

# Development and Psychometric Validation of the Psycho-Social Problems of Unmarried Females (PUF) Scale in a Collectivistic South Asian Context

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## Abstract

*The present study aimed to construct and validate a culturally relevant scale to assess psycho-social problems experienced by unmarried females. Recognizing the increasing socio-cultural pressures and stigmatization associated with delayed or non-marriage in many collectivistic societies, the study sought to develop a psychometrically sound instrument that captures the emotional, social, and familial challenges confronted by this population. The scale was developed through a multi-stage process that included an extensive literature review, qualitative interviews, and expert evaluations for content adequacy. An initial pool of items was generated and subsequently refined based on expert ratings. The revised scale was administered to a sample of unmarried women (N = 160) aged 30 to 45, representing diverse socio-economic backgrounds. Exploratory factor analysis identified a clear factor structure reflecting key domains of psycho-social difficulties, including emotional rejection, cultural rejection and negative thinking. The final version of the scale demonstrated strong internal consistency ( $\alpha = .94$ ) and satisfactory construct validity through correlations with established measures of psychological well-being and social support. Findings highlight the scale's utility as a reliable and valid tool for assessing psycho-social problems in unmarried women and underscore its applicability in clinical, counseling, and research settings. The scale offers a culturally informed approach to understanding the unique challenges faced by unmarried women and provides a foundation for future interventions and policy initiatives*

**Keywords:** Psycho-social problems, Unmarried women, Scale development, Cultural stigmatization

## Introduction

Marriage is widely understood as a central developmental pathway through which emerging adults acquire authentic independence [1]. Contemporary scholarship emphasizes that genuine autonomy requires the capacity to care for significant others rather than functioning in isolation, reflecting the relational nature of adult development. Thus, entering marriage and establishing a family remain critical moral and social responsibilities, as these institutions provide the primary environment for childrearing, socialization, and the transmission of relational norms across generations [2, 3].

Long-term marital stability has been shown to depend on several protective factors, including commitment, communication, emotional intimacy, and constructive conflict-resolution [4].

Evidence also indicates that relationship-education programs are more effective when paired with economic-stability services; for example, the "Empowering Families" initiative demonstrated improvements in relationship quality, co-parenting, and financial well-being among economically vulnerable couples. Psychological resources further shape marital functioning: higher levels of self-compassion are linked with healthier interpersonal behavior, better emotion regulation, and greater relational satisfaction [5, 6]. Similarly, research on perinatal couples shows that self-compassion predicts higher levels of relational and sexual satisfaction during major life transitions [7]. Collectively, these findings affirm that marriage continues to serve as a multidimensional.

From a physical-health standpoint, marriage is also linked with better outcomes: meta-analytic reviews show that married persons have reduced risks of cardiovascular disease compared to their unmarried peers [8, 9]. On a broader scale, higher life satisfaction which marriage can facilitate via companionship, purpose, and social cohesion

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predicts better subsequent physical, behavioral, and psycho-social health, including lower mortality, fewer functional limitations, and reduced loneliness and depression [10, 11].

Beyond health-related advantages, marriage frequently contributes to economic stability, shared resources, and enhanced social status [12]. It offers a relational space that fosters gratitude, mutual growth, and emotional intimacy, which in turn can buffer stress and promote psychological well-being [13]. Moreover, married partners often experience greater psychological security and companionship, reducing loneliness and strengthening their sense of self-worth [14].

In many traditional and conservative societies, unmarried women face substantial social stigma and pressure. These pressures often stem from normative expectations around marriage, which can lead to stress, anxiety, and a diminished sense of social acceptance [15, 16]. Qualitative research in Pakistan has found that never-married educated women frequently mention “shame,” societal judgment, and a lack of autonomy as major challenges in their daily lives [17].

Moreover, the social disapproval of remaining single is strongly linked to psychological distress. Empirical evidence shows that single women in Pakistan report heightened levels of stress and poorer coping skills, especially when compared to their married peers [18, 19]. Loneliness is another important factor: working unmarried women, particularly those who are educated, report significantly higher feelings of loneliness, which negatively correlates with their well-being [20, 21].

## 2. Rationale of scale development

Constructing a scale to assess psycho-social problems among unmarried women in Pakistan is essential due to several cultural, social, and psychological factors unique to the local context. Pakistan is a collectivistic society where marriage is viewed as a significant social milestone, and unmarried women particularly those beyond the socially expected age of marriage often face substantial pressures and stigma. These pressures may include family expectations, community gossip, reduced social acceptance, emotional distress, lowered self-esteem, and concerns regarding future security. Although such issues are widely observed, there is currently no standardized, culturally sensitive instrument available to measure these challenges within the Pakistani population.

## 3. Method

### 3.1 Phase I: Scale Development

**Item generation.** During this phase, the researcher systematically constructed scale items based on insights gathered from open-ended questions administered to a representative sample. The process was guided by an exploration of participants’ phenomenological

experiences. These items were formulated to create an indigenous instrument for assessing the psycho-social challenges faced by unmarried females. Initially, the semantic differential technique was utilized to conceptualize and quantify the connotative meanings embedded in participant responses. However, due to the convergence of certain responses, the scale was subsequently transformed from semantic differential ratings to Likert scale ratings, thereby improving clarity and psychometric applicability.

**Participants.** Purposive sampling was utilized to examine the phenomenological experiences of a representative cohort. A total of 45 unmarried females, aged 30 to 45 years, were selected for the purpose of item generation. Participants were first provided with a precise definition of psycho-social problems, and the aims of the study were clearly communicated. Data were initially collected through a single, straightforward question, which was subsequently followed by open-ended probing questions to elicit comprehensive insights into their perspectives, experiences, and viewpoints.

**Procedure.** The initial pool of items was generated through systematic content analysis, yielding 40 potential items. Ambiguous and redundant items were carefully reviewed, and five items deemed unclear were removed, resulting in a finalized set of 35 items for subsequent psychometric evaluation. Prior to data collection, formal permission was obtained from the relevant institution or research site. Interviews were conducted following a structured and methodical protocol, with strict adherence to ethical standards while investigating participants’ phenomenological experiences.

### 3.2 Phase II: Expert validation

During this phase, the item pool, derived directly from participant responses, underwent thorough evaluation by subject-matter experts. Following the researcher’s removal of ambiguous items, this process provided a rigorous assessment of both face validity and content validity, ensuring that the finalized items accurately captured the construct under investigation the psycho-social problems of unmarried females.

**Participants.** For expert validation, five specialists in clinical psychology were engaged to evaluate the item pool. Each expert rated the items on a 5-point Likert scale to determine the extent to which the items accurately reflected the intended construct. In addition, they assessed the degree of intensity with which each item measured the psycho-social problems of unmarried females, also using a 5-point Likert scale.

**Procedure.** Initially, formal consent was obtained from the experts to carry out the validation of the item pool. Detailed instructions were provided on rating each item

using a 5-point Likert scale. The experts meticulously reviewed all items and evaluated them based on their professional expertise and experience. Items receiving less than 20% agreement were excluded; two items fell below this threshold. Consequently, a finalized set of 33 items was established for subsequent psychometric analysis.

### 3.3 Phase III: Pilot study

Following expert validation, a pilot study was undertaken as a critical step to refine and finalize the item pool derived from the representative sample. The objectives of the pilot study were twofold: to identify and revise items that were unclear or ambiguous to participants, and to remove items that could potentially cause discomfort or lead to non-response.

**Participants.** A subset representing 10% of the main population was selected for the pilot study. A 5-point Likert scale was employed, and participants were asked to rate items based on their personal experiences. They were also encouraged to indicate any items they found confusing or objectionable and to seek clarification where necessary.

**Procedure.** Participants were presented with the full item list and instructed to complete the scale according to the Likert format while providing feedback on any ambiguous or inappropriate items. Based on participant feedback, three items were identified as unclear and subsequently removed. The final scale was thus reduced to 30 items.

### 3.4 Phase IV: Establishing psychometric properties of scale

**Participants and procedure.** The finalized indigenous scale comprised 30 items. Following standard psychometric guidelines, a minimum of 150 participants was required for validation. To account for potential incomplete responses, 160 participants were recruited using a snowball sampling technique. The sample consisted of working and non-working unmarried females aged 30-45 years from Lahore, Pakistan.

### 3.5 Measures

#### 3.5.1 Demographic questionnaire

Demographic questionnaire was designed to find out the demographic information i.e. age, birth order, no. of siblings, no. of married siblings, education, profession, family system and socio-economic status.

#### 3.5.2 Psycho-Social Problems of Unmarried Female

This scale was made through direct exploration of the data through phenomenology. This scale was used to set its psychometric properties. Likert scale was used to rate

the items. There was total 26 items in this scale which contains three factors i.e. emotional rejection, cultural rejection and negative thinking. This was an indigenous tool that will also be used in future researches for measuring psycho-socio problems of unmarried females.

#### 3.5.3 Depression anxiety stress scale (DASS)

DASS21 is a set of three self-report measures this was used to find the depression, anxiety and stress among unmarried females. This is also a 4-point likert scale which measures the intensity of the feelings of depression, anxiety and stress.

#### 3.5.4 Procedure

Prior to data collection, formal permission was obtained from all relevant authorities. Participants were recruited through a snowball sampling method and instructed to carefully read each item and select the response that best reflected their experience. They were also requested to complete all items and encouraged to seek clarification for any uncertainties regarding the scale.

The objectives of the study were explicitly communicated to each participant, who were informed of their right to withdraw from the study at any point without any consequences. The completion of all questionnaires required approximately 15-20 minutes. Upon completion of the scales, participants underwent a debriefing session, during which an additional 10 minutes was allocated to address any questions or concerns. For participants who experienced emotional distress while discussing sensitive issues related to marriage, counseling support was provided to offer reassurance and facilitate emotional comfort.

## 4. Results

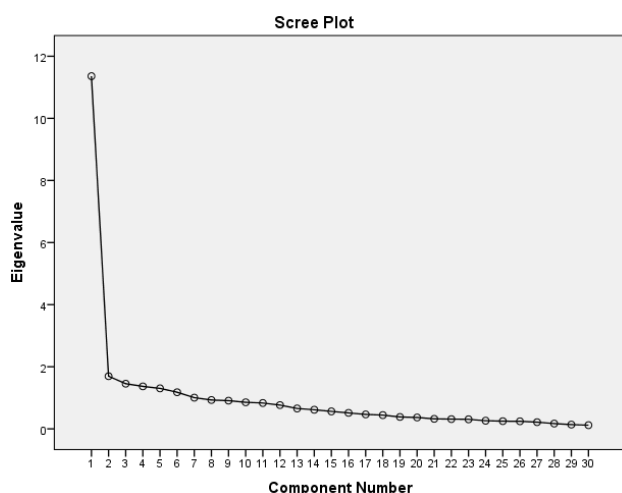
The Factor Analysis was used to establish the factorial structure of psycho-social problem scale. To obtain underlying factor structure of 30 items, Varimax rotation was used. Scree plot was obtained to determine the number of factors.

### 4.1 Factor analysis

Factor analysis was conducted by using principle component factor analysis and by using Varimax rotation and extracted three factors from the 30 items. Following criteria is fulfilled while extracting factors.

- Eigen value >1 was considered to determine the factors of the scale based on the statement that Eigen value must be greater than 1.
- Scree plot was also used to determine the factors of the scale as those factors were extracted which were on elbow shape of plot.
- Simple structure was used with each factor that is different from other with high loading of items on different 3 factors.

Factor analysis was used to cluster items into common themes. Factors were determined through Scree plot and those factors were finalized which were fell on elbow of Scree plot. At first, 6 factors factor analysis was used to determine factors of indigenous tool. After analyzing the rotated component matrix, it was found that there were so many dubious items. To reduce these dubious items, 4 factors factor analysis was used and again there were many items that seemed dubious. After that, 3 factors and 2 factors factor analysis was used. Finally, 3 factors factor analysis was finalized as it had minimum dubious items. There were total 8 dubious items in total 30 items scale. 4 items were extracted from the dubious items list and 4 factors were retained in the final list as these were culturally relevant and may provide important information in future researches. A list of 26 items were finalized to set its psychometric properties i.e. reliability or validity. Factor structure was determined through Varimax rotation. Eigen value and variance also explained by those factors that were finalized.



**Figure 1.** Scree Plot Showing Factor Analysis

**Table 1.** The Factor Structure of 30 Items of Psycho-Social Problems of Unmarried Females (PUF) with Varimax Rotation

| S.N | Item No | Factor 1 | Factor 2 | Factor 3 |
|-----|---------|----------|----------|----------|
| 1   | 3       | .62      | .13      | .37      |
| 2   | 4       | .59      | .17      | .35      |
| 3   | 5       | .69      | .06      | .34      |
| 4   | 6       | .66      | .39      | .28      |
| 5   | 7       | .50      | .46      | .34      |
| 6   | 9       | .56      | .44      | .21      |
| 7   | 10      | .48      | .12      | .32      |
| 8   | 12      | .62      | .13      | .36      |
| 9   | 19      | .64      | .39      | .16      |
| 10  | 21      | .60      | .19      | .04      |
| 11  | 23      | .65      | .23      | .11      |
| 12  | 24      | .41      | .07      | .36      |
| 13  | 26      | .39      | .04      | .11      |
| 14  | 27      | .71      | .18      | .02      |
| 15  | 28      | .47      | .29      | .11      |
| 16  | 30      | .52      | .01      | .39      |
| 17  | 11      | .24      | .41      | .35      |
| 18  | 15      | .13      | .79      | .25      |
| 19  | 16      | .20      | .62      | .22      |

|    |    |     |     |     |
|----|----|-----|-----|-----|
| 20 | 17 | .28 | .35 | .24 |
| 21 | 20 | .24 | .75 | .17 |
| 22 | 1  | .34 | .08 | .62 |
| 23 | 14 | .36 | .20 | .56 |
| 24 | 18 | .24 | .18 | .65 |
| 25 | 22 | .13 | .02 | .60 |
| 26 | 29 | .03 | .29 | .51 |

Note. Items with .30 or above loading are boldfaced

Above table shows the factors structure of 30 items. Factor analysis was used to make factors of indigenous scale. Total 3 factors were made and all items which belong to specific factor are written as bold digits.

**Table 2.** Eigen Values and Variance Explained by Three Factors of Psycho-Social Problems Scale for Unmarried Females (PUF)

| Factors  | Eigen Value | % of Variance | Cumulative % |
|----------|-------------|---------------|--------------|
| Factor 1 | 6.73        | 22.44         | 22.44        |
| Factor 2 | 3.90        | 12.97         | 35.41        |
| Factor 3 | 3.89        | 12.95         | 48.36        |

#### 4.2 Factor Description

0-3 Lickert scale was used for measuring intensity of psycho-social problems of unmarried females. In this, 0 means not at all, 1 means to some extent, 2 means often and 3 means always. Total 3 factors that were finalized through factor analysis were named as

**Emotional Rejection.** This factor includes total 16 items which includes psychological isolation and rejection from emotional perspective. These items include feeling of left out and feeling of isolation and lack of emotional warmth.

**Cultural Rejection.** This factor contains total 5 items and this factor includes cultural rejection as society reject those girls who do not marry at certain age and pressure from society exerts negative effects.

**Negative Thinking.** This factor also contains 5 items which depicts negative thinking in unmarried females when they feel rejected from society and from their own families. This also includes negative self-concept and negative self-evaluation regarding unmarried.

**Table 3.** Chronbach Alpha of Factors of Psychosocial Problems of Unmarried Females (PUF)

| Scales              | n  | $\alpha$ |
|---------------------|----|----------|
| PUF                 |    |          |
| Emotional Rejection | 16 | .91      |
| Cultural rejection  | 5  | .76      |
| Negative Thinking   | 5  | .70      |
| Total PUF           | 30 | .94      |

Above table shows chronbach alpha of all factors of scale. According to table, Emotional rejection, Cultural Rejection and Negative Thinking have .91, .76, .70 of alpha respectively. Total alpha for whole scale is .94 that is

much high as it showed that there is high internal consistency and scale is very reliable.

**Table 4.** Means, Standard Deviation, and Summary of Inter-Factor Correlation of Psychosocial Problems of Unmarried Females

| Factors  | P1 (emotional rejection) | P2 (cultural rejection) | P3(negative thinking) | PT(PUF) |
|----------|--------------------------|-------------------------|-----------------------|---------|
| P1       | --                       | .65***                  | .66***                | .97***  |
| P2       | --                       | --                      | .53***                | .79***  |
| P3       | --                       | --                      | --                    | .78***  |
| PT (PUF) | --                       | --                      | --                    | --      |
| Mean     | 25.12                    | 8.22                    | 8.01                  | 41.35   |
| SD       | 8.65                     | 2.94                    | 2.59                  | 12.70   |

Note=Emotional Rejection, P2=Cultural rejection, P3=Negative Thinking, PT=PUF, df=169, \*p<0.05, \*\*p<0.01

Inter factor correlation was done in order to find relationship among all factors of scales that were used in present research. All factors of psycho-social problems have positive correlation which means, if factor 1 has high scores, factor 2 and 3 also have high scores.

## 5. Discussion

In our culture, particularly in the South Asian subcontinent, the family holds immense importance, and collectivistic values are deeply ingrained. Marriage is a fundamental institution that sustains these collectivistic norms. Within this cultural framework, the union of two individuals is often perceived as a union of two families, thereby reinforcing societal expectations and collective traditions [22, 23]. Deviations from these norms, such as delayed marriage among women, are frequently viewed by families and society as failures or signs of abnormality. Such societal pressures can have profound effects on women's psychological well-being, impacting their self-concept and self-esteem [24, 25].

To understand the challenges faced by women who remain unmarried beyond a culturally expected age, a phenomenological approach was employed to explore their lived experiences. This exploration led to the development of a conceptual framework identifying three primary factors affecting these women: emotional rejection, cultural rejection, and negative thinking.

Emotional rejection emerged as a dominant factor, encompassing feelings of isolation, helplessness, disappointment, and low self-confidence. Emotional rejection reflects the psychological experience of being left out or excluded, which is intensified when women fail to marry within the socially accepted timeframe. Many report feelings of being emotionally neglected by their own families, contributing to heightened helplessness and psychological distress [26, 27].

Cultural rejection represents the societal pressures and stigma faced by unmarried women. When women remain single beyond a certain age, they frequently

encounter judgment and marginalization from their communities. Many feel insecure when engaging in public or professional spaces, perceiving that their unmarried status diminishes their social respect and standing. Such societal attitudes, rooted in traditional norms, reinforce a sense of exclusion and inadequacy [28, 29].

Negative thinking is the final factor, often arising as a consequence of emotional and cultural rejection. Unmarried women may experience persistent pessimism, believing that they have missed the opportunity for marriage or are no longer attractive or eligible partners. This persistent negative cognitive pattern may lead to severe psychological outcomes, including heightened feelings of isolation and, in some cases, mental health disorders. In Pakistan, higher rejection sensitivity and fears of being single (anuptaphobia) have been documented among unmarried women [30].

Empirical studies also support the mental health impact of these pressures. A mixed-method study in Pakistan found a significant association between perceived societal pressure to marry and increased levels of anxiety and depression among unmarried women aged 25-49. Similarly, studies revealed that women with lower perceived well-being reported more distress about their unmarried status, while those who received family support were more satisfied with their situation [31, 32]. In older unmarried women, the psychological burden may intensify. A qualitative study of never-married women over 35 years old uncovered deep concerns about social stigma, loneliness, and an uncertain future, highlighting how cultural expectations and negative self-beliefs influence well-being [33].

## 6. Conclusion

The present study successfully developed and validated a comprehensive Psycho-Social Problems Scale for females, addressing an important gap in culturally sensitive assessment tools. Through a systematic process of item generation, expert review, pilot testing, and rigorous psychometric evaluation, the scale demonstrated strong reliability and validity across its domains. The identified factors "emotional rejection, cultural rejection and negative thinking" reflect the multidimensional nature of psycho-social challenges faced by females in contemporary society.

This tool not only provides researchers and practitioners with a reliable measure to assess the prevalence and severity of psycho-social problems among females but also offers a foundation for designing targeted interventions and preventive strategies. By capturing both universal and culturally specific issues, the scale can facilitate better understanding of the factors affecting female well-being and inform mental health policies and programs.

In conclusion, the Psycho-Social Problems Scale for Females is a robust, empirically grounded instrument that contributes significantly to the assessment, research, and

improvement of female mental and social health, and it holds promise for application in both clinical and community settings.

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