

Age Groups Differences in Psychological Distress and Subjective Well-Being Among Saudi Women

الفروق بين الفئات العمرية في الضائقة النفسية والرفاهية الذاتية بين النساء السعوديات

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الملخص:

هدفت هذه الدراسة إلى التحقق مما إذا كانت هناك اختلافات في الضائقة النفسية والرفاهية الذاتية بين النساء السعوديات في مكة المكرمة حسب الفئة العمرية. استخدمت هذه الدراسة منهج المسح الاجتماعي. وقد تم جمع البيانات من خلال استبانة موجهة لعينة من النساء السعوديات المقيمات في مكة المكرمة، اللائي تبلغ أعمارهن 18 سنة فما فوق، وبلغ حجم العينة 442 عينة حققت مستوى ثقة بنسبة 95% وهامش خطأ 5%، متجاوزة الحد الأدنى المطلوب وهو 384 عينة لزيادة موثوقية النتائج. وتم إجراء تحليلات وصفية وثنائية المتغيرات للإجابة عن أسئلة الدراسة. أظهرت نتائج الدراسة عن وجود اختلافات مهمة في الضائقة النفسية والرفاهية الذاتية بين النساء السعوديات وفقاً للفئة العمرية. تعاني النساء الشابات من مستويات أعلى من الضيق النفسي، في حين أن النساء البالغات والأكثر سناً أبلغن عن مستويات مرتفعة من الرفاهية. وتوصلت الدراسة إلى أن العمر هو عامل اجتماعي يحدد مستوى الضيق النفسي والرضا عن الحياة بين النساء. كما خلصت الدراسة إلى أنه بالنظر إلى السياق الثقافي، من المهم دمج الدين والروحانية في البحوث المستقبلية. بالإضافة إلى ذلك، تدعو الدراسة إلى إجراء دراسات اجتماعية أكثر شمولاً مع مجموعات سكانية متنوعة لتلبية احتياجات الصحة النفسية والرفاهية للنساء في مختلف الفئات العمرية بشكل فعال مع تقدم المملكة العربية السعودية نحو تحقيق أهداف رؤية 2030.

الكلمات المفتاحية: العمر، الضائقة النفسية، الرفاهية الذاتية، نظرية دورة الحياة، المرأة السعودية

Abstract:

This study aimed to investigate whether differences exist in psychological distress and subjective well-being among Saudi women in Makkah by age group. This study used a social survey approach. Data were collected through a questionnaire designed for a sample of Saudi women residing in Makkah, aged 18 years and above, with a sample size of 442, achieved a 95% confidence level and 5% margin of error, exceeding the minimum required sample size of 384, to increase the reliability of the findings. Descriptive and bivariate analyses were used to answer the study questions. The study findings show significant variations in psychological distress and subjective well-being among Saudi women across different age groups. Younger women experience higher levels of psychological distress, while adult and older women report greater satisfaction. The study concludes age is a social determinant of psychological distress and life satisfaction among women. Given the cultural context, it is essential to incorporate religiosity and spirituality into future research. Additionally, the study calls for more extensive sociological studies with diverse populations to effectively address the mental health and well-being needs of women across different age groups as Saudi Arabia progresses toward its Vision 2030 goals.

Keywords: Age, psychological distress, subjective well-being, life course theory, Saudi woman

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1. Background

Mental disorders represent a significant global health challenge, impacting many individuals across diverse populations. According to the World Health Organization (WHO) (2022), these disorders are characterized by considerable disturbances in cognitive, affective, or behavioral functioning. Among these, anxiety and depression are the most prevalent, drawing attention from sociologists studying mental health and psychological distress (Rogers & Pilgrim, 2021). Psychological distress, defined as a state of emotional discomfort encompassing anxiety, sadness, and physical manifestations such as insomnia and headaches, can lead to adverse health outcomes like diminished quality of life and increased mortality rates (Drapeau et al., 2012; Peele & Schnittker, 2022; Ridner, 2004).

Research indicates that women are more frequently affected by psychological distress compared to men (Binsaif et al., 2023; Leach et al., 2008; Otten et al., 2024), with rates of depressive disorders being 50-100% higher among women (Riecher-Rössler, 2017; Thoits, 1986). This discrepancy has led to the perception among sociologists that women are more prone to mental health issues (Rieker et al., 2010). In Saudi Arabia, a similar trend emerges, with women exhibiting higher prevalence rates of mental disorders than their male counterparts (Alharbi et al., 2024; Alosaimi et al., 2017; Altwajiri et al., 2024; Binsaif et al., 2023; Khanagar et al., 2021). A recent study highlighted that the levels of psychological distress among Saudi women range significantly, from 13.9% to 80%, with around 38.1% experiencing elevated distress (Alharbi et al., 2024; Binsaif et al., 2023). Various factors, including societal expectations, social roles, biological influences, and shifts in societal structures, contribute to these experiences of distress and can vary throughout a woman's lifespan.

Numerous researchers in medical sociology have explored the intricate relationship between gender, aging, mental health, and well-being (Barrett & Michael, 2022; Bartram, 2021; Busfield, 2000; Ross, 2017; Thoits, 1986; van Beuningen, 2012). Empirical data suggest that age determines mental health and subjective well-

being (Bălătescu, 2014; Bartram, 2021; Farrer et al., 2008; López Ulloa et al., 2013). Studies have shown that women and older people tend to experience more depressive symptoms than their counterparts (Beutel et al., 2009). In Saudi Arabia, around 24.7% of women reported having at least one mental health disorder in the past year, and 35.9% experienced such disorders at some point in their lives (Altwajiri et al., 2024). Moreover, younger individuals, particularly those aged 20-25, exhibit higher rates of mental health symptoms (Aljuhnien et al., 2024). During the COVID-19 pandemic, the research found exceptionally high levels of psychological distress among individuals aged 19-35 who were unmarried (Elhessewi et al., 2021), while quarantined older adults reported lower psychological distress levels (El Keshky et al., 2021).

Over the past few decades, experts have developed various instruments to measure subjective well-being, encompassing life satisfaction and happiness (Al-Khraif et al., 2019; Beutel et al., 2009; Diener et al., 1999; van Beuningen, 2012). Diener and colleagues define subjective well-being as an overall life assessment that weighs positive and negative experiences (Veenhoven, 2009). Life satisfaction, viewed as a subjective emotional state reflecting one's quality of life, varies significantly among different populations (Al-Khraif et al., 2019; Beutel et al., 2009; Sujun et al., 2022). Research indicates that life satisfaction generally increases from ages 31 to 40 but declines after age 50, with older individuals typically reporting lower life satisfaction (Beutel et al., 2009).

Interestingly, studies suggest that in Saudi Arabia, gender and age significantly influence life satisfaction among older adults, with women more likely than men to express satisfaction with their lives (Al-Khraif et al., 2019). Furthermore, the life satisfaction of seniors in Saudi Arabia tends to exceed the global average. However, the gap still exists in the literature in understanding how psychological distress and subjective well-being diverge across various age groups among women.

In analyzing age data, researchers focused on well-being and commonly utilized regression models with a

quadratic function of age, expecting both negative and positive coefficients (Bartram, 2021). Previous studies indicate that life satisfaction tends to fluctuate with age, often forming a "U-shaped" curve; it generally declines as individuals approach midlife but shows an uptick in later years. Some research, however, suggests this relationship may be more stable (Bartram, 2021). Notably, while younger individuals encounter various challenges that can impact their life satisfaction, adults frequently deal with work-related issues that adversely affect their well-being.

For middle-aged and older adults, psychological distress emerges as a significant risk factor for mental health, profoundly influencing their quality of life and overall well-being (Oshio, 2024). Studies reveal partnership satisfaction declines after age 50 among women in Germany, while health satisfaction diminishes during young adulthood. It has also been observed that having a partner becomes increasingly vital during middle age. Interestingly, the oldest age group often displays higher rates of depression, with anxiety levels remaining relatively stable (Beutel et al., 2009).

Additionally, research by Feng et al. (2014) indicates that functional disability affects the psychological distress of older individuals (aged 75 and above) in rural China to a lesser extent. Their study suggests that this relationship is mediated by social support, which appears to hold less significance for those under 75. Adults aged 50-70 tend to report lower social support during periods of psychological distress compared to their counterparts over 70.

Age plays a significant role in how social support is perceived and valued, affecting the emotional experiences of both younger and older individuals. In earlier life stages, social support is especially effective in reducing feelings of loneliness. However, for older adults, health issues and physical challenges are often crucial factors that lead to distress, negatively impacting their emotional well-being (Kim et al., 2020). Yet, a sense of control can mitigate stress and enhance the benefits of social support, thereby positively influencing mental health (Nemeroff et al., 2010). This underscores the

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importance of fostering agency and community connections among older adults to promote their well-being.

Sociological literature highlights the impact of the life course on health, particularly in early old age. Moreover, young individuals' age category influences their consciousness and identity, and it is variable depending on their life prospects and levels of societal integration (Elder, 1975). Life course theory suggests that individual development is shaped by psychological and social experiences, which evolve with age and environment (Hunt, 2017). This perspective provides insights into how age differentiation manifests through sequences of roles, social transitions, and pivotal turning points.

Another critical aspect is recognizing the reciprocal nature of socialization and generational relationships. The sociological literature on age is influenced by two main theoretical perspectives: sociocultural and cohort-historical. The sociocultural perspective focuses on age's social meanings and contextual variations, illustrating how milestones like birth and death are socially constructed. These social norms define age categories, expectations, and roles (Elder, 1975).

In contrast, the cohort-historical perspective views age as both a biological fact and a social indicator. It utilizes chronological age to assess life stages and historical contexts. Although not normative, birth cohorts are distinguished by shared experiences and unique life patterns (Elder, 1975). This framework frames life as a dynamic continuum requiring adaptation to various social, health, and psychological influences.

Examining age groups, psychological distress, and life satisfaction within this sociological framework is relevant because it underscores the significance of generational experiences in shaping age-related differences. For instance, women from distinct age cohorts in Makkah may experience varying levels of psychological distress and life satisfaction due to unique socio-cultural and religious norms that shape their lives with rapid social and economic. Understanding these shared experiences offers valuable insights into the psychological well-being of diverse age groups, emphasizing that social roles and contexts play a pivotal role in how

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different age groups interpret and respond to distress and life satisfaction.

Despite a growing body of literature on psychological distress and life satisfaction, research regarding mental health among Saudi women remains limited, particularly from a sociological perspective. This research aims to fill the gaps in understanding the mental health and subjective well-being of Saudi women. Examining psychological distress and life satisfaction among diverse age groups is essential for achieving the goals of Saudi Vision 2030, which strives to enhance mental health care, empower women, and improve the overall quality of life in the kingdom. From a sociological standpoint, mental disorders are deeply influenced by social change and cultural shifts, with women experiencing varying vulnerabilities to mental distress based on evolving social expectations and roles. Thus, age is a biological and social determinant of mental health and well-being. This study seeks to inform comprehensive health policies that address the specific needs of women. The Saudi government plays a crucial role in promoting research and initiatives focused on women's mental health. By investing in mental health programs and resources, the government can effectively confront the unique challenges faced by women and work towards creating a supportive framework that enhances their well-being throughout Saudi Arabia.

2. Research Objectives

- 1) To explore the differences in psychological distress levels among Saudi women across various age groups.
- 2) To assess the differences in life satisfaction levels among Saudi women of diverse age groups.

3. Research Questions

- 1) Do the levels of psychological distress differ among Saudi women according to their age levels?
- 2) Do life satisfaction levels differ among Saudi women of different age groups?

4. The Life Course: A Sociological Perspective

The life course refers to the social processes that occur throughout an individual's life, focusing on family cycles, education, and career pathways. It is influenced by Cultural beliefs, structured roles, legal age restrictions, and individual choices (Mayer & Tuma, 1990). Life course theory positions age as more than a chronological measure; it represents complex social roles and cultural expectations that evolve over time. Distinct stages of age are characterized by specific transitions that contribute to personal growth and social interactions, highlighting that the meaning of age is socially constructed and varies across cultures and historical contexts (Settersten Jr & Mayer, 1997), as illustrated by the unique cultural landscape of Makkah, Saudi Arabia.

According to life course theory, individuals experience social roles and transitions shaped by broader social structures and cultural norms (Mayer & Tuma, 1990; Moen & Spencer, 2006). In Makkah, the social institutions of religion, family, education, and work are particularly influential in how women navigate these life stages. The timing and sequencing of life events significantly impact their experiences, affecting psychological distress and life satisfaction. This theory highlights the interplay between personal life trajectories and institutional factors, emphasizing the importance of these social contexts in shaping women's well-being.

Researchers focus on changes and continuities in roles, relationships, health, identity, and achievements in life courses. They analyze the onset, timing, duration, and sequence of roles and their determinants and outcomes, particularly those concerning health and well-being. The researchers also elucidate the broader influences on individuals' lives by considering historical and cultural contexts, social change, and the interplay between individual experiences and societal trends (Moen & Spencer, 2006).

Age measures biological maturity, psychological development, and social categorization. Society's age structure connects individual experiences and status to their age. The life course illustrates how social institutions—like education, family, and work—affect individuals. Educational trajectories, job histories, and family narratives shape one's life course and can be viewed as objective, while "biography" encapsulates individuals' subjective interpretations of their life experiences (Settersten Jr & Mayer, 1997). Additionally, age and gender are critical social and cultural categories that define societal expectations and individual roles and influence personal identity and self-perception. Institutions, including family, education, and occupations, are often organized.

Drawing on this life course theory, this study examines differences in psychological distress and life satisfaction among different age groups of women in Makkah. It aims to determine how levels of psychological distress may vary between younger, middle-aged, and older women and how their levels of life satisfaction differ among these age groups within the cultural context of Makkah.

5. Methodology

This study employed a social survey approach and random sampling to collect data on psychological distress and life satisfaction among Saudi women in Makkah City.

5.1 Study Participants

The participants in this study were selected using a social survey method to ensure a representative sample of women residing in Makkah City, Saudi Arabia, which has an estimated population of approximately 526,261 (General Authority for Statistics, 2022). The sample size was calculated to achieve a 95% confidence level with a 5% margin of error, resulting in an ideal size of 384 participants. However, the researcher decided to recruit 442 women to enhance the findings' reliability and address potential data collection biases. This larger sample size improves the validity of the results by capturing a broader range of perspectives and minimizing the influence of outliers, ensuring that the outcomes reflect the wider population.

Participants were selected by distributing an online survey through social media, targeting different Saudi women groups, such as female teachers, university students, participants in Quranic memorization circles, and retirees. The survey was shared multiple times to increase response rates across various social and age demographics.

The selection criteria included Saudi women aged 18 and older who resided in Makkah City, allowing for diverse age representation. Women from various social and educational backgrounds were also included to ensure comprehensive representation across different societal groups.

5.2 Data Collection

Data were collected in four weeks using a survey covering several aspects, including sociodemographic characteristics, psychological distress, life satisfaction, and social support. The primary survey included age groups: 18-24, 25-34, 35-44, 45-54, 55-64, and 65 and older. The 18—to 24-year-old age group was emphasized due to its significance as a transitional phase from adolescence to young adulthood. Individuals in this age range begin making important educational, employment, and independence decisions (France et al., 2020; Galland, 2003; Jekielek et al., 2005).

Following data collection, the age groups were reorganized into three categories: 18-34 (youth), 35-54 (adults), and 55 and above (older). This restructuring aligns with life cycle theory, which classifies the 18-34 age range as an early stage of maturity. This reorganization aims to improve the sample's representativeness and inclusiveness.

5.3 Procedure

Participants were encouraged to complete the survey at their convenience, which helped improve response rates and minimize potential bias. The survey used closed-ended questions to facilitate clear responses and streamline data analysis. After data collection, the age groups of women were recoded into three broader categories for thorough analysis and interpretation of the results.

5.4 Variables of Interest

This study recorded age groups in three categories using international and local criteria aligned with established life course theory. The "young" group was classified as individuals aged 18–34, reflecting both demographic trends in Saudi Arabia (General Authority for Statistics, 2022) and the developmental stage associated with identity exploration and increased responsibilities. Previous studies have indicated that this age group tends to experience higher levels of psychological distress (Varma et al., 2021). The "adult" group includes individuals aged 35–54, a period often characterized by balancing work and family responsibilities while facing distress. This classification aligns with the life cycle stages identified in sociological studies (Elder, 1998). Finally, "older adults" are classified as individuals aged 55 and above, corresponding to late adulthood, typically associated with retirement and health challenges. Previous research has shown that this age group expresses a higher quality of life (Candeias et al., 2021). This classification framework effectively integrates local population data with international age-related standards, providing a comprehensive understanding of the various social and psychological transitions experienced by each age group.

Psychological distress. Psychological distress is the combined feeling of anxiety, sadness, and physical symptoms (e.g., sleeplessness, tremors, headaches), reflecting an overall condition of emotional agitation or disturbance (Drapeau et al., 2012). In social and physiological studies, the Kessler K10 distress scale is used to measure people's feelings of depression or sadness over 30 days (Kessler et al., 2002).

This study used the Kessler et al. (2002) scale of psychological distress to provide a broad assessment of Saudi women's mental health. The Kessler scale comprises a ten-question (k10) assessment of anxiety and depression symptoms in the last 30 days. The k10 items were translated into Arabic to ensure relevance and accuracy. There are several reasons why translating the K10 scale into Arabic is critical for Saudi women. It aligns the questions about mental health with their experiences, improving the accuracy of the assessment. 2. It increases engagement in the assessment by removing

مجلة جامعة أم القرى للعلوم الإجتماعية مجلد 17 العدد (1) مارس 2025 language barriers. 3. Addresses specific societal pressures that impact their mental health. 4. understanding these issues helps create tailored support systems and interventions. 5. It encourages Saudi women to seek help and express their feelings through culturally relevant tools. Overall, to effectively address the mental health needs of Saudi women, adaptation of the K10 scale is essential. However, the responses of the K10 were measured from (1 "not at all," 2 "almost never," 3 "some of the time," 4 "most of the time," 5 "all of the time"). All the K10 items were summed up to create a psychological distress scale ranging from 10 to 50 scores. Higher scores indicate high levels of psychological distress "likelihood of having a mental disorder." (Kessler et al., 2002).

Subjective well-being is measured by an individual's life satisfaction, reflecting their overall quality of life and emotional state, including positive and negative feelings. Life satisfaction, as defined by Diener (1984), reflects how much a person feels their life has meaning and aligns with their desires and values. The Satisfaction With Life Scale (SWLS), created by Diener et al. (1985), effectively measures overall well-being (Sujan et al., 2022). It consists of five statements, and the participants were requested to indicate their agreement or disagreement with each statement. The responses of all respondents were measured on a 7-point Likert scale, with 1 denoting "Strongly disagree" and 7 denoting "Strongly agree." In this study, SWLS was used and translated into Arabic to assess the judgmental component of the subjective well-being of Saudi women. Translating the Satisfaction with Life Scale (SWLS) to Arabic for Saudi women is essential for several reasons: 1. It reflects their unique cultural values and experiences, ensuring relevance. 2. An Arabic version is accessible for those not fluent in English, leading to more accurate responses. 3. It allows for thorough testing to measure the well-being of Saudi women effectively. A summative scale was created by summing all seven items. Scores range from 5 to 35, with higher scores indicating greater satisfaction with life (Diener, 1984).

5.5 Socio-Demographic Variables

The study includes demographic variables, with marital status coded as (0=unmarried, 1=married). *Education* variable was coded as (0=<high school, 1 = high school, 2 = some degree, 3 = a bachelor's degree, and 4 = postgraduate), income per month was coded in categorical (0=< 2,000 SR, 1= 2,000-4,999 SR, 2= 5,000-9,999 SR, 3= 10,000-14,999 SR, 4= 15,000-19,999 SR, 5= 20,000 SR and above), occupation (0= government sector employee, 1=private sector employee, 2= retired, 3= unemployed, 4= student, 5= other), and home ownership (0= own, 1= rent, 2= living with my family without paying rent).

Perceived social support. The study used the Arabic version of the Multidimensional Scale of Perceived Social Support (MSPSS), customized to align with Makkah's conservative and religious culture. This adaptation ensured that the instrument was culturally relevant and suitable for the local community's values and norms. The MSPSS consists of twelve items. Each group of three items, each related to sources of support such as family, friends, or community, consists of four question items, each scored on a five-point Likert scale that ranges from "strongly disagree" to "strongly agree." Higher scores indicate more perceived social support.

5.6 Assessment of Measurement Consistency

The researcher conducted a thorough translation and cultural adaptation of the measures for

Table 1. Cronbach's alpha scales for Life Satisfaction (SWLS), Psychological Distress(K10), and Social Support (MSPSS)

Scale	Number of items	Cronbach's alpha
Life Satisfaction	5	0.83
Psychological Distress	10	0.92
Total Social Support (MSPSS)	12	0.91

6. Analytical Strategy

The researcher conducted all analyses using [STATA] software. All the study variables were described by computing continuous data's mean and standard deviation, and proportions were summarized for categorical variables. Before running the analysis, the researcher applied the Shapiro–Wilk test to check the data's normality. To answer the research questions, the researcher performed nonparametric tests for bivariate

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psychological distress, life satisfaction, and social support to ensure their accuracy and relevance for Saudi women. This process began with an initial translation of the scales from English to Arabic, followed by a retranslation back into English to verify the consistency and accuracy of their meanings. Experts fluent in both languages reviewed the Arabic version to ensure it aligned with Saudi cultural values, taking into account social, cultural, and religious aspects. Based on their feedback, adjustments were made to enhance the scale's suitability for the local context.

After this careful translation and adaptation, a Cronbach's alpha calculation was performed to assess the reliability of the measures. The analysis confirmed that these measurements are consistent and reliable in these crucial areas. As shown in Table 1, Cronbach's alpha coefficient for the five items measuring life satisfaction was 0.83, which is considered very high and acceptable (Nawi et al., 2020). Similarly, the Cronbach's alpha coefficient for psychological distress (K10) was 0.92, indicating excellent reliability, while the coefficient for perceived social support (MSPSS) was 0.91. This comprehensive approach ultimately enhances the reliability and validity of the instrument, increasing the accuracy of the results.

analyses, including the Kruskal-Wallis test and Bonferroni correction test, to examine the differences in the levels of psychological distress and life satisfaction among Saudi women of different age groups (young, adult, and older).

The Bonferroni correction was used to mitigate the risk of Type I error, which can occur when multiple comparisons lead to the wrongful identification of statistically significant results (Napierala, 2012). The specific pairwise comparisons conducted included "young

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vs. adult," "young vs. older," and "adult vs. older." The objective was to detect any significant differences in psychological distress and life satisfaction among these age groups, as it assumed that individuals in different age groups face various life challenges and circumstances that may affect their levels of psychological stress, outlook, and life satisfaction. By applying the Bonferroni correction, the study aimed to ensure the validity and reliability of the findings while minimizing the likelihood of false positive results in the context of these multiple analyses.

Additionally, Chi-square tests were conducted for categorical data to examine comparisons across various age groups. Alpha = <.05, two-tailed was reported as statistically significant.

7. Results

The researcher employed a Shapiro-Wilk test to assess the normality of the distributions of the continuous variables. The findings indicated that the data were not distributed normally; thus, a non-parametric test was applied to the bivariate analysis. The descriptive statistics of the study variables are presented in Table 2. This table shows the data based on age groups within the study sample (N = 442). The participants were divided into three categories: 175 younger women (40%), 214 adult women (48%), and 53 older women (12%). Table 2 shows Saudi women's life satisfaction scores ranged from 6 to 35. The mean scores were as follows: for younger Saudi women, the score was 22.68 (SD = 7.23); for adult Saudi women, it was 24.74 (SD = 5.59); and for older Saudi women, it was 25.58 (SD = 4.82). Overall, older women reported significantly higher life satisfaction levels than younger and adult cohorts ($p < 0.05$).

Furthermore, the average psychological distress levels, measured on a scale from 10 to 50, were reported as follows: the younger group had a mean score of 29.84 (SD = 8.96), the adult women group had a mean of 27.90 (SD = 8.09). The older women group reported a mean of 24.86 (SD = 7.80). Higher scores indicate higher levels of psychological distress. The total perceived social support (SMPSS) score was assessed on a scale from 1 to 5, with higher scores reflecting a more excellent perception of social support. The mean SMPSS scores reveal

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that younger Saudi women had a score of 3.60 (SD = 0.80), adult Saudi women scored 3.70 (SD = 0.67), and older Saudi women had a mean score of 3.86 (SD = 0.58). Furthermore, there were no differences in perceived social support (SMPSS) among the women's age groups ($p > 0.05$).

Examining the social support subscales, the study found that family support was highest in the younger group, with a mean score of 3.65 (SD = 0.96). In comparison, the adult group had a mean score of 3.87 (SD = 0.83), and the older group scored 4.01 (SD = 0.67). For friends' support, the younger group had a mean of 3.67 (SD = 1.03), the adult group scored 3.63 (SD = 0.92), and the older group reached a mean of 3.85 (SD = 0.75). Interestingly, younger Saudi women reported the highest level of community support, averaging 3.47 (SD = 0.88), followed by the adult group at 3.59 (SD = 0.83) and the older group at 3.73 (SD = 0.62).

Among the age groups of Saudi women, most participants were married and had attained a bachelor's degree (see Table 2). Additionally, there were significant differences in income among the groups: 60% of younger women and 31% of adult women reported a monthly income of less than 2,000 SR. In comparison, 30% of older women reported earning between 10,000 and 14,999 SR. Moreover, differences in occupation were noted: a higher percentage of younger women were unemployed (34%) compared to other age groups. The adult group comprised more government employees (37%), while 49% of older Saudi women were retired. Furthermore, the majority of adults and older women own their homes.

The researcher conducted chi-square tests to determine whether there were significant differences in various nominal and categorical variables across different age groups, as shown in Table 2's last column. The findings indicated that adult and older Saudi women were more likely to marry than their younger counterparts ($p < .001$). There was also a significant difference in education levels across age groups ($p < .001$), with 16% of adult Saudi women having a higher education than women from other age groups. Furthermore, Saudi

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women of all ages showed significant differences in income, occupation, and home ownership ($p < .001$).

Table 2. Descriptive Statistics Based on Age Groups among Saudi Women in Makkah City (N= 442).

Variable Name	Younger (18-34) (40%) N=175		Adults (35-54) (48%) N=214		Older (+55) (12%) N= 53		Min	Max	Test of difference (two-tailed)
	Mean or Proportion	S.D.	Mean or Proportion	S.D.	Mean or Proportion	S.D.			
Life Satisfaction	22.68	7.23	24.74	5.59	25.58	4.82	6	35	$p < 0.001$
Psychological Distress	29.84	8.96	27.90	8.09	24.86	7.80	10	50	$p < 0.001$
Social Support (total) SMPSS	3.60	.80	3.70	.67	3.86	.58	1	5	
Family Support	3.65	.96	3.87	.83	4.01	.67	1	5	$p < 0.05$
Friends Support	3.67	1.03	3.63	.92	3.85	.75	1	5	N/S
Community Support	3.47	.88	3.59	.69	3.73	.62	1	5	N/S
Marital Status							0	1	$p < 0.001$
Unmarried	.63		.19		.34				
Married	.73		.81		.66				
Education							0	4	$p < 0.001$
< high school	.01		.08		.11				
High school	.18		.15		.21				
Some college	.06		.08		.19				
Bachelor's degree	.63		.50		.49				
Postgraduate	.12		.16		N/A				
Income per month							0	5	$p < 0.001$
< 2,000 SR	.60		.31		.21				
2,000-4,999 SR	.13		.12		.02				
5,000-9,999 SR	.17		.26		.25				
10,000-14,999 SR	.06		.18		.30				
15,000-19,999 SR	.05		.08		.15				
+20,000 SR	N/A		.04		.08				
Occupation							0	5	$p < 0.001$
Government sector employee	.15		.37		.13				
Private sector employee	.14		.11		.06				
Retired	N/A		.06		.49				
Unemployed	.34		.30		.08				
Student	.29		.02		N/A				
Other	.07		.14		.25				
Home Ownership							0	2	$p < 0.001$
Own	.22		.48		.66				
Rent	.21		.30		.21				
Living with my family without paying rent	.57		.22		.13				

N = Number, S.D. = Standard Deviation, Min = Minimum and Max = Maximum, N/A = Not Available, SR = Saudi Riyal, N/S = Not Significant. Kruskal-Wallis test for continuous variables that are not normally distributed and chi-squared for categorical variables across ages

To answer the first research question, “Do the levels of psychological distress differ among Saudi women according to their age levels?”. Significant differences in levels of psychological distress were found among the age groups ($p < 0.05$). The Bonferroni-adjusted results presented in Table 3 reveal a significant difference in psychological distress levels between younger and adult

Saudi women. Specifically, younger women show a higher prevalence of psychological distress compared to their older counterparts ($p < 0.05$). However, no significant differences were found in psychological distress levels between the other groups (elderly vs. adults or adults vs. younger).

Table 3. Bonferroni Test Results for Comparisons of Psychological Distress Across Age Groups

Pairwise Comparison	Test Statistic	Standard Error	Standardized Test Statistic	p-value	Adjusted p-value
Younger vs. Adults	45.94	19.58	2.34	.019	.057
Younger vs. Older	70.84	20.01	3.54	.001	.001
Adults vs. Older	24.90	13.01	1.91	.056	.167

Note: significance values have been adjusted using the Bonferroni correction with an alpha level of .05

In contrast, to answer the second research question, “Do life satisfaction levels differ among Saudi women of different age groups?”. The analysis shows that overall life satisfaction varies significantly across all age groups of Saudi women ($p < 0.05$). According to the Bonferroni correction in Table 4, older Saudi women

report higher life satisfaction than younger cohorts ($p < 0.05$). Additionally, adult women experience greater social satisfaction than younger women. However, there is no significant difference in life satisfaction between older and adult Saudi women ($p > 0.05$).

Table 4. Bonferroni Test Results for Comparisons of Life Satisfaction Across Age Groups

Pairwise Comparison	Test Statistic	Standard Error	Standardized Test Statistic	p-value	Adjusted p-value
Younger vs. Adults	-32.74	12.99	-2.51	.012	.035
Younger vs. Older	-50.44	19.99	-2.52	.012	.035
Adults vs. Older	-17.69	19.56	-.904	.366	1.000

Note: significance values have been adjusted using the Bonferroni correction with an alpha level of .05

8. Discussions

The findings of this study offer a nuanced understanding of psychological distress and life satisfaction among Saudi women in Makkah, highlighting both alignments and divergences with existing literature. A notable finding is that younger Saudi women report higher levels of psychological distress than their older counterparts. This aligns with previous research indicating that younger individuals often experience greater distress as they navigate the complexities of adulthood (Zhang et al., 2021). The challenges associated with education, employment, and identity formation during this transitional period can be overwhelming, as Arnett (2001) Arnett (2001) and Stein et al. (2013) suggested.

In contrast, the study shows older Saudi women experience higher life satisfaction than younger cohorts. This finding is supported by the lower levels of psychological distress observed in older women compared to their younger counterparts. This finding is consistent with prior research indicating that older adults often have more stable social networks, contributing to enhanced life satisfaction (Krause, 2004). In Saudi Arabia, life satisfaction among older adults is above average

(Al-Khraif et al., 2019). Familial cohesion and robust social support systems are critical in promoting life satisfaction. Established family networks provide emotional stability and empower older women to navigate life's challenges with resilience.

Interestingly, the findings reveal that both adult and older Saudi women experience comparable levels of distress and life satisfaction, challenging the expectation that older individuals should experience a distinct reduction in distress. This suggests that while psychological distress and life satisfaction may fluctuate with age, they do not necessarily vary significantly between age groups. This pattern resonates with the U-shaped curve of happiness and life satisfaction, which indicates a peak in mid-life (Blanchflower & Oswald, 2008), reinforcing the notion that subjective well-being may not decline with age (Bălăţescu, 2014).

These observations can be understood through life course theory, which emphasizes the importance of life experiences in shaping emotional responses. For women in Makkah, the Sacred Mosque (Masjid al-Haram) is a vital source of inner peace and spirituality, helping them manage daily stressors more effectively. The emotional

challenges faced by both age groups—such as social responsibilities, familial obligations, and health issues—suggest that these experiences lead to similar levels of psychological distress.

Given the rapid socio-economic changes in Saudi Arabia, both age groups may encounter increased pressures, contributing to a generalized experience of psychological distress. Saudi society's cultural context, characterized by strong familial ties and support networks, plays a significant role in alleviating the psychological burdens experienced by women at different life stages. Drawing on their life experiences and robust family connections, older women exhibit practical stress management skills supporting their well-being.

These converging findings highlight the need for a revised understanding of psychological distress about age. Life course theory posits that experiences across various life stages significantly shape emotional responses and coping strategies. Therefore, the shared experiences of adult and older Saudi women, influenced by socio-economic transitions and cultural expectations, may lead to similar levels of psychological distress despite generational differences.

Ultimately, these insights underscore the importance of tailoring mental health interventions and support systems to address individuals' unique challenges at different life stages. Recognizing the intergenerational similarities in psychological distress and life satisfaction may pave the way for more nuanced approaches that enhance the emotional well-being of women in Saudi Arabia, ensuring that their cultural and contextual realities are adequately considered.

9. Conclusion

The findings from this study highlight significant variations in psychological distress and subjective well-being among Saudi women in Makkah City across different age groups. Younger women reported higher levels of psychological distress, while older women exhibited greater life satisfaction, underscoring the complex interplay of age, mental health, and social factors. Additionally, this research emphasizes the importance of considering variables such as religiosity and spirituality, given their relevance in a religiously significant locale.

Despite its contributions to the literature, the study has notable limitations, primarily the small sample size, which restricts the generalizability of the findings. Future research should include a more extensive and diverse population to gain a comprehensive understanding of sociocultural factors influencing mental health among Saudi women as the country advances toward its Vision 2030 goals.

To better address the mental health needs of Saudi women, several recommendations are proposed: (1) Develop mental health support services specifically designed for younger women, focusing on relevant counseling and coping strategies; (2) Incorporate spirituality and religiosity into future mental health programs to enhance engagement and support; (3) Conduct studies with larger, more representative samples to explore the sociocultural factors affecting mental health across demographics; (4) Implement educational programs that aim to destigmatize mental health issues among younger women and inform them of available resources. These recommendations aim to foster a supportive environment for Saudi women as the country progresses and to contribute meaningfully to their mental health and well-being.

Declarations

Conflict of interest: The authors have no relevant financial or non-financial interests to disclose. The authors declare no conflict of interest.

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