



## Public Perception on the Major Issues of Pakistan: Repercussions for Psychosocial Health

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<b>Keywords:</b> Public perception, psychosocial health, social problems, mental health, Pakistan	<b>ABSTRACT</b> <i>Quality of life is a complex construct that goes beyond typical economic statistics. Scholars have underlined the need to combine subjective indicators with objective measurements to completely assess psychosocial wellbeing. This study looks at how public perception of major issues in Pakistan has changed over seven years, from 2017 to 2024. Using longitudinal survey data from 500 participants in Rawalpindi and Islamabad, Pakistan, the study examines alterations in public opinions of 25 significant psychosocial concerns including bad governance, child labor, corruption, crime, poor health facilities, disregard of ethical values, energy crisis, environmental issues, gender-based discrimination, illiteracy, inflation, lack of infrastructure, misinterpretation of religion, national integration, political instability, poor mental health, population explosion, poverty, sectarianism, social injustice, technological backwardness, terrorism, unemployment, violation of sovereignty, yellow journalism. Participants assessed the severity of each issue on a 10-point scale, demonstrating significant shifts in societal concerns over time. Findings show a significant increase in the perceived relevance of governance-related concerns, as well as ongoing worry about corruption. This study highlights Pakistanis' increased awareness of psychosocial difficulties, as well as the importance of constructive ways to tackle societal challenges to improve psychosocial health and sustainable development. The discussion provided in the current study relates to the connections between environmental factors and psychosocial health which is a novel and noteworthy contribution to the existing literature on environmental psychology.</i>
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## 1 Introduction

Over the past few decades, subjective quality-of-life indicators have gained popularity. There is no consensus on whether to quantify quality of life using objective or subjective indices. Several scholars prioritize subjective variables over objective ones (Husain, 2022b; Husain, Nasir, Husain, & Ijaz, 2024). Some prefer a blended approach using both types of indications (Guliyeva, 2022). This disagreement between scholars suggests that macroeconomic metrics alone cannot fully explain individual or community well-being (Clark, 2018). Gross Domestic Product (GDP) is accused of not measuring environmental deterioration, public health, and social networks. Scholars stress the significance of using factual and subjective measures to effectively measure social progress. They recommend a wider range of metrics for successful policymaking and understanding individual quality of life (J. Martinez, 2019; Velázquez, 2016; Нехода, Рощина, & Пак, 2018). Several international organizations, including the United Nations (UN), the Organization for Economic Co-operation and Development (OECD), and the Social Progress Imperative, offer different methodologies to measure quality of life and human development. These methodologies include indices like the Human Development Index (HDI), Better Life Index (BLI), and Social Progress Index (SPI), which consider factors beyond economic growth.

The term “quality of life” is complex and interpreted differently in the literature due to many aspects. The Compendium of OECD well-being indicators of economic and social progress distinguishes material conditions from quality of life. Quality of life depends on the environment and population values (Hajduová, Andrejovský, & Beslerová, 2014). As culture and technology advance, more elements affect life quality (Epley & Menon, 2008). Economic scientists agree that GDP does not inherently affect people's lives (Samimi, 2011; Vanoli, 2010). The rapid expansion of information technology, transportation, manufacturing, and services makes the quality of life even more difficult (Bramston, Chipuer, & Pretty, 2005; Brock, 1993; Matarrita-Cascante, 2010).

Public perception of quality of life plays an important role in psychosocial health. Research shows that perception affects mental health. High illusions, such as overly high self-evaluations and exaggerated control perceptions, can improve mental health (Taylor & Brown, 1988). The perceptions of the public within a country are also extremely important in growth and progress. People usually form perceptions through communicating within themselves and gathering information from one another (Johnson, 2006). They express their opinions usually with like-minded people to express their feelings (Wojcieszak & Price, 2009) in day-to-day political discussions (Conover, Searing, & Crewe, 2002). Public perception also influences governmental policies (Stromer-Galley & Muhlberger, 2009). Public perception reflects society's concerns, fears, and goals. Public perceptions shape society's attitudes, behaviors, and policy agendas. Thus, studying public perception changes reveals changing social dynamics and priorities.

Understanding public perceptions of social issues is crucial in Pakistan, a country with governance issues and economic volatility. Pakistan is a developing country located in Southern Asia. It covers a huge area of 796095 square kilometers and borders with Arabian Sea. The estimated population of the country is 200 million. It is a nuclear power and has several natural resources e.g. agricultural land, gas, petroleum, coal, copper, salt, gemstones, etc. The system of the government is a federal parliamentary republic, and the major religion of its people is Islam. Apart from the strengths, Pakistan has been facing several issues that have slowed its progress e.g. poor economy, energy crisis, unemployment, low literacy rates, poor health facilities, hosting

Afghan refugees, terrorism, and so forth. These social issues affect the psychosocial health of its people. The state of mental health in Pakistan is quite vulnerable (Husain, 2018; Husain, Gulzar, & Tofail, 2016). Poor mental health literacy (Husain & Faize, 2020) and reluctance to seek professional psychological help (Husain, 2020; Husain & Riasat, 2022) make the situation worse as people perceive psychosocial stressors intensively daily and remain unable to resolve them. Since the perception of the public on the daily psychosocial stressors and unavoidable environmental problems significantly contribute to their psychosocial health, research on how people perceive the difficulties in their daily lives becomes essential. Pakistani literature, however, has been quite silent in this regard.

We could not find even a single earlier study in Pakistan reflecting on the public perception of the major psychosocial problems. On the other hand, we observed that the journalists and their guests on different TV channels tried to convey the feelings of Pakistani people in an unscientific fashion. The current longitudinal study fills this knowledge gap appropriately. Longitudinal surveys allow for the study of public perception of social issues across time. Researchers can discover trends, developing issues, and the impact of socio-political events on public consciousness by comparing perceptions throughout time. This research technique provides a detailed understanding of socio-cultural change and feeds evidence-based policymaking. The current study compares Pakistani popular perceptions of social issues across seven years. It examines Pakistani perceptions of societal difficulties between 2017 and 2024 using survey data.

## **2 Methods**

### **2.1 Participants**

The current study was carried out in two phases by involving a total of 500 conveniently selected participants from Rawalpindi and Islamabad, Pakistan. Data in the first phase of the study was collected in December 2017 and the second round of data collection was carried out in February 2024. The sample included men (n=212) and women (n=288) both. With regards to marital status, 284 were single and 216 were married. The age of the participants ranged from 18 to 79 years with a mean age of 31 years. The educational qualifications of the participants ranged from matriculation (10 years of formal schooling) to a doctorate. The mean educational qualification of the participants was graduation (14 years of formal schooling). The participants were from diverse professional backgrounds. Among them were bankers, lawyers, architects, marketing officers, teachers, beauticians, students, businessmen, domestic servants, carpenters, chefs, engineers, computer experts, civil servants, medical doctors, drivers, housewives, journalists, humanitarian aid workers, artists, nurses, psychologists, tailors, imams, and those who were jobless. The sample of the study, therefore, was diverse enough to be generalized appropriately.

### **2.2 Instrument**

A specific questionnaire was designed for the study. The initial process involved a pilot study that asked 50 students and 50 teachers at a local university about the possible problems in Pakistan. They were provided with a sheet for writing the top 10 problems of the country. The problems that they mentioned were then summarized into 25 labels including bad governance, child labor, corruption, crime, poor health facilities, disregard of ethical values, energy crisis, environmental issues, gender-based discrimination, illiteracy, inflation, lack of infrastructure, misinterpretation of religion, national integration, political instability, poor mental health, population explosion, poverty, sectarianism, social injustice, technological backwardness, terrorism, unemployment, violation of sovereignty, yellow journalism (writing alphabetically here). Based on these 25 problems, a questionnaire was designed for the main study. This

questionnaire required the participants to rate the intensity of each of these 25 problems on a 10-point scale ranging from ‘not at all a problem’ (scored as 1) to ‘an extremely important problem’ (scored as 10). The demographic information part included information about the respondent’s gender, age, education, and marital status.

### 2.3 Procedure

We approached the participants in different educational institutions and public offices. The participants were informed about the purpose of the study and their prior consent was obtained. They were provided with research questionnaires in individual settings. The data obtained was analyzed through the Statistical Package for Social Sciences.

## 3 Results

The findings of the study can be presented in two ways. The first way is to look at the perception of the participants in terms of how they rank each of the 25 problems provided to them.

**Table 1**

*Ranking of problems based on public perception of 2017 and 2024*

Problem*	2017 (N=341)					2024 (N=1 59)				
	M	SD	P	W	R	M	SD	P	W	R
Bad governance	0.100	0.832	1.000	0.237	25	8.480	2.025	84.800	4.245	7
Child labor	0.350	1.339	3.500	0.829	19	8.130	1.978	81.300	4.069	11
Corruption	5.520	3.212	55.200	13.078	1	9.430	1.338	94.300	4.720	1
Crime	0.910	2.094	9.100	2.156	11	8.770	1.735	87.700	4.390	3
Poor health facilities	2.150	3.070	21.500	5.094	10	8.450	1.878	84.500	4.230	9
Disregard of ethical values	0.340	1.313	3.400	0.806	20	7.640	2.014	76.400	3.824	16
Energy crisis	3.760	3.595	37.600	8.908	4	7.520	2.227	75.200	3.764	17
Environmental issues	0.720	1.926	7.200	1.706	14	7.520	2.028	75.200	3.764	18
Gender-based discrimination	0.820	2.238	8.200	1.943	12	7.420	2.364	74.200	3.714	21
Illiteracy	5.250	3.640	52.500	12.439	2	7.940	2.115	79.400	3.974	13
Inflation	2.430	3.470	24.300	5.757	8	8.450	1.885	84.500	4.230	8
Lack of infrastructure	0.680	1.921	6.800	1.611	15	7.180	2.068	71.800	3.594	23
Misinterpretation of religion	0.130	0.763	1.300	0.308	24	8.010	2.333	80.100	4.009	12
National integration	0.470	1.779	4.700	1.114	18	7.310	1.936	73.100	3.659	22
Political instability	2.180	3.301	21.800	5.165	9	8.500	2.173	85.000	4.255	6
Poor mental health	0.530	1.681	5.300	1.256	16	8.150	1.965	81.500	4.079	10
Population explosion	0.740	2.101	7.400	1.753	13	7.140	2.559	71.400	3.574	25
Poverty	4.150	3.604	41.500	9.832	3	8.750	1.852	87.500	4.380	4
Sectarianism	0.320	1.265	3.200	0.758	21	7.160	2.505	71.600	3.584	24
Social injustice	3.137	3.261	31.370	7.432	7	8.742	1.877	87.420	4.376	5
Technological backwardness	0.180	1.068	1.800	0.426	23	7.470	2.190	74.700	3.739	20
Terrorism	3.360	3.790	33.600	7.961	5	7.710	2.320	77.100	3.859	14
Unemployment	3.180	3.708	31.800	7.534	6	8.800	1.778	88.000	4.405	2
Violation of sovereignty	0.500	1.802	5.000	1.185	17	7.470	1.983	74.700	3.739	19
Yellow journalism	0.300	1.268	3.000	0.711	22	7.640	2.168	76.400	3.824	15

\*listed alphabetically; M=mean; SD=standard deviation; P=percentage (mean x 10 / 100); W=weightage (percentage x 100 / sum of percentage); R=rank

Table 1 and Figure 1 project the results based on rankings that were made by analyzing the responses gathered in 2017 and 2024.

Table 1 reveals the mean, standard deviation, percentage, weightage, and rank of the 25 problems compared through both phases of the study. Significant changes can be observed in the ranking provided by the participants for the two phases of the study. The ranking for most of the

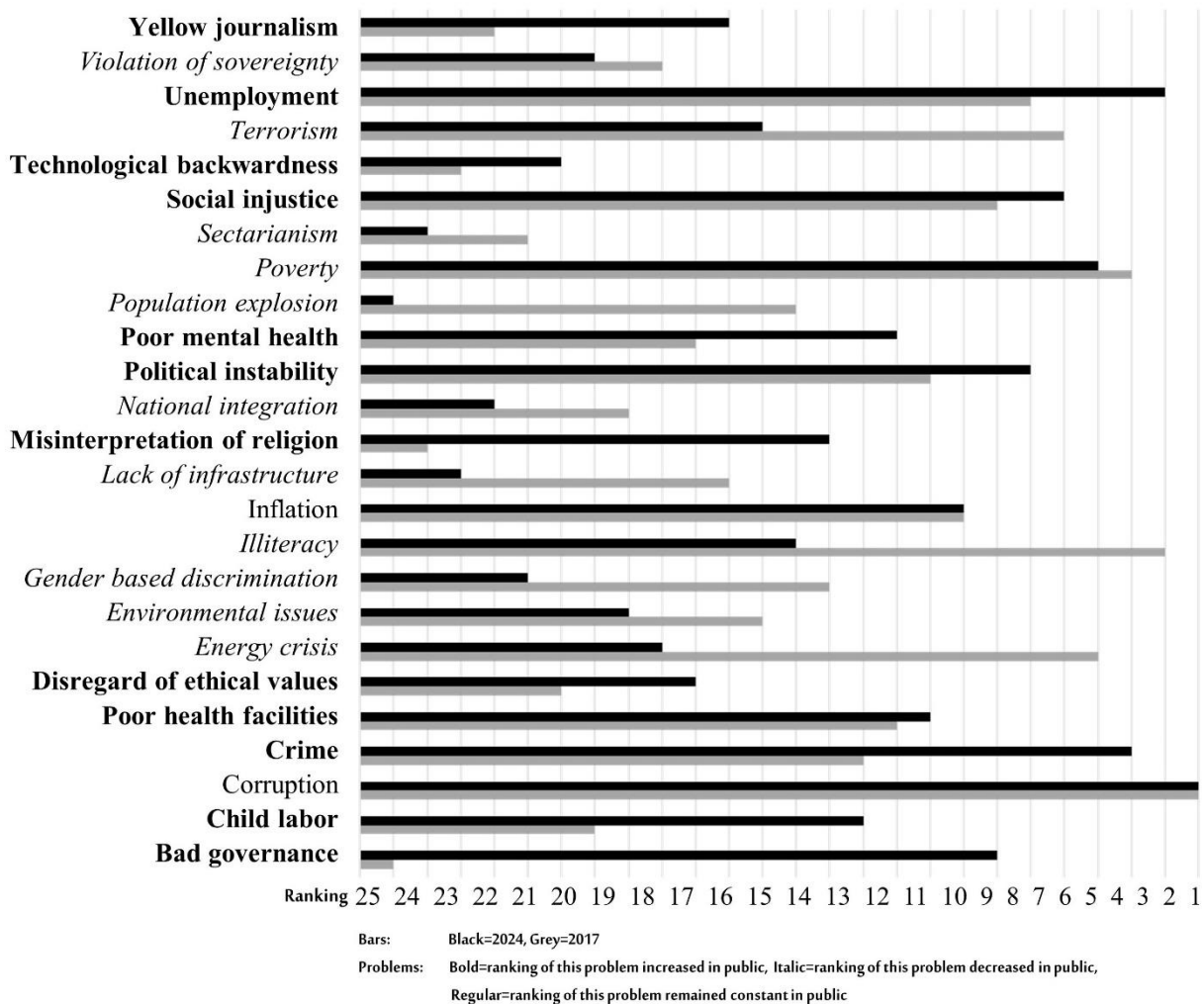
problems has been changed from 2017 to 2024. Bad governance was ranked by the participants as 25 (M=0.1, SD=0.832, %=1, weightage=0.237) in 2017 and was ranked as 7 (M=8.48, SD=2.025, %=84.8, weightage=4.245) in 2024. Child labor was ranked by the participants as 19 (M=0.35, SD=1.339, %=3.5, weightage=0.829) in 2017 and was ranked as 11 (M=8.13, SD=1.978, %=81.3, weightage=4.069) in 2024. Corruption was ranked by the participants as 1 (M=5.52, SD=3.212, %=55.2, weightage=13.078) in 2017 and was ranked as 1 (M=9.43, SD=1.338, %=94.3, weightage=4.72) in 2024. Crime was ranked by the participants as 11 (M=0.91, SD=2.094, %=9.1, weightage=2.156) in 2017 and was ranked as 3 (M=8.77, SD=1.735, %=87.7, weightage=4.39) in 2024. Poor health facilities were ranked by the participants as 10 (M=2.15, SD=3.07, %=21.5, weightage=5.094) in 2017 and were ranked as 9 (M=8.45, SD=1.878, %=84.5, weightage=4.23) in 2024.

Disregard of ethical values was ranked by the participants as 20 (M=0.34, SD=1.313, %=3.4, weightage=0.806) in 2017 and was ranked as 16 (M=7.64, SD=2.014, %=76.4, weightage=3.824) in 2024. The energy crisis was ranked by the participants as 4 (M=3.76, SD=3.595, %=37.6, weightage=8.908) in 2017 and was ranked as 17 (M=7.52, SD=2.227, %=75.2, weightage=3.764) in 2024. Environmental issues were ranked by the participants as 14 (M=0.72, SD=1.926, %=7.2, weightage=1.706) in 2017 and were ranked as 18 (M=7.52, SD=2.028, %=75.2, weightage=3.764) in 2024. Gender-based discrimination was ranked by the participants as 12 (M=0.82, SD=2.238, %=8.2, weightage=1.943) in 2017 and was ranked as 21 (M=7.42, SD=2.364, %=74.2, weightage=3.714) in 2024. Illiteracy was ranked by the participants as 2 (M=5.25, SD=3.64, %=52.5, weightage=12.439) in 2017 and was ranked as 13 (M=7.94, SD=2.115, %=79.4, weightage=3.974) in 2024. Inflation was ranked by the participants as 8 (M=2.43, SD=3.47, %=24.3, weightage=5.757) in 2017 and was ranked again as 8 (M=8.45, SD=1.885, %=84.5, weightage=4.23) in 2024.

Lack of infrastructure was ranked by the participants as 15 (M=0.68, SD=1.921, %=6.8, weightage=1.611) in 2017 and was ranked as 23 (M=7.18, SD=2.068, %=71.8, weightage=3.594) in 2024. Misinterpretation of religion was ranked by the participants as 24 (M=0.13, SD=0.763, %=1.3, weightage=0.308) in 2017 and was ranked as 12 (M=8.01, SD=2.333, %=80.1, weightage=4.009) in 2024. National integration was ranked by the participants as 18 (M=0.47, SD=1.779, %=4.7, weightage=1.114) in 2017 and was ranked as 22 (M=7.31, SD=1.936, %=73.1, weightage=3.659) in 2024. Political instability was ranked by the participants as 9 (M=2.18, SD=3.301, %=21.8, weightage=5.165) in 2017 and was ranked as 6 (M=8.5, SD=2.173, %=85, weightage=4.255) in 2024. Poor mental health was ranked by the participants as 16 (M=0.53, SD=1.681, %=5.3, weightage=1.256) in 2017 and was ranked as 10 (M=8.15, SD=1.965, %=81.5, weightage=4.079) in 2024. Population explosion was ranked by the participants as 13 (M=0.74, SD=2.101, %=7.4, weightage=1.753) in 2017 and was ranked as 25 (M=7.14, SD=2.559, %=71.4, weightage=3.574) in 2024. Poverty was ranked by the participants as 3 (M=4.15, SD=3.604, %=41.5, weightage=9.832) in 2017 and was ranked as 4 (M=8.75, SD=1.852, %=87.5, weightage=4.38) in 2024.

**Figure 1**

*Ranking of problems based on public perception of 2017 and 2024*



Sectarianism was ranked by the participants as 21 ( $M=0.32$ ,  $SD=1.265$ ,  $\%=3.2$ , weightage=0.758) in 2017 and was ranked as 24 ( $M=7.16$ ,  $SD=2.505$ ,  $\%=71.6$ , weightage=3.584) in 2024. Social injustice was ranked by the participants as 7 ( $M=3.137$ ,  $SD=3.261$ ,  $\%=31.37$ , weightage=7.432) in 2017 and was ranked as 5 ( $M=8.742$ ,  $SD=1.877$ ,  $\%=87.42$ , weightage=4.376) in 2024. Technological backwardness was ranked by the participants as 23 ( $M=0.18$ ,  $SD=1.068$ ,  $\%=1.8$ , weightage=0.426) in 2017 and was ranked as 20 ( $M=7.47$ ,  $SD=2.19$ ,  $\%=74.7$ , weightage=3.739) in 2024. Terrorism was ranked by the participants as 5 ( $M=3.36$ ,  $SD=3.79$ ,  $\%=33.6$ , weightage=7.961) in 2017 and was ranked as 14 ( $M=7.71$ ,  $SD=2.32$ ,  $\%=77.1$ , weightage=3.859) in 2024. Unemployment was ranked by the participants as 6 ( $M=3.18$ ,  $SD=3.708$ ,  $\%=31.8$ , weightage=7.534) in 2017 and was ranked as 2 ( $M=8.8$ ,  $SD=1.778$ ,  $\%=88$ , weightage=4.405) in 2024. Violation of sovereignty was ranked by the participants as 17 ( $M=0.5$ ,  $SD=1.802$ ,  $\%=5$ , weightage=1.185) in 2017 and was ranked as 19 ( $M=7.47$ ,  $SD=1.983$ ,  $\%=74.7$ , weightage=3.739) in 2024. Yellow journalism was ranked by the participants as 22 ( $M=0.3$ ,  $SD=1.268$ ,  $\%=3$ , weightage=0.711) in 2017 and was ranked as 15 ( $M=7.64$ ,  $SD=2.168$ ,  $\%=76.4$ , weightage=3.824) in 2024.

Figure 1 has been constructed to portray the ranking-based findings through an easy to comprehend visualization. The black bars in this figure represent data from the second phase of the study (2024) and the grey bars represent data from the first phase of the study (2017). Problems in bold form mean that the participants uplifted the ranks of these problems if compared for both phases of the study. Problems in italic form mean that the participants decreased the rank of these problems if compared between the two phases of the study. Problems written in regular font mean that we do not observe any change in the rank of these problems through the comparison of the two phases of the study. The rank labeled as 1 represents the highest rank which means that at this rank, the participants regarded the problem on extremely high intensity. Rank 25, on the other hand, represents the lowest rank meaning the lowest intensity of the problem as perceived by the participants of the study.

Another way to look at the findings of the current study is to see the statistically significant difference between each of the 25 problems separately between 2017 and 2024. This would facilitate us to analyze if the intensity of the problematic nature of a specific issue (magnitude of the problem in the eyes of the public) has significantly changed between 2017 and 2024. The results in this regard reveal statistically significant differences for all 25 problems. These results are presented in descending order i.e. highest changes in the magnitude of the problems are presented first and the lowest changes in the magnitude of the problems are presented lastly.

**Table 2**

*Differences in the intensity of perceiving problems in 2017 and 2024*

Problems	2017 (n=341)			2024 (n=149)			<i>t</i> (498)	<i>p</i>	Cohen's <i>d</i>
	M	SD	%	M	SD	%			
Bad Governance	0.100	0.832	1.000	8.480	2.025	84.800	65.495	0.000	6.292
Misinterpretation of religion	0.130	0.763	1.300	8.010	2.333	80.100	56.287	0.000	5.406
Child labor	0.350	1.339	3.500	8.130	1.978	81.300	51.645	0.000	4.955
Technological backwardness	0.180	1.068	1.800	7.470	2.190	74.700	50.027	0.000	4.806
Disregard of Ethical Values	0.340	1.313	3.400	7.640	2.014	76.400	48.454	0.000	4.651
Yellow Journalism	0.300	1.268	3.000	7.640	2.168	76.400	47.531	0.000	4.562
Poor mental health	0.530	1.681	5.300	8.150	1.965	81.500	44.672	0.000	4.290
Crime	0.910	2.094	9.100	8.770	1.735	87.700	41.183	0.000	3.955
Sectarianism	0.320	1.265	3.200	7.160	2.505	71.600	40.603	0.000	3.895
Violation of sovereignty	0.500	1.802	5.000	7.470	1.983	74.700	38.966	0.000	3.745
National integration	0.470	1.779	4.700	7.310	1.936	73.100	38.892	0.000	3.737
Environmental Issues	0.720	1.926	7.200	7.520	2.028	75.200	36.136	0.000	3.471
Lack of infrastructure	0.680	1.921	6.800	7.180	2.068	71.800	34.385	0.000	3.301
Gender Discrimination	0.820	2.238	8.200	7.420	2.364	74.200	30.188	0.000	2.896
Population explosion	0.740	2.101	7.400	7.140	2.559	71.400	29.505	0.000	2.836
The dearth of Health facilities	2.150	3.070	21.500	8.450	1.878	84.500	23.856	0.000	2.292
Political instability	2.180	3.301	21.800	8.500	2.173	85.000	22.028	0.000	2.114

Inflation	2.430	3.470	24.300	8.450	1.885	84.500	20.492	0.000	1.969
Social injustice	3.137	3.261	31.370	8.742	1.877	87.420	20.164	0.000	1.936
Unemployment	3.180	3.708	31.800	8.800	1.778	88.000	18.157	0.000	1.744
Poverty	4.150	3.604	41.500	8.750	1.852	87.500	15.175	0.000	1.458
Corruption	5.520	3.212	55.200	9.430	1.338	94.300	14.738	0.000	1.417
Terrorism	3.360	3.790	33.600	7.710	2.320	77.100	13.361	0.000	1.282
Energy Crisis	3.760	3.595	37.600	7.520	2.227	75.200	12.137	0.000	1.166
Illiteracy	5.250	3.640	52.500	7.940	2.115	79.400	8.677	0.000	0.832

According to Table 2, the magnitude of bad governance was recorded as 1% (M=0.1, SD=0.832) in 2017 which was significantly ( $p=0.000$ , Cohen's  $d=6.292$ ) raised to 84.8% (M=8.48, SD=2.025) in 2024. The magnitude of misinterpretation of religion was recorded as 1.3% (M=0.13, SD=0.763) in 2017 which was significantly ( $p=0.000$ , Cohen's  $d=5.406$ ) raised to 80.1% (M=8.01, SD=2.333) in 2024. The magnitude of child labor was recorded as 3.5% (M=0.35, SD=1.339) in 2017 which was significantly ( $p=0.000$ , Cohen's  $d=4.955$ ) raised to 81.3% (M=8.13, SD=1.978) in 2024. The magnitude of technological backwardness was recorded as 1.8% (M=0.18, SD=1.068) in 2017 which was significantly ( $p=0.000$ , Cohen's  $d=4.806$ ) raised to 74.7% (M=7.47, SD=2.19) in 2024. The magnitude of disregard of ethical values was recorded as 3.4% (M=0.34, SD=1.313) in 2017 which was significantly ( $p=0.000$ , Cohen's  $d=4.651$ ) raised to 76.4% (M=7.64, SD=2.014) in 2024. The magnitude of yellow journalism was recorded as 3% (M=0.3, SD=1.268) in 2017 which was significantly ( $p=0.000$ , Cohen's  $d=4.562$ ) raised to 76.4% (M=7.64, SD=2.168) in 2024. The magnitude of poor mental health was recorded as 5.3% (M=0.53, SD=1.681) in 2017 which was significantly ( $p=0.000$ , Cohen's  $d=4.29$ ) raised to 81.5% (M=8.15, SD=1.965) in 2024. The magnitude of crime was recorded as 9.1% (M=0.91, SD=2.094) in 2017 which was significantly ( $p=0.000$ , Cohen's  $d=3.955$ ) raised to 87.7% (M=8.77, SD=1.735) in 2024. The magnitude of sectarianism was recorded as 3.2% (M=0.32, SD=1.265) in 2017 which was significantly ( $p=0.000$ , Cohen's  $d=3.895$ ) raised to 71.6% (M=7.16, SD=2.505) in 2024. The magnitude of violation of sovereignty was recorded as 5% (M=0.5, SD=1.802) in 2017 which was significantly ( $p=0.000$ , Cohen's  $d=3.745$ ) raised to 74.7% (M=7.47, SD=1.983) in 2024.

The magnitude of national integration was recorded as 4.7% (M=0.47, SD=1.779) in 2017 which was significantly ( $p=0.000$ , Cohen's  $d=3.737$ ) raised to 73.1% (M=7.31, SD=1.936) in 2024. The magnitude of environmental issues was recorded as 7.2% (M=0.72, SD=1.926) in 2017 which was significantly ( $p=0.000$ , Cohen's  $d=3.471$ ) raised to 75.2% (M=7.52, SD=2.028) in 2024. The magnitude of lack of infrastructure was recorded as 6.8% (M=0.68, SD=1.921) in 2017 which was significantly ( $p=0.000$ , Cohen's  $d=3.301$ ) raised to 71.8% (M=7.18, SD=2.068) in 2024. The magnitude of gender discrimination was recorded as 8.2% (M=0.82, SD=2.238) in 2017 which was significantly ( $p=0.000$ , Cohen's  $d=2.896$ ) raised to 74.2% (M=7.42, SD=2.364) in 2024. The magnitude of population explosion was recorded as 7.4% (M=0.74, SD=2.101) in 2017 which was significantly ( $p=0.000$ , Cohen's  $d=2.836$ ) raised to 71.4% (M=7.14, SD=2.559) in 2024. The magnitude of the dearth of health facilities was recorded as 21.5% (M=2.15, SD=3.07) in 2017 which was significantly ( $p=0.000$ , Cohen's  $d=2.292$ ) raised to 84.5% (M=8.45, SD=1.878) in 2024. The magnitude of political instability was recorded as 21.8% (M=2.18, SD=3.301) in 2017 which was significantly ( $p=0.000$ , Cohen's  $d=2.114$ ) raised to 85% (M=8.5, SD=2.173) in 2024. The magnitude of inflation was recorded as 24.3% (M=2.43, SD=3.47) in 2017 which was significantly ( $p=0.000$ , Cohen's  $d=1.969$ ) raised to 84.5% (M=8.45, SD=1.885) in 2024.



The magnitude of social injustice was recorded as 31.37% (M=3.137, SD=3.261) in 2017 which was significantly ( $p=0.000$ , Cohen's  $d=1.936$ ) raised to 87.42% (M=8.742, SD=1.877) in 2024. The magnitude of unemployment was recorded as 31.8% (M=3.18, SD=3.708) in 2017 which was significantly ( $p=0.000$ , Cohen's  $d=1.744$ ) raised to 88% (M=8.8, SD=1.778) in 2024. The magnitude of poverty was recorded as 41.5% (M=4.15, SD=3.604) in 2017 which was significantly ( $p=0.000$ , Cohen's  $d=1.458$ ) raised to 87.5% (M=8.75, SD=1.852) in 2024. The magnitude of corruption was recorded as 55.2% (M=5.52, SD=3.212) in 2017 which was significantly ( $p=0.000$ , Cohen's  $d=1.417$ ) raised to 94.3% (M=9.43, SD=1.338) in 2024. The magnitude of terrorism was recorded as 33.6% (M=3.36, SD=3.79) in 2017 which was significantly ( $p=0.000$ , Cohen's  $d=1.282$ ) raised to 77.1% (M=7.71, SD=2.32) in 2024. The magnitude of the energy crisis was recorded as 37.6% (M=3.76, SD=3.595) in 2017 which was significantly ( $p=0.000$ , Cohen's  $d=1.166$ ) raised to 75.2% (M=7.52, SD=2.227) in 2024. The magnitude of illiteracy was recorded as 52.5% (M=5.25, SD=3.64) in 2017 which was significantly ( $p=0.000$ , Cohen's  $d=0.832$ ) raised to 79.4% (M=7.94, SD=2.115) in 2024.

**Figure 2**

*Differences in the intensity of perceiving problems in 2017 and 2024*

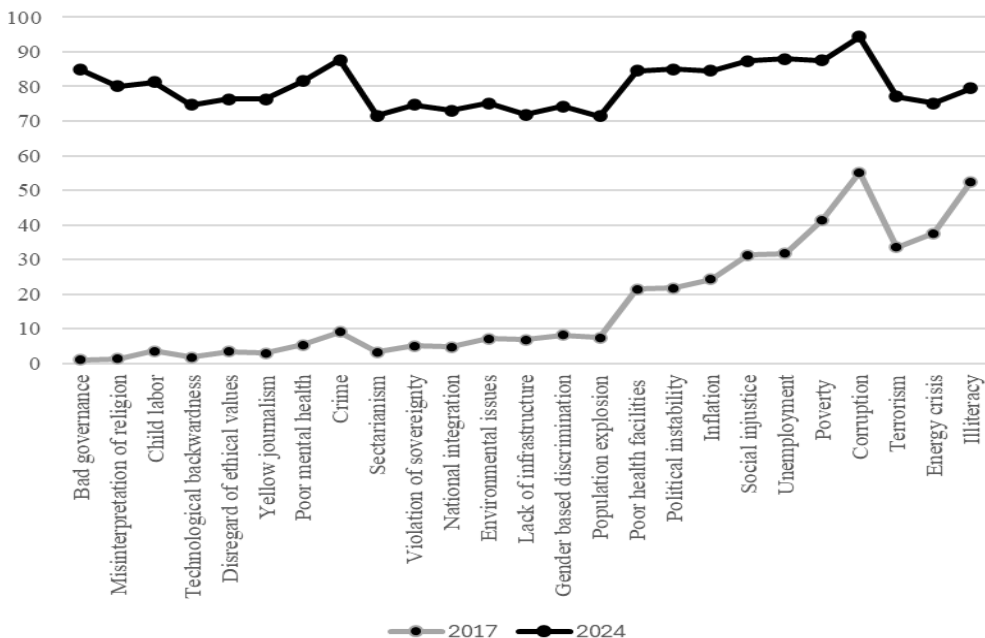


Figure 2 projects a visualization of the results calculated in Table 2. This figure is very helpful in having a quick guess about how the magnitude of the 25 problems has been drastically raised from 2017 to 2024.

#### 4 Discussion

Within the scope of this study, two basic approaches to interpreting the findings are investigated. The first thing that it does is investigate how participants ranked 25 different issues in both 2017 and 2024 at the same time. Several statistical measures are included in this evaluation, which is explained in Table 1. These measurements include the mean, the standard deviation, the percentage, the weightage, and the rank over the two phases. The participants' perceptions of these topics saw considerable shifts during the study, which is very noteworthy. There can be several factors involved that might have contributed to the change in public perception, including political shifts, governance styles, inflation, etc. A good example of this is the fact that poor governance, which was placed 25th in 2017, rose to the 7th rank by 2024, demonstrating that participants are

becoming increasingly concerned about this issue. Another contrary example is that a decrease was seen in the rating of child labor, which went from 19th to 11th position. Apart from the incline or decline of different psychosocial issues, corruption remained the most pressing problem throughout both eras. Its position as the most important concern remained unchanged.

To supplement these findings, Figure 1 provides a visual representation of the rankings. The data for 2024 are represented by black bars, while the data for 2017 are represented by grey bars. The problems that are italicized indicate a drop between the two phases, while the problems that are bolded indicate a rise in importance. This helps with the visualization and comprehension of the data. Furthermore, the research investigates the statistically significant differences that exist between each problem on an individual basis between the years 2017 and 2024. This demonstrates that all 25 issues have undergone significant transformations, which is indicative of changes in societal concerns over time. As an illustration, public perception of bad governance has significantly increased from 1% in 2017 to 84.8% in 2024, which is indicative of a heightened awareness and perception of this matter. In a similar vein, public perception of corruption increased from 55.2% to 94.3%, exemplifying the growing prominence of this phenomenon. In summary, both stages of the study illustrate the dynamic character of social views and priorities, highlighting the changing landscape of concerns and priorities throughout the period that was analyzed. The findings of the current study suggest that Pakistanis, during the last seven years, have become significantly more sensitive in perceiving the twenty-five psychosocial issues that were analyzed in the study.

Public perception of Pakistanis on the twenty-five problems analyzed in the current study would surely have a role in affecting psychosocial health adversely. Bad governance covers public administration practices and attitudes that undermine governments and societies. Many aspects of political, social, and economic development are affected by bad governance. Corruption is one of the worst forms of bad government. Bad governance results from a lack of openness and accountability. Bad governance often violates human rights. Economic underdevelopment, social inequality, political instability, and public distrust also result from bad governance. The effects of bad governance delay progress and promote poverty and marginalization. Bad governance has far-reaching effects on citizens' mental health (Díaz-Castro, Arredondo, Pelcastre-Villafuerte, & Hufty, 2017). Poor governance causes political instability, social unrest, economic inequality, and a lack of fundamental services, which increases population stress, anxiety, and despair. Citizens living in such situations often feel powerless, frustrated, and disillusioned as trust in organizations designed to serve and protect them erodes. Lack of healthcare, education, and work worsens mental health issues as people worry about their future. Corruption, human rights abuses, and dissent repression can also cause dread and trauma, sustaining psychological suffering and social breakdown. Thus, citizens' mental well-being is closely linked to government quality, emphasizing the need for strong leadership, transparency, and accountability to promote psychological resilience and flourishing (Patel & Saxena, 2014). Corruption also erodes a nation's mental health. Corruption undermines faith in institutions, distorts public services, and perpetuates social inequality throughout society. Corruption deprives citizens of resources and opportunity, making them feel helpless, frustrated, and cynical. Bribery, nepotism, and favoritism weaken meritocracy and sow disappointment among those seeking fairness and equity (Barometer, 2017). Corruption typically involves impunity, undermining faith in the rule of law, and increasing vulnerability and instability (Kelman, 2000). Living in a corrupt culture increases tension, anxiety, and sadness. The psychosocial health of a nation is greatly impacted by crime as well (Daher, 2003). People and families in crime-ridden areas feel dread, insecurity, and vulnerability (Husain & Faize, 2018). Violence, theft, and other crimes degrade safety and stability, forcing citizens to be hypervigilant

and restrict their movement. Crime victims can develop anxiety, sadness, and post-traumatic stress disorder (L. M. Martinez, Estrada, & Prada, 2019). Criminality can also break down social cohesion and trust, preventing communities from working together to solve socioeconomic gaps and systemic injustices. The psychological toll of living with crime emphasizes the need for holistic solutions that focus on prevention, rehabilitation, and resilience to create safe, resilient communities.

National integration shapes a person's mental health and well-being. National unity promotes social cohesiveness, solidarity, and collective identity, giving people a sense of belonging and purpose in society (Pettigrew & Tropp, 2006). Citizens who feel part of a national narrative are more likely to sense pride, security, and mutual support, which boost psychological resilience. National integration celebrates cultural diversity and fosters cross-cultural understanding and empathy. However, ethnic, religious, and regional distinctions can increase societal tensions and intergroup conflict, making residents feel alienated, marginalized, and mistrustful. National integration through inclusive policy, discourse, and civic involvement is necessary to create situations where people can feel a sense of belonging and mutual respect, supporting psychological well-being and social peace (Jetten, Haslam, & Haslam, 2012). Political instability, on the other hand, also affects citizens' mental health and well-being. Political uncertainty, volatility, and upheaval increase stress, anxiety, and psychological discomfort. Civic unrest, democratic norms, and governance breakdowns make citizens feel vulnerable and powerless in the face of political turbulence. Political instability can also damage social cohesion, institutional trust, and ideological, ethnic, and regional divisions, deepening feelings of isolation and alienation. Disillusionment and pessimism may also result from civil liberties being eroded and social injustice persisting throughout political turmoil.

The mental health effects of political instability highlight the need for strong leadership, open discussion, and democratic governance that prioritizes citizen well-being and resilience. Terrorism also causes widespread fear, worry, and trauma in impacted nations. Targeting citizens for political, ideological, or religious motives creates a widespread sense of vulnerability and fear, weakening public space safety and confidence (Norris et al., 2002). Terrorist attacks can cause acute stress reactions, post-traumatic stress, and other mental health conditions as survivors deal with intrusive memories, nightmares, and increased arousal (Neria, DiGrande, & Adams, 2011). The continual threat of future attacks creates an environment of chronic anxiety and vigilance, which leads to social disengagement, hypervigilance, and avoidance actions that isolate people and weaken social support networks. As communities face the fragility of life and the unpredictability of violence, terrorism causes communal anguish and existential anxiety. Thus, trauma-informed care, resilience-building, and community-based support networks are needed to heal and restore safety and cohesion after terrorism.

A nation's inflation can greatly affect its residents' mental health. Rising prices reduce purchasing power, causing financial stress, anxiety, and uncertainty. Food, housing, and healthcare may worry families when expenses rise, and wages decline. In financial trouble, economic volatility and savings loss can enhance vulnerability and insecurity, making people feel powerless and helpless. Inflation can also widen the wealth divide and promote social exclusion and injustice. Chronic financial uncertainty can produce depression, anxiety, and emotional distress (Fitch, Hamilton, Bassett, & Davey, 2011). For citizens' mental health, economic stability, and social cohesion, inflation causes and solutions must be addressed. Poverty has complex mental health effects nationwide (Lund et al., 2011). Poverty and chronic stress cause depression, anxiety, and PTSD (Patel & Kleinman, 2003). While fighting to get food, shelter, and healthcare, poor individuals may feel powerless, despondent, and embarrassed. Insecurity about the future can

cause a cycle of negative thoughts and feelings, increasing mental health concerns. Social isolation and marginalization are increased by poverty and other socioeconomic determinants of health such as insufficient education, employment, and social support. Poverty can impact children's cognitive development, emotional management, and academic achievement, affecting their mental health as adults. Poverty's mental health implications require holistic approaches that promote social safety, economic empowerment, and mental health care to help everyone thrive. Unemployment also harms national psychosocial health (Paul & Moser, 2009). Job loss can induce stress, anxiety, depression, and low self-esteem. Unemployed people may feel useless, isolated, and miserable due to financial stress and uncertainty. Lack of a secure income and meaningful job might lower mental health and quality of life by eroding identity and purpose (McKee-Ryan, Song, Wanberg, & Kinicki, 2005).

Unemployment can also disrupt relationships and social support networks, worsening social isolation and loneliness. Long-term unemployment increases the likelihood of chronic mental health disorders and reduces resilience. Unemployment's mental health effects require comprehensive strategies that include job creation, economic opportunities, mental health services, social support programs, and skills training to help people overcome unemployment and regain agency and well-being. A country's population increase might also strain its residents' mental health (Collins et al., 2011). Overcrowding, resource shortages, and environmental deterioration increase daily pressures due to rapid population development. Limited access to healthcare, education, and work may increase anxiety, frustration, and mental discomfort. Infrastructure and social support system strain can increase social isolation, marginalization, and competition for few resources, reducing community resilience. Population growth can also expand the gap between the rich and the poor and perpetuate cycles of poverty and marginalization (Pickett & Wilkinson, 2015). The psychological toll of highly populated places may raise sadness, anxiety, and interpersonal difficulties. Sustainable development, equitable resource distribution, and investments in mental health promotion and resilience-building initiatives are needed to create environments where citizens can thrive despite demographic pressures and societal changes.

Nationwide illiteracy can also affect mental health and well-being. Lack of education and literacy can promote poverty, social exclusion, and marginalization, increasing tension, worry, and low self-esteem. Illiteracy can make it hard to get information, advocate for their rights, and navigate complex processes, causing powerlessness, frustration, and social isolation (Husain & Faize, 2022). In addition, poor reading and writing can hamper personal and professional development, limiting people's capacity to engage fully in society and reach their potential (Husain, Faize, Urooj, & Tariq, 2023). Illiteracy stigma can worsen mental health issues like shame, inadequacy, and social rejection. Illiteracy's mental health effects require inclusive and equitable access to education, literacy programs, and mental health services to allow people to overcome hurdles, build resilience, and live happy lives (Patel & Kleinman, 2003). Illiteracy promotes yellow journalism that includes sensationalism, exaggeration, and bias in media. It can also harm a nation's mental health. The public may feel confused, anxious, and mistrustful as they try to separate fact from fiction in a sea of sensationalized headlines and heated speech. Yellow journalism often reinforces negative stereotypes, fear-mongering narratives, and societal division, escalating social tensions and polarization. The constant focus on sensational tales and scandalous headlines can sometimes make people feel hopeless and powerless in the face of complicated social concerns (George, 2001). Yellow journalism's impact on mental health emphasizes the significance of critical media literacy, responsible journalism, and ethical reporting in building a well-informed and resilient population.

Environmental concerns can greatly affect a nation's mental health (Clayton, Manning, Krygsman, & Speiser, 2017). Pollution, natural disasters, climate change, and environmental degradation can cause stress, anxiety, depression, and PTSD (Berry, Bowen, & Kjellstrom, 2010). Pollution, harsh weather, and ecological collapse can make people in environmentally damaged locations feel powerless, afraid, and existentially distressed (Ekhaese & Hussain, 2022). Environmental crises can also increase social isolation, sadness, and trauma by disrupting livelihoods, displacing people, and destroying communities. Environmental dangers disproportionately affect children, the elderly, and vulnerable communities, worsening social inequality and mental health inequities. Environmental issues have mental health ramifications, thus holistic approaches that integrate environmental stewardship, disaster preparedness, and mental health promotion are needed to develop resilience and adaptive coping techniques. An energy crisis can also severely impair a nation's mental health. Energy scarcity or unstable energy and fuel sources can disrupt daily routines, economic activity, and crucial services, leave people and communities frustrated, anxious, and helpless. In disadvantaged communities, power outages, fuel shortages, and rationing can increase stressors related to essential living conditions including clean water, heating, and transportation.

Energy crisis uncertainty and instability can increase psychological suffering as residents struggle to predict key services and their safety, livelihoods, and quality of life. Energy shortages also cause job losses, reduced productivity, and higher living costs, which can worsen mental health issues and perpetuate poverty and social marginalization. To mitigate the mental health effects of an energy crisis, proactive steps must assure fair access to reliable electricity, enhance community resilience, and foster social support networks that promote adaptive coping and psychological well-being. Infrastructure shortages can also severely influence mental health and well-being. Poor transportation networks, unreliable utilities, and limited access to healthcare and education facilities hinder daily life and economic opportunities, causing frustration, stress, and social isolation. Underprivileged residents often feel powerless and disillusioned with their government's capacity to meet their fundamental needs. Lack of critical services and infrastructure can worsen health disparities, slow economic growth, and perpetuate poverty and social isolation, worsening mental health issues for marginalized groups.

Infrastructure deficits have mental health consequences, so public infrastructure, urban planning, and community development must prioritize equitable access to essential services, social cohesion, and quality of life for all citizens (Chen & Kuang, 2023). Technological lag is another relevant problem that can also harm a nation's mental health. Technology and digital resource shortages can increase isolation, disengagement, and exclusion. In a globalized society, technology facilitates communication, information access, and social and economic participation. Citizens in technologically backward countries may feel frustrated and alienated due to barriers to digital platforms, educational resources, and employment prospects (Helsper, 2021). The inability to fully participate in the digital age can also increase feelings of inadequacy, low self-esteem, and psychological suffering, especially among younger generations who use technology for socializing and learning. The mental health effects of technological backwardness require concerted efforts to bridge the digital divide, expand access to technology infrastructure, and promote digital literacy and skills development to help citizens navigate an increasingly digitalized world and improve their well-being.

Social injustice can severely impact a nation's mental health. Systemic discrimination, marginalization, and inequality based on race, ethnicity, gender, sexual orientation, socioeconomic status, or disability can cause rage, frustration, helplessness, and despair (Pascoe & Smart Richman, 2009). Social injustice erodes trust in institutions and society by undermining dignity,

fairness, and belonging. Discriminatory policies and practices limit opportunities, resources, and social support, making marginalized groups feel isolated, alienated, and powerless. Social injustice can cause persistent stress and trauma, which can lead to depression, anxiety, and PTSD (Williams & Mohammed, 2009). To mitigate the mental health effects of social injustice, systemic barriers must be removed, equity and inclusion promoted, and environments where everyone can live with dignity, respect, and social justice. Gender-based discrimination can also harm a nation's mental health, especially women and gender minorities. Gender discrimination, social norms, and power imbalances can cause chronic tension, anxiety, and mental suffering (Husain et al., 2024). Women and gender minorities may feel helpless, inadequate, and dread in institutions that perpetuate inequity, limit opportunity, and limit their autonomy and agency (Husain & Aziz, 2014; Husain & Riasat, 2022). Discrimination in education, work, healthcare, and other areas of life can lower self-esteem, increase social isolation, and lead to mental health issues like melancholy, anxiety, and PTSD (Husain & Imran, 2021).

The normalization of gender-based violence, harassment, and exploitation worsens discrimination's psychological effects, sustaining trauma and dread (Schmitt, Branscombe, Postmes, & Garcia, 2014). To address the mental health effects of gender-based discrimination, we must challenge patriarchal norms, promote gender equality and women's rights, and provide accessible and culturally sensitive mental health services that empower people to advocate for their well-being and live with dignity and respect (Husain, 2021). Child labor is another similar problem that can severely impact mental health, especially for the youngsters involved. Children forced into work at a young age, sometimes in dangerous and exploitative settings, are denied schooling, play, and healthy development. Child labor causes stress, anxiety, depression, and low self-esteem.

Child labor exploitation can cause trauma, physical injuries, and emotional abuse, causing long-term psychological scars and developmental impairments (International Labour Organization, 2018). Lack of childhood and socialization and personal growth might also impede their ability to form good relationships and cope with adversity later in life. Child labor creates poverty and injustice, locking future generations in exploitation and despair. To reduce the mental health risks of child labor, enforcement of child labor laws, education, and comprehensive support for at-risk children and families are needed to create safe, nurturing environments for children.

Ethical violations in a nation can harm its residents' mental health. Ethical ideals guide people and cultures toward justice, integrity, and compassion. Ethical violations can damage faith in organizations, promote cynicism, and cause citizens to feel disillusioned and morally distressed. Witnessing pervasive corruption, dishonesty, and injustice can cause powerlessness, rage, and mental upheaval as people struggle to reconcile their principles with cultural norms (Rest, 1986). The normalization of unethical behavior and contempt for human rights can also foster alienation, distrust, and social detachment, damaging social cohesion and well-being.

The mental health effects of ethical disrespect highlight the necessity of supporting integrity, accountability, and ethical leadership at all levels of society to empower people to uphold their principles and strive for a more just and compassionate world. Misinterpreting religion is another example of ethical downfall in a country. It can also harm mental health with high intensity. Religion can provide comfort, community, and guidance to those seeking meaning and purpose. However, distorting religious teachings to justify extremism, bigotry, or violence can cause dread, anxiety, and psychological discomfort in believers and non-believers (Pargament, 2010). Misinterpretations of religious scriptures and teachings can lead to inflexible and dogmatic beliefs that isolate or shame non-conformists and cause alienation, guilt, and humiliation (Husain,

2022a). Religious constraints and moral standards on personal liberties and autonomy can also cause spiritual conflict and identity crises, lowering mental health and trust in religious institutions.

Critical thinking, interfaith discussion, and spaces where people may study and practice their faith in ways that promote compassion, empathy, and social justice are needed to address the mental health effects of religious misinterpretation (Weaver et al., 1998). Religious and ethnic sectarianism can also harm residents' mental health by encouraging division, hatred, and social disintegration. Sectarianism fuels division and hostility, creating a climate of fear, suspicion, and insecurity where people may feel pushed to identify with sectarian identities or be marginalized and discriminated against. Sectarian violence, discrimination, and hate speech can cause anxiety, trauma, and PTSD in impacted communities as they cope with conflict-ridden situations. Sectarian ideas and narratives can also worsen intergroup conflicts, hamper social cohesiveness, and inhibit reconciliation and peacebuilding. Interfaith dialogue, tolerance, mutual respect, inclusive governance, social justice, and equitable access to resources and opportunities are crucial to addressing sectarianism's widespread impact on mental health. By celebrating diversity and challenging sectarianism, society can reduce the mental health risks of sectarianism and create a more inclusive and harmonious future.

Poor health facilities in a country can seriously spoil mental health. Individuals with physical and mental health disorders may feel anxious, stressed, and helpless due to limited access to adequate treatment, especially mental health care (World Health Organization, 2014). Lack of prompt and adequate medical treatment can increase vulnerability and uncertainty due to barriers to diagnosis, treatment, and support. Poor infrastructure, underfunded facilities, and excessive wait times can further distress patients, leading to frustration and disillusionment with the healthcare system. Lack of mental health services and support networks marginalizes vulnerable populations, worsening access to care and perpetuating untreated mental illness. Poor health facilities have mental health consequences. Comprehensive strategies that prioritize healthcare infrastructure, workforce development, and mental health services are needed to ensure equitable access to quality care for all citizens and stigma-free support and treatment.

#### **4.1 Limitations**

The current study was the first of its nature. It was not funded at all. The small sample size and the non-inclusion of areas in Pakistan other than Rawalpindi and Islamabad are the two main shortcomings of the current study. The limited sample size of 500 individuals from Rawalpindi and Islamabad may limit generalizability to the entire Pakistani population. We tried our best to involve people from diversified professional backgrounds. However, we believe that the sample may not fully represent the nation's socio-cultural landscape. Extending the findings of the current study to other Pakistani regions or ethnic groups requires caution. Given this limitation, future research should aim to overcome sample size constraints.

### **5 Conclusion and Recommendations**

The current longitudinal study was aimed at analyzing public perception of the major psychosocial issues of Pakistan, within the context of psychosocial health and quality of life. The current study was the first of its kind that highlights the environmental factors for psychosocial well-being. The study examines 25 significant psychosocial concerns including bad governance, child labor, corruption, crime, poor health facilities, disregard of ethical values, energy crisis, environmental issues, gender-based discrimination, illiteracy, inflation, lack of infrastructure, misinterpretation of religion, national integration, political instability, poor mental health, population explosion, poverty, sectarianism, social injustice, technological backwardness,

terrorism, unemployment, violation of sovereignty, and yellow journalism. The discussion part explains and correlates each of these environmental factors with psychosocial health.

The findings suggest that public perception of major psychosocial problems in Pakistan has changed significantly during the past seven years. The magnitude of psychosocial problems for Pakistanis has also been significantly raised from 2017 till 2024. The study emphasizes the necessity for continual research and evidence-based policymaking to address changing social issues. Further longitudinal studies can help policymakers develop focused policies to solve critical social challenges and improve the psychosocial health of Pakistanis.

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