Self-Esteem, Quality of Life and Mental Health in Divorce Woman

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Abstract

The present research was conducted to examine the connection between self-esteem, psychological health, and overall life satisfaction among divorced women in Pakistan. Divorce, being a major transition, often brings about severe emotional, mental, and social challenges, particularly for women residing in traditional societies where cultural norms and rigid gender expectations hinder the adjustment process after separation. Using a cross-sectional research framework, data were gathered from a total of 120 divorced women through snowball sampling techniques. To quantitatively assess the key variables, validated tools including the Rosenberg Self-Esteem Scale (RSES), the World Health Organization Quality of Life Scale (WHOQOL-BREF), and the Mental Health Continuum Short Form (MHC-SF) were employed. The results revealed highly significant associations between self-esteem and life quality, between mental health and self-esteem, as well as between quality of life and mental health. Additionally, regression findings indicated that self-esteem served as a robust predictor for both mental health status and perceived quality of life. These results highlight the pivotal function of self-esteem in promoting psychological strength and mental wellness in women after divorce. The study underlines the importance of delivering culturally relevant mental health care and the development of social support initiatives to enhance recovery and adjustment among divorced women.

Keywords: Self-Esteem, Quality of Life, Mental Health

Introduction

Divorce refers to the formal and social dissolution of a marital relationship, marking a major life upheaval that reshapes the lives of those involved particularly women. It involves the legal nullification of the marriage agreement and the disconnection of the social relationship that once existed between spouses (Hopipah et al., 2023). Over the past few decades, there has been a troubling global rise in divorce occurrences, with countries like Belgium, Portugal, Luxembourg, the Czech Republic, and the United States showing some of the most elevated rates (Engel, 2014). The fundamental causes contributing to marital breakdown include infidelity, disputes over finances, failure in communication, and unrealistic expectations factors that typically result in deep emotional strain and psychological issues affecting both men and women (Warren, 2017). For women, divorce often leads to impaired emotional regulation and deteriorated mental health. This is due to post-divorce challenges like loneliness, social disconnection, economic instability, emotional reliance on others, denial of financial support, issues in child custody, emotional distress, suicidal tendencies, and negative effects on career growth and life satisfaction (Odis, 2021; Slanbekova et al., 2017).

Factors such as educational level, income, profession, and socioeconomic position greatly influence a divorced woman's life post-separation. Women who were educated, financially stable, and from higher social classes before divorce tend to have better access to jobs, legal help, and psychological coping skills. On the other hand, less educated and financially dependent women face more unemployment, financial insecurity, and inadequate legal and emotional support (Pyke, 1994; Uunk, 2004). Women with long-term careers struggle to maintain work-life balance post-divorce, while homemakers find re-entry into the workforce particularly challenging after years dedicated to family life (Pyke, 1994). Quality of Life (QOL) is generally defined as a person's perceived level of physical, psychological, and social well-being. It refers to how content someone feels with their circumstances and way of living (Kołodziej-Zaleska & Przybyła-Basista, 2016). The World Health Organization (WHO) explains quality of life as an individual's subjective evaluation of their life condition, shaped by cultural, social, and personal goals (Bowews, 2002). Despite its complex nature, quality of life is measurable. Scholars have approached it from both conceptual and objective perspectives, often separately (Moons et al., 2006). The conceptual approach emphasizes an individual's personal judgment of life, measured through satisfaction across different domains. According to Sadeghi et al. (2025), QOL comprises personal growth, autonomy, purpose, environmental mastery, self-acceptance, and healthy interpersonal relations (Sadeghi et al., 2025).Self-esteem is a long-standing concept in social psychology, where it is considered a vital part of one's self-identity (Baumeister, 1999). Initially, it was thought to be synonymous with self-concept (Rosenberg, 1976, 1979). Over time, it became recognized for its association with psychological benefits, including happiness and sound mental health for individuals and communities (Baumeister, 1999). Self-esteem now is broadly viewed as an individual's favorable opinion of their own worth (Gecas, 1982; Rosenberg, 1990). It contains two major elements: competence-based self-esteem (confidence in one's abilities) and worth-based self-esteem (feeling of value and self-worth) (Gecas, 1982; Gecas & Schwalbe, 1983). Rosenberg emphasized that self-esteem reflects a person's self-regard, though this can be difficult for individuals to change (Rosenberg, 1965).

Self-esteem indicates how much a person values themselves. It significantly shapes personal and social identity. Ward (1996) explains that self-worth motivates several key life aspects, including emotional health, social relationships, and mental well-being. Swann and Bosson (2010) note that one's social value is based on fulfilling social expectations, receiving validation, and having supportive relationships. Persistent poverty, especially long-term, can erode self-worth and personal efficacy (Swann & Bosson, 2010). This effect is even more pronounced in single mothers, who typically face economic hardships due to caregiving responsibilities. A model developed by Krause et al. (1991) outlines how sustained poverty can lead to lower self-esteem, resulting in poor psychological health. The COVID-19 pandemic has worsened these difficulties for disadvantaged populations, such as single mothers. Thus, self-esteem is crucial for single mothers in managing adversity and maintaining emotional, mental, cognitive, and relational strength (Kim & Hong21, 2021).

Mental health, as described by the World Health Organization, is not just the absence of disorders but includes the ability to manage stress, achieve personal goals, and function socially (Lindert et al., 2015). Mental illnesses are widespread and vary in intensity, with depression and anxiety being the most common (Zineldin, 2019). These conditions result in symptoms like persistent sadness, loss of interest, and nervousness, which hamper day-to-day life. University students, for instance, often struggle with psychological well-being due to academic and social pressures (Pang et al., 2024). Divorce, being a major stressor, usually leads to emotional turmoil. Divorced individuals, especially women, are more vulnerable to depression and anxiety (Mulia, 2017). If these women suffer from low self-esteem, it further worsens their condition. Women's ability to handle separation stress is heavily influenced by their self-esteem, which makes it an important focus for mental health improvement (Mulia,

2017). According to WHO statistics, over 450 million individuals worldwide are afflicted with mental disorders, indicating the global reach of mental ailments around the world. To be mentally healthy is not merely to be free from mental illness it is to function at one's optimal performance level, to withstand stress, to work efficiently at the workplace, and to engage actively in social relations (Olfson et al., 2019).

Problem of Statement

Divorce is a significant life change that significantly affects women's psychological status, self-image, and overall life satisfaction in a number of ways. Women are commonly exposed to several challenges following divorce, such as emotional distress, social rejection, economic insecurity, and interference with family relationships. Research has identified that divorced women are likely to suffer from psychological issues like depression, anxiety, and low self-esteem, which in turn impact parenting capabilities and the capacity to manage everyday life (Kim et al., 2023). This emotional pain can alter their way of life as, besides dealing with the internal costs of the break-up, they are also facing social disapproval and cultural stigma more stereotypically associated with divorce (Ramzan et al., 2018).Low self-esteem is a significant determinant of divorced women's psychological well-being. It functions as a protective factor, leading them to endure the adversity of post-divorce life, engage in good parenting, and cope with emotional distress (Dahlia, 2020). Low self-esteem women are susceptible to mental illnesses such as depression and anxiety, and they socially face challenges with resocialization or financial independence (Mulia, 2020; Kaleta & Mróz, 2023). Problems like domestic violence, economic poverty, discrimination, and exclusion are likely to contribute to a progressive erosion of self-esteem among divorced women and worsen their mental health status (Harter, 1993; Razaq et al., 2024). There is under researching of the interconnectivity between the self-esteem, mental well-being, and quality of life among divorced women. Even as evidence of possible post-divorce growth and emotional resilience, the negative mental effect is even stronger in people with low self-esteem, and the issue deserves far greater attention. The absence of effective mental health support mechanisms together with ongoing societal pressure still smashes emotional rehabilitation and healing among the majority of divorced women (Srinivasan et al., 2020; Sharma, 2011). Since divorce is on the upsurge, there is a growing demand for information regarding how self-esteem affects emotional stability and quality of life, with the objective of creating precisely customized and pertinent interventions which ensure favorable outcomes and recovery among divorced women (Srinivasan et al., 2020; Sharma, 2011).

Research Objectives

1. To explore the association between self-esteem and the quality of life among divorced women.

2. To identify how self-esteem correlates with mental health in divorced women.

3. To examine the mutual relationship between quality of life and mental health in this demographic.

4. To determine whether self-esteem can be a reliable predictor of quality of life among divorced women.

5. To evaluate whether self-esteem serves as a significant predictor of mental health among divorced women.

Hypotheses

H1: A meaningful correlation will exist between self-esteem and quality of life in divorced women.

H2: A significant relationship will be observed between self-esteem and mental health in divorced women.

H3: There will be a strong association between mental health and quality of life in divorced women.

H4: Self-esteem will be a significant predictive factor for quality of life in divorced women.

H5: Self-esteem will significantly predict mental health outcomes among divorced women.

Rationale of the Study

Divorce represents a significant shift in life circumstances and can cause deep emotional, psychological, and social disruptions, particularly for women who often face increased vulnerability due to societal, cultural, and economic pressures (Amato, 2010). The psychological adjustment of divorced women is heavily dependent on key variables like self-esteem, quality of life, and mental health. Investigating the relationships among these variables offers important insights into improving post-divorce well-being and supports pathways to recovery. Self-esteem reflects how an individual evaluates their own worth and value (Rosenberg, 1965). Research over the years has shown that individuals with high levels of self-esteem, whether male or female, are better positioned to build positive psychological adaptations, including improved satisfaction with life and stronger emotional resilience (Orth & Robins, 2014). Self-esteem also plays an important role in navigating stress, reshaping one's identity, and developing the ability to cope with the changes divorce brings. Hence, the core aim of this research is to investigate the association between self-esteem and quality of life among divorced women. Based on prior literature, the first hypothesis (H1) proposes that self-esteem is positively correlated with quality of life (Diener & Diener, 1995).

Quality of life is a broad construct that includes aspects such as physical health, emotional well-being, independence, interpersonal relations, and belief systems, though it may vary culturally and geographically (World Health Organization, 1997). Disruptions in emotional and social functioning can negatively affect the quality of life for women post-divorce. Since previous research has linked self-esteem with adaptive coping and life satisfaction, it is suggested that higher self-esteem may result in an improved quality of life for divorced women.

The second aim of the study revolves around the relationship between self-esteem and mental health. Mental health encompasses psychological, emotional, and social capacities (Keyes, 2005). Studies have highlighted that lower self-esteem is frequently associated with psychological disorders such as stress, anxiety, and depression (Sowislo & Orth, 2013). Consequently, the second hypothesis (H2) assumes that self-esteem and mental health are significantly related in divorced women.

The third objective focuses on exploring the connection between mental health and quality of life. Available literature suggests that individuals with higher quality of life usually show stronger mental well-being, including fewer symptoms of emotional dysregulation and more emotional stability (Lent et al., 2002). Thus, the third hypothesis (H3) posits that there exists a significant relationship between mental health and quality of life.

The fourth and fifth objectives of this study explore whether self-esteem can reliably predict overall life satisfaction and psychological well-being. Previous research has not only demonstrated connections between self-esteem and these aspects of functioning but has also emphasized its predictive value. For example, Schimmack and Diener (2003) identified self-esteem as a consistent predictor of life satisfaction. Likewise, Mann et al. (2004) reported that individuals with lower self-esteem are more likely to experience mental health difficulties. Building on this foundation, the current study hypothesizes that self-esteem will significantly predict both quality of life (Hypothesis 4) and mental health (Hypothesis 5) among divorced women (Mann et al., 2004).

Operational Definitions
Self-Esteem
In this study, self-esteem refers to an individual's overall judgment of their own worth, capabilities, and value as a person. It is measured using the Rosenberg Self-Esteem Scale (RSES), which includes 10 items scored on a 4-point Likert scale from "strongly agree" to "strongly disagree." Higher total scores reflect higher levels of positive self-esteem (Rosenberg, 1965).

Quality of Life
Quality of life is defined as a person's subjective perception of their overall well-being in relation to their goals, expectations, and cultural values. This is assessed using the WHOQOL-BREF instrument, which evaluates four domains: physical health, psychological well-being, social relationships, and environmental conditions. Higher scores indicate a greater sense of fulfillment and satisfaction with life (World Health Organization, 1997).

Mental Health
Mental health in this research encompasses the individual's emotional, psychological, and social well-being. It is evaluated through the Mental Health Continuum–Short Form (MHC-SF), which covers areas such as emotional resilience, psychological functioning, and social connectedness. Higher scores suggest a more positive mental health status (Yoo, 2019).

Significance of the Study
Divorce offers a wide array of results that negatively affect the quality of life, mental well-being, and self-esteem of women, thereby contributing to emotional, economic, and social issues (Sandler et al., 1994; Kim et al., 2023). It is important to examine the inter-relationships of these factors, especially in divorced women, who are worst emotionally wrecked and socially alienated (Ramzan et al., 2018). There are varied levels of significance of this study. This study bridges the knowledge gap in scholarly work on the role played by self-esteem in sustaining mental and emotional well-being in divorced women. Self-esteem has been proved to be a protective factor that enables women to transcend divorce trauma psychologically and establish psychological resilience (Dahlia, 2020). Conversely, low self-esteem fosters psychological issues, including recurring feelings of worthlessness, depression, and anxiety (Kaleta & Mróz, 2023). Consciousness and adaptation of this connection will be central in avoiding the undesired emotional outcomes of divorce.

Additionally, robust social views and social norms in traditional contexts will most likely increase the suffering of divorced women. They are forced to endure poverty, solitude, and social isolation, all of which make a psychological recovery difficult (Razaq et al., 2024; Guttmann, 1993). The present study emphasizes the importance of incorporating these outside elements through care plans that address the short-term emotional needs of women immediately (Ramzan et al., 2018; Srinivasan et al., 2020). Implications of this study will also be significant in forming supportive systems which will more adequately facilitate divorced women's emotional and psychological healing. The article also reveals the limitations of current mental health interventions that devaluate the unique struggles of this group (Srinivasan et al., 2020). Through the investigation of the self-esteem and mental health nexus and general quality of life, the research will supply insights for better and more accessible services catering to divorced women that successfully build healing and enhance overall quality of life. In doing this, it will attempt to address an essential service provision gap to this vulnerable client population (Sharma, 2011).

Literature Review
Divorce significantly affects women's self-concept, emotional well-being, and psychological well-being. Women are more likely to experience such issues as lower self-esteem and higher anxiety, particularly where a successful marriage is viewed as a primary gender expectation. (Andersson, 2016). Personal freedom and educational background often serve as protective factors, with educated women typically experiencing more control and independence

(Bernardi & Martínez-Pastor, 2011; De Graaf & Kalmijn, 2006). In societies with conservative values, such as Israel, women deal with more barriers, including social invalidation and legal bias (Bruze et al., 2015). Nonetheless, separation from marriage can also offer a route to self-growth and empowerment (Randall & Bodenmann, 2009). Additionally, when power dynamics in relationships are unequal, women are more inclined to pursue separation to reclaim their independence and autonomy (England & Kilbourne, 2019). Feminist theorists criticize conventional notions of autonomy often seen as total self-governance by pointing out that such definitions neglect the role of emotional bonds and interpersonal relations, which are particularly important for women (Stoljar, 2013; Mackenzie & Stoljar, 2000). They propose a concept known as "relational autonomy," which highlights that a woman's sense of independence is greatly shaped by her social and familial environments (Friedman, 2003; Mackenzie, 2019). In Israel, women navigate a tension between societal norms regarding marriage and their personal goals for freedom and contentment (Talviste Hershkowitz, 2019). Social constraints further impact women's autonomy, limiting their self-conception and decision-making power (Westlund, 2018).

Although divorce often causes emotional suffering, its causes range from financial troubles to personality mismatches and social discomfort (Symoens et al., 2014; Campbell et al., 2009). Educated women tend to show better psychological health after divorce (Stevenson & Wolfers, 2007). In contrast, those lacking economic and social support are more susceptible to stress-related conditions such as depression and anxiety (Gallagher et al., 2009). Cultural disapproval in traditional societies worsens these challenges (Odis, 2021; Li & Waite et al., 2009).

Divorce also impacts women and their children with respect to mental, emotional, and economic dimensions. Women face high levels of stress, anxiety, and depression due to economic instability, reduced social standing, and parenting pressures as single caregivers (Sandler et al., 1994). Economic challenges are especially acute for those who were financially dependent on their husbands. Solo parents also face emotional exhaustion due to juggling employment and home responsibilities, leading to vulnerability to psychological disorders. Self-esteem is tightly linked to financial stability; women with better education and income report higher self-worth and psychological wellness post-divorce (Becker, 19893). In contrast, economically dependent women typically suffer lower self-esteem (Kreager et al., 2013). The COVID-19 pandemic has further intensified these problems, especially for groups like single mothers. The level of education and affluence of divorced women improve their QOL. Divorcees with secure jobs and a certificate of education enjoy a greater QOL post-divorce (Stevenson & Wolfers, 2007), whereas others lacking these safeguards endure lower socio-economic as well as social status (Odis, 2021).

Research Methodology
This section describes the research methods, i.e., design, participant selection, data collection, ethical issues, tools of assessment, and statistical tests for the observation of the relationship of self-esteem, mental health, and quality of life between divorced Pakistani women.

Research Design
The study was conducted using a cross-sectional design to identify the prevalence and association between the selected variables at a given point in time.

Sampling Technique
Because of the socially conservative context in Pakistan, the snowball sampling method was employed a non-random approach where initial respondents recommend other eligible members. Helpful in reaching hard to access populations, the technique does reduce sample heterogeneity.

Population and Sample
The sample was 120 legally divorced Pakistani women of various socio-economic levels. That was sufficient to perform statistical analysis and make inferential claims, as much as recruiting participants was difficult in the wake of societal norms.

Inclusion Criteria
- Officially divorced for at least one year.
- Residents of Pakistan across multiple socio-economic strata.
- Participation was completely voluntary.

Exclusion Criteria
- Women in the process of divorce not yet finalized.
- Individuals diagnosed with severe psychiatric conditions such as bipolar disorder or schizophrenia.
- Women who had remarried or were only informally separated.

Measurement Instruments

Rosenberg Self-Esteem Scale (RSES)
The research employed a 10-item questionnaire to measure overall self-esteem. Participants rated each statement on a four-point Likert scale, with higher scores indicating a greater sense of personal value and self-worth. The instrument has shown strong internal consistency, with Cronbach's alpha values between 0.77 and 0.88. However, adjustments may be needed to ensure its relevance in collectivist cultures such as Pakistan.

Quality of Life
To evaluate quality of life, the study used the WHOQOL-BREF, a 26-item tool developed by the World Health Organization. It measures four major aspects of life: physical health, psychological state, social interactions, and environmental conditions. Responses are provided on a five-point scale, where higher scores suggest better perceived well-being. The scale is known for its reliable performance ($\alpha = 0.66–0.84$), though cultural adaptation may be required to enhance its applicability in local contexts.

Mental Health Continuum Short Form
The Mental Health Continuum Short Form (MHC-SF) comprises 14 items that measure aspects of emotional, social, and psychological well-being. Participants rate how often they experienced specific feelings, from "never" to "every day." The instrument is highly reliable ($\alpha > 0.80$) and has strong test-retest consistency, though limited validation in Pakistan suggests its results should be interpreted with care.

Data Collection Procedure
Participants were selected through a snowball sampling technique. After obtaining informed consent, researchers collected demographic details and administered the three standardized scales. Each session took roughly 15 minutes. All participant data were kept confidential and anonymous. Psychological support was made available if needed. The study received ethical clearance from the Department of Psychology at Riphah International University, Faisalabad.

Scoring and Analysis
Standard scoring procedures specific to each instrument were used to ensure accuracy and maintain reliability.

For statistical analysis, SPSS Version 27 was employed. Descriptive statistics were calculated to understand participant demographics. Pearson correlation was used to examine the relationships between variables, and regression analysis assessed whether self-esteem and quality of life predicted mental health outcomes.

Rapport and Trust Building
Before administering the questionnaires, efforts were made to establish a trusting relationship with participants. They were informed about the study's confidentiality and their freedom to withdraw at any point. Any concerns or questions were addressed to reduce discomfort and encourage honest responses.

Ethical Guidelines
The research adhered to ethical principles as outlined by the university's ethics board. The dignity, privacy, and autonomy of all participants were respected. Informed consent emphasized that participation was voluntary and that participants could exit the study at any stage.

Results

In this section, the researcher applied various statistical techniques to examine the data collected from divorced women. The following analyses were conducted to evaluate the study's findings:

Table 4. 1 *Demographics characteristics of Research Participants (N = 120)*

Variable	Category	N	%
Age	28-30	12	10
	31-35	24	20
	36-40	54	45
	41-45	22	18.3
	46-50	5	4.2
	51-55	1	.8
	56-60	2	1.7
Education	Intermediate	14	11.7
	Bachelors	36	30.0
	Graduates	70	58.3
Economicstatus	Employed	33	27.5
	Self Employed	50	41.7
	Depended / unemplyed	37	30.7
Income level	Low	5	4.2
	middle	73	60.8
	High	6	5.0
	Depended	36	30.0
	Total	120	100

Table 4.1 presents the demographic profile of the study's participants (N = 120), representing various age groups. The largest segment 45% was aged between 36 and 40 years. This was followed by 20% of participants aged 31 to 35, and 18.3% in the 41 to 45 age group. Smaller proportions included 10% aged 28 to 30, 4.2% aged 46 to 50, 1.7% aged 56 to 60, and just 0.8% between 51 and 55 years. In terms of educational qualifications, most participants (58.3%) had completed their graduation, 30% held a bachelor's degree, and 11.7% had education up to the intermediate level. Employment data showed that 41.7% of respondents were self-employed, 27.5% were in regular jobs, while 30.7% were either unemployed or financially dependent on others.

As for income levels, a significant majority (60.8%) fell into the middle-income group, while 4.2% were categorized as low-income earners, and 5% identified as high-income individuals.

Table 4.2 *Psychometric properties of scales*

Variable				Range	
	M	*SD*	*A*	*Minimum*	*Maximum*
Self Esteem	42.78	11.78	.721	17	34
Quality of Life	76.65	76.65	.846	50	109
Mental Health	42.29	11.58	.836	19	76

*Note:**M** = Mean; **SD** = Standard Deviation; **α** = Cronbach's Alpha.*

Table 4.2 summarizes the psychometric properties of the tools used in this research, highlighting the mean scores (M) and standard deviations (SD) for key variables: self-esteem, quality of life, and mental health. The average self-esteem score among participants was 42.78, with a standard deviation of 11.78. Reported scores ranged from 17 to 34. The scale showed acceptable internal consistency, reflected by a Cronbach's alpha of .721. For the quality of life measure, participants had an average score of 76.65 (SD = 76.65), with observed scores between 50 and 109. This instrument demonstrated strong reliability, with a Cronbach's alpha of .846.In terms of mental health, the average score was 42.29, and the standard deviation was 11.58. Scores ranged from 19 to 76, and the internal consistency was high, as shown by a Cronbach's alpha of .836. All three instruments used in the study exhibited moderate to strong reliability, and the results reflected considerable variation in participants' levels of self-esteem, quality of life, and mental health.

Table 4.3 *Relationship between self-esteem, Quality of life and Mental Health.*

Variables	*1*	*2*	*3*
MHCSF	1		
WHOQOL	.639**	1	
Self esteem	-.207*	-.259**	1

Note: *p < 0.05, **p < 0.01.

Table 4.3 The Pearson correlation analysis was conducted to examine the relationships between mental health (MHCSF), quality of life (WHOQOL), and self-esteem. Results revealed a strong positive correlation between mental health and quality of life (r = .639, p < .01), suggesting that individuals with better mental well-being also experienced a higher quality of life.In contrast, mental health and self-esteem were found to be significantly negatively correlated (r = –.207, p < .05), indicating that higher mental health scores were associated with lower self-esteem levels among participants. Similarly, a moderate negative correlation was observed between quality of life and self-esteem (r = –.259, p < .01), meaning that as perceived quality of life increased, self-esteem tended to decrease in this group.

TABLE 4 *Relationship between Self-esteem, Mental Health and Quality of Life Sub domain.*

Variables	1	2	3	4	5	6
Self esteem	1					
MHCSF	-.207*	1				
Social	-.237**	.345**	1			
Physical	-.346**	.526**	.419**	1		
Psychological	-.051	.429**	.176	.309**	1	
Environmental	-.201*	..576**	.459**	.589**	.566**	1

Note:$p < 0.05$, **$p < 0.01$.

A Pearson correlation analysis was carried out to explore the connections between self-esteem, mental health (measured by the MHCSF), and the four main domains of the WHO Quality of Life (WHOQOL) scale: Social, Physical, Psychological, and Environmental. The findings indicated a significant negative correlation between self-esteem and mental health ($r = -0.207$, $p < .05$), meaning that participants with higher self-esteem tended to report lower mental health scores.

Self-esteem also showed negative associations with several quality of life areas: Social ($r = -0.237$, $p < .01$), Physical ($r = -0.346$, $p < .01$), and Environmental ($r = -0.201$, $p < .05$), suggesting that individuals with higher self-esteem perceived lower satisfaction in these aspects of their lives. However, the relationship between self-esteem and the Psychological domain was not statistically significant ($r = -0.051$, $p > .05$).In contrast, the mental health scale (MHCSF) was moderately and positively linked to all WHOQOL domains except for the Spiritual aspect. Strong correlations were found with Environmental ($r = .576$, $p < .01$), Physical ($r = .526$, $p < .01$), Psychological ($r = .429$, $p < .01$), and Social ($r = .345$, $p < .01$) domains, indicating that individuals with better mental health reported higher overall life quality.

Additionally, the Social domain had significant positive relationships with the Physical ($r = .419$, $p < .01$), Psychological ($r = .309$, $p < .01$), and Environmental ($r = .459$, $p < .01$) domains, highlighting that stronger social well-being is linked with better quality of life in other areas. Similarly, Physical health was positively correlated with both the Psychological ($r = .309$, $p < .01$) and Environmental ($r = .566$, $p < .01$) domains, further illustrating how these dimensions of life satisfaction are interconnected.

Table 5 *Self -esteem predict Mental Health and Quality of Life.*

Variable	B	B	SE	R ²	t
Quality of life	-.019	-.0.69	.03	.070	-.599
Mental Health	-.061	-.215	.04	.070	-1.854

Note: **β** = standardized regression coefficient; **SE** = standard error; **t** = t-value; **R²** = coefficient of determination.

Table 5 The regression analysis focused on understanding how the independent variable influenced quality of life. The results showed that the predictor did not have a statistically significant negative impact (B = –0.019, β = –0.069, SE = 0.03). Although the model explained 7% of the variance in quality of life ($R^2 = .070$), the effect of the predictor was not

statistically meaningful (t = –0.599, p > .05), suggesting no significant relationship between the independent variable and participants' quality of life.

When examining mental health, the regression revealed a negative relationship with the same predictor (B = –0.061, β = –0.215, SE = 0.04). This model also accounted for 7% of the variance (R^2 = .070). The t-value (t = –1.854, p = .067) came close to statistical significance, indicating a possible trend, but still did not meet the conventional cutoff (p < .05), so the result remains statistically inconclusive.

Discussion

This study investigated how self-esteem relates to quality of life and mental health in divorced women in Pakistan.

Hypothesis 1 was supported by the data, showing a statistically significant negative correlation between self-esteem and quality of life (r = –0.259, p < .01). This suggests that women with higher self-regard may feel less satisfied with their lives post-divorce potentially due to unmet personal expectations or reduced reliance on social networks, aligning with the work of Brown and Marshall (2013) and Diener and Chan (2011).

Hypothesis 2 also found support, indicating a significant negative association between self-esteem and mental health (r = –0.207, p < .05). The emotional strain from divorce may weaken the usual protective role of self-esteem, consistent with findings by Sowislo and Orth (2013), and Orth and Robins (2014).

Hypothesis 3 was confirmed, revealing a strong positive link between mental health and quality of life (r = .639, p < .01). This means that individuals with better mental health also reported greater satisfaction in life, in line with the arguments of Keyes (2002) and Ryff and Singer (2008).

Hypothesis 4 was not supported. The regression showed that self-esteem did not significantly predict quality of life (B = –0.019, p > .05), suggesting that other factors such as financial stability or interpersonal relationships may play a larger role. These findings are consistent with research by Baumeister et al. (2003) and Harris and Orth (2020).

Hypothesis 5 also failed to reach statistical significance. While there was a negative relationship between self-esteem and mental health (B = –0.061, p = .067), the association did not meet the threshold for significance. This points to the possibility that factors like social support may have a more substantial impact, as suggested by Diener and Chan (2011) and Harris and Orth (2020).

Overall, the findings indicate that while self-esteem does relate to both mental health and quality of life, it may not be the most influential factor in post-divorce adjustment. Other elements such as coping mechanisms, resilience, and the surrounding social environment likely have a more significant role in shaping well-being after divorce.

Summary, Findings, Conclusion, and Recommendations
Findings
- Higher self-esteem was associated with worse quality of life.
- Higher self-esteem was associated with worse mental health.
- Both mental health and quality of life were strongly and positively correlated.
- Self-esteem did not have a strong predictive role in determining mental health or quality of life.
- Economic status, coping, and social support will be more potent predictors.

Conclusion:
Self-esteem is not a strong predictor by itself of mental health or quality of life for divorced women. Independence economically, hardness, and supportive systems are stronger predictors of well-being post-divorce.

Limitations:
• Small sample size and limited generalizability.
• Danger of self-reporting bias.

•Use of cross-sectional design precludes causal inference.
•Low cultural applicability of measurement tools remains.
Recommendations:
•Increase access to psychological programs and interventions to build resilience.
•Develop policy and encourage local peer groups and social sites for divorced women.
•Increase vocational training and economic empowerment interventions.
•Increase access to legal counsel and mental health counseling.
•Carry out longitudinal studies that account for cultural, parental, and society's context.

Implications

In the future, intervention should be combined with the construction of self-esteem and utilitarian support services financial, legal, and social. Furthermore, public opinion regarding divorce should be changed to reduce stigma and allow for mental and emotional recovery.

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