



## RESEARCH PAPER

### Psychological Wellbeing, Life Satisfaction and Hopelessness in Delayed Marriages

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## ABSTRACT

Delayed marriage is increasingly common in Pakistan, particularly among urban and educated populations, yet its mental health consequences remain underexplored. In a society where marital status is socially significant, postponement of marriage can induce emotional distress, stigma, and reduce life satisfaction. This research explores how gender and voluntariness affect psychological responses to delayed marriage. A quantitative, cross-sectional study was conducted with 210 participants (105 men and 105 women) using purposive sampling. Data was collected through standardized tools: Ryff's 18-item Psychological Well-Being Scale, the 5-item Satisfaction with Life Scale, and the 7-item Beck Hopelessness Scale. Statistical analysis included correlation, regression, and independent t-tests using SPSS v23. Findings revealed that psychological well-being positively predicted life satisfaction and negatively predicted hopelessness. Females and those who voluntarily delayed marriage reported significantly higher psychological well-being and life satisfaction, and lower hopelessness. Mental health awareness programs, culturally sensitive counseling services, and public education campaigns are needed to support individuals facing societal pressures due to delayed marriage.

**KEYWORDS** Delayed Marriage, Psychological Well-Being, Life Satisfaction, Hopelessness, Gender Difference

## Introduction

Traditionally, marriage has been viewed as a crucial marker of adulthood, linked to stability, financial security, and emotional satisfaction (Muzaffar, et. al., 2018; Cherlin 2004). Individuals who delay their marriage, whether due to personal preference or external factors, frequently encounter social disapproval and emotional hardship, as conventional views often linked delayed marriage with personal inadequacy DePaulo and Morris (2005). In Pakistan, Marriage is a critical sociocultural institution in Pakistan, often regarded as a cornerstone of social and emotional well-being. Delayed marriages, defined as marrying later than the societal norm, are becoming more common due to factors such as education, career priorities, and economic challenges there has been a steady increase in marriage age, particularly in urban areas (Sathar & Casterline, 1998). New statistics reveal that the typical age at which women get married for the first time has risen in cities, spanning between 24 and 26 years. Meanwhile, the average age at which individuals in rural areas typically get married is generally younger, ranging from 22 to 24 years, as noted by Gill et al. in their (2023) study. The average age of a man's first marriage has increased, particularly among urban and educated groups, to 27-30 years, as reported by Mughal et

al. (2023). Women with high education levels, such as bachelor's degrees or even higher, get married between ages 28 and 30. Professional men, however, normally marry at a later stage in their life-age bracket, between early to mid-thirties or specifically age 30-32 years (Kakal et al., 2023).

Exploring the interminably aspired-at effects of late marriages in Pakistan is an outrageously neglected area. Society, joint family systems, disintegration of marriage, childlessness, and general dowries related psychological problems are among the causal factors that lead to psychological distress and marriage dissatisfaction. According to Nitsche and Hayford (2020), futuristic education and a delayed marriage result in lesser performance in marriage spaces. In these patriarchal society-settings, delayed marriages aggravate social obligations and family expectations, making mental health issues surrounding delayed marriages even more complicated. The study by Malik et al. (2023) assessing the quality of life of unmarried adults in the KPK region concluded that the delayed marriage category of respondents experienced moderate levels of depression and dissatisfaction with life. This essentially shows that cultural norms prevalent in the region have contributed to increased stress levels among single adults. The analysis conducted by Waseem et al. (2020), states that women with high education living in urban areas of KPK scored much higher than other women in life satisfaction despite the decision to postpone their marriage. Education and career were seen as contributing towards making one feel fulfilled, although with fewer opportunities for marrying increasing age, the social approval is limited to them, and there are other obligations.

According to research by Lai and Ma (2016), supportive family and friends play a very large role in the fact that mentally healthy individuals are less prone to risky health behaviours. The discovery comes to be fundamentally important for late-marriage adults because their social support systems might differ from the ones in early marriage. Satisfaction with life is believed to foster well-being and serve as a buffer against stress and anxiety and feelings of despair (Padmanabhanunni et al., 2023). The relationship between marriage and mental health is complicated, with the timing of the marriage obliterating many such differences. In some respects, mental welfare interacts with marital status in terms of an unhappy marriage, an individual's ethnic background, and age, as stated by the research of Umberson et al. (2012). According to marriage expectations in society, various decisions about life choices and individual mental health are greatly affected. Marriage has often been traditionally viewed as an important milestone in entering adulthood, and deviation from such norms in a society that upholds such norms can expose individuals to social pressure and stigma. The implications of marriage's changing demography for mental health are discussed by Marks & Lambert (1998). Such an understanding is crucial with the shift in societal perspectives as to how this interacts with individual experiences of delayed marriage.

Life satisfaction is a key component of subjective well-being and refers to an individual's overall evaluation of their life. Research has shown that marriage is generally associated with higher levels of life satisfaction, as it provides emotional support, companionship, and a sense of belonging (Diener et al., 2003). The level of life satisfaction among people who delay getting married or choose not to marry at all is influenced by several different factors. In Germany, couples who live together before getting married experience a rise in life satisfaction compared to the norm, with even greater increases in the year of their wedding and shortly afterwards, as found by Busby et al. (2010). Education often appears to be the main mechanism for delay marriage, but this effect is subordinated to different contexts. In Nepal's Terai region women are expected to complete grade 9 and, in theory, grade 11 to significantly increase the odds of marrying after 18 years (Marphatia et al., 2020) However, in the United States, a contradictory trend has emerged

where recent college graduates are now forecast to marry at higher levels despite their later entry into first marriage, suggesting that marriage is increasingly becoming a province of the most educated (Goldstein & Kenney, 2001).

Delayed marriage may be associated with increased feelings of hopelessness, particularly for women. who delay marriage may face societal pressure to conform to traditional gender roles, which can lead to feelings of inadequacy and despair (Hajhosseini et al., 2015). Additionally, postponed marriage may be associated with a sense of insecurity about future outcomes in the future in terms of obtaining the desired partner and starting a family. that may foster a feeling of hopelessness (Rabenda-Nowak & Wylęły, 2022). However, delayed marriage is possible to be associated with lower levels of hopelessness at least in individuals who achieved personal and professional milestones. prior to getting married. In this case delayed marriage may be an emotion that they feel Having stability and security promotes overall well-being and mitigates feelings of hopelessness (Willaims, 2003).

### **Literature Review**

Psychological well-being refers to a person's emotional and mental well-being, which includes an ability to cope effectively with stress and maintain a sense of purpose. Life satisfaction is influenced by several factors, such as job satisfaction, psychological wellbeing, and one's level of satisfaction with relationships, as well as the size of their social support network (Bialowolski & Weziak-Bialowolska, 2021). As has already been pointed out, the effects of delayed marriage can be linked with enhanced self-reliance and psychological maturity, but these effects are adversely affected by conditions in society and lead to anxiety, loneliness and low self-esteem. Mental health refers to several aspects, including emotional stability, self-esteem and life satisfaction. Life satisfaction is considered a key index of well-being and can serve as a protective factor against stress and negative mental health outcomes (PadmanabhanUnni et al., 2023). Research has established a link between higher levels of life satisfaction and improved Psychological wellbeing physical health, enhanced health behaviors, and a more positive psychosocial profile, characterized by lower levels of hopelessness (Kim et al., 2021). Research has shown that happiness with life can have a positive effect on overall well-being and also act as a safety net to reduce the impact of stress and anxiety, as well as feelings of despair (Padmanabhanunni et al., 2023). In Pakistani society, factors such as social pressures, living in a joint family system, disintegration of the family unit, childlessness, and psychological impacts are all contributing to psychological distress and marital dissatisfaction effecting life satisfaction, according to Kamal (2023). Also, it was found that people who have never been married generally experience lower levels of life satisfaction and self-esteem than those who are divorced. Research conducted by Moss and Willoughby (2018) discovered that the perception of marriage as being beneficial can actually decrease life satisfaction among individuals who remain unmarried Research conducted in the past has established a connection between marital status and psychological well-being, showing that married individuals experience enhanced mental health compared to those who remain unmarried (Kim & Mckenry, 2002; Umberson et al., 2012).

The relationship between marital status and mental well-being is multifaceted and affected by several factors including the quality of life, an individual's ethnic background, and age, as indicated by the research of Umberson et al. (2012). Research has shown that individuals transitioning into marriage may be affected differently if they have a pre-existing condition of depression, with those who were already depressed experiencing more psychological advantages from marriage than those who were not (Frech & Williams, 2007). Jayawardana (2022) supports the hypothesis that people who are unmarried

particularly those who have never been married have lower life satisfaction. However, Kang & Park (2020) findings contradict this, indicating that unmarried individuals report higher life satisfaction. Delayed marriages, despite their difficulties, offer a range of benefits, including both personal and professional advantages. However, Jahandar and Shariatmadar (2024) considered economic problems, fear socially undesirable to marriage at the later time behavior of future husband/wife shows moral disapproval of premarital relationships as negative resultants delay in marriage. Hopelessness is an underlying concept of negative thinking in which people experience despair, helplessness and lack of optimism. Part of the adverse effects of hopelessness include depressive episodes, anxiety disorders, and suicidal ideation. These factors contribute to individual overall psychological wellbeing (Beck et al., 1974). Delayed marriage may be associated with a sense of missed opportunities or unfulfilled expectations, which can lead to feelings of regret and dissatisfaction (Koropecj-Cox et al., 2007).

Psychological hopelessness has been extensively studied as a response to numerous life challenges, such as physical illness (Dunn, 2005). In the case of delayed marriage its reflected in the people experiencing the phenomenological lurch in the future relationship. Research shows an inverse relationship between hopelessness and psychological well-being. Hopelessness has been identified as a major predictor in psychological wellbeing in particular stress disorders and negative life events. Research has found interventions to address hopelessness may help manage the effects of poor mental health, during periods of distress such as COVID-19 pandemic (Padmanabhanunni & Pretorius, 2021). This indicates that factors including social connections, job fulfillment, and overall life satisfaction are significant contributors to mental well-being. Meaning attributed to marriage plays a significant role in feelings of loneliness and hopelessness. A study found that hopelessness had a partial effect on the relationship between positive and negative meanings attributed to marriage and loneliness (Dombak & Ugur, 2023). Hopelessness is a concept that differs from depression, despite their close association. Studies on urban adolescents have found that a sense of hopelessness can result in a higher likelihood of engaging in risk-taking behaviors (Kagan et al., 2012). Anwar et al. (2014) assessed the effects of delayed marriage on depression, anxiety, and mental well-being. Among those who were not married they had low self-esteem and a higher level of social pressure leading to poor psychological health. Malik et al. (2023) analyzed the quality of life of unmarried people in KPK and found that delayed marriage was associated with moderate depression and dissatisfaction in the life. The cultural conditions in the region further increased the levels of stress in unmarried adults. Delayed marriage leads to suicide rates in KPK as social rejection leads to increased family pressure. Preliminary findings suggest that cultural consequences can add to the stress level in unmarried adults. Economic instability is another factor contributing to delay of marriages, adding stress and dissatisfaction.

Hussain et al. (2019) research into the relationship between psychological health and delayed marriage found that some emotional and social pressure and stigma on unmarried women leads to severe anxiety and depression. They stated that most women suffer from loss of self-worth because of societal expectations. Unmarried men in later life may encounter loneliness and social isolation, ultimately impacting their mental health and overall well-being (Mishra et al., 2023). According to their study, families and honor and social expectations put immense pressure on women in KPK and in turn increased anxiety and depression. Reasons to delay marriage are often driven by voluntarily and involuntarily choices of oneself, a combination of personal, economic, and social factors play a role in this scenario. Individuals may prioritize educational or career goals, seek personal growth and self-discovery, or face financial constraints that postpone marriage.

Those with progressive education and delayed marriage, do less in marriage. (Nitsche & Hayford, 2020)

Historically, in Pakistani culture, marriage is viewed not only as a personal achievement but also as a socially and culturally important step into adulthood. It represents a family's pride, social unity, and financial stability. Both men and women are now waiting longer to marry. That delay, observed as an increasing factor, is due to other factors, including the adverse economic climate and changing cultural norms; an increased level of educational attainment has tempered the outcomes of all three. According to Sultan et al. (2020), individuals may feel more alone and anxious and pressured since they tend to correlate stability with being married, thus feeling they might disappoint their family. The societal stigma and perceived failure to fulfil culturally sanctioned life roles weigh their emotional impact even more. As Edin & Raheed (2005) stated, societal pressure had made men prefer to wait for some financial stability and for owning the house they would live in together with their spouses before venturing into marriage. These educational, economic, and sociocultural variables are, therefore, interwoven and must be understood clearly to facilitate the development of informed policies and interventions. Thus, the present study seeks to investigate the notion of psychological well-being, satisfaction with life, ambivalence, adversity, and hopelessness faced by delayed marriages in Pakistani society, which would provide new insights into turning trends that are changing the social structure. The following are proposed research hypotheses:

1. Psychological well-being will have a significant impact on life satisfaction among individuals experiencing delayed marriages.
2. Psychological well-being will have a significant impact on hopelessness among individuals experiencing delayed marriages.
3. There will be a significant relationship between psychological well-being, life satisfaction, and hopelessness among individuals experiencing delayed marriages.
4. There will be gender differences in psychological well-being, life satisfaction, and hopelessness among individuals experiencing delayed marriages.
5. There will be differences in psychological well-being, life satisfaction, and hopelessness between individuals in voluntarily and involuntarily delayed marriages.

## **Material and Methods**

This study employs a quantitative, cross-sectional survey approach to analyze the relationship between psychological well-being, life satisfaction, and hopelessness in individuals experiencing delayed marriage. The research involved a total of 210 individuals, comprising 105 males and 105 females, with all participants falling within the 30–45-year age range. Participants were required to have experienced a delay in marriage, either voluntarily or involuntarily. Only those who were literate and proficient in Urdu or English were included, and all participants had to provide informed consent before participating. Individuals were excluded if they had been married before the age of 30, had any prior marital history, suffered from severe cognitive impairments or major psychiatric conditions, undergoing treatment for clinical depression, or were unable to understand the survey or provide informed consent. The research study employed a purposive sampling technique to enlist participant. The purposive approach enabled the researchers to identify and engage participants who provided meaningful insights into the psychological impacts of postponed marriage. Table 1 presents the features, scale types, reliability scores, and

sources of the standardized tools used to assess psychological well-being, life satisfaction, and hopelessness among individuals experiencing delayed marriages.

**Table 1**  
**Description, Reliability, and References of Psychological Instruments Used in the Study**

Instrument	Description	Items	Scale Type	Cronbach's Alpha	Interpretation	Reference
<b>Psychological Well-Being Scale (PWB-18)</b>	Measures psychological well-being across six dimensions: autonomy, mastery, personal growth, positive relationships, purpose in life, and self-acceptance.	18	7-point Likert (1-7)	0.77	Higher scores reflect greater emotional stability, resilience, and purpose.	Ryff, 1989
<b>Satisfaction with Life Scale (SWLS)</b>	Developed to assess global cognitive judgments of life satisfaction.	5	7-point Likert (1-7)	0.79	Higher scores indicate a more positive evaluation of one's overall life.	Diener et al., 1984
<b>Beck Hopelessness Scale (BHS-7)</b>	A short-form tool measures pessimism and negative expectations about the future.	7	Dichotomous (True/False)	0.72	Higher scores reflect greater hopelessness and a pessimistic outlook.	Beck et al., 1974; Aish & Wasserman, 2001

Ethical approval for the study was obtained from the Dean of Goal Medical College and the Chairman of the Psychiatry Ward at MMTH Hospital. Participants were fully informed about the study's objectives, potential risks, and benefits, and their confidentiality was ensured through anonymized data storage and secure handling procedures. Participation was entirely voluntary, and individuals retained the right to withdraw at any time without providing a reason. To safeguard participants' well-being during discussions on sensitive topics like psychological distress and hopelessness, a clinical psychologist was available for support throughout the data collection process. Informed consent was obtained from every participant, thereby adhering to ethical research standards. The consent form specified the objectives of the study, possible hazards, the fact that participation was optional, the procedures to ensure confidentiality, and the contact information for the researchers. Participants were advised that they could drop out of the study at any time with no repercussions. It was ensured that individuals had a full comprehension of their rights prior to participating. Background information on participants was gathered using a demographic questionnaire, which covered key details such as age 30 to 45 years old, gender, and the type of marital delay, whether it was voluntary or involuntary and whether marriage was delayed or not. This data was then utilized to determine patterns, account for external factors, and examine differences between delayed marriages that were chosen and those that were not.

The data collection process took place in a controlled setting to guarantee participant comfort and confidentiality. Participants were purposively sampled from the psychiatry ward according to predefined inclusion and exclusion criteria. Prior to the main study, pre-screening was conducted to ascertain individual eligibility; exploration of the ethical and consent implications was also done. They were fully informed about the aims of the study, potential risks involved, and the confidentiality measures in place, in addition to their right to withdraw from the study at any stage. After the consent process was done

with everybody, the survey was conducted. After giving demographic information about themselves, participants completed three well-established psychological assessment measures: the Hopelessness Scale, the Satisfaction with Life Scale, and the Psychological Well-being Scale. The questionnaires were distributed in paper form and took approximately 25-30 minutes to complete. Support after the surveys was provided for the sake of ensuring the participants' well-being. Free counseling services and relevant resources, along with contact details, were made available to alleviate distress resulting from the survey's content.

Three established psychological scales were employed in this study; each scored with reference to established criteria. The Statistical Package for Social Science (SPSS) Version 23 was used. The dataset was summarized, and its distribution was assessed using descriptive statistics such as the mean, standard deviation, skewness, and kurtosis. The standardized instruments were evaluated for internal consistency and reliability by calculating Cronbach's alpha. A correlation analysis by Pearson was performed to examine the associations between psychological well-being, life satisfaction, and feelings of hopelessness. A multiple regression analysis was employed to assess the predictive effect of psychological well-being on life satisfaction and hopelessness, thereby providing insight into the interplay between these variables. Independent t-tests were then utilized to assess differences between distinct groups, including males and females, as well as those who had voluntarily and involuntarily delayed their marriages.

## Results and Discussion

The following Table 2 presents a detailed demographic feature of the 210 research participants. Of the 210 participants, n: 105 (50%) were male and n: 105 (50%) were female. The age range of the subjects was distributed as follows: 32.9% were in the 30–33 years age group, 25.7% were in the 38–41 years group, 21% were in the 34–37 years group, and 20.5% were in the 42–45 years age range, indicating a predominance of middle-aged individuals. The entire sample, comprising 100% of the participants, reported experiencing delayed marriage, with 41% choosing to delay their marriage voluntarily and 59% experiencing involuntary delays in their marriage timelines. The data underscores the consistent theme of delayed marriage status across the study population.

**Table 2**  
**Frequencies and percentages of demographic variables of Study**

Variables	Category	N	%
Gender	Male	105	50.00
	Female	105	50.00
Age	30–33	69	32.90
	34–37	44	21.00
	38–41	54	25.70
	42–45	43	20.50
Delayed Marriage status	Yes	210	100
	No	0	0.00
Delayed Type	Voluntarily	86	41.00
	Involuntarily	124	59.0
	Total	210	100.0

Note. F = Frequency, % = Percentage

Table 3 displays psychometric properties for the scale used in study. The Hopelessness scale has a mean of 5.23 (SD = 2.23) with a range from 0 to 7 and a Cronbach's alpha of 0.72. The Satisfaction with Life scale shows a mean of 25.38 (SD = 8.92), with scores

ranging from 5 to 35, and a Cronbach's alpha of 0.79. The Psychological Wellbeing scale has a mean of 64.72 (SD = 19.46), with a range from 19 to 126 and a Cronbach's alpha of 0.77.

**Table 3**  
**Psychometric Properties of Scales**

Scales	M	SD	Range	Cronbach's $\alpha$
Hopelessness	5.23	2.23	0-7	.72
Satisfaction with Life	25.38	8.92	5-35	.79
Psychological Wellbeing	64.72	19.46	19-126	.77

Note. M = Mean, SD = Standard Deviation

Table 4 examined the correlations between hopelessness, life satisfaction, and psychological well-being. The findings showed a negative relationship between hopelessness and life satisfaction ( $r = -0.342$ ,  $p < 0.01$ ), and a negative correlation between hopelessness and psychological well-being ( $r = 0.339$ ,  $p < .01$ ) and positive correlation between life satisfaction and psychological well-being ( $r = 0.477$ ,  $p < .01$ ).

**Table 4**  
**Bivariate Correlation between Hopelessness, Life Satisfaction and Psychological Wellbeing in Delayed Marriages.**

Variables	n	M	SD	1	2	3
Hopelessness	210	5.23	2.23	-		
Satisfaction with Life	210	25.38	8.92	-.342**	-	
Psychological Wellbeing	210	64.72	19.46	-.339**	.477**	-

Note. \* $p < .05$ , \*\* $p < .01$

Table 5 shows the impact of psychological wellbeing on hopelessness among individuals experiencing delayed marriage. Psychological wellbeing negatively predicted hopelessness ( $\beta = -.33$ ,  $p < .01$ ), suggesting that higher psychological wellbeing is associated with lower levels of hopelessness. The unstandardized coefficient ( $B = -.03$ ,  $SE = .00$ ) indicates that a one-unit increase in psychological wellbeing results in a 0.03-unit decrease in hopelessness. The model accounted for 11% of the variance in hopelessness ( $R^2 = .11$ ), indicating a moderate predictive effect.

**Table 5**  
**Regression Coefficient of Psychological Wellbeing on Hopelessness in Delayed Marriages**

Variable	B	$\beta$	SE
Constant	7.75		.50
Psychological Wellbeing	-.03**	-.33	.00
$R^2$	.11		

Table 6 presents the impact of psychological wellbeing on life satisfaction among individuals experiencing delayed marriage. Psychological wellbeing positively predicted life satisfaction ( $\beta = .47$ ). The unstandardized coefficient ( $B = .21$ ,  $SE = .02$ ) suggests that for every one-unit increase in psychological wellbeing, life satisfaction increases by 0.21 units. The model accounted for 22% of the variance in life satisfaction ( $R^2 = .22$ ), indicating a substantial predictive relationship.

**Table 6**  
**Regression Coefficient of Psychological Wellbeing on Life satisfactions in Delayed Marriages**

Variable	B	$\beta$	SE
Constant	11.23		1.88



Psychological Wellbeing	.21	.47	.02
$R_2$	.22		

Table 7 shows mean differences in life satisfaction between males and females,  $t(208) = 3.721$ ,  $p = .00$ . Findings showed that females reported greater life satisfaction ( $M = 27.60$ ,  $SD = 8.06$ ) compared to males ( $M = 23.16$ ,  $SD = 9.21$ ). The value of Cohen's  $d$  was 0.51, indicating a moderate effect size. Findings also showed a significant difference in hopelessness between males and females,  $t(208) = -2.145$ ,  $p = .03$ . Males exhibited higher levels of hopelessness ( $M = 5.56$ ,  $SD = 2.14$ ) compared to females ( $M = 4.90$ ,  $SD = 2.28$ ). The value of Cohen's  $d$  was 0.29, indicating a small effect size. Finally, life satisfaction was significantly higher among females ( $M = 27.60$ ,  $SD = 8.06$ ) than males ( $M = 23.16$ ,  $SD = 9.21$ ),  $t(208) = 3.721$ ,  $p = .00$ , with a moderate effect size ( $d = 0.51$ ). Psychological well-being was higher among females, with a mean score of 70.00 ( $SD = 18.24$ ), compared to a mean of 59.44 ( $SD = 19.28$ ) for males,  $t(208) = 4.076$ ,  $p = .00$ , with a moderate effect size ( $d = 0.56$ ).

**Table 7**  
**Mean differences between Hopelessness, Life Satisfaction and Psychological Wellbeing in Delayed Marriages Based on Gender (n = 210).**

	Male (n = 105)		Female (n = 105)		$t$	$p$	95% CI		Cohen's d
	$M$	$SD$	$M$	$SD$			LL	UL	
Hopelessness	5.56	2.14	4.90	2.28	-2.14	.03	-1.26	-.05	.29
Life Satisfaction	23.16	9.21	27.60	8.06	3.72	.00	2.09	6.80	.51
Psychological Wellbeing	59.44	19.28	70.00	18.24	4.07	.00	5.45	15.67	.56

Table 8 revealed significant mean differences between individuals in voluntarily and involuntarily delayed marriages. Individuals in involuntary delayed marriages exhibited higher levels of hopelessness ( $M = 5.52$ ,  $SD = 2.25$ ) compared to those in voluntary delayed marriages ( $M = 4.81$ ,  $SD = 2.16$ ),  $t(208) = -2.283$ ,  $p = .02$ , with a small effect size ( $d = 0.32$ ). Results further indicated that individuals who voluntarily delayed marriage reported higher levels of life satisfaction ( $M = 26.88$ ,  $SD = 8.54$ ) compared to those with involuntary delays ( $M = 24.30$ ,  $SD = 9.06$ ),  $t(208) = 2.042$ ,  $p = .04$ , indicating a small effect size ( $d = 0.29$ ). Additionally, individuals in voluntary delayed marriages also demonstrated greater psychological well-being, with an average score of 72.19 ( $SD = 18.15$ ) compared to 59.54 ( $SD = 18.70$ ) for those in involuntary delayed marriages,  $t(208) = 4.877$ ,  $p = .00$ , showing a large effect size ( $d = .68$ ).

**Table 8**  
**Mean differences between Hopelessness, Life Satisfaction and Psychological Wellbeing in Delayed Marriages Based on Marriage Type**

	Voluntarily (n = 86)		Involuntarily (n = 124)		$t$	$p$	95% CI		Cohen's d
	$M$	$SD$	$M$	$SD$			LL	UL	
Hopelessness	4.81	2.16	5.52	2.25	-2.28	.02	-1.32	-.09	.32
Life Satisfaction	26.88	8.54	24.3	9.06	2.04	.04	.08	4.98	.29
Psychological Wellbeing	72.19	18.15	59.54	18.70	4.87	.00	7.53	17.76	.68

Note.  $M$ = Mean,  $SD$  = Standard Deviation,  $LL$ = Lower Limit,  $UL$ = Upper Limit

This study offers important findings which shed light on the psychological implications of delayed marriage in Pakistan in the cultural setting and serves as a proof for the impact of social labels on the mental health of those waiting for marriage.

Hypothesis 1 Psychological well-being has an impact on life satisfaction among individuals experiencing delayed marriages. linked with previous studies of Khodarahimi (2015) conducted a study titled *"The Role of Marital Status in Emotional Intelligence, Happiness, Optimism, and Hope"*. Studies have shown that individuals with higher emotional intelligence, optimism and psychological resilience reported greater life satisfaction, regardless of their marital status. Research indicates that mental and emotional well-being have a greater impact on life satisfaction than marriage itself. A study by Næss et al. (2015) focusing on *"Marital Transitions and Life Satisfaction"* investigated how life satisfaction changes with marital status, revealing that individuals with high psychological well-being continued to report high life satisfaction even when putting off marriage. The research underscores the role of well-being in mitigating the impact of societal expectations surrounding the timing of marriage. A study conducted by Hansen (2020), titled *"Childlessness and Psychological Well-being in Midlife and Old Age"*, found that psychological well-being is a more significant predictor of life satisfaction than marital status. Research has shown that people with high psychological resilience experience greater satisfaction with life, even in cases where they remain unmarried or put off getting married. These findings indicate a positive relationship between psychological well-being and life satisfaction.

Hypothesis 2: Psychological well-being has an impact on hopelessness among individuals experiencing delayed marriages. Linked with previous studies by Guo (2024) and Lu et al. (2022) was conducted. Individuals who saw their single status as something they had no control over reported feeling hopeless at a significantly higher rate, in contrast to those who had chosen to delay marriage, who were less likely to experience distress. The study emphasizes the influence of perceived control in molding emotional reactions to delayed marriages According to Næss et al. (2015), in their study *"Marital transitions and life satisfaction,"* researchers discovered that feelings of hopelessness were most characteristic of people who experienced involuntary delays in their marriages. In contrast, those with robust psychological resilience managed to sustain emotional stability and a positive outlook even though they remained unmarried. Hypothesis 3: There's a relationship between Psychological Well-being, Life Satisfaction, and Hopelessness, is interconnected and supported by previous studies in article *"Effect of Life Satisfaction on Depression Among Childless Married Couples"* conducted by Ha and Park (2022). It revealed that people who stated they were more satisfied with life also displayed better mental health and less feelings of hopelessness. The research underscores the significant link between mental wellness, happiness, and emotional balance. A study by Maximova and Quesnel-Vallée (2009) on *"Mental Health Consequences of Unintended Childlessness and Unplanned Births"* discovered a significant link between hopelessness and low levels of life satisfaction. People feeling forced by societal norms to get married were more troubled, whereas those viewing their marital status as a personal decision reported increased happiness and reduced feelings of hopelessness. According to a study by Kim and Moen (2002) titled *"Retirement Transitions, Gender, and Psychological Well-being,"* researchers discovered that psychological well-being had a significant impact on life satisfaction and hopelessness.

Hypothesis 4: Gender Differences in Psychological Well-being, Life Satisfaction, and Hopelessness. There are differences in variance as far as psychological wellbeing, life satisfaction, and feelings of hopelessness are concerned between the genders among people who delay marriages. Studies show that men tend to feel more hopeless, while greater psychological well-being and life satisfaction characterise women. Differences between them have been primarily due to what society expects since males face the pressure to acquire economic independence before marriage, unlike women who rely on social support

that alleviates the distress of early marriage. The study was conducted in South Korea by Ho in 2015, entitled "Psychological Wellbeing of Unmarried People". Studies revealed that single men experienced significantly higher levels of hopelessness in comparison to women, the latter of whom exhibited more effective emotional coping mechanisms. Hypothesis 5: Differences exist in psychological well-being, life satisfaction, and hopelessness between individuals in voluntarily and involuntarily delayed marriages. Related studies include "The effects of adult children's marriage-delay on parents' mental health" by Lee & Jun (2017), which found that unintended marriage postponements were linked to heightened anxiety and a lower quality of life, while intended delays had no significant adverse effects on an individual's mental well-being. Chosen marriage postpones did not bear adverse effects on an individual's mental well-being. However, unchosen marriage postponements led to extraordinary mental stress, loss of satisfaction in life, and increased hopelessness out of societal stigmas.

## **Conclusion**

Research indicates that persons who choose to take a break before wedlock are, in most cases, healthier and happier than those that had to push their wedlock dates against their volition. Postponement without one's conscious decision leads to serious side effects in terms of high stress, anxiety, misery, and dissatisfaction with life in general. Such postponement of marriage is sometimes taken as an indulgence by working persons on improving their careers, security of finances, or self-success that leads to a strong emotional engagement in making life choices. Therefore, the correlation between psychological well-being, life satisfaction, and hopelessness is evident for delayed marriages. Individuals possessing a well-balanced mental capacity tend to be fairly satisfied with life and feel less hopeless, while those having poor psychological health suffer from much greater psychological distress and life dissatisfaction. Mental resiliency, emotional intelligence, and self-acceptance are considered in connection with postponement of marriage. Differences between genders have also been noted with respect to this. Among gender differences, males have a higher degree of hopelessness compared to female counterparts because of societal stresses that propel men to set up some financial security before marriage. In contrast, women have better psychological wellness and life satisfaction with delayed marriage due to the availability of more social support in coping with the postponement.

## **Recommendations**

To address the psychological challenges associated with delayed marriages, targeted mental health interventions should be implemented, including individual and group counseling sessions led by trained psychologists. Community-based peer support programs can provide emotional relief and reduce isolation by creating safe spaces for unmarried individuals to share experiences. Culturally sensitive awareness campaigns through media and local institutions should challenge negative stereotypes and societal stigma linked to delayed marriage. Educational workshops involving families, religious leaders, and community influencers can promote acceptance and empathy, thereby reduce pressure and enhance psychological well-being. Additionally, integrating mental health support into primary care and university counseling centers can offer early intervention for at-risk individuals facing involuntary delays.

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