32</td>
</tr>
</tbody>
</table>

*Note. f = Frequency and % = Percentages*
In this section, details of factor analysis of PPWE and RASC will be given and psychometric properties of PPWE, PS, RASC and PSS will also be presented.

**Factor Analysis of PPWE**

Researcher presented the details of factor analysis of PPWE and RASC separately. In order to identify the underlying factor structure of PPWE, principal component factor analysis was performed. There are two main approaches to rotation, resulting in either orthogonal (uncorrelated) or oblique (correlated) factor solutions. Researchers conduct both orthogonal and oblique rotations and then report the clearest and easiest to interpret. The most commonly used orthogonal approach is the Varimax method. The most commonly used oblique technique is Direct Oblimin (Tabachnik and Fidell, 2001). In the current research, researcher first conducted Direct Oblimin technique to see the correlated factor solution. The component correlation matrix of the Direct Oblimin rotation output revealed that the strength of the relationship among three factors of the PPWE is quite low, at .266. It revealed that the three components/factors are not related. If the components are more strongly correlated (above .3) only than discrepancies would be found between the results of the two approaches (Varimax and Direct Oblimin) to rotation otherwise there is no need to report Oblimin rotation (Pallant, 2005).

The researcher then performed Varimax rotation. Kaiser-Guttman’s retention criterion of Eigen values (Kaiser, 1974) revealed six factors to be extracted in PPWE. Eigen value is greater than 1. Researcher carried out 6 factor solutions to find the best fit model. Factor loading criterion > .30 was employed but so many dubious items were found in the solution. So, in order to have least dubious and minimal cross loading items factor loading criterion > .40 was determined (Tabachnik & Fidell,
The Kaiser-Meyer-Olkin (KMO) value was found to be .86 and Bartlett’s test was significant ($p < .001$). Initial Cronbach alpha was .90. Kaiser criterion often suggested too many factors to be extracted. It is also important to look at scree plot provided by SPSS.

![Scree Plot](image)

**Figure 3.** Scree plot showing extraction of factors of Perceived Psychosocial Problems in the wives of emigrants

The scree plot is showing Eigen values and number of factors that could be retained. The scree plot helped in determining the number of factors. Kaiser-Guttman’s retention criterion of Eigen values (Kaiser, 1974) revealed six factors but as it is revealed in scree plot that there is a clear break between second and third factor. Factor 1, 2 and 3 explained much more of the variance than the remaining factors. Depending on the research context (Tabachnik & Fidell, 2001) three factors solution found to be the best fit model. By increasing the factor loading criterion to >.40 ‘clean’ result was found. Each of the items loaded strongly on only one factor, and each factor was represented by a number of strongly loading items. Three factors solution found to be the most optimal solution. Item 20 did not load on any of the three factors so eliminated from the list. The list off 22 items was retained.
Table 2

*The Factor Structure of PPWE with Varimax Rotation (N = 150)*

<table>
<thead>
<tr>
<th>Serial.no.</th>
<th>Item no.</th>
<th>Psychosomatic</th>
<th>Low mood</th>
<th>Social insecurity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>12</td>
<td>.76</td>
<td>.22</td>
<td>.05</td>
</tr>
<tr>
<td>2.</td>
<td>6</td>
<td>.70</td>
<td>.29</td>
<td>.04</td>
</tr>
<tr>
<td>3.</td>
<td>8</td>
<td>.67</td>
<td>.14</td>
<td>.06</td>
</tr>
<tr>
<td>4.</td>
<td>16</td>
<td>.61</td>
<td>.04</td>
<td>.16</td>
</tr>
<tr>
<td>5.</td>
<td>14</td>
<td>.61</td>
<td>.20</td>
<td>.37</td>
</tr>
<tr>
<td>6.</td>
<td>11</td>
<td>.52</td>
<td>.39</td>
<td>.30</td>
</tr>
<tr>
<td>7.</td>
<td>19</td>
<td>.52</td>
<td>-.05</td>
<td>.16</td>
</tr>
<tr>
<td>8.</td>
<td>15</td>
<td>.48</td>
<td>.29</td>
<td>.46</td>
</tr>
<tr>
<td>9.</td>
<td>20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>10</td>
<td>.08</td>
<td>.73</td>
<td>.13</td>
</tr>
<tr>
<td>11.</td>
<td>9</td>
<td>.16</td>
<td>.73</td>
<td>.11</td>
</tr>
<tr>
<td>12.</td>
<td>1</td>
<td>.06</td>
<td>.71</td>
<td>.25</td>
</tr>
<tr>
<td>13.</td>
<td>18</td>
<td>.04</td>
<td>.50</td>
<td>-.09</td>
</tr>
<tr>
<td>14.</td>
<td>3</td>
<td>.36</td>
<td>.50</td>
<td>.42</td>
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<tr>
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<td>2</td>
<td>.35</td>
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<td>.38</td>
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<tr>
<td>16.</td>
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<td>.28</td>
<td>.47</td>
<td>.20</td>
</tr>
<tr>
<td>17.</td>
<td>7</td>
<td>-.05</td>
<td>.46</td>
<td>.32</td>
</tr>
<tr>
<td>18.</td>
<td>17</td>
<td>-.00</td>
<td>.12</td>
<td>.78</td>
</tr>
<tr>
<td>19.</td>
<td>21</td>
<td>.24</td>
<td>.06</td>
<td>.72</td>
</tr>
<tr>
<td>20.</td>
<td>22</td>
<td>.35</td>
<td>.07</td>
<td>.64</td>
</tr>
<tr>
<td>21.</td>
<td>4</td>
<td>.24</td>
<td>.18</td>
<td>.47</td>
</tr>
<tr>
<td>22.</td>
<td>23</td>
<td>.05</td>
<td>.39</td>
<td>.46</td>
</tr>
<tr>
<td>23.</td>
<td>5</td>
<td>.39</td>
<td>.41</td>
<td>.43</td>
</tr>
</tbody>
</table>

Eigen values: 7.38, 1.85, 1.44

% of variance: 32.10, 8.06, 6.27

Cumulative %: 32.10, 40.17, 46.45

*Note.* The factor loadings >.40 have been bold faced
Seven items loaded on factor 1, eight items on factor 2 and six items on factor 3. Item 15 loaded on factor 1 and 3 both but it is related to factor 3 so retained there. Likewise, item 5 is loaded in both factor 2 and 3 but is retained in factor 2 because of its similarity with other items of factor 2. The descriptive labels assigned to each factor on the basis of commonality of theme emerged in respective factor. Factor 1 is Psychosomatic, Factor 2 is Low mood and Factor 3 is Social insecurity.

Factors Description of PPWE

Researcher has assigned a label on the basis of commonality of themes after close examination of the items corresponding to each factor and the theme.

**Factor 1: Psychosomatic.** The first factor of PPWE that emerged as a result of factor analysis is Psychosomatic. This factor is comprised of 7 items and denotes to physical symptoms. Some of the items are feeling fatigue; having blood-pressure; headaches; muscular weakness; loss of sexual desire; and so on.

**Factor 2: Low Mood.** The second factor of PPWE is Low mood. It comprised of 9 items denotes to depressive symptomology. It does not seem to be clinical depression rather reactive in nature that is why it is named low mood. A few items of this factor are feeling irritable; feeling low; like to cry; feelings of sadness; feelings of incompleteness; mental stress; dependency on others and so on.

**Factor 3: Social insecurity.** The third factor of PPWE is Social insecurity. This factor is comprised of 6 items denoted to social stress. Some of the items are fearfulness; feeling of insecurity; feeling of being widower; feelings of loneliness.
Table 3

Summary of the Means, Standard Deviations, Inter-Factor correlation of the Three Factors of PPWE (N=150)

<table>
<thead>
<tr>
<th>Factors</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Psychosomatic</td>
<td>-</td>
<td>.95***</td>
<td>-</td>
<td>.60***</td>
<td>.83***</td>
</tr>
<tr>
<td>2. Low Mood</td>
<td>.95***</td>
<td>-</td>
<td>.60***</td>
<td>-</td>
<td>.83***</td>
</tr>
<tr>
<td>3. Social insecurity</td>
<td>.60***</td>
<td>.60***</td>
<td>-</td>
<td>.84***</td>
<td>.84***</td>
</tr>
<tr>
<td>4. PPWET</td>
<td>.83***</td>
<td>.83***</td>
<td>.84***</td>
<td>-</td>
<td>.84***</td>
</tr>
<tr>
<td>5. DASST</td>
<td>.68***</td>
<td>.66***</td>
<td>.70***</td>
<td>.80***</td>
<td>-</td>
</tr>
<tr>
<td>M</td>
<td>21.85</td>
<td>21.85</td>
<td>13.63</td>
<td>56.54</td>
<td>42.52</td>
</tr>
<tr>
<td>SD</td>
<td>5.11</td>
<td>5.11</td>
<td>4.34</td>
<td>13.56</td>
<td>11.08</td>
</tr>
</tbody>
</table>

Note. df = 149, ***p < 0.01., PPWET= Perceived Psycho-social Problems in the Wives of Emigrants Total; DASST= Depression Anxiety and Stress Scale Total.

Table 3 indicated that Psychosomatic Factor has significant positive relationship with Low mood (p < 0.01) and Social insecurity (p < 0.01). Similarly, Low mood factor has significant positive relationship with Social insecurity (p <0.01). It also showed strong internal consistency in factors established in the PPWE scale. It also showed significant positive relationship between PPWET and DASST.

**Psychometric Properties of PPWE**

In order to determine psychometric properties of PPWE concurrent validity and Cronbach’s alphas were computed. Sub-scales of PPWE: Low mood, psychosomatic problems and social insecurity factors of PPWHE were found highly consistent Cronbach’s alpha, α = .81, .81 and .75 respectively.

**Concurrent validity.** Urdu version of Depression, anxiety and stress scale (DASS) developed by Aslam (2007) was used to calculate the concurrent validity of PPWE. A significant positive correlation was found between PPWE and DASS, r = .80 (p < 0.01).
Factor analysis of RASC

To establish factorial structure of RASC, principal component factor analysis with Varimax rotation was performed. Kaiser-Guttman’s retention criterion of Eigen values (Kaiser, 1974) revealed three factors to be extracted in RASC Eigen value is greater than 1. Researcher carried out 3 factor solutions to find the best fit model. Factor loading criterion > .40 was employed but so in order to have least dubious and minimal cross loading items (Tabachnik & Fidell, 2001). The Kaiser-Meyer-Olkin (KMO) value was found to be .72 and Bartlett’s test was significant (p < .001). Initial Cronbach alpha was .66. It is also important to look at scree plot provided by SPSS.

![Scree Plot](image)

*Figure 4. Scree plot showing extraction of factors of RASC in the Wives of Emigrants Scale.*

The scree plot is showing Eigen values and number of factors that could be retained. The scree plot helped in determining the number of factors. Factor 1, 2 and 3 explained much more of the variance than the remaining factors. Each of the items
loaded strongly on only one factor, and each factor was represented by a number of
strongly loading items. All the 12 items were retained in factor analysis.

Table 4

The Factor Structure of RASC with Varimax Rotation (N =150)

<table>
<thead>
<tr>
<th>S.no.</th>
<th>Item no.</th>
<th>Religious</th>
<th>Active</th>
<th>Social</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>1</td>
<td>.82</td>
<td>.11</td>
<td>-.01</td>
</tr>
<tr>
<td>2.</td>
<td>3</td>
<td>.63</td>
<td>-.03</td>
<td>.14</td>
</tr>
<tr>
<td>3.</td>
<td>5</td>
<td>.71</td>
<td>.03</td>
<td>.24</td>
</tr>
<tr>
<td>4.</td>
<td>7</td>
<td>.60</td>
<td>.05</td>
<td>.11</td>
</tr>
<tr>
<td>5.</td>
<td>10</td>
<td>.61</td>
<td>-.18</td>
<td>.24</td>
</tr>
<tr>
<td>6.</td>
<td>2</td>
<td>.34</td>
<td>.58</td>
<td>-.20</td>
</tr>
<tr>
<td>7.</td>
<td>9</td>
<td>.01</td>
<td>.70</td>
<td>.05</td>
</tr>
<tr>
<td>8.</td>
<td>8</td>
<td>-.12</td>
<td>.72</td>
<td>-.11</td>
</tr>
<tr>
<td>9.</td>
<td>11</td>
<td>-.02</td>
<td>.61</td>
<td>.15</td>
</tr>
<tr>
<td>10.</td>
<td>4</td>
<td>.17</td>
<td>-.05</td>
<td>.67</td>
</tr>
<tr>
<td>11.</td>
<td>6</td>
<td>.23</td>
<td>.00</td>
<td>.71</td>
</tr>
<tr>
<td>12.</td>
<td>12</td>
<td>.05</td>
<td>.08</td>
<td>.77</td>
</tr>
</tbody>
</table>

Eigen values 2.94 1.84 1.35
% of variance 24.51 15.37 11.27
Cumulative % 24.51 39.87 51.14

Note. The factor loadings >.40 have been bold faced

Factors Description of RASC

Researcher has assigned a label on the basis of commonality of themes after
close examination of the items corresponding to each factor and the theme.

Factor 1: Religious Coping. The first factor of RASC that emerged as a result
of factor analysis is Religious. This factor is comprised of 5 items and denotes to
respondents increased religious engagements. Items are offering prayers, asking
prayers from Allah (Duaa), keeping fast, charity/ Alms giving, reading Quran were
the items of religious coping.
**Factor 2: Active Coping.** The second factor, active coping is comprised of 4 items. They denote to depressive symptomology. Items of this factor are bravely handle, do planning, using one’s own thinking, indulge oneself in activities (like TV, kids shopping).

**Factor 3: Social Support Coping.** The third factor of RASC is Social support coping. This factor is comprised of 3 items denoted to social support coping. Items are taking help (parents, in-laws and siblings), sharing joys and sorrows, taking suggestions (parents, siblings).

Table 5

*Summary of the Means, Standard Deviations, Inter-Factor correlations of the Three Factors of RASC (N=150)*

<table>
<thead>
<tr>
<th>Factors</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religious</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active</td>
<td></td>
<td>.22**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social support</td>
<td></td>
<td>.16*</td>
<td>.17*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turning toward religion</td>
<td></td>
<td>.26**</td>
<td>.30**</td>
<td>.13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active coping</td>
<td></td>
<td>.11</td>
<td>.46**</td>
<td>-.02</td>
<td>.38**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional support</td>
<td></td>
<td>-.04</td>
<td>.25**</td>
<td>.47**</td>
<td>.21**</td>
<td>.14</td>
<td></td>
</tr>
<tr>
<td>Instrumental support</td>
<td></td>
<td>.15</td>
<td>.24**</td>
<td>.49**</td>
<td>.25**</td>
<td>.18*</td>
<td>.62**</td>
</tr>
<tr>
<td>( M )</td>
<td>14.22</td>
<td>11.23</td>
<td>8.07</td>
<td>6.68</td>
<td>4.32</td>
<td>5.40</td>
<td>5.86</td>
</tr>
<tr>
<td>( SD )</td>
<td>2.85</td>
<td>2.43</td>
<td>2.12</td>
<td>1.39</td>
<td>1.55</td>
<td>1.60</td>
<td>1.53</td>
</tr>
</tbody>
</table>

*Note. \( df =149, **p <.01, *p < .05, .*

**Psychometric Properties of RASC**

In order to determine psychometric properties of RASC reliability coefficient Cronbach Alpha and concurrent validity were computed. Sub- scales of RASC:
religious, active and social support reliability coefficient Cronbach’s Alpha were $\alpha = .7, .5$ and $0.57$ respectively. Pallant (2005) suggested that if items are less than 10 than $\alpha$ ranged between $.3$ to $.5$ is reliable.

**Concurrent validity.** Brief Cope Urdu version of 28 items was used to calculate the concurrent validity of RASC. Table 4 showing that religious factor of RASC is positively correlated with ‘turning toward religion’ coping strategies of Brief COPE and active factor of RASC has significant positive correlation with active coping strategies of Brief COPE. Similarly, social support coping factor of RASC has significant positive correlation with emotional and instrumental support strategies of Brief COPE.

Table 6 presents the reliability coefficients of all the measure used for data collection in the main study sample ($N = 377$). It is showed that Perceived Psychosocial problems in the Wives of Emigrants (PPWE) has $\alpha = .87$, Perceived Social Support $\alpha = .63$. The sub-scales of Religious, Active and Social-support coping measure (RASC) have reliability coefficients $0.73, .56$, and $0.61$ respectively. Perceived Sources of Stress (PSS) $\alpha = .76$ and list of Perceived Psychosocial Problems in Husband and In-laws $\alpha = .84$. 
Table 6

*Psychometric Properties of Perceived Psychosocial Problems, Perceived Social Support, Religious, Active and Social Support Coping Scale and Perceived Sources of Stress (N = 150)*

<table>
<thead>
<tr>
<th>Scale</th>
<th>No of Items</th>
<th>α</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPWE</td>
<td>22</td>
<td>.87</td>
</tr>
<tr>
<td>PS</td>
<td>5</td>
<td>.63</td>
</tr>
<tr>
<td>Religious Coping</td>
<td>5</td>
<td>.73</td>
</tr>
<tr>
<td>Active Coping</td>
<td>4</td>
<td>.56</td>
</tr>
<tr>
<td>Social Support Coping</td>
<td>3</td>
<td>.61</td>
</tr>
<tr>
<td>PSS</td>
<td>16</td>
<td>.76</td>
</tr>
</tbody>
</table>

*Note. PPWE = Perceived Psychosocial problems in the Wives of Emigrants, PS = Perceived Support and PSS = Perceived sources of stress.*
Section III: Main Hypotheses

This section will describe the results of the main hypotheses of the current research.

Table 7

*Group Differences for Perceived Psychosocial problems in the Wives of Emigrants’ and in the Wives of Non-Emigrants’ (N=100)*

<table>
<thead>
<tr>
<th>Measure</th>
<th>Wives of emigrant’s</th>
<th>n = 50</th>
<th>Wives of non-emigrant’s</th>
<th>n = 50</th>
<th>t(99)</th>
<th>p</th>
<th>Cohen’s d</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPWE</td>
<td>44.56</td>
<td>10.64</td>
<td>28.35</td>
<td>5.33</td>
<td>9.64</td>
<td>.001***</td>
<td>1.92</td>
</tr>
</tbody>
</table>

*Note. PPWE= Perceived Psychosocial problems in the Wives of Emigrants.*

In support of hypothesis 1, t-test revealed a significantly higher mean level of psychosocial problems for wives of emigrants compared to wives living with husbands. Table 7 presents comparison of mean scores of wives of emigrants (N =50) and wives of non-emigrants (N = 50) on perceived psychosocial problems measure (PPWE). Independent sample t –test indicated that wives of emigrants differ significantly to wives of non-emigrants on PPWE. The difference is statistically significant t (99) = 9.64, p < .001, Cohen’s d = 1.92.
Table 8

*Inter-correlations of Perceived Psychosocial Problems, Perceived Social Support, Religious, Active and Social Support Coping scales (N = 377)*

<table>
<thead>
<tr>
<th>Variables</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PS</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. PPWE</td>
<td>-.10*</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Active Coping</td>
<td>.10*</td>
<td>-.05</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Social Support Coping</td>
<td>.23**</td>
<td>.30**</td>
<td>-.03</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>5. Religious Coping</td>
<td>.19**</td>
<td>.30**</td>
<td>.07</td>
<td>.34**</td>
<td>-</td>
</tr>
<tr>
<td>(M)</td>
<td>14.47</td>
<td>53.64</td>
<td>11.23</td>
<td>8.11</td>
<td>14.59</td>
</tr>
<tr>
<td>(SD)</td>
<td>3.75</td>
<td>12.53</td>
<td>2.37</td>
<td>1.88</td>
<td>2.84</td>
</tr>
</tbody>
</table>

*Note.* \(M = \) Mean, \(SD = \) Standard deviation, PPWE = Perceived Psychosocial problems in the Wives of Emigrants, PS= Perceived Social-Support, *\(p< 0.05\) and **\(p< 0.01\)

In support of Hypothesis 2, “Wives of emigrants score high on perceived psychosocial problems scale will score low on social support scale”, correlation analysis revealed that perceived psychosocial problems are negatively associated with social support coping.

Before running correlation analyses, preliminary analyses performed to assure that no assumptions of normality, linearity and homoscedasticity has been violated. It was seen that no assumption has been violated. Table 8 indicated that there is a significant relationship among the study variables. Perceived psychosocial problems is negatively correlated with perceived social support \(\{r(375) = -.10, **p < 0.01\}\).
Hypothesis 3 of the current study is also accepted as Table 8 showed that perceived psychosocial problems and social support coping \( r (375) = .30, ** p < 0.01 \) are significantly positively related.

In support of hypothesis 4, correlation analyses suggested in table 7 that perceived psychosocial problems and religious coping \( r (375) = .30, ** p < 0.01 \) have also significant positive correlation.

Hypothesis 5, which stated that “perceived psychosocial problems and active coping are positively correlated”, is not accepted. Findings show that the relationship between psychosocial problems and active coping is not statistically significant but it shows that direction of the relationship is negative \( r (375) = -.05, p > 0.05 \).

Table 8 also revealed that perceived social support is positively correlated with active coping \( r (375) = .10, * p < 0.05 \). Perceived social support have significant positive relationship with social support coping \( r (375) = .23, ** p < 0.01 \) and religious coping \( r (375) = .19, ** p < 0.01 \). Religious coping has significant positive correlation with social support coping \( r (375) = .34, ** p < 0.01 \).

Hierarchical multiple regression analyses were used to develop a preliminary model of factors related to coping in the wives of emigrants and to investigate the amount of variance that each variable accounts for. The first variable is entered in the first step of equation to predict the dependent variable. In the second step, independent (predictor) variables entered to see overall variance explained by independent variables on dependent variable. Active coping was not included in hierarchical multiple regression analysis because findings suggested that perceived psychosocial problems and active coping are not significantly correlated with each other (see Table 8).
The hierarchical regression was conducted when all the assumptions were satisfied. The hierarchical multiple regression was performed in two steps to determine the relationship between demographic variables (area, remittance amount satisfaction, country in which husbands emigrated and wives have children or not), perceived social support (PS) and perceived psychosocial problems in the wives of emigrants (PPWE) as independent variables and religious coping as dependent variable. Demographics were entered in the first step of the model and independent variables entered into the second step of the model. Demographics to be included in analyses either be theory-based or research-based (Pallant, 2005). Researcher has developed a demographic form for the final phase of the research on the basis of the review of the literature, qualitative interviews conducted in the phase I and during the collection of data from 150 wives of emigrants in the stage of establishment of psychometric properties. As it is discussed with detail in the chapter of review of the literature that most of the prior studies conducted on the area of left-behind wives are qualitative and the few psychologists done quantitative research (Nobles, Rubalcava and Teruel, 2015 and Wilkerson, Yamawaki and Downs, 2009) has not mentioned details of demographics in its published manuscripts. A very few evidence was found like (Graham, Jordan and Yeoh, 2015 and Yu et al, 2016) on the details of the demographics. By using that evidence and conceptual reasoning, researcher selected those demographics to enter in the step 1 of the model which show significant correlation with all the psychosocial problems and social support and different types of coping.
Table 9

Hierarchical Multiple Regression Analysis Summary for Religious Coping (N = 377)

<table>
<thead>
<tr>
<th>Predictors</th>
<th>B</th>
<th>SE B</th>
<th>β</th>
<th>R²</th>
<th>ΔR²</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Area (Urban/rural)</td>
<td>.49</td>
<td>.30</td>
<td>.09</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remittance satisfaction</td>
<td>.79</td>
<td>.44</td>
<td>.09</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Having Children</td>
<td>-.69</td>
<td>.40</td>
<td>-.09***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Country of Emigration</td>
<td>-.39</td>
<td>.32</td>
<td>-.07***</td>
<td>.030</td>
<td></td>
</tr>
<tr>
<td><strong>Step 2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PS</td>
<td>.15</td>
<td>.04</td>
<td>.20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PPWE</td>
<td>.08</td>
<td>.01</td>
<td>.34</td>
<td>.17***</td>
<td>.14***</td>
</tr>
</tbody>
</table>

*Note.* PPWE = Perceived Psychosocial problems in the Wives of Emigrants, PS = Perceived Social Support, *p < 0.05 and ***p < 0.001

In support of hypothesis 5, the results of regression analyses suggested that perceived psychosocial problems and social support are the significant predictors of religious coping. Model I which included demographic variables area, remittance satisfaction, having children or not and country in which husband emigrated were not significant $F (4,371) = 2.82, p = .025$. The demographics variables accounted for only 3% variance in religious coping. It is indicated that model as a whole explains 17 % variance. $ΔR^2$ value is .14 which revealed that PPWE and PS explain additional 14% of the variance in religious coping when the effects of demographics are statistically controlled for. This is a statistically significant contribution $F (6,369) = 12.33, p = <0.001$. 
Table 10

Hierarchical Multiple Regression Analysis Summary for Social Support Coping (N = 377)

<table>
<thead>
<tr>
<th>Predictors</th>
<th>B</th>
<th>SE B</th>
<th>β</th>
<th>R²</th>
<th>∆R²</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Area (Urban/Rural)</td>
<td>.06</td>
<td>.20</td>
<td>.02*</td>
<td>.02</td>
<td></td>
</tr>
<tr>
<td>Remittance satisfaction</td>
<td>-.66</td>
<td>.30</td>
<td>-.12***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td>-.34</td>
<td>.27</td>
<td>-.07***</td>
<td></td>
<td>.02</td>
</tr>
<tr>
<td>Country of emigration</td>
<td>-.21</td>
<td>.21</td>
<td>-.05***</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Step 2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PS</td>
<td>.13</td>
<td>.02</td>
<td>.26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PPWE</td>
<td>.05</td>
<td>.01</td>
<td>.35</td>
<td>.19***</td>
<td>.17***</td>
</tr>
</tbody>
</table>

Note. PPWE = Perceived Psycho-social Problems in the Wives of Emigrants, PS= Perceived Support, *p < 0.05 and ***p < 0.001.

Table 10 showing the result of regression analyses in which social support coping is dependent variable and perceived psychosocial problems (PPWE) in the wives of emigrants and perceived support (PS) are the independent variables.

Hierarchical multiple regression analyses were used. In the first step, demographics (area, remittance satisfaction, country of husband’s emigration and children) entered. In the second step, perceived social support (PS) and perceived psychosocial problems in the wives of emigrants (PPWE) as independent variables entered.

The results of regression analyses revealed that hypothesis 6 is accepted as the model as a whole explains 19 % variance. The demographics only accounted 2% variance on social support coping. ∆R²= .17 indicated that PS and PPWE explain significant additional 17 % variance on social support coping F (6,369) = 14.71, p =
<0.001. Findings suggested that psychosocial problems and social support are the significant predictors of social-support coping.

**Mediation Analyses**

Hayes Process model was used to investigate whether perceived social support mediates the relationship between psychosocial problems as independent variable and religious and social support coping as dependent variables. Active coping did not correlate with perceived psychosocial problems in wives (PPWE). Therefore, active coping is not included in mediation analysis. Each time separate mediation analyses were conducted because the dependent variables were different.

**Table 11**

*Testing the mediation effect on Religious Coping (N = 377)*

<table>
<thead>
<tr>
<th></th>
<th>B</th>
<th>SE</th>
<th>p&lt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent to Mediator</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>(Path a)</em> Perceived Social Support</td>
<td>-.03</td>
<td>.02</td>
<td>0.04*</td>
</tr>
<tr>
<td>Direct Effects of Mediators on DV* (Path b)*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perceived Social Support</td>
<td>0.16</td>
<td>0.04</td>
<td>0.0001****</td>
</tr>
<tr>
<td>Total Effect of IV on DV</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>(c path)</em> Perceived Psychosocial problems</td>
<td>.06</td>
<td>.01</td>
<td>0.0001****</td>
</tr>
<tr>
<td>Direct Effect of IV on DV</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>(c' path)</em> Perceived psychosocial problems</td>
<td>.07</td>
<td>.01</td>
<td>0.0001****</td>
</tr>
</tbody>
</table>

*Note.* *p* < 0.05, ***p* < 0.0001, B = unstandardized coefficient.

Model Summary Model, R-sq = 0.14, Adj R-sq = 0.13, F 29.64, df1 = 2, df2 = 374 and p < .0001
Figure 5. Relationship between perceived psychosocial problems and religious coping. Perceived Social Support as a Mediator. Pathways are labelled with unstandardized coefficients.

Analysis of Direct Effects

The first step in the model of mediation analysis is to examine whether there is association between a (PPWE) predictor variable and (religious coping) outcome variable. Correlation matrix (see Table 8) revealed that all the variables correlated with each other except active coping and that’s why it was not included in the model. Multiple regression analysis also conducted to investigate the direct impact of perceived psychosocial problems on religious coping (see Table 9).

Perceived psychosocial problems significantly predicts religious coping in the wives of emigrants which is shown in path c ($R^2 = 0.14$, $F (2, 374) = 29.64$, $p < 0.0001$).

Analysis of Indirect Effects

The second step in mediation model is to determine if significant associations exists between perceived psychosocial problems (PPWE) as independent variable and
perceived support (PS) as mediator. It is shown in path ‘a’ Perceived psychosocial problems significantly correlated with PS ($p < .05$) as shown in Table 11 and Figure 5. In path b, perceived social support as predictors of religious coping revealed the overall significance of regression equation ($p < .0001$) see Table 11.

The third step in the model is to explore relationship between perceived psychosocial problems and religious coping via perceived social support (mediator). This step is path c’.

In support of Hypothesis 7, “Perceived social support will mediate the relationship between perceived psychosocial problems as independent variable and religious coping as dependent variable”. The mediation model revealed that perceived social support served as a mediator of perceived psychosocial problems- religious coping relationship ($F (2,374) = 29.64, p < .0001, R^2 = 0.14, B = .07$), see Table 11.

Sobel test for the significance of mediator value suggested that perceived social support partially mediates the relationship between perceived psychosocial problems and religious coping ($z = -1.8918, p < .05$). Examination of significance of c and c’ values also indicated that perceived social support partially mediated the relationship between perceived psychosocial problems and religious coping.
Table 12

Testing the mediation effect on Social Support Coping (N = 377)

<table>
<thead>
<tr>
<th></th>
<th>B</th>
<th>SE</th>
<th>p&lt;</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Independent to Mediator (Path a)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perceived Social support</td>
<td>-.03</td>
<td>.02</td>
<td>0.04*</td>
</tr>
</tbody>
</table>

**Direct Effects of Mediators on DV (Path b)**

<p>| | | | |</p>
<table>
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<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Perceived social support</td>
<td>.13</td>
<td>.02</td>
<td>0.0001***</td>
</tr>
</tbody>
</table>

**Total Effect of IV on DV (c path)**

<p>| | | | |</p>
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<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceived psychosocial problems</td>
<td>.04</td>
<td>.01</td>
<td>0.0001***</td>
</tr>
</tbody>
</table>

**Direct Effect of IV on DV (c' path)**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceived psychosocial problems</td>
<td>.04</td>
<td>.01</td>
<td>0.0001***</td>
</tr>
</tbody>
</table>

*Note. *p < 0.05, ***p < 0.0001, B = unstandardized coefficient.*

Model Summary Model, R-sq = 0.16, Adj R-sq = 0.16, F = 36.40, df1 = 2, df2 = 374 and p < .0001
Figure 6. Relationship between Perceived Psychosocial problems and Social Support Coping: Perceived Social Support as a Mediator. Pathways are labelled with unstandardized coefficients.

**Analysis of Direct Effects**

The first step in the model of mediation analysis is to examine whether there is association between a (PPWE) predictor variable and (religious coping) outcome variable. Correlation matrix (see Table 8) revealed that all the variables correlated with each other except active coping. Multiple regression analysis also conducted to investigate the direct impact of perceived psychosocial problems on social support coping.

Perceived psychosocial problems significantly predicts social support coping in the wives of emigrants which is shown in path c ($R^2 = 0.16$, $F (2, 374) = 36.40$, $p < 0.0001$, see Table 12).

**Analysis of Indirect Effects**

The second step in mediation model is to determine if significant associations exists between perceived psychosocial problems (PPWE) as independent variable and perceived support (PS) as mediator. It is shown in path ‘a’ Perceived psychosocial problems significantly correlated with PS ($p < .05$) as shown in Table 12 and Figure 6. In path b, perceived social support as predictors of social support coping revealed the overall significance of regression equation ($p < .0001$), see Table 12.

The third step in the model is to explore relationship between perceived psychosocial problems and social support coping via perceived social support (mediator). This step is path c’.
Hypothesis 8 stated that “Perceived social support will mediate the relationship between perceived psychosocial problems as independent variable and social support coping as dependent variable” In support of hypothesis 8, mediation analysis revealed that social support mediated the relationship between psychosocial problems and social support coping ($F (2,374) = 36.40, p < .0001, R^2 = 0.16, B = .04$), see Table 12.

Sobel test for the significance of mediator value suggested that perceived social support partially mediates the relationship between perceived psychosocial problems and social support coping ($z = -1.9143, p < .05$). Examination of significance of $c$ and $c’$ values also indicated that perceived social support partially mediated the relationship between perceived psychosocial problems and religious coping.

Section IV: Secondary Hypothesis.

An informal analysis of frequency on the lists of perceived sources of stress (PSS) has been conducted to analyze one secondary hypothesis. Table 13 presents the frequency and percentages of the items of PSS. Percentages of items no 11, 5, 13, 6 and 9 are highest and are bold faced. These items are feelings of isolation, overwhelming thoughts of future, overwhelmed by the management of remittances, difficulty in fulfilling dual responsibilities, overwhelmed with children education and training. For details of items, see appendix E.
Table 13

*Frequencies and Percentages on Perceived Sources of Stress (PSS) (N=377).*

<table>
<thead>
<tr>
<th>Items</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Worry for not conceiving a child</td>
<td>93</td>
<td>25</td>
</tr>
<tr>
<td>2. Negative attitude of In-laws</td>
<td>124</td>
<td>33</td>
</tr>
<tr>
<td>3. Difficulty in managing children</td>
<td>168</td>
<td>45</td>
</tr>
<tr>
<td>4. Feelings of insecurity</td>
<td>172</td>
<td>46</td>
</tr>
<tr>
<td>5. Overwhelming thoughts about future</td>
<td>295</td>
<td>78</td>
</tr>
<tr>
<td>6. Difficulty in fulfilling dual responsibilities</td>
<td>264</td>
<td>70</td>
</tr>
<tr>
<td>7. Loss of conjugal life</td>
<td>133</td>
<td>35</td>
</tr>
<tr>
<td>8. Fear of losing respect and dignity in society</td>
<td>91</td>
<td>24</td>
</tr>
<tr>
<td>9. Overwhelmed with children education and training</td>
<td>246</td>
<td>65</td>
</tr>
<tr>
<td>10. Deterioriation in personal health</td>
<td>119</td>
<td>31</td>
</tr>
<tr>
<td>11. Feelings of isolation</td>
<td>306</td>
<td>81</td>
</tr>
<tr>
<td>12. Difficulty in taking decisions about household matters</td>
<td>132</td>
<td>62</td>
</tr>
<tr>
<td>13. Management of remittances</td>
<td>269</td>
<td>71</td>
</tr>
<tr>
<td>14. Lack of recreational activities</td>
<td>102</td>
<td>29</td>
</tr>
<tr>
<td>15. Difficulty in discussing problems with husband per phone</td>
<td>149</td>
<td>40</td>
</tr>
<tr>
<td>16. Difficulty in visiting doctors for children</td>
<td>196</td>
<td>53</td>
</tr>
</tbody>
</table>

*Note: f = Frequency, % = Percentages.*

Bold figures denotes highest percentage on fourth response “Always”.
Summary of the Findings

- Analysis of the demographics suggested that 50% wives were ranged from 20 to 35 years. 52% husbands emigrated to GULF states and 47% to western countries. Most of the husbands 70% worked as a labor in other countries. 41% wives of the total sample of wives lived in nuclear family system and 59% with in-laws. 72% wives used to fulfill all the outside house responsibilities. 42% wives reported that they were not satisfied with the behavior of their adolescent boys.

- Psychometric analyses indicated that Perceived psychosocial problems in the wives of emigrants scale has $\alpha = .87$.

- Reliability coefficient of Perceived Social-support was $\alpha = .63$.

- The sub-scales of RASC have reliability coefficients’ .73, .56 and .61 respectively.

- Factor analysis revealed three factors of PPWE named psychosomatic, low-mood and social insecurity.

- Principal component analysis revealed three factor solution for RASC named religious, active and social –support coping.

- Independent sample t-test showed that wives of emigrants differ significantly to wives of non-emigrants on PPWE.

- The results revealed that there was a significant difference in perceived psychosocial problems between wives of emigrants and in the wives of non-emigrants.

- It is indicated that perceived psychosocial problems is significantly negatively correlated with perceived social support.

- It is also revealed that perceived psychosocial problems has significant positive correlation with religious and social support coping.
• Furthermore, perceived social support has positive correlation with all the three coping strategies, religious, active and social support.

• Regression analyses showed that perceived psychosocial problems is a significant predictor of religious and social support coping.

• The mediation analyses indicated that perceived social support partially mediates the relationship between perceived psychosocial problems and religious coping and perceived psychosocial problems and social support coping.

• Frequency analysis of perceived sources of stress revealed that wives greater sources of stress are feelings of isolation, overwhelming thoughts of future, overwhelmed by the management of remittances, difficulty in fulfilling dual responsibilities, overwhelmed with children education and training
Chapter V

Discussion

The results reported in chapter IV are discussed in the light of the review of the literature and theoretical framework discussed in chapter I. This chapter included conclusion, limitations of the present research and recommendations for the future research. Results were discussed in two sections. In the first section, demographics and measures that has been developed and used in the current research are discussed. In the second section, hypotheses provided the outline for the discussion of the findings of the current research.

Analyses of the demographics revealed that 50% wives were 20-35 years old and 51% were 36-50, most of their husbands were emigrated to GULF countries and working as a labor. 40% husbands were emigrated from more than 15 years and 60% were sending 25-60k PK Rs per month which is a normal household budget of middle class family in Pakistan. It can be assumed that these emigrants would not be able to call their families to the countries they are living because of the low profile jobs and policies of family visas of GULF countries. Pakistani labor emigrants will work in the Arab countries as long as they are physically strong enough to work hard and eventually they will be back to Pakistan. On their return, they will neither have money nor have strength to establish a source of permanent income for the family. Furthermore, an alarming finding is that wives were not satisfied with the behavior of adolescent boys. This finding is consistent with the bulk of research literature been done on mental health problems in emigrants children in China and West (Adhikari, Jampaklay, Chamratrithirong, Pattaravanich, & Vapattanawong, 2012; Chan, et al., 2009; Creighton, Park, & Teruel, 2009; Dillon & Walsh, 2014; Ember & Ember, 2001; Fan, Su, & Gill, 2010; Graham & Jordan, 2011, 2012; Mazzucato & Cebotari, 2010; Mazzucato, Cebotari, & Standal, 2010; Mazzucato, Cebotari, & Standal, 2011; Mazzucato, Cebotari, & Standal, 2012; Mazzucato, Cebotari, & Standal, 2013).
It is also revealed that 13% wives have no children. It is manifested by wives in the exploratory phase that husbands went back after a month or some weeks of their marriages or when they return their stay was too short. The period of stay was usually socially hectic. Wives expressed that they could not bear child and those who have some gynecological issues cannot visit doctor together and in result they became issueless. The results are in line with the findings of (Gulati, 1987; Moraes, 2015; Thomas & Adhikary, 2012).

Researcher has developed three measures to assess psychosocial problems, social support and coping in the wives of emigrants. Research evidence (Lu, 2013; Nobles, Rubalcava, & Teruel, 2016; Siriwardhana et al., 2015; Wilkerson, Yamawaki, & Downs, 2009; Yeoh, 2015) revealed that the measures used to assess stay-behind wives are not specific to assess psychosocial problems. The measures which are not culturally sensitive may lead to erroneous and misleading findings. It was also found that researcher have not developed specific measure for assessing mental health problems in the wives of emigrants on the basis of qualitative data (Datta & Mishra, 2011; Gartaula, Visser & Niehof, 2011; Ikuomola, 2015; Kusar, Rehman, & Rehman, 2014; Khan et al., 2010; McKenzie & Menjivar, 2010; Moraes, 2015; Siriwardhana, et al., 2015; Yabiku, Agadjanian, & Sevoyan, 2011). That is why researcher developed indigenous measures to assess and estimate accurately the psychological cost of migration paid by the left-behind wives.

Pakistan is a collectivist culture country. Wives living in Pakistan may experience altogether different problems than wives living in Western countries. Sources of social support also may not define the way it is being conceptualized in West. Likewise, religious and social-support coping are likely to be considered the
most important coping strategies in Pakistan as compared to West where planning, use of alcohol/drugs and active coping are the widely used strategies (Beh & Loo, 2012; Kadayam, Gomathi, Soofia & Sreedharan, 2013; Laranjeira, 2011; Lua & Imilia, 2011; Lim, Bogossian & Ahern, 2010; Mohanty, Mohanty, Balasubramanium, Joseph & Desmuk, 2011).

A perceived psychosocial problem in the wives of emigrants (PPWE) measure was developed to assess psychosocial problems in the wives of emigrants. The Bio/physical-psycho-social model states that health and illnesses are determined by a dynamic interaction between biological, social and psychological factors (Engel, 1977). Three factors solution were found from factor analysis of PPWE. These three factors are mainly physical, psychological and social in nature.

The first factor is ‘psychosomatic’ which is based on the items that are also very specific to stay-behind wives of a collectivistic culture like Pakistan. The items include ‘feelings that sexual desires have been lost’, ‘feeling that all desires and interests have been lost’. It was observed and analyzed during interviews that wives of emigrants repressed their sexual desires, interests and motivations because of culture, religion and children. It is assumed that sense of loss, sense of grief, loss of intimate support with additional sense of responsibility transforms to psychosomatic symptoms in emigrants’ wives. It seemed to be a somatization of their psychological problems. PPWE would be helpful in assessing how husband’s emigration does affect wives physical, social and psychological health which may cannot be measured specifically by any other previously established mental health scales like General health questionnaire (GHQ-12), Beck Depression Inventory (BDI). Psychometric analyses revealed that PPWE has sound reliability and validity in the sample of wives of emigrants.
It was observed during exploratory phase and in the data collection of main study that wives are not experiencing clinical depression rather they have depressive symptomology. Their depression is reactive in nature otherwise they are very active, responsible and decisive. These findings are also in line with (Ali, 2007; Asis, 2003; Brown, 2006; Cohen, 2011; Chan et al., 2009; Datta & Mishra, 2011; Ganguly, 2010; Moraes, 2015; Rahman, 2011; Singh, Cabraal & Robertson, 2010). Researcher that is why named second factor as low- mood than depression.

The specificity related to left- behind wives mental health is ‘social insecurity’ which is the third factor of PPWE. ‘Social insecurity’ is not assessed by any other mental health measure/scale assess. These kind of items are not present in any of the Urdu translations of widely used mental health measures like General health questionnaire (GHQ) and Depression, anxiety, stress scale (DASS). This factor includes items like ‘feelings of being widower’, ‘feelings that life is being wasted,’ ‘feelings of social insecurity’ etc. Absence of husband also leads wives to feel socially insecure, dependent and fearful and that may also aggravates stress in them (Datta & Mishra, 2011; Ganguly, 2010; Moraes, 2015)

The second measure to assess sources of social support was a very brief measure. It comprised of five sources/indicators of social support in the left-behind wives of emigrants. These sources are parents, siblings, in-laws, neighbors and other relatives. It was observed and revealed during exploratory phase that wives of emigrants depend on these sources for receiving support.

The third measure developed to assess the dependent variable of the current research. It was needed to develop a measure of coping because the widely used measures of coping like Brief COPE by Carver and Schier (1997) has the items which are not culturally sensitive to ask to women e.g. using drugs and alcohol to cope with
stress and they also have only few items to explore religious coping. It was observed and manifested by stay-behind wives in the exploratory that they used religious practices and beliefs to cope with stress. It is also important to explore religious coping in-depth and to develop a measure of coping because researcher used Biopsychosocial- religious model for the current research. The sub-scales of RASC are religious, active and social support coping. Analyses revealed that there was a significant positive correlation between perceived psychosocial problems and three factors of coping.

Additional frequency analyses have been done on a list of PSS. Perceived sources of stress PSS is list of 16 items that assessed the sources of stress in the wives of emigrants’. PSS is altogether different measure from perceived psychosocial problems in the wives of emigrants (PPWE). PSS suggested some common stressors present in the wives of emigrants whereas PPWE is the measure which revealed the physical, psychological and social impact of husband absence on the left-behind wives. It was revealed that highest percentage stressors are anxieties related to future, problems in fulfillment of dual responsibilities, overwhelmed with children education & training and management of remittances. These are few sources of stress among sixteen which may cause a great deal of stress in the wives of emigrants. This finding is supported with previous findings of (Ahmed & Zainulabdin, 1991; Graham, Jordan, & Yeoh, 2015; Gulati, 1995; Lu, 2013; Moraes, 2015; Nobles, Rubalcava, &Teruel, 2015; Sahar & Gillani, 2014; Siriwardhana et al., 2015; Thomas & Adhikary, 2012; Wilkerson, Yamawaki & Downs, 2009; Yu, Qirong, Shengwei, Xiadong, Ling & Fen 2016).

Findings of the current research supported the hypothesis that there was a difference between perceived psychosocial problems in the wives of emigrants and
wives of non-emigrants. Managing household, taking care of children and in-laws with activities outside the house is not less than juggling. Analysis of the in-depth interviews and quantitative data revealed that wives living alone are on 24/7 duty with least appreciation from the in-laws and husbands rather they are blamed for children’s rearing and education if it would not be on to the expectation of their husbands. It is consistent with (Graham et al., 2015) suggested that stay- behind mothers are almost twice as likely to suffer from common mental disorders compared to non-migrant households. This finding also reassures the validity of the PPWE that has developed exclusively to assess perceived psychosocial problems in the wives of emigrants. Findings are in line with researches that has been done in West to investigate mental health in the left-behind wives of emigrants (Graham, Jordan, & Yeoh, 2015; Lu, 2012; Nobles, Rubalcava, & Teruel, 2015; Siriwardhana et al., 2015; Thomas & Adhikary, 2012; Wilkerson, Yamawaki & Downs, 2009; Yu, Qirong, Shengwei, Xiadong, Ling, & Fen, 2016). The findings are also in consistent with the work done in Pakistan (Ahmed & Zainulabdin, 1991; Kuusar, Rehman, & Rehman, 2014; Sahar & Gillani, 2014) which investigated loneliness and depression in the wives of emigrants.

It was found that there was a significant positive correlation between perceived psychosocial problems and religious coping in the wives of emigrants. This finding supported the study hypothesis that the wives experiencing psychosocial problems are using religious coping strategy to cope with their stressors. Most of the sample of the current study was living in rural area of Pakistan where the religious faith, practices and rituals are considered to be the ultimate solution of every problem. Overall, the belief systems of women in cities of Pakistan are also not very different from rural women but they may have other activities also to indulge themselves. The
wives living without husband can only turn toward religion to find escape from stress. This phenomenon was observed in the exploratory phase and that was why the researcher has developed an indigenous measure of coping as all the widely used coping measures does not measure religious coping in depth. There is yet, little research evidence on the relationship between psychosocial problems and religious coping in left-behind wives (Gulati, 1987). Many researchers have explored mental health and religious coping (Abdullah, Sipon, Radzi, & Ghani, 2015; Adam, 2015; Amjad & Bokharey, 2014; Khan & Watson, 2009) in various other samples.

The hypothesis stated that perceived psychosocial problems and perceived social support are the significant predictors of religious coping are accepted. It is revealed that perceived psychosocial problems and perceived social support significantly predicted religious coping. It indicated that model as a whole explains 17% variance. $\Delta R^2$ value is .14 which revealed that PPWE and PS explain additional 14% of the variance in religious coping when the effects of demographics are statistically controlled for. Many previous researchers carried on various samples revealed that there is an association between psychosocial problems, social support and religious coping (Abdullah, Sipon, Radzi, & Ghani, 2015; Adam, 2015; Amjad & Bokharey, 2014; Khan & Watson, 2009) but little has been done to investigate predicting relationship between mental health, social support and religious coping. This finding adds knowledge to existing literature and point a need to investigate the factors which are able to reduce the stress of left-behind wives.

The mediation model revealed that perceived social support served as significant mediator of perceived psychosocial problems- religious coping relationship. Findings supported the hypothesis and examination of beta coefficients and significant c and c’ values indicated that perceived social support partially
mediated the relationship between perceived psychosocial problems and religious coping. Findings are consistent with studies in which it was found that social support plays a role of mediator against psychosocial problems like stress and depression (Jesse, Kim, & Herndon, 2014; Ren, Jiang, Yao, Li, Liu, Pang & Chiang, 2015; Thorsteinsson, Ryan, & Sveinbjornsaddottir, 2013; Vasquez, 2010; Wang, Kai, Qian, & Peng, 2014) in different samples but the dependent variables were not coping. It is also in line with (Lu, 2012) who found the stress-mediating role of social support in the left-behind wives of national emigrants in China. Although in his research the difference lacks statistical significance but he concluded that social support from extended families play a role in reducing stress of left-behind wives.

Findings of the present research revealed that there was a negative relationship between perceived psychosocial problems and perceived social support. It supported the hypothesis that there would be significant inverse relationship between perceived psychosocial problems and social support in the wives of emigrants. The relationship between psychosocial problems and social support has not been investigated yet in the wives of emigrants but it was found that mental health and social support is negatively correlated (Jesse, Kim, & Herndon, 2014; Ren, Jiang, Yao, Li, Liu, Pang, & Chiang, 2015; Thorsteinsson, Ryan, & Sveinbjornsaddottir, 2013; Vasquez, 2010; Wang, Kai, Qian, & Peng, 2014) with each other on various samples. Pakistan is a collectivist culture where family and social system plays a significant role in people lives. Wives of emigrants who did not perceive support from their family, in-laws and neighborhood are more prone to psychosocial problems.

The results supported that there was a significant positive correlation between perceived psychosocial problems and social support coping. It is also supported by the findings of the present study that perceived psychosocial problems and perceived
social support significantly predicts social support coping. Findings revealed that model as a whole explain significant additional 19% variance on social support coping. $\Delta R^2$ value is .17 which showed that PPWE and PS explain additional 17% of the variance in social support coping when the effects of demographics are statistically controlled for. The findings are in line with most influential stress and coping perspective (Lazarus, 1984). It was hypothesized in this perspective that support reduces the effect of stressful life events on health through either the supportive actions of others or by belief that support is available. Social support acts as a stress buffer. It also consistent with Salgado de Snyder and Maldonado (1992) which suggested that wives of emigrated husbands used traditional coping strategies includes interconnecting with and reliance on family members. In Pakistani culture, “sharing is caring” yet, so wives living alone reduce their stress by sharing their problems with parents and family members.

The mediation model also revealed that perceived social support served as significant partial mediator of perceived psychosocial problems- social support coping relationship. It is indicated that perceived social support mediated the relationship between perceived psychosocial problems and social-support coping. As discussed earlier that Pakistan is a collectivistic country, majority of the wives of emigrants is living with in-laws and those who are living separately their houses are near their parent’s houses or in-laws. The results are also in support with the evidences that found the mediating effects of social support in relationship between mental health variables on various sample (Beeble, Bybee, Sullivan, & Adam, 2009; Jessse, Kim, & Herndon, 2014; Ren, Jiang, Yao, Li, Liu, Pang, & Chiang, 2015; Li & Yang, 2016; Lu, 2012; Thorsteinsson, Ryan, & Sveinbjornsottir, 2013; Vasquez, 2010; Vollman, Antoniw, Hatung, & Renner, 2010; Wang, Kai, Qian, & Peng, 2014).
Limitations and Recommendations for Future Research

First, the current research used non-probability sampling technique because yet no data of emigrants in Pakistan has been recorded and maintained. This specific group of population is not known yet. In future, if Government maintains data of migrant’s households than probability sampling technique is recommended to be used.

Secondly, this study used survey research design which did not allow any trend analysis. Thus, a longitudinal design for future research is recommended for trend analysis.

Thirdly, analyses of the demographics revealed that wives of emigrants were not satisfied with the behavior of their adolescent boys. It is recommended that future research should be done on the adolescent boys of emigrants.

Fourth, it is also indicated in the demographics that a significant percentage of wives have no children. It was also observed in the exploratory phase of the current research that emigrants left their husbands soon after marriages and come after a year or couple of year for a month or two and in that duration their wives do not get on family way. It is a serious concern and source of stress for the left behind wives of emigrants (Gulati, 1987; Moraes, 2015). It is also a worth investigating aspect for future research.

Fifth, detailed in-depth demographic analyses is recommended for future publication work.

Sixth, in future, psychological assessment of emigrant husbands would also give a more comprehensive picture about the consequences of migration.
Seventh, a representative sample of the wives of emigrants from all over Pakistan is recommended for such a topic so that findings may have maximum external validity.

Eighth, researcher was the sole coder of all the qualitative interview materials. In the future research, interviews should be coded by more than one coder so that inter rater agreement (Kappa) could be obtained.

Ninth, as Perceived sources of stress (PSS) was not the main study variable of the current research. It is recommended in future research to explore and analyze in-depth perceived sources of stress (PSS) measure. Factor analysis and other inferential procedures are recommended on this variable.

Tenth, it is recommended for the future research to use husband emigration as the only independent variable, psychosocial problems and stress as dependent variable and coping as mediator variable.

Eleventh, it is recommended for the future research to use sub-scales of PPWE as predictor variable in multiple hierarchical regression analyses to analyze what type of psychosocial problems are associated with various forms of coping.

Conclusion

In the current research, researcher used Bio-psycho-social and religious model as a conceptual framework. It is concluded that bio-psycho-social and religious model is a holistic and comprehensive approach to cognize the impact of husband emigration on wives physical, psychological, social and religious aspects of life. It helped to identify that in the absence of husband how wives perceive stress, physical and psychological health, social support and used different coping strategies. It is found in regression analyses, that no dichotomous demographic variables like having children
or not, satisfaction with remittance amount, area of residence and country of emigrant play a statistically significant role on wives perception of psychosocial problems. Emigration of husband itself is the overriding problem for the left-behind wives. Results suggested that wives experienced psychosocial problems and are overwhelmed by household and children responsibilities. Wives major source of stress are related to children and future of their families. Motherhood in the absence of husband is the most challenging thing for left-behind wives. Findings suggested that wives perceived psychosocial problems predict religious and social support coping. It is also revealed that perceived social support mediated the relationship between psychosocial problems and social and religious coping.
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doi:10.1007/s10615-007-0138-9


doi:10.5580/5ac


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Khan, Z. H., & Watson, P. J. (2009). Construction of the Pakistani religious coping practices scales: Correlations with religious coping, religious orientation and


Saunders, K. J. (2002). *The relations among feminism, gender role orientation, and psychological well-being in women*. Dissertation Abstracts International: Section B: The Sciences and Engineering, 63(6-B), 3024


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Appendix A

Approval Letter by Thesis Committee
NOTIFICATION

Subject: Approval of Ph.D Research Proposals.

1. It is notified for information of all concerned that the BASAR in its 18th meeting held on November 28, 2015, vide agenda item no. 6.1 considered PhD research proposals of participants of various school/institutes. The BASAR, keeping in view viability of PhD research proposals and performance of participants to defend their research proposals, has approved following PhD Research proposals subject to adherence of observations of BASAR:

<table>
<thead>
<tr>
<th>Sr. #</th>
<th>Name with ID</th>
<th>Topic</th>
<th>Supervisor name</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>Mr. Iman Talib, 13004091001</td>
<td>Existence and Approximation of Solutions of Differential Equations.</td>
<td>Dr. Naseer Ahmad Asif</td>
</tr>
<tr>
<td>3.</td>
<td>Mr. Muhammad Bilal Riaz, 12003091001</td>
<td>Analytical Solutions for Different Motions of Differential and Rate Type Fluids with Fractional Derivatives.</td>
<td>Supervisor Dr. Muhammad Imran Asjad Co Supervisor Dr. Azhar Ali Zafar</td>
</tr>
<tr>
<td>4.</td>
<td>Ms. Sara Durrani, 13001166006</td>
<td>Temperament, Emotional Regulation and Mental Health Issues in University Students.</td>
<td>Dr. Zahid Mahmood</td>
</tr>
<tr>
<td>5.</td>
<td>Ms. Tanzila Tanzeem, 13001166007</td>
<td>Effectiveness of Solution Focused Therapy and Cognitive Restructuring on the Psychosocial Issues of Mastectomy and Hysterectomy Cancer Patients.</td>
<td>Dr. Zahid Mahmood</td>
</tr>
</tbody>
</table>
Co Supervisor Dr. Sadia Saleem |
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<tbody>
<tr>
<td>8.</td>
<td>Mr. Mirrat Gul Butt, 14003166007</td>
<td>Effectiveness of Dialectical Behavior Therapy on Borderline Personality Traits in Pakistan.</td>
<td>Dr. Zahid Mahmood</td>
</tr>
</tbody>
</table>
| 9. | Ms. Safia Sultana, 13001166002 | Patterns of Psychosocial Problems and Coping Strategies of Students with Visual Impairment | Supervisor Dr. Zahid Mahmood  
Co Supervisor Dr. Sadia Saleem |
| 10. | Mr. Nabeel Sabir Khan, 14007091001 | Bridging the Communication Barrier for the Deaf in Pakistan using Information Technology. | Supervisor Dr. Anam Abid  
Co Supervisor Dr. Kamran Abid |
| 11. | Ms. Zakia Nasir, 13008094006 | Exploring the Phenomenon of Power through Feminism in Nadeem Aslam's Seasons of the Rainbirds, Maps for Lost Lovers, and the Wasted Vigil. | Dr. Kamal ud Din (FC College) |
| 12. | Syed Farooq Ali, Computer Science | Future Based Approach for Pattern Recognition in Imaging | Supervisor Dr. Malik Tahir Hassan  
Co Supervisor Dr. Adnan Abid |
| 13. | Ms. Qurat ul Ain, 090893012 | Problems Faced by Students with Hearing Impairment in Higher Education and Development of a Plan for their Effective Participation. | Dr. Abdul Hameed |

Circulation:

Rector Secretariat, Dean SSS&H, Dean SST, Dean SSC, Director ICP, COD Maths, COD Education, COD Computer Science, All supervisor concerned, personal files of participants and Master file.
Appendix B

Permission Letters from Authors of Assessment Measures
Dear Ms. Faiqa Yaseen,

Hope you are doing well and in a good health.

Yes, you can use this scale. Please, don't forget to send me copy of your research when it'll be completed.

Regards

Yousaf Jamal

On Tue, Jun 6, 2017 at 12:11 PM, faiqa yousaf <faiqayousaf@hotmail.com> wrote:

Dear Dr Yousaf Jamal

It is to state that i am a Phd Scholar in Institute of Clinical Psychology UMT, Lahore. I am working on the topic " Perceived Psychosocial problems, Social Support and coping in the wives of Emigrants". I want to use the Urdu translation of Brief COPE which you did. Kindly grant me permission to use that scale for my PhD research. I would be very obliged.

Regards,
Faiqa
Fw: Request for DASS urdu version

From: Naeem Aslam <naeemaslam@nip.edu.pk>
Sent: Monday, January 11, 2016 2:30 PM
To: faiqayousaf
Subject: Re: Request for DASS urdu version

On Mon, Jan 11, 2016 at 2:02 PM, faiqayousaf wrote:
I couldn't find. can you share the web adress plz

Date: Mon, 11 Jan 2016 12:42:27 +0500
Subject: Re: Request for DASS urdu version
From: naeemaslam@nip.edu.pk
To: faiqayousaf@hotmail.com

DASS urdu is available at DASS website with psychometric properties

Regards

On Mon, Jan 11, 2016 at 9:47 AM, faiqayousaf wrote:

AOA.

Mr Naeem Aslam hoping you are doing good. I am Faiqa Yaseen, lecturer in Psychology, University of Gujrat. I am doing PhD under the supervision of Dr Zahid Mahmood. For the purpose of establishment of reliability and validity of an indigenous developed measure i need Urdu version of DASS. I would be very obliged if you provide me the scale with scoring method and a permission per email to use that scale.

Waiting for your reply,

Thank you

Naeem Aslam (Clinical Psychologist)
RA / Lecturer
National Institute of Psychology
Quaïd-i-Azam University, Islamabad
Pakistan
Ph: +92 (51) 9064 (4047), Fax : +92 (51) 2896012
Mobil: +92 0322 5120 866
Appendix C

Consent Form
میں فائقہ یاسین یونیورسٹی آف میں الیٹ کی ایک تحقیق اور ایک کامیاب آنکھی کی گرا کر اپنے کھیج کے ساتھ ساتھ میں، میں
پرفیشر ڈاکٹر زاہد محمود کی زیرِ نگرانی کی ایک تحقیق کر رہی ہوں۔ اس قبضہ کے بارے میں میں کے
شوہر بیرومِ ملک مقیم ہیں۔ اس سلسلے میں میں آپ کا انتظام داک اور آپ کو چند سوالات پہنچنے کے
آپے سے گزارش بھی کر آپ خواتین کے تجربات اور ایک اور سو اور دو سوالات تحقیق کے بارے میں میں اس
میں سے کہا جا سکتا ہے۔ آپ سے حاصل کردہ تمام معلومات کو علاقوں میں نکالنے کے لئے استعمال کی جانے
کے لئے کیا جا سکتا ہے۔ آپ سے حاصل کردہ تمام معلومات کو علاقوں میں نکالنے کے لئے استعمال کی جانے
کے لئے کیا جا سکتا ہے۔ آپ سے حاصل کردہ تمام معلومات کو علاقوں میں نکالنے کے لئے استعمال کی جانے
کے لئے کیا جا سکتا ہے۔ آپ سے حاصل کردہ تمام معلومات کو علاقوں میں نکالنے کے لئے استعمال کی جانے
کے لئے کیا جا سکتا ہے۔ آپ سے حاصل کردہ تمام معلومات کو علاقوں میں نکالنے کے لئے استعمال کی جانے
کے لئے کیا جا سکتا ہے۔ آپ سے حاصل کردہ تمام معلومات کو علاقوں میں نکالنے کے لئے استعمال کی جانے
کے لئے کیا جا سکتا ہے۔ آپ سے حاصل کردہ تمام معلومات کو علاقوں میں نکالنے کے لئے استعمال کی جانے
کے لئے کیا جا سکتا ہے۔ آپ سے حاصل کردہ تمام معلومات کو علاقوں میں نکالنے کے لئے استعمال کی جانے
کے لئے کیا جا سکتا ہے۔ آپ سے حاصل کردہ تمام معلومات کو علاقوں میں نکالنے کے لئے استعمال کی جانے

Appendix D
Demographic Form
1. عمر

- 20-35 سال
- 36-49 سال
- 50 سے زائد

2. تعلیم

- ناخواندہ
- اندر میٹرک
- میٹرک
- سی یس ایف اے/ایف ا
- گریجویش یا زیادہ

3. شوہر کتنے عرصے سے باہر ہے؟

- 1-5 سال
- 6-10 سال
- 11-15 سال
- 15 سال سے زیادہ

4. بیرومِ ملک جانے کی وجہ؟

5. کتنی دیرکے بعد آتے ہیں؟

- میٹرک میں دو بار
- میٹرک میں ایک بار
- بعد دو سال
- بعد پانچ سال
- نہیں تک بھی

6. کتنے عرصے کے لئے یہاں رہتے ہیں؟

- 1-2 ماہ
- 3-6 ماہ
- ایک سال
- بعد دو سال
- نہیں تک بھی

7. آخری بار کب آ چکا?

- چند ماہ پہلے
- پہلے ایک سال
- پہلے تین سے پانچ سال
- پہلے نہیں تک بھی

8. ملک میں ہے?

- اعراب ممالک
- یورپ
- یکہمر
- نیہطابر
- کوئی اور

9. فرم پہ/انٹرنیٹ پہ بات کرتے ہیں?

- روزانہ
- ہفتے میں ایک بار
- بعد دو سال
- بعد پانچ سال
- نہیں تک بھی

10. ہیں بچے کے

- ہاں
- نہیں

11. اگر ہاں تو بچوں کی تعداد?

- بیٹے
- بیٹیاں

12. ہیں بچے تعلیم حاصل کر رہے?

- ہاں
- نہیں

13. کیا شادی کے بعد آپ کی اولاد دیر سے ہوئی?

- ہاں
- نہیں

14. کتنی خرچہ بھیجتے ہیں؟

- 5-10 ہزار
- 11-25 ہزار
- 26-45 ہزار
- 45-61 ہزار
- 61 ہزار سے زیادہ

15. گھر سے باہر کی ذمہ داریاں خود نبھاتی ہیں?

- لکّ ہٹ ہوا
- کثر
- کم
- کم بہت

16. گھر کی ذمہ داریاں خود نبھاتی ہیں?

- لکّ ہٹ ہوا
- کثر
- کم
- کم بہت

17. مطمئن سے کیا آپ بیٹوں کے رویوں

- ہاں
- نہیں

18. ملک میں ایک بار

- اعراب ممالک
- یورپ
- یکہمر
- نیہطابر
- کوئی اور

19. رہائشی علاقہ?

20. کیا آپ کو کوئی جسمانی بیماری؟

- ہاں
- نہیں

21. عوامی نظارہ؟

- انفرادی
- سسراك
- ماں باپ کے

22. گھر کی ذمہ داریاں خود نبھاتی ہیں?

- لکّ ہٹ ہوا
- کثر
- کم
- کم بہت

23. گھر سے باہر کی ذمہ داریاں خود نبھاتی ہیں?

- لکّ ہٹ ہوا
- کثر
- کم
- کم بہت

24. گھر کی ذمہ داریاں خود نبھاتی ہیں?

- لکّ ہٹ ہوا
- کثر
- کم
- کم بہت

25. کیا آپ کو کوئی جسمانی بیماری؟

- ہاں
- نہیں

26. عوامی نظارہ?

- انفرادی
- سسراك
- ماں باپ کے

27. گھر سے باہر کی ذمہ داریاں خود نبھاتی ہیں?

- لکّ ہٹ ہوا
- کثر
- کم
- کم بہت

28. گھر سے باہر کی ذمہ داریاں خود نبھاتی ہیں?

- لکّ ہٹ ہوا
- کثر
- کم
- کم بہت

29. عوامی نظارہ?

- انفرادی
- سسراك
- ماں باپ کے

30. گھر کی ذمہ داریاں خود نبھاتی ہیں?

- لکّ ہٹ ہوا
- کثر
- کم
- کم بہت
Appendix E
Assessment Measures
Indigenously Developed Measures
Initial Version
پیچھے بینے گے نیتنگاں انسان دندی جس کے بھی بنی بن لگے ہوں گے کہ میں ہر بیجرمیہ کیسے ہے۔ ہر بیام کے سامنے چار درجات دی گئے ہیں آپ ام کو غور سے تھیے اور دکھیے کوئی درجہ آپ پر لاو ہوتا ہے اس کے گرد دختر گائیں۔

<table>
<thead>
<tr>
<th>شوہر کی تھمار موہودی گیا ماتمی</th>
<th>1. امامی بیدار</th>
<th>2. سیدی کی محسوس تودہ</th>
<th>3. ذاتی کھچاہی دریں</th>
<th>4. پریشنہ رہنامہ</th>
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<tr>
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<td>2. شوہر کی غیر موجودگی میں</td>
<td>3. اداسی رہنا۔</td>
<td>4. کبھی نہیں کبھی کبھار</td>
<td>5. بے بسی محسوس ہونا۔</td>
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<tr>
<td>6. ذہنی تناؤ میں رہنا۔</td>
<td>7. کبھی نہیں کبھی کبھار</td>
<td>8. بہت زیادہ پریشان رہنا۔</td>
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<tr>
<td>9. چلدی پن محسوس ہونا۔</td>
<td>10. کبھی نہیں کبھی کبھار</td>
<td>11. بہت زیادہ خالی پن محسوس ہونا۔</td>
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<td>12. خوف محسوس ہونا۔</td>
<td>13. کبھی نہیں کبھی کبھار</td>
<td>14. زندگی بے معنی لگنا۔</td>
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<tr>
<td>15. جنگ ٹھکا وح محسوس کرنا۔</td>
<td>16. کبھی نہیں کبھی کبھار</td>
<td>17. بے چارگی کا احساس رہنا۔</td>
<td></td>
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<tr>
<td>18. دوسروں کا محتاج ہونا۔</td>
<td>19. کبھی نہیں کبھی کبھار</td>
<td>20. خوشی و غم میں شرکت کے لئے پریشنی اٹھانا۔</td>
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<tr>
<td>21. طبر پریشر ہونا۔</td>
<td>22. کبھی نہیں کبھی کبھار</td>
<td>23. بھی رو آنا۔</td>
<td></td>
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<tr>
<td>24. باپ کا کردار نبھانا۔</td>
<td>25. کبھی نہیں کبھی کبھار</td>
<td>26. اپنی زندگی ضائع ہونے کا احساس ہونا۔</td>
<td></td>
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<tr>
<td>27. شما میں رہنا۔</td>
<td>28. کبھی نہیں کبھی کبھار</td>
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</tbody>
</table>
شاہر کی غیر موجودگی میں ۔۔۔۔۔۔

29.

تلخی ہونا یا تلخ ہونا۔

30.

سر میں درد رہنا۔
 کبھی نہیں
 کبھی کبھار
 اکثر
 بہت زیادہ

31.

عدل تحفظ کا شکار ہونا۔
 کبھی نہیں
 کبھی کبھار
 اکثر
 بہت زیادہ

32.

ذات کی نفی کر دینا۔

33.

ہرشو کی کمی محسوس کرنا۔
 کبھی نہیں
 کبھی کبھار
 اکثر
 بہت زیادہ

34.

ذہنی دباؤ میں رہنا۔

35.

دوہری ذمہ داریاں نبھانا۔
 کبھی نہیں
 کبھی کبھار
 اکثر
 بہت زیادہ

36.

گہری خوشی کا احساس ہوتا ہے۔

37.

ناہو پچھتاوا۔

38.

بیوگی کا احساس ہونا۔
 کبھی نہیں
 کبھی کبھار
 اکثر
 بہت زیادہ

39.

اکیلا پن محسوس ہونا۔

40.

لوگوں کی باتوں کا دباؤ رہنا۔

41.

زور گا ماضی کا سرپرستی کی روپہ ہمالیہ۔

42.

احساس نئی جوہرہی۔

43.

اس کے علاوہ؟
1. بچہ نہ ہو پانے کی وجہ سے پریشان ہونا۔
2. سسراک والوں کا منفی رویہ ہونا۔
3. بچوں کو کنٹروک کرنے میں پریشانی ہونا۔
4. غیر محفوظ ہونے کا احساس ہونا۔
5. مستقبل کی فکر ہونا۔
6. اکیلے ذمہ داریاں نبھانے میں پریشانی ہونا۔
7. ازدواجی زندگی کھو دینا۔
8. معاشرے میں عزت و وقار کھو دینے کا ڈر ہونا۔
9. بچوں کی تعلیم و تربیت کی فکر میں رہنا۔
10. ذاتی صحت کے مسائل ہونا۔
11. گھریلو فیصلے کرنے میں دقت ہونا۔
12. پیسوں کے صحیح استعمال کی کوشش میں رہنا۔
13. ایکیلے زندگی کھو دینے کا احساس ہونا۔
14. سماجی اور تفریحی سرگرمیاں ہونا۔
15. شوہر کو فوم پر گھریلو مسائل سمجھانے میں دقت ہونا۔
16. بچوں کو علاج معالجے کے لئے لے جانے میں پریشانی ہونا۔
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RASC

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کبھی نہیں  کبھی کبھار اکثر بہت زیادہ
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۔۔۔۔۔
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سمجھوتا کرنا۔
کبھی نہیں
کبھی کبھار
اکثر
بہت زیادہ

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نشہ آور ادویات کا استعمال کرنا۔
کبھی نہیں
کبھی کبھار
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بہت زیادہ

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خود کو الزائد دینا۔
کبھی نہیں
کبھی کبھار
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بہت زیادہ

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منفی احساسات کا اظہار کرنا۔
کبھی نہیں
کبھی کبھار
اکثر
بہت زیادہ

DASS

لہر: مقرر ہونے والے بیانات میں سے دو کلمات یا کم اک گفتہ تھا تو لی لیکن ان کے سانج.0.3 میں سے کم ہاکی

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<th>بیانات</th>
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<td>یہ معلوم ہو گا کہ کوئی نہیں ہے ۔</td>
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<td>17</td>
<td>کبھی نہیں کبھی کبھار زیادہ تر وقت</td>
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<td>19</td>
<td>کبھی نہیں کبھی کبھار زیادہ تر وقت</td>
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<td>زیادہ تر وقت</td>
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**Brief COPE**

یہ جملے یہ سے متعلق ہیں کہ آپ زندگی میں دباؤ کا سامنا کیسے کرتے رہے۔ مسائل کا مقابلہ کرنے کے بہت سے طریقے ہیں۔ ام جملوں میں آپ سے یہ پوچھا گیا ہے کہ آپ اس مسئلے کا سامنا کیسے کرتے رہے۔ یقیناً مختلف لوگ مسائل کا سامنا مختلف طریقوں سے کرتے ہیں، مگر میں یہ جاننے خواہشمند ہوں کہ آپ کا طریقہ کار کیا ہوتا ہے۔ ہر جملہ مسائل کا مقابلہ کرنے کے ایک خاص طریقے کے بارے میں بتاتا ہے۔ میں یہ جاننا چاہتا/چاہتی ہوں کہ آپ میں نہیں تمام تحقیق کے ایک خاص طریقے کا کس حد تک استعمال کرتے ہیں۔ کتابزدیاں اسی طرح کرتے ہیں اور آپ اس بغیر پن وی کہ کسی ایک فہرست میں کامیاب ہوں یا نہیں کیسے کا استعمال کرتے۔ ہر مدل کو اگلے اس کے بعد پر اپنے ذہن میں ریٹ کریں۔ اپنے لئے ممکنہ حد تک سچا جواب دیں۔

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<th>بالکل بھی نہیں بلکہ بہت زیادہ</th>
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<td>1</td>
<td>میں چیزوں سے اپنی توجہ ہٹانے کے لئے خود کو کال یا دوسرے مشاغل میں مصروف ہوں۔</td>
<td>1</td>
<td>میں چیزوں سے اپنی توجہ ہٹانے کے لئے خود کو کامیابیوں سے مشترکہ ہوں۔</td>
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<td>2</td>
<td>میں دباؤ کی صورتحال سے نمٹنے کے لئے باہر اس بات کو چھوڑتا ہوں۔</td>
<td>2</td>
<td>میں دباؤ کی صورتحال سے نمٹنے کے لئے اپنی کوشش صرف کرنا کرتا ہوں۔</td>
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<td>3</td>
<td>میں اپنے آپ سے ہدایت کا رینگ سن کر اس میں کوئی تحقیقی نہیں۔</td>
<td>3</td>
<td>میں اپنے آپ سے ہدایت کا رینگ سن کر اس میں کوئی تحقیقی نہیں۔</td>
<td>4</td>
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<td>4</td>
<td>کا ایک جنگہ کے خوفزہ ہو جاتے رہیں۔</td>
<td>4</td>
<td>کا ایک جنگہ کے خوفزہ ہو جاتے رہیں۔</td>
<td>5</td>
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<td>5</td>
<td>میں دباؤ سے جدپی سیاحاں میں رہنے کے لئے چھوڑنا ہوتا ہے۔</td>
<td>5</td>
<td>میں دباؤ سے جدپی سیاحاں میں رہنے کے لئے چھوڑنا ہوتا ہے۔</td>
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بہت زیادہ

6. میں واقعاً کیا کرنا آپنے کو چھوڑ دیکھتی ہوں。

7. میں واقعاً کیا کرنا آپنے کو چھوڑ دیکھتی ہوں لئے کچھ تعلقات کرکے رہنے دیتی ہوں۔

8. میں میں دیکھتی ہوں کہ یہ کیا ہے لئے اکثر کو یہ رہنے کا اندازہ لگتا ہے۔

9. میں پھر تصور ان دلائل کی طرف سے پہلے کے لئے لگتا ہوں ولی عرب。

10. میں میں دباؤ کی صورتحال حاصل کرکے رہنے کے لئے عملی اقدامات کرتی رہی ہوں۔

11. میں میں دباؤ کی صورتحال کا مذاق بناتی رہی ہوں۔

12. میں میں دباؤ کی صورتحال کے متعلق کم سوچنے کے لئے کچھ کرتی ہوں جیسے فلم دیکھنا، ٹی وی دیکھنا، پڑھنا، دم میں خواب دیکھنا، بچنے سے متعلق کچھ کرتی ہوں۔
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<td>بنی اس کی حیرت کو تسلیم کرنا چاہتا ہوں کہ اسی لگایا جا سکیے۔</td>
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<td>میں اپنے منفی احساسات کا اظہار کرنا چاہتا ہوں۔</td>
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<td>22</td>
<td>میں اسے خوشی کو بہت سے سکون حاصل کرنا کے لئے کوئی روش کرتا ہوں۔</td>
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<td>میں اسے سچے لوگوں سے نہیں کچھ یاد حاصل کرنے کے لئے کوئی روش کرتا ہوں۔</td>
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<td>میں دباؤ کی صورتحاق کے ساتھ ساتھ علاج کی روش کرتی ہوں۔</td>
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<td>میں دباؤ کی صورتحاق کے لئے مسکن ساز کرنا چاہتا ہوں کہ یہ بچھا جائے۔</td>
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<td>28</td>
<td>میں دباؤ کی صورتحاق کے لئے مسکن ساز کرنا چاہتا ہوں۔</td>
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Appendix F
Assessment Measures
Indigenously Developed Measures
Revised Version
وجهیہ نینے کے متعلق حالات کے ساتھ آپ کو واضح کہنا چاہئے ہے۔ اس کے لیے کبھی کبھار اور بھی دیکھی جائے گا۔

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PS
کس شوہر کی غیر موجودگی میں آپ کو گھریلو معاملات سر انجال دینے کے لئے کس کو کس حوصلہ افزائی یا تحفظ مہیا کرتے ہیں۔ جب شوہر کی غیر موجودگی میں پریشانی / ضرورت کے وقت میرے۔۔۔۔۔۔

1. والدین بھر، حوصلہ افزائی یا تحفظ مہیا کرتے ہیں۔
2. بچوں کو بھی، حوصلہ افزائی یا تحفظ مہیا کرتے ہیں۔
3. سماجی یا دیکھ بھالی کے لئے حوصلہ افزائی یا تحفظ مہیا کرتے ہیں۔
4. اپنے ساتھ، حوصلہ افزائی یا تحفظ مہیا کرتے ہیں۔
5. وگرہ بھر دوسرے اور شوہر کی غیر موجودگی میں پریشانہ ہیں۔

اس کے علاوہ اور کچھ؟

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RASC

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| 1 | نمازیں اور نوافل ادا کرنا | کبھی نہیں یا کبھی کبھار اکثر بہت زیادہ |
| 2 | بہادری سے مقابلہ کرنا | کبھی نہیں یا کبھی کبھار اکثر بہت زیادہ |
| 3 | دل درود کروانا | کبھی نہیں یا کبھی کبھار اکثر بہت زیادہ |
| 4 | دعایں مانگنا | کبھی نہیں یا کبھی کبھار اکثر بہت زیادہ |
| 5 | دوسروں (ماتی باپ/شوہر/بہن بھائی/دووں) سے مدد لینا | کبھی نہیں یا کبھی کبھار اکثر بہت زیادہ |
| 6 | رمضان کے معاوہ زدہ رکھنا | کبھی نہیں یا کبھی کبھار اکثر بہت زیادہ |
| 7 | دوسرے سے دکھا کہ بہت اضافہ | کبھی نہیں یا کبھی کبھار اکثر بہت زیادہ |
| 8 | صدوق و مزیدت کرنا | کبھی نہیں یا کبھی کبھار اکثر بہت زیادہ |
| 9 | Planning کے لئے راستہ پیش کرنا | کبھی نہیں یا کبھی کبھار اکثر بہت زیادہ |
| 10 | احکام کے لئے کردار ادا کرنا | کبھی نہیں یا کبھی کبھار اکثر بہت زیادہ |
| 11 | پریشانی کے سامان ہی کتاباں | کبھی نہیں یا کبھی کبھار اکثر بہت زیادہ |
دوبارہ اور مزاحانوں پر شنیدنے۔

درباروں اور مزاروں پر منتیں ماننا۔

کبھی نہیں کبھی کبھار

اللہ پر توکل کرنا۔

کبھی نہیں کبھی کبھار

قرآن پڑھنا۔

کبھی نہیں کبھی کبھار

خود کو مقتف کا مول (چپر، بی.ڈی. وائی.شپنگ) میں صراف

کبھی نہیں کبھی کبھار

فقیر پیروں کبھی نہیں کبھی کبھار

دوسروں سے مشورت حاصل کرنا۔

کبھی نہیں کبھی کبھار

دکھ سکھ بانٹنا۔

کبھی نہیں کبھی کبھار

دکھ کی باقاعد़
Appendix G

Assessment Measures

Indigenously Developed Measures

Final Version
پہلے دو نگر گروپیات ان کا نمونہ اُم خواتین کے متعلق ہیں جن کے شوہر بیرومِ ملک مقیم ہیں۔ برندی ان کا سائیٹ پاُنے نے گئے ہیں ایک آپ ان کو ہم سے

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اس کے علاوہ کچھ؟
## PSS

شہر کی غیر موجودگی کو دو چیز کے طور پر ملاحظہ کی جاتی ہے۔

1. ایک دوسرے کی سیدتہ ہونے کے لئے بچے نہیںہوئے۔
2. ایک دوسرے کی سیدتہ ہونے کے لئے بچے نہیںہوئے۔
3. مستقبل کی قبر خدا۔
4. ایک دوسرے کی سیدتہ ہونے کے لئے بچے نہیںہوئے۔
5. ایک دوسرے کی سیدتہ ہونے کے لئے بچے نہیںہوئے۔
6. ایک دوسرے کی سیدتہ ہونے کے لئے بچے نہیںہوئے۔
7. ایک دوسرے کی سیدتہ ہونے کے لئے بچے نہیںہوئے۔
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9. ایک دوسرے کی سیدتہ ہونے کے لئے بچے نہیںہوئے۔
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11. ایک دوسرے کی سیدتہ ہونے کے لئے بچے نہیںہوئے۔
12. ایک دوسرے کی سیدتہ ہونے کے لئے بچے نہیںہوئے۔
13. ایک دوسرے کی سیدتہ ہونے کے لئے بچے نہیںہوئے۔
14. ایک دوسرے کی سیدتہ ہونے کے لئے بچے نہیںہوئے۔
15. ایک دوسرے کی سیدتہ ہونے کے لئے بچے نہیںہوئے۔
16. ایک دوسرے کی سیدتہ ہونے کے لئے بچے نہیںہوئے۔

## PS

شوہر کی غیر موجودگی کو دو چیز کے طور پر ملاحظہ کی جاتی ہے۔

1. تیار ہوئے سیکیورٹی فورسوں کے تحت تعلیم و تربیت کی وقفہ ہوئی۔
2. تیار ہوئے سیکیورٹی فورسوں کے تحت تعلیم و تربیت کی وقفہ ہوئی۔
3. تیار ہوئے سیکیورٹی فورسوں کے تحت تعلیم و تربیت کی وقفہ ہوئی۔
4. تیار ہوئے سیکیورٹی فورسوں کے تحت تعلیم و تربیت کی وقفہ ہوئی۔
5. تیار ہوئے سیکیورٹی فورسوں کے تحت تعلیم و تربیت کی وقفہ ہوئی۔
6. تیار ہوئے سیکیورٹی فورسوں کے تحت تعلیم و تربیت کی وقفہ ہوئی۔
7. تیار ہوئے سیکیورٹی فورسوں کے تحت تعلیم و تربیت کی وقفہ ہوئی۔
8. تیار ہوئے سیکیورٹی فورسوں کے تحت تعلیم و تربیت کی وقفہ ہوئی۔
9. تیار ہوئے سیکیورٹی فورسوں کے تحت تعلیم و تربیت کی وقفہ ہوئی۔
10. تیار ہوئے سیکیورٹی فورسوں کے تحت تعلیم و تربیت کی وقفہ ہوئی۔
11. تیار ہوئے سیکیورٹی فورسوں کے تحت تعلیم و تربیت کی وقفہ ہوئی۔
12. تیار ہوئے سیکیورٹی فورسوں کے تحت تعلیم و تربیت کی وقفہ ہوئی۔
13. تیار ہوئے سیکیورٹی فورسوں کے تحت تعلیم و تربیت کی وقفہ ہوئی۔
14. تیار ہوئے سیکیورٹی فورسوں کے تحت تعلیم و تربیت کی وقفہ ہوئی۔
15. تیار ہوئے سیکیورٹی فورسوں کے تحت تعلیم و تربیت کی وقفہ ہوئی۔
16. تیار ہوئے سیکیورٹی فورسوں کے تحت تعلیم و تربیت کی وقفہ ہوئی۔
شوہر کی غیر موجودگی میں پریشانی /ضرورت کے وقت میرے۔۔۔۔۔۔

کسی کی مدد، حوصلہ افزائی یا تحفظ مہیا کرتے ہیں۔

کبھی نہیں
کبھی کبھار
اکثر

کسی نے
کسی نہیں
کسی کی بھی

ارکائی
ارکائی

RASC

شوہر کے جانے کے بعد مسائل /دباؤسے مقابلہ کرنے کے لئے آپ۔۔۔۔۔۔

کبھی نہیں
c

کبھی کبھار

1. نمازیں اور نوافل ادا کرنا۔
2. بہادری سے مقابلہ کرنا۔
3. دعایں۔ مانگنا۔
4. دوسروں (ماں باپ/شوہر/بہن بھائی/دووں)ںیکی مدد لینا۔
5. رمضاں کے علاوہ روزے رکھنا۔
6. دوسری مسائل کے لئے دوسری اچھی بات کی مدد
7. سرکاری بطور کارکن
8. قبل از وقت منصوبہ بندری /Planning کرنا۔
9. موٹر سائیکل خریدنے کا فکر
10. قرآن پینے جانا
11. موٹر میں کسی کی مدد کا مان
12. دوسری مسائل سے مشورت حاصل کرنا۔
Appendix H

Plagiarism Report
Appendix I

Thesis APA Checklist