Jagannath University Journal of Life and Earth Sciences, 10(2) 178-194 pISSN 2414-1402, eISSN 2791-1845

DOI: https://doi.org/10.3329/jnujles.v10i2.85256

JnUJLES

Research Article

MENTAL WELL-BEING OF SINGLE MOTHERS: THE ROLE OF COPING ORIENTATION AND SOCIAL SUPPORT

Ashrafun Jannat Liza, Fatema-Tu-Zohra Binte Zaman*, and Rajeka Fardosh Tany

Department of Psychology, Jagannath University, Dhaka-1100, Bangladesh

Received: 12 August 2024, Accepted:19 June 2025

ABSTRACT

The primary goal of this study was to explore the relationship between coping mechanisms and the extent of social support to the mental well-being of single mothers. Additionally, the research investigated how demographic variables relate to this dependent construct. An adapted Bangla version of the measuring tool was employed *i.e.*, coping orientation (Zaman and Liza, 2024), social support (Shimul, 2007), and mental well-being scale (Zaman and Liza, 2024) to collect data from a sample of 250 single mothers (92 divorced, 55 separated, and 103 widowed) selected purposively from various places social organizations, parenting groups, or even through mutual friends in Dhaka city. Results suggested that coping orientation and social support were significantly and positively correlated with mental well-being. The findings on social support indicated that two key predictors-friends and significant others collectively accounted for 12.8% of the variance in mental well-being. Among these, friends emerged as the most influential predictor, explaining 9.9% of the variance on its own. Additionally, the analysis of coping orientation and mental well-being showed that two significant predictors, emotion-focused and problem-focused coping, together accounted for 23.1% of the variance. Emotion-focused coping was the strongest predictor, explaining 16% of the variance on its own. The joint effect revealed that the four significant predictors explained jointly 30.8% of the variance, and the strongest predictor of mental well-being was emotion-focused, which alone explained 16% of the variance. The results identified five significant predictors that collectively explained 36.9% of the variance, with emotion being the strongest predictor, accounting for 16% of the variance on its own. The findings also revealed a significant relationship between demographic factors such as age, marital status, education, and the number of children and mental well-being. The study underscores the importance of coping orientation and social support in enhancing the mental well-being of single mothers.

Keywords: *coping orientation, social support, mental wellbeing, single mother*

* **Correspondecs:** *zamanfatema@hotmail.com*

Introduction

The mental well-being of single mothers is a critical issue that has garnered increasing attention in recent years. Balancing the demands of parenting, work, and personal life without the support of a partner can be a formidable challenge, often leading to significant stress and mental health concerns.Family structure is considered important because the roles performed by each family member contribute to the household's overall functioning (Rosenthal and Marshall, 1986).

The term "single mother" generally refers to a woman who is raising one or more children on her own, without a partner or spouse. As described by Gucciardi *et al.* (2004), single mothers are women who have never married, are separated, divorced, currently not living with a legal or common-law partner, or are widowed with children.A single mother's mental well-being can be affected by several factors, such as the level of social support she receives, her financial situation, the coping mechanisms she uses, and her resilience. Balancing the responsibilities of parenting alone can be challenging, but having a strong support network and access to resources can positively impact mental health. However, mental well-being is a unified state of mental, physical, and social well-being, where a person can achieve their potential, effectively contribute to the community, and handle the stresses of normal life (WHO, 2014).

Coping is broadly defined as the cognitive and behavioral efforts made to handle internal and external demands that are perceived as challenging or surpassing a person’s resources (Folkman and Lazarus, 1980). The concept of coping includes both relatively consistent coping styles or tendencies that characterize an individual’s usual ways of interacting with their environment, as well as the specific cognitive and behavioral strategies or skills that individuals use to manage particular stressful situations (Moos and Holahan, 2003). Overall, adopting a coping-oriented approach to stress can have multifaceted benefits for both physical and mental health, ultimately contributing to a greater sense of well-being. Research has suggested that growing up with stress hinders the development of effective coping abilities (Wadsworth and Santiago, 2008).

Here, social support means the network of relationships and resources provided by friends, family, and communities to enhance an individual’s well-being, coping abilities, and sense of belonging. It can encompass emotional, informational, and tangible assistance during challenging times or in everyday life (Cohen and Wills, 1985). The quality of support is increasingly acknowledged as a crucial factor that moderates the connection between support and health.

Literature: Lots of research has explored the connections between single mothers and their mental well-being (such as social support and coping orientation). In 2006, Williams examined the relationship between stress, coping strategies, and social support among 173 single mothers, finding that consistent social support was associated with no significant differences in coping measures among the mothers. Cooper *et al.* (2009) investigated how changes in family structure affected maternal stress during the first five years of a child's life. Their study revealed that post-divorce or separation, mothers frequently took on additional parenting responsibilities and faced limited access to community resources, resulting in higher parenting stress due to reduced support compared to married mothers.

Cairney *et al.* (2003) revealed that stress and social support collectively explain nearly 40% of the link between being a single parent. On single mothers' lived experiences in child-rearing practices, Ramos and Tus (2020) conducted a study where theyobserved that financial difficulties and feelings of isolation were the prevalent challenges faced by single mothers. Single mothers often encounter significant challenges during the transition to parenthood, including financial strain, limited time, and reduced support (Copeland and Harbaugh, 2005; Harrison and Magill-Evans, 1996).Assari (2018) explores parental educational attainment on mental well-being.

Single mothers experience a greater reliance on their environments and surroundings for dealing with stressors compared to married women (Copeland and Harbaugh, 2005). In a secondary analysis, researchers compared 22 first-time single mothers with 52 married mothers, assessing parenting stress in two large metropolitan hospitals in the southeastern United States. The study found that single mothers face higher levels of parenting stress due to the additional challenges they encounter.Tran and Mclnnis-Dittrich (2000) conducted a study on social support, stress, and psychological distress among 394 single mothers. The Protective model suggests that single mothers, with adequate social support, can be shielded from the adverse effects of parental and financial stress.

In one of the South Korean studies, Copeland and Harbaugh (2005), findings underscore the importance of addressing parenting stress in policies aimed at supporting single mothers, as enhancing social support can mitigate depression and positively impact both maternal well-being and children's development. In London, Ontario, Canada, a study by Avison *et al* (2007) compared the vulnerability to stressors between single (518) and married mothers (502) through cross-sectional and longitudinal analyses. They found that single mothers faced greater exposure to psychological distress and strain compared to their married counterparts.

This study delves into the factors that can mitigate these challenges, focusing particularly on the roles of coping strategies and social support networks. Understanding how single mothers navigate their complex realities through various coping mechanisms and the impact of social support on their mental health is essential for developing effective interventions and support systems. This research aims to shed light on the interplay between coping orientation and social support, providing valuable insights into enhancing the mental well-being of single mothers and, consequently, the overall well-being of their families.

Rationale of the Study

Coping orientation refers to the strategies and mechanisms individuals employ to manage stress and challenges. In the context of single mothers, understanding how their coping mechanisms influence mental well-being is crucial. Additionally, the role of societal care is a key feature in this investigation. Exploring how the presence and quality of social support networks contribute to or alleviate the mental well-being of single mothers can provide valuable insights. Social support could encompass emotive, contributory, and informational assistance from family, friends, or community resources. The rationale behind this study lies in recognizing the unique challenges faced by single mothers, often juggling multiple roles. By comprehensively examining coping orientations and the impact of social support, the research seeks to identify patterns,

strengths, and potential areas for intervention. Considering the cultural context of Bangladesh, where familial and community support play significant roles, examining social support's impact is particularly relevant. By exploring these factors within the Bangladeshi context, the study can provide valuable insights into effective strategies to enhance the mental health of single mothers in similar settings worldwide.

Justifications of Research Hypotheses

Hypotheses of the present investigation have been framed in the perspectives of theoretical orientations, and relevant literature, and personal observations have been justified below:

H_1: Coping orientation (Karunanayake *et al.*, 2021; Coyne *et al.*, 1981; Wadsworth and Santiago, 2008) and social support (Cooper *et al.,* 2009; Cairney *et al.,* 2003; Copeland and Harbaugh, 2005; Tran and McInnis-Dittrich, 2000) lead to a high level of mental well-being among single mothers.

H_2: Coping orientation and level of social support individually and jointly predict mental well-being among single mothers (Cooper *et al.*, 2009; Cairney *et al.,* 2003; Copeland and Harbaugh, 2005; Tran and McInnis-Dittrich, 2000).

H_3: Mental well-being varies and is related to some demographical factors (age, marital status, education, occupation, working hours, monthly income, duration of single mother, number of children, number of family members) (Assari, 2018;Cairney *et al.,* 2003).

H_4: Coping orientation, social support, and demographic variables jointly explain mental well-being (Assari, 2018; Cairney *et al.*,2003).

Materials and Methods

Participants

The targeted population for the present investigation was single mothers. This focus was chosen because single mothers often face unique and significant challenges, such as financial strain, social isolation, and the dual responsibilities of caregiving and earning a livelihood. These stressors can profoundly impact their mental well-being. By investigating this specific demographic, the study aims to better understand the factors influencing their mental health, including coping orientation and social support, and to identify potential interventions to improve their overall standard of living.

Sample Size

The sum of considered respondents of our sample size was 250 single mothers (92 divorced, 55 separated, and 103 widows) aged ranged 19 to 65 years who were purposively and conveniently selected from the areas in Dhaka city (such as community centers, social organizations, parenting groups, or even through mutual friends).

Inclusion Criteria**.** Researchers purposively included samples only of those who met three inclusion criteria: a) single mothers who were widowed, divorced, and separated, b) living inside Dhaka city with their children, c)having no severe physical or mental condition that might interfere with the assessment.

The characteristics and demographic (Table 1) profiles are presented.

Table 1. Demographic overview of the respondents (*N* = 250)

Categorical Variable Information		*N*	*Percent*	**Total (Percentage)**
Age	Below 19 years	8	3.2%	250 (100%)
	19-40 years	97	38.8%	
	40-65 years	137	54.8%	
	Above 65 years	8	3.2%	
Marital Status	Divorce	92	36.8%	250 (100%)
	Separated	55	22%	
	Widow	103	41.2%	
Educational Status	Below S.S.C	56	22.4%	250 (100%)
	S.S.C	72	28.8%	
	H.S.C	73	29.2%	
	Hon's	44	17.6%	
	Master's	5	2%	
Occupation	Job	163	65.2%	250 (100%)
	Business	73	29.2%	
	Others	14	5.6%	
Type of Institution	Government	35	14%	250 (100%)
	Nongovernment	49	19.6%	
	International	1	0.4%	
	Others	165	66%	
Duration of Work	Less than 5 hours	17	6.8%	250 (100%)
	5-8 hours	124	49.6%	
	9-12 hours	89	35.6%	
	More than 12 hours	20	8%	
Monthly Income	Below BDT 20000	148	59.2%	250 (100%)
	BDT 21000-80000	92	36.8%	
	Above BDT 80001	10	4%	
Number of children	One	36	14.4%	250 (100%)
	Two	127	50.8%	
	Three	69	27.6%	
	More than three	18	7.2%	
Type of Residence	Single	144	57.6%	250 (100%)
	Parents	106	42.4%	
Number of Family Members	Three	53	21.2%	250 (100%)
	Four	90	36%	
	Five	64	25.6%	
	More than five	43	17.2%	
Caregiver of Child	Own	156	62.4%	250 (100%)
	Parents	59	23.6%	
	Other	35	14%	

Research Design

According to the title nature of the study indicates that this is a non-experimental survey design. The research used a self-administered questionnaire survey method to collect data, with a questionnaire specifically designed for single mothers. The study followed a cross-sectional survey design. This approach allowed for the collection of data at a single point in time. By using this design, the researchers could analyze the relationships between variables as they existed at that specific moment. Further, this study covers quantitative research considering its nature. Further, in this investigation, primary data were collected through a questionnaire survey.

Measures

For data collection, the following assessments and the personal information form were employed for the present exploration.

Personal Information Form

The researcher created a Personal Information Form (PIF) to collect the respondents' data. The queries included in this part were respondents' (age, marital status, educational status, occupations, duration of work, type of institution, monthly income, type of residence, number of children, number of family members, and caregiver of child).

Multidimensional Scale of Perceived Social Support

The study used a modified Bangla-translated version (Shimul, 2007) of the "Multidimensional Scale of Perceived Social Support," originally developed by Zimet *et al*. (1988), to evaluate individuals' levels of social support. This instrument has 12 items rated on a 7-point Likert scale that ranges from "1" (*verystrongly disagree*) to "7" (*verystrongly agree*) with three domains i.e. *family (item no 3,4,8,* and *11.), friends (items no 6, 7, 9,* and *12), and significant others (item no 1,2,5* and *10)*. A higher score (84) indicates a higher level of social support, and a lower score (12) means the opposite. The psychometric properties of the instrument have been supported, including excellent internal consistency (α = .87), content validity, and construct validity, which is considered acceptable.

Brief- Coping Orientation to Problems Experienced Inventory

The modified Bangla-translated version (Zaman and Liza, 2024) of the "Brief–Coping Orientation to Problems Experienced" was used for the present surveyinitiated by Carver *et al. (*1989). This self-report questionnaire is designed to measure effective and ineffective ways to cope with a stressful life event. This tool has 28 items rated on a 4-point Likert scale that ranges from "1" to "4"with 3 subscales. The sub-scale determines someone's primary coping styles as either problem-focused (*items no 2,7,10,12,14,17,23,25*), emotion-focused (*items no 5,9,13,15,18,20,21,22,24,26,27,28*), or avoidant coping (*items no 1,3,4,6,8,11,16,19*). In addition, 14 dimensionsof the 3 subscales are reported: *self-distraction (problem-focused: item no 1,19), active coping (problem-focused: item no 2,7), denial (avoidant: item 3,8), substance use (avoidant: item no 4,11), emotional support (emotion-focused: item no 5,15), use of instrumental support (problem-focused: item no 10, 23), behavioral disengagement (avoidant: item no 6,16), venting (emotion-focused: item 9,21), positive reframing (problem-focused: item no 12,17), planning(problem-focused: item no 14, 25), humor (emotion-focused: item no 18,28), acceptance (emotion-focused: item no 20, 24), religion (emotion-focused: item no 22, 27), self-blame (emotion-focused: item no13, 26).* Psychometric properties of the instrument have been supported,

including excellent internal consistency (α = .62), content validity, and construct validity, which is considered acceptable.

The Warwick – Edinburgh Mental Well–Being Scale

The modified Bangla-translated version (Zaman and Liza, 2024) of "The Warwick – Edinburgh Mental Well-Being Scale" was utilized for the present exploration originated ascited in Tennant *et al.,* 2006. This scale focuses on positive aspects of mental health rather than symptoms of mental illness and isdesigned to assess the mental well–being of an individual. This instrument has 14 items rated on a 5-point Likert scale that ranges from 1 (*None of the time*) to 5 (*All of the time*). A higher score (70) indicates a higher level of mental well-being,and a lower score (14) means the opposite.

Procedure

The data collection process took place in various settings where single mothers were accessible, such as community centers, social organizations, parenting groups, and through mutual acquaintances. Before gathering data, the researcher clarified the purpose and assured confidentiality. Contributors were well-versedin the study's objectives and given the option to withdraw at any time. Participants provided personal information (e.g., age, marital status, education, monthly income, number of children, number of family members) and carefully followed instructions before completing the Bangla version of the questionnaires in a comfortable environment. If participants had difficulty understanding any questionnaire items, the researcher provided clarification. There was no time limit. Upon completion, participants were acknowledged for their support.

Data Processing and Analysis

Collected responses were scored according to the principle of the respective measure. Data were entered into a Statistical Package for Social Science (SPSS) version 27.

Results and Discussion

To assess the research hypotheses, the data obtained from the returned surveys were analyzed by applying descriptive and inferential statistics. However, the findings have been categorized into the following units such as;

Section 1: Frequency Distribution. Frequency distribution summarizes the data and displays the number of observations in distinct categories.

Table 2. Mean and standard deviation, and reliability of the constructs (*N*=250).

Variable	Mean	Std. Deviation	Cronbach Alpha
Social Support Scale	49.21	10.90	*.87*
Family	17.88	4.61	.84
Friends	16.55	3.79	.77
Significant others	14.78	4.79	.75
Brief Cope Scale	74.07	7.20	.62
Problem Focused	21.83	2.67	.39
Emotion Focused	31.63	4.25	.55
Avoidant Coping	20.61	3.32	.42
Mental Wellbeing Scale	44.01	7.64	.83

As depictedin Table 2, the mean scores of social support and its dimensions (*i.e., family, friends, other significant*) were 17.88, 16.55, and 14.78, respectively. Again, the mean scores of coping orientation dimensions (*i.e., problem-focused, emotion-focused, avoidant coping)* were 21.83, 31.63, 20.61, and mental well-being was 44.01, respectively.

Section 2: Analysis of Categorical Variables. In this phase, a *t*-test was used to identify the difference between variables. Further, the *F* test assesses potential differences in a scale level dependent on nominal-level variables having 2 or more categories.

Table 3. Descriptive statistics of the demographic variables.

	Variables	Mean	*SD*	*df*	*F/t*	*p*
Age	Under 19 years	39.38	10.28	(3, 246)	4.02**F*	.008
	19-40 years	45.49	7.50			
	40-65 years	43.56	4.41			
	Above 65 years	38.25	5.70			
Marital Status	Divorced	47.72	5.74	(2, 247)	20.67****F*	.001
	Separated	42.82	7.70			
	Widowed	41.33	7.81			
Education	Below S.Sc.	41.48	8.19	(4, 245)	2.77***F*	.028
	S.Sc.	44.55	7.98			
	H.Sc.	44.73	6.85			
	Hon's	44.41	7.16			
	Master's	50.40	4.83			
Occupation	Job	43.49	7.92	(4, 245)	1.88 *F*	.115
	Business	45.36	7.25			
	Others	45.09	4.04			
Type of Institutions	Government	44.83	8.23	(3, 246)	.34 *F*	.79
	Nongovernment	44.51	6.65			
	International	41.00	*……			
	Others	43.70	7.82			
Duration of Work	Less than 5 hrs	46.88	8.28	(3, 246)	.89 *F*	.442
	5-8 hrs	43.69	7.92			
	9-12 hrs	44.01	7.23			
	More than 12 hrs	43.55	7.06			
Monthly Income	Below BDT 20,000	43.59	7.91	(2, 247)	1.95 *F*	.145
	BDT 20,001-80,000	45.03	7.35			
	Above BDT 80,001	40.80	4.56			

Number of Children	One	42.19	8.39	(3, 246)	3.68** *F*	.013
	Two	45.50	7.04			
	Three	42.22	7.42			
	More than Three	43.94	9.17			
Type of Residence	Alone	44.28	7.47		.438 *t*	.319
	Parents	43.84	7.96			
Number of Family Members	Two	45.06	7.55	(4, 245)	1.96 *F*	.101
	Four	4.12	6.55			
	Five	41.98	8.56			
	More than Five	43.36	8.06			
Caregiver of Child	Own	44.06	7.33	(2, 247)	.017 *F*	.983
	Parents	43.98	8.33			
	Others	43.80	7.97			

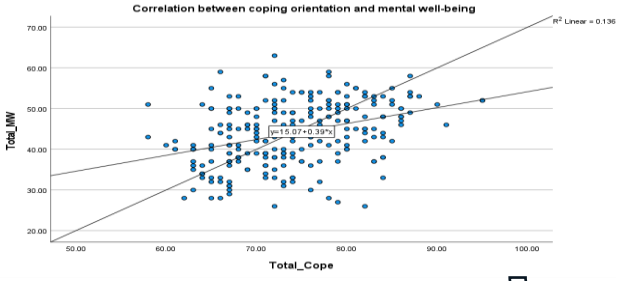
Note**:Values within parentheses indicate the value of significance, p <.05*;p <.01**; p <. 001*Note:** t refers to the t value and F refers to the F ratio.*

*"International" *category under Type of Institution included only* ***one respondent (N = 1)****. As a result, SPSS did not generate a standard deviation (SD) value for this group, since SD requires at least two data points for calculation.*

To analyze some above-mentioned categorical (demographic) variables with mental well-being constructs, an independent *t*-test and *F*-test (ANOVA- Analysis of Variance) were performed and are presented in Table 3. Findings suggested that there were significant differences between demographic factors [i.e., age (*F*= 4.02, *p* <.05), marital status (*F*= 20.67***, *p* <.001), educational status (*F*= 2.77**, *p* <.01), number of children (*F*=3.68**, *p* <.01)] with mental well-being respectively.

Section 3: Correlation matrix among the variables and graphical presentation. The correlation coefficients presented graphically revealed that social support and coping orientation are correlated with mental well-being (see Figures 1 and 2).

Figure 1.Correlation between coping orientation and mental well-being.



According to Figure 1, the association between coping orientation and mental well-being is approximately linear, indicating a positive correlation (*r*=.369; *p*<.01).

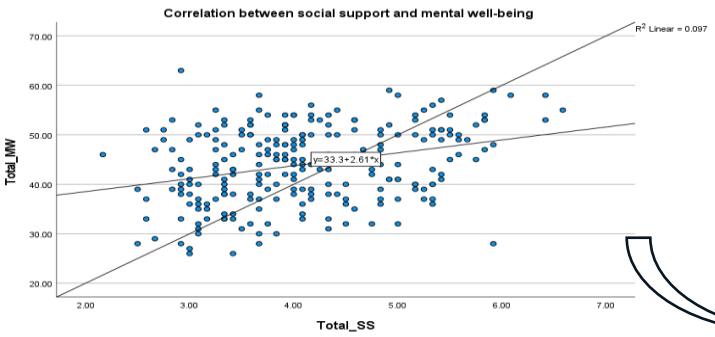
Table 4. **Correlation matrix among coping orientation and mental well-being.**

	Variables	*1*	*2*	*3*	*4*	*5*
1.	Coping Orientation	1	-	-	-	-
2.	Problem Focused	.545**	1			
3.	Emotion Focused	.867**	.351**	1	-	
4.	Avoident	.623**	-.070	-.319**	1	
5.	Mental well-being	.369**	.390**	.399**	-.025	1

*Note. **. Correlation is significant at the .01 level (2-tailed).*

Table 4 represents coping orientation (r= .369,p<.01), which was significantly and positively correlated to mental well-being.The findings also revealed that problem-focused (r = .390, p<.01) and emotion-focused (r = .399, p<.01) were significantly and positively correlated to mental well-being.

Figure 2. Correlation between social support and mental well-being.



According to Figure 2, the relationship between social support and mental well-being is approximately linear, indicating a positive correlation (r =.311; p<.01).

Table 5. Correlation matrix among social support and mental well-being.

Variables	1	2	3	4	5
1.Social support	1				
2.Family	.833**	1	-	-	-
3.Friends	.766**	.442**	1	-	-
4.Significant Others	.870**	.586**	.529**	1	-
5.Mental Well-being	.311**	.154*	.314**	.311**	1

*Note.**. Correlation is significant at the .01 level(2-tailed);*Correlation is significant at the .05 level (2- tailed)*

The correlation coefficients in Table 5 indicatethat social support (r =.311, p <.01) was strongly and significantly connected with mental well-being. The findings also revealed that [*i.e.*, family (r = .154, p < .05); friends (r = .314, p < .01); significant others (r = .311, p < .01)] were also positively and significantly correlated with mental well-being.

Table 6. Correlation matrix among the demographic variables and mental well-being.

Variables	*1*	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*	*11*	*12*	*13*
1. Age	1	-	-	-	-	-	-	-	-	-	-	-	-
2.Marital status	.332**	1	-	-	-	-	-	-	-	-	-	-	-
3.Education	.oo8	-.077	1	-	-	-	-	-	-	-	-	-	-
4.Occupation	-.009	.017	.473**	1	-	-	-	-	-	-	-	-	-
5.Duration of work	.178**	.265**	-.004	.207**	1	-	-	-	-	-	-	-	-
6.Type of Institution	.030	-.150	-.557**	-.579**	-.063	1	-	-	-	-	-	-	-
7. Monthly Income	.046	.183**	.357**	.534**	.243**	-.497**	1	-	-	-	-	-	-
8.Duration	.293**	.159**	-.182**	-.111	.012	.140*	-.118	1	-	-	-	-	-
9.Number of Children	.281**	.125*	-2.10**	-.115	.110	.245**	-.070	.396**	1	-	-	-	-
10.Type of Residence	-.147*	.010	.324**	.322**	.059	.396**	-.328**	-.370**	-.251**	1	-	-	-
11.Number of Family Members	.111	-.250**	.025	.096	.065	-.071	.104	.062	.283**	.284**	1	-	-
12.Caregiver of Child	.038	.139*	.066	.209**	-.058	-.176**	.127*	.051	.025	.190**	.306**	1	-
13.Mental well-being	-.100	-.367**	.158*	.026	-.048	-.059	.028	.031	.040	-.061	-.123	-.012	1

Note.*Correlation is significant at the .01 level (2- tailed),*Correlation is significant at the .05 level (2-tailed)*

The correlation coefficient (Pearson Product Moment Correlation) inTable 6 revealed that a few demographical variables were positively and significantly associated with mental well-being [*i.e.*, education *(r*=.158,*p*<.*05)*. Further, the table showed that demographical variables were negatively and significantly related to mental well-being. [*i.e.*, marital status *(r*=-.367,*p*<.*01)]* respectively.

Section 4 Multiple Regression

Table 7. Multiple regression(stepwise) of social support on mental well-being.

Predictors	*Unstandardized Beta*	*β*	*t*	*p*	R^2	R^2 *Change*	*F Change*	*ANOVA for Model Fit*
Constant	32.33		15.57	.001				
1. Friends	1.678	.208	2.97	.003	.099	.099	27.17***	27.17***
2. Significant Others	1.281	.201	2.87	.005	.128	.029	8.22*	18.09***

Note.****indicates .001 level of significance;* ***Predictors:*** *1.Fr; 2.Fr &So;* ***Dependent Variable****: MW*

Table 7 shows that two subscales of social support (friends and significant others) jointly predicted 12.8% of the variance of mental well-being. The regression analysis results for social support revealed that the strongest predictor of mental well-being was friends, who alone accounted for 9.9% of the variance. The unstandardized coefficient of 1.678 for the friends' dimension suggested that for each unit increase in friends, mental well-being rises by 1.678 units. The standardized beta of 0.208 indicated that a one standard deviation increase in friends is associated with a 0.208 standard deviation increase in mental well-being. This interpretation holds true when the effects of other predictors are controlled. Additionally, the ANOVA results confirmed that all predictors fit the model well and were significant. Thus, such social support dimensions (friends and significant others) significantly explain the mental well-being of single mothers.

Table 8. Multiple regression (stepwise) of coping orientation on mental well-being.

Predictors	*Unstandardized Beta*	*β*	*t*	*p*	R^2	R^2 *Change*	*F Change*	*ANOVA for Model Fit*
Constant	21.300		6.38	.001				
1. Emotion-focused	.538	.299	5.02	.001	.160	.160	47.08***	47.08***
2. Problem-focused	.816	.285	4.79	.001	.231	.071	22.88***	37.06***

Note*.*** indicates .001 level of significance;* ***Predictors****:1.Ef; 2.Ef &Pf ;* ***Dependent Variable****: MW*

Table 8 shows that two subscales of coping orientation (emotion-focused and problem-focused) jointly predicted 23.1% of the variance of mental well-being among single mothers. The regression analysis results for coping orientation showed that emotion-focused coping was the strongest predictor of mental well-being, accounting for 16% of the variance on its own. The unstandardized coefficient of 0.538 for emotion-focused coping indicated that each unit increase in emotion-focused coping leads to a 0.538 unit increase in mental well-being. The standardized beta of 0.299 suggested that a one standard deviation increase in emotion-focused coping corresponds to a 0.299 standard deviation increase in mental well-being. This interpretation is valid when the effects of other predictors are controlled. Additionally, the ANOVA results confirmed that all predictors were significant and provided a good fit for the model. Coping orientation dimensions (emotion-focused and problem-focused) significantly explain mental well-being.

Table 9. Impact of social support and coping orientation on mental well-being.

Predictors	*Unstandardized Beta*	*β*	*t*	*p*	R^2	R^2 *Change*	*F Change*	*ANOVA for Model Fit*
Constant	4.010		.99	.323				
1. Emotion-focused	.555	.309	5.43	.001	.160	.160	47.08***	47.08***
2. Significant others	1.070	.168	2.64	.009	.250	.o90	29.74***	41.14***
3. Problem-focused	.601	.210	3.58	.001	.290	.040	13.75***	33.43***
4. Friend	1.295	.161	2.55	.011	.308	.018	6.51**	27.26**

Note.*** *indicates a .001 level of significance. ** indicates .01 level of* mental well-being of single mothers.

Table 10. **Multiple regression (stepwise) of demographic dimensions on mental wellbeing.**

Predictors	*Unstandardized Beta*	*β*	*t*	*p*	R^2	R^2 *Change*	*F Change*	*ANOVA for Model Fit*
Constant	44.661		39.63	.001				
1. Marital Status	.-3.236	.374	-.63	.001	.135	.135	38.64***	38.64***
2.Education	1.06	.151	2.54	.01	.152	.017	4.92	22.09***
3.Duration	..015	.118	1.98	.04	.165	.013	3.91	16.19***

Note. ****indicates a .001 level of significance.* ***Predictors****:1.Ms; 2.Ms & Edu; 3.Ms, Edu & Du;* ***Dependent Variable****: MW*

Findings reported in Table 10 revealed that there were three significant (i.e., marital status, education, duration) predictors that explained jointly 16.5% of the variance of mental well-being among single mothers. Results of regression analysis further indicated that the strongest predictor

of mental well-being was marital status, which alone explained 13.5% of the variance. The unstandardized (-3.236) score of the marital status dimension suggested that as marital status increases by one unit, mental well-being increases by -3.236 units. Standardized beta (-.374) indicates that marital status increases by one standard deviation, and mental well-being increases by -.374 standard deviation. This interpretation is true only if the effects of other predictors are held constant. Finally, the values of ANOVA indicated that all predictors are good and fit the models significantly. Thus, such demographic dimensions (marital status, education, duration) significantly explain the mental well-being of single mothers.

Table 11. Multiple regression (stepwise) of social support, coping orientation, and demographic variable dimensions on mental well-being.

Predictors	*Unstandardized Beta*	*β*	*t*	*p*	R^2	R^2 *Change*	*F Change*	*ANOVA for Model Fit*
Constant	14.125		3.06	.003				
1. Emotion-focused	.351	.195	3.07	.002	.160	.160	47.08***	47.08***
2. Significant others	1.421	.223	3.42	.001	.250	.090	29.74***	41.14***
3. Marital Status	-2.903	-.336	-5.32	.001	.320	.070	25.46***	38.63***
4. Problem Focused	.519	.181	3.209	.002	.351	.031	11.56***	33.12***
5. Family	1.173	.177	2.62	.009	.369	.018	6.85**	28.48***

Note. **** indicates a .001 level of significance. ** indicates a .01 level of significance*

Predictors: 1.*Ef; 2.Ef&So; 3.Ef, So &Ms; 4.Ef, So, Ms&Pf; 5. Ef, So, Ms, Pf &Fa;* ***Dependent Variable****: MW*

The findings identified five significant predictors of emotion-focused coping, significant others, marital status, problem-focused coping, and family, thattogether accounted for 36.9% of the variance in mental well-being among single mothers. The regression analysis showed that emotion-focused coping was the strongest predictor, explaining 16% of the variance on its own. The unstandardized coefficient of 0.351 for emotion-focused coping indicated that each unit increase in this dimension leads to a 0.351 unit increase in mental well-being. The standardized beta of 0.195 suggested that a one standard deviation increase in emotion-focused coping is associated with a 0.195 standard deviation increase in mental well-being, assuming other predictors are controlled. The ANOVA results confirmed that all predictors were significant and provided a good fit for the model, thus highlighting the significant impact of emotion-focused coping, significant others, marital status, problem-focused coping, and family on mental well-being.

The primary aim of the study was to examine how coping orientation and social support interact with each other and with demographic variables to influence the mental well-being of single mothers. The results are presented in the same sequence as they were hypothesized. To prove the

formulated first hypothesis, findings were presented in Tables 4 and 5, respectively,and also plotted in Figures 1 and 2,which showed a significant positive relationship between coping orientation, social support (i.e., problem-focused and emotion-focused), and mental well-being. These findings confirmed the proposed hypothesis. These results align with the findings of several researchers (Cairney *et al.,* 2003; Copeland and Harbaugh, 2005) who also identified a significant relationship between coping orientation, social support, and mental well-being. It can be inferred that as coping orientation improves, mental well-being is also enhanced. Overall, a combination of problem-focused, emotion-focused, and occasionally avoidant coping strategies can provide single mothers with the necessary tools to manage the complex demands of their lives, reduce stress, and promote mental well-being. By actively addressing problems, regulating their emotions, and seeking support when needed, single mothers can boost their resilience and maintain a positive outlook despite the challenges they encounter. Further, social support from family, friends, and significant others is essential for promoting mental well-being among single mothers. By providing emotional validation, practical assistance, a sense of belonging, and increased resilience, supportive relationships play a critical role in helping single mothers navigate the demands of parenting and life more effectively.

To validate the third hypothesis, the results presented in Tables 7-9 demonstrate the individual and combined predictability of the variables. The standardized beta *(β)* revealed that two social support predictors, friends and significant others, together accounted for 12.8% of the variance in mental well-being, with friends being the most significant predictor, explaining 9.9% of the variance alone. Additionally, the standardized beta *(β*) indicated that two coping orientation predictors, emotion-focused and problem-focused coping, accounted for 23.1% of the variance in mental well-being, with emotion-focused coping being the most significant, explaining 16% of the variance alone. Understanding and addressing both coping orientation and social support are crucial for enhancing mental well-being among single mothers. Effective coping strategies and supportive relationships can help single mothers better manage the challenges of parenting and life, leading to improved mental health. When considering the combined effects of these constructs, the predictors from both social support (friends and significant others) and coping orientation (emotion-focused and problem-focused) together explained 30.8% of the variance in mental well-being. Among these, emotion-focused coping remained the most significant predictor, accounting for 16% of the variance on its own.

The results for hypothesis 3, as shown in Table 6 and Table 3, indicated significant associations and variances between demographic factors and mental well-being. Notable differences were observed between demographic factors such as age, marital status, education, and the number of children, and their impact on mental well-being. These findings are consistent with previous research by Assari (2018). Specifically, the results demonstrated a positive relationship between education and mental well-being, while a negative relationship was observed between marital status and mental well-being.

Further, according to the four hypotheses results presented in Table 10 indicated that five predictors of coping orientation (*i.e.*, emotion-focused and problem-focused), two predictors of social support (*i.e.*, friends and significant others), and three predictors of demographic variables (*i.e.*, marital status, education, and duration) predict mental well-being which explained jointly

36.9% of the variances in mental well-being. They further indicated that emotion-focused was the first important predictor, which alone explained 16% of the variances. These results were consistent with many invigorators' research findings (Cairney *et al.,* 2003; Karunanayake *et al.,* 2021). Coping orientation, social support, and demographic variables jointly explain mental well-being.

Limitations

The present study has several unavoidable boundaries. Firstly, it is a cross-sectional study rather than a longitudinal one, limiting the ability to assess changes over time. Secondly, the study does not represent the overall view of Bangladesh, as the sample was collected exclusively from Dhaka city due to time constraints. Finally, the sample size could have been larger, but finding participants was challenging, and obtaining accurate responses from them was difficult.

Recommendation and Conclusions

The study highlights the significant impact of coping strategies and social support on the mental health of single mothers. Effective coping mechanisms, along with robust social support networks, play a crucial role in enhancing the mental well-being of single mothers. Demographic factors such as education and marital status also influence their mental health, indicating the need for tailored interventions. Despite its limitations, this study provides valuable insights into the challenges faced by single mothers and underscores the importance of developing comprehensive support systems. By fostering strong social connections, enhancing coping skills, and improving access to resources, we can help single mothers navigate their unique challenges and promote their overall mental well-being. Further research is essential to deepen our understanding and inform policies and programs aimed at supporting single mothers effectively.

References

Assari, S. (2018). Parental Educational Attainment and Mental Well-being of College Students: Diminished Returns of Blacks. *Brain Science,* 8(11):193.

Avison, W.R., Ali, J., and Walters, D. (2007). Family Structure, Stress, and Psychological Distress: A Demonstration of the Impact Differential Exposure. *Journal of Health and Social Behavior*, 48(3): 301-317. Doi: 10.1177/00221450704800307.

Cairney, J., Boyle, M., Offord, D.R., and Racine, Y. (2003).Stress, Social Support and Depression in Single and Married Mothers. *Social Psychiatry* and *Psychiatric Epidemiology,* 38(8): 442–449.

Carver, C. S., Scheier, M. F., and Weintraub, J. K. (1989). A Comparison of Situation-Specific and More General Measures of Coping. *Journal of Personality and Social Psychology*, 56(2): 267–277.

Cohen, S., and Wills, T. A. (1985). Stress, Social Support, and the Buffering Hypothesis. *Psychological Bulletin*, 98(2): 310–357.

Cooper, C.E., McLanahan, S., Meadows S.O., and Brooks-Gunn, J.(2009). Family Structure Transitions and Maternal Parenting Stress. *Journal of Marriage and Family*, 71(3): 558–574.

Copland, D., and Haebaugh, B.L. (2005). Differences in Parenting Stress between Married and Single First-Time Mothers at Six to Eight Weeks AfterBirth. *Issues in Comprehensive Padiatric Nursing*, 28(3):139-152.

Coyne, J., Aldwin, C., and Lazarus, R. (1981). Depression and Coping in Stressful Episodes. *Abnormal Psychology*, 90: 439–447.

Folkman S., and Lazarus R. (1980). An Analysis of Coping in a Middle-aged Community Sample. *Journal of Health* and *Social Behavior*, 21: 219–2

Gucciardi, E., Celasun, N., and Stewart, D. E. (2004). Single-Mother Families in Canada. *Canadian Journal of Public Health*, 95(1): 70–73.

Harrison, M.J., and Magill-Evans, J.(1996). Mother and Father Interactions Over the First Year with Term and Preterm Infants. *Research in Nursing* and *Health*19: 451–459.

Karunanayake, D. D. K. S., Aysha, M. N., and Vimukthi, N. D. U. (2021). The Psychological Well-being of Single Mothers with School-Age Children: An Exploratory Study. *Int. J. Sci. Res. Sci. Technol:* 8, 16–37.

Moos, R. H., and Holahan, C. J. (2003). Dispositional and Contextual Perspectives on Coping: Toward an Integrative Framework. *Journal of Clinical Psychology*, 59(12): 1387–1403.

Ramos, E. S., and Tus, J. H. O. S. E. L. L. E. (2020). Beating the Odds: An Exploratory Study on Single Mothers' Lived Experiences in Child-rearing Practices. *Asian Journal of Current Research*, 5(1): 58-70.

Rosenthal, C., and Marshall, V. (1986). The Head of the Family: Social Earning and Structural Variability. *The Canadian Journal of Sociology / Cahiers Canadians De Sociologies*, 11(2): 183–198. Doi:10.2307/3340797.

Shimul, A. M. (2007). Psychosocial Correlates of Burnout.*Unpublished MS Thesis*, University of Dhaka, Bangladesh

Tennant, R, Fishwick, F., Platt, S, Joseph, S., and Stewart-Brown, S. (2006). Monitoring Positive Mental Health in Scotland: Validating the Affectometer Scale and Developing the Warwick-Edinburgh Mental Well-being Scale for the UK. NHS Health Scotland: Glasgow.

Tran, T. V., and McInnis-Dittrich, K. (2000). Social Support, Stress, and Psychological Distress among Single Mothers. *Race, Gender* and *Class*, 121–138.

Wadsworth, M. E., and Santiago, C. D. (2008). Risk and Resiliency Processes in Ethnically Diverse Families in Poverty. *Journal of Family Psychology*, 22(3): *399–410*. https://doi.org/10.1037/0893-3200.22.3.399

WHO (2014). What is mental well-being? University of East London. https://reportandsupport.uel.ac.uk/support/what-is-mental-wellbeing

Zaman, F. T. Z.B., and Liza, A. J., (2024). Single Mothers' Mental Well-being: The Role of

Coping Orientation and Social Support.*Unpublished Manuscript*. Department of Psychology, Jagannath University

Zimet, G.D., Dahlem, N.W., Zimet, S.G., and Farley, G.K. (1988).The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment*, 52: 30–41. http://dx.doi.org/10.1207/s15327752jpa5201_2